

HCSDB Issue Brief

Gillian Giudice, Amy Gehrke, and Nancy Clusen

Health-Related Quality of Life and Stress Among Active Duty Spouses

Social determinants of health are conditions that shape our access to opportunities and resources, which in turn affect a variety of health and quality-of-life outcomes. The Healthy People 2020 initiative highlights the importance of social determinants of health through its goal to “create social and physical environments that promote good health for all” (Office of Disease Prevention and Health Promotion n.d.). Examples of health-promoting conditions include access to affordable housing and environments free of hazards; adequate child care, education, and job opportunities; and supportive community and social networks.

Unlike their civilian counterparts, military families face the challenge of having to periodically re-establish themselves in new social and physical environments, which can disrupt their access to health-promoting resources and community supports. With every relocation, military families must make difficult decisions about housing, child care, continuity for their children’s education, and the civilian spouse’s employment, which can lead to financial and emotional hardship. According to a 2017 survey conducted by the Military Family Advisory Network (n.d.), nearly 80 percent of respondents said that permanent-change-of-station orders caused high financial stress, and 44 percent of those who had financial strain reported that it hurt their mental and emotional health.

Besides the stress of each relocation, military families also face the unique pressures of deployment, which include heightened emotions before, during, and after deployment. The challenges of deployment do not disappear when the servicemember returns home; according to a 2017 survey of active duty spouses, 23 percent of spouses reported difficulty readjusting to their servicemember’s return from deployment (Office of People Analytics n.d.).

This issue brief examines the prevalence poor HRQOL and stress among spouses of active duty servicemembers.

- Overall, AD spouses are a healthy group, with all measures of poor HRQOL below 15 percent, though the prevalence of poor HRQOL increases as the number of personal, marital, or parental stressors reported increases.
- Health and financial concerns are the most commonly identified stressors among AD spouses. Among AD spouses with children under 18, over half identified concerns with child care arrangements and children’s education.
- In general, AD spouses who reported two or more stressors are significantly more likely than those who reported zero stressors to have poor HRQOL.
- AD spouses whose servicemembers were deployed were significantly more likely than those whose servicemembers were not deployed to report two or more personal stressors.

Using data from the Health Care Survey of Department of Defense Beneficiaries (HCSDB),¹ this issue brief summarizes the prevalence of poor health-related quality of life (HRQOL) and self-reported personal, marital, and parental stressors among spouses of active duty servicemembers. The brief also discusses the relationship between poor HRQOL and the number of personal, marital, or parental stressors among spouses.

The four measures of poor HRQOL described in this brief are based on questions from the Healthy Days Core Module and conventions from the Centers for Disease Control and Prevention (2000). We defined poor HRQOL as (1) fair or poor general health, (2) frequent physical distress, (3) frequent mental distress, or (4) frequent activity limitations. Physical or mental distress was considered frequent if the respondent reported 14 or more days of poor physical or mental health in the last month. Similarly, activity

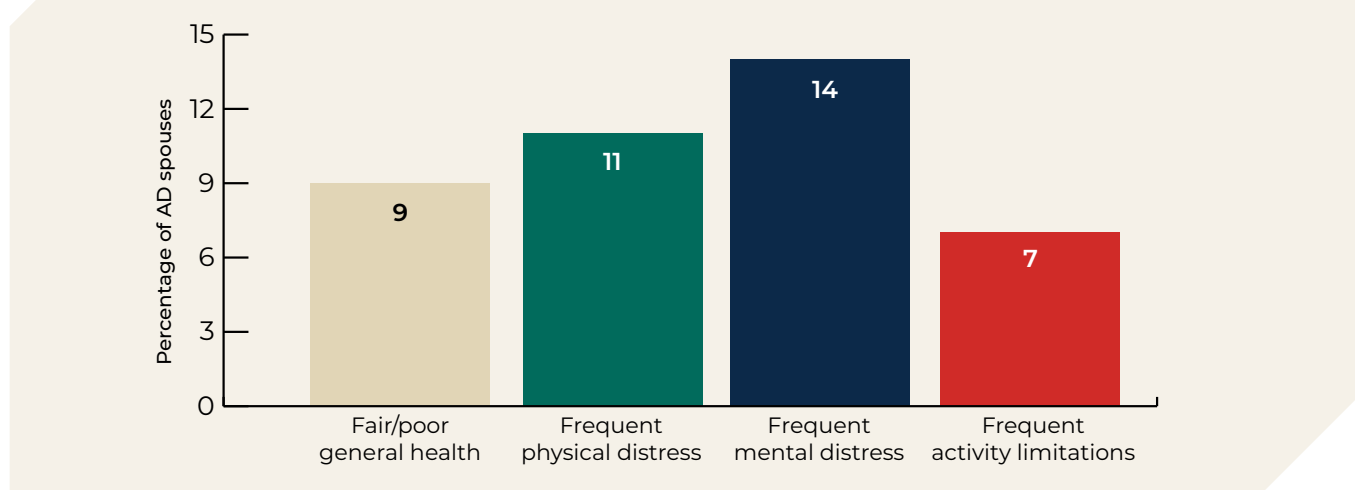
limitations were considered frequent when respondents reported 14 or more days in the last month in which poor physical or mental health limited their activities.

HCSDB respondents identified stressors by indicating that they were “very” or “somewhat” concerned about personal, marital, and parental issues. We constructed three scales by summing the number of concerns in each issue area. We collapsed two or more stressors for the personal and marital scales to increase the number of respondents in each category.

Prevalence of poor HRQOL

Overall, active duty spouses (AD spouses) reported having good HRQOL, with all measures of poor HRQOL below 15 percent (Figure 1). Frequent mental distress was the most common measure of poor HRQOL (14 percent), whereas frequent days of limited activity was the least common measure (7 percent).

Figure 1. AD spouses’ poor HRQOL



Prevalence of stressors

The most common personal stressors among AD spouses were personal health problems (51 percent) and health problems of a family member (50 percent). Financial issues were also common, as nearly half of AD spouses said that managing household expenses was a concern (46 percent). However, concerns about major financial hardship

or bankruptcy were less prevalent, with under one-fifth of AD spouses indicating distress about this (18 percent). Among marital stressors, AD spouses most commonly identified poor communication with their servicemember spouse as a concern (31 percent).

Seventy-one percent of AD spouses have children under age 18 (not shown). Among them, over half were concerned about child care arrangements (55 percent) and their children’s education (54 percent).

Table 1. Prevalence of personal, marital, and parental stressors among AD spouses

	% very or somewhat concerned
Personal stressors	n = 1,264
Health problems	51%
Health problems of a family member	50%
Management of household expenses	46%
Major financial hardship or bankruptcy	18%
Job demands	38%
Personal school demands	20%
Marital stressors	n = 1,264
Poor communication with spouse	31%
Arguments with spouse	20%
Marital problems between servicemember and spouse	20%
Parental stressors	n = 834^a
Child care arrangements	55%
Child's/children's education	54%

^a We used a weighted proportion to calculate the percentage of AD spouses who have children under the age of 18 (71 percent).

Prevalence of poor HRQOL by number of stressors

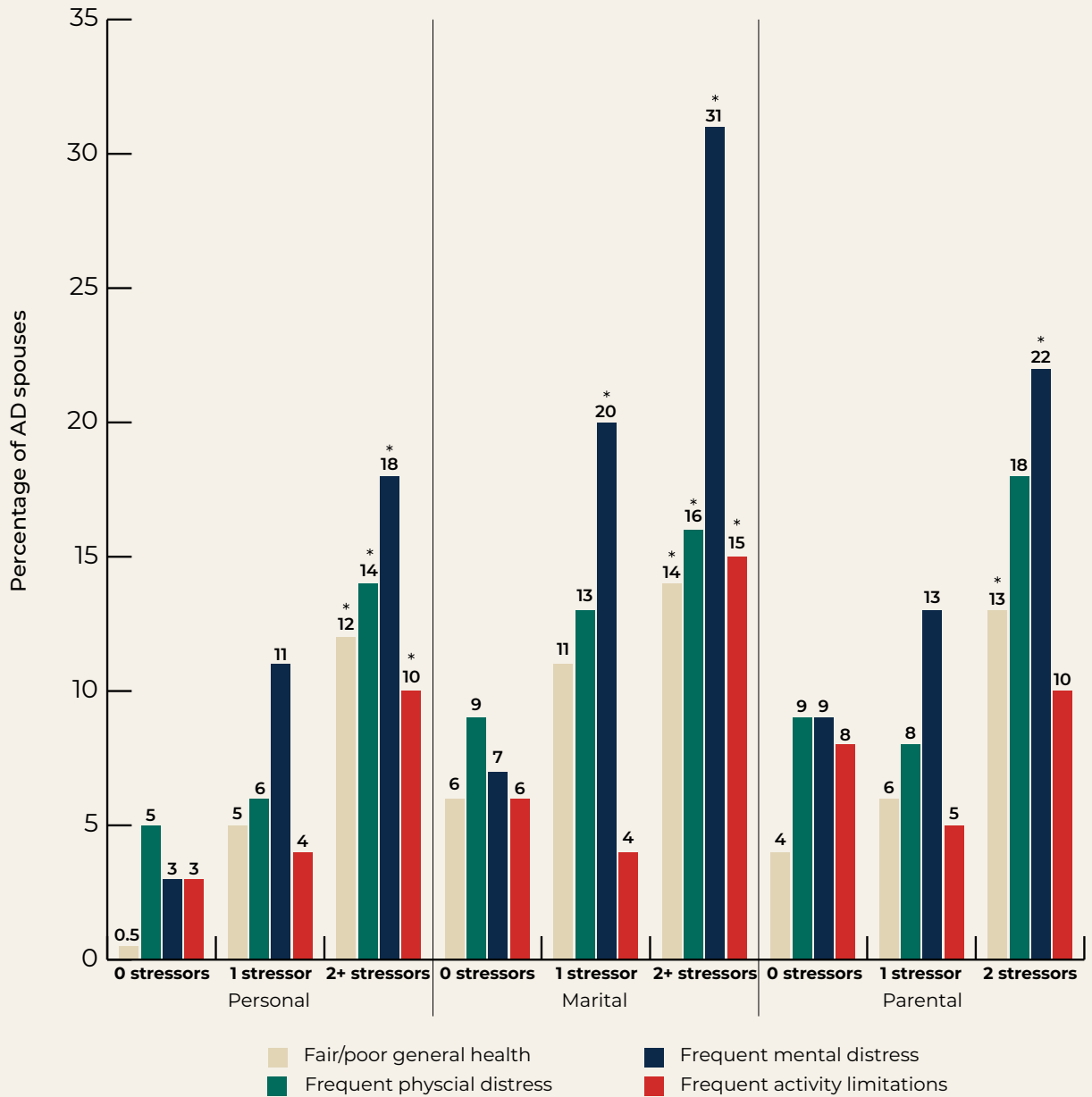
The prevalence of poor health among AD spouses generally increased with the number of stressors (Figure 2). Frequent mental distress was the most common measure of poor health. Between 18 and 31 percent of the spouses who reported having two or more personal, marital, or parental stressors also had poor mental health at least 14 days a month.

AD spouses who reported two or more personal stressors were significantly more likely than those who reported no personal stressors to be in fair or poor health (12 percent versus 0.5 percent) and to have frequent physical distress (14 percent versus 5 percent), frequent mental

distress (18 percent versus 3 percent), and frequent days of limited activity (10 percent versus 3 percent). The same was true for AD spouses who reported two or more marital stressors; they were significantly more likely than those reporting no marital stressors to be in fair or poor health (14 percent versus 6 percent) and to have frequent physical distress (16 percent versus 9 percent), frequent mental distress (31 versus 7 percent), and frequent days of limited activity (15 percent versus 6 percent).

Parents who reported two parental stressors were more likely than parents who reported no parental stressors to be in fair or poor health (13 percent versus 4 percent) and to have frequent mental distress (22 percent versus 9 percent). However, we found no significant difference between these two groups in terms of frequent physical distress and frequent days of limited activity.

Figure 2. Poor HRQOL among AD spouses, by number of personal, marital, and parental stressors



*Significantly different from 0 stressors ($p < 0.05$).

Table 2. Number of personal, marital, and parental stressors among AD spouses, by servicemember’s deployment in last 30 days

	AD spouse with deployment	AD spouse without deployment
Personal stressors	n = 185	n = 1,080
0 stressors	15%	23%
1 stressor	12%	19%
2+ stressors	73%*	59%
Marital stressors	n = 185	n = 1,080
0 stressors	58%	68%
1 stressor	19%	11%
2+ stressors	23%	21%
Parental stressors	n = 109^a	n = 725^a
0 stressors	20%	28%
1 stressor	44%	36%
2 stressors	37%	36%

* Significantly different from an AD spouse without deployment ($p < 0.05$).

^a We used a weighted proportion to calculate the percentage of AD spouses who have children under the age of 18 (66 percent of AD spouses with deployment and 73 percent of spouses without deployment).

Deployment, poor HRQOL, and stress

Military families also face the unique stress of deployment, which introduces challenges and exacerbates existing stressors. AD spouses with a deployed servicemember were more likely than those whose servicemembers were not deployed to be concerned about child care arrangements (65 percent versus 53 percent) and poor communication with their servicemember spouse (39 percentage versus 30 percent); however, these differences were not statistically significant. Financial concerns were also slightly more common among spouses with deployed servicemembers; they were 7 percentage points more likely than those without deployed servicemembers to express concern about household expenses (52 percent versus 45 percent) as well as major financial hardship or bankruptcy (23 percent versus 16 percent), although this was not a statistically significant difference (not shown).

Although we found no significant differences between the types of concerns reported by spouses, those whose servicemembers were deployed were significantly more likely than those whose

servicemembers were not deployed to report two or more personal stressors (73 percent versus 59 percent). AD spouses of a deployed servicemember were also less likely to identify zero personal, marital, or parental stressors, although these differences were not significant

Discussion

AD spouses are a healthy group of people who report low prevalence of poor HRQOL, though their health outcomes worsen as their self-reported personal, marital, and parental stress increases. Healthy, resilient families are connected to social and physical environments that support their emotional and physical well-being. Military families have unique interactions with the places that create these social determinants of health. Their frequent relocations require them to periodically rebuild their resources and support networks, which intensifies their stress and can disrupt their access to health-promoting opportunities.

We saw no significant differences between the concerns identified by AD spouses with and without deployed servicemembers, but the former group was significantly more likely than the latter to report two or more

personal stressors. The deployment cycle produces complex emotional responses before, during, and after deployment, which means that deployment-related stress may not be exclusively related to the time when the servicemember is away. This may explain the lack of difference we saw between the spouses of deployed and non-deployed servicemembers. Future studies could include a civilian spouse comparison group to explore the potential differences in self-reported stress and HRQOL between military and civilian spouses.

Challenges related to child care, personal and family health, and finances are the greatest concerns among AD spouses. These concerns indicate areas for growth for spousal support programs. According to the 2017 Survey of Active Duty Spouses by the Office of People Analytics, 55 percent of spouses experiencing deployment rate the military support received during deployment as fair or poor, indicating a need for more support for this population.

To better serve this population, DHA might want to incorporate social determinants of health into health assessments by encouraging providers to screen servicemembers and their families for unmet social needs. Providers can also proactively meet the needs of the military community by facilitating connections to health-promoting opportunities and social supports.

Endnote

¹The data are from the HCSDB conducted in fiscal year 2020, Quarter 2.

References

Military Family Advisory Network. "Military Family Support Survey 2017 Results." n.d. Available at <http://militaryfamilyadvisorynetwork.org/wp-content/dl/MFAN-2017-Survey-Report.pdf>. Accessed January 9, 2020.

Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services. "Healthy People 2020: Social Determinants of Health." n.d. Available at <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed July 27, 2020.

CDC. "Measuring Healthy Days: Population Assessment of Health-Related Quality of Life." Atlanta, GA: CDC, November 2000. Available at <https://www.cdc.gov/hrqol/pdfs/mhd.pdf>. Accessed August 17, 2020.

Office of People Analytics, U.S. Department of Defense. "2017 Survey of Active Duty Spouses (2017 ADSS)." n.d. Available at <https://download.militaryonesource.mil/12038/MOS/Surveys/2017-Survey-of-Active-Duty-Spouses-Overview-Briefing.pdf>. Accessed July 17, 2020.

Sources

Q2 FY 2020 Health Care Survey of Department of Defense Beneficiaries. N = 8,541. The response rate is 8.5 percent. The survey was fielded from December 6, 2019, to February 28, 2020.