

# Rapid Review



## Healthcare for Families of Active Military Personnel in High-Income Jurisdictions

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## List of Abbreviations

ADF	Australian Defence Force
CAF	Canadian Armed Forces
CFHS	Canadian Forces Health Services
CNMSS	Caisse Nationale Militaire De Sécurité Sociale (National Military Social Security Fund)
DHA	Defence Health Agency
DMS	Defence Medical Services
DPHC	Defence Primary Healthcare
GP	General practitioner
MFRC	Military Family Resource Centre
MFS	Military Family Services
MFVHP	Military Family Virtual Healthcare Program
MTF	Military Treatment Facility
P/T	Province/territory or provincial/territorial
PSHCP	Public Service Health Care Plan
SSA	Service de Santé des Armées
UK	United Kingdom
US	United States

## Executive Summary

Research on the healthcare needs of active military personnel is robust, but less attention has been paid to the healthcare needs and experiences of their families. While military personnel often receive comprehensive healthcare through military systems, their families face varied levels of access depending on jurisdiction. This rapid review explores healthcare access for families of active military personnel across six high-income countries—Canada, the United States (US), the United Kingdom (UK), Australia, Germany, and France—highlighting key differences and considerations for Canada.

In Canada, military families rely primarily on provincial/territorial (P/T) public healthcare systems, with limited federal support through supplementary insurance plans. Unlike other countries, Canada does not extend military healthcare services to families, creating gaps in access, especially during relocations and in rural or remote areas. Studies show Canadian military families experience longer wait times and are less likely to have a family doctor compared to civilians. Mental health challenges among children and spouses are also more prevalent, yet services remain fragmented and inconsistent. In contrast, the US offers health care coverage through TRICARE, a managed care system providing access to military and civilian providers. The UK combines Defence Medical Services with NHS access, ensuring continuity of care both domestically and abroad. Australia supports families through Defence Health Insurance and programs like Open Arms for mental health. Germany and France integrate military families into public systems, supplemented by special schemes for civil servants and military personnel.

Canada's lack of integration between federal and P/T systems leaves families vulnerable during transitions. While some initiatives—like Military Family Resource Centres and virtual care pilots—attempt to bridge gaps, systemic reform is needed. Recommendations include improving rural access, expanding mental health services, ensuring care continuity for veterans' families, and standardizing benefits across service types.

The review calls for Canada to learn from international models by enhancing coordination between military and civilian providers, investing in specialized services, and recognizing the unique stressors faced by military families. Addressing these gaps is essential for equitable healthcare access and improved outcomes for those supporting Canada's Armed Forces.

## Introduction & Background

Research on the healthcare needs of active military personnel is robust, but less attention has been paid to the healthcare needs and experiences of their families. In the Canadian context, a small body of research suggests that military families have differing access to, and use of, provincial/territorial (P/T) health services than the general population (“civilians”). For example, military families have a longer time to their first health care contact than civilian reference groups (Mahar et al., 2018) and are four times less likely to have a family doctor (Vogel, 2014). The healthcare challenges faced by military families are distinct due to the frequent relocations, deployments, and unique stressors (absences from family, financial stress, intimate partner relationships, and death) related to military life (Cramm et al., 2019; Manser, 2020)). There are also concerns with the health needs of young children of military personnel, who are more likely to be admitted for injury, self-harm and mental health diagnoses than non-military youth, and experience greater behavioural and mental health challenges (Rowan-Legg, 2017). Despite evidence demonstrating the unique health needs of military families, Canada does not extend services and coverage that military personnel receive to their families (other than extended benefit coverage).

This rapid review briefing summarizes the healthcare landscape for military families in Canada and comparator countries (United States [US], United Kingdom [UK], Australia, France and Germany), offering insights to strengthen Canada’s model of care for military families.

## Methods

We conducted a rapid review of the academic and grey literature between January and February 2025 using Google Scholar and Google to uncover relevant sources on the characteristics, strengths and challenges with the health care for military families in the selected countries. Due to the rapid nature of the project, we did not validate the draft content for the international comparator with local experts in the selected countries.

## Health Service Provision for Military Families

### Canada

In Canada, the Canadian Forces Health Services (CFHS) provides healthcare to active military personnel and select psychoeducational and counseling supports for their families. CFHS is federally administered, and operates on bases and in some regional areas, primarily offering primary care, and relying on the civilian healthcare system for emergency services and specialist care. For families stationed in remote areas or outside Canada, there are arrangements for them to access civilian healthcare providers. Additionally, military families receive supplementary coverage through the Public Service Health Care Plan (PSHCP) and the Canadian Forces Dental Care Plan, administered through a private supplemental insurance provider, which offers additional benefits beyond what is provided by P/T healthcare systems (Treasury Board of Canada Secretariat, 2017). These services and coverage are comparable to many public service health care plans. Mental health services are available, though access can be more difficult in certain regions, especially in rural and remote locations. Otherwise, military families can use publicly funded healthcare administered by P/T governments.

### United States

In the US, military families access healthcare primarily through the TRICARE system, a health insurance system (a managed care plan with a co-payment) provided by the US Department of Defence that qualifies active-duty service members, retirees, families and survivors to receive a comprehensive suite of health services through a network of military and civilian providers. TRICARE is managed by the Defence Health Agency (DHA) under leadership of the Assistant Secretary of Defense (Health Affairs) (TRICARE, n.d.). Different plan options exist, including, but not limited to, TRICARE Prime, TRICARE Select, and TRICARE for Life (Medicare-wraparound plan for eligible retirees) to accommodate varying levels of care based on location and employment status. Services include access to primary care, specialty care, mental health services, and emergency care provided at military bases and posts around the world called Military Treatment Facilities (MTFs). MTFs serve as key centres where military families can access medical services, and the TRICARE network extends to civilian providers when necessary. Additionally, specialized services are available to address mental health and the unique needs of military families, such as those arising from deployment and relocations. There have been successful Bills introduced to Congress; for example, the *Health Care Fairness for Military Families Act* of 2023 to remove the premium associated with adding a young dependent (H.R.1045 - 118th Congress (2023-2024), 2023).

### United Kingdom

In the UK, military families receive health care through the Defence Medical Services (DMS). The DMS provides primary care, specialist care, dental care, rehabilitation, occupational medicine and mental health care (Government of UK, n.d.). Families stationed in the UK or overseas can access health care through military clinics and hospitals. If stationed overseas, Defence Primary Healthcare (DPHC) medical centres run by DMS can provide families with onsite general practitioner (GP) services, such as check-ups, treatment and dental care, as well as online GP support to ensure access to care if a DPHC centre is not accessible (NHS, 2021a). When based in the UK, families can

also access and receive healthcare through the NHS, the UK's universal public health system. Family members can register their status at a general practitioner (GP) surgery, a primary care facility that typically include a range of healthcare staff (Let's Get Better, n.d.), to add a specific code to their medical records (NHS, 2021a). The NHS provides coverage for various services, including primary care, specialist treatments and emergency care. Additionally, the UK Ministry of Defence runs mental health and wellbeing programs specifically designed for service members and their families (Government of UK, 2023; NHS, 2021b).

## Australia

Australia provides healthcare to military families through the Defence Health system. This system includes a network of military health clinics and hospitals that provide comprehensive care for Australian Defence Force (ADF) service members and their families. ADF families also have the option of accessing civilian health services, especially if they are stationed in remote or non-military areas. Defence Health Insurance, a private health insurance provider for military families, helps cover medical expenses overseas. If stationed locally, Medicare, private health insurance can be used to access healthcare. The ADF Family Health Programs also exists to help eligible dependants of ADF service members claim additional general practice costs not covered by Defence Health Insurance (Australian Government, 2024). Mental health services, including counseling and support for issues like deployment stress, are available through both military and civilian providers. Open Arms – Veterans & Families Counselling is Australia's leading provider of high quality mental health assessment and clinical counselling services for Australian veterans and their families (Open Arms, n.d.).

## Germany

The Bundeswehr Medical Service (German Armed Forces Medical Service) offers healthcare to military personnel and their families while stationed in Germany or abroad (Bundeswehr, n.d.). Military families stationed abroad may have special arrangements for healthcare through diplomatic channels or the host country's systems. Military families can also access healthcare through the German public healthcare system (Gesetzliche Krankenversicherung, GKV).

Health insurance for German civil servants, including military personnel, are covered under a special insurance scheme (Freie Heilfürsorge) for civil servants or employees with higher health risks due to their employment (e.g. police, fire fighters and members of the military) (Blümel et al., 2021).

## France

In France, military families receive care through the Service de Santé des Armées (SSA), the French Armed Forces Health Service. This system provides healthcare to active-duty personnel and their families, including primary care, specialized services, and mental health support. French military families also have access to the French public health system (Assurance Maladie), which provides comprehensive coverage for a wide range of services. For families stationed abroad, the French Ministry of Armed Forces may coordinate care through local agreements with civilian providers or other military health systems.



Military personnel, including their dependents, belong to a special scheme, Régimes spéciaux, of the universal statutory health insurance (SHI) system (Or et al., 2023). The National Union of Special Schemes (UNRS) is made up of 9 special compulsory health insurance schemes, including the National Military Social Security Fund - *Caisse Nationale Militaire De Sécurité Sociale* (CNMSS) (Spéciaux, n.d.). The CNMSS can grant additional supports (aid), such as home help and financial help for non-reimbursable expenses (CNMSS, n.d.; Ministère des Armées, 2022).

## Considerations for Canada

Access to high-quality health care for military families in Canada presents unique challenges, particularly due to frequent relocations and how care is provided. Unlike in the US and other jurisdictions, military families in Canada do not receive care from the military medical systems but instead rely on public health insurance plans administered by P/T governments (“regular” universal health coverage). Serving Canadian Armed Forces (CAF) members receive federal health care directly through Canadian Forces Health Services Centres at bases throughout their active careers. In this rapid briefing that reviewed health service provision for military families in six countries, Canada is the only jurisdiction that does not extend services and coverage that military personnel receive to their families (other than extended benefit coverage). Notably, only in 2014 did P/Ts waive the three-month wait period for military families that previously restricted families from accessing publicly funded healthcare in their new P/T base (Izenberg et al., 2019).

Neither the military healthcare system nor the P/T healthcare systems were set up with consideration for how families of military personnel may get caught in the gap between them. The limited efforts taken to fill this gap stems from the misconception that the needs of military families will be met by uniformed physicians in military clinics (Vogel, 2014). Further, the lack of political will is rooted in the effort required by bases to lead discussions with the federal and P/T governments. To have these conversations about extending the military health care system to families, bases would be required to demonstrate the capacity, infrastructure and physicians to do that adequately, and meet the standards of care defined by the P/Ts and the *Canada Health Act* (Izenberg et al., 2019). There is also limited awareness among health care providers about the challenges and specific health care needs of military families. Regulatory bodies and other provider agencies have released guidance and resource documents to address this gap. For example, the College of Family Physicians of Canada published a guide in 2017 entitled, “*Best Advice – Caring for Military Families in the Patient’s Medical Home*” to help family physicians understand the unique experiences and realities of being a member of a military family and to familiarize them with the resources that are currently available to provide equitable health care to military families (The College of Family Physicians of Canada, 2017).

Grassroots strategies are emerging to address these gaps. Across military communities, Military Family Resource Centres (MFRCs) exist to facilitate access to primary care by: 1) maintaining a list of primary care physicians who are willing to accept new patient, then referring families to these physicians; and 2) striking informal partnerships with local clinics who have a primary care physician on staff (Vogel, 2014). Virtual care projects have also been piloted by MFRCs. The Halifax MFRC, through funding from a CAF organization called Military Family Services (MFS), partnered with Maple, a virtual health care company, to improve access to a family physician, to receive prescriptions and to be referred for some diagnostic testing. The pilot was a one-year subscription for relocated families, and health records are available digitally after the subscription runs out. This pilot has since resulted in the Military Family Virtual Healthcare Program (MFVHP) (Canadian Forces Morale and Welfare Services, n.d.). National foundations (e.g., True Patriot Love) also exist to fund initiatives that support military families, but applications are primarily coming from bases with primary care infrastructure; few applications come from rural and remote areas where access to medical care are most challenging.

As we advance a research and policy agenda that focusses on addressing the unique needs of military families, it is important to draw on lessons learned from other jurisdictions while focusing attention on key areas in these endeavors. Below we summarize five key considerations and lessons learned for Canada based on a preliminary scan of the literature. Additional research is warranted to further explore these systems and experiences of access among military family members.

1. **Access to care in rural and remote areas within Canada:** Military families stationed in remote or rural locations in Canada face difficulties accessing timely and appropriate healthcare. Although CFHS provides care at military bases, families in isolated areas may not have adequate access to civilian healthcare services or specialized providers, leading to delays in care. In countries like Germany and the UK, military families can access civilian healthcare through well-established partnerships. Canada could work toward better integration of CFHS with civilian providers, ensuring that military families have consistent access to high-quality care, regardless of location.
2. **Going beyond primary care, and accounting for access to specialist care, particularly adult and pediatric mental health services:** Although mental health services are available through CFHS and PSHCP, access can be inconsistent, particularly in regions where military presence is sparse. Canada's mental health programs for military families are not as developed or widespread as those in the US and the UK, which have robust, specialized services for mental health support, particularly related to the stresses of military life. For example, the US and UK have established comprehensive mental health programs, such as Military OneSource (Military OneSource, n.d.) and the Ministry of Defence Mental Health Programme, respectively, that offer specific support to military families. Canada could benefit from expanding mental health services that are specialized for military families, especially in rural and remote areas by creating more accessible, specialized support for military families dealing with the stressors of deployment and relocation.
3. **Out-of-country access to healthcare:** In some situations, families are able to accompany military personnel to overseas deployment.<sup>1</sup> Sometimes, these areas may be hostile or unstable. Certain jurisdictions like the US and Germany have diplomatic relationships with health systems abroad or have set up military hospitals that provide care through a military insurance scheme (managed care plan). With higher premiums, families can be covered. While CAF families may be able to access non-specialized healthcare abroad, such care may not be readily accessible in certain regions, and families of CAF may forego care or not accompany their family members overseas.
4. **Standardizing rules concerning access to healthcare based on service type:** CAF consists of the Regular Force (Army, Navy, Air Force) and the Reserve Force. The former is enrolled in full-time military service, while the latter hold civilian occupations with part-time engagement in military activities. The difference has implications for benefits and medical services: Regular Force personnel are covered for medical and dental benefits from CAF enrollment until release, and Reserve Force are only covered during specified periods of eligibility. For families of both the Regular and Reserve Forces, the lasting impact of military

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<sup>1</sup> Deployment is a short-term assignment of a military member to a combat or noncombat zone.

service on mental well-being highlights the need for a system that ensures continued access to high-quality or specialized benefits, both during and after active duty.

5. **Considering the health needs of families of veterans:** While this brief focuses on healthcare for families of active military personnel, it is important to recognize gaps in post-service healthcare in Canada.. Veterans Affairs Canada provides services, but they are not always well-integrated with ongoing care from CFHS, creating gaps in care and fragmentation. In contrast, the US and UK seem to provide more continuity of care through programs like the Veterans Health Administration (VHA) and Veterans' NHS Wales. In Canada, veterans receive a one-year subscription to Maple as a stopgap while securing a family physician. To improve long-terms healthcare access, Canada could explore more seamless transitions for veterans and their families, ensuring consistent and integrated support beyond active service.

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