A new resource to study the health of military families in Ontario

Alyson L. Mahar, Alice B. Aiken, Heidi Cramm, Patti Groome, Paul Kurdyak

Accessing health care and maintaining continuity of care during mandatory moves remains a persistent challenge for military families. The re-establishment of medical services is the number one concern of military spouses for a new posting. In Canada, there is little population-based data on the health and health services utilization of military families, making it difficult to understand the health issues they experience. For the first time, we have identified a method of studying the health of military families in Ontario. Data are gathered from existing provincial administrative health care data sets housed at the Institute for Clinical Evaluative Sciences (ICES) and linked to administrative codes for provincial health care collected by the Ontario Ministry of Health and Long-Term Care. The following is a brief introduction to the variables available in this new resource, and its potential uses for future research.

1. There are over 57,000 military families in Canada. Our research cohort is made up of 9,397 spouses and dependants of Canadian Armed Forces members and Reservists who have relocated to Ontario since 2007. The majority of families relocated to Ontario because of a new posting.

2. 88% of military families in our cohort live in three of Ontario’s Local Health Integration Networks (LHINs): the South East LHIN (CFB Kingston), Champlain region (Ottawa, DND) and North Simcoe Muskoka (CFB Borden). Twenty-one percent of these families live in rural locations. Nine percent live in the lowest income communities.

3. 60% of our research cohort are dependents (age ≤18 years). The median age of the dependents in the cohort is 7 years (IQR: 3–12 years). The proportion of female to male dependents in the cohort is roughly equal (49% female).

4. Approximately 13% of all military spouses in Canada are male. Our cohort has a smaller proportion of male spouses than expected. The median age of military spouses in our cohort is 35 years (IQR: 29-42 years).

5. With these data, we will be able to study the prevalence of physical and mental disorders, their treatment, and compare outcomes to civilian families.

6. The health services utilization data will allow us to study continuity of care and identify potential gaps in the provision of healthcare for military families.

Understanding how relocations impact the continuity of care and health of military families will provide a baseline to study interventions targeted at facilitating access to primary and specialist healthcare and system navigation for military families in the future.


REFERENCES

AUTHOR INFORMATION

Alyson L. Mahar, MSc is a PhD Candidate in the Department of Public Health Sciences at Queen’s University, Kingston, ON.

Alice Aiken, CD, PhD is an Associate Professor and Associate Director of the School of Rehabilitation Therapy (Physical Therapy Program) at Queen’s University, Kingston, ON, and the Director of the Canadian Institute for Military and Veteran Health Research.

Heidi Cramm, PhD, OT is an Assistant professor in the School of Rehabilitation Therapy at Queen’s University and the Head of Knowledge Translation in the Canadian Institute for Military and Veteran Health Research.

Patti Groome, is a Senior Scientist in the Division of Cancer Care and Epidemiology at the Queen’s Cancer Research Institute, a Professor in the Department of Public Health Sciences at Queen’s University, Kingston, ON, and an Institute for Clinical Evaluative Sciences (ICES) Scientist, at Queen’s and ICES Toronto, ON.

Paul Kurdyak, MD, PhD, is the Director of Health Systems Research at the Centre for Addiction and Mental Health, Toronto, ON, an Assistant Professor in the Department of Psychiatry at The University of Toronto, and an Institute for Clinical Evaluative Sciences Scientist and Program Lead at ICES Toronto, ON.

Correspondence should be addressed to Alyson Mahar at: alyson.mahar@queensu.ca

COMPETING INTERESTS

None declared.

DISCLAIMER

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CONTRIBUTORS

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