



August 5, 2019

**Association of
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Office of Science and Technology Policy (OSTP)
Executive Office of the President
Eisenhower Executive Office Building
1650 Pennsylvania Avenue
Washington, DC 20504
RFIresearchresponse@va.gov

Re: Request for Information (RFI): National Research Strategy for the President’s Roadmap to Empower Veterans and End the National Tragedy of Suicide (PREVENTS)

The Association of American Medical Colleges (AAMC) appreciates the opportunity to comment on the VA’s request for information on the development of a national research strategy to end Veteran Suicide. The AAMC is a not-for-profit association comprised of all 154 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America’s medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

The AAMC recognizes that inequities in suicide risk derive from causes across various levels and systems: genetics, biology, individual behavior, the built environment, and social and economic factors all contribute to health gaps endemic in the United States. Disparities in suicide are persistent in certain populations such as racial/ethnic minorities, LGBTQ and rural populations, and veterans.

The Office of Science and Technology Policy and the Department of Veterans Affairs are leaders in assessing, facilitating, and stimulating research focused on suicide risks and prevention and, importantly, in disseminating and implementing results of that research to improve the health of this country’s veterans. We are pleased, therefore, to offer the following the following recommendations.

Improve Our Ability to Identify Individual Veterans and Groups of Veterans at Greater Risk of Suicide

The veteran suicide rate is twice that of the general public.¹ Moreover, there are persistent disparities in diagnosed mental health conditions and suicide among veteran populations such as LGBTQ and racial/ethnic minority veterans. Research shows that Black veterans are more likely to have a schizophrenia spectrum or psychotic disorder diagnosis than white veterans.² However, African American veterans are less likely to be screened for mental health problems (including PTSD, depression, and

¹ U.S. Department of Veterans Affairs Office of Mental Health and Suicide Prevention 2016 National Suicide Data Report, Available at: https://www.mentalhealth.va.gov/docs/data-sheets/OMHSP_National_Suicide_Data_Report_2005-2016_508.pdf

² Ali, M. K., Hack, S. M., Brown, C. H., Medoff, D., Fang, L., Klingaman, E. A., ... Kreyenbuhl, J. A. (2018). Racial Differences in Mental Health Recovery among Veterans with Serious Mental Illness. *Journal of racial and ethnic health disparities*, 5(2), 235–242. [doi:10.1007/s40615-017-0363-z](https://doi.org/10.1007/s40615-017-0363-z)

alcohol-related disorders) than white veterans.³ We recommend the VA examine individual (e.g. health literacy, fear, etc.) and system-level (e.g. bias, discrimination, racism, etc.) factors which may serve as barriers to receiving mental health care and screening.

The VA has a higher prevalence of transgender individuals than the US general population and the rate of suicidal ideation among LGBTQ veterans is twice that of heterosexual veterans.⁴ Forty percent of transgender veterans have attempted suicide.⁵ The rate of depression among LGBTQ veterans is twice that of heterosexual veterans. Lesbian or bisexual women veterans have three times the odds of reporting frequent mental health distress compared to heterosexual women veterans.⁶ Given the statistical evidence, we encourage the VA to partner with their academic affiliates to develop a coordinated research strategy which investigates the suicide/mental health risk among LGBTQ veterans. Additionally, we encourage the VA to examine the health care disparities among LGBTQ veteran populations, while acknowledging other facets of identity –race, disability status, etc. – so that potential solutions to disparities are generalizable. Furthermore, we suggest the investment into more “reliable prevalence figures and care utilization data” to better assess needs and best practices for the VHA system regarding the populations at highest risk.

Common unmet social needs among veterans, such as lack of stable housing, credit and debt concerns, and family issues such as child custody matters, can exacerbate physical and mental health conditions. We applaud the VA for implementing the VA New England Healthcare System’s (VISN 1) health-related social needs (HRSN) and resource referral program which screens for health-related social needs and provides local resource referrals. We encourage the VA to evaluate and monitor progress of these programs for adoption across additional VA sites. The establishment of medical legal partnerships (MLP) across 31 VA sites has shown to be an efficient method to meeting the unmet social needs of veterans. By embedding a lawyer on the health care team, the VA is uniquely positioned to find solutions for the veteran that could not be addressed by the medical team. A recent study by Tsai et al. found that veterans who received legal services at four MLPs showed significant mental health improvement, as well as improvements in their housing and income.⁷

Almost 25% of all Veterans in the US reside in rural communities.⁸ Health challenges faced by rural veterans are often exacerbated by health care access challenges. AAMC commends the VA Office of

³ [Kabatchnick, Craig M. \(2009\) "PTSD and its Effects on Elderly, Minority, and Female Veterans of All Wars," Marquette Elder's Advisor: Vol. 10: Iss. 2, Article 5](#)

⁴ Preventing Suicide among Lesbian, Gay, Bisexual, and Transgender (LGBT) Veterans, Available at: <https://www.womenshealth.va.gov/WOMENSHEALTH/OutreachMaterials/LGBTWomensHealthCare/LGBTVeteranSuicidePrevention.asp>

⁵ National Center for Transgender Equality U.S. Transgender Survey, Available at: <http://www.ustranssurvey.org/>

⁶ Preventing Suicide among Lesbian, Gay, Bisexual, and Transgender (LGBT) Veterans, Available at: <https://www.womenshealth.va.gov/WOMENSHEALTH/OutreachMaterials/LGBTWomensHealthCare/LGBTVeteranSuicidePrevention.asp>

⁷ Tsai, J., Middleton, M., Villegas, J., Johnson, C., Retkin, R., Seidman, A., ... & Rosenheck, R. A. (2017). [Medical-legal partnerships at veterans affairs medical centers improved housing and psychosocial outcomes for vets](#). Health Affairs, 36(12), 2195-2203.

⁸ Office of Rural Health Rural Veteran Health Care Challenges, Available at: <https://www.ruralhealth.va.gov/aboutus/ruralvets.asp>

Rural Health for the expansion of telemedicine outreach programs to improve PTSD severity and other health challenges faced by rural veterans. We encourage the VA to build upon the successes of these telehealth services and continue to revise processes and policies which will improve the ability for all Veterans to access timely care.

Develop Public-Private Collaboration Models to Foster Innovative and Effective Research that Accelerates These Efforts

The AAMC believes academic medical centers (AMCs), given their nearly 75 yearlong partnership with the VA, can and should play a significant role in ensuring our nation's veterans have access to high quality, equitable care including behavioral health care. The AAMC believes the existing, shared tripart mission of medical education, research, and clinical care help ensure access for our nation's veterans to the highest quality care by preserving academic affiliates as a direct extension of VA care and a preferred provider. This relationship allows veterans to access complex clinical care including trauma centers, burn care units, comprehensive stroke centers, surgical transplant services, and state of the art clinical interventions as a result of direct clinical care contracts, which allow academic affiliates to plan, staff, and sustain infrastructure for these complex clinical care services.

Additionally, while the VA is an irreplaceable component of the U.S. medical education system, training more than 45,000 medical residents and nearly 25,000 medical students annually, academic partnerships also facilitate the joint recruitment of faculty to provide care at affiliated VA and AMCs. VA medical education programs also introduce new physicians to cultural competencies for treating veteran patients (inside and outside the VA), including mental health care services, and help recruit residents to the VA after they complete their training.

Drawing upon the principles of community engagement we suggest the VA strengthen formal partnerships with Veterans Service Organizations (VSOs). These community partnerships, in addition to partnerships with state and local governments, academia, public health, faith-based communities, and nonprofits, can provide invaluable input on best practices, communication and dissemination strategies. When crafting communication plans regarding suicide risk and prevention, we encourage engaging with veterans about effective methods to share information with the public and military treatment facilities. There are also opportunities to leverage new technologies and work with partners on live social media events and continuing digital outreach to reach veteran populations, especially those in the 18-34-year-old age group. Stigma associated with accessing mental health services is a barrier for many veterans. Studies have shown that veterans often cite shame or embarrassment as a barrier to seeking mental health treatment.^{9,10} Community partners can be utilized to develop and promote culturally sensitive outreach and communication strategies about suicide awareness and prevention that can be used to counter stigma, shame and prejudice.

⁹American Public Health Association Removing Barriers to Mental Health Services for Veterans, Available at: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/51/removing-barriers-to-mental-health-services-for-veterans>

¹⁰ Sharp, M. L., Fear, N. T., Rona, R. J., Wessely, S., Greenberg, N., Jones, N., & Goodwin, L. (2015). [Stigma as a barrier to seeking health care among military personnel with mental health problems. *Epidemiologic reviews*, 37\(1\), 144-162.](#)

Additionally, the Health Resources and Services Administration (HRSA) Primary Care Training and Enhancement: Integrated Behavioral Health and Primary Care (PCTE: IBHPC) program provides grants to improve the transition between primary care and behavioral health care for at risk patients, particularly in rural and underserved settings. For example, a Georgetown University project addresses the need to improve primary care workforce capacity for implementation of IBH-PC in the primary care medical home for at-risk patient populations by improving learner knowledge on social determinants of health, psychological comorbidities, population health and practice-based research; increasing experiential learning opportunities in population health and practice-based research; and improving learner experience in interprofessional team-based care for primary care, psychological and psychiatric visits for at-risk patient populations.

We hope that the Office of Science and Technology Policy and the Department of Veterans Affairs continue to seek input to improve the health and wellness of Veteran populations. For further questions or discussion, please contact me or my colleagues, Karey M. Sutton, PhD, Director, Health Equity Research Workforce, at (ksutton@aamc.org), or Matthew Shick, JD, Senior Director, Government Relations and Regulatory Affairs, at (mshick@aamc.org).

Sincerely,

A handwritten signature in blue ink that reads "Ross E. McKinney Jr., MD". The signature is stylized and includes a circled "MD" at the end.

Ross E. McKinney Jr., MD
Chief Scientific Officer