

THE MILLENNIUM COHORT PROGRAM

A U.S. DEPARTMENT OF DEFENSE AND DEPARTMENT OF VETERANS AFFAIRS PROGRAM



Protecting service member, veteran, and family health

Dear Colleagues,

We are excited to share with you the latest updates from the Millennium Cohort Program. Our 2024-2025 follow-up survey for the Millennium Cohort Study was successfully launched on August 20th, 2024, with the Family Study follow-up survey scheduled to begin in September. As a reminder, our last survey data collection cycle took place between 2019 and 2021, during which we enrolled new participants and conducted follow-up assessments for both the Millennium Cohort Study and the Family Study. Additionally, the Study of Adolescent Resilience (SOAR) will be conducting its first follow-up survey this year.

In August, our team proudly presented a total of 19 posters and oral presentations at the Military Health System Research Symposium in Kissimmee, Florida. We had the opportunity to share our research and engage with leaders committed to improving the well-being of service members and their families. This newsletter also includes brief summaries of recent scientific publications from our program.

Thank you for your continued support and interest in our work.

Sincerely,

Rudy Rull, PhD, MPH

Principal Investigator

Millennium Cohort Study

rudolph.p.rull2.civ@health.mil

Hope McMaster, PhD

Principal Investigator

Study of Adolescent Resilience |

Millennium Cohort Family Study

hope.m.mcmaster.civ@health.mil

Health-related quality of life, health behaviors, and military spouses readiness¹

Health-related quality of life had direct effects on five readiness outcomes: military satisfaction, lost workdays, healthcare utilization, military-related stress, and satisfaction. Additionally, insomnia, smoking, binge drinking, and exercise were significantly associated with spouse readiness outcomes. These results show spouse health behaviors are directly and indirectly associated with readiness indicators.

Risk of traumatic brain injury in relation to military deployment²

The risk of traumatic brain injury (TBI) was higher among service members in deployment settings compared to those in nondeployment settings. Risk reduction strategies and education are needed to reduce the occurrence of TBI based on deployment status and history.

Risk factors for firearm suicide and non-firearm suicide in current and former service members³

In this prospective study of over 200,000 US current and former service members, risk factors were similar between firearm and non-firearm suicides. Suicide prevention and intervention strategies may benefit those at risk and may not need to be differentiated by specific demographic, military, or health factors.

Sleep health among US Navy afloat versus ashore personnel⁴

Among 4,953 active-duty naval personnel who completed the 2014-2016 Millennium Cohort survey, sleep metrics (e.g., fatigue, short sleep duration) and sleep-related health outcomes (e.g., PTSD, depression) were similar between sailors with recent sea and shore duty, while sailors with recent shore duty had poorer physical health (e.g., type 2 diabetes, bodily pain) compared with those with recent sea duty.

Risk factors for homelessness in post-9/11 era Veterans⁵

Between 2001 and 2016, approximately 2% of 49,323 post-9/11 era Veterans experienced homelessness after military separation. Notable risk factors for homelessness in this population included identifying as non-Hispanic Black, identifying as gay, lesbian, or bisexual, not having a college degree, enlisted pay grade, or receiving a general or other than honorable discharge status.

Prevalence and risk factors for bulimia nervosa and binge eating disorder in service members⁶

The prevalence of bulimia nervosa and binge eating disorder was higher when ascertained via self-report surveys rather than medical records. Several important military and psychosocial factors (e.g., component, service branch, combat deployment, social support, life stressors, and screening positive for PTSD) were associated with the development of these conditions among service members and veterans who were followed for up to 15 years.

Bidirectional association between eating disorders and mental health in service members and veterans⁷

Bidirectional associations between eating disorders (BN, BED) and mental health conditions (PTSD, anxiety, depression, problem drinking) were observed among 179,694 service members and veterans. Mental health conditions appeared to have a stronger effect on subsequent BED, whereas BN more significantly affected subsequent mental health conditions.

Risk and protective factors of probable binge eating disorder in military spouses⁸

This longitudinal study of more than 5,000 military spouses identified risk and protective factors of binge eating disorder. Risk factors included a positive screen of posttraumatic stress disorder, adverse childhood experiences, former smoking, and being married to a service member who did not deploy or deployed with combat exposure.

Racial, ethnic, and sex differences in eating disorder onset among service members⁹

Among more than 90,000 Millennium Cohort Study participants who were followed for up to 12 years, findings suggested that onset of bulimia nervosa was more likely among women than men, while no sex difference emerged for binge eating disorder onset. Bulimia nervosa was more likely and binge eating disorder was less likely among racially and ethnically diverse groups compared with non-Hispanic/Latinx White participants.

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For more information on recent publications, please visit the study websites:
millenniumcohort.org, familycohort.org, and militarysoar.org