

The 2008-2009 Disability and Health French Survey

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Abstract A national Disability and Health survey has been carried out in 2008 in France. The results will be available within a few months. The previous national survey on disability was led in 1999. This second survey aimed at completing and improving the collected data, at designing the survey in harmony with the Eurostat criteria for data collection and with ICD and ICF and at assessing French health and social policies achievements.

Introduction

The survey context

The first national survey on disability (HID) was carried out in 1999. A second survey carried out in 2008 initiates a new survey scheme intended to gather health and disability data within a common survey framework. It will be carried out every five years, focusing once primarily on disability and five years later primarily on diseases and health consumption.

The 2008-2009 survey focuses on disability.

The survey design includes European recommendations and is compatible with the Eurostat criteria for disability and health data collections.

Main aims of the survey

- To provide data for the whole population living in France:
 - at home or in social and medical institutions
 - all ages
- To provide information on each dimension of disability (risk factors, impairments, activity limitations, participation restrictions, technical and human environments)
- To improve the data collection of the former survey and provide comparable data through time
- To identify obstacles to full social participation
- To provide data that can be used
 - to evaluate the achievements of social and health policies
 - to assess the present and future number of persons eligible to allowances and individual budgets linked to activity limitations and/or participation restrictions
 - for budget planning.
- To provide data on non professional caregivers, (family members or close relationships), who they are, what they precisely do and the burden of care and assistance.

Methods & Materials

- The sample is representative of the national population of 63 235 760 persons.
- A two-step survey design in order to make sure that the household survey sample includes a large number of disabled persons:
 - a screening survey (called VQS/ Daily Life and Health) on 141 000 households to determine the probability of being disabled through 24 questions (including Washington Group short set of questions) on: health conditions, activity limitations, administrative acknowledgement of disability (i.e. eligibility to compensation devices), caregivers, home adaptations, technical aids, self perception of disability;
 - the main survey: face-to-face interviews of over 30 000 persons living at home.
- A representative sample of persons living in social and medical institutions for elderly and disabled persons.
- **Both health and disability dimensions are included based on WHO's classifications.**
 - **Health dimension** includes information related to:
 - Diseases and their causes (data analysis based on ICD)
 - Primary care (type of primary care required during the previous 12 months, frequency of use of different types of health care, possible giving up of care and its causes)
 - Health behaviours and prevention.
 - **Disability dimension** includes
 - 1 chapter on impairment: nature and severity of impairment (with other scales than ICF's)+ 1 on "functional limitations"
 - 1 chapter on activity limitations (both ADLs and a large spectrum of IADLs, mainly linked to personal life and not to professional requirements)
 - 5 chapters on environmental factors (technical aids, family, home, outdoors accessibility, discrimination)
 - 4 chapters related to social participation (schooling, employment, income and leisure).
- A specific survey on 5000 non professional caregivers (family members or close relations) was carried out to provide detailed information about family support and its links with professional support. The survey allowed to interview up to 9 caregivers for 1 person.

Such data on human support needs should allow to assess family's contribution and to plan social services and policy.

Results

- 238 000 persons fulfilled the screening questionnaire, 30 000 answered the face-to-face complete questionnaire.
- First results* of the screening data show that:
 - 10% of the population declare having a disability
 - most often linked to activity limitations, but
 - with similar activity limitations, young people, men and physically impaired persons consider themselves more often disabled than elderly, women and persons with a mental health condition.

Conclusions

The survey design was based on the ICF conceptual framework. Its application to the general population required some adaptations:

- Impairments: after strong debates, two ways of questioning were adopted: direct questions on some impairments plus indirect questions in terms of "functional limitations" which are either close to impairment or to basic activities' limitations and are supposedly more understandable by general population
- Accessibility: in order to collect information on environmental obstacles, questions were focused on whether or not some people face disabling situations, rather than whether or not the environment is accessible.
- Activity limitations - to measure environment ability to reduce disability: people are asked about their difficulties with technical aid and then without it, but in order not to have a too long questionnaire, these questions are not asked for each activity limitation

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