POSITION PAPER

ON

UNIT CONNECTED PROGRAM (AIRMAN 4 LIFE)

1. In attached position paper, the 412th Medical Group Commander, Col LaMothe posited that the United States Air Force Suicide Prevention Program can take greater strides in reducing suicide by focusing on increasing connectedness and unit cohesion. From that end, “Airman 4 Life” Day was proposed adapting a similar initiative started by Maintenance Airmen at Aviano Air Base, Italy. As Col LaMothe stated, this type of approach requires senior leader endorsement as it will be dedicating recurring and unscripted time for personal and unit resiliency building efforts in the small unit level. This is supported by “Dunbar’s Number” which states that unit cohesion can only really be stretched across 150 people. Air Force, MAJCOM, and even Wing efforts will be less effective at impacting the perception of connectedness at the unit level. This document includes the content of a case study proposal on the effectiveness of the Airman 4 Life Program for the 412th Medical Group, Edwards AFB, CA.

2. **THE ENVIRONMENT:** Edwards AFB lays in the heart of the Mojave Desert. The 412th Force Support Squadron has a robust activity program and we are a three hour drive away from National Forests, the beach, Los Angeles, and Las Vegas. In the midst of COVID, as with everything else, most of these social opportunities dwindled. In particular, the 412th Medical Group was on the forefront of COVID response ops working long thankless hours while being unable to blow off steam using their normal means. This once vivacious team of about 200 Airmen became as arid as the desert they inhabit. They’ve grown to resent coming to work every day and I believe increasing protective factors and building team resilience could actually save lives.

3. **THE TARGET--CONNECTEDNESS:** We are targeting the prevention of suicide within the unit. Unfortunately, the measure of success is none because one loss is too many, and that is *absolutely accurate.* We should take a more faceted approach. The Centers for Disease Control and Prevention comprehensive public health approach to suicide prevention (CDC, 2017) includes seven strategies. The Air Force has programs that meet the intent of most (i.e. Resiliency, ACE, Green Dot, Disaster Mental Health, financial programs). The strategy for which it seems most difficult to formulate a concrete plan and measure for is to “promote connectedness”.

Sociologist, Emile Durkheim theorized in 1897 that weak social bonds, i.e., lack of connectedness, were among the chief causes of suicidality. “*Connectedness* is the degree to which an individual or group of individuals are socially close, interrelated, or share resources with others.” (CDC, 2017). Connectedness and social capital together may protect against suicidal behaviors by decreasing isolation, encouraging adaptive coping behaviors, and by increasing belongingness, personal value, and worth, to help build resilience in the face of adversity.

4. **THE APPROACH:** The Department of Human Development at Harvard University states that the *direct experience of connection* originates from an individual’s active giving and receiving of trust, care, and respect with other individuals or collections of individuals. An anonymous survey will measure and monitor the perception of connectedness longitudinally over the program life. In turn, our approach should facilitate connectedness through opportunities to give of oneself and to receive by relying on peer influence and to set aside time specifically for that purpose.

**STRATEGY 1: Welcome to the 412th Medical Group**

This first strategy explores opportunities for us to engage with newcomers to our Group and inspire a sense of belonging. Medical Group In-processing: There is current framework under an already operating committee called Desert Phoenix Academy with the intent of providing tailored personal and professional development activities regularly.

1. **Goal 1.1:** A representative from Desert Phoenix Academy speaks at the recurring Mass Med Group In-processing brief.
2. **Goal 1.2:** Newcomers are required as part of their in-processing checklist to complete a Welcome to the Academy training that walks them through the different classes and interest communities there.
3. **Goal 1.3:** “Hails and Farewells” are coordinated as part of the A4L Day to emphasize the comradery of the Medical Group and that our investment into team members is a priority.
4. **Goal 1.4:** Sponsorship program will include a welcome package that is mailed to the member ahead of time. Sponsor’s will get training through Desert Phoenix Academy

**STRATEGY 2: Airman 4 Life Day**

As stated in Col LaMothe’s position paper, senior leaders need to invest time into this effort. Being that we are military, most of us do not have family nearby and our inner sphere of influence will more likely contain peers, friends, and coworkers. This is crucial to facilitating the opportunity for peers and teams to interact outside of the sphere of work.

1. **Goal 2.1:** Build a year-long schedule for which one day per month is set aside for the 412th Medical Group operations to be suspended and block all patient schedules. Activities, classes, and time will be managed by A4L committee and be intended to provide opportunities for individuals to pursue professional and personal development coordinated by Desert Phoenix Academy and then unscripted time with the team itself.
2. **Goal 2.2:** Every A4L day will start with a Phoenix 4 Life Rally to address the intention for the day and the “question of the day”. This is for small teams (i.e. flights) to discuss during the day and will be based off of the survey of connectedness. Examples: “What does connectedness look like in our team?”, “In what ways can we build social capital in our team?”

**STRATEGY 3: Interest Communities**

The CDC states “By leveraging the leadership qualities and social influence of peers, these approaches can be used to shift group-level beliefs and promote positive social and behavioral change.” Positive norms that are subject to peer influences include perceptions of the extent to which their friends support their using formal and informal sources of help for emotional distress and the acceptability versus secrecy that accompany disclosure of suicidal thinking. (Drum, Hess, Denmark, & Talley, 2017).

1. **Goal 3.1:** Develop framework/forum for which clubs or interest communities (i.e. organized sports, tabletop clubs, to communicate and operate to include goals, services and resources as they apply. Likely will be in the Desert Phoenix Academy Teams.
2. **Goal 3.2:** Poll for common interests and designate leaders of these interest communities under the umbrella of the A4L Committee.
3. **Goal 3.3:** Build time into A4L Day for the meeting of Interest Communities.

**STRATEGY 4: Sustainment**

In order to maintain this initiative over time, there are some hurdles that need to be addressed: Funding, Reporting Structure, and Marketing.

1. **Goal 4.1:** Start a committee of interested parties with different assigned roles (i.e. Treasurer, Marketing, Interest Community Lead). Develop a team charter and set up a regular meeting/planning schedule. Invite key stakeholders to meetings (Commanders, Superintendents, Booster Club).
2. **Goal 4.2:** While most activities are housed and sustainable under available funding, a long-term strategy to gain and manage funding to support the Interest Communities, classes, and activities will be necessary.

5. **OBSTACLES:**

1. Currently, the most obvious obstacle is leadership buy-in to take the time out of a duty day. The Defense Health Agency (DHA) does not allow the hospital to be closed. Either the Medical Group Commander accepts the risk of having a day off that is predicated on the fact that overall, the availability of care is not impacted *or* we have to provide minimal support on those days for operations. The second is not desirable as the whole intent is for team members to spend time together outside of workplace operations.
2. Contractors under the Department of Defense cannot participate in these events as it is not listed in their contract. The contractors can participate and accept the risk *or* contracts can include some verbiage regarding morale activities during a duty day *or* the contractors can be the ones providing that minimum support required by DHA and will not participate.
3. Current COVID guidance only allows for gatherings of 50 people or less. All activities organized will have to have a maximum capacity.

6. **SUCCESS:** We will be monitoring some metrics over a period of 6 months for correlations to:

1. Detriments or Improvements in other areas of the mission: appointment availability, patient satisfaction, and messaging response.
2. Anonymous Connectedness Survey: unit and team connectedness, member’s personal resilience
3. Other mental health indicators: Suicidal ideation and risk factors, ADAPT referrals, Alcohol related incidents, First Sergeant administrative actions
4. Bonus benefits: raising funds for booster club, co-hosting wing events, holiday celebrations

The estimated start time for the program will be in January 2022. The results will be organized and reported in July of 2022 to senior leadership as to discuss a way forward to continue the program.

# References

CDC. (2017). *Suicide Prevention Strategic Plan.* (D. o. Prevention, Ed.) Retrieved from Centers for Disease Control and Prevention: https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Drum, D. J., Hess, E. A., Denmark, A. B., & Talley, A. E. (2017). College Students’ Sense of Coherence and Connectedness as Predictors of Suicidal Thoughts and Behaviors. *Archives of Suicide Research, 21*(1). doi:https://doi.org/10.1080/13811118.2016.1166088

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