Survey on Transition to Civilian Life: Report on Regular Force Veterans

Executive Summary

Background

Military to civilian transition is an important but poorly researched event in the life course of military Veterans. In this report, Veterans are former Canadian Forces personnel who have released from the military, regardless of length of service. Veterans experiencing difficulties with re-establishment can be provided assistance through Veterans Affairs Canada (VAC) programs. Previous population health data for CF Veterans receiving benefits from VAC was becoming dated, and Veterans not receiving benefits from VAC had never been surveyed comprehensively. A more complete evidence base is needed to meet modern re-establishment needs of Veterans, including evaluation of the New Veterans Charter (NVC) programs initiated in 2006, and other programs established by VAC and the Department of National Defence/Canadian Force (DND/CF).

Objective

The objective of the Survey on Transition to Civilian Life (STCL) was to measure the health, disability and determinants of health of former Regular Force personnel after release from service.

Design

A cross-sectional survey was conducted by Statistics Canada using computer-assisted telephone survey interviews during February and March 2010. The sample was stratified into three groups: VAC clients receiving benefits from VAC’s NVC programs (NVC clients), VAC clients receiving disability pensions but not receiving NVC benefits from VAC (DP clients), and Veterans not receiving benefits from VAC (non-clients).

Participants

Respondents were Canadian Forces (CF) Regular Force Veterans who released from service between January 1, 1998 and December 31, 2007. Sampling excluded those who had re-entered the CF and were serving at the time of the survey, were living in the Territories or outside Canada, were residing in long-term care facilities, or were deceased. Of the Veterans sampled, the response rate was 71%, and 94% agreed to share responses with VAC and DND, providing a nationally representative sample of 3,154. The STCL population was very heterogeneous, with a broad mix of service and sociodemographic characteristics:
- 8% were NVC clients, 26% DP clients, and 66% non-clients.
- Enrolled in the CF from the 1960s onward.
- Average age 46 years (range 20-67).
- 12% female.
- 76% married or common-law.
- 53% served 20 years or more.
- 65% had deployed.
- 65% were non-commissioned members at release, and 19% were recruits or cadets.
- 53% had greater than high school education at the time of the survey and 7% reported less than high school graduation.
- 57% released voluntarily and 24% were released for medical reasons.

**Findings**

This report is a descriptive overview of more than 40 indicators of health, disability and determinants of health collected in the survey. Highlights include:

1. Two-thirds (62%) of CF Regular Force Veterans who released from service during 1998-2007 reported an easy adjustment to civilian life, and a quarter (25%) of the STCL population reported a difficult adjustment to civilian life. Non-clients had a difficult adjustment less often (17%), while more VAC clients had difficult adjustment (DP clients 37%, NVC clients 57%), indicating that many who experienced re-establishment difficulties had already sought assistance from VAC.

2. CF Regular Force Veterans who released from service during 1998-2007 had worse health, disability and determinants of health status than the general Canadian population.

3. Many who had problems with health, disability, and determinants of health were already receiving benefits from VAC.

4. The majority who reported chronic health conditions diagnosed by a health professional attributed their conditions to military service, as did many with disability.

5. Those not receiving benefits from VAC were similar to Canadians in the general population in many respects, but on average had higher rates of some chronic health conditions and disability, and significant rates of attributing both to military service, suggesting VAC program reach issues and/or unmet needs.

6. Since persons seek assistance from VAC with health problems, then as would be expected VAC clients had worse health, disability and determinants of health status than the general population. NVC clients had the worst status.

7. VAC clients reported complex states of health. Among Veterans in VAC programs, the great majority (91-92%) had at least one physical health condition diagnosed by a health professional, and about half (40-60%) had at least one mental health condition. Two-thirds had 4-6 physical and mental health
conditions, and a fifth had even larger numbers of comorbid conditions. VAC clients had low levels of health-related quality of life, particularly for physical health.

8. The majority (89%) worked after release. The unemployment rate for Veterans (8%) was the same as that of the general population. NVC clients had a lower rate of working post-release and higher rates of unemployment than DP clients and non-clients. Rates of work satisfaction for all groups improved between the year after release and the year prior to the survey.

9. While most agreed that military experience, education and training helped in re-establishment, less than half reported that their prestige, skills and knowledge, authority, income, and importance was higher than that in their military service. Fewer NVC clients reported that their military knowledge, skills and abilities were transferable to their civilian work than DP clients and non-clients.

10. Rates of low income among Veterans were half that of the Canadian general population. Low income rates were similar for non-clients and VAC clients. Most (73%) were very satisfied or satisfied with their current financial situation. NVC clients were least satisfied (57%).

11. NVC and DP clients had higher rates of perceived stress compared to non-clients. NVC clients were least satisfied with their current job or main activity, and had the lowest rates of perceived community belonging and mastery.

12. A quarter (27%) of non-clients had low social support, and rates for VAC clients were much higher (DP clients 43%, NVC clients 52%).

13. The great majority of Veterans had health insurance for medications, dental care and eye glasses, and had a regular medical doctor at rates higher than the general Canadian population: 82% of the STCL population, and 89% of those who were VAC clients.

Summary

This report describes the health, disability and determinants of health of CF Regular Force Veterans after transition when they released from service in 1998-2007. The Survey on Transition to Civilian Life was the first comprehensive health survey of both those receiving benefits from VAC and those who were not.

Two-thirds (62%) of all CF Regular Force Veterans who released from service in 1998-2007 and 71% of those who were not receiving benefits from VAC had an easy adjustment to civilian life. As would be expected, significantly fewer VAC clients (DP clients 50% and NVC clients 28%) had easy adjustment, indicating that many who experienced re-establishment difficulties were already receiving benefits from VAC.

The findings suggest unmet needs and program reach issues. Non-clients were a very heterogeneous group that included 17% with a difficult adjustment to civilian life, and some with chronic physical and mental health conditions they attributed to military service. This suggests that some non-clients have unmet needs.
The findings suggest that VAC programs and services should be capable of assisting those with complex states of health. This complexity is demonstrated by the number, variety and comorbidity of physical, mental and social conditions reported by those receiving benefits from VAC.

STCL was a cross-sectional survey, so the findings provide a point-in-time snapshot of post-release health status of CF Regular Force personnel who released in 1998-2007. The survey yields little information about Veterans’ life courses, and the findings cannot be used to prove a cause-and-effect relationship between military service and health after release from service, or outcomes of VAC programs.

Future LASS studies need to consider a longitudinal design to overcome the limitations of cross-sectional studies like STCL. VAC and DND/CF need ongoing information to support evidence-informed programs and policy that account for the life course dynamics of Veterans. STCL will inform future LASS studies by defining topics of further study, and identifying sub-populations of interest such as women in service and vulnerable groups who are not receiving benefits from VAC.

STCL findings provide a basis for informing VAC and DND/CF programs and services. Additional analyses will inform DND/CF health protection initiatives that mitigate health and disability problems among serving personnel after they leave service. Both departments will evaluate the results of the survey to meet the needs of Veterans throughout their life courses.