NAVAL HEALTH RESEARCH CENTER

Military Families: Looking to the Future

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Disclosures

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Learning Objectives

➢ Identify various definitions of a "military family"

➢ Describe a recent rapid review of the literature on military families

➢ Describe recent research on special needs families

➢ Discuss the value of military families to the operational mission

Background

➢ Military personnel are almost all part of a family system

➢ Out of 1.3 million U.S. active duty service members, 54.3% are married and 41.2% have at least one child[1]

➢ Including National Guard and Reservists, there are 2.1 million U.S. service members who are associated with more than 2.7 million family members

➢ Our all-volunteer force is a "military of families,"[2] and these families will only continue to grow over time

U.S. Family Changes Over Time

➢ *1940*: majority of households (90%) were husband-wife family households, typically with working husband, at-home wife, and 1 or more children; <10% were dual-earner families[3]

➢ *1967*: interracial marriage became legal in all U.S. states[4]

➢ *1974*: women no longer faced mandatory separation from military service for pregnancy[5]

➢ *1989*: women constituted 45% of employed persons[6]

➢ *2015*: gay marriage became legal in all U.S. states[7]

➢ *2016*: married-couple family households were less common than in the past (73%),[8] and in 50% of those families both spouses were working[8,9]

Importance of Historical Context

➢ The military is a microcosm of our larger society

➢ Changes within the military reflect the shifts in U.S. public consciousness

➢ Military families of the past had a clear division of labor:

  ▪ One partner working outside the home
  ▪ One partner working inside the home

➢ Military families today are more fluid, reflecting U.S. cultural shifts over time

Military Challenges of Blending Work and Family

➢ Military duty is first, everything else is second
- Military partner cannot always be transparent about work duties
- Partner may feel a decrease in self-worth; the military career of one takes precedence over that of the other[10]

➢ Overall lack of personal choice for military families
- Military families cannot always plan in advance
- Military families move locations frequently; they are told where they can live and work[11]

➢ Day-to-day family functioning can be difficult[12]
- Child care is difficult to find for military personnel working unusual hours
- Civilian spouses can have a harder time finding work due to frequent moves
- Being married to a military member (as a civilian) can feel like a job in and of itself

Challenges for the Stability and Health of the Military Family

➢ Difficult to raise children as a military family[13]

- Children are often far from grandparents, aunts, uncles
- Children must, therefore, depend more on their parents who sometimes leave
- Children may show difficulty adjusting to the demands of deployment

➢ "After multiple deployments, intense training cycles, and an uncertain outlook on the future, divorce became common among both the officer and noncommissioned officer ranks in the units in which I served"[14]

➢ "The military gives us tangible feedback on our performance; we get awards, promotions, recognition, and evaluation reports. Family life is much different. We don't get 'Father of the Year' trophies, marriage evaluation reports, or challenge coins from our in-laws. As a result, sometimes climbing the professional pyramid seems more appealing than nurturing the homestead"[14]

Literature Search

❖ *Sponsored by the TriService Nursing Research Program, Military Family Interest Group*

❖ *Inclusion Criteria*
  ▪ US military sample
  ▪ Topic, or sample, pertinent to military families
  ▪ Original research studies

❖ *Exclusion Criteria*
  ▪ Veteran samples
  ▪ Secondary research studies (e.g. literature reviews)
  ▪ Non-research articles (e.g. editorials, case reports)

❖ *The Winnowing*
  – From 2,502 abstracts
    • → 1,212 had a US military sample
      – → 888 pertained to military families
        » → 595 were primary research

12 Main Topics

- ***Deployment***
  - E.g. preparation, separation, reintegration

- ***Adult Couple/Partner Relationships***
  - E.g. marital satisfaction, communication, intimate partner violence

- ***Mental Health and Care***
  - E.g. depression, social support, other resilience factors

- ***Maternal/Child & Newborn < 1year***
  - E.g. infant mortality, breastfeeding

- ***Healthcare Systems***
  - E.g. access, patient satisfaction, delivery of care

- ***School***
  - E.g. bullying, school climate, school-family communication

12 Main Topics (cont.)

- ***Parenting – "Positive & Negative Aspects"***
  – E.g. discipline, fostering & adoption, abuse/maltreatment

- ***Health Behaviors – "Things Family Members Do"***
  – E.g. sexual behaviors, alcohol & drug use

- ***Health Promotion – "What Medical Does to Keep Families Well"***
  – E.g. anticipatory guidance, screenings, well child visits

- ***Special Health Care Needs***
  – E.g. Exceptional Family Member Program, case management

- ***Pediatric Physical Health***
  – E.g. sick child, rates of ENT procedures

- ***Adult Physical Health***
  – E.g. rates of disease, new surgical or medical techniques

Research With U.S. Military Families

Main Topic	Number of Articles
Mental Health and Care	276
Adult (Partner) Relationships	247
Deployment	244
Parenting	145
Health Behaviors	47
School Issues	43
Health Care System	27
Maternal/Child and Newborn	27
Health Promotion	10
Special Health Care Needs	4

Discussion

- Mental Health was the topic of most published research in the past 3.5 years
  - Half of all lifetime cases of mental illness manifest by the age of 14
  - 40% of U.S. adolescents meet criteria for a diagnosed mental disorder, [15] and if unidentified and untreated, consequences may include:
    - School failure
    - Employment instability
    - Substance abuse
    - Increased risk of developing additional mental disorders.

- Adult Partner Relationships were the 2nd topic of most published research in the past 3.5 years

Discussion (cont.)

- Deployment was the 3rd topic of most published research in the past 3.5 years

- Research suggests:
  - Deployments are not associated with negative consequences for families in the short-term
  - However, "the negative psychological sequelae of war may have downstream consequences for service members" and their families [16]
  - Thus it is important to adopt a long view in research on this topic

Discussion: Possible Gaps?

- ***Parenting – "Positive & Negative Aspects"***
  - E.g. discipline, fostering & adoption, abuse/maltreatment
  - N = 145, but this topic covers many diverse areas

- ***Maternal/Child & Newborn < 1year***
  - E.g. infant mortality, breastfeeding
  - N = 27

- ***Special Health Care Needs***
  - E.g. Exceptional Family Member Program, case management
  - N = 4

Future Directions

- The TSNRP Family Interest Group (FIG) has created a repository of research articles on military families for our military research scientist colleagues to share.

  - http://triservicenursing.org/database/family/

- In this way we can foster more partnerships and collaborations, and we can work on issues of common concern and interest, and fill in the gaps in research on military families.

Recent Studies of interest

- Case Management Services for Military Families (CaMos)

- Active Duty Personnel Parenting Children with Special Needs (PaCeS): An Epidemiological Study

CaMos Purpose

➢ To explore the perspectives of Military Health System case managers on factors which can help or hinder the care they provide to military families.

CaMos Methods

➢ 54 military case managers from CONUS military treatment facilities (MTFs) of varying service branches, sizes, and locations

➢ Semi-structured, qualitative telephone interviews
➢ Qualitative content analysis performed to identify five emergent themes

Pediatric Specialization: "It's a whole different ballgame."

❖ **Recommendations**

➤ When possible, case managers should undergo specialized training in order to appropriately care for a specific population

➤ MTFs with a pediatric population should have a dedicated pediatric case manager

Heavy Workload: "I'm just always treading water."

❖ **Recommendations**

➤ Staffing should be based on acuity of patients

➤ Since many case managers are contract personnel, future staffing decisions should evaluate how contract lengths may impact workload, patient care, and the stability of military CM offices.

Appropriate Staff:
"Teams work really well"

❖ **Recommendations**

➢ Case Management departments could benefit from teams, with more role-specific staffing

"…if I actually had an administrative specialist that was assigned to case management… that would be awesome… it seems stupid, but a lot of those things take up a lot of time."
(Participant 40)

➢ Multidisciplinary teams would allow for specialized services to optimize patient care and mitigate heavy workloads.

Patient Handoffs: "Each duty station handles transfers differently"

❖ **Recommendations**

➤ Need standardized policies on verbal hand-offs for all case-managed patients when there is a case manager on both ends

➤ Case managers need an updated DoD-wide contact list that is frequently updated

The Role of Case Management: "An open continuum"

❖ **Recommendations**

➤ Provide clarity about the specific roles and responsibilities of case managers within MTFs

➤ Encourage command-wide education about CM services
  ➤ Education needs to be continuous due to the dynamic nature of the military

PaCeS Background

- Up to 23% of children in the military healthcare system have special healthcare needs.[17]

- Children with special needs require "health and related services of a type or amount beyond that required by children generally."[18]

- Raising children with special health care needs may be more difficult, costly, time-consuming, and stressful than raising children without special needs

PaCeS Purpose

- To examine the career trajectories of AD personnel who do and do not parent children with special health care needs
    - A special needs child is defined as a child with complex medical needs

- To compare selected professional outcomes (e.g., early attrition, re-enlistment) between groups:
    - Active duty parents caring for a child with Special Needs (SN)
    - Active duty parents caring for a child WithOut Special Needs (WOSN)
    - Active duty personnel with No Children (NC)

Participant Demographics

Variable	Category	N	Percentage (%)
Gender	Female	232,336	15.5
	Male	1,262,097	84.5
Rank	Officer	194,897	13.0
	Enlisted	1,299,536	87.0
Branch of Service	Marines	241,027	16.1
	Navy	362,505	24.3
	Air Force	276,020	18.5
	Army	614,523	41.1
Parental Status	Children with special needs (SN)	25,999	1.7
	Children without special needs (WOSN)	223,592	15.0
	No children (NC)	1,244,842	83.3
Ethnicity	Black	231,898	15.5
	White	937,525	62.7
	Other	325,010	21.8
Marital Status	Never Married	547,289	36.6
	Married	858,793	57.5
	Divorced/Separated	86,607	5.8

Demographics by Parental Status

Variable	Category	No Children	WOSN	SN
Gender (N, %)	Female	200,478 (16.1)	28,772 (12.9)	3,086 (11.9)
	Male	1,044,364 (83.9)	194,820 (87.1)	22,913 (88.1)
Rank (N, %)	Officer	145,231 (11.7)	32,975 (14.8)	3,618 (13.9)
	Enlisted	1,092,388 (87.8)	188,889 (84.5)	22,133 (85.1)
Branch of Service (N, %)	Marines	199,738 (16.0)	31,274 (14.0)	3,316 (12.8)
	Navy	304,505 (24.5)	49,322 (22.0)	5,690 (21.9)
	Air Force	217,800 (17.5)	51,913 (23.2)	6,075 (23.3)
	Army	522,621 (42.0)	91,066 (40.7)	10,917 (42.0)
Ethnicity (N, %)	Black	193,578 (15.6)	33,559 (15.0)	4761 (18.3)
	White	779,302 (62.6)	142,100 (63.6)	16,123 (62.0)
	Other	271, 962 (21.8)	47,933 (21.4)	5,115 (19.7)
Marital Status (N, %)	Never Married	837,094 (67.2)	63,173 (28.3)	7,194 (27.7)
	Married	374,845 (30.1)	154,838 (69.3)	18,047 (69.4)
	Div/Sep	32,172 (2.6)	5,494 (2.5)	746 (2.9)

First Discharge Type by Parental Status

Variable	SN	WOSN	No Children
2nd highest Discharge Code (N, %)	Retirement	Transfer/Officer/Re-enlist	Admin - Other
	1,820 (36.4)	11,617 (9.8)	82,874 (10.0)
3rd highest Discharge Code	Transfer/Officer/Re-enlist	Admin - Other	Misconduct
	1,577 (14.9)	11,582 (9.7)	66,968 (8.1)
4th highest Discharge Code	Medical	Retirement	Retirement
	994 (9.4)	11,462 (9.6)	48,627 (5.9)
5th highest Discharge Code	Admin - Other	Medical	Transfer/Officer/Re-enlist
	936 (8.9)	7,143 (6.0)	44,374 (5.4)
6th highest Discharge Code	Family	Misconduct	Medical
	340 (3.2)	6,307 (5.3)	35,221 (4.3)

Operational Readiness Now

Research suggests:

- ➤ The well-being of the service member's family is a **key factor** in the operational readiness of the service member[19]

- ➤ Service members' **concerns about their families** while on deployment were the cause of more stress than combat-related concerns[20]

- ➤ A **spouse's readiness** for an upcoming deployment is impacted by communication, marital quality, and the service member's mental health[21]

- ➤ Spousal employment and child care issues are important **positive factors** in military retention[22]

Operational Readiness in the Future

Research suggests:

> ➢ Children from military families were up to 8 to 10 times more likely to join the service than children of non-veterans[23]

> ➢ Current military members are much less likely to encourage their children to join military service than in the past[24]

> ➢ The presence of a military family can positively impact service members' likelihood of remaining in the military[25]

How Can We Support Military Families of the Future?

➢ Sailor 2025: Career Readiness[26]

➢ Extended time at one location to build military and community support systems

➢ Programs to strengthen marriages and committed partnerships

➢ Programs to further develop parenting skills and techniques in high-stress situations

➢ High-quality and safe child care options for working parents

➢ Parental leave (vs. paternity or maternity leave)

➢ Increase in pay for military service members, particularly in enlisted ranks

➢ Official military recognition for families after service member deployments

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