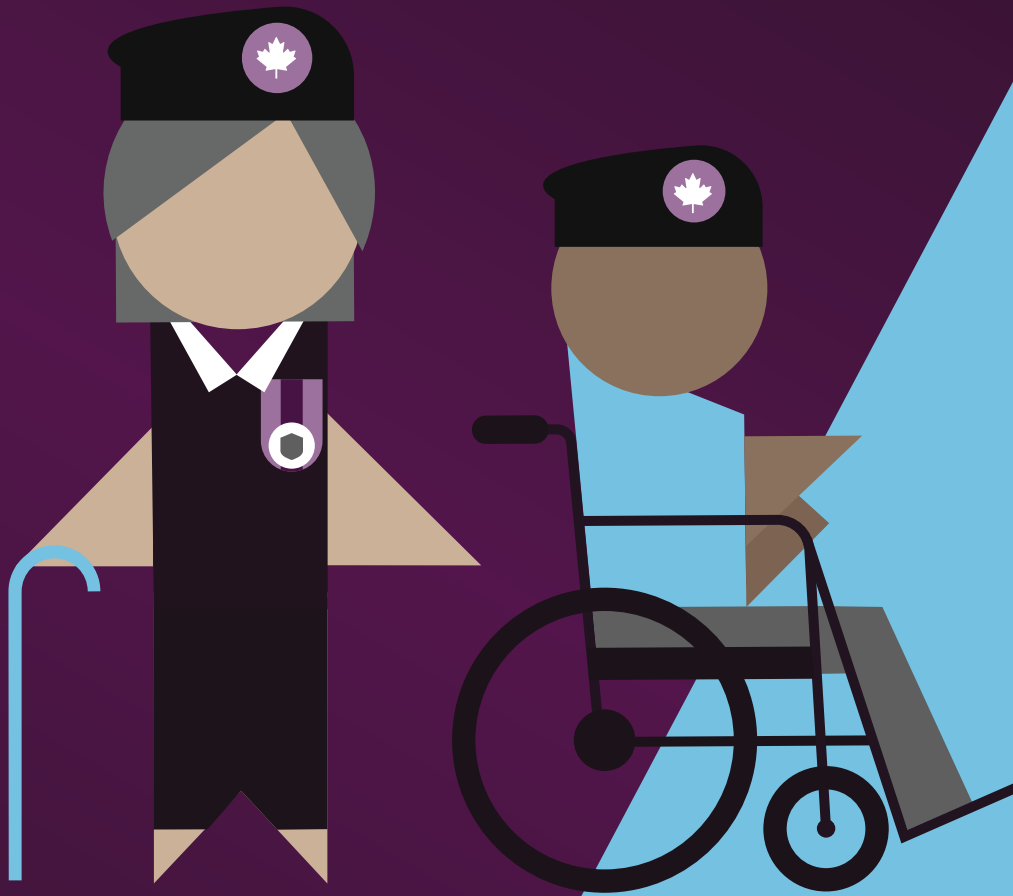


# Addressing the Coming of Age and Its Related Complexities Among Canada's Veterans



November 2024



Canadian Frailty Network | Réseau canadien des soins aux personnes fragilisées



CIMVHR | ICRSMV  
Canadian Institute for Military and Veteran Health Research | L'Institut canadien de recherche sur la santé des militaires et des vétérans

**NIA** NATIONAL INSTITUTE ON AGEING 

# National Institute on Ageing



**Suggested Citation:** M Brydges, E Mebrahtu, E MacLennan, A Flanagan, D Pedlar, J Muscedere & SK Sinha. (2024). Addressing the Coming of Age and Its Related Complexities Among Canada's Veterans. Toronto, ON: National Institute on Ageing, Toronto Metropolitan University, the Canadian Institute for Military and Veteran Health Research and the Canadian Frailty Network.

**ISBN:** 978-1-77417-095-3

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**Disclaimer**

Funding for this report was generously provided by the Canadian Institute for Military and Veteran Health Research and the Canadian Frailty Network. All of the research, writing and recommendations herein have been independently produced by the NIA and the report authors on the basis of sound evidence.

## About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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The Canadian Institute for Military and Veteran Health Research (CIMVHR) is an innovative organization that engages existing academic research resources and facilitates the development of new research, research capacity and effective knowledge translation. With a network of academic researchers from across Canada, it serves as the hub for 46 Canadian universities who have agreed to work together in addressing the health research requirements of the Canadian military, Veterans and their families.

## About the Canadian Frailty Network

Canadian Frailty Network (CFN) is a not-for-profit organization focused on frailty in older Canadians. Our mission is to improve the care for older adults living with frailty and support their families and caregivers. We do this by increasing frailty recognition and assessment, by providing evidence for decision making, by moving evidence into policy and practice, by training the next generation to care for this vulnerable population, and by advocating for change in health and social care systems to ensure that the needs of this vulnerable population are met. CFN is a multi-disciplinary national network, nurturing productive multi-sectoral partnerships and collaborations — nationally and internationally — among all stakeholders, and always including patients, their families, and caregivers.

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## Acknowledgements

The NIA would like to thank the CIMVHR and CFN for their support and sponsorship of this research, without which this report would not have been possible. The NIA would also like to acknowledge Veterans Affairs Canada for sharing program information and statistical data towards the creation of this report.

We would also like to thank Dayna Cooper, RN, MSN (Director, Veterans Affairs Home and Community Care) and Megan Mathey, MSW, LCSW (Medical Foster Home (MFH) National Program Manager) for sharing information on the US Veterans Affairs MFH program.

Thank you to Arushan Arulnamby, MPH (Policy Analyst, National Institute on Ageing) and Natasha Dixon (Health Policy Researcher, National Institute on Ageing), for providing research support on this report.



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## Executive Summary

**Canada's Veteran population is ageing,<sup>1</sup> with approximately 66% of its Veterans reportedly aged 55 years and older as of 2021.<sup>2</sup> This cohort of ageing Veterans consists almost entirely of Veterans with service after 1954.<sup>1,2</sup> Veterans with service during World War II or the Korean War comprise less than 6% of the Veteran population in Canada.<sup>2</sup> While Canada has a lengthy history of policy-making related to supporting its older Veterans, new challenges have created a pressing need to determine how to care for the current generation of Veterans.**

Canadian Veterans with service after 1954 are a much smaller cohort compared to World War II Veterans,<sup>1</sup> however, they are positioned to age with different experiences and unique challenges. Three decades of health research demonstrate that Veterans are ageing with more complex mental and physical health conditions,<sup>3</sup> which may increase their risk of accelerated ageing, frailty or needing intensive long-term care services as they age. In 2021, nearly one in four Veterans reported they lived alone,<sup>4</sup> placing them at an increased risk of social isolation.

Further to this, knowledge gaps are limiting our understanding of the best way to support

ageing Veterans. For instance, the experience and needs of Veterans from equity-deserving groups, including women, racialized and Indigenous Veterans, and 2SLGBTQI+ Veterans, have been understudied from an ageing lens. There also remain knowledge gaps in our understanding of post-traumatic stress disorder in later life, and how it presents alongside conditions such as dementia.<sup>5</sup> The important role of unpaid caregivers and family members of Veterans has long been established, however, there is an opportunity to enhance our understanding of their needs and the effectiveness of interventions to support them.

In response to these challenges, this report summarizes our current understanding of Canada's Veterans from an ageing lens. We examine what is known about the social and health profile of current Veterans, drawing on data from the 2021 Canada Census and Canadian Veterans health research. This report provides a detailed summary of the services available to Canadian Veterans and their unpaid caregivers at the federal and provincial/territorial levels. With this context in mind, we describe the pressing challenges facing Canada's older Veterans, including the growing clinical complexity among ageing Veterans, the challenges facing unpaid caregivers and spouses of Veterans, and what we know about the needs of ageing Veterans who are members of equity-deserving groups. Finally, we detail how the United States, Australia, New Zealand and the United Kingdom are supporting older Veterans and analyze key lessons we can gain from these countries.

**To support Canada's ageing Veterans, this report concludes by presenting six evidence-informed policy recommendations:**



**1**

Develop a Healthy Ageing Strategy to Support Canada's Ageing Veterans



**4**

Enhance Comprehensive Supports for Unpaid Caregivers of Veterans



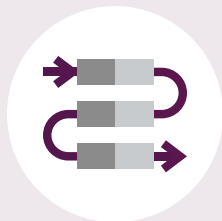
**2**

Evolve the Veterans Independence Program to Better Meet the Needs of Future Generations of Canadian Veterans



**5**

Integrate Best Practices Around Mental Health Care and Trauma-informed Care into the Everyday Care for Ageing Veterans



**3**

Support Canada's Ageing Veterans to Age in the Right Place by Further Developing a Comprehensive Continuum of Long-Term Care Services



**6**

Support Greater Research Around and Access to Trauma-Informed and Culturally Safe Care for Ageing Veterans from Equity-Deserving Groups

## Introduction

Canada has a long history of developing structures and policies to support its Veterans, beginning with the creation of pensions, vocational training and hospitals for disabled World War I Veterans.<sup>6</sup> In 1944, Canada's newly formed Department of Veterans Affairs, later known as Veterans Affairs Canada (VAC), was designated with the responsibility of administering pensions and benefits to Canada's Veterans, and was charged with developing a program for World War II (WWII) Veterans focusing on rehabilitation and reestablishment.<sup>6</sup> Concurrently, legislation was created during WWII to manage health care, education and employment training, pensions, land settlement, and allowances and loans.<sup>6</sup> Over time, some VAC services have lapsed, while others have expanded to meet the evolving needs of Canada's Veterans.

In the 1980s, the changing demographic profile of Canada's WWII Veterans prompted a significant shift in how VAC met the needs of its ageing Veteran population.<sup>7</sup> Canada's large population of WWII Veterans was rapidly ageing, and the anticipated costs of caring for this population in long-term care (LTC) homes were expected to double.<sup>7</sup> Responding to these growing financial pressures, concerns over the treatment of WWI Veterans in ward-style hospital facilities, along with a growing recognition that Veterans wanted to age in their homes, in 1981 VAC launched the Aging Veterans Program (renamed the Veterans Independence Program (VIP) in 1984).<sup>7</sup> The VIP was seen as a groundbreaking program when it launched, as it aimed to support ageing in the right place, aligning with Veterans' desires to age in their homes for as long as possible.<sup>7</sup>

Now, we see a new major shift in VAC's history and it has become crucial to recognize the

changing needs and experiences of Canada's ageing Veterans. In the 1950s, there were an estimated 1.2 million Canadian War Service (WS) Veterans who served before 1954 (First and Second World Wars and the Korean War).<sup>1</sup> However, by 2021, only 6% of Canada's Veterans had served in WWII or the Korean War.<sup>2</sup> This population of 'War Service Veterans' will continue to become very small over the next decade, and be replaced by an overall much smaller though growing population of ageing 'Canadian Armed Forces (CAF) Veterans' (service after 1954).<sup>1</sup> While 20 years ago there were few CAF Veterans over 70 years of age, the number of CAF Veterans over 70 years of age is expected to have increased to 33% by 2026.<sup>1</sup>

**Today, a considerable proportion of Canada's Veterans are older adults. In 2021, it was estimated that among all Veterans, 66% were 55 years of age and older, 42% were 65 years of age and older, and approximately 7% were 85 years of age and older.<sup>2</sup>**



**Figure 1. War Service and CAF Veteran Demographics**

War Service Veterans (service before 1954 in WWII, Korean War)	Canadian Armed Forces Veterans (service after 1954)
<ul style="list-style-type: none"> <li>• 1951: 1.2 million War Service Veterans<sup>1</sup></li> <li>• 2017: estimated 58,000 War Service Veterans with an average age of 91<sup>1</sup></li> <li>• 2021: 25,500 War Service Veterans<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• As of 2021, there were an estimated 461,240 Veterans in Canada, of which 94% are CAF Veterans<sup>2</sup></li> </ul>

Understanding the needs of Canada's ageing Veterans requires conceptualizing Veterans as facing a heightened risk of experiencing *accelerated ageing*<sup>8</sup> and frailty.<sup>9,10</sup> Research is emerging that experiencing trauma and post-traumatic stress disorder (PTSD) may be associated with accelerated biological ageing, with implications for one's overall health and well-being.<sup>8</sup> With this context in mind, emerging research has indicated that CAF Veterans are experiencing significant challenges that may hinder their overall health and well-being as they age. For example, research indicates that CAF Veterans have prevalence rates of back pain, arthritis, depression, anxiety and PTSD that are all higher than those of the average Canadian of similar age and sex.<sup>3</sup> Moreover, Veterans living with three or more mental health disorders concurrently rose from 3.1% in 2002 to 21.9% in 2018.<sup>11</sup> Research has found that Veterans with PTSD can experience functional impairments and a reduced quality of life that persist decades after service.<sup>12</sup> In addition, there are challenges recognizing the distinct presentation of PTSD among older adults compared to younger populations.<sup>13-15</sup> Health data from Canadian Veterans recently released from service shows them experiencing high rates of some health conditions,<sup>3</sup> which can increase the risk of frailty and a loss of independence and function that further

increases their likelihood of needing LTC services and/or living in a LTC home. Thinking about frailty among the Veteran population also needs to take into account the role of military-specific factors (e.g., service era, type of deployment, rank, length of service, military sexual trauma) that may further impact their health. These considerations are why eligibility for VAC services remains tied to need, rather than age, as Veterans may require greater levels of support or services earlier on in their life, then the average Canadian.

The demographic characteristics of CAF Veterans also sheds light on their unique circumstances, including the crucial role of family support in their lives. A survey of Canadian Veterans released from 1998 to 2018 found that 25% of Veterans required help with at least one activity of daily living, and among these Veterans, 79% reported their spouse or partner was their primary unpaid caregiver.<sup>3</sup> Unpaid caregivers of Veterans may face significant challenges, such as mental and physical health issues, burnout and financial instability.<sup>16,17</sup> Further, the 2021 Canadian census revealed that Veterans were more likely to live alone than the average Canadian adult.<sup>4</sup> This trend may make it harder for Veterans to age in their own homes and communities for as long as possible, as unpaid caregivers provide

instrumental support for individuals who wish to do so.<sup>18</sup> Further, while many Veterans report they have high levels of social support,<sup>3</sup> the prevalence of loneliness or social isolation among CAF Veterans is unknown. Research suggests that Veterans may have unique experiences of loneliness or social isolation as a result of their time in the military, challenges transitioning from military service, or physical or mental health conditions.<sup>19</sup>

## Underrepresented in discussions about ageing Veterans are the unique experiences and needs of those from equity-deserving communities, including women, racialized and Indigenous Veterans, and 2SLGBTQI+ Veterans.

Over the years, women's representation in the CAF has grown substantially, with women now comprising approximately one in five CAF members and one in six CAF Veterans.<sup>4</sup> A prior

analysis of Canadian Veterans released from 1998 to 2012 found that female Veterans were more likely to report an activity limitation (and require help as a result of this limitation) and some mental health and chronic health conditions compared to male Veterans.<sup>20</sup> Compared to CAF members who are men, CAF members who are women have been found to have a heightened risk of experiencing sexual misconduct, assault or discrimination, which can have lasting impacts on their mental health post-service.<sup>21</sup> Further, for the first time, the Canadian Census was able to report on the demographic characteristics of Indigenous and racialized Veterans, and as well as diversity characteristics including English-French bilingualism among Veterans.<sup>22</sup> However, the lack of intersectional research investigating the experiences of equity-deserving groups within the Veterans population, specifically gender, race and ethnicity, sexual orientation and ageing, presents challenges in designing effective programs.<sup>23</sup>

### Figure 2. Overview of Veterans Affairs Canada

The Minister of Veterans Affairs is responsible for a portfolio consisting of: the Department of Veterans Affairs Canada (VAC), the Veterans Review and Appeal Board, and the Veterans Ombudsman. VAC is the federal government department with a core mandate that includes the following:

- Benefits, services and support: "support the care and well-being of Veterans and their dependents or survivors through a range of benefits, services, research, partnerships and advocacy;"<sup>24</sup>
- Commemoration: "pay tribute to the sacrifice and achievements of those who served in Canada's military efforts;"<sup>24</sup>
- Veterans Ombudsman: "provide an independent and impartial review of complaints and issues related to programs and services delivered by the Veterans Affairs portfolio and uphold the *Veterans Bill of Rights*."<sup>24</sup>

As discussed throughout this report, VAC benefits and services for Canadian Veterans are critical in ensuring that the complex needs of this population are met. It is important to note that VAC services are only one source of support available to Veterans. Like other Canadians, they also access health care, long-term care, home care and community support services and other benefits provided through their provincial and territorial systems. Nevertheless, the changing landscape of Canada's Veterans, coupled with evolving demographics, health dynamics and changing social characteristics, has prompted the need to examine how best to further support Canadian Veterans as they age. The imperative to ramp up and improve existing programs and consider additional initiatives is clear. This necessitates exploring frameworks and models to not only honor our Veterans but also provide sustainable and effective support.

To ensure that a comprehensive approach is taken to provide equitable support for Veterans, unpaid caregivers and Veterans' dependents across Canada, this report is informed by the NIA's Ageing in the Right Place framework.<sup>19</sup> Ageing in the Right Place emphasizes the importance of enabling healthy ageing in settings that align with an individual's preferences, circumstances and care needs (p. 8).<sup>19</sup> While many Canadian Veterans aspire to age in their homes and communities, the framework acknowledges the potential need for additional support and services to do so.

**Given this backdrop, it is clear that there is an urgent need to address how to better support the health and well-being of Canada's Veterans. To do so, this report aims to achieve several objectives.**

First, it provides an in-depth analysis of the current context surrounding Canada's ageing and increasingly diverse Veterans. This includes a comprehensive examination of what we know about Canada's ageing Veterans, the existing support systems available to them, and the pressing challenges that need to be addressed to better support their needs. By shedding light on these issues, the report seeks to mobilize knowledge to older Canadians, policy-makers, ageing organizations, health care providers, and health care settings, fostering a deeper understanding of the unique circumstances and needs of Canada's Veterans. Second, this report draws lessons from the development of a variety of programs and services for ageing Veterans in the United States, Australia, New Zealand and the United Kingdom. Finally, this report proposes evidence-based policy recommendations tailored to better support both current and future generations of Canadian Veterans.

## Background: Who are Canada's Veterans?

To profile Canada's Veterans today it is essential to examine the diverse and evolving landscape of those who have served their nation. Drawing from Veterans Affairs Canada's (VAC) Life After Service Studies (LASS),<sup>3</sup> the 2022 Canadian Veterans Health Survey (CVHS)<sup>25</sup> and the 2021 Canada Census,<sup>26</sup> we can gain valuable insights into the lives and experiences of more recent Veterans in Canada.

The LASS was a body of research aimed at deepening our understanding of Veterans' health and transitions from military to civilian life.<sup>3</sup> Collaborative efforts for the LASS involved VAC, the Department of National Defence/Canadian Armed Forces, and Statistics Canada.

There were four iterations of the LASS, and each had been designed to be similar to Statistics Canada's Canadian Community Health Survey where possible. The LASS examined Veterans released from service after 1998 and had a longitudinal component:

- LASS 2010 focused on Veterans released from 1998 to 2007.<sup>27</sup>
- LASS 2013 targeted Veterans released from 2003 to 2012.<sup>28</sup>
- LASS 2016 examined the experiences of Veterans released from 1998 to 2015. This was the first edition of the LASS to examine sex and gender differences, as well as introducing new content on family dynamics, and adopted a longitudinal design, offering valuable insights over time.<sup>3,20</sup>
- LASS 2019 broadened its scope to include Veterans released from 1998 to 2018.<sup>3</sup> The

2019 LASS also included a longitudinal analysis with regards to health and well-being and income trends.<sup>3</sup>

It is essential to recognize that while the LASS provides detailed data for Veterans released after 1998, it does not encompass the entirety of Canada's Veteran population. As such, caution should be exercised in generalizing findings from the LASS to all eras of Veterans, as highlighted by VanTil and colleagues.<sup>1</sup> However, the strength of the LASS is that it is representative of Veterans with the release years of each LASS iteration.

In 2022, the LASS was replaced by the CVHS, further contributing to our understanding of the health and well-being of all Canada's Veterans. The CVHS is a cross-sectional survey that compiles information on Veterans regarding the transition from military to civilian life, health and well-being, chronic conditions and other critical insights into the experiences of Veterans.<sup>25</sup> The 2022 CVHS questions were informed by the 2022 Canadian Community Health Survey, with additional questions related to Veterans.<sup>25</sup> While the 2019 LASS surveyed approximately 12% of Veterans, the 2022 CVHS surveyed approximately 95% of the Veteran population, improving sampling across all Veteran groups.<sup>24</sup>

In 2021, Veterans were included in the Canadian Census — the first time since 1971 — providing additional insight into the characteristics and demographic profile of Canada's Veterans.<sup>29</sup> Data from the census marks an important step in data availability and ability to understand the needs of Veterans.<sup>30</sup> Many new demographic data variables are now available because of the

Census, however, unlike the LASS or CVHS, it did not capture Veterans by era of service (Second World War, Korean War, CAF).<sup>2</sup>

The following section delves into the findings from these surveys, offering a comprehensive

look into the lives, challenges and experiences of Canada's Veterans in recent years. By understanding these facets of their lives, we aim to honour their service by acknowledging their challenges and advocating for the support they deserve.

### Figure 3. The VAC Well-being Framework

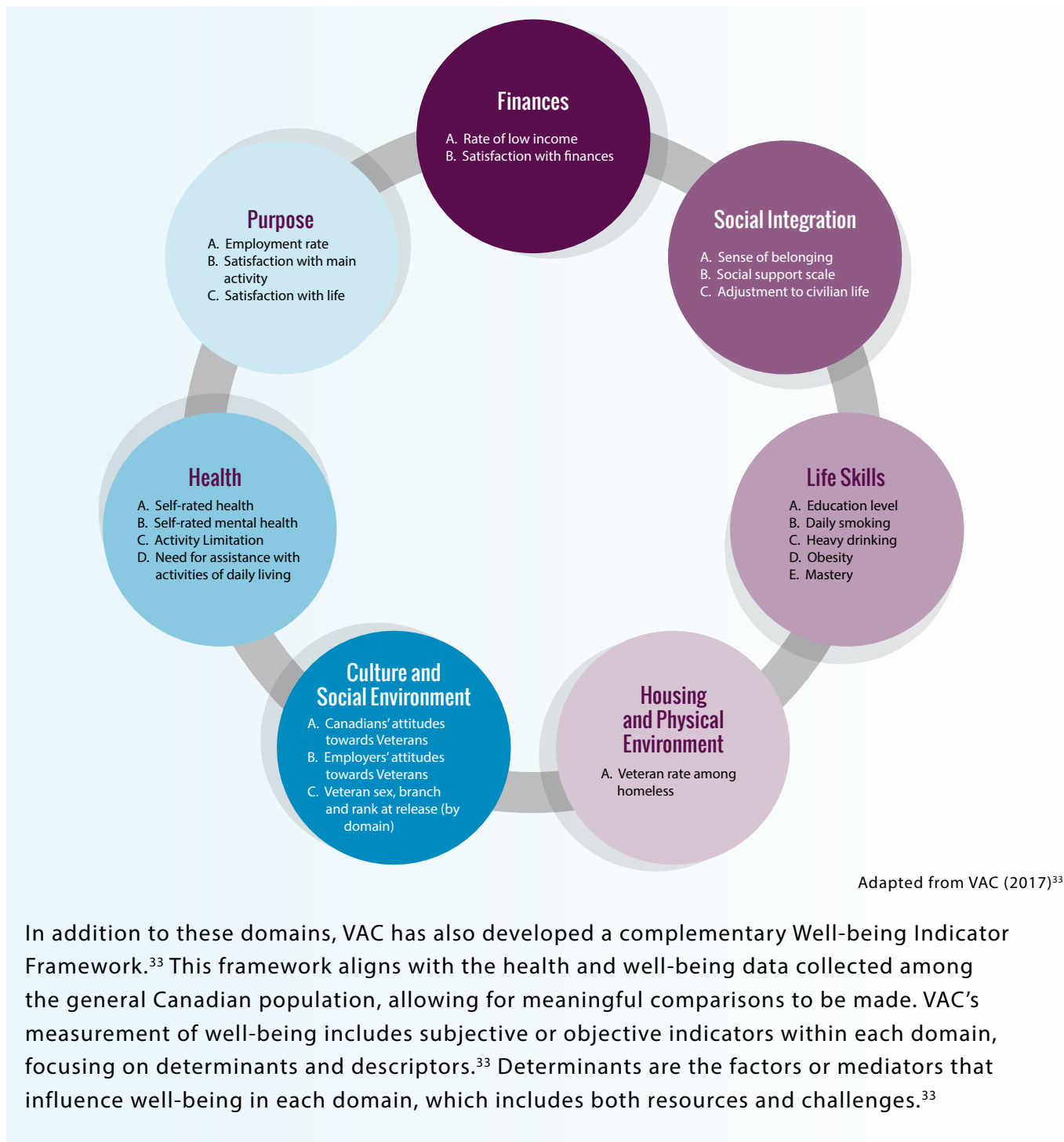
Ensuring Veterans' well-being is supported as they transition to life after service has been identified as an important indicator of policy success by VAC, and a similar concept is also used in other countries.<sup>31</sup> Conceptualizing well-being as having multiple domains allows researchers and policy-makers to view well-being holistically and reflect well-being as intersecting across many aspects of life.<sup>31</sup> Further, it provides greater flexibility and inclusivity when measuring well-being relational to the social determinants of health, or supporting Veterans' transition from military service.<sup>31</sup>

VAC plays a vital role in supporting and promoting the well-being of Canada's Veterans, a responsibility that necessitates a deep understanding of their needs and conducting their own research to identify Veterans unique needs.<sup>32,33</sup> Central to these efforts is the VAC Well-being Framework, a comprehensive, seven-dimension well-being model tailored specifically to Canada's Veteran population.<sup>32,33</sup> VAC has recognized the transition to life after service has implications for Veteran well-being across different indicators.<sup>33</sup>

The VAC Well-being Framework serves as a critical tool not only for defining well-being but also for guiding research, policy, and planning within VAC.<sup>32,33</sup> This framework adopts a population health approach and focuses on well-being as the primary outcome. Additionally, VAC employs a Gender-Based Analysis Plus lens to ensure its programs and policies (e.g., the Veterans Independence Program) address gender bias effectively.<sup>34</sup>

The VAC Well-being Framework<sup>33</sup> consists of seven interconnected domains, each encompassing determinants that influence well-being:

- 1 Finances:** rate of low income; satisfaction with finances
- 2 Social integration:** sense of belonging, social support scale, adjustment to civilian life
- 3 Life skill:** education, smoking, drinking, obesity, mastery
- 4 Housing:** homelessness
- 5 Culture and social environment:** Canadian attitudes towards Veterans, employer attitudes towards Veterans, Veteran sex, branch and rank at release
- 6 Health:** self-rated health, self-rated mental health, help with activities of daily living, activity limitations
- 7 Purpose:** satisfaction with main activity, satisfaction with life, employment rate



## A Current Profile of Canada's Veterans

### Demographics

As of the 2021 Canada Census, there were an estimated 461,240 Veterans, 32% of whom were 25 to 54 years of age, 66% were aged 55 years and older, 42% were 65 years of age and older, and approximately 7% were aged 85 years and older.<sup>2</sup> Veterans represent only a small share of the overall Canadian population (Figure 4, 5, 6).

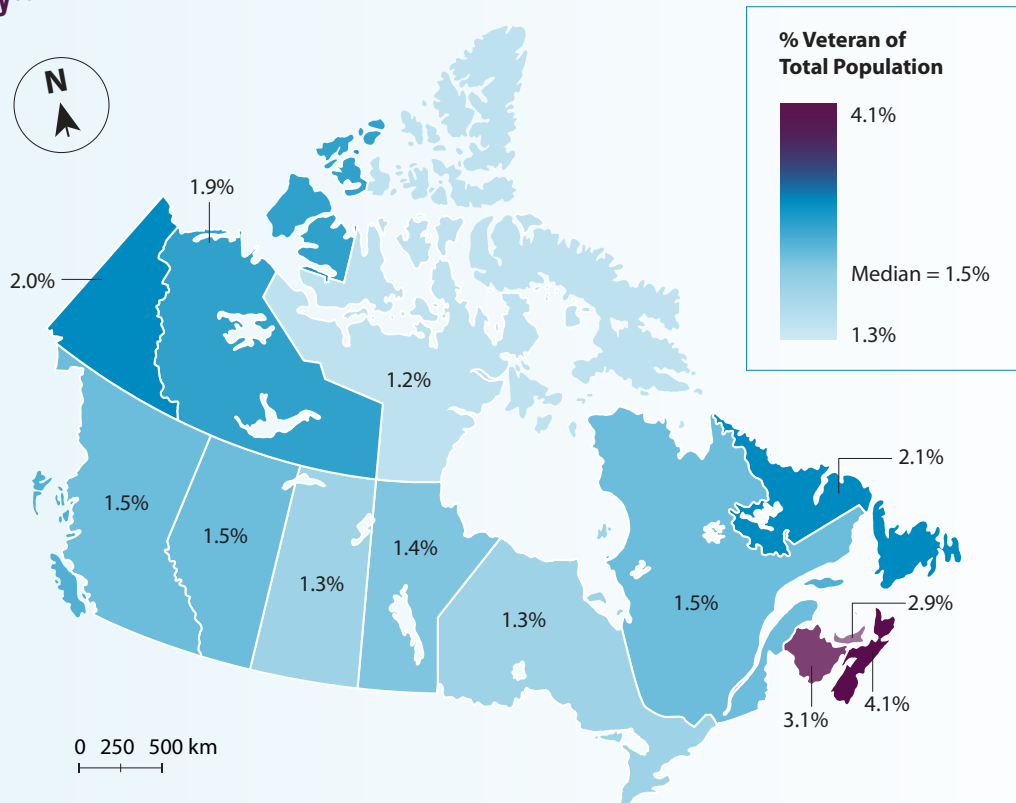
**Figure 4. Military Service Status by Age Groups as a Percentage of the Total Canadian Population**

	Currently serving with the military*	Veterans	No military service
Total - All Ages	0.3%	1.5%	98.2%
65 years and over	0.0%	2.7%	97.3%
75 years and older	0.0%	3.6%	96.4%

\*Regular Force or Primary Reserve Force as an Officer or Non-Commissioned Member  
 Source: Statistics Canada Table 98-10-0142-01<sup>35</sup>

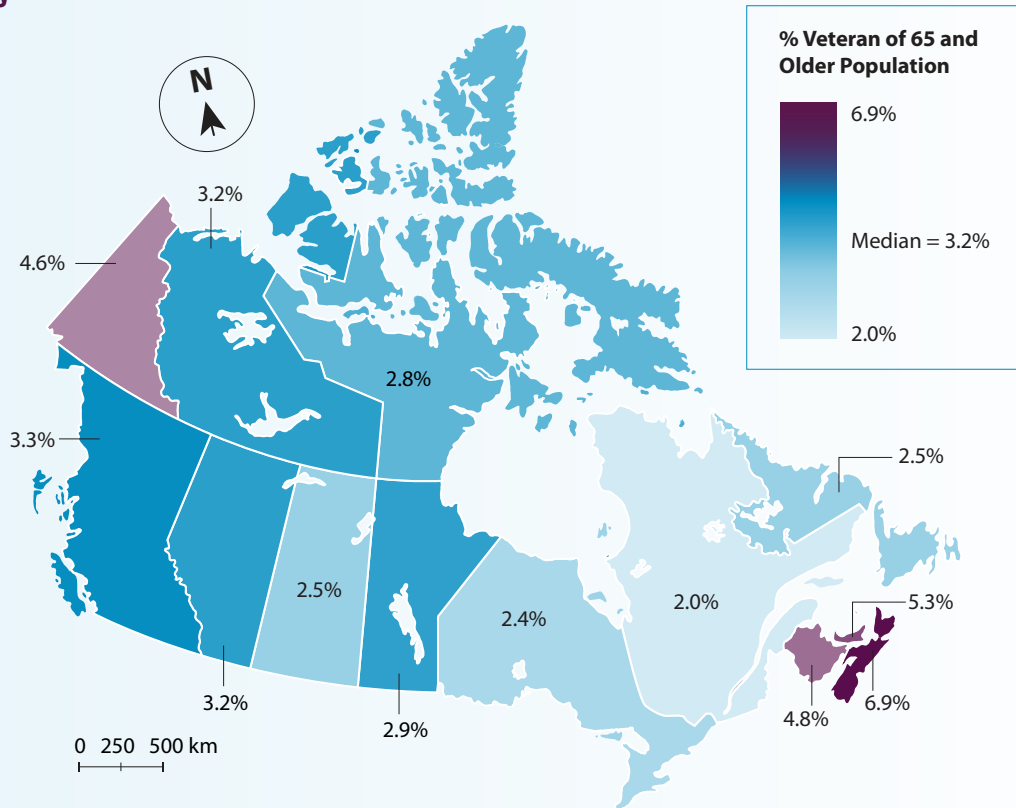
In terms of the distribution of Veterans of all ages across Canada, estimates indicate that while Ontario, Quebec and British Columbia<sup>2</sup> have the greatest number of resident Veterans, respectively, Nova Scotia, New Brunswick and Prince Edward Island, have the greatest proportion of Veterans per their total populations, and Nova Scotia, Prince Edward Island and New Brunswick have the greatest proportion of older adults who are Veterans, respectively (Figure 5 and 6).<sup>36</sup> In contrast, Quebec, Ontario, Saskatchewan and Newfoundland and Labrador have the lowest share of Veterans among their populations of older adults.<sup>36</sup>

**Figure 5. Estimated Percentage of the Population that are Veterans by Province and Territory<sup>36</sup>**



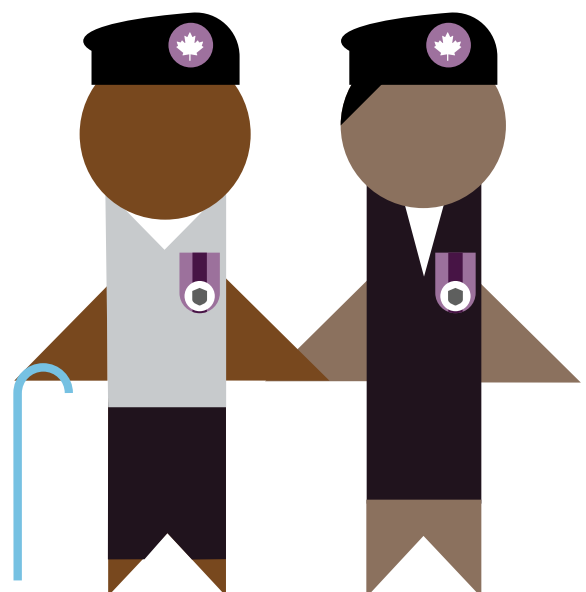
Source: From Veterans Affairs Canada: Canadian Armed Forces - Statistics Canada. War Service Veterans - Veterans Affairs Canada.

**Figure 6. Estimated Percentage of Older Adults that are Veterans by Province and Territory<sup>36</sup>**



Source: From Veterans Affairs Canada: Canadian Armed Forces - Statistics Canada. War Service Veterans - Veterans Affairs Canada.

For the first time, the Census was able to report on some of the demographic variables describing Veterans from equity-deserving groups and other diversity data (Figure 7). Statistics Canada has reported on some family composition data, for instance finding that 1.6% of Veterans were part of “couples who were members of the same gender (cisgender), transgender or non-binary”.<sup>23</sup> The 2021 Census has added additional items related to linguistic diversity, sexual orientation and gender identity<sup>26,37-39</sup> so data analysis will become increasingly available. For smaller populations, balancing privacy with the availability of disaggregated data remains an ongoing challenge.<sup>40</sup>



**Figure 7. Diversity Characteristics of Veterans**

	Veterans (all ages)	Veterans 65 years of age and older
Indigenous Veterans	5.0% <sup>2</sup>	3.4% <sup>2</sup>
Racialized Veterans	4.3% <sup>35</sup>	1.7% <sup>35</sup>
English-French Bilingual	28.3% <sup>22</sup>	n/a
Gender	Men 83.8% <sup>4</sup> Women 16.2% <sup>4</sup> Non-binary 0.1% <sup>4</sup> Transgender men and transgender women 0.1% <sup>4</sup>	Men 87.5% <sup>2</sup> Women 12.5% <sup>2</sup> 32.3% of women Veterans were aged 65 years and older <sup>4</sup> 43.7% of Veterans who are men were aged 65 years and older <sup>4</sup>

### Social Characteristics

As described further below, data from the Census, the forthcoming 2022 CVHS and the 2019 LASS reveal a complex social profile among Canadian Veterans. On one hand, many older Veterans report having adequate incomes,<sup>41</sup> high levels of social support<sup>3</sup> and a sense of belonging,<sup>42</sup> and are married.<sup>3</sup> Conversely, more younger Veterans report weak feelings of community belonging, and more life stress and difficulty adjusting compared to Veterans 55 years and older.<sup>3</sup> Some social characteristics vary by gender, with more women Veterans aged 55 years and older living alone.<sup>4</sup> Some Veterans face challenges with access to housing that is affordable, suitable or adequate.<sup>43</sup>

### Poverty and Housing

As of the 2021 Census, 5.1% of Veterans were living in poverty,<sup>i</sup> as were 8.1% of the Canadian population who reported they had no Canadian military service.<sup>41</sup> Among women Veterans 65 years and older, 5.1% were living in poverty, as were 3.0% of men (Figure 8). Figure 9 examines low-income by the Low-Income Measure,<sup>ii</sup> which is a relative measure assessing the proportion of the population whose income falls below 50% of the median household income, adjusted for household size.<sup>44</sup> Research suggests older women in the general Canadian population are more likely to experience poverty, highlighting the importance of examining income data by gender.<sup>45</sup>

i Poverty is defined as the percentage of those with an income below Canada's Official poverty line, the Market Basket Measure.<sup>41</sup> The Market Basket Measure is determined based on the cost of services and goods needed to ensure a basic standard of living.

ii The low-income measure, after tax (LIM-AT) is a "fixed percentage (50%) of median adjusted after-tax income of private households".<sup>44</sup> The LIM-AT adjusts to the size of the household and their needs.<sup>44</sup> The after-tax measure considers the reduction in available spending available to a household after income tax is paid.

**Figure 8. Poverty among Veterans and those with No Military Service (Market Basket Measure)**

	No Military Service	Veterans-All	Veterans - Men	Veterans - Women
Total	8.1%	5.1%	5.0%	5.9%
65 years and older	4.7%	3.2%	3.0%	5.1%
85 years and older	4.8%	2.7%	2.1%	6.1%

Source: Statistics Canada Data Table 98-10-0144-01<sup>41</sup>**Figure 9. Percent low-income after tax among Veterans and those with no military service**

	No Military Service	Veterans-All	Veterans - Men	Veterans - Women
Total	10.9%	8.8%	8.6%	9.8%
65 years and older	15.2%	10.8%	10.2%	15.3%
85 years and older	21.3%	10.8%	9.8%	16.8%

Source: Statistics Canada Data Table 98-10-0144-01<sup>41</sup>

The 2021 Census found that housing was a challenge for a portion of Veterans (see Figure 10), with 5.5% of Veterans reporting they were in core housing need, and 20.2% reporting that they lived in housing that fell below at least one of the adequacy, suitability or affordability housing indicators<sup>iii</sup>.<sup>43</sup> Of the three indicators, the area of the highest need was affordability (12.4%), while 6.8% of Veterans' housing is in need of major repairs and 2.5% are living in housing that is not

suitable.<sup>43</sup> Among the Canadian population, 7.7% of all residents are in core housing need, while 16.8% are living in housing that is unaffordable, 9.7% are living in housing that is not suitable, and 6.7% are living in housing that is inadequate.<sup>46</sup> Moreover, the 2022-2023 Canadian Housing Survey results indicate 90% of VAC clients who were 65 years and older living in their own homes reported they were satisfied with their housing.<sup>24</sup>

iii Statistics Canada produces housing indicator thresholds to assess adequacy (i.e., housing not requiring major repairs), suitability (i.e., housing that has sufficient bedrooms for the size and composition of those who reside there), and affordability ("housing has shelter costs equal to less than 30% of total before-tax household income").<sup>43</sup> Core housing need describes situations when a "private household's housing falls below at least one of the indicator thresholds for adequacy, affordability or suitability, and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable [across all] three housing indicators".<sup>43</sup>

**Figure 10. Housing Indicators among Veterans in Canada**

	Veterans-All Ages			Veterans-65 years and over		Veterans-85 years and over	
	Total	Owner	Renter	Owner	Renter	Owner	Renter
<b>Inadequate</b>	<b>6.8%</b>	6.3%	8.4%	5.2%	5.6%	5.1%	3.4%
<b>Unsuitable</b>	<b>2.5%</b>	1.8%	5.0%	0.8%	1.7%	0.6%	1.1%
<b>Unaffordable</b>	<b>12.4%</b>	7.9%	27.0%	7.6%	35.5%	7.6%	46.2%
<b>Inadequate, or unsuitable, or unaffordable</b>	<b>20.2%</b>	15.0%	37.1%	12.9%	40.7%	12.6%	49.2%
<b>In core need</b>	<b>5.5%</b>	2.6%	14.9%	3.2%	18.0%	4.1%	18.1%

Source: Statistics Canada Data Table 98-10-0145-01<sup>43</sup>

### **Household and Family Characteristics**

The 2021 Canadian census revealed that close to one in four Veterans lived alone, which is higher than the average Canadian adult of the same gender.<sup>4</sup> More women Veterans live alone (28.1%) than men (22.2%).<sup>4</sup> Most of the Veterans living alone are men (75.8%) and women (80.2%) aged 55 years and older, both of which are higher than the Canadian average for men (51.8%) and women (70.2%).<sup>4</sup> A small percentage of Veterans (3.6%) resided in collective dwellings (which is higher than the total Canadian population at 2.1%), 93.6% of which were a health care or related facility.<sup>4</sup>

The LASS and CVHS contain information on additional social characteristics of Veterans. While the LASS studies have captured the social characteristics of the Veteran cohort by specific release years, the forthcoming 2022 CVHS provides critical insights into the characteristics of the entire Veteran cohort. As stated earlier, the strength of the CVHS is that approximately 95% of the Canadian Veteran

population was surveyed, improving sampling across all Veteran groups.<sup>24</sup> It should be noted that the preliminary findings<sup>iv</sup> from the 2022 CVHS presented below do not include comparisons with the Canadian population. Further, the CVHS data presented below are for descriptive purposes only and significance testing was not conducted. Insights from the 2019 LASS are being discussed in this report to augment our overall understanding of the Veteran population, including comparisons with Canadians of similar age and sex.

Preliminary findings from the 2022 CVHS found that 60.6% of Veterans aged 55 years and older are retired, while 29.7% reported working as their main activity and 4.2% were disabled (Figure 11).<sup>42</sup> Approximately three-quarters of Veterans aged 55 years and older reported they were satisfied or very satisfied with their main activity.<sup>42</sup> Comparatively, most Veterans between the ages of 35 to 54 years reported working as their main activity, and less reported they were satisfied with

iv The data included in this report is preliminary data from the CVHS. The data has undergone the methodology as described by Statistics Canada.<sup>25</sup>

their main activity (69.6%).<sup>42</sup> More older Veterans also reported a very strong sense of community belonging than younger Veterans, while, more younger Veterans reported a very weak sense of belonging compared to older Veterans.<sup>42</sup>

As mentioned earlier, the 2019 LASS surveyed Veterans released from 1998 to 2018, and as such, the LASS does not describe all Veterans, notably those released before 1998. The average age of the 2019 LASS sample was 50 years and approximately half of respondents were aged 55 years and older.<sup>3</sup> Key findings from the 2019 LASS show that Veterans aged 35 to 54 years reported more instances of

medical releases, help with activities of daily living, difficulty adjusting and life stress than Veterans aged 55 years and older (Figure 12). Fewer Veterans aged 35 to 54 years also reported high social support or high levels of satisfaction with family than Veterans aged 55 years and older.<sup>3</sup>

Unique to the 2019 LASS is the characteristics of the spouses or partners of Veterans.<sup>3</sup> The 2019 LASS found that nearly one in four Veterans required help with activities of daily living (ADL), and of these Veterans, 79% reported that their spouse or partner was their primary unpaid caregiver.

**Figure 11. Social Indicators from the 2022 CVHS**

Social Characteristic	Veterans 55+ Wt%*	Veterans aged 35-54 Wt%*
Gender	86.7% Men 13.3% Women	78.6% Men 21.4% Women
Indigenous identity	3.5%	5.8%
Visible Minority**	2.0%	8.3%
2SLGBTQI+ ***	3.5%	3.9%
Main activity-work	29.7%	81.3%
Main activity-retired	60.6%	3.7%
Main activity-disability	4.2%	9.1%
Main activity-other	5.5%	5.9%
Satisfied or very satisfied with main activity	77.1%	69.6%
Community belonging	Very strong 16.0% Somewhat strong 45.4% Somewhat weak 28.5% Very weak 10.2%	Very strong 8.7% Somewhat strong 43.5% Somewhat weak 29.7% Very weak 18.2%

\*Estimates may not add to 100 due to rounding

\*\*Visible minority is the term used in CVHS data tables. 'Racialized' is the preferred term by the NIA

\*\*\*LGB+ is the term used in the CVHS data tables.

Note: The figures in this chart are for descriptive purposes only and significance testing was not conducted.

**Figure 12. Social Characteristics of Veterans in 2019 LASS by Age<sup>3</sup>**

Social Characteristic	Veterans 55+ Wt%*	Veterans aged 35-54 Wt%*
Military Enrollment Era	1954-1975 (29.5%) 1976-1990 (66.1%)	1976-1990 (41.1%) 1991-2000 (29.3%) 2001-2015 (29.6%)
Sex	88.8% male, 11.2% female	85.6% male, 14.4% female
Married/Common Law	83.1%	78.3%
Release type	Voluntary 70.3% Medical 29%	Voluntary 57.4% Medical 36.9%
Help with at least 1 Activity of daily living	23.5%	29.9%
Difficulty adjusting	28.1%	46.2%
Below Low Income Measure	3.8%	4.9%
Life stress (extremely or quite a bit)	16.2%	31.8%
High Social support	85.1%	76.5%
Satisfaction with Family (satisfied or very satisfied)	88.6%	76.9%

However, more male (81%), than female Veterans (70%) reported their spouse or partner as their primary source of support.<sup>3</sup> Among Veterans aged 55 years and older, 46% of their partners were working and 39% were retired. Among Veterans 35 to 54 years, 73% of spouses/partners were working and 6% were retired.<sup>3</sup> Just over half (55%) of Veteran spouses reported having no activity limitation, 26% reported sometimes restricted activity and 19% reported they often had restricted activity.<sup>3</sup>

### Health Characteristics

The 2019 LASS and 2022 CVHS capture variables to describe the physical and mental

health of Canadian Veterans. Descriptive data on health conditions is examined by age (Figure 13) and among racialized and 2SLGBTQI+ Veterans (Figure 14).<sup>42</sup> It is important to note that further research is needed to explore differences in the health conditions, including frailty status among Veterans and significance testing, particularly as the sample sizes of Veterans from equity-deserving groups are small.

Preliminary findings from the 2022 CVHS found that with the exception of Veterans aged 55 years and older, back problems were the most commonly reported health conditions among Veterans aged 35 to 54 years, racialized Veterans and 2SLGBTQI+

Veterans (figure 13 and 14).<sup>42</sup> Among all Veterans who responded to the CVHS, the most commonly reported health conditions were back problems, arthritis, anxiety disorder, mood disorders and PTSD.<sup>42</sup> The CVHS found that a notable portion of Veterans aged 55 years and older reported a lot of difficulty walking or climbing stairs (15.3%) and hearing issues, even when using a hearing aid (8.2%). Veterans from both age groups reported some difficulty with their self-care (13%, 10.6%), and 6.6% of Veterans aged 55 years and older and 11% aged 35 to 54 years reported a lot of difficulty remembering or concentrating (Figure 13).<sup>42</sup>

Several iterations of the LASS have conducted a sex- or gender-based analysis, finding that Canadian women Veterans (regular force) were medically released from service more often than men, reported more central nervous system conditions (e.g., migraines, traumatic brain injury, dementia) and had an increased likelihood of reporting a mental health condition.<sup>20</sup> The 2019 LASS found that women Veterans reported a greater prevalence of depression and a need for help with one activity of daily living compared to men Veterans.<sup>3</sup> Research drawing on the 2016 LASS data found that women Veterans, when compared to men, had a greater prevalence of mood and anxiety disorders, migraines and gastrointestinal conditions.<sup>47</sup> Women Veterans also reported higher prevalence rates across numerous health indicators when compared to the general Canadian population, including PTSD (14.9% vs. 2.8%), back problems (39.5% vs. 21.3%), a need for help with activities of daily living (31.2% vs. 9.7%) and chronic pain (49.4% vs. 25.5%).<sup>47</sup>

In summary, while future analysis is needed, emerging insights from the 2022 CVHS may be aligned with those of the LASS research,

which has reported a greater prevalence of many chronic health conditions among older Veterans, while mental health conditions were more prevalent among Veterans 35 to 54 years.<sup>3</sup>

The 2019 LASS also revealed a trend whereby Veterans reporting arthritis, high blood pressure, anxiety, PTSD and traumatic brain injury effects all increased from 2016 to 2019.



**With the exception of diabetes, the 2019 LASS also found that Veterans had a higher prevalence of back problems, arthritis, depression, PTSD, anxiety, chronic pain and physical activity limitations (such as needing help with at least one ADL, hearing) when compared to Canadians of a comparable age and sex.<sup>3</sup>**

The health profile of Canadian Veterans is also reflected in the health characteristics of Veterans who are VAC clients. Among CAF Veterans, and specifically Afghanistan Veterans, it is notable that the majority of the top 10 medical conditions related to service are either neurological, mental health or musculoskeletal conditions (Figure 15).<sup>2</sup>

**Figure 13. Health Characteristics of Veterans in the 2022 CVHS<sup>42</sup>**

Health Characteristic	Veterans 55+ Wt%*	Veterans aged 35-54 Wt%*
Arthritis	49.8%	23.5%
Back problems	44.7%	43.2%
High blood pressure	43.1%	16.1%
Cancer in lifetime	20.4%	3.9%
Heart disease	17.6%	1.7%
Diabetes	18.0%	6.2%
Anxiety disorder	16.3%	22.9%
Mood disorder	15.9%	24.1%
PTSD	13.8%	24.6%
Osteoporosis	9.8%	1.7%
Effects of stroke	4.9%	0.1%
Alzheimer's or other dementia	3.0%	0%
Fibromyalgia	2.7%	1.5%
Health care providers regularly consulted	No regular provider 7.4% Family Doctor 74.9% Specialist 9.8% Nurse Practitioner 4.3% Other 3.7%	No regular provider 14.6% Family Doctor 67.2% Specialist 4.9% Nurse Practitioner 2.9% Other 10.5%
Perceived health	Excellent/very good 34.7% Good 35.1% Fair/poor 30.2%	Excellent/very good 47.4% Good 30.9% Fair/poor 21.7%
Perceived mental health	Excellent/very good 51.5% Good 29.3% Fair/poor 19.2%	Excellent 40.4% Good 32.6% Fair/poor 27.0%
Mobility (walk or climb steps)	No difficulty 52.4% Some difficulty 31.1% A lot of difficulty 15.3%	No difficulty 77.8% Some difficulty 18.2% A lot of difficulty 3.9%
Self-care	No difficulty 83.9% Some difficulty 13.0% A lot of difficulty 2.6%	No difficulty 87.1% Some difficulty 10.6% A lot of difficulty 2.2%
Remembering/concentrating	No difficulty 59.7% Some difficulty 33.1% A lot of difficulty 6.6%	No difficulty 59.0% Some difficulty 29.8% A lot of difficulty 11.0%
Hearing (even if using hearing aids)	No difficulty 58.2% Some difficulty 33.6% A lot of difficulty 8.2%	No difficulty 74.5% Some difficulty 22.6% A lot of difficulty 2.9%
Seeing (even if wearing glasses)	No difficulty 68.0% Some difficulty 28.4% A lot of difficulty 3.5%	No difficulty 76.1% Some difficulty 23.2% A lot of difficulty 0.6%

\*Estimates may not add to 100 due to rounding

Note: the figures in this chart are for descriptive purposes only and significance testing was not conducted.

**Figure 14. Health Characteristics of Veterans from Equity-deserving Groups<sup>42</sup>**

Health Characteristic	All Veterans Wt%	2SLGBTQI+ Veterans Wt%*	Visible Minority Veterans Wt%**
Back problems	43.2%	42.1%	34.2%
Arthritis	40.8%	35.5%	23.6%
High blood pressure	34.5%	20.4%	22.6%
Anxiety disorder	18.4%	26.8%	20.9%
Mood disorder	17.9%	28.3%	17.6%
PTSD	16.3%	26.6%	18.0%
Cancer in lifetime	15.3%	14.3%	4.4%
Diabetes	14.2%	8.7%	9.7%
Heart disease	12.8%	3.6%	3.4%
Osteoporosis	7.3%	6.9%	3.4%
Fibromyalgia	2.3%	1.9%	1.9%
Alzheimer's or other dementia	2.1%	0.1%	1.2%
Perceived health	Excellent/very good 39.6% Good 33.3% Fair/poor 27.1%	Excellent/very good 42.5% Good 28.6% Fair/poor 28.8%	Excellent/very good 45.3% Good 33.3% Fair/poor 21.4%
Perceived mental health	Excellent/very good 49.1% Good 29.7% Fair/poor 21.1%	Excellent/very good 45.3% Good 24.8% Fair/poor 29.9%	Excellent/very good 47.6% Good 29.0% Fair/poor 23.3%

Estimates may not add to 100 due to rounding

\*LGB+ is the term used in the CVHS data tables.

\*\*Visible minority is the term used in CVHS data tables. Racialized Veterans is the preferred term by the NIA

Note: The figures in this chart are for descriptive purposes only and significance testing was not conducted.

**Figure 15. Health Profile of Canadian Veterans using VAC Services<sup>2</sup>**

**VAC Clients**

According to VAC, the top 10 most common medical conditions among CAF, and specifically Afghanistan Veterans who received a favourable decision on their application for disability benefits in 2021-22 are as follows:

- CAF Veterans:
  - Ranking from 1 to 10: Tinnitus, PTSD, hearing loss, depressive disorders, lumbar disc disease, osteoarthritis knee, adjustment disorder, osteoarthritis hip, cervical disc disease and chronic mechanical low back pain.<sup>2</sup>
- Afghanistan Veterans:
  - Ranking from 1 to 10: PTSD, tinnitus, hearing loss, depressive disorders, anxiety disorders, adjustment disorder, lumbar disc disease, generalized anxiety disease, cervical disc disease, chronic mechanical low back pain.<sup>2</sup>

# What Government Services and Programs Exist to Support Canada's Ageing Veterans?

Canada's system for supporting Veterans encompasses a wide array of services, from financial assistance through disability benefits (including pensions, awards and pain and suffering compensation), support for housing and home adaptations, access to long-term care homes, mental health, vocational rehabilitation and career transitions.<sup>48</sup> Through these initiatives, Canada aims to honor and support its Veterans, recognizing their sacrifices and contributions to the nation's security and well-being.

It is important to note that there are numerous services or supports provided by Veteran-specific organizations, such as non-profit organizations or charities, many of which have chapters across Canada and play a vital role in providing services or resources to Veterans. Some of these organizations include, but are not limited to: Veterans Emergency Transition Services (VETS) Canada,<sup>49</sup> Veterans Transition Network,<sup>50</sup> Canadian Forces Morale and Welfare Services,<sup>51</sup> True Patriot Love Foundation,<sup>52</sup> LGBT Purge Fund,<sup>53</sup> Rainbow Veterans of Canada,<sup>54</sup> Wounded Warriors Canada,<sup>55</sup> Homes for Heroes,<sup>56</sup> Soldier On<sup>57</sup> and the Quebec Veterans Foundation.<sup>58</sup> In addition, the Royal Canadian Legion has a Command in every province/territory that provides guidance to local branches, connects Veterans with applications and services, and develops a wide range of programs to support Veterans.<sup>59</sup> The Legion also provides specific support for older Veterans, including assisting Veterans with accessing VAC services, and it has created a guide for Legion Branches to develop programs to support older adults (the Home Away Initiative).<sup>60,61</sup>

## Federal Services for Veterans Currently Provided by Veterans Affairs Canada

In this section, we will examine federal services for Veterans currently being provided by VAC that are related to the needs of ageing Veterans: the Veterans Independence Program (VIP), caregiver supports, the Treatment Benefits program and LTC home support. Information on these services is publicly available on the VAC website. Further to this, the Veterans Ombudsman created the Care at Home Resource Guide,<sup>62</sup> which is designed to provide information on four VAC services (Treatment Benefits Program, VIP, Attendance Allowance and the Caregiver Recognition Benefit) to Veterans who wish to live independently at home and their caregivers.

It is important to note that age is not a determining factor of eligibility for the VAC services, and Veterans of any age can be assessed for the programs described below. Further to this, these programs are in addition to existing services and supports available through publicly available provincial and territorial services (specific and non-specific to Veterans).

### *Canada's Veterans Independence Program (VIP)*

#### **About/Aims**

Faced with the burgeoning challenges and potential costs associated with caring for half a million ageing WWII Veterans in LTC homes, VAC sought to establish a national home care

strategy for its aging Veteran population.<sup>7</sup> The Aging Veterans Program, initiated in 1981 (renamed to VIP in 1984), is a program designed to provide financial assistance to access a continuum of services that can help enable Veterans to age independently in their homes whenever possible.<sup>7,63</sup> Rooted in a community-based approach, VIP was initially designed to offer Veterans additional access to a comprehensive continuum of services to support their autonomy, independence and ability to age in place.<sup>7</sup> The program's central features include acknowledging the pivotal role played by unpaid caregivers along with an emphasis on empowering Veterans through self-management of home support services. This approach allows eligible Veterans to receive financial support to cover the cost of services that align with their needs.<sup>64</sup>

The VIP is one of the most popular VAC programs and has high rates of client satisfaction.<sup>64</sup> Notably, the program extends some of its benefits to unpaid caregivers of Veterans (survivors and primary caregivers; see Appendix A for definitions) following the Veteran's death or admission to a LTC home.<sup>63</sup> In instances where Veterans require higher levels of care beyond what is available at home, the VIP offers funding for LTC care at specific LTC homes through an agreement between VAC and the LTC homes.<sup>63</sup>

Eligibility for VIP services takes into account availability of publicly insured services through federal, provincial/territorial and municipal health systems.<sup>65</sup> In this way, the VIP is meant to complement and supplement the provision existing federal, provincial, or municipal services.<sup>63</sup>

### **Drivers of the Program**

Recognizing that the LTC home costs were projected to double by the 1980s, VAC identified

challenges related to the cost and quality of care required to support the future LTC needs of its more than 500,000 ageing World War II Veterans.<sup>7</sup> Additionally, both the public and Veterans alike expressed concerns about the lengthy waitlists for VAC LTC homes, alongside apprehension regarding the treatment of Canada's WWI Veterans in ward-style hospital facilities.<sup>7</sup> Recognizing these issues, there was collective acknowledgment that many Veterans, along with Canadians in general, desired to age in place within their homes and communities for as long as possible.<sup>7</sup>

### **Services Offered**

The Veterans Independence Program provides yearly tax-free funding to support Veterans to remain in their home, and includes funding for services such as housekeeping, grounds maintenance, meals, professional health and support services, and personal care.<sup>63, 65</sup> In some circumstances the VIP may provide access to some additional health services, such as palliative care.<sup>63</sup> VAC does not provide respite care as a service, but rather a number of different VAC services, such as the VIP program and LTC services, are designed to provide support to a Veteran and consequently grant respite to the unpaid caregiver.<sup>63</sup> Further to this, caregivers may be able to receive respite care services through provincial or territorial health systems, although there are variations among these services across Canada.

The program is administered through the VAC Area Offices using an interdisciplinary team approach as required. Housekeeping and grounds maintenance are covered through an annual grant (paid in two installments) provided to the VIP recipient.<sup>64</sup> Financial coverage for other services are provided to the recipient following submission of a claim.<sup>64</sup> In 2024 amounts, based on the level of

assessed need, Veterans could receive funding for home care (\$13,167.10), ambulatory care (\$1,531.06), transportation (\$1,837.25) and home adaptations (\$7,533.33).<sup>66</sup>

Housekeeping and grounds maintenance grants represent the greatest share of VIP expenditures — approximately 79% as of 2021/22.<sup>2</sup> The program's forecasted expenditures for 2022/23 indicate spending of \$199.8 million for housekeeping (grants), \$79.2 million for ground maintenance (grants), \$30.4 million for personal care, \$28.6 million for intermediate care services, \$4.1 million for access to nutrition services, \$3.4 million for home adaptations, \$1.9 million for health and support services, and \$100,000 for ambulatory care.<sup>2</sup> In 2023/24 the program assisted 78,312 clients at a total cost of \$357,533,540, or an average of \$4,557.75 per client.<sup>67</sup>

### **Who Does the Program Support?**

The VIP provides financial support to a range of individuals, including Veterans, primary caregivers and survivors (see Appendix A for definitions).<sup>65</sup> As of 2022/23, 70% of program recipients were Veterans, 30% were primary caregivers (unpaid) and 1% were survivors.<sup>67</sup>

Eligibility for the VIP program includes the following: Veterans must be Canadian residents, and “an assessment indicates that their war-related pensioned condition impairs their ability to remain self-sufficient at their principal residence without those services, and the provision of those services would assist them to remain self-sufficient at their principal residence or the provision of that care is necessary for health reasons” (p. 21).<sup>65</sup>

VAC established a Frail Disability Benefits Policy in 2003. While VIP services are tied to a

disability benefits entitled condition, if there is no “link to a disability entitled condition, a frailty assessment may be needed to determine if they have other needs that can be addressed through VIP” (p. 6).<sup>63</sup> This policy improved access to essential services for a larger number of Veterans. In the VIP policy, frailty is defined as:

**“The occurrence of a critical mass of physiological conditions that place an eligible individual at risk for falls, injuries, illnesses or the need for supervision or hospitalization. Frailty also results in a severe and prolonged impairment of function with little or no likelihood of improvement. Prolonged impairment means the impairment(s) has lasted, or is expected to last, for a continuous period of at least 12 months (i.e. an ongoing health issue that has a significant impact on the lives of a person and/or their family, or other caregivers)” (p. 6).<sup>63</sup>**

This policy underscores the understanding of frailty as a complex and multifaceted condition, necessitating tailored support for Veterans to maintain their independence and quality of life as they navigate the challenges of ageing and living with chronic health conditions. As of 2022/23, there were an estimated 14,000 Veterans experiencing frailty<sup>v</sup> that qualified for VIP services.<sup>67</sup>

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<sup>v</sup> It is important to note that the frailty indicator in VIP data has only been in place since 2016, and does not identify frailty eligibility prior to this time, nor does it get turned off when a Veteran is eligible for VIP through any of the traditional means.

In 2003, the VIP made a key policy change to support unpaid caregivers by continuing to provide financial support for housekeeping and grounds maintenance to VAC-defined eligible primary caregivers of Veterans receiving VIP services, should the Veteran transition to an LTC home or pass away.<sup>7,63,64</sup> VAC may also offer “survivors” who were not the eligible for VIP services as a primary caregiver grounds maintenance and housekeeping under select eligibility criteria (including, if they qualify as low-income individuals, are eligible for a Disability Pension or the War Veterans Allowance, or are eligible for the Disability Tax Credit).<sup>64</sup>

### ***What Is the Impact or Effectiveness of the VIP?***

The VIP has demonstrated it is cost-effective when compared to traditional VAC LTC home services. A 2008 study conducted in Ontario found that home care was a lower-cost alternative to LTC homes for Veterans with similar levels of need.<sup>68</sup> Additionally, an analysis of a 1999 pilot program that provided home care and health services to Veterans on LTC waitlists found that Veterans opted to remain at home after being offered these additional services, at an estimated lower cost when compared to a LTC care home.<sup>69</sup>

The VIP also places a strong emphasis on recognizing and supporting primary unpaid caregivers, which historically predominantly supported the wives of WWII Veterans. Prior to the VIP program, the vital role of unpaid caregivers, mainly women, went unrecognized.<sup>7</sup> VIP addressed this by providing respite care and homemaking support for them. Moreover, in 2003, lifetime benefits were extended to spousal caregivers upon the death of a married Veteran.<sup>7</sup>

Notably, the VIP's success in facilitating ageing in place is evidenced by the program's popularity and its high levels of care/support. A 2020 survey revealed that 90% of clients expressed satisfaction with VIP services, marking it as the highest-rated program among all VAC programs surveyed.<sup>64</sup> Further studies indicate that recipients of the VIP program can delay entry into LTC homes by up to four years compared to those not receiving VIP services.<sup>64</sup> This delay is crucial in promoting independence and quality of life for Veterans.

The program's holistic approach to services has been particularly effective. From housekeeping to home care and other health services, VIP offers a broad range of financial support tailored to individual's assessed health needs. To maintain its effectiveness, the VIP undergoes continuous improvement efforts. Additionally, the introduction of the frailty policy in 2003 allowed Veterans experiencing frailty but otherwise not experiencing another eligible condition to receive VIP services, underscoring the program's commitment to flexibility and adaptability in meeting the unique needs of Veterans.<sup>64</sup>

### ***What Challenges Does the VIP Face?***

In 2022, VAC conducted an evaluation of the VIP and identified changing demographics and evolving client needs.<sup>64</sup> Overall demand for the VIP is expected to increase by 9% from 2019/20 to 2024/25. VIP expenditures are also expected to increase, with housekeeping, grounds maintenance and personal care services being the most in demand services.<sup>64</sup>

Interestingly, the evaluation found that from 2015/16 to 2019/20, the average age of VIP clients decreased from 76 to 70, while the

proportion of clients aged 50 and below rose from 9% to 13%.<sup>64</sup> Notably, the evaluation found that the program is seeing a shift in new applications, with a rising demand for mental health care rather than ageing-related conditions or needs — despite less than 20% of the participating Veterans accessing VAC benefits, according to 2018 data. The percentage of VIP clients with mental health conditions increased from 16% in 2015/16 to 30% in 2019/20, which has prompted VAC to assess the scope of mental health services being offered under the program.<sup>64</sup> The VIP program has expanded to address needs related to mental health, disability and convalescence, and is no longer solely focused on the goal of preventing or delaying admission into a LTC home.<sup>64</sup> However, a survey of the VIP program conducted by VAC found that management and staff were not clear on whether mental health services should be a core mandate of the VIP (rather, this service could be provided through separate programs).<sup>64</sup> Contrary to this, other participants of the survey felt that the VIP program must adapt to the needs of clients, who are increasingly seeking out more mental health-related services. Consequently, some survey decision-maker participants expressed challenges with assessing applications related to mental health needs. As of 2022, work is underway to address some of these gaps.<sup>24,64</sup>

The evaluation also found that pressures within some provincial or municipal LTC and home care systems further compound the challenges for VIP clients, as increasing demand for these services has led to wait lists or gaps in care, resulting in Veterans becoming more reliant on VAC VIP services.<sup>64</sup> These gaps in service are particularly notable in rural or remote areas.<sup>64</sup> Further, as VIP is intended to be a “top-up” program, a survey of VIP decision-makers (VAC staff

responsible for making decisions about VIP applications) found that 46% did not agree that coordinated services with provincial and territorial programs was working well for VIP (p. 7). The evaluation also found that unmet needs among recipients may also be evident. These needs stem from gaps in local service providers that are either unavailable or too costly.<sup>64</sup> Furthermore, there are service gaps related to social isolation, which are services provided in the US home health program, and services addressing Veterans' emotional and relationship needs, as seen in New Zealand.<sup>64</sup>

The evaluation found that the absence or limited availability of case management for program recipients highlighted the need for more frequent reviews of needs as Veterans age, as currently Veterans' needs are only re-assessed every three years.<sup>64</sup> In VAC's evaluation of the VIP program, some participants were concerned about how VAC assesses frailty, which could limit VIP service eligibility. The experiences of Veterans who have qualified for VIP services due to frailty has yet to be examined, which could shed more light on the programs and services needed to support this particular group. The evaluation also found the need to consolidate eligibility for services, suggesting a shift towards a more needs-based approach for the VIP program.<sup>64</sup>

Finally, the experiences of gender and equity-deserving groups require attention, as data gaps hinder the examination of outcomes by gender, race, or other identities.<sup>64</sup> The evaluation found that while the benefits are able to adequately support the needs of a majority of the Veterans it serves (79%), they are less effective for others, with approximately half of respondents stating that the VIP design worked for survivors, women, and primary caregivers. Concerns

persist that gender-based assumptions may influence access to VIP or the determination of needs.<sup>64</sup> Notably, housekeeping and grounds maintenance — the only supports available for survivors or primary caregivers— may reflect outdated and gendered notions of caregiver responsibilities.<sup>64</sup> Further, the 2020 evaluation found that Indigenous Veterans reported the lowest levels of satisfaction with the VIP and other VAC programs (compared to non-Indigenous Veterans), alongside reports of worse health and well-being among Indigenous and racialized Veterans. In response, VAC is actively addressing these gaps through initiatives aimed at enhancing collaboration and communication with Indigenous Veterans' Associations, developing a Gender-Based Analysis+ policy and

leveraging census data to better understand the needs of Indigenous Veterans.<sup>64</sup>

## Programs and Services that Support Unpaid Caregivers

VAC provides support for unpaid caregivers of Veterans through a variety of programs. There are two main programs that provide financial support: the *Caregiver Recognition Benefit (CRB)*, and *Attendance Allowance*. In addition, there are a wide range of programs available to unpaid caregivers and family members of Veterans (Figure 16). Families and caregivers of Veterans are also provided access to, for example, educational and employment services to support work and career transitions.<sup>48,70</sup>

### Figure 16. Additional Resources for Caregivers

- **Survivor's pension:** provided to the surviving spouse or common-law partner (who is commonly also the primary caregiver) of a disability pensioner.<sup>71</sup>
- **Death benefits:** are paid to the spouse or common-law partner and dependent children of the CAF member who has died as a result of service-related injuries or illnesses.<sup>72</sup>
- **Canadian Forces Income Support**<sup>73</sup>
- **Income Replacement Benefit**<sup>74</sup>
- **VIP Services for Primary Caregivers:** as described in the above section, VIP also provides services to "primary caregivers" and "Survivors" of Veterans.<sup>63</sup>
- **Operational Stress Injury Resource for Caregivers:** offers assistance to families and friends supporting a loved one experiencing operation stress injury.<sup>70</sup>
- **Atlas Institute for Veterans and Families:** develops resources and knowledge related to mental health for Veterans and their families, as well as researchers and service providers.<sup>75</sup>
- **Other:** VAC provides a number of different resources for both Veterans and their families or caregivers,<sup>70</sup> such as mental health services (see Appendix B).

In addition to VAC services, there are some financial benefits available to unpaid caregivers (non-specific to Veterans) in Canada through benefits and tax credits offered at the federal and provincial level. For example, the Canada Caregiver Credit is a federal benefit that provides eligible unpaid caregivers with up to \$7,900 in tax relief, pending eligibility.<sup>76</sup> The amount claimed is dependent on a variety of circumstances, including income and other tax credits being claimed. Some provinces also provide financial support for unpaid caregivers, including Manitoba (Primary Caregiver Tax Credit),<sup>77</sup> Nova Scotia (Caregiver Benefit),<sup>78</sup> Quebec (Tax Credit for Caregivers)<sup>79</sup> and Prince Edward Island (At Home Caregiver Benefit).<sup>80</sup>

## Caregiver Recognition Benefit

The Caregiver Recognition Benefit, which replaced the Family Caregiver Relief Benefit in 2018, provides financial compensation to an "informal caregiver" who is providing ongoing care to a Veteran to support their health and well-being without which the Veteran would not be able to continue to live independently in their community.<sup>81</sup> An "informal caregiver" is defined as: "someone 18 years of age or older plays an essential role in the provision or coordination of the ongoing care to the Veteran in the Veteran's home for which the informal caregiver receives no remuneration."<sup>81</sup> Only one "informal caregiver" designated by the Veteran can be paid at a time under the CRB Policy.<sup>81</sup>

There were 1,078 recipients of the Caregiver Recognition Benefit in 2021/22, at a cost of \$13.1 million.<sup>2</sup> VAC has forecast that it will likely be supporting 3,500 recipients by 2026/27, at a cost of \$48.4 million.<sup>2</sup>

### **Who is Eligible for CRB?**

Veterans are required to apply for the CRB on behalf of their informal caregiver, based

on specific eligibility criteria related to the Veteran and the caregiver.<sup>81</sup> Veterans are not eligible for the CRB if they have been awarded a pension or compensation over 1% (however, these Veterans are eligible for the Attendance Allowance, described below).<sup>81</sup> CAF Veterans may qualify for the CRB if (for the complete eligibility policy, see VAC, 2022f):

- they have received a Disability Award or Pain and Suffering Compensation;
- they need care as the result of an eligible condition;
- and the Veteran requires care at a level provided in an institutional setting (e.g., LTC home) or require daily care with at least four activities of daily living, or are not safe if left alone. Primary caregivers eligible for the CRB must be over the age of 18, are unpaid, and are a significant caregiver for the Veteran;
- the Veteran is not a permanent resident in a LTC home.<sup>81</sup>

As indicated by these eligibility criteria, the CRB is designed to support caregivers for the "most severely ill and injured Veterans."<sup>62</sup>

### **What is the Impact or Effectiveness of CRB?**

The CRB is an indexed benefit that provides a maximum of \$1,206.87/month (2024 rate).<sup>67</sup> The CRB is not meant to create a source of income for primary caregivers but rather acknowledge the important role of primary caregivers in supporting Veterans to live in their own homes.

An evaluation of the CRB program conducted by VAC in 2020 revealed areas of strength and improvement.<sup>82</sup> Included in the CRB evaluation is a performance indicator used to measure the percentage of caregivers receiving CRB who felt it provided them with

meaningful recognition, which VAC aims to measure every three years. The first Caregivers Survey was distributed in 2020 as part of the program's evaluation and found that 79% of respondents felt the benefit provided meaningful recognition and compensation for their services.<sup>82</sup>

The evaluation also found that while 74% of CRB recipients reported they strongly agreed/agreed that they were satisfied with the CRB program, 4% strongly disagreed and another 11% disagreed.<sup>82</sup> Among those who disagreed, CRB recipients expressed some of the following concerns: the amount of financial compensation was too low and was not representative of the care needed by the Veteran, primary caregivers suffered a loss of income or work due to their caregiving responsibilities, and that the benefit was hard to be approved for, and mental health problems were not eligible.<sup>82</sup>

The 2020 VAC-led evaluation of the CRB identified several other areas of improvement<sup>82</sup> and updates to the policy have since been made. For instance, at the time of the evaluation, Veterans who required caregiving related to a mental health condition were not eligible to receive the CRB. Subsequently, the CRB policy was changed to enable eligibility for mental health conditions.<sup>81</sup>

Future analyses of the CRB program should examine the experiences and needs of Veterans from equity-deserving groups, who may face a variety of barriers in accessing services. Further, as the CRB is meant to provide assistance to Veterans requiring up to the same level of care provided in an institutional setting, it is possible that in some instances, unpaid caregivers may require additional support to provide this high level of care, beyond what is available through

existing VAC services or other federal or provincial supports. A Veteran requiring this level of care may be receiving caregiving from multiple unpaid caregivers. As the CRB is only granted to one eligible primary caregiver, this may leave individuals providing many hours of caregiving with limited compensation or support. Future analyses of the CRB program may want to explore these lines of inquiry.

## Attendance Allowance

The VAC Attendance Allowance is not a direct support mechanism for primary caregivers; however, it is awarded to Veterans to assist with the cost of hiring a caregiver, meaning that the compensation is provided to the Veterans themselves to then hire a paid care provider.<sup>83</sup> The amount awarded ranges from \$355.57 to \$2,221.53 per month (2024 rates),<sup>67</sup> depending on the level of care the applicant needs, ranging from occasional support to full-time supervision and care.

Veterans qualify for the Attendance Allowance if:

- they have a disability pension greater than 1% or receive Prisoner of War compensation;
- are totally disabled, regardless of whether the condition is service-related;
- require assistance with activities of daily living.<sup>83</sup>

## Other Services for Veterans: Treatment Benefits Program

The Treatment Benefits Program provides financial coverage for health services and benefits.<sup>84</sup> Veterans who are eligible for the program receive a VAC health card that can be used for home health care services, hospital services, medical equipment, prosthetics, prescriptions, health-related travel costs and

care provided by specialists.<sup>84</sup> The amount of coverage available to Veterans depends on their needs and circumstances, and how they qualify. Veterans are eligible for Treatment Benefits if they qualify for: a disability benefit, VIP, the War Veterans Allowance or financial assistance for LTC.<sup>84</sup>

Veterans who require more in-home nursing services than what the Treatment Benefits Program provides may be able to receive them through the VIP.<sup>57</sup> However, Treatment Benefits for which the Veteran is eligible are accessed before being able to receive additional support through the VIP program. Similar to other VAC services, nursing services are available only under this program if they are not available through provincial coverage.<sup>57</sup> Some benefits may also only be covered if they are prescribed by a medical professional and/or with pre-authorization from VAC.<sup>57</sup>

## Long-term Care Support for Veterans

VAC offers financial support for Veterans requiring 24/7 personal and nursing care, for the short or long term.<sup>85</sup> While VAC provides Veterans with financial assistance for LTC, the process of being assessed for LTC is managed at the provincial or regional/local level. Veterans must first be admitted to a LTC facility to apply for VAC LTC benefits.<sup>85</sup>

VAC can contribute up to 100% of the cost of contract LTC beds, subject to eligibility and the specific facility.<sup>86</sup> Additionally, Veterans with lower incomes or who are married may qualify for reduced contributions.<sup>86</sup> Veterans are required to pay a monthly accommodation and meals contribution which is determined by an income analysis; however, some may qualify for additional compensation to cover these costs based on certain eligibility criteria.<sup>87</sup> As of October 1, 2023, the maximum

monthly amount paid by a Veteran for accommodation and meals is \$1,221.40 per month, with supplementary charges for semi-private or private rooms not included in this calculation.<sup>67</sup> Veterans admitted to care due to a condition for which they receive a disability benefit do not need to contribute to their long-term care costs.<sup>85</sup>

There are two types of LTC beds available to Veterans: "contract beds" and "community beds." Contract beds, as defined by VAC, are provided through agreements with community facilities to offer adult residential care, intermediate care or chronic care to specific Veterans, while community beds are part of the broader provincial/territorial LTC system.<sup>86</sup> As of 2021/22, there were 2,642 Canadian Veterans living in LTC homes, with 731 in contract beds and 1,911 in community beds (VIP and LTC).<sup>2</sup> As of December 21, 2023, there were approximately 440 Veterans in contract beds.<sup>67</sup>

### ***What Challenges Are Facing Veterans Needing Access to Long-term Care Homes?***

The current growing and ageing population of CAF Veterans, though smaller in comparison to the earlier cohort of War Service Veterans, is anticipated to place increased pressure on the demand for care within LTC homes.<sup>86</sup> VAC has projected an 85% rise in demand for LTC beds from 2014 to 2023, even though the actual number of Veterans receiving care in LTC homes is on the decline.<sup>86</sup>

Traditionally, Veterans from WWI, WWII and the Korean War, also known as War Service Veterans, had access to "contract beds" secured through provincial/federal agreements, providing priority access to them in a variety of health care facilities.<sup>86</sup> CAF Veterans who served after the Korean War do not have similar access to these beds.<sup>86</sup>

Instead, they have access to “community” LTC beds, which requires entering provincial/territorial waitlists for LTC beds in publicly funded LTC homes, similar to other Canadians.<sup>86</sup> This shift in policy aligned with the establishment of publicly funded (i.e., potentially accessible to any individual) LTC systems by each provincial and territorial governments after 1954.<sup>86</sup>

In response to the growing demand for contract LTC beds at former Veterans hospitals among CAF Veterans, Allied Veterans and Canada Service Veterans, VAC introduced the preferred admission beds initiative in 2016.<sup>86</sup> This, and components of the VIP's Intermediate Care Component, aimed to make a certain number of beds at former Veterans hospitals across Canada available to Veterans who had access to only community beds.<sup>86</sup> As of 2019, agreements were finalized for preferred admission to a number of beds that are being used by provinces as community beds at 10 of the former Veterans-focused hospitals across Canada.<sup>86</sup>

In 2019, VAC conducted a performance evaluation of the preferred admission beds initiative and identified areas for improvement.<sup>86</sup> The evaluation found that the initiative increased access to Veterans at care facilities that already had additional programs and services in place, and had an environment that fostered a sense of community and social relationships with other Veterans. However, some facilities reported a high demand for beds, including one facility that reported a wait list of two to two-and-a-half years in 2018.<sup>86</sup> At the time of the evaluation, VAC did not have a process in place for tracking wait lists for preferred admission beds. The evaluation also found an inconsistent distribution of beds across Canada, including a lack of access to preferred admission beds in cities such as Vancouver and Montreal. Three provinces (Newfoundland and Labrador, Prince Edward Island and Manitoba) did not have agreements in place to participate in the preferred admission beds initiative.<sup>86</sup>

## Spotlight: Enhanced Care and Supports for Veterans in Canada

**Dorothy Macham Home, Veterans Centre, Sunnybrook Health Sciences Centre, Toronto, Ontario<sup>88</sup>:** The Dorothy Macham Home (DMH) is a specialized care setting located within the Veterans Centre dedicated to caring for Veterans living with dementia that is moderate to severe.<sup>88</sup> Residents live at the DMH until it is determined they can return to their prior LTC home or residence. It has been designed to appear home-like and has 10 private rooms that have been modified to ensure the safety of residents. The DMH features unique features for residents living with dementia such as interior and exterior wandering paths and a kitchen area. An interprofessional team provides tailored care that is specific to the needs of each Veteran.

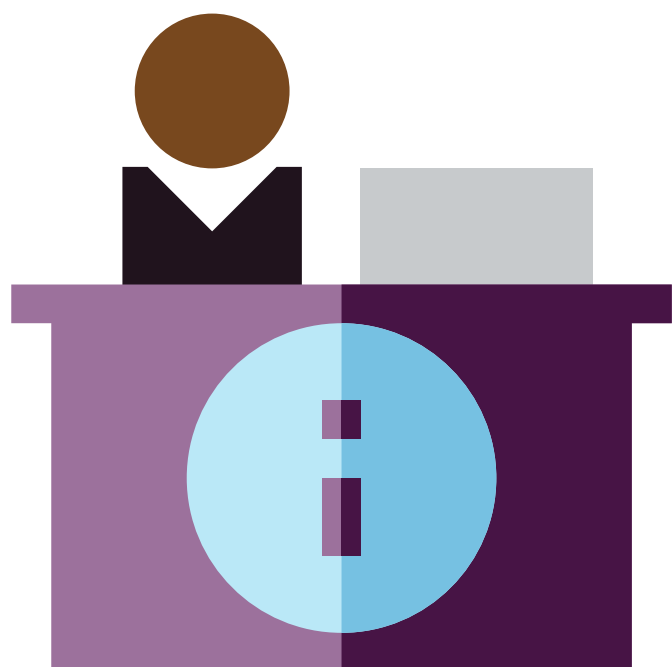
**Perley Health, Centre of Excellence in Frailty-Informed Care™, Ottawa, Ontario:** While further effort is needed to address the challenges associated with the increasingly complex health needs of ageing Canadian Veterans, there is currently work underway to establish best practices in frailty-informed care among older Veterans. Perley Health, which cares for many Canadian Veterans, established a Centre of Excellence in Frailty-Informed Care™ in 2019, which aims to improve the provision of, education about and approaches to frailty-informed care.<sup>89</sup>

## Provincial and Territorial Government Programs and Supports for Veterans

There are some programs or services offered at the provincial or territorial level that are specific to Veterans (or in some cases, Veterans organizations). Most commonly, provincial governments (British Columbia, Alberta, Manitoba and Ontario) provide information for Veterans on a designated internet web page.<sup>90-93</sup> These webpages vary, but they generally include information on how to access health care, housing, social services, mental health support, VAC services and resources provided by Veteran organizations (e.g. the Royal Canadian Legion). New Brunswick has a provincial phone line for Veterans to guide them through accessing government resources.<sup>94</sup>

British Columbia, Alberta, Saskatchewan, Ontario and Nova Scotia offer limited services and programs specifically for resident Veterans (or in some cases, Veterans groups) (Appendix C).<sup>95-100</sup> Only British Columbia and Ontario offer financial support to individual Veterans.<sup>95,96</sup> British Columbia offers a grant to eligible Veteran homeowners to reduce the cost of property tax.<sup>95</sup> In Ontario, the Soldiers Aid Commission provides up to \$2000 a year to eligible Veterans to cover the cost of a variety of health and personal expenses.<sup>96</sup>

Alberta, Saskatchewan and Nova Scotia fund programs that support Veteran community organizations or services. Alberta has a Veterans Service Centre in Edmonton<sup>97</sup> and provides funding to the Military and Veteran Friendly Campus at the University of Alberta.<sup>98</sup> The Governments of Saskatchewan<sup>99</sup> and Nova Scotia<sup>100</sup> provide funding to support the activities of Veterans organizations and other groups.



# What Are the Challenges Currently Facing Canada's Ageing Veterans and Their Unpaid Caregivers?

As Canada's Veteran population ages, a host of challenges has emerged, not only for the Veterans themselves but also for their dedicated unpaid caregivers. These challenges represent a complex intersection of health care needs, financial strains and emotional burdens that demand our attention and action. In this section, we delve into the pressing issues confronting Canada's Veterans and the often overlooked but crucial role of their primary caregivers to underscore the need for action to enhance avenues for support and solutions.

## Canadian Veterans' Health Profile Is Increasingly Complex and Shows Them to Be at Risk of Accelerated Ageing and Frailty

Veterans face a myriad of social, physical and mental health challenges following military service that support the premise for access to services and supports earlier in their life. Over the past two decades, the landscape of Veteran health and well-being has evolved significantly, as highlighted by research demonstrating that recently released Canadian Veterans are experiencing more health problems when compared to Veterans released in previous decades.<sup>3</sup> Further, in relation to Canadians of corresponding age and sex, the 2019 LASS found that Veterans have reported higher rates of many chronic conditions, including back problems, arthritis, depression, anxiety, PTSD, hearing issues, chronic pain and limitations in being able to perform their daily activities.<sup>3</sup> This changing health profile suggests the need to

further examine Veterans' risk of morbidity, accelerated biological ageing and frailty.

The rise in comorbid physical and mental health conditions among Canadian Veterans is adding an additional level of complexity to addressing the needs of current and future generations of ageing Veterans.<sup>13</sup> According to the 2010 and 2019 LASS, the prevalence of comorbid physical and mental health conditions increased from 23.4% to 32%.<sup>3</sup> Moreover, a recent study documented a concerning trend whereby the proportion of Veterans who reported living with three or more concurrent disorders increased from 3.1% in 2002 to 21.9% in 2018.<sup>11</sup> Notably, PTSD has become a commonly known comorbid condition often accompanying chronic pain or physical conditions.<sup>13,27,101</sup> The 2019 LASS found that Veterans reported similar levels of "heavy" alcohol consumption compared to Canadians of similar sex and age (24.1% and 25.2%, respectively).<sup>3</sup> However, ongoing knowledge gaps on substance use disorders and substance use more generally, particularly among older Veterans, hinders our ability to understand the broader scope of these issues and how they impact their overall well-being in later life.<sup>102</sup>

Research has examined whether mental health conditions such as PTSD may worsen health by causing *accelerating biological ageing*, that is, "rapid ageing following the experience of trauma" (p. 2).<sup>8</sup> Accelerated biological ageing may be associated with chronic disease, disability and premature mortality.<sup>8</sup> As a related concept, frailty, as defined by the National Institute on Ageing, is a clinical syndrome resulting from multiple impairments that collectively reduce an

individual's functional capacity and ability to live independently.<sup>103</sup> This condition exists along a continuum, ranging from very fit to terminally ill. Individuals experiencing frailty undergo a progressive decline in function, leading to an increased risk of falls, functional impairment, hospitalization, LTC home use and mortality. While the prevalence of frailty increases with age, various factors, including chronic conditions such as cardiovascular disease, cancer, multimorbidity and polypharmacy, can elevate the risk of its development. Frailty is dynamic, and is influenced by factors such as poverty, social inclusion, exercise, nutrition, reduction of polypharmacy, social isolation or loneliness.<sup>103</sup>

Veterans may face an elevated risk of experiencing frailty, which in turn heightens their need for increased care and support as they age.<sup>104,105</sup> A study of US Veteran Affairs users 65 years of age and older revealed that the prevalence of frailty among Veterans was approximately three in 10, and over the study period from 2002 to 2012, there was a 12.7% increase in moderate frailty and a 14.1% increase in severe frailty.<sup>104</sup> Frailty is also associated with higher mortality among older Veterans.<sup>105</sup> Research on US Veterans has also found a greater prevalence of frailty among older Veterans, African American Veterans and Hispanic Veterans.<sup>105</sup>

While the specific prevalence of frailty among Canadian Veterans remains unknown, there is reason to be concerned that future generations of ageing Veterans may be at an increased risk of frailty; however, the factors impacting this risk need further exploration. For instance, the 2019 LASS has highlighted numerous chronic conditions (e.g., back problems, arthritis, high blood pressure, heart disease, cancer) that place Veterans at an increased risk of frailty.<sup>3</sup> Veterans' increased prevalence rates of

PTSD, traumatic brain injuries and hearing loss are all well-established risk factors for dementia.<sup>106,107</sup> Hearing loss has also been found to be associated with frailty in older adults.<sup>108</sup> Notably, the 2019 LASS found that 16.7% of Veterans reported a hearing problem, compared to only 3.3% of Canadians in the general population.<sup>3</sup> The CVHS further reported 6.5% of Veterans (of any age) experienced a lot of hearing difficulty even if wearing a hearing aid, and 30% reported some difficulty.<sup>42</sup> Other risk factors for frailty, such as social isolation and loneliness, need further exploration among Veterans. As many Veterans report a high level of social support<sup>3</sup> as well as housing and income security, future analysis of Veteran health data should examine what factors contribute to frailty risk among Veterans, which would identify strategies to reduce the risk of frailty among various Veteran subgroups.

## **Mental Health Challenges Are Increasing Among Recently Released Veterans**

The LASS studies have found that Veterans who have recently left military service have higher reported rates of mental health conditions compared to both the general Canadian population and Veterans from earlier eras.<sup>1,3</sup> In 2003, a significant 78.8% of earlier era Veterans (who were released from 1954-2003) reported very good or excellent mental health, surpassing the general Canadian population rate of 72.4%.<sup>1</sup> However, this trend shifted in 2012, with only 61.6% of Veterans who were released from 1998-2012 reporting very good or excellent mental health, falling below the Canadian population's rate of 72.8%.<sup>1</sup> The LASS studies have also found increased prevalence rates of mental health conditions among recently

discharged Canadian Veterans, rising from 29.8% in the 2010 LASS to 36.7% in the 2019 LASS.<sup>3</sup> This is consistent with a separate study of 2,941 Canadian active and Veteran Regular Force members which revealed that 58.1% of Veterans reported experiencing a mental health disorder at one point in their lives, contrasting sharply with the 12.7% to 47% range seen in the general Canadian population.<sup>11</sup>

Research focused on Canadian Veterans who were released between 1998 and 2007 found that specific factors were associated with the development of mental health disorders.<sup>101</sup> These factors include lower incomes, education, obesity and smoking. For instance, Veterans earning an income of less than \$50,000 per year were found to have a four times greater risk of experiencing a mental health condition compared to those earning over \$150,000 per year.<sup>101</sup>

Additionally, overseas deployment and service in land services (versus the Air Force) were also found to be a risk factor for experiencing PTSD and mental health disorders.<sup>101</sup> The authors highlight that since 2000, CAF members have faced an increased likelihood of engaging in combat, with deployments to conflict zones such as the former Yugoslavia, Liberia and Afghanistan. This aligns with findings from another study examining a random sample of CAF members who served in Afghanistan, which found that 13.5% had a mental health disorder linked to their deployment.<sup>109</sup> The 2013 LASS also found that army Veterans were more likely to experience a mental health problem when compared to Air Force Veterans.<sup>110</sup> Further research is needed to understand the relationship of deployment status and the nature of military service on the mental health of Veterans,<sup>101</sup> particularly in later life. Notably, recent studies have explored the influence of social support on the mental health of Veterans.<sup>111-113</sup> It is possible that

social support may be an important factor in mitigating mental health conditions<sup>112</sup> and stress,<sup>111</sup> however, research in the Canadian context should further explore the impact of social support on mental health outcomes in the context of the life changes and possible stressors associated with ageing.

## **PTSD Is Understudied Among Ageing Veterans**

Despite the importance of understanding PTSD among ageing Veterans, this area remains understudied.<sup>5,13,114</sup> PTSD can present differently among older adults compared to younger individuals, which may require different criteria for assessment and screening.<sup>13</sup> The impact of PTSD can extend well into the later years of Veterans' lives. For example, a study focusing on 120 Canadian Veterans who served during WWII and the Korean War, aged 68 to 69, found that those with PTSD experienced significant functional impairments and reduced health-related quality of life even more than 50 years after service.<sup>12</sup>

Research has also found that some older Veterans may exhibit less severe PTSD symptoms and report a higher overall quality of life, despite living with more chronic conditions.<sup>13</sup> Older adults may also have rates of PTSD that are lower compared to younger adults.<sup>114</sup> The variance in symptom presentation may lead to underreporting of PTSD among older Veterans, possibly due to them experiencing symptoms differently (e.g., avoidance is a less common feature of PTSD among older adults, while sleep disturbances are more common), stigma surrounding mental health conditions or fading memories of the traumatic events as they age.<sup>13</sup> Previous studies that have suggested lower rates of PTSD among older Veterans may be

influenced by survivor bias, indicating that those who lived longer were less likely to have experienced or reported PTSD in the past.<sup>13</sup>

It is also recognized that older adults can re-experience symptoms of PTSD or traumatic memories later in life due to triggers such as declining health, relationship changes or negative life events.<sup>13,114,115</sup> Recent research on older American Veterans found that only a small portion of them had symptoms of PTSD in later life (2%), however, 10% had subthreshold PTSD (symptoms of PTSD below the criteria for diagnosis).<sup>116</sup> Subthreshold PTSD can have negative impacts on physical and mental health and as such, there is a need for ongoing monitoring of symptoms associated with PTSD in later life and access to treatment and support for older Veterans.<sup>115</sup> Social factors such as loneliness have also been associated with PTSD among older Veterans, but research on effective social interventions for older Veterans living with PTSD remains limited.<sup>117</sup>

Understanding the prevalence of PTSD among older Canadian Veterans poses a challenge due to limited data compared to rates among the general population of older Canadians. A recent study sought to bridge this gap by

examining 4,467 self-identified Veterans ages of 45 to 85 who participated in the Canadian Longitudinal Survey on Ageing (CLSA).<sup>118</sup> Adjusting for age and sex, the study revealed that 8% of non-Canadian Veterans, 7.6% of Regular Force Veterans (employed full-time) and 4.9% of Reserve Force Veterans (employed part-time) screened positive for PTSD, compared to 5.2% of non-Veterans. Factors that were more likely to be associated with PTSD among Veterans included younger age, depression, anxiety or other comorbidities.<sup>118</sup> The authors suggest their findings indicate that rates of PTSD may vary among Veteran groups. This finding could be reflective of the influence of a range of characteristics associated with military service on developing PTSD (e.g., country of service, type of service or length of service).<sup>118</sup> A limitation of this study was gaps in data on women Veterans and on assessing the impact of other contributing factors, such as combat or trauma exposure. In summary, it is clear that the study of PTSD in ageing Veterans reveals a nuanced and complex picture, influenced by a range of factors including unique symptom presentations, potential underreporting and the lasting impact of traumatic experiences many years after their military service.

### **Figure 17. Intersections of PTSD and Dementia in Ageing Veterans**

There is limited data on Veterans who are living with both PTSD and dementia, resulting in critical gaps in our understanding of how to best care for Veterans experiencing both of these conditions concurrently.

Ritchie et al.<sup>5</sup> conducted a scoping review that highlighted the limited research available on this intersection, identifying only 36 studies that examined both PTSD and dementia. The scoping review revealed that some of this research aimed to uncover the connection between PTSD and developing dementia, with findings indicating a twofold increased risk of developing dementia among Veterans with PTSD. Additionally, another subset of studies focused on PTSD symptoms in Veterans living with dementia, revealing a broad spectrum of symptoms.<sup>5</sup> However, Ritchie et al state that recognizing and assessing PTSD in Veterans with dementia is hindered by the lack

of education and training for health care providers in this area. Most PTSD screening tools rely on self-reporting, which may not be possible for Veterans with dementia.<sup>5</sup> There is also the need for a definition of symptoms of PTSD in older Veterans living with dementia to address issues of misdiagnosis or a lack of diagnosis, subsequently impacting the implementation of management or care strategies.<sup>5</sup>

### ***Challenges in LTC Settings***

Recent Canadian qualitative studies examined the experiences and perspectives of health care providers, Veterans living with PTSD and dementia, and caregivers of Veterans living in LTC homes.<sup>14,15</sup> One study, in particular, found that care providers face challenges in identifying unique PTSD symptoms in Veterans with dementia, as symptom intensities can vary and overlap, potentially leading to missed diagnoses.<sup>15</sup> It was also found that managing Veterans with PTSD and dementia is complex, and requires additional resources which are constrained by the limited flexibility of care providers.<sup>14</sup> Specific approaches to care are needed, such as fostering trusting relationships, providers with knowledge of military contexts, knowledge of both dementia and PTSD, and screening tools to assist with the recognition of PTSD symptoms.<sup>14</sup> As part of caring for Veterans living with PTSD in LTC settings, a life history approach<sup>vi</sup> can serve as an important source of information as some Veterans may not have told their families about past traumatic events from war service.<sup>14</sup>

### ***Trauma-informed Care and National Standards***

There is a notable lack of knowledge and training on how to best support and care for ageing Veterans living with dementia in Canadian LTC homes.<sup>15</sup> Providing trauma-informed care has been described as “an approach to care [that] intentionally supports residents and members of the workforce who may have a history of traumatic stress. The approach recognizes the negative effects of trauma, adjusts the care environment to prevent re-traumatization, and offers support in a way that is appropriate to those who have experienced trauma”.<sup>120</sup>

To provide guidance on the delivery of high-quality, resident-centred LTC services in Canada, the Health Standards Organization (HSO) released its new National LTC Services Standard in January 2023.<sup>120</sup> The Standard recognizes trauma-informed care across various criteria, within the following two criteria:

- 1.1.8. “The governing body ensures the LTC home has a trauma-informed approach to care to support the delivery of services” (p. 3) and
- 2.2.4 “The LTC home leaders implement a trauma-informed approach to care in the delivery of services” (p. 11).<sup>120</sup>

The HSO Standard also speaks to the need for a “validated needs-assessment template to evaluate the resident’s mental health needs” (p. 21).<sup>120</sup> Achieving this includes adopting a trauma-

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vi Life history is a qualitative approach that health care practitioners can use to better understand a patient’s microhistorical (individual) experiences within a macrohistorical time frame.<sup>119</sup> Nurses may rely on this approach to get a well-rounded understanding of a patient’s attitudes and behaviours towards certain approaches to care.<sup>119</sup>

informed, culturally safe approach, identifying and responding to triggers for the resident, and obtaining expertise from within or outside of the LTC home.<sup>120</sup> The Standard also recognizes the important role of having trained staff who can support residents who have experienced previous trauma and educate staff on trauma-informed care (p. 12).

Despite these standards, a recent NIA analysis of Canadian LTC-related government documents found that there are considerable gaps in the requirement for the provision of trauma-informed care across Canadian LTC homes.<sup>121</sup> Only Newfoundland, Prince Edward Island and Quebec specifically state the need for the LTC home to have “a trauma-informed approach to care to support the delivery of services” (criterion 1.1.8) (p. 15).<sup>121</sup> Also, only the Northwest Territories, Prince Edward Island, Quebec and the Yukon note the need to implement “a trauma-informed approach to care in the delivery of LTC care” (criterion 2.2.4) (p. 18).<sup>121</sup>

### **Conclusion**

The intersections of PTSD and dementia in ageing Veterans pose unique challenges for care providers and health care systems. A lack of understanding of PTSD and dementia, and consequent gaps in training and expertise of health care providers, and in specialized approaches to care, has limited our ability to support Veterans with these conditions who are living in LTC facilities. Understanding these challenges, enhancing education and training, and implementing trauma-informed care practices are crucial steps toward improving the quality of care and support for these vulnerable populations. The adoption of national standards, such as those outlined by the HSO, provides a framework for addressing these gaps, but there is an urgent need for broader implementation and adherence across Canadian LTC homes.

## **Unpaid Caregivers of Veterans Face Unique Concerns and Challenges**

As is the case with many older Canadians, it has long been acknowledged that the families and unpaid caregivers of Veterans are instrumental in caring and supporting the well-being of Veterans.<sup>70,122</sup> Today, several VAC programs are available to family members or unpaid caregivers of Veterans, such as VIP, CRB and various mental health services.<sup>70</sup> This shift in policy mandate began with extending select VIP services to the wives of WWII Veterans, implemented fully by 2004.<sup>7,123</sup> This policy change was of historical significance, as it marked the first time that the unpaid caregiving work done by the spouses of

Veterans was formally recognized and compensated.<sup>123</sup> Indeed, subsequent research has found that the unpaid caregivers of Veterans were a key factor contributing to the effectiveness of home care services provided to Veterans to support age in place.<sup>124</sup>



## Key Word: Caregivers

The NIA has adopted the Change Foundation's<sup>125</sup> definition of caregivers as: "the people — family, friends, neighbours — who provide critical and ongoing personal, social, psychological and physical support, assistance and care, without pay, for loved ones in need of support due to frailty, illness, degenerative disease, physical/ cognitive/mental disability of end of life circumstances." The NIA pairs the term "unpaid" and "caregiver" as indicated by Stall and colleagues<sup>126</sup> who determine that this pairing of words is preferred by those providing unpaid care and provides more inclusive terminology as it recognizes unpaid caregivers beyond those who are only family and friends. When referring to a caregiver who is paid for their services, the NIA uses the term "care provider."

While many demographic variables are available describing the families of Veterans, such as the 2021 Census and previous iterations of the LASS,<sup>3</sup> a complete profile of Veterans' unpaid caregivers, who may not necessarily be family members, is not fully known. However, findings from the 2019 LASS<sup>3</sup> and VIP and CRB evaluations support the notion that many caregivers of Veterans are the spouses of Veterans or are women. For instance, according to VAC's gender-based analysis of the Caregiver Recognition Benefit (CRB) in the 2022-2023 Departmental Results Report, it was found that approximately 90% (1,154 out of the 1,282 caregivers) receiving the Benefit were female.<sup>127</sup>

### Figure 18. Who Are Canada's Unpaid Caregivers

The 2022 Canadian Social Survey found that 20% of Canadians reported they were unpaid caregivers to care-dependent adults in the preceding year, with an equal share of men and women reporting they were caring for only a care-dependent adult.<sup>128</sup> Overall, more women are unpaid caregivers in Canada, and this is explained by the number of Canadians who reported they were caring for both care-dependent adults and children, with more women (7%) providing "sandwich" caregiving than men (5%).<sup>128</sup> Further, when examining both paid and unpaid caregiving, women are much more likely to report they are caregivers compared to men (52% versus 42%).<sup>129</sup>

Previous estimates from 2018 found that nearly 20% of all unpaid caregivers in Canada are over the age of 65 themselves, often providing care primarily for their ageing spouses.<sup>130</sup> Nearly one in five caregivers aged 65 years and older reported they were caring for someone with a health condition related to ageing or frailty.<sup>131</sup> Data from Statistics Canada reveal that older adult women caregivers are more likely than men to engage in caregiving activities focusing on assisted daily living, such as meal preparation, house maintenance, laundry, assistance with medical treatment, bathing, dressing and scheduling appointments.<sup>130</sup>

Recent findings from the 2022 Canadian Social Survey found that caregivers of care-dependent adults reported worse perceived physical and mental health than non-caregivers (18% vs 14%) and greater financial strain.<sup>128</sup> Further, 74% of caregivers of adults reported, at minimum, one impact as a result of caregiving (e.g., feeling tired, worried, overwhelmed).<sup>128</sup>

Similar to research on unpaid caregiving in Canada (Figure 18), the unpaid caregivers of Veterans face high stress, financial repercussions and poor mental or physical health.<sup>17,82,132</sup> A recent evaluation of the VAC CRB program found that the majority of CRB primary caregivers strongly agreed or agreed that caregiving is mentally (97%) and physically (88.5%) demanding (p. 11).<sup>82</sup> The survey also found that 70% of primary caregivers were providing or coordinating 30 hours or more of care work per week, one-third provided more than 60 hours per week, and nearly a quarter reported providing or coordinating 100 hours or more of caregiving work each week.<sup>82</sup>

Over the course of a military career, the spouses of military members are at risk of mental health challenges and poor well-being as a result of military life and their partners' health status, with many stressors largely unique to this population.<sup>132,133</sup> For instance, research has found that the spouses of Veterans impacted by PTSD also experience their own mental health challenges,<sup>134,135</sup> caregiver burden, marital stress and increased risk of divorce.<sup>16</sup> Further, the mental health of both partners may impact spousal relationships.<sup>133</sup>

Another common stressor facing the families and unpaid caregivers of Veterans is the impact of the transition from military service, which can increase spousal stress as a result of added caregiving responsibilities, household chores and navigating health care services.<sup>132,136</sup> A recent qualitative research study examining the experiences of women spouses and family members of newly released Veterans with a mental health condition described the caregiving experience as the "narrowing of their own worlds to revolve around caregiving" (p. 7).<sup>136</sup>

The challenges facing family members and unpaid caregivers suggest that additional services and support are needed, particularly as it relates to the needs of unpaid caregivers of ageing Veterans. A recent Canadian study suggested that social support may be a protective factor against the detrimental impact of caregiver burden on the relationship satisfaction between spouses and recently released CAF Veterans.<sup>137</sup> However, the majority of research on interventions to support family members of caregivers of Veterans are from the US context, and needs to be further explored among Canadian Veterans. Nevertheless, research suggests that spouses and family members of Veterans may benefit from interventions supporting their well-being, particularly as it relates to PTSD.<sup>138,139</sup> Research also suggests that supporting the mental health of family members may extend to the health of the Veteran.<sup>139</sup>

VAC has identified recent efforts to better support the caregivers of Veterans, such as offering mental health training sessions for members of the Veteran community, designed to support Veterans and those who care for them.<sup>140</sup> However, there remains an opportunity for further academic and program evaluation of programs designed to support the family members and unpaid caregivers of Veterans, particularly into later life. This could include programs provided by VAC, or other federal, provincial or territorial resources. This would help determine if these programs are accessible, responsive to the needs of unpaid caregivers and equitable, and if they are producing their intended impacts. The NIA has also previously discussed the fact that Canada lacks a nation-wide means to assess the needs of caregivers, highlighting the need for provincial and federal governments to recognize the rising prevalence of

unpaid caregiving, improve accessibility of information on financial benefits available to caregivers, and ensure policies are in place to support the overall health and well-being of unpaid caregivers.<sup>18</sup>

## Understanding the Needs of Ageing Veterans from Equity-deserving Groups

There exists a relatively large research gap existing on the experiences of ageing Veterans from equity-deserving groups, particularly women, those who are racialized,<sup>141</sup> Indigenous Peoples,<sup>142</sup> as well as individuals who identify with 2SLGBTQI+ communities.<sup>143</sup> For instance, a 2021 scoping review on the experiences of Veterans from equity-deserving groups revealed a small amount of research that examines Veterans' experience of transitioning from the military to life as a civilian using a sex, gender or intersectional lens.<sup>23</sup> Most research does not consider these identities as intersecting ones, neglecting the compounding structural drivers of social and health inequities.<sup>23</sup> Further, the majority of this research is being conducted in the US by Veterans Affairs and the Veterans Health Administration, with very few studies in the Canadian context that allow for a consideration of differences in health and social care systems, and of Veteran benefits.<sup>23</sup>

Historically, Veterans from equity-deserving groups have been neglected in the research on Veteran health and well-being, and not adequately considered in VAC programs. In recent years, VAC has implemented several strategies to address these gaps, including a Gender-based Analysis Plus (GBA+) Strategy<sup>34</sup>, and a Policy on Gender-based Analysis Plus.<sup>144</sup> GBA+ initiatives include GBA training for all staff, engagement sessions with Veterans from equity-deserving groups, and improved data

collection practices as it relates to gender and to Indigenous and racialized Veterans.<sup>145</sup> In 2020, VAC established the Office of Women and LGBTQ Veterans. Further, the 2021 census and 2022 CVHS included expanded indicators related to gender, Indigenous and racialized groups, which will improve VAC's understanding of the experiences and needs of Veterans from equity-deserving groups, with implications for service delivery. The National Nursing Unit also started the National Committee for Diversity, Equity and Inclusion in Nursing to advocate for improved care for Veterans from equity-deserving groups.<sup>145</sup> VAC has also recognized that women Veterans face an increased risk of PTSD, mental health conditions, sexual assault and trauma, with implications for programs related to mental health benefits.<sup>146</sup> VAC has aimed to increase its research and services related to military sexual trauma and the consequences of the LGBT Purge.<sup>146</sup> It is important to note that at the present time, publicly available analyses of VAC programs report data by only sex or gender,<sup>127</sup> and thus future analyses are still needed to understand the experience accessing VAC services from the perspective of Veterans from equity-deserving groups.

In light of these gaps, some of the findings that are highlighted and discussed below relate specifically to the US context, where these issues have been better studied and can provide some insights on the challenges faced by Veterans from equity-deserving groups that have been overlooked in the Canadian context.

## Gaps Exist in Research Examining the Experiences of Women Veterans

As described previously, the LASS research has shed light on the health profile of women Veterans.<sup>3,20</sup> However, there remain key gaps

in our knowledge of women Veterans health as they age, including research examining physical and mental health comorbidities,<sup>147</sup> a lack of population-level health research,<sup>148</sup> PTSD,<sup>118</sup> insufficient comparative and qualitative research, a lack of research adopting an intersectional approach, and limited research on government-provided services.<sup>21</sup> Even less research examines the experiences and needs of women Veterans from an ageing lens. A 2024 report on the experiences of women Veterans, prepared by the Standing Committee on Veterans Affairs (House of Commons), echoed these research gaps and recommended a research agenda dedicated to women Veterans in Canada.<sup>149</sup>

A small body of research and reports have described the unique challenges that face women Veterans in Canada.<sup>21,23,149</sup>

**Compared to men, women CAF members face a heightened risk of sexual misconduct, assault or discrimination, which can have significant impacts on their mental and physical health long after service.**<sup>21,149</sup>

This is consistent with the research on US Veterans, whereby women Veterans are more likely than civilians to have experienced gender-based violence, military sexual trauma (MST) and intimate partner violence, which can have long-term consequences for themselves and, possibly, their family members.<sup>150,151</sup> For instance, intimate-partner violence may increase heart health risk factors.<sup>151</sup> The 2024 Standing Committee on Veterans Affairs report also identified many other serious issues that impact Canadian women Veterans, including gaps

in understanding the prevalence of health conditions that impact women Veterans, gaps in women's specific health care services and possibly VAC support for these conditions, and challenges in the process for women Veterans who are survivors of military sexual trauma to receive VAC services.<sup>149</sup>

In terms of social inequities, compared to Veterans who are men, Canadian CAF Veterans who are women have been found to serve for less time (and therefore have a lower pension after service), experience lower labour market earnings, and report lower levels of social support.<sup>20,21</sup> Contributing to these socioeconomic challenges is that women report higher rates of early release from military service, which also may impact more women due to military sexual trauma, caregiving roles, and discrimination in the civilian workforce.<sup>152</sup> While there are gaps in our understanding of Canadian women Veterans in later life, US research has found that women Veterans aged 80 and above had lower life satisfaction, social support, quality of life, and lower physical function scores when compared to non-Veterans.<sup>153</sup>

## **Gaps Exist in Our Understanding of the Experiences of 2SLGBTQI+ Veterans**

The experiences of 2SLGBTQI+ Veterans, particularly older Veterans, must be understood within the broader historical context of the LGBT Purge, which refers to a period during the 1950s to mid-1990s in which 2SLGBTQI+ members of the CAF, the RCMP, and federal public service faced systematic discrimination for being 2SLGBTQI+.<sup>154,155</sup> It is estimated 9,000 2SLGBTQI+ Veterans were targeted during this campaign, which led to them being followed, harassed, abused and fired during this period.

In 2016, a class-action lawsuit was launched by survivors of the Purge against the Canadian Government.<sup>156</sup> A settlement was reached by 2018 that included funds for compensation of survivors, as well as for reconciliation and memorialization measures. Since then, work has been done to improve the experiences of 2SLGBTQI+ service members through work by the LGBT Purge Fund, established to manage the settlement funds. Other organizations, such as Rainbow Veterans of Canada, serve to support impacted Veterans and other 2SLGBTQI+ veterans.

There is a small body of research that investigates the unique needs of 2SLGBTQI+ military members and Veterans, primarily from the US context. It has found that transgender Veterans had higher rates of poverty compared to cisgendered Veterans.<sup>157</sup> A study of lesbian, gay and bisexual (LGB) Veterans in the US found that when compared to non-LBG Veterans, LGB Veterans were more likely to have experienced military sexual assault, as well as probable depression and PTSD.<sup>158</sup> Further, military sexual trauma is likely a risk factor for PTSD and depression.<sup>158</sup> This is consistent with other research that suggests 2SLGBTQI+ military members have worse mental health outcomes. There are, however, significant research gaps on this topic.<sup>159</sup> Furthermore, US studies have found that 2SLGBTQI+ service members and Veterans experience discrimination, harassment or insensitivity when accessing health services.<sup>23,159,160</sup>

Historically speaking, there exists insufficient data collection on both the gender and sexual identities of Veterans in Canada. This gap has led to an insufficient body of research on the inequities faced by ageing Veterans who identify as members of the 2SLGBTQI+ community in Canada. Similar to the

experiences of women Veterans in both the US and Canada, these lines of discrimination have still not been thoroughly investigated, leading to persistent Veteran policy and programming deficiencies.

## **Gaps Exist in Our Understanding of the Experiences of Racialized and Indigenous Veterans**

There has been insufficient data collection on racialized Veterans in Canada, including Indigenous Veterans<sup>161</sup> resulting in an insufficient body of research on the inequities faced by ageing Veterans who identify with these communities. As these inequities are not fully investigated, racialized Veterans will likely continue to experience adverse outcomes related to life during and after service, which may be further exacerbated in later life. Most of what is known about the health of racialized Veterans is from research conducted in the US. For instance, a study of US Veterans taking part in the Million Veterans Program (an observational study investigating the health of a large cohort of US Veterans) found that racialized Veterans, compared to non-racialized Veterans, reported worse self-rated health, more traumatic brain injury symptoms and combat exposure, and a lower socioeconomic status.<sup>162</sup> Racialized Veterans have also been found to experience higher prevalence rates of PTSD and to also experience barriers to accessing adequate health care and support for mental health conditions.<sup>163,164</sup> Similarly, racialized Veterans have also been found to report discrimination when utilizing support services and less satisfaction with health services.<sup>23,141</sup>

**Within Canada, Indigenous Veterans may face barriers to health and well-being due to racism, discrimination, a lack of culturally safe and competent care, challenges navigating access to the health care system, and transportation barriers.<sup>23</sup>**

A report led by the House of Commons Standing Committee on Veterans Affairs described how Indigenous peoples have historically faced and continue to experience inequitable treatment in accessing VAC services.<sup>161</sup> In recent years, this has been partially attributed to the significant challenge of ensuring access to services in remote communities.<sup>161</sup> The report also identified the need for culturally specific services, especially within mental health care, for Indigenous Veterans. The report proposed 12 recommendations to improve VAC services for Indigenous Veterans, including improving access, awareness and coordination of VAC services, the hiring of Indigenous staff, improving access to services, benefits and settlements to Métis Veterans, and ensuring equitable funding for services.<sup>161</sup>

Further to the challenges facing Indigenous Veterans, almost a quarter of Canadian Rangers self-identify as Indigenous.<sup>165</sup> Canadian Rangers are active CAF members who carry out operations in remote areas of Canada, including in Indigenous communities.<sup>165</sup> A Veterans Ombudsperson report found that most Canadian Rangers were not aware they were eligible for VAC services and lacked access to key services, such as mental health supports and providers who had knowledge of their working context.<sup>166</sup> Furthermore, since there is no mandatory retirement age for Canadian

Rangers, many continue working and do not retire from service, and are unaware of how this choice impacts their eligibility for VAC services.<sup>166</sup> Canadian Rangers have also reported barriers to accessing VAC programs due to a lack of access to the Internet or to a financial institution to submit an application for VAC services.<sup>161</sup> Since many Canadian Rangers are Indigenous, these issues disproportionately impact Indigenous Veterans and other Veterans who live in remote areas.

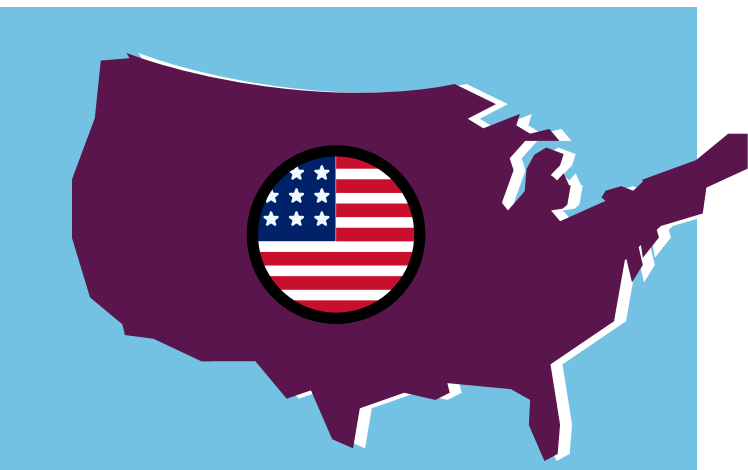
Overall, there still remains significant research gaps in investigating the disproportionate impacts on Veterans from equity-deserving groups in Canada, ultimately impacting the knowledge transfer on the ageing experiences for Veterans identifying with equity-deserving groups and the capacity for VAC to adequately respond to their needs.

Efforts to address this gap are actively occurring, as seen in the 2021 Canada census and the CVHS, which will better enable analysis of social and health indicators for Indigenous and racialized Veterans, with additional analyses by age and gender. This future research will help shed greater light on the interlocking effects of minority identities, military service history, ageing, and incomprehensive national policies which can exacerbate various adverse health and social outcomes for Veterans.

# How Do Other Countries Support Older Veterans? Findings from a Jurisdictional Scan of Programs Supporting Older Veterans in the United States, Australia, New Zealand and the United Kingdom

In the United States, Australia, New Zealand and the United Kingdom, Veterans Affairs departments offer a range of health care services tailored to ageing Veterans. In the following sections we delve into existing programs for ageing Veterans across these countries. Finally, we discuss lessons learned in caring for ageing Veterans across these countries.

As of 2018, 9% of Veterans in all ages were women.<sup>167</sup> Similar to Canada, the number of women Veterans has risen over the past several decades, and by 2040, it is estimated that approximately 17% of Veterans will be women.<sup>167</sup> As of 2018, nearly a quarter of Veterans were identified as members of a racialized group.<sup>167</sup> While almost a quarter of all Veterans have a service-related disability, those with service after 9/11 have a much higher likelihood of having a service-related disability compared to those with service in other eras.<sup>167</sup>



## United States

As of 2018, there were approximately 18 million American Armed Forces Veterans (approximately 7% of the US population).<sup>167</sup> Approximately half of these Veterans were aged 65 years and older, 96% of which were men.<sup>168</sup> Older US Veterans are more often married men, with relatively low poverty rates.<sup>168</sup> However, older US Veterans have worse health than the general US population, with 42% reporting living with a disability compared to 33% of older American adults.<sup>168</sup>

## Veterans Affairs Services for Older Veterans

The US Department of Veteran Affairs<sup>169-171</sup> offers an extensive range of programs and services tailored to older Veterans. These initiatives are in addition to other services available to all Veterans. Services designed for older Veterans include:

- **Aid and Attendance benefit:** An additional monthly pension pending meeting eligibility (the Veteran requires help with their daily activities, or is bedridden, lives in a nursing home or has low visual acuity).<sup>170</sup> Veterans who are homebound due to a disability may also be eligible for a pension increase.
- **Home and Community Care Services:**
  - **Homemaking and Home Health Aide Care:** Services designed to assist with activities of daily living.<sup>172</sup>

- **Skilled Home Health Care:** Short-term care including nursing services, occupational/speech therapy, physical therapy for Veterans who are transitioning from hospital or a LTC home back to their own home.<sup>172</sup>
- **Home Based Primary Care:** Targeted towards Veterans with chronic diseases who may be isolated, homebound or lacking caregiver support.<sup>172</sup> Services include home visits, social work, nutrition, pharmacy services, rehabilitation and case management.
- **Veteran-Directed Care:** Veterans receive a budget allowing them to pay for personal care services (including hiring a neighbour or family), empowering them to live independently.<sup>172</sup>
- **Adult Day Health Care:** Day programs offering social and recreational activities with peer support.<sup>172</sup> The program also provides help with activities of daily living, such as meal preparation, bathing or dressing. This program is aimed at supporting isolated Veterans or to provide respite care to help address caregiver burden.
- **Respite Care:** Available to caregivers via home services (e.g., adult day health program or paid in-home care) or nursing home respite care options (e.g., short stay at an LTC home).<sup>172</sup>
- **Telehealth:** Veterans have access to various health technologies, such as over-the-phone services, mobile applications or remote patient monitoring.<sup>172</sup>
- **Palliative Care:** Support provided by an interdisciplinary health team to support Veterans throughout their illness.<sup>172</sup>
- **Hospice Care:** End-of-life care provided at home, in a clinic, or in-patient setting.<sup>172</sup>
- **Residential and Long-Term Care Services:**
  - **Community Residential Care:** A variety of care settings are available for Veterans who do not require the level of care provided in a LTC home or hospital but cannot live alone due to medical or mental health conditions.<sup>173</sup>
  - **Medical Foster Homes:** These are private homes where trained providers provide 24/7 care to a Veteran and a small number of other residents.<sup>173</sup> This program is for Veterans who require a level of care normally provided in a LTC home but wish to remain living in the community (see below spotlight on this program for further details).
  - **Adult Family Homes:** These are private homes with six or fewer residents renting rooms.<sup>173</sup> There are trained caregivers on site who provide help with daily activities including bathing and getting dressed.
  - **Traumatic Brain Injury Residential Rehabilitation:** The VA covers the majority of the cost of a residential rehabilitation program for Veterans who need treatment for TBI and brain injuries that cannot be provided in a LTC home or as an outpatient.<sup>173</sup>
  - **Assisted Living Facilities:** Veterans can rent a room or an apartment, with some facilities offering shared living spaces.<sup>173</sup> There are also caregivers who provide support 24/7 with personal care activities like bathing and dressing.

■ **Long-Term Care (Nursing) Homes:**

- **Veterans Affairs Community Living Centers:** VA LTC homes offer temporary or long-term stays, providing a level of care consistent with a LTC home, including assisted daily living support and skilled nursing and medical care.<sup>173</sup>
- **Community Nursing Homes:** These are LTC homes contracted by the VA where Veterans can reside full time with 24/7 nursing care.<sup>173</sup>
- **State Veterans Homes:** These facilities that are operated at the level of the state government and include LTC homes, adult day care or domiciliary care. The VA ensures that State Veterans Homes meet the standards of the VA.<sup>173</sup>

- **Advanced Care Planning Services:** These online resources assist with making health care decisions.<sup>174</sup>

■ **Memory Loss and Brain Health Services:**

- Services and support for dementia, including resources to learn more about dementia. Services are available through existing services (e.g., home-based primary care and respite care), along with online resources for families and caregivers supporting Veterans living with dementia or other brain disorders.<sup>175</sup>
- The VA also provides resources and information for brain health, including a Brain Health and Quality of Life in Aging booklet, which includes information on mental health resources to address PTSD, loneliness, physical activity, medical side effects, vision and hearing, medical problems and brain health tips.<sup>176</sup>

■ **Mental Health Services:**

- A wide range of programs are available for older Veterans, including those provided by the VA National Center for Health Promotion and Disease Prevention, geriatric and extended care services, the VA Caregiver Support Program, a retirement and ageing counselling program, rehabilitation and prosthetics services, ageing Veterans suicide prevention and Veterans Coffee Socials.<sup>177</sup>
- **PTSD and Ageing:** the VA has a webpage dedicated to PTSD in later life, including information on symptoms and support resources, and a resource guide for PTSD and ageing.<sup>178</sup> There is also continuing education for professionals on dementia and PTSD.<sup>179</sup>

- **Caregiver Resources:** The VA Caregiver Support Program<sup>180</sup> provides two main plans.

- The Program of General Caregiver Support Services provides training, coaching, telephone services, peer support, online resources and referrals to the caregivers of Veterans enrolled in VA services.<sup>180</sup> A wide range of topics and resources are available to caregivers.<sup>180</sup>
- The Program of Comprehensive Assistance for Family Caregivers provides advanced clinical support for family caregivers of eligible Veterans with high levels of care needs.<sup>180</sup> The program allows one primary caregiver to receive monthly financial support, health insurance, mental health services, travel benefits and respite care services. The program also allows up to two

secondary family caregivers to apply for benefits for mental health services and travel benefits.

■ **Other Resources:**

- **Pre-Surgery Frailty Screening:** The VA has been using a frailty screening tool for older patients before they have surgery following the results of a pilot study finding that Veterans were at risk of death following even minor surgeries.<sup>181</sup> Since 2021, the tool has been used nationwide across VA medical centres and has been shown to reduce mortality rates among frail Veterans undergoing surgery.
- **National Center for Health Promotion and Disease Prevention:** This is a program office within the Office of Patient Care Services with the mandate of improving Veterans' quality of life by providing evidence-based practices to VA health professions.<sup>182</sup> Recent initiatives of the centre in 2023 included a weight

management program, vaccination campaigns, communication skills education, preventative health services, such as cancer screening and vaccine screening, patient educational materials, and other health information resources for Veterans available through the online, publicly available Veterans Health Library.<sup>182</sup>

- **VA Age-Friendly Health Systems Initiative:** This initiative is based on the "4Ms": what matters (to older Veterans health goals), medication (ensuring medications do not impede a Veteran's health or personal goals), mentation (mental health) and mobility (physical health).<sup>183</sup> The goal of the VA is to be the largest integrated health system in the US, one that is recognized as age friendly, and as of 2020, 100 VA medical centres have joined as age-friendly health system participants, meaning they have planned or have implemented interventions related to the 4Ms.<sup>183</sup>

## Spotlight on the US Medical Foster Home Program (est. 1999)

### *About/Aims*

The Medical Foster Home (MFH) Program offers a home-based long-term care option tailored for frail and medically complex Veterans. Veterans enrolled in this program have the opportunity to reside in a private home with a "medical foster home caregiver" who receives financial payment and provides around-the-clock care, presenting an alternative to living in an LTC home.<sup>184</sup> Each MFH setting accommodates up to three residents (not all of whom are Veterans), with each resident having their own private room.<sup>184</sup> As of information available in 2024, across 49 states there were 160 MFH programs in select cities and towns,<sup>185</sup> with plans from the VA to further expand this model nationwide.<sup>186</sup>

Currently, Veterans are required to cover the costs of the paid MFH caregiver through personal means, with a cost that may be between \$1500 and \$3000.<sup>184</sup> However, the VA is actively

working on implementing legislation that allows VA to cover the expenses of the program for select Veterans who meet eligibility.<sup>186</sup>

### ***Drivers of the Program***

Aiming to bridge the need for extended care with Veterans' desires for independent living, the MFH program was inspired by two distinct VA initiatives: its Supportive Housing program, which provided case management to Veterans who could not live independently, and its Home-Based Primary Care program, which focused on providing chronic disease management and in-home interdisciplinary primary care for community-dwelling Veterans, aiming to prevent premature admissions to LTC homes.<sup>186</sup> Recognizing a significant service gap, the VA saw that ageing Veterans required additional support to remain in a home-like environment — and avoid transitioning to an LTC home.<sup>186</sup>

### ***Services***

Home-Based Primary Care teams are dedicated to providing comprehensive health care services for Veterans, along with personalized education and resources for their MFH caregivers.<sup>186</sup> For most Veterans, Home-Based Primary Care team members offer weekly care, ensuring regular and consistent support. Within these teams, a recreational therapist plays a vital role, assessing the need for meaningful activities that contribute to the Veteran's well-being while also providing valuable information and training to caregivers.<sup>186</sup> Additionally, a mental health care provider is also an integral part of the team, offering crucial support not only to the Veteran but also to the MFH caregivers, particularly in managing burnout and maintaining emotional well-being.<sup>186</sup>

### ***Delivery Model***

The MFH program is dependent on paid caregivers who must reside in the private home 24/7 and provide personal care, assistance and supervision.<sup>186</sup> The intent of the program is for MFH caregivers to provide a home-like, family environment. To ensure quality care standards, care providers undergo thorough screening processes, including home visits, interviews and inspections. A coordinator provides program oversight, matches caregivers with Veterans and conducts monthly unannounced check-ins to ensure ongoing safety and effectiveness. Additionally, respite care is an option for caregivers when needed. The program encourages family visits.<sup>186</sup>

In the MFH program, Veterans receive health care services through the VA Home-Based Primary Care program, a multidisciplinary team that provides in-home medical care to Veterans.<sup>186</sup> MFH's are also linked to a VA medical center or another community-based clinic.

### ***Whom Does the Program Support?***

The MFH program supports Veterans who are eligible for VA benefits/care and require 24/7 nursing care. The level of care provided depends on the availability of care providers and the level of care they can offer.<sup>186</sup>

### ***Impact/Effectiveness***

The MFH program has demonstrated notable effectiveness and impact in several key areas. From a cost perspective, research comparing MFHs to community living/nursing centres (LTC homes) found significant savings. For example, a study spanning 2008 to 2012 revealed that MFHs reduced the cost attributed to the VA's budget by \$2645 per month.<sup>187</sup> This was primarily due to lower hospital and in-patient costs, despite higher out-patient costs for MFH clients.<sup>187</sup> Similarly, a study from 2010 to 2011 showed that MFH clients had a reduced cost of care by \$71.28 per day compared to community nursing homes, largely attributed to lower residential costs.<sup>188</sup> Notably, 27% of nursing home-eligible Veterans (where costs would be covered by VA) were instead choosing to pay with personal means for the MFH program, highlighting the demand for alternative LTC living arrangements. This study also found that mortality was higher by 12% among Veterans residing in community nursing homes compared to those in MFHs.<sup>188</sup>

Regarding hospital readmission rates, a study examining 22 ambulatory care-sensitive conditions found that MFH clients experienced a decrease in avoidable hospitalizations from 18.5 to 14.9 per 100 MFH clients, in the 180 days before and after enrollment in the program.<sup>189</sup> Moreover, there was a 39.1% decline in in-patient hospitalization costs in the 180 days before and after program enrollment, along with a 39% reduction in hospital bed days utilization.<sup>189</sup>

Veterans' satisfaction in the MFH program is notably high, as they benefit from a family-like environment, personalized care and increased autonomy compared to traditional LTC homes.<sup>186</sup> Caregivers in the MFH program receive tailored support from the home-based primary care team and care coordinators, with VA-provided training twice a year, and access to individualized training specific to the Veteran under their care.<sup>186</sup> Qualitative research has highlighted the positive experiences of Veterans and their families in MFH, emphasizing the highly personalized and caring nature of the program.<sup>190</sup> Participants described MFH as a "family-oriented" setting that offers a familiar, nurturing home environment.<sup>190</sup> Overall, the MFH program stands out as a cost-effective, patient-centered and satisfying alternative to traditional LTC options for Veterans.

### ***Challenges***

The MFH program has encountered several challenges. Some Veterans may face additional complexities as they age, such as exhibiting behaviours like wandering that are less suited to home-based settings, which may require additional resources.<sup>186</sup> Moreover, the cost of the program may be a barrier for low-income Veterans, as well as lack of availability in certain areas.<sup>190</sup> MFH caregivers face their own set of obstacles, as caregiving may be a demanding role and recruitment into the program can be difficult.<sup>186</sup> In addition, there are some legislative complexities, with states having varying requirements for licensing personal homes to provide care (e.g., some states require licensing while others will not license homes at all).<sup>186</sup> California is currently implementing new legislation specifically to allow for special licensing of the program.<sup>186</sup> Other states have worked with VA to provide opportunities for MFH to work within the state structures through state exemptions and waivers.<sup>186</sup>

## Australia

There are an estimated 581,139 Australians, or 2.8% of the population over the age of 15, who currently or previously served in the Australian Defence Force (ADF), of which 496,276 formerly served.<sup>191</sup> In 2021, 53% of these Veterans were aged 65 and older.<sup>192</sup> These Veterans are also mostly men (86%).<sup>193</sup> The Department of Veterans Affairs provides services for Veterans including financial assistance, health services, rehabilitation services, mental health care, support transitioning to civilian life, commemoration, home care and housing support.<sup>194</sup>

- **Financial Benefits:** Australian Veterans are eligible for various financial benefits, including interim benefits, service pensions and housing and loan assistance.<sup>195,196</sup> Australian Veterans can access supplementary financial benefits based on the type of Veteran Card (Gold, Orange or a White Card) they possess, where eligibility is based on a host of factors, including age and type of service.<sup>195,197</sup> These cards grant varying levels of access to free or subsidized health care, medicine, transportation services, mental health treatment, utilities and financial support.<sup>195</sup>
- **Health Services:** The Australian Department of Veterans' Affairs (DVA) also offers and coordinates extensive health support for all Veterans.<sup>197,198</sup> This includes, but is not limited to: support related to general, specialist and adjacent (e.g., mental health, dental, physiotherapy) care; injury and health treatments; subsidized pharmaceuticals; care in hospitals; and medical aids. Notably, for those who have served one day or more in the ADF (including as



reservist), there are several mental health support options with a variety of service providers, and treatments are fully funded regardless of whether service caused such conditions.<sup>195,199,200</sup>

### ***Services for Veterans at Home or Aged Care***

The DVA also offers a range of services to support Veterans to remain at home or live in aged care.<sup>201</sup> The DVA programs form a continuum of care that spans home and personal care to short-term and episodic (e.g., respite) care.<sup>201-203</sup> The DVA is not a service provider of residential aged care. Veterans who move to a residential aged care, nursing or LTC home do so via the government Department of Health and Aged Care, which is the same access point for all Australian residents.<sup>204</sup>

Veterans can also access services through that department, which provides health and support services for ageing Australians (so long as they do not use the same types of services from both departments).<sup>201</sup> It is typically recommended for Veterans to access comparable services through the DVA, as the DVA has no age restrictions on accessing services, it may have quicker access to services and there is no means testing for services.<sup>201</sup>

The DVA has created a guidebook for Veterans that provides information on resources available to help them live at home independently.<sup>201</sup> These services are described further below:<sup>201,203</sup>

- **Veterans' Home Care:** The Veterans' Home Care (VHC) program provides a range of lower care services to support Veterans and their families to remain living independently at home.<sup>201,203</sup> Services are available for short- or long-term needs and are assessed by a VHC Assessment Agency.<sup>201</sup> Most services require a co-payment, with the exception of respite care (depending on the yearly amount of services needed).<sup>201</sup> The VHC program services include domestic help, which assists with household chores to maintain a clean and organized living space, and require a co-payment.<sup>201</sup> Personal care services include support with activities of daily living, including bathing, dressing, eating and assistance moving around the home.<sup>201</sup> Service needs beyond 1.5 hours a week may be transitioned to the Community Nursing program.<sup>201</sup> Additionally, the program includes home and garden maintenance services.<sup>201</sup> Respite care is also available through the VHC program, which includes in-home and residential respite care.<sup>201</sup> Respite care services also include Emergency Short-term Home Relief, which is episodic care that is available when the Veteran's caregiver can no longer provide care in the case of an emergency.<sup>201</sup>
- **Community Nursing Program:** This helps Veterans with clinical needs access higher-level health and personal care at home through nurses or support staff.<sup>205,206</sup> These services include support with services such as wound care, medication administration, help with activities of daily living, management of health conditions and palliative care.<sup>205, 206</sup> The program supports Veterans, war widows and widowers, pending eligibility.<sup>206</sup> The cost of services is covered by the DVA.<sup>206</sup> Service providers are approved by the DVA and Veterans can choose an approved provider.<sup>206</sup>
- **Convalescent Care:** After a hospital stay, this provides short-term and medically necessary care for Veterans.<sup>201, 203</sup> It cannot be provided for Veterans in their homes, but it can be provided at a range of other suitable facilities, such as at hospitals and Australian Government-funded aged care facilities.
- **Household Services:** They consist of ongoing or short-term support for Veterans who have a service-related injury or condition, pending eligibility.<sup>201, 203</sup> These services include cleaning, shopping, child care, laundry, ironing, lawn mowing, gardening and meal preparation.<sup>201, 203</sup>
- **Attendant Care:** It includes assistance with essential daily tasks, such as bathing, toileting, grooming, dressing and feeding, offered on both short-term or long-term bases.<sup>201,203</sup>
- **The Rehabilitation Appliances Program (RAP)** offers a wide range of tools to support daily living.<sup>201,203</sup> This includes various aids, equipment and modifications, including personal response systems for emergencies, respiratory home therapy devices (i.e., oxygen and positive airway pressure machines), chairs and other supports, beds and related appliances, lifting devices, adaptive household appliances, mobility devices (including walking frames, knee walkers, manual wheelchairs, electric

scooters and wheelchairs, orthoses and prostheses), rehabilitation exercise and treatment machines, and palliative care appliances.<sup>201</sup> Assistant dogs, electric scooters and wheelchairs, and assistive listening devices are also available through this program.<sup>201,203</sup>

- **Getting One's Affairs in Order:** This is encouraged by the DVA.<sup>201</sup> While laws regarding specifics differ by states and territories in Australia, the guide provides an overview and encourages Veterans to determine their power of attorney, advance-care plans, and wills.
- **Connection to Community:** The DVA also facilitates this, encouraging Veterans to find and connect with ex-service organizations, and it partners with them to provide the nationally run day clubs program.<sup>201</sup> This initiative aims to create social connections for Veterans through activities such as sports, fitness, arts and crafts).<sup>201</sup>
- **Coordinated Veterans' Care Program:** It provides assistance to Veterans in managing their chronic health conditions, aiming to improve the quality of life of Veterans and avoid unplanned hospitalizations by working with Veterans to create individualized care plans and then providing coordination of their care across services on an ongoing basis.<sup>201, 207</sup> This program also offers the intensive, short-term Social Assistance program, which supports Veterans' social inclusion and connection by supporting participation in community activities.<sup>207</sup>
- **Veterans' Medicines Advice and Therapeutics Education Services (MATES):** This program supports Veterans with medication management and health services utilization.<sup>208</sup> MATES identifies areas where Veterans and health providers would benefit from additional education on health conditions or medications.<sup>208</sup> The program has reached a large number of DVA clients and health care providers.<sup>208</sup>
- **Hearing Services:** The DVA provides a hearing services program, which includes hearing aids and devices, rehabilitation services and additional government services available to Veterans.<sup>209</sup> The DVA also provides a tinnitus program, which provides funding for services to diagnose and treat tinnitus.<sup>209</sup>
- **Residential Aged Care:** The DVA does not provide or operate residential aged care homes; rather, Veterans access residential aged care homes, nursing or LTC homes through the Department of Health and Aged Care.<sup>204</sup> The DVA helps Veterans access aged care homes and provides some services within an aged care home, such as care for service-related mental health conditions, counselling, the Rehabilitation Appliances Program, support accessing medical and allied health appointments, transportation services and support accessing ex-service organizations.<sup>204</sup>
- **Retirement Villages:** These are communities purposefully built for older residents, who typically require less care than those in aged care, or nursing or LTC homes.<sup>210</sup> However, these villages are not funded by the government, and Veterans who choose to live in these communities can see differences in the availability of services provided by the DVA.<sup>211</sup> Veterans are able to receive some DVA services while living in a retirement village.

## Spotlight on the Australian Department of Veterans Affairs' Community Nursing (CN) Program (est. 2000)

### *About/Aims*

The purpose of the CN program is to provide DVA clients with nursing and personal care services to support them to remain living in their own home until care is needed in an aged care home, or death.<sup>206, 212</sup> A variety of services are available to eligible clients, including wound care, assistance with medications, managing health conditions, palliative care, support after a hospitalization and assistance with daily activities.<sup>206</sup> This program involves an assessment of Veterans' needs, aiding in the development of personalized care plans.

### *Delivery Model*

The CN program offers support to Veterans, war widows and widows/widowers holding a Veteran Gold Card.<sup>206</sup> Veterans with a White Card may be eligible for services if they have a service-related condition. Eligible clients require a referral by various health practitioners, including general practitioners, nurse practitioners, treating doctors in hospitals, or hospital discharge planners. Services are provided by an approved list of providers. Services are free for eligible clients.<sup>206</sup>

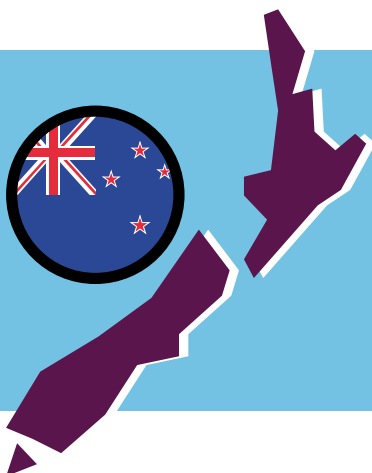
### *Impact/Effectiveness*

A recent study compared approximately 40,000 older adults who were clients of Australia's Home Care Packages program (a government program available to eligible older adults living in Australia) or the Veterans Community Nursing program.<sup>213</sup> Within five years of accessing either program, 26.6% of the Veterans CN clients moved to an aged care home, compared to 57.6% of Home Care Packages clients.<sup>213</sup> The authors state that the Veterans CN program was also suggested to have been more cost-effective, and they posit several reasons why clients of the Veterans CN program may be supported in living longer at home, such as the program being primarily provided by registered nurses, the fact it does not put restrictions on the amount of services available if they are clinically needed, and that there is no cost to the program. A qualitative study of the CN program also found that the program offered thorough assessments and was responsive to clients' changing needs.<sup>212</sup>

## New Zealand

As of 2021, there were an estimated 44,000 Veterans in New Zealand, of which 29% were 65 years and older.<sup>214</sup> The majority of Veterans identified as New Zealand European (84%), followed by Māori (20%), Pacific Peoples (4%) and Asian (2%).<sup>214</sup>

Services for Veterans are provided by Veterans' Affairs New Zealand.<sup>215</sup> A wide range of



services are available pending eligibility, including financial services (pensions, grants, allowances), job training and other services

Health services include:

- **Social Rehabilitation Services:** This program provides a variety of services to help eligible Veterans live a fulfilling life.<sup>216</sup>
  - **Attendant care:** Up to six weeks of coverage for personal care, assistance with daily tasks, meal preparation, financial assistance for caregivers and providing care in addition to other services.<sup>216</sup>
  - **Home help:** Provides two hours per week of assistance with household chores.<sup>216</sup>
  - **Home modification:** Provides funding for home modifications.<sup>216</sup>
  - **Grants are available** to veterans to modify their vehicles, purchase a new vehicle, receive training for their driver's licence or receive compensation for public transportation, taxi services and escorted travel.<sup>216</sup>
  - **Training for independence:** Coaching and support services to assist with communication, daily living, finances, household tasks, safety, use of aids and equipment, and more.<sup>216</sup>
  - **Transport for independence:** Financial grants to support vehicle modifications, the cost of a new vehicle, transportation cost, and help with training to obtain a driver's licence.<sup>216</sup>
  - **Other:** Funding for aids and appliances, and various other services may be offered to support building independence.<sup>216</sup>
- **Hearing Aids and Appliances:** Funding for various hearing aids or appliances and tinnitus counselling, pending eligibility.<sup>217</sup>
- **Mental Health Services:** A variety of services, including counselling and medications, are available pending eligibility.<sup>218</sup> Veterans can receive up to four counselling sessions while claims are processed.<sup>218</sup>
- **Services for Veterans and Families of Jayforce, Operation Grapple and Mururoa:** Veterans and their families who were exposed to nuclear radiation are eligible for several services.<sup>219,220</sup> Veterans with health conditions associated with nuclear radiation exposure are eligible for Veterans' Affairs services and benefits.<sup>220</sup> Family members, in particular children and spouses, can receive additional mental health services and genetic testing.<sup>219</sup> Veterans are also eligible for genetic counselling or testing.
- **Discretionary VIP:** This is a separate program from the VIP (discussed below), as it does not offer case-management of recipients, and fewer services are available.<sup>221</sup> Veterans may be eligible for this program if they do not have a service-related condition but have a qualifying service, and are aged 80 years and older or are terminally ill.<sup>221</sup> Available services include: interior and exterior house cleaning, groundskeeping, foot care and a medical alarm.<sup>221</sup>

## Spotlight on the New Zealand's Veterans Independence Programme (VIP)

### **About/Aims**

New Zealand's VIP aims to provide eligible Veterans support and services to maintain their independence while living at home.<sup>222</sup> A range of factors determine eligibility, including the amount of frailty or impairment the Veteran is experiencing, and considerations such as employment status, if the Veteran is living alone, the geographical area where the Veteran lives, and existing levels of support.<sup>222</sup>

### **Services**

Following a needs assessment, the VIP offers a range of services including: home maintenance services (groundskeeping and housekeeping), attendant care (help with activities of daily living), foot care, installation of ramps or rails in the home, transportation, medical alarms and an allowance for adaptive footwear or clothes.<sup>222</sup> Veterans Affairs' provides financial coverage for services and also maintains a list of providers for services.<sup>222</sup> Assessments are made on a regular basis to determine if there are changes to the Veterans' needs.<sup>222</sup> Eligible partners or spouses are also eligible for a year of select VIP services following the death of the Veteran or if they move to a LTC home.<sup>222</sup>

### **Challenges**

One of the primary challenges facing the VIP in New Zealand has been the high demand for services among Veterans, resulting in lengthy waiting times, at times exceeding one year.<sup>223</sup> Veterans Affairs has also reported that the needs of current VIP clients are increasingly complex.<sup>223</sup> Consequently, the VIP program was paused for one year starting in March 2024 for new clients without a service-related condition.<sup>223</sup> Veterans' Affairs stated that the suspension in the program did not apply to Veterans already receiving VIP services, Veterans with a condition related to service, and Veterans who had applied and were over the age of 90 or those with a terminal illness. The suspension also did not impact Veterans' eligibility for other Veterans' Affairs programs.<sup>223</sup>



## United Kingdom

As of the 2021 Census, there were approximately 1.85 million Veterans in England and Wales that reported service in the UK Armed Forces, representing nearly one in 25 (4%) of the UK population over the age of 16.<sup>224</sup> Approximately half of Veterans were aged 65 years and older.<sup>225</sup> Among all Veterans, 86.4% were men and 13.6% were women.<sup>225</sup> Census data including Veterans

from Scotland is not yet available, and Northern Ireland does not have census data on Veterans.<sup>225</sup>

The Armed Forces Covenant is the primary policy for Veterans in the UK and it was adopted and put into legislation in 2011.<sup>224</sup> The Covenant describes principles aimed to ensure that Veterans and the military are supported by the government, businesses, local authorities, charities and the public — and do not face disadvantage when accessing services.<sup>224</sup> The Covenant is supported by an independent charity, the Armed Forces Covenant Fund Trust, which receives funding from the government and provides services to the Veterans community.<sup>224,226</sup> In 2018, the government also released a Veterans' Strategy, which describes the challenges facing Veterans from two cohorts, one with service between 1960 to 1990 and the other with service after 1990, who have different experiences and needs than previous generations of Veterans.<sup>227</sup> In 2019, the Office for Veterans Affairs was established and is responsible for efforts to improve the lives and well-being of UK Veterans<sup>228</sup> and streamline government policies.<sup>224</sup> The Office of Veterans Affairs ten year strategy includes a focus on service improvement for Veterans and their families, gaining a better understanding of Veterans through research and data, and improving the recognition of Veterans in society.<sup>228</sup>

## Services for Veterans

Services for Veterans in the UK are provided by the public, charitable and the private sectors, though most services for Veterans are provided by public services, with the Ministry of Defence providing only a small number of services.<sup>227</sup> However, public sector Veterans' services and programs vary across England, Northern Ireland, Scotland and

Wales. Veterans UK is part of the Ministry of Defence and services it provides, include a helpline that offering information on pensions and other forms of compensation, support with transitioning from the military, financial assistance services and bereavement services.<sup>229</sup> Veterans UK also provides residential and LTC services to Veterans who were Polish forces under the British army in WWII, and to their spouses at the Ilford Park Polish Home.<sup>229</sup> This is in accordance with a wartime government mandate established by Winston Churchill.<sup>229</sup> The charitable sector also plays a supplementary role in supporting Veterans, providing services such as helplines, health services and housing. The private sector provides services for Veterans primarily related to career transitions and employment.<sup>227</sup>

### **Public Sector Health Services for Veterans**

The Veterans Covenant stipulates that Veterans have unique health requirements and needs that require tailored access to health services.<sup>224</sup> Veterans receive public sector health services through the National Health Service (NHS).<sup>230</sup> The NHS has services for Veterans in Wales, Scotland and Northern Ireland. The following services are provided by NHS England, however there are equivalent services in Northern Ireland, Wales and Scotland.<sup>231</sup> These services are available to all Veterans.

- **Op COURAGE, The Veterans Mental Health and Well-being Service:** This is a program created in 2021 that provides a singular access point for mental health services to Veterans.<sup>231</sup> It involves lead providers who collaborate with multiple organizations across England.<sup>231</sup>
- **Op RESTORE, The Veterans Physical Health and Wellbeing Service:** It is for physical health conditions, and care is

provided by health care practitioners who have additional training or a background related to military service.<sup>231</sup>

- **Veterans Prosthetics Panel:** It provides financial support for high-quality prosthetics for Veterans who have lost a limb or limbs due to military service.<sup>231</sup>
- **Veteran Friendly General Practitioner (GP) Practice Accreditation:** This program is designed to improve access to primary care services that are understanding of Veterans needs<sup>231</sup> and encourage referrals to Op COURAGE and Op RESTORE.<sup>232</sup> There are various requirements for accreditation, including asking patients if they have military service, and having a clinical lead on the team who remains updated with training, supports and colleagues, and serves Veterans directly.<sup>231</sup> As of 2024, 83.9% of GP practice networks had a practice that had received this accreditation.<sup>232</sup>
- **Veterans Covenant Healthcare Alliance**
  - **Veteran Aware Accreditation for NHS Trusts:** This is an organization of various health agencies that model high-quality care to the military community.<sup>231</sup> There are various requirements for accreditation, including adherence to the Armed Forces Covenant, support of the UK Armed Forces as an employer, and connection with local Veteran services.<sup>231</sup> Providers should also be trained in Veterans' needs and be able to ensure that they have access to care and referrals as needed.<sup>231</sup> In 2023, 75% of NHS trusts had received accreditation as "veteran aware."<sup>228</sup> Five care homes have also received the accreditation.<sup>233</sup>

- The Alliance has also undertaken the Veterans Rehabilitation Project, a review of musculoskeletal rehabilitation services available to Veterans in England.<sup>234</sup> Musculoskeletal injuries are the primary cause of medical discharge from service, and this project aims to improve access to care and treatment.<sup>234</sup>

- **Op FORTITUDE:** This service launched in 2023 refers Veterans who are homeless, or are at risk of homelessness, to housing services.<sup>228</sup>
- **Op COMMUNITY Pilot:** NHS England recently piloted a program in six areas in England focused on social prescribing and aims to improve social connectedness among Veterans.<sup>228</sup>
- **Blesma:** Blesma is a charitable organization that works with the NHS and the Ministry of Defence to provide support to Veterans who are disabled due to military service.<sup>230</sup>

### **Charitable Sector Services**

- **Armed Forces Covenant Fund Trust:**
  - **Aged Veterans Fund:** In 2016, Covenant funded the Aged Veterans Fund, which has supported projects aimed at older Veterans from 2017 to 2020.<sup>235</sup> One program covered by the grant was Joining Forces, which was delivered by Age UK, and services included providing information to older Veterans on services available to them, and a telephone service aimed at targeting socially isolated Veterans.<sup>236</sup> This program ended after the three-year pilot. An evaluation of the program found it reached approximately 100,000 Veterans.<sup>235</sup>

- **Veterans Gateway:** A service funded by the Covenant (and also supported by other charities and government) that provides information, advice and support to Veterans, widows and widowers in accessing all types of Veterans' services, including information on services such as care homes.<sup>237</sup>
- **The Confederation of Service Charities (Cobseo):** The Cobseo care cluster has a list of residential nursing, respite care and dementia homes available for Veterans across ten charitable organizations.<sup>238</sup> Charitable organizations include: Blind Veterans UK, Broughton House, Care for Veterans, Ilford Park Polish Home, RBL (see below), Royal Hospital Chelsea, Royal Star & Garter, Erskine and RNBT.<sup>238</sup>
- **Royal British Legion (RBL):** The RBL is a large charity that supports Veterans and members of the Armed Forces.<sup>239</sup> It provides several services to support Veterans. They are part of the Cobseo Care Home Cluster.
  - **Care Homes:** The RBL operates six care homes for Veterans, five of which have dementia care.<sup>240</sup> Residents are required to pay a weekly fee, which may be covered by various payment options, pending eligibility (self-funded, local authority funding, NHS funding).<sup>240</sup> Care homes provide 24/7 personal and nursing care, care planning, activities, and various other services.<sup>240</sup>
  - **Admiral Nurses:** This service partners with Dementia UK, to provide Admiral nurses to Veterans living with dementia.<sup>241</sup> Admiral Nurses provide a range of services, including assessments, support for caregivers

and family members, information on living with dementia, and help provide access to support and services from other providers.<sup>241</sup>

- **Equipment and Home Adaptations:** The RBL provides information on equipment and home adaptations that can help Veterans to live in their homes independently.<sup>242</sup>

## Lesson Learned from the Jurisdictional Scan

### Variations Exist in the Continuum of LTC Services Available for Veterans

It is clear that there are variations among the countries examined in this review with respect to the services available for Veterans as they age, such as care or services offered in the home or community, and other residential services (i.e. LTC homes, aged care homes). There are also variations in the type or amount of support available to the unpaid caregivers of older Veterans. Eligible Veterans' in Australia, New Zealand and the US can receive support in the home through a program offered by that country's respective government office for Veterans' affairs. In the UK, some Veterans' specific LTC services (i.e. residential care, home care) are primarily provided by the charitable sector.

**A unique model among all of the countries is the US MFH program, which provides some US Veterans an option to remain in a home-like environment as they age, even when they require higher levels of care.**



### There Exists a Need for More Veterans' Specific Information, Training and Education

It was particularly clear in the US, Australia and the UK that there are initiatives providing information to Veterans, their caregivers or families, or health professionals and other providers that are tailored to the specific context and needs of Veterans. Research also supports the need for cultural competency training specific to the military and Veteran context for health professionals and continuing education to support this, in order to provide adequate supports to military and Veteran families.<sup>243</sup>

### There Exists Variation in Physical and Mental Health Programs Tailored to Older Veterans

There was variation among countries with regards to the physical and mental health programs available to Veterans that adopt an ageing lens. For instance, Australia has created a guidance document targeting older Veterans detailing the services available for them as they age. The US has a division within the US DVA called Geriatrics and Extended Care, which also provides tailored information and services related to the needs of older Veterans. This review did not find a comparable service in New Zealand or the UK.

Specific to the topic of frailty, New Zealand considers it as part of its assessment of needs for the VIP. The US DVA provides a service explicitly targeting frailty, through its frailty pre-surgery screening program and its Age-Friendly Health Systems Initiative. The US was also the only country to have both age-friendly and health promotion programs and

strategies. Notably, these initiatives include Veteran-facing resources, including the Veteran Health Library.

## Limited Initiatives Exist for Older Veterans Who Are Members of Equity-Deserving Groups

There are some initiatives for Veterans from equity-deserving groups, consistent with research conducted by Eichler et al.<sup>23</sup>, which found that there are numerous US initiatives aimed at supporting the needs of Veterans from equity-deserving groups (primarily women, and somewhat less for racialized and gender-diverse Veterans), however fewer initiatives in Australia, New Zealand and the UK. Further, the US Government leads research efforts through Veterans Affairs and the Veterans Health Administration, which has improved its understanding of the needs of Veterans from equity-deserving groups.<sup>23</sup> It is important to note that since Eichler et al.'s publication, the Government of the UK released a report in 2023 that describes the result of an independent review on the needs and experiences of LGBT<sup>vii</sup> Veterans who served before 2000 and were impacted by the ban on LGBT personnel serving in the military.<sup>244</sup> The Government of the UK has since issued a formal apology to LGBT members who were discriminated against and has provided guidance on how LGBT Veterans can apply for restorative measures.<sup>245</sup> The Office for Veterans' Affairs has also committed to publishing a Women Veterans' Strategy in 2024 and has funded research on Veterans from equity-deserving groups.<sup>228</sup>

**It was uncommon to see a discussion around the experiences or perceptions of Veterans from equity-deserving groups from an ageing lens or the life-long impact of military-related variables (e.g., deployment, rank, length of service, etc.) on the health of older Veterans.**

Thus, considerably more work is needed to understand the experiences and health profiles especially of older Veterans who identify as a member of an equity-deserving group as they age.



vii LGBT is the term used by the UK Government in its recent work.

# Evidence Informed Recommendations to Inform How Canada Can Better Support Current and Future Generations of Ageing Veterans

As Veterans face heightened health and social risks and challenges that can impact their ability to age in the right place, additional support for this population is needed, although many Canadians would also benefit from the recommendations below. The programs and services supporting ageing Veterans also present an opportunity to learn and refine best practices that can support older Canadians in general.



## 1 **Develop a Healthy Ageing Strategy to Support Canada's Ageing Veterans**

With a life course perspective in mind, there is a need for a healthy ageing strategy to support Canada's ageing Veterans. Such a strategy should include a focus on health-promotion programs and services aimed at delaying or preventing frailty and other comorbid physical and mental health conditions among Veterans. The complex social and health profile of ageing Veterans will require expertise and integration across health, mental health and social care providers in the community and in LTC homes. This will also require provincial and territorial collaboration to identify gaps in services. There may be a need for enhanced access to programs fostering social support, and access to nutrition and physical activity programs. Further, ensuring that all Veterans have equitable access to secure housing, income security and health and mental health care should be prioritized.

A healthy ageing strategy should reflect the experiences and needs of Veterans from equity-deserving communities, and the outcomes that track the success of these programs should adopt an intersectional lens. Further, the strategy should acknowledge the critical role unpaid caregivers and the families play in supporting Veterans as they age. Efforts should be made to understand and assess the needs of unpaid caregivers.



## 2 **Evolve the Veterans Independence Program to Better Meet the Needs of Future Generations of Canadian Veterans**

As Canada's Veteran population ages, it is crucial to enhance and evolve the VIP to support the changing needs of ageing Veterans and their unpaid caregivers and families.

### ***Consider the Addition of VIP Programs and Services Tailored to Better Meet the Physical, Mental Health, Social and Emotional Needs of Ageing Veterans***

The evolving demographic profile of Veterans has prompted the need for an additional focus on better addressing physical and mental health, social needs and emotional well-being. As a service that is already highly valued by Veterans, the VIP provides an opportunity to connect Veterans to additional services and resources. Physical and mental health and social services provided within the VIP can

thus be further designed to consider the unique challenges related to the physical and mental health and social needs of older Veterans (e.g., higher rates of frailty, worsening physical health or disabilities, social isolation and the lifelong impact of military risk factors).

Furthermore, the VIP's frailty policy can also be leveraged to identify Veterans or their spouses who are at risk of experiencing frailty at an earlier stage. Frailty in Veterans should also be examined holistically and consider the lifelong impact of military-specific risk factors. By providing appropriate interventions earlier on, Veterans can receive greater preventative support and care at the right time.

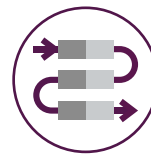
#### ***Identify the Needs of Partners, Spouses and Unpaid Caregivers within the VIP***

It is well acknowledged that the spouses, partners and unpaid caregivers of Veterans provide an integral level of support and care for their loved ones. Further evaluations of the resources available for spouses, partners and unpaid caregivers of Veterans in the current VIP may help identify whether other types of services (beyond grounds maintenance and housekeeping) should be extended following the death of the Veteran or admission to a LTC home.

#### ***Improve Practices and Access to VIP for Veterans from Equity-deserving Groups***

There remains a gap in understanding the unique care and support experiences of equity-deserving groups, including women, racialized and 2SLGBTQI+ Veterans, and that hinders their ability to fully engage with VIP services. VAC can enhance the VIP's tailored approach by developing strategies to better support

equity-deserving groups and improve their access to VIP services.



### **3 Support Canada's Ageing Veterans to Age in the Right Place by Further Developing a Comprehensive Continuum of LTC Services**

Recognizing the varying needs of Canada's ageing Veterans, work is needed to further develop a comprehensive continuum of LTC service options. Currently, Veterans can either live at home, possibly with additional VIP support if they are eligible, or, if they need more care, they can move into an LTC home for more intensive care. However, there continues to be a gap in services for Veterans who wish to remain living at home or in a home-like environment but require more intensive support. To address this gap, Canada should consider implementing a wider range of LTC home alternative models, such as programs similar to the US Medical Foster Home Program. There are also several other small care home models of LTC, such as the Green House model,<sup>246</sup> or even the Dorothy Macham Home, which aim to move away from providing specialized dementia care for older Veterans in an institutional LTC setting to provide a more home-like environment and individualized care.

A promising model to explore in the Canadian context is the US Medical Foster Home Program, which enables Veterans with high care needs to remain in a home-like environment in the community while still receiving personalized, high-quality care. The high level of care provided to ageing Veterans in the MFH model also has the potential to prevent or delay admission to a LTC home, which could help to reduce the pressure on LTC home waitlists. This

model also has the added benefit of addressing social isolation and loneliness.

Some considerations for supporting the successful adoption of the MFH model in Canada could include:

- **Incentivizing Care Providers:** VAC can incentivize the adoption of the MFH program by providing direct funds to assigned care providers in the MFH model. Care providers also require personalized support and education to assist them in supporting the diverse needs of the Veterans under their care.
- **Collaborate with Other Veterans-specific Services:** The MFH model requires collaboration with other Veterans supports, including home-based primary care and medical services. This ensures that Veterans and their care providers are supported by an interdisciplinary health team that can provide case management and health care support. In the Canadian context, this could involve collaborating with local health authorities that provide home-based primary care to support MFH program recipients. VAC could also identify areas without home-based primary care and assist these areas with providing this service.
- **Geographical Coverage:** Since the MFH model depends on local interest from individuals who apply to be a caregiver and the availability of home-based primary care, it is challenging to ensure regional availability of this service. It is important to identify communities across Canada where additional support for caregivers could encourage participation in the program. Secondly, gaps in home-based primary care would need to be addressed, which could be facilitated by

VAC, in coordination with provincial and territorial health systems.



#### 4 Enhance Comprehensive Supports for Unpaid Caregivers of Veterans

##### *Address Gaps in Knowledge of Best Practices to Support the Unpaid Caregivers of Older Veterans*

While eligible unpaid caregivers have access to financial support through VAC, the Government of Canada, along with select provinces, there are several areas where best practices or improvements could be identified. For instance, there are gaps in Canadian-based research on the effectiveness of interventions or programs designed to support the health or well-being of unpaid caregivers of Veterans, including their access to social support. Further, there is a need for further, and in some cases, continued evaluation of the effectiveness and accessibility of existing financial services for unpaid caregivers (e.g., the VAC CRB, or the federal or provincial caregiving benefits/tax credits). For instance, further exploration of the VAC CRB program could examine whether there is a need to allow coverage for more than one unpaid caregiver, given that Veterans who are seriously disabled or frail may have their care being provided by multiple unpaid caregivers. By assessing program effectiveness from the perspective of unpaid caregivers, governments can make informed adjustments to better meet the needs of unpaid caregivers.



#### 5 Integrate Best Practices Around Mental Health Care and Trauma-informed Care into the Everyday Care for Ageing Veterans

### ***Improve Access to Care and Care Coordination for Veterans***

Improving access to care and care coordination for Veterans earlier in their lives will be needed to support the management of complex physical and mental health conditions that tend to worsen with age. Health providers in community and primary care settings may be unaware of a Veteran's military history and subsequently, how this may have lifelong impacts on their health. Identifying prior military service also presents an opportunity to encourage referrals to beneficial resources, including VAC services. Promising practices already exist to support access to care and care coordination at a health system level that Canada can learn from. For instance, in the UK, there are programs that encourage recording a patient's military status as part of their health record when receiving primary care, which can help prompt the facilitating of referrals to Veteran specific physical and mental health or social services.

### ***Implement Access to Trauma-informed Care in LTC Homes Across Canada***

There is an evident practice gap in the provision of trauma-informed care for people in general and ageing Veterans in particular in community-based LTC homes across Canada and no national standard on how to provide this care in these settings. While some care providers may use a life history approach with sensitivity to the past service-related experiences, it is unknown if there are consistent standards for training and education across Canada. While the new HSO National Long-Term Care Services Standard<sup>118</sup> presents specific criteria to better support the provision of trauma-informed care in LTC

settings, as many Veterans will be cared for in community-based LTC homes in the coming years, VAC should work to create evidence-informed guidelines to support health care providers in using trauma-informed care approaches within LTC home settings to better support the unique and often underappreciated care needs of Veterans. As standards for LTC services fall under provincial or territorial governments, greater collaboration between levels of government and VAC would be needed to support this initiative.

### ***Address Knowledge and Practice Gaps for Health Care Providers***

There remain important knowledge gaps on topics such as PTSD and ageing, PTSD and dementia, and frailty among ageing Veterans. Subsequently, a lack of attention to these issues has resulted in gaps related to developing best practices for the care and management of these conditions and education and training for health professionals and primary caregivers. Ultimately, addressing knowledge and practice gaps will be crucial to providing more comprehensive and inclusive care for ageing Veterans.

Practice gaps can also be better addressed by improving access to Veteran-specific education and training. For example, the US Department of Veterans Affairs has created a curriculum for dementia and PTSD and offers additional training for health care professionals on specific health issues, such as dementia and delirium, and also has support websites for women, 2SLGBTQI+ and racialized Veterans. Recognizing differences in health systems, VAC should consider supporting the creation of a wider range of educational resources (i.e., online libraries and practice guidelines) for health

care providers and unpaid caregivers to enhance their ability to provide care and support for the Veterans ageing with complex health conditions such as frailty, dementia and mental health conditions such as PTSD. This could include expanding access to existing educational resources (e.g., those provided by the Atlas Institute for Veterans and Families)<sup>247</sup> to a wider range of providers and tailoring education sessions to different health care providers and settings (e.g., providers in LTC settings).



## **6 Support Greater Research Around and Access to Trauma-informed and Culturally Safe Care for Ageing Veterans from Equity-deserving Groups**

### ***Support Research and Evaluation on Ageing Veterans from Equity-Deserving Groups***

The experiences of ethno-racialized, as well as gender and sexually diverse, Veterans in Canada have been historically overlooked in research, leading to gaps in understanding the needs of these groups and developing services and supports to address them. These gaps are notable for Veterans of all ages, including older adults. These gaps may contribute to hesitancy and mistrust among Veterans from equity-deserving groups, hindering their ability to discuss service-related experiences and leading to feelings of isolation. New variables related to gender, sexuality, ethnicity, Indigenous Veterans and age in the Canada Census, CVHS, and other VAC evaluations will allow for more targeted efforts to bridge research and data into practice, and ultimately to support a healthy and equitable ageing process for all Veterans. There is a need for evaluations of VAC programs to adopt an equity-focused lens, with specific

indicators developed that are centered on the experiences, accessibility and satisfaction with VAC services for Veterans identifying with equity-deserving groups.

### ***Enhancing Access to Trauma-informed Mental Health Care for 2SLGBTQI+ Veterans***

VAC should supplement ongoing efforts by offering access to education for ageing Veterans and their dependents on the spectrum of gender and sexuality, transitioning, and trauma-informed mental health and spiritual counselling that is queer inclusive. Providing access to these services is crucial to filling the gap in gender-inclusive health care services for ageing Veterans in Canada. It is also fundamental to addressing the longstanding history of homophobia and transphobia experienced by 2SLGBTQI+ Veterans during their service.

### ***Veterans Need Access to Person-centered and Culturally Safe Care in LTC Settings***

Transitioning into a LTC home is a significant life event, especially for those from equity-deserving groups. Veterans from equity-deserving groups need access to person-centered and culturally safe care when living in a LTC home. Adopting a person-centered approach allows for a consideration of individuals' needs, goals and personal experiences.<sup>248</sup> Cultural safety is enabled when the values of empathy, collaboration and respect are upheld across all LTC practices. Further, creating a LTC home environment free of discrimination, harassment or prejudice through culturally appropriate and sensitive care ensures the principle of cultural safety is upheld.<sup>248</sup>

## Conclusion

Canada is presented with the challenge of providing services and support for a new cohort of ageing Veterans. This report draws particular attention to the forthcoming needs of CAF Veterans who have served Canada after 1954, a group that is not only ageing, but one that is entering later life with more complex physical and mental health, social and personal circumstances than the average Canadian.

**Rates of both physical and mental health disorders are on the rise among Veterans, and impact Veterans at a greater prevalence than among non-Veterans. More Veterans are living alone, increasing their risk of becoming socially isolated, which can make ageing in the right place more challenging.**

Concerningly, there are also large gaps in our understanding of frailty, mental health conditions and ageing, with consequences for how these conditions are cared for in both home and community-based and institutional LTC settings.

While many programs and services exist to support the family members and unpaid caregivers of Veterans, more work is needed to identify their needs and the effectiveness of current programs designed to support them. Furthermore, the needs and experiences of Veterans from equity-deserving groups, including women, Indigenous and racialized Veterans, and 2SLGBTQI+ Veterans have historically gone unrecognized and thus remain poorly understood in the context of an ageing Veteran population. Recognition of these challenges has prompted the need to develop healthy ageing approaches that support lifelong well-being for this high-risk population. Indeed, by strengthening the services available for Veterans, more older Veterans who have served Canada will be better supported to age in the right place with the dignity and respect they deserve.



## Appendix A: Key Terms

### NIA

- **Unpaid Caregivers:** "The people — family, friends, neighbours — who provide critical and ongoing personal, social, psychological and physical support, assistance and care, without pay, for loved ones in need of support due to frailty, illness, degenerative disease and the physical/ cognitive/mental disability of end of life circumstances."<sup>125</sup>
- **Care provider:** The NIA defines care providers as caregivers who are paid for their services.

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- **Informal caregiver (VIP and LTC):** "Means a person, usually a family member, friend or neighbour, who provides care without remuneration to a client. Provision of the care is usually based on an interpersonal relationship between the caregiver and the client, and the caregiver is not usually trained for the task."<sup>249</sup>
- **Survivor (VIP & LTC):** "In relation to the person, means the adult individual who, immediately before the person died, or if the person died in a health care facility, immediately before the person was admitted into the health care facility was:
  - the person primarily responsible for ensuring that care was provided to the Veteran;
  - not receiving a wage for ensuring that care was provided to the eligible individual;
  - residing in the principal residence of the eligible individual for a continuous period of at least one year; and
  - maintaining or maintained by the eligible individual for a continuous period of at least one year."<sup>63</sup>
- **Primary caregiver (VIP & LTC):** "The adult person who, on the day of the client's death or admission to a health care facility:
  - had been the person primarily responsible for ensuring that care was provided to the client;
  - had not been receiving a wage for ensuring the care;
  - had been maintained by or had been maintaining the client for a continuous period of at least one year; and,
  - had been resident in the principal residence of the client for a continuous period of at least one year."<sup>63</sup>
- **Qualified primary caregiver (VIP & LTC):** "A primary caregiver who has a need for the housekeeping and/or grounds maintenance services within one year of the client's death or admission to a health care facility, whichever is earlier. It must be established that the need is due to a health reason and that the health reason must be met in order for the primary caregiver to remain independent in his/her own home. The primary caregiver must have an ongoing need for the services."<sup>249</sup>

- **Informal Caregiver (Caregiver Recognition Benefit):** "A person 18 years of age or older who plays an essential role in the provision or coordination of ongoing care to the Veteran in the Veteran's home, for which the person receives no remuneration."<sup>81</sup>
- **Contract bed (LTC):** "A bed provided in a community facility as a result of a contractual agreement made by the Minister to provide adult residential care, intermediate care or chronic care to certain veterans."<sup>249</sup>
- **Frailty (VIP):** "The occurrence of a critical mass of physiological conditions that place an eligible individual at risk for falls, injuries, illnesses or the need for supervision or hospitalization. Frailty also results in a severe and prolonged impairment of function with little or

no likelihood of improvement. The designation of "frail" is based on the premise that for eligible individual's suffering from multiple health conditions, one of which is a disability benefits entitled condition; this complex interplay of disabilities impairs their ability to remain self-sufficient at their principal residence. Prolonged impairment means the impairment(s) has lasted, or is expected to last, for a continuous period of at least 12 months (i.e. an ongoing health issue that has a significant impact on the lives of a person and/or their family, or other caregivers). Life expectancy is not a consideration when determining if an eligible individual is suffering from a prolonged impairment, and an eligible individual who has been diagnosed to be in the last stages of life (i.e. palliative) may be deemed frail." (p. 6).<sup>63</sup>

## Appendix B: Additional Resources for Veterans and their Families or Caregivers

- **VAC Assistance Service:** A confidential and free mental health and psychological support service available 24/7 to Veterans and former RCMP members, their family members and caregivers.<sup>250</sup> This program is meant to provide short-term mental health support and provides referrals to additional mental health resources. One to 20 hours of support is available, based on the issue. Part of VAC Assistance Service is LifeSpeak, an online resource for Veterans and their families that provides information on physical and mental wellness.
- **Occupational Stress Injury Clinics:** In-person or virtual mental health services for issues related to service.<sup>251</sup> Some services are available to family members. OSI clinics offer team-based services, and provide customized care for Veterans and liaison with other care community care providers if needed.

## Appendix C. Veteran-Specific Services or Supports at the Provincial/Territorial Level

Province/Territory	Veteran-specific Services or Supports
British Columbia	The Government of B.C. offers a home-owner grant to reduce the cost of property tax on eligible individuals' principal residences. <sup>95</sup> A supplemental grant is available to eligible residents over the age of 65. Low-income Veterans under the age of 65 may qualify for a supplemental grant if they meet the eligibility criteria. There is also a supplemental grant for low-income surviving spouses of Veterans who received a War Veterans Allowance, pending meeting the eligibility criteria. <sup>95</sup>
Alberta	In Edmonton, there is a Veterans Service Centre that provides information and resources related to finances, employment, housing and crisis support. <sup>97</sup> The provincial government also funds the Military and Veteran Friendly Campus at the University of Alberta, which aims to support the academic success of CAF members and Veterans. <sup>98</sup>
Saskatchewan	Since 2019, the Government of Saskatchewan has provided funding for the Saskatchewan Veterans Service Club Support Program, which offers grants to non-profit clubs that support Veterans and may be used for items such as upgrades, repairs and operations. <sup>99</sup> The Saskatchewan Command of the Royal Canadian Legion administers the program, in partnership with the Army, Navy and Air Force Veterans of Saskatchewan. <sup>99</sup>
Ontario	The Government of Ontario offers one specific Veterans program, the Soldiers' Aid Commission, which has been in place since 1915. <sup>96</sup> The current mandate of the program is to provide financial support to all eligible Veterans and family members in the province. The Soldiers' Aid Commission provides up to \$2000 a year to eligible Veterans and their families and is meant to supplement support provided by VAC and the Royal Canadian Legion. Eligible Veterans must be in financial need. Eligible family members include spouses (and surviving spouses of deceased Veterans) and children of Veterans who are financially dependent. Financial support can be granted for items related to home costs, mental health and health supports, assistive devices and specialized equipment, personal items and employment supports. Applicants are required to apply through VAC or the Ontario Command of the Royal Canadian Legion, which forwards applications to the Commission on behalf of the Veteran. <sup>96</sup> In 2022/23, the Soldiers' Aid Commission received 22 applications and approved 21 of them. <sup>252</sup> The Commission aims to increase the number of applicants and has engaged in various efforts to do so.
Nova Scotia	The Government of Nova Scotia, via the Department of Intergovernmental Affairs, provides funding to organizations and groups that support military awareness or military activities. <sup>100</sup> The department's minister is also responsible for military relations, which includes liaising with VAC on topics related to Veterans. <sup>100</sup>

## Appendix D. Supplementary Data Tables

**Table 1: Housing Conditions of Canadian Residents with No Military Service**

	No Military Service - All Ages			No Military Service - 65 years and older		No Military Service - 85 years and older	
	Total	Owner	Renter	Owner	Renter	Owner	Renter
<b>Inadequate</b>	<b>5.8%</b>	5.0%	7.6%	4.4%	4.9%	4.6%	3.5%
<b>Unsuitable</b>	<b>8.4%</b>	5.3%	16.2%	2.3%	4.7%	2.7%	3.4%
<b>Unaffordable</b>	<b>16.7%</b>	12.3%	27.8%	10.9%	38.9%	12.6%	51.3%
<b>Inadequate, or unsuitable, or unaffordable</b>	<b>27.9%</b>	21.0%	45.5%	16.5%	45.7%	18.8%	56.0%
<b>In core need</b>	<b>7.3%</b>	3.9%	15.9%	5.2%	22.2%	8.4%	25.8%

Source: Statistics Canada Data Table 98-10-0145-01<sup>43</sup>

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