June 19, 2019

Senate Committee on Veterans' Affairs

Dear Mr. Chairman, Ranking Member Tester, and other distinguished Members of the Committee,

Team Red, White & Blue appreciates the opportunity to provide a written statement for the record for the June 19, 2019 hearing on "Harnessing the Power of Community: Leveraging Veteran Networks to Tackle Suicide." Thank you for including our perspective.

The following attachments are submitted for the record:

1. Written Testimony
2. 2017 Enriched Life Scale Manuscript

Statement for the Record for Senate Committee on Veterans' Affairs

by Team Red, White & Blue

Military service assimilates individuals into a socially cohesive force to address dangerous and traumatic situations that have no counterpart in civilian life. Upon leaving active duty, many veterans experience a "reverse culture shock" when trying to reintegrate into civilian institutions and cultivate supportive social networks. Poor social reintegration is associated with greater morbidity and premature mortality in part due to the adoption of risky health behaviors, social isolation, and inadequate engagement in health care services. Team Red, White & Blue (Team RWB) was created to help veterans establish health-enriching social connections with communities through the consistent provision of inclusive and locally tailored physical, social, and service activities. We offer programming in over 200 cities, and are committed to tackling these issues through local engagement with veterans and their surrounding community members.

With roughly 18 million veterans living in communities nationwide today, and 250,000 veterans leaving active duty this year to join them, we have a significant opportunity to positively impact their lives. They face isolation, lack of physical fitness, and lack of purpose. Additionally, as highlighted last year by Deputy Assistant Secretary of Defense Smith, the military-civilian divide has never been greater and is a threat to the viability and sustainability of the all-volunteer force.

We know that quality social relationships are a critical protective factor, not only to combat loneliness, but for maintaining overall health, happiness, and an 'enriched' life[1][2]. Evidence reveals targeted activities that focus on engagement and positive social relationships can improve overall well-being and reduce depression symptoms. To that end, we've worked with veteran thought leaders and academic partners to develop a theory-based framework for veteran health - the Enrichment Equation, with three core constructs: health, people, and purpose.

There is no silver bullet to ending suicide in veterans, and while much research has been done on this topic, there still do not exist widely agreed upon and validated factors which could be used for intervention.

There are, however, predictive factors which may be important targets for future suicide prevention efforts in veterans such as: suicidal intent, attempt history, suicide ideation, PTSD symptoms, alcohol use disorder (AUD) symptoms, and depression[3], and much promise exists in facilitating a healthy reintegration process for veterans such that these predictive factors can be avoided or treated pre-crisis.

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[1] Holt-Lunstad J, Smith TB, Layton JB. Social relationships and mortality risk: a meta-analytic review. Plos Med . 2010;7(7):e1000316.

[2] Uchino BN. Social support and health: a review of physiological processes potentially underlying links to disease outcomes. J Behav Med . 2006;29(4):377–387.

[3] A longitudinal study of risk factors for suicide attempts among Operation Enduring Freedom and Operation Iraqi Freedom veterans

We believe the health-enriching social connections we provide with our programs help to achieve Team RWB's long-term goal of preventing future health problems among at-risk veterans by "funneling" or linking veterans to other people and resources before the onset of serious health problems emerge.

Team RWB's efforts to reduce suicide in the veteran community

It should be noted that Team RWB's mission and programs are not designed specifically to reduce veteran suicide. Rather, they are focused on prevention by enriching veterans' lives through increasing health, people and purpose as detailed above and thus facilitating effective reintegration. Nor does the organization track individual member referrals of members to suicide intervention and/or mental heath treatment.

However, given the academic work referenced above to develop our "Enrichment Equation" and our history of community-based operations, we believe Team RWB is able to contribute in a meaningful manner on this topic.

Through its programs, Team RWB provides regular community engagement combined with inclusive membership participation to help create an environment for health-promoting social networks developed through peer-to-peer veteran engagement and broad civilian support.

These social networks begin supporting health using physical activity as a low cost, low barrier mechanism to maintain these networks. In addition to its use in maintaining social networks, regular physical activity is an evidence-based behavior that positively affects subjective and psychological well-being, including management of depressive and anxiety symptoms and recovery from alcohol and substance use disorders[4][5][6][7][8].

However, it is not just the positive effects on health supported by physical activity that is achieved through the use of these social networks. Through Team RWB's networks, veterans become more willing to self-identify and address reintegration challenges and/or physical or mental health issues.

These networks help to achieve Team RWB's long-term goal of preventing future health problems among at-risk veterans by "funneling" or linking veterans to other people and resources before the onset of serious health problems emerge.

While not explicitly designed to reduce veteran suicide, we believe that the prevention of future health problems for veterans through the adoption of physical activity and strong social connections at the local level is vital. We

[4] Whitworth JW, Ciccolo JT. Exercise and post-traumatic stress disorder in military veterans: a systematic review. Mil Med . 2016;181(9):953–960.

[5] Conn VS. Depressive symptom outcomes of physical activity interventions: meta-analysis findings. Ann Behav Med . 2010;39(2):128–138.

[6] Edwards MK, Loprinzi PD. The association between sedentary behavior and cognitive function among older adults may be attenuated with adequate physical activity. J Phys Act Health . 2017;14(1):52–58.

[7] Vallance JK, Eurich DT, Lavallee CM, Johnson ST. Physical activity and health-related quality of life among older men: an examination of current physical activity recommendations. Prev Med . 2012;54(3–4):234–236.

[8] Linke SE, Ussher M. Exercise-based treatments for substance use disorders: evidence, theory, and practicality. Am J Drug Alcohol Abuse . 2015;41(1):7–15.

acknowledge the difficulty in measuring effectiveness in long term “non-events” in veterans health, but believe that a long term, prevention-based approach is a critical component to the challenge of veteran suicide.

Detail factors Team RWB has identified that put a veteran at risk for suicidal ideation

Following on from the above section, Team RWB does not engage in academic efforts to specifically identify predictive factors for risk of veteran suicide. However, starting in 2014, a Team RWB-led research team worked to develop the Enriched Life Scale (ELS) - a 40-item scale to assess enrichment on the key domains of health, relationships, and purpose[9]. The ELS does not screen for predictive factors of veteran suicide, but it can be used to measure physical health, mental health, supportive relationships, sense of purpose, and engaged citizenship in veteran and civilian samples for research or clinical purposes. This is important to the factors detailed below.

It is known that physical, mental, and emotional health issues are often comorbid and diminish the quality of life in veterans[10][11].

One key factor that applies in this instance relates specifically to the reintegration and/or transition process and the behavior of veterans as they navigate this transition.

In the years immediately following military discharge, veterans experience significant decreases in meeting recommended physical activity levels[12], increased nicotine and alcohol use[13], and rapid weight gain[14] such that within a couple years following military discharge, 75%–84% of OEF/OIF veterans are considered overweight or obese[15][16].

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[9] Caroline M Angel, Mahlet A Woldetsadik, Nicholas J Armstrong, Brandon B Young, Rachel K Linsner, Rosalinda V Maury, John M Pinter. The Enriched Life Scale (ELS): Development, exploratory factor analysis, and preliminary construct validity for U.S. military veteran and civilian samples. Translational Behavioral Medicine, iby109, https://doi.org/10.1093/tbm/iby109

[10] Spelman JF, Hunt SC, Seal KH, Burgo-Black AL. Post deployment care for returning combat veterans. J Gen Intern Med . 2012;27(9):1200–1209.

[11] Taylor BC, Hagel EM, Carlson KF, et al. Prevalence and costs of co-occurring traumatic brain injury with and without psychiatric disturbance and pain among Afghanistan and Iraq War Veteran V.A. users. Med Care . 2012;50(4):342–346.

[12] Littman AJ, Jacobson IG, Boyko EJ, Smith TC. Changes in meeting physical activity guidelines after discharge from the military. J Phys Act Health . 2015;12(5):666–674.

[13] Widome R, Laska MN, Gulden A, Fu SS, Lust K. Health risk behaviors of Afghanistan and Iraq war veterans attending college. Am J Health Promot . 2011;26(2):101–108.

[14] Littman AJ, Jacobson IG, Boyko EJ, Powell TM, Smith TC; Millennium Cohort Study Team. Weight change following US military service. Int J Obes (Lond) . 2013;37(2):244–253.

[15] Maguen S, Madden E, Cohen B, et al. The relationship between body mass index and mental health among Iraq and Afghanistan veterans. J Gen Intern Med . 2013;28(suppl 2):S563–S570.

[16] Rosenberger PH, Ning Y, Brandt C, Allore H, Haskell S. BMI trajectory groups in veterans of the Iraq and Afghanistan wars. Prev Med . 2011;53(3):149–154.

Thus, veterans are significantly affected by obesity and related cardiovascular conditions[17][18] that are derived from the adoption of unhealthy lifestyle habits as they navigate the reintegration process.

However, they are also affected by other conditions that are related to their military service such as musculoskeletal injury with chronic pain[19][20], sleep disturbance[21], and traumatic brain injury[22].

As these issues are often comorbid, however, they do not just affect the physical health of veterans - they are often related to mental health conditions such as depression, post-traumatic stress, and alcohol misuse, which, as referenced above, are conditions that show promise as strong predictive factors for suicidality.

The challenge of coping with comorbid mental and physical health symptoms can also be an impediment to physical activity among veterans[23][24], which can further perpetuate the aforementioned health problems and create a vicious cycle.

Physical activity and strong social connection in veterans are two important protective factors contributing to overall well-being, and may be important in veterans avoiding the conditions listed above, or for seeking treatment for those conditions, some of which have been identified as predictive factors for veteran suicide.

Team RWB's ideas on how communities can collect standardized data on best practices for community based suicide prevention efforts.

The collection of standardized data on community based suicide prevention efforts is inherenty difficult, for several reasons listed below and others beyond this list:

- The widely varied nature of the organizations taking part in these efforts, from small non-profits to large health care systems.
- Referrals that routinely happen between organizations, thus creating data in multiple locations..
- The privacy requirements that exist, to include the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

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[17] Fryar CD, Herrick K, Afful J, Ogden CL. Cardiovascular disease risk factors among male veterans, U.S., 2009–2012. Am J Prev Med . 2016;50(1):101–105.

[18] Nelson KM. The burden of obesity among a national probability sample of veterans. J Gen Intern Med . 2006;21(9):915–919.

[19] Spelman JF, Hunt SC, Seal KH, Burgo-Black AL. Post deployment care for returning combat veterans. J Gen Intern Med . 2012;27(9):1200–1209.

[20] Helmer DA, Chandler HK, Quigley KS, Blatt M, Teichman R, Lange G. Chronic widespread pain, mental health, and physical role function in OEF/OIF veterans. Pain Med . 2009;10(7):1174–1182.

[21] Seelig AD, Jacobson IG, Smith B, et al. ; Millennium Cohort Study Team. Sleep patterns before, during, and after deployment to Iraq and Afghanistan. Sleep . 2010;33(12):1615–1622.

[22] Taylor BC, Hagel EM, Carlson KF, et al. Prevalence and costs of co-occurring traumatic brain injury with and without psychiatric disturbance and pain among Afghanistan and Iraq War Veteran V.A. users. Med Care . 2012;50(4):342–346.

[23] Hall KS, Hoerster KD, Yancy WSJr. Post-traumatic stress disorder, physical activity, and eating behaviors. Epidemiol Rev . 2015;37:103–115.

[24] Hoerster KD, Jakupcak M, McFall M, Unützer J, Nelson KM. Mental health and somatic symptom severity are associated with reduced physical activity among US Iraq and Afghanistan veterans. Prev Med . 2012;55(5):450–452.

- The inherent difficulty is measuring suicide prevention.

That being said, we do believe there are some important steps that can be taken at the community level that will improve overall data collection efforts and standardization.

An important step is for organizations to utilize valid and reliable instruments for data collection, especially as it relates to wellbeing. Though well intentioned, there are still many organizations that utilize self-created surveys and measures to attempt to understand the wellbeing of their members. Though the intent is laudable, it creates a concluded and potentially inaccurate system of data across the nation.

Another critical step is for organizations to put steps in place to ensure a feedback loop exists in their data collection processes. As much as possible, put systems in place to follow-up and verify the accuracy of the data which is collected.

Though not directly related to standardization of data collection efforts across the country, we also believe there are several issues of note that relate to these community based efforts on data collection.

We believe it is important that organizations do not use instruments that will diagnose mental health disorders, if the organization does not have the resources available to provide adequate care or efficiently make referrals. Organizations should measure that which they are designed to affect, and there is an inherent risk for all parties involved to screen for mental health conditions, but not act on the results.

Also, we believe organizations should take great care when collecting data, and avoid using language typically associated with post-traumatic stress or other diagnostic criteria that could potentially evoke stigmatizing feelings or shame and would be counterproductive to assessing wellbeing. If this is done, it's important to make individuals aware of resources that are available to them in case of need.

In closing, we are grateful for the opportunity to provide a written testimony for this hearing. Veteran suicide is an issue of critical importance to our country, and we at Team RWB are glad to be able to provide our persepective on this topic.