Social Health Strategy 2015–2023
for the Veteran and Ex-service Community
Social Health Strategy 2015–2023
for the
Veteran and Ex-service Community

| PREVENT | CONNECT | ENHANCE |
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Our Vision

Improved quality of life for the veteran and ex-service community, achieved through preventing illness where possible, fostering social connectedness and enhancing health and wellbeing.

Introduction

Over time the characteristics of our clients have changed. Increasingly, we have clients and family members from varied backgrounds, with ages ranging from under one year to over 100 years, with different expectations and who interact with us in different ways. While supporting our clients will always be the main drivers of our work, there are also environmental factors that call for change in the way we do things. These include the nature of our relationships with Defence and service providers, the capability of ex-service organisations, broader government policies, the budgetary environment, and work practices.

A ‘one size fits all’ approach to dealing with our clients is simply not possible as they, and our work environment, and community expectations of service delivery continue to change. Our services and programmes need to be flexible and tailored to the needs of the client.

The Social Health Strategy 2015–2023 for the Veteran and Ex-service Community sets out objectives to support the health and wellbeing of the veteran and ex-service community. The Social Health Strategy and subsequent supporting actions complement a range of other Department of Veterans’ Affairs (DVA) and Department of Defence (Defence) policies and programmes, particularly the:

- ADF Mental Health and Wellbeing Strategy 2011 Capability through Mental Fitness.
- DVA Rehabilitation Framework.
- DVA Towards 2020 Strategic Plan.

The term ‘veteran and ex-service community’ is used in the Social Health Strategy to refer broadly to veterans and former serving personnel, and their families, carers and organisations that support them.

The Social Health Strategy will be supported by action plans designed to improve health and wellbeing for the veteran and ex-service community. These action plans will be implemented following the principles and objectives outlined in this strategy in partnership with our stakeholders.
Purpose

This Social Health Strategy is the latest in a series of initiatives to support the veteran and ex-service community to achieve improved health and wellbeing outcomes, through all life stages, and to encourage greater personal investment in their own health and wellbeing.

The Social Health Strategy:

- Provides a vision and sets out principles to support the social health of the veteran and ex-service community;
- Sets the context for the conduct of DVA’s social health programmes and activities to address the social health needs of the veteran and ex-service community, and
- Establishes five strategic objectives to guide the Department’s social health policy and programmes, as per figure 1.1 below. The strategic objectives are discussed in depth later in this document.
The concept of ‘social health’

Since 1948, the World Health Organisation has defined ‘health’ as

... a state of complete physical, mental and social wellbeing and not merely the absence of
disease or infirmity.

Physical, social, economic and cultural environments play a significant role in health and wellbeing.

In 2006, the World Health Organisation updated its health promotion glossary to include
‘wellness’, defined by Smith, Tang and Nutbeam (2006) as

... the optimal state of health of individuals and groups. There are two focal concerns: the
realisation of the fullest potential of an individual physically, psychologically, socially,
spiritually and economically, and the fulfillment of one’s role expectations in the family,
community, place of worship, workplace and other settings.

The main premise for social health is that a person’s health is determined by the interrelationship of
economic, cultural and environmental factors and living and working conditions, including family
life, education, employment, healthcare services, housing, lifestyle choices and biological factors.

The Engel’s Model (figure 1.2 below) provides an example of the interplay between key social
health factors, however there may be additional factors which determine social health.
Key social health issues for the veteran and ex-service community

Health issues that are relevant to the Australian population generally are also relevant to the veteran and ex-service community. In addition, there are health and wellbeing issues that are of particular concern to the veteran and ex-service community, including:

- risk of social isolation;
- employment opportunities post separation from the Australian Defence Force (ADF);
- risk of weight gain following transition from the ADF;
- higher prevalence of mental health conditions such as depression and post-traumatic stress disorder;
- higher prevalence of alcohol dependence disorder, and co-morbidity with other mental illnesses;
- higher prevalence of smoking while serving compared to the broader population.

(Browning et al, 2012; Department of Veterans’ Affairs, 2003; Department of Veterans’ Affairs, 2013; Grosvenor Management Consulting, 2010; Hodson, MacFarlane, Van Hooff & Davies, 2011)

DVA’s strategy to address veterans’ mental health needs is set out in the Veteran Mental Health Strategy 2013–2023. Other key issues are being addressed through population-wide measures, for example, the Australian Government’s smoking reduction initiatives.
DVA’s obligations

The legislation that DVA administers on behalf of the Repatriation Commission and the Military Rehabilitation and Compensation Commission supports the veteran and ex-service community’s self-sufficiency, quality of life, physical, mental and general social wellbeing. Under section 90 of the Veterans’ Entitlements Act 1986 (VEA) and section 13 of the Military Rehabilitation and Compensation Act 2004 (MRCA), ‘treatment’ for entitled veterans encompasses:

(a) restoring a person to physical or mental health or maintaining a person in physical or mental health;
(b) alleviating a person’s suffering;
(c) ensuring a person’s social wellbeing.

Alongside its legislative obligations, DVA recognises that supporting the broader veteran and ex-service community is an intrinsic part of maintaining an individual’s health and wellbeing. The Social Health Strategy and programmes therefore can address whole of veteran and ex-service community support as well as targeted measures for eligible veterans and their carers.
Principles

Our strategic objectives for improving health and wellbeing in the veteran and ex-service community are underpinned by three principles:

**Prevent.** Prevention aims to reduce the occurrence or delay the onset of preventable injury, illness or disease. Prevention may include education, self-care and self-management, and strategies to improve poor health behaviours.

**Connect.** Social connectedness comes from interaction with family, friends, colleagues (current and former) and the wider community. Social connectedness helps in the prevention of, and recovery from, mental illness, and the optimisation of mental health more broadly. Vibrant social environments, employment and connectedness in general are linked to health promoting behaviours, and have clear long-term health benefits.

**Enhance.** All members of the veteran and ex-service community should have the opportunity to improve their health, wellbeing and quality of life. DVA acknowledges that people can derive benefit from a variety of wellbeing activities. Individual and community ownership for health and wellbeing in the veteran and ex-service community is as important as the support that DVA provides. Governments, institutions, communities, individuals and their families all have a role to play in supporting and maintaining health and wellbeing.
Our clients

The changing and diverse needs of our clients

As the environment in which the ADF operates continues to change, so too do the needs of current and future veteran cohorts and their families and carers.

DVA can expect the needs of its clients to vary over the course of their lifetime.

We are committed to providing systems, products and programmes that are sensitive and responsive to these changing needs and recognise the benefits of embracing new technologies and delivery methods to enhance outcomes for the veteran and ex-service community.

The veteran and ex-service community is diverse, with different perspectives and service delivery expectations. DVA clients span all generations and life stages, from veterans and war widows aged over one hundred years to children as young as one year. Our care and support of the veteran and ex-service community is delivered at both an individual level through legislated entitlements, and at a population level through initiatives such as Veterans’ Health Week, that encourage participation from the entire veteran and ex-service community.

DVA’s client group includes current and ex-service personnel with a variety of service including operations experience such as:

- Second World War;
- Korea;
- Vietnam;
- various peacekeeping operations;
- operations in the Middle East;
- ex-service personnel with peacetime service;
- active Reservists who have been on deployments, and
- families, children, dependants, carers, war widows and widowers.

Our client group includes people from a range of socio-economic and cultural backgrounds, with all members of the veteran and ex-service community having non-service related identities and belonging to an array of subgroups in the wider community.

DVA recognises that social health needs of its clients will continue to change as people move through different life stages. In 2014, our client group spans three broad life stages: aged clients, Vietnam era clients and post-Vietnam era clients.

Based on a March 2014 snapshot of DVA active client numbers, just over 67% of clients are 65 years of age or older and 80% are 55 years of age or older. Women, predominantly the widows of World War II veterans, make up 41% of those aged over 65 years of age, but only make up 18% of those under 65 years of age.

This Strategy is mindful of the age spectrum and gender of DVA’s current clients as well as the ages of potential clients.
Aged clients

Today there are more opportunities for healthy, engaged and meaningful active retirement and ageing than ever before. The challenge is to ensure optimal quality of life and opportunities for our older clients to contribute their experience, while acknowledging that their physical and mental health needs may become increasingly complex as they age. This can be exacerbated by:

- chronic physical health conditions, including chronic pain;
- decreased mobility and loss of independence;
- grief, guilt and loss associated with the death of a spouse, partner or significant other;
- the impact of dementia related illness;
- reduced social supports;
- providing long term care to others; and
- general mental health related issues compounded by one or more of the risks above.
Vietnam era clients

As at June 2013, there were 46,000 Vietnam War veterans, of which a significant number (29,227) have been injured or ill as a result of their service. While many of the challenges are the same as aged clients, there are significant issues, in particular the higher prevalence of mental health issues. Health and wellbeing considerations include:

- many Vietnam veterans have struggled with the physical and emotional effects of their service and their return to Australia,
- physical health problems associated with ageing may exacerbate existing mental health conditions,
- the high prevalence of mental health conditions in this group may increase the complexity of care needs for some of these veterans, and
- social connectedness may be impacted by reaching retirement and moving into residential care.
Post-Vietnam era clients

While the post-Vietnam cohort shares the military experience of previous generations, they may also have different needs and expectations compared to their predecessors. Considerations include:

- the impact of multiple deployments;
- the changing nature of warfare;
- extended periods away from family;
- the impact of new technologies on treatments, interventions and communication;
- a different level of expectation regarding care and service;
- many have young families;
- a working life for many personnel post-discharge; and
- the changing role of women in the ADF.

DVA’s challenge is to sustain our support for the aged and Vietnam veteran cohorts, while adapting our services and approaches to meet the emerging physical, mental and broader social requirements, including access to post separation employment, of the post-Vietnam cohort.

The veteran identity

Some post-Vietnam era service men and women do not readily identify with the status or term ‘veteran’, particularly while still serving in uniform. Engaging with these men and women requires new approaches. They may be less likely to join ex-service organisations, therefore new support and ways of communicating must be considered. This includes use of social media and online or mobile mechanisms.
Policy background

The broader framework for social health

The Social Health Strategy has been developed in the context of a number of government initiatives relating to population health and wellbeing, including:

- The National Health Priority Areas Initiative (2012), which focuses on nine diseases and conditions to improve the health status of Australians.
- Australia’s domestic response to the World Health Organization’s (WHO) Commission on Social Determinants of Health report Closing the gap within a generation (2008), March 2013.
- National Aboriginal and Torres Strait Islander Health Plan 2013–2023.
- National Disability Strategy 2010-2020, Department of Social Services.
- National Carer Strategy, Department of Social Services.

DVA context

The Social Health Strategy is the latest in a series of strategies to support the veteran and ex-service community to achieve improved health and wellbeing outcomes through all life stages. Previous strategies include:


DVA is responsible for outlays of some $12.2 billion a year for a range of support and health care services and commemorative activities to the veteran community. The Department’s legislated responsibilities extend to all those who have been injured or ill as a result of their service in the ADF, and to families and carers of those personnel in some circumstances.

The Social Health Strategy is related to all three departmental outcomes (income support, health and commemorations), and complements existing entitlement-based service delivery to individuals.
DVA’s support encompasses all members of the veteran and ex-service community through services and initiatives including health promotion, community grants and commercial areas such as insurance and home loan subsidies.

DVA and the ADF are jointly responsible for providing support to those separating from the military and entering civilian life – a process referred to as ‘transition’. Effective transition requires information and support relating to available services and benefits. DVA has the On Base Advisory Service (OBAS), strategically positioned at over 35 bases nationally to ensure personnel separating from the ADF are adequately informed and equipped during the transition period, so they have knowledge of available services.

The foundations for health and wellbeing begin in families, neighbourhoods, schools and workplaces. Healthy public policy is a layer of support at a macro level and enables individual action at the micro level.

The most effective and comprehensive approach to health and wellbeing support will have an investment from all levels, from the individual, through community and non-government organisations, philanthropists and governments (Local, State and Commonwealth).

While individuals have a responsibility to look after themselves, there are sometimes barriers to the successful undertaking of health and wellbeing activities. These include a lack of health literacy, education, financial constraints, distance from transport to facilities, social isolation or health issues, as well as the general impetus required to get involved in beneficial programmes or make a lifestyle change.

To overcome such barriers, government agencies and non-government organisations have for decades run programmes aimed at increasing health and wellbeing in the Australian community. Examples of these ‘whole of population’ programmes include the Quit smoking campaign, Life, Be in It; How do you Measure Up; and Swap it, Don’t Stop it. DVA’s investment should complement individual commitment to health and wellbeing by addressing gaps in organisational and community social health programmes relevant to the veteran and ex-service community.
DVA social health programmes

DVA continues to invest in a range of programmes and initiatives to support health and wellbeing in the veteran and ex-serving community, including population-level programmes and individual entitlements:

**POPULATION-LEVEL PROGRAMMES**

**National Indigenous Veterans’ Strategy**

The Indigenous Veterans’ Strategy seeks to identify Indigenous veterans and their dependants, ensure they are aware of DVA services and benefits and how to access them, and enhance recognition of their contribution to the nation by commemorating their service. The strategy was developed with an understanding of the cultural impediments that may prevent Indigenous veterans accessing their DVA entitlements, as well as knowledge of the diversity of the Aboriginal and Torres Strait Islander cultures.

**Veterans’ Health Week**

Veterans’ Health Week provides an opportunity for veteran and ex-service community members and their families to participate, connect and influence the health and wellbeing of themselves and their friends. This is an annual event with changing themes that centre around health and wellbeing issues relevant to the veteran and ex-service community. DVA partners with ex-service and community organisations to facilitate these activities at a local level.

**Men’s Health Peer Education**

The aim of the Men’s Health Peer Education programme is to improve the health of male veterans. This is achieved by using trained volunteers to encourage them to understand their health and wellbeing and to work in partnership with professional providers in managing any identified issues.

**Day Clubs**

Day clubs are generally operated by ex-service or community organisations that are supported by DVA, and attended by older people. They are open to veterans and the general community. The clubs aim to reduce social isolation and offer a programme of health-enhancing activities such as physical and mental exercises that are appropriate to the age of members.

**Cooking for One or Two**

The ‘Cooking for One or Two’ programme is designed to improve confidence in preparing a variety of healthy meals using easy cooking techniques. The programme includes five sessions and can be conducted by a facilitator who does not require any formal cooking qualifications. The programme focuses on areas such as equipment and utensils, personal hygiene and food handling rules, meal plans and health information.
**Veteran and Community Grants**

DVA supports local community initiatives through Veteran and Community grants. These grants aim to maintain and improve the independence and quality of life of members of the veteran community by providing financial assistance for activities, services and projects that sustain and/or enhance wellbeing. The grants are available to eligible ex-service organisations, veteran representative groups, community-based organisations or private organisations that can demonstrate the ability to contribute to the welfare of members of the veteran community.

**INDIVIDUAL ENTITLEMENTS**

**Heart Health**

The Heart Health programme aims to help veterans and peacekeepers improve their health and wellbeing through practical exercise, nutrition and lifestyle management support. Heart Health is a programme conducted over a 12 month period that includes two physical activity sessions per week and 12 health educational seminars, and can be offered as a group or individually-based programme.

**Stepping Out**

Making the move to civilian life can be challenging, and the changes experienced by separating members may have an impact on personal, work and family life. The Stepping Out Programme provides information and skills to manage the transition to civilian life.

In the programme participants learn about:

- the experience of change as part of life;
- the transition from the ADF to civilian life;
- skills for planning ahead;
- skills for staying motivated and adaptable;
- expectations, attitudes and troubleshooting; and
- maintaining relationships and seeking support.

**THE CHALLENGE**

The majority of DVA’s current Social Health programmes provide support to the Department’s traditional older client base. The need to develop and implement programmes, in partnership with groups or individuals, to meet the health and wellbeing needs of the emerging client base of younger ex-service men and women and women and their families, needs to be considered whilst continuing to support older people.

The strategic objectives at the back of this document outline how DVA intends to meet this challenge.
Social health as an adjunct to treatment

DVA’s social health investments may also support programmes which are an adjunct to treatment. An example of this is that DVA pays for treatment for veterans with posttraumatic stress disorder (PTSD) which is in line with the 2013 Australian Guidelines for the Treatment of Acute Stress Disorder and Posttraumatic Stress Disorder, endorsed by the National Health and Medical Research Council.

DVA also acknowledges that people with mental health conditions can derive benefit from a variety of wellbeing activities. For example, appropriately designed initiatives that promote physical activity, nutrition and/or social connectedness, including those mentioned in DVA’s social health programmes, are likely to benefit veterans with PTSD and other mental health conditions.

While these kinds of activities are not part of “treatment”, DVA clients who have a rehabilitation programme may be supported by DVA to undertake them as part of their rehabilitation.

The importance of employment

DVA’s support to clients involves assisting people to manage health conditions or disabilities, injury or illness and to remain in, or return to, a vocation of their choice.

DVA provides medical, psychosocial and vocational rehabilitation to entitled clients in accordance with respective legislation. Vocational rehabilitation is crucial because being employed contributes to improved health, as well as social and economic wellbeing.

Vocational rehabilitation may involve various types of assistance necessary to achieve a suitable and sustainable return to work. This may include a vocational assessment, guidance or counselling, a functional capacity assessment, work experience, vocational training, job seeking assistance and incentive payments to employers under the Employer Incentive Scheme where certain conditions are met.

Retraining is an important part of the vocational rehabilitation process and can be provided by on-the-job training, or by short or long term courses.

Returning to paid employment may be the primary goal of a rehabilitation programme, however voluntary employment is also an option.

“...I’m passionate about continuing to improve health and rehabilitation outcomes for the growing cohort of younger veterans injured in contemporary conflicts. We need a change in the way they think about their injuries, we need them to think about ... getting better, it’s all about rehabilitation.” ... For Dr Killer, the ongoing challenge is to improve the rehabilitation options for veterans, to minimise their disabilities, and to maximise their potential to find meaningful employment after life in the defence force.

Our approach

The Social Health Strategy seeks to improve health and wellbeing in partnership with others, building capacity within DVA and the veteran and ex-service community, and by practicing and encouraging inclusive methods. These approaches are reflected in the strategic objectives.

DVA investment in initiatives should seek to address health and wellbeing needs that are unique to, or of higher incidence or risk for, the veteran and ex-service community, and that are not supported by other DVA, Defence or general community programmes.

Initiatives need to be targeted and tailored to settings where veterans live, work, learn and play; and have clear, evidence-based health and wellbeing benefits that are not addressed through individual entitlement.

Within these guidelines for investment, the four key priority health areas for the veteran and ex-service community that have a strong evidence base for positive health outcomes are:

- physical activity,
- nutrition,
- social connectedness, and
- mental wellness.

Investment in these priority areas will enable the veteran and ex-service community to enhance its health and wellbeing and prevent the onset of chronic disease. This is achieved by using a mix of health promotion strategies such as empowering community settings to support healthy lifestyles, health literacy, and social inclusion. Figure 1.3 below illustrates the inter-relationship between the principles underlying the Department’s approach in the Social Health Strategy and the four key priority areas.
The Social Health Strategy outlines five strategic objectives to guide future social health policy and programmes:

- Improve veteran and ex-service community knowledge and awareness.
- Build the evidence base.
- Increase opportunities for participation.
- Increase engagement in decision-making.
- Improve health behaviours and support healthy places.

The Department will work with the veteran and ex-service community to respond to the changing needs of our diverse client groups, while upholding the Strategy’s Vision and aligning with the principles and approach detailed in this Strategy.

The following pages outline the five objectives in more detail, with priority actions. This will require concerted action across the Department, working closely with the veteran and ex-service community and others stakeholders such as Defence.

This Strategy will guide the development and implementation of Action Plans.
**Strategic Objective 1:**

**Improve Veteran and Ex-Service Community Knowledge and Awareness**

To improve the veteran and ex-service community’s knowledge and awareness of the benefits of healthy lifestyle options and health and wellbeing needs.

**WHY**

Public education is an integral component of our health promotion mix; health literacy can facilitate positive changes in individuals. DVA’s approach to promoting health and wellbeing needs to be flexible to take into account the diverse needs of the veteran and ex-service community. DVA’s Social Health policy needs to complement existing Departmental and broader government policies, non-governmental organisation and private sector programmes, as well as promoting Departmental messages.

**What we will do – Priority actions**

- Provide health and wellbeing education to the veteran and ex-service community.
- Evolve Men’s Health Peer Education model to suit post-Vietnam and female veterans.
- Inform the veteran and ex-service community of health and wellbeing opportunities and promote key messages by embracing new technologies and communication methods.
- Raise awareness and promote social connectedness in rural and remote communities through the Indigenous Champion project and other measures.
- Ensure education and promotion are primarily focused on preventing physical and mental illness, promoting good nutrition and mental wellness and generating a socially inclusive community.
Strategic Objective 2:

Build the evidence base

To establish a sound evidence base to create opportunities for sustainable change to the health and wellbeing of the veteran and ex-service community.

Why

Programmes and information delivered as part of the Social Health Strategy need to provide long-term, sustainable, evidence-based options for the veteran and ex-service community. Programmes need to address the different and changing priorities of our clients and be developed to suit all life stages. Consultation with the veteran and ex-service community to guide our research direction and priorities is essential to establish a solid evidence base for future solutions. This approach will complement the Department’s existing research guidelines surrounding treatment and rehabilitation entitlements, whilst consolidating the evidence base for future health and wellbeing activities.

What we will do – Priority actions

- Expand the health and wellbeing evidence base by conducting research focusing on the four key priority areas.
- Consult with the veteran and ex-service community about research relating to the health and wellbeing of the veteran and ex-service community.
- Monitor research on innovative approaches to mental wellness including alternative or adjunct therapies.
- Evaluate programmes to ascertain relevance and opportunities for change.
STRATEGIC OBJECTIVE 3:

INCREASE OPPORTUNITIES FOR PARTICIPATION

To increase opportunities for social activity, community and workforce participation.

WHY

Social connectedness remains a critical factor in health and wellbeing; however the needs of the various cohorts within the diverse veteran and ex-service community will change over time. DVA’s challenge is to sustain our support for the veteran and ex-service community, while adapting our services and approaches to meet emerging physical, mental and broader social health requirements. Where new initiatives are developed and older ones are modified, DVA will tailor programmes to meet the needs of different client groups.

What we will do – Priority actions

- Promote initiatives using delivery methods that are appropriately targeted. For example, the use of social media, online applications and platforms to connect the veteran and ex-service community to opportunities for social and vocational involvement in the broader community.
- Continue to implement the Indigenous Veterans’ Strategy to recognise the service of Aboriginal and Torres Strait Islander peoples and encourage their participation as a part of the veteran and ex-service community.
- Continue to invest in initiatives that foster social connectedness through community activities such as Veterans’ Health Week and the Heart Health programme.
- Develop new delivery modes for physical activity programmes such as Heart Health to reach the post-Vietnam client groups.
Strategic Objective 4:

Increase engagement in decision-making

To increase veteran and ex-service community engagement and involvement in health and wellbeing decision-making.

WHY

The needs of differing groups within the veteran and ex-service community in relation to the priority areas of physical health, nutrition and mental wellness will change over time. Engaging the community in the decision-making process will help DVA to optimise investment.

What we will do – Priority actions

- Empower individuals and organisations to take responsibility for their own and members’ health and wellbeing.
- Provide the veteran and ex-service community with opportunities for input into programme design and evaluation.
- Engage stakeholders through a health and wellbeing network or reference group to ensure relevance for all our client groups.
- Use DVA’s consultation mechanisms to ensure effective consultation.
- Engage the veteran and ex-service community in the use and development of technology solutions to enhance social health and mental wellness.
**Strategic Objective 5:**

**Improve health behaviours and support healthy places**

To increase opportunities for the veteran and ex-service community to improve health behaviours.

**WHY**

Physical inactivity, inadequate nutrition and social exclusion are health determinants and risk factors that impact adversely on the incidence and prevalence of chronic diseases in Australia. The Social Health Strategy is designed to prioritise health promotion, illness prevention and social inclusion to achieve significant and sustainable change. Changes that support healthy lifestyle behaviours are likely to lead to downstream reductions in health expenditure and upstream improvements in the determinants of health.

**What we will do – Priority actions**

- Assist ex-service individuals, community groups and organisations to adopt health promoting activities and practices in their homes, work places and community locations.
- Deliver a nutrition programme with updated menu and nutritional guidelines.
- Build capacity for health promotion within DVA and the veteran and ex-service community, through activities such as:
  - Veterans Health Week, and
  - Adaptation of the Heart Health programme to be more relevant to post-Vietnam veterans.
- Provide support for veteran and ex-service community initiatives that address the four key priority areas.
Evaluation

A range of initiatives for achieving the strategic objectives will flow out of the Social Health Strategy action plans. These initiatives will be evaluated based on:

**Impact** – the extent to which programme objectives are met.

**Process** – reach, quality and appropriateness of programme actions.

Social Health Strategy initiatives will be evaluated using the most appropriate research methods to answer the evaluation question/s and the information obtained will be used to guide action plan decision making, ongoing monitoring and future evaluation. Considerations such as health and wellbeing benefits, equity and cost benefit will enable DVA to assess the social and economic opportunity costs of investment, to achieve maximum value for the veteran and ex-service community.

DVA continually monitors and assesses the approach to veteran community research through the Department’s Applied Research Programme (ARP). The ARP provides best practice research about the health and wellbeing needs of Australia’s veteran and ex-service community and ways to improve DVA’s services and care. The ARP is also a key mechanism for documenting population health outcomes for the veteran and ex-service community.

It is important to know whether or not we are achieving what we set out to achieve and the extent to which our implementation approach assisted or hindered the process. This type of critical reflection will enable us to learn, adapt and improve what we do and how we do it. To monitor our progress, DVA will set indicators which will be derived from the Social Health Strategy action plans. Indicators of success need to be tailored for each action plan or programme. For example, Veterans’ Health Week evaluation indicators have recorded self-reported increases in: knowledge and awareness of DVA mental health programs and resources, and intent to increase participation in physical activity.
References


