

Title:

The Defence Deployed Bougainville Health Study: Overview of findings

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Abstract

(to be no longer than 500 words)

Background

The Defence Deployed Bougainville Health Study is part of a series of studies aiming to research the health and well-being of Australian Defence Force (ADF) veterans who have deployed on active service overseas. The studies are being conducted by the Centre for Military and Veterans' Health (CMVH) as part of the Deployment Health Surveillance Program (DHSP).

Aims

The aim of the DHSP is to examine the physical, emotional and environmental effects of deployment in order to identify, prevent and manage health care needs of current and former ADF members. The aim of the Bougainville Health Study was to investigate the health status of Australian Defence Force personnel who deployed to Bougainville relative to a frequency matched comparison group who did not deploy.

Methods

The study was conducted in 2007-2008. It included analysis of data gathered from mortality and cancer incidence registries, a comprehensive self-reported questionnaire, and health and psychology records retained by the ADF. All 4775 ADF personnel who deployed to Bougainville between November 1997 and June 2003 as part of Operations BEL ISI I & II were invited to participate in the Bougainville Health Study. A comparison group of 2363 individuals who were eligible to deploy to Bougainville, but did not, were also invited to participate. Participation involved completing a questionnaire on current physical and mental health and another on a range of potential exposures and stressors associated with their deployment. Consent was sought to link questionnaire information to ADF medical and psychological screening records. Response was obtained from 45% of the living sample.

Results

We present an overview of key health findings from the different Bougainville study components. We focus particularly on results of deployed versus comparison group analyses, differences between Services, between currently serving and ex-serving respondents and on the deployment experience of the deployed group.

Conclusions

Findings are interpreted in the light of methodological advantages and limitations, comparable international studies, and implications for prevention and service delivery.

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