SIDEBAR

Building Veteran Healthy Communities Project: Serving Those Who Have Served Us

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Veterans, having selflessly served the nation, often struggle to find comprehensive support tailored to their unique needs. A critical juncture is the transition period from military to civilian life, which presents multiple challenges, including the loss of military identity and its inherent structure [1, 2]. Through a lens of diagnosis and treatment, the Building Veteran Healthy Communities (BVHC) Project at UNC-Chapel Hill's Gillings School of Global Public Health utilizes a public health approach focusing on community-level factors that can positively impact Veterans through systems change. The BVHC project aims to empower communities in the Durham Veterans Affairs 27-county region and beyond to support Veterans in leading healthy and meaningful lives. The project seeks to delineate social determinants of health (SDOH) and community assets, coordinate and raise awareness of existing resources, and promote interconnections between community organizations, health care providers, and the Veterans impacted by these relationships.

Over the past year, the BVHC team, led by Dr. Vaughn Upshaw and Aimee McHale, performed extensive peer-reviewed and gray literature reviews on the community-level factors affecting Veteran mental health. A significant finding was the disproportionate suicide rate for Veterans compared to non-Veterans. Notably, in 2020, the age-and-sex-adjusted suicide rate for Veterans was 57.3% higher than that of their non-Veteran peers [3]. While the US Department of Veterans Affairs (VA) has emphasized suicide prevention and leads a national strategy to counteract this public health crisis, many VA-sponsored strategies predominantly focus on individual interventions that support Veterans already connected to treatment options [4, 5]. Considering Veteran health using the socioecological framework (SEF) allows researchers, practitioners, and community members to approach treating Veteran mental health and preventing suicide at interpersonal, community, and societal levels [6]. Members of the BVHC reviewed articles on multiple SDOH for Veterans across levels of the SEF, including education, social connection, and health access. The team also found that no factor influencing Veteran mental health exists in a vacuum [6, 7]. For example, Veterans residing in rural communities (a community-level factor) may experience less connection to health care practitioners (a societal-level factor) than their urban counterparts [8]. The team is preparing the peer-reviewed literature review for publication in hopes of sharing findings with interested community members, practitioners, and researchers.

The BVHC leverages geographic information system (GIS) mapping software to visually portray where Veterans live, along with educational, economic, and transportation resources (and more) to identify existing community assets and areas for improvement. Throughout BVHC's duration, the team has enhanced communication and collaboration among partners in pilot communities. BVHC's overarching goal is to create a local Veteran-support

model that will be transparent, scalable, and sustainable for other communities in North Carolina and nationwide. To achieve the team's goal of supporting Veterans and their families during their transition to civilian life, future initiatives include convening community partners and facilitating conversations to better understand their needs and perspectives, assembling a toolkit of best practices based on peer-reviewed and gray literature findings, and creating a virtual dashboard of identified metrics.

Many activities are being completed simultaneously to reach as many people as possible, with the understanding that some resources may be more relevant to specific populations. As members of the community, all of us can increase our awareness and interest in learning more about individuals transitioning to civilian life. Health care providers can prevent unintentional injuries, mental health crises, and suicide attempts by asking about military service, using screening tools like the SDOH screening questions, and inquiring about social support, volunteerism, and community connection [9]. The BVHC project envisions a brighter future for Veterans in the Durham VA region and beyond. The project offers evidence-based community approaches to providing protective factors that reduce Veteran suicidal ideation and attempts, ensuring a comprehensive approach to Veteran support. NCMJ

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References
1. Romaniuk M, Kidd C. The psychological adjustment experience of reintegration following discharge from military service: A systematic review. *J Mil Veterans' Health.* 2018;26(2): 60–73. doi: 05.2021-33613133
2. Demers A. When veterans return: The role of community in reintegration. *J Loss Trauma.* 2011;16:160–179. doi: 10.1080/15325024.2010.519281
3. Office of Mental Health and Suicide Prevention. 2022 National veteran suicide prevention annual report. September, 2022. Accessed August 23, 2023. https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf
4. Carroll D, Kearney LK, Miller MA. Addressing suicide in the veteran population: Engaging a public health approach. *Front Psychiatry.* 2020;11:569069. doi: 10.3389/fpsyt.2020.569069
5. Mobbs MC, Bonanno GA. Beyond war and PTSD: The crucial role of transition stress in the lives of military veterans. *Clin Psychol Rev.* 2018;59:137–144. doi: 10.1016/j.cpr.2017.11.007
6. McLeroy KR, Bibeau D, Steckler A, Glanz, K. An ecological perspective on health promotion programs. *Health Educ Q.* 1988;15(4):351–377. doi: 10.1177/109019818801500401
7. Braveman P, Gottlieb L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public Health Rep.* 2014;129(Suppl 2):19–31. doi: 10.1177/00333549141291S206
8. Boscarino JJ, Figley CR, Adams RE, Urosevich TG, Kirchner HL, Boscarino JA. Mental health status in veterans residing in rural versus non-rural areas: Results from the veterans' health study. *Mil Med Res.* 2020;7(1):44. doi: 10.1186/s40779-020-00272-6
9. Screening Questions. Healthy Opportunities. North Carolina Department of Health and Human Services. Accessed August 24, 2023. https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/screening-questions

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