

NZVets USING INTERNET COMMUNICATION TECHNOLOGY (ICT)
TO ACCESS SUPPORT SERVICES.

Programme to assist NZVets to use Smartphones to access Veterans
health resources and welfare

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Introduction.

The New Zealand Vietnam Veteran Association Executive (NZVVAX) implemented Operation Outreach (OpOut) a series New Zealand wide focus groups for New Zealand Vietnam Veteran (NZVVet). The focus groups purpose was to find out what NZVVets and their families required of their committee. NZVVets and families identified a need for more effective communication with veteran support services. A possible solution to improved communications with NZVVets support services could involve smartphone use and information communication technology (ICT). However it was identified that NZVVets would benefit from ICT skills training. Therefore NZVVAX would need to develop an e-learning programme to assist NZVVets to access veterans' health resources and welfare.

Some of these support services are.

Veterans Affairs New Zealand (VANZ) a business unit of the NZDF

Accident Compensation Corporation (ACC)

The New Zealand Defence Force (NZDF)

Ministry of Social Development

Healthcare New Zealand

New Zealand Vietnam Veterans & their Families Trust

Returned Services Association of New Zealand

The Ranfurly Veterans Trust

Returned Services Association of New Zealand

3

There are many other private and public health services not named but of equal or of more importance to veterans that use them.

Building a new database

One of the NZVVA systems identified as needing upgrading was that the NZVVA database. The NZVVAX want to have an overall picture of the current NZVVA membership and the families that they serve.

“Demographics trends in the age structure of the population showed that a large increase in the elderly population will occur in the 2010s” (Cherlin, 2010, p.1)

Unfortunately the work building the new database was interrupted by the data manager leaving to pursue other goals and in the process valuable database information was lost and has not been recovered. Work has started on a new database under the leadership of a new Data Manager.

The NZVvet

The Vietnam Veteran returned to New Zealand from an unpopular war and had to deal with derogatory public opinion, protest and condemnation. Including government denial of facts concerning issues such as exposure to Agent Orange (AO) and Post Traumatic stress disorder (PTSD).

It was through the veteran group now known as New Zealand Vietnam Veterans Association (NZVVA) that ordinary veterans took up the challenge

to educate Governments and the people of New Zealand on the health and welfare issues affecting New Zealand Vietnam Veterans (NZVVets) including AO and PTSD.

NZVVets ages

The vast majority of NZVVets are now over 70 years of age and retired. This means they are likely to be on a fixed income. Many are in poor health due to age and service-related disabilities, diseases and various other medical issues.

NZVVets income

Most NZVVets believe that because of their service to New Zealand it is correct to claim a Government or Veteran's pension and a veteran's disability pension if health or disability circumstances are proven. "Veterans of war and conflict are a population at risk from illnesses and injuries sustained during war or 'war-like service' and for which they are entitled to support from veterans health organisations" (Cox, McBride, Broughton, Tong, 2015,p.1).

NZVVets income would mainly be comprised of the Government superannuation. Longer serving service personnel will receive a NZDF superannuation pension and/or a Veterans disability pension if their circumstances allow. Most short term service personnel do not qualify for NZDF superannuation. Superannuation payments made during service

were returned to them on discharge. Due to NZVVets fixed incomes their relationship with veteran support services becomes very important. It is therefore worthwhile examining the VANZ veteran customer case manager relationship and how the other parts of the VANZ support system works with the view of developing tools to assist veterans to navigate VANZ and other government agencies with improved proficiency. Thus making improvements that will benefit all parties.

The NZVVets community

There are about 2000 NZVVets still living (19% registered with VANZ living in Australia) according to OpOut Statistics. However unofficial figures as of December 2018 according to VANZ are 1350. VANZ collect information only on NZVVets that are registered with them. OpOut statistics advise about 95% of NZVVets are using ICT with some level of proficiency.

Therefore some 100 NZVVets or about 60 if we take VANZ estimates might not be connected to wifi and do not have or have minimal ICT skills. This means there is a small number of NZVVets that need to be educated in ICT from a beginners level. While most of the NZVVets can enter the proposed e-learning programme at a more advanced level.

Of those 60 to 100 NZVVets many may not have ever been members of the NZVVA or registered with VANZ and little is known about them since they left the NZDF. Others have lost contact due to living in other countries, are doing well enough without help. Still others are geographic isolated

or have isolated themselves on purpose. Whatever the reasons for NZVVets non registration their needs must be considered. NZVVA will attempt to contact all of these NZVVets for inclusion on our new database, whether they have been members of the NZVVA or not. They will also be included in the projected research study and any other communication updates if possible and if they agree. Once connected to the wifi, ICT is freely available and has the capacity to relieve isolation.

Operation Outreach

As previously mentioned OpOut was conducted throughout New Zealand during 2018. As a result and because of the problems that were presented by NZVVets during OpOut. The NZVVAX has planned and are in the process of implementing a range of solutions to problems that are of concern and have been reported by NZVVets. This report will focus on improving communications with veterans support services particularly VANZ using smartphone and ICT. The NZVVAX also believes that OpOut was an opportunity to re-establish communications with NZVVets rank and file regardless of their affiliation with the NZVVA or any other group.

Back in the world, A report on Operation Outreach

In October 2018 a report on OpOut was published in the NZVVA newspaper. The report entitled 'Back in the World.' summarises the findings of OpOut and listed a number of solutions to the problems voiced by NZVVA members.

The NZVVAX also believes it is prudent they be seen by their membership to be actually accomplishing something. For this reason It was decided to develop a strategic plan for NZVVAX to implement. Thus NZVVets can follow a problem solving process demonstrating to membership in an open and transparent way. How their executive was working its way through the list of problems they as members of the NZVVA had reported.

Strategic Plan

The NZVVA Strategic plan was developed and distributed to the NZVVAX November 2018. With some of the recommended solutions currently being implemented. However the plan was not accepted in its entirety as executive members thought that some recommendations and solutions were too ambitious, therefore difficult for a volunteer organisation with limited resources to achieve.

This included the recommendation for the development of a wifi e-learning programme via smartphone ICT to assist NZVVets to access veterans health resources and welfare. However as communications with support services was the most highlighted problem mentioned by NZVVets during OpOut. The NZVVAX decided to further investigate an ICT solution. In the first instance by completing a research project to appraise the viability of the ICT solution.

Research proposal question

What are the challenges to improving NZVVets communications with support services using the WIFI digital e-learning via smartphone ICT?

The research proposal

There is a need to have a sympathetic understanding of NZVVets in the context of their shared history. The issues of poor communications with support services within the veteran community are pronounced and problematic.

The thematics that comes from research data places importance of reconciliation through contact (Dorsey,2014). Although we are focusing this effort on developing ICT to help with NZVVets support services. We must be aware of the importance that all communications play in the construction of our lives.

“Contact is an essential component in addressing prejudice resolving, conflict and improving attitudes and relationships. War encourages prejudice stereotyping and dehumanization between combatants. In order to reduce these negative effects within a post-war context, intergroup contacts serves as a mechanism which rehumanizes the enemy, facilitates reconciliation and generates peace” (Dorsey, 2014, P.1).

It was agreed by NZVVAX to begin work to identify communications issues and implement problem solving. With the eventual aim of producing a social communication system for the NZVVA veteran community. Together with a communication system for welfare and support services. However, due to poor resourcing and the fact that veterans were already using a popular social media website. It was decided to omit the veteran communication service and instead concentrate on improving the current welfare and support service system with ICT.

The NZVVA decided to investigate the development and implementation of a wifi digital e-learning education programme to help NZVVets learn how to navigate veterans' support services. Hopefully ICT will help to ensure a faster and more accurate reaction to NZVVets support requirements. According to Campbell, 2008 "The ability to locate relevant health care information, benefits seniors by helping them ask better questions of their health care providers" (p.328).

Having defined the communication problem and identified the direction in which the NZVVAX wishes to proceed. Importance is then attached to discovering and eventually addressing any special needs NZVVets may have in using wifi digital e-learning via smartphone ICT. NZVVAX will need to establish a programme of implementing change progressively until all challenges mentioned by NZVVA members are satisfactory dealt with. This should be completed in an openly transparent method.

It is interesting to note that VANZ are planning to have their website interactive by the end of 2019. The timing of this systems upgrade by VANZ is fortuitous for the NZVet. The NZVAX will definitely be lobbying VANZ to include an interactive e-learning programme in the VANZ ICT startup.

Research Literature review.

The NZVVA literature reviews covers research data concerning the NZVets and families health and social conditions. This information can establish NZVets health needs and trends.

Such as the possibility of chronic medical problems that can lead to heavy use of support services. Poor housing is inextricably linked to poor health outcomes. It is a well known fact that poor housing is the major cause of health issues in New Zealand. "Cold damp, crowded home increase the risk of respiratory issues and other preventable health conditions, such as rheumatics and skin infections" (Ministry of Health, Healthy Homes Initiative, 2013-2015).

<https://www.health.govt.nz/our-work/preventative-health-wellness/healthy-homes-initiative>

High users of support services may need other types of VANZ response. Geography isolation for example might cause delays in acute medical treatment. Extra expense travelling to appointments and less choice in finding a suitable medical practitioner. Educational attainment could mean that a NZVet and their family have the ability to make better decisions.

The literature reviews also looks at aged people's ability and barriers to learning ICT skills. As it is about 46 years since the last New Zealand troops were withdrawn from Vietnam we are looking at 68 being about the age of the youngest NZVets. All NZVets fall in the pensioner age bracket of the New Zealand population. We need to discover factors that might be relevant with NZVets willingness to learn ICT and how ICT will change the way NZVets navigate through the support service network. There is a need to have some idea how we want the support programme to work. what is the best way to use new technologies such as ICT, smartphones, e-learning and software to the maximum advantage.

NZVets problems with communications

Most NZVets spoke about the frustration caused when dealing with VANZ as an organisation. NZVets commented on the time that it took to get answers or decisions from VANZ. Appointments are often scheduled many kilometers away and cancelled or rescheduled causing added expense and inconvenience. There is endless paperwork and sometimes there is inexperienced case managers (CMges). CMges often seemed to be

overwhelmed with work and not able to provide a satisfactory level of customer service. It would seem that there is a lack of cohesion between VANZ and NZVVets as well as interagency integration. Regardless of any shortcomings on the part of NZVVet, providing an empathetic and professional service by VANZ to their client is often not being achieved.

CMges are mentioned only because they are the first point of contact for NZVVets. CMges are not the problem but are a part of a system failure. The NZVVA believes if we can make any improvements to the communication system, it probably makes sense to start at the first point of contact in the client/VANZ relationship which is the CMges. ICT can help achieve this goal. However ICT is only a part of the solution to improving communications to support services for NZVVets. The other part of the equation is improving the systems human element. According M, Shapiro. G,Jay, "Up to 75% of information technology solutions are likely to fail. Complementary behavioural solutions such as teamwork should therefore be recognized for their potential to mitigate error and increase system resilience" (2003, p.1). ICT systems we have under consideration are proven systems of communications. NZVVets who are already competent with ICT will be a great asset helping others with their e- learning.

Improving the communication system

VANZ communication systems are based on 20th century or earlier technology. Filling in paper forms with pen, completed forms being sent to VANZ by the postal service. Forms then make the rounds through the office stopping at each appropriate desk. If correct, the paperwork starts the next process if not the paperwork is sent back to the veteran needing support.

Today you can buy a hamburger at Mcdonalds without money and without speaking to anybody. This ICT at work is not particular special or creative and it is available to everyone. Mcdonald's is using this technology to improve their business model and provide a better service for their customers. At the same time cutting costs by operating with greater accuracy. Therefore making their business more profitable. Mcdonalds have based this communication system on ICT, a 21st century technology. Who would not want the same for their business? VANZ have systems that according to NZVVets users are not addressing their support and welfare needs. The technology to improve the services that VANZ offer is already available and in most cases currently being used privately by VANZ clients.

VANZ communication systems has been updated with a website. However interactive options need to made to VANZ website. NZVVets need a system which they can navigate accurately through their support process.

They need to be able to walk to the VANZ office take their problem from desk to desk eventually arriving at an answer all without leaving the comfort of their own home. ICT is empowering NZVVets and making them responsible for their own support needs through fast and accurate communications. VANZ are working steadily to improve the service that they offer. According to B.Mackenzie, Head of VANZ “The veterans of New Zealand deserve the best, and that is what we want to give them. We know this is a big commitment - and we’re looking forward to working with our partners to deliver it” (2018, p.4).

NZVVets Chronic health

NZVVets selection for military service meant that they were above average in health compared to other New Zealanders of the same age. Changes in mental and physical health after operations in Vietnam were noticeable to family and friends on returning to New Zealand. Many veterans did not cope well with the transition back into civilian life because there was a gulf of misunderstanding between the two worlds of military and civilian life. The transition process is still very much a testing time for the contemporary veterans of today. Veterans feel that non military people are making judgments they are not qualified to make and it is hurtful. Apologies by the New Zealand government that came in years after the last New Zealand troops came home from Vietnam was a little too late for many veterans.

Of the approximately 2000 NZVVets still living many are now suffering from diseases of age in a higher proportion than the general population. According to one American research study “ As Vietnam veterans experience retirement, declines in health associated with aging, and the death of spouses or other family members or friends, such events may exacerbate problems of poor health associated with military service. Research has also shown that publicity about current military operations, such as the Iraq War, may trigger physical symptoms among Vietnam War-era veterans (Brooks, Laditka, & Laditka, p.720).

Aging has prompted the veteran to rethink and thoughts are turning to the family that they will eventually leave behind. What will the genetic results of PTSD and Agent Orange and the list of chronic diseases bring to future generations? Veterans do not want to leave a legacy of ill health. If possible they want to future proof the generations to come. Some type insurance cover should be put in place to cover this eventuality. At this stage NZVVets can register each of their family members with VANZ and they should do this immediately. This has the effect of covering each person registered should they suffer from a health problem genetically or otherwise linked to military service in Vietnam. Nature of course will provide its own solutions, how many generations will it take for that to happen?

NZVets Holistic health

To critically review the holistic wellbeing of NZVets and their access to supportive resources the intention is to refer to Mason Durie's Tapa Wha model of health. Whare Tapa Wha covers all the dimensions of veterans health and is not a for maori only health model. The concepts will be of interest and useful to all NZVets. A key to good Maori mental health is about having a positive Maori identity (Durie, p54).

Tapa Wha model of health

<https://lindseypointer.com/2017/05/04/the-te-whare-tapa-wha>

Whare tapawha (Durie, 1994)



- Whenua: Whare built on strong foundations
- Hauora: When the whare is strong so is health

The four dimensions of Whare Tapa Wha

- Taha Wairua: Faith and wider communication
- Taha Hinengaro: Mental and emotional health
- Taha Tinana: Physical health
- Taha whanau: Individuals are part of wider social systems.

Whare Tapa Wha embodies the four aspects of good health represented by the four walls of a house. If a wall becomes damaged or it is missing the whole house becomes unstable and is likely to crumble. This is an easy concept to grasp and can transcend all boundaries.

Tapa Wha at work

An example of Hauora and the use of the Nga Tapa Wha model of health to rebuild the house stronger than it was with affirmative action.

(e.g A sportsperson training for a competition)

A further true life example is a soldier returns from Vietnam where he was badly injured in action. He no longer has the Taha Tinana or Taha Hinengaro that he had before the action. But with very supportive family he still has Taha whanau and he still has his faith Taha Wairua. Probably in his own way he becomes accepting of his situation. Determined to make the most of life he has now, he takes on the challenges of everyday life. It is not easy, life never is sometimes he is successful and sometimes not.

In spite of the horrific physical and psychological scars that he carries he never gives up on whanau. His mother who is a continued source of inspiration and of aroha that only a mother can give never falters.

A special purpose in life presents itself. Once again the veteran takes up the challenge. His wairua sometimes suffering in the struggle of life grows stronger. In the process of reawakening he discovers new strength in Te Ao Wairua o Te Ao Maori me te Aroha (Understanding the power of the spiritual world and the connection of love through the belief and utmost respect of his ancestors). True to the concepts of Tapa Wha the NZVet has rebuilt his whare stronger than before in doing so strengthening his Maori identity thus his mental and emotional health. He is also coping with physical disabilities better, due to developing strengths in other areas. The process of recovery from trauma as described above has its supporters from mainstream psychological trauma. According to Judith, Herman a world renowned Medical Doctor and Psychiatrist in trauma writes about the experience of trauma recovery.

“ Trauma destroys the social systems of care, protection and meaning that support human life. The recovery process requires the reconstruction of these systems. The essential features of psychological trauma are disempowerment and disconnection from others. The recovery process is therefore based upon empowerment of the survivor and the restoration of relationships. The recovery process may be conceptualised in

three steps: establishing safety, retelling the story of the traumatic event, and reconnecting with others. Treatment of post traumatic disorders must be appropriate to the survivors stage of recovery J, Herman (1998, p.1).

VANZ has been helpful with support for this NZVVet. He has needed high levels of support, at other times he needed significantly more support than it was possible to provide. Often the veteran felt like he was on his own. Recovery from trauma including PTSD is a very personal journey. Now as he looks back, although he would never wish to repeat those times. They are the moments that now define him.

Developing a new system of support

Wounds due to explosions blast muscle tissue, body tissue and bone away. Medical science has not progressed to where they can craft a brand new living moving limb exactly like it was before. Perhaps medical science will provide this service some day. Often best practice might mean prosthetic limb replacement. Prosthetic limbs take time to learn to use them effectively. Strong Taha Tinana in this case would mean to be able to use the prosthetic limb to the limbs fullest capability. The vast majority of NZVVets or contemporary veterans do not need this type of support.

Some symptoms of physical trauma are harder to assess than others. Pain for example can be difficult to quantify because it varies between people and patient history. A common method to assess pain by medical professionals is the use of a pain scale between zero and ten. Medical professional will ask a patient “what do you think your pain is out of ten. Zero being no pain and ten being the worst pain you have ever had?” One person scores 5/10 another with similar pain and circumstances might score 7/10. In the end what a person scores their pain at is academic as the pain score only acts as a treatment guide for pain relief. This example illustrates the experience that trained medical people bring to any health initiative. ICT systems work best when integrated with a robust and proven system already and driven by people who are experts in their field.

Crisis support 24/7

There needs to be a higher authority that has access to a full administrative and patient history. That can give advice, prescribe, administer and mobilises treatment regimes quickly and accurately. After receiving a phone call from a veterans who has exhausted all his normal treatment options. Support such as this might well be a lifesaver. ICT can add value to a system developed for emergency response use. However such a system needs the backing a well trained team of medical experts. A continuum of healthcare treatment can be provided for the veteran 24/7 and all he would need is a smartphone.

Options for a continuum of crisis support systems

“ Creating appropriate infrastructure services involves decisions based on a sound understanding of where a firm is going, rather than where it has been. This understanding starts with the firm’s strategic context and its businesses and leads to the articulation of the business and IT maxims” (Broadbent & Weill, 1997, p.97). Implementation strategy needs to have clear objectives. According to Mansfield & Fourie (2004)” Understanding the role and relevance of strategy necessary for effective competitive behaviour of firms in the networking economy (p.35).

The main options for further development of VANZ support system

1. Startup and develop a new system of support.

Feasible - would take longer to plan and implement. Expensive.

Time proving the system before getting value out of investment.

The VA (USA) have developed an ICT system to support veterans with diabetes in so doing has developed one of the most comprehensive electronic archive systems in the world (Aron & Pogach,2008).

2. Add to the support system currently used.

Feasible- use of ICT not specifically designed for the job can leave the business operator with a system that does not truly accomplish their business goals.

3, Integrate with a support service already operating,

Contract with existing medical service already providing said care. This will be the best option. A number of health companies already provides a support management system. St John New Zealand offers, expertise, equipment, history and staff requirements.

Connectivity

At first the NZVVAX though that there might be considerable problems getting ICT connectivity for NZVVets to use smartphones to access support services. Preliminary enquiries suggest that connectivity may not cause the problems that was first thought. The NZVVAX takes the stance that connectivity is a community problem and should be solved within the community. While enquiring at a local school to find out if they were willing to share some internet time with a local veteran. The school principal mentioned that the school was quite willing to exchange internet and work space if the veteran was suitable to full a role grandparenting at the school. According to Strom and Strom (1995) “ School can no longer rely on mothers as the primary source of volunteers” (p.1). NZVVAX were very happy at this suggestion as it demonstrates communities problems solved by the community. Connectivity might cause other problems elsewhere but we are confident that we can problem solve our way through with the help of the local community.

Smartphones

The three most popular selling smartphones during 2018 are Samsung with 20.9% market share Huawei 15.8% and iPhone 12.1%. Huawei has recently overtaken iPhone. Popularity aside ex service personnel will understand the importance of having the right equipment (smartphone) to do the job. “One of the most important capabilities of mobile phones, from the standpoint of health intervention, is the ability to use the cellular network to connect to the internet from nearly anywhere” (Klasnja & Pratt, 2011, p.89).

Other factors to consider are functionality, will the NZVet be able to use a smartphone easily to access health support? Can the smartphone meet the demands of a newly developed smartphone support service. (Klasnja & Pratt, 2011). Finally what are the economics of purchasing and maintaining a smartphone? Inquiries with a New Zealand school digital learning programme has revealed that they could be prepared to assist NZVVA with smartphones or other software if the NZVVA business model for e-learning meets their educational objectives. It is likely that VANZ will be able to supply phones paid for from the NZVets pension or other suitable monetary arrangement agreed to by both parties

Challenges to smartphone e-learning

motivation for aged learners

“motivation to learn In the active involvement centres of Almeria, elderly individuals revealed an interest in learning and acquiring ICT skills and lifelong learning. It was found that the motivation of the elderly to study a subject or new technology increases when this learning helps them to satisfy some personal need, or when they consider it to be practical and when it occurs primarily in social contexts where there is a collaborative learning process based on support and peer assistance” (Namaz & McClintic, 2003; Xie,2007) as cited in (Pallilla-Gongora et al.,2017).

It should be noted that the NZVVAs believe, any type of learning is an empowering process. The acquisition of ICT skills has a part to play in reintroducing NZVVets to social internet connectivity as well as support connectivity. Learning with ICT therefore has the power to end isolation both geographically and psychologically especially when learning takes a collaborative approach.

Education by Course Management Systems (CMS) web based learning has grown in the1990s. CMS such as Moodle and Blackboard, are now commonly available. How will veterans deal with e-learning? Learning is about the creation of a good learning environment according to Vovides, Sanchez, Mitropoulou & Hickman “the e-learning environment within CMS

should be designed to address diversity in terms of learning styles, prior knowledge, culture and self regulation skills”(2007 p.1).

We cannot find any research to prove that e-learning for the aged person is not possible. We believe that all challenges to learning can be overcome. The collaborative approach to learning has the ability to overcome almost any learning difficulty. Lack of flexibility of mind or limb of aged NZVVets can slow learning but not prevent it. Motivation to learn is a key to learning and poor motivation to learn is the only real challenge to e-learning for the NZVVet.

Conclusion

In this paper we have illustrated the process that the NZVVA has undertaken to assist NZVVA members to access health resources and welfare. The solution for this problem can be defined in one word communications. NZVVAX believes that the most efficient way to improve communication is by using ICT via smartphone. Using modern information technology to settle an age old problem. good communications.

Our programme revolves around a very powerful device that fits into a pocket. Most people already have this device and can use it. If a NZVVet need a smartphone the NZVVA can get one. If help is needed with learning the technology other NZVVets or the local community can help. ICT has other social functions as well that can open up a new world.

We have put the NZVVA view across to both NZVVets and to services that support veteran. We have given our opinion that a crisis intervention support service (CISS) should be made available 24/7 and have recommended a health organisation that has the infrastructure to cope with a CISS operation. NZVVets and the VANZ could have a meaningful and productive working relationship with other health and ICT organisations if they so wish.

We have discussed one example of a health model that serves as best practice to increase veterans holistic health and wellbeing. Nga Tapa Wha is not the only health model. We have articulated that model and drawn upon parallel between Nga Tapa Wha and a trauma scenario that is true.

We have studied the challenges to e-learning and ICT options that will be suitable to interface with VANZ. Where possible we have gone into the field to talk and to problem solve. We believe that any e-learning programme should be integrated with proven ICT with well trained staff as a specific component for success. NZVVAX also believe any e-learning programme should be cohesive, collaborative and cost effective. Programmes should concentrate on learning rather than teaching.

References

- Aron, D. C., & Pogach, L. M. (2008). Harnessing Information Technologies to Improve the Delivery of Diabetes Care to Veterans: The Future is Today. *Journal of Diabetes Science and Technology*, 2(1), 4-6.
doi:10.1177/193229680800200102
- Broadbent, M., & Weill, P. (1997). Management by maxim: How business and IT managers can create IT infrastructures. *Sloan Management review/Spring97*, 38(3), 77-91.
- Brooks, M. S., Laditka, S. B., & Laditka, J. N. (2008). Evidence of Greater Health Care Needs among Older Veterans of the Vietnam War. *Military Medicine*, 173(8), 715-720. doi:10.7205/milmed.173.8.715
- Campbell, R. J. (2008). Meeting Seniors' Information Needs: Using Computer Technology. *Home Health Care Management & Practice*, 20(4), 328-335. doi:10.1177/1084822307310765

- Cherlin, A. J. (2010). Demographic trends in the United States: A review of research in the 2000s. *Journal of Marriage and Family*, 72(3), 403-419. doi:10.1111/j.1741-3737.2010.00710.x
- Cox, B., McBride, D., Broughton, J., & Tong, D. (2015). Health conditions in a cohort of New Zealand Vietnam veterans: hospital admissions between 1988 and 2009. *BMJ Open*, 5(12), e008409. doi:10.1136/bmjopen-2015-008409
- Dorsey, M. (2014). The Post-war Reconciliation Process of the New Zealand Vietnam War Veteran. Retrieved from <http://ourarchive.otago.ac.hdl.handles.net/10523/5378>
- Durie, M. (2001). *Mauri ora: The dynamics of maori health*. South Melbourne, AL: Oxford University Press, 253 Oxford Road, South Melbourne, Victoria, Australia.
- Herman, J. L. (1998). Recovery from psychological trauma. *Psychiatry and Clinical Neurosciences*, 52(S1), S105-S110.

Klasnja, P., & Pratt, W. (2012). Healthcare in the pocket: Mapping the space

of mobile-phone health interventions. *Journal of Biomedical*

Informatics, 45(1), 184-198. doi:10.1016/j.jbi.2011.08.017

Mackenzie, B. (2018). The veteran rehabilitation strategy 2018-2021.

Retrieved from

<https://www.veteransaffairs.mil.nz/about-veterans-affairs/our-documents-and-publications/the-veteran-rehabilitation-strategy/>

Mansfield, G. M., & Fourie, L. C. (2004). Strategy and business models-

strange bedfellows? A case for convergence and its evolution into

strategic architecture. *South African Journal of Business Management*,

35(1), 35-44.

Padilla-Góngora, D., López-Liria, R., Díaz-López, M. D., Aguilar-Parra, J.

M., Vargas-Muñoz, M. E., & Rocamora-Pérez, P. (2017). Habits of the

elderly regarding access to the new information and communication

technologies. *Procedia - Social and Behavioral Sciences*, 237, 1412-1417. doi:10.1016/j.sbspro.2017.02.206

Shapiro, M. J. (2003). High reliability organizational change for hospitals: translating tenets for medical professionals. *Quality and Safety in Health Care*, 12(4), 238-239. doi:10.1136/qhc.12.4.238

Strom, R. D., & Strom, S. K. (1995). INTERGENERATIONAL LEARNING: GRANDPARENTS IN THE SCHOOLS. *Educational Gerontology*, 21(4), 321-335. doi:10.1080/0360127950210403

Trentin, G. (2004). E-learning and the third age. *Journal of Computer Assisted Learning*, 20(1), 21-30. doi:10.1111/j.1365-2729.2004.00061.x

Vovides, Y., Sanchez-Alonso, S., Mitropoulou, V., & Nickman, G. (2007). The use of e-learning course management systems to support learning strategies and to improve self-regulated learning. *Education Research Review*, 2(1), 64-74. doi:10.1016/j.edurev.2007.02.004

