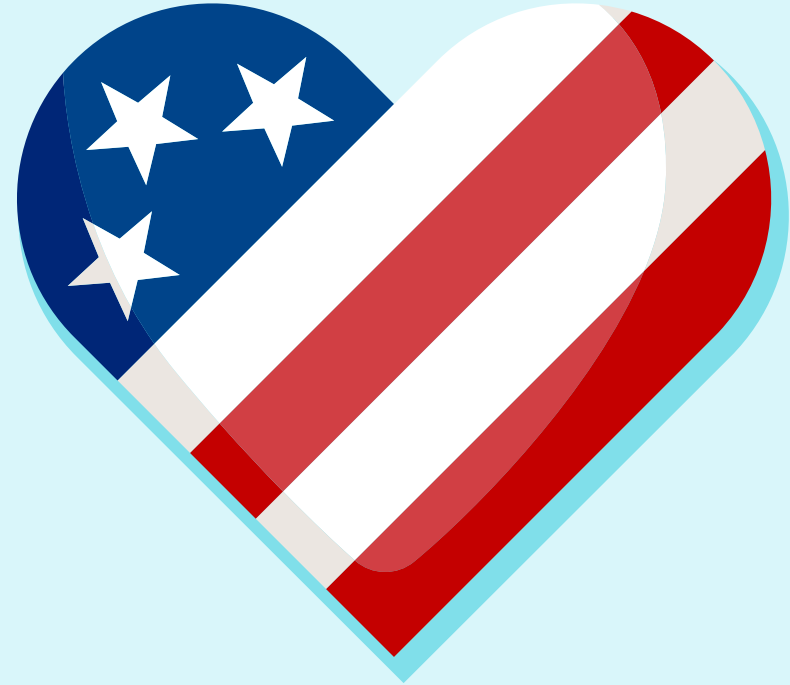


The Military Family as an Operational Readiness Enabler

Ethnographic Insights from Military Families

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Disclaimer and Disclosures

DISCLAIMER

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NON-DISCLOSURE

Christi Kruse has no conflicts to report

Tammy Funari has no conflicts to report

Research purpose and methodology

Why we undertook the research

To understand what truly affects readiness, retention and trust, this work went beyond surveys and statistics to focus on lived experience.

- Move beyond assumptions and stereotypes by listening directly to the lived experiences of service members and military families.
- Uncover insights that statistics, claims data and surveys alone cannot capture.

How we conducted the research

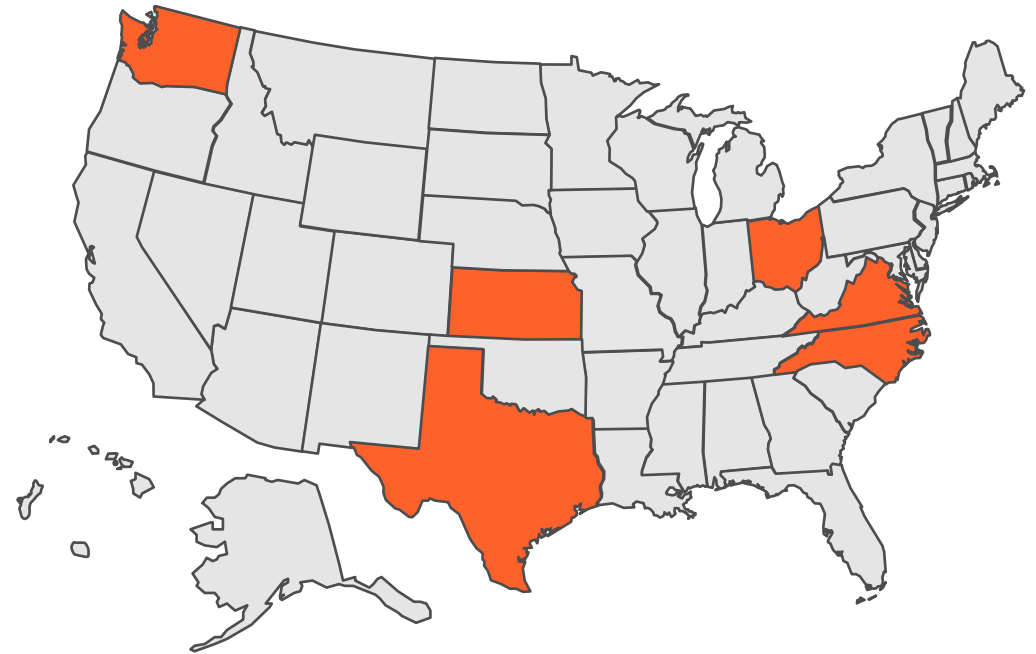
Through a total of 170, two-hour, in-home ethnographic interviews conducted in late 2019 and again in 2025.

A double-blind approach protected objectivity:

- Analysts saw de-identified transcripts, basic demographics only
- Participants knew the research firm, not the sponsor

Participants represent a variety of experience and perspectives, including a mix of:

- Service members, spouses, and some dual-service-member households
- Military branches—Army, Navy, Air Force, Marines & Coast Guard
- Mix of enlisted and officers
- Permanent change of station and deployment experiences
- Gender
- Rural, urban, and suburban
- Health care needs, including some in the Exceptional Family Member Program (EFMP)



Research Locations

- Fort Belvoir ‡
- Fort Riley†
- Fort Leavenworth †
- Fort Bragg/Fort Liberty ‡
- Joint Base San Antonio ‡
- Joint Base Lewis-McChord †
- Wright-Patterson Air Force Base*
- McConnell Air Force Base †
- Lackland Air Force Base ‡
- Naval Station Norfolk ‡
- Camp Lejeune ‡
- Naval Station Everett †
- Naval Base Kitsap Bremerton †

* 2019 research location

† 2025 research location

‡ 2019 & 2025 research location

Military Families: The Foundation of Operational Readiness

Military spouses enable warfighter readiness through essential support roles

- **National Security Impact**

Family readiness directly impacts retention and mission success—stable families enable mentally and physically fit service members.

- **Care Coordination**

Navigate TRICARE systems, manage appointments across relocations, coordinate Recovery Programs for wounded service members.

- **Stress Mitigation**

Absorb household responsibilities during deployments, provide emotional support during reintegration, maintain stable home environments enabling mission focus.

- **Healthcare Continuity**

Ensure medical care continuity through PCS moves every 2-4 years, maintain records, coordinate EFMP services for special needs families.

In Ashley's Words:

Life stage: In her 20s with two young children; her spouse is frequently deployed.

Core challenge: She didn't just "marry into" military life – she absorbed its uncertainty. Deployments, PCS moves and childcare gaps demand relentless self-advocacy, stretching her resilience thin.

*"The **loneliness** was **crushing**... I don't even know how to access my health insurance."*

*"You're so busy getting help for everybody else... **I'm exhausted.**"*

*"It's just a **constant runaround**. Nobody knows your medical history, and you have to try to remember all of that off the top of your head."*

*"I thought I was so ready... then I got there and I was like, '**I am lost.**'"*

50% of Military Service members are married



40% of active duty have children

In their own words

Community | Isolation | Reliance | Resilience | Pride

“

“I thought I was so ready for [being stationed in a new city for the first time]. Then I got there and I was like, ‘This is the biggest city I’ve ever seen. The roads are all in Spanish. I don’t speak Spanish.’ So I am lost, and it was crushing, and it pulled me down.”

Age 26, NC, Spouse of Active-Duty Marine

“

“The reconnection is hard. It takes a long time to swing back in, especially with a special needs 9-year-old. It takes about a year and a half for her to trust him again and for him to really be an integrated part of the family. And then he has a year and a half of shore duty, and it goes back.”

Age 44, WA, Spouse of Active-Duty Navy

“

“Being separated from your spouse for six months is a lot. We’ve done it three times ... Having been through that, I can see how much I’ve grown in that, and how much more resilient I can be with my emotional health, with my physical health. Learning how to take better care of myself. Just seeing how strong that I can be, even without a huge support that I’m used to having in my life, and so I’m proud of that.”

Age 38, TX, Spouse of Active-Duty Air Force

“

“The responsibilities and training pathway for my career has been within my expectations ... I didn’t realize how much of a toll it would take on my family life and personal life,

Age 37, NC, Active-Duty Army

“I know they make the soldiers get sponsors. They’re supposed to help them walk through stuff ... But all the wives say the military really depends heavily on the unpaid work of spouses.”

Age 37, TX, Spouse of Active-Duty Army

“

“The last one [house] we left, he was still deployed when they gave him orders. So I had to figure out getting the house ready to sell and sell our house. Everything falls on me. When he’s here or when he’s deployed, basically everything: bills, where we live, dealing with moving.”

Age 37, NC, Spouse of Active-Duty Marine

“

“Being a military spouse is one of the loneliest things I have ever experienced. You’re technically part of this large community and you feel like you should have all these people that you can relate to, but you don’t ... Like none of my neighbors are military people. They don’t understand; they don’t know the life.”

Age 37, NC, Spouse Active-Duty Air Force

“I’ve watched Marines who have not had that type of relationship with their spouses, and watched marriages fall apart because their wife wasn’t into it, didn’t get a sense of value from it, didn’t have an identity from it. She was always a critical part of my career... Even though I’m the service member, she was important to the whole process.”

Age 52, KS, Active-Duty Marine

Military Family Needs

How the health care system can respond

- 1. Isolation after every move** – each PCS resets friendships, doctors, childcare and routines.
- 2. Single parenting in deployments** – spouse carries the full load, often without nearby family.
- 3. Childcare as a barrier** – scarce and costly, pushing many spouses out of the workforce.
- 4. Sacrificed career and finances** – frequent moves disrupt employment and licensing.
- 5. Navigating health care alone** – retelling her family's medical story with every move.
- 6. Putting everyone else first** – spouse health falls to the bottom of the list.



I Need Continuity

Consistent care across PCS moves via better record transfer and provider continuity.



I Need Access

Timely primary and specialty care through telehealth and simpler referrals.



I Need to Be Heard

Providers who validate concerns and explain decisions clearly.



I Need Coordination

Proactive navigation and referrals that don't expire during long waits.



I Need Awareness

Understanding of resources—especially those unique to duty station.



I Need Holistic Care

Preventive, mental health, maternity and family-centered support.

The Military Family is an Operational Readiness Enabler

Supported Family System → Resilient Warfighter → Operational Readiness

Ethnographic Insight & Readiness Gaps

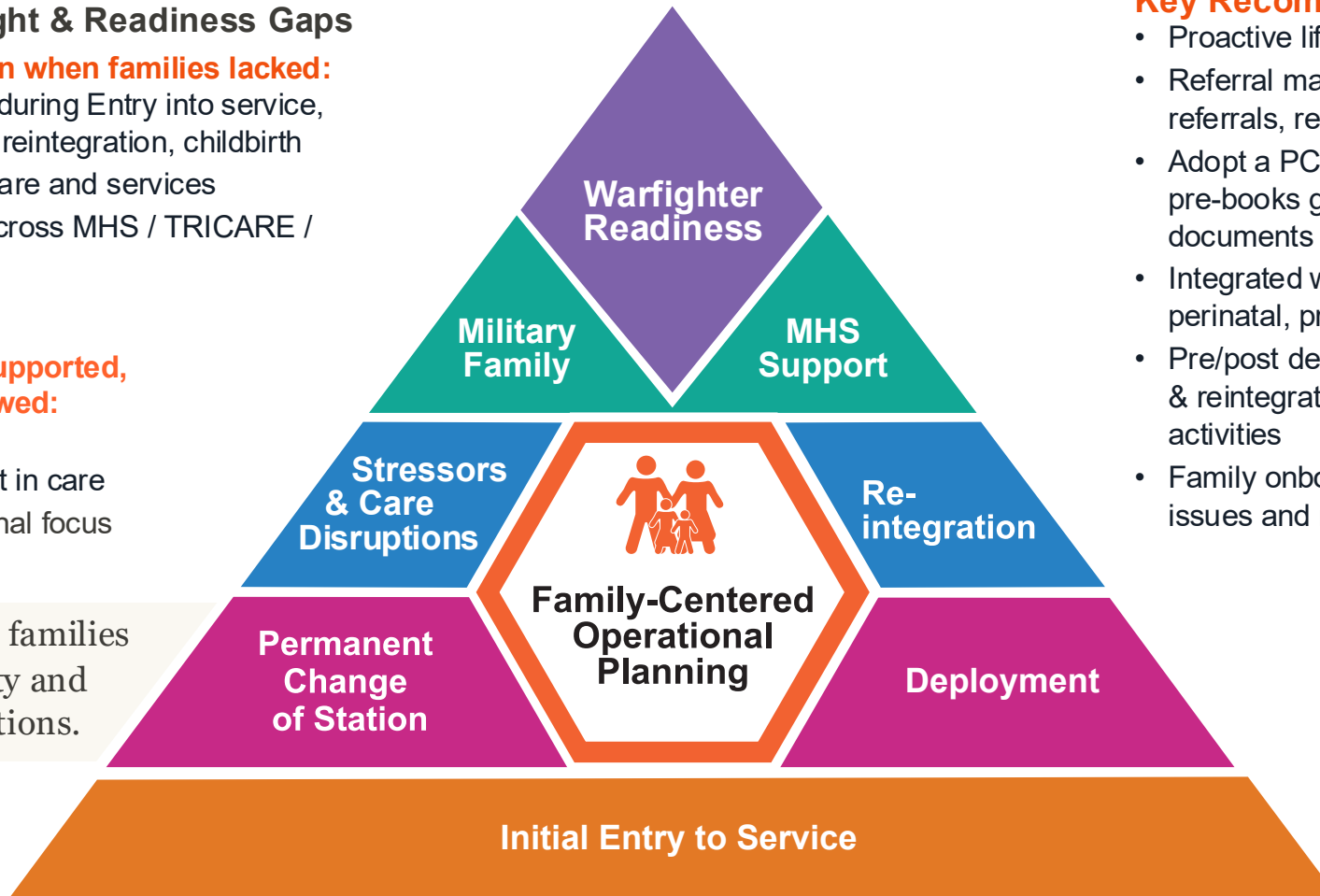
Readiness degradation when families lacked:

- Adequate support during Entry into service, PCS, deployment, reintegration, childbirth
- Timely access to care and services
- Clear navigation across MHS / TRICARE / civilian systems
- Health Literacy

When families were supported, service members showed:

- Greater stability
- Better engagement in care
- Improved operational focus

Veterans and military families need clarity, continuity and support during transitions.



Key Recommendations

- Proactive lifecycle support at predictable risk points
- Referral management modernization: portable referrals, real-time status, closed-loop follow-up
- Adopt a PCS care-transfer protocol – losing MTF pre-books gaining PCM/specialty care & sends documents care summary for new provider.
- Integrated whole-family support: behavioral health, perinatal, preventive, and community care
- Pre/post deployment BH touchpoints for family & reintegration program during pre/post deployment activities
- Family onboard and periodic training in healthcare issues and navigating benefits.

Future state after implementation

- Families can navigate care without repeated restarts
- Seamless care continuity across duty stations
- Service members remain more engaged, focused, and resilient

Family-centered support is a proven readiness enabler—improving access, navigation, and care continuity sustains warfighter focus and mission readiness.

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Questions

