



Arkansas Veterans Coalition

Arkansas Legislative Study on Veteran Affairs

- Veteran Suicide Update *in Context With General Population*
- Presidential Executive Order direction and resources
- An Arkansas Community-focused Public Health model

12 August 2019

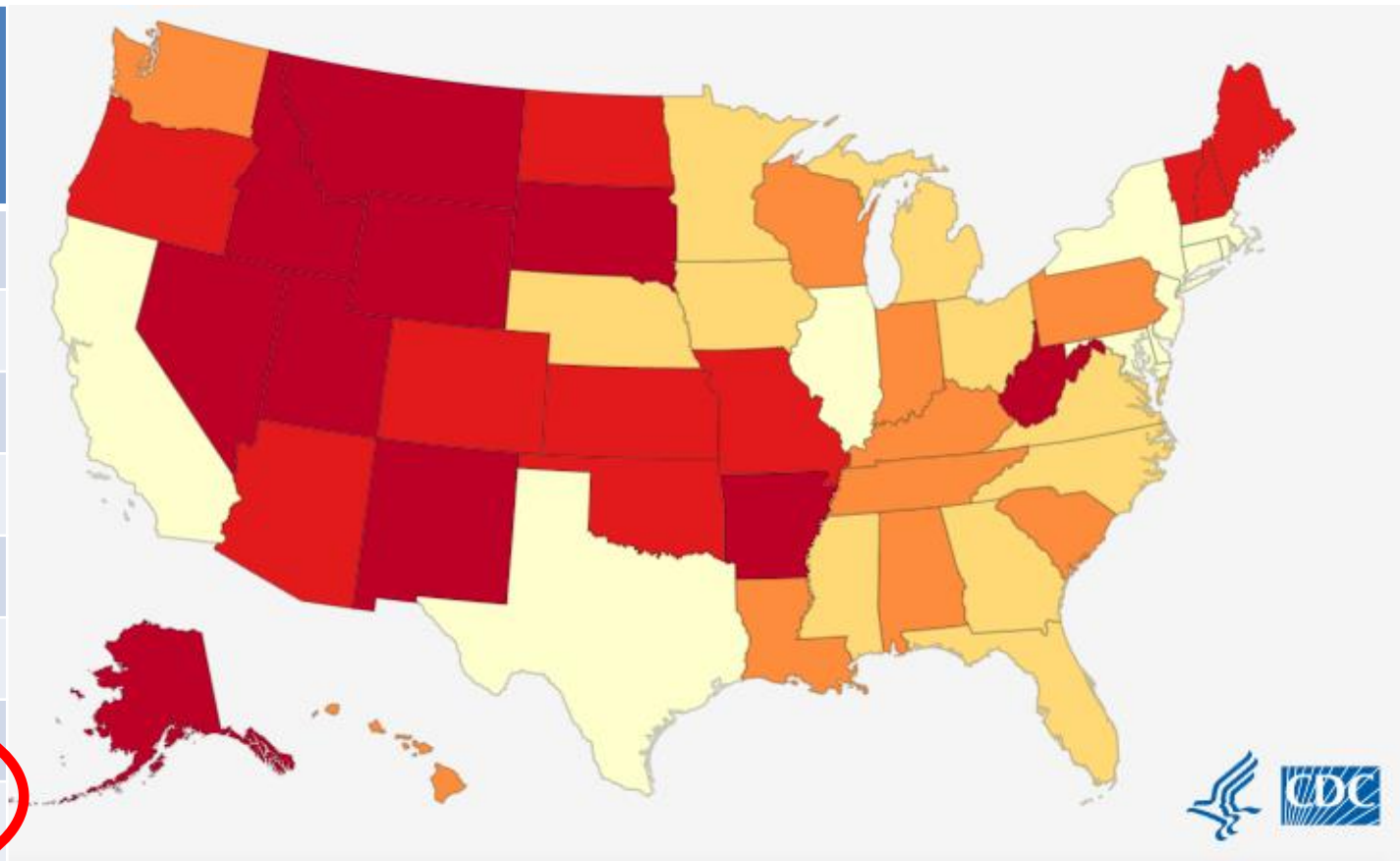


Suicide Mortality by State (CDC)

-- 2017 Arkansas 9th Worst Rate in Country –
20.8 suicides per 100k

Must view Veteran Suicide numbers and rate in context with the number and rate increase of the General Population

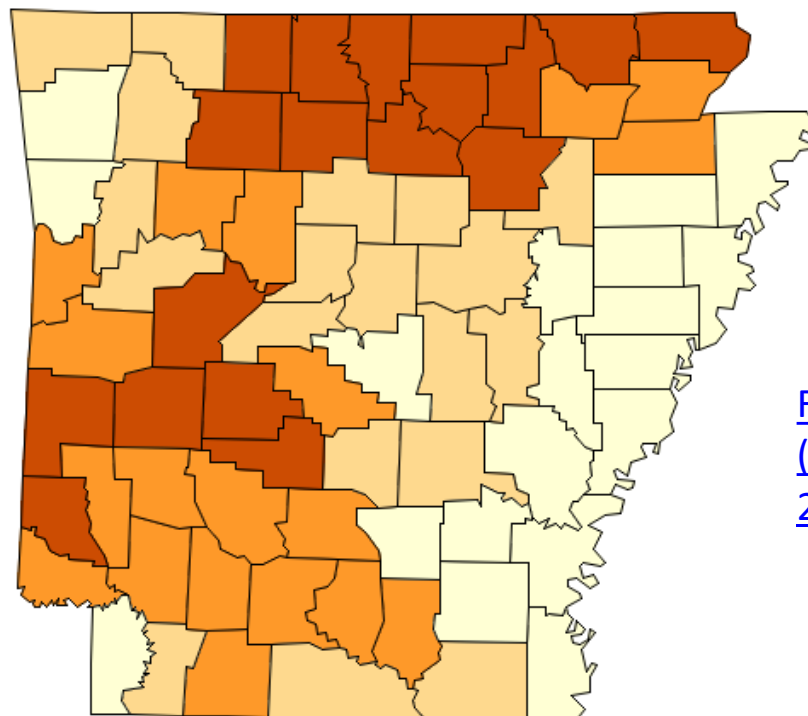
Arkansas Suicides	Rate Per 100k
2014	
515	15.8
2015	
571	19.1
2016	
555	18.2
2017	
631	20.8





2008-2014, Arkansas (CDC) (County-Level)

2008-2014, Arkansas
Smoothed Death Rates per 100,000 Population
All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages
Annualized Crude Rate for Arkansas: 16.07



[For Detailed Per County Rates
\(World Life Expectancy --
2018\)](#)

10.62-14.48 14.49-16.24 16.25-17.89 17.90-26.59

Reports for All Ages include those of unknown age.

* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have an asterisk.

Rates appearing in this map have been geospatially smoothed.

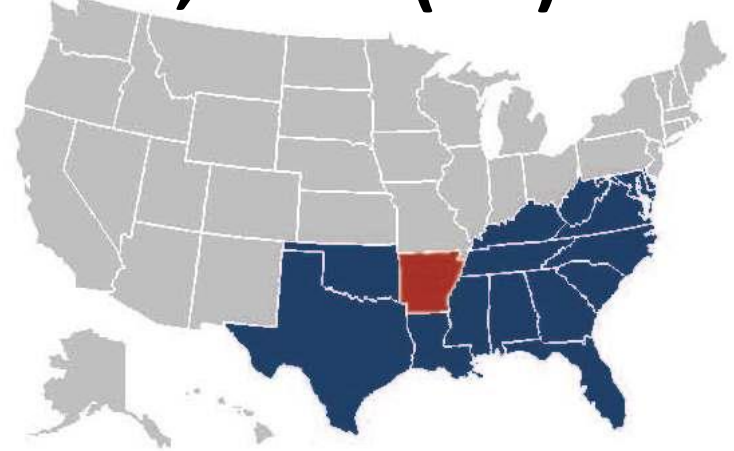
Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC
Data Sources: NCHS National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.



Arkansas Suicide Data Sheet, 2016 (VA)

After accounting for age differences the Arkansas Veteran suicide rate:

- Was not significantly different from the national Veteran suicide rate.
- Was significantly higher than the national suicide rate.



Arkansas Veteran and Total Arkansas, Southern Region, and National Suicide Deaths by Age Group, 2016

Age Group	Arkansas Vet Total	Arkansas Total	Southern Total	National Total	Arkansas Vet Rate	Arkansas Rate	Southern Rate	National Rate
Total	79	534	17,011	43,427	35.1	23.5	18.2	17.5
18-34	12	147	4,711	11,997	54.5*	21.9	16.9	16.1
35-54	17	176	6,011	15,467	30.9*	23.7	19.0	18.6
55-74	33	159	4,766	12,162	33.0	24.0	18.1	17.3
75+	17	52	1,523	3,801	36.2*	25.8	20.0	18.5

*Rates calculated from suicide counts lower than 20 are considered unreliable.



VA National Suicide Data Report 2005-2016 (September 2018)

-- Key Findings --

- 2008 – 2016 ... 6,000 Veteran suicides per year
- 2005 – 2016 ... Veteran and non-Veteran adult suicide rates increased 25.9 percent and 20.6 percent, respectively.
- **2016 ... Veteran suicide rate 1.5 x than non-Veterans**
- **2016 ... 69.4 percent Veteran suicide were by firearm injury, 48.4 percent among non-Veteran adults**
- 2015 – 2016 ... suicide rate for Veterans age 18-34 increased from 40.4 to 45.0 suicide deaths per 100,000



VA National Suicide Data Report 2005-2016 (September 2018)

-- Key Findings --

- **2005 – 2016 ... lower increase in the suicide rate among Veterans in VHA care (13.7 percent) than among Veterans who were not in VHA care (26.0 percent).**
- **2016 ... suicide rate for women Veterans was 1.8 times greater than the suicide rate for non-Veteran women.**
- 2005 – 2015 ... number of suicides among never federally activated National Guard and Reserve former Service members increased.



Executive Order -- National Roadmap to Empower Veterans and End Suicide

-- Sec 1 – Purpose --

The Federal Government alone cannot achieve effective or lasting reductions in the veteran suicide rate.

- ... not because of a lack of resources ... **due substantially to a lack of coordination**
- Nearly 70 percent of veterans who end their lives by suicide have not recently received healthcare services from the Department of Veterans Affairs.

To reduce the veteran suicide rate, the Federal Government **must work side-by-side with partners from State, local, territorial, and tribal governments — as well as private and non-profit entities** — to provide our veterans with the services they need.



Executive Order -- National Roadmap to Empower Veterans and End Suicide

-- Sec 1 – Purpose --

Federal Government must advance our understanding of the underlying causal factors of veteran suicide.

- Collective efforts must begin with the common understanding that **suicide is preventable and prevention requires more than intervention at the point of crisis.**
- The Federal Government, academia, employers, members of faith-based and other community, non-governmental, and non-profit organizations, first responders, **and the veteran community must all work together** to foster cultures in which veterans and their families can thrive.

<https://www.whitehouse.gov/presidential-actions/executive-order-national-roadmap-empower-veterans-end-suicide/>



Executive Order -- National Roadmap to Empower Veterans and End Suicide

-- Sec 6 – State & Local Action --

Within 365 days ... submit a legislative proposal to make **grants to local communities to enable increased collaboration** to integrate services and resources for veterans:

- (a) community integration of veteran-serving organizations to provide **better coordinated and streamlined access to services...** related to employment, health, housing, benefits, recreation, education, and social connection; and
- (b) promote **stronger sense of belonging and purpose** among veterans by connecting them with each other, with civilians, and with their communities through ... physical activity, community service, and disaster response efforts.



Community-focused Public Health model to prevent Veteran suicide

VA and Univ of Pittsburgh researchers **developing a community-based program to lower Veteran suicide rates**

- Increase community involvement by leveraging the reach and impact of local stakeholders
- Assess community readiness for increased engagement
- Build local coalitions to facilitate wider and more frequent touchpoints
- Use community-specific public health data to tailor interventions to population needs.
- Provide metrics on program effectiveness to inform national implementation strategy.



An Arkansas Community-focused Public Health model to prevent Veteran suicide

- **Dr. Waliski (UAMS/CeMHOR) has led preliminary UAMS – ADH -- CAVHS – AVC conversations**
 - State leadership of an integrated joint initiative more imaginative than the Pennsylvania initiative
 - Leverage the statewide structures of our Veteran Service Organizations
 - Partner with local stakeholders
 - Fed and State resources magnified by local engagement
 - **Establish pilot initiative focused on addressing Veteran suicide risk factors, expanding to address first-responder and then general population suicide programs.**



Arkansas Veterans Coalition

- **Veteran Suicide Update** *in Context With General Population*
 - Veteran suicide risk factors mirror community demographics
- **Presidential Executive Order**
 - Provides focus and potential resources to apply to an integrated Veteran community-focused Public Health model
- **An Arkansas Community-focused Public Health model**
 - Establishing a Arkansas VSO-engaged community-focused Public Health initiative provides potential to address general population suicide risks