Ohio Army National Guard Mental Health Initiative

Summary of Research and Finances

Wednesday March 23, 2011

U.S. Representative Marcy Kaptur

Congresswoman Marcy Kaptur continues to champion the project & advocate for annual congressional funding allocations

“Ohio serves as a national model in evaluating the largest sample of returning veterans ever undertaken by the Department of Defense in cooperation with the Ohio National Guard. The goal is to identify these conditions, study their onset, and treatment, and do everything possible to alert Ohio vets that care is available if they are experiencing these conditions.” - Congresswoman Kaptur
U.S. Representative Betty Sutton

Represents Ohio’s 13th Congressional District and serves on the House Armed Services Committee in the 112th Congress.

Legislative advocate for the Ohio Army National Guard Mental Health Initiative.

“Congresswoman Sutton believes that we have a moral responsibility to care for our troops and veterans. As the proud daughter of a WW II veteran, she is committed to providing our service members with the benefits they deserve. She has supported legislation etc.”

Reference: http://sutton.house.gov/issues/?id=31&story=issues

October 23, 2009: Administrative Advisory Board Meeting Beightler Armory, Columbus Ohio
Study Sites

- **Joe Calabrese, MD**
  - Coordinating Principal Investigator
  - University Hospitals Case Medical Center – Coordinating Center
  - Renee Slembarski, Coordinating Center Administrator
  - Data Management and Statistical Analysis Unit
    - Stephen Ganocy, PhD (Director)
    - Philip Chan, MS (Assoc Director)

- **Marijo Tamburrino, MD**
  - Co-Principal Investigator
  - University of Toledo

- **Sandro Galea, MD, DrPH**
  - Co-Investigator
  - Director of Field Procedures
  - Columbia University
  - Marta Prescott, MPH – Data Analyst
Study Sites

- **Israel Liberzon, MD, PhD**
  - Co-Investigator
  - Director of Translational Research
  - University of Michigan, Ann Arbor VA
  - Anthony King, PhD – Director of Genetics Repository

- **Philip Reed, PhD**
  - Director, Biomedical Research & Informatics Center
  - Michigan State University
  - Informatics Support for In-Person Survey

Timeline

- January 2005-initial submission to Congress.
- December 2005-initial allocation
- November 2008-interviews began.
- DNA repository approved March 2010 and began recruitment May 2010.
Wave 1 (current & lifetime questions)

10,778 Men and women in the Ohio Army National Guard

6,700 randomly sampled OANG personnel received alert letter

6,090 personnel do not opt-out of study

2,616 OANG personnel participate in telephone interview

1,043 randomly selected for in-person interviews

2,616 OANG personnel followed annually with telephone interviews

500 in-person interview sub-sample followed annually

Telephone Survey, N=2,616
Key Study Component
In-Person Survey, N=500
Key Study Component

Genetics Predictors of Resilience
Key Study Component

- Participants are approached to give DNA saliva samples association studies.
- Targeting ~2,000 de-identified DNA samples.
- Currently up to 1,210 who have committed to provide samples.
- 478 who have already sent their sample into the DNA Repository.
Wave 2 Sampling: old questions plus new questions on suicide and drug use

- 2616 OANG personnel participate in baseline telephone interview
- 1739 OANG personnel participate in wave 2 Telephone Survey as of 3/1/2011
- 500 OANG sub-sample participate in baseline in-person interviews
- 418 of In-Person Survey participated as of 12/31/2010

Wave 3 Sampling: new questions on drug dependence, legal problems, and resilience

- 2598 of original 2616 OANG personnel are approached for wave 3. Dynamic Cohort begins 11/17/2010 with intent to replenish sample up to 3,000 completed interviews per wave
- 674 of original cohort participate in wave 3 Telephone Survey and 196 return Genetics sample as of 3/1/2011
- 449 new dynamic cohort cases participate in the baseline interview and 113 return Genetics sample as of 3/1/2011
- 494 of original 500 OANG sub-sample are approached for wave 3. Dynamic Cohort begins 1/5/2011 with intent to replenish sample up to 500 completed interviews per wave
- 76 of original sub-sample participate in wave 3 In-Person Survey as of 3/1/2011
- 25 new dynamic cohort cases participate in the In Person baseline interview as of 3/1/2011
Study Newsletter

- Biannual
- Summer 2010 newsletter featured OhioCares & advice from CH Chou:
  - Asking for help is a sign of strength
  - Encouraging service members to utilize resources

“The greatest hurdle to encouraging help-seeking behavior is the negative stigma attached to seeking behavioral health care. It takes a STRONG AND COURAGEOUS person to admit to having emotional problems and to seek help.” - Chaplain Chou

Detailed, Operationally, Meaningful Interface with the Ohio National Guard

- OhioCares Workgroup and Committee Work ~ 50 meetings since 2006
- Testimony submitted to the Defense Health Board on “OHARNG Completed Suicides, Preliminary Project Data, and ONG Suicide Prevention Training”
- Annual Commanders Call Meeting
- OSU/VA/Guard Conference for training social workers
- Operation Reconnect: “Understanding the Needs of Military Service Members & Their Families”
Key Findings (1)

- **Most common lifetime illnesses** identified in the initial sample: Alcohol abuse 24%, alcohol dependence 23.5%, “any depressive disorder” 21.4%, and PTSD 9.6%.

- Lifetime prevalence of 9.6% PTSD in this sample may suggest a greater level of resilience to PTSD among OHARNG Soldiers than compared to other reserve forces.

Key Findings (2)

- As a whole, military deployment history was not associated with suicidal thoughts, but mental illness was.

- Soldiers with PTSD were at increased risk for suicidal ideation and among those with PTSD, those with at least 2 or more additional conditions were 7.5 times more likely to report suicidal ideation at some point in their lifetime than those with PTSD alone.

- Pre-deployment training and post-deployment support were key predictors of resilience to the development of PTSD.
Key Findings (3)

- Risk of PTSD doubles when ONG members experience multiple combat traumatic events.
- Risk of PTSD increases fourfold among ONG members exposed to both civilian and combat traumatic experiences.
- Overlap between job stress and traumatic events increase risk of PTSD by ~700%.
- Overlap between marital stress and traumatic events increase risk of PTSD by ~700%.

Manuscripts in progress

- Ohio Army National Guard Mental Health Initiative: baseline collection of a ten-year longitudinal study sample
- Pre-, peri-, and post-deployment characteristics and the risk of posttraumatic stress disorder among Ohio National Guard soldiers
- PTSD Comorbidity in the Baseline Sample of 2,616 Soldiers in the Ohio Army National Guard Study of Combat Mental Health
- Context of military and civilian traumatic events and the risk of posttraumatic stress disorder among National Guard soldiers
- Alcohol abuse and dependence in the Ohio National Guard
- Utilization of mental health care among guard soldiers
- Risky behaviors and substance use among guard soldiers
## Project Funding

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<tr>
<th>Current Budget</th>
<th>Expended Funds</th>
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<td>$12,308,000</td>
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Through 11/6/2012
Year 4 of Project

As of 12/31/2010

### Congressional Allocations

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## Consequences of Suspension of Congressionally Support (1)

- Project is funded through the end of 2012 (end of Project Year 4).
- Discontinuation of congressionally directed funding anticipated.
- If further funding not obtained, the project will sacrifice data collection during years 5 to 10.
Consequences of Suspension of Congressionally Support (2)

- PTSD prevalence rates likely to be underestimates since ~25-30% of PTSD has delayed onsets.
  - Not infrequently, soldiers experience delayed onsets of PTSD starting 5 years or more after the experience of combat-related trauma.
- Soldiers to continue to experience the cumulative burden of the service in work life (unemployment), family life (divorce/separation), and social life (homelessness/living on the streets).

Current Study Component Annual Costs

- Telephone Survey = $1.485m
- In-Person Survey = $1.971m
- DNA Repository = $92K

*Includes a 35% overhead rate, and costs were estimated for Year 5 of the project
Recommended Course of Action

- Continue project as designed for the full 10 years.
- While it would be preferable to keep all components of the study through the full 10 years as originally planned, we understand that the Department of Defense may not be interested in funding the project in its entirety.
  - Annual cost of all three study components = $2.889m

*When combining the components, some cost sharing can be achieved, which decreases the total budget.

Other Possible Courses of Action

1. Keep In Person Survey + DNA collection only
   - Annual Cost = $2.063m

2. Keep In Person Survey only
   - Annual Cost = $1.971m

3. Shorten duration of study to 8 years total and keep all 3 components
   - Annual Cost = $2.889m
Other Possible Course of Actions

4) Keep Telephone Survey + DNA collection
   • Annual Cost = $1.570m

5) Complete In Person Survey each year, the Telephone Survey every 2 years + DNA collection
   • Annual Cost = $2.387m

6) Keep Telephone Survey Only
   • Annual Cost = $1.485m

7) Stop the study after Year 4 at the end of 2012 (no further funding)

Questions?