

Queen's University/Royal Military College
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Veterans' Health Research in Canada

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Military and Veteran Health Research Forum 2010

- VAC is pleased to join DND/CF, the RCMP and our other partners in supporting Queen's University and the Royal Military College as they plan to host the first national conference on military and Veterans' health research.
- *This presentation:* Develop capacity in Canadian Veterans' Health Research.



Canadian Veteran Populations Today

155,700 WW II and Korean War Veterans

68,800 (44%) are VAC clients

593,700 Former Canadian Forces personnel since Korean War

~62,900 (11%) are VAC clients

Also: RCMP members and former members, family members, survivors of Veterans, and other groups

March 2010, VAC Statistics Directorate



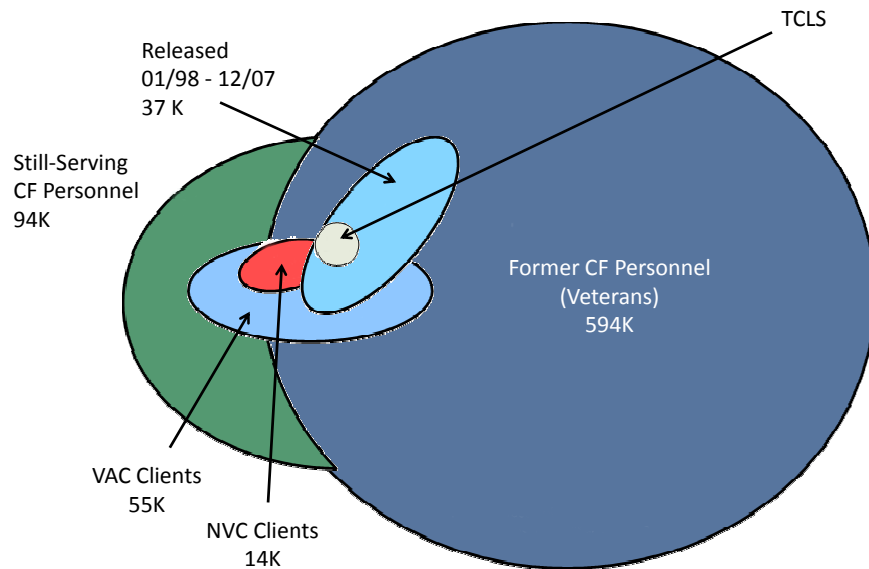
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Great Unknown

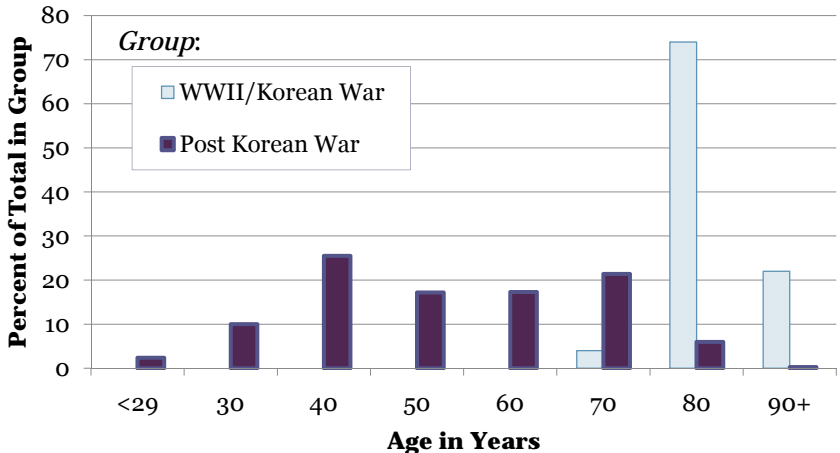
Post WW II and Korean War



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Age of VAC Clients

Still-serving and Released

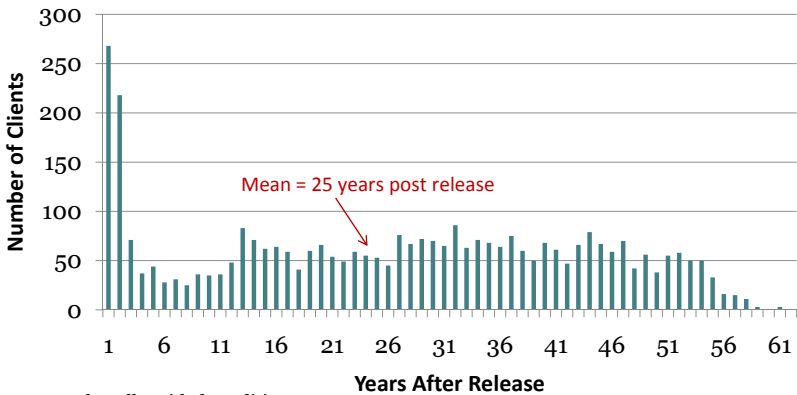


VAC Statistics Directorate March 2010

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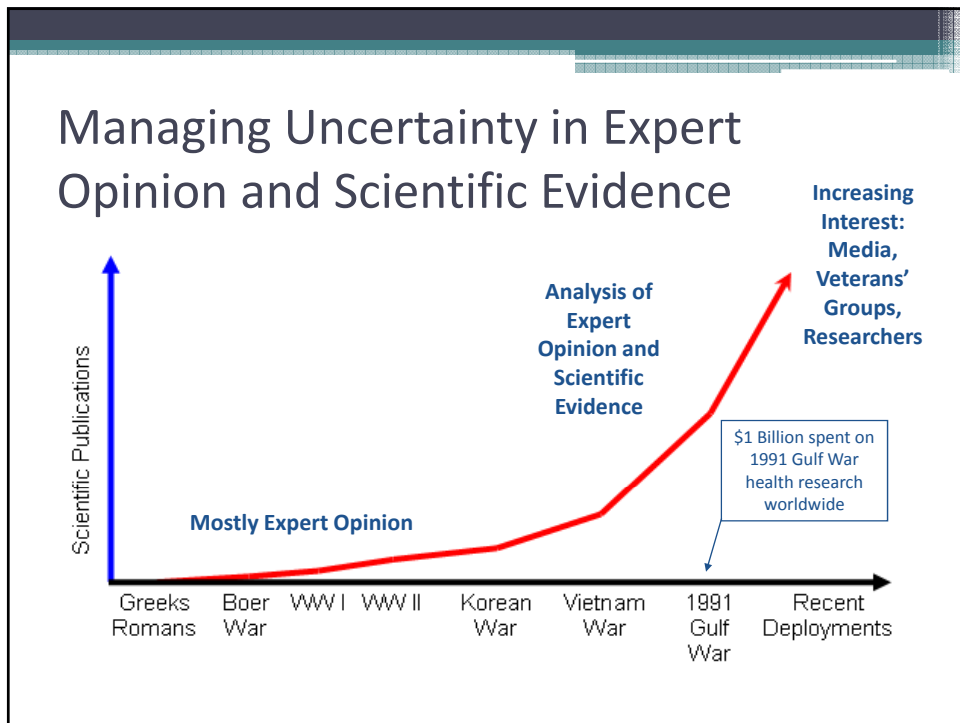
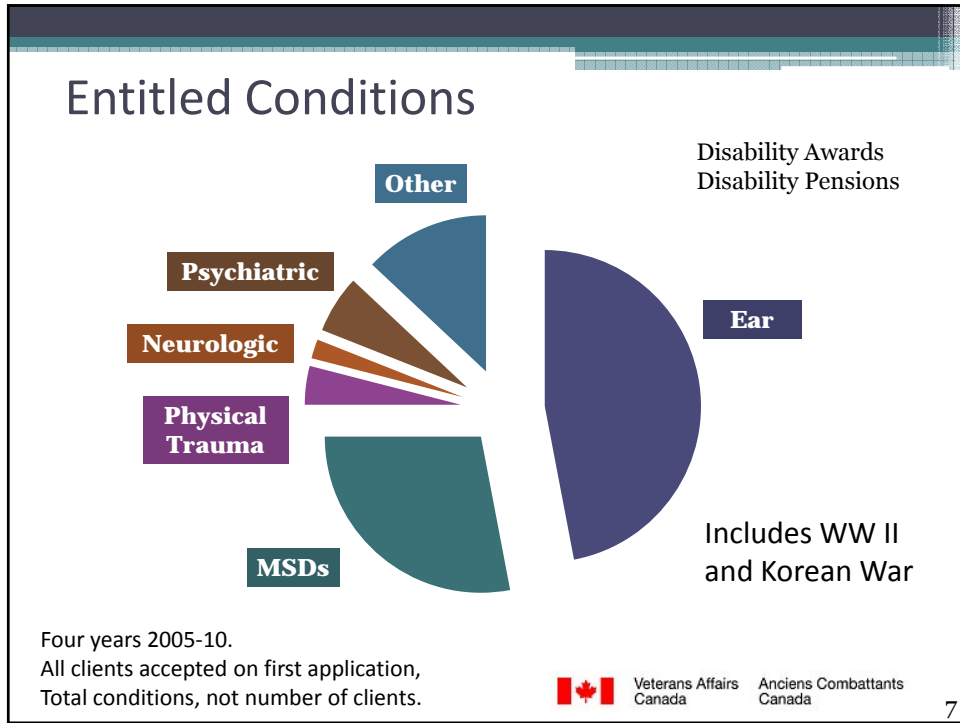
First Disability Benefit Entitlements

New post-release Canadian Forces VAC Clients fiscal 2008-9. Excludes WW II and Korean War Veterans.



Does not mean that all entitled conditions are caused by military service

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Relevance of Veterans' Health Research

To Veterans:

Meets their needs

To system managers:

Applicable to their work

To clinicians:

Realistic clinically

To scientists:

Good science



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Veterans Affairs Canada Research Organization

- Support VAC in meeting its mandate to serve Veterans and their families.
- Three research areas:
 - **Research Directorate**
 - **OSI Clinic Research Network**
 - **Ste. Anne's Hospital**
- VAC Research Directorate is the functional head



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Veterans Affairs Canada Current Research

- **LASS – *Life After Service* Program of Research:**
 - Partnering with VAC and DND/CF better understand Veterans' needs after transition to civilian life.
 1. Income Study (VAC lead)
 2. Transition to Civilian Life Survey (VAC lead)
 3. CF-CAMS: Mortality and cancer incidence (CF lead)
- **Operational Research & Hot issues:**
 - Examples: Mild traumatic brain injury attribution and treatment, Suicide prevention, Gulf War symptom burden, new diagnostics and therapies.
 - Weighing of health-related expert opinion and scientific evidence (HRESE).



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Veterans Affairs Canada Current Research

- **CIHR Catalyst Grant:**
 - Framework for studying workplace reintegration for Veterans with mental health disorders.
- **Development of Operational Stress Injury Clinics Research Network.**
- **Renaissance of Canadian Veterans' health research:**
 - 89 research studies in DVA hospitals in the 1963.
 - Ground-breaking research in chronic obstructive pulmonary disease.
 - Veterans' health research diminished when DVA hospitals transferred to the Provinces, as the World War II Veterans aged.



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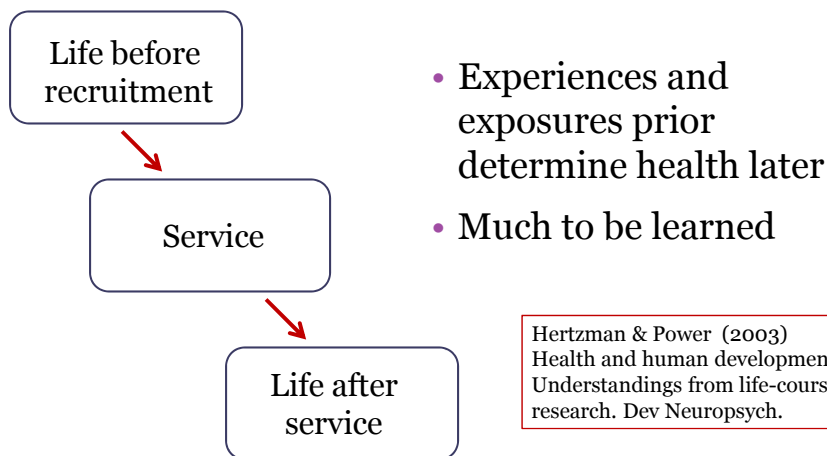
Inclusive Framework for Veterans' Health Research

1. **Health**
Physical, mental and social wellbeing and disorders
2. **Disability**
When health impairments encounter barriers, within and without
3. **Determinants of Health**
Biological, social, economic, health services, culture, environmental, etc
4. **Life Course**
Health changes over time, meeting needs over lifetime

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Life Course Trajectories are Unique

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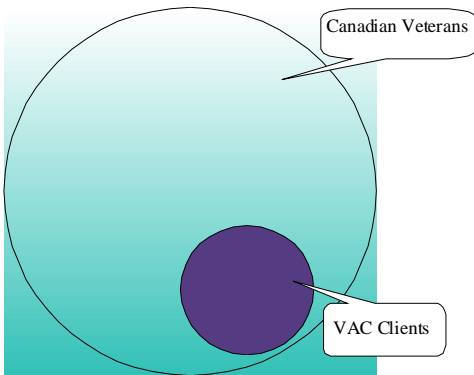
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Population Health Study


Proposed: follow 6,000 Veterans over 20 years at five-year intervals:

- How healthy are Veterans?
- How does their health status change over time?
- How do deployments and other military and life events affect health?

Canadian Veteran Population, 2003



Source: †CCHS 2.1, ‡RDB excluding survivors, institutionalized, still serving, RCMP


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Encouraging Canadian Veterans Health Research - General Opportunities

- Quantitative or Qualitative.
- Cross-sectional vs Longitudinal.
- Self-report *and* objective.
- Literature reviews vs primary research.
- Narrative reviews vs critical reviews.
- Treatments: controlled trials.
- Causation: epidemiology, genetics.
- Population vs individual health.
- Health care vs socioeconomic themes.


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General Opportunities

- Attribution to service
 - Service-related, or simply aging?
- Transition to civilian life
 - Reestablishment needs, supports, outcomes.
- Siloing of mental health research
 - Few Veteran mental health studies consider physical health.
- Emerging terminology
 - Operational Stress Injury.
 - Compassion Fatigue.



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General Opportunities

- Family health.
 - Worldwide interest, Very limited evidence base.
- Women's health
 - Veterans no longer just men.
- Health systems
 - Collaborative primary care.
 - Access to expanded health services.
 - Care mapping: Where do Veterans receive care?
 - Development of collaborative teams.
 - Supporting frailty at home.

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General Opportunities

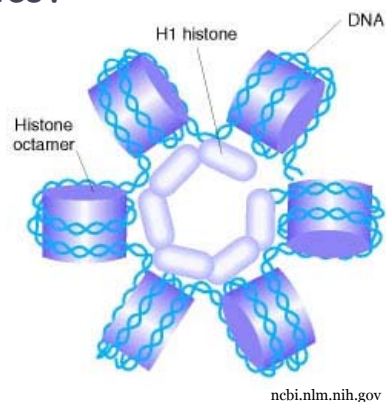
- **Treatments and Programs**
 - Outcomes: efficacy, safety, cost effectiveness.
- **Service-related exposures and effects later in life course**
 - Prevention in service.
 - Meet needs after service.
- **Health Economics**
- **Management of Disabilities**
 - “Disability” is not “impairment”.
 - Recognition and reduction of barriers.
 - Broaden evidence base: more than low back pain.
 - Those with mental health challenges.

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Future Horizons: Genomics and Epigenetics?


- **Diagnosis/Treatment**
- **Causation/Life course**
 - DNA winds around histone spools.
 - Those spools contain information about the person’s lifestyle and exposures.




http://www.research.va.gov/news/research_highlights/genomics-042008.cfm

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Thank you

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