

Are disability rates among elderly people falling in OECD countries?

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Aims of OECD study

- 1- **Assess trends in old-age disability in selected OECD countries (13 countries)**
- 2- Analyse factors influencing old-age disability in these countries (to inform discussion on 'healthy ageing' and to assess whether future progress can be expected)
- 3- Analyse responses to severe disability among elderly people in terms of long-term care delivery (mix of institutional and home care)

National experts involved in study (1)

- Australia: AIHW (Ann Peut and Xingyan Wen)
- Belgium: Data extracted directly from National Public Health Institute interactive database
- Canada: Statistics Canada (Laurent Martel) and Health Canada (N. Milroy-Swanson and S. Powell)
- Denmark: National Public Health Institute (Neils Rasmussen)
- Finland: National Public Health Institute (Seppo Koskinen)
- France: INSERM (Jean-Marie Robine)
- Italy: ISTAT (A. Solipaca, R. Cialesi and L. Gargiulo)

National experts involved in study (2)

- Japan: National Institute for Population and Social Security Research (Katsuhisa Kojima) and Keio University (Atsuhiko Yamada)
- Netherlands: Erasmus University (Wilma Nusselder)
- Sweden: Stockholm Gerontology Research Centre (Marten Lagergren) and Ministry of Health and Social Affairs (Tom Nilstierna)
- Switzerland: Federal Statistical Office (Walter Weiss)
- UK: Department of Health (Philip Witcherley and Raphael Wittenberg) and ONS (Howard Oxley)
- US: National Centre for Health Statistics (Jim Lubitz) and Duke University (Vicki Lamb)

Building on earlier OECD study

- Earlier OECD study reported data on disability trends for 9 countries, up to mid-1990s (Jacobzone, Cambois, Robine, 1999)
- Reduction in *severe* disability reported at that time in most countries, but not all; evidence on *moderate* disability more mixed
- Disability trends data were used to project LTC spending up to 2020, based on two scenarios (no change versus steady decline)

Challenges in measuring disability rates across countries

- Definition and measurement of disability not harmonised across countries/surveys
- Several activities at international level to try to harmonise measurement of disability:
 - ICF adopted by WHO in 2001
 - Washington Group on disability statistics
 - Budapest initiative on health status measures
 - European health status and disability modules
- OECD project does not aim to recommend a new international standard definition of disability

Main features of new OECD study

- Updating evidence previously collected by OECD:
 - adding 10 years or more of data for several countries
 - reviewing trends for more countries (up to 13 countries)
- Collecting data based on consistent waves of national health/disability surveys (where possible):
 - shorter time series that are more consistent are preferred to longer time series that are less consistent
- Complemented with administrative data on people in institutions (when they are excluded from surveys)

Working definition of disability

- Focussing on *severe* disability:
 - more reliable/consistent data than mild disability
 - more closely linked to long-term care needs
- Based on ADL limitations:
 - ***One or more severe limitations in a core set of ADLs (self-care activities)***
- But if consistent data is not available based on ADL measures, countries can provide data based on other measures (eg., functional limitations)

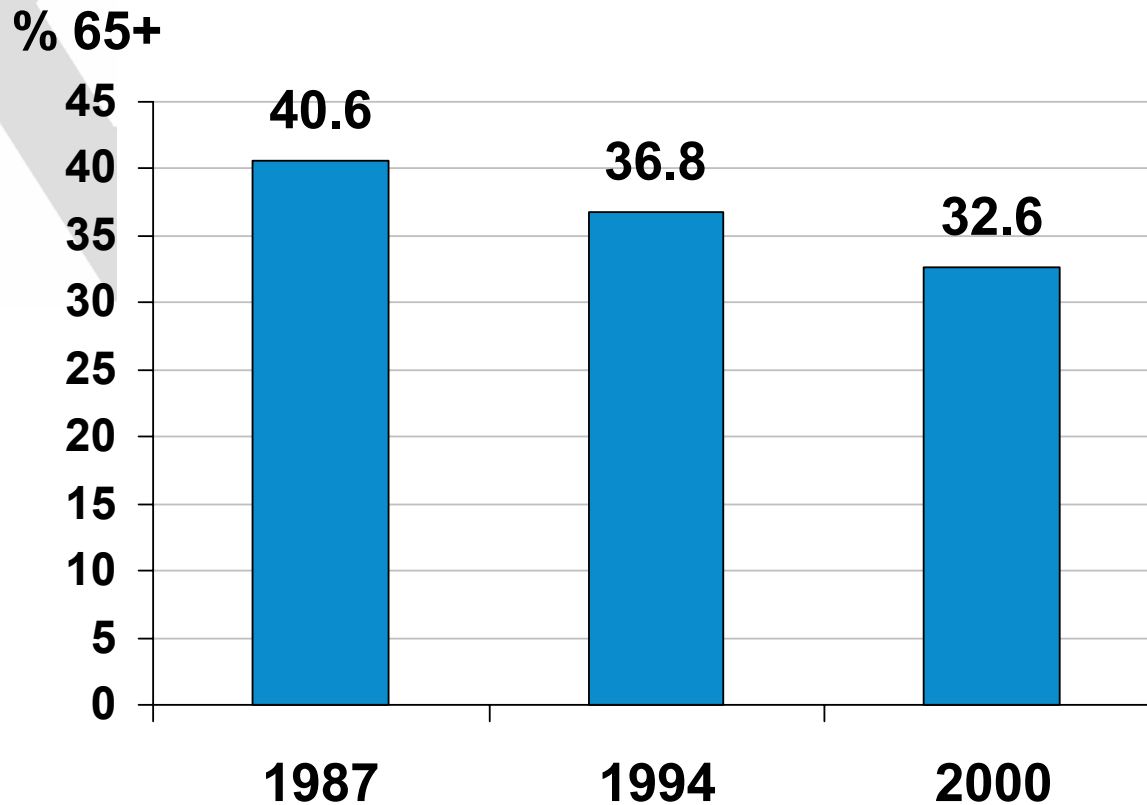
Some general observations on preliminary results

- Most countries able to provide data based on ADL limitations (but specific ADL instruments vary across countries/surveys)
- Data for some countries based on both ADL and functional limitations (eg., Australia and Belgium)
- Some countries provided data based on functional limitations (eg., Denmark)
- Hence, focus needs to be on disability *trends within countries*, not *levels across countries*
- Age-standardisation (for pop. 65+) not systematically calculated so far, nor confidence intervals around survey estimates

Preliminary results suggest countries fall in three groups

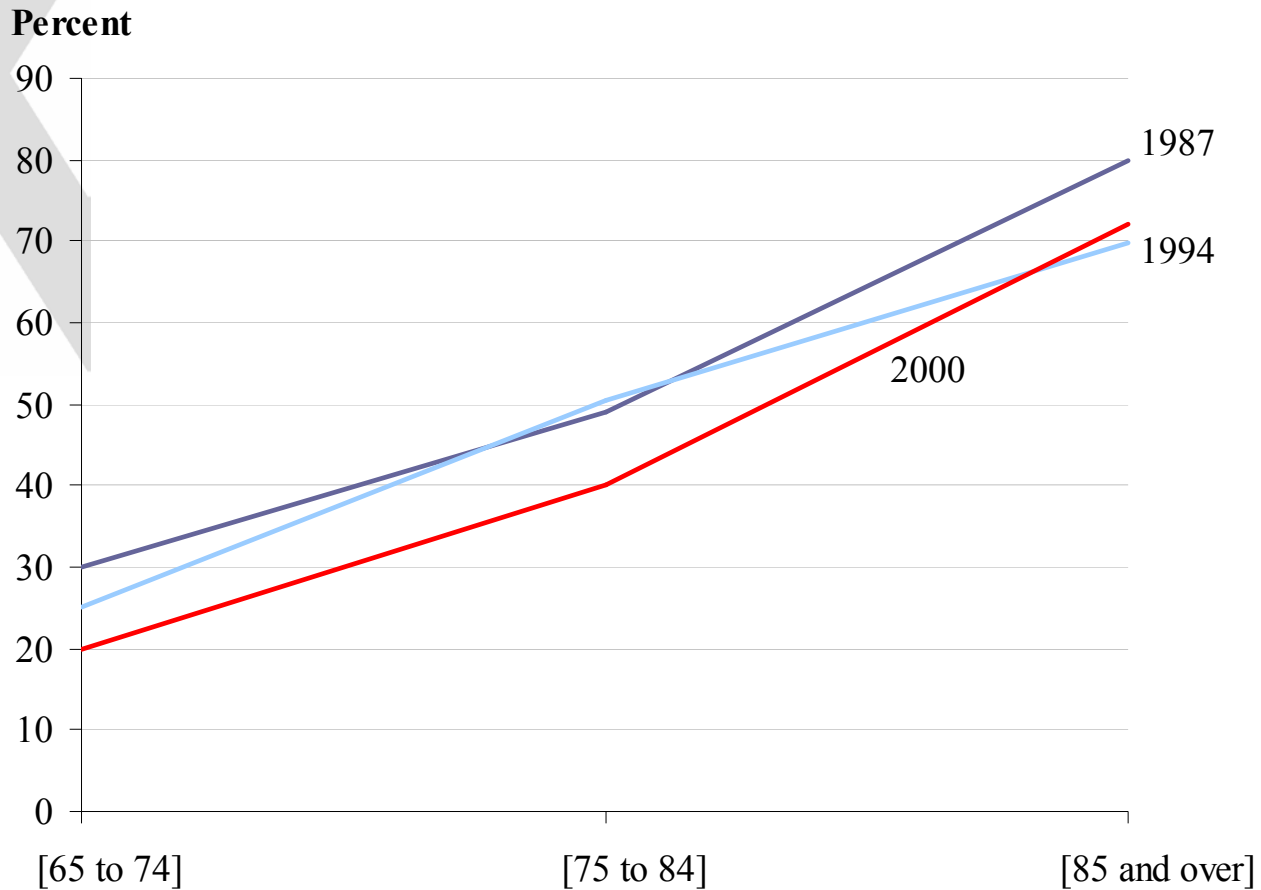
- 1) Falling disability prevalence: Denmark (1987-2000), Finland (1980-2000), Italy (1994-2000), Netherlands (1991/3-2001/3), US (1992-2003, 1984-2004)
- 2) Stable disability prevalence: Australia (1998-2003), Canada (1996-2003), Switzerland (1992-2002), UK (1995-2001)
- 3) Rising disability prevalence: Belgium (1997-2004), Sweden (1996-2004)

Disability trends in Denmark (one or more functional limitations)



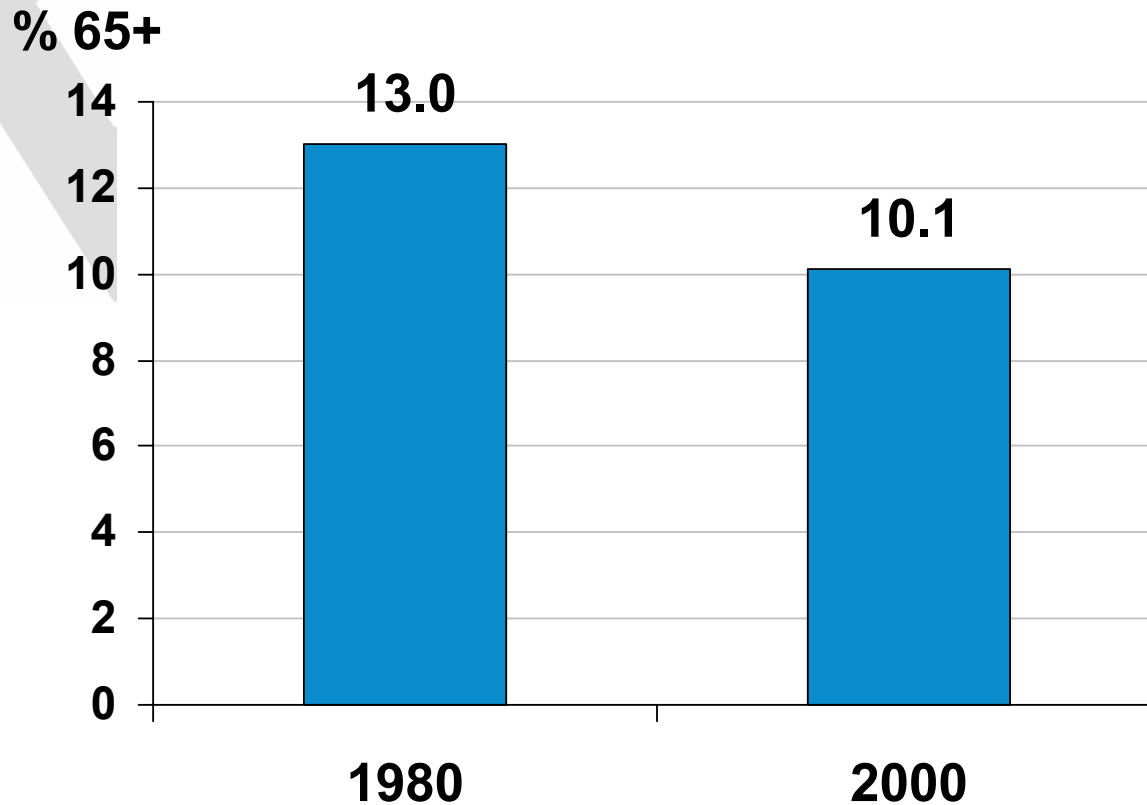
Source: *Health and Morbidity Survey*

Disability trends in Denmark (by age group)



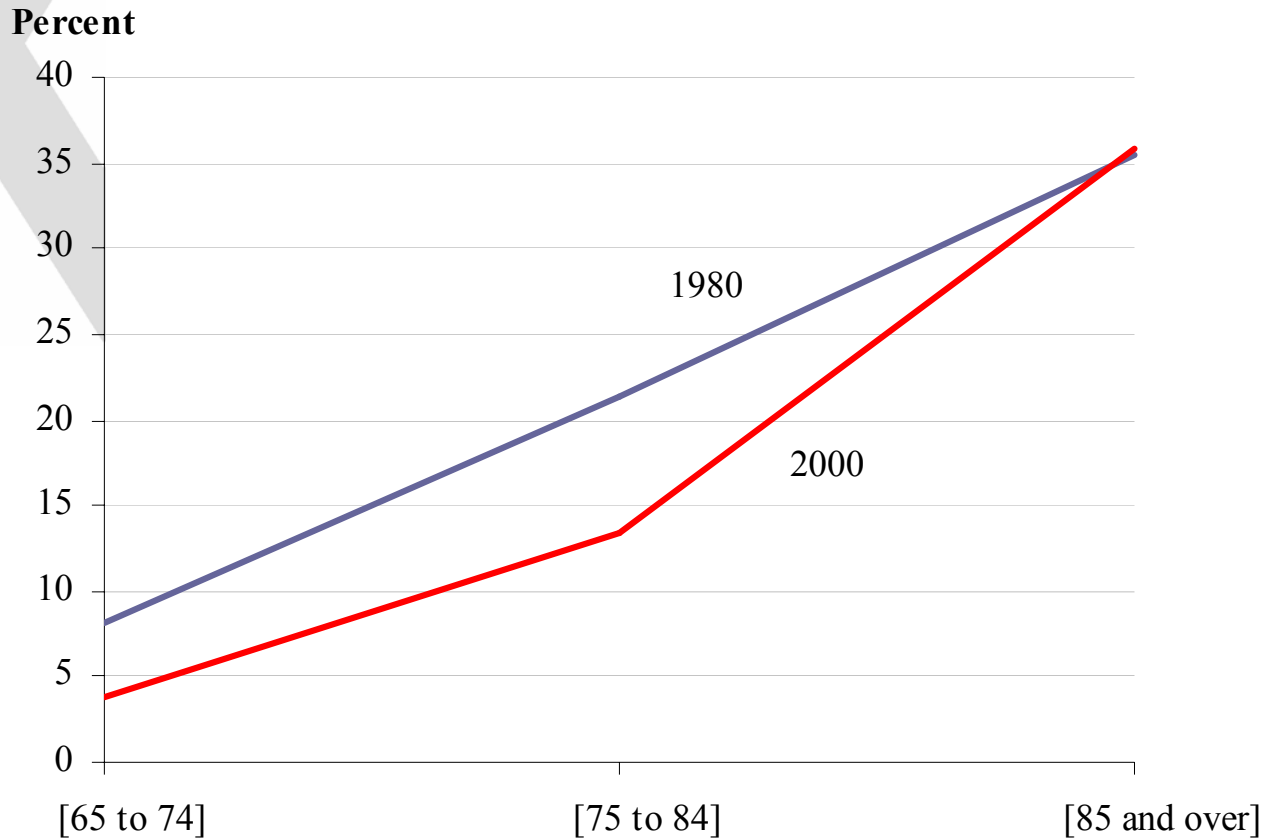
Source: *Health and Morbidity Survey*

Disability trends in Finland (one or more ADL limitations)



Source: *Mini-Finland Health Survey* (1978-80)
Health 2000 Survey (2000-01)

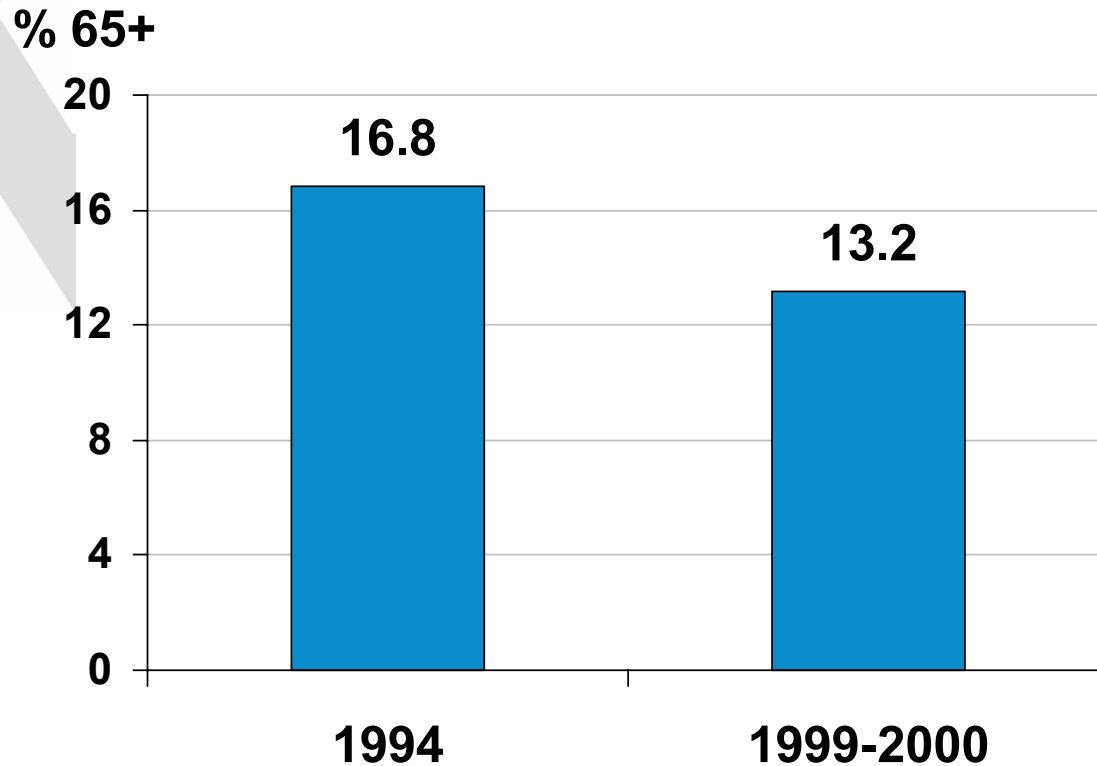
Disability trends in Finland (by age group)



Source: *Mini-Finland Health Survey* (1978-80)
Health 2000 Survey (2000-01)

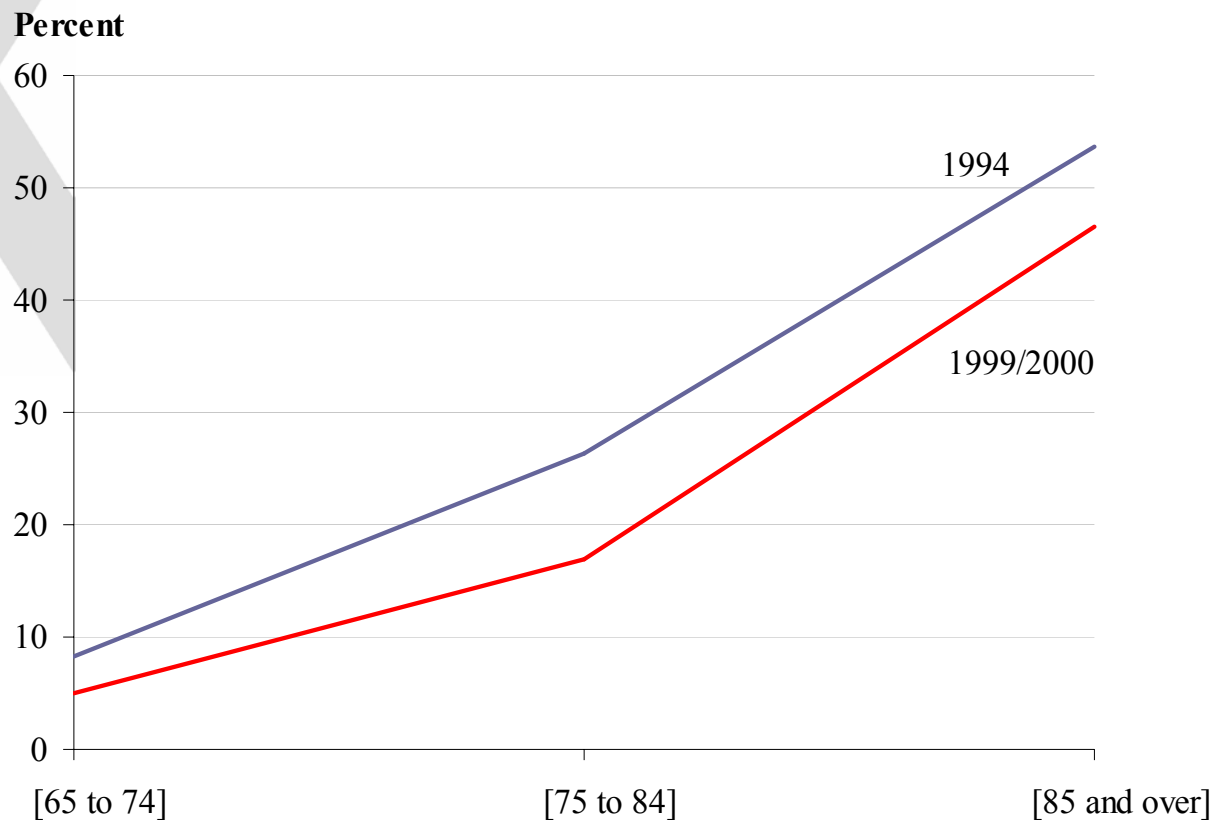
Disability trends in Italy

(needing help for one or more ADL)



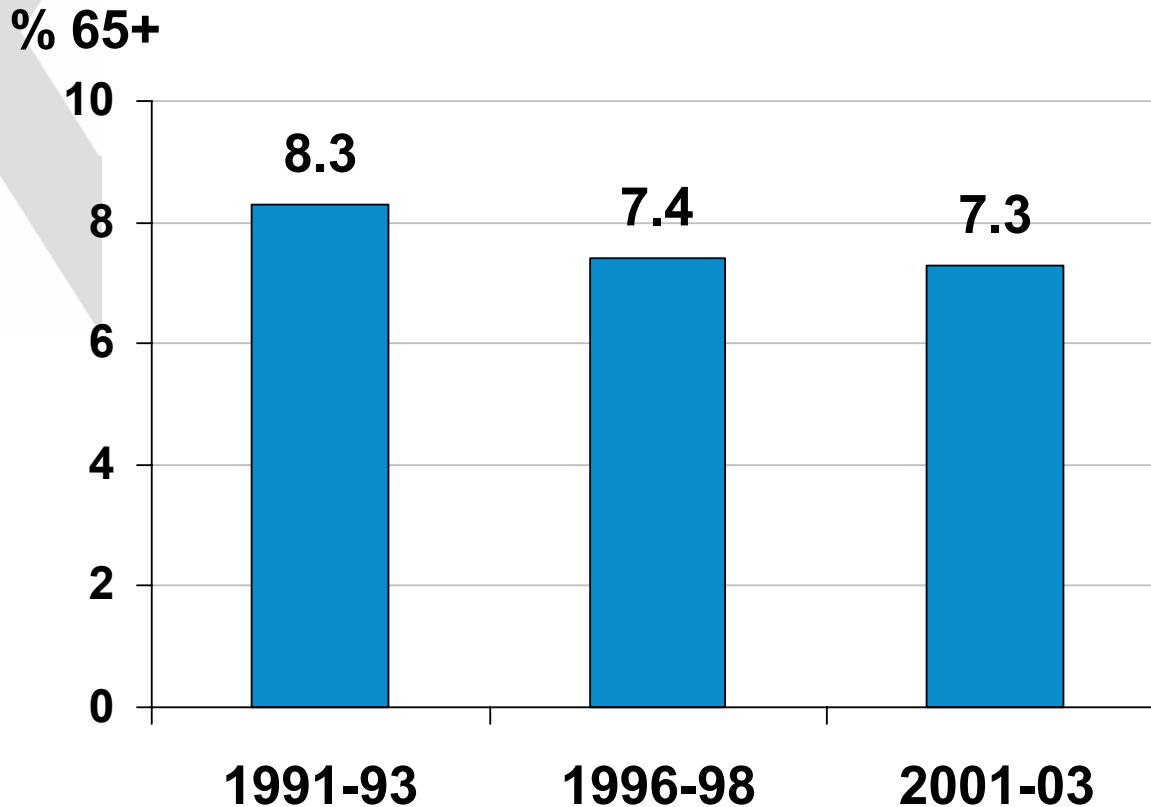
Source: *Survey on Health Conditions and Use of Health Services*

Disability trends in Italy (by age group)



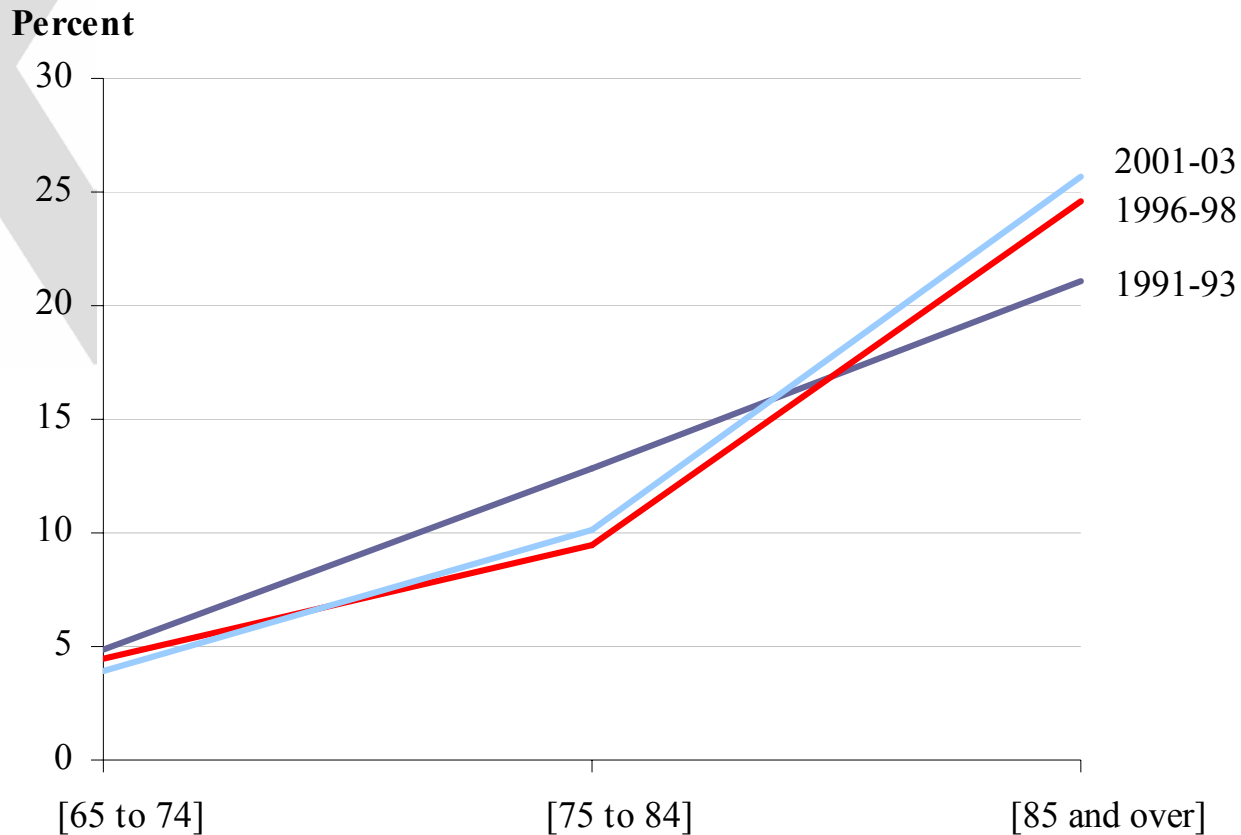
Source: *Health Conditions and the Use of Health Services*

Disability trends in Netherlands (one or more ADL limitations)



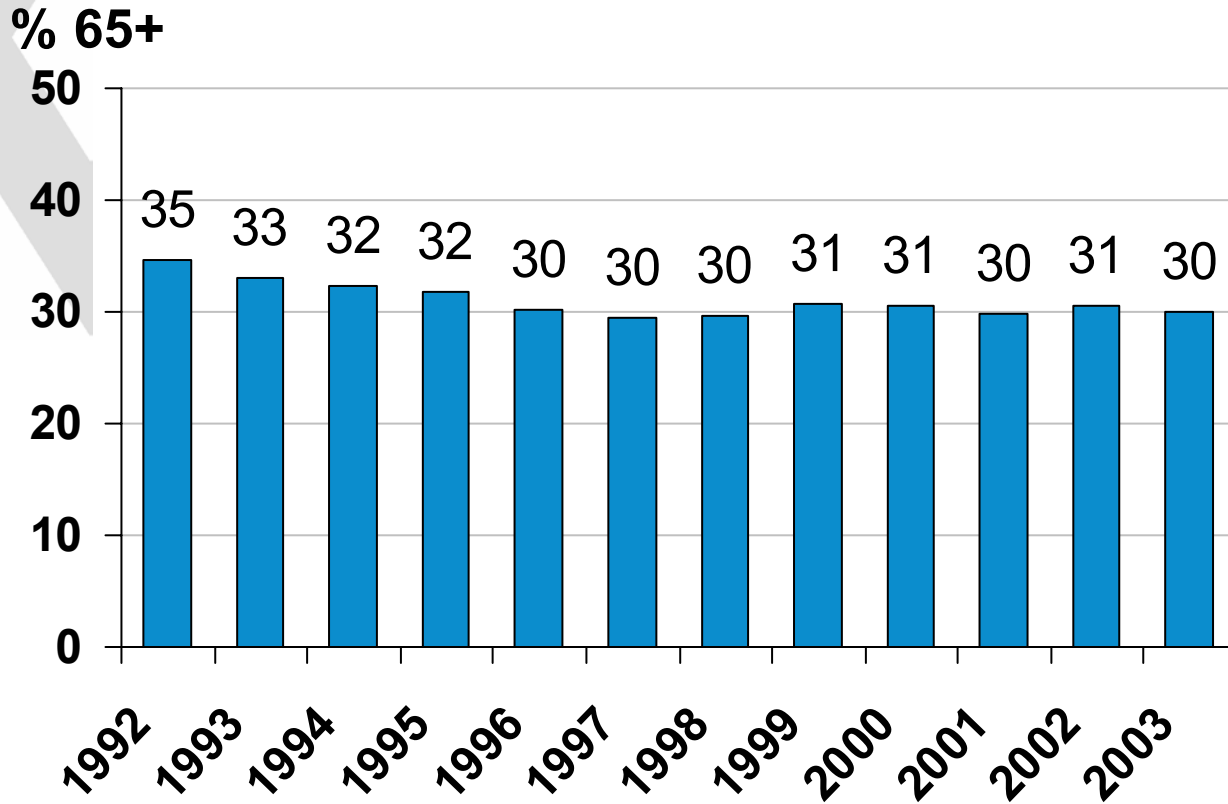
Source: *Health Interview Survey (data pooled over 3 years)*

Disability trends in Netherlands (by age group)



Source: *Health Interview Survey (data pooled over 3 years)*

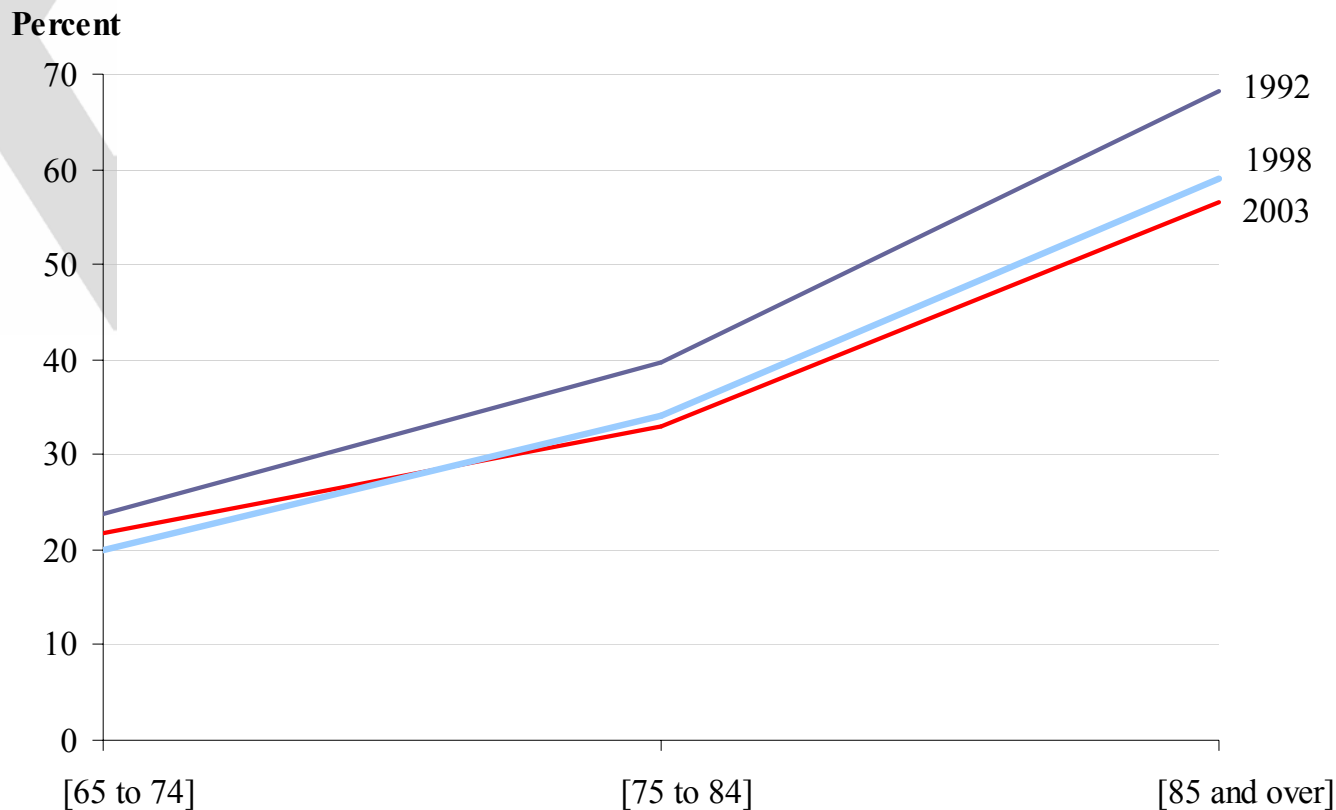
Disability trends in the US (one or more ADL limitations)



* Age standardised rates

Source: **MCBS**

Disability trends in the US (by age group)

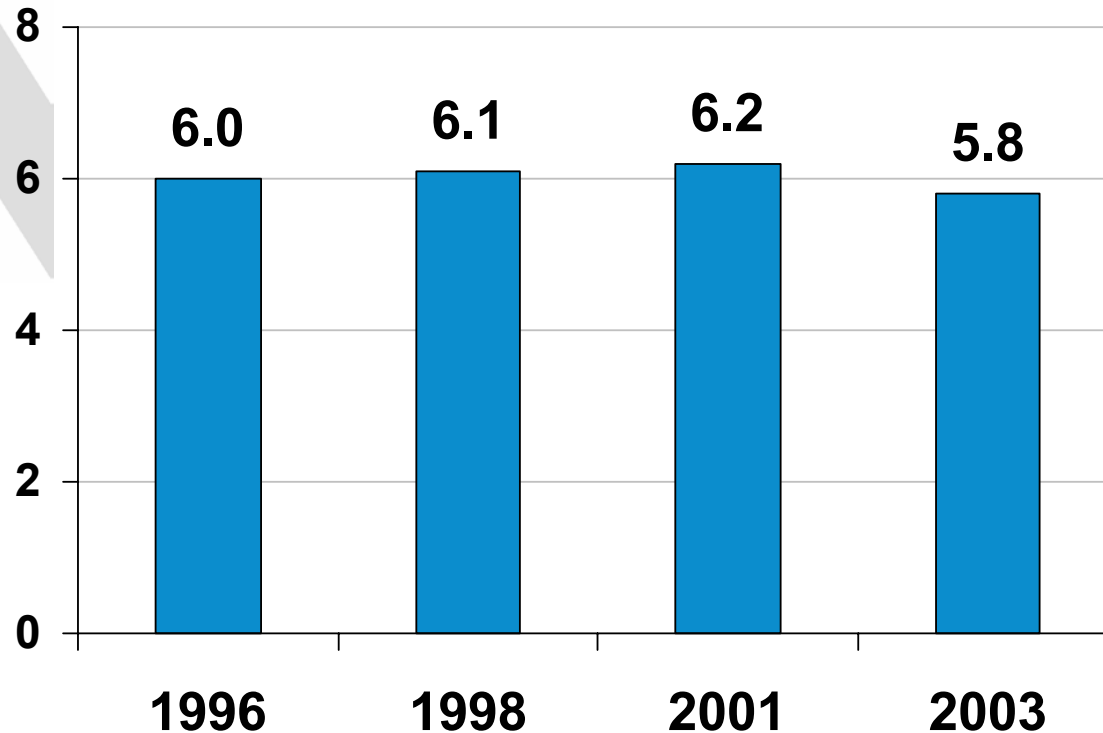


Source: **MCBS**

Disability trends in Canada

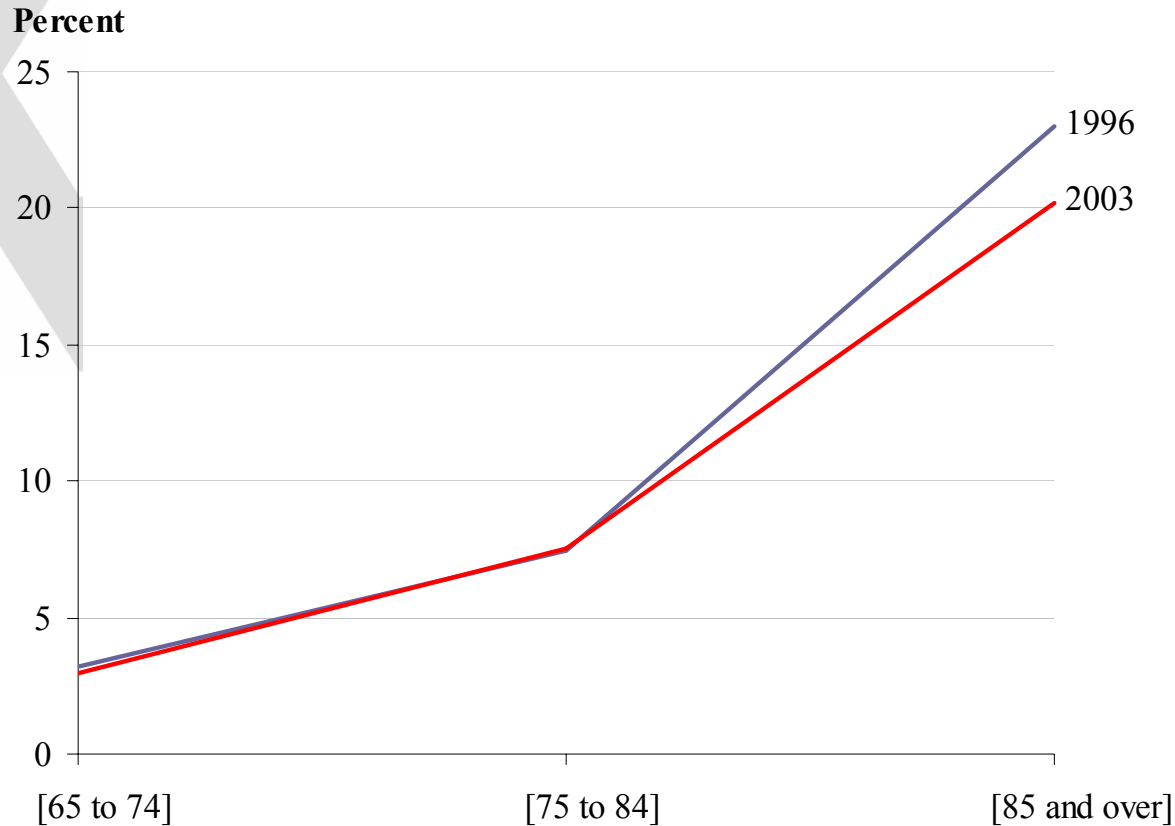
(one or more ADL limitations)

% 65+



Source: *National Population Health Survey* (1996-97, 1998-99)
Canadian Community Health Survey (2000-01, 2003)

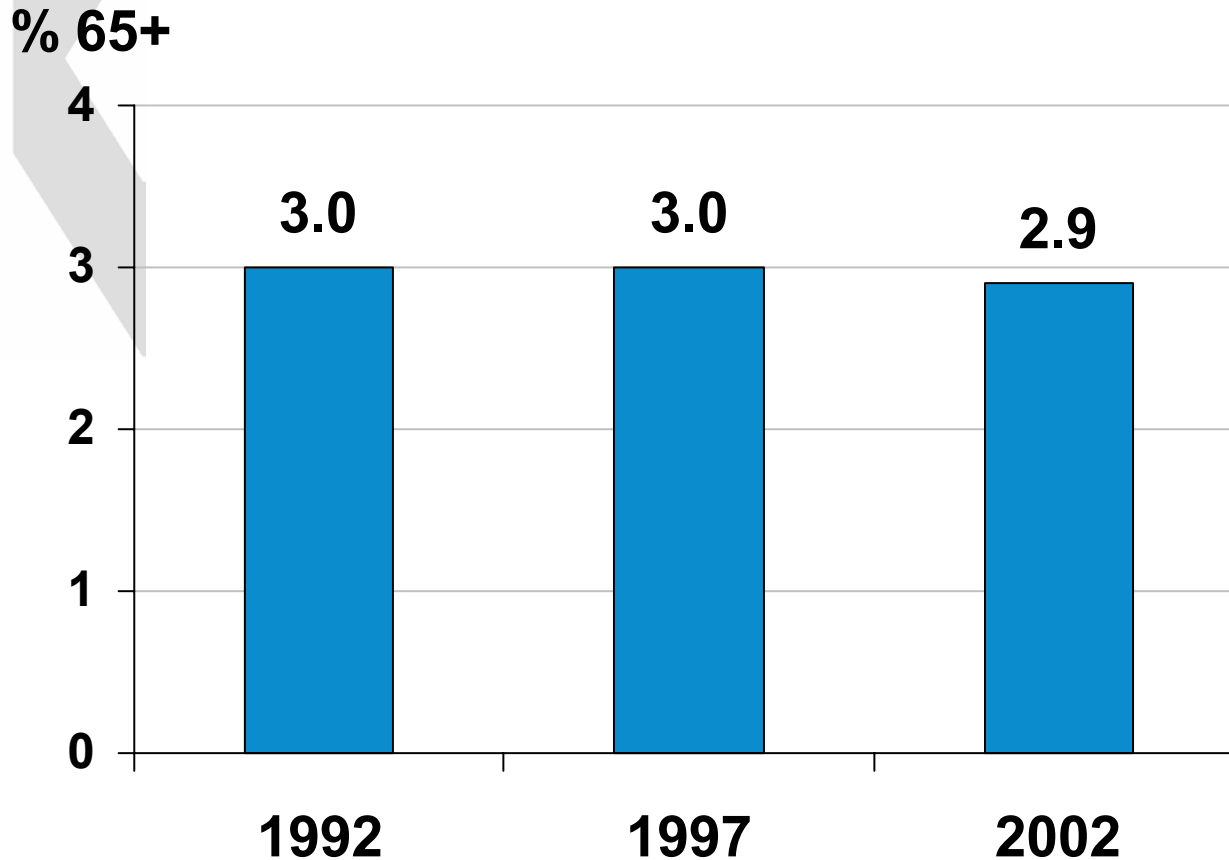
Disability trends in Canada (by age group)



Source: *National Population Health Survey* (1996-97)
Canadian Community Health Survey (2003)

Disability trends in Switzerland

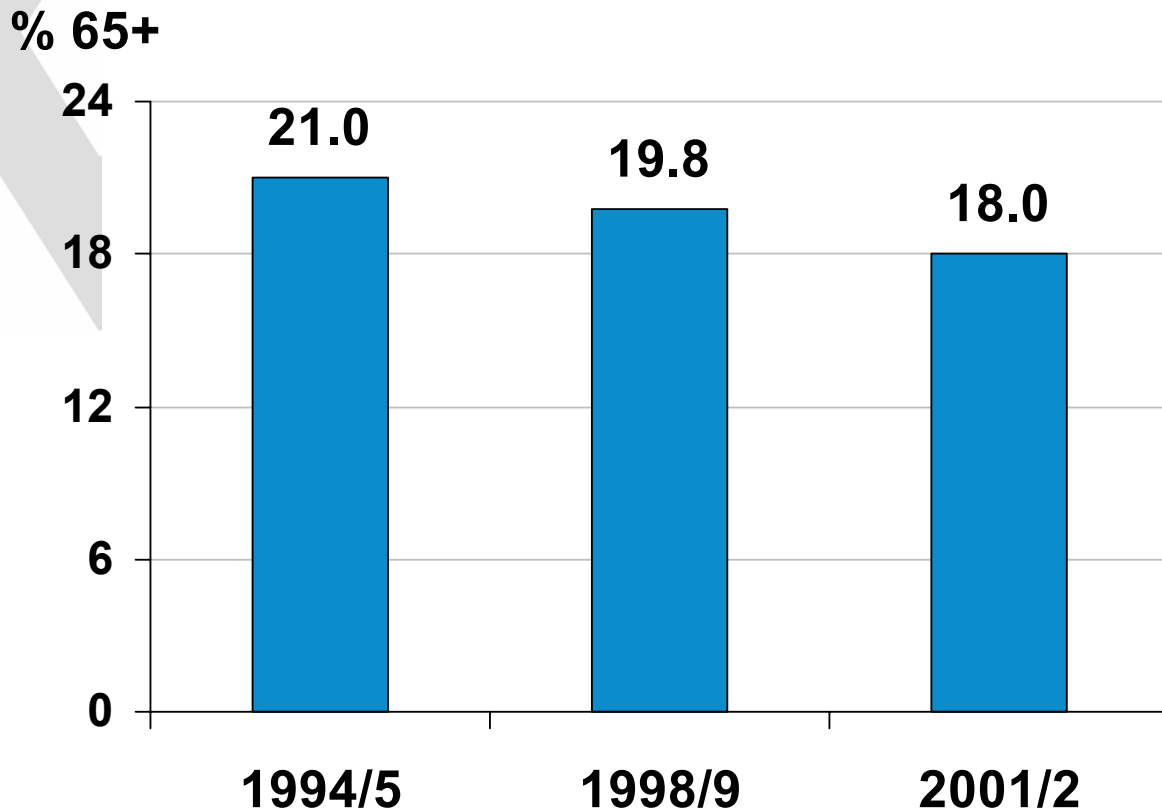
(one or more ADL limitations)



Source: *Swiss Health Survey*

Disability trends in the UK (1)

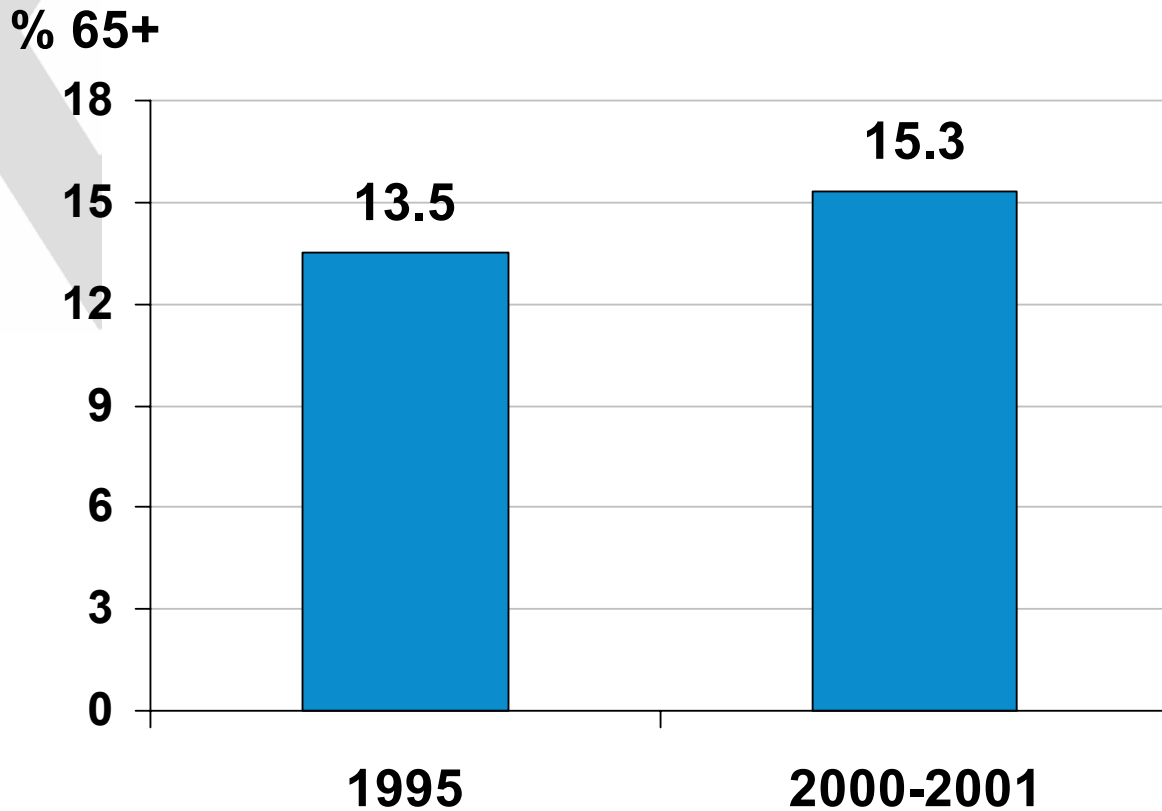
(one or more ADL limitations)



Source: *GHS*

Disability trends in the UK (2)

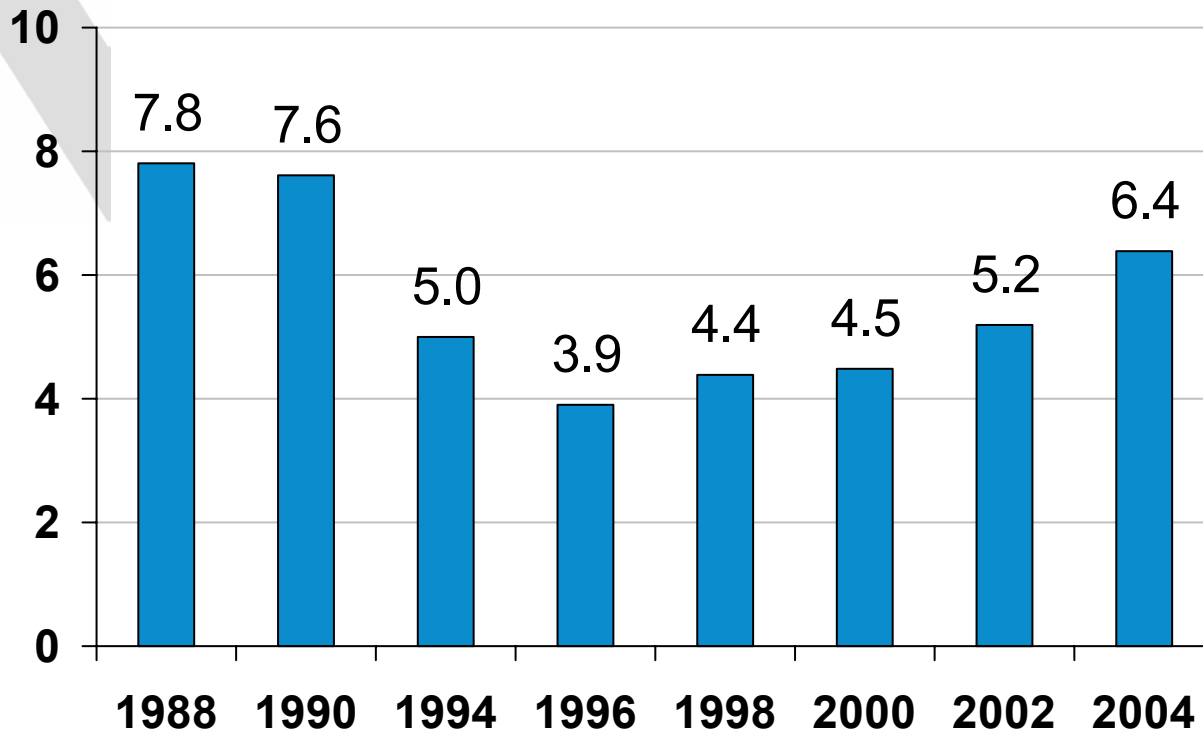
(one or more ADL limitations)



Source: *Health Survey for England*

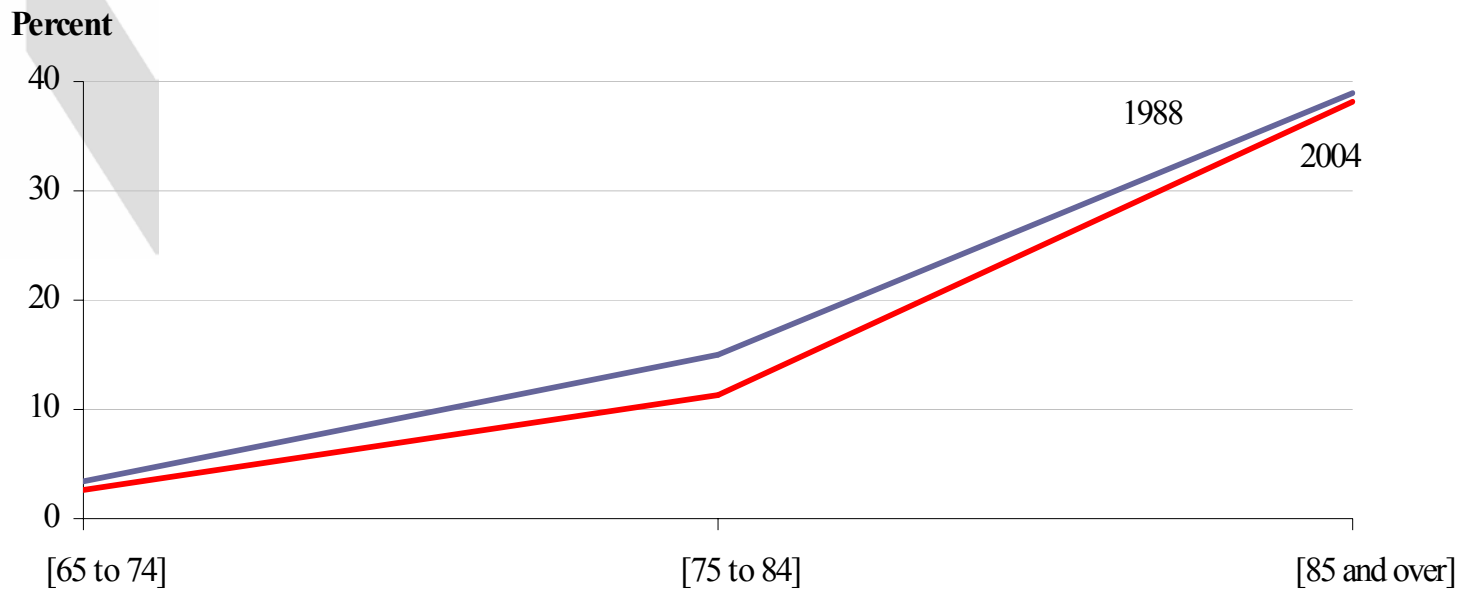
Disability trends in Sweden (needing help with one or more ADL)

% pop 65-84



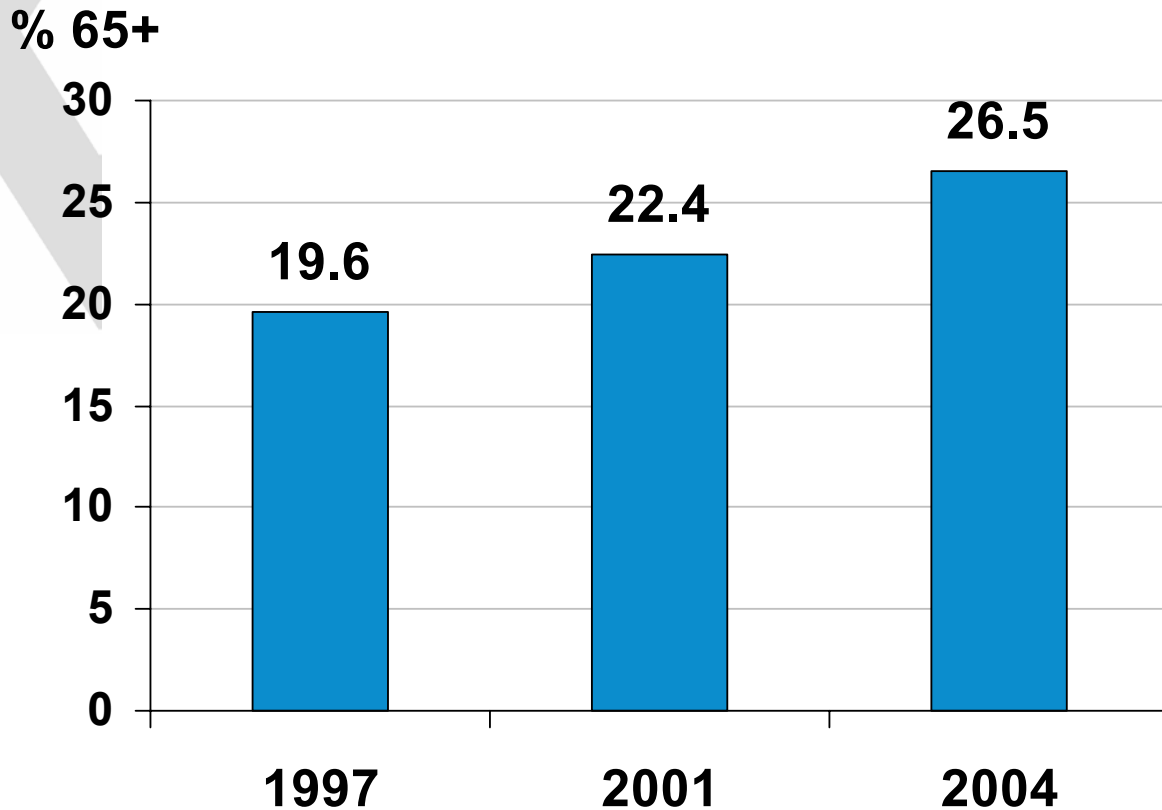
Source: *Survey of Living Conditions*

Disability trends in Sweden (by age group)



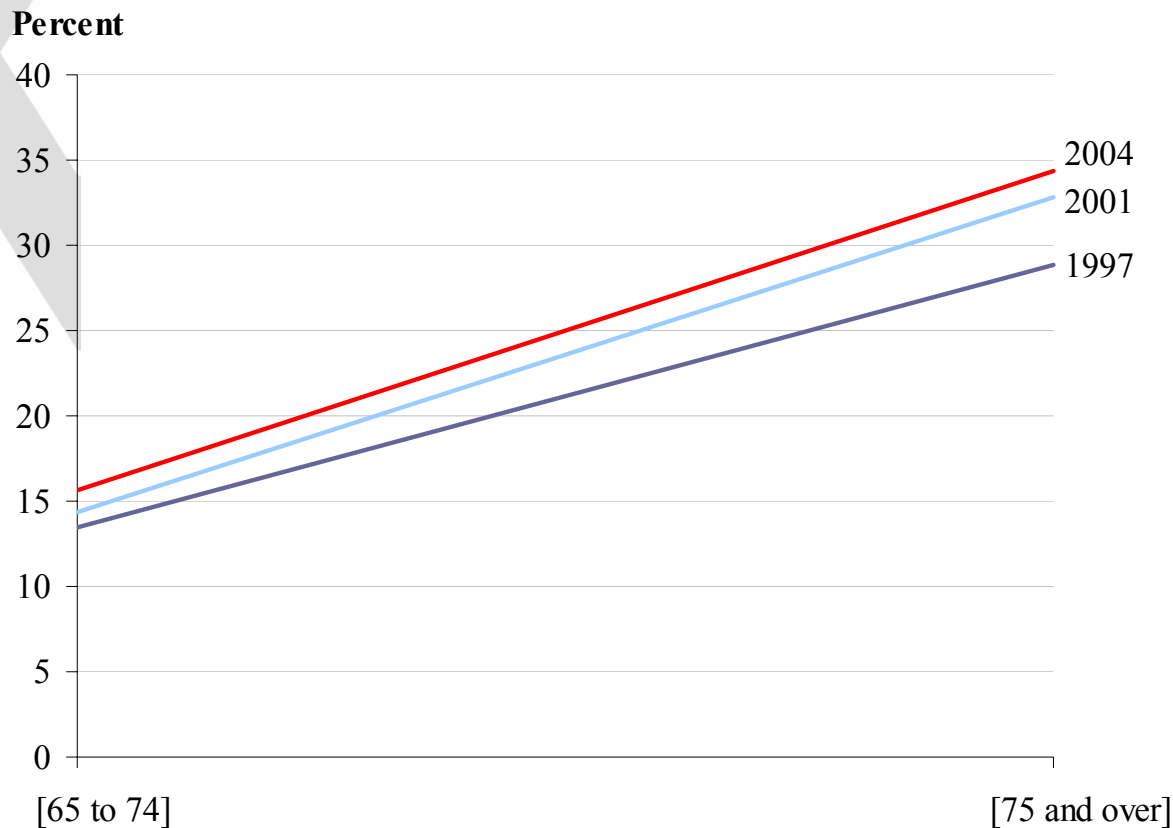
Source: *Survey of Living Conditions*

Disability trends in Belgium (one or more functional or ADL limitations)



Source: *Health Interview Survey*

Disability trends in Belgium (by age group)



Source: *Health Interview Survey*

Conclusions from preliminary assessment of disability trends

- Difficult to draw any general conclusions
- In many countries, decline in old-age disability (ADL) seems to have been most pronounced in the early 1990s; disability rates have decreased more slowly (if at all) in recent years
- Hence, findings from this new OECD study are less optimistic than from the earlier OECD study
- How to explain the recent rise in old-age disability in certain countries?

Next steps to complete assessment of disability trends

- Report age-standardised rates
- Report confidence intervals around estimates
- Examine potential effect of changes in survey methodologies (especially for countries with unexpected results)
- Analyse further trends for different sub-groups of population 65+ (e.g., gender differences and by age group)



Timetable to complete OECD study

- June/July 2006: Complete data collection
- September/October 2006: Draft report submitted for comments to national experts
- End 2006/Early 2007: Final report released (probably as OECD Health Working Paper)