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# **V is For Veteran: A Profile of Canadian Forces Regular Force Veterans Released 1998-2007**

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**October 11, 2011**

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## 1.0 INTRODUCTION

The Life After Service Studies (LASS) – a partnership between Veterans Affairs Canada (VAC), the Department of National Defence (DND) and Statistics Canada – is a program of research that is examining many aspects of health over the life course of military Veterans. The first two studies were completed in January 2011. They include the **Income Study** (2011)<sup>1</sup> and the **Survey on Transition to Civilian Life** (2011)<sup>2</sup>. Complimenting these is the **Canadian Forces Cancer and Mortality Study** (2011)<sup>3</sup>. The mortality portion of this DND/CF-led study was completed in May 2011, while results from the cancer portion are expected in 2012.

This “Veteran Profile” draws on data from the first two LASS studies which included recently released CF Regular Force Veterans (i.e., those released between 1998 and 2007). It provides some comparisons between the study population and the general population. It also outlines some of the differences between those who were receiving VAC benefits and those who were not.<sup>4</sup>

This report is intended to provide some insight into how CF Veterans are doing after they transition to civilian life. The studies produced rich findings, and this report is only the tip of the iceberg. A brief summary of the strengths and limitations of these studies can be found in section 10. We encourage readers to learn more about the findings of these studies by consulting the technical reports and the researchers. Summaries and contact information for the first two studies are on the VAC website. The Canadian Forces Mortality study can be found on the Statistics Canada website at: <http://www.statcan.gc.ca/pub/82-584-x/82-584-x2011001-eng.pdf>. You can also contact the Research Directorate by email at: [research-recherche@vac-acc.gc.ca](mailto:research-recherche@vac-acc.gc.ca). Additional information on general Veteran demographics can be found on VAC’s internal Corporate Information System at: <http://rdb-bdr.vac-acc.gc.ca/cismenu.asp>.

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<sup>1</sup> MacLean MB, Van Til L, Thompson JM, Poirier A, Sweet J, Adams J, Sudom K, Campbell C, Murphy B, Dionne C & Pedlar D. *Income Study: Regular Force Veteran Report*. Veterans Affairs Canada, Research Directorate and Department of National Defence, Director General Military Personnel Research and Analysis. January 4, 2011: 70p.

<sup>2</sup> Thompson JM, MacLean MB, Van Til L, Sudom K, Sweet J, Poirier A, Adams J, Horton V, Campbell C, Pedlar D. *Survey on Transition to Civilian Life: Report on Regular Force Veterans*. Research Directorate, Veterans Affairs Canada, Charlottetown, and Director General Military Personnel Research and Analysis, Department of National Defence, Ottawa. 04 January 2011:103 p.

<sup>3</sup> Statistics Canada and Health Canada. Health Statistics Division. *Canadian Forces cancer and mortality study: causes of death*. Ottawa. 2011;15p.

<sup>4</sup> This includes CF Veterans receiving New Veterans Charter (NVC) benefits and those who are receiving VAC disability pensions (DP) but not NVC benefits.

## 2.0 CHARACTERISTICS OF VETERANS IN THE STUDY

The released CF population is very diverse. There is no such thing as a “typical Veteran.” Rather, Veterans in this study population display a broad mix of service and socio-demographic characteristics. The study population was:

- Enrolled in the CF from the 1960s onward;
- Aged 20 to 67 years, with an average age of 46;
- Mostly male (12% were female);
- 76% married or common-law;
- 53% served 20 years or more, and 33% served less than 10 years;
- 65% deployed at least once;
- 58% non-commissioned members at release; 19% were recruits or cadets;
- 53% had post-secondary education;
- 57% released voluntarily; 24% released for medical reasons; and
- 49% released from the Army; 16% from the Navy; and 31% from the Air Force.

In this report Veterans are defined as former Regular Forces Personnel. In the past, the Department collected data on Veterans who were receiving VAC benefits. However, until now there has been no data available on Veterans who were not in receipt of VAC benefits. This is quite significant given that two thirds (68%) of the study population was not in receipt of VAC benefits. For the purposes of this report, we use the terms “VAC clients” to refer to Veterans in receipt of VAC benefits, and we use the term “non-clients” to refer to Veterans who are not in receipt of VAC benefits.

Compared to non-clients, VAC clients were:

- Older (on average);
- More likely to have served 20 years or more;
- More likely to have deployed;
- More likely to have released for medical reasons;
- Less education (less post-secondary education); and
- Less likely to be single.

### 3.0 INCOME

Overall, most Veterans (73%) were satisfied with their financial situation. It is noteworthy that in one sub-group of VAC clients (those receiving New Veterans Charter benefits), only 57% were satisfied with their income.

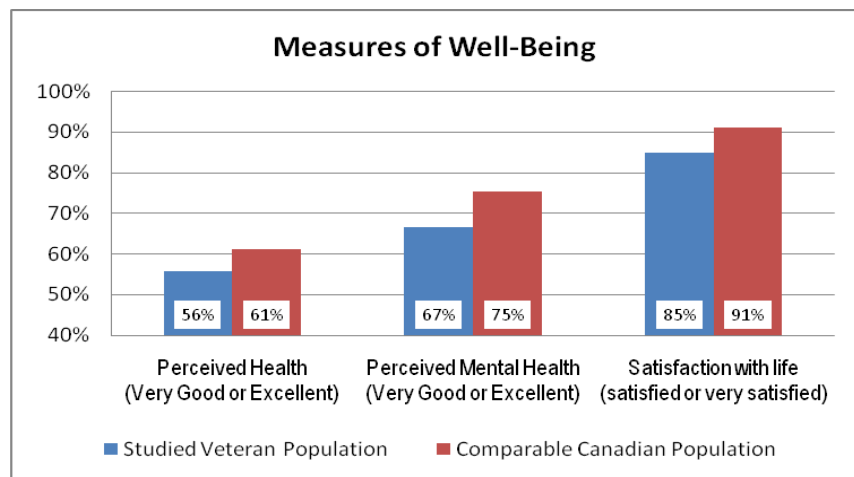
On average their income declined by 10% initially, but subsequently exceeded their pre-release income levels. Some sub-groups did experience bigger declines, such as women (30% decline); medically released Veterans (29% decline); and Veterans who served 10 to 19 years (21% decline).

Fifteen percent of Veterans experienced low income<sup>5</sup> at some point during the nine years following release, but for some sub-groups, the rate of low income was much higher - 37% for those who released involuntarily and 35% for those released as recruits. Over one-third of the study population received Employment Insurance at least once.

### 4.0 HEALTH

#### 4.1 Well-being

Overall, CF Regular Force personnel who released during 1998-2008 rated their well-being (general health, mental health and satisfaction with life) lower than the Canadian population. Low well-being occurred much more frequently in VAC clients than non-clients.

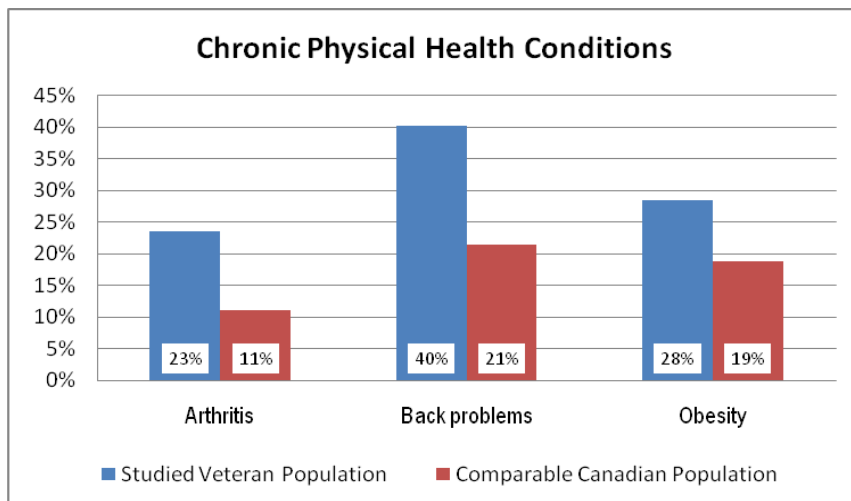


<sup>5</sup>Low income was measured using the Statistics Canada before-tax Low Income Measure (LIM) by household size. The before-tax LIM for a household of four in 2008 was \$42,378. (Statistics Canada Cat. No. 75F0002M No. 005).

## 4.2 Chronic Physical Health Conditions

Compared to the general Canadian population, the rate of arthritis among the study population was double and the rate of back problems was almost double.

Veterans also had higher rates of obesity than did the Canadian population. Although

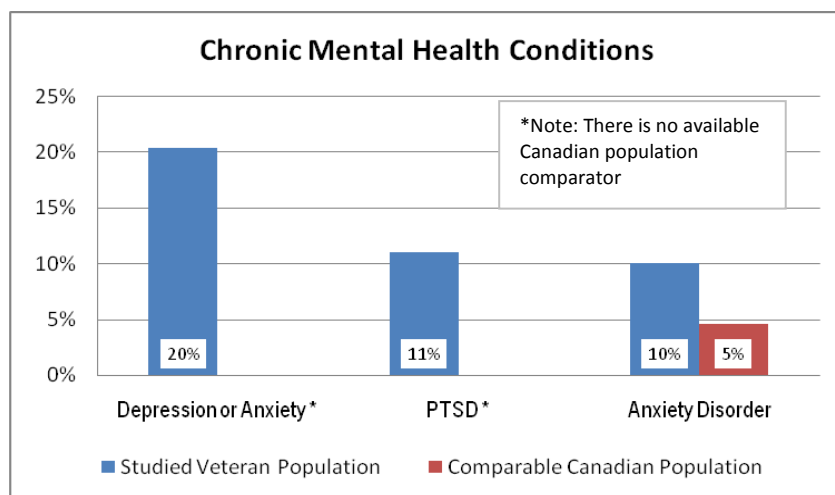


hearing problems were commonly reported among Veterans, there is no comparator for the general population. As do adults of similar ages in the general population, these Veterans less commonly had a variety of other chronic physical health conditions, including cardiovascular disorders like heart disease and stroke, respiratory disorders like asthma and chronic obstructive lung disease, cancer, endocrine disorders like diabetes, and bowel disorders.

As is true for the general population, chronic physical health conditions were more prevalent than mental health conditions and were more prevalent with age. Physical health conditions occurred much more frequently in VAC clients than non-clients.

## 4.3 Mental Health Conditions

The rate of anxiety disorder was higher among this study population than the Canadian population. Overall, 20% of the study population had depression or anxiety, and 11% had PTSD. In the 12-month period preceding the study, 6% of the study population



had seriously considered taking their own life. Many Veterans who reported anxiety were already receiving benefits from VAC. Mental health conditions occurred much more frequently in VAC clients (NVC 60% and disability pension 40%) than non-clients (13%). As in the general population, mental health conditions were less common than physical health conditions, and were not more common with age.

#### **4.4 Comorbidity**

Comorbidity is a measure of the complexity of health care needs. It refers to the presence of two or more health conditions in the same person. Physical health conditions were three times more prevalent than mental health conditions (66% versus 24%). Comorbidity of both physical and mental health conditions occurred in one-fifth (21%), but was much higher in VAC clients (55% of New Veterans Charter clients and 38% of disability pension clients) than non-clients (10%).

#### **4.5 Attribution to Military Service**

Belief among these Veterans that their chronic health condition was related to their military service was common. The majority who reported chronic health conditions diagnosed by a health professional attributed their conditions to military service, as did many with disability. Conditions most commonly reported by the study population had the highest rates of service attribution.

## **5.0 DISABILITY**

### **5.1 Participation and Activity Limitation**

The overall rate of participation and activity limitation among Veterans was twice that of the Canadian population, with very high rates being reported by VAC clients compared to non-clients. The majority of VAC clients reported that military work caused their limitations. Almost two-thirds of non-clients reported the same.

## **6.0 DETERMINANTS OF HEALTH**

### **6.1 Healthy Behaviours**

Overall, Veterans had lower rates of smoking than the general Canadian population (19% were daily smokers compared to 23%). Rates for heavy drinking (5 or more drinks on one occasion, 12 or more times a year) were comparable to the general population (both were 26%).

### **6.2 Employment**

The most common main activity in the year after release was working or running a business. About half of Veterans (53%) were doing just this. Another 15% were attending school or training and 8% were looking for work. By 2009 (the year prior to the survey), the proportions changed, with 75% working or running a business, 4% attending school or training, and 2% looking for work. Overall, the majority (89%) worked at some point after release, with non-clients more likely than clients to do so.

Satisfaction with work increased from 72% in the year following release to 80% in the year prior to the survey. The increase was significant among non-clients (rose from

72% to 82%). The Veteran unemployment rate at the time of the survey was the same as the Canadian population rate (8%).

For the majority of Veterans in this study, release from the military led to a second career, not retirement from the workforce. Most Veterans who worked agreed that the experience, education and training gained in the military helped in their current or most recent civilian job. One-third said that the tasks they were performing at work were the same as in the military. Less than half (43%) felt that the knowledge and skills they use at their most recent job were the same as those they used in military service. Most Veterans felt that their levels of prestige and authority were higher in the military compared to their post-release work experiences.

The average age at release was 40 years, much younger than the average age at retirement from the public service in Canada (58 years in 2006-07). Transferring to the civilian workforce may be a difficult experience, especially for those who spent the majority of their career in the military. The military context of service is very different from the civilian workforce context: it is more highly structured for example, with clearly defined ranks and roles.

### **6.3 Education**

Over half (55%) of Veterans 25 to 54 years had a post-secondary certificate, diploma or degree compared to 67% of the general Canadian population (same age group). Non-clients more often had a post-secondary education than VAC clients.

### **6.4 Stress, Coping and Social Support**

The survey looked at five indicators of stress, coping and social support, including perceived life stress; satisfaction with job or main activity; sense of community belonging; and low social support. Overall, Veterans did not have as strong a sense of community belonging as the general Canadian population. The majority were satisfied with their job or main activity.

Overall, about 1 in 5 (21%) Veterans reported that most days were “extremely” or “quite a bit” stressful. This is lower than the general Canadian population (25%) and significant differences exist between VAC clients (29%) and non-clients (17%).

While most (78%) Veterans were satisfied with their job or main activity; rates were lower for VAC clients compared to non-clients.

Fewer Veterans (59%) had “very strong” or “somewhat strong” sense of community belonging compared the general population (62%). Almost half (48%) of VAC clients reported a “very weak” or “somewhat weak” sense of community belonging, compared to 38% of non-clients.

One-third of Veterans reported low social support. VAC clients (45%) more frequently had low social support than non-clients (27%).



## 7.0 ADJUSTMENT TO CIVILIAN LIFE

Although the majority (62%) of Veterans reported easy adjustment to civilian life, there were considerable differences between VAC clients (45%) and non-clients (71%).

The few who released at age 19 or younger had the highest rate of easy adjustment (83%), followed by senior officers (79%), than those who enrolled in the 1960s (77%). The lowest rate of easy adjustment was reported by those released for medical reasons (36%); followed by those who were widowed, separated or divorced (43%); those released as junior NCMs (48%); and those released with 10 to 19 years of service (48%).

## 8.0 HEALTH CARE ACCESSIBILITY

### 8.1 Health Insurance

The majority of Veterans had insurance for prescription drugs, dental care and eye glasses. Almost all VAC clients had insurance for prescription drugs. Rates for prescription medication coverage were higher for both VAC clients and non-clients than for the general Canadian population.

### 8.2 Regular Medical Doctor

The majority of Veterans (82%) had a regular medical doctor compared to 80% of the general population. The rate for non-clients was similar to the rate for the general population, and they were more likely to have a regular medical doctor the longer they had been out of service. VAC clients had higher rates of having a regular medical doctor (89%) than the general population.

## 9.0 GENDER: WOMEN

Women comprised 12% of the survey population. Findings to date indicate that there are differences that warrant further attention. For example, women were less likely than men to report easy adjustment to civilian life. As well, women more often had lifetime suicidal ideation than did men. As previously noted, women also had the greatest decline in income after release.

## 10.0 STRENGTHS AND LIMITATIONS

The Income Study and the Survey on Transition to Civilian Life significantly improved knowledge of Canadian Veterans' health, disability and determinants of health.

- For the first time, DND and VAC were linked to identify both VAC clients and non clients among a population of Veterans.
- The survey included a nationally representative sample of non-institutionalized former CF Regular Force personnel who released from service from 1998 to 2007 and were not serving at the time of the survey, living in the Territories or living outside Canada.
- The survey used a stratified random sampling design to ensure that VAC clients were well represented.
- The statistical significance of differences in estimates was tested using 95% confidence intervals.
- The survey used self-report measures rather than objective measure, however self-report is commonly used in population health surveys and its limitations are well understood.
- The survey questions were chosen by a multidisciplinary team, which had considerable experience with population health studies, in consultation with Statistics Canada.
- The Income Study used the Statistics Canada Longitudinal Administrative Dataset containing income tax data. Over 90% of the CF Regular Force population who released from service from 1998 to 2007 was found on the income tax data.
- Readers are reminded to use caution in generalizing the findings to all Veterans. The health survey is a point-in-time snapshot, so conclusions cannot be drawn about whether military service caused the health and disability findings, and the effectiveness of DND, CF and VAC programs.