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Disability Related Sources of Income and Expenses: An Examination Among the Elderly in Canada

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**DISABILITY RELATED SOURCES OF INCOME AND EXPENSES:
AN EXAMINATION AMONG THE ELDERLY IN CANADA**

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ABSTRACT

The primary purpose of this paper is to examine disability-related sources of income and expenses among high and low income older Canadians. Specifically, the paper attempts to answer three questions: Do low and high income seniors experience disability equally? Do low and high income seniors incur equal disability-related non-reimbursed expenses? And, Do low and high income seniors receive equal disability-related pensions and tax credits? The analysis is based on the Health and Activity Limitation Surveys of 1986 and 1991. Both surveys were cross-sectional, designed to gather information on disabilities and their impact on daily living. Among the seniors (those 65 and over), between 10.3% (men in 1986) and 23.2% (women in 1991) were classified as low income and about 40% reporting having at least one disability, compared to one-quarter of women and men of all ages. The analysis indicates that low income seniors are disadvantaged in that they experience more disability, incur more non-reimbursed expenses, and receive less in terms of disability-related pensions and credits than do high income seniors. It thus appears that interventions should be policy based rather than individual based.

INTRODUCTION

The changing age structure of industrialized countries raises many questions regarding the “burden” of aging on society, increased demands on the health and social welfare system, and quality of life among the aged and their caregivers. Predictably the most important challenge facing seniors of today and tomorrow is maintaining their functional independence. Among seniors, increasing age is associated with worsening health, increased disability, and a decrease in functional abilities associated with activities of daily living. Although it is clear that as seniors age they are likely to experience more disabilities and require more health care services, factors other than aging may serve to influence both seniors' health status and health care use. One factor which may be particularly important is socio-economic level, and in particular, income (Raina et al., 1998; Garfein and Herzog, 1995; Jagger et al., 1993; Strawbridge et al., 1992).

Consistently, studies have shown that low income is associated with poorer physical and mental health, greater functional limitation, and increased bed ridden disability days (Krause and Baker, 1992; Nelson, 1994; Cairney and Arnold, 1996). Furthermore, trends in longitudinal studies have suggested that a temporal relationship exists between economic status and health such that low economic status leads to worsened health (Hirsh et al, 1986). Forbes, Hayward, and Agwani (1991), using the 1986 Health and Activity Limitation Survey and 1985 General Social Survey demonstrated that, after adjusting for marital status, tenure of housing, and household size, among Canadians 55 years and older, those with a low income were more likely to report being disabled. Guralnik and Kaplan (1989), using data for seniors aged 65-89 (at follow-up) from the Alameda County Study, demonstrated that over a twenty year period, after adjusting for demographic factors, chronic conditions, and health behaviour, higher family income was

predictive of being in the top 20% in terms of physical functioning. A review of the literature examining income and health indicates that not all seniors experience health and disability equally.

Along with the onset of disability comes increased pressure on older people to pay for disability related expenses and services. However, it remains unclear as to what type or amount of assistance is sought from government to offset these expenses. In the current environment of change to the welfare system and the importance of economic prosperity for seniors' health and independence, seniors' ability to receive financial support from government and other sources is an issue of critical importance. Seniors generally face a decrease in income after retirement and often encounter high expenditures resulting from acute and long-term care costs due to injury or chronic disability (Holden and Smeeding, 1990). Literature demonstrates that income continues to decline with age such that the oldest seniors are poorer than newly retired young seniors. The 1998 Canadian National Council of Welfare found that 35% of Canadian women 85 years and over live in poverty compared to 18.6% of women between the ages of 55-64 years.

In order to meet the needs of an aging Canadian society, governments are striving to change the social welfare system (Raina, et al., 1998). The Great Pension Debate of the early 1980's set out to review the nation's retirement income system. The final consensus was that Canada's retirement income system failed to adequately meet its two basic objectives — ensuring both an adequate basic income for all seniors and an adequate standard of living in retirement when Canadians left the labour force (Battle, 1997). Over the decades Canada's reforms to the retirement system have developed a large and complex multi-tiered system designed such that the majority of retirement income must come from occupational pension plans and individual retirement savings plans - serving the fortunate minority, mainly the well off (Battle, 1997). These pension plans strive to preserve the better-off employees. Less than half of the labour force belongs to an employer pension plan; membership is strongly linked to income (above average), gender (male), and sector of the economy (large public sector employers) and far from improving, coverage has declined over the years. The majority of men and women, with average incomes or below, rely wholly or largely on the public pension system. Improvements in the present system, while good for their members and contributors, simply widen the pension gap between the have minority and the have-not majority.

According to the 1991 Canadian Census, senior women were more reliant than men on government sources

of retirement income (e.g. Canadian/Quebec Pension Plan, Old Age Security, Guaranteed Income Supplement) (Norland, 1994). Government sources of income accounted for just over one-third of senior men's income compared to almost half of senior women's income, while private retirement income (e.g., private pensions, registered retirement savings plans) constituted 21 percent of senior men's income and only 11 percent of senior women's income.

Many studies have focused on the relationship between income and disability among the elderly. Findings indicate that lower economic status is generally associated with poorer health and increased disability among seniors. Further, research shows that public pensions support the well off rather than those reporting lower economic status. However, few studies have specifically examined both high and low income, disabled seniors experience with the health and social welfare systems. This paper will attempt to answer three questions: 1) Do low and high income seniors experience disability equally? 2) Do low and high income seniors report incurring equal disability related non-reimbursed expenses? and 3) Do low and high income seniors report receiving equal disability related pensions and tax credits?

METHODS

Survey Sample

In both of the Health and Activity Limitation Surveys, a nationally representative sample of disabled Canadians 15 years and older was selected based on the 1986 and 1991 Canadian Census. Although the 1986 survey included both institutionalized and non-institutionalized persons, the 1991 survey was limited to non-institutionalized Canadians. The total response rates for the two surveys were 90% in 1986 and 92% in 1991. The overall sample sizes for each survey were 132,337 and 91,355 in 1986 and 1991 respectively. The unweighted (and weighted) sample sizes for the respondents 55-64 years old were 22,386 (population estimate: 2,313,100) in 1986 and 11,507 (population estimate: 2,365,000) in 1991. The unweighted (and weighted) sample sizes for the respondents 65 years and older were 38,518 (population estimate: 2,484,800) in 1986 and 5,106 (population: 2,906,900) in 1991. To facilitate comparability, the present study only uses data from non-institutionalized respondents 55 years and older.

Survey Design

Both the 1986 and 1991 Health and Activity Limitation Surveys (HALS) were cross-sectional surveys designed to gather information on disabilities experienced by Canadians and the impact these disabilities had on their daily living. HALS defined a disability as “any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being” and that the restriction or lack of ability to perform an activity had lasted or was expected to last six months or more. However, people who used a technical aid to completely remove the restriction were not considered disabled (e.g., using corrective lenses to eliminate vision problems). Further description of the survey design used in the 1986 and 1991 HALS is described elsewhere (Raina et al., 1998).

Variables

Disability Status and Income

Demographic variables used in the analyses that were available through a computer link with the 1986 and 1991 Canadian Census included age (55-64 years and 65 years and older), sex, marital status, degree of urbanization, type of dwelling (single versus other), tenure of dwelling (owned versus rented), household size, region of Canada, and total household income.

Throughout the report, only two age groupings were used, 55-64 years and 65 years and older. Because of the relatively small unweighted sample size for the 1991 HALS, finer age groupings were not provided for this survey.

Respondents who reported no restrictions in activities of daily living and no cognitive limitations were classified as nondisabled. Respondents classified as disabled were then further categorized by HALS according to the type of physical disability(ies) they had. Based on their responses to the 17 ADL items in Section A, respondents were classified by whether or not they had seeing, hearing, speaking, mobility, and agility disabilities (Raina et al., 1998).

Statistics Canada (1994b) has developed “low income cut-offs” which identify families who have a low household income status predicated upon their ability to buy basic necessities. The low income cut-offs take into account total household income, household size, and degree of urbanization (with more urbanized areas being associated with higher costs of living). This income status index is updated annually to reflect changes in household family expenditures based upon the consumer price index.

Disability Related Expenses

Disabled respondents were asked whether or not they reported having non-reimbursed expenses due to their disability in 1985 or 1990 (depending on the survey year). Respondents who indicated that they had non-reimbursed expenses were asked to indicate which expenses they incurred from the following list: prescription/nonprescription drugs, transportation, purchase and maintenance of special aids, personal services, health and medical services, modifications to residence, and other expenses. Respondents were allowed to indicate more than one type of expense.

Disability Related Pensions and Tax Credits

Disabled respondents were asked whether or not they received government pensions or social assistance because of their disability in 1985 or 1990 (depending on the survey year). Respondents who indicated that they had received a pension or social assistance were asked to indicate which types of pensions or social assistance they received from the following list: Canadian Pension Plan (CPP) and Quebec Pension Plan (QPP) disability; veteran’s pension; social assistance or welfare; workers compensation; and other benefits (including unemployment sickness benefits, automobile insurance, private disability insurance, employer disability insurance, and training allowance for disabled). Respondents were allowed to indicate more than one type of pension or social assistance.

For the 1991 HALS only, disabled respondents were asked whether or not they had claimed the medical tax credit and the disability tax credit (either by themselves or by someone else) on their 1990 income tax. Disabled respondents who reported that they did not claim the disability tax credit were also asked to indicate the reason(s) for not claiming the disability tax credit from the following list: did not know it existed, did not think that they were eligible, were unable to obtain certification from a physician, or other reason. Respondents were allowed to indicate more than one reason for not claiming the disability tax credit.

Statistical Analysis

Descriptive statistics were generated breaking down income status by age and sex for both the 1986 and 1991 HALS. Descriptive statistics were also generated breaking down the sample’s characteristics by income status (high versus low income) for both the 1986 and 1991 HALS. Logistic regression analyses were also conducted for each population characteristic to indicate the odds and 95% confidence intervals for being classified as low income.

The percentage of disabled respondents who indicated that they incurred non-reimbursed expenses due to their disability, received a government pension or claimed a disability tax credit was reported by type of expense, age, sex, and income status. Chi-square analyses at each level of age and sex were conducted comparing differences by income status in the number of disabled respondents who reported incurring the non-reimbursed expense or disability related benefit.

RESULTS

Disability and Income Status

Population characteristics by income status of Canadians 55 years and older for the 1986 and 1991 HALS are presented in Table 1. Unadjusted odds ratios indicating the odds of being classified as low income for each population characteristic are also presented. With the exception of age, there was little difference in population characteristics between 1986 and 1991.

Among 55-64 year old men and women in 1986 and 1991, just over a quarter reported having at least one disability, with little difference between men and women. Mobility type disabilities were the most common type of physical disability reported by both sexes followed by agility, hearing, seeing, and speaking disabilities respectively. For both sexes in both years, respondents with a low income were significantly more likely to report having any disability as well as more likely to report having each of the five types of physical disabilities, both unadjusted and after adjusting for marital status, tenure of dwelling, and region of Canada.

Among senior (65 years and older) men and women, just over 40% reported having at least one disability, with women just slightly more likely than men to report being disabled. Approximately one third of women (34.1% and 32.9% in 1986 and 1991, respectively) and just over one quarter of men (25.4% and 25.9%) reported having a mobility disability. In 1986, after adjusting for marital status, tenure of dwelling, and region of Canada, both men and women who were classified as low income were significantly more likely to report having all types of disabilities with the exception of speaking disabilities (adj. ORs = 0.94 and 1.11 for women and men, respectively) and seeing disabilities for men (adj. OR = 1.12). In 1991, there was no significant difference by income status in the odds of reporting being disabled (adj. ORs = 1.16 and 0.80 for men and women, respectively).

Between 10.3% (men, 65 years and older, 1986) and 23.2% (women, 65 years and older, 1991) were classified as low income, with women in both age groups and both surveys more likely than men to be classified as low income.

Disability Related Expenses

Tables 2a and b present types of nonreimbursed expenses incurred due to being disabled by income status, age, and sex. Among 55-64 year old women, there was no significant difference by income status in who reported incurring nonreimbursed expenses (44.7% versus 46.8% for high and low income, respectively) in 1986, but there was a significant difference in 1991 (38.7% versus 43.7%, $p < .05$, for high and low income, respectively). Among men, there was a significant difference by income status in 1986 (41.2% versus 37.5%, $p < .01$, for high and low income, respectively) but not in 1991 (36.2% versus 37.4%). The most common type of expense incurred was buying prescription/ nonprescription drugs and there were no differences by income status in the percentage who reported buying drugs for either women or men.

Among seniors, there was a significant difference by income status for women who reported incurring nonreimbursed expenses in 1986 (35.0% versus 32.6% for high and low income, respectively), but not in 1991 (45.7% versus 43.8%). For men, there was no significant difference by income status (30.0% versus 28.4% for high and low income, respectively) in 1986, but there was in 1991 (33.5% versus 25.0%, $p < .05$). The most common type of expense incurred was for buying prescription/nonprescription drugs and there were no significant differences by income status.

Disability Related Pensions and Tax Credits

Table 3 presents sources of disability-related pensions or social assistance by income status, age, and sex. Significantly more 55-64 year old low income disabled women reported receiving a disability-related pension or social assistance than high income disabled women (26.5% versus 15.1%, $p < .001$ in 1986 and 49.9% versus 25.8%, $p < .001$ in 1991). Similarly, significantly more 55-64 year old low income disabled men reported receiving a disability-related pension or social assistance than high income disabled men (42.1% versus 37.3%, $p < .001$ in 1986 and 59.3% versus 41.1%, $p < .001$ in 1991).

The most commonly reported source of disability-related pensions or social assistance for 55-64 year olds was Canadian Pension Plan (CPP) or Quebec Pension Plan (QPP) disability pension. Among disabled women, in 1986 those classified as low income were significantly more likely to report receiving CPP or QPP disability pension (12.8% versus 10.0%, $p < .001$), but not in 1991 (18.0% versus 16.2%). Disabled men in 1986 were approximately equally likely to receive CPP or QPP disability pension (19.9% versus 20.5%), but those classified as low income in 1991 were significantly more likely to receive CPP or QPP disability pension (34.1% versus 26.5%, $p < .001$). There

were also significant differences by income status for both men and women receiving social assistance or welfare, with those classified as low income significantly more likely to report receiving social assistance or welfare than high income respondents (all p 's < .001).

Among seniors, in 1986 low income disabled women were significantly less likely to report receiving disability-related pensions or social assistance than high income women (2.0% versus 3.3%, p < .05), but there was no significant difference in 1991 (11.3% versus 10.7%). In 1986, there were few significant differences between low and high income disabled men in their likelihood to report receiving disability-related pensions or social assistance (14.7% versus 13.1%), low income men in 1991 were significantly more likely to report receiving disability-related pensions or social assistance (24.2% versus 17.4%, p < .05). The most commonly reported source of pensions or social assistance among seniors was CPP or QPP disability pension. There were no differences by income status among women who received CPP or QPP disability (1.0% versus 1.3% and 3.8% versus 5.4% for low and high income in 1986 and 1991, respectively). Low income men were significantly more likely than high income men to report receiving CPP or QPP disability pensions (5.4% versus 2.7%, p < .001 in 1986 and 17.4% versus 5.4%, p < .001 in 1991).

Table 4 presents the medical and disability tax credits claimed by disabled respondents on their 1990 income tax as well as reasons for not claiming the disability tax credit. Under 20% of both men and women claimed the medical tax credit and the disability tax credit (except 55-64 year old men, 24.8% of whom claimed the disability tax credit). Women classified as low income were significantly less likely than those classified as high income to report claiming the medical tax credit (14.1% versus 17.7%, p < .05, for 55-64 year olds and 11.3% versus 19.5%, p < .001, for seniors). There were no significant differences by income status among men who claimed the medical tax credit (18.4% and 18.2% for 55-64 year olds and 13.5% and 17.3% for seniors). Among women, there were no significant differences by income status in the percentage who reported claiming the disability tax credit (15.0% and 15.1% for low and high income 55-64 year old women and 7.9% and 9.5% among senior women). Among men, 55-64 year olds classified as low income were significantly more likely than those classified as high income to claim the disability tax credit (24.8% versus 17.1%, p < .001), but there were no significant differences among senior men (14.2% and 16.4% for low and high income, respectively). The two most common reasons provided for not claiming the disability tax credit for both ages were thinking they were ineligible (reported by between 46.1% and 58.7 % of respondents) and not knowing about the tax credit (reported by between 37.4% and 56.1% of respondents). Among both women and men 55-64 years old, those classified as low income were significantly more likely to report that they did not know they could claim the disability tax credit (p 's < .001). Further, low income men of both ages were significantly more likely than high income men to report that they thought they were ineligible to claim the disability tax credit (p 's < .05).

DISCUSSION

In relation to the first question examined in this paper the well documented pattern of lower income being associated with greater disability was evident among 55-64 year olds. This relationship was evident among seniors in 1986 but in 1991, after adjusting for marital status, tenure of dwelling, and geographic location, income was not associated with disability status among seniors 65 and older. These findings are consistent with other research (MacDonough, Duncan, Williams, & House, 1997).

In relation to disability related expenses between one half and a third of all disabled seniors reported incurring non-reimbursed expenses as a result of their disability. The most common type of non-reimbursed expense incurred by both low and high income seniors was for buying prescription/nonprescription drugs. There were significant differences between low and high income groups. However, these patterns were not consistent across the period of time these two surveys were administered.

Individuals 55-64 years old were more likely than seniors to report collecting disability-related pensions and social assistance. This discrepancy may reflect the fact that seniors in Canada are currently able to collect other forms of assistance that are not tied to being disabled. Old Age Security and the Guaranteed Income Supplement are not dependent upon being disabled (Norland, 1994), and therefore, both abled and disabled seniors who qualified for these benefits would receive the same amount of money. As a result, seniors who were disabled did not receive extra funds to meet disability-related expenses.

In relation to disability related income, specifically pensions and tax credits the majority (over 80%) of both low and high income disabled seniors did not claim the medical or disability tax credits. It appears that those most in need of the credit reported receiving it least often. This is consistent with other research findings that senior

women, in particular are consistently disadvantaged in terms of income, disability status and functional independence (MacDonald, 1997; Barusch, 1994; Rosenburg and Moore, 1997). Women classified as low income were significantly less likely to claim the credit than their high income female peers. The most common responses for not claiming were that they were either not aware, or thought that they were ineligible for the tax credit. This supports Battle's (1997) notion regarding the growing complexity and inaccessibility of benefits available to seniors today. This may indicate that senior may be missing other benefits which they are available to them.

Findings from this study are consistent with current literature demonstrating an association between disability and income (Dutton and Levine, 1989). Upon comparing the experience of the low versus high income disabled senior, results indicate that all significant differences among the two groups consistently position the low income senior as disadvantaged compared to the high income senior. This was the case in regard to: experiencing disability; incurring non-reimbursed expenses; and not receiving disability related pensions and credits.

This persistent yet varying association between income and disability is difficult to understand unless its characteristics are more clearly understood. Income affects health through its interaction with many other social, physical and environmental factors. Literature supports the notion that it is not so much any single aspect of being poor that impacts functional independence and disability, but rather the entire experience of being on the bottom of the socio-economic ladder with all of the attendant material, social and psychological disadvantages (Dutton and Levine, 1989). Within the context of prosperity, income is seen to have an impact on the social and physical environment and well-being. Each of these factors in turn, affect the health of the individual by influencing individual responses, from both a behavioural and biological standpoint. Furthermore, health care, health and functioning are seen to influence prosperity (Evans et al, 1994). More low income seniors reported experiencing a disability, suffering increased financial burden, and receiving less social assistance than their high income disabled peers.

Intervention directed at the consequences of the problem and not the source seem futile. Rather than changing how low income seniors deal with disability, it would seem prudent to focus on dealing with the low income seniors. Therefore, intervention lies with challenges to health care and policy development including how to plan and provide adequate services for the growing disabled elderly population and how to assure access and awareness of existing benefits.

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Table 1. Population Characteristics of Canadians, Health and Activity Limitation Survey, 1986 (n = 4,721,000), 1991 (n = 5,130,900).

Characteristic	1986 Percent Total	1991 Percent Total	1986 Odds Ratio* (95% CI)	1991 Odds Ratio* (95% CI)
Age				
55-64	48.3	44.7	Referent	Referent
65+	51.7	55.3	0.99 (0.95-1.04)	1.52 (1.40-1.66)
Sex				
Women	54.3	53.9	Referent	Referent
Men	45.7	46.1	0.52 (0.50-0.55)	0.65 (0.60-0.71)
Marital Status				
Single	6.5	6.1	Referent	Referent
Married	66.6	66.6	0.23 (0.21-0.25)	0.26 (0.22-0.30)
Div/Sep/Wid	26.9	27.2	1.13 (1.05-1.22)	1.12 (0.96-1.30)
Geographic Location				
Urban	78.1	80.3	Referent	Referent
Rural	21.9	19.7	0.64 (0.60-0.67)	0.55 (0.49-0.62)
Type of Dwelling				
Single House	65.0	65.9	Referent	Referent
Other	35.0	34.1	2.78 (2.66-2.90)	3.28 (3.02-3.56)
Tenure of Dwelling				
Owned	73.5	77.1	Referent	Referent
Rented	26.5	22.9	3.28 (3.13-3.42)	4.81 (4.41-5.24)
Number of Persons in Household				
One Person	20.6	20.2	Referent	Referent
Two Persons	48.3	51.3	0.17 (0.16-0.17)	0.19 (0.18-0.21)
Three or More Persons	31.1	28.5	0.18 (0.17-0.19)	0.15 (0.13-0.17)
Region of Canada				
Atlantic	8.8	8.4	Referent	Referent
Quebec	25.2	24.6	1.47 (1.35-1.59)	1.47 (1.26-1.73)
Ontario	37.9	38.6	0.82 (0.75-0.89)	0.97 (0.83-1.14)
Prairies	16.2	15.4	0.92 (0.84-1.01)	0.84 (0.70-1.00)
British Columbia	11.9	13.1	1.12 (1.02-1.23)	0.75 (0.62-0.91)

*Odds ratio represents odds of having low income.

Table 2a. Percent of Disabled Canadians 55-64 Years Who Reported Incurring Non-Reimbursed Expenses Due to Their Disability by Income Status, Health and Activity Limitation Surveys

Type of Expense	1986 Income Status		1991 Income Status	
	High Income (n = 410,200)	Low Income (n = 171,300)	High Income (n = 473,200)	Low Income (n = 140,000)
Any Non-Reimbursed Expense				
Women	44.7	46.8	38.7	43.7*
Men	41.2	37.5**	36.2	37.4
Prescription/Nonprescription				
Drugs				
Women	39.0	40.8	32.2	36.0
Men	30.5	31.0	30.4	28.7
Transportation				
Women	11.1	12.2	8.1	13.0***
Men	11.6	12.8	11.0	13.5
Purchase/Maintenance Special				
Aids				
Women	9.3	7.6*	8.4	6.4
Men	6.5	3.8***	6.2	4.8
Personal Services				
Women	5.5	4.2*	4.0	2.5
Men	5.3	3.9*	2.2	—
Health/Medical Services				
Women	6.3	6.6	5.9	5.7
Men	5.5	2.7***	4.6	2.5*
Modifications to Residence				
Women	2.4	1.2***	2.4	—
Men	0.8	1.3*	1.2	—
Other Non-Reimbursed Expenses				
Women	2.8	2.1	1.3	—
Men	2.2	2.0	—	—

Chi-square analyses were conducted separately for women and men to compare differences in reported percentages between high and low income respondents.

*p<.05, **p<.01, ***p<.001.

Cells denoted by “—” are based on unweighted sample sizes of less than 15 and have been suppressed as suggested by HALS release guidelines.

Table 2b. Percent of Disabled Canadians 65 Years and Older Who Reported Incurring Non-Reimbursed Expenses Due to Their Disability by Income, Health and Activity Limitation Surveys

Type of Expense	1986 Income Status		1991 Income Status	
	High Income (n = 786,900)	Low Income (n = 219,800)	High Income (n = 928,200)	Low Income (n = 262,600)
Any Non-Reimbursed Expense				
Women	35.0	32.6**	45.7	43.8
Men	30.0	28.4	33.5	25.0*
Prescription/Nonprescription				
Drugs				
Women	22.6	23.7	34.6	32.0
Men	18.3	17.8	19.7	23.3
Transportation				
Women	10.1	8.9*	12.0	14.2
Men	9.6	6.4***	11.2	—
Purchase/Maintenance Special				
Aids				
Women	9.3	5.2***	5.6	7.5
Men	7.6	6.1*	6.3	—
Personal Services				
Women	8.8	5.7***	10.8	7.2*
Men	5.1	3.9*	4.6	—
Health/Medical Services				
Women	5.9	3.9***	6.1	—
Men	5.1	3.3**	6.5	—
Modifications to Residence				
Women	1.6	0.9**	1.4	—
Men	0.9	—	1.1	—
Other Non-Reimbursed Expenses				
Women	1.7	2.0	—	—
Men	1.7	3.1***	—	—

Chi-square analyses were conducted separately for women and men to compare differences in reported percentages between high and low income respondents.

*p<.05, **p<.01, ***p<.001.

Cells denoted by “—” are based on unweighted sample sizes of less than 15 and have been suppressed as suggested by HALS release guidelines.

Table 3. Percent of Disabled Canadians Years and Older Who Reported Receiving Disability-Related Pensions/Social Assistance by Income Status, Health and Activity Limitation Surveys

	55-64 year olds				65 and older			
	1986 Income Status		1991 Income Status		1986 Income Status		1991 Income Status	
Type of Pension/Assistance	High Income (n = 410,200)	Low Income (n = 171,300)	High Income (n = 473,200)	Low Income (n = 140,000)	High Income (n = 786,900)	Low Income (n = 219,800)	High Income (n = 928,200)	Low Income (n = 262,600)
Any Pension/Social Assistance								
Women	15.1	26.5***	25.8	49.9***	3.3	2.0***	10.7	11.3
Men	37.3	42.1***	41.1	59.3***	13.1	14.7	17.4	24.2*
Disability Pension (CPP or QPP)								
Women	10.0	12.8***	16.2	18.0	1.3	1.0	5.4	3.8
Men	19.9	20.5	26.5	34.1***	2.7	5.4***	5.4	17.4***
Veterans Pension/Allowance								
Women	0.4	---	—	—	0.3	—	—	—
Men	6.7	5.3*	2.5	2.7	6.2	5.7	10.8	—
Social Assistance/Welfare								
Women	1.3	10.8***	4.4	31.1***	0.3	0.2	—	—
Men	1.8	9.8***	3.0	25.2***	0.2	0.9***	—	—
Workers Compensation								
Women	1.8	0.7***	3.0	—	0.2	—	—	—
Men	9.4	5.8***	11.2	8.0*	2.8	1.7**	1.5	—
Other Pensions/Assistance								
Women	2.4	3.5**	8.2	6.9	1.1	0.5***	1.8	—
Men	3.3	5.0***	13.8	9.9*	1.1	0.9	1.8	—

Chi-square analyses were conducted separately for women and men to compare differences in reported percentages between high and low income respondents.

Cells denoted by “-” are based on unweighted sample sizes of less than 15 and have been suppressed as suggested by HALS release guidelines.

Table 4. Percent of Disabled Canadians Who Claimed Medical and Disability Tax Credits by Income Status, Health and Activity Limitation Survey, 1991

Type of Tax Credit Claimed	55-64 Year Olds (n=613,200)		65 Years and Older (n=1,190,900)	
	Above Low Income Line	Below Low Income Line	Above Low Income Line	Below Low Income Line
Medical Tax Credit				
Women	17.7	14.1*	19.5	11.3***
Men	18.2	18.4	17.3	13.5
Disability Tax Credit (By Self or Other)				
Women	15.1	15.0	9.5	7.9
Men	17.1	24.8***	16.4	14.2
Reason Disability Tax Credit Not Claimed [#]				
Thought Ineligible				
Women	49.8	49.0	56.6	51.4
Men	54.3	46.1**	58.7	49.0*
Did Not Know				
Women	44.4	54.8***	43.4	46.7
Men	45.0	56.1***	37.4	40.8
Other Reasons				
Women	14.4	12.9	12.5	6.8**
Men	13.5	23.4***	20.4	22.9

Chi-square analyses were conducted separately for women and men to compare differences in reported percentages between high and low income respondents.

*p<.05, **p<.01, ***p<.001.

[#]Only includes disabled participants who indicated that the disability tax credit was not claimed by either themselves or someone else. Respondents could indicate more than one reason.

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