



FY20 Qualified Military Available Key Findings

The appearance of external hyperlinks does not constitute endorsement by the United States Department of Defense (DoD) of the linked websites, or the information, products or services contained therein. The DoD does not exercise any editorial, security, or other control over the information you may find at these locations.

SLIDES ONLY
NO SCRIPT PROVIDED

CLEARED
For Open Publication

Mar 22, 2023

10
Department of Defense
OFFICE OF PREPUBLICATION AND SECURITY REVIEW

April 2022

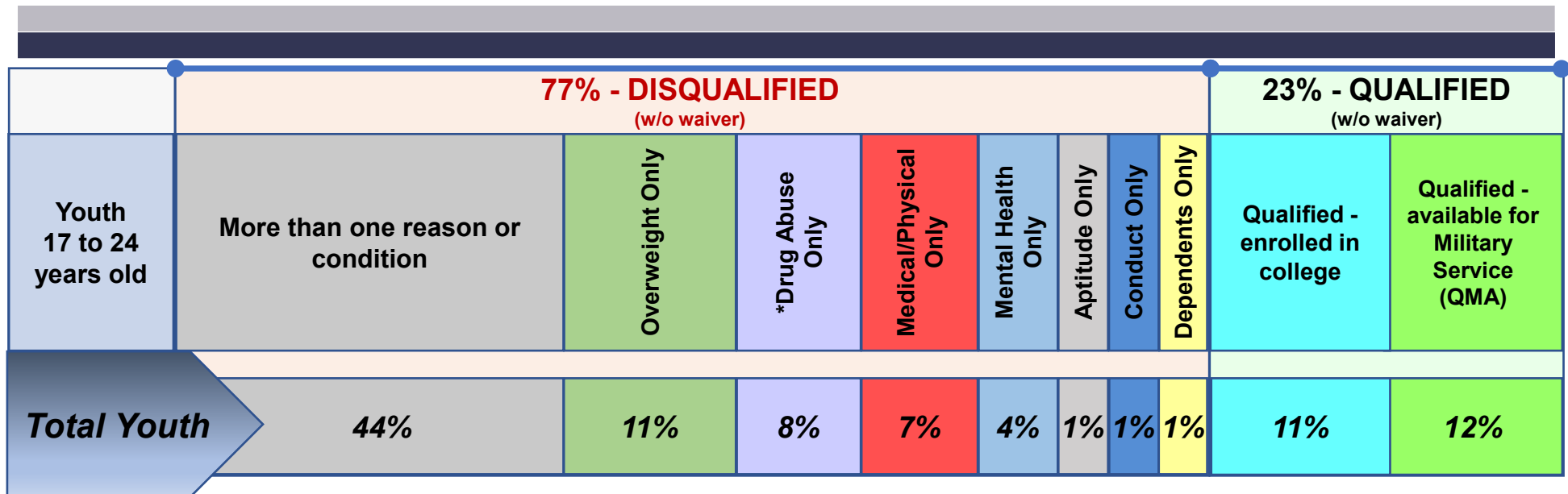
JAMRS

OUSD P&R/M&RA/MPP
(Accession Policy)

Background and Objectives

- The DoD Qualified Military Available (QMA) study provides estimates on the proportion of youth (17–24) who are eligible to enlist in the Military without a waiver, as well as estimates of underlying disqualifying reasons. These estimates were last updated in 2013 and are the DoD’s official estimates for youth eligibility and disqualifier rates.
 - In 2013, significant changes were made to the underlying model to account for overlap between disqualifiers and as such, the 2013 model was ultimately not comparable to previous QMA models.
 - A key objective for the 2020 QMA study was to compare updated estimates to those obtained in 2013 to observe how disqualification rates may have changed over time; a capability not previously available.
 - The QMA study does not account for youths’ propensity to enlist in the Military. It is meant to capture disqualification and availability factors for the youth population overall.
- Disqualification reasons were based on DoDIs 6130.03, 1308.03, and 1304.26. A unique aspect of the DoD QMA model is the estimation of overlapping disqualifiers, since few youth are ineligible due to just a single reason. Accounting for this overlap provides a more accurate estimate of the qualified and available population.
- The 2020 QMA study includes two estimates:
 - **Eligible:** The proportion of youth who are eligible to enlist in the Military without a waiver.
 - **Qualified Military Available (QMA):** The proportion of youth who are eligible to enlist in the Military without a waiver **and** who are not currently enrolled in college.

Bottom Line Up Front (BLUF)



- **Eligible: 23%**

- This is the proportion of youth who are qualified to join the Military without a waiver. This proportion decreased from 29% in 2013 to 23% in 2020.

- **QMA: 12%**

- This is the proportion of youth who are both eligible and available for service (i.e., qualified and not currently enrolled in college). This proportion decreased from 17% in 2013 to 12% in 2020.

- **HQ QMA: 7%**

- The proportion of youth who are both QMA and high-academic quality (i.e., AFQT Cat. I–IIIA) decreased from 10% in 2013 to 7% in 2020. This decrease is not the result of changes in youths’ aptitude, but rather due to increases in other disqualifying reasons.

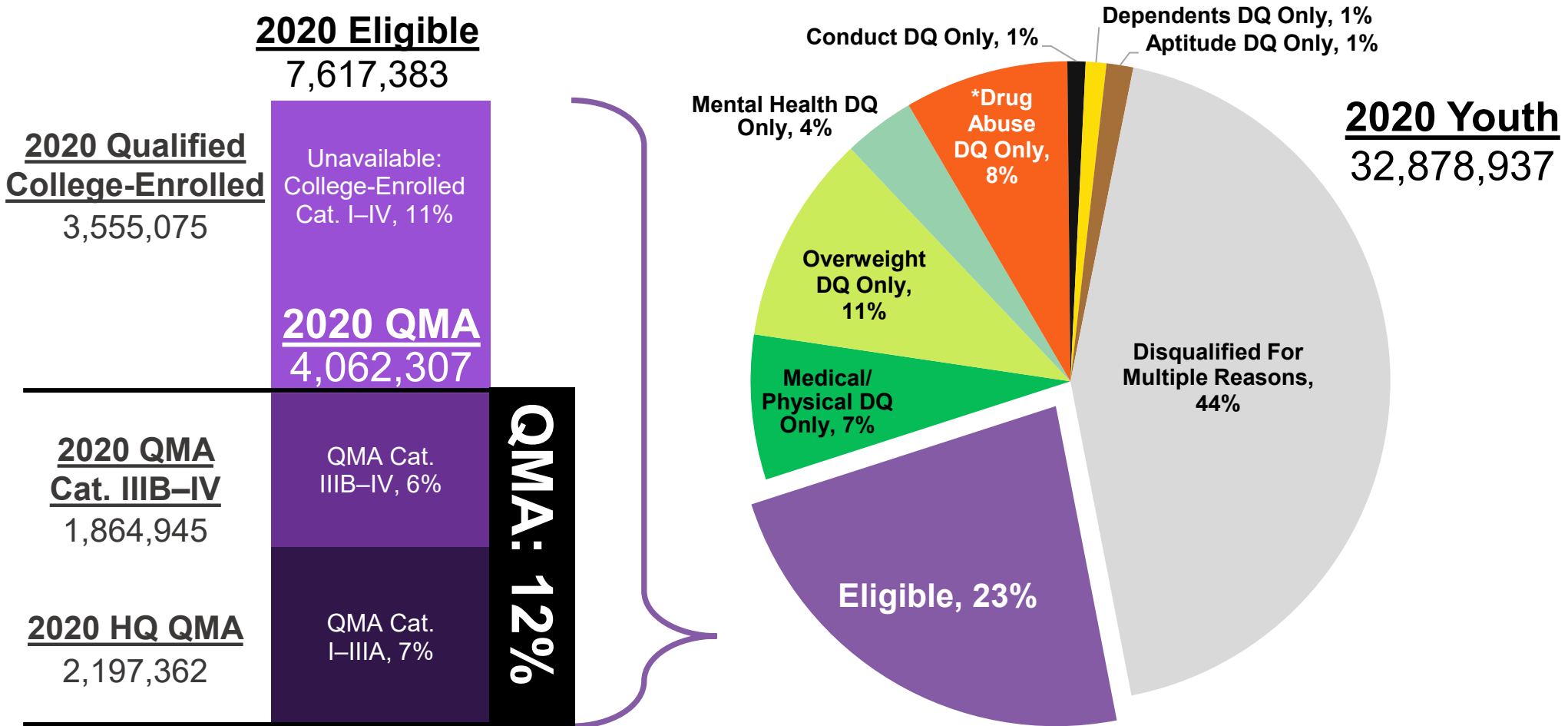
*Note: Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.



2020 Results

2020 Eligibility, QMA, and Disqualifier Rates

- Approximately 7.6 million youth were eligible to enlist in the Military without a waiver.
- Most ineligible youth were ineligible primarily due to multiple reasons.
 - Disqualification for multiple reasons increased from 39% to 44% between 2013 and 2020.



Note: Youth ages 17–24. Category percentages may not sum to total due to rounding.

Source: Official DoD Qualified Military Available (QMA) Study (2013, 2020); Woods & Poole Economics, Inc. Projections (2018), 2020 Population Estimates

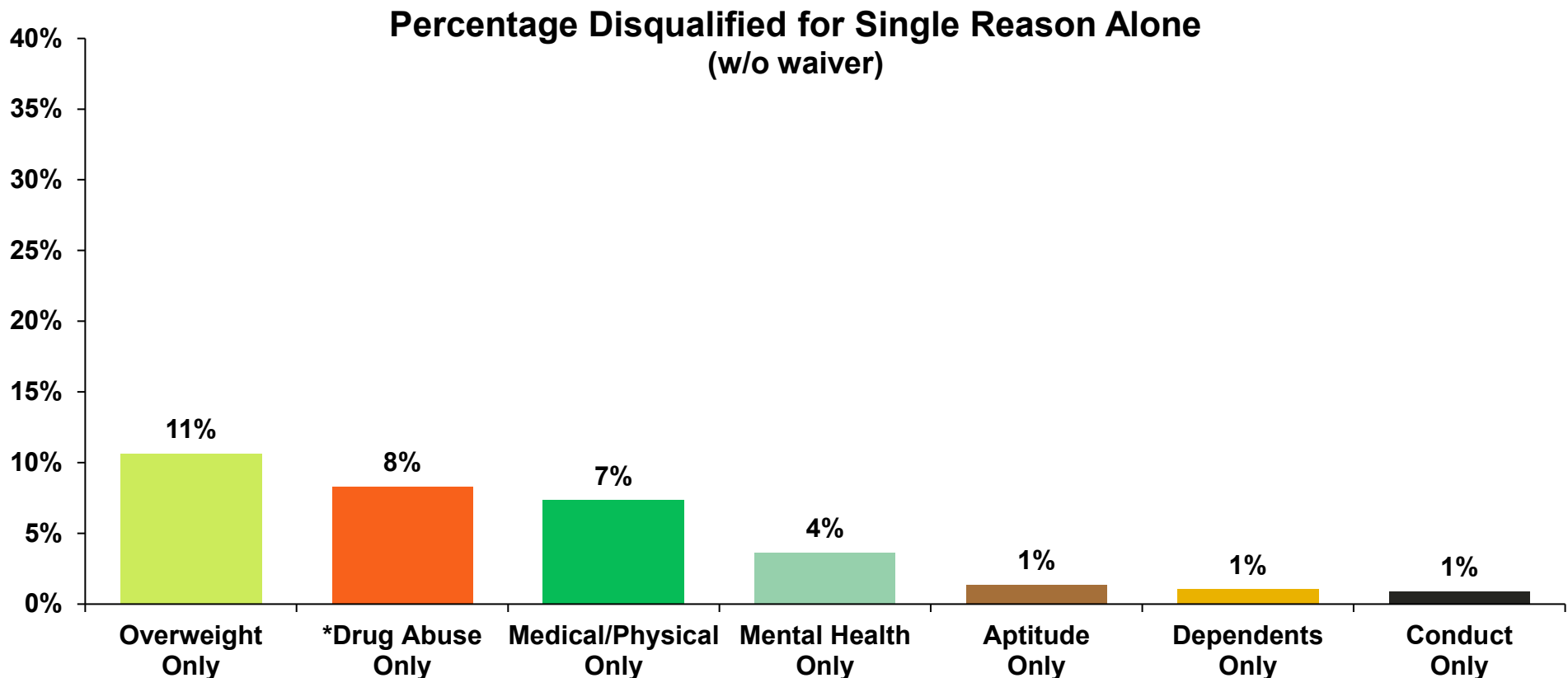


Note: *Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.

Note: The above pie chart for 2020 is not directly comparable to the official 2013 pie chart due to differences in how medical/physical, mental health, overweight, and multiple reasons were coded (with 2013 treating medical/physical, mental health, and overweight as a single disqualifier). A version of the 2013 pie chart that is comparable to the chart on this slide can be found in the appendix. Available is defined as not enrolled in college.

Disqualifiers: Unique Impact

- Given the high degree of overlap between disqualification reasons, few youth were disqualified for one reason alone. Just over one in ten youth were disqualified only for being overweight, which was the most common unique disqualifier in 2020, followed by *drug abuse and medical/physical disqualifiers.
- Only 1% of youth were disqualified for only aptitude, dependents, or conduct.



Note: Youth ages 17–24.

Source: DoD Qualified Military Available (QMA) Estimates

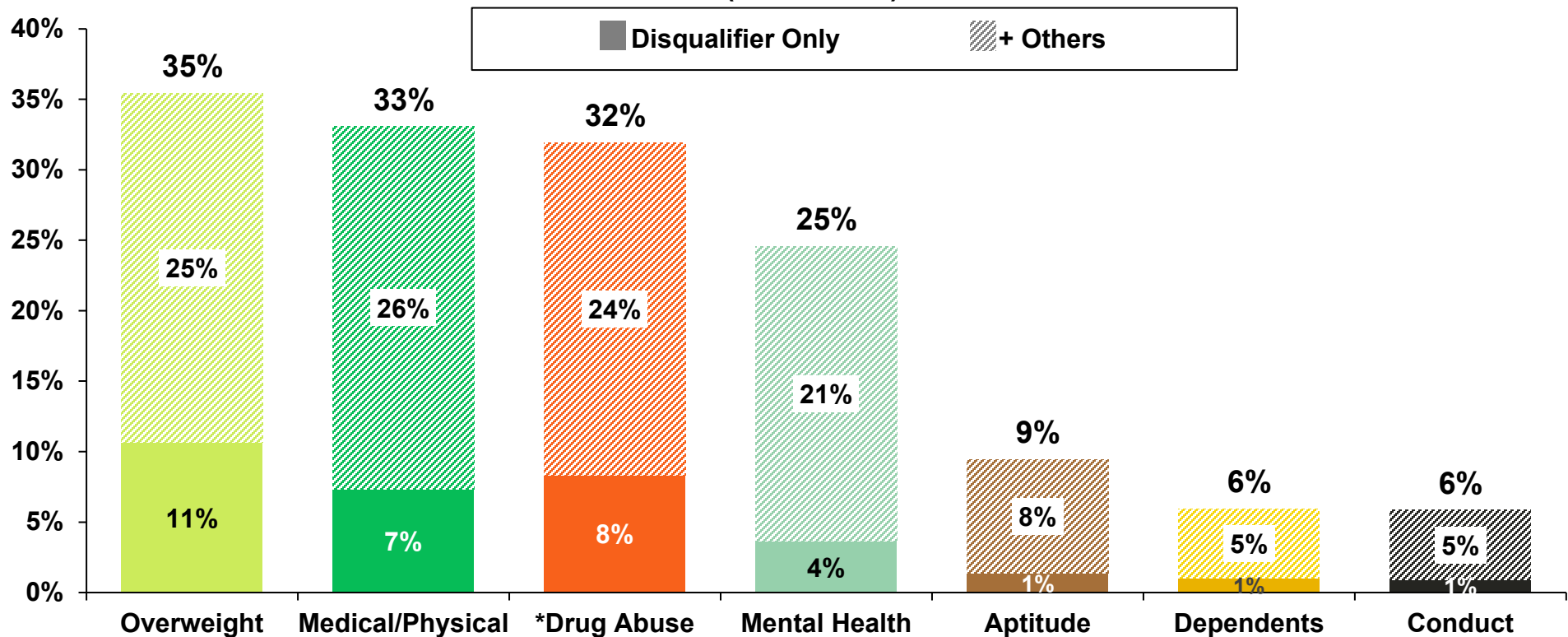


Note: *Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.

Disqualifiers: Unique and Combined Impact

- Youth were most frequently ineligible due to multiple reasons. As such, any single disqualifier has a limited impact on overall eligibility.

Percentage Disqualified for Single Reason Alone and in Combination with Other Reasons (w/o waiver)



Note: Youth ages 17–24. Individual category percentages may not sum to total due to rounding.

Source: DoD Qualified Military Available (QMA) Estimates



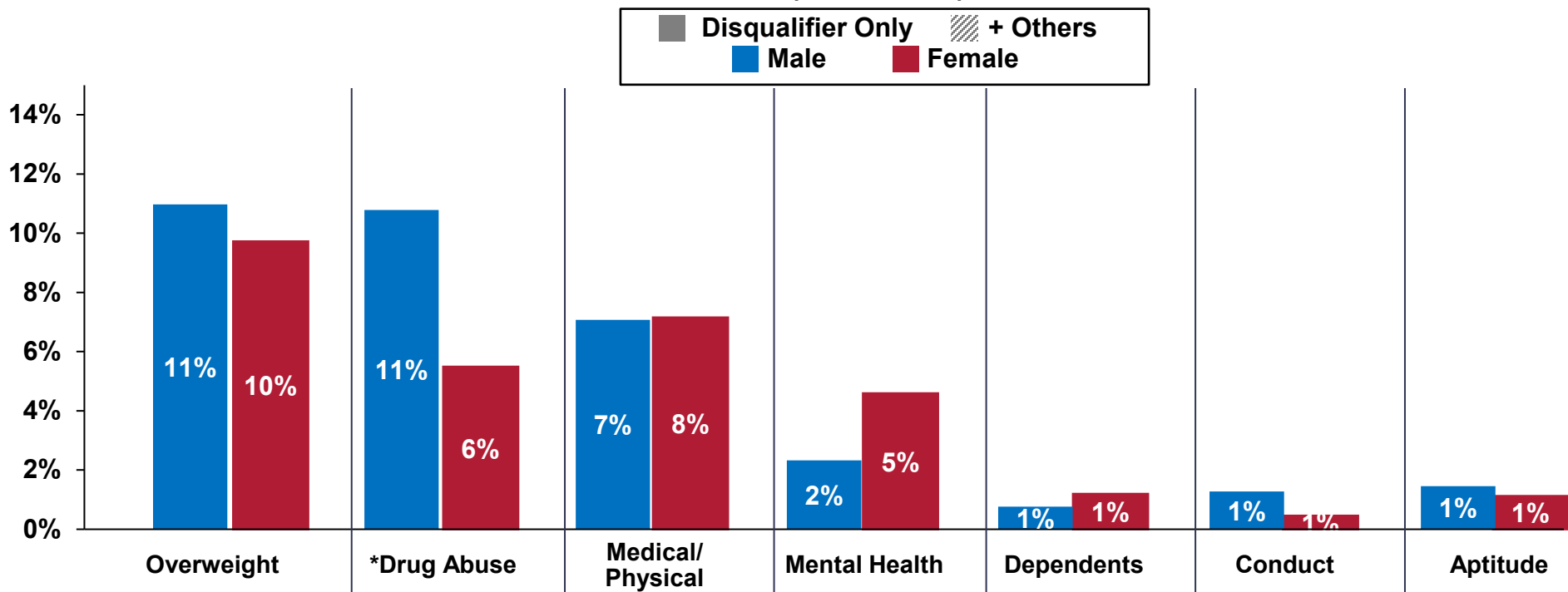
Note: *Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.

Disqualifiers: Unique Impacts

By Gender

- Disqualification rates due to overweight, drug abuse, medical/physical, mental health, dependents, conduct and aptitude varied slightly by gender.
 - Just 1% of both male and female youth were disqualified only for dependents, only for conduct, or only for aptitude.

Percentage Disqualified for Single Reason Alone and in Combination with Other Reasons (w/o waiver)



Note: Youth ages 17–24. Individual category percentages may not sum to total due to rounding.

Source: DoD Qualified Military Available (QMA) Estimates

JAMRS

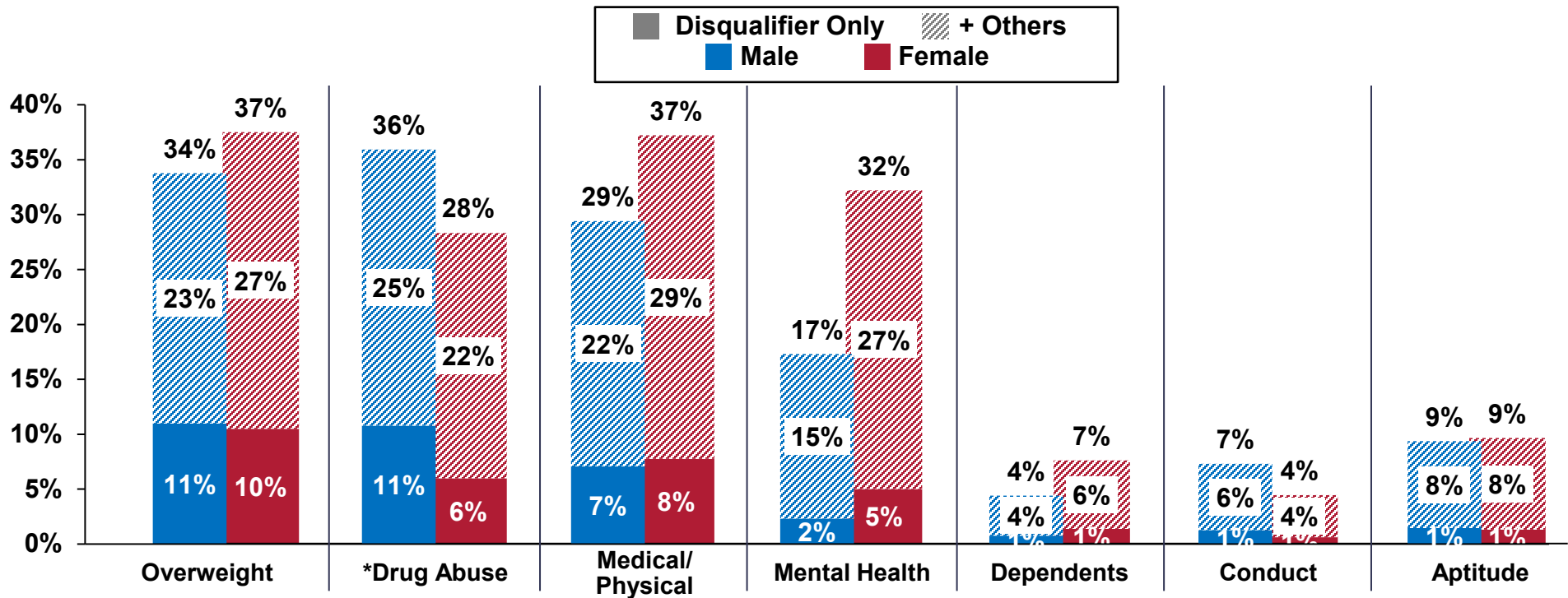
Note: *Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.

Disqualifiers: Unique and Combined Impact

By Gender

- Disqualification rates due to overweight, drug abuse, medical/physical, mental health, dependents, conduct and aptitude were more pronounced when those disqualifiers were combined with other disqualifiers.

Percentage Disqualified for Single Reason Alone and in Combination with Other Reasons (w/o waiver)



Note: Youth ages 17–24. Individual category percentages may not sum to total due to rounding.

Source: DoD Qualified Military Available (QMA) Estimates



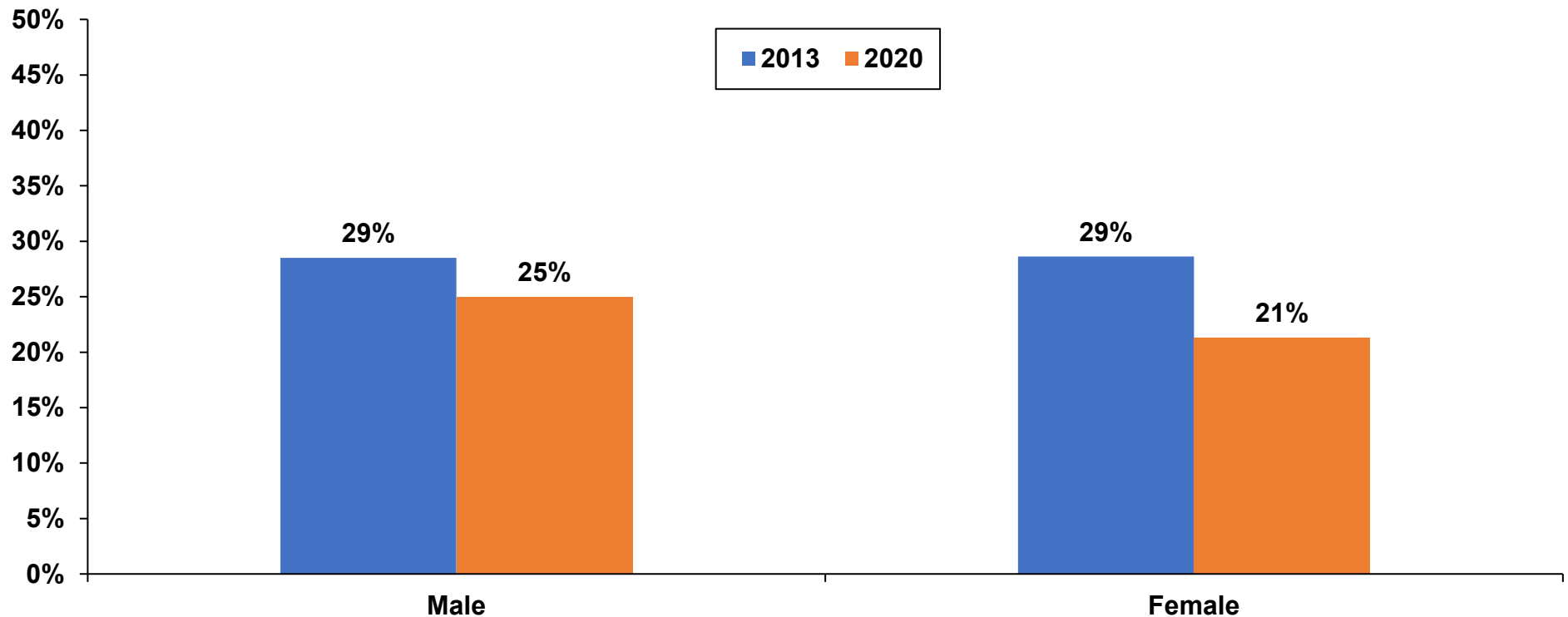
Note: *Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.

Disqualification: 2013 to 2020

By Gender

- Eligibility decreased more among female youth between 2013 and 2020 than it did among male youth.
- Male youth were more likely to be eligible for military service (25%) compared to female youth (21%).

Percentage Eligible
(w/o waiver)



Note: Youth ages 17–24.

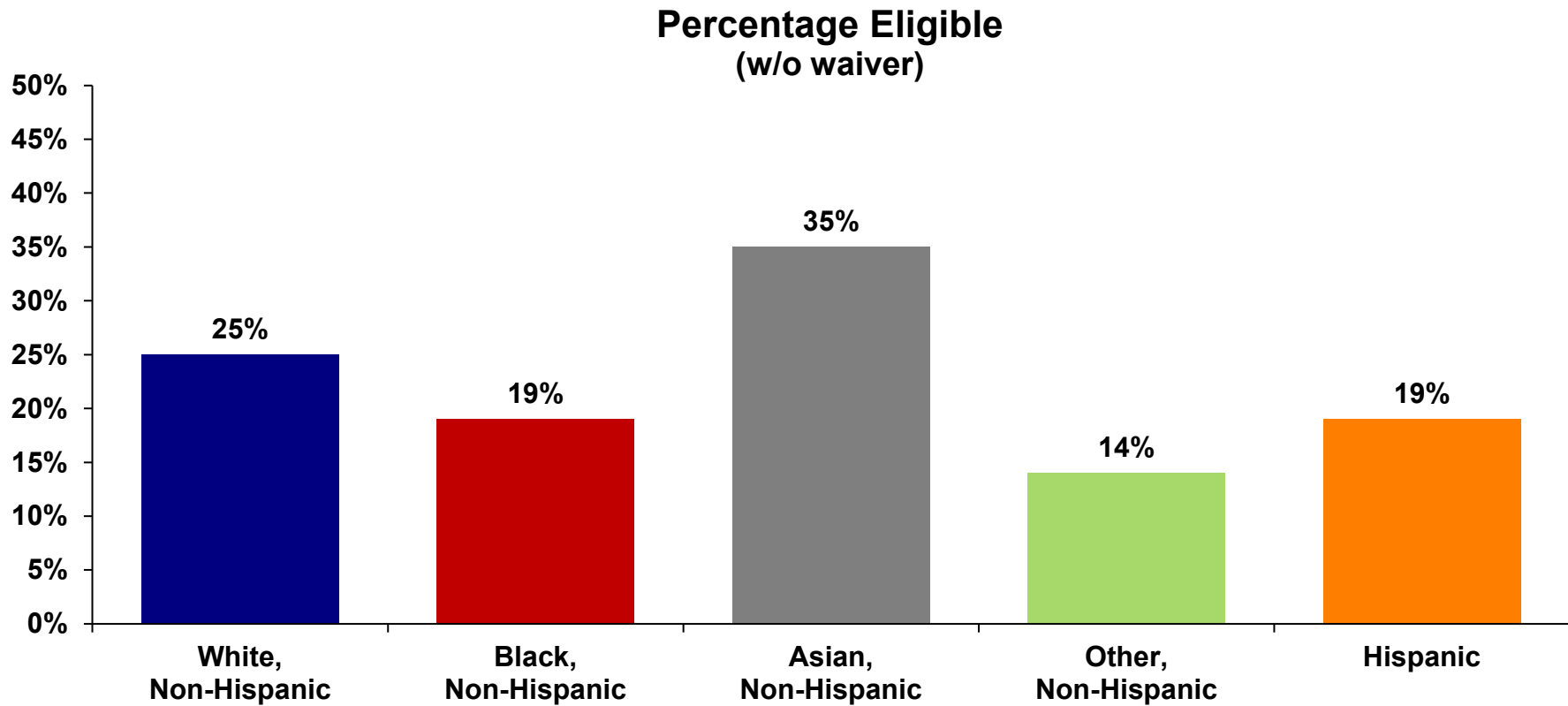
Source: Official DoD Qualified Military Available (QMA) Study (2013, 2020)

JAMRS

Eligibility

By Race/Ethnicity

- Eligibility differences also existed between racial/ethnic subgroups.



Note: Youth ages 17–24.

Source: DoD Qualified Military Available (QMA) Estimates



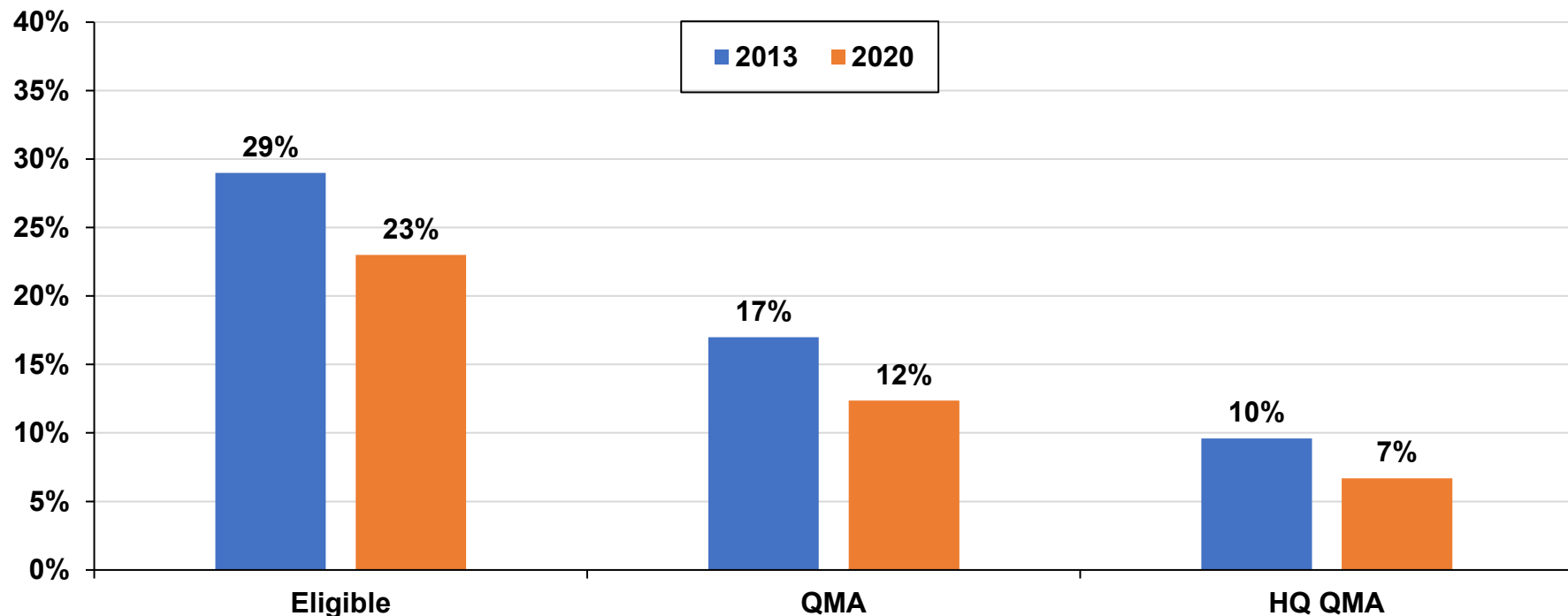
Note: Compared to the national level estimates, subgroup estimates were based on smaller samples and therefore may result in larger margins of error.

Key Trends

Eligibility and QMA Trends: 2013 to 2020

- Between 2013 and 2020:
 - Eligibility decreased from 29% to 23%.
 - QMA decreased from 17% to 12%.
 - HQ QMA decreased from 10% to 7%.
 - This decrease was not the result of changes in youths' aptitude, but rather due to increases in other disqualifying reasons.

**Percentage Qualified, QMA, and HQ QMA
(w/o waiver)**



Note: Youth ages 17–24.

Source: Official DoD Qualified Military Available (QMA) Study (2013, 2020)

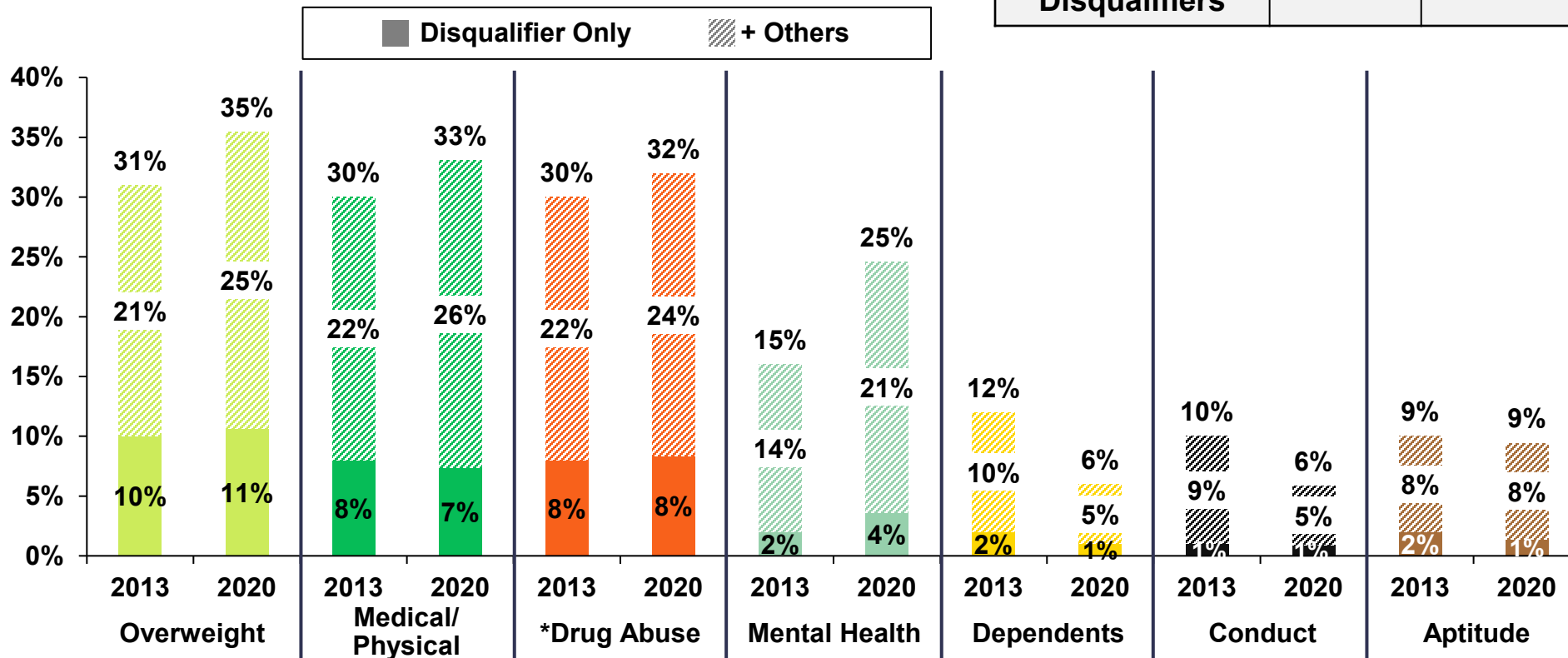


Disqualifier Trends: 2013 to 2020

- Overall mental health and overweight disqualification rates increased between 2013 and 2020, whereas dependent and conduct disqualification rates decreased. However, looking at each disqualifier alone, the changes were not as large, highlighting the increase in youth disqualified for multiple reasons.

Percentage Disqualified for Single Reason Alone and in Combination with Other Reasons (w/o waiver)

	2013	2020
Multiple Disqualifiers	39%	44%



Note: Youth ages 17–24. Individual category percentages may not sum to total due to rounding.

Source: Official DoD Qualified Military Available (QMA) Study (2013, 2020)



Note: *Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.

Driving Factors of Select Disqualifier Trends

- **Overweight:** Research suggests that the predominant factors behind increasing weight are less nutritious and higher calorie diets along with decreasing physical activity. Specifically:
 - Specific changes to diets include a greater percentage of total energy consumed from carbohydrates and sugar, and lower percentages from fat and protein; deficiencies of micronutrients; and lower consumption of fruits and vegetables. Decreased availability of/access to and increased cost associated with whole foods compared to processed, nutrient-deficient, calorie-dense foods has also been cited as contributing factor.^{1,2,3}
 - The decline in physical activity has been linked to overall increasingly sedentary lifestyles (e.g., at work, school, and home, with increasing sedentary media consumption, such as video games, computer/device usage, and TV).^{1,2,3,4}
- **Mental Health:** The rise in **mental health** disqualification is due to both increased levels of reported serious psychological distress and an increase in reported mental health treatment for diagnosed mental disorders.⁵
 - Several studies have found increased rates of anxiety, depression, and suicide ideation, as well as increases in the use of mental healthcare sources. No conclusive evidence exists yet regarding the underlying reasons for these trends. Some currently debated reasons include increased awareness of mental health and decreased stigma of help-seeking, increased social isolation, increased digital media usage, and poor physical health, (obesity, vitamin/nutrient deficiencies, lack of sleep and exercise).⁶
- ***Drug Abuse:** Increases in marijuana usage have been offset by declines in other illicit drug usage and alcohol/drug abuse, resulting in only a slight increase in the overall ***drug abuse** disqualification rate.⁵ The declines in illicit drug usage are consistent with downward trends in adolescent risk behaviors including violence, crime, and substance abuse.⁷

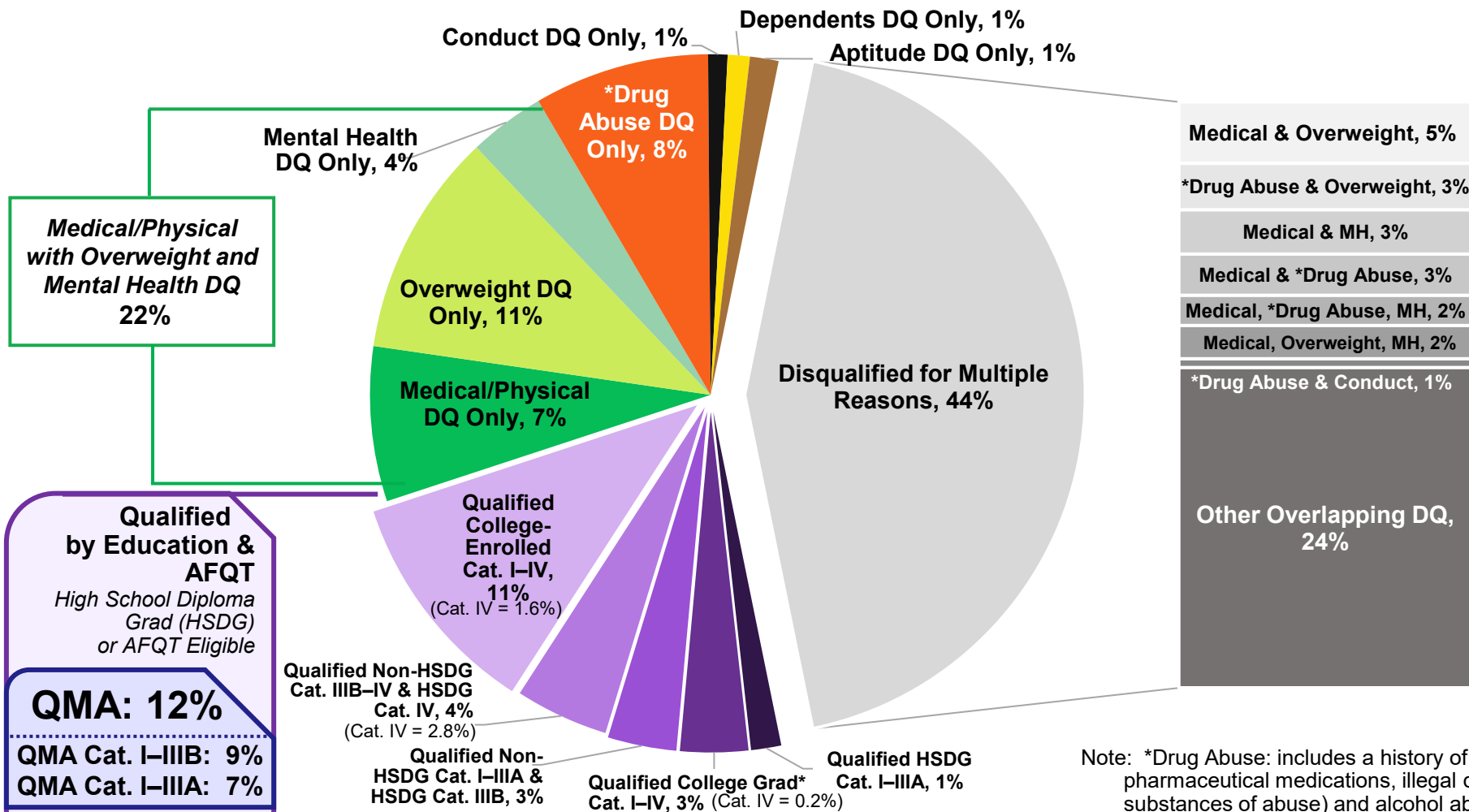
Discussion

- The youth market has transitioned from being disconnected from the Military to mostly disinterested while the influencer market has remained reluctant supporters.
 - Today's disinterested market is one defined by fewer youth considering military service and where risks continue to be top of mind, but those risks are broader than in previous years.
 - Changing views on the favorability of the Military and elevated concerns about the treatment of its Service members exemplify the perception among youth that the Military may not be a desirable organization to work for.
- Although a decline in eligibility reduces the size of the available youth population for military service, **low youth propensity** and **sparkling this interest** remain the **most significant challenge for recruiting**. Specifically:
 - Lack of Consideration: Increasingly, it is not just about the Military being “not for them” personally, but likely the perception that the Military *may not be good for anybody*.
 - Easy to Avoid: Today's fragmented media environment and limited in-person engagements make it easy for youth to ignore or avoid military messaging, keeping the Military out of sight and out of mind.
- Increasing youth consideration is resource intensive and will require balancing short-term mission requirements and the longer-term need to generate interest and familiarity in military service.
 - Increasing propensity for service would increase the eligible and interested population by a meaningful amount (~8.6%).
 - Most ineligible youth are ineligible due to multiple reasons, requiring adjusting standards across multiple factors, which would likely yield only a slight increase (~1.4%) in the eligible and interested youth population.

Appendix

2020 Eligibility, QMA, and Disqualifier Rates

- Only 23% of youth were eligible to enlist without a waiver. Nearly half (44%) of youth were disqualified for multiple reasons. Only 12% of youth were estimated to be eligible and available (i.e., eligible and not currently enrolled in college, or QMA).



Note: Youth ages 17–24. Category percentages may not sum to total due to rounding.

Source: DoD Qualified Military Available (QMA) Estimates



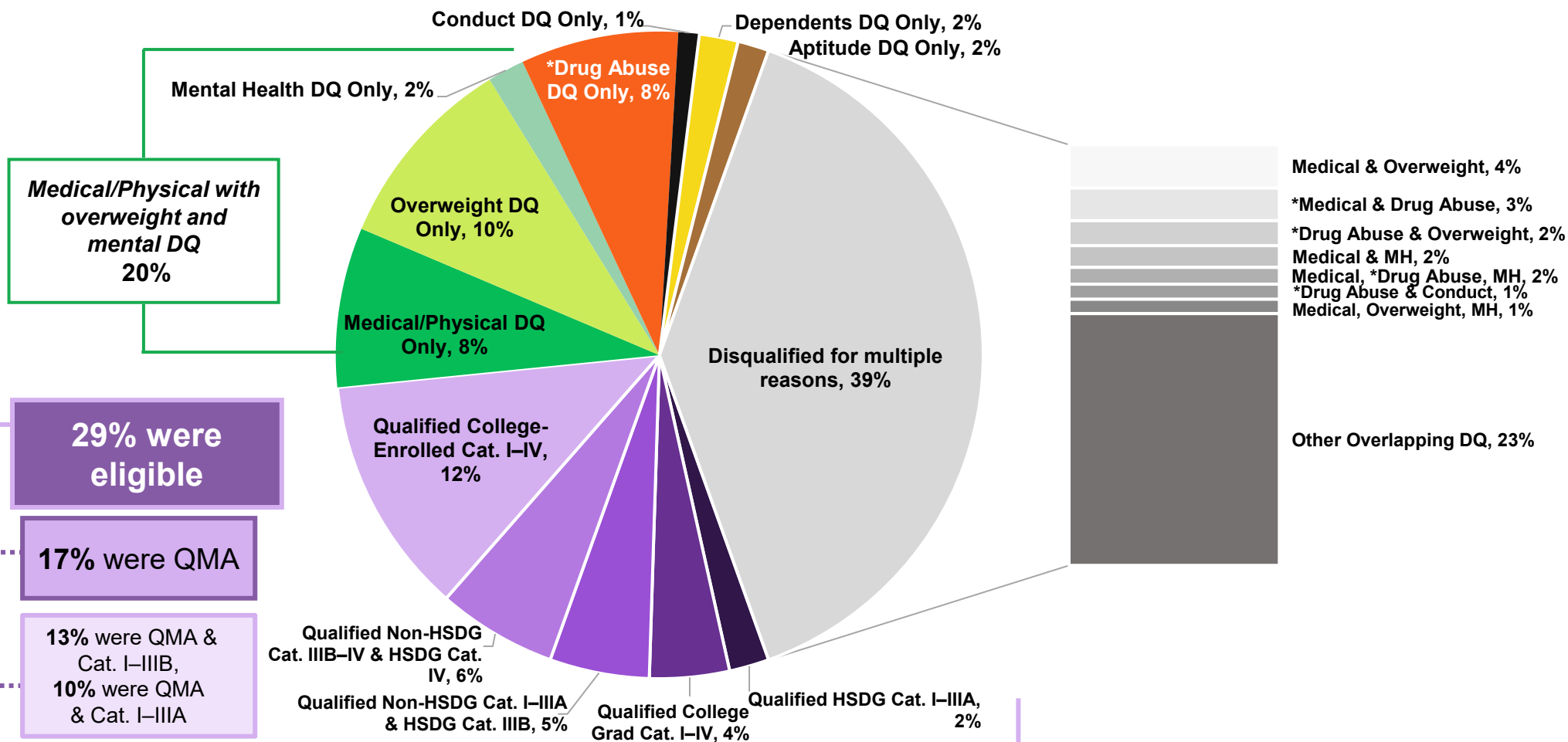
Note: Non-HSDG includes youth currently enrolled in high school, youth who dropped out of high school, and youth with a GED or alternative high school equivalency.

^Includes Associate's degree.

Note: The above pie chart for 2020 is not directly comparable to the official 2013 pie chart due to differences in how medical/physical, mental health, overweight, and multiple reasons were coded (with 2013 treating medical/physical, mental health, and overweight as a single disqualifier). A version of the 2013 pie chart that is comparable to the chart on this slide can be found in the appendix. "MH" = Mental Health.

2013 Eligibility, QMA, and Disqualifier Rates

- Fewer youth were disqualified for multiple reasons in 2013 (39%) compared to 2020 (44%). As such, single disqualification rates in 2013 were similar to those in 2020 across most categories.
- Medical/physical and overweight was the most common combination in 2013 and 2020.



Note: Youth ages 17–24. Category percentages may not sum to total due to rounding.

Source: Official DoD Qualified Military Available (QMA) Study (2013)



Note: *Drug Abuse: includes a history of drug (including pharmaceutical medications, illegal drugs, and other substances of abuse) and alcohol abuse.

Note: "MH" = Mental Health

Methodology

- The QMA model was created by combining estimates from the CDC'S National Health and Nutrition Examination Survey (NHANES), HHS's National Survey on Drug Use and Health (NSDUH), DoD Youth Poll (YP), and the Profile of American Youth 1997 (PAY97).
- The methodology allows the QMA model to:
 1. Quantify and account for the overlap that exists between disqualification reasons (i.e., avoid double-counting youth who are ineligible for multiple reasons).
 2. Use estimates obtained from national-standard surveys such as NHANES, NSDUH, PAY97, and YP in a single model.

References

- ¹ Hidaka B. H. (2012). Depression as a disease of modernity: explanations for increasing prevalence. *Journal of affective disorders*, 140(3), 205–214. <https://doi.org/10.1016/j.jad.2011.12.036>
- ² Centers for Disease Control and Prevention (CDC). High school youth risk behavior survey data (2013–2019). <https://yrbs-explorer.services.cdc.gov/>
- ³ Swinburn, B. A., et al. (2011). The global obesity pandemic: shaped by global drivers and local environments. *The Lancet*, 378(9793), 804–814. [https://doi.org/10.1016/S0140-6736\(11\)60813-1](https://doi.org/10.1016/S0140-6736(11)60813-1)
- ⁴ Griffiths, M. D. (2010). Trends in technological advance: implications for sedentary behaviour and obesity in screenagers. *Education and Health*, 28(2), 35–38. http://irep.ntu.ac.uk/id/eprint/16973/1/200612_7016%20Griffiths%20Publisher.pdf
- ⁵ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. National survey on drug use and health data (2010, 2019). Rockville, MD, <https://www.datafiles.samhsa.gov/dataset/national-survey-drug-use-and-health-2019-nsduh-2019-ds0001>
- ⁶ Mojtabai R, Olfson M (2020). National trends in mental health care for US adolescents. *JAMA Psychiatry*, 77(7), 703–714. <https://doi.org/10.1542/peds.2016-1878>
- ⁷ Grucza, R. A., et al. (2018). Declines in prevalence of adolescent substance use disorders and delinquent behaviors in the USA: a unitary trend? *Psychological Medicine*, 48(9), 1494–1503. <http://doi.org/10.1017/S0033291717002999>