



Finding 5

Resources & Satisfaction

A greater proportion of Veteran family respondents of color report needing resources than their active-duty counterparts; variation exists by race/ethnicity, and uncertainty about eligibility and access are top barriers.

Previous Blue Star Families research found that Black and Hispanic/Latino/a/x family respondents reporting more difficulty staying informed of events, activities and resources in their local civilian communities was one of the key factors driving Blue Star Families to conduct this study.¹ During the early months of the COVID-19 pandemic, “communication about resources/services available” was the second most commonly-cited “unmet local community need” reported by both Black and Hispanic/Latino/a/x respondents to the COVID-19 Military Support Initiative’s (CMSI) Pain Points Poll. Both groups reported this at higher rates than white, non-Hispanic respondents.² This finding was replicated in CMSI’s Resilience Under Stress Study (RUSS), which found that 42% of Black active-duty family respondents agreed they “could stay informed of events and activities” in their local civilian community, compared with 73% of their white, non-Hispanic peers.³ Forty-six percent of Black active-duty family respondents to the RUSS noted they could find information for resources they want to use, compared to 67% of their white, non-Hispanic peers who said the same.⁴ Focus group participants involved in this study discuss these barriers and others, including negative experiences such as perceived unfair treatment and difficulties navigating the service system, which research has shown to be common for people of color accessing services.⁵



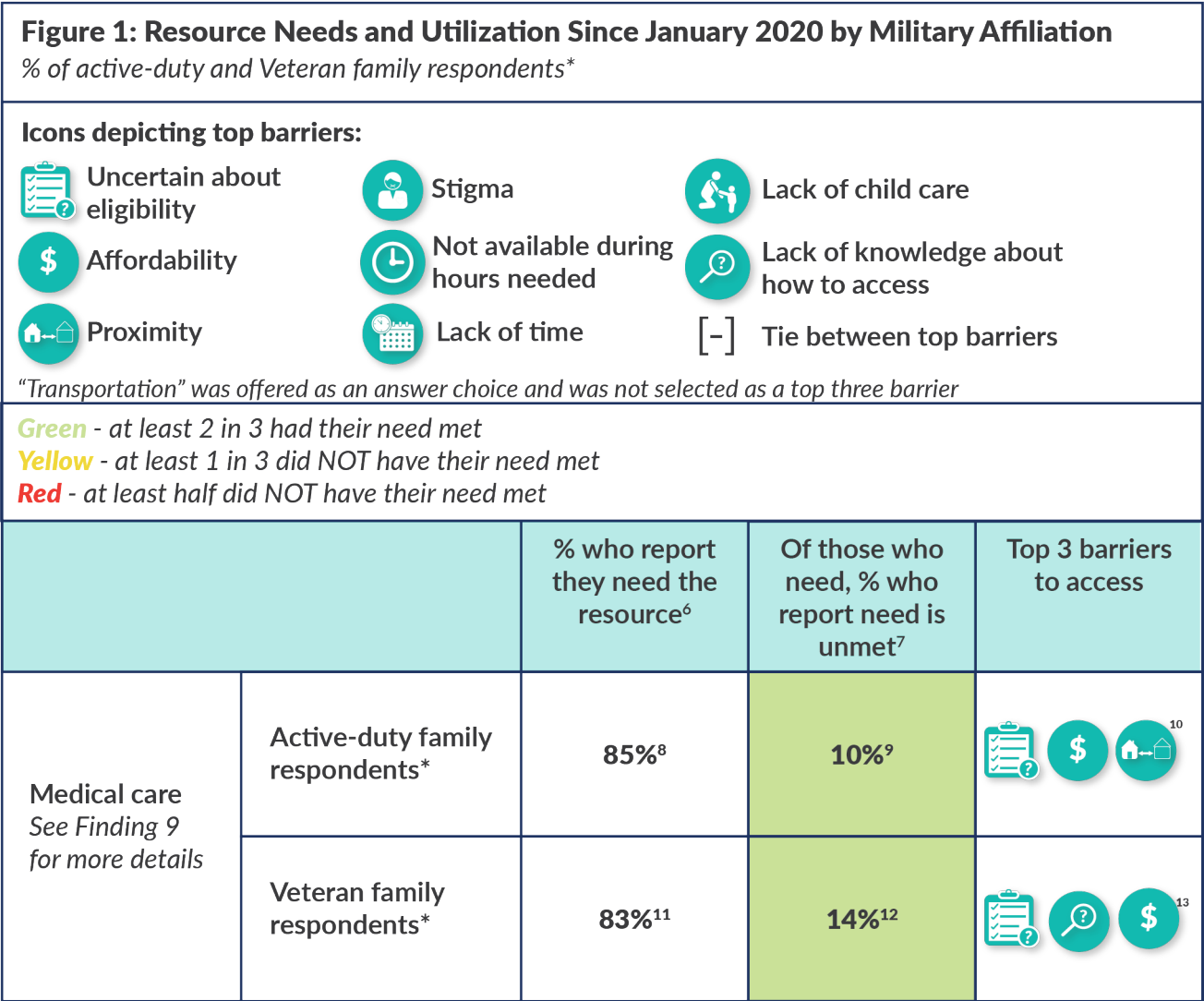
And now you're asking for help and [...] they're looking at you like [...] you've done something wrong. That you can't take care of yourself. And [...] sometimes it's not worth it. We're like 'Forget it, you know we'll just find other ways'.

- Hispanic/Latino/a/x Military Spouse and Veteran









*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.

Most active-duty and Veteran family respondents* do not require the resources or services inquired about in this study; however, many needing non-medical resources or services since January 2020 did not receive them.

In line with Finding 9, the majority of both active-duty and Veteran family respondents have required medical care or behavioral/mental health services since January 2020, and nearly all of those needing these services were able to access them (Figure 1). While fewer respondents have required other resources and services, such as food and nutritional assistance, employment services, legal services, etc., respondents who need them experience greater challenges in accessing them. With few exceptions, at least one in three respondents* from both active-duty and Veteran families report needing a non-medical resource or service but not getting it, and a greater proportion of Veteran family respondents* report this to be the case. These challenges appear to be especially acute for Veteran family respondents who have required food, caregiving, or housing assistance since January 2020: over half of those with a need report not receiving support (Figure 1).





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		% who report they need the resource ⁶	Of those who need, % who report need is unmet ⁷	Top 3 barriers to access
Behavioral and mental health <i>See Finding 9 for more details</i>	Active-duty family respondents*	52% ¹⁴	25% ¹⁵	 ¹⁶
	Veteran family respondents*	63% ¹⁷	25% ¹⁸	 ¹⁹
Food and nutrition from school (e.g., meals from school, free lunch program) <i>See Finding 6 for more details</i>	Active-duty family respondents*	37% ²⁰	26% ²¹	 ²²
	Veteran family respondents*	35% ²³	40% ²⁴	 ²⁵
Food and nutrition (e.g., food stamps) <i>See Finding 6 for more details</i>	Active-duty family respondents*	27% ²⁶	46% ²⁷	 ²⁸
	Veteran family respondents*	30% ²⁹	54% ³⁰	 ³¹
Employment and career development (e.g., job training, job placement services, resume writing, starting a business) <i>See Findings 3, 7, and 8 for more details</i>	Active-duty family respondents*	48% ³²	40% ³³	 ³⁴
	Veteran family respondents*	49% ³⁵	43% ³⁶	 ³⁷

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.


		% who report they need the resource ⁶	Of those who need, % who report need is unmet ⁷	Top 3 barriers to access
Caregiving resources <i>(e.g., resources related to care-giving needs of day-to-day life in your community)</i> <i>See Finding 9 for more details</i>	Active-duty family respondents*	30% ³⁸	45% ³⁹	 ⁴⁰
	Veteran family respondents*	34% ⁴¹	60% ⁴²	 ⁴³
Housing services or assistance <i>(e.g., locating affordable housing, housing subsidies or vouchers, transitional housing)</i>	Active-duty family respondents*	26% ⁴⁴	40% ⁴⁵	 ⁴⁶
	Veteran family respondents*	30% ⁴⁷	58% ⁴⁸	 ⁴⁹
Community services <i>(e.g., finding volunteer opportunities, social support)</i>	Active-duty family respondents*	52% ⁴⁷	27% ⁴⁸	 ⁵²
	Veteran family respondents*	56% ⁵³	34% ⁵⁴	 ⁵⁵
Legal services <i>(e.g., wills, power of attorney, VA benefits appeals, resolving landlord disputes, divorce, custody/child support)</i>	Active-duty family respondents*	39% ⁵⁶	29% ⁵⁷	 ⁵⁸
	Veteran family respondents*	44% ⁵⁹	42% ⁶⁰	 ⁶¹

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.

		% who report they need the resource ⁶	Of those who need, % who report need is unmet ⁷	Top 3 barriers to access
Benefits and claims assistance (e.g., assistance with Veteran education, disability, health, and loan programs)	Active-duty family respondents*	34% ⁶³	39% ⁶³	 ⁶⁴
	Veteran family respondents*	64% ⁶⁵	25% ⁶⁶	 ⁶⁷

Uncertainty regarding resource eligibility and lack of knowledge about how to access services are top barriers to utilization for active-duty and Veteran family respondents.*

Eligibility uncertainty and lack of knowledge are the most common barriers to accessing public benefits among military-connected families and the general public.⁶⁸ Respondents to this survey report the same: respondents were asked about 10 total resources/services (see Figures 1 and 2 for details), and those who report needing a resource or service and not receiving it were asked why they could not or did not use it. For both active-duty and Veteran family respondents,* the top barriers for most of the listed resources are eligibility (“I didn’t think I was eligible for this service”), lack of knowledge (“I didn’t know how to access this resource”), and stigma (“I was worried about what others would think of me”). For Veteran family respondents, proximity (“this service wasn’t available close to where I live”) is also a commonly selected obstacle.



Meet them where they are, not where one thinks they should be. An informative proactive program that represents diversity that reaches out using sensitivity to differences, acknowledging and utilizing what everyone brings to the table, by ensuring no one feels excluded, unseen, or less than anyone else.

- Black Military Spouse



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The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

Variation exists by race/ethnicity for most resources and services, aligning with previous research.

This study is limited by a low response rate within subgroups (e.g., active-duty family respondents with a specific racial/ethnic identity reporting they need a specific resource/service). Therefore, the findings should serve as indicators to be further explored. Nevertheless, in an effort to elevate the experiences of the racial/ethnic minority respondents who took time to complete this survey, Figure 2 includes all active-duty family racial/ethnic groups with at least 50 respondents to the question.

Analyzing the data in this way highlights a handful of insights deserving of further research:

1. A greater proportion of active-duty family respondents identifying as American Indian or Alaska Native report needing nearly every resource or service inquired about, compared to respondents from the other racial/ethnic groups analyzed, which aligns with external research describing a historical general lack of availability of resources for these groups in the civilian population.⁶⁹
2. Twice as many Asian active-duty family respondents as Black and Hispanic/Latino/a/x active-duty family respondents report “behavioral and mental health” as an unmet need, consistent with external research from the civilian population.⁷⁰
3. More than one in three active-duty family respondents from all racial/ethnic groups analyzed with a need for “employment and career development” resources report that need to be unmet, aligning with Findings 2 and 7.
4. More than four in 10 Black active-duty family respondents with a need for “food and nutrition (e.g., food stamps)” report this need to be unmet, which aligns with external research about the civilian population⁷¹ and Finding 6.
5. Over half of Hispanic/Latino/a/x active-duty family respondents with a need for “caregiving resources” report this need to be unmet, which aligns with external research about civilian Hispanic caregivers.⁷²

Figure 2: Resource Needs and Utilization by Race/Ethnicity Since January 2020 % of active-duty family respondents		
American Indian or Alaska Native		
Resource/Service	% who report they need the resource ⁷³	Of those who need, % who report need is unmet ⁷⁴
Medical Care	90% ⁷⁵	24% ⁷⁶

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.

American Indian or Alaska Native, continued		
Resource/Service	Have a need	Need is unmet
Behavioral and mental health	67% ⁷⁷	-
Food and nutrition from school (e.g., meals from school, free lunch program)	49% ⁷⁸	-
Food and nutrition (e.g., food stamps)	44% ⁷⁹	-
Employment and career development (e.g., job training, job placement services, resume writing, starting a business)	57% ⁸⁰	-
Caregiving resources (e.g., resources related to caregiving needs of day-to-day life in your community)	58% ⁸¹	-
Housing services or assistance (e.g., locating affordable housing, housing subsidies or vouchers, transitional housing)	41% ⁸²	-
Community services (e.g., finding volunteer opportunities, social support)	65% ⁸³	-
Legal services (e.g., wills, power of attorney, VA benefits appeals, resolving landlord disputes, divorce, custody/child support)	63% ⁸⁴	-
Benefits and claims assistance (e.g., assistance with Veteran education, disability, health, and loan programs)	56% ⁸⁵	-
Asian		
Resource/Service	Have a need	Need is unmet
Medical Care	87% ⁸⁶	15% ⁸⁷
Behavioral and mental health	43% ⁸⁸	41% ⁸⁹
Food and nutrition from school (e.g., meals from school, free lunch program)	32% ⁹⁰	-
Food and nutrition (e.g., food stamps)	27% ⁹¹	-

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Asian, continued		
Resource/Service	Have a need	Need is unmet
Employment and career development (e.g., job training, job placement services, resume writing, starting a business)	48% ⁹²	49% ⁹³
Caregiving resources (e.g., resources related to caregiving needs of day-to-day life in your community)	30% ⁹⁴	-
Housing services or assistance (e.g., locating affordable housing, housing subsidies or vouchers, transitional housing)	25% ⁹⁵	-
Community services (e.g., finding volunteer opportunities, social support)	48% ⁹⁶	30% ⁹⁷
Legal services (e.g., wills, power of attorney, VA benefits appeals, resolving landlord disputes, divorce, custody/child support)	34% ⁹⁸	-
Benefits and claims assistance (e.g., assistance with Veteran education, disability, health, and loan programs)	34% ⁹⁹	-
Black		
Resource/Service	Have a need	Need is unmet
Medical Care	85% ¹⁰⁰	8% ¹⁰¹
Behavioral and mental health	54% ¹⁰²	20% ¹⁰³
Food and nutrition from school (e.g., meals from school, free lunch program)	37% ¹⁰⁴	22% ¹⁰⁵
Food and nutrition (e.g., food stamps)	25% ¹⁰⁶	42% ¹⁰⁷
Employment and career development (e.g., job training, job placement services, resume writing, starting a business)	52% ¹⁰⁸	37% ¹⁰⁹
Caregiving resources (e.g., resources related to caregiving needs of day-to-day life in your community)	29% ¹¹⁰	35% ¹¹¹
Housing services or assistance (e.g., locating affordable housing, housing subsidies or vouchers, transitional housing)	24% ¹¹²	36% ¹¹³

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Black, continued		
Resource/Service	Have a need	Need is unmet
Community services (e.g., finding volunteer opportunities, social support)	53% ¹¹⁴	25% ¹¹⁵
Legal services (e.g., wills, power of attorney, VA benefits appeals, resolving landlord disputes, divorce, custody/child support)	37% ¹¹⁶	19% ¹¹⁷
Benefits and claims assistance (e.g., assistance with Veteran education, disability, health, and loan programs)	34% ¹¹⁸	36% ¹¹⁹
Hispanic/Latino/a/x		
Resource/Service	Have a need	Need is unmet
Medical Care	78% ¹²⁰	5% ¹²¹
Behavioral and mental health	45% ¹²²	20% ¹²³
Food and nutrition from school (e.g., meals from school, free lunch program)	33% ¹²⁴	24% ¹²⁵
Food and nutrition (e.g., food stamps)	17% ¹²⁶	-
Employment and career development (e.g., job training, job placement services, resume writing, starting a business)	40% ¹²⁷	39% ¹²⁸
Caregiving resources (e.g., resources related to caregiving needs of day-to-day life in your community)	25% ¹²⁹	53% ¹³⁰
Housing services or assistance (e.g., locating affordable housing, housing subsidies or vouchers, transitional housing)	20% ¹³¹	-
Community services (e.g., finding volunteer opportunities, social support)	43% ¹³²	24% ¹³³
Legal services (e.g., wills, power of attorney, VA benefits appeals, resolving landlord disputes, divorce, custody/child support)	33% ¹³⁴	19% ¹³⁵
Benefits and claims assistance (e.g., assistance with Veteran education, disability, health, and loan programs)	29% ¹³⁶	31% ¹³⁷
Note: Questions with fewer than 50 respondents are excluded from this table.		

*Unless otherwise noted, respondents indicated having at least one racial/ethnic identity other than white.

Finding 5 Endnotes

¹ Blue Star Families, 2020, September; Blue Star Families, 2020, November.

² Black (25%), Hispanic/Latinx (20%), white (16%) respondents indicated "communication about resources/services available" as an "unmet community need" (Blue Star Families, 2020, September).

³ Blue Star Families, 2020, November.

⁴ Blue Star Families, 2020, November.

⁵ Pratt & Hahn, 2021.

⁶ Question: Have you or your family used services or programs of the following types since January 2020?

Respondents indicate needing the service ("No, I/we needed it but didn't get it" OR "Yes").

⁷ Among respondents who indicate they needed a resource, the percentage who report "I/we needed it but didn't get it."

⁸ n=656

⁹ n=554

¹⁰ n=55

¹¹ n=392

¹² n=325

¹³ n=44

¹⁴ n=656

¹⁵ n=343

¹⁶ n=83. Note: "Other" (13%) is tied with "affordability" as the third most commonly-cited barrier to utilizing behavioral and mental health services among active-duty family respondents*; responses vary. However, stories of difficulties obtaining referrals illustrate the most common theme in write-in responses. Responses were not re-coded as "accessibility," which is already the second most common barrier.

¹⁷ n=390

¹⁸ n=245

¹⁹ n=58. Note: "Other" is the third most commonly selected barrier (12%); write-in responses vary and do not coalesce around a specific theme. With "Other" removed, "knowledge" and "affordability" are tied.

²⁰ n=647

²¹ n=239

²² n=58. Note: "Other" is the second most commonly selected answer choice (9%), and nearly all write-in responses describe a form of ineligibility; these responses were not re-coded as "eligibility" is already the most commonly selected barrier. Once "Other" is removed, "affordability" and "stigma" are tied for second.

²³ n=379

²⁴ n=132

²⁵ n=50

²⁶ n=652

²⁷ n=174

²⁸ n=73

²⁹ n=388

³⁰ n=116

³¹ n=58. Note: "Other" is the third most commonly selected answer choice (12%), and nearly all respondents indicate "they did not qualify." These responses were not re-coded to "eligibility," which is already the top barrier for Veteran family respondents.* Once "Other" is removed, five answer choices are tied for third: stigma, proximity, availability, lack of child care, and lack of time.

³² n=655

³³ n=318

³⁴ n=120

³⁵ n=389

³⁶ n=192

³⁷ n=81. Note: "Other" is the second most commonly selected answer choice (14%); the only theme emerging from write-in responses is the lack of a response from existing resources when the individual reached out (4 respondents note this). With "Other" removed, "stigma" is the third most common barrier.

³⁸ n=656

³⁹ n=200

⁴⁰ n=83

⁴¹ n=383

⁴² n=129

⁴³ n=74. Note: "Other" is the third most commonly selected barrier identified (14%), and write-in responses primarily highlight accessibility concerns caused by COVID-19 or eligibility barriers specific to the individual respondent; these responses were not re-coded, as "knowledge" and "eligibility" are already the top two barriers among Veteran respondents* requiring but not accessing caregiving resources. Once "Other" is removed, "availability" is the third most commonly selected response.

⁴⁴ n=656

⁴⁵ n=169

⁴⁶ n=63

⁴⁷ n=385

⁴⁸ n=114

⁴⁹ n=63. Note: "Other" is the third most commonly selected barrier (14%), and write-in responses vary with no apparent themes. Once "Other" is removed, "affordability" is the third most commonly selected answer choice.

⁵⁰ n=654

⁵¹ n=341

⁵² n=89

⁵³ n=391

⁵⁴ n=221

⁵⁵ n=70. Note: "stigma" and "proximity" are tied.

⁵⁶ n=656

⁵⁷ n=256

⁵⁸ n=70

⁵⁹ n=385

⁶⁰ n=170

⁶¹ n=66. Note: "Other" is the third most commonly selected answer choice (12%), but most write-in responses are a description of an accessibility concern caused by COVID-19; these responses were not re-coded as "knowledge about accessibility" is already the top reported barrier among Veteran respondents* who require legal services but did not receive them. Once "Other" is removed, "proximity" is the third most common barrier.

⁶² n=660

⁶³ n=224

⁶⁴ n=82

⁶⁵ n=393

⁶⁶ n=252

⁶⁷ n=62

⁶⁸ Wu & Eamon, 2010; Huebner, Alidootsi, Brickel, & Wade, 2010.

⁶⁹ In 2018, the U.S. Commission on Civil Rights reported that—due to things like historical discriminatory policies, insufficient resources, and inefficient federal program delivery—Native Americans continue to rank near the bottom of all Americans in terms of health, education, and employment. (U.S. Government Accountability Office, n.d.; Fonseca, 2018, December 20).

⁷⁰ Utilizing data from the Asian American Quality of Life Survey, researchers found 44% of participants were categorized as having mental distress and about 6.1% having serious mental illness. However, only 23% had accessed services. Seven percent reported there was a time they needed mental health care and could not get it. (Reinert, Fritze, & Nguyen, October 2021). Additionally, analysis of Substance Abuse and Mental Health Services Administration's National Survey on Drug Use and Health revealed Asian youth were the least likely to have seen a professional or received medication for their depression among all analyzed groups. (Jang, et. al., 2019).

⁷¹ USDA Economic Research Service, 2021.

⁷² A study on Hispanic caregivers revealed only 35% of Hispanic caregivers accessed caregiving support and resources. Hispanic caregivers are only half as likely as non-Hispanic caregivers to have ever used the internet to search for information on any subject (43% vs. 81%). (Evercare and National Alliance for Caregiving, 2008, November).

⁷³ Question: Have you or your family used services or programs of the following types since January 2020? Respondents indicate needing the service ("No, I/we needed it but didn't get it" OR "Yes").

⁷⁴ Among respondents who indicate they needed a resource, the percentage who report "I/we needed it but didn't get it."

⁷⁵ n=73

⁷⁶ n=66



77	n=73
78	n=72
79	n=71
80	n=72
81	n=74
82	n=73
83	n=72
84	n=73
85	n=73
86	n=125
87	n=109
88	n=125
89	n=54
90	n=124
91	n=124
92	n=124
93	n=59
94	n=125
95	n=125
96	n=125
97	n=60
98	n=125
99	n=125
100	n=299
101	n=254
102	n=299
103	n=163
104	n=293
105	n=108
106	n=299
107	n=76
108	n=299
109	n=155
110	n=298
111	n=86
112	n=299
113	n=72
114	n=299
115	n=160
116	n=299
117	n=111
118	n=303
119	n=102
120	n=204
121	n=159
122	n=204
123	n=92
124	n=200
125	n=67
126	n=203
127	n=203
128	n=89
129	n=204
130	n=51
131	n=204
132	n=203
133	n=88

¹³⁴ n=204

¹³⁵ n=68

¹³⁶ n=204

¹³⁷ n=58

Finding 5 References

Unless otherwise noted, images are sourced from Blue Star Families Stock Photos, DVIDSHub.net, Unsplash.com. The appearance of U.S. Department of Defense (DoD) visual information does not imply or constitute DoD endorsement.

Blue Star Families. (2020, September). Pain points poll deep dive: Understanding the impact of COVID-19 on Black and Hispanic/Latinx families. <https://bluestarfam.org/wp-content/uploads/2020/09/BDG-PPP-DeepDive-Black-Hispanic-Respondents.pdf>

Blue Star Families. (2020, November). Resilience under stress study. https://bluestarfam.org/wp-content/uploads/2020/11/RUSS-Report-11.4.20_FINAL.pdf

Evercare and National Alliance for Caregiving. (2008, November). Evercare study of Hispanic family caregiving in the U.S. Family Caregiver Alliance. https://www.caregiving.org/wp-content/uploads/2020/05/Hispanic_Caregiver_Study_web_ENG_FINAL_11_04_08.pdf.

Fonseca, F. (2018, December 20). Report: US fails in funding obligation to Native Americans. AP NEWS. <https://apnews.com/article/north-america-us-news-ut-state-wire-az-state-wire-wa-state-wire-b0809ce879294ca7b07ef7ef633adb12>.

Huebner, A., Alidootsi, B., Brickel, M., & Wade, K. (2010). Summary of findings: military family needs assessment. Office of the Secretary of Defense. https://download.militaryonesource.mil/12038/Project%20Documents/MilitaryHOMEFRONT/Service%20Providers/DoD%20Conferences/MFPP/Needs%20Assessment/Summary_of_Findings_Military_Family_Needs_Assessment_Final.pdf

Jang, Y., Yoon, H., Park, N. S., Rhee, M. K., & Chiriboga, D. A. (2019). Mental health service use and perceived unmet needs for mental health care in Asian Americans. *Community Mental Health Journal*. 55(2), 241–248. <https://doi.org/10.1007/s10597-018-0348-3>

Pratt, E., & Hahn, H. (2021). What happens when people face unfair treatment or judgment when applying for public assistance or social services? Urban Institute. https://www.urban.org/sites/default/files/publication/104566/what-happens-when-people-face-unfair-treatment-or-judgment-when-applying-for-public-assistance-or-social-services_0.pdf.

Reinert, M, Fritze, D. & Nguyen, T. (2021, October). The state of mental health in America 2022. Mental Health America. <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>

Wu, C.-F., & Eamon, M. K. (2010). Need for and barriers to accessing public benefits among low-income families with children. *Children and Youth Services Review*. 32(1), 58–66. <https://doi-org.lopes.idm.oclc.org/10.1016/j.childyouth.2009.07.001>

U.S. Department of Agriculture. (2021). Food security status of U.S. households in 2020. Economic Research Service. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx>

U.S. Government Accountability Office (n.d.). Tribal and Native American issues. <https://www.gao.gov/tribal-and-native-american-issues>.

Zoli, C, Maury, R, & Fay, D, (2015). Missing perspectives: Servicemembers' transition from service to civilian life - data-driven research to enact the promise of the post-9/11 GI Bill. Institute for Veterans & Military Families, Syracuse University. https://ivmf.syracuse.edu/wp-content/uploads/2019/11/MissingPerspectivesACC_03.02.18.pdf