

# OLDER VETERANS' ACCESS TO MAINSTREAM HEALTH SERVICES: melding expectations with reality



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## WHO IS AN OLDER VETERAN?

### Who is a veteran?

- Holder of a health entitlement card or pension card
- War widow or widower or dependent holding such cards
  - And a veteran of the Australian or allied defence force
  - Or a spouse or widow or widower of above mentioned person

### Cultural attributes of the veteran community

- Bonds of mateship / camaraderie formed in war environment
- Commemoration of sacrifice of fallen comrades
- Provision of welfare support for those who remain
- High membership of ex-services organisations
- Participation in commemorative activities

## ARMED CONFLICT AND RISK

### WORK HEALTH AND SAFETY?

- Provision of safe working and living conditions
- Technical support for commanders and combat personnel
- Adequate resourcing in terms of training, equipment and intel

### INVISIBLE WOUNDS

#### Moral injury

Psychological anguish Shame OR Triumph	Culpability for actions and consequences beyond their control
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#### Guilt

<b>Accident guilt</b> – self-blame for deaths	Moral indictment and need to make amends
<b>Survivor guilt</b> – anguish at being alive	Feelings of betrayal or failure when comrades are injured
<b>Collateral damage guilt</b> – civilians killed and injured, especially children	

### HEALTH RISK FACTORS

Compared with non-veterans, veterans are more prone to increased risks due to:

Sedentary lifestyle and poor nutrition	Use of tobacco and alcohol	Increased intake of prescribed medications
Mental health issues due to war service	General physical degeneration	Compounding effect with other degenerative conditions

### IMPLEMENTING ASSISTANCE FOR THE VETERAN COMMUNITY

- Finding the veterans and offering support that they will accept
- Guiding care providers and service planners
- Assisting veterans to engage effectively with aged care and health systems

## VETERANS' SPECIAL NEEDS

**Aged Care Act (1997) as amended (Commonwealth of Australia)**  
**Special needs status conferred as part of services regulation 2002**

- Aged care providers required to consider special needs of the veteran community in the provision of care
- Planning authorities required to consider the aged care requirements of the ex-service community

### Rational for Special Needs Status

Rapid aging of the veteran population  
Their service, sacrifice and hardship  
Their unique cultural identity

### Veteran community IN Australia

Three generations of Australians affected by wars, conflicts and peace-keeping actions and members of the Australian Defence Forces (ADF)

## RESEARCH AIM & QUESTIONS

### AIM:

- To investigate the experiences of veterans in accessing safe, timely and effective health and aged care services in Australia.

### RESEARCH QUESTIONS:

- Do veterans have concerns about relationships with health practitioners and health / aged care services.
- Do they believe that their special needs as veterans are being met?
- Do veterans believe that government is meeting their health and support needs?
- What factors affect veterans' ability to access and negotiate health and aged care services in Australia?

## METHODS

### Data gathering:

Survey distributed through Veteran networks and online (2986 responses)  
Telephone interviews with stratified sample of survey respondents and key informants

### Inclusion criteria:

- Aged 55+ years; Living in the general community
- With and without Department of Veteran Affairs (DVA) cards

### Analysis

- ANOVA
- Regression modelling - A,B,C
- Case studies / logical induction – themes



## RESULTS

### RESPONSES:

<ul style="list-style-type: none"> <li>92.54% Male</li> <li>65.92% Married</li> </ul>	<ul style="list-style-type: none"> <li>100% saw active service during war</li> </ul>	<p><b>75.99% believe that their health issues are linked to their war service</b></p>
<ul style="list-style-type: none"> <li>50% have post school qualifications</li> </ul>	<ul style="list-style-type: none"> <li>93% served in the Australian Defence Force (ADF)</li> </ul>	

### ACCESS TO HEALTH SERVICES & SUPPORT

- Their **perceived ability to access services** was **better in older people** (5% better access for every additional year of age)
  - and also for those with Medicare (universal health insurance) cover (32% better access than those without)
- The **ability to access services** was poorer in those who lived in **regional or remote areas** (32% worse access than those in larger cities)
  - and access to services by **national reservists** (22% worse access than those who were not)
  - or who had Veteran **health care cards** (14% worse off than those without a veteran health care card (Odds Ratio 0.85)

## RESULTS CONTINUED

- Older veterans were less likely to understand** how to access services
- Those who lived **rurally or remotely were better at understanding** how to access services
- Access to local doctor** was improved for those in the ADF, who lived rurally
- Access to specialists** was better in younger, male, rural, non-reservists with DVA health care cards
- More ex-service men reported the **Veteran card 'prevents worry'** (p=0.001), 'reduces cost' (p=0.010), and 'relieves burden on others' (p=0.007)
- The **importance of special needs** was greater in non-reservists, men, those with no private health insurance, those with Medicare insurance and those without DVA cards

### FACTORS AFFECTING WELLNESS

Social risks:	Family connections:	Family care-giving:
<ul style="list-style-type: none"> <li>Isolation from community and networks</li> <li>Marginalization and/or stigmatization</li> <li>Neglect of self and others</li> </ul>	<ul style="list-style-type: none"> <li>Coping ability despite dysfunction</li> <li>Early detection of health issues</li> <li>Quality care – holistic / proficient</li> </ul>	<ul style="list-style-type: none"> <li>Carer stress</li> <li>Income burden</li> <li>Capacity</li> </ul>

## CONCLUSIONS

The main determinants of veteran access to health and support services:

- The age of the veteran
- Location of place of residence (urban, rural and remote)
- Possession of a Department of Veterans Affairs (DVA) card and type of card
- Coverage by the universal health insurance system (Medicare) which is only available to Australian citizens and permanent residents

### Central themes:

- The central themes in veteran care are that they do have special needs that should be considered at all stages of health practitioner input
- Health practitioner approaches to veteran care need to be informed, respectful and useful to veterans and their families
- The unique issues or problems facing veterans who live a long life cannot be dismissed as part of ageing or post-service health problems
- Therefore – more than a clinical response is required of health practitioners and service providers caring for veterans

### RECOMMENDATIONS

Review practice against the principles of:

Recognition and respect for veteran status	Responsiveness to individual priorities	Effective use of resources
Early intervention and outreach assistance	Needs-based services	Family-based services
Engagement and personal choice	Care as close to home as possible	Integration and comprehensive care, treatment and support

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