Letter from MFAN’s President and Executive Director

Dear MFAN Family:

Since its inception in 2013, the Military Family Advisory Network (MFAN) has taken a data-driven approach to decision-making. The Military Family Support Programming Survey has been the cornerstone of MFAN’s research portfolio, providing deep insight into the support needs of families living military lives.

What that research has told us, in the past two iterations of the biennial survey, is that military families are experiencing food insecurity and even hunger.

In 2018, MFAN founded the Military Family Food Insecurity Coalition to create a comprehensive response to a complicated problem. Collaborating with the American Red Cross, Armed Services YMCA, Feeding America, Food Research and Action Center, MAZON: A Jewish Response to Hunger, National Military Family Association, National WIC Association, Unite Us, United Way, and USO, we have spent two years working to better understand the severity of the problem and the geographic and demographic groups most adversely impacted, while also responding with emergent support during acute times of need.

Through this collaboration and our research, we have learned that while many experiences are national, they are nuanced. The realities of military families vary based on a variety of factors, including where they live, and this has proven to be true with food insecurity. As an organization, MFAN is committed to understanding what is happening on a local level and working with communities to develop data-informed solutions that meet families’ basic needs, one region at a time.

We are starting this work where the data tell us to go: Texas, where one in six of our survey respondents reported experiencing food insecurity, compared to one in eight respondents nationally. To establish a baseline understanding of the needs and experiences of military and veteran families in Texas, we developed to The State of the State: Texas, a review of the experiences of military and veteran families in Texas. This report is the launchpad for MFAN’s regional strategy.
During the next two years, MFAN will work with local communities, organizations, and leaders across the state of Texas to understand the underlying causes of food insecurity and deploy solutions. This work will officially kick off in January, when MFAN hosts an advisory council meeting that convenes leaders across industries and throughout the state of Texas to inform this important work, starting with a rigorous research effort in partnership with the University of Texas at Austin.

MFAN is honored to grow its work in the food insecurity space. From shining a spotlight on this problem, to founding and convening the Military Family Food Insecurity Coalition, and now to a response on the ground in the places most affected, MFAN’s regional strategy in Texas aims to move the needle on food insecurity where military families need the support most.

And while this initiative focuses on Texas, it will guide future efforts in places military families call home.

Sincerely,

Shannon Rzasadin
PRESIDENT AND EXECUTIVE DIRECTOR
Military Family Advisory Network
About MFAN

The Military Family Advisory Network (MFAN) was founded in 2013 to fill a persisting gap in the military community: the inability to quickly and effectively understand the modern military family and connect military families to the resources they need to thrive. Since its inception, MFAN has taken a data-driven approach to decision-making. Its Military Family Support Programming Survey has been the cornerstone of its research portfolio, providing deep insight into the support needs of families living military lives.

MFAN shares its research with others so that it is actionable—it leads to data-informed programming from MFAN and others, ultimately yielding positive outcomes for military and veteran families.
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Research Team

Shelley Kimball, Ph.D.
As the senior director of research and program evaluation, Shelley Kimball gathers the real-life experiences of families connected to military life. MFAN then uses that data to develop programming and advise on policy that serves military families. She has presented MFAN’s research to the White House, on Capitol Hill, and at the Pentagon, where it has been used to shape policy affecting military families. Dr. Kimball has been a researcher for 20 years. She teaches qualitative research methods and media law at The George Washington University in Washington, DC. Her husband retired from the U.S. Coast Guard after 28 years of service.

Jennifer Hurwitz, Ph.D.
A military spouse for more than 20 years, Jen Hurwitz is passionate about creating positive research-based change for military families. As the deputy director of research and program evaluation, Dr. Hurwitz leads efforts to continuously evaluate the impact of MFAN’s military family programming, ensuring it remains responsive to current needs, in addition to supporting the planning, execution, and reporting of the organization’s research. Hurwitz holds a doctorate in educational leadership from the University of Nevada, Las Vegas. She is a nationally certified speech-language pathologist and teaches workplace and information ethics at the University of Louisville.
Overview

The Military Family Advisory Network (MFAN) fielded a national study exploring the state of support programming among military families in the fall of 2019. During the six weeks it was open, 7,785 people responded from all 50 states, 22 countries, and two U.S. territories. The largest demographic group of respondents to MFAN research is often from Texas, and this year’s survey was no different.

This report takes a closer look at the responses from Texas in a few key areas: food insecurity, finances, health and wellbeing, and community. MFAN will use this information to collaborate with community leaders and organizations to most effectively connect with military and veteran families in seeking solutions to their challenges.

Prior to expanding on the 2019 survey findings for Texas respondents, it is important to understand the military and veteran landscape within the state of Texas. Based on 2018 Demographics: Profile of the Military Community, published by the Department of Defense, there were 117,693 active duty service members and 142,802 active duty family members (dependents), for a total of 260,495 actively serving in Texas.

The military installation with the highest number of total personnel is Fort Hood in Killeen, Texas. The 2018 Demographics also reported that Fort Hood has 35,324 active duty service members and 45,731 active duty family members assigned to the post. Enlisted service members make up the majority of those stationed at Fort Hood by a margin of more than 9 to 1.

The National Center for Veterans Analysis and Statistics reported that the veteran population in the state of Texas is around 1.5 million, and of the adult population who are veterans, Texas is at 7.94% compared to 6.6% nationally.

The U.S. military is an integral part of the Texas economy. According to the Texas Military Preparedness Commission Biennial Report (2019-2020), the economic impact of military installations in the state of Texas was $123.6 billion in 2019. Additionally, the installations supported more than 630,000 jobs across the state. As one of the top defense spending recipients in the United States, $50.7 billion was awarded to Texas-based contractors in FY2019 by the Department of Defense, surpassed by only two states: Virginia ($91.7 billion) and California ($62.7 billion). With 15 military installations, and as home to Army Futures Command, Texas has a vested interest in being viewed as the best home for military service members and their families.
Executive Summary

New discoveries were revealed by evaluating the data through the lens of Texas respondents in many categories, but especially in food insecurity, financial stability, health and wellbeing, and loneliness and community. Some key findings in the data were:

FOOD INSECURITY
There was a higher frequency of food insecurity among respondents from Texas, as compared to the national response pool. One in six military and veteran family respondents in Texas were experiencing low food security or hunger, according to the USDA's Six-Item Short Form Food Security Scale, compared to one in eight respondents nationally. The USDA scale is a standard in the field for capturing the range of food scarcity experiences. In using it, MFAN was also able to evaluate the demographic make-up of those experiencing food insecurity. Using the scale also allows comparison to other studies using the same method.
Those respondents who were experiencing low food security or hunger were less likely than national respondents to seek assistance. When asked in an open-ended question about how they respond to a lack of food, more respondents said they don’t eat than said they seek out services. The number of people living in the household impacted food insecurity among Texas respondents. A statistically significant relationship was found between experiencing hunger, as measured by the USDA Food Security Scale, and the number of people living in a household. Among those with five or more living in the household, 12.1% were experiencing hunger compared to 8.4% in Texas households with one to four members.

FINANCES
MFAN’s research showed that active duty family respondents in Texas were slightly more likely to report not having an emergency savings fund or having less than $500 in an emergency fund than those families stationed outside of Texas.

Lack of employment or a second income was a barrier to saving for many Texas respondents. Additionally, active duty family respondents cited expenses related to moving as a barrier. Neither of these were top barriers to saving among the national respondent pool.

HEALTH AND WELLBEING
When evaluating levels of health care satisfaction among respondents in Texas, they said they were least satisfied with their ability to access health care and mental health appointments, which was in alignment with the national response pool.

Among active duty spouse respondents in Texas, 15.3% indicated they had suicidal thoughts in the past two years compared to 12.9% of active duty spouse respondents in states other than Texas. In MFAN’s national pool of respondents, 13.3% of active duty respondents, 12.9% of veteran and retiree respondents, and 8.8% of veteran and retiree spouse respondents said they had suicidal thoughts in the past two years.

Of the active duty spouse respondents in Texas, 21.6% said yes, they were concerned about alcohol use by someone in their immediate family compared to 15.5% of active duty spouse respondents in states other than Texas being concerned by that issue.
LONELINESS AND COMMUNITY

Active duty family respondents were the most lonely of the demographic groups in Texas, as well as in the national pool. Through research, it is widely accepted that loneliness can be a health and lifestyle risk. To provide greater insight into respondents’ experiences, the research team included the UCLA Loneliness Scale to understand and evaluate a variety of responses. Scores between 6 to 9 are considered “lonely” and scores between 3 to 5 are considered “not lonely.” Active duty military spouses from the national pool averaged a score of 6.3 on the scale, which is considered lonely. Similarly, active duty spouse respondents from Texas averaged 6.4 on the scale.

For those who are lonely, the civilian community experience can impact their feelings of loneliness and isolation. A strong statistically significant relationship exists between the civilian community experience rating and the UCLA Loneliness Scale raw score in Texas. Those who rated their civilian community experience as very poor were more likely to rate as lonely on the UCLA Loneliness Scale than those who rated their community experience as very positive.
The national study was a mixed method study fielded online. The questions were highly qualitative, meaning they allowed respondents to respond to open-ended questions in their own words. MFAN's research team read and analyzed every response using Qualtrics, a cutting-edge data analysis software that also allowed comparisons among all segments of the data set. Responses from Texas were reanalyzed to determine support needs among respondents, as well as how responses compared to the national pool.

Research participants were all connected to military family life: active duty service members and their spouses, National Guard and Reserve members and their spouses, veterans and retirees and their spouses, divorced spouses, and surviving spouses. The participants represented all branches of services, proportionally to the currently serving force. As all ranks were also in alignment with the existing proportions, the largest cohort of respondents served in enlisted ranks, and the largest grouping among them was E4 to E6.

Demographics from respondents in Texas were similar to the national proportions. Most respondents were affiliated with the Army, 61.3%, and second to that was the Air Force, 21.5%. There was a much higher percentage of Army respondents, which is a positive sign considering the large Army population in Texas.

The ranks of service reflected in respondents were very similar to the national proportions in that the majority were within the E1 to E6 range.

<table>
<thead>
<tr>
<th>Ranks of Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1 to E3</td>
<td>10.5%</td>
</tr>
<tr>
<td>E4 to E6</td>
<td>46.3%</td>
</tr>
<tr>
<td>E7 to E9</td>
<td>21.7%</td>
</tr>
<tr>
<td>W1 to W5</td>
<td>1.5%</td>
</tr>
<tr>
<td>O1 to O3</td>
<td>6.2%</td>
</tr>
<tr>
<td>O4 to O6</td>
<td>12.9%</td>
</tr>
<tr>
<td>O7 to O10</td>
<td>1%</td>
</tr>
</tbody>
</table>

- **Branches of Service**
  - Army 61.3%
  - Marine Corps 71%
  - Navy 9.6%
  - Air Force 21.5%
  - Coast Guard 0.5%
Also similar to the demographics nationally, active duty military spouses were the largest single demographic group of respondents, but the segments of service members, veterans, and retirees and their families were proportional. Retirees are those who left service with retirement benefits. Veterans are those who served in the military, but who did not leave with retirement benefits. MFAN separates veterans and retirees as two distinct populations because the retirement benefits, both financial and in health care, provide a different level of support.

Ages of Texas respondents were in alignment with the national participants. And as would be expected, ages of currently serving respondents and their families were proportionally younger than those who had left service.
The issue of veteran and military spouse unemployment and underemployment is a topic of concern at the national level, as well as among state leaders. The following charts depict military spouse and veteran respondents in Texas and their education level to provide a clearer picture of their employment qualifications. Approximately 70% of active duty spouse respondents in Texas had achieved a degree or level of school above high school graduate or the equivalent. Nearly a quarter (23.1%) reported they had bachelor’s degrees, and 18.1% had master’s degrees.

For veteran and retiree respondents, the highest degree or level of school completed was different depending on the time of service. Post-9/11 veteran and retiree respondents had higher percentages of bachelor’s or master’s degrees compared to pre-9/11 veteran and retiree respondents. Nearly one-third (32%) of post-9/11 veteran and retiree respondents in Texas had achieved a bachelor’s degree and 16% had master’s degrees.
Most respondents had fewer than four people living in their households. There was a statistically significant relationship among respondents’ connection to military life; active duty spouses were more likely to have between four and six people living in their households, while veterans were less likely. Retirees were more likely to have two people living in their households, and surviving
spouses were more likely to live alone. As ranks increased among currently serving respondents, so did the number of people in households, which is expected as people age. Those ranked E1 to E3 were most likely to live alone. Those ranked E7 to E9 were slightly more likely than other ranks to have seven or eight people living in their households. Similarly, among currently serving families who have children who are 18 years old or younger, E4 to E6 and O4 to O6 were most likely to answer affirmatively, indicating they have children in that age range.

Research Findings

FOOD INSECURITY

Texas respondents have shown the highest frequencies of food insecurity in two iterations of MFAN’s support programming surveys. MFAN introduced food insecurity as a topic of study in the 2017 Military Family Support Programming Survey. After seeing results showing that there were military family respondents who were having difficulty getting enough food for themselves and their families, MFAN redoubled its efforts in the 2019 survey. Recognizing that it is difficult to quantify the full incidence rate of military family hunger, MFAN used a new measurement scale to get a more definitive look.

By employing the USDA Six-item Short Form Food Security Scale, MFAN was not only able to capture the incidences and severity on the scale of hunger, but it was also able to evaluate the demographic make-up of those groups. Using the scale also allows comparison to other studies using the same method.

The USDA scale uses six statements and questions to evaluate food security, which are described in more detail below. When respondents answer affirmatively, they are considered part of the food security scale. Food insecurity is indicated when respondents answer affirmatively to two or more scale items. Hunger is indicated when respondents answer affirmatively to five or more scale items.

The more refined results from the scale showed that one in eight respondents from the national pool was food insecure. According to the results from the scale, 12.7% of national respondents have low food security, meaning they answered affirmatively to at least two of the scale items. Of those, 7.7% are on the highest end of the scale, experiencing hunger.

When evaluating the demographics of those experiencing hunger, there were higher rates among active duty members and their families and veterans and their families. Each group was at 9%, as compared to the 7.7% of the full population of respondents. Military retirees and their spouses were at 5%.
Respondents in the following states reported the highest frequencies of food insecurity:

1. Texas
2. Virginia
3. California
4. North Carolina
5. Washington
6. Florida
7. New York

**Food Insecurity in Texas**

MFAN's 2017 Military Family Support Programming Survey showed that Texas had the largest number of food insecure respondents. This year, with the addition of the USDA scale and more robust software capabilities, MFAN could take a more granular look at the food security experience in Texas among military families and veterans.

<table>
<thead>
<tr>
<th>Affirmative Responses</th>
<th>Designation</th>
<th>National Respondents</th>
<th>Texas Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 to 4 affirmative responses</td>
<td>Low food security</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>5 to 6 affirmative responses</td>
<td>Hungry</td>
<td>7.7%</td>
<td>9%</td>
</tr>
<tr>
<td>Total food insecure</td>
<td></td>
<td>12.7%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Among the respondents from Texas, **one in six is considered food insecure** on the USDA scale. A total of 15% of Texas military family respondents qualified as food insecure on the scale: 6% of those chose between 2 and 4 responses, and 9% chose 5 to 6 responses. The USDA Six-item Short Form Food Security Scale is the standard in the field for evaluating incidences of food insecurity. It provides six scale items, and as mentioned previously, each affirmative item equals a higher rating on the scale. One affirmative response is not considered technically food insecure, but indicates difficulty getting enough food. Among the Texas respondents, 18% responded affirmatively to at least one question on the scale.
The following charts show how all participants from Texas responded to the six scale items on the food security scale.

**Scale Q1:** The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.

<table>
<thead>
<tr>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.6%</td>
<td>20.2%</td>
<td>67%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

**Scale Q2:** (I/we) couldn’t afford to eat balanced meals.

<table>
<thead>
<tr>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.6%</td>
<td>21.3%</td>
<td>63.7%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**Scale Q3:** In the past 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn’t enough money for food?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>26%</td>
<td>72.9%</td>
<td>1.1%</td>
</tr>
</tbody>
</table>

**Scale Q4:** How often did you cut the size of your meals or skip meals because there wasn’t enough money for food? *(This question was a follow-up to those who answered affirmatively to Scale Q3.)*

<table>
<thead>
<tr>
<th>Almost every month</th>
<th>Some months, but not every month</th>
<th>In only 1 or 2 months</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>49.3%</td>
<td>33.8%</td>
<td>7%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

**Scale Q5:** In the last 12 months, did you ever eat less than you felt you should because there wasn’t enough money for food?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>22.5%</td>
<td>73.1%</td>
<td>4.4%</td>
</tr>
</tbody>
</table>

**Scale Q6:** In the last 12 months, were you ever hungry but didn’t eat because there wasn’t enough money for food?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Do not know</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.3%</td>
<td>77.5%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>
Among respondents in Texas who answered affirmatively to two or more scale items, meaning they were experiencing low food security, 46.6% were active duty service members and their spouses, 28.4% were veterans and their spouses, and 14.8% were retirees and their spouses. The demographics of those who were at the far end of the scale, indicating hunger, showed that 42.6% were active duty service members and their spouses, 29.6% were veterans and their spouses, and 18.5% were retirees and their spouses. Those who indicated they were hungry were most concentrated in Killeen, Texas.

### Ranks of Those Who Are Food Insecure in Texas

- **E4 to E6**: 58%
- **E7 to E9**: 19.3%
- **O4 to O6**: 2.3%
- **E1 to E3**: 18.2%
- **O1 to O3**: 1.1%
- **W4 to W5**: 1.1%

*Of the active duty family respondents who said they were experiencing food insecurity, 95% reported being in the enlisted ranks.*

### Military and Veteran Family Respondents in Texas

<table>
<thead>
<tr>
<th></th>
<th>1-4 in household</th>
<th>5 or more in household</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low Food Security</strong></td>
<td>6%</td>
<td>5.6%</td>
</tr>
<tr>
<td><em>(2-4 on USDA Food Security Scale)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hungry</strong></td>
<td>8.4%</td>
<td>12.1%</td>
</tr>
<tr>
<td><em>(5-6 on USDA Food Security Scale)</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The number of people living in the household also impacted food insecurity among Texas respondents. A statistically significant relationship was found between experiencing hunger, as measured by the USDA food security scale, and the number in a household. Among those with five or more living in the household, 12.1% answered affirmatively to five or six of the items on the scale. Nearly one-fifth (17.7%) of Texas respondents who reported having five or more in their households were experiencing food insecurity at the time of the survey. Of the active duty families in Texas experiencing low food security or hunger, 80.5% have children younger than 18 years old.

<table>
<thead>
<tr>
<th>Responding to lack of food</th>
<th>Manifest Effect Sizes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limiting food or not eating</td>
<td>42%</td>
</tr>
<tr>
<td>Sought assistance</td>
<td>28.4%</td>
</tr>
<tr>
<td>Financial solutions</td>
<td>13.6%</td>
</tr>
</tbody>
</table>

When responding to their lack of available food, they would engage in a variety of solutions. Among the full national population of respondents, seeking assistance and limiting food or not eating were almost equal at 47% each. However, among Texas families who were experiencing low food security or hunger, more said their response to not having enough food was to limit food (42%) rather than seek assistance (28.4%). They either just didn’t eat, or they gave their children and spouses the food and ate what was left. They also cut back on portions or bought less expensive and less nutritious foods. They ate what they could find, or they engaged in hunger avoidance behaviors, like eating ice, drinking water, or chewing gum.
“Didn’t eat so the kids could have full, balanced meals,” said an active duty spouse.

“I skipped so that my grandsons could eat at home and have their lunches at school,” a veteran said.

“We always keep emergency food in case something happens. Beans, rice, etc. There is also a food pantry on post, but it’s for lower enlisted,” said an active duty spouse.

“I give more of it to my husband because he needs the energy to go to work almost every day,” an active duty spouse said.

Secondarily, among Texas respondents, was seeking assistance. Within this category, the most common responses were to go to food pantries, ask family and friends, look for help from their churches and faith-based communities, apply for WIC or SNAP, and look to nonprofit organizations.

“Went to local food pantries and asked on Facebook,” said an active duty spouse.

“I would get help from friends and family or sometimes reach out to my husband’s unit or chaplain,” said an active duty spouse.

“First I would eat cat food. Then I learned to go to the food bank,” said a surviving spouse.

Those who sought financial solutions, 13.6%, would also try to find money in a variety of ways. The most common was using credit cards or getting loans. They said they sold their belongings, sold plasma, and looked for extra work. They limited expenditures, used their savings, adjusted their budgets, didn’t pay bills, used coupons, and tried to find sales and special deals.

“I put food on credit,” said an active duty spouse.

“Sell things on Facebook groups for money, sell things on eBay for money, tough it out until the next paycheck,” said an active duty spouse.

For respondents in Texas, as well as national respondents, there was a positive correlation between those who are food insecure and those who are considered lonely on the UCLA Loneliness Scale, meaning that those who are experiencing food scarcity are more likely to be lonely. The more dire their food insecurity, the more lonely they are. This is especially important in the context of loneliness as a social determinant of health. Loneliness will be described in more detail later in this report.
FINANCES
More than three-quarters of Texas respondents, 76.8%, said they carry debt. Many veteran and active duty family respondents said they do not have an emergency savings fund. Among actively serving families, there was a strong statistically significant relationship between rank and emergency savings. Those ranked E1 to E3 were least likely to have emergency savings, and those ranked E4 to E6 had $500 or less. Those ranked O1 to O6 were more likely to have larger emergency savings funds.

Obstacles to saving
Respondents were asked in an open-ended question to describe the reasons they had trouble saving. The top three reasons all respondents from Texas gave for why they have difficulty saving were:

1. **Not enough money coming in:** They don’t have enough income to save.

2. **Barriers related to employment or only one family income:** Due to the high military spouse unemployment, they do not have enough to save.

3. **Spending and financial management barriers:** Spending habits, such as overspending or impulse spending have made it difficult to save.

However, when they were divided by demographic, more details emerged. While all groups said their main obstacle is the lack of money coming in, actively serving families said they struggle with the costs they incurred to move. An Army active duty member said, “PCS expenses and a lack of DTS and DFAS accountability to pay the right amount in a timely manner. Still awaiting full payment of a travel voucher covering 2x TDY enroutes and PCS from overseas.”

Actively serving family respondents also said that the lack of employment opportunities is a barrier, as are the costs to raise children, and spending or financial management issues. When asked about employment experiences, an Army active duty spouse who lives in Texas said, “Not good. 9 months since I started applying for jobs and not a single interview.” An active duty Coast Guard spouse, also in Texas, said, “Extremely hard, time consuming and near impossible.”
We have been in our new station since April, I have a bachelor’s degree and almost a master’s and I still haven’t found a job."

Those who have left service, veterans and retirees and their families, said that expenses, lack of employment opportunities, and the cost of living are barriers, as are the costs of raising children. An Army veteran who lives in Texas discussed employment experiences: “Very little success. They hold it against us in the interview process, and we get discriminated against in the workplace.” A spouse of an Army retiree said, “Rising living costs on retired income,” and another spouse who is a caregiver said, “The fixed income coming in. We’ve had a lot of emergency expenses this year and getting extra money out of our budget is tough when we both do not have jobs. My husband, the veteran, is 100% disabled and I am his caregiver. I get a tiny stipend from the VA, but that is not a lot of money.” A Marine Corps veteran said, “The high cost of living requires us to live paycheck to paycheck.”

<table>
<thead>
<tr>
<th>Actively serving families in Texas</th>
<th>Those who have left service in Texas</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Not enough money coming in</td>
<td>Not enough money coming in</td>
</tr>
<tr>
<td>2 Moving costs</td>
<td>Expenses and bills</td>
</tr>
<tr>
<td>3 Barriers related to employment</td>
<td>Barriers related to employment</td>
</tr>
<tr>
<td>4 Costs raising children</td>
<td>Cost of living</td>
</tr>
<tr>
<td>5 Spending and financial management</td>
<td>Costs raising children</td>
</tr>
</tbody>
</table>
HEALTH AND WELLBEING

The majority of Texas respondents reported they traveled less than 15 miles for appointments with their primary care physician. Specifically, respondents said the distance was fewer than five miles, 34.1%; between six to 14 miles, 37.3%; 15 to 19 miles, 10.9%; and, 20 or more miles, 17.7%. However, when analyzing by demographic group, 35.5% of veteran family respondents in Texas reported distances of 20 or more miles to see their primary care physician, while only 8.4% of active duty family and military retiree family respondents reported the same. These percentages by demographic groups were similar to those found in states other than Texas.

Satisfaction with Health Care in Texas Among Military and Veteran Family Respondents

<table>
<thead>
<tr>
<th>Satisfaction with general health care received</th>
<th>VERY NEGATIVE</th>
<th>NEGATIVE</th>
<th>NEUTRAL</th>
<th>POSITIVE</th>
<th>VERY POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction with ability to access general health care appointments</td>
<td>6.8%</td>
<td>23.2%</td>
<td>40.7%</td>
<td>23%</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with quality of general health care providers</td>
<td>9.6%</td>
<td>19.8%</td>
<td>40.1%</td>
<td>25.3%</td>
<td></td>
</tr>
</tbody>
</table>

Satisfaction

Overall, military and veteran family respondents in Texas rated the general health care they received and the quality of providers positive or very positive, 63.7% and 65.4% respectively. Texas respondents were slightly less satisfied with their ability to access general health care appointments, 21.7% rated access negative or very negative.
**Mental Health Care**

Military and veteran family respondents in Texas also rated the mental health care they received and the quality of providers positive or very positive, 53.7% and 54.1% respectively. Texas respondents were slightly less satisfied with their ability to access mental health care appointments, 24.6% rated access negative or very negative.

**Satisfaction with Mental Health Care in Texas Among Military and Veteran Family Respondents**

| Satisfaction with mental health care received | 8.1% | 8.1% | 30.1% | 31.7% | 22% |
| Satisfaction with ability to access mental health care appointments | 10.7% | 13.9% | 24.6% | 34.4% | 16.4% |
| Satisfaction with quality of mental health care providers | 8.2% | 13.1% | 24.6% | 33.6% | 20.5% |

Like in the national pool, the most often cited obstacle to seeking mental health care was the lack of available appointments. Also similar to the national respondents, 15.2% of respondents from Texas sought mental health crisis care. However, among active duty spouse respondents in Texas, 15.3% indicated they had suicidal thoughts in the past two years compared to 12.9% of active duty spouse respondents in states other than Texas.

**Alcohol use**

Among currently serving families in Texas, 61.5% said they believe alcohol use is a problem in the military. As was true nationally, active duty spouses were statistically significantly more likely to say that it was a problem, compared to other demographic groups. However, of the active duty spouse respondents in Texas, 21.6% said yes, they were concerned about alcohol use by someone in their immediate family compared to 15.5% of active duty spouse respondents in states other than Texas being concerned by that issue.

**Concerned About Alcohol Use by Someone in Their Immediate Family**

- **of Active Duty Spouse Respondents in Texas**: 21.6%
- **of Active Duty Spouse Respondents in Other States**: 15.5%
LONELINESS AND COMMUNITY

More than half of military-connected respondents in Texas, 51.1%, rated their experiences with the civilian community positively or very positively. However, there were enlightening statistically significant relationships among the demographic groups.

Active duty service members were more likely than any other demographic to rate their experiences with the civilian community very poorly. Meanwhile, veterans were at the other end of the spectrum. They were more likely than any other demographic to rate their experiences very positively. Interestingly, veteran spouses were slightly more likely than other demographics to rate their experiences poorly.

This shows that demographic groups affect military and veteran families’ perspectives of their experiences with the civilian community in Texas.

Loneliness as Measured by the UCLA Loneliness Scale

MFAN incorporated the UCLA Loneliness Scale in its research because, as a social determinant of health, loneliness has been linked to a higher risk of mental health and physical ailments. MFAN’s research shows that loneliness also correlates with respondents’ perceptions of the civilian community in which military and veteran families live. A strong statistically significant relationship exists between the civilian community experience rating and the UCLA Loneliness Scale raw score for Texas respondents. Those who rated their civilian community experience as very poor were more likely to rate as “lonely” on the UCLA Loneliness Scale than those who rated their community experience as very positive. Scores between 6 to 9 are considered “lonely” and scores between 3 to 5 are considered “not lonely.”

Active duty family respondents were the most lonely of the demographic groups in Texas, as well as in the national pool. Active duty military spouses from the national pool averaged a score of 6.3 on the scale, which is considered lonely. Similarly, active duty spouse respondents in Texas averaged 6.4 on the scale. Additionally, veteran family respondents were more lonely than military
retiree family respondents in Texas and nationally. The majority of survey respondents nationally and in Texas rated as not lonely on the UCLA Loneliness Scale (both averaged 5.8 on the scale where 6 to 9 is considered lonely).

The upward trendline in the corresponding graphic clearly illustrates the relationship between civilian community experience ratings and scores on the UCLA Loneliness Scale for Texas respondents. The trendline for Texas respondents mirrored the trendline for respondents from states other than Texas.

Texas respondents were similar to those nationally in that they would recommend military life to someone they care about: 72.7% of Texas respondents would recommend military life compared to 74.7% of respondents from states other than Texas who would recommend military life.

### Relationship Between Civilian Community Experience Rating and UCLA Loneliness Scale Raw Score for Texas Respondents

<table>
<thead>
<tr>
<th>Rating</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very positive</td>
<td>4.3</td>
</tr>
<tr>
<td>Positive</td>
<td>5.3</td>
</tr>
<tr>
<td>Neutral</td>
<td>6.4</td>
</tr>
<tr>
<td>Poor</td>
<td>6.7</td>
</tr>
<tr>
<td>Very poor</td>
<td>7.8</td>
</tr>
</tbody>
</table>
Next Steps

A Texas Regional Advisory Council will convene to develop a collaborative response system focused on bringing military and veteran families the resources and services they need to thrive. However, understanding military family experiences, especially with food security, is paramount.

MFAN will begin a focused research project in 2021 that will determine the causal factors of food insecurity for military and veteran families in Texas, in partnership with the University of Texas at Austin. This research will be used to develop a model that communities can use to target other populations with data-led interventions that reduce food insecurity. Without concrete evidence of the factors that cause U.S. military and veteran families to become hungry, service providers are unable to accurately measure the success of food security initiatives.

These components, together, will be used to advise leaders at the local, state, and national level about the needs and perspectives of military families so that they can create services, solutions, and policies that best serve military and veteran families.

To learn more, or to find assistance:
Get support. Get involved.
CombatMilitaryHunger.org