

We're Stronger Together: A Collaboration to Support Military Families During COVID-19

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"Medically Ready Force...Ready Medical Force"

Presenters



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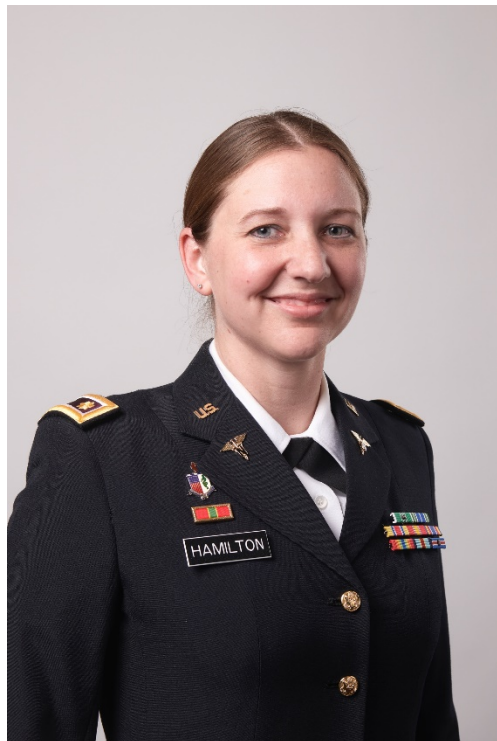
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Team Acknowledgement



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- CAPT Abigail Marter Yablonsky, NC USN, PhD, NP-C

Disclosures



- LT Urbietta and MAJ Hamilton have no relevant financial relationships to disclose relating to the content of this activity. Jenny Akin, Co-Director of Applied Research, is employed by Blue Star Families. Funding was provided to Blue Star Families by Booz Allen Hamilton and the United Services Automobile Association (USAA).
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Learning Objectives



At the conclusion of this activity, participants will be able to:

- 1) Describe the challenges faced by military families as a result of COVID-19.
- 2) Examine the ways in which the pandemic has impacted military families as it relates to operational readiness, financial health, social support, physical and mental health, child behavior, utilization of family care plans, and general well-being.
- 3) Discuss how collaborations with public organizations can increase the power and reach for further research and policy recommendations.

What is TSNRP?



Retrieved from <https://www.triservicenurse.org>

- Since its inception in 1992, the TriService Nursing Research Program (TSNRP) has worked to promote and strengthen research and evidence-based practice collaboration among Army, Navy, and Air Force nurse scholars.
- “Military nursing research focuses on enhancing health care delivery systems and processes to improve clinical outcomes, advancing the practice of military nursing in support of mission readiness and deployment, and contributing to the health status and quality of life of military personnel and their beneficiaries” (Institute of Medicine US Committee on Military Nursing Research, 1996).

What is the FIG?



- The Military Family Research Interest Group (FIG) was established by TSNRP in 2016.
- The mission of the FIG is to “generate family-based research that will influence policy and program development, support evidence-based decision making, and optimize the care of the military family” (“Military Family RIG,” n.d.).



Who is Blue Star Families?



- Blue Star Families is a civilian non-profit organization founded by military spouses in 2009. They are committed to strengthening military families to ensure they are connected, supported, and empowered to thrive as they serve.



Retrieved from <https://bluestarfam.org/about/>

- Their research efforts have been raising the nation's awareness on the unique challenges of military family life (“Blue Star Families: Who Are We,” 2020).

Background/Significance



- The coronavirus (COVID-19) pandemic has impacted families across the nation and around the world.
- The FIG and Blue Star Families were concerned that the pandemic could leave military families at increased risk of financial strain, social isolation, and mental health problems.
- Other areas of concern included school closures' impact on pediatric mental health, access to child care, changes to deployment and Permanent Change of Station (PCS) schedules, command adherence to safety precautions, and utilization of family care plans.

Purpose



- To present the results of a partnership between Blue Star Families and the FIG to better understand the needs of military families during COVID-19.

Timeline



In early March 2020, the Association of Defense Communities, Blue Star Families, and the White Oak Collaborative launched the COVID-19 Military Support Initiative (CMSI).



The Pain Points Poll was launched online on March 18, within 24 hours of its inception.



The FIG reached out to Blue Star Families and the first joint call was held on April 1, 2020. The FIG recommended adding various questions.



FIG-informed questions were included in the poll during week four (April 8-14).



The Pain Points Poll closed on May 26, 2020, after a 10-week polling period.

Methods



- The Pain Points Poll (PPP) was conducted online using GetFeedback - a product of Survey Monkey.
- Volunteer poll respondents were recruited through social media outreach, announcements at virtual Town Halls, and CMSI meetings.
- Findings based on FIG-informed questions were analyzed by both FIG and BSF teams.
- Results discussed within this presentation focused on FIG-informed questions and may differ from other PPP reports.

Findings



- The sample represented 2,895 military family units (i.e., service members and spouses), a majority of which represented active duty family units.

Data: Branch Affiliation (Weeks 4-10)



All Active Duty (AD) Family Units n = 2,444 (88% of total sample)	n = 1,582; 65% response rate
Army	478, (30%)
Navy	479, (30%)
Air Force	399, (25%)
Marine Corps	155, (10%)
Coast Guard	86, (5%)
Active Duty (AD) SMs n = 332 (12% of total sample)	n = 199; 60% response rate
Army	55, (28%)
Navy	70, (35%)
Air Force	52, (26%)
Marine Corps	13, (7%)
Coast Guard	11, (6%)

All National Guard (NG) Family Units n = 381 (14% of total sample)	n = 254; 67% response rate
Army	197, (78%)
Air Force	57, (22%)
National Guard (NG) SMs n = 248 (9% of total sample)	n = 167; 67% response rate
Army	124, (74%)
Air Force	43, (26%)
All Reserve Family Units n = 70 (3% of total sample)	n = 41; 59% response rate
Army	12, (29%)
Navy	11, (27%)
Air Force	17, (41%)
Marine Corps	1, (2%)
Coast Guard	1, (2%)
Reserve SMs n = 31 (1% of total sample)	n = 15; 48% response rate
Army	2, (13%)
Navy	5, (33%)
Air Force	7, (47%)
Marine Corps	1, (7%)
Coast Guard	1, (7%)

Abbreviation: SMs, service member.

^a Within family units, if an individual endorsed being both a spouse and a military service member, that demographic response was only counted once. Thus, the total number of family units within the table adds up to 2,895, but there were only 2,762 individual responses.

^b There is no way to know how many respondents repeated the survey more than once – these counts may be higher than the number of individual respondents.

^c Because of rounding, percentages may not total 100.

Data: Ethnicity and Special Populations



All AD Family Units	n = 1,669; 68% response rate
White non-Hispanic	1393, (83%)
Black/African-American	87, (5%)
Hispanic/Latino/a	166, (10%)
Other	113, (7%)
AD Service Members	n = 198; 60% response rate
White non-Hispanic	156, (79%)
Black/African-American	12, (6%)
Hispanic/Latino/a	27, (14%)
Other	15, (8%)
All NGR Family Units	n = 326; 73% response rate
White non-Hispanic	276, (85%)
Black/African-American	33, (10%)
Hispanic/Latino/a	21, (6%)
Other	19, (6%)
NGR Service Members	n = 196; 70% response rate
White non-Hispanic	153, (78%)
Black/African-American	30, (15%)
Hispanic/Latino/a	14, (7%)
Other	15, (8%)

Special Populations	
AD ^d and NGR ^e Service Member Respondents n = 510 ^{c,d,e}	n = 482; 95% response rate
Single Parent Service Members	50, (10%)
AD Service Member n = 255; 96% response rate	26, (10%)
NGR Service Member n = 249; 94% response rate	27, (11%)
Dual-Military Service Members	65, (13%)
AD Service Member n = 255; 96% response rate	42, (16%)
NGR Service Member n = 249; 94% response rate	27, (11%)

Abbreviation: AD, active duty. NGR, national guard and reserve.

^a Respondents could have chosen more than one category.

^b Other includes Native Hawaiian/Pacific Islander, American Indian/Alaska Native, Asian American, and Other.

^c Some respondents reported multiple affiliations (e.g., National Guard and Reserve)

^d AD respondents = 255

^e NGR respondents = 249

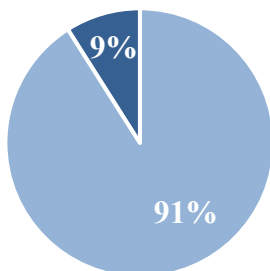
“Medically Ready Force...Ready Medical Force”

Data: Groups by Gender



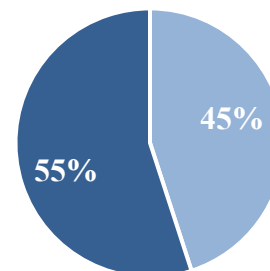
Active Duty Family Units (n=1,630)

■ Female (n=1,482) ■ Male (n=148)



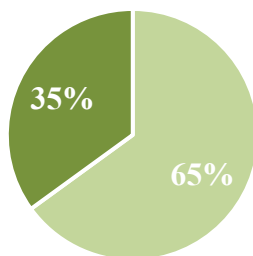
Active Duty Service Members (n=203)

■ Female (n=91) ■ Male (n=112)



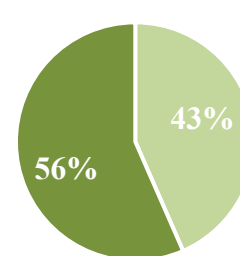
National Guard & Reserve Family Units (n=325)

■ Female (n=212) ■ Male (n=113)



National Guard & Reserve Service Members (n=196)

■ Female (n=85) ■ Male (n=111)



Note: From top left clockwise, Gender for Active Duty Family Units (response rate = 67%), Gender for Active Duty Service Members (response rate = 61%), Gender for National Guard & Reserve Family Units (response rate = 73%), and Gender for National Guard and Reserve Service Members (response rate = 71%).

Military Personnel & Readiness



- On March 11, 2020, the Restriction of Movement order was announced, limiting travel including change of duty station, temporary duty, and leave/vacation (Esper, 2020a).
- On April 5, 2020, the Secretary of Defense released official guidance on the use of face coverings to mitigate the spread of disease within military installations (Esper, 2020b).
- Despite clear guidance, there was variation in command adherence to necessary health precautions.
- There were also concerns about fair evaluations related to non-traditional work and child care arrangements.

Data: Military Personnel and Readiness (Weeks 4-10)



	AD Family Units n = 1812	AD SMs n = 216	NGR Family Units n = 345	NGR SMs n = 202
Command is following CDC guidelines	1141, (63%)	150, (69%)	253, (73%)	162, (80%)
SM has been activated	41, (2%)	8, (4%)	26, (8%)	8, (4%)
SM is unable to return from deployment	177, (10%)	11, (5%)	17, (5%)	3, (1%)
Work has not been impacted (separated by gender)	F:124/826, (15%) M: 30/102, (29%)	F: 10/67, (15%) M: 24/74, (32%)	F:37/165, (22%) M:47/104, (45%)	F: 17/73, (23%) M:47/102, (46%)

Abbreviation: AD, active duty. SM, service member. NGR, national guard and reserve. CDC, centers for disease control and prevention.

Recommendations



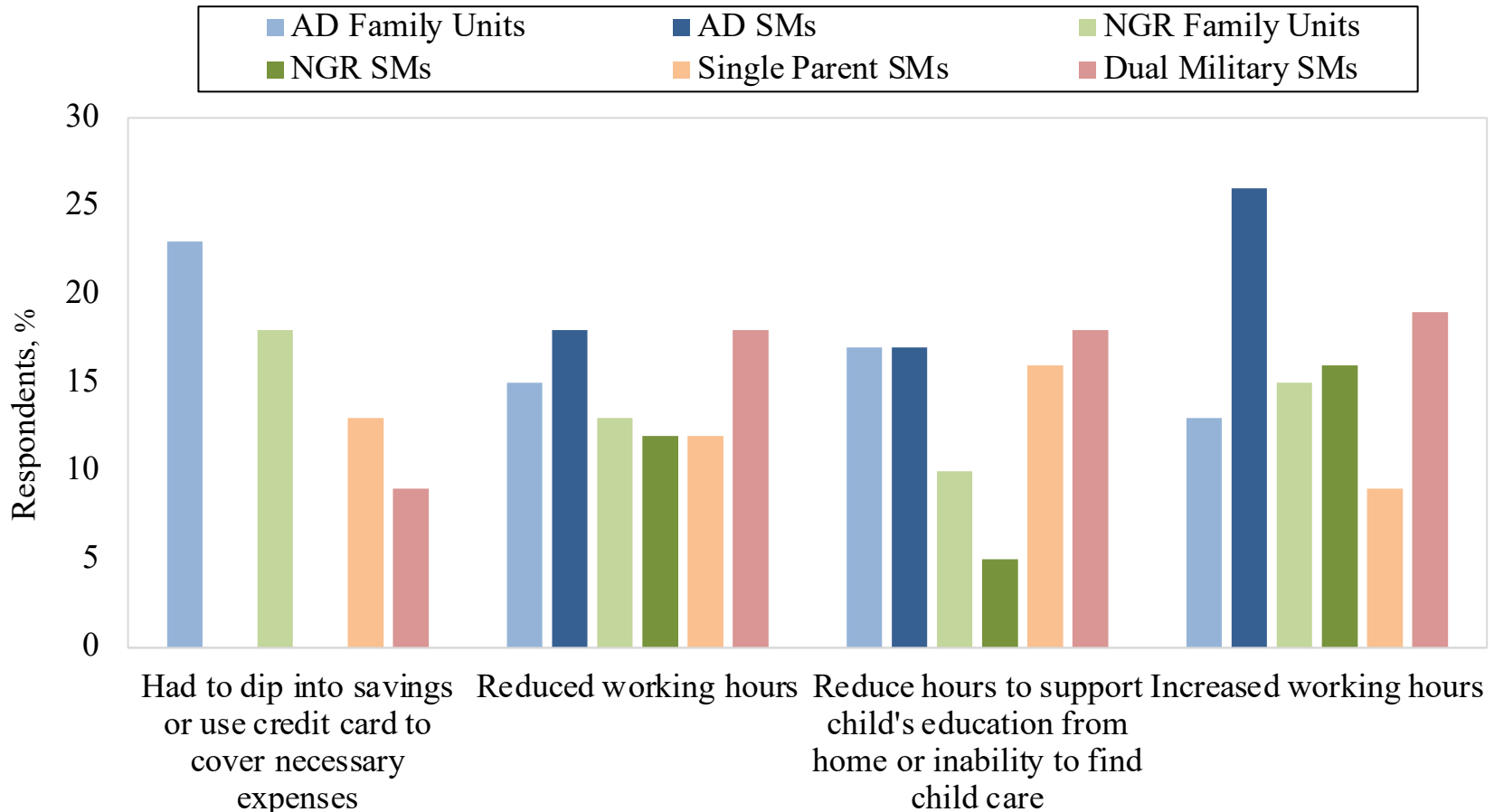
- These findings reinforce the need for improved communication and stronger enforcement of health directives to mitigate the spread of COVID-19 to maintain force readiness.
- Military leadership must ensure that service members receive appropriate and unbiased evaluations.
- More research on gender differences in the military is needed.

Financial Security



- The pandemic had distinct effects on the working hours of military personnel and their spouses/families.
- Park and colleagues (2020) found that financial concerns were rated as the most stressful for Americans during the pandemic.
- It was anticipated that military families would be at risk for financial strain as a result of the economic crisis and increasing unemployment rates.

Data: Financial Security of Military Family Units and Service Members



Abbreviation: AD, active duty. SM, service member. NGR, national guard

Recommendations



- While these findings explored the financial health of military families, more work should occur in exploring and addressing the financial security of junior enlisted personnel.
- Further research should also explore the impact of child care costs – especially for junior enlisted families, single parents and dual-military families.

Social Support Systems & Physical Health



- Grey and colleagues (2020) found that perceived social support during the pandemic was associated with lower levels of depression and anxiety.
- The PPP assessed perceived social support in the forms of tangible support and emotional support.
- The FIG was also concerned about the impact of school and child care closures on children's behavior.

Data: Social Support Systems (Weeks 4-10)



	AD Family Units	NGR Family Units	Single Parent SMs	Dual-Military SMs
We received tangible support	225/1908 (12%)	28/383, (7%)	3/41, (7%)	5/59, (8%)
We received emotional support	441/1908, (23%)	70/383, (18%)	3/41, (7%)	10/59, (17%)
Behavioral changes noted in children r/t inability to socialize	883/1358, (65%)	113/203, (56%)	23/37, (62%)	20/39, (51%)

Abbreviation: AD, active duty. SM, service member. NGR, national guard and reserve.

Recommendations



- Only 7% of single parents reported receiving tangible and emotional support. Single parents may have decreased social support networks, placing them at greater risk.
- Connecting more military families to services and resources in their community is crucial.
- Up to 65% of families with children reported child behavioral changes due to their child's inability to socialize with peers.

Child Behavior & Child Care



- The FIG postulated that the pandemic may have had detrimental effects on child/adolescent mental health as a result of increased isolation and school closures.
- Many families were concerned about maintaining continuity of care for their children with special needs or children with specialized services.
- The FIG was also concerned about the inability to execute family care plans (FCPs) due to pandemic restrictions regarding travel and physical distancing.

Data: Child Behavior and Child Care (Weeks 4-10)



Child Behavior	AD Family Units n = 966	NGR Family Units n = 119	Single Parent SMs n = 23	Dual-Military SMs n = 23
Acting out more	572, (59%)	78, (66%)	15, (65%)	15, (65%)
More withdrawn	292, (30%)	31, (26%)	5, (22%)	3, (13%)
Sadder than usual	516, (53%)	55, (46%)	11, (48%)	11, (48%)
Angrier than usual	411, (43%)	45, (38%)	8, (35%)	8, (35%)
More affectionate than usual	206, (21%)	25, (21%)	4, (17%)	5, (22%)
More anxious than usual	486, (50%)	63, (53%)	10, (43%)	11, (48%)
Happier than usual	42/743, (6%)	6/103, (6%)	3/20, (15%)	3/20, (15%)
Child Care				
Special needs child unable to maintain continuity of care	207/461, (45%)	19/64, (30%)	6/10, (60%)	2/11, (18%)
Incurring additional childcare costs	50/1583, (4%)	5/371, (1%)	3/46, (7%)	7/67, (10%)
Unable to provide adult supervision	67/1358, (5%)	12/203, (6%)	4/37, (11%)	3/39, (8%)
Unable to use command-approved Family Care Plan	48/870, (6%)	5/133, (4%)	2/21, (10%)	13/38, (34%)

Abbreviation: AD, active duty. SM, service member. NGR, national guard and reserve.

Recommendations



- Decreased accessibility to child care prompted the National Military Family Association (NMFA) to launch a child care financial assistance program targeting junior enlisted personnel (Jowers, 2020).
- TRICARE extended temporary telehealth services for Applied Behavior Analysis (ABA) during the pandemic (Roth-Douquet, 2020).
- Data-driven recommendations were made to the Department of Defense to change FCP requirements and decrease punitive action against service members (Albrycht & Grogan, 2020).
- CMSI and Blue Star Families have also advocated for shortening the application timeline for the Career Intermission Program (CIP).

Adult Mental Health



- Evidence from a recent review demonstrated a higher prevalence of anxiety, depression, and post-traumatic stress disorder when compared to rates prior to the pandemic (Xiong et al., 2020).
- Service members are at increased risk for mental health issues due to the nature of their duties.
- The FIG was concerned that the pandemic may have further increased psychological distress among military families.

Data: Adult Mental Health (Weeks 5-10)

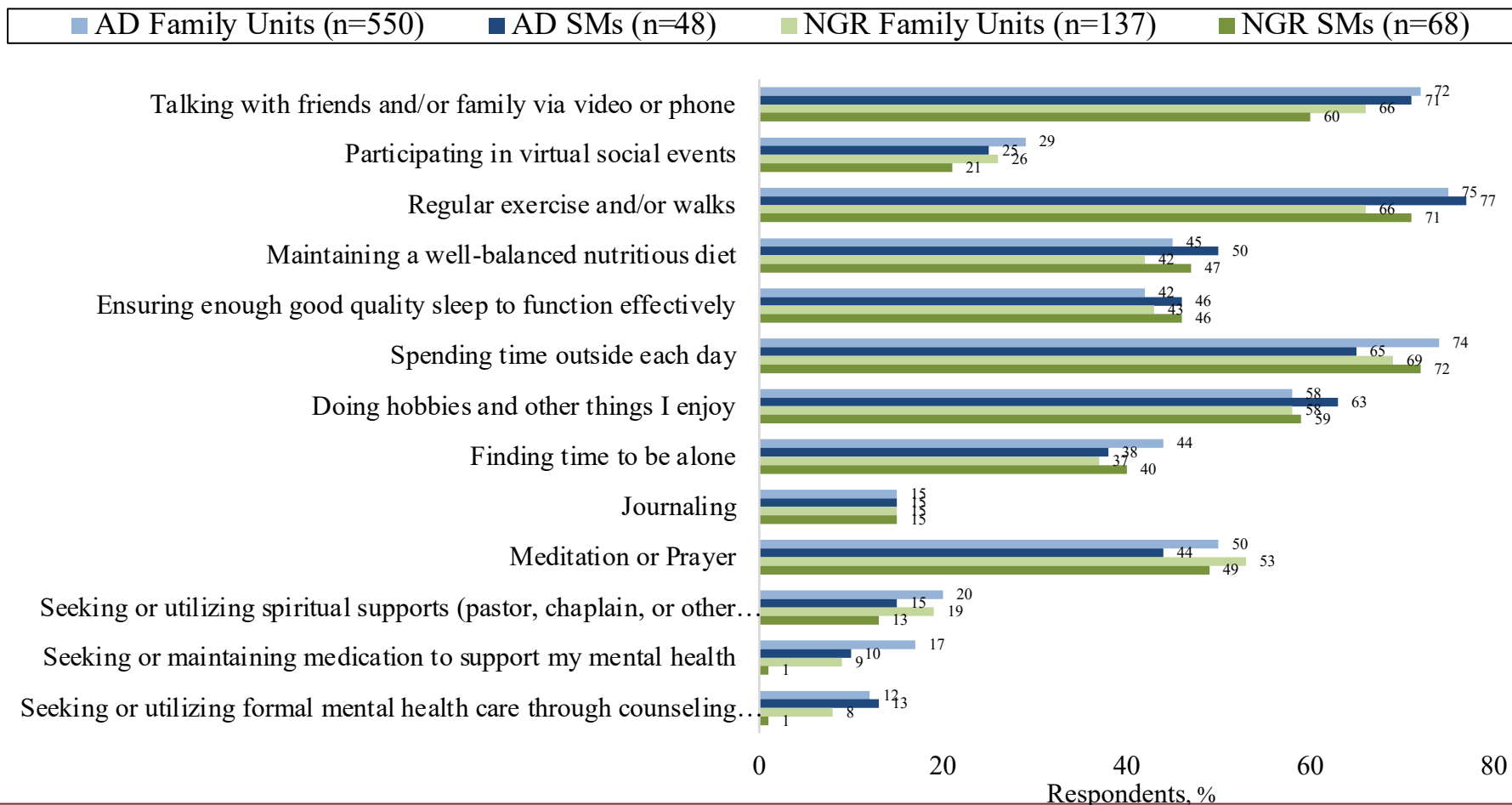


	AD Family Units n = 1021	AD SMs n = 93	NGR Family Units n = 215	NGR SMs n = 113	Single Parent SMs n = 24	Dual-Military SMs n = 26
My mental health has not been impacted	227, (22%)	31, (33%)	80, (37%)	66, (58%)	7, (29%)	12, (46%)
I have an existing anxiety or depressive disorder, which has worsened	27, (27%)	13, (14%)	41, (19%)	7, (6%)	4, (17%)	1, (4%)
I do not have an existing anxiety or depressive disorder, but I am experiencing new symptoms of anxiety/depression	204, (20%)	10, (11%)	31, (14%)	10, (9%)	6, (25%)	3, (12%)
I am having difficulty controlling my use of alcohol or substances	17, (2%)	4, (4%)	6, (3%)	5, (4%)	2, (8%)	*
I have thoughts of suicide or have attempted suicide	12, (1%)	*	*	*	*	*
I am taking active measures to support my mental health	1077/1541, (70%)	112/174, (64%)	228/337, (68%)	111/185, (60%)	27/39, (69%)	26/44, (59%)

Abbreviation: AD, active duty. SM, service member. NGR, national guard and reserve.

* No responses

Data: Strategies Used by Military Families to Support Their Mental Health (Weeks 6-10)



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Recommendations



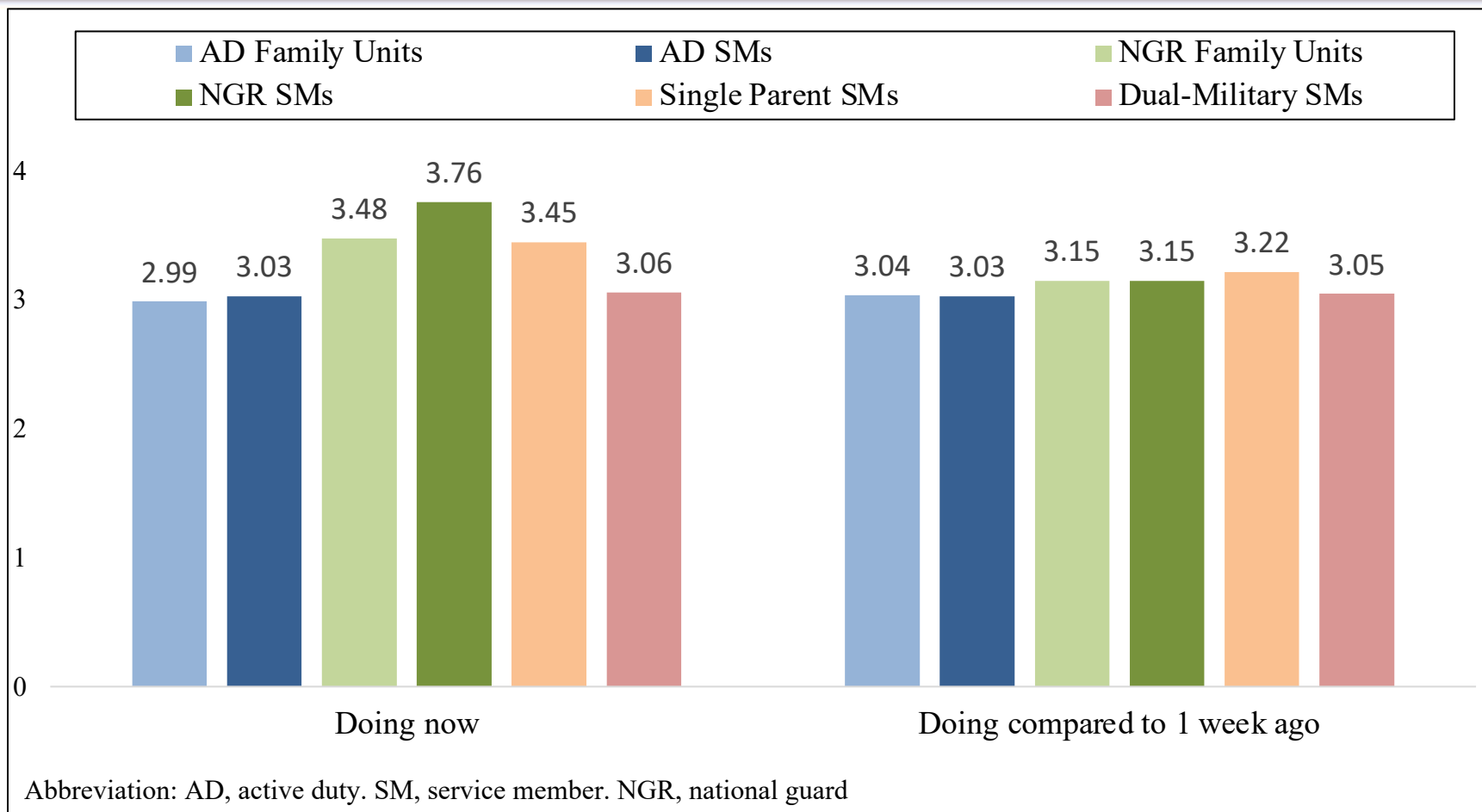
- The pandemic has put a strain on the mental health of service members and their families.
- Greater access to mental health care services is necessary.
- While 70% of participants endorsed participating in regular exercise, only half reported maintaining a nutritious diet and getting enough sleep.
- Interventions to support optimal health should include ones focused on encouraging a well-balanced nutrition and quality sleep.

General Well-Being



- A recent nationwide survey conducted in China immediately prior to, and at the onset of the COVID-19 pandemic found a 74% decline in overall emotional well-being (Yang & Ma, 2020).
- Sønderskov et al. (2020) compared psychological well-being during the first two waves of the pandemic in Denmark and found an increase in overall scores between the first wave (March 31 to April 6, 2020) and the second wave (April 22 to April 30, 2020).
- The FIG sought to evaluate the overall well-being of military families at separate points in time.

Data: General Well-Being Aggregated (Weeks 6-10)



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Key Takeaways



- This poll illuminated the effects of COVID-19 on military families. More research is needed to better understand the long-term impacts on health and operational readiness.
- It is important to engage policymakers and advocate for interventions aimed at alleviating adult mental distress, child behavioral concerns, and the financial burden among military families.
- This collaboration constitutes an important means for conducting time-sensitive data collection, increasing political support, and disseminating results widely.

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