

## APPENDIX D

### Veterans' Health Advisory Panel

#### Stage One: Application Form for 2018 Research Funding

*This form must be completed by the applicant, saved as a PDF, and sent to The Secretary, Veterans' Health Advisory Panel, email: [helena.strange@nzdf.mil.nz](mailto:helena.strange@nzdf.mil.nz)*

*Before completing this form please read all the attached information.*

***Due by midday, 11 October 2018. Incomplete or late applications will not be accepted.***

#### A. COVERSHEET

##### List all Principal & Associate Investigators (add extra boxes if required)

Principal Investigator & Institution	David McBride University of Otago
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**Background and experience of researchers (1 page max)**

Dr David McBride is currently an associate professor in occupational and environmental medicine, Department of Preventive and Social Medicine, University of Otago, Dunedin. His research expertise is in environmental & occupational health & safety, epidemiology and health information systems, preventive medicine and toxicology. He has been a reservist for all of his adult life, and has completed operational tours of duty in both East Timor and Afghanistan.

Associate Professor Brian Cox gained an honours degree in mathematics and statistics in 1976, his medical degree in 1981 and a PhD in epidemiology in 1990: all from the University of Otago. He has been a specialist in public health medicine (FAFPHM) since 1991. He has also received a senior research fellowship from the International Agency for Research on Cancer. His primary research is in cancer epidemiology, screening for disease, the epidemiology of suicide, computer simulations of health services as an aid to service planning, and health promotion.

Dr Amy Richardson has research expertise in the area of health psychology. Her PhD thesis investigated the influence of psychological factors, including illness perceptions and coping, on the future mental and physical functioning of patients with head and neck cancer and their family members. The thesis also examined whether the provision of a brief targeted psychological intervention could improve psychological wellbeing and health-related quality of life in this patient group. Amy has developed an interest in how health psychology can be applied to public health, particularly with respect to the development of interventions that can prevent chronic illness and disability.

## B. MAIN PROJECT/PROGRAMME PROPOSAL (2 pages max)

### 1. What is your research title and project/programme proposal?

**The NZ Vietnam veteran family study: a multi-generational perspective on health and wellbeing.** The proposed research has two aims. The first is a health and wellbeing study with veterans and their families. This will be delivered online, available to all participants, and measure not only physical and psychological ill health, but also wellbeing. The second aim is to establish a register of Vietnam veteran families to assess long term health and wellbeing.

### 2. Questions / aims / objectives of the research

The research question is 'what are the intergenerational effects of service by New Zealanders in the Vietnam war?' The specific objectives are:

1. To identify factors which give rise to wellbeing in veterans and their families, and to identify risk factors for poor physical and psychological health.
2. To establish an 'intergenerational register' as a platform to investigate future health and wellbeing, both physical and psychological, in veterans and their families.

### 3. Impact of the research to veterans' health

Vietnam service has had a serious impact on veterans, major factors being high levels of combat stress and exposure to chemical agents.

Firstly, this has had a health impact long after service, with increased risks of leukaemia, and high rates of hospital admission for drug and alcohol problems.[1] Secondly, families have been affected: for some, the adverse psychological effects of deployment cause family relationship difficulties and subsequent problems for children.[2] Thirdly, Agent Orange is of concern, with increasing recognition that chemicals can cause alteration in gene expression. Veterans of other conflicts have similar concerns. Lastly, we need to know about what promotes wellbeing in service families so that evidence based support can be designed and delivered. This project proposal has a good chance of opening up public dialogue in the latter respect.

### 4. Addressing the *Guiding Principles for Investment*

#### 1. Take a broad holistic view of health research, including the physical and mental health and wellbeing, and social outcomes of veterans and/or their families.

The holistic view includes the factors which not only influence ill health, but which promote wellbeing in both veterans and families.

**2. Focus on research that aims to benefit the health of veterans and/or their families by informing policy and practice.** A study such as this is long overdue, and will bring families into the conversation, where they rightly belong. As suggested by Professor Paterson in his 'Warrant of Fitness' review, the provision for families in the Veteran Support Act needs to be reviewed. We think that this project will be an agent for change.

#### 3. Focus on contemporary veterans (from the 1990 Gulf War onwards).

The Vietnam families are not alone in this respect. The family focus will reap benefits for future generations of all veterans by bringing the issue into the public domain and opening up the policy dialogue. The inheritable problem is not be restricted to Vietnam veterans, the Bosnian veterans in particular have similar questions about Depleted Uranium and Dioxins. Other veteran groups are also starting to articulate concerns around deployment exposures.

**4. Focus on issues relevant to New Zealand.** The Vietnam war had a huge effect on New Zealand, and while a few other countries took part, we hope, through this study, to bring a unique Māori perspective.

**5. Work collaboratively with other agencies.** The family theme and inter-generational aspect should be attractive to Lottery Health, and may well attract HRC or Marsden funding. We intend to make the appropriate applications. As in the past, we will invite our veteran, NZVA and NZDF colleagues to take an active part in the planning process

**6. Build on existing research infrastructure and capability.** Contingent upon co-funding, a longitudinal approach will allow ongoing IDI data input and facilitate the investigation of financial, social and other outcomes.

**7. Alignment to the health strategy.** Partnership with Māori, and gaining their perspective, is crucial to the success of this project. We are at present working with the Ngāi Tahu Māori Health Research Unit on a veteran ‘multi system illness’ Lottery Health grant and wish to maintain momentum by continuing to fund a Māori health researcher with an interest in Veterans health, to be named if invited to a full proposal.

## 5. Research methods

In 2009, we traced 2,783 men and 23 women Vietnam veterans on the ‘Flinkenberg roll’, 407 of whom had died. They had increased risks of leukaemia and high rates of hospitalisation for drug and alcohol problems.

**Phase 1** Using our database, the electoral roll and an information campaign, we will recruit veterans and spouses, and ask them to help recruit family members. We anticipate that the health survey will use some of the brief measures deployed in our ‘contemporary veterans’ study: the EQ-5D to assess mobility, self-care, usual activities, pain/discomfort, and anxiety/depression; the Post traumatic checklist (Civilian or military) PCL for PTSD, and the Brief Family Relationship Scale. We also hope to develop a scale based on what veterans need and what Vietnam veterans did not get: respect, dignity, inclusion and a sense of purpose. Associations between the veteran and family data will of course be explored.

**Phase 2** Will be concurrent, recruit family members for long term follow-up and involve them in planning, perhaps through qualitative ‘focus groups.’ Many opportunities exist, such as linkage to the routine datasets for hospital admission, and ‘flagging’ at the cancer registry. We might also discuss future access to tissue and/or blood samples.

## 6. Main outcome measure/s

Firstly, reports and peer reviewed publications on the health and wellbeing of Vietnam veterans and their children, and analysis of the relationships between health of parents and offspring. Secondly, recruitment to the multi-generational cohort and formulation of a detailed research plan.

## 7. Funding sought and project duration

Total Project Budget: [total fund request] (ex GST) \$298,000

Project Duration: [enter total project months] 24 months.

### References

1. Cox, B., McBride, D., Broughton, J. and Tong, D. (2015), “Health conditions in a cohort of New Zealand Vietnam veterans: hospital admissions between 1988 and 2009”. *BMJ Open*, Vol. 5 No. 12, pp. e008409
2. Forrest, W., Edwards, B. and Daraganova, G. (2018), “The intergenerational consequences of war: anxiety, depression, suicidality, and mental health among the children of war veterans”. *Int J Epidemiol*, Vol. 47 No. 4, pp. 1060-1067.