

# What Does the Future Hold for the Prevalence and Fiscal Implications of Disability in Canada

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There is a longstanding issue in the research literature whether, given a general increase in life expectancy, these extra years of life are spent in good health, or are years of increasing disability. In a phrase (James Fries), is there a trend toward compression or expansion of morbidity. This question is especially salient with the trend toward population aging, and associated concerns about the fiscal sustainability of publicly-funded health care. In Canada, a current aspect of these concerns is long term care for the elderly.

While Canadians are typically proud of their universal health care, this publicly-funded care was adopted in the 1960s when the major costs were doctors and hospitals. As a result, long term care was not considered, and at present is only partially covered by public programs, and only in a patchwork manner. There is both great interest, and great concern, therefore, in what the future holds in terms of the prevalence of disability, especially among the elderly, and in turn what the likely program costs would be to extend public programs to offer fuller coverage of long term care.

In order to address this question, we are embarked on a careful study using a range of data sets in order to establish the best evidence on the historical trends in disability by age, sex, and severity.

These data sets include:

- disability screening questions on the quinquennial population census since 1986 (20% sample of the entire household population);
- post-censal disability surveys in 1986, 1991, 2001, and 2006 (n = ~50,000);
- functional health status + activities of daily living questions on the longitudinal National Population Health Survey from 1994 to 2010 (n = ~14,000);
- functional health status + activities of daily living questions on the cross sectional Canadian Community Health Survey from 2001 to present (n = ~60,000 per year);
- a series of ad hoc "disability" surveys;
- provincial administrative data on long term care recipients including the inter-RAI instrument; and
- a number of special surveys that included multiple functional health status measures (e.g. McMaster Health Utility Index, EQ5D) to enable cross-walks to be derived.

This paper will first review the various conceptual frameworks for measuring disability, including the 1982 WHO ICIDH, the 2002 WHO ICF, and the more recent work of the UNECE's Budapest Initiative and the UN's Washington City Group. Next, we will examine the prevalence distributions of disability (by age group, sex, and some derived index of severity) for each of the

data sets. Earlier work has indicated that we can expect major inconsistencies. A key task, then, will be to reconcile these differences. While conceptually there is no “right answer” as to which measures are correct, the practical benchmark is how various kinds and levels of disability translate into programmatic long term care needs.

Next, based on this conceptual, empirical, and reconciliation work, we will construct the most coherent and consistent time series of disability prevalence distributions possible with the available data. Finally, we will use these detailed trend data to construct a range of plausible scenarios for the next 20 to 30 years where the primary objective is to support reasonable projections of the needs for and costs of long term care for the population age 65+.