

Title:

The Australian Defence Deployed East Timor and Bougainville Health Studies: Methodology, data sources and response

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Abstract

(to be no longer than 500 words)

Background

The Defence Deployed Bougainville Health Study and the Defence Deployed East Timor Health Study are part of a series of studies that aim to research the health and well-being of Australian Defence Force (ADF) veterans who have deployed on active service overseas. They 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 and the East Timor Health Study is to investigate the health status of Australian Defence Force personnel who deployed to Bougainville and East Timor relative to two frequency matched comparison groups who did not deploy.

Methods

Both studies include 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. A sample of 3998 ADF personnel who deployed to East Timor between June 1999 and May 2005 as part of Operations FABER, SPITFIRE, WARDEN, TANAGER, CITADEL and SPIRE were invited to participate in the East Timor Health Study. A comparison group of 2501 individuals who were eligible to deploy to East Timor but did not were also invited. Some individuals participated in both studies.

Invitations to participate in the study were sent by email or mail. Consent and survey could be completed online or on hard copy. Individuals were asked to consent to linkage between specific sources of data. The planned strategy was to access medical record data for currently serving personnel via the Unit Medical Record (UMR), because of vaccination data therein, but the strategy required review. Defence psychology data were provided electronically. Data collection took place from December 2007 to July 2008.

Results

Response to the survey, consents to linkages, availability of records and logistic challenges are described.

Conclusions

We review lessons learned for health surveillance through experience of conducting these studies.

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