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Well-Being of Canadian Armed Forces Veterans: Canadian Community Health Survey 2003

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Executive Summary

Introduction

The 2003 Canadian Community Health Survey (CCHS) of the general Canadian population included a series of questions to identify Veterans living in Canada. This survey is the sole source of demographic and well-being information representative of the entire population of Canadian Armed Forces (CAF) Veterans who did not serve in World War I, World War II or the Korean War. This study, conducted in collaboration with Statistics Canada, examines the well-being of Canadian Armed Forces Veterans for a variety of indicators compared to other Canadians.

Method

The Canadian Community Health Survey 2003 included a total sample of 135,573 Canadians living in households and not serving in the military representing a population of 26.6 million. This study included a sample of CAF Veterans (n = 3,142) and other Canadians (n = 105,467) as a comparison group. Sub-groups of CAF Veterans included Regular and Reserve Forces, males and females and age groups.

Age-sex adjusted rates and confidence intervals were calculated for demographic characteristics and indicators of health, disability and determinants of health using the well-being conceptual framework developed by the Research Directorate.

Highlights

- CAF Veterans were similar to other Canadians in rates of having a partner and living in an urban area and many areas of well-being including self-perceived health, smoking, heavy drinking, employment, perceived life stress, sense of community belonging, having a regular medical doctor and use of chiropractors and alternative health care providers.
- There were some differences between CAF Veterans and other Canadians.
 - CAF Veterans had higher rates of separation/divorce, were worse off for life satisfaction, disability and having co-morbid physical and mental chronic conditions.
 - CAF Veterans had higher use of family doctors, specialists, nurses, other health professionals and home care.
 - CAF Veterans were better off for perceived mental health and for many determinants of health including income, education, extended health insurance and government home care coverage.
- Compared to other Canadians, there were some differences between Regular and Reserve Force Veterans.

- Regular Force Veterans were worse off in terms of back problems and had higher use of home care, while Reserves were similar to other Canadians in these areas.
- Reserve Force Veterans were, however, worse off in life satisfaction, high blood pressure, heart disease, obesity, having co-morbid physical and mental conditions, while Regular Force Veterans were similar to other Canadian in these areas.
- Regular Force Veterans were better off in perceived mental health and home care coverage, while Reserve Force Veterans were similar to other Canadians in these areas.
- Compared to other Canadians, there were some differences between male and female CAF Veterans.
 - Male Veterans were worse off for life satisfaction, chronic conditions and disability and had higher use of many health services, while female Veterans were generally similar to other Canadians in these areas.
 - Male Veterans were better off for prescription drug and home care coverage, while female Veterans were similar to other Canadians in these areas.
 - Female Veterans were better off for self-perceived health, mental conditions, and employment, while male Veterans were similar to other Canadians in these areas.

Conclusion

CAF Veterans were similar to other Canadians in many areas of well-being. However, there were differences in some indicators as well as differences among sub-groups of the CAF Veteran population (Regular Force, Reserves, males, females and age groups) highlighting the need for planning and policy that is sensitive to these differences.

Sommaire

Introduction

L'enquête sur la santé dans les collectivités canadiennes (ESCC) de 2003 auprès de la population générale canadienne comprenait une série de questions visant à identifier les vétérans qui vivent au Canada. Cette enquête est une source unique de données sur la démographie et le bien-être, considérées représentatives de l'ensemble de la population des vétérans des Forces armées canadiennes (FAC) qui n'ont ni servi durant les Première et Seconde Guerres mondiales, ni durant la guerre de Corée. L'étude, menée en collaboration avec Statistique Canada, porte sur le bien-être des vétérans des Forces canadiennes comparativement au bien-être des autres Canadiens.

Méthode

L'enquête sur la santé dans les collectivités canadiennes (ESCC) de 2003 comprenait un échantillon total de 135 573 Canadiens vivant dans un ménage et ne servant pas dans les forces militaires. Cet échantillon était représentatif d'une population de 26,6 millions. L'étude comprenait un échantillon de vétérans des FAC (n = 3 142) et d'autres Canadiens (n = 105 467) comme groupe de référence. Les sous-groupes de vétérans des FAC comprenaient la Force régulière et la Réserve, les hommes et les femmes et les groupes d'âge.

Les taux rajustés en fonction de l'âge et du sexe et les intervalles de confiance ont été calculés relativement aux caractéristiques démographiques et aux indicateurs de santé, d'invalidité et de déterminants de santé, à l'aide du cadre conceptuel du bien-être des vétérans élaboré par la Direction de la recherche.

Faits saillants

- Les vétérans des FAC présentaient des résultats semblables aux autres Canadiens pour ce qui est des taux de personnes ayant un partenaire, de personnes vivant en région urbaine et dans de nombreux secteurs du bien-être, y compris la perception personnelle de l'état de santé, le tabagisme, la consommation excessive d'alcool, l'emploi, le stress perçu dans la vie, le sentiment d'appartenance à la communauté, l'accès à un médecin de famille et le recours à des chiropraticiens et à des praticiens de médecine non traditionnelle.
- Quelques différences ont été soulevées entre les vétérans des FAC et les autres Canadiens.
 - Les vétérans des FAC affichent un plus haut taux de séparation/divorce, et de moins bons résultats en ce qui a trait à la satisfaction de vivre, à l'invalidité et

aux affections chroniques physiques et mentales présentant des symptômes comorbides.

- Les vétérans des FAC affichent un taux plus élevé relativement au recours aux médecins de famille, aux spécialistes, au personnel infirmier et à d'autres professionnels de la santé et de soins à domicile.
- Les vétérans des FAC affichaient de meilleurs résultats pour ce qui est de la perception personnelle de l'état de santé et de nombreux déterminants de santé, y compris le revenu, les études, l'assurance-maladie complémentaire et la protection pour soins à domicile du gouvernement.
- Comparativement aux autres Canadiens, quelques différences ont été soulevées entre les vétérans de la Force régulière et de la Réserve.
 - Les vétérans de la Force régulière affichaient de moins bons résultats en termes de problèmes de dos ainsi que des taux plus élevés relativement au recours aux soins à domicile, alors que les réservistes affichaient des résultats semblables à ceux des autres Canadiens dans ces secteurs.
 - Les vétérans de la Réserve affichaient toutefois de moins bons résultats en termes de satisfaction de vivre, d'hypertension artérielle, de maladies du cœur, d'obésité, d'affections physiques et mentales présentant des symptômes comorbides, alors que les vétérans de la Force régulière présentaient des résultats semblables à ceux des autres Canadiens dans ces secteurs.
 - Les vétérans de la Force régulière affichaient de meilleurs résultats relativement à la perception personnelle de l'état de santé et à la protection pour soins à domicile, alors que les vétérans de la Réserve présentaient des résultats semblables à ceux des autres Canadiens dans ces secteurs.
- Comparativement aux autres Canadiens, quelques différences ont été soulevées entre les vétérans des FC de sexe masculin et de sexe féminin.
 - Les vétérans de sexe masculin présentaient de moins bons résultats relativement à la satisfaction de vivre, aux affections chroniques et à l'invalidité et recouraient plus fréquemment à de nombreux services de santé, alors que les vétérans de sexe féminin affichaient généralement des résultats semblables à ceux des autres Canadiens (de sexe féminin) dans ces secteurs.
 - Les vétérans de sexe masculin affichaient de meilleurs résultats relativement aux médicaments sous ordonnance et à la protection pour soins à domicile, alors que les vétérans de sexe féminin présentaient des résultats semblables à ceux des autres Canadiens (de sexe féminin) dans ces secteurs.
 - Les vétérans de sexe féminin affichaient de meilleurs résultats relativement à la perception personnelle de l'état de santé, aux affections mentales et à

l'emploi, alors que les vétérans de sexe masculin affichaient des résultats semblables à ceux des autres Canadiens (de sexe masculin) dans ces secteurs.

Conclusion

Dans bon nombre de secteurs liés au bien-être, les vétérans des FAC présentaient des résultats semblables à ceux des autres Canadiens. Toutefois, quelques différences ont été soulevées dans certains indicateurs ainsi que parmi les sous-groupes de la population de vétérans des FAC (Force régulière, Réserve, sexe masculin ou féminin et groupes d'âge), mettant ainsi en évidence le besoin de planification et de politiques sensibles à ces différences.

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1 Introduction

The Canadian Community Health Survey (CCHS) is a cross-sectional survey that collects information related to health status, health care utilization and health determinants for the Canadian population. This survey has been conducted by Statistics Canada since 2001, and is used extensively in Canadian health research. The VAC Statistics Directorate purchased Veteran questions in the 2003 CCHS that identified war service and peacetime Veterans of the Canadian Forces (CAF), both Regular and Reserve Force components. CAF Veterans are former members of the CAF that did not serve during World War I, World War II, or the Korean War. The 2003 CCHS content is described in Appendix A.

CCHS 2003 data is the basis for VAC estimates of the size and age structure of CAF Veterans living in Canada (MacLean & Gallant, 2004). It was also the source of information about a limited set of indicators of health, disability and determinants of health of both wartime and CAF Veterans (MacLean & Gallant, 2006 and Thompson, Sweet & Pedlar, 2008). This study, conducted in collaboration with Statistics Canada, represents a more in-depth description of demographic characteristics and the well-being of CAF Veterans compared to other Canadians.

2 Method

2.1 Study population and sample

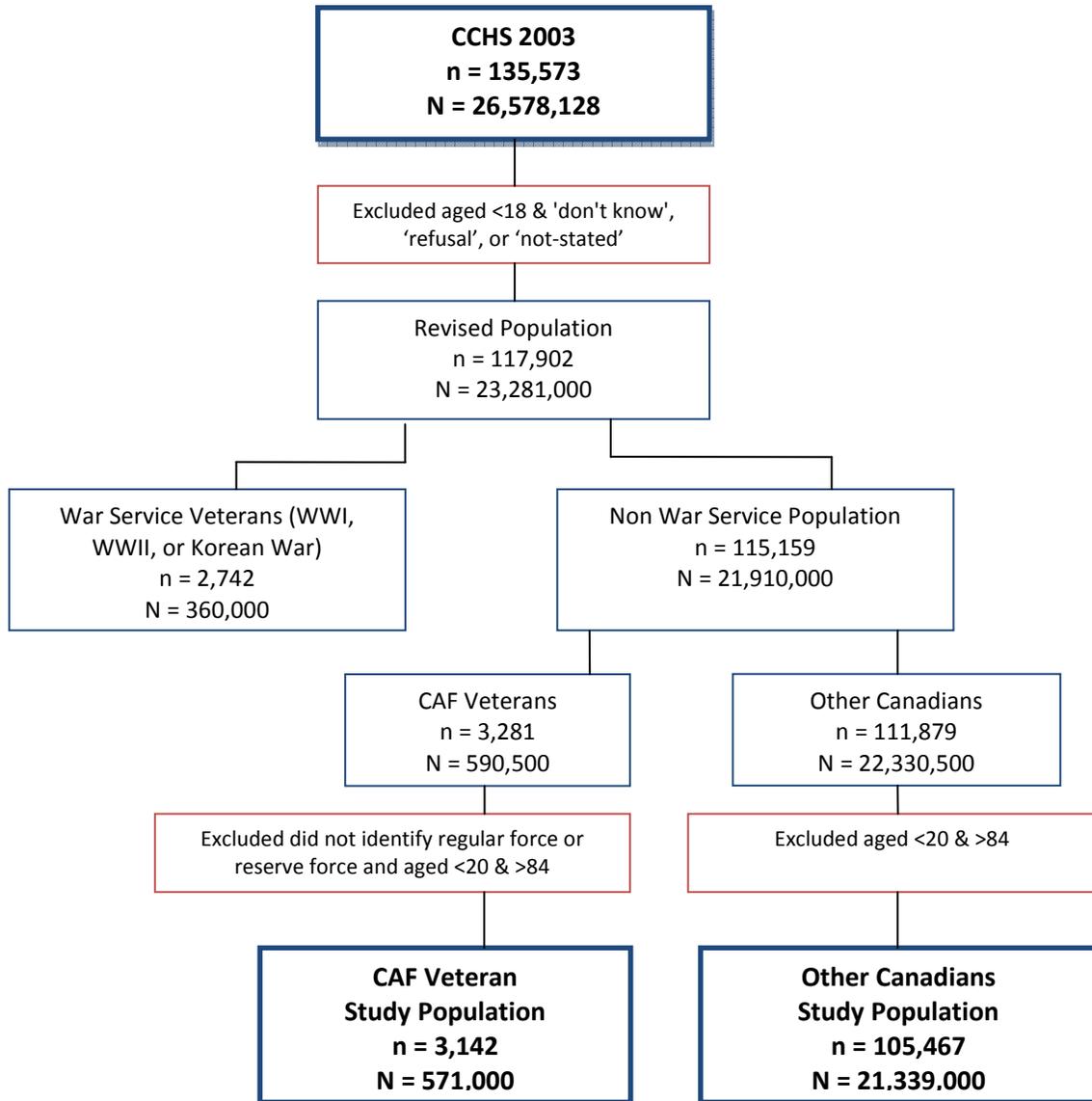
The Canadian Community Health Survey 2003 included a total sample of 135,573 Canadians aged 12 and over and living in households, excluding full time members of the Canadian Forces, those living on reserves, in institutions, or in some remote northern areas. The response rate for the survey was 81% and was representative of the Canadian population of 26.6 million. This cross-sectional survey used telephone interviews for 70% of respondents, and personal interviews for 30% of respondents.

War Service Veterans were identified for respondents aged 65 year and older, by asking the following question with a 96% response rate: “Have you ever had any Wartime service (WWI, WWII or Korea) in the military forces of Canada or its allies?” The sample of 2,742 War Service Veterans were not included in this study of CAF Veterans.

CAF Veterans were identified for respondents aged 18 years and older, excluding those who answered yes to the War Service question, by asking the following questions with a 97% response rate: “Not counting current service, have you ever had any peacetime service in the military forces of Canada? Was this service in the regular forces? primary reserves? special duty area (e.g. Persian Gulf, Cyprus, Balkans)?” The sample of 3,281 CAF Veterans included very small numbers aged less than 20 and over 84 years old; these were excluded. Special duty area could not be incorporated in the analysis. The

2003 CCHS estimate of 19,000 with this service underestimates the official VAC count of 100,000 (MacLean, 2008). The problematic wording of the question resulted in the exclusion of 109 who reported special duty area service, but no Regular Force or Primary Reserve Force service. The final sample size for this study was 3,142 CAF Veterans (see Figure 1).

Figure 1: Study Population and Sample

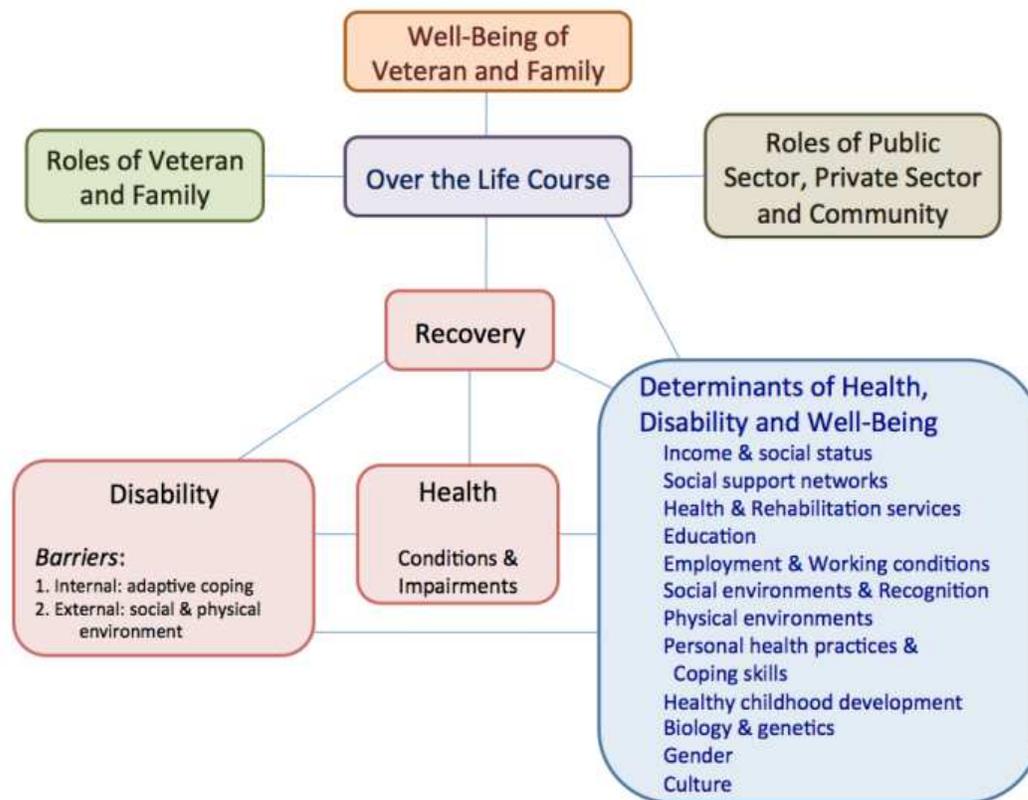


n = sample
N = estimated population

2.2 Indicators

The selection of health, disability and determinants of health indicators for this study from among those available in CCHS 2003 was based on the Veterans' well-being conceptual framework used by the VAC Research Directorate (Thompson et al, 2012), and described in Figure 2. Within this framework the ultimate outcome is well-being which is determined by a number of factors including health, disability and the determinants of health. The list of selected indicators, the CCHS 2003 wording of the source question(s), and how the indicator was defined are found in Appendix B.

Figure 2: Veterans Well-Being Conceptual Framework



2.3 Statistical analyses

For each of the selected indicators, Statistics Canada produced population estimates for 4 groups: CAF Veterans, two components of CAF Veterans: Regular Force, and Reserve Force and Other Canadians. To allow comparisons between all 4 groups, they were all age-sex standardized to the total CAF Veteran population. Statistics Canada did not report estimates if the coefficient of variation was > 33.3, usually the result of small

sample size or large variability or if the sample size was less than 10. Where sample sizes were sufficient, age and sex specific estimates were reported.

Calculation of all estimates incorporated survey sampling weights that account for both non-response and the complex stratified sampling design of the CCHS. Confidence intervals were calculated at the 95% level using bootstrap re-sampling method with 500 replicates to approximate the variation in the multi-stage survey design. Estimates were tested for significant difference from the estimates for other Canadians using p values generated by T-tests.

3 Results

3.1 Demographic and Service Characteristics

3.1.1 Population Size and Service

In 2003, there were an estimated 571,000 CAF Veterans aged 20 to 84 living in Canada representing 2.6% of Canadians (Table 1). Slightly more than half of the CAF Veteran population served in the Regular Forces (302,000) and the remainder served in the Reserves only (269,000).

Table 1: Study Population and Sample Sizes by Gender & Service Type

Study Population ^a	Category	Sample Size	Weighted Population Estimates	
			Population (95% CI)	Percent of Total Population (95% CI)
Regular Force ^b	Total	1,785	302,000 (282,000 - 321,000)	1.4% (1.3-1.5%)
	Male	1,580	269,000 (251,000 - 321,000)	2.5% (2.4-2.7%)
	Female	205	33,000 (24,000 - 41,000)	0.3% (0.2-0.4%)
Reserves ^c	Total	1,357	269,000 (247,000 - 290,000)	1.2% (1.1-1.3%)
	Male	1,153	227,000 (208,000 - 247,000)	2.1% (2.0-2.3%)
	Female	204	41,000 (32,000 - 51,000)	0.4% (0.3-0.5%)
CAF Veterans	Total	3,142	571,000 (542,000 - 599,000)	2.6% (2.5-2.7%)
	Male	2,733	497,000 (468,000 - 597,000)	4.7% (4.4-4.9%)
	Female	409	74,000 (62,000 - 86,000)	0.7% (0.6-0.8%)
Other Canadians	Total	105,467	21,339,000 (20,713,000 - 21,965,000)	97.4% (97.3-97.5%)
	Male	45,509	10,141,000 (9,689,000 - 10,593,000)	95.3% (95.1-95.6%)
	Female	59,958	11,198,000 (11,162,000 - 11,235,000)	99.3% (99.2-99.4%)

a. Excludes War Service Veterans, meaning WWI, WWII and Korean War, population aged 19 or younger and 85 or older and CAF Veterans that did not indicate whether their service was in the Regular Force or the Primary Reserves.

b. Includes those who served in the Primary Reserves as well.

c. Includes those who served in the Primary Reserves only.

3.1.2 Age and Sex Composition

CAF Veterans and both Regular Force and Reserve Veterans were slightly older than other Canadians. The average age of CAF Veterans was 51 (53 for Regular Force Veterans and 48 for Reserve Force Veterans) compared to 45 for other Canadians (Table 2). Female Veterans tended to be younger on average than male Veterans (45 compared to 51) and their average age was not significantly different from other Canadian females. The CAF Veteran study population ranged in age from 20 to 84 with the bulk (71%) of the population in their 40s, 50s and 60s, 6% aged 70 or older and 23% less than age 40. The majority of CAF Veterans were male (87%) compared to only about half (48%) of the non-Veteran population.

Table 2: Study Population by Age and Sex

Sex	Age Group	Regular Force	Reserves	CAF Veterans	Other Canadians
Male	20-29	2.6%	14.0%	7.8%	20.1%
	30-39	11.8%	14.7%	13.1%	21.2%
	40-49	22.0%	18.0%	20.1%	23.5%
	50-59	26.2%	25.1%	25.7%	17.9%
	60-69	31.3%	21.4%	26.8%	10.4%
	70-84	6.1%	6.9%	6.5%	6.9%
	Col % (95% CI)	89.2% (86.4-91.5%)	84.6% (81.2-87.6%)	87.0% (84.9-88.9%)	47.5% (47.4-47.6%)
Mean (95% CI)	53 (53-54)	49 (48-50)	51 (51-52)	44 (44-44)	
Female	20-39	30.5%	42.5%	37.2%	37.8%
	40-59	41.7%	47.4%	44.9%	40.0%
	60-84	27.8%	10.1%	17.9%	22.2%
	Col % (95% CI)	10.8% (8.5-13.6%)	15.4% (12.4-18.8%)	13.0% (11.1-15.1%)	52.5% (52.4-52.6%)
	Mean (95% CI)	48 (45-51)	44 (41-46)	45 (44-47)	46 (46-46)
Total	20-29	3.4%	13.7%	8.3%	19.1%
	30-39	12.7%	17.0%	14.7%	20.4%
	40-49	23.1%	19.4%	21.4%	22.9%
	50-59	24.4%	24.3%	24.4%	17.8%
	60-69	30.0%	19.1%	24.9%	10.9%
	70-84	6.4%	6.4%	6.4%	9.0%
	Mean (95% CI)	53 (52-54)	48 (47-49)	51 (50-51)	45 (45-45)

3.1.3 Marital Status

The majority (75%) of CAF Veterans (both Regular Force and Reserves) had a partner (Table 3). The rates of having a partner among Veterans were similar to other Canadians. CAF Veterans, however, had higher rates of separation/divorce and lower rates of being single than other Canadians. This was true for Regular Force Veterans but the rates of separation/divorce and being single were similar to other Canadians for Reserves.

Among males, CAF Veterans had higher rates of separation/divorce (9% compared to 7%) and lower rates of being single (14% and 17%). These differences were found among male Regular Force Veterans. There was no statistical difference in marital status between male Reserves and other Canadians. Female CAF Veterans had lower rates of having a partner than male Veterans, 63% compared to 76%. This was mainly due to a lower rate of having a partner among female Regular Force Veterans (56%). However, there were no statistical difference in marital status between female CAF Veterans (both Regular Force and Reserves) and other Canadians.

Table 3: Marital Status

Sex	Categories	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male (Age adjusted)	Has Partner	78.7%** (75.8-81.4%)	72.9% (69.1-76.5%)	75.6% (73.2-77.8%)	74.3% (73.7-74.8%)
	Widowed	1.9%E (1.2-2.9%)	2.0%E (1.3-3.1%)	1.9% (1.4-2.6%)	2.2% (2.1-2.5%)
	Separated/divorced	9.6%** (8.1-11.4%)	8.6% (6.5-11.3%)	9.0%** (7.7-10.5%)	6.8% (6.5-7.1%)
	Single	9.8%** (7.9-12.2%)	16.5% (13.7-19.7%)	13.5%** (11.8-15.5%)	16.7% (16.3-17.1%)
Female (Age Adjusted)	Has partner	55.9% (43.4-67.7%)	67.6% (57.7-76.1%)	63.2% (54.9-70.7%)	65.9% (65.4-66.5%)
	Widowed	10.2%E (6.7-15.3%)	10.9%E (6.0-19.0%)	10.4%E (7.5-14.4%)	10.7% (10.4-11.1%)
	Separated/divorced	19.2%E (10.5-32.5%)	12.2%E (6.4-21.9%)	14.1%E (8.8-21.7%)	9.9% (9.5-10.3%)
	Single	14.6%E (9.2-22.4%)	9.3%E (5.6-15.1%)	12.3%E (8.8-16.9%)	13.4% (13.1-13.7%)
Total (Age & Sex Adjusted)	Has partner	76.4% (73.3-79.3%)	73.3% (69.8-76.5%)	74.9% (72.6-77.0%)	73.8% (73.3-74.3%)
	Widowed	2.5% E (1.8-3.5%)	2.7% E (1.9-3.9%)	2.6% (2.0-3.3%)	2.9% (2.8-3.1%)
	Separated/divorced	10.7%** (8.9-12.8%)	8.8% (6.7-11.4%)	9.5%** (8.1-11.1%)	7.2% (6.9-7.5%)
	Single	10.4%** (8.4-12.8%)	15.2% (12.7-18.0%)	13.1%** (11.5-14.8%)	16.1% (15.7-16.4%)

E use with caution, coefficient of variation between 16.6% and 33.3%

**significantly different from estimate for other Canadians (p<0.01)

3.1.4 Urban Residence

The majority (80%) of CAF Veterans live in urban areas, the same as the rate for other Canadians (Table 4). Male CAF Veterans and both Regular Force and Reserves were similar to Other Canadians in the rates of living in an urban area. However, a greater proportion of female CAF Veterans (86%) lived in an urban area, compared to Other Canadians 81%.

Table 4: Urban Residence

Sex	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male (Age Adjusted)	77.8% (74.9-80.4%)	80.9% (77.4-83.9%)	79.4% (77.2-81.4%)	79.4% (78.8-80.1%)
Female (Age Adjusted)	86.6% (77.7-91.0%)	86.6% (79.8-91.4%)	85.7* (81.1-89.3%)	81.4% (80.8-81.9%)
Total (Age & Sex Adjusted)	78.6% (75.9-81.1%)	81.2% (78.1-84.0%)	80.0% (78.0-81.8%)	79.6% (79.0-80.2%)

*significantly different from estimate for Other Canadians (p<0.05)

Note: Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometre based on current census population counts. Based on 1996 Census geography.

3.2 Health

3.2.1 General Health

General health includes perceived health, perceived mental health and satisfaction with life. Perceived health is an indicator of overall health status. Perceived health refers to a person's health in general — not only the absence of disease or injury, but also physical, mental and social well-being (Statistics Canada, Health Fact Sheets, 2011).

Over half (57%) of CAF Veterans reported 'very good' or 'excellent' health (Table 5). The rates of positive perceived health for CAF overall and both Regular Force and Reserves were not different from that of Other Canadians. However, female CAF Veterans (64%) had higher rates of reported positive health than other Canadian females (54%). This was mainly due to higher rates among female Regular Force Veterans and particularly those aged 40 to 59.

While most (57%) CAF Veterans reported positive health, 12% reported negative health ('fair' or 'poor' health) similar to other Canadians (see Table 32 in Appendix C).

Table 5: Perceived Health (Very good or excellent)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	66.4% (56.2-75.3%)	73.0% (64.9-79.8%)	70.5% (64.3-76.1%)	68.7% (67.6-69.8%)
	40-59	59.5% (53.7-65.0%)	55.5% (48.5-62.2%)	57.8% (53.3-62.1%)	57.4% (56.3-58.6%)
	60-84	40.0% (34.8-45.5%)	42.9% (35.7-50.4%)	41.1% (36.8-45.7%)	42.4% (41.1-43.8%)
	Age Adjusted	55.0%	55.6%	55.5%	55.3%
	Total	(51.0-58.9%)	(51.4-59.7%)	(52.7-58.2%)	(54.6-56.1%)
Female	20-39	79.2% (53.5-92.7%)	77.2% (61.0-87.9%)	77.9% (64.9-87.1%)	67.5% (66.4-68.5%)
	40-59	76.7%* (58.7-88.4%)	69.3% (50.4-83.4%)	72.3%* (59.2-82.5%)	57.1% (55.9-58.2%)
	60-84	41.8% E (27.3-57.7%)	41.8% E (24.0-62.1%)	41.8% (30.1-54.4%)	38.5% (37.5-39.6%)
	Age Adjusted	66.3%*	62.5%	64.1%**	53.7%
	Total	(56.0-75.3%)	(51.4-72.5%)	(56.5-71.0%)	(53.0-54.3%)
Total (Age & Sex Adjusted)		56.7% (53.0-60.2%)	56.5% (52.6-60.4%)	56.7% (54.2-59.3%)	55.2% (54.5-55.8%)

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for Other Canadians (p<0.05)

**significantly different from estimate for Other Canadians (p<0.01)

Over three-quarters (77%) of CAF Veterans, and 79% of Regular Force Veterans, reported 'very good' or 'excellent' mental health. This was higher than the rate for other Canadians (72%) (Table 6). The rate of positive perceived mental health among Reserves was similar to other Canadians.

Both male and female CAF Veterans had a higher rate of positive perceived mental health than other Canadians. Older (aged 40 and older) male CAF Veterans had higher rates than other Canadians while the rates for younger (aged 20 to 39) male CAF Veterans were similar to that of other Canadians. Female CAF Veterans aged 40 to 59 had higher rates than other Canadian females of the same age group while the rates were not different for younger (20-39) and older female CAF Veteran (60-84).

While most (77%) CAF Veterans reported positive mental health, 4% reported negative health ('fair' or 'poor' mental health), similar to other Canadians (see Table 33 in Appendix C).

Table 6: Perceived Mental Health (Very good or excellent)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	76.5% (66.7-84.1%)	75.7% (67.4-82.5%)	76.0% (69.8-81.3%)	76.4% (75.4-77.5%)
	40-59	80.2%** (75.6-84.1%)	73.6% (67.4-79.0%)	77.4%** (73.7-80.7%)	72.3% (71.1-73.4%)
	60-84	75.5%* (70.3-80.0%)	77.4%* (71.3-82.6%)	76.2%** (72.3-79.8%)	69.8% (68.3-71.2%)
	Age Adjusted	77.9%**	75.3%	76.7%**	72.5%
	Total	(74.5-80.9%)	(71.6-78.6%)	(74.3-79.0%)	(71.7-73.2%)
Female	20-39	92.3%** (81.2-97.1%)	70.5% (55.1-82.3%)	78.4% (67.2-86.5%)	75.8% (74.8-76.7%)
	40-59	80.7% (65.2-90.3%)	87.4%** (75.8-93.9%)	84.7%** (75.9-90.7%)	72.6% (71.7-73.6%)
	60-84	81.7% (64.9-91.6%)	66.9% (45.2-83.2%)	76.9% (63.7-86.3%)	69.7% (68.7-70.7%)
	Age Adjusted	83.7%**	77.1%	80.8%**	72.4%
	Total	(75.3-89.6%)	(68.5-83.9%)	(75.0-85.5%)	(71.9-73.0%)
Total (Age & Sex Adjusted)		78.8%** (75.8-81.5%)	75.6% (72.3-78.6%)	77.3%** (75.0-79.3%)	72.4% (71.8-73.1%)

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Life satisfaction is a personal subjective assessment of global well-being (Statistics Canada, 2008). The vast majority (89%) of CAF Veterans reported being satisfied or very satisfied with life, slightly lower than for the non-Veteran population (91%) (Table 7). Primary Reserves had a lower rate of life satisfaction than other Canadians. However, the rate of life satisfaction was not statistically different between Regular Force Veterans and other Canadians.

Male CAF Veterans had a lower rate of life satisfaction (89%) than other Canadian males (91%) while the rates for females were not statistically different. For both male and female CAF Veterans overall the rates for each age group did not differ from that of other Canadians. Male Reserves aged 40-59 had lower rates than other Canadians of the same age group, 81% compared to 91%. The reverse was true for female Reserves of the same age group, 96% compared to 91% for other Canadians.

Table 7: Life Satisfaction (Satisfied or very satisfied)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	87.2% (79.2-92.5%)	86.7% (78.9-91.9%)	86.9% (81.5-90.9%)	90.7% (90.0-91.5%)
	40-59	92.0% (88.9-94.3%)	81.2%** (73.3-87.1%)	87.4% (83.5-90.4%)	90.5% (89.7-91.2%)
	60-84	90.9% (87.2-93.7%)	93.4% (90.1-95.6%)	91.9% (89.4-93.8%)	92.7% (91.9-93.5%)
	Age Adjusted	90.6%	86.3%**	88.7%*	91.2%
	Total	(88.1-92.5%)	(82.3-89.5%)	(86.5-90.5%)	(90.8-91.7%)
Female	20-39	94.2% (81.5-98.4%)	90.8% (78.7-96.3%)	92.0% (83.9-96.3%)	91.5% (90.8-92.1%)
	40-59	89.7% (77.1-95.7%)	96.2%** (90.9-98.5%)	93.5% (88.1-96.6%)	90.5% (89.9-91.1%)
	60-84	94.1% (86.9-97.5%)	79.1% (54.0-92.5%)	89.2% (78.4-94.9%)	91.2% (90.6-91.8%)
	Age Adjusted	92.1%	89.6%	91.8%	91.0%
	Total	(86.0-95.7%)	(81.0-94.6%)	(87.7-94.7%)	(90.6-91.3%)
Total (Age & Sex Adjusted)		90.8% (88.7-92.6%)	87.0%** (83.5-89.9%)	89.2%* (87.3-90.8%)	91.2% (90.8-91.6%)

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

3.2.2 Chronic Conditions

Respondents were asked about various chronic physical and mental conditions that had lasted or were expected to last six months or more, and had been diagnosed by a health professional. They were also asked about their height and weight from which body mass index and obesity rates were calculated.

Chronic Physical Conditions

The most prevalent physical conditions among CAF Veterans were back problems (25%), arthritis (23%), obesity¹ (21%), and high blood pressure (21%). These were also the most prevalent conditions among other Canadians (Table 8).

Arthritis, back problems, heart disease and obesity were more prevalent among CAF Veterans than other Canadians. The prevalence rates of other chronic physical conditions were not significantly different between CAF Veterans and other Canadians. There were a few slight differences between Regular Force and Reserve Force Veterans. Compared to other Canadians, the prevalence of back problems was slightly higher for Regular Force Veterans, but not different for Reserve Force Veterans. Compared to other Canadians, the prevalence of heart disease, hypertension and obesity were slightly higher in Reserves but not for Regular Force Veterans.

Male CAF Veterans had higher prevalence of arthritis, back problems, heart disease and obesity than other Canadian males. There were no differences between female CAF Veterans and other Canadian females.

Chronic Mental Conditions

The survey asked about three diagnosed mental conditions: schizophrenia, anxiety disorders and mood disorders (Table 8). The prevalence of schizophrenia was too low to produce reliable estimates for CAF Veterans. The prevalence of anxiety disorders was similar for CAF Veterans and other Canadians. The prevalence of mood disorders was higher for CAF Veterans (6%) than for other Canadians (4%). The sample sizes for female Veterans were too small for valid estimates of the prevalence of chronic mental conditions.

¹ Body mass index and obesity prevalences were derived from self-reported height and weight.

Table 8: Prevalence of Chronic Conditions

Condition ^a	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Arthritis or rheumatism (excludes fibromyalgia)	21.5%* (19.0-24.2%)	24.1%** (21.0-27.5%)	22.6%** (20.7-24.7%)	18.7% (18.1-19.2%)
Male	22.1** (19.3-25.1%)	23.3** (19.9-27.0%)	22.4** (20.3-32.4%)	17.6% (17.0-18.2%)
Female	19.0** (13.6-25.8)	32.6 (23.7-42.9%)	25.4% (19.5-32.4%)	27.9% (27.4-28.5%)
Asthma	6.8% (5.2-8.8%)	7.3% (5.7-9.4%)	7.2% (5.9-8.7%)	6.5% (6.2-6.8%)
Male	6.1% (4.5-8.1%)	6.4% (4.8-8.4%)	6.4% (5.2-18.6%)	6.1% (5.8-6.5%)
Female	11.2%E (5.9-20.4%)	15.7%E (9.1-25.8%)	12.6%E (8.3-18.6%)	9.0% (8.7-9.4%)
Back problems (excludes fibromyalgia & arthritis)	26.3%** (22.9-30.1%)	24.2% (20.8-28.0%)	25.3%** (22.9-27.8%)	21.5% (20.9-22.0%)
Male	26.6% (23.1-30.4%)	24.2% (20.6-28.2%)	25.3%** (22.9-28.0%)	21.2% (20.6-21.8%)
Female	26.2%E (16.2-39.4%)	25.1%E (17.0-35.5%)	25.3% (18.6-33.3%)	23.4% (22.9-24.0%)
Bowel	2.5%E (1.8-3.4%)	2.6%E (1.7-3.8%)	2.5% (1.9-3.3%)	1.9% (1.7-2.1%)
Cancer	2.7%E (1.9-3.9%)	2.4%E (1.6-3.5%)	2.6% (1.9-3.4%)	2.3% (2.1-2.5%)
COPD	3.8%E (2.7-5.3%)	4.2%E (2.9-6.1%)	4.0% (3.1-5.1%)	3.5% (3.3-3.8%)
Diabetes	8.1% (6.5-10.0%)	6.6% (5.0-8.5%)	7.4% (6.2-8.8%)	7.2% (6.9-7.6%)
Male	8.3% (6.6-10.5%)	6.7% (5.0-8.8%)	7.6% (6.3-9.2%)	7.4% (7.0-7.8%)
Female	5.5%E (2.9-10.0%)	F	5.2%E (3.0-8.9%)	5.8% (5.5-6.1%)
High blood pressure	18.3% (16.2-20.6%)	23.3%* (19.8-27.0%)	20.6% (18.6-22.8%)	19.2% (18.7-19.7%)
Male	19.1% (16.7-21.7%)	23.2% (19.8-27.2%)	20.9% (18.8-23.2%)	19.1% (18.5-19.7%)
Female	13.7%**E (9.6-19.1%)	21.5%E (13.6-32.3%)	18.4% (13.5-24.7%)	21.3% (20.8-21.8%)
Heart disease	8.5% (7.1-10.2%)	10.1%* (8.0-12.6%)	9.2%* (8.0-10.6%)	7.5% (7.1-7.9%)
Male	8.9% (7.4-10.7%)	10.4%* (8.1-13.2%)	9.5%* (8.2-11.0%)	7.7% (7.3-8.1%)
Female	F	F	4.8%E (2.7-8.4%)	6.0 (5.7-6.2%)
Stroke	1.1%E (0.7-1.7%)	0.9%*E (0.5-1.6%)	1.1%E (0.7-1.5%)	1.5% (1.3-1.6%)
Ulcer	4.5%E (3.0-6.7%)	3.3%E (2.2-5.0%)	4.0% (3.0-5.3%)	3.1% (2.9-3.4%)

Condition ^a	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Obesity^b	19.7% (16.8-23.1%)	22.7%** (19.4-26.4%)	20.8%** (18.6-23.2%)	16.6% (16.1-17.0%)
Male	19.4% (16.4-22.6%)	23.8%** (20.1-27.9%)	21.3%** (18.9-23.9%)	16.8 16.3-17.3
Female	22.5%E (11.8-38.7%)	17.1%E (10.6-26.4%)	18.1%E (11.8-26.9%)	15.8% (15.3-16.3%)
Schizophrenia	F	F	F	0.3% (0.2-0.4%)
Anxiety disorder^c	3.0%E (2.1-4.2%)	4.0%E (2.6-6.3%)	3.5% (2.6-4.7%)	3.0% (2.8-3.2%)
Mood disorder^d	5.8% (4.5-7.5%)	6.0% E (4.3-8.3%)	5.8%* (4.8-7.1%)	4.4% (4.1-4.7%)
Male	5.9%* (4.5-7.8%)	5.9%E (4.0-8.5%)	5.8%** (4.7-7.2%)	4.0% (3.7-4.3%)
Female	F	5.7%E (3.4-9.4%)	5.5%E (3.4-8.8%)	7.2% (6.8-7.5%)

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

a. Respondent reported that they had been diagnosed with chronic conditions that had lasted, or were expected to last 6 months or more.

b. Body mass index (BMI) of 30.0 or higher. BMI based on self-reported height and weight.

c. Such as phobia, obsessive-compulsive disorder or a panic disorder

d. Such as depression, bipolar disorder, mania or dysthymia.

Note: Prevalence totals were age and sex adjusted and gender specific prevalence s were age adjusted.

3.2.3 Co-morbidity

The majority of CAF Veterans (60%) had at least one physical condition, higher than for other Canadians (53%). The prevalence of having at least one mental condition among CAF Veterans was 7%, similar to other Canadians (Table 9).

Male Veterans (both Regular Force and Reserves), had a higher prevalence of having a physical condition than other Canadian males. The prevalence of physical conditions among female Veterans and other Canadians was similar. The prevalence of mental conditions was similar for male Regular Force Veterans and other Canadians. However, female Reserves (6%) and CAF Veterans (7%) had lower prevalence of having a mental condition compared to other Canadians (10%).

A minority of CAF Veterans (6%) had both physical and mental conditions, greater than that of other Canadians (5%). Since 6% of CAF Veterans had co-morbid physical and mental conditions, the majority with a mental condition (7%) also had at least one physical condition.

While the prevalence of co-morbid physical and mental conditions for Reserves (7%) was greater than that of other Canadians it was similar for Regular Force Veterans. Male CAF Veterans overall (6%) and Reserves (7%) had higher prevalence of co-morbidity than other Canadian males (4%). Female CAF Veterans (4%) had considerably lower prevalence of co-morbid physical and mental conditions than other Canadian females (8%).

There is increased risk of adverse outcomes as the number of co-morbid conditions increases. The prevalence of 3 or more chronic physical conditions was greater among CAF Veterans (19%), and both Regular (18%) and Reserve Force (20%) Veterans, than among other Canadians (14%) (See Table 34 in Appendix C for details). Also, co-morbidity of 3 or more chronic physical conditions was twice as prevalent in CAF Veterans with both physical conditions and mental conditions (See Table 35 in Appendix C for details).

Table 9: Prevalence of Physical and Mental Conditions

Sex	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Any physical condition^a	58.7%** (55.2-62.2%)	61.7%** (58.0-65.3%)	59.9%** (57.4-62.4%)	53.3% (52.6-54.0%)
Male	57.9%** (54.1-61.6%)	62.2%** (58.3-65.9%)	59.7%** (57.0-52.4%)	52.6% (51.8-53.3%)
Female	63.7% (52.6-73.5%)	57.0% (45.7-67.6%)	60.4% (52.3-68.0%)	58.5% (57.9-59.1%)
Any mental condition^b	6.9% (5.5-8.7%)	8.0% (6.1-10.4%)	7.4% (6.2-8.7%)	6.2% (5.9-6.5%)
Male	7.0% (5.4-9.0%)	8.1%* (6.0-10.8%)	7.4%** (6.1-8.8%)	5.5% (5.2-5.9%)
Female	F	6.4%*E (3.9-10.3%)	6.5%**E (4.2-9.9%)	10.4% (10.0-10.8%)
Both a physical and mental condition	5.1% (4.0-6.6%)	6.5%* (4.8-8.8%)	5.8%* (4.7-7.0%)	4.5% (4.2-4.7%)
Male	5.4% (4.1-7.1%)	6.5%* E (4.6-9.1%)	5.9%** (4.7-6.6%)	4.0% (3.7-4.3%)
Female	F **	5.2% E (3.0-9.0%)	4.2%** E (2.7-6.6%)	7.9% (7.6-8.3%)

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

a. Includes asthma, fibromyalgia, arthritis, back problems, high blood pressure, diabetes, heart disease, cancer, stomach or intestinal ulcers, effects of stroke, bowel disorder/Crohn's disease, Alzheimer's/dementia, chronic fatigue syndrome, and chronic bronchitis/emphysema/COPD.

b. Includes schizophrenia, a mood disorder (such as depression, bipolar disorder, mania, or dysthymia), or an anxiety disorder (such as phobia, obsessive-compulsive disorder or a panic disorder).

Note: Prevalence totals were age and sex adjusted and gender specific prevalence s were age adjusted.

3.3 Disability

Participation and Activity Limitation

CAF Veterans (41%), and both Regular Force (42%) and Reserve Veterans (41%), had higher rates of activity limitation than other Canadians (34%) (Table 10). While there was no significant difference in the rate of activity limitation between female CAF Veterans and other Canadian females, male Veterans had considerably higher rate of activity limitation than other Canadian males (42% compared to 34%). This was true across all age groups of male CAF Veterans.

Table 10: Participation and Activity Limitation (Sometimes or Often)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	36.4%** (27.3-46.4%)	24.1% (18.0-31.5%)	28.7%** (23.3-34.7%)	20.6% (19.7-21.6%)
	40-59	38.6%** (33.4-44.0%)	44.4%** (37.6-51.5%)	41.1%** (36.8-45.5%)	31.0% (30.0-32.1%)
	60-84	56.2%** (51.1-61.2%)	48.9% (41.1-56.7%)	53.4%** (48.8-57.8%)	47.1% (45.6-48.6%)
	Age Adjusted	43.6%**	41.1%**	42.1%**	33.7%
	Total	(39.9-47.3%)	(37.0-45.4%)	(39.4-43.1%)	(33.0-34.4%)
Female	20-39	F	36.8%* E (24.3-51.3%)	33.7% E (23.6-45.6%)	22.8% (21.8-23.7%)
	40-59	21.3%* E (10.8-37.5%)	24.3% E (13.0-40.8%)	23.0%* E (14.6-34.3%)	34.8% (33.7-35.8%)
	60-84	61.8% (46.4-75.2%)	50.1% E (30.5-69.6%)	58.1% (45.7-69.6%)	51.4% (50.4-52.5%)
	Age Adjusted	35.6%	35.2%	36.5%	37.2%
	Total	(27.2-44.9%)	(26.2-45.4%)	(30.3-43.1%)	(36.6-37.9%)
Total (Age & Sex Adjusted)		42.3%** (39.0-45.7%)	40.6%** (36.8-44.5%)	41.4%** (39.0-43.8%)	34.1% (33.4-34.7%)

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Needing help with Activities of Daily Living

CAF Veterans had a higher rate (14%) of needing help with activities of daily living than other Canadians (12%) (Table 11). The rate for Regular Force and Reserves was, however, not significantly different from other Canadians. The higher rate of needing help among CAF Veterans was mainly due to higher rates among males and particularly among 40 to 59 year old male Reserves. The rate of needing help among females CAF Veterans was similar to that of other Canadian females. This was true across all age groups of female CAF Veterans.

Table 11: Needing Help with Activities of Daily Living

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	F	F	4.4% E (2.7-7.1%)	4.1% (3.6-4.5%)
	40-59	10.8% (8.3-13.9%)	14.5%* E (10.1-20.5%)	12.4%** (9.9-15.4%)	8.2% (7.6-8.8%)
	60-84	21.7% (17.6-26.4%)	18.2% (13.0-24.8%)	20.3% (17.0-24.2%)	19.3% (18.1-20.5%)
	Age Adjusted	13.4%*	12.9%	13.0%*	10.7%
	Total	(11.4-15.7%)	(10.2-16.3%)	(11.4-14.9%)	(10.2-11.2%)
Female	20-39	X	F	11.6% E (6.6-19.6%)	8.0% (7.5-8.6%)
	40-59	F	F	12.7% E (6.8-22.5%)	17.5% (16.7-18.3%)
	60-84	38.4% E (24.8-54.2%)	46.4% E (27.2-66.7%)	41.0% (29.5%-53.5%)	39.0% (37.8-40.1%)
	Age Adjusted	18.8% E	24.1% E	21.3%	22.0%
	Total	(13.4-25.8%)	(16.3-34.1%)	(16.3-27.2%)	(21.5-22.6%)
Total (Age & Sex Adjusted)		13.9% (11.9-16.0%)	14.1% (11.5-17.1%)	13.9%* (12.3-15.6%)	11.9% (11.5-12.3%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

3.4 Determinants of Health

3.4.1 Health Behaviours

Daily Smoking

Smoking is a risk factor for lung cancer, heart disease, stroke, chronic respiratory disease, and other conditions. According to the World Health Organization, smoking is an important and preventable cause of death (Statistics Canada, Health Fact Sheets, 2011). Rates of smoking have been declining in the general Canadian population (Statistics Canada, Health Trends, 2012).

About one in five (21%) CAF Veterans smoked daily, similar to other Canadians (19%) (Table 12). The rates were not different for both Regular Force and Reserve Veterans. However, male Regular Force Veterans had a higher rate of smoking (24%) than other Canadian males (20%) mainly due to a higher rate among older (aged 60 to 84) Veterans (17% compared to 12% for other Canadians). The rates of daily smoking did not differ between female CAF Veterans (Regular and Reserve Force) and other Canadian females.

Table 12: Daily Smoking

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	26.8% (19.3-35.8%)	21.7% (16.4-28.1%)	23.6% (19.1-28.7%)	23.9% (22.8-24.9%)
	40-59	26.4% (21.8-31.6%)	24.2% (19.0-30.3%)	25.5% (21.8-29.5%)	23.3% (22.3-24.3%)
	60-84	16.9%* (13.2-21.4%)	10.0% E (7.0-13.9%)	14.2% (11.6-17.3%)	11.8% (11.0-12.8%)
	Age Adjusted	23.5%*	19.2%	20.9%	19.8%
	Total	(20.5-26.8%)	(16.3-22.4%)	(19.3-23.8%)	(19.3-20.4%)
Female	20-39	F	26.1% E (14.2-42.9%)	21.9% E (13.3-33.9%)	19.0% (18.2-19.9%)
	40-59	F	F	16.1% E (9.5-25.8%)	20.0% (19.2-20.9%)
	60-84	18.6% E (9.6-32.9%)	X	15.1% E (8.4-25.6%)	10.5% (9.9-11.2%)
	Age Adjusted	14.9% E	16.5% E	17.1%	16.8%
	Total	(9.5-22.5%)	(10.6-24.9%)	(12.6-22.8%)	(16.4-17.3%)
Total (Age & Sex Adjusted)		22.2% (19.5-25.1%)	19.0% (16.3-21.9%)	20.9% (19.0-23.0%)	19.4% (18.9-19.9%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

Heavy Drinking

Heavy drinking refers to having consumed five or more drinks, per occasion, at least once a month during the past year. This level of alcohol consumption was a selected indicator since it can have serious health and social consequences, especially when combined with other behaviours such as driving while intoxicated (Statistics Canada, Health Fact Sheets, 2011).

About one in five (22%) CAF Veterans were heavy drinkers, similar to other Canadians (Table 13). The rates for both Regular and Reserve Force were similar to other Canadians as well. The rates of heavy drinking were much greater among male Veterans than females but were similar to other Canadians.

Table 13: Heavy Drinking

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	31.3% (23.3-40.5%)	34.8% (27.6-42.8%)	33.5% (28.0-39.5%)	35.8% (34.7-37.0%)
	40-59	26.5% (21.6-32.1%)	23.5% (18.1-30.0%)	25.2% (21.6-29.2%)	23.8% (22.9-24.8%)
	60-84	15.1%* (11.8-19.1%)	14.3% (10.5-19.1%)	14.8%** (12.2-17.7%)	10.3% (9.3-11.4%)
	Age Adjusted Total	24.0% (21.0-27.4%)	23.2% (20.0-26.9%)	21.6% (21.6-26.3%)	22.4% (21.8-23.0%)
Female	20-39	F	F	17.1% E (10.4-26.8%)	15.0% (14.2-15.8%)
	40-59	X	X	F	6.9% (6.3-7.4%)
	60-84	X	X	X	1.6% (1.4-1.9%)
	Age Adjusted Total	8.3% E (5.0-13.4%)	6.2% E (3.3-11.3%)	7.4% E (4.9-11.0%)	7.1% (6.8-7.4%)
Total (Age & Sex Adjusted)		22.0% (19.3-25.0%)	20.9% (18.0-24.1%)	21.6% (19.6-23.8%)	20.2% (19.6-20.7%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians ($p < 0.05$)

3.4.2 Employment

Unemployment, underemployment and stressful or unsafe work are associated with poorer health (PHAC, 2012). While healthy people are more likely to be employed, employment can also improve health. Employment increases status, power and independence and can be a source of social support and recognition from others (Ross & Mirowsky, 1995).

The majority of CAF Veterans (69%) and both Regular (68%) and Reserve Force Veterans (67%) worked in the week prior to the survey (Table 14). The rate of working was not different between CAF overall and both Regular and Reserve Force from other Canadians. However, among older (40-59) male CAF Veterans (80%) had lower rates of working compared to other Canadians (86%). Female CAF Veterans (62%) had higher rate of working than other Canadian females (56%) while the rates of working were the same between male Veterans and other Canadians (69%).

The majority of CAF Veterans (70%) worked over the 12 months prior to the survey a rate similar to that of other Canadians (See Table 36 in Appendix C for details).

Table 14: Worked in the Last Week

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	88.5% (81.8-92.9%)	86.9% (79.6-91.9%)	87.5% (82.6-91.2%)	85.3% (84.4-86.2%)
	40-59	80.6%** (76.8-83.9%)	80.0%* (73.6-85.1%)	80.3%** (77.0-83.3%)	85.9% (85.1-86.6%)
	60-84	34.7% (29.5-40.2%)	39.7% (31.8-48.3%)	36.6%* (32.0-41.4%)	31.6% (30.3-32.9%)
	Age Adjusted	68.5%	69.4%	68.8%	69.3%
	Total	(65.8-71.1%)	(65.3-73.3%)	(66.4-71.0%)	(68.7-69.9%)
Female	20-39	78.1% (57.3-90.5%)	85.4%* (72.9-92.7%)	82.8% (72.4-89.8%)	74.9% (73.9-75.9%)
	40-59	78.8% (61.3-89.7%)	78.6% (63.4-88.6%)	78.7% (67.9-86.5%)	72.7% (71.8-73.7%)
	60-84	17.8% E (9.0-32.2%)	X	19.3% E (11.7-30.2%)	15.7% (14.8-16.8%)
	Age Adjusted	60.2%	63.2%	61.6%*	56.0%
	Total	(51.7-68.1%)	(55.2-70.5%)	(56.3-66.7%)	(55.4-56.6%)
Total (Age & Sex Adjusted)		67.6% (64.8-70.2%)	67.4% (64.7-70.0%)	68.6% (58.8-77.0%)	68.9% (65.2-72.3%)

X suppressed due to sample size

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Note: Worked last week classifies the respondent (aged 75 or younger) based on his/her working status in the week prior to the interview and also includes grouping for reasons of not working. Respondents who indicated that in the past week they had worked at a job or business, had a job on temporary or seasonal layoff, or had a job - absent for some other reason were considered to have worked in the past week. Those who did not have a job or were permanently unable to work were considered not to have worked in the past week.

3.4.3 Income

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, 2012). One indicator of social and economic status is relative low income. Low Income was considered as household income below the following thresholds: < \$15,000 if 1 or 2 people; < \$20,000 if 3 or 4 people; < \$30,000 if 5+ people.

The rate of relative low income among CAF Veterans was almost half that of other Canadians, 4% compared to 7% (Table 15). The low income rate was lower for both Regular (5%) and Reserve Force Veterans (3%). The rate of low income among both male (4%) and female (5%) CAF Veterans was lower than that of other Canadians (7% and 11%)

Table 15: Low Income

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	X	F	2.1%E (1.2-3.7%)	6.7% (6.0-7.5%)
	40-59	4.0%*E (2.7-5.8%)	1.8%**E (1.0-3.3%)	3.1%** (2.2-4.2%)	6.0% (5.5-6.6%)
	60-84	8.1%E (5.5-11.7%)	F	7.0%E (5.0-9.7%)	8.3% (7.6-9.1%)
	Age Adjusted Total	4.9%** (3.7-6.3%)	3.0%** E (1.9-4.7%)	4.1%** (3.3-5.0%)	6.9% (6.5-7.3%)
Female	20-39	X	X	F	10.1% (9.5-10.9%)
	40-59	X	X	F	8.0% (7.5-8.6%)
	60-84	X	X	F	16.3% (15.5-17.2%)
	Age Adjusted Total	3.5%** E (1.9-6.3%)	F	4.6%** E (2.9-7.3%)	11.1% (10.7-11.5%)
Total (Age & Sex Adjusted)		4.7%** (3.7-6.0%)	3.3%** E (2.2-4.9%)	4.2%** (3.4-5.1%)	7.4% (7.0-7.7%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Note: Low income: < \$15,000 if 1 or 2 people; < \$20,000 if 3 or 4 people; < \$30,000 if 5+ people

3.4.4 Education

Health status generally improves with level of education and is closely tied to socioeconomic status. Education contributes to health and prosperity by equipping people with knowledge and skills for problem solving, and helps provide a sense of control and mastery over life circumstances. It increases opportunities for job and income security, and job satisfaction. And it improves people's ability to access and understand information to help keep them healthy (PHAC, 2012).

A greater proportion of CAF Veterans had completed post-secondary education (60%) than other Canadians (54%) (Table 16). This was mainly due to a higher rate of completion among Reserve Force Veterans (65%). The rate for Regular Force Veterans (56%) was not statistically different from that of other Canadians.

Both male and female Veterans had higher rates of completing post-secondary education than other Canadians. However, the difference was much greater for females (72%) compared to other Canadians (50%) than for male CAF Veterans (58%) and other Canadians (54%). The higher rate of post-secondary education among male CAF Veterans was mainly due to higher rates of completion among older (aged 60 to 84) Reserve Force Veterans, 63% compared to 42% for other Canadians. Female CAF Veterans of all age groups had higher rates of post-secondary education than other Canadian females.

Table 16: Completion of Post-Secondary Education

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	63.9% (53.9-72.7%)	64.1% (55.2-72.2%)	64.0% (57.2-70.3%)	57.4% (56.2-58.6%)
	40-59	57.1% (51.2-62.8%)	63.1% (55.7-70.0%)	59.7% (55.2-64.0%)	60.1% (58.9-61.2%)
	60-84	43.4% (38.0-48.9%)	62.9%** (56.2-69.1%)	50.8%** (46.7-55.0%)	42.0% (40.6-43.5%)
	Age Adjusted	54.4%	63.3%**	57.9%**	53.8%
	Total	(50.3-58.3%)	(58.9-67.5%)	(55.0-60.8%)	(53.1-54.6%)
Female	20-39	70.3% (50.5-84.6%)	81.6%** (68.2-90.2%)	77.6%** (66.3-85.9%)	62.1% (61.0-63.3%)
	40-59	67.1% (45.2-83.4%)	81.7%** (67.4-90.6%)	75.8%** (63.6-84.8%)	56.1% (54.9-57.2%)
	60-84	60.8%** (46.4-73.5%)	68.2%** (47.2-83.7%)	63.1%** (50.9-73.9%)	32.4% (31.4-33.5%)
	Age Adjusted	65.9%**	77.5%**	72.2%**	50.1%
	Total	(54.1-76.0%)	(68.2-84.7%)	(65.5-78.1%)	(49.4-50.7%)
Total (Age & Sex Adjusted)		55.7% (51.9-59.3%)	65.3%** (61.4-69.0%)	59.8%** (57.2-62.4%)	53.6% (52.9-54.3%)

**significantly different from estimate for other Canadians (p<0.01)

3.4.5 Stress and Coping

Stress

Stress has been related to several negative health consequences, including heart disease, stroke, high blood pressure, as well as immune and circulatory complications. Exposure to stress can also contribute to behaviours such as smoking, over-consumption of alcohol, and less-healthy eating habits (Statistics Canada, Health Fact Sheets, 2011).

Almost one-quarter of CAF Veterans reported that most days were quite a bit or extremely stressful (Table 17). The rate of life stress among CAF Veterans, as well as both Regular and Reserve Force Veterans, was similar to other Canadians. Male and female Veterans also did not differ from other Canadians. The exception was among male CAF Veterans aged 20 to 39 (33%) who had higher rates of life stress than other Canadian males of the same age (26%).

Table 17: Perceived Stress (Most Days Quite a Bit Stressful or Extremely Stressful)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	35.9%* (27.3-45.6%)	31.0% (24.2-38.8%)	32.8%* (27.3-38.9%)	25.6% (24.6-26.6%)
	40-59	26.8% (21.8-32.5%)	25.6% (19.8-32.4%)	26.3% (22.5-30.4%)	28.9% (27.9-30.1%)
	60-84	15.5% (11.7-20.3%)	11.7% E (7.8-17.1%)	14.0% (11.1-17.6%)	11.5% (10.6-12.5%)
	Age Adjusted	25.4%	22.5%	24.0%	22.7%
	Total	(22.1-29.1%)	(19.0-26.3%)	(21.5-26.6%)	(22.1-23.3%)
Female	20-39	28.4% E (14.0-49.0%)	32.4% E (20.9-46.5%)	30.9% E (21.3-42.6%)	28.3% (27.2-29.4%)
	40-59	F	F	26.9% E (14.2-44.9%)	29.5% (28.5-30.5%)
	60-84	X	X	F	12.9% (12.3-13.6%)
	Age Adjusted	18.6% E	29.0% E	23.8% E	24.0%
	Total	(10.9-29.8%)	(17.9-43.3%)	(16.4-33.2%)	(23.5-24.6%)
Total (Age & Sex Adjusted)		24.5% (21.4-27.8%)	23.1% (19.8-26.9%)	23.9% (21.6-26.4%)	22.9% (22.4-23.5%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

Sense of Community Belonging

Research has shown that people who feel attached to and interact with others enjoy better health than do those who are more isolated. Also, community belonging has been found to be associated with self-perceived health, even when controlling for socioeconomic status, the presence of chronic disease, health behaviours, stress and other factors (Statistics Canada, Health Reports, 2002).

Sixty-four percent of CAF Veterans and other Canadians reported feeling a ‘very strong’ or ‘somewhat strong’ sense of community belonging (Table 18). The rate of strong community belonging for CAF overall and both Regular and Reserve Force Veterans was similar to other Canadians. Male Regular Force Veterans and particularly younger Veterans, however, had lower rates of strong sense of community belonging than other Canadian males of the same age group.

Over one-third (36%) of CAF Veterans reported a weak (‘very weak’ or ‘somewhat weak’) sense of community belonging, similar to other Canadians (see Table 37 in Appendix C).

Table 18: Sense of Community Belonging (Very strong or somewhat strong)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	44.2%* (35.3-53.6%)	60.6% (52.4-68.3%)	54.5% (48.3-60.7%)	55.4% (54.1-56.6%)
	40-59	59.7%* (54.1-65.0%)	65.1% (57.9-71.6%)	62.0% (57.7-66.1%)	65.5% (64.4-66.5%)
	60-84	73.9% (68.8-78.4%)	73.8% (66.3-80.2%)	73.9% (69.6-77.7%)	69.6% (68.2-70.9%)
	Age Adjusted	60.6%*	66.8%	64.0%	64.4%
	Total	(56.9-64.1%)	(62.5-70.8%)	(61.2-66.7%)	(63.7-65.2%)
Female	20-39	64.3% (45.2-79.8%)	57.4% (42.1-71.5%)	59.9% (47.9-70.9%)	57.9% (56.8-59.1%)
	40-59	57.4% E (34.6-77.4%)	59.6% E (37.1-78.7%)	58.7% (42.3-73.3%)	63.7% (62.7-64.7%)
	60-84	65.1% (50.5-77.3%)	45.1%* E (25.6-66.2%)	58.5% (45.8-70.1%)	68.8% (67.6-70.0%)
	Age Adjusted	61.4%	54.6%	58.9%	64.0%
	Total	(49.4-72.2%)	(42.1-66.5%)	(50.4-66.9%)	(63.3-64.7%)
Total (Age & Sex Adjusted)		61.2% (57.6-64.7%)	65.6% (61.6-69.5%)	63.7% (61.0-66.3%)	64.4% (63.8-65.1%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

3.4.6 Health Services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health. There is also a relationship to income for health services that are not universally insured care such as such as eye care, dentistry, mental health counselling and prescription drugs (PHAC, 2012).

Prescription Medication Insurance

The vast majority (86%) of CAF Veterans reported having prescription medication insurance and CAF Veterans had higher rates of having insurance than other Canadians of the same age and gender (79%) (Table 19). Both Regular Force (85%) and Reserve (86%) Veterans had higher rates of coverage for prescription medication insurance than other Canadians (79%). The rate for female CAF Veterans was similar to that of other Canadian females while the rate for male CAF Veterans was much higher than for other Canadian males, 86% compared to 78%. The higher rate of coverage was found among all age groups of male CAF Veterans.

Table 19: Prescription Medication Insurance Coverage

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	77.3% (68.9-84.0%)	80.0%* (72.9-85.6%)	79.0%* (73.5-83.6%)	73.3% (72.0-74.4%)
	40-59	88.8%** (85.3-91.6%)	88.9%** (84.6-92.1%)	88.9%** (86.3-91.0%)	81.4% (80.5-82.2%)
	60-84	84.9%** (80.9-88.2%)	88.7%** (84.6-91.8%)	86.4%** (83.5-88.8%)	77.4% (76.2-78.5%)
	Age Adjusted	85.0%**	86.8%**	85.8%**	78.3%
	Total	(82.3-87.3%)	(83.9-89.2%)	(83.9-87.6%)	(77.6-78.8%)
Female	20-39	87.8% (73.0-95.1%)	82.5% (67.6-91.4%)	84.4% (73.6-91.3%)	78.0% (77.2-78.9%)
	40-59	81.4% (44.0-96.1%)	78.4% (46.9-93.7%)	79.6% (56.6-92.1%)	81.3% (80.4-82.2%)
	60-84	79.6% (63.4-89.8%)	94.4%** (83.0-98.3%)	84.3% (72.1-91.7%)	77.3% (76.4-78.2%)
	Age Adjusted	82.3%	84.3%	82.2%	79.3%
	Total	(66.4-91.7%)	(69.7-92.6%)	(71.8-89.3%)	(78.8-79.8%)
Total (Age & Sex Adjusted)		84.9%** (82.0-87.4%)	86.4%** (83.5-88.9%)	85.5%** (83.4-87.3%)	78.5% (77.9-79.0%)

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Dental Insurance

Dental insurance was less common than prescription medication insurance but again the rates of having insurance were greater among CAF Veterans (69%) than other Canadians (57%) (Table 20). Both Regular Force (69%) and Reserve (68%) Veterans had higher rates of coverage for dental insurance than other Canadians (57%). Both male (69%) and female (68%) CAF Veterans also had higher rates of coverage than other Canadians, 58% and 56%. Higher rates of coverage were found among most age groups of both male and female CAF Veterans. The exception was female CAF Veterans aged 40 to 59 whose coverage rate was similar to other Canadian females of the same age group.

Table 20: Dental Insurance Coverage

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	71.6% (62.5-79.2%)	69.6% (61.9-76.3%)	70.3%* (64.4-75.6%)	63.2% (62.0-64.4%)
	40-59	74.8%** (70.0-79.1%)	78.1%** (72.8-82.6%)	76.2%** (72.7-79.4%)	68.4% (67.3-69.4%)
	60-84	59.3%** (53.9-64.6%)	50.8%** (43.1-58.4%)	56.0%** (51.4-60.5%)	37.3% (35.9-38.7%)
	Age Adjusted Total	69.2%** (66.0-72.3%)	67.6%** (63.7-71.3%)	68.5%** (65.9-71.0%)	57.5% (56.8-58.1%)
	Female	20-39	80.2%* (64.7-89.9%)	75.9% (63.0-85.4%)	77.5%* (67.9-84.8%)
40-59	73.9% E (43.8-91.1%)	74.6% (46.5-90.8%)	74.3% (54.1-87.6%)	67.6% (66.5-68.6%)	
60-84	46.1% (32.0-60.9%)	65.1%** (44.0-81.6%)	52.1%** (39.5-64.5%)	31.3% (30.3-32.3%)	
Age Adjusted Total	66.7% (52.9-78.0%)	71.9%* (58.1-82.6%)	68.1%** (58.4-76.4%)	55.9% (55.3-56.6%)	
Total (Age & Sex Adjusted)		69.3%** (66.0-72.4%)	68.0%** (64.3-71.5%)	68.7%** (66.2-71.1%)	57.4% (56.8-58.0%)

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Eye Glasses/Contact Lens Insurance

The majority (66%) of CAF Veterans had coverage and CAF Veterans had higher rates of coverage than other Canadians (53%) (Table 21). Also both Regular (69%) and Reserve (63%) Veterans had higher rates of coverage than other Canadians (53%). Both male (66%) and female (67%) CAF Veterans also had higher rates of coverage than other Canadians, 53% and 52%. Higher rates of coverage were found among most age groups of both male and female CAF Veterans. The exception was female CAF Veterans aged 40 to 59 whose coverage rate was similar to other Canadians.

Table 21: Eye Glasses/Contact Lense Insurance Coverage

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	68.0%** (58.7-76.0%)	61.5% (53.4-68.9%)	64.0%** (58.0-69.6%)	54.3% (53.0-55.6%)
	40-59	71.8%** (66.7-76.4%)	67.8% (60.9-74.0%)	70.1%** (66.0-73.9%)	62.0% (60.9-63.2%)
	60-84	66.2%** (60.9-71.2%)	55.0%** (46.9-62.8%)	61.8%** (57.2-66.3%)	39.0% (37.6-40.4%)
	Age Adjusted	69.2%**	62.3%**	66.1%**	53.1%
	Total	(65.7-72.4%)	(57.9-66.6%)	(63.4-68.7%)	(52.4-53.7%)
Female	20-39	74.3%* (56.6-86.5%)	70.5% (55.9-81.9%)	71.9%** (61.1-80.6%)	57.4% (56.3-58.5%)
	40-59	70.4% E (42.0-88.7%)	69.6% (44.1-86.9%)	69.9% (50.9-83.9%)	60.7% (59.6-61.8%)
	60-84	52.7%* (37.4-67.5%)	71.2%** (49.5-86.2%)	58.3%** (44.9-70.6%)	35.1% (34.0-36.2%)
	Age Adjusted	65.8%*	70.3%**	66.8%**	51.9%
	Total	(51.8-77.4%)	(56.8-81.0%)	(57.0-75.3%)	(51.3-52.6%)
Total (Age & Sex Adjusted)		69.1%** (65.5-72.4%)	63.3%** (59.1-67.2%)	66.4%** (63.8-68.9%)	53.0% (52.4-53.7%)

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Government Home Care Coverage

A relatively small proportion of CAF Veterans (3%) received home care where the costs were covered entirely or partially by government (Table 22). The rate of coverage was slightly higher for CAF Veterans (3%) compared to non Veterans (2%). The rate of coverage was the same for both Regular and Reserve Force Veterans at 3%. Male CAF Veterans (3%) had a slightly higher rate of coverage than other Canadians (2%). The rate of coverage was not statistically different between female CAF Veterans and other Canadians.

Table 22: Receipt of Home Care Covered by Government (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	X	X	X	0.6% (0.5-0.8%)
	40-59	1.9% E (1.0-3.5%)	F	2.4% E (1.3-4.3%)	1.1% (0.9-1.4%)
	60-84	5.5% E (3.5-8.3%)	F	5.4% E (3.7-8.0%)	4.0% (3.6-4.6%)
	Age Adjusted Total	3.1%* E (2.2-4.4%)	3.1% E (1.7-5.7%)	3.0%* E (2.1-4.2%)	1.9% (1.7-2.1%)
	20-39	X	X	X	2.0% (1.8-2.3%)
Female	40-59	X	X	X	1.7% (1.5-2.0%)
	60-84	X	X	F	7.2% (6.6-7.7%)
	Age Adjusted Total	F	F	4.1% E (2.2-7.5%)	3.5% (3.3-3.7%)
	Total (Age & Sex Adjusted)	3.3%*E (2.3-4.5%)	3.4%E (2.0-5.7%)	3.2%* (2.4-4.3%)	2.1% (1.9-2.3%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

Note: Includes home care entirely or partially covered by government.

Having a Regular Medical Doctor

For many Canadians, the first point of contact for medical care is a physician. Physicians play key roles in the prevention, recognition, screening, diagnosis and treatment of physical and mental conditions, and in communication and collaboration among health care providers.

The vast majority of CAF Veterans reported having a regular medical doctor (85%) (Table 23). The rate of having a regular doctor was not different between CAF Veterans (both Regular and Reserve Force Veterans) and other Canadians. There was also no significant difference in the rates between male and female Veterans and other Canadians. However, male CAF Veterans aged 60 to 84 had higher rates of having a regular doctor than other Canadians.

Table 23: Having a Regular Medical Doctor

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	72.5% (62.9-80.4%)	71.0% (62.6-78.1%)	71.5% (65.3-77.0%)	71.4% (70.2-72.5%)
	40-59	84.5% (80.4-87.9%)	87.0% (79.8-91.9%)	85.6% (81.9-88.6%)	84.6% (83.7-85.4%)
	60-84	95.3% (93.2-96.8%)	96.1%* (93.5-97.7%)	95.6%* (94.2-96.7%)	93.9% (93.2-94.5%)
	Age Adjusted Total	85.1% (82.2-87.6%)	86.2% (82.4-89.2%)	85.5% (83.2-87.5%)	84.4% (83.9-84.9%)
Female	20-39	76.7% (51.9-90.9%)	75.6% (58.9-87.0%)	76.0% (62.1-85.9%)	85.2% (84.4-86.0%)
	40-59	78.8% (44.3-94.5%)	82.0% (46.4-96.0%)	80.7% (56.7-93.0%)	92.5% (91.9-93.0%)
	60-84	93.3% (84.5-97.3%)	100.0%** -	95.4% (89.4-98.1%)	95.5% (95.0-96.0%)
	Age Adjusted Total	82.8% (66.0-92.3%)	86.2% (70.3-94.3%)	84.2% (73.4-91.2%)	91.8% (91.4-92.1%)
Total (Age & Sex Adjusted)		84.9% (81.7-87.6%)	86.2% (82.6-89.1%)	85.4% (83.1-87.5%)	85.6% (85.2-86.0%)

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Consultation with Medical Doctors

The majority (81%) of CAF Veterans had consulted a family doctor or general practitioner over the previous 12 months (Table 24). This rate was higher than that of other Canadians (76%) and also higher for both Regular (81%) and Reserve Force Veterans (81%). Male CAF Veterans (80%) had a higher rate of consultation than other Canadians (75%) mainly due to higher use among the older age groups (40-59 and 60-84). Use of family doctors among female Veterans was not different than that of other Canadians at every age group and for both Regular and Reserve Force Veterans.

Table 24: Consultation with a Medical Doctor (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	70.4% (61.3-78.1%)	64.9% (56.6-72.4%)	67.0% (60.8-72.6%)	64.2% (63.0-65.3%)
	40-59	79.5%** (74.5-83.7%)	82.2%** (76.6-86.7%)	80.6%** (76.9-83.9%)	73.1% (72.0-74.2%)
	60-84	87.8% (83.7-90.9%)	89.6%** (85.7-92.6%)	88.5%** (85.6-90.9%)	84.8% (83.8-85.7%)
	Age Adjusted	80.0%**	80.6%**	80.0%**	74.7%
	Total	(76.8-82.8%)	(77.3-83.5%)	(77.6-82.1%)	(74.0-75.3%)
Female	20-39	86.8% (71.1-94.6%)	88.4% (75.7-94.9%)	87.8% (78.6-93.4%)	81.8% (80.8-82.7%)
	40-59	86.9% (72.6-94.3%)	72.3% (45.0-89.3%)	78.2% (59.2-89.9%)	83.9% (83.0-84.6%)
	60-84	89.3% (79.1-94.9%)	93.1% (78.0-98.1%)	90.4% (83.0-94.8%)	88.1% (87.5-88.8%)
	Age Adjusted	87.6%	82.5%	84.2%	84.7%
	Total	(80.1-92.6%)	(68.6-91.0%)	(75.2-90.4%)	(84.2-85.2%)
Total (Age & Sex Adjusted)		81.2%** (78.4-83.8%)	81.2%** (78.1-84.0%)	80.9%** (78.7-82.9%)	76.2% (75.7-76.8%)

**significantly different from estimate for other Canadians (p<0.01)

Note: Medical doctor includes family doctor or general practitioner.

Consultation with Specialists

Overall, CAF Veterans (33%), and both Regular (34%) and Reserve Force Veterans (33%), had higher use of medical specialists than other Canadians (25%) (Table 25). Male CAF Veterans (32%) had higher use than other Canadians (24%). This higher use was also found among all age groups of male CAF Veterans. Female CAF Veterans overall were similar to other Canadians but the use for older (aged 60 to 84) female CAF Veterans (48%) was higher than that of other Canadian females of the same age group (35%).

Table 25: Consultation with a Medical Specialist (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	24.8%* E (17.5-33.8%)	21.3% (15.9-27.8%)	22.6%* (18.1-27.8%)	16.1% (15.3-17.0%)
	40-59	27.0% (22.2-32.3%)	32.5%** (25.8-39.9%)	29.3%** (25.3-33.7%)	22.0% (21.0-22.9%)
	60-84	45.7%** (40.4-51.1%)	40.9%* (33.7-48.5%)	43.8%** (39.3-48.4%)	31.9% (30.5-33.3%)
	Age Adjusted	32.3%**	32.5%**	32.3%**	23.7%
	Total	(28.9-35.9%)	(28.3-37.0%)	(29.6-35.1%)	(23.1-24.4%)
Female	20-39	32.8% E (17.4-53.1%)	38.5% E (25.3-53.5%)	36.4% (25.8-48.6%)	34.1% (33.0-35.2%)
	40-59	51.0% E (30.9-70.8%)	23.5% E (11.8-41.5%)	34.8% E (22.1-50.2%)	33.2% (32.2-34.2%)
	60-84	53.9%* (38.5-68.6%)	34.1% E (17.9-55.1%)	47.7%* (35.3-60.4%)	34.8% (33.7-35.9%)
	Age Adjusted	47.7%*	30.3%	39.2%	33.9%
	Total	(35.9-59.8%)	(21.6-40.5%)	(31.4-47.5%)	(33.3-34.5%)
Total (Age & Sex Adjusted)		34.3%** (31.0-37.8%)	32.7%** (28.8-36.7%)	33.4%** (30.9-36.0%)	25.3% (24.7-25.9%)

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians ($p < 0.05$)

**significantly different from estimate for other Canadians ($p < 0.01$)

Note: A medical specialist includes doctors other than a family doctor or general practitioner such as surgeons, allergists, orthopedists, gynaecologists, and psychiatrists.

Consultation with Chiropractors

Overall, 13% of CAF Veterans consulted a chiropractor over the previous 12 months (Table 26). There were no statistically significant differences in the rates of consultation with a chiropractor between CAF Veterans overall and both Regular and Reserve Force Veterans and other Canadians. Male (across all age groups) and female CAF Veterans were also not different in use of chiropractors compared to other Canadians.

Table 26: Consultation with a Chiropractor (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	19.8% E (12.2-30.6%)	11.3% E (7.5-16.5%)	14.4% (10.4-19.7%)	11.4% (10.7-12.2%)
	40-59	13.9% E (10.0-19.1%)	16.2% (11.9-21.8%)	14.9% (11.8-18.7%)	13.1% (12.3-13.8%)
	60-84	8.9% E (6.0-12.8%)	11.3% E (7.9-15.9%)	9.8% (7.6-12.6%)	8.5% (7.9-9.2%)
	Age Adjusted	13.7%	13.6%	13.2%	11.2%
	Total	(10.8-17.2%)	(11.2-16.4%)	(11.3-15.4%)	(10.8-11.7%)
Female	20-39	X	F	9.6% E (5.3-16.7%)	12.2% (11.6-12.9%)
	40-59	F	F	F	14.0% (13.3-14.8%)
	60-84	X	X	X	9.2% (8.6-9.8%)
	Age Adjusted	F	11.6% E	13.2% E	12.1%
	Total		(6.4-20.0%)	(7.9-21.4%)	(11.7-12.5%)
Total (Age & Sex Adjusted)		14.0% (11.1-17.4%)	13.3% (11.1-16.0%)	13.2% (11.4-15.3%)	11.4% (11.0-11.8%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

Consultation with Nurses

CAF Veterans, and both Regular and Reserve Force Veterans, had a higher rate of consultation with a nurse at 12% for all groups compared to 9% for other Canadians (Table 27). Males CAF Veterans (12%) had higher use than other Canadian males (8%) while female CAF Veterans were not different in their use of nurses. The higher use among male CAF Veterans was mainly due to higher use among the younger age groups.

Table 27: Consultation with a Nurse (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	10.0% E (5.6-17.1%)	15.8%* E (10.4-23.4%)	13.6%* E (9.7-18.9%)	8.5% (7.9-9.2%)
	40-59	12.3%* (8.9-16.8%)	10.9% E (7.5-15.6%)	11.7%** (9.1-14.9%)	7.5% (6.9-8.0%)
	60-84	10.0% (7.2-13.7%)	10.7% E (6.6-16.8%)	10.3% (7.7-13.5%)	9.4% (8.6-10.2%)
	Age Adjusted	11.0%*	12.0%*	11.7%**	8.3%
	Total	(8.9-13.7%)	(9.3-15.3%)	(9.8-13.8%)	(7.9-8.7%)
Female	20-39	F	29.9% E (17.9-45.5%)	28.8%* E (19.1-41.0%)	17.0% (16.2-17.8%)
	40-59	F	X	F	10.1% (9.5-10.7%)
	60-84	F	X	13.5% E (7.3-23.8%)	9.9% (9.3-10.6%)
	Age Adjusted	15.4% E	14.2% E	14.4%	11.6%
	Total	(9.1-25.0%)	(9.0-21.8%)	(10.5-19.4%)	(11.2-12.0%)
Total (Age & Sex Adjusted)		11.9%* (9.6-14.6%)	12.4%* (10.0-15.4%)	12.3%** (10.5-14.3%)	8.9% (8.5-9.2%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Consultation with Other Health Professionals

To cover a wide range of health care needs, Canadians may also turn to physiotherapists, social workers, counselors, psychologists, speech therapists, audio therapists, and occupational therapists. Due to small sample sizes, these health professionals were combined into one group for analysis.

Overall CAF Veterans (18%) had higher use of other health professionals than other Canadians (13%) (Table 28). Both Regular (17%) and Reserve Force Veterans (19%) had higher use of other health professional than other Canadians. Male CAF Veterans (18%) had higher use than other Canadian males (13%). However, female Veterans were not different than other Canadian females in their use of other health professionals. The higher use among male CAF Veterans was mainly due to higher use among the younger age groups.

Table 28: Consultation with Other Health Professional (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	23.4%* E (16.5-32.2%)	24.5%** E (17.4-33.3%)	24.1%** (18.7-30.4%)	13.5% (12.8-14.4%)
	40-59	16.4% (12.7-20.9%)	22.5%* (16.2-30.4%)	19.0%* (15.4-23.3%)	13.9% (13.0-14.7%)
	60-84	14.0% (10.7-18.2%)	9.9% E (6.2-15.3%)	12.4% (9.8-15.6%)	10.3% (9.5-11.2%)
	Age Adjusted	17.3%**	19.0%**	18.1%**	12.7%
	Total	(14.5-20.4%)	(15.3-23.3%)	(15.8-20.7%)	(12.2-13.2%)
Female	20-39	X	24.7% E (13.9-40.1%)	18.9% E (11.2-30.0%)	16.5% (15.6-17.3%)
	40-59	F	F	16.9% E (9.6-28.1%)	18.8% (18.1-19.7%)
	60-84	X	X	15.1% E (7.8-27.3%)	13.6% (12.8-14.3%)
	Age Adjusted	15.4% E	18.6% E	16.8% E	16.6%
	Total	(9.1-24.8%)	(12.0-27.6%)	(12.0-23.1%)	(16.2-17.1%)
Total (Age & Sex Adjusted)		16.8%** (14.3-19.5%)	18.8%** (15.4-22.6%)	17.8%** (15.7-20.1%)	13.2% (12.7-13.6%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians ($p < 0.05$)

**significantly different from estimate for other Canadians ($p < 0.01$)

Note: Other health professionals includes physiotherapists, social workers or counselors, psychologists, or a speech, audio or occupational therapists.

Consultation with Alternative Health Care Providers

Overall 11% of CAF Veterans consulted an alternative health care provider over the previous 12 months (Table 29). This rate, as well as the rates for Regular and Reserve Force Veterans and those of male and female Veterans, was similar to that of other Canadians.

Table 29: Consultation with an Alternative Health Care Provider (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	12.4% E (7.7-19.2%)	9.9% E (5.7-16.5%)	10.8% E (7.4-15.4%)	10.5% (9.8-11.2%)
	40-59	12.2% (8.7-16.7%)	13.9% E (9.9-19.1%)	12.9% (10.2-16.2%)	10.6% (9.9-11.3%)
	60-84	6.3% E (4.2-9.1%)	6.7% E (4.3-10.3%)	6.4% (4.8-8.5%)	5.0% (4.4-5.6%)
	Age Adjusted	10.4%	10.7%	10.4%	8.8%
	Total	(8.2-13.0%)	(8.4-13.5%)	(8.8-12.2%)	(8.4-9.3%)
Female	20-39	F	21.4% E (12.0-35.1%)	22.5% E (14.2-33.9%)	20.0% (19.1-20.8%)
	40-59	F	F	F	20.1% (19.2-21.0%)
	60-84	X	X	X	9.3% (8.7-10.0%)
	Age Adjusted	20.4% E	11.8% E	15.2% E	16.7%
	Total	(10.5-35.9%)	(6.8-19.6%)	(9.6-23.4%)	(16.2-17.2%)
Total (Age & Sex Adjusted)		11.9% (9.5-14.9%)	11.1% (9.0-13.6%)	11.3% (9.7-13.1%)	9.9% (9.6-10.3%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

Note: Alternative health care provider such as an acupuncturist, homeopath, or massage therapist.

Receipt of Home Care

Receipt of home care services was fairly rare for CAF Veterans (5%) but slightly higher than the rate for other Canadians at 4% (Table 30). Regular Force Veterans (6%) had a higher rate of receipt of home care than other Canadians but the rate was not different for Reserve Force Veterans. While male CAF Veterans (5%) had a higher rate of receipt of home care than other Canadians (4%), female CAF Veterans were not different in their use of home care (7%). The higher use of home care among male CAF Veterans was mainly due to higher use among the 40 to 59 year old age group, 5% compared to 2% for other Canadians.

Table 30: Receipt of Home Care (Past 12 Months)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	X	X	F	1.6% (1.3-1.8%)
	40-59	4.0% E (2.6-6.0%)	F	4.8%* E (3.1-7.4%)	2.3% (2.0-2.6%)
	60-84	8.1% E (5.7-11.3%)	7.0% E (3.6-13.1%)	7.7% (5.6-10.4%)	7.1% (6.3-7.9%)
	Age Adjusted	5.1%*	5.0% E	4.9%*	3.6%
	Total	(3.9-6.6%)	(3.0-8.0%)	(3.8-6.4%)	(3.3-3.9%)
Female	20-39	X	X	X	4.1% (3.7-4.5%)
	40-59	X	X	F	3.9% (3.5-4.4%)
	60-84	X	X	8.4% E (4.8-14.3%)	12.6% (11.9-13.3%)
	Age Adjusted	7.7% E	7.3% E	7.2% E	6.7%
	Total	(4.0-14.4%)	(3.9-13.3%)	(4.6-11.0%)	(6.4-7.0%)
Total (Age & Sex Adjusted)		5.5%* (4.3-7.0%)	5.4%E (3.5-8.2%)	5.3%* (4.3-6.7%)	4.0% (3.7-4.2%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

3.5 Summary of Well-being

Well-being is a multidimensional construct that is measured in this report using an array of indicators of health, disability and determinants of health. CAF Veterans were better off for a few indicators of well-being including perceived mental health, income, education, and having extended health care insurance, i.e. having drug or dental insurance. They were, however, worse off in terms of life satisfaction, arthritis, back problems, heart disease, obesity, mood disorders, having chronic physical and mental conditions, participation and activity limitation and needing help with limitations. CAF Veterans also had higher use of medical doctors, specialists, nurses, other health care providers and home care. They were not different in the areas of self-perceived health, asthma, cancer, COPD, diabetes, high blood pressure, having a mental condition, daily smoking, heavy drinking, employment, life stress, sense of community belonging, having a regular medical doctor and use of chiropractors and alternative health care providers.

Regular Force and Reserve Veterans differed in a few areas. Regular Forces Veterans were worse off in terms back problems and had higher use of home care while Reserves were the same as other Canadians in these areas. Reserves were, however, worse off in life satisfaction, high blood pressure, heart disease, obesity and having both a physical and mental condition compared to other Canadians while Regular Force Veterans were the same as other Canadians in these areas. Regular Force Veterans were better off in perceived mental health and government home care coverage while Reserve Veterans and other Canadians were not different in these areas (See Table 38 in Appendix C).

Male and female CAF Veterans differed in a few areas. Male Veterans were worse off for life satisfaction, chronic conditions and disability and had higher use of many health services while female Veterans were generally similar to other Canadians in these areas. Male Veterans were, however, better off for prescription drug and home care coverage while female Veterans were similar to other Canadians in these areas. Female Veterans were better off for self-perceived health, mental conditions, and employment while male Veterans were similar to other Canadians in these areas (See Table 39 in Appendix C).

4 Discussion

This study provides the broadest snapshot of the well-being of CAF Veterans in Canada, as it is both representative of CAF Veterans (former members of the CAF that did not serve during World War I, World War II, or the Korean War), and it measures a wide array of indicators. Generally, the indicators demonstrate that in 2003, CAF Veterans had similar well-being compared to other Canadians. The indicators that did show differences include arthritis, obesity, having a physical condition, activity limitations, income, and utilization of health care.

Chronic physical conditions were common among CAF Veterans, with 60% prevalence compared to 53% in other Canadians. This includes arthritis prevalence of 23% among CAF Veterans, compared to 19% in other Canadians. Physical conditions contrast with the lower rate of mental conditions, with 7% prevalence among both CAF Veterans and Canadians.

The higher rates of obesity among CAF Veterans (21%) compared to other Canadians (17%), is of concern as it can contribute to chronic diseases including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer (Statistics Canada, 2011). A similar rate of obesity (21%) was observed in the serving CAF personnel (CAFHS, 2005).

Disability exists when a person encounters barriers and so is not able to function optimally in work, family and community roles. Health conditions are not “disabilities”. Instead participation and activity limitation has been used as a proxy measure for disability. Higher rates of activity limitation was reported by CAF Veterans (41%) compared to other Canadians (34%).

One area in which CAF Veterans were better off was income, with only 4% of CAF Veterans experiencing low income, compared to 7% of other Canadians. Since low income is an important determinant of health, the small numbers of CAF Veterans experiencing this require attention for planning and policy development.

CAF Veteran use of health services was generally greater than that of other Canadians. CAF Veterans, compared to other Canadians, had higher rates of consultation with a family doctor or general practitioner (81% versus 76%), specialists (33% versus 25%), nurses (12% versus 9%) and other health care providers (18% versus 13%). This is not surprising given their higher rates of chronic physical conditions and disability. However, it may also reflect better access to care.

Sub-groups of the CAF Veteran population (Regular and Reserve Force, males and females, various age groups) were similar to other Canadians in many respects. However, in some areas, sub-groups of the population were either worse-off or better-off than other Canadians. Decision makers need to be aware of these differences for planning and policy development.

Differences between male and female CAF Veterans must be interpreted with caution, due to the small sample of females. Other limitations of this study include its cross-sectional design and self-report measures, the lack of information on VAC clients, the lack of military characteristics such as years of service or years since release, and the descriptive analysis that did not account for confounding between variables.

Further studies are needed into the relationship between health, disability and determinants of health for the CAF Veteran population. Future data collection activities

would benefit from the inclusion of measures of the severity of chronic physical and mental conditions, and the prevalence of undiagnosed symptoms as well as additional mental health areas such as post-traumatic stress disorder or psychological distress. Future longitudinal studies will provide more evidence about the role that military service contributes to well-being in later life.

In 2003, more than half of CAF Veterans were in their 50s and 60s. Today this group of Veterans would be in their 60s and 70s. This will magnify many of the differences that were found, and we can expect higher rates of physical conditions and disability that will translate into greater need and use of both VAC benefits and provincial health care systems.

5 Conclusion

CAF Veterans were similar to other Canadians in many areas of well-being. However, there were differences in some indicators as well as differences among sub-groups of the CAF Veteran population (Regular Force, Reserves, males, females and age groups) highlighting the need for planning and policy that is sensitive to these differences.

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Appendix A: CCHS 2003 Content

CCHS 2003 (c. 2.1) Common Content Modules (n=135,573)

<ul style="list-style-type: none"> • Alcohol • Chronic conditions • Changes made to improve health • Exposure to second-hand smoke • Food insecurity • Flu Shots • Fruit and vegetable consumption • General health • Health care utilization • Height / weight • Home care • Injuries • Mammography • Maternal experiences • Oral health(1) – common • PAP smear test 	<ul style="list-style-type: none"> • Physical activities • Repetitive strain • Restriction of activities • Sexual behaviour • Smoking • Two-week disability • Voluntary organizations • Youth smoking • Education • Geographic identifiers • Household composition • Income • Insurance coverage • Labour force • Socio-demographic characteristics
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CCHS 2003 (c. 2.1) Optional Topic Modules (n)

Alcohol dependence	(16,058)	Leisure activities	(4,956)
Blood pressure check	(20,889)	Mastery	(0)
Breast examination	(28,942)	Medication use*	(52,111)
Breast self examination	(11,459)	Oral health (2)	(47,205)
Changes to improve health	(48,094)	Patient satisfaction*	(36,788)
Colorectal cancer screening	(38,537)	Physical check-up	(32,715)
Contacts with MH professionals	(95,292)	Problem gambling	(6,793)
Dental visits*	(93,640)	Prostate cancer screening	(51,541)
Depression	(52,108)	Satisf with avail of health services	(53,465)
Dietary supplement use	(4,054)	Satisfaction with life	(13,871)
Distress	(40,772)	Sedentary activities	(58,695)
Driving and safety*	(86,467)	Self-esteem	(8,325)
Eating troubles assessment	(20,663)	Smoking cessation aids	(57,488)
Food choices	(101,864)	Smoking nicotine dependence	(52,111)
Health care system satisfaction*	(75,305)	Smoking physician counseling	(22,735)
Health services access*	(32,005)	Smoking stages of change	(42,310)
Health status SF-36	(7,632)	Suicidal thoughts and attempts	(50,527)
Health Utilities Index*	(45,101)	Tobacco alternatives	(21,458)
Home safety	(4,146)	Use of protective equipment	(42,789)
Illicit drug use	(29,334)	Work stress	(15,412)

* sub-sample content

Appendix B: Variable Definitions

Table 31: Variable Definitions

Variable	Question(s)	Definition
Demographics		
Service Type	<p>Have you ever had any wartime service (WWI, WWII, Korea) in the military forces of Canada or its allies? (Exclude civilian service such as the merchant marine and the Red Cross. Include military service in the forces of Newfoundland before 1949.)</p> <p>Not counting current service, have you ever had any peacetime service in the military forces of Canada? (Include past service in the regular and primary reserve forces and in the forces of Newfoundland before 1949.)</p> <p>Was this service in the (regular forces, primary reserves, special duty area (e.g., Persian Gulf, Cyprus, Balkans)? Check all that apply.</p>	<p>War Service: Population responding 'yes' was considered to have wartime service in the Canadian military.</p> <p>CAF Veteran: Population responding 'yes' was considered to have peacetime service in the Canadian military.</p> <p>Regular Force: responded "regular force" Primary Reserve Force: responded 'primary reserve' and did not respond 'regular force'</p>
Marital status	What is your current marital status? (married, common-law, widowed, separated, divorced, single never married)	For analysis, married and common-law were combined, and separated and divorced were combined.
Urban residence	Derived from census track information.	Identifies whether the respondent lives in an urban or rural area. Urban areas are those continuously built-up areas having a population concentration of 1,000 or more and a population density of 400 or more per square kilometre based on current census population counts.
General health		
Perceived health	In general, would you say your health is (excellent, very good, good, fair, poor)?	Population responding 'excellent' or 'very good' had positive self-perceived health. Population responding 'fair' or 'poor' had negative self-perceived health.
Perceived mental health	In general, would you say your mental health is (excellent, very good, good, fair, poor)?	Population responding 'excellent' or 'very good' had positive self-perceived mental health. Population responding 'fair' or 'poor' had negative self-perceived mental health.
Perceived Life Stress	Thinking about the amount of stress in your life, would you say that most days are (not at all stressful, not very stressful, a bit stressful, quite a bit stressful, extremely stressful)?	Population responding 'quite a bit stressful' or 'extremely stressful' had high self-perceived stress.

Life satisfaction	How satisfied are you with your life in general? (very satisfied, satisfied, neither satisfied nor dissatisfied, dissatisfied, very dissatisfied)	Population responding 'very satisfied' or 'satisfied' had high life satisfaction. Population responding 'dissatisfied' or 'very dissatisfied' had low life satisfaction.
Chronic conditions	Now I'd like to ask about certain chronic health conditions which you may have. We are interested in "long-term conditions" which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.	
Arthritis	Do you have arthritis or rheumatism, excluding fibromyalgia?	Population responding 'yes' had arthritis or rheumatism.
Asthma	Do you have asthma?	Population responding 'yes' had asthma.
Back problems	(Remember, we're interested in conditions diagnosed by a health professional.) Do you have back problems, excluding fibromyalgia and arthritis?	Population responding 'yes' had back problems.
Bowel disorders	Do you have a bowel disorder such as Crohn's Disease or colitis?	Population responding 'yes' had a chronic bowel health condition.
Cancer	Do you have cancer?	Population responding 'yes' had cancer.
COPD	Do you have chronic bronchitis? Do you have emphysema or chronic obstructive pulmonary disease?	Population responding 'yes' to either question had COPD.
Diabetes	Do you have diabetes?	Population responding 'yes' had diabetes.
High blood pressure	Do you have high blood pressure?	Population responding 'yes' had high blood pressure.
Heart disease	Do you have heart disease?	Population responding 'yes' had heart disease.
Stroke	Do you suffer from the effects of a stroke?	Population responding 'yes' had 'stroke'.
Ulcers	Do you have intestinal or stomach ulcers?	Population responding 'yes' had ulcers.
Obesity	Based two questions: How tall are you without shoes on? How much do you weight?	Body mass index (BMI) was calculated based on the answers to those questions. BMI ≥ 30.0 kg/m ² indicates obesity.
Schizophrenia	Do you have schizophrenia?	Population responding 'yes' had schizophrenia.
Mood disorder	Remember, we're interested in conditions diagnosed by a health professional. Do you have a mood disorder such as depression, bipolar disorder, mania or dysthymia?	Population responding 'yes' had a mood disorder.
Anxiety disorder	(Remember, we're interested in conditions diagnosed by a health professional.) Do you have an anxiety disorder such as phobia, obsessive-compulsive disorder or a panic disorder?	Population responding 'yes' had an anxiety disorder.
Any physical	Chronic conditions questions.	Population responding 'yes' to

condition		having at least one physical condition (asthma, fibromyalgia, arthritis, back problems, high blood pressure, diabetes, heart disease, cancer, stomach or intestinal ulcers, effects of stroke, bowel disorder/Crohn's disease, Alzheimer's/dementia, chronic fatigue syndrome, chronic bronchitis/emphysema/COPD) had a physical condition.
Any mental condition	Chronic conditions questions.	Population responding 'yes' to having at least one mental condition (schizophrenia, mood disorder, anxiety disorder) had a mental condition
Disability		
Participation and activity limitation	Based on 4 questions: The next few questions deal with any current limitations in your daily activities caused by a long-term health condition or problem. In these questions, a "long-term condition" refers to a condition that is expected to last or has already lasted 6 months or more. Does a long-term physical condition or mental condition or health problem reduce the amount or the kind of activity you can do... ...at home? ...at school? ...at work? ...in other activities, for example, transportation or leisure? (sometimes, often, never)	Population responding 'sometimes' or 'often' to at least one question had participation or activity limitation.
Needs help with activities of daily living	Based on 7 questions: The next few questions may not apply to you, but we need to ask the same questions of everyone. Because of any physical condition or mental condition or health problem, do you need the help of another person... ...with preparing meals? ...with getting to appointments and running errands such as shopping for groceries? ...with doing everyday housework? ...with doing heavy household chores such as spring cleaning or yard work? ...with personal care such as washing, dressing, eating or taking medication? ...with moving about inside the house? ...with looking after your personal finances such as making bank transactions or paying bills?	Population responding 'yes' to any of these questions was considered to need help with activities of daily living.

Health Behaviours		
Daily smoking	At the present time, do you smoke cigarettes daily, occasionally or not at all? (daily, occasionally, not at all)	Population responding 'daily'.
Heavy drinking	How often in the past 12 months have you had 5 or more drinks on one occasion? (never, less than once a month, once a month, 2 to 3 times a month, once a week, more than once a week)	Population responding having had 5 drinks or more on one occasion once a month or more frequently.
Employment		
Worked in the last week	Last week, did you work at a job or business? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked. (yes, no, permanently unable to work) Last week, did you have a job or business from which you were absent? (yes, no)	Population aged >75 were excluded from the question. Respondents who indicated that in the past week they had worked at a job or business, had a job - on temporary or seasonal layoff, or had a job - absent for some other reason were considered to have worked in the past week. Those who did not have a job or were permanently unable to work were considered not to have worked in the past week.
Worked in the last 12 months	Have you worked at a job or business at any time in the past 12 months? Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked. (yes, no)	Population aged >75 were excluded from the question. Population responding 'yes' was considered to have worked in the 12 months. Those who answered no were considered not to have worked.
Income		
Low income	What is your best estimate of the total income, before taxes and deductions, of all household members from all sources in the past 12 months?	Low Income was considered as household income below the following thresholds: < \$15,000 if 1 or 2 people; < \$20,000 if 3 or 4 people; < \$30,000 if 5+ people
Education		
Completion of post-secondary education	Based on series of questions on the highest level of education received: (Grade 8 or lower (Québec: Secondary II or lower), Grade 9-10 (Québec: Secondary III or IV; Newfoundland & Labrador: 1st year of secondary), Grade 11-13 (Québec: Secondary V; Newfoundland & Labrador: 2nd to 4th year of secondary), Secondary school graduate, no post-secondary education, Some post secondary education, Trade certificate or diploma from a vocational school or apprenticeship training, Non-university certificate or diploma from a community	Population responding 'yes' to Trade certificate or diploma from a vocational school or apprenticeship training, Non-university certificate or diploma from a community college, school of nursing, etc., University certificate below bachelor's level, Bachelor's degree, University degree or certificate above bachelor's degree.

	college, school of nursing, etc., University certificate below bachelor's level, Bachelor's degree, University degree or certificate above bachelor's degree)	
Stress and Coping		
Perceived Life Stress	Thinking about the amount of stress in your life, would you say that most days are (not at all stressful, not very stressful, a bit stressful, quite a bit stressful, extremely stressful)?	Population responding 'quite a bit stressful' or 'extremely stressful' had high self-perceived stress.
Sense of community belonging	How would you describe your sense of belonging to your local community? Would you say it is (very strong, somewhat strong, somewhat weak, very weak)?	Population responding 'very strong' or 'somewhat strong' had a strong sense of community belonging. Population responding 'somewhat weak' or 'very weak' had a weak sense of community belonging.
Health Services		
Prescription medication insurance	Now, turning to your insurance coverage. Please include any private, government or employer-paid plans. Do you have insurance that covers all or part of the cost of your prescription medications?	Population answering 'yes' had prescription medication insurance.
Dental insurance	Do you have insurance that covers all or part of your dental expenses?	Population responding 'yes' had dental insurance.
Eye glasses/contact lense insurance	Do you have insurance that covers all or part of the costs of eye glasses or contact lenses?	Population responding 'yes' had eye glasses/contact lense insurance.
Have a regular medical doctor	Now I'd like to ask about your contacts with health professionals during the past 12 months, that is, from [date one year ago] to yesterday. Do you have a regular medical doctor?	Population responding 'yes' had a regular medical doctor.
Consultation with any other medical doctor (other than a regular family doctor)	Not counting when you were an overnight patient, in the past 12 months, how many times have you seen or talked on the telephone about your physical, emotional or mental health with any other medical doctor (such as a surgeon, allergist, orthopaedist, gynaecologist or psychiatrist)?	Population responding 1 or higher were considered to have consulted with any other medical doctor.
Consultation with medical doctor	Not counting when you were an overnight patient, in the past 12 months, how many times have you seen or talked on the telephone about your physical, emotional or mental health with a family doctor or general practitioner?	Population responding 1 or higher were considered to have consulted with a medical doctor.
Consultation with a chiropractor	Not counting when you were an overnight patient, in the past 12 months, how many times have you seen or talked on the telephone about your physical, emotional or mental health with a chiropractor?	Population responding 1 or higher were considered to have consulted with a chiropractor.
Consultation with a nurse	Not counting when you were an overnight patient, in the past 12 months, how many times have you seen or talked on the telephone about your physical, emotional or	Population responding 1 or higher were considered to have consulted with a nurse.

	mental health with a nurse for care or advice?	
Consultation with other health professional	Based on 4 questions: Not counting when you were an overnight patient, in the past 12 months, how many times have you seen or talked on the telephone about your physical, emotional or mental health with... ...a physiotherapist? ...a social worker or counselor? ...a psychologist? ...a speech, audio or occupational therapist?	Population responding 1 or higher to any of the four questions was considered to have consulted with an other health professional.
Consultation with an alternative health care provider	People may also use alternative or complementary medicine. In the past 12 months, have you seen or talked to an alternative health care provider such as an acupuncturist, homeopath or massage therapist about your physical, emotional or mental health?	Population responding 'yes' were considered to have consulted with an alternative health care provider.
Receipt of home care	Home care services are health care or homemaker services received at home. Examples are: nursing care, help with bathing or housework, respite care and meal delivery. Based on 2 questions: Have you received any home care services in the past 12 months, with the cost being entirely or partially covered by government? Have you received any [other] home care services in the past 12 months, with the cost not covered by government (for example: care provided by a spouse or friends)?	Population responding 'yes' to one of the two questions.
Receipt of home care covered by government	Have you received any home care services in the past 12 months, with the cost being entirely or partially covered by government?	Population responding 'yes' received home care services entirely or partially covered by government in the past 12 months.

Appendix C: Additional Tables

Table 32: Perceived Health (Poor or Fair)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	X	F	3.7% E (2.1-6.4%)	4.7% (4.2-5.2%)
	40-59	11.8% (9.0-15.2%)	14.4% (10.4-19.5%)	12.9% (10.5-15.8%)	10.6% (9.9-11.3%)
	60-84	20.6% (16.8-25.0%)	12.3%** E (8.6-17.2%)	17.4%** (14.5-20.6%)	23.1% (21.9-24.2%)
	Age Adjusted	12.8%	11.2%	12.2%	13.1%
	Total	(10.8-15.2%)	(8.9-13.9%)	(10.6-13.9%)	(12.7-13.6%)
Female	20-39	X	X	X	6.1% (5.6-6.6%)
	40-59	F	X	F	12.6% (12.0-13.4%)
	60-84	21.4% E (11.4-36.6%)	X	17.9% E (10.5-28.9%)	24.7% (23.7-25.8%)
	Age Adjusted	12.7% E	6.2%** E	9.8%** E	14.9%
	Total	(8.0-19.6%)	(3.3-11.3%)	(6.7-14.1%)	(14.4-15.4%)
Total (Age & Sex Adjusted)		12.8% (10.9-15.0%)	10.6%* (8.5-13.1%)	11.9% (10.4-13.5%)	13.4% (12.9-13.8%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Table 33: Perceived Mental Health (Poor or fair)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	X	F	3.8% E (2.3-6.2%)	3.6% (3.2-4.0%)
	40-59	3.9% E (2.6-5.8%)	7.9% E (4.7-13.0%)	5.6% E (4.0-7.9%)	4.7% (4.2-5.2%)
	60-84	3.9% E (2.4-6.3%)	2.1%** E (1.1-3.8%)	3.2%* E (2.1-4.7%)	5.0% (4.3-5.7%)
	Age Adjusted	4.0%	5.1% E	4.4%	4.5%
	Total	(2.9-5.4%)	(3.5-7.4%)	(3.5-5.5%)	(4.2-4.8%)
Female	0-39	X	X	X	4.9% (4.4-5.3%)
	40-59	X	X	F	6.1% (5.6-6.6%)
	60-84	X	X	X	4.7% (4.3-5.2%)
	Age Adjusted	F	F	2.5%** E	5.4%
	Total			(1.5-4.3%)	(5.1-5.6%)
Total (Age & Sex Adjusted)		3.7% (2.7-4.9%)	4.9%E (3.4-6.9%)	4.2% (3.4-5.2%)	4.7% (4.4-4.9%)

X suppressed due to sample size

F coefficient of variation greater than 33.3%

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Table 34: Number of Chronic Physical Conditions

Sex	Category	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male (Age Adjusted)	0	35.7%** (32.2-39.4%)	32.7%** (29.0-36.7%)	34.5%** (31.9-37.2%)	42.1% (41.3-42.8%)
	1	28.3% (25.0-31.9%)	28.7% (24.6-33.2%)	28.7% (26.1-31.5%)	28.4% (27.7-29.1%)
	2	17.1% (14.5-20.0%)	19.5%* (16.0-23.5%)	17.9% (15.8-20.2%)	15.7% (15.2-16.3%)
	3+	18.9%** (16.4-21.7%)	19.1%** (16.1-22.5%)	18.9%** (16.9-21.1%)	13.9% (13.3-14.4%)
Female (Age Adjusted)	0	27.9% E (19.2-38.7%)	38.4% (27.7-50.2%)	33.3% (25.7-42.0%)	35.5% (35.0-36.1%)
	1	41.9%* (30.4-54.4%)	24.1% E (15.9-34.8%)	32.0% (24.2-40.9%)	26.7% (26.2-27.3%)
	2	18.0% E (11.5-27.0%)	10.3%** E (6.3-16.4%)	15.6% (11.4-21.0%)	17.3% (16.8-17.8%)
	3+	12.2%** E (7.9-18.3%)	27.2% E (18.7-37.9%)	19.1% (13.8-25.8%)	20.4% (19.9-21.0%)
Total (Age & Sex Adjusted)	0	34.7%** (31.5-38.1%)	33.2%** (29.7-37.0%)	34.2%** (31.8-36.8%)	41.3% (40.7-42.0%)
	1	30.5% (27.3-33.9%)	28.2% (24.4-32.5%)	29.3% (26.9-31.9%)	28.3% (27.7-29.0%)
	2	16.9% (14.6-19.6%)	18.9% (15.6-22.6%)	17.7% (15.8-19.8%)	16.0% (15.5-16.5%)
	3+	17.9%** (15.6-20.4%)	19.6%** (16.8-22.8%)	18.7%** (16.8-20.8%)	14.3% (13.9-14.8%)

Notes:

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Note: The count of physical chronic conditions was based on 7 groups of conditions: cardiovascular (high blood pressure, heart disease, effects of stroke), respiratory (asthma, COPD), gastrointestinal (stomach or intestinal ulcers, bowel disorder/Crohn's disease /colitis), musculoskeletal (arthritis, back problems), diabetes, cancer and obesity.

Table 35: Co-morbidity of Physical and Mental Conditions by Number of Physical Conditions

Number of Physical Conditions ^a	CAF Veterans	Other Canadians
0	35.1%	45.4%
1	33.3%	32.0%
2	20.6%	14.8%
3+	11.0%	7.8%
Total	100.0%	100.0%
Of those with a mental health condition		
0	19.3%	27.0%
1	34.7%	32.8%
2	23.2%	23.2%
3+	23.0%	16.8%
Total	100.0%	100.0%

a. Counts of types of physical conditions: respiratory (asthma, chronic bronchitis/emphysema/COPD), musculoskeletal (arthritis, back problems), cardiovascular (high blood pressure, heart disease, stroke effects), cancer, diabetes, gastrointestinal (stomach or intestinal ulcers and bowel disorder, Chron's disease or colitis).

b. Mood disorder, anxiety disorder, schizophrenia.

Note: Differences between CAF Veterans and other Canadians not adjusted for differences in age and sex and not tested for statistical significance.

Table 36: Worked in the last 12 months

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	96.7% (92.4-98.6%)	99.6%** (98.9-99.9%)	98.5%** (96.9-99.3%)	95.0% (94.3-95.5%)
	40-59	87.1%* (83.9-89.8%)	84.6%* (78.5-89.2%)	86.0%** (83.1-88.6%)	90.9% (90.2-91.5%)
	60-84	41.6% (36.3-47.2%)	45.0% (36.7-53.6%)	42.9%* (38.3-47.7%)	37.7% (36.3-39.2%)
	Age Adjusted	75.6%	76.1%	75.9%	75.7%
	Total	(73.3-77.7%)	(72.3-79.5%)	(73.9-77.8%)	(75.2-76.3%)
Female	20-39	80.9% (59.2-92.6%)	92.0% (80.0-97.0%)	88.0% (77.5-93.9%)	85.0% (84.1-85.8%)
	40-59	77.7% (59.4-89.3%)	86.1% (73.7-93.2%)	82.7% (72.9-89.4%)	79.2% (78.3-80.0%)
	60-84	24.3% E (13.5-39.7%)	X	23.7% E (15.0-35.4%)	19.4% (18.4-20.5%)
	Age Adjusted	62.3%	68.2%	66.1%	62.4%
	Total	(53.3-70.5%)	(61.2-74.5%)	(60.9-70.9%)	(61.9-63.0%)
Total (Age & Sex Adjusted)		73.9% (71.3-76.3%)	74.4% (72.1-76.7%)	70.3% (60.0-78.8%)	75.3% (71.9-78.5%)

X suppressed due to sample size

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

**significantly different from estimate for other Canadians (p<0.01)

Note: Includes worked at a job or business at any time in the past 12 months

Table 37: Sense of Community Belonging (Very weak or somewhat weak)

Sex	Age	Regular Force % (CI)	Reserves % (CI)	CAF Veterans % (CI)	Other Canadians % (CI)
Male	20-39	55.8%* (46.4-64.7%)	39.4% (31.7-47.6%)	45.5% (39.3-51.7%)	44.6% (43.4-45.9%)
	40-59	40.3%* (35.0-45.9%)	34.9% (28.4-42.1%)	38.0% (33.9-42.3%)	34.5% (33.5-35.6%)
	60-84	26.1% (21.6-31.2%)	26.2% (19.8-33.7%)	26.1% (22.3-30.4%)	30.4% (29.1-31.8%)
	Age Adjusted	39.4%*	33.2%	36.0%	35.6%
	Total	(35.9-43.1%)	(29.2-37.5%)	(33.3-38.8%)	(34.8-36.3%)
Female	20-39	35.7% E (20.2-54.8%)	42.6% E (28.5-57.9%)	40.1% (29.1-52.1%)	42.1% (40.9-43.2%)
	40-59	42.6% E (22.6-65.4%)	40.4% E (21.3-62.9%)	41.3% E (26.7-57.7%)	36.3% (35.3-37.3%)
	60-84	34.9% E (22.7-49.5%)	54.9%* E (33.8-74.4%)	41.5% (29.9-54.2%)	31.2% (30.0-32.4%)
	Age Adjusted	38.6%	45.4%	41.1%	36.0%
	Total	(27.8-50.6%)	(33.5-57.9%)	(33.1-49.6%)	(35.3-36.7%)
Total (Age & Sex Adjusted)		38.8% (35.3-42.4%)	34.4% (30.5-38.4%)	36.3% (33.7-39.0%)	35.6% (34.9-36.2%)

E use with caution, coefficient of variation between 16.6% and 33.3%

*significantly different from estimate for other Canadians (p<0.05)

Table 38: Well-being of Veterans by Service Type Compared to Other Canadians

Well-Being Core Concept		Indicator ^a ▼ Veteran rate greater than Other Canadians ▲ Veteran rate less than Other Canadians = Veterans not different from Other Canadians	Regular Force	Reserves	CAF Veterans
Health	General Health	Perceived health (very good or excellent)	=	=	=
		Perceived mental health (very good or excellent)	▲	=	▲
		Satisfaction with life (satisfied or very satisfied)	=	▼	▼
	Chronic Conditions	Arthritis	▲	▲	▲
		Asthma	=	=	=
		Back problems	▲	=	▲
		Cancer	=E	=E	=
		COPD	=E	=E	=
		Diabetes	=	=	=
		High blood pressure	=	▲	=
		Heart disease	=	▲	▲
		Obesity	=	▲	▲
		Anxiety disorder	=E	=E	=
		Mood disorder	=	=E	▲
		Any physical condition	▲	▲	▲
Any mental condition	=	=	=		
Both physical and mental conditions	=	▲	▲		
Disability	Participation & activity limitation (sometimes or often)	▲	▲	▲	
	Needs help with activities of daily living	=	=	▲	
Determinants of Health	Health Behaviour	Current smoker, daily	=	=	=
		Heavy drinker	=	=	=
	Employment	Employment rate (worked last week)	=	=	=
	Income	Low income	▼	▼E	▼
	Education	Post secondary graduate (age 25-54)	=	▲	▲
	Stress & Coping	Perceived life stress (quite a bit or extremely stressful)	=	=	=
		Strong sense of community belonging	=	=	=
	Health Services	Prescription drug insurance	▲	▲	▲
		Dental insurance	▲	▲	▲
		Have a regular medical doctor	=	=	=
		Consultation with doctors	▲	▲	▲
		Consultation with specialists	▲	▲	▲
		Consultation with chiropractors	=	=	=
		Consultation with nurses	▲	▲	▲
Consultation with other health care providers		▲	▲	▲	
Consultation with alternative health care providers		=	=	=	
Receipt of home care	▲	=E	▲		

E use with caution, coefficient of variation between 16.6% and 33.3%

a. significantly different from the estimate for other Canadians at the p<=0.05 level.

Table 39: Well-being of Veterans by Gender Compared to Other Canadians

Well-Being Core Concept		Indicator ^a ▼ Veteran rate greater than Other Canadians ▲ Veteran rate less than Other Canadians = Veterans not different from Other Canadians	Male	Female	CAF Veterans
Health	General Health	Perceived health (very good or excellent)	=	▲	=
		Perceived mental health (very good or excellent)	▲	▲	▲
		Satisfaction with life (satisfied or very satisfied)	▼	=	▼
	Chronic Conditions	Arthritis	▲	=	▲
		Asthma	=	=E	=
		Back problems	▲	=	▲
		Diabetes	=	=E	=
		High blood pressure	=	=	=
		Heart disease	▲	=E	▲
		Obesity	▲	=E	▲
		Mood disorder	▲	=E	▲
		Any physical condition	▲	=	▲
Any mental condition		=	▼E	=	
Both physical and mental conditions	▲	▼E	▲		
Disability	Participation & activity limitation (sometimes or often)	▲	=	▲	
	Needs help with activities of daily living	▲	=	▲	
Determinants of Health	Health Behaviour	Current smoker, daily	=	=	=
		Heavy drinker	=	=E	=
	Employment	Employment rate (worked last week)	=	▲	=
	Income	Low income	▼	▼E	▼
	Education	Post secondary graduate (age 25-54)	▲	▲	▲
	Stress & Coping	Perceived life stress (quite a bit or extremely stressful)	=	=E	=
		Strong sense of community belonging	=	=	=
	Health Services	Prescription drug insurance	▲	=	▲
		Dental insurance	▲	▲	▲
		Regular medical doctor	=	=	=
		Consultation with doctors	▲	=	▲
		Consultation with specialists	▲	=	▲
		Consultation with chiropractors	=	=E	=
		Consultation with nurses	▲	=	▲
Consultation with doctors		▲	=E	▲	
Consultation with alternative health care providers		=	=E	=	
Receipt of home care	▲	=E	▲		

E use with caution, coefficient of variation between 16.6% and 33.3%

a. significantly different from the estimate for other Canadians at the p<=0.05 level.