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Monitoring the Well-being of Veterans: A Veteran Well-being Surveillance Framework

Strategic Policy Unit

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Executive Summary

This paper documents the development of the first iteration of the Veterans’ Well-being Surveillance Framework, which is a joint initiative of the Strategic Policy and Research Directorates. A conceptual framework of well-being for families, which would recognize the family as a unit as well as the individuals comprising the family unit, has been considered but not yet explored as further research is required for its development.

This framework provides ongoing, systematic assessment and surveillance to monitor and measure Veteran well-being. An accepted set of high-level indicators has been identified and will be used to paint a picture of how the Veteran population is doing across multiple facets of life, or domains of well-being. Over time, analysis of the indicators will allow Veterans Affairs Canada to understand trends, areas where Veterans are facing challenges, and where gaps exist. This evidence-informed surveillance will then inform the Department’s policy priorities. The domains of well-being and their indicators are described in the following graphic (see Figure 1).

Figure 1: Well-being domains and indicators.



1. Background

Veterans Affairs Canada exists to repay Canada's debt of gratitude to almost 700,000 Veterans who have served in times of war and peace. The *Department of Veterans Affairs Act* charges the Minister of Veterans Affairs with "...the care, treatment, or re-establishment in civil life of any person who served in the Canadian Forces or merchant navy or in the naval, army or air forces or merchant navies... and the care of the dependents or survivors."

The Department's newly developed Departmental Results Framework establishes the three Core Responsibilities of Veterans Affairs Canada as:

1. **Benefits, Services and Support:** supporting the care and well-being of Veterans and their dependents or survivors through a range of benefits, services, research, partnerships and advocacy.
2. **Commemoration:** paying tribute to the sacrifices and achievements of those who served in Canada's military efforts.
3. **Veterans Ombudsman:** providing an independent and impartial review of complaints and issues related to programs and services delivered by the Veterans Affairs Portfolio and uphold the *Veterans Bill of Rights*.

This Surveillance Framework speaks to the Benefits, Services and Support Core Responsibility, which focuses on care and well-being. Well-being has been established as the ultimate desired outcome for Veterans. But how is well-being defined or measured? While most agree it is about living well, until recently there was no accepted departmental definition for well-being.

To support the Department's understanding of well-being, the Research Directorate developed a conceptual framework of Veteran well-being in 2016. This conceptual framework indicated that enabling the well-being of Veterans involves examining and taking action in seven domains: health, purpose, finances, housing and physical environment, social integration, life skills, and culture and social environment. The domains are deeply inter-connected, and are both determinants of well-being and areas in which to measure well-being. To support the well-being of Veterans, strategies are required across all domains and involve multiple players.

It has become evident that ongoing, systematic assessment and surveillance is necessary to monitor Veteran well-being. As such, Veterans Affairs Canada developed a Well-being Surveillance Framework. An accepted set of high-level indicators will be used to monitor the well-being of the Veteran population in each domain. Over time, analysis of the surveillance data will allow the Department to understand trends, areas where Veterans are facing challenges and where gaps exist. Evidence-informed decision making will allow priorities to be established in research and policy based on gap areas.

Several drivers in the current context have intensified the need for rigorous monitoring and measuring of well-being at this time:

A. Population health approach –

In the past decade, the broader public policy community, both nationally and internationally, has recognized that the well-being of a given population involves multiple factors that go well beyond the scope of traditional health services. Monitoring the well-being of the population is fundamental to this approach to understand and improve the health of a population.

As well as informing the Department's own policy direction and resource allocation, this framework will also be useful for other stakeholders working on improving the well-being of Veterans. The Surveillance Framework will illuminate the areas Veterans Affairs Canada is monitoring and provide evidence in which to ground their work or link their research and policy.

B. Departmental focus on well-being as an outcome –

In the spring of 2016, Departmental senior management began renewed discussions around the well-being of Veterans as the ultimate outcome Veterans Affairs Canada is striving for, and what that means. An initial collaborative working group was pulled together from across the department to further the understanding of well-being in the Veteran context and to develop ultimate outcome statements for each domain. (These have since been adopted as the "Results" in the Departmental Results Framework). The first step towards developing strategies for improving well-being is to measure current well-being.

C. Public Service-wide focus on results-based performance measurement –

In 2016, there was a renewed focus on results-based performance measurement across the federal public service. Through the revamping of the *Policy on Results* and associated performance measurement tools, Treasury Board Secretariat encouraged all departments to employ increased rigor around articulating outcomes and tracking results. Veterans Affairs Canada, along with other departments, were directed to ask, "How will we know we have achieved success?" Policy makers were asked to identify indicators of success up front in the policy development phase. The resulting indicators enhance the Department's commitment to evidence-informed policy making and measuring results, along with other tools being used and developed across the department.

Like many other departments, Veterans Affairs Canada's corporate indicators have traditionally been related to outputs (i.e., access, timeliness), so this shift to measuring results at the population level represents a significant culture shift. It is important to note that although this Well-being Surveillance Framework and the Departmental Results Framework are closely linked, the former is designed to monitor the well-being of a

population (which may be influenced by many factors outside of Veterans Affairs Canada), while the latter is designed to measure departmental performance in particular.

Combined, the three drivers listed above have aligned to present a unique opportunity to institute a Well-being Surveillance Framework.

2. Methodology: The approach to development of the Surveillance Framework

In September 2016, a working group was established within the Policy and Research Division with the mandate of developing a framework for surveillance of the well-being of the Canadian Veteran population. The framework, comprised of an accepted set of high level indicators, measures and monitors the well-being of Veterans in each domain of well-being, in order to support evidence-based decision making. Membership of the working group included Veterans Affairs Canada staff from both the Policy and Research Directorates, including an epidemiologist, a health economist, the manager of Strategic Policy, and policy analysts. Consultations with other key departmental stakeholders (e.g., Integrated Planning and Performance) were held as the initiative proceeded.

Prior to the formation of the working group, the manager of Strategic Policy engaged a consultant to complete some preliminary research on this initiative and provide a report, including a list of proposed indicators. A scan of existing health and well-being surveillance models (Canadian and International) and related literature was also completed as context. (See annex on page 13 for list of references). The working group reviewed this report (submitted in September 2016) and took the findings into consideration.

Given that the domains of well-being developed by Veterans Affairs Canada are very similar to, but not exactly the same as, the established Public Health Agency of Canada Determinants of Health, the working group completed an analysis of the alignment between the two. The results of this analysis can be found in Appendix A.

The working group also undertook to refine the understanding of the concepts covered in each domain of well-being. The domains had been described in many departmental documents, produced by both the Research and Policy directorates. The *Veterans' Well-Being Conceptual Framework* (Thompson et al. 2013) provides common and departmentally consistent terminology for the domains of well-being. For conciseness of meaning, the working group developed short, clear descriptions of each domain of well-being (see Descriptions column in Table 1 on page 8).

Lastly, the working group researched and evaluated available indicators and data sources in order to finalize the set of indicators for each domain of well-being.

Guiding Principles

The development of this Well-being Surveillance Framework was influenced by the *Principles of Surveillance Systems* as laid out in the document “Enhancing Capacity for Surveillance of Chronic Disease Risk Factors and Determinants published by the

Advisory Committee on Population Health and Health Security Surveillance Systems for Chronic Disease Risk Factors Group in 2005.

The following principles have been endorsed by the Well-being Surveillance Framework:

- *Acceptability – the framework must be acceptable to users, with a direct link among data collectors and data users.* Guided by this principle, efforts will be made to enhance the knowledge transfer of the results to policy analysts and other users.
- *Simplicity – the framework must be accessible to audiences with various levels of skill and access to technology.* Guided by this principle, the results of this Surveillance Framework will be presented as a simple, readable, digestible report available electronically and in hard-copy.
- *Flexibility – the framework can adapt to changing information needs or operating costs (time, personnel or funds).* Guided by this principle, this framework can be adapted in the future based on data availability, information needs, resourcing, and the built-in flexibility to add more indicators as they become available.
- *Data quality and reliability of data – the quality of the data in the framework needs to be “good enough” to give a sense of what is happening in the population.* This will be accomplished through the rigor around selecting suitable indicators that have well defined numerators and denominators.
- *Comparability – the framework must accurately describe the particular aspect being measured in the population as a whole and by population sub-groups.* Guided by this principle, this framework will contain indicators that describe the population as a whole, with the option to report by various sub-populations and compare to the Canadian population.
- *Timeliness – the framework must minimize the delay between components. The frequency of the data collection depends on the volatility of the aspect in the population (i.e., does it change on a monthly or annual basis). Once data is collected it must be analyzed and disseminated in a timely manner to ensure that it is taken into account by decision makers.* Guided by this principle, the indicators will be reported on every 3 years, in the year following the Life After Service Studies (LASS) survey cycle.
- *Stability – the framework must collect, analyze and disseminate data continuously and consistently over time. Partnerships must be created between data managers and users, each benefiting from the others’ expertise. Capacity development (training, support, resources) must be built into the framework to improve the quality and effectiveness of the work. Surveillance must be built to be sustainable and adaptable over the long term.* Given that the chosen

indicators are quite high-level indicators, they are likely to remain quite stable over time, therefore more frequent reporting is unnecessary.

- *Ethics and Standards – ethical principles including confidentiality, privacy, and informed consent must be adhered to.* The framework will accomplish this through the rigor applied to the selection of data sources, as well internal data management practices which adhere to these standards.

Indicator Selection:

Guided by the principles listed above, it was the working group's objective to establish a relatively short list of high-quality indicators for the first iteration of the Surveillance Framework, although future iterations have the potential to be larger with the incorporation of additional indicators and/or data sources.

The principles that were most predominant in discussions on indicator selection were data quality (includes representativeness), stability, flexibility, comparability, timeliness and ethics & standards. These principles – and their relevance to each of the indicators – are found in Appendix B. Although flexibility, acceptability, and simplicity are not addressed in Appendix B (due to their limited impact on individual indicators), they are considered globally with respect to the Well-being Surveillance Framework. The main criteria for indicator selection were that the data be available currently (2016), and on an ongoing basis (data quality and stability), and ideally have Canadian comparisons (comparability).

Many of the chosen indicators are widely used in Canadian health and well-being monitoring (i.e., by Statistics Canada and Canadian Institute for Health Information). Most of the chosen indicators are measured for all Canadians, which allows for comparison between the Veteran population and the general population. However, some indicators are particular to the Veteran population or experience (i.e., adjustment to civilian life). Rationales for the inclusion of each indicator are included in Appendix B.

Many of the chosen indicators for this iteration of the Surveillance Framework are from the Life After Service Studies (LASS) program of research. LASS is a partnership of Veterans Affairs Canada, the Department of National Defence and Statistics Canada, which aims to help us better understand the transition from military to civilian life. The LASS is comprised of a series of surveys on health, social and economic indicators that measure well-being, administered every three years to Reserve Force and Regular Force Veterans.

Scope:

This Surveillance Framework will monitor the well-being of the entire Veteran population, not just the Veterans Affairs Canada clientele base.

It is important to note that this Surveillance Framework does not include targets or thresholds. The work of establishing targets and thresholds will reside with the Policy Development team as they develop strategies to improve well-being in various domains.

Their work will aim to address how proposed interventions (i.e., partnerships, new programs, etc.) will contribute to the improvement of one or more indicators.

As these indicators are quite high-level measures, they may remain quite stable over time. This framework does not aim to replace other more immediate or intermediate measurements already taking place across the Department.

While this Surveillance Framework and the Departmental Results Framework are closely linked, the former is designed to monitor the well-being of a population (which may be influenced by many factors external to Veterans Affairs Canada), while the latter is designed to measure departmental performance in particular.

3. The Well-being Indicators

Table 1: Well-being domain descriptions, indicators and data sources.

Domain of Well-Being	Description of Domain	Indicators	Data Source
1. Health	Health is a state of physical, mental, social and spiritual functioning, broader than the presence or absence of disease.	A. Self-rated health B. Self-rated mental health C. Activity Limitation D. Need for assistance with activities of daily living	Life After Service Study
2. Purpose	Purpose is the sense of meaning attained by participation in fulfilling activities, such as employment.	A. Employment rate B. Satisfaction with main activity C. Satisfaction with life	Life After Service Study
3. Finances	Finances includes household income and financial security.	A. Rate of low income B. Satisfaction with finances	Life After Service Study
4. Social Integration	Social integration is engagement in mutually supportive relationships (friends, family, community).	A. Sense of belonging B. Social support scale C. Adjustment to civilian life	Life After Service Study
5. Life Skills	Life skills enable the management of life and contribute to resilience; they include personal health practices, coping skills and education.	A. Education level B. Daily smoking C. Heavy drinking D. Obesity E. Mastery	Life After Service Study
6. Housing and Physical Environment	Housing and physical environment includes the built environment (e.g., housing) as well as the natural environment (e.g., water and air quality).	A. Veteran rate among homeless	Employment and Social Development Canada (ESDC)
7. Culture and Social Environment	Culture and Social Environment is the impact of the dominant values, beliefs and attitudes of society on the well-being of a population.	A. Canadians' attitudes towards Veterans B. Employers' attitudes towards Veterans C. Veteran sex, rank and branch at release (by domain)	Attitudes Towards Remembrance; Navigator Survey; Life After Service Study

The final selection of indicators to be used in 2017 reporting is described by domain, and summarized in the above table.

Each domain of well-being is closely inter-related with each of the other domains. In some cases, indicators could be assigned to multiple domains, but they were placed within the domain with the best fit. There is no hierarchy of importance of domains, as different domains have more importance to different individuals at different times. Rationales for the inclusion of each indicator are included in Appendix B.

1. Health indicators

Self-rated health and self-rated mental health are widely used indicators of general health status of populations, and both are measured for Canadians.

Activity limitation represents a summary of how any number of chronic conditions impact/impair an individual's life, regardless of what the particular condition is.

Need for assistance with activities of daily living describes the proportion of the population that needs help with at least one activity of daily living. This indicator is available for Canadians.

The working group considered using the rates of particular conditions as indicators but struggled with the large number of conditions for which data exists, as well as the lack of measures of severity of conditions.

Indicators of social and spiritual health are not available at this time.

2. Purpose indicators

Employment rate is a widely used indicator for the predominant activity among Canadians.

Satisfaction with main activity is not available for Canadians, but provides insight on a broader scope of activity for Veterans than employment rate can offer.

Satisfaction with life is a broad measure that can be influenced by many things that are measured in all the domains, but considered the best fit under the domain of purpose.

3. Finance indicators

Low income is a relative measure of household income that takes into account family size and is measured for Canadians.

Satisfaction with finances is an important measure of financial security and includes reductions in income that do not result in low income, future prospects, savings and debt. This indicator does not have a Canadian comparator at this time.

4. Social Integration indicators

Sense of belonging is a widely used indicator of social capital in population health research. It is associated positively with neighborhood network-based social capital measures and health measures. This indicator is measured for Canadians.

Social support scale incorporates dimensions of emotional attachment, social integration, reassurance of worth, material assistance, and advice/guidance. It can be measured using a threshold of high social support, and is measured for Canadians.

Adjustment to civilian life is a summary measure of social integration after release from the military. While this is not available for Canadians, it has relevance for Veterans re-integrating to civilian society.

5. Life Skills Indicators

Education is measured as the highest level completed, and is measured for Canadians.

Personal health practices measured for Canadians include daily smoking, heavy drinking, and obesity.

Mastery is a widely used indicator of the extent to which people see themselves as being in control of their lives. While this is a complex concept, it has relevance for the Veteran population related to the concept of resilience.

6. Housing and Physical Environment indicators

There are very few measures for Canadians in the domain of housing in general. Statistics Canada does not use a health indicator on housing for all Canadians. One available indicator uses Veterans in Employment and Social Development Canada (ESDC) homelessness counts, calculated as the percentage of homeless who are Veterans. This is the only indicator chosen that describes a sub-population, since the percentage of Veterans who are homeless would create a small number that could minimize this issue.

Indicators for physical environment are not available at this time. More work around identifying measurements for housing and physical environment is needed.

7. Culture and Social Environment indicators

Measuring the extent to which Veterans are supported by their culture and social environment is difficult. The most suitable indicator available at this time is Canadians' attitude towards Veterans, as reported in public opinion research. Employers' attitudes toward Veterans is another indicator that is being explored in relation to the culture and social environment domain. This indicator may help to highlight pre-conceived notions and biases that employers may have about Veterans, in addition to their views on Veteran hiring. More work around identifying suitable measurements in the culture and social environment domain is needed.

The culture and social environment as it relates to Veterans will also be described using LASS data on sex, branch, and rank. As sex is not one of the domains of well-being, data for all of the indicators in the first five domains will be stratified by sex.

As there are cultural differences between the branches of the military (i.e., Army, Navy, Air Force), as well as between ranks (i.e. officer versus junior non-commissioned member versus senior non-commissioned member), data for indicators in the first five domains will also be stratified by branch and rank at time of release. The working group

discussed stratifying by other military service variables (such as years of service) but this was not included.

Data on Veterans' race or ethnicity is not currently available.

4. Departmental Alignment

The Well-being Surveillance Framework will continue to align with the Department's Policy on Results requirements, including the Departmental Results Framework, or DRF, and Performance Information Profiles (PIPs). The Departmental Result Framework aims to address the Core Responsibilities of the Department by outlining a series of anticipated Departmental Results and indicators which will be used to measure the results. The Well-being Surveillance Framework domains and indicators align with many of the Departmental Results and indicators, especially within the first Core Responsibility; Benefits, Services, and Supports. The finalized version of the Departmental Results Framework matches 8 of the 21 indicators within the Well-being Surveillance Framework. A comparison between the indicators defined in the Well-being Surveillance Framework and the Departmental Results Framework is outlined in Appendix C.

The Performance Information Profiles define outcomes and indicators for each program in the Veterans Affairs Canada program inventory. Although the Performance Information Profiles present program outcomes and outputs on a smaller scale, many of the ultimate outcomes and indicators are consistent with the Well-being Surveillance Framework indicators. It should be noted that, despite the consistencies, the Departmental Results Framework and the Performance Information Profiles focus on measuring results departmentally, while the Well-being Surveillance Framework aims to measure results that are influenced both departmentally and outside of Veterans Affairs Canada.

5. Next Steps

A. Plan for data management/collection/analysis/reporting

For the LASS information, data management and collection will be conducted by the Veterans Affairs Canada Research Directorate in partnership with Statistics Canada and Department of National Defence. For all other secondary sources, data will be managed and collected by the appropriate organization (e.g. Employment and Social Development Canada, True Patriot Love Foundation (Navigator Survey), Phoenix Strategic Perspectives Inc. (Attitudes Towards Remembrance: Survey of Canadians)). All data will be analyzed by the Veterans Affairs Canada Policy and Research Division (Analytics team), and reported by the Veterans Affairs Canada Strategic Policy Unit. Reporting will occur every three years, in the year following the release of Life After Service Studies (LASS) results.

B. Potential expansion of the Surveillance Framework

Work will continue in the Research and Strategic Policy Directorates to identify additional suitable data sources, particularly in areas for which there are currently limited indicators. As other reliable data sources become available, the number of

indicators may increase. Departmental investments and resources will need to be directed to expanding the surveillance system and larger data collection strategy, if it is to become more comprehensive. Potential topics for future indicators could include: Canadians' perceptions on the prevalence of physical health and mental health conditions, homelessness, unemployment, social detachment, education level, substance abuse, obesity, and homelessness among Veterans. Furthermore, indicators could measure overall public and employer opinions on Veterans, the extent to which Canadians feel Veterans' services are a priority, Canadians' awareness of Veterans' health issues, and overall opinions on the need and possible approaches to Veteran and family supports. Work on this domain may also play a role in educating the public and employers on Veterans Affairs Canada and Veteran and family issues.

Further research is needed with respect to a conceptual framework of well-being for families of Veterans. Such a framework would recognize the family as a unit as well as the individuals comprising the family unit. The design of a conceptual framework for families has been put forward as an area for the Research Directorate to consider in developing their Annual Research Plan.

In the spring of 2017, the Veterans Affairs Canada Policy and Research Division began exploring the possibility of conducting public opinion research on culture and social environment as it relates to Veterans and Veteran issues. Specifically, this would entail measuring Canadian public and employer perceptions of Veterans and their issues in Canada. Currently, work is underway to contract an expert in the field of cultural and social environment studies to prepare a literature review and propose public opinion research questions in order to acquire data for the culture and social environment domain.

The working group has identified some potential data sources that may become available in the future, including the Veterans Affairs Canada Client Survey 2016-2017, Statistics Canada Survey on Disability 2017, and the Canadian Longitudinal Study on Aging. These sources are expected to provide additional data on sub-populations, but may not increase the number of indicators available. To broaden current indicators to include more Canadian Veterans, and to provide new indicators, a feasibility study with Statistics Canada to identify products which could have a Veteran identifier is currently underway.

The Department also has an opportunity to influence the research being done in the broader academic environment. Veterans Affairs Canada can continue to leverage ties made through Canadian Institute for Military and Veteran Health Research (CIMVHR) and the use of the newly developed Veterans Affairs Canada Innovation and Well-being Fund to encourage and generate academic research in the areas it would like to explore.

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Appendix A: Domains of Well-being and Determinants of Health

Veterans Affairs Canada Domains of Well-being ¹	Public Health Agency of Canada Determinants of Health ²
<p>Health Health is broader than just physical health or the absence of disease. Health is viewed as the physical, mental, social and spiritual ability of an individual to function well.</p> <p><u>Veteran context</u> Chronic physical and mental health problems are common challenges to well-being among Veterans, especially when they co-occur. Veterans have a mix of health conditions both related to service and for non-service reasons, including aging.</p> <p><u>Ultimate Desired Outcome:</u> Veterans are functioning well physically, mentally, socially and spiritually.</p>	<p>Health Status Health is a state of complete physical, mental and social well-being and is not merely the absence of disease or infirmity (World Health Organization, 1948)</p> <p>Health status includes measures of perceived health, health conditions, disability and death (Statistics Canada and the CIHI Health Surveillance Framework, 2008).</p> <p>Note that the PHAC list of determinants of health does not include a determinant called Health.</p>
<p>Purpose Having a sense of purpose is integral to well-being. Participating in fulfilling activities contributes to one's health, social integration, fundamental sense of meaning and identity, as well as providing structure to day to day life. For many, this sense of purpose and fulfillment is attained through employment, but other meaningful activities (e.g., volunteering, hobbies, pursuing education) can have a similar protective effect. Stable, well-paid employment has the added benefit of contributing to financial security.</p> <p><u>Veteran context</u> Given that many Veterans releasing from military service are still of working age (Thompson et al. 2011, 2014), post-release civilian employment issues are critical to the well-being of this population. There are many potential issues facing Veterans post-release: unemployment, under-employment, translating military skills to the civilian labour market, entering an unfamiliar civilian job market for the first time, and adapting to the civilian workplace culture and leadership styles.</p> <p><u>Ultimate Desired Outcome:</u> Veterans are engaged in activities that are beneficial and meaningful to them.</p>	<p>Employment / Working Conditions Unemployment, underemployment, stressful or unsafe work are associated with poorer health. People who have more control over their work circumstances and fewer stress related demands of the job are healthier and often live longer than those in more stressful or riskier work and activities</p> <p>Employment has a significant effect on a person's physical, mental and social health. Paid work provides not only money, but also a sense of identity and purpose, social contacts and opportunities for personal growth. Conditions at work (both physical and psychosocial) can have a profound effect on people's health and emotional well-being. Participation in the wage economy, however, is only part of the picture. Many Canadians (especially women) spend almost as many hours engaged in unpaid work, such as doing housework and caring for children or older relatives.</p> <p>High levels of unemployment and economic instability in a society cause significant mental health problems and adverse effects on the physical health of unemployed individuals, their families and their communities.</p>

¹ Veterans Affairs Canada domain descriptions written by Strategic Policy, adapted from "A Well-being Construct for Veterans' Policy, Programming and Research" by Thompson et al. 2013)

² Public Health Agency of Canada descriptions edited for length, source: <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php>

<p>Finances Financial status is widely recognized as a key factor in well-being. Higher levels of income and financial stability are associated with greater independence, health, access to health services, quality of housing, family stability, and greater control and choice in managing life’s challenges in general. Distress is the pathway from low income to poor health.</p> <p><u>Veteran context</u> Post-release, Veterans experience changes in sources of income and can have temporary or long term reduction in income levels. Veterans may face many challenges in this domain, such as finding steady and sufficient employment income or requiring extra funds for relocations, housing, vehicles, health care expenses and costs of living in a new community. These challenges may be more significant if living expenses like housing and leisure activities were subsidized during service.</p> <p><u>Ultimate Desired Outcome:</u> Veterans are financially secure.</p>	<p>Income and Social Status Health status improves at each step up the income and social hierarchy. High income determines living conditions such as safe housing and ability to buy sufficient good food. The healthiest populations are those in societies which are prosperous and have an equitable distribution of wealth.</p> <p>Higher income and status generally results in more control and discretion over life circumstances, especially stressful situations. Limited options and poor coping skills for dealing with stress increase vulnerability to a range of diseases.</p> <p>Low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race and place of residence. Only 47% of Canadians in the lowest income bracket rate their health as very good or excellent, compared with 73% of Canadians in the highest income group.</p>
<p>Social Integration Social integration focuses on the degree and effectiveness of a person’s social integration within home, family, and community environments, including social relationships, networks, and supports. This domain recognizes the importance of support and caring, respectful inter-personal relations provided by social support networks such as friends, family and communities. Social networks connect individuals to wider social relationships and offer a sense of community belonging and engagement</p> <p><u>Veteran context</u> Military service creates unusually intense workplace social integration (Hatch et al. 2013). Building new civilian social networks can be challenging for many Veterans. Social integration through formal, informal and virtual civilian social networks plays an important role during the transition from a military to civilian identity and throughout the life of a Veteran.</p> <p><u>Ultimate Desired Outcome:</u> Veterans are in mutually supportive relationships and are engaged in their community.</p>	<p>Social Support Networks Support from families, friends and communities is associated with better health. Such social support networks could be very important in helping people solve problems and deal with adversity, as well as in maintaining a sense of mastery and control over life circumstances. The caring and respect that occurs in social relationships, and the resulting sense of satisfaction and well-being, seem to act as a buffer against health problems. The more social contacts people have, the lower their premature death rates.</p>
<p>Life Skills This domain focuses on the skills, knowledge and abilities required for “managing life”. This can include personal health practices, healthy lifestyle choices, risk-taking behavior, financial</p>	<p>Personal Health Practices and Coping Skills Personal Health Practices and Coping Skills refer to those actions by which individuals can prevent diseases, cope with challenges, develop self-reliance, solve problems and make</p>

<p>management, household management, job seeking, career management, as well as coping with stress and adapting to change. Education is also a component of Life Skills.</p> <p><u>Veteran context</u> Releasing from the military to post-military life is a major transition in life. During service, many aspects of life are taken care of for serving members, including employment, income, housing, and health care. After transition to civilian life, Veterans are challenged with finding new avenues for meeting these needs in a new environment. Transition also involves an intense shift in personal identity. Preparedness is required for Veterans to navigate this shift, as well as all other changes and challenges throughout life.</p> <p><u>Ultimate Desired Outcome:</u> Veterans are able to adapt, manage and cope.</p>	<p>choices that enhance health. Definitions of lifestyle include not only individual choices, but also the influence of social, economic, and environmental factors on the decisions people make about their health.</p> <p>In Canada, smoking is estimated to be responsible for at least one-quarter of all deaths for adults between the ages of 35 and 84. Risk-taking behaviours, including such hazardous combinations as alcohol/drug use and driving, and unsafe sex, remain particularly high among young people, especially young men. Diet is linked to some of the major causes of death, including cancer and coronary heart disease.</p> <p>Coping skills are also important in supporting healthy lifestyles. These are the skills people use to deal with the events, challenges and stress they encounter in their day to day lives. Effective coping skills enable people to be self-reliant, solve problems and make informed choices that enhance health.</p> <p>Education and Literacy Health status improves with level of education. Education is closely tied to socioeconomic status, contributing to health and prosperity by equipping people with knowledge and skills for problem solving and a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction.</p> <p>People with higher levels of education have better access to healthy physical environments, tend to smoke less, to be more physically active and to have access to healthier foods.</p>
<p>Housing and Physical Environment The domain of housing considers the physical structure of the house as well as the social and physical environment in which it is situated. The physical structure of the house includes such things as the state of its repair, accessibility, safe drinking water, etc. The social dimensions of housing include housing security, and one’s sense of belonging and safety. The environment surrounding a home considers proximity of services such as schools, recreation areas, health care, and shopping.</p> <p><u>Veteran context</u> Inadequate housing can lead to poor health outcomes for Veterans. Precarious housing or homelessness can happen at any point during a Veteran’s life and can be caused by individual</p>	<p>Physical Environment The physical environment is an important determinant of health. Contaminants in our air, water, food and soil can cause a variety of adverse health effects, including cancer, birth defects, respiratory illness and gastrointestinal ailments.</p> <p>In the built environment, factors related to housing, indoor air quality, and the design of communities and transportation systems can significantly influence our physical and psychological well-being.</p> <p>The prevalence of childhood asthma, highly sensitive to airborne contaminants, has increased sharply over the last two decades.</p>

<p>circumstances as well as system failures making the at-risk population difficult to identify. Although Veterans Affairs Canada does not have the mandate for housing at the federal government level, Veterans Affairs Canada’s mission does include responding to housing and homelessness issues.</p> <p><u>Ultimate Desired Outcome:</u> Veterans are living in safe, affordable and adequate housing.</p>	<p>Children and outdoor workers may be especially vulnerable to the health effects of a reduced ozone layer. Excessive exposure to UV-B radiation can cause sunburn, skin cancer, depression of the immune system and an increased risk of developing cataracts</p> <p>Air pollution, including exposure to second hand tobacco smoke, has a significant association with health problems.</p>
<p>Culture and Social Environment The Culture and Social Environment domain examines how the dominant values, beliefs and attitudes of the society in which you live impact your life and well-being. These factors can include governance, institutions, and perceptions of groups of people, which can lead to cultural bias or stigmatization.</p> <p><u>Veteran context</u> Canadians’ attitudes towards Veterans are important indicators because they can help to measure the general population’s level of awareness, support, appreciation, and knowledge surrounding Veterans and their issues; all issues that may have an impact on Veteran identity and well-being. Data on employers’ perceptions of Veterans may highlight pre-conceived notions that employers have regarding Veterans, as well as areas that need to be targeted with respect to Veteran hiring. Poor perceptions of Veterans by employers could result in lower hiring rates, and subsequently compromised rates of purpose and employment for Veterans.</p> <p><u>Ultimate Desired Outcome:</u> Veterans are supported by the culture and social environment (understood and valued by Canadians).</p>	<p>Culture Some groups may face additional health risks due to the socio-economic environment, which is largely determined by dominant cultural values. This can contribute to marginalization, stigmatization, and lack of access to culturally appropriate health care and services.</p> <p>Social Environment The importance of social support extends to the broader community. The array of values and norms of a society influence in varying ways the health and well-being of individuals and populations. In addition, social stability, recognition of diversity, safety, good working relationships, and cohesive communities provide a supportive society that reduces or avoids many potential risks to good health.</p> <p>The relation between individuals and their social environment has an impact on health. Interventions to improve health can use comprehensive approaches that address health as a community/shared issue. Social or community responses can add resources to an individual's repertoire of strategies to cope with changes and foster health.</p> <p>Gender Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Many health issues are a function of gender-based social status or roles.</p>
<p>Outside the scope of this framework</p>	<p>Health Services e.g. immunization, mammography</p>
<p>Outside the scope of this framework</p>	<p>Healthy Child Development e.g. child abuse, low birth weight</p>
<p>Outside the scope of this framework</p>	<p>Biology and Genetic Endowment e.g. genetic predisposition for particular diseases</p>

Appendix B: Well-being Surveillance Framework Indicator Rationales

Domain of Well-Being	Indicator	Rationale				
1. Health	A. Self-rated health	In 2016, 46% of Regular Force Veterans reported very good or excellent self-rated health, compared to 58% of Canadians of comparable age and sex (VanTil et al. 2017). Self-rated health is a widely used indicator of general health status in epidemiologic and population health research. Poor self-rated health was associated with subsequent mortality and functional limitation, especially for males (Idler 2000). This indicator was collected in the 2010, 2013, and 2016 Life After Service Studies (LASS) that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. In the LASS, self-rated health is a single-item ordinal measure with five levels. The indicator measures an individual's perception of his or her overall health status, and provides an estimate of the population with suboptimal health. Self-rated health is also used in the Statistics Canada Canadian Community Health Survey (CCHS), and therefore can be compared to the Canadian population (VanTil et al. 2017).				
	Data Quality	Comparability	Timeliness	Stability	Ethics & Standards	
	✓	✓	✓	✓	✓	
	B. Self-rated mental health	In 2016, 56% of Regular Force Veterans reported very good or excellent self-rated mental health, compared to 71% of Canadians of comparable age and sex (VanTil et al. 2017). Fair or poor self-rated mental health among Canadians has been found to be associated with a wide variety of mental morbidity measures, such as having a self-reported mental disorder diagnosed by a health professional (Canadian Institute for Health Information 2015). Self-rated mental health is an important indicator for examining gaps in help-seeking. This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. In the LASS, self-rated mental health is a single-item ordinal measure with five levels. The indicator measures an individual's perception of his or her mental health status and provides an estimate of the population suffering from mental disorders, distress, or emotional or mental problems. It is also used in the Statistics Canada Canadian Community Health Survey (CCHS), and therefore can be compared to the Canadian population.				
	Data Quality	Comparability	Timeliness	Stability	Ethics & Standards	
	✓	✓	✓	✓	✓	
C. Activity Limitation	In 2016, 29% of Regular Force Veterans reported being often restricted in activity, compared to 10% of Canadians of comparable age and sex (VanTil et al. 2017). Activity limitation is an important indicator of population health because it has been associated with lower quality of life and higher rates of mental health morbidities, particularly depression (Gilmour 2015). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. In the LASS, activity limitation is derived from the Canadian Community Health Survey (CCHS) Restrictions of Activities (RAC) questions assessing health-related restriction of activity. This measure of disability captured function in life domains at home, work/school, or leisure (Thompson 2014), and CCHS classified the impact of health problems into three levels: often, sometimes or never (VanTil et al. 2014). Since activity					

		limitation is also used in Statistics Canada Canadian Community Health Survey (CCHS), it is a comparator to Veterans surveyed in LASS.			
	Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
	D. Need for assistance with Activities of Daily Living (ADL)	In 2016, 20% of Regular Force Veterans reported needing help with at least one activity of daily living, compared to 7% of Canadians of comparable age and sex (VanTil et al. 2017). In the LASS, activities of daily living (ADL) is derived from the six questions on need for help. Basic ADLs (personal care, moving inside house) indicate self-care ability to avoid long-term care services. Instrumental ADLs (meals, housework, groceries, finances) include a broader range of activities needed for independent living in the community (Fillenbaum 1988). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. It is also used in Statistics Canada Survey of Labour and Income Dynamics (SLID 2011) and therefore can be compared to the Canadian Population.			
	Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
2. Purpose	A. Employment Rate	In 2016, the employment rate for Regular Force Veterans was 65%, compared to 74% of Canadians of comparable age and sex (VanTil et al. 2017). While healthy people are more likely to be employed, employment can also improve health. Employment increases status, power, independence and financial security and can be a source of social support and recognition from others. Veterans who are employed have lower rates of difficult adjustment to civilian life (Hachey et al. 2016). Employment rate is collected through two surveys: one which includes Veterans in receipt of benefits and services (VAC National Survey) and one that includes Veterans overall (including clients and non-clients who released from the Regular Forces from 1998 to 2015) (2010, 2013, and 2016 Life After Service Studies). This indicator is also collected in the Statistics Canada Labour Force Survey, and therefore can be compared to the Canadian population (MacLean et al. 2016).			
	Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
	B. Satisfaction with main activity	In 2016, 74% of Regular Force Veterans reported being satisfied or very satisfied with their main activity (VanTil et al. 2017). This is consistent with 2010 (76%) and 2013 (75%) rates (VanTil et al. 2017). Satisfaction with main activity is important to adjustment to civilian life; Veterans who reported being satisfied with their job or main activity had lower rates of difficulty adjusting to civilian life (Hachey et al. 2016). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. In the LASS, satisfaction with job or main activity is a single-item ordinal measure with five levels (MacLean et al. 2016). This indicator does not have a Canadian comparator at this time.			
	Data Quality ✓	Comparability ✗	Timeliness ✓	Stability ✓	Ethics & Standards ✓

	C. Satisfaction with life	In 2016, 84% of Regular Force Veterans reported being satisfied or very satisfied with life, compared to 91% of Canadians of comparable age and sex (VanTil et al. 2017). Life satisfaction is a personal subjective assessment of global well-being. It generally is a summary measure of many domains of life satisfaction, such as satisfaction with family relationships, friends, housing and community. Satisfaction with life is strongly related to an easy adjustment to civilian life (Hachey et al. 2016). This indicator is collected through two surveys: one which includes Veterans in receipt of benefits and services (VAC National Survey) and one that includes Veterans overall (including clients and non-clients who released from the Regular Forces from 1998 to 2015) (2010, 2013, and 2016 Life After Service Studies). Satisfaction with life is a single-item ordinal measure with five levels. It is used in Statistics Canada Canadian Community Health Survey (CCHS), and therefore can be compared to the Canadian population.				
	Data Quality ✓	<table border="1"> <tr> <td>Comparability ✓</td> <td>Timeliness ✓</td> <td>Stability ✓</td> <td>Ethics & Standards ✓</td> </tr> </table>	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓			
3. Finances	A. Rate of low income	In 2016, 4% of Veterans experienced low income, compared to 15% of Canadians of comparable age and sex (VanTil et al. 2017). There is strong and growing evidence that higher social and economic status is associated with better health and is a key determinant of health (PHAC 2013). One indicator of social and economic status is relative low income. The Low-Income Measure, or LIM is a relative measure of family income that takes into account family size. In the LASS, the Low Income Measure is measured in the 2010, 2013, and 2016 studies and the income tax data record linkage study with thresholds provided by Statistics Canada. The indicator is based on survey data which is well validated through the income study data. The indicator is also collected in the Statistics Canada Labour Force Survey, and therefore can be compared to the Canadian population.				
	Data Quality ✓	<table border="1"> <tr> <td>Comparability ✓</td> <td>Timeliness ✓</td> <td>Stability ✓</td> <td>Ethics & Standards ✓</td> </tr> </table>	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓			
	B. Satisfaction with finances	In 2016, a significantly smaller proportion of Regular Force Veterans (69%) reported being satisfied or very satisfied with their finances, compared to 2013 (74%) and 2010 (75%) data (VanTil et al. 2017). Satisfaction with finances is an important measure of financial security and includes reductions in income that do not result in low income, future prospects, savings and debt. Veterans that reported being neither satisfied nor dissatisfied, dissatisfied, or very dissatisfied with their finances had higher rates of difficult adjustment compared to those that reported being satisfied or very satisfied (MacLean et al. 2014). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. In the LASS, satisfaction with finances is a single-item ordinal measure with five levels. This indicator does not have a Canadian comparator at this time.				
	Data Quality ✓	<table border="1"> <tr> <td>Comparability ✗</td> <td>Timeliness ✓</td> <td>Stability ✓</td> <td>Ethics & Standards ✓</td> </tr> </table>	Comparability ✗	Timeliness ✓	Stability ✓	Ethics & Standards ✓
Comparability ✗	Timeliness ✓	Stability ✓	Ethics & Standards ✓			
4. Social Integration	A. Sense of belonging	In 2016, 57% of Regular Force Veterans reported a very or somewhat strong sense of community belonging, compared to 65% of Canadians of comparable age and sex (VanTil et al. 2017). Sense of community belonging is a widely used indicator of social capital in population health research. It is associated positively with neighborhood network-based social capital measures and health measures, but results differed by urban and rural settings (Carpiano 2011). Additionally, high				

		levels community belonging were associated with easier adjustment to civilian life (Hachey et al. 2016). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. In the LASS, sense of community belonging is a single-item ordinal measure with four levels. It is used in the Canadian Community Health Survey (CCHS) and therefore can be compared to the Canadian population. (VanTil et al. 2014).		
Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
B. Social Support Scale	In 2016, 84% of Regular Force Veterans reported having high levels of social support (VanTil et al. 2017). This is consistent with 2013 rates (83%) (VanTil et al. 2017). Social support is an important indicator of population health because positive social relationships and stable social support networks are associated with a decreased risk of negative health outcomes, such as premature mortality, physical and mental consequences of post-traumatic stress disorder (PTSD), depression, and anxiety (Public Health Agency of Canada 2013) (Ozbay et al. 2007) (Laffaye et al. 2008) (Hachey et al. 2016). Additionally, high levels social support were associated with easier adjustment to civilian life (Hachey et al. 2016). This indicator was collected in the 2013 and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. The 10-item scale used to measure social support in the LASS 2016 incorporates the dimensions of emotional attachment, social integration, reassurance of worth, material assistance, and advice/guidance. Other measures of support received or adequacy of support are less predictive of health. This module was used in the Canadian Community Health Survey (CCHS) and therefore can be compared to the Canadian population. (VanTil et al. 2017).			
Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
C. Adjustment to civilian life	In 2016, 52% of Regular Force Veterans reported an easy adjustment to civilian life, and 32% reported a difficult adjustment (VanTil et al. 2017). In 2010, 28% of Regular Force Veterans reported a difficult adjustment to civilian life, and in 2013, 30% of Regular Force Veterans reported a difficult adjustment (VanTil et al. 2017). Adjustment to civilian life is an important indicator of population health because difficult adjustment is associated with an increased risk of mental health problems, post-traumatic stress disorder (PTSD), substance abuse and unemployment (Resnick et al. 2009) (Sayer et al. 2011). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. In the LASS, adjustment to civilian life is a single-item ordinal measure with five levels. This indicators is not applicable to the Canadian population, therefore there is no Canadian comparator.			
Data Quality ✓	Comparability ✗	Timeliness ✓	Stability ✓	Ethics & Standards ✓
5. Life Skills	A. Education level	In 2016, 54% of Regular Force Veterans reported completing post-secondary education, compared to 65% of Canadians of comparable age and sex (VanTil et al. 2017). Education level is an important indicator of population health because lower levels of education are associated with an increased risk of unemployment and poorer health outcomes (Public Health Agency of Canada 2013). Additionally, Veterans that reported completing a university degree had higher rates		

	of easy adjustment compared to those that reported no high school degree (Hachey et al. 2016). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. Education was measured using one item from the Canadian Community Health Survey (CCHS) module that asks the highest level completed, and therefore can be compared to the Canadian population.			
Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
B. Daily smoking	In 2013, 17% of Regular Force Veterans reported being a daily smoker; this is similar to the 2010 rate (18%) and the rate among Canadians of comparable age and sex (VanTil et al. 2014). Smoking behaviour is an important indicator of population health because it is strongly associated with increased risk of morbidities such as heart disease, mouth disease, stroke, etc. and premature mortality (Public Health Agency of Canada 2013) In the 2010 and 2013 LASS, smoking behaviour was measured using a series of 12 questions. From these, variables were derived to indicate daily smoking, years of daily smoking, and years since stopped smoking. Smoking behavior was not measured in the 2016 LASS. The smoking module was used in the Canadian Community Health Survey (CCHS) and therefore can be compared to the Canadian population. (VanTil et al. 2014).			
Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ?	Ethics & Standards ✓
C. Heavy drinking	In 2016, 27% of Regular Force Veterans were classified as heavy drinkers, compared to 24% of Canadians of comparable age and sex (VanTil et al. 2017). Heavy drinking is an important indicator of population health because it is associated with an increased risk of morbidities such as cancer, cardiovascular disease, gastrointestinal diseases, etc. (Public Health Agency of Canada 2013). Heavy drinking can also result in strained relationships, reduced productivity and financial issues (PHAC 2015). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. Alcohol consumption behaviour was measured using a series of 3 questions. From these, a variable was derived to indicate heavy drinking. In March 2013, the definition was the same for both men and women: five or more drinks per occasion, at least once a month. The alcohol module was used in the Canadian Community Health Survey (CCHS) and therefore can be compared to the Canadian population. (VanTil et al. 2014).			
Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
D. Obesity	In 2016, 29% of Regular Force Veterans were classified as obese, compared to 23% of Canadians of comparable age and sex (VanTil et al. 2017). Obesity is an important indicator of population health, because it is associated with a high risk of morbidities such as type 2 diabetes, cancer, asthma, back problems, etc. (PHAC 2013). This indicator was collected in the 2010, 2013, and 2016 LASS that include Regular Forces Veteran clients and non-clients who released from 1998 to 2015. Body Mass Index (BMI) was calculated using self-report weight in kilograms divided by height in meters squared. BMI was categorized (WHO, 2000) into: underweight (<18.5), normal weight (18.5-24.9), overweight (25-29.9), grade 1 obesity (30-34.9), grade 2 obesity (35-39.9), grade 3 obesity (40+). Self-report weight is typically underestimated, and height is overestimated (Tjepkema 2005). Since			

		the correlation between self-reported and measured BMI was 90% (Spenser 2002), self-reported measures are considered valid for identifying relationships in epidemiological studies. This module is used in the Canadian Community Health Survey (CCHS) and therefore can be compared to the Canadian population. (VanTil et al. 2014).			
	Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
	E. Mastery	In 2013, 2% of Regular Force Veterans were classified as having low mastery (VanTil et al. 2014). Mastery is a widely used indicator of the extent to which people see themselves as being in control of forces that affect their lives (Perlin 1981). Face validity is suggested by its wide use, but there is minimal psychometric information in the literature. Mastery is conceived as a personality characteristic that serves as a psychological resource individuals use to help them withstand stressors in their environment. Mastery can be bolstered by social support, and is related to the concept of resilience. Additionally, high levels of mastery were associated with easier adjustment to civilian life (Hachey et al. 2016). This indicator was collected through the 2010 and 2013 LASS survey of Veterans overall including clients and non-clients who released from the Regular Forces from 1998 to 2012. Mastery is a seven-item measure answered with a five-point Likert scale. The scores are transformed to a 0-4 scale, the two positive items are reverse scored, then all seven are summed for a total score from 0 to 28, with higher scores for superior mastery. This module was used in the CF Recruit Health Questionnaire (Lee 2010), and the Canadian Community Health Survey (CCHS) and therefore can be compared to the Canadian population. (VanTil et al., 2014). Although mastery wasn't measured in the 2016 LASS, it will be measured in future study cycles.			
	Data Quality ✓	Comparability ✓	Timeliness ✓	Stability ✓	Ethics & Standards ✓
6. Housing and Physical Environment	A. Veteran rate among homeless	In 2014, 3% of annual homeless shelter users were Veterans (Segaert 2015). Data shows that Veterans demonstrate a higher rate of episodic homelessness than non-Veterans (Segaert 2015). This data was retrieved from the Homeless Individuals and Families Information System; a national homeless shelter use database (Segaert 2015). Homelessness is characterized by the instability of housing and a combination of inadequate income, health care supports and/or social supports. Homeless individuals have an increased risk of death and suffer from a wide variety of medical problems. Rates of substance abuse and mental illness are observed to be high (Segaert 2015). Poor physical and mental health has also been documented for homeless Veterans (Segaert 2015). Health conditions may contribute to the onset of homelessness and/or be exacerbated by the homeless state. Indicators for physical environment are not available at this time. More work around identifying measurements for housing is needed.			
	Data Quality ✓	Comparability ✓	Timeliness ?	Stability ✓	Ethics & Standards ✓

7. Culture and Social Environment	A. Canadians' attitudes towards Veterans	In 2014, 93% of Canadians agreed that Veterans should be recognized for their service to Canada, and 83% agreed that Veterans have made major contributions to Canada (Phoenix Strategic Perspectives Inc. 2014). Canadians' attitudes towards Veterans are important indicators because they can help to measure the general population's level of awareness, support, appreciation, and knowledge surrounding Veterans and their issues. In the Attitudes Towards Remembrance: Survey of Canadians, feelings that Veterans should be recognized for their service, and perception of the major contribution of Veterans to Canada are single-item ordinal measures with five levels ranging from completely disagree to completely agree (Phoenix Strategic Perspectives Inc. 2014).			
	Data Quality ?	Comparability X	Timeliness ✓	Stability ✓	Ethics & Standards ✓
	B. Employers' attitudes towards Veterans	In 2013, while 45% of Canadian employers agreed that promoting the hiring of Veterans reflects well on the company, 73% of Canadian employers stated that their organization does not have a hiring initiative that is Veteran specific (True Patriot Love Foundation 2017). Furthermore, only 13% of Human Resources departments in Canadian organizations have training to read military resumes (True Patriot Love Foundation 2017). This data was collected through the Navigator Survey of 850 corporate Human Resource departments across Canada (True Patriot Love Foundation 2017). Data on employers' perceptions of Veterans may highlight pre-conceived notions and biases that employers have regarding Veterans, as well as areas that need to be targeted with respect to Veteran hiring. Poor perceptions of Veterans by employers could result in lower hiring rates, and subsequently compromised rates of purpose and employment for Veterans. (MacLean, pers. comm 2017).			
	Data Quality ?	Comparability X	Timeliness ?	Stability ?	Ethics & Standards ?
	C. Veteran sex, rank and branch at release (by domain)	Several differences in well-being outcomes exist across the domains when taking into account social and cultural descriptors of Veterans. Data for the Health, Purpose, Finance, Social Integration, and Life Skills indicators will be stratified by sex (male, female), rank (officer, senior non-commissioned member, and junior non-commissioned member), and branch (Army, Air Force, and Navy). Cultural and social experiences as a function of sex, rank, and branch all may have an impact on outcomes in these five domains. For example, in 2016, senior non-commissioned members had a lower employment rate (57%) compared to officers (64%), and junior non-commissioned members (70%), demonstrating the observed effect of rank on employment rate (VanTil et al. 2017).			
	Data Quality ✓	Comparability ✓ (Military sub-populations have no Canadian comparison)	Timeliness ✓	Stability ✓	Ethics & Standards ✓

Appendix C: Comparison of Well-being Indicators between the Well-being Surveillance Framework and the Departmental Results Framework

Indicator	Well-being Surveillance Framework	Departmental Results Framework
Self-rated health	Included	Included
Self-rated mental health	Included	Included
Need of aids for daily living	Included	Included
Employment Rate	Included	Included
Satisfaction with main activity	Included	Included
Rate of low income	Included	Included
Satisfaction with finances	Included	Included
Adjustment to civilian life	Included	Included
Activity Limitation	Included	Not included
Satisfaction with life	Included	Not included
Sense of belonging	Included	Not included
Social Support Scale	Included	Not included
Education level	Included	Not included
Daily smoking	Included	Not included
Heavy drinking	Included	Not included
Obesity	Included	Not included
Mastery	Included	Not included
Veteran rate among homeless	Included	Not included
Canadians' attitudes towards Veterans	Included	Not included
Employers' attitudes towards Veterans	Included	Not included
Veteran sex, rank, and branch at release (by domain)	Included	Not included
% of Veterans accessing national network of Operational Stress Injury Clinics having improved overall mental health	Outside the scope of this framework	Included
% of clients who are satisfied with the quality of service delivery they receive from Veterans Affairs Canada	Outside the scope of this framework	Included
% of Veteran clients who are satisfied with the way Veterans Affairs Canada's commemorative initiatives honour Veterans and those who died in service	Outside the scope of this framework	Included
# of visits to the Canadian Virtual War Memorial	Outside the scope of this framework	Included
# of visitors to the overseas memorials, Vimy and Beaumont-Hamel	Outside the scope of this framework	Included
% of Canadians who indicate they make an effort to appreciate Veterans and those who died in service	Outside the scope of this framework	Included
# of "Likes" on the Canada Remembers Facebook page	Outside the scope of this framework	Included
# of Canadians who participated in community engagement activities financially supported by Veterans Affairs Canada	Outside the scope of this framework	Included
# of complaints received by the Veterans Ombudsman	Outside the scope of this framework	Included
% of complaints closed within 60 working days	Outside the scope of this framework	Included
% of OVO recommendations on emerging and systemic issues implemented by the Veterans Affairs Portfolio	Outside the scope of this framework	Included

