Creating Community for Women Veterans Through Social Networking Organizations: A Secondary Analysis of Team Red, White, and Blue New Member Surveys

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Abstract

In an effort to better understand mental health and enrichment differences between veteran women and men in a veteran service organization (VSO), a research team conducted secondary analysis of assessment data from Team Red, White, and Blue (Team RWB) veteran members who joined between 2014 and 2016. In this secondary analysis of the 2014–2016 Team RWB initial member survey data, frequencies and crosstab analyses were conducted for veteran respondents ($N = 10,015$), a portion of whom (31.5%) identified as former servicewomen ($n = 3,152$). Women were statistically overrepresented by a factor of 2–3 times in organizational membership. Gender-correlated differences were found with levels of enrichment; at baseline, women reported lower levels of social support as described by the subcategory of belonging ($p < .001$) and lower levels of sense of purpose as measured by two subcategories ($p < .002$ and $p = .03$). Primary findings from this study indicate an opportunity for future research on mental health and enrichment when a member joins a service or social networking organization. is indicated. Lower levels of mental health and enrichment among new Team RWB members who are female veterans indicates an opportunity for the organization to actively focus programs and resources on this fast-growing subpopulation of veterans to enhance retention and the overall participant experience.

In the United States, veterans experience higher rates of mental health concerns than do nonveterans (Wilcox et al., 2013). A major issue affecting transitioning veterans' mental health outcomes is the process of community reintegration during departure from active service (Thomas & Plummer Taylor, 2015). Transition is a challenging time for military personnel, many of whom self-report significant issues as they leave active duty to resume civilian life (Demers, 2011; Pease et al., 2016). A strong body of literature supports such self-reported data (Friedman, 2015), with much of the research focusing on mental health outcomes and the issues that often occur alongside mental health challenges, such as substance misuse, suicide, employment challenges, family disruption, and other psychosocial impairments (Thomas, Turner et al., 2015).

Suicide Risk

Careful study of suicide risk in the veteran population shows that suicide risk is almost four times higher among young veterans than it is among their peers in the general population, a difference made more statistically significant when analysis controls for age and time in service (Bossarte, 2013). Internationally, numbers indicate the same. A British study of recent combat veterans found the risk of suicide to be 2–3 times higher for former military members than for the general population, with the year immediately following discharge being a particularly risky time (Ilgen et al., 2012). These mental and social health challenges are found both globally and across regions in the United States, with research indicating an intimate connection between social well-being and mental health (Thomas & Albright, 2018). In a time of transition, veterans may experience struggles with finding a sense of purpose, both individual and shared, and can have difficulty relating even to well-meaning loved ones who have not "been there" or shared similar experiences (Hoge, 2010; Thomas & Plummer Taylor, 2015).

Social Cohesion

Veterans of all backgrounds report difficulty with social cohesion–related behaviors. Such behaviors, including awareness and communication of personal feelings, staying in close communication with friends and family,

connecting easily with civilians, acquiring and maintaining a job, and practicing self-care, promote well-being and protect against adverse mental health outcomes (Hoge, 2010; Jakupcak et al., 2007). After separation from the military, rates of interpersonal conflict increase, as do maladaptive coping techniques that can create behavioral health issues (Murray, 2013).

Gender

Gender is a potential demographic risk factor for anxiety, depression, and substance misuse (Ramchand et al., 2015; Thomas et al., 2016). Women constitute approximately 15% of the armed services (Murdoch et al., 2006) and represent the fastest growing segment of the veteran population (Carlson et al., 2013). Meeting and addressing the needs of female veterans, particularly when they are leaving active duty or returning from deployment, is important because of their increased risk for adverse health outcomes (Levahot & Simpson, 2013). In general, female veterans are more likely than their male counterparts to report mental health concerns such as post-traumatic stress (PTS), depression, and suicidal thoughts (Duhart, 2012; Koo & Maguen, 2014), and they use mental health services at higher rates than men (Albright et al., 2017). They also report higher percentages of adverse experiences while serving; specifically, servicewomen commonly experience feelings of alienation and decreased unit cohesion (Washington & Yano, 2013). Additionally, disproportionately high rates of female servicemembers (20–40%) experience military sexual trauma (MST) such as unwanted sexual advances, harassment, or assault, though this issue is still understudied and underreported (Kelly et al., 2011). For institutional, social, and cultural reasons, female, racial- and ethnic-minority, and sexual-minority veterans have higher rates of poor outcomes related to reintegration (Pelts & Albright, 2015; Wilcox et al., 2013).

Community Engagement

The literature indicates that interventions working to increase social connections and facilitate the cultivation of resource networks among veterans offer protective effects against isolation, loneliness, mental and physical health problems, and suicidality (Bossarte, 2013), but women veterans take advantage of such programming at lower rates than their male peers do (Thomas et al., 2017). However, military-connected women are numerically overrepresented in the membership numbers of some types of civic organizations (in comparison to their representation in the military), suggesting unique opportunities to reach this at-risk population. For these reasons, outreach to servicewomen is uniquely important to veteran service organizations (VSOs) like Team Red, White, and Blue (RWB), where servicewomen (active duty as well as guard, reserve, and veteran) comprise a third of new registrants.

Team RWB

Team RWB is a 501(c) nonprofit with the mission of enriching veterans' lives by connecting them to their community through physical and social activity; it was founded to meet a perceived gap in military transition services (Angel & Armstrong, 2016). Since its inception in 2010, Team RWB has grown to over 200 locations and 195,000 members, representing an intergenerational community of 75% veterans or active duty servicemembers and 25% civilians (Team Red, White, and Blue [Team RWB], 2019). Team RWB offers a range of local, consistent, and inclusive activities to military-connected personnel and civilian community members in an effort to provide routine opportunities for veterans to engage with each other and their mostly civilian communities (Angel, Smith, et al., 2018). Some examples of Team RWB outreach activities include social events that invite families and members to get to know one another around a leisure activity, gatherings centered around a fitness activity, and even leadership camps designed to pull members together in retreat-like settings. The purpose is always to forge strong social ties. The organization has a wide reach geographically, and in 2018, Team RWB sponsored a total of 29,100 physical events, 6,049 social events, and 3,247 service events (Team RWB, 2019). In late 2019, TeamRWB rolled out a mobile app and added opportunities for members to engage in virtual events.

Team RWB works to operationalize its stated mission to "enrich lives." In 2013, Team RWB defined enrichment as "quality relationships and experiences that contribute to life satisfaction and overall wellbeing" (Angel et al., 2018). As such, early assessments of member "enrichment" focused on social support (Cohen, 2004), satisfaction with life (Diener et al., 1985), and sense of shared purpose (Lynn, 2014). In subsequent years, Team RWB developed the "Enrichment Equation," which describes an enriched life as an ideal combination

of health ("health"), genuine relationships ("people"), and sense of individual and shared purpose ("purpose"; Angel et al., 2020). Consistent with a trend toward asset-based approaches to promoting well-being in military-connected populations (Thomas, Plummer Taylor, et al., 2015), the Enrichment Equation conceives of and measures welfare in terms of physical and mental health, social engagement, and sense of purpose (Angel, Smith, et al., 2018; Angel, Woldetsadik, et al., 2020; Jeste et al., 2015). Growing evidence that resilience is the predominant response to military service supports this approach (Angel, 2016; Tedeschi & Calhoun, 1996; Thomas & Plummer Taylor, 2015). Viewing reintegration solely through the limited lens of adverse outcomes limits program efficacy (Angel & Armstrong, 2016; Kobau et al., 2011).

Methods
Study Purpose
Each year since Team RWB's inception, thousands of male and female veterans have signed up to join the organization. The purpose of this study is to explore differences in mental health (as measured by self-reported feelings of anxiety or depression) and levels of enrichment (as measured by social support, sense of purpose, and satisfaction with life) between veteran men and women who self-selected participation in Team RWB at initial sign-up between 2014 and 2016. This analysis of differences in baseline levels of mental health and enrichment was conducted in hopes of tailoring future programming and communication efforts.

Study Design
The present study analyzed new member sign-up survey data gathered from 2014 to 2016. Specifically, this research sought to answer two primary questions:
1. Do differences in levels of baseline mental health exist between veteran men and women who self-select participation in Team RWB at initial sign-up?
2. Do differences in levels of baseline enrichment exist between veteran women and men who self-select participation in Team RWB at initial sign-up?

The study protocol was submitted to the institutional review board of Syracuse University for review. Because the proposed analyses were secondary in nature and did not involve contact with human subjects, this study received exemption from the review process.

An interdisciplinary research team began a secondary analysis of the data in September 2017. The purposes of the present study are (a) to examine demographic differences in new members by gender and service era, (b) to examine gender differences in veterans' self-reported mental health (anxious and depressed mood) upon joining Team RWB, and (c) to examine gender differences in veterans' enrichment levels (measured by social support, purpose, and satisfaction with life) upon joining Team RWB.

Measures
In 2014, Team RWB staff began to conduct initial accession assessments for new registrants to support organizational aims. Organizational leadership and the research team designed the instrument and conducted initial reviews with subject matter experts. After finalizing the instrument, the team formatted it using SurveyMonkey software. The resulting SurveyMonkey assessment was then pilot tested to determine its completion time and overall functionality. Using information from the pilot test, a format for the instrument was finalized for use with new members.

Data for this study were originally collected beginning in December 2014. Military-connected members signing up to join the organization completed an informational survey, incentivized by the opportunity to receive a free Team RWB shirt. In addition to incentivizing survey completion, providing a T-shirt to new members immediately gave them a visual marker of team membership, regardless of whether they could participate in a local chapter on a daily basis. The purpose of the survey was to gather baseline information about new members. At the close and completion of the survey, all data were de-identified and collected in aggregate to protect respondents' privacy.

Since 2016, the organizational leadership team has revised the survey several times to collect different enrichment data. These changes reflected an organizational interest in a new core concept of enrichment as a program outcome and resulted in a very different new-member assessment survey. For the purposes of consistent reporting, the data source for the present study includes only responses from December 2014 to August 2016 (Angel & Armstrong, 2016).

Procedures

The sampling time frame for the current study was between December 14, 2014, and August 2, 2016. During this period, approximately 37,229 individuals, including active duty servicemembers, National Guard or reserve personnel, and military veterans, signed up to join Team RWB. Of these individuals, 19,443 completed the online questionnaire implemented through SurveyMonkey (a response rate of 52%). A limiting feature of the reported response rate involves a record-keeping gap in total sign-up numbers; data on the total number of new members joining was missing for the two-week period between December 14, 2014, and December 31, 2014.

For the present study, 225 respondents who self-identified as never having served in the military were dropped from the analyzed sample, yielding a resulting sample size of 19,218 new Team RWB sign-ups. Additionally, new members who were in the Guard or Reserves or still on active duty were removed to isolate veteran respondents only ($N = 10,015$). Service-connected women veterans represented 31.5% of that sample. This percentage is significantly higher than national estimates, which indicate that women comprise 10% of the American veteran population (U.S. Department of Veterans Affairs, 2017).

Study Variables

Covariates

Variables were chosen to highlight possible differences in service era, mental health, and enrichment levels of new team members (based upon the definition of "enrichment" and measurement items that existed in 2014). Researchers were specifically looking for gender-correlated differences that may predict an intention to join Team RWB in veteran men and women. Mental health indicators included questions meant to detect the presence of possible feelings of anxiety or depression. Enrichment indicators included questions meant to ascertain respondents' self-reported perceptions of social support, purpose, and life satisfaction levels.

Age

Because Department of Defense personnel numbers indicate that most servicemembers fall within a given demographic age range, veterans were grouped into service eras based on their ages. (Defense Manpower Data Center, 2012). Recoding age involved taking the survey's continuous age variable and categorizing it. Veterans who

served in the most recent conflicts in Iraq and Afghanistan are those between the ages of 18–34 and were coded Operations Enduring Freedom and Iraqi Freedom (OEF/OIF). This age range also includes veterans who served during Operation New Dawn, the American operations in Iraq after 2010. Respondents between the ages of 35–55 were coded to the Gulf War category, while veterans age 55 and older were assigned to the Vietnam and Korean War era (Thomas, Turner, et al., 2015). Veterans of a given era often report having similar experiences that are affected heavily by the conflict that dominated their time in service and the government resources and policies prevalent during their service and reintegration period (U.S. Bureau of Labor Statistics, 2017).

Mental Health: Anxiety

Symptom overlap between depressive conditions and anxiety, including stress injuries, often leads to misdiagnosis or confusion about co-occurring conditions (Hoge & Castro, 2012; U.S. Department of Veterans Affairs, 2017). Self-reporting is useful for indicating the presence of a possible anxiety condition, the symptoms of which include anxious mood, nervousness, or being "on edge" (Hoge, 2010). A survey item derived from the Patient Health Questionnaire–4 (PHQ-4), a four-item measure of anxiety and depression (Kroenke et al., 2009), asked for a Likert scale response on a 5-point scale ranging from *strongly disagree* to *strongly agree* to the following question: "In the past month, I have felt nervous, anxious, or on edge." To code the variable for analysis, respondents who answered *agree* or *strongly agree* were characterized as self-reporting noticeable feelings of potential anxiety. Respondents who answered *disagree* or *strongly disagree* were coded as reporting a low level of anxiety. For descriptive analyses, neutral responses were coded as neutral.

Mental Health: Depression

Self-reported symptoms are commonly used to diagnose depression in clinical settings (Martin et al., 2006). A survey question specifically asking respondents whether they had felt down or depressed in the last month, also from the PHQ-4 (Kroenke et al., 2009), was coded to indicate that respondents who chose *agree* or *strongly agree* were displaying a possible depressed mood, and those who chose *disagree* or *strongly disagree* were not exhibiting symptoms of depressed mood/feelings. For descriptive analyses, neutral responses were coded as neutral. Although depression symptoms

are varied and present differently in each individual, perception of overall poor mental health is a useful indication of the condition (Mayo Clinic, 2018).

Enrichment: Social Support

Several survey questions asked about people and resources that contribute to veterans' perceived social support levels. Social relationships play an important role in promoting better health and alleviating symptoms of diseases (Rankin, 2013). While not all kinds of social interactions produce such health benefits, close friendships and partnerships are considered reliable indicators of social support (Cohen et al., 2000). Survey questions asked for Likert scale responses to the following items on a 5-point scale from *strongly disagree* to *strongly agree*: "I feel a sense of brotherhood/sisterhood in my life," "I have people I can turn to for information," and "I have people I can turn to for resources." To code the variables for analysis, respondents who answered *agree* or *strongly agree* were characterized as self-reporting high levels of belonging, social support, or resources. Respondents who answered *disagree* or *strongly disagree* were coded as reporting low levels of the same. For descriptive analyses, neutral responses were coded as neutral.

Enrichment: Purpose

Self-reporting high levels of purpose has been shown to be a protective factor against mental illness in military populations (Malmin, 2013; Thomas, Turner et al., 2015). Survey questions asked for Likert scale responses to the following items on a 5-point scale ranging from *strongly disagree* to *strongly agree*: "I feel a part of something bigger than myself" and "I have opportunities to inspire." To code the variables for analysis, respondents who answered *agree* or *strongly agree* were characterized as self-reporting a high level of purpose. Respondents who answered *disagree* or *strongly disagree* were coded as reporting a low level of purpose. For descriptive analyses, neutral responses were coded as neutral.

Enrichment: Satisfaction with Life

Satisfaction with life is important to well-being and has been well studied as it relates to optimized mental health (Hoge, 2010; Rankin, 2013). Survey questions asked for a Likert scale response to the statement "I am satisfied with my life" (quality of life) on a on a 5-point scale ranging from *strongly disagree* to *strongly agree*. To code the variable

for analysis, respondents who answered *agree* or *strongly agree* were characterized as self-reporting a high level of satisfaction with life. Respondents who answered *disagree* or *strongly disagree* were coded as reporting a low level of satisfaction with life. Neutral responses were coded as neutral.

Data Analysis

All data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 23 for Windows. Descriptive statistics—that is, percentages—were generated in SPSS for the demographic variables of gender and service era and for the dependent variables measuring mental health and enrichment. After dropping neutral responses to create dichotomous variables, crosstab analyses checked for the practical significance of the independent variable (gender) on dependent variables in order to provide macro-level practical significance information (Hosmer & Lemeshow, 2000). The dependent variables used to indicate baseline mental health included measures of feelings of anxiety and depression, and the variables used to indicate baseline enrichment levels included measures of social support, purpose, and satisfaction with life. Odds ratios, which provide an estimate of the association between categorical/binary variables in logistic regression analysis, were assessed for statistical significance with 95% confidence intervals (Szumilas, 2010), with significance levels set a priori at $p < .05$ (Chatterjee & Siminoff, 2012). The chi-square test, χ^2, was used to assess model significance (Hosmer et al., 1991).

Results

Descriptive statistics were calculated for veteran service era, mediated by gender (see Table 1).

Of Team RWB's 10,015 veteran respondents, 31.5% were women ($n = 3,152$). Of the survey participants who answered the age question (male $n = 6,783$, female $n = 3,137$), 28.0% of responding women served or were serving during the OEF/OIF era, 63.4% served during the Gulf War era, and 8.5% served during the Vietnam and Korean War era. Of responding men, 24.5% served or were serving during the OEF/OIF era, 61.1% served during the Gulf War era, and 14.4% served during the Vietnam and Korean War era.

A higher percentage of women than of men signing up for Team RWB reported poor mental health and low levels of the three examined enrichment variables (by subcategory) at baseline (see Table 3).

Crosstabs with chi-square tests of independence then further explored gender-correlated linkages between these two mental health and three enrichment variables in respondents. Specifically, univariate logistic regression analysis explored effect size linkages between the two mental health and three enrichment variables in male and female veteran respondents to see if baseline levels upon joining differ by gender.

Differences in male and female veterans' responses to the mental health outcome measures (anxious mood/depression symptoms) were not statistically significant. Both male and female respondents self-reported symptoms of anxiety and depression, however. Of new members, 47.1% of men and 45.4% of women joined the organization with generalized symptoms of anxiety, and 32.1% of men and 31.4% of women joined with symptoms indicating possible depression. These prevalence data are interesting when considering the work of researchers who think that indicators of depression (such as black-and-white thinking, perfectionist standards and mental rigidity,

Table 1. Summary of Frequency Statistics for Sample of New Veteran

Variable	Male *n*	Male %	Female *n*	Female %	Total
Total sample of veteran members	**6,863**	**68.5**	**3,152**	**31.5**	**10,015**
Service era	**9,920**		**5,781**		
OIF/OEF	1,662	24.5	879	28.0	3,137
Gulf	4,147	61.1	1,990	63.4	6,137
Vietnam/Korea	974	14.4	268	8.5	1,242

Table 2. Summary of Mental Health and Enrichment Levels by Variable for All Veterans (N = 10,015)

Variable	*n*	Low %	Neutral %	High %
Mental health				
Anxiety	9,973	35.7	17.7	46.6
Depression	9,973	31.8	19.2	49.0
Social support				
I feel a sense of brotherhood/ sisterhood in my life.	9,979	63.9	19.9	16.2
I have people I can turn to for information.	9,982	81.3	11.3	7.4
I have people I can turn to for resources.	9,967	72.5	17.8	9.7
Purpose				
I feel part of something bigger than myself.	9,977	63.2	20.8	16.0
I have opportunities to inspire.	9,980	72.5	17.2	10.2
Satisfaction				
I am satisfied with my life.	9,981	63.7	21.4	15.0

Table 3. Summary of Veterans' Mental Health and Enrichment Levels Upon Joining: Gender Differences

Variable	Male *n*	Low %	Neutral %	High %	Female *n*	Low %	Neutral %	High %
Mental health								
Anxiety	6,834	35.1	17.7	47.1	3,139	37.1	17.6	45.4
Depression	6,833	48.5	19.5	32.1	3,140	50.2	18.5	31.4
Social support								
I feel a sense of brotherhood/ sisterhood in my life.	6,837	15.4	18.9	65.8	3,142	18.0	22.1	68.5
I have people I can turn to for information.	6,840	7.1	11.2	81.7	3,142	8.1	11.4	80.5
I have people I can turn to for resources.	6,828	9.4	18.0	72.7	3,139	10.3	17.6	72.1
Purpose								
I feel part of something bigger than myself.	6,835	15.3	20.5	64.2	3,142	17.4	21.6	61
I have opportunities to inspire.	6,832	9.8	17.0	73.1	3,148	11.1	17.7	71.3
Satisfaction								
I am satisfied with my life.	6,843	15.5	21.0	63.5	3,138	13.9	22.1	64.0

emotional suppression, and an overdeveloped sense of responsibility) are actually inculcated during military service and may contribute to postservice mental health issues (Whelan, 2016).

For the outcome variable of social support, with a *p* value equal to or greater than .05, gender was not statistically significant in the subcategories indicating that respondents have access to people who provide information ($p = .05$) or who provide resources ($p = .166$). The relationship between gender and social support as indicated by feelings of brotherhood or sisterhood was statistically significant ($p < .001$), however, as was gender's relationship with each purpose subcategory. The correlation of gender with variable subcategories indicating purpose through connection to something greater than self ($p < .002$) and through the existence of opportunities to inspire others ($p = .03$) were statistically significant ($p < .05$). With an alpha level greater than .05, the variable of satisfaction with life lacked significance.

Though gender was statistically significant in social support's brotherhood/sisterhood subcategory and in purpose models, it was not a predictor at practically significant levels, meaning important to the individual in terms of effect (odds ratios of 1.5 or higher). However, belonging was likely to be lower for new female members, with odds ratios of 1.2 for the brotherhood/sisterhood category (see Table 4).

Discussion

Across male and female veterans, men represented a majority of sign-ups. However, women signed up at a higher rate than they are represented in the military, a finding consistent with current Team RWB new-member data. The veteran women who joined Team RWB between 2014 and 2016 were more likely to be younger members of the Gulf War and OIF/OEF/Operation New Dawn service eras. Many veterans who joined Team RWB during these years self-reported the presence of mental health symptoms. Though not all gender differences were significant in the present study, overall percentages of new members with possible depressed mood (49.0% of new veteran members) and anxious mood (46.6% of new veteran members) were noteworthy (Whelan, 2016). This finding does not represent a clinical diagnosis of depression or anxiety, as the nonprofit-created, PHQ-4-inspired assessment items are limited without substantial psychometric validation. However, such high reports of feelings of depression and anxiety warrant further organizational attention and research. These results are not surprising. Rates of poor mental health outcomes vary wildly, but they are known to be an issue among the veteran population; many of the behaviors and mindsets that are adaptive in the service environment are less functional in the civilian sector (Hoge, 2010; Whelan, 2016).

Results of the present study indicate that while veteran women self-selected joining Team RWB at rates higher than their overall proportion of the veteran population, they were also more likely to have slightly lower levels of enrichment at the time they entered the program. Veteran women exhibited lower levels of social support and a lower sense of purpose—both of which contribute to enrichment—than veteran men. The brotherhood/sisterhood subcategory of social support indicates respondents' sense of belonging. The purpose variables indicate respondents' sense of connectedness and the self-reported existence of opportunities to make a difference to other people. Both of these are important indicators of social cohesion, an important contributor to mental and physical health (Thomas & Albright, 2018). Collectively, the challenges women veterans face with financial stability, family caregiving responsibilities, and social support upon reintegration contribute to stress injury and depression rates that are over 2.3 times higher than rates of incidence among male veterans (Thomas et al., 2016; Thomas, Turner, et al., 2015; Washington & Yano, 2013).

When considering ways to enable successful reintegration for veterans in general and for female veterans in particular, a high level of social support inevitably emerges as a predictor of successful transition and self-reported well-being (Egolf et al., 1992; Friedman, 2015). Studies have shown that there is an inverse correlation between social support and depression symptoms, comorbid depression and anxiety, decreased scores for health measures, and suicide attempts, specifically for female veterans (Lehavot & Simpson, 2013; Thomas et al., 2016). That is, as social support decreases, the latter outcomes all increase.

The service experiences of veteran women differ from those of their male peers (Cox & Albright, 2014; Thomas, 2016). Team RWB and other VSOs can play an important role in rebuilding eroded social support levels and creating a social bridge for transitioning veterans (Hoge & Castro, 2012). In this way, an

Table 4. Risk Estimate: Relationship of Gender to Likelihood of Veteran's
Low Mental Health or Enrichment Upon Joining

Enrichment Variable	p	CI 95%	Odds Ratio
Mental health: Anxiety	**.052**	**.830, 1.001**	**.911**
Male		.971, .943	1.0
Female		1.00, 1.136	1.136
Mental health: Depression	**.254**	**.859, 1.041**	**.946**
Male		.953, 1.013	.982
Female		.973, 1.11	1.039
Social support: Brotherhood/sisterhood	**< .001**	**.693, .873**	
Male		.887, .958	.922
Female		1.098, 1.280	1.2
Social support: People to turn to for information	**0.05**	**.728, 1.0**	
Male		.899, 1.0	.968
Female		1.002, 1.234	1.112
Social support: People to turn to for resources	**0.166**	**.784, 1.03**	
Male		.923, 1.01	.969
Female		.973, 1.17	1.07
Purpose: Part of something larger than self	**.002**	**.742, .936**	
Male		.907, .98	.943
Female		1.047, 1.22	1.131
Purpose: Opportunities to inspire others	**.03**	**.753, .993**	
Male		.910, .999	.954
Female		1.006, 1.21	1.103
Satisfaction with life	**.072**	**.990, 1.267**	
Male		.998, 1.07	1.035
Female		.897, 1.008	.924

organization like Team RWB that is attracting a large number of women veterans is uniquely poised to create higher levels of social support for this group of members. To retain and engage the large numbers of veteran women joining Team RWB, understanding the characteristics of this subpopulation and targeting outreach to them should be considered an important organizational aim.

Limitations

When considering the findings of this exploratory report, a number of limitations must be acknowledged. Secondary analysis of new-member survey data, while providing a large sample, limited the scope of questions that could be asked to only those included in the 2014 instrument. Subsequently, Team RWB has built upon its original data collection instrument, resulting in a psychometric instrument, the Enriched Life Scale (Angel et al., 2020), that clarifies and extends these early concepts. Additionally, the sample was delimited to respondents not in medical institutions, which may have had the effect of excluding or underrepresenting enrichment issues among veterans. Hospitalized veterans, particularly those hospitalized for mental health treatment, would likely have lower levels of enrichment than the respondents considered in the present study. Data were self-reported, which could be problematic due to respondent recall or reluctance to truthfully answer sensitive, personal questions. However, the use of self-reporting in survey-based research in the field is both accepted and common (Alvarez et al., 2012).

The variables of anxiety and depression considered in this study are broad, as questions asked in the survey capture self-reported information that indicates the likelihood of mild, moderate, and major levels of each condition (Crum-Cianflone et al., 2016; Thomas, Turner, et al., 2015). As a result, the present study's prevalence rates indicate symptom self-report at a broad range of severity levels. The variable of veteran service era is also limited. Some respondents may fall into more than one service era, and all active duty respondents are automatically categorized as post-9/11 based on ongoing service, regardless of age. There is precedent for grouping age variables into service era in the literature (Thomas, Turner, et al., 2015; Thomas et al., 2016).

Conclusion

The findings of our study support the broader research literature that the prevalence of mild, moderate, and major depressed and anxious moods are significant problems for both male and female military veterans (Miller & Cano, 2009; Thomas et al., 2016). The present data differ slightly from the literature in that, based on the odds ratios in this study, depression and anxiety did not appear to be practically significant risk factors among women veterans who self-selected membership in Team RWB. Though some statistical significance indicates that women enter the organization with lower enrichment rates, odds ratios did not exceed 1.2. Previous research has indicated that women veterans are much more likely (1.5 times more likely than their male peers) to exhibit poor mental health outcomes or risks (Duhart, 2012; Haskell et al., 2011; Thomas et al., 2018; Thomas et al., 2016). The sample may indicate that male veterans joining Team RWB have higher than average risks for depressed and anxious mood states, though understanding prevalence rates for all levels of these conditions is a challenge; conditions are often co-occurring and undiagnosed (Hoge, 2010; Paykel & Priest, 1992). In total, 46.6% of all respondents indicated high levels of potentially mild, moderate, or major anxiety, and 49% indicated high levels of potentially mild, moderate, or major depression. This may indicate risk in the population generally and suggests a need for models that focus on assets and enrichment in the member base. The Department of Defense and Department of Veterans Affairs have prioritized combating both anxiety (including possible stress injury) and depression specifically because they are known predictors of suicide (Bossarte, 2013).

The findings of the present study conclude what the literature also does – namely that social support and feelings of purpose are known contributors to health and longevity, with recent studies indicating that high levels of both add 7.5 years to the average American's life expectancy (Egolf et al., 1992; Rankin, 2013). Perhaps because the service experiences of women differ from those of their male peers in key ways, levels of social support and feelings of purpose are lower in military women (Thomas et al., 2016). Though the results of the present study indicate that women veterans who joined Team RWB between 2014 and 2016 came in at a higher risk for low social support and purpose levels, the fact that they are overrepresented in the community

of military-connected personnel who self-select participation in a VSO like Team RWB indicates an interesting opportunity for engagement.

The current study's finding is important because it suggests value in potentially expanding the scope of programming to serve Team RWB members beyond gender-neutral social support at the community/chapter level. It proposes new avenues to explore targeted, culturally informed programming that is organizationally-prioritized. Gender norms and differences in gendered experiences are incredibly valuable for contemporary military service organizations (MSOs) and VSOs to understand. Within this subpopulation of veterans, women-only programming has been demonstrated to be an appealing and effective outreach technique that creates feelings of belonging and may serve as a bridge to larger organizational participation (Godfrey et al., 2018). The findings of the present study present important feedback for Team RWB, an organization committed to reaching, engaging, and retaining women members.

Understanding the service challenges that many of these women are more likely to have or face can inform programming. Culturally competent programming could include enrichment-informed offerings in a single-gender environment that introduce members to the organization and encourage them to participate further in large-group settings. Gender norms in military family life could also be considered in VSO programming. Women are more likely to be the primary caregivers to dependent children (Mankowski & Everett, 2016), and not offering childcare at events could create a barrier to participation (Thomas et al., 2017).

The broad literature on VSOs indicates that programming should consider gender-based norms and recognize that barriers exist to women veterans' participation in VSOs (Held & Owens, 2013; Rogers & Kelly, 2011; Thomas, 2016). Team RWB is already positioned through its successful recruitment of military-connected women to consider investing more proactively in this membership segment. Comparable initiatives, such as Veteran Women Igniting the Spirit of Entrepreneurship (V-WISE) at the Institute for Veterans and Military Families at Syracuse University, which offers training in small business ownership to active duty women, women veterans, and military spouses, have experienced rising demand for such tailored programming across the United States. Outreach must be thoughtful, peer-led, mindful of baseline enrichment differences, and considerate of the culture of women warriors (Richardson, 2002; Thomas, Plummer Taylor, et al., 2015).

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