

Military urges provinces to improve access to health care for soldiers' families

The Canadian Forces plans to overhaul supports for military families, prompted by a report indicating many struggle to access routine health care because of frequent moves.

Military families move three times more often than other Canadians and are four times less likely to have a family doctor, ombudsman Pierre Daigle revealed in a recent report.

Colonel Russell Mann, director of Military Family Services, says the findings “validated” internal reports of the difficulties that soldiers’ spouses and children face accessing care as they shuffle between provincial health systems. His staff will conduct a major program review this month that will “likely result in different resource allocations” to better support families as they move around the country.

However, there’s also a “responsibility the provinces own” to cooperate across borders to improve continuity of care for these mobile patients, says Mann. “Families are forgoing routine exams and care because of this lack of continuity and that’s leading to chronic care issues.”

Unlike in the United States, the spouses and children of Canadian soldiers don’t receive care from the military medical system. Instead, they queue with civilians for family doctors, tests and procedures in provincial health care systems.

According to Daigle, few military families stay in one place long enough to reach the front of that queue. Some compensate by travelling long distances to consult their former physicians; others rely on walk-in clinics and emergency departments for stopgap care.

Children seem particularly affected by the frequent upheaval of military family life, experiencing “increased stress, sleeping problems and more than double the rate of occurrence of other ailments compared to similar children within the civilian population.”



Corporal Alex Croskeny, Esquimalt Imaging Services

For military families, inconsistent access to health care adds to the stress they already feel waiting for loved ones to return safely from deployment.

the report states. These problems are often compounded by inconsistent access to care.

Kids with special needs face some of the longest delays, says Susan Sweetman, executive director of the Military Family Resource Centre in Trenton, Ontario. “The sooner these children get care, the better the outcome, but often our kids go years without ever getting to the top of the list.”

However, grassroots solutions are starting to crop up in military communities across the country.

A growing number of military family resource centres, which have traditionally functioned as social hubs, now also facilitate access to primary care. One centre in Ottawa, Ontario, keeps a list of family doctors who are accepting new patients and has referred some 900 families to those practices since 2012. Elsewhere, centres strike informal partnerships with local clinics, assist in

physician recruitment or have a primary care doctor on staff.

True Patriot Love, a national foundation that funds charitable programs for military families, has seen a recent uptick in applications for health-related projects, says managing director Bronwen Evans. However, she notes that most applications come from military family resource centres that “already have better infrastructure and are more sophisticated.”

“That’s concerning when you think about the centres in remote areas that are not applying, where access to medical care and mental health care are even more challenging.”

Even where programs exist, finding out about them can be difficult, says one military mom of three, who asked to remain anonymous. “A lot of the time you have to go seek them out yourself ... and you don’t always realize your needs when you’re trying to focus on the day-to-day.”

Military family culture can also discourage help-seeking, as some spouses perceive talking about struggles as “whining,” she adds. “You’ve got to watch what you say to people.”

Meanwhile, physicians and health authorities generally assume the unique needs of soldiers’ families will be met “by uniformed doctors in military clinics, and that’s just not true,” says Mann.

Although that misconception is slow to change, Mann cites recent agreements to waive the 90-day waiting period for provincial health insurance for military families as a step in the right direction.

Cooperation across borders to recognize assessments, waiting lists and electronic medical records could mean a “huge reduction of stress for military families,” says Mann. “It’s certainly

stressful for other Canadians who move across the country; we just go through that more often with the added stress of being separated from a loved one on deployment or training, and the uncertainty of whether they will come back safe and sound.” — Lauren Vogel, *CMAJ*

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