

Equity, Accessibility, Inclusion, and Participation

NWT Disability Strategic Framework: 2017 to 2027

LE PRÉSENT DOCUMENT CONTIENT UN RÉSUMÉ EN FRANÇAIS.

DECEMBER | DÉCEMBRE 2017



Table of Contents

Message from the Minister	iii
Executive Summary	1
Résumé en français	5
1.0 Purpose of the NWT Disability Strategic Framework	9
1.1 NWT Disability Program Review and Renewal: A Partnership Process	10
2.0 NWT Disability Strategic Framework: 2017 to 2027	11
2.1 Disability Strategic Framework Components	11
2.2 The Language of Disability	14
2.2.1 Defining Disability.....	14
2.2.2 Defining Disability Supports.....	16
2.2.3 The Complexity of Disability.....	17
3.0 Why Disability is Important	19
3.1 Impact on Persons With Disabilities, Their Families and Caregivers	19
3.1.1 Impact of Developmental/Intellectual Disability on Long-term Quality of Life.....	20
4.0 Disability in the NWT: An Evidence Based Perspective	24
4.1 Disability in the NWT: 2012 Baseline	24
4.2 Prevalence of Disability: National and NWT	25
4.2.1 Disability Prevalence by Age.....	25
4.2.2 Disability Prevalence by Gender.....	26
4.2.3 Disability by Type: Canada and Northwest Territories.....	26
4.2.4 Severity of Disability in the NWT.....	27
4.2.5 Labour Force Participation.....	28
4.2.6 Income Distribution for Persons With and Without Disabilities.....	28
4.2.7 Disability in the NWT: Ethnicity and Geography.....	30
4.3 Future Disability Outlook: 2016 to 2035	31
4.3.1 NWT Disability Projection Model.....	31
4.3.2 Short Range Disability Projections: 2016 and 2021.....	32
4.3.3 Long Range Disability Projections: 2035.....	35
Appendix A:	
Disability Demand Drivers	36
Appendix B:	
Canadian Survey on Disability: NWT 2012 Baseline	41
Table: CSD 2012 - B1.0: Prevalence of Disability by Age and Sex for Population 15 Years and Older, Canada, Provinces and Territories, 2012.....	41
Table: CSD 2012 - B1.1: No. of Persons 15 Years and Older, Canada and Northwest Territories, 2012.....	42
Table: CSD 2012 - B1.2: Type of Disability by Sex, Canada and Northwest Territories, 2012.....	43
Table: CSD 2012 - B1.3: Type of Disability by Age Group, Canada and Northwest Territories, 2012.....	44
Table: CSD 2012 - B1.4: Severity of Disability by Gender, Canada and Northwest Territories, 2012.....	46
Table: CSD 2012 - B1.5: Severity of Disability by Age Group, Canada and Northwest Territories, 2012.....	47

Table: CSD 2012 - B1.6: Income Distribution for Persons with Disabilities, Canada and Northwest Territories, 2012	48
Table: CSD 2012 - B1.7: Income Distribution for Persons with Disabilities, Canada and Northwest Territories, 2012	50

Appendix C:

NWT Disability Projections: 2016 to 2035	52
Table C-1: Disability Prevalence by Sex and Age, 0 to 14 Years and 15 Years and Older, 2006, 2012-2021	52
Table C-2: Disability Prevalence by Sex and Age, 0 to 14 Years and 15 Years and Older, 2026-2035	54
Table C-3: Disability Prevalence by Severity and Age, 15 Years and Older, 2012-2021	56
Table C-4: Disability Prevalence by Severity and Age, 15 Years and Older, 2026-2035	59
Table C-5: Disability Prevalence by Type and Age, 15 Years and Older, 2012-2021	62
Table C-6: Disability Prevalence by Type and Age, 15 Years and Older, 2026-2035	64
Figure C-1: Disability Prevalence by Total and Gender, Percentage, 15 Years and Older, 2012-2035	66
Figure C-1.1: Disability Prevalence by Total and Gender, Persons, 15 Years and Older, 2012-2035	66
Figure C-2: Disability Prevalence by Total and Gender, Percentage, 0 to 14 Years, 2016-2035	66
Figure C-2.1: Disability Prevalence by Total and Gender, Persons, 0 to 14 Years, 2016-2035	67
Figure C-3: Disability Prevalence by Severity (Severe and Very Severe), Total Population, Percentage, 15 Years and Older, 2012-2035	67
Figure C-3.1: Disability Prevalence by Severity (Severe and Very Severe), Total Population, Persons, 15 Years and Older, 2012-2035	67

Appendix D:

References	68
-------------------------	----

List of Tables

Table A-1: Life Expectancy and Mortality Rates	37
--	----

List of Figures

Figure 1: NWT Disability Strategic Framework: 2017 to 2027	12
Figure 2: NWT Disability Strategic Framework – A Shared Language	14
Figure 3: International Classification of Functioning Conceptual Framework	15
Figure 4: Interactions of Family Quality of Life Domains and Protective Factors	21
Figure 5: Buffer of Security for Family Quality of Life Provided by Protective Factors	23
Figure 6: NWT Prevalence and Age	25
Figure 7: NWT Prevalence by Gender and Age	26
Figure 8: CSD 2012: Income Distribution, Total Persons With and Without Disabilities, NWT	29
Figure 9: Disability and Ethnicity	30
Figure 10: Disability and Geography	30
Figure 11: Disability Prevalence by Total and Gender, Persons, 15 Years and Older, 2012-2035	33
Figure 12: Disability Prevalence by Total and Gender, Persons, 0 to 14 Years, 2016-2035	34
Figure A-1: Injury Pyramid	38

Message from the Minister

The GNWT is committed to ensuring effective supports are in place for persons with disabilities and is pleased to present the *NWT Disability Strategic Framework: 2017-2027 (Framework)*. In March 2016, our Government initiated the Disability Program Review and Renewal Project to identify gaps in disability programs and services, and opportunities for improvement through the development of a new strategic framework, and five-year action plan.

Disability influences us all, directly or indirectly. This Framework outlines our vision of how the NWT can become an inclusive and accessible territory. It reflects our belief that all NWT residents can and should be involved in all aspects of civic life and contribute as full citizens.

Attitudes can create more barriers than any impairment does. We are fortunate to have the leadership and commitment of many individuals and organizations, to challenge attitudes and beliefs; to break down barriers to full and equal participation; and to recognize and champion the contributions that persons with disabilities make in our society.

This Framework has been the product of a partnership between the Government of the Northwest Territories and our disability partners from the Alberta-NWT Office, Canadian National Institute for the Blind; Hay River Committee, Persons with Disabilities; NWT Association of Communities; NWT Disabilities Council; Foster Family Coalition of the NWT; NWT Seniors' Society; and the Yellowknife Association for Community Living.

The perspectives, knowledge, passion and commitment of the organizations who participated were instrumental in the creation of the Framework. In the coming months, we will finalize and begin implementing our five-year action plan and monitoring progress. It is vital that our Departments, agencies, and partners continue to work together to advance our vision to make the NWT inclusive and accessible.

Honourable Glen Abernethy

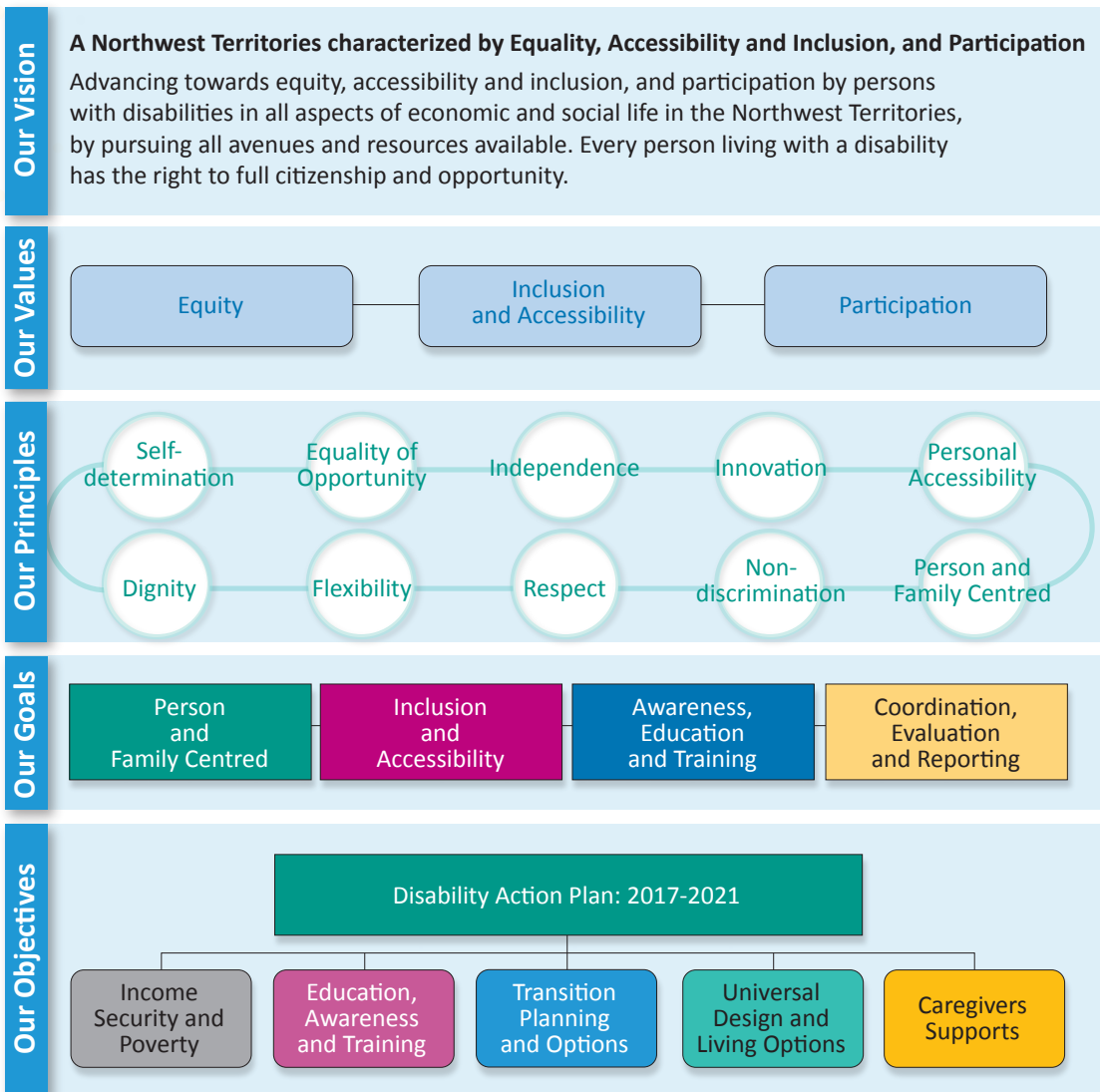


Executive Summary

The NWT Disability Strategic Framework

Equity, Accessibility, Inclusion, and Participation: NWT Disability Strategic Framework: 2017 to 2027 (the 'Framework') represents a shared collective direction and renewed commitment by the GNWT, its disability partners and stakeholders for the next decade. The Framework is based on a fundamental belief that every person living with a disability has the right to full citizenship and opportunity. This Framework guides the development and implementation of the accompanying five-year Disability Action Plans.

NWT Disability Strategic Framework: 2017 to 2027



Our Vision: A Northwest Territories characterized by Equity, Accessibility and Inclusion, and Participation – A shared commitment to advancing towards equity, accessibility and inclusion, and participation by persons with disabilities in all aspects of economic and social life in the Northwest Territories, by pursuing all avenues and resources available.

Our Principles: The Framework reflects ten principles that inform the setting of goals and taking action. The principles are: Self-Determination; Equity of Opportunity; Independence; Innovation; Personal Accessibility; Dignity; Flexibility; Respect; Non-Discrimination; and, Person and Family Centred.

Our Goals: The Framework is founded on four interconnected goals which represent and give meaning to our shared disability vision and commitment.

**GOAL
1**

Person and Family Centred

To be respectful, compassionate, culturally competent and safe, as well as responsive to the needs and preferences of persons with disabilities and their family or caregiver.

**GOAL
2**

Inclusion and Accessibility

A commitment to improving accessibility by removing physical, social, cultural and systemic barriers by advocating and advancing the principle of ‘universal design’ to facilitate inclusion and equitable participation.

**GOAL
3**

Awareness, Education and Training

To contribute to changing attitudes, beliefs and practices regarding disabilities through increased awareness, knowledge, education and training.

**GOAL
4**

Coordination, Evaluation and Reporting

A shared commitment to coordination and collaboration through a ‘whole of government’ approach and across non-government disability partners, including undertaking collaborative priority disability research and analysis (e.g., prevalence of disability surveys or other instruments), evaluation and reporting in compliance with the GNWT’s system wide accountability framework.

The Language of Disability

The Framework recognizes and adopts the language and concepts set out by the World Health Organization – *International Classification of Functioning, Disability and Health*, and the United Nations *Convention on the Rights of Persons with Disabilities*. This recognizes that disability is an *evolving and complex concept* and that disability results from the interaction between persons with impairments, attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. The *NWT Framework* is consistent with the *Canadian Charter of Rights and Freedoms*, the *NWT Human Rights Act*, and accommodates physical, mental, intellectual or sensory impairments.

Why Disability is Important

Disability is an important individual, family, caregiver and societal issue that can be understood from a number of complex and interrelated dimensions.

- Disability is important because of the direct and indirect impact disability has on the individual, their family and caregivers.
- Disability is often linked to poverty and quality of life: disability may increase the risk of poverty, and poverty may increase the risk of disability.
- The onset of disability may lead (or contribute) to the reduction of social and economic well-being through adverse impacts on education, employment, earnings, and increased expenditures related to disabilities.
- Disability has societal implications – legal, political, economic, ethical and social.

NWT Disability in Context: 2012

Prevalence: In the NWT over 2,700 persons aged 15 years or older reported a disability, representing some 8% of the population. Over 1,300 persons (48%) experienced ‘severe’ to ‘very severe’ disabilities. The corresponding rates for Canada were 14% and 49%, respectively.

Ethnicity: Of the 2,720 Persons With Disabilities (PWD) 15 years and older, 1,680 (62%) were Indigenous and 1,040 (38%) were non-Indigenous. By comparison, the total Indigenous population was 15,850, representing some 48% of the territorial population, while non-Indigenous accounted for 17,510, representing about 52%.

Geography: Where PWD live provides an important perspective on disability. 920 PWD were living in Yellowknife, representing some 34% of the total population with disabilities. The remaining 1,810 PWD (66%) were living in the regional centres and small communities. Of the 920 PWD in Yellowknife, 260 (28%) were Indigenous and 660 (72%) were non-Indigenous. The corresponding figures for the rest of the NWT were 1,430 (79%) and 380 (21%), respectively.

NWT Disability Projections: 2016 to 2035

The NWT disability projection model results indicate the following outlook for disabilities, which also illustrates the impact of our aging population and the prevalence of disability:

2016: There were some 3,200 persons (15 years and older) experiencing a disability, representing a prevalence rate of over 9%. An additional 290 persons aged 0 to 14 years experienced a disability, representing a rate of 3% in this age group.

2021: Some 3,500 persons (15 years and older) will experience a disability, representing a prevalence rate of nearly 10%. An additional 290 persons aged 0 to 14 years will experience a disability, representing a rate of 3% in this age group.

2035: Of the total population aged 15 years and older, some 4,600 are projected to experience a disability, representing a prevalence rate of over 12%. This represents an increase of some 1,900 or 69% from 2012. An additional 260 persons aged 0 to 14 years will experience a disability, representing a rate of 3% in this age group.

Impact of Developmental and Intellectual Disability – Looking Beyond the Statistics

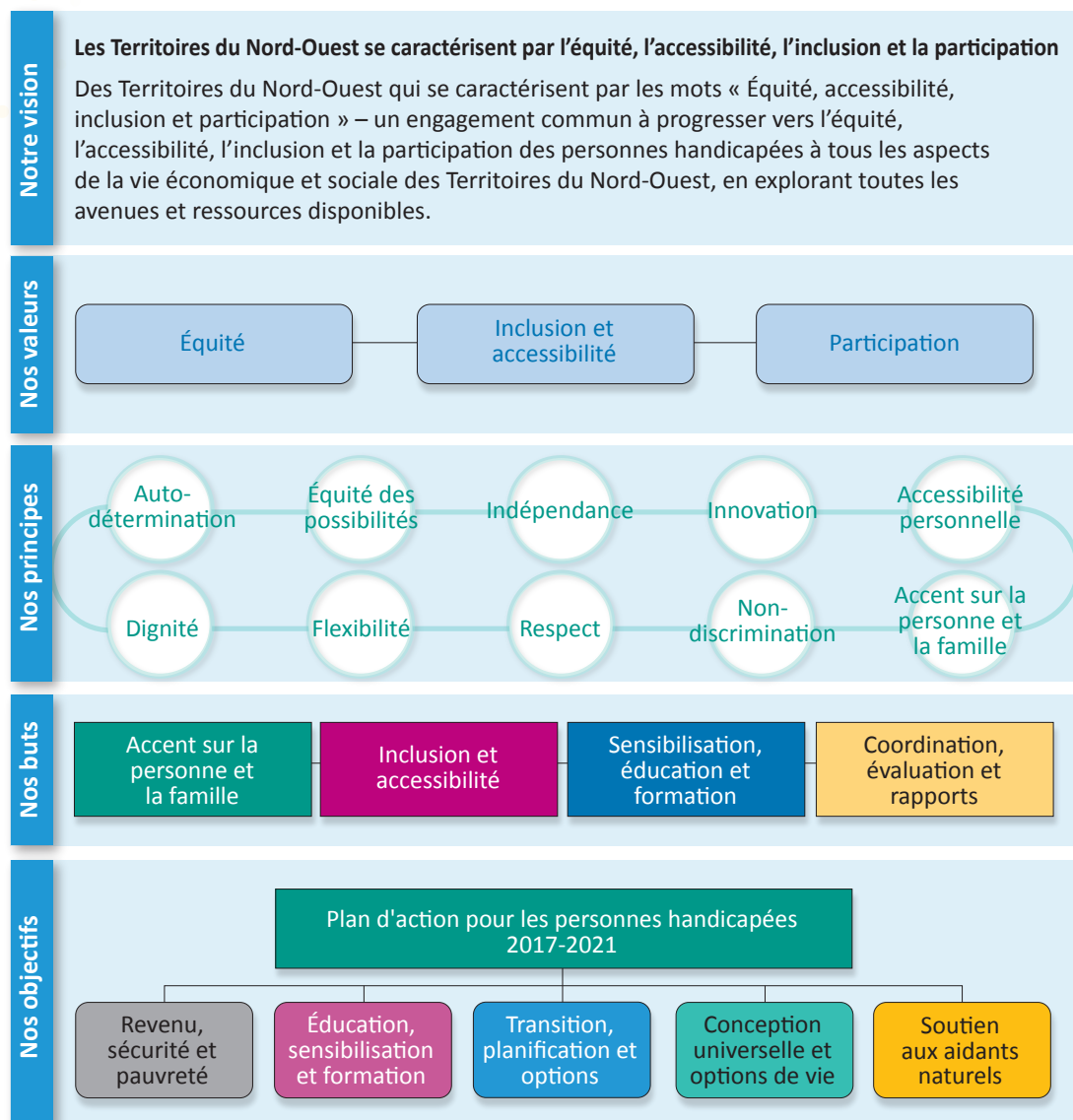
Despite the growing volume of disability related quantitative data for the general and adult population, there are gaps for less studied areas of disability (e.g., developmental and intellectual) and certain age groups (e.g., children). The impacts on these populations however are often significant and expansive. Within the disability community, it is important to recognize these impacts with equal weight and importance – by looking beyond the statistics and learning from lived experience and qualitative information. This includes recognition of the complex and interrelated impacts: family quality of life; well-being of the person with the disability and the primary caregiver; financial security; access to services; community interactions; and protective factors.

Cadre stratégique des TNO sur les personnes handicapées : de 2017 à 2027 – Résumé

Cadre stratégique des TNO sur les personnes handicapées

Équité, accessibilité, inclusion et participation – Cadre stratégique des TNO sur les personnes handicapées : de 2017 à 2027 (le « Cadre ») représente une orientation collective commune et un engagement renouvelé de la part du GTNO, de nos partenaires pour les personnes handicapées et de parties concernées pour la prochaine décennie. Le Cadre est fondé sur une croyance fondamentale selon laquelle toute personne handicapée a droit à la pleine citoyenneté et à toutes les possibilités offertes par celle-ci. Le présent Cadre guide l'élaboration et la mise en œuvre des plans d'action quinquennaux connexes pour les personnes handicapées.

Cadre stratégique des TNO sur les personnes handicapées : de 2017 à 2027



Notre vision : Des Territoires du Nord-Ouest qui se caractérisent par les mots « Équité, accessibilité, inclusion et participation » – un engagement commun à progresser vers l'équité, l'accessibilité, l'inclusion et la participation des personnes handicapées à tous les aspects de la vie économique et sociale des Territoires du Nord-Ouest, en explorant toutes les avenues et ressources disponibles.

Nos principes : Le Cadre reflète dix principes qui guident l'établissement des objectifs et la prise de mesures. Ces principes sont : l'autodétermination; l'équité des possibilités; l'indépendance; l'innovation; l'accessibilité personnelle; la dignité; la flexibilité; le respect; la non-discrimination; et l'accent mis sur la personne et la famille.

Nos objectifs : Le Cadre est fondé sur quatre objectifs interdépendants qui représentent et donnent un sens à notre vision et à notre engagement communs par rapport aux personnes handicapées.

OBJECTIF

1

Accent mis sur la personne et la famille

Être respectueux, compatissant, compétent sur le plan culturel et sécuritaire, ainsi que sensible aux besoins et aux préférences des personnes handicapées et de leur famille ou aidant naturel.

OBJECTIF

2

Inclusion et accessibilité

Un engagement à améliorer l'accessibilité en supprimant les obstacles physiques, sociaux, culturels et systémiques en défendant et en faisant progresser le principe de la « conception universelle » pour faciliter l'inclusion et la participation équitable.

OBJECTIF

3

Sensibilisation, éducation et formation

Contribuer à l'évolution des attitudes, des croyances et des pratiques concernant les personnes handicapées, en augmentant la sensibilisation, les connaissances, l'éducation et la formation.

OBJECTIF

4

Coordination, évaluation et rapports

Un engagement commun à l'égard de la coordination et de la collaboration au moyen d'une approche pangouvernementale et de partenaires non gouvernementaux pour les personnes handicapées, y compris la réalisation de recherches et d'analyses concertées prioritaires sur les personnes handicapées (p. ex. la prévalence des enquêtes sur les personnes handicapées ou d'autres instruments), l'évaluation et la production de rapports en conformité au cadre de responsabilisation du GTNO.

Langage relatif aux personnes handicapées

Le Cadre reconnaît et adopte le langage et les concepts énoncés par la *Classification internationale du fonctionnement, de l'incapacité et de la santé* de l'Organisation mondiale de la santé et la *Convention des Nations Unies relative aux droits des personnes handicapées*. Cela reconnaît que l'incapacité est un concept évolutif et complexe et qu'elle résulte de l'interaction entre des personnes présentant des incapacités et les barrières comportementales et environnementales qui font obstacle à leur pleine participation efficace à la société sur la base de l'égalité avec les autres. Le Cadre des TNO est conforme à la *Charte canadienne des droits et libertés* ainsi qu'à la *Loi sur les droits de la personne des TNO* et tient compte des déficiences physiques, mentales, intellectuelles ou sensorielles.

Pourquoi les incapacités sont importantes

Les incapacités sont une question importante pour l'individu, la famille, les aidants naturels et la société. Cette question peut être comprise à partir d'un certain nombre de dimensions complexes et interdépendantes.

- Les incapacités sont importantes en raison de leur incidence directe et indirecte sur l'individu, sa famille et ses aidants naturels.
- Les incapacités sont souvent liées à la pauvreté et à la qualité de vie : elles peuvent accroître le risque de pauvreté et la pauvreté peut augmenter le risque d'incapacité.
- Le début d'une incapacité peut mener (ou contribuer) à la réduction du bien-être social et économique en raison de répercussions négatives sur l'éducation, l'emploi, les revenus et l'augmentation des dépenses qui y sont liées.
- Les incapacités ont des implications sociétales – juridiques, politiques, économiques, éthiques et sociales.

Renseignements sur les personnes handicapées des TNO : 2012

Prévalence : Aux TNO, plus de 2 700 personnes âgées de 15 ans ou plus ont déclaré avoir une incapacité, ce qui représente environ 8 % de la population. De ce nombre, plus de 1 300 personnes (48 %) avaient une incapacité de « grave » à « très grave ». Les taux correspondants pour le Canada étaient de 14 % et de 49 %, respectivement.

Ethnicité : Sur les 2 720 personnes handicapées (PH) de 15 ans et plus, 1 680 (62 %) étaient des Autochtones et 1 040 (38 %) des Non-Autochtones. En comparaison, la population autochtone totale se chiffrait à 15 850 personnes, soit environ 48 % de la population territoriale, tandis que les non-Autochtones étaient au nombre de 17 510, soit environ 52 % de celle-ci.

Géographie : Le lieu de résidence des PH offre une perspective importante sur celles-ci. Neuf cent vingt PH vivaient à Yellowknife, ce qui représente environ 34 % de la population totale ayant des incapacités. Le reste des PH (1 810 ou 66 %) vivaient dans les centres régionaux et de petites collectivités. Sur les 920 PH habitant à Yellowknife, 260 (28 %) étaient des Autochtones et 660 (72 %), des Non-Autochtones. Les chiffres correspondants pour le reste des TNO étaient respectivement de 1 430 (79 %) et de 380 (21 %).

Projections relatives aux personnes handicapées des TNO : de 2016 à 2035

Les résultats du modèle de projection du nombre de personnes handicapées aux TNO indiquent les perspectives suivantes, ce qui illustre également l'incidence du vieillissement de notre population et la prévalence des incapacités.

2016 : Quelque 3 200 personnes (15 ans et plus) étaient handicapées, ce qui représente un taux de prévalence de plus de 9 %. De plus, 290 autres personnes âgées de 0 à 14 ans étaient handicapées, ce qui représente un taux de 3 % dans ce groupe d'âge.

2021 : Quelque 3 500 personnes (15 ans et plus) seront handicapées, ce qui représente un taux de prévalence de près de 10 %. En outre, 290 autres personnes âgées de 0 à 14 ans seront handicapées, ce qui représente un taux de 3 % dans ce groupe d'âge.

2035 : Sur l'ensemble de la population âgée de 15 ans et plus, on prévoit qu'environ 4 600 personnes seront handicapées, ce qui représente un taux de prévalence de plus de 12 %. Cela représente une augmentation d'environ 1 900 ou de 69 % par rapport à 2012. En outre, 260 autres personnes âgées de 0 à 14 ans seront handicapées, ce qui représente un taux de 3 % dans ce groupe d'âge.

Répercussions des incapacités intellectuelles et développementales – Au-delà des statistiques

Malgré le volume croissant de données quantitatives liées aux personnes handicapées pour la population générale et adulte, il y a des lacunes pour les types d'incapacités moins étudiées (p. ex. développementales et intellectuelles) et pour certains groupes d'âge (p. ex. les enfants). Cependant, les répercussions sur ces populations sont souvent importantes et profondes. Au sein de la communauté des personnes handicapées, il est important de reconnaître que ces répercussions avec le même poids et la même importance – en regardant au-delà des statistiques et en tirant des leçons de l'expérience vécue et de l'information qualitative. Cela comprend la reconnaissance des répercussions complexes et interreliées : la qualité de vie familiale, le bien-être de la personne handicapée et du principal aidant naturel, la sécurité financière, l'accès aux services, les interactions avec la collectivité et les facteurs de protection.

1.0 Purpose of the NWT Disability Strategic Framework

A strategic framework provides a way of understanding, analyzing and moving forward in a consistent and evidence based way to address societal issues. A framework facilitates a disciplined way of defining the context, issues, concepts and assumptions in a way that exposes possibilities, options and actions. This is achieved through exploring three critical policy questions regarding disability: *What has happened? What is happening? And, what is likely to happen?*

The *NWT Disability Strategic Framework: 2017 to 2027*, in conjunction with the Accessible Inventory, Five-Year Action Plan and the supporting technical research, provides a contemporary and comprehensive perspective on disability and the associated critical issues. It sets out a ten-year shared vision, strategic direction, principles and a commitment by the Government of the Northwest Territories and our disability partners to advance equity, accessibility and inclusion, and participation by all persons with disabilities in all aspects of economic and social life in the Northwest Territories.

The *NWT Disability Strategic Framework: 2017 to 2027*, builds on the foundational work in the 2004 NWT Disability Framework, the 2008 Disability Action Plan for Persons with Disabilities, the NWT Disabilities Council's *NWT Disability Services Project 2015 Report*, and the results from the NWT Disability Program Review and Renewal Project.

This vision and direction will be achieved through integration and alignment with a range of existing strategic priorities and initiatives across the GNWT to create synergies, build additional momentum, avoid duplication and, optimize resources and capacities. The *NWT Disability Strategic Framework: 2017 to 2027* integrates and aligns with the following:

- *Priorities of the 18th Legislative Assembly and the Mandate of the GNWT for 2016-2019;*
- *Legislative Assembly Motion (13-18 (2)) in 2016 calling for a review of disability programs;*
- *Health and Social Services Strategic Plan – 2017 to 2020: Caring for Our People;*
- *Health and Social Services Strategic Framework – Mind and Spirit: Promoting Mental Health and Addictions recovery (2016-2021);*
- *Education, Culture and Employment Skills 4 Success: 10-Year Strategic Framework and 4-Year Action Plan (2016-2020);*
- *GNWT's Early Childhood Development Framework and Action Plan;*
- *GNWT's Child and Youth Mental Wellness Action Plan;*
- *GNWT Anti-Poverty Strategic Framework.*

1.1 NWT Disability Program Review and Renewal: A Partnership Process

The Government of the Northwest Territories (GNWT) is committed to ensuring effective supports and programs for persons with disabilities (PWD). Responsibility for administration of programs and services for PWD is shared among several GNWT departments and requires a collaborative approach to ensure best alignment of resources and a comprehensive approach that is person centered and accessible. The GNWT continues to recognize the need for a strategic framework to guide multi-departmental planning and initiatives, which work towards a renewed vision, principles, and an action plan. *The NWT Disability Framework: 2017 to 2027* is our collective way forward.

The Disability Framework resulted from the findings and conclusions of the *NWT Disability Program Review and Renewal Project*, which will inform options and decisions by the Department of Health and Social Services and other GNWT departments regarding optimal allocation of scarce resources and future program investments related to disability supports based on the best and most current data and information available.

The NWT Disability Program Review and Renewal Project also completed the following: an accessible inventory of GNWT supports currently available to persons with disabilities; identification of gaps and barriers; and a five-year action plan that addresses the needs of children and adults with disabilities.

Disability Reference Panel: The NWT Disability Program Review and Renewal Project was undertaken in collaboration with the *Disability Reference Panel*, which was established as an external advisory and guidance group to provide a non-government perspective on disability programs, supports and service delivery.

The Disability Reference Panel, chaired by the Executive Director of the NWT Disabilities Council, was comprised of the following non-government organizations: Alberta-NWT Office, Canadian National Institute for the Blind; Hay River Committee, Persons with Disabilities; NWT Association of Communities; NWT Disabilities Council; Foster Family Coalition of the NWT; NWT Seniors' Society; and, the Yellowknife Association for Community Living.

The Review and Renewal Project was supported by an Inter-Departmental Working Group, chaired by the Director of Seniors and Continuing Care, Health and Social Services, and was comprised of the departments and agencies that are involved in the delivery of programs and services that support persons with disabilities, and included: Department of Finance; Department of Justice; Education, Culture and Employment; Health and Social Services; Municipal and Community Affairs; and the NWT Housing Corporation.

2.0 NWT Disability Strategic Framework: 2017 to 2027

Equity, Accessibility, Inclusion, and Participation: NWT Disability Strategic Framework: 2017 to 2027 represents a shared collective direction and commitment by the GNWT, our disability partners and stakeholders for the next decade. This framework guides the development and implementation of the first five-year *NWT Disability Action Plan: 2017-2021* and, will direct the development of subsequent action plans.

2.1 Disability Strategic Framework Components

NWT Disability Strategic Framework

The NWT Disability Strategic Framework components and linkages are presented in Figure 1. The components are presented in further detail in the following section. The components of the framework include Vision, Values, Principles, and Goals.

Our Vision

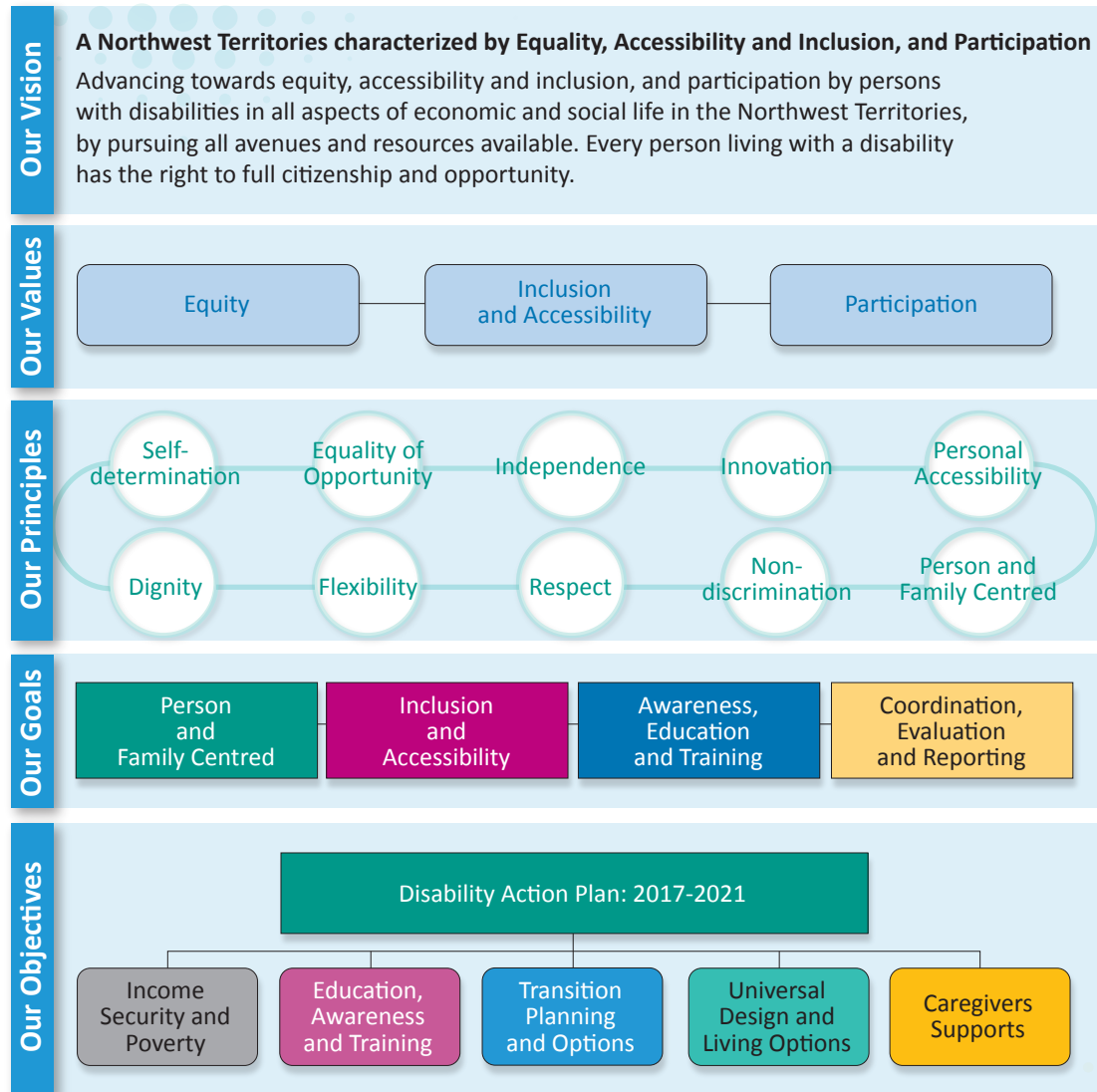
A Northwest Territories characterized by Equity, Accessibility and Inclusion, and Participation

Advancing towards equity, accessibility and inclusion, and participation by persons with disabilities in all aspects of economic and social life in the Northwest Territories, by pursuing all avenues and resources available.

Every person living with a disability has the right to full citizenship and opportunity. Our vision encompasses the following:

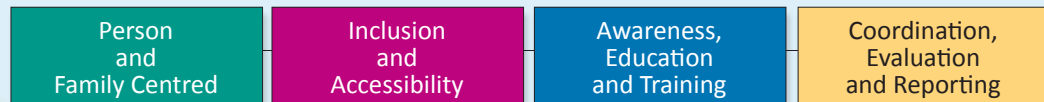
- Together we will continue our collective commitment to building greater understanding of disability and the impacts on persons with disabilities, their families and caregivers, and society.
- A shared commitment to make decisions based on evidence and best practices from across the NWT and other jurisdictions and organizations.
- Strengthen our integration, collaboration and coordination practices across all the disability partners (government and non-government) to achieve greater economies of scale and tangible positive impacts
- Our purpose and commitment is to contribute to achieving optimal health, functioning, well-being and human rights for all persons with disabilities.

Figure 1: NWT Disability Strategic Framework: 2017 to 2027



The Strategic Framework Goals

The *NWT Disability Strategic Framework* is founded on four interconnected goals which represent and give meaning to our shared disability vision and commitment. These goals shape and guide our priority objectives and the associated actions, as detailed in the *Disability Action Plan: 2017 to 2021*. The goals are:



GOAL 1 Person and Family Centred

To be respectful, compassionate, culturally competent and safe, as well as responsive to the needs and preferences of persons with disabilities and their family or caregiver.

Person and family centred means being centered on the individual and family to support and empower them, and is based on their strengths, needs, interests and goals. This is central to achieving the GNWT's goal of *cultural safety* as an outcome based on respectful engagement that recognizes and strives to address power imbalances in the delivery of disability programs and supports.

GOAL 2 Inclusion and Accessibility

A commitment to improving accessibility by removing physical, social, cultural and systemic barriers by advocating and advancing the principle of 'universal design' to facilitate inclusion and equitable participation.

Disability supports are led and directed by the individual and their family, reflecting a commitment to ensure that individuals and their family do not experience delay, denial, or disruption of services. Universal design means the design of products, environments, programs and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.

GOAL 3 Awareness, Education and Training

To contribute to changing attitudes, beliefs and practices regarding disabilities through increased awareness, knowledge, education and training.

A shared commitment to building a stronger understanding of disability through recognition that disability is a continuum and not a dichotomy, and that it needs to be seen through a life course perspective. This includes recognizing and challenging 'ableism' attitudes that can devalue and limit the potential of persons with disabilities. Ableism is a belief system, comparable to racism, sexism or ageism that sees persons with disabilities as being less worthy of respect and consideration, less able to contribute and participate, or of less inherent value than others.

GOAL 4 Coordination, Evaluation and Reporting

A shared commitment to coordination and collaboration through a 'whole of government' approach and across non-government disability partners, including undertaking collaborative priority disability research and analysis (e.g., prevalence of disability surveys or other instruments), evaluation and reporting.

This goal is central to strengthened understanding of the demand for and provision of disability supports.

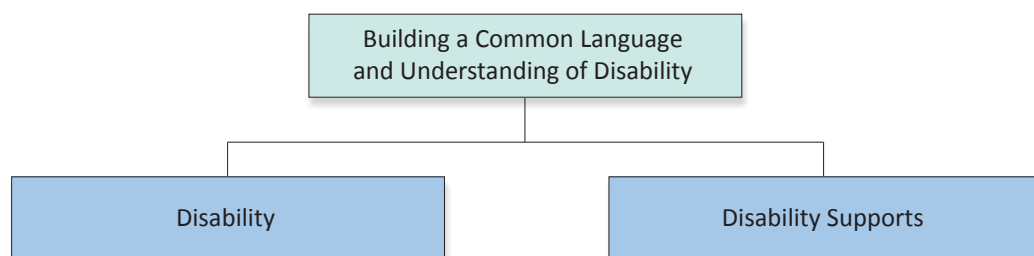
GNWT Disability Action Plan: 2017-2021

The five-year *GNWT Disability Action Plan: 2017-2021* is a separate document that provides the mechanism to advance the priorities and commitments in the Disability Strategic Framework. The Action Plan focuses on five priority objectives: Income Security and Poverty; Education, Awareness and Training; Transition Planning and Options; Universal Design and Living Options; and, Caregiver Supports.

2.2 The Language of Disability

The *NWT Disability Strategic Framework* recognizes the importance of a common language and understanding of disability terms and concepts. The *Action Plan* includes a glossary of key disability terms to build a shared understanding and enable effective collaboration. There are, however, two critical definitions to advancing the Disability Strategic Framework and the Action Plan: 'disability' and 'disability supports'.

Figure 2: NWT Disability Strategic Framework – A Shared Language



2.2.1 Defining Disability

There is no formal harmonized definition of disability in Canada at this time based on the fact that disability is a complex and evolving phenomenon. The framework has adopted the most widely accepted definition of disability as provided by the World Health Organization (WHO, 2011). The United Nations *Convention on the Rights of Persons with Disabilities* (CRPD, UN, 2006), which has over 160 signatories, including Canada, provides further qualification and detail to this definition.

World Health Organization

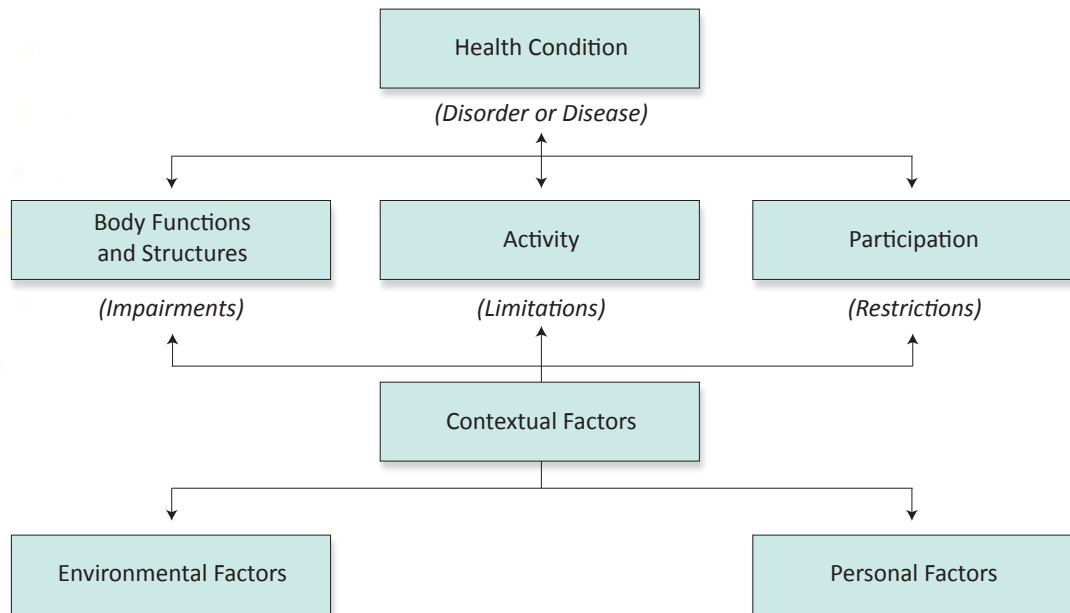
Disability is an umbrella term for impairment, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and the individual's contextual factors (environmental and personal factors) (WHO, 2011).

- *Impairment:* A problem in body function or structure such as a significant deviation or loss.
- *Activity Limitations:* Difficulties an individual may have in executing activities.
- *Participation Restrictions:* Problems an individual may experience in involvement in life situations.

The *International Classification of Functioning, Disability and Health (ICF)* (WHO, 2001) provides the global conceptual framework:

- The ICF positions functioning and disability as a dynamic interaction between health conditions and contextual factors, both personal and environmental.
- The ICF is promoted as a ‘bio-psycho-social model’, it represents a workable compromise between the medical and social model.
- The ICF is viewed as universal because it covers all human functioning and treats disability *as a continuum* rather than categorizing people with disabilities as a separate group. Disability is a matter of more or less not yes or no.

Figure 3: ICF Conceptual Framework (WHO, 2001)



United Nations Convention on the Rights of Persons with Disabilities

The *Convention on the Rights of Persons with Disabilities (CRPD)*, which was adopted in 2006 and came into force in 2008, is an international human rights treaty of the United Nations whose purpose is: “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity”. The CRPD is instructive in its scope and approach, including:

- The CRPD adopts a social model of disability, and defines persons with disabilities as including “those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.
- CRPD is based on eight fundamental principles, which informed the development of the NWT Disability Strategic Framework: Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons; Non-discrimination; Full and effective participation and inclusion in society; Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity; Equality of opportunity; Accessibility; Equality between men and women; and, Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

- Importantly, the Convention expands on key principles and their application through definitions, which include the following of direct relevance to the NWT Disability Strategic Framework, specifically: *Principle of reasonable accommodation; Prevention of discrimination; and, Accessibility.*

NWT Definition of Disability and Conceptual Framework

The NWT Disability Strategic Framework recognizes and adopts the conceptual framework set out by the World Health Organization, the International Classification of Functioning, Disability and Health, and the Convention on the Rights of Persons with Disabilities. This conceptual framework was adopted based on the fact that it recognizes that disability is an *evolving and complex concept* and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others. The World Disability Report (WHO, 2011) states that “*Disability is complex, dynamic, multi-dimensional, and contested.*” As such, it has been difficult to reach agreement on a working definition (Human Resource Development Canada, 2003).

This conceptual framework and definition is consistent with the *Canadian Charter of Rights and Freedoms*, the *NWT Human Rights Act*, and accommodates physical, mental, intellectual or sensory impairments.

This definitional framework enables maximum flexibility to accommodate the wide range of disability supports (policies, programs and services) by the GNWT and the disability partners. Additionally, the conceptual framework and definition have been adopted by a wide range of non-government organizations around the world, including the following in Canada: Council for Canadians with Disabilities (CCD); Canadian Centre on Disability Studies (CSDS); and the Council of Canadians.

2.2.2 Defining Disability Supports

The Disability Program Review and Renewal Project advanced a common language and understanding of disability supports (i.e., programs and services). One of the challenges was the absence of a formal definition, which contributed to a range of interpretations of what is meant by disability support, program and service by GNWT departments and the disability partners. A common definition is important because it enables the alignment of disability supports, which are understood to be a social investment, with GNWT priorities by assessing the contribution of outcomes to those priorities. It also ensures due diligence by defining accountabilities and responsibilities for outcomes.

NWT Disability Supports, Programs and Services

Disability Supports: At a general level, disability supports mean *any goods or services that assist people to overcome limitations in carrying out activities of daily living and to participating in society more generally.* A support is a means of providing monetary, administrative and logistic aid to an individual, group or other entity. More specifically, a disability support is “*any good, service or environmental adaptation that assists people with disabilities to overcome limitations in carrying out activities of daily living and participating in the social, economic, political and cultural life of the community.*” (The Roeher Institute, 2002 & 2005). It is recognized and respected that not every person with a disability (PWD) chooses to access and utilize disability supports.

2.2.3 The Complexity of Disability

The *World Disability Report* (WHO, 2011) placed disability into context by observing that “Disability is complex, dynamic, multi-dimensional, and contested.” The boundaries and contours of the disability dialogue are illustrated by its recognition as part of the human condition and in its diversity, which includes recognition of the following:


- Persons with disabilities are diverse and heterogeneous.
- Disability encompasses the child born with a congenital condition such as cerebral palsy or a worker who last lost a limb, sight or hearing from an industrial accident, or the middle-aged woman with severe arthritis, or the older person with dementia.
- Health conditions can be visible or invisible, temporary or long-term, static, episodic, or degenerating, painful or relatively inconsequential.
- While disability does correlate with disadvantage, not all people with disabilities are equally disadvantaged. For example, people with mental health conditions or intellectual impairments appear to be more disadvantaged in many settings than those who experience physical or sensory impairments.
- Disability is a human rights issue: persons with disabilities experience inequalities – for example, when they are denied equal access to health care, employment, education, or potential participation because of their disability. They can be subject to violations of dignity – for example, when they are subjected to violence, abuse, prejudice, or disrespect because of their disability. Additionally, persons with disabilities are at risk of being denied autonomy. Data from the NWT Human Rights Commission indicates that of the 349 total complaints opened over the 12-year reporting period (2004 to 2016), 156 were disability-related complaints, representing some 45% of the total complaints. It should be noted that human rights complaints may include other contributing reasons (i.e. age, race, religion, etc.) beyond alleged discrimination on the basis of disability.

Disability, as an individual and societal issue, has evolved from the early medical model to the social model, and is increasingly engaged in an emerging public dialogue on a new perspective – a socio-political model. The models are briefly summarized below.

Medical Model: The medical model considers that disability results from an individual’s physical or mental limitations, and is unconnected to the environment. The model is oriented towards clinical diagnosis, treatment, cure and prevention. The model places the source of the problem within a single impaired person, and concludes that solutions are found by focusing on the individual to overcome personal impairment.

Social Model: The social model began to emerge in the 1960s, and regards disability to be a result of the way society is organized. Shortcomings in our social organization mean that persons with disabilities face a range of barriers and discrimination to participation, including attitudinal, environmental and institutional barriers and discrimination. These types of barriers contribute to persons with disabilities being unable to take full control of their own lives and achieve their potential.

The social model had a critical impact on the way that disability is defined by the World Health Organization and the *International Classification of Functioning, Disability and Health (ICF)*. *Disability* is the interaction between an individual (with a health condition) and the individual’s contextual factors (environmental and personal factors) (WHO, 2001 & 2011). The ICF is promoted as a ‘bio-psycho-social model’, as it represents a workable compromise between the medical and social model.



Socio-Political Model: The emerging socio-political model of disability is an expression of the behaviours, attitudes and barriers that cause disabling conditions in society. This model explains that attitudes, and economic, legal and policy barriers are the real reasons that people with disabilities have difficulties participating as full members of society. This model shifts the focus to changing attitudes, altering environmental barriers and advancing the potential of persons with disabilities.

Disability policy in Canada has traditionally viewed disability as a category of social need, a threat to health and well-being and a strain upon resources. Rather than a coordinated policy strategy, the current disability policy structure consists of a set of program activities – referred to as disability supports. The result of the traditional perspective is that disability policy is contained within only those policies and programs that appear directly relevant to people with disabilities.

The socio-political model calls for a new approach to disability policy, which has been generally viewed as a dimension of a range of health, education, social services and income security mandates. The distribution of disability mandates and policies over many public agencies and departments, as well as the non-government organizations, creates integration and coordination challenges. The socio-political model encompasses an alternative policy perspective that does not simply focus on disability supports (programs and services) to address the needs of persons with disabilities and their families, but also concentrates on removing environmental barriers, changing attitudes and programs that are currently not succeeding, and advancing the human rights and potential of people with disabilities (*The Disability-Related Policy Website, Disability and Information Technologies Research Alliance, University of Manitoba*).

3.0 Why Disability is Important

Disability is an important individual, family, caregiver and societal issue that can be understood from three complex and interrelated dimensions. The first dimension is the direct and indirect impact disability has on the individual, their family and caregivers. Extending beyond the immediate social context of the individual and their family/caregivers, the second dimension of disability is societal implications (legal, political, economic, ethical and social). The final dimension encompasses the clear and present impact of disability demand drivers, which include health, accidents and injuries, and social determinants (including demographic and economic factors).

The complexity of disability means we must consider how these dimensions affect one another. For example, most disability drivers may not capture residents who may have lifelong disabilities that require supports and services. This could include residents with intellectual or cognitive disabilities, significant learning disabilities, or an undiagnosed congenital anomaly. Existing forms of data collection might not quantify this population accurately and anecdotal findings suggest this population could be significant in number (i.e. the potential lack of validity in self-reporting for individuals with intellectual disabilities). These residents may require lifelong supports of varying intensity to achieve full participation.

Reviewing only demand drivers may not provide an accurate or complete understanding of the support or programming that is required. This becomes particularly important when considering the most effective use of future investment that will reduce barriers and promote full citizenship and opportunity. The first two dimensions are discussed in more detail below. Additional details regarding disability demand drivers can be found in Appendix A.

3.1 Impact on Persons With Disabilities, Their Families and Caregivers

Disability is an important issue because of its interrelationship to poverty and quality of life: disability may increase the risk of poverty, and poverty may increase the risk of disability. The onset of disability may lead (or contribute) to the reduction of social and economic well-being through the adverse impact on education, employment, earnings, and increased expenditures related to disabilities.

Disability has direct and indirect impacts on the person experiencing the disability, their family and caregivers (see National Academics of Sciences, Engineering, and Medicine, 2016). The impacts include, but are not limited to, the following:

- Diminished clinical and psychological health, especially if there the person has multiple disabilities. In 2016, the NWT had some 3,200 persons with disabilities, representing over 9% of the total population aged 15 years and older. Nearly half of those were categorized with ‘severe to very severe’ disabilities. Additionally, there were some 300 children aged 0 to 14 years with disabilities, representing 3% of this cohort.
- Having one disability means a significant risk of additional or secondary disabilities.
- Unequal access to education or employment opportunities and ability to earn income.
- Additional expenses– such as medical costs, mobility devices, additional caregiving, meeting additional safety needs and transportation.
- Financial impact on family caregivers including reduced employment and income. Households with a disabled member are more likely to experience food insecurity and inadequate housing.

- Health impacts of disability on family and caregivers is significant. This includes stress and mental health consequences. This also includes the rising numbers of older adults and fewer family caregivers to support and care for them. The gap between the demand and supply of caregiving is increasing.
- The family caregiver role is more demanding than in the past – such as managing difficult medical procedures and equipment, overseeing medications, monitoring symptoms and side effects, and navigating complex systems and services.

3.1.1 Impact of Developmental/Intellectual Disability on Long-term Quality of Life

As demonstrated, by the comprehensive data and supporting information presented in Section 4 of the *Disability Framework*, there is a definite imbalance to the amount of quantitative data available for less studied areas of disability and/or age groups. However, as seen through qualitative information presented, the impact is significant and expansive. Within the disability community, it is important to demonstrate these impacts with equal weight and importance. The following provides a more in-depth look at the long-term impact of a developmental or intellectual disability on the family unit. It is a focused lens that illustrates how every facet of the family's life is directly impacted through disability and why singular domain approaches of address, or approaches which are primarily driven by quantitative data, do not equate to best practice (Figures 4 and 5). It is recognized that while disability related data is important, it only provides part of the story. Lived experience and qualitative information are essential to more fully appreciate disability. The following provides insight that is key to understanding.

Family Quality of Life

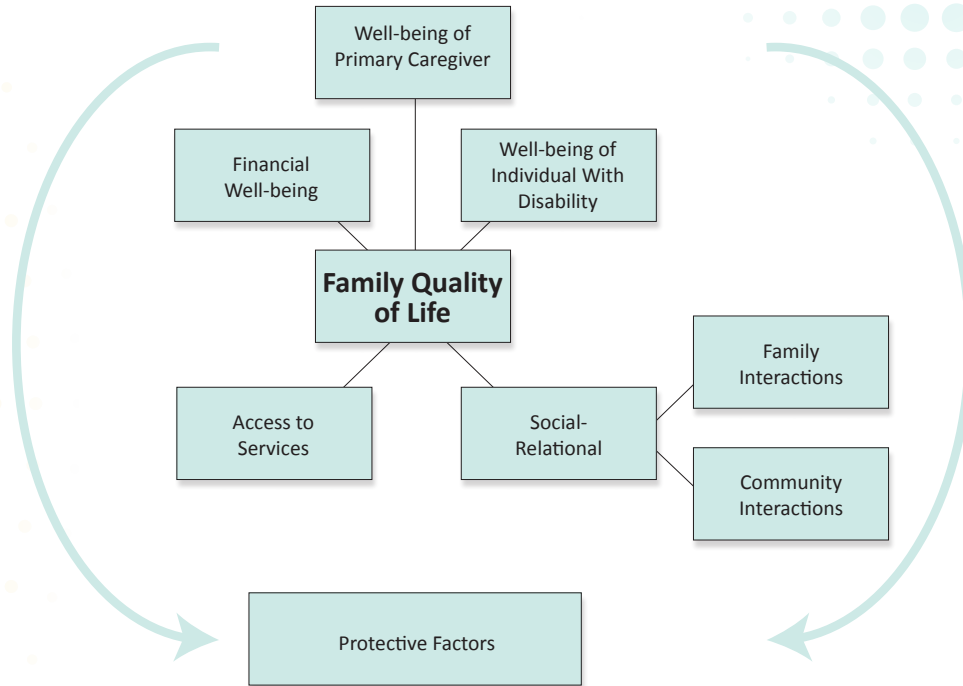
Families are networks of reciprocal relationships with unique characteristics and functions, including shared history, values, traditions, goals, beliefs and priorities. As a network, families are greatly influenced by the individuality of each family member. In the context of families supporting intellectual/developmental disability, the influence of the individual is heightened. This is the result of asymmetric distribution of responsibility that increases demands for families and caregivers.

Quality of life for these families is fundamentally shaped by the reality of supporting a loved one, across the lifespan, with complex needs. This reality includes benefits, such as increased family commitment and orientation (Hogan, 2012), but also involves very real challenges. Challenges for families stem from barriers from the disability itself and from a social context that is often difficult to navigate and does not adequately support family needs.

Domains of Impact

Challenges facing families span five key domains: well-being of the primary caregiver, well-being of the individual with disability, social-relational opportunities, access to supports and related services and, financial well-being. It is important to note that in reality, domains of impact do not operate in isolation and instead interact with each other in complex and compounding ways to create the true lived experiences of families.

Figure 4: Interactions of Family Quality of Life Domains and Protective Factors



Well-being of Primary Caregiver

The well-being of primary caregivers to individuals with intellectual/developmental disabilities is inextricably linked to their role in providing care to a dependent across the lifespan. Primary caregivers face unique challenges in maintaining well-being that extend beyond what is faced by families outside the disability community. For example, a central area of concern for the well-being of the parent of the child with a disability is the negative anticipation of their child's future (Duquette et al., 2015). Without access to opportunities to see their child thrive and be successful, parental fear of failure and anxiety are ingrained into conceptions of their own and their child's future (Correia et al., 2017). Families supporting intellectual/developmental disabilities consistently report a significant decrease in quality of life as their child transitions into adulthood (Hogan, 2012).

Further, these families have specific concerns while navigating across the lifespan, including future planning, health, and the social life of person with an intellectual/developmental disability, long-term living arrangements, and the role of siblings. Living with pervasive anxiety can manifest into worse health outcomes for caregivers to persons with intellectual/developmental disability. Primary caregivers in the disability community have a higher risk of reporting poor health. Additionally, primary caregivers consistently report higher levels of stress compared to families outside the disability community (Rillotta et al., 2012. See also Turcotte, 2013).

Financial Well-being

The financial stability and security of families supporting intellectual/developmental disability are jeopardized by two main factors: (1) unemployment or underemployment due to caregiving responsibilities and (2) additional out-of-pocket costs for acquiring support or necessary additional medical expenses. Caregiving is a significant direct and indirect cost for families.

Before children with intellectual/developmental disabilities enter school, a disproportionately large number of parents will leave the workforce to support their child (Rillotta et al., 2012). Additionally, of these parents, the majority do not anticipate re-entering the workforce in the future (Rillotta et al., 2012). As the needs of the child become more complex, the likelihood of unemployment of parents increases. One study found that mothers of children with more than one diagnosed disability were some 80% more likely to be unemployed than mothers of typically developing children (Wei & Yu, 2012). Losing an income in the family has profound impacts on financial stability, creates dependency on government income assistance and limits upward socioeconomic mobility. In addition to limits on employment, families supporting disability have increased costs of purchasing supports and services. These costs are exacerbated for families of individuals with more complex needs. For example, the lifelong cost of providing 24 hour per day caregiving supports for individuals with developmental disabilities is projected to be \$5.5 million (University of Calgary School of Public Policy, 2016. See also Zaidi, 2005).

Access to Services

Accessing services is a necessity to achieving sustainable well-being for individuals with intellectual/developmental disabilities and their families. Unfortunately, because services are often difficult to access or unavailable, families are subjugated to coping with extreme and unhealthy circumstances or are propelled into a role of constant advocate for their child. Researchers have found that nearly 25% of parents of children with intellectual/developmental disabilities did not know where to access services and nearly 33% elected not to access services because the systems of support were confusing, unhelpful or had excessive waitlists (Rillotta et al., 2012). For those families that do enter the support system, interactions with government and service providers often become interfaces of frustration, where families constantly re-enter at crisis points and cannot effectively navigate. As such, family members who are in the system of social services face increased stress from advocacy that compounds with necessary caregiving responsibilities.

Family Interactions

Families supporting intellectual/developmental disabilities face barriers in finding balance and coherence in individual relationships within the family unit. The demands of caregiving strains relationships by limiting time that can be spent constructively addressing conflict, and decreases opportunities to develop new relationships or maintain previously established ones. Couples who have a child with a disability are significantly more likely to divorce than couples outside the disability community (Hogan, 2012). As well, families of individuals with intellectual/developmental disabilities are more likely to become isolated to their immediate family unit. As a result, these families are less likely to receive practical support (i.e. caregiving, helping with chores or financial support etc.) from extended family (Rillotta et al., 2012). Siblings can play an important role as a protective factor for families by offering caregiving support and a social outlet for the individual with intellectual/developmental disability. That being said, siblings often receive less attention in childhood and face many of the same stresses and anxiety about future planning as primary caregivers (Hogan, 2012).

Community Interactions

Inaccessibility is an important concept that drives families supporting intellectual/developmental disability. Primary inaccessibility refers to the direct lack of accessibility a person with a disability faces in participation. Secondary inaccessibility arises from the extended social landscape of disability, whereby families or other people connected to a person with a disability cannot or will not participate because something is inaccessible to a person they are connected with. Because of this, many families feel excluded from society and community/leisure/recreation activities due to restrictions resulting from having a family member with intellectual/developmental disabilities.

Well-being of Individual With Disability

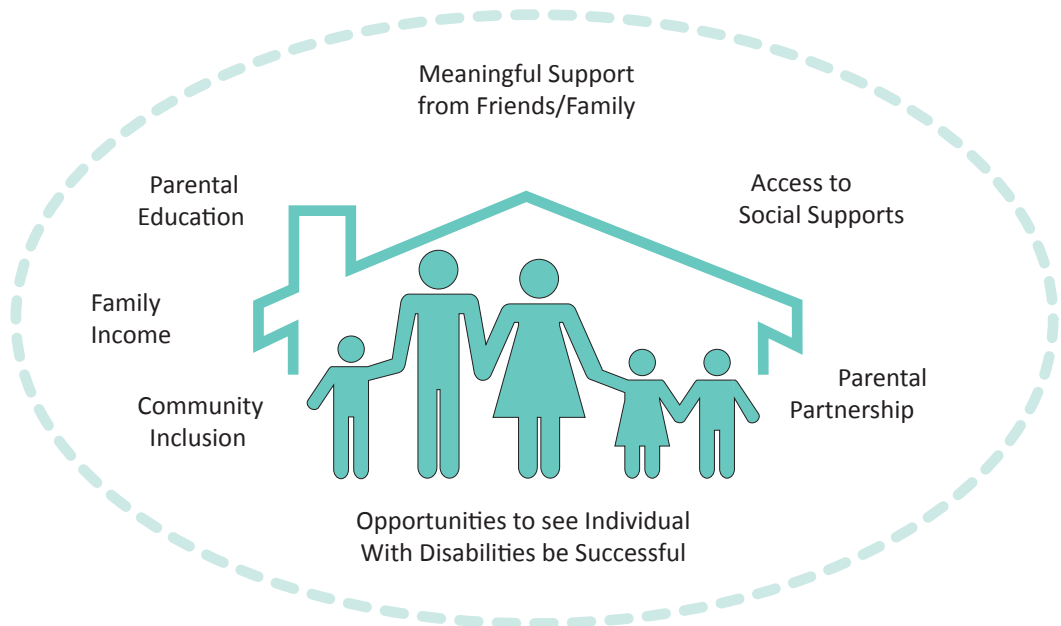
An individual's family environment contributes significantly to their quality of life. As such, impacts on quality of life for the family unit as a whole have direct consequences on the quality of life of individuals with intellectual/developmental disabilities. Research has shown that these individuals are often subject to chronically stressful environments that limit their independence, infantilize them and create a sense of fear for the future (Correai, 2017). To this end, individuals with intellectual/developmental disabilities often express or internalize heightened concern for the health of family members and aging of parents (Correai, 2017).

Protective Factors

Failing to address protective factors reinforces overly pathologized evaluations of individuals with intellectual/developmental disabilities. As a result, disability is isolated to the person and rendered a unilateral 'burden' to the family unit and community, rather than understood as complex multilateral interactions between the individual and their social context.

The experience of families supporting an individual with intellectual/developmental disabilities cannot be separated from the reality of intersections of family education level, income, community, background and other pertinent factors of potential vulnerability. Therefore, it is imperative to understand where families are situated socially, to best enhance protective factors that can act as a buffer of security for safeguarding family quality of life (Olsson & Hwang, 2008). Such protective factors include meaningful support from friends/family, access to social supports, parental partnership, opportunities to see individual with disability be successful, family income and parental education. Examples of supports that can enhance protective factors include respite, training for parents on disability support and advocacy, accessible recreational programming for people with disabilities and making social support systems more user-friendly and comprehensible for families of all backgrounds. Family-centered approaches to service- that explicitly address protective factors- have the benefit of empowering families by making life livable and meaningful.

Figure 5: Buffer of Security for Family Quality of Life Provided by Protective Factors



4.0 Disability in the NWT: An Evidence-Based Perspective

4.1 Disability in the NWT: 2012 Baseline

The Canadian Survey on Disability (CSD) 2012 is the most current national survey across Canada. The CSD is completed every five years (with the 2017 results being released in 2018). The CSD provides estimates of prevalence for those 15 years and older (living in private dwellings) by type of disability, information on supports for persons with disabilities, and on their employment, income and participation in society.

The following perspective on the prevalence of disability in the NWT, including selected reference to national rates, draws on the published results from the CSD 2012 (*Canadian Survey on Disability, 2012: A Profile of Persons with Disabilities among Canadian Aged 15 Years or Older*), and custom tables from the NWT Bureau of Statistics and Statistics Canada (STC). The custom tables provide previously unpublished data on a number of selected variables that further inform our understanding of disability and its impacts.

The situation in 2012 provides a baseline from which to consider the impacts of demographic, socio-economic, morbidity and, accident and injury trends and patterns in the prevalence of disability in the NWT in 2016 and projections to 2035. The following sections provide selected highlights for Canada overall to provide a context and comparison for the disability situation in the Northwest Territories. Selected tables and figures are contained in Appendix B - CSD: NWT 2012 Baseline.

This section discusses evidence we have regarding persons with disabilities in the NWT. It provides an important perspective on disability and helps us to understand the disparities that many persons with disabilities experience. It also provides a baseline to consider the impacts of trends and patterns.

The data does not provide a direct correlation between type and severity of disability and the type, frequency, or intensity of services required. We must interpret this data through the lens of the social context and societal implications with the aim to create a fair, equitable, and transparent system with the ability to support and sustain more people moving forward.

We must also recognize the limitations of the data due to inherent methodological constraints, which includes the potential underreporting of disability due to social or cultural stigma. The CSD is the most complete national, provincial and territorial data set available. The CSD only collects data on individuals who live in non-institutional arrangements, but does not collect data on the 0-14 population (although the previous Participation and Activity Limitation Surveys (PALS) did until 2006). The NWT Disability Projection Model includes disability prevalence projections for the 0 to 14 and 15 years and older population (see Section 4.3 and Appendix C).

The CSD is not designed to capture disability of persons moving into or out of a given jurisdiction but rather the residents at the time of the survey. Additionally, the CSD provide disability prevalence rates in both 'not-age standardized' and 'age-standardized' format that accounts for the different age structures of the provinces and territories to enable a common baseline for comparison. Table CSD 2012-B1.0 in Appendix B provides the two formats for the NWT.

4.2 Prevalence of Disability: National and NWT

The prevalence of disability by age and sex for the population 15 years and older for Canada, provinces and territories is summarized below:

- Some 14% of the Canadian population aged 15 years or older (approximately 3.8 million person) reported a disability. The corresponding rate in the NWT was 8.2%, representing some 2,700 persons with a disability. Of the total persons with disability, some 53% were female and 47% were male.
- The prevalence of disability varied across the provinces and territories. Among the provinces, the prevalence ranged from 10% in Quebec to 19% in Nova Scotia. In general, provinces in the east had a slightly higher prevalence of disability than did those in the west. Among the territories, the prevalence of disability was 14% in Yukon, 8% in the Northwest Territories, and 7% in Nunavut. Differences in the prevalence of disability across the provinces and territories may, in part, reflect varying age compositions.

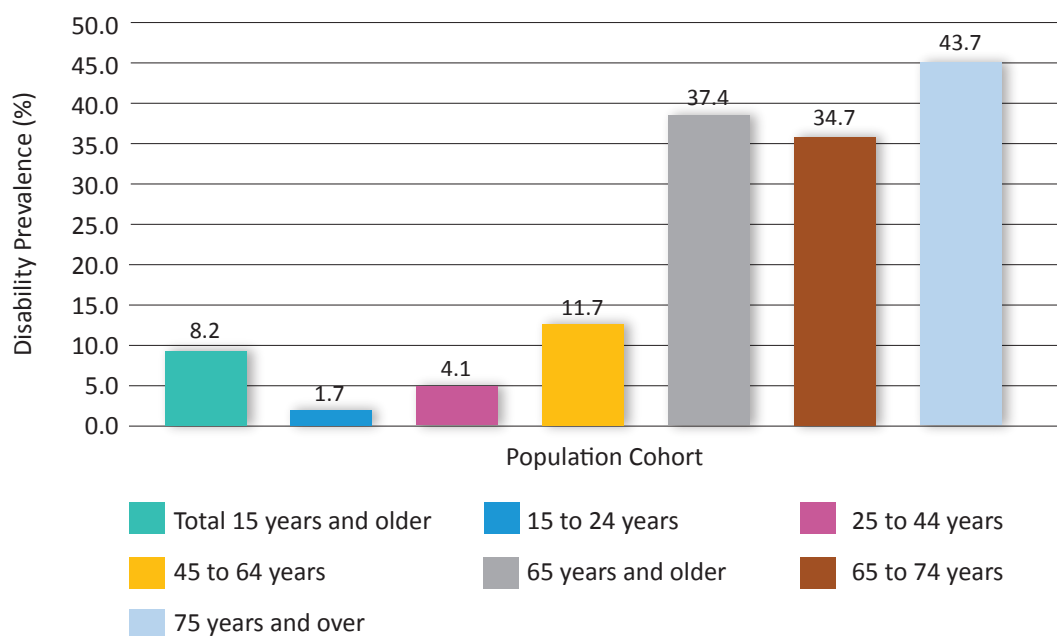
4.2.1 Disability Prevalence by Age

Disability can and does occur at any age (e.g., congenital anomalies), irrespective of gender. There is, however, a relationship between aging and the prevalence of disability, but this relationship is particularly strong for disabilities involving mobility and agility. The data for the NWT and Canada overall illustrate that disability rates for these two categories markedly increase with age. Conversely, the learning disability rate shows the opposite relationship – i.e., it declines with age.

The following are observations regarding disability prevalence and age in the NWT (Figures 6 and 7).

- The prevalence of disability was almost 2% for the 15 to 24 years cohort. The prevalence increases in each subsequent cohort, with a rate of 4% in the 25 to 44 years cohort, about 12% in the 45 to 64 years cohort and some 37% for those 65 years and over. Additionally, the 75 years and older cohort experienced a rate of 44%.

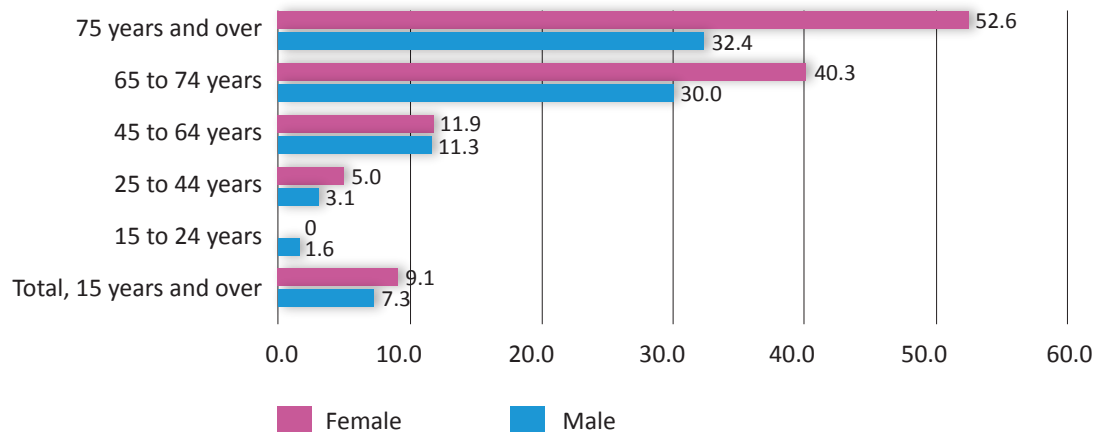
Figure 6: NWT Prevalence and Age



4.2.2 Disability Prevalence by Gender

- At the national level, females reported an overall prevalence of some 15%, while males experienced a rate of about 13%. The pattern was also generally consistent across the various population cohorts.
- Prevalence in the NWT mirrored the national pattern. Females reported a rate of some 9% and men at about 7%. The overall higher prevalence in females was also evident in the various age cohorts, with rates particularly increasingly divergent in the 65 years and over cohort, where females reported some 45% compared to males at about 31%. The corresponding rates in the 75 years and older cohort at 53% and 32%, respectively.

Figure 7: NWT Prevalence by Gender and Age



4.2.3 Disability by Type: Canada and Northwest Territories

Canada: At the national level, disabilities related to pain, flexibility, and mobility were the most common. Some 12% of Canadians aged 15 years and older, representing over 3.8 million individuals, reported having at least one of these disabilities, and many people reported experiencing more than one type of disability referred to as ‘co-occurring disabilities’. Mental health-related, dexterity, and hearing disabilities were the next most commonly reported. This was followed by seeing, learning, and memory disabilities. Less than 1% of Canadians aged 15 years or older reported a developmental disability.

Northwest Territories: Overall, the most common types of disabilities in the NWT are pain, mobility and flexibility – essentially reflecting the national data. The top three types of disabilities and the associated number of individuals experiencing a specific disability or co-occurring disabilities (male and female) are:

- **Pain:** 1,800 individuals representing some 66% of the total population with disabilities.
- **Mobility:** 1,400 individuals representing some 51% of the total population with disabilities.
- **Flexibility:** 1,310 individuals representing about 48% of the total population with disabilities.

The remaining types of disabilities reported in ranked order by number of individuals are as follows:

Disability Type	Number	%
Hearing	890	33%
Mental and/or Psychological	700	26%
Dexterity	590	22%
Memory	510	19%
Seeing	470	17%
Learning	420	15%
Developmental	250	9%

4.2.4 Severity of Disability in the NWT

The profile of severity in the NWT can be characterized as follows:

- Some 900 persons (33%) reported a ‘mild’ disability, while just over 500 persons (19%) experienced a ‘moderate’ limitation. Over 1,300 persons (48%) experienced ‘severe’ to ‘very severe’ disabilities. This finding essentially mirrors the corresponding severity data for Canada – with some 49% reporting ‘severe’ to ‘very severe’ disabilities.
- Of the total females with disabilities (1,500), 770, representing some 53% experienced a severe to very severe disability. Of the total males with disabilities (1,300), 540, representing some 43% experienced a severe to very severe disability.

Multiple Co-occurring Disabilities

The clinical literature continues to address the significance of impacts of multiple co-occurring disabilities, particularly in children, as well as their family and caregivers. Researchers have observed that people with disabilities are at significant risk of additional or secondary disabilities. Some secondary conditions, for example, depression, arthritis, and cardiovascular disease, are also common primary health conditions. As in the case of primary disability, the interaction of biology, lifestyle and behaviour, and environmental factors affect whether a secondary condition contributes to the development of additional impairments or activity limitations.

The CSD 2012 and a wide range of research literature observed a significant pattern of persons with disabilities experiencing multiple co-occurring disabilities, as well as consequential disease and sequela (i.e., the impact of a previous disease or injury). Disabilities often co-occur. In fact, three out of four adults with disabilities reported more than one type of disability. For example, 65% of individuals who reported pain-related disabilities also reported flexibility disabilities, and 61% reported mobility disabilities. Disabilities related to pain co-occurred most frequently, and developmental disabilities co-occurred least frequently.

Drawing on the CSD 2012 findings at the national level shows that of those who reported a mental health-related disability *also reported* the following disabilities:

Pain-related	75%
Flexibility	62%
Mobility	55%
Dexterity	35%
Hearing	25%
Seeing	28%
Learning	39%
Memory	36%
Developmental	9%

4.2.5 Labour Force Participation

The most significant (and predictable) observation is lower labour force participation by persons with disabilities compared to persons without disabilities. Persons with disabilities often face more challenges in the labour force than do person without disabilities. The following national level observations are drawn from the CSD 2012 results:

- The 2011 employment rate of Canadians aged 25 to 64 with disabilities was 49%, compared with 79% for Canadians without a disability.
- Almost half (47%) of the 15 to 64-year-olds with disabilities were employed. The corresponding number for persons without disabilities was 74%.
- A third (32%) of 15- to 24-year-olds with disabilities reported that they were employed. Ages 25 to 44 years, the percentage was 55%, and at ages 45 to 64 years, 46%. Persons with disabilities aged 15 to 24 years and 25 to 44 years were equally likely to report being unemployed (11% and 10%, respectively) but those aged 45 to 64 years were significantly less likely to report being unemployed (4%). The percentages not in the labour force differed significantly by age group – 35% at ages 25 to 44 years, compared with 50% at ages 45 to 64 years.
- The labour force status of 15- to 64-year-olds with disabilities differed significantly by global severity class. The percentage employed decreased as the global severity class increased. For instance, while 65% of those with moderate disabilities stated that they were employed, this was the case for 41% of those with severe disabilities and 26% of those with very severe disabilities. The percentage not in the labour force generally rose as the global severity class increased.

4.2.6 Income Distribution for Persons With and Without Disabilities

The CSD 2012 also reported on income of persons with and without disabilities based on self-reported income during the calendar year 2010 as taken from the 2011 National Household Survey (NHS) data.

Income Distribution: Canada

The CSD 2012 reported the following observations regarding income distribution (2011 data) at the national level. A detailed comparative profile of income distribution and sources of income in the NWT is presented in the following section.

- Median total income of persons with disabilities was \$10,000 less than median for those without disabilities. The self-reported median total income of 15- to 64-year-olds with disabilities was \$20,420, compared with \$31,160 for those without disabilities. Regardless of age, men with disabilities reported significantly higher median total incomes than did women with disabilities.

- Among 15 to 64-year-olds with disabilities self-reported median total income decreased sharply at higher levels of global severity. The median for persons with mild disabilities was \$29,950; the median was \$21,620 for those with moderate disabilities, \$16,810 for those with severe disabilities, and \$14,390 for those with very severe disabilities.
- At ages 15 to 64 years, 31% of persons with disabilities reported receiving only employment income, and a slightly higher percentage, 37%, received only non-employment income, such as pensions, lump-sum payments, or investment income. About 20% of persons with disabilities received both employment and non-employment income, and 12% reported no income.

Income Distribution: Northwest Territories

Persons With and Without Disabilities: Income Ranges

The income ranges for persons with disabilities (PWD) and without disabilities (PWOD) are presented in the Figure 8.

\$10,000 to \$19,999:

- 710 PWD, representing about 26% reported income in this range. The corresponding figure for PWOD was 11%.

\$20,000 to \$39,999:

- 620 PWD, representing about 23% reported income in this range. The corresponding figure for PWOD was 16%.

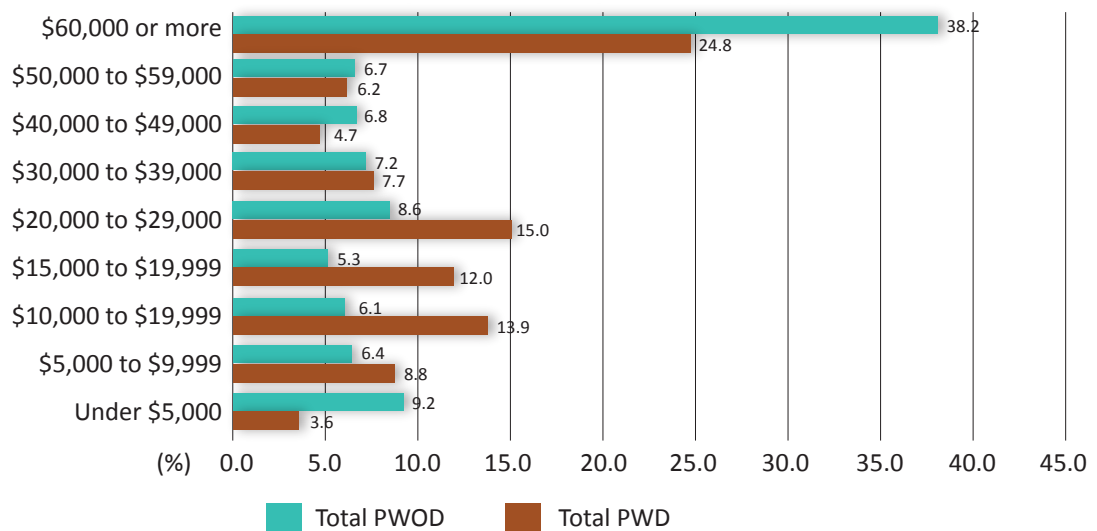
\$40,000 to \$60,000:

- 300 PWD, representing about 11% reported income in this range. The corresponding figure for PWOD was 14%.

\$60,000 or More:

- 680 PWD, representing nearly 25% reported income in this range. The corresponding figure for PWOD was 38%.

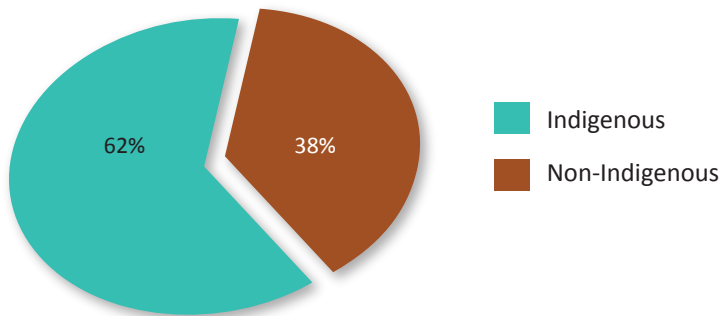
Figure 8: CSD 2012: Income Distribution, Total Persons With and Without Disabilities, NWT



4.2.7 Disability in the NWT: Ethnicity and Geography

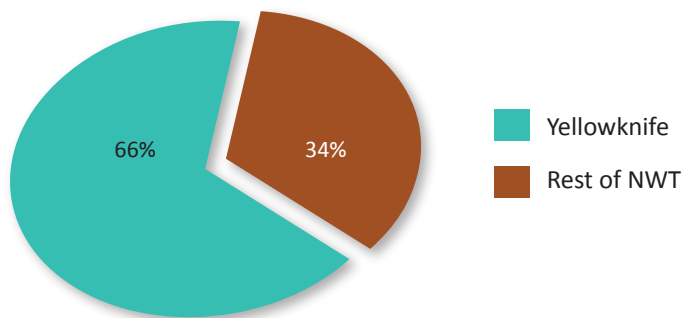
Custom tables from CSD 2012 indicated that of the 2,720 PWD 15 years and older, 1,680 (62%) were Indigenous and 1,040 (38%) were non-Indigenous. By comparison, the total Indigenous population was 15,850, representing some 48% of the territorial population, while non-Indigenous accounted for 17,510, representing about 52%.

Figure 9: Disability and Ethnicity



Examination of the CSD 2012 data provides an important perspective on disability and geography, specifically, the demand for and supply of disability supports. 920 PWD were in Yellowknife, representing some 34% of the total population with disabilities. The remaining 1,810 PWD (66%) were located in the regional centres and small communities. Of the 920 PWD in Yellowknife, 260 (28%) were Indigenous and 660 (72%) were non-Indigenous. The corresponding figures for the rest of the NWT were 1,430 (79%) and 380 (21%), respectively.

Figure 10: Disability and Geography



4.3 Future Disability Outlook: 2016 to 2035

One of the objectives of the *NWT Disability Program Review and Renewal Project* was to develop a stronger understanding of the demand and supply side of disability support. The development of a stronger quantitative and evidence-based understanding of the demand side involved completing three interrelated tasks, which together provide the disability projections that inform potential demand for disability programs, supports and other potential investments. The three tasks were:

- Developing, in collaboration with the NWT Bureau of Statistics, a comprehensive population projection for the NWT and each of the health and social services administrative regions;
- Working with the Bureau of Statistics and Statistics Canada to develop custom tables for detailed analysis of the Canadian Survey on Disability (CSD 2012) data; and,
- Undertaking literature research to inform the development of a NWT disability projection model.

4.3.1 NWT Disability Projection Model

A fundamental principle of demographic and disability projections is that they be understood as exactly that – *projections* and *not predictions* about what ‘*will*’ happen in the future. Rather, they should be understood as a model to inform what ‘*may*’ occur based on specific assumptions and inherent limitations regarding potential future changes in disability prevalence rates and patterns. Additionally, projection reliability may be influenced by changes in other factors, such as morbidity trends.

NWT disability projection model and methodology are summarized below:

- Development of a base scenario assuming continuation of disability prevalence that existed in the NWT based on the *Canadian Survey on Disability (CSD) 2012* results for the cohort 15 years and older. Any change in overall disability rates in the projection is therefore due to projected population changes and aging only.
- Acknowledgment of the inherent challenges and limitations of determining disabilities in children, as well as the methodological changes made by Statistics Canada between the 2006 *Participation and Activity Limitation Survey (PALS)* and CSD 2012, which do not enable direct comparison of the findings from the two surveys. Given the data gap for the 0 to 14 years cohort and the commitment to use the ‘*best available information*’ as a reasonable reference point, the model adopted the disability prevalence rates for the 0 to 14 years cohort (and 0 to 4 and 5 to 14 years sub-cohorts) from the 2006 PALS based on the combined disability prevalence and population data from the three territories. The disability prevalence base rates were: 0 to 14 years cohort was 3.0%; 0 to 4 years cohort was 1.7%; and, the 5 to 14 years cohort was 3.6%.
- The following baselines were used for the two cohorts: 2006 for the 0 to 14 years cohort which represents the combined data and prevalence of disability for the three territories, as disaggregated data for the NWT was not available. Consequently, 2016 serves as the first baseline projection for this cohort; and, 2012 for the 15 years and older cohort, the projection periods are as follows: 2016; 2021; 2026; 2031; and, 2035.

4.3.2 Short Range Disability Projections: 2016 and 2021

The following are the short-range projections and key observations for 2016 and 2021. Rounding of numbers is provided for ease of reading. The tables contain actuals. The detailed projection tables and figures are contained in Appendix C, Tables C-1 to C-6 and Figures C-1 to C-3.1. The selected highlights are summarized below.

Projection Period:	2016
Cohort:	15 Years and Older
Disability Category:	Total Cohort and Gender

- In 2016, there were some 34,800 persons aged 15 years and older in the NWT. There will be about 17,700 males (51%), with females accounting for an additional 17,100 or some 49% of the population in this cohort.
- Of the total population aged 15 years and older, some 3,200 are projected to experience disabilities, representing an overall prevalence rate of 9.2% (see Figures 11 and 12). This represents an increase of 442 or 16% persons with disabilities (PWD) from 2012. Additionally, the disability prevalence rate will increase by 1.0%, from 8.2% to 9.2%, representing a relative increase of about 12%.
- Males will account for 1,410 or some 44% of PWD. This represents an increase of 140 or 11% from 2012. The disability prevalence rate for males will be 8.0%, an increase from 7.3% in 2012. Females will represent an additional 1,772 PWD, or some 56%. This represents an increase of some 312 or about 21% from 2012. The disability prevalence rate for females will be 10.4%, an increase from 9.1% in 2012.

Projection Period:	2016
Cohort:	0 to 14 Years
Disability Category:	Total Cohort and Gender

- In 2016, there were some 9,700 persons aged 0 to 14 years. There were some 5,000 males (51%), with females accounting for 4,700 or about 49% of the population in this cohort.
- Application of the extrapolated disability prevalence rate of 3.0% (PALS 2006) indicates that 290 PWD of the 0 to 14 years cohort will experience disabilities. Additionally, the results for the two sub-cohorts are: 54 PWD in the 0 to 4 years sub-cohort, and 236 PWD in the 5 to 14 years sub-cohort.
- Males will experience a prevalence rate of 3.3%, and account for about 170 PWD or some 57%, while females, with a prevalence rate of 2.6%, will represent an additional 120 PWD, or about 43%. This reflects the national and global pattern of young males experiencing higher disability prevalence rates than females.

Projection Period: 2021
Cohort: 15 Years and Older
Disability Category: Total Cohort and Gender

- In 2021, there will be some 35,000 persons aged 15 years and older. There will be 17,900 males (51%), with females accounting for an additional 17,300 or 49% of the population in this cohort.
- Of the total population aged 15 years and older, 3,500 are projected to experience disabilities, representing an overall prevalence rate of 9.8%. This represents an increase of some 720 PWD or 26% from 2012. Additionally, the disability prevalence rate will increase by 1.6%, from 8.2% to 9.8%, representing an increase of some 20%.
- Males will account for about 1,600 or 46% of PWD. This represents an increase of over 300 or 25% from 2012. The disability prevalence rate for males will be 8.9%, and from 7.3% in 2012.
- Females will represent an additional about 1,900 PWD, or 54%. This represents an increase of over 400 or 28% from 2012. The disability prevalence rate for females will be 10.8%, an increase from 9.1% in 2012.

Projection Period: 2021
Cohort: 15 Years and Older
Disability Category: Severity, Total Cohort and Gender

The following are key observations from the disability projections for this cohort and selected disability category – severity, total cohort and gender. In 2021, the severity of disabilities can be characterized as follows:

- There will be a total of about 3,500 PWD. Males will account for 1,586 (46%) while females will account for 1,900 (54%). Of the total PWD, some 1,700 (48%) are projected to experience ‘severe to very severe’ disability.
- Males will account for 675 (41%) of the total 1,664 PWD in the severe and very severe category, which represents 43% of all males with any degree of disability. Females will account for nearly 1,000 (59%) of the total 1,700 PWD in the severe and very severe category, while represents 53% of all females with any degree of disability.

Figure 11: Disability Prevalence by Total and Gender, Persons, 15 Years and Older, 2012-2035

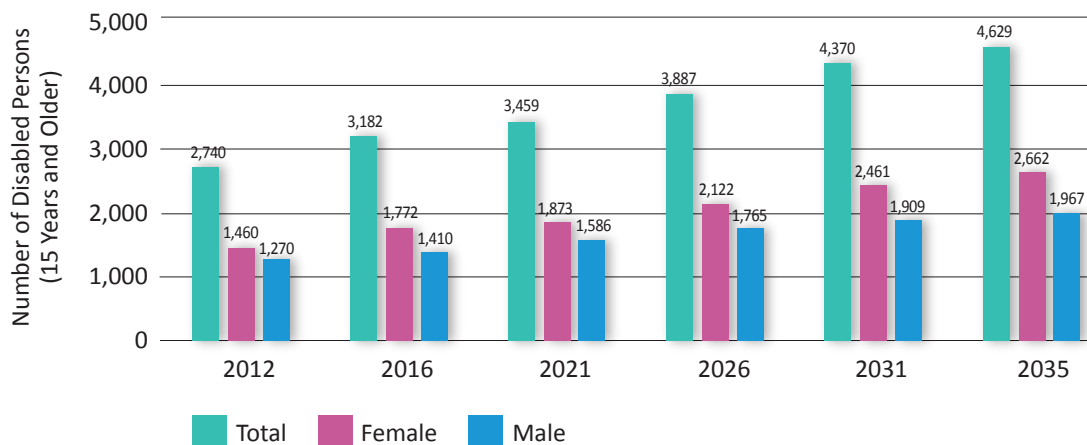
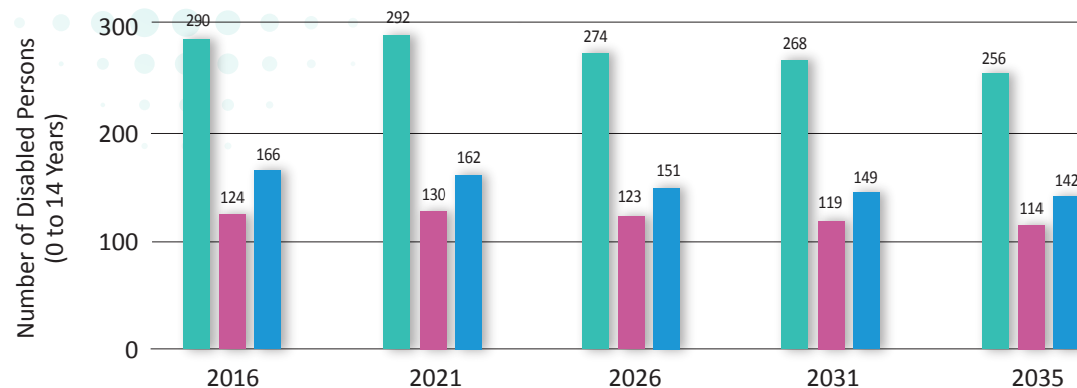


Figure 12: Disability Prevalence by Total and Gender, Persons, 0 to 14 Years, 2016-2035



Projection Period: 2021
Cohort: 15 Years and Older
Disability Category: Type and Total Cohort

- There will be a total of 3,500 PWD. The three most prevalent types of disability (based on the number of persons experiencing it) will be:

Pain	2,259 (65%)
Mobility	1,847 (53%)
Flexibility	1,720 (50%)
- The remaining types of disabilities in relative descending order will be: Hearing (35%), Mental and/or Psychological (24%), Dexterity (22%), Memory (20%), and Seeing (18%).

Projection Period: 2021
Cohort: 0 to 14 Years
Disability Category: Total Cohort and Gender

- In 2021, there will be some 9,900 persons aged 0 to 14 years. There will be about 4,900 males, some 50%, with females accounting for 4,900 or 50% of the population in this cohort.
- Application of the extrapolated disability prevalence rate of 3.0% (PALS 2006) indicates that about 290 PWD of the 0 to 14 years cohort will experience disabilities. This represents an increase of 2 PWD (1%) from 2016. Additionally, the results for the two sub-cohorts are: 60 PWD in the 0 to 4 years sub-cohort, and about 240 PWD in the 5 to 14 years sub-cohort.
- Males will account for some 160 PWD, some 55%. The disability prevalence rate will be 3.3%. This represents a decrease of 4 PWD (2%) from 2016.
- Females will represent an additional 130 PWD, some 45%. The disability prevalence rate will be 2.6%. This represents an increase of 6 PWD (5%) from 2016.

4.3.3 Long Range Disability Projections: 2035

For completeness in presenting the disability projections, and acknowledgment of the complexity and variables involved in such long-range projections, this section provides a long-range perspective on disability to 2035.

Projection Period:	2035
Cohort:	15 Years and Older
Disability Category:	Total Cohort and Gender

- In 2035, there will be some 37,400 persons aged 15 years and older. There will be about 18,700 males (50%), with females accounting for an additional 18,700 or 50% of the total population in this cohort.
- Of the total population aged 15 years and older, some 4,600 are projected to experience disabilities, representing a prevalence rate of 12.4%. This represents an increase of some 1,900 or 69% of PWD from 2012. Additionally, the disability prevalence rate will increase by 4.2%, from 8.2% to 12.4%, representing a relative increase of some 51%.
- Males will account for some 2,000 or 42% of PWD. This represents an increase of some 700 or 55% from 2012. The disability prevalence rate for males will be 10.5%. Females will represent an additional 2,700 or 58% of PWD. This represents an increase of some 1,200 or 82% from 2012. The disability prevalence rate for females will be 14.2%.

Projection Period:	2035
Cohort:	0 to 14 Years
Disability Category:	Total Cohort and Gender

- In 2035, there will be some 8,600 persons aged 0 to 14 years. There will be about 4,300 males or some 49%, with females accounting for just over 4,300 or 51% of the total population in this cohort.
- 260 PWD in this cohort are projected to experience a disability, representing a prevalence rate of 3.0%. Additionally, the results for the two sub-cohorts are: 0 to 4 years: 50 PWD; and, 5 to 14 years: 210 PWD. This represents an overall *decrease* of 34 PWD about 12% from 2016.
- Males will account for some 140 PWD (55%). This represents a decrease of 24 PWD or about 14% from 2016. Females will represent an additional 110 PWD, or 45%. This represents a decrease of 10 PWD or about 8% from 2016.

Appendix A: Disability Demand Drivers

Disability Demand Drivers

The NWT Disability Program Review and Renewal Project completed a range of research with respect to disability demand drivers in the NWT and other jurisdictions. While the detailed findings are documented in supporting background materials, presented below are some selected findings to inform our understanding of why disability has such a significant impact.

Demand Driver: Morbidity, Chronic Conditions and Behavioural Risk Factors

The findings of the *NWT Health Status Report* (2011) and the *NWT Hospitalization Report* (2013) provide compelling evidence to inform policy consideration based on the rates of alcohol consumption and the hospitalization impacts, which included the following during the period FY 2008-9 to 2010-11: (i) on an annual average basis, 429 patients were hospitalized 615 times, with one or more alcohol or drug related issue, resulting in 3,250 bed days at an estimated cost of \$7.5 million. Between 37% and 50% of the patients, discharges, length of stay and estimated costs where the primary diagnosis was an alcohol or drug issue; (ii) men made up the 61% of patients and 66% of the costs of alcohol and drug hospitalizations, with women representing 39% of patients and 34% of costs; and, (iii) in terms of ethnicity, Indigenous residents made up 77% of the patients and 72% of the costs of alcohol and drug hospitalizations, with non-Indigenous residents representing 17% of patients and 23% of the costs. Additional insight is provided by utilization data based on ethnicity, community type, and age group:

- *Hospitalization and Utilization by Ethnicity:* Indigenous residents had a utilization rate (annual average) of 91 per 1,000 population, compared to non-Indigenous residents at 61 per 1,000.
- *Utilization by Community Type:* Residents of regional centres (Fort Smith, Hay River and Inuvik) were the most likely to be hospitalized, followed by residents of smaller communities and then Yellowknife. The utilization rates (annual average) per 1,000 population were: regional centres 98 per 1,000; smaller communities 81 per 1,000; and, Yellowknife 73 per 1,000.
- *Utilization by Age Group:* The following are the utilization by age group. The increase in utilization, average stay and cost per capita is clearly evident for the cohorts 65+ years (e.g., 189 per 1,000 in the 65 to 74 years cohort, compared to 82 per 1,000 for the 45 to 64 years cohort).

Demand Driver: Life Expectancy and Mortality Rates

The NWT life expectancy data from Statistics Canada for the 2009-2011 period indicates that at birth, males have a projected life expectancy of about 76 years and females have 80 years. At age 65, the remaining life expectancy of males is some 18 years and 20 years for females. Table 1 shows life expectancy at birth and at age 65 for Canada and the three territories (Statistics Canada, 2013).

Table A-1: Life Expectancy and Mortality Rates

	At Birth		At Age 65	
	Males	Females	Males	Females
Canada	79.33	83.60	18.82	21.73
NWT	76.28	80.07	17.76	20.23
Yukon	75.19	79.61	6.24	18.87
Nunavut	68.75	73.91	14.55	15.39

Demand Driver: Congenital Anomalies

Congenital anomalies are also known as birth defects, congenital disorders or congenital malformations. Congenital anomalies are defined as structural or functional anomalies (for example, metabolic disorders) that occur during intrauterine life and can be identified prenatally, at birth, or sometimes may only be detected later in infancy, such as hearing defects. Congenital anomalies comprise a wide range of abnormalities of body structure or function that are present at birth and are of prenatal origin. The most important categories of anomalies include: neural tube defects, congenital heart defects, oral facial clefts, limb deficiency defects and, gastroschisis (abdominal wall defect). These have significant medical, social or cosmetic consequences for the affected individual and typically require medical intervention.

The NWT has been a participating jurisdiction in the Canadian Congenital Anomalies Surveillance Network (CCASN) since 2011. CCASN is a national framework to support interdisciplinary collaboration and networking, bringing together research, surveillance and clinical and public health practices, with the ultimate goal of enhancing the quality of surveillance data and expanding our understanding of congenital anomalies.

The *Congenital Anomalies in Canada 2013 report* shows that about 1 in 25 babies (3% to 4%) born in Canada is diagnosed with one or more congenital anomalies every year. Their overall national birth prevalence rate between 1998 and 2009 has decreased from 451 to 385 per 10,000 births. This is likely due to a number of factors involving: (i) increased prenatal diagnosis and subsequent pregnancy termination; (ii) implemented measures such as mandatory folic acid fortification in food; and (iii) changes in health behaviours and practices to reduce the risk for some congenital anomalies (e.g., reduced tobacco smoking and increased multivitamin use). The report also points to maternal obesity as an important emerging risk factor for some congenital anomalies, while noting that alcohol use and smoking during pregnancy remain key risks that require ongoing public health measures for prevention and prevalence reduction.

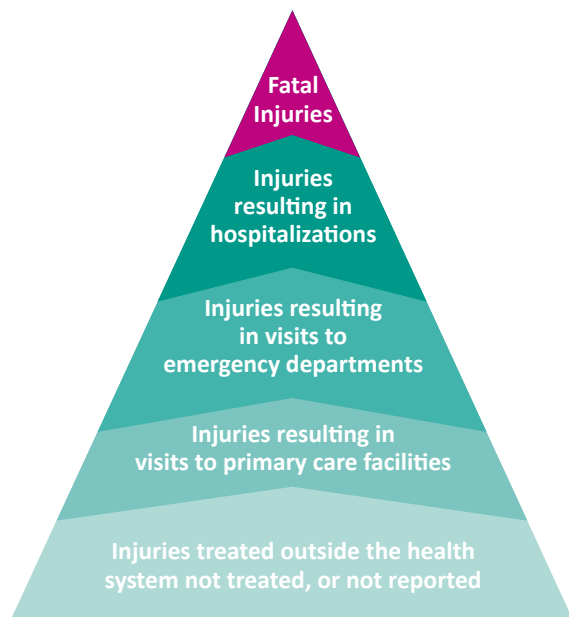
The NWT Congenital Anomalies Registry data for 2015 shows that there were 21 babies born in the NWT with at least one congenital anomaly. There has been an average of 19 cases per year from 2011 to 2015, representing a prevalence rate of about 3%. The registry does not capture data on children born with congenital anomalies outside the NWT who may now live in the Territory.

The NWT Congenital Anomalies Registry provides a snapshot of the number of residents who have structural or functional anomalies that may result in disability. This does not capture residents who may have lifelong disabilities, which require supports and services, and are not clearly captured in congenital anomalies or other demand drivers. This could include residents with intellectual or cognitive disabilities, significant learning disabilities, or an undiagnosed congenital anomaly. Existing forms of data collection are not able to quantify this population accurately, but anecdotal data would suggest this population could be significant in number.

Demand Driver: Accidents and Injuries

The consideration of accidents and injuries as disability demand drivers falls into the following categories: Transportation: Motor Vehicle Collisions and Injuries; Labour Force Participation and Occupational Injuries; and, Personal Injuries. Injuries are either intentional or unintentional. Intentional injuries occur when harm is intended, either to self as in suicide or attempted suicide, or to others, as in the case of assaults. Unintentional injuries are harmful acts that happen without intention to cause damage to oneself or others. Key concepts of injury epidemiology and the relationship to disabilities for non-fatal injuries include the notion of an 'injury pyramid' and the consequences of injuries and violence.

Figure A-1: Injury Pyramid



Source: WHO (2014), *Injuries and Violence: The Facts 2014*

The *injury pyramid* represents the incidence and severity rate of injuries by referring to a general relationship between injury deaths, admissions to hospitals and visits to emergency facilities. The fundamental principle of the relationship is that for every fatally injured victim, there are many more who sustain serious but non-fatal injuries, some of which result in temporary or permanent disability – the consequences of injuries and violence (WHO, 2014).

In 2015, the GNWT released *Injury in the Northwest Territories, 2000-2009*. The report's main conclusions provide important context for disability: injury is one of the most serious public health concerns in the NWT. It is the leading cause of death among those aged 1 to 44 years and the second leading cause of hospitalizations, some of which resulted in post-injury impacts including disabilities. The key findings include:

In the NWT between 2000-2009

- The leading causes of injury-related deaths and hospitalizations were: suicide, unintentional poisoning, drowning, falls, violence/self -and purposely-inflicted injury, and motor vehicle traffic-related and non-traffic off-road transport injury.
- 308 people died as a result of injuries.
- Suicide and violence-related injuries accounted for over one-third of the injuries.
- 4822 people were hospitalized due to injuries.

Demand Driver: Early Child Development

More and more research is now finding that what happens in early childhood plays a big role in lifelong health, well-being, and learning. Brain development happens quickly in the early years of life. By the time a child enters kindergarten more brain connections will have been made than between kindergarten and adulthood.

The *Early Development Instrument (EDI)* is generally viewed as a reliable and valid individual assessment tool of developmental status between 3.5 and 6.5 years of age. The EDI is a holistic assessment because it encompasses five major areas of child development: physical health and well-being; social competence; emotional maturity; language and cognitive development; and, communications skills and general knowledge. (Offord Centre for Child Studies, 2016).

By using the EDI to collect information on children's strengths and weaknesses, we can understand where children need the most help. Research using the EDI has found that children identified as being 'vulnerable' in kindergarten are more likely to have problems in grade 3, 6 and even in high school. The EDI assesses a child's '*vulnerability*' – that is being behind in developmental health, and thus lacking readiness to learn optimally. There is a risk their difficulties early on in school will predict difficulties later in life, both in school and beyond (University of British Columbia, 2015).

NWT Baseline Results: 2012-2014: The EDI data included 1,725 children, evenly divided between boys and girls. The baseline results released by the Canadian Institute for Health Information (CIHI) indicate that 38% of children in the NWT were assessed as *vulnerable* in one or more domains of early development. The corresponding results in small communities were about 54%, 33% in the regional centres, and 29% in Yellowknife. The corresponding national figure was 27%.

Demand Driver: Demographics – Aging NWT Population

Key Demographic Driver and Trend to 2035: While there is little growth projected in total territorial population over this period, the demographic structure continues to 'age' – with a range of associated policy implications. This trend is also reflected at the regional level.

Total Population

- By 2035, the total NWT population is projected to be about 45,800 (45,768). This represents an increase of some 1,700 persons, or 3.3% from 2015. This change in the total population is statistically negligible over the twenty-year period. This will extend the demographic trend over the prior two decades, where there was virtually no population growth resulting from net territorial out-migration and declining fertility patterns. Moreover, from the disability perspective, the age structure of the territorial population will undergo continued aging with associated growth in disability prevalence in the older cohorts.
- There will be about 22,100 Indigenous persons, representing some 48% of the territorial population. Non-Indigenous persons are projected to total some 23,600, representing some 52% of the population. The Indigenous population will experience a slight decrease in proportion of the NWT population by 2035, relative to 2015.

60+ Years Cohort

- By 2035, there will be nearly 10,000 persons aged 60+ years, representing some 22% of the total population. This is an increase of over 4,600 persons representing some 92%, and a relative share growth from just over 11% to 22% of the total population.
- There will be nearly 4,600 Indigenous persons, representing about 47% of the population aged 60+ years. Non-Indigenous persons will account for another 5,100, representing some 53% of this age cohort.

Relationship between Age and Incidence of Disability: Although Canadians, including NWT residents, are living longer, with a life expectancy of 81.7 years and a most common age at death of 85 years, the ability of many adults to perform key health functions, that is, their *functional health* declines as they age. The increasing proportion of Canadians reaching older ages raises issues about demand for health services and delivery of care, including disability supports.

Analysis of the data indicates that after age 65, the decline in the functional health line tends to accelerate, with more *severe disability* (many activity limitations) occurring, on average, around age 77. Another way to look at the quality of life during the later years of life is to calculate the equivalent number of years a person can be expected to live in good or full health. *Health-adjusted life expectancy* is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. Health-adjusted life expectancy is the number of years in full health that an individual can expect to live given the current morbidity and mortality conditions.

The current estimate of health-adjusted life expectancy at birth is 69 years for men and 71 for women. That means that the average Canadian can expect to live roughly 10.5 years with some level of disability. Additionally, the additional life expectancy also increases the potential for morbidity, accidents and injuries – which can contribute to or cause disability. The data notwithstanding, the fact is that disability can be experienced by an individual regardless of age or gender (Statistics Canada, 2016).

Disability Projections to 2021 and 2035

NWT disability projections are discussed in detail in Section 4.3 – Future Disability Outlook: 2016 to 2035. Presented below are key observations for projections in 2021 and 2035:

By 2021, of the total NWT population aged 15 years and older, some 3,500 are projected to experience disabilities, representing an overall prevalence rate of 9.8%. This represents an increase of over 700 or 26% from 2012. Additionally, the disability prevalence rate will increase by 1.6%, from 8.2% to 9.8%, representing an increase of some 20%. There will be almost 300 children in the 0 to 14 years cohort that will experience disabilities, representing a prevalence rate of 3.0%.

By 2035, of the total population aged 15 years and older, over 4,600 are projected to experience disabilities, representing a prevalence rate of 12.4%. This represents an increase of some 1,889 or 69% from 2012. Additionally, the disability prevalence rate will increase by 4.2%, from 8.2% to 12.4%, representing a relative increase of some 51%. Some 260 children are projected to experience disabilities, representing a continued prevalence rate of 3.0% in this cohort. This young cohort is projected to continue declining, in large part due to lower birth rates.

Appendix B: Canadian Survey on Disability: NWT 2012 Baseline

Table: CSD 2012 - B1.0: Prevalence of Disability by Age and Sex for Population 15 Years and Older, Canada, Provinces and Territories, 2012

	Total 15 Years and Older		Males		Females		15 to 64 years		25 to 44 years		45 to 64 years		65 years and over		75 years and over	
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Canada	13.7	14.9	12.5	14.9	10.1	14.9	4.4	6.5	16.1	33.2	26.3	11.4	7.7	27.1	21.1	42.5
Newfoundland and Labrador	14.1	14.6	13.6	14.6	11.4	14.6	5.1	7.7	16.7	27.1	21.1	11.4	7.7	27.1	21.1	37.6
Prince Edward Island	16.0	17.3	14.7	17.3	11.8	17.3	4.3	8.3	18.0	37.0	29.1	11.8	8.3	37.0	29.1	48.3
Nova Scotia	18.8	19.2	18.4	19.2	14.2	19.2	5.8	9.3	21.7	39.7	34.0	14.2	9.3	39.7	34.0	47.9
New Brunswick	16.4	17.2	15.6	17.2	12.3	17.2	4.0	8.2	19.0	35.3	28.4	12.3	8.2	35.3	28.4	44.8
Quebec	9.6	10.4	8.7	10.4	6.7	10.4	3.1	4.3	10.5	23.6	17.3	6.7	4.3	23.6	17.3	32.9
Ontario	15.4	16.8	14.0	16.8	11.4	16.8	4.9	7.7	18.2	37.1	30.0	11.4	7.7	37.1	30.0	46.4
Manitoba	15.6	17.1	14.2	17.1	11.1	17.1	4.1	7.6	18.1	39.6	31.6	11.1	7.6	39.6	31.6	49.1
Saskatchewan	15.0	16.0	13.9	16.0	10.6	16.0	4.1	6.5	17.8	36.9	29.8	10.6	6.5	36.9	29.8	44.8
Alberta	12.5	13.7	11.4	13.7	9.4	13.7	4.5	5.5	16.4	35.7	29.6	9.4	5.5	35.7	29.6	44.1
British Columbia	14.8	16.0	13.5	16.0	10.8	16.0	4.8	6.7	17.5	34.5	27.3	10.8	6.7	34.5	27.3	43.8
Yukon	14.4	14.5	14.2	14.5	11.4	14.5	3.5	6.4	19.1	41.8	37.4	11.4	6.4	41.8	37.4	52.6
Northwest Territories	8.2	9.1	7.3	9.1	6.1	9.1	1.7	4.1	11.7	37.4	34.7	6.1	4.1	37.4	34.7	43.7
Nunavut	6.9	7.4	6.5	7.4	5.7	7.4	1.6	4.8	11.5	34.4	31.0	5.7	4.8	34.4	31.0	44.0

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0001.

Notes:

1. The table shows the disability rates; not-age standardized
2. The NWT overall rate when age-standardized was 11.7%

Table: CSD 2012 - B1.1: No. of Persons 15 Years and Older, Canada and Northwest Territories, 2012

	Total 15 Years and Older			Males			Females		
	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)
Northwest Territories									
Total, 15 years and over	33,370	2,740	8.2	17,290	1,270	7.3	16,080	1,460	9.1
15 to 64 years	31,180	1,910	6.1	16,150	920	5.7	15,030	990	6.6
15 to 24 years	7,150	120	1.7	3,780	60	1.6	3,370	F	F
25 to 44 years	13,330	550	4.1	6,690	210	3.1	6,630	330	5.0
45 to 64 years	10,710	1,250	11.7	5,680	640	11.3	5,030	600	11.9
65 years and over	2,190	820	37.4	1,140	350	30.7	1,050	470	44.8
65 to 74 years	1,470	510	34.7	800	240	30	670	270	40.3
75 years and over	710	310	43.7	340	110	32.4	380	200	52.6
Canada									
Total, 15 years and over	27,516,200	3,775,910	13.7	13,559,290	1,699,020	12.5	13,956,910	2,076,890	14.9
15 to 64 years	23,187,350	2,338,240	10.1	11,603,340	1,097,360	9.5	11,584,010	1,240,880	10.7
15 to 24 years	4,462,850	195,720	4.4	2,280,020	101,870	4.5	2,182,830	93,850	4.3
25 to 44 years	9,159,860	598,680	6.5	4,581,300	273,940	6	4,578,560	324,740	7.1
45 to 64 years	9,564,640	1,543,840	16.1	4,742,020	721,550	15.2	4,822,620	822,290	17.1
65 years and over	4,328,850	1,437,670	33.2	1,955,950	601,670	30.8	2,372,900	836,010	35.2
65 to 74 years	2,486,790	653,900	26.3	1,190,730	297,460	25	1,296,050	356,440	27.5
75 years and over	1,842,070	783,770	42.5	765,220	304,200	39.8	1,076,850	479,570	44.5

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0001.
 'F' indicates the data is too unreliable to be published.

Table: CSD 2012 - B1.2: Type of Disability by Sex, Canada and Northwest Territories, 2012

	Total		Males		Females	
	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories						
Population 15 and older with a disability	2,740	100.0	1,270	100.0	1,460	100.0
Seeing	470	17.2	190	15.0	280	19.2
Hearing	890	32.5	380	29.9	500	34.2
Mobility	1,400	51.1	610	48.0	790	54.1
Flexibility	1,310	47.8	520	40.9	790	54.1
Dexterity	590	21.5	230	18.1	350	24.0
Pain	1,800	65.7	740	58.3	1,060	72.6
Learning	420	15.3	260	20.5	170	11.6
Memory	510	18.6	210	16.5	300	20.5
Developmental	250	9.1	140	11.0	120	8.2
Mental and/or psychological	700	25.5	300	23.6	400	27.4
Unknown disability type	90	3.3	F	n/a	70	4.8
Canada						
Population 15 and older with a disability	3,775,910	100.0	1,699,020	100.0	2,076,890	100.0
Seeing	756,320	20.0	326,510	19.2	429,810	20.7
Hearing	874,590	23.2	459,570	27.0	415,020	20.0
Mobility	1,971,750	52.2	833,980	49.1	1,137,770	54.8
Flexibility	2,077,980	55.0	898,420	52.9	1,179,560	56.8
Dexterity	953,090	25.2	400,160	23.6	552,920	26.6
Pain	2,664,240	70.6	1,106,140	65.1	1,558,100	75.0
Learning	622,260	16.5	303,420	17.9	318,840	15.4
Memory	628,180	16.6	273,350	16.1	354,830	17.1
Developmental	160,530	4.3	96,120	5.7	64,410	3.1
Mental and/or psychological	1,059,600	28.1	464,540	27.3	595,060	28.7
Unknown disability type	79,540	2.1	40,330	2.4	39,210	1.9

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0003.

'F' indicates the data is too unreliable to be published.

Respondents may have more than one disability therefore, totals will not equal the sum of their components.

Table: CSD 2012 - B1.3: Type of Disability by Age Group, Canada and Northwest Territories, 2012

Total	15 to 64 years		15 to 24 years		25 to 44 years		45 to 64 years		65 years and over		65 to 74 years		75 years and over			
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%		
Northwest Territories																
Pop. 15 and older with a disability	2,740	100.0	1,910	100.0	120	100.0	550	100.0	1,250	100.0	820	100.0	510	100.0	310	100.0
Seeing	470	17.2	290	15.2	F	n/a	50	9.1	210	16.8	180	22.0	100	19.6	F	n/a
Hearing	890	32.5	520	27.2	F	n/a	100	18.2	370	29.6	370	45.1	210	41.2	160	51.6
Mobility	1,400	51.1	890	46.6	F	n/a	200	36.4	670	53.6	510	62.2	280	54.9	230	74.2
Flexibility	1,310	47.8	840	44.0	F	n/a	190	34.5	620	49.6	470	57.3	300	58.8	170	54.8
Dexterity	590	21.5	380	19.9	F	n/a	70	12.7	290	23.2	200	24.4	120	23.5	90	29.0
Pain	1,800	65.7	1,290	67.5	F	n/a	390	70.9	850	68.0	510	62.2	330	64.7	180	58.1
Learning	420	15.3	360	18.8	F	n/a	110	20.0	210	16.8	60	7.3	F	n/a	F	n/a
Memory	510	18.6	330	17.3	F	n/a	70	12.7	230	18.4	190	23.2	150	29.4	F	n/a
Developmental	250	9.1	230	12.0	F	n/a	F	n/a	100	8.0	F	n/a	F	n/a	F	n/a
Mental and/or psychological	700	25.5	550	28.8	F	n/a	150	27.3	350	28.0	150	18.3	100	19.6	F	n/a
Unknown disability type	90	3.3	70	3.7	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a

Table: CSD 2012 - B1.3 continued:

	Total		15 to 64 years		15 to 24 years		25 to 44 years		45 to 64 years		65 years and over		65 to 74 years		75 years and over	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Canada																
Pop. 15 and older with a disability	3,775,910	100.0	2,338,240	100.0	195,720	100.0	598,680	100.0	1,543,840	100.0	1,437,670	100.0	653,900	100.0	783,770	100.0
Seeing	756,320	20.0	472,220	20.2	26,450	13.5	75,260	12.6	370,510	24.0	284,100	19.8	109,820	16.8	174,290	22.2
Hearing	874,590	23.2	424,840	18.2	19,990	10.2	83,940	14.0	320,910	20.8	449,740	31.3	181,850	27.8	267,890	34.2
Mobility	1,971,750	52.2	1,083,500	46.3	44,350	22.7	215,630	36.0	823,520	53.3	888,250	61.8	388,920	59.5	499,340	63.7
Flexibility	2,077,980	55.0	1,244,570	53.2	46,090	23.5	259,220	43.3	939,270	60.8	833,420	58.0	371,340	56.8	462,080	59.0
Dexterity	953,090	25.2	575,520	24.6	26,620	13.6	111,820	18.7	437,080	28.3	377,560	26.3	153,680	23.5	223,880	28.6
Pain	2,664,240	70.6	1,706,080	73.0	83,420	42.6	410,670	68.6	1,212,000	78.5	958,160	66.6	452,660	69.2	505,500	64.5
Learning	622,260	16.5	490,230	21.0	90,350	46.2	139,040	23.2	260,850	16.9	132,020	9.2	53,220	8.1	78,800	10.1
Memory	628,180	16.6	410,160	17.5	40,820	20.9	107,190	17.9	262,160	17.0	218,020	15.2	78,650	12.0	139,370	17.8
Developmental	160,530	4.3	141,500	6.1	53,300	27.2	36,530	6.1	51,670	3.3	19,030	1.3	F	n/a	9,950	1.3
Mental and/or psychological	1,059,600	28.1	852,910	36.5	96,110	49.1	253,120	42.3	503,680	32.6	206,680	14.4	107,420	16.4	99,260	12.7
Unknown disability type	79,540	2.1	45,590	1.9	7,330	3.7	13,770	2.3	24,490	1.6	33,950	2.4	13,800	2.1	20,150	2.6

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0003.

'F' indicates the data is too unreliable to be published.

Respondents may have more than one disability therefore, totals will not equal the sum of their components.

Table: CSD 2012 - B1.4: Severity of Disability by Gender, Canada and Northwest Territories, 2012

	Total		Males		Females	
	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories						
Population 15 and older with a Disability	2,740	100.0	1,270	100.0	1,460	100.0
Mild	910	33.2	430	33.9	480	32.9
Moderate	510	18.6	300	23.6	210	14.4
Severe	710	25.9	340	26.8	360	24.7
Very Severe	600	21.9	200	15.7	410	28.1
Canada						
Population 15 and older with a Disability	3,775,910	100.0	1,699,020	100.0	2,076,890	100.0
Mild	1,195,590	31.7	564,410	33.2	631,180	30.4
Moderate	747,980	19.8	339,160	20.0	408,810	19.7
Severe	849,540	22.5	365,840	21.5	483,700	23.3
Very Severe	982,810	26.0	429,610	25.3	553,200	26.6

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0004.
 'F' indicates the data is too unreliable to be published.

Table: CSD 2012 - B1.5: Severity of Disability by Age Group, Canada and Northwest Territories, 2012

Total		15 to 64 years	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	65 to 74 years	75 years and over
No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons
Northwest Territories								
Population 15 and older with a Disability	2,740 100.0	1,910 100.0	120 100.0	550 100.0	1,250 100.0	820 100.0	510 100.0	310 100.0
Mild	910 33.2	700 36.6	F n/a	240 43.6	410 32.8	210 25.6	120 23.5	90 29.0
Moderate	510 18.6	370 19.4	F n/a	50 9.1	290 23.2	140 17.1	80 15.7	F n/a
Severe	710 25.9	470 24.6	F n/a	160 29.1	310 24.8	240 29.3	140 27.5	90 29.0
Very Severe	600 21.9	370 19.4	F n/a	100 18.2	230 18.4	230 28.0	170 33.3	F n/a
Canada								
Population 15 and older with a Disability	3,775,910 100.0	2,338,240 100.0	195,720 100.0	598,680 100.0	1,543,840 100.0	1,437,670 100.0	653,900 100.0	783,770 100.0
Mild	1,195,590 31.7	738,480 31.6	77,410 39.6	214,190 35.8	446,880 28.9	457,110 31.8	220,720 33.8	236,390 30.2
Moderate	747,980 19.8	452,830 19.4	39,440 20.2	130,510 21.8	282,880 18.3	295,150 20.5	137,970 21.1	157,170 20.1
Severe	849,540 22.5	542,340 23.2	43,650 22.3	126,410 21.1	372,280 24.1	307,200 21.4	141,200 21.6	166,000 21.2
Very Severe	982,810 26.0	604,590 25.9	35,220 18.0	127,580 21.3	441,790 28.6	378,220 26.3	154,020 23.6	224,200 28.6

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0004.

'F' indicates the data is too unreliable to be published.

Table: CSD 2012 - B1.6: Income Distribution for Persons with Disabilities, Canada and Northwest Territories, 2012

	Total population						Persons with disabilities						Persons without disabilities					
	Both sexes		Males		Females		Both sexes		Males		Females		Both sexes		Males		Females	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories																		
Total, 15 years and over	33,370	100.0	17,290	100.0	16,080	100.0	2,740	100.0	1,270	100.0	1,460	100.0	30,630	100.0	16,020	100.0	14,620	100.0
Without income	1,750	5.2	860	5.0	890	5.5	80	2.9	F	n/a	F	n/a	1,670	5.5	830	5.2	840	5.7
With income	31,610	94.7	16,430	95.0	15,180	94.4	2,650	96.7	1,250	98.4	1,400	95.9	28,960	94.5	15,190	94.8	13,770	94.2
Under \$5,000	2,940	8.8	1,550	9.0	1,390	8.6	100	3.6	F	n/a	F	n/a	2,830	9.2	1,500	9.4	1,330	9.1
\$5,000 to \$9,999	2,210	6.6	1,050	6.1	1,170	7.3	240	8.8	140	11.0	100	6.8	1,970	6.4	910	5.7	1,070	7.3
\$10,000 to \$14,999	2,260	6.8	1,050	6.1	1,210	7.5	380	13.9	220	17.3	160	11.0	1,880	6.1	840	5.2	1,050	7.2
\$15,000 to \$19,999	1,950	5.8	770	4.5	1,170	7.3	330	12.0	F	n/a	250	17.1	1,620	5.3	700	4.4	920	6.3
\$20,000 to \$29,999	3,030	9.1	1,440	8.3	1,590	9.9	410	15.0	190	15.0	220	15.1	2,620	8.6	1,260	7.9	1,370	9.4
\$30,000 to \$39,999	2,410	7.2	1,170	6.8	1,240	7.7	210	7.7	60	4.7	160	11.0	2,200	7.2	1,110	6.9	1,080	7.4
\$40,000 to \$49,999	2,210	6.6	1,110	6.4	1,110	6.9	130	4.7	F	n/a	F	n/a	2,080	6.8	1,020	6.4	1,060	7.3
\$50,000 to \$59,999	2,230	6.7	1,090	6.3	1,140	7.1	170	6.2	90	7.1	80	5.5	2,060	6.7	1,000	6.2	1,070	7.3
\$60,000 or more	12,360	37.0	7,210	41.7	5,150	32.0	680	24.8	350	27.6	330	22.6	11,690	38.2	6,860	42.8	4,830	33.0
Income not specified	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a

Table: CSD 2012 - B1.6 continued

	Total population						Persons with disabilities						Persons without disabilities						
	Both sexes		Males		Females		Both sexes		Males		Females		Both sexes		Males		Females		
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	
Canada																			
Total, 15 years and over	27,516,200	100.0	13,559,290	100.0	13,956,910	100.0	3,775,910	100.0	1,699,020	100.0	2,076,890	100.0	23,740,290	100.0	11,860,270	100.0	11,880,020	100.0	
Without income	1,312,320	4.8	549,470	4.1	762,850	5.5	128,390	3.4	51,570	3.0	76,720	3.7	1,183,920	5.0	497,790	4.2	686,130	5.8	
With income	26,203,400	95.2	13,009,350	95.9	13,194,050	94.5	3,647,030	96.6	1,646,880	96.9	2,000,160	96.3	22,556,370	95.0	11,362,480	95.8	11,193,890	94.2	
Under \$5,000	2,562,290	9.3	1,251,930	9.2	1,310,360	9.4	254,480	6.7	110,940	6.5	143,540	6.9	2,307,810	9.7	1,140,990	9.6	1,166,820	9.8	
\$5,000 to \$9,999	1,877,090	6.8	668,050	4.9	1,209,040	8.7	305,200	8.1	90,600	5.3	214,610	10.3	1,571,890	6.6	577,460	4.9	994,430	8.4	
\$10,000 to \$14,999	2,357,490	8.6	925,880	6.8	1,431,610	10.3	547,960	14.5	219,860	12.9	328,100	15.8	1,809,530	7.6	706,020	6.0	1,103,510	9.3	
\$15,000 to \$19,999	2,365,120	8.6	903,200	6.7	1,461,920	10.5	544,000	14.4	184,940	10.9	359,060	17.3	1,821,120	7.7	718,260	6.1	1,102,850	9.3	
\$20,000 to \$29,999	3,773,200	13.7	1,667,630	12.3	2,105,580	15.1	658,890	17.4	298,740	17.6	360,150	17.3	3,114,310	13.1	1,368,890	11.5	1,745,420	14.7	
\$30,000 to \$39,999	3,235,570	11.8	1,517,750	11.2	1,717,820	12.3	436,480	11.6	209,130	12.3	227,340	10.9	2,799,090	11.8	1,308,620	11.0	1,490,470	12.5	
\$40,000 to \$49,999	2,758,120	10.0	1,416,500	10.4	1,341,620	9.6	314,140	8.3	169,750	10.0	144,390	7.0	2,443,980	10.3	1,246,740	10.5	1,197,230	10.1	
\$50,000 to \$59,999	2,032,510	7.4	1,162,860	8.6	869,640	6.2	208,290	5.5	124,660	7.3	83,620	4.0	1,824,220	7.7	1,038,200	8.8	786,020	6.6	
\$60,000 or more	5,242,020	19.1	3,495,550	25.8	1,746,470	12.5	377,590	10.0	238,260	14.0	139,340	6.7	4,864,430	20.5	3,257,300	27.5	1,607,130	13.5	
Income not specified	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0014.

'F' indicates the data is too unreliable to be published.

Table: CSD 2012 - B1.7: Income Distribution for Persons with Disabilities, Canada and Northwest Territories, 2012

	Total population						Persons with disabilities						Persons without disabilities					
	Both sexes		Males		Females		Both sexes		Males		Females		Both sexes		Males		Females	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories																		
Total, 15 years and over	33,370	100.0	17,290	100.0	16,080	100.0	2,740	100.0	1,270	100.0	1,460	100.0	30,630	100.0	16,020	100.0	14,620	100.0
Without income	1,750	5.2	860	5.0	890	5.5	80	2.9	F n/a	F n/a	F n/a	F n/a	1,670	5.5	830	5.2	840	5.7
With income	31,610	94.7	16,430	95.0	15,180	94.4	2,650	96.7	1,250	98.4	1,400	95.9	28,960	94.5	15,190	94.8	13,770	94.2
Employment income	27,040	81.0	14,530	84.0	12,510	77.8	1,550	56.6	780	61.4	760	52.1	25,490	83.2	13,740	85.8	11,750	80.4
Wages and salaries	26,150	78.4	13,920	80.5	12,230	76.1	1,490	54.4	740	58.3	750	51.4	24,660	80.5	13,180	82.3	11,480	78.5
Self-employment income	1,990	6.0	1,210	7.0	780	4.9	120	4.4	90	7.1	F n/a	F n/a	1,880	6.1	1,120	7.0	760	5.2
Investment income	5,530	16.6	3,050	17.6	2,480	15.4	460	16.8	270	21.3	190	13.0	5,080	16.6	2,780	17.4	2,290	15.7
Retirement income from private sources	1,560	4.7	780	4.5	790	4.9	380	13.9	160	12.6	220	15.1	1,180	3.9	610	3.8	570	3.9
Other income from private sources	3,950	11.8	2,030	11.7	1,920	11.9	310	11.3	180	14.2	130	8.9	3,640	11.9	1,850	11.5	1,790	12.2
Government transfers	29,680	88.9	15,210	88.0	14,480	90.0	2,610	95.3	1,230	96.9	1,380	94.5	27,070	88.4	13,980	87.3	13,090	89.5
Canada pension plan/Quebec pension plan benefits	3,200	9.6	1,600	9.3	1,610	10.0	1,080	39.4	520	40.9	560	38.4	2,120	6.9	1,080	6.7	1,040	7.1
Old age security/guaranteed income supplement	1,960	5.9	980	5.7	980	6.1	780	28.5	320	25.2	460	31.5	1,180	3.9	650	4.1	520	3.6
Employment insurance benefits	3,590	10.8	1,970	11.4	1,620	10.1	170	6.2	F n/a	F n/a	100	6.8	3,420	11.2	1,890	11.8	1,530	10.5
Child benefits	5,690	17.1	410	2.4	5,280	32.8	310	11.3	F n/a	F n/a	300	20.5	5,380	17.6	400	2.5	4,990	34.1
Other income from government	28,720	86.1	14,920	86.3	13,800	85.8	2,550	93.1	1,210	95.3	1,340	91.8	26,170	85.4	13,710	85.6	12,460	85.2

Table: CSD 2012 - B1.7 continued

	Total population						Persons with disabilities						Persons without disabilities						
	Both sexes		Males		Females		Both sexes		Males		Females		Both sexes		Males		Females		
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	
Canada																			
Total, 15 years and over	27,516,200	100.0	13,559,290	100.0	13,956,910	100.0	3,775,910	100.0	1,699,020	100.0	2,076,890	100.0	23,740,290	100.0	11,860,270	100.0	11,880,020	100.0	
Without income	1,312,320	4.8	549,470	4.1	762,850	5.5	128,390	3.4	51,670	3.0	76,720	3.7	1,183,920	5.0	497,790	4.2	686,130	5.8	
With income	26,203,400	95.2	13,009,350	95.9	13,194,050	94.5	3,647,030	96.6	1,646,880	96.9	2,000,160	96.3	22,556,370	95.0	11,362,480	95.8	11,193,890	94.2	
Employment income	19,341,420	70.3	10,143,600	74.8	9,197,820	65.9	1,627,890	43.1	818,600	48.2	809,290	39.0	17,713,540	74.6	9,325,010	78.6	8,388,530	70.6	
Wages and salaries	17,955,040	65.3	9,336,210	68.9	8,618,830	61.8	1,433,130	38.0	699,480	41.2	733,650	35.3	16,521,910	69.6	8,636,730	72.8	7,885,180	66.4	
Self-employment income	2,629,500	9.6	1,539,740	11.4	1,089,750	7.8	291,940	7.7	172,060	10.1	119,880	5.8	2,337,560	9.8	1,367,680	11.5	969,880	8.2	
Investment income	8,031,390	29.2	3,915,920	28.9	4,115,470	29.5	1,318,060	34.9	573,500	33.8	744,560	35.8	6,713,330	28.3	3,342,420	28.2	3,370,910	28.4	
Retirement income from private sources	3,518,320	12.8	1,836,980	13.5	1,681,330	12.0	1,015,020	26.9	517,590	30.5	497,430	24.0	2,503,300	10.5	1,319,390	11.1	1,183,910	10.0	
Other income from private sources	3,906,910	14.2	1,887,990	13.9	2,018,920	14.5	593,370	15.7	260,650	15.3	332,720	16.0	3,313,550	14.0	1,627,340	13.7	1,686,200	14.2	
Government transfers	19,200,510	69.8	9,104,470	67.1	10,096,040	72.3	3,198,140	84.7	1,438,610	84.7	1,759,530	84.7	16,002,380	67.4	7,665,860	64.6	8,336,510	70.2	
Canada pension plan/Quebec pension plan benefits	5,437,830	19.8	2,504,670	18.5	2,933,150	21.0	1,761,220	46.6	786,620	46.3	974,600	46.9	3,676,610	15.5	1,718,050	14.5	1,958,560	16.5	
Old age security/guaranteed income supplement	4,101,140	14.9	1,786,780	13.2	2,314,360	16.6	1,375,760	36.4	563,060	33.1	812,700	39.1	2,725,380	11.5	1,223,720	10.3	1,501,660	12.6	
Employment insurance benefits	2,978,640	10.8	1,495,840	11.0	1,482,800	10.6	243,350	6.4	115,730	6.8	127,620	6.1	2,735,290	11.5	1,380,110	11.6	1,355,180	11.4	
Child benefits	3,958,640	14.4	189,770	1.4	3,768,880	27.0	329,350	8.7	28,640	1.7	300,710	14.5	3,629,290	15.3	161,130	1.4	3,468,170	29.2	
Other income from government	13,134,360	47.7	7,545,080	55.6	5,589,280	40.0	2,305,420	61.1	1,174,880	69.2	1,130,540	54.4	10,828,940	45.6	6,370,200	53.7	4,458,730	37.5	

Source: Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0023.

'F' indicates the data is too unreliable to be published.

Appendix C: NWT Disability Projections: 2016 to 2035

Table C-1: Disability Prevalence by Sex and Age, 0 to 14 Years and 15 Years and Older, 2006, 2012-2021

	Total			Males			Females		
	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)
Northwest Territories									
2006*									
Total, 0 to 14 Years	25,440	770	3.0	12,930	430	3.3	12,500	340	2.7
0 to 4 Years	8,310	140	1.7	4,190	80E	1.9E	4,110	60E	1.5E
5 to 14 Years	17,130	620	3.6	8,740	350	4.0	8,390	270	3.2
2012									
Total, 15 Years and older	33,370	2,740	8.2	17,290	1,270	7.3	16,080	1,460	9.1
15 to 64 Years	31,180	1,910	6.1	16,150	920	5.7	15,030	990	6.6
15 to 24 Years	7,150	120	1.7	3,780	60	1.6	3,370	F	n/a
25 to 44 Years	13,330	550	4.1	6,690	210	3.1	6,630	330	5.0
45 to 64 Years	10,710	1,250	11.7	5,680	640	11.3	5,030	600	11.9
65 and Older	2,190	820	37.4	1,140	350	30.7	1,050	470	44.8
65 to 74 Years	1,470	510	34.7	800	240	30	670	270	40.3
75 Years and older	710	310	43.7	340	110	32.4	380	200	52.6
2016									
Total, 0 to 14 Years	9,705	290	3.0	4,986	166	3.3	4,719	124	2.6
0 to 4 Years	3,221	54	1.7	1,595	30E	1.9E	1,626	24E	1.5E
5 to 14 Years	6,484	236	3.6	3,391	136	4.0	3,093	100	3.2
Total, 15 Years and older	34,764	3,182	9.2	17,657	1,410	8.0	17,107	1,772	10.4
15 to 64 Years	31,610	1,982	6.3	16,135	942	5.8	15,475	1,040	6.7
15 to 24 Years	6,222	105	1.7	3,084	49	1.6	3,138	F	n/a
25 to 44 Years	14,107	570	4.0	7,099	220	3.1	7,008	350	5.0
45 to 64 Years	11,281	1,307	11.6	5,952	673	11.3	5,329	634	11.9
65 and Older	3,154	1,200	38.0	1,522	468	30.7	1,632	732	44.9
65 to 74 Years	2,101	737	35.1	1,069	321	30.0	1,032	416	40.3
75 Years and older	1,053	463	44.0	453	147	32.4	600	316	52.6

Table C-1 continued

	Total			Males			Females		
	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)
2021									
Total, 0 to 14 Years	9,859	292	3.0	4,925	162	3.3	4,934	130	2.6
0 to 4 Years	3,341	56	1.7	1,690	32E	1.9E	1,651	24E	1.5E
5 to 14 Years	6,518	236	3.6	3,235	130	4.0	3,283	106	3.2
Total, 15 Years and older	35,159	3,459	9.8	17,894	1,586	8.9	17,265	1,873	10.8
15 to 64 Years	31,175	1,982	6.4	15,716	917	5.8	15,459	1,065	6.9
15 to 24 Years	5,534	94	1.7	2,749	44	1.6	2,785	F	n/a
25 to 44 Years	14,374	582	4.0	7,220	224	3.1	7,154	358	5.0
45 to 64 Years	11,267	1,306	11.6	5,747	649	11.3	5,520	657	11.9
65 and Older	3,984	1477	37.1	2,178	669	30.7	1,806	808	44.7
65 to 74 Years	2,656	916	34.5	1498	449	30.0	1,158	467	40.3
75 Years and older	1328	561	42.2	680	220	32.4	648	341	52.6

Notes:

1. Source: Statistics Canada, Participation and Activity Limitation Survey, 2006; NWT Population Projections, 2016.
2. Prepared by: NWT Bureau of Statistics.
3. The sum of the values for each category may differ from the total due to rounding.
4. *Data for 2006 are for Northwest Territories, Nunavut and Yukon (Combined).

Symbols:

E use with caution (The coefficient of variation of the estimate is between 16.6% and 33.3%).
 F indicates the data is too unreliable to be published.

Table C-2: Disability Prevalence by Sex and Age, 0 to 14 Years and 15 Years and Older, 2026-2035

	Total			Males			Females		
	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)
Northwest Territories									
2026									
Total, 0 to 14 Years	9,266	274	3.0	4,600	151	3.3	4,666	123	2.6
0 to 4 Years	3,139	53	1.7	1,590	30E	1.9E	1,549	23E	1.5E
5 to 14 Years	6,127	221	3.6	3,010	121	4.0	3,117	100	3.2
Total, 15 Years and older	36,065	3,887	10.8	18,268	1,765	9.7	17,797	2,122	11.9
15 to 64 Years	30,821	1,942	6.3	15,356	869	5.7	15,465	1,073	6.9
15 to 24 Years	6,177	105	1.7	3,284	53	1.6	2,893	F	n/a
25 to 44 Years	13,568	551	4.1	6,683	207	3.1	6,885	344	5.0
45 to 64 Years	11,076	1,286	11.6	5,389	609	11.3	5,687	677	11.9
65 and Older	5,244	1,945	37.1	2,912	896	30.8	2,332	1,049	45.0
65 to 74 Years	3,406	1,170	34.4	1,961	588	30.0	1,445	582	40.3
75 Years and older	1,838	775	42.2	951	308	32.4	887	467	52.6
2031									
Total, 0 to 14 Years	8,980	268	3.0	4,476	149	3.3	4,504	119	2.6
0 to 4 Years	2,913	49	1.7	1,451	28E	1.9E	1,462	21E	1.5E
5 to 14 Years	6,067	219	3.6	3,025	121	4.0	3,042	98	3.2
Total, 15 Years and older	36,615	4,370	11.9	18,434	1,909	10.4	18,181	2,461	13.5
15 to 64 Years	29,965	1,863	6.2	14,995	848	5.7	14,970	1,015	6.8
15 to 24 Years	6,526	110	1.7	3,353	54	1.6	3,173	F	n/a
25 to 44 Years	12,797	519	4.1	6,356	197	3.1	6,441	322	5.0
45 to 64 Years	10,642	1,234	11.6	5,286	597	11.3	5,356	637	11.9
65 and Older	6,650	2,507	37.7	3,439	1,061	30.9	3,211	1,446	45.0
65 to 74 Years	4,167	1,454	34.9	2,188	656	30.0	1,979	798	40.3
75 Years and older	2,483	1,053	42.4	1,251	405	32.4	1,232	648	52.6

Table C-2 continued

	Total			Males			Females		
	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)	No. of Persons	No. with Disabilities	Prevalence of disability (%)
2035									
Total, 0 to 14 Years	8,618	256	3.0	4,263	142	3.3	4,355	114	2.6
0 to 4 Years	2,868	48	1.7	1,397	27E	1.9E	1,471	21E	1.5E
5 to 14 Years	5,750	208	3.6	2,866	115	4.0	2,884	93	3.2
Total, 15 Years and older	37,408	4,629	12.4	18,723	1,967	10.5	18,685	2,662	14.2
15 to 64 Years	30,286	1,900	6.3	15,191	870	5.7	15,095	1,030	6.8
15 to 24 Years	6,275	106	1.7	3,107	50	1.6	3,168	F	n/a
25 to 44 Years	13,095	528	4.0	6,651	206	3.1	6,444	322	5.0
45 to 64 Years	10,916	1,266	11.6	5,433	614	11.3	5,483	652	11.9
65 and Older	7,122	2,729	38.3	3,532	1,097	31.1	3,590	1,632	45.5
65 to 74 Years	4,051	1,430	35.3	1,967	590	30.0	2,084	840	40.3
75 Years and older	3,071	1,299	42.3	1,565	507	32.4	1,506	792	52.6

Notes:

1. Source: Statistics Canada, Participation and Activity Limitation Survey, 2006; NWT Population Projections, 2016.
2. Prepared by: NWT Bureau of Statistics.
3. The sum of the values for each category may differ from the total due to rounding.
4. *Data for 2006 are for Northwest Territories, Nunavut and Yukon (Combined).

Symbols:

- E use with caution (The coefficient of variation of the estimate is between 16.6% and 33.3%).
 F indicates the data is too unreliable to be published.

Table C-3: Disability Prevalence by Severity and Age, 15 Years and Older, 2012-2021

	Total		Mild		Moderate		Severe and Very Severe	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories								
2012								
Total, 15 and older with a disability	2,740	100.0	910	33.2	510	18.6	1,310	47.8
15 to 64 Years	1,910	100.0	700	36.6	370	19.4	840	44.0
15 to 24 Years	120	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	550	100.0	240	43.6	50	9.1	260	47.3
45 to 64 Years	1,250	100.0	410	32.8	290	23.2	540	43.2
65 and older	820	100.0	210	25.6	140	17.1	470	57.3
65 to 74 Years	510	100.0	120	23.5	80	15.7	310	60.8
75 Years and older	310	100.0	90	29.0	F	n/a	F	n/a
Male	1,270	100.0	430	33.9	300	23.6	540	42.5
15 to 64 Years	920	100.0	311	33.8	217	23.6	391	42.5
15 to 24 Years	60	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	210	100.0	71	33.8	50	23.8	89	42.4
45 to 64 Years	640	100.0	216	33.8	151	23.6	272	42.5
65 and older	350	100.0	119	34.0	83	23.7	149	42.6
65 to 74 Years	240	100.0	82	34.2	57	23.8	102	42.5
75 Years and older	110	100.0	37	33.6	F	n/a	F	n/a
Female	1,460	100.0	480	32.9	210	14.4	770	52.7
15 to 64 Years	990	100.0	325	32.8	142	14.3	522	52.7
15 to 24 Years	60	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	330	100.0	108	32.7	47	14.2	174	52.7
45 to 64 Years	600	100.0	197	32.8	86	14.3	316	52.7
65 and older	470	100.0	155	33.0	68	14.5	248	52.8
65 to 74 Years	270	100.0	89	33.0	39	14.4	142	52.6
75 Years and older	200	100.0	66	33.0	F	n/a	F	n/a

Table C-3 continued

	Total		Mild		Moderate		Severe and Very Severe	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories								
2016								
Total, 15 and older with a disability	3,182	100.0	1,059	33.3	588	18.5	1,534	48.2
15 to 64 Years	1,982	100.0	659	33.2	371	18.7	949	47.9
15 to 24 Years	105	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	570	100.0	189	33.2	102	17.9	278	48.8
45 to 64 Years	1,307	100.0	435	33.3	250	19.1	620	47.4
65 and older	1,200	100.0	400	33.3	217	18.1	585	48.8
65 to 74 Years	737	100.0	247	33.5	136	18.5	355	48.2
75 Years and older	463	100.0	153	33.0	F	n/a	F	n/a
Male	1,410	100.0	476	33.8	333	23.6	599	42.5
15 to 64 Years	942	100.0	317	33.7	222	23.6	400	42.5
15 to 24 Years	49	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	220	100.0	74	33.8	52	23.8	93	42.4
45 to 64 Years	673	100.0	227	33.8	159	23.6	286	42.5
65 and older	468	100.0	159	34.0	111	23.7	199	42.5
65 to 74 Years	321	100.0	110	34.2	76	23.8	136	42.5
75 Years and older	147	100.0	49	33.6	F	n/a	F	n/a
Female	1,772	100.0	583	32.9	255	14.4	935	52.8
15 to 64 Years	1,040	100.0	342	32.9	149	14.3	549	52.8
15 to 24 Years	56	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	350	100.0	115	32.7	50	14.2	185	52.7
45 to 64 Years	634	100.0	208	32.8	91	14.3	334	52.7
65 and older	732	100.0	241	32.9	106	14.5	386	52.7
65 to 74 Years	416	100.0	137	33.0	60	14.4	219	52.6
75 Years and older	316	100.0	104	33.0	F	n/a	F	n/a

Table C-3 continued

	Total		Mild		Moderate		Severe and Very Severe	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories								
2021								
Total, 15 and older with a disability	3,459	100.0	1,154	33.4	644	18.6	1,664	48.1
15 to 64 Years	1,982	100.0	660	33.3	369	18.6	952	48.0
15 to 24 Years	94	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	582	100.0	193	33.2	104	17.9	284	48.8
45 to 64 Years	1,306	100.0	435	33.3	247	18.9	622	47.6
65 and older	1,477	100.0	494	33.4	275	18.6	712	48.2
65 to 74 Years	916	100.0	307	33.5	174	19.0	437	47.7
75 Years and older	561	100.0	187	33.3	F	n/a	F	n/a
Male	1,586	100.0	537	33.9	375	23.6	675	42.6
15 to 64 Years	917	100.0	310	33.8	216	23.6	390	42.5
15 to 24 Years	44	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	224	100.0	76	33.8	53	23.8	95	42.4
45 to 64 Years	649	100.0	219	33.8	153	23.6	276	42.5
65 and older	669	100.0	227	33.9	159	23.8	285	42.6
65 to 74 Years	449	100.0	153	34.2	107	23.8	191	42.5
75 Years and older	220	100.0	74	33.6	F	n/a	F	n/a
Female	1,873	100.0	617	32.9	269	14.4	989	52.8
15 to 64 Years	1,065	100.0	350	32.9	153	14.4	562	52.8
15 to 24 Years	50	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	358	100.0	117	32.7	51	14.2	189	52.7
45 to 64 Years	657	100.0	216	32.8	94	14.3	346	52.7
65 and older	808	100.0	267	33.0	116	14.4	427	52.8
65 to 74 Years	467	100.0	154	33.0	67	14.4	246	52.6
75 Years and older	341	100.0	113	33.0	F	n/a	F	n/a

Notes:

Source:

1. Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0003.

2. Prepared by: NWT Bureau of Statistics.

3. Respondents may have more than one disability therefore; totals will not equal the sum of their components.

Symbols:

F too unreliable to publish

Table C-4: Disability Prevalence by Severity and Age, 15 Years and Older, 2026-2035

	Total		Mild		Moderate		Severe and Very Severe	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories								
2026								
Total, 15 and older with a disability	3,887	100.0	1,297	33.4	724	18.6	1,872	48.2
15 to 64 Years	1,942	100.0	646	33.3	359	18.5	936	48.2
15 to 24 Years	105	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	551	100.0	183	33.2	98	17.8	269	48.8
45 to 64 Years	1,286	100.0	428	33.3	241	18.7	616	47.9
65 and older	1,945	100.0	651	33.5	365	18.8	936	48.1
65 to 74 Years	1,170	100.0	393	33.6	224	19.1	556	47.5
75 Years and older	775	100.0	258	33.3	F	n/a	F	n/a
Male	1,765	100.0	599	33.9	418	23.7	752	42.6
15 to 64 Years	869	100.0	294	33.8	205	23.6	370	42.6
15 to 24 Years	53	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	207	100.0	70	33.8	49	23.8	88	42.4
45 to 64 Years	609	100.0	206	33.8	144	23.6	259	42.5
65 and older	896	100.0	305	34.0	213	23.8	382	42.6
65 to 74 Years	588	100.0	201	34.2	140	23.8	250	42.5
75 Years and older	308	100.0	104	33.6	F	n/a	F	n/a
Female	2,122	100.0	698	32.9	306	14.4	1,120	52.8
15 to 64 Years	1,073	100.0	352	32.8	154	14.4	566	52.7
15 to 24 Years	52	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	344	100.0	113	32.7	49	14.2	181	52.7
45 to 64 Years	677	100.0	222	32.8	97	14.3	357	52.7
65 and older	1,049	100.0	346	33.0	152	14.5	554	52.8
65 to 74 Years	582	100.0	192	33.0	84	14.4	306	52.6
75 Years and older	467	100.0	154	33.0	F	n/a	F	n/a

Table C-4 continued

	Total		Mild		Moderate		Severe and Very Severe	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories								
2031								
Total, 15 and older with a disability	4,370	100.0	1,456	33.3	807	18.5	2,110	48.3
15 to 64 Years	1,863	100.0	619	33.2	346	18.6	895	48.0
15 to 24 Years	110	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	519	100.0	172	33.1	93	17.9	253	48.7
45 to 64 Years	1,234	100.0	410	33.2	232	18.8	589	47.7
65 and older	2,507	100.0	837	33.4	461	18.4	1,215	48.5
65 to 74 Years	1,454	100.0	487	33.5	271	18.6	699	48.1
75 Years and older	1,053	100.0	350	33.2	F	n/a	F	n/a
Male	1,909	100.0	646	33.8	453	23.7	812	42.5
15 to 64 Years	848	100.0	286	33.7	201	23.7	360	42.5
15 to 24 Years	54	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	197	100.0	67	33.8	47	23.8	83	42.4
45 to 64 Years	597	100.0	201	33.8	141	23.6	254	42.5
65 and older	1,061	100.0	360	33.9	252	23.8	452	42.6
65 to 74 Years	656	100.0	224	34.2	156	23.8	279	42.5
75 Years and older	405	100.0	136	33.6	F	n/a	F	n/a
Female	2,461	100.0	810	32.9	354	14.4	1,298	52.7
15 to 64 Years	1,015	100.0	333	32.8	145	14.3	535	52.7
15 to 24 Years	56	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	322	100.0	105	32.7	46	14.2	170	52.7
45 to 64 Years	637	100.0	209	32.8	91	14.3	335	52.7
65 and older	1,446	100.0	477	33.0	209	14.5	763	52.8
65 to 74 Years	798	100.0	263	33.0	115	14.4	420	52.6
75 Years and older	648	100.0	214	33.0	F	n/a	F	n/a

Table C-4 continued

	Total		Mild		Moderate		Severe and Very Severe	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories								
2035								
Total, 15 and older with a disability	4,629	100.0	1,543	33.3	849	18.3	2,243	48.5
15 to 64 Years	1,900	100.0	632	33.3	353	18.6	913	48.1
15 to 24 Years	106	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	528	100.0	175	33.1	95	18.0	257	48.7
45 to 64 Years	1,266	100.0	421	33.3	238	18.8	604	47.7
65 and older	2,729	100.0	911	33.4	496	18.2	1,330	48.7
65 to 74 Years	1,430	100.0	479	33.5	261	18.3	693	48.5
75 Years and older	1,299	100.0	432	33.3	F	n/a	F	n/a
Male	1,967	100.0	667	33.9	466	23.7	838	42.6
15 to 64 Years	870	100.0	294	33.8	206	23.7	370	42.5
15 to 24 Years	50	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	206	100.0	70	33.8	49	23.8	87	42.4
45 to 64 Years	614	100.0	207	33.8	145	23.6	261	42.5
65 and older	1,097	100.0	373	34.0	260	23.7	468	42.7
65 to 74 Years	590	100.0	202	34.2	140	23.8	251	42.5
75 Years and older	507	100.0	171	33.6	F	n/a	F	n/a
Female	2,662	100.0	876	32.9	383	14.4	1,405	52.8
15 to 64 Years	1,030	100.0	338	32.8	147	14.3	543	52.7
15 to 24 Years	56	100.0	F	n/a	F	n/a	F	n/a
25 to 44 Years	322	100.0	105	32.7	46	14.2	170	52.7
45 to 64 Years	652	100.0	214	32.8	93	14.3	343	52.7
65 and older	1,632	100.0	538	33.0	236	14.5	862	52.8
65 to 74 Years	840	100.0	277	33.0	121	14.4	442	52.6
75 Years and older	792	100.0	261	33.0	F	n/a	F	n/a

Notes:

Source:

1. Statistics Canada, 2012 Canadian Survey on Disability, Table 115-0003.

2. Prepared by: NWT Bureau of Statistics.

3. Respondents may have more than one disability therefore; totals will not equal the sum of their components.

Symbols:

F too unreliable to publish

Table C-5: Disability Prevalence by Type and Age, 15 Years and Older, 2012-2021

	Total		Seeing		Hearing		Mobility		Flexibility		Dexterity		Pain		Memory		Mental and/or Psychological	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories																		
2012																		
Total, 15 and older with a Disability	2,740	100.0	470	17.2	890	32.5	1,400	51.1	1,310	47.8	590	21.5	1,800	65.7	510	18.6	700	25.5
15 to 64 Years	1,910	100.0	290	15.2	520	27.2	890	46.6	840	44.0	380	19.9	1,290	67.5	330	17.3	550	28.8
15 to 24 Years	120	100.0	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a
25 to 44 Years	550	100.0	50	9.1	100	18.2	200	36.4	190	34.5	70	12.7	390	70.9	70	12.7	150	27.3
45 to 64 Years	1,250	100.0	210	16.8	370	29.6	670	53.6	620	49.6	290	23.2	850	68.0	230	18.4	350	28.0
65 and older	820	100.0	180	22.0	370	45.1	510	62.2	470	57.3	200	24.4	510	62.2	190	23.2	150	18.3
65 to 74 Years	510	100.0	100	19.6	210	41.2	280	54.9	300	58.8	120	23.5	330	64.7	150	29.4	100	19.6
75 Years and older	310	100.0	F	n/a	160	51.6	230	74.2	170	54.8	90	29.0	180	58.1	F	n/a	F	n/a
2016																		
Total, 15 and older with a Disability	3,182	100.0	562	17.7	1,077	33.8	1,675	52.6	1,559	49.0	701	22.0	2,083	65.5	616	19.4	785	24.7
15 to 64 Years	1,982	100.0	298	15.0	535	27.0	926	46.7	871	43.9	394	19.9	1,337	67.5	339	17.1	565	28.5
15 to 24 Years	105	100.0	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a
25 to 44 Years	570	100.0	52	9.1	104	18.2	207	36.4	197	34.5	73	12.7	404	70.9	73	12.7	155	27.3
45 to 64 Years	1,307	100.0	220	16.8	387	29.6	701	53.6	648	49.6	303	23.2	889	68.0	240	18.4	366	28.0
65 and older	1,200	100.0	264	22.0	542	45.2	749	62.4	688	57.3	307	25.6	746	62.2	277	23.1	220	18.3
65 to 74 Years	737	100.0	145	19.6	303	41.2	405	54.9	434	58.8	173	23.5	477	64.7	217	29.4	145	19.6
75 Years and older	463	100.0	F	n/a	239	51.6	344	74.2	254	54.8	134	29.0	269	58.1	F	n/a	F	n/a

Table C-5 continued

	Total		Seeing		Hearing		Mobility		Flexibility		Dexterity		Pain		Memory		Mental and/or Psychological		
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	
2021																			
Total, 15 and older with a Disability	3,459	100.0	621	18.0	1,199	34.7	1,847	53.4	1,720	49.7	772	22.3	2,259	65.3	679	19.6	834	24.1	
15 to 64 Years	1,982	100.0	296	14.9	532	26.8	928	46.8	873	44.0	393	19.8	1,340	67.6	338	17.1	564	28.5	
15 to 24 Years	94	100.0	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	
25 to 44 Years	582	100.0	53	9.1	106	18.2	212	36.4	201	34.5	74	12.7	413	70.9	74	12.7	159	27.3	
45 to 64 Years	1,306	100.0	219	16.8	387	29.6	700	53.6	648	49.6	303	23.2	888	68.0	240	18.4	366	28.0	
65 and older	1,477	100.0	325	22.0	667	45.2	919	62.2	847	57.3	379	25.7	919	62.2	341	23.1	270	18.3	
65 to 74 Years	916	100.0	180	19.6	377	41.2	503	54.9	539	58.8	216	23.5	593	64.7	269	29.4	180	19.6	
75 Years and older	561	100.0	F	n/a	290	51.6	416	74.2	308	54.8	163	29.0	326	58.1	F	n/a	F	n/a	

Notes:

1. Source: Statistics Canada, Participation and Activity Limitation Survey, 2006.
 2. Prepared by: NWT Bureau of Statistics.
 3. The sum of the values for each category may differ from the total due to rounding.
 4. *Data for 2006 are for Northwest Territories, Nunavut and Yukon (Combined).
- Symbols:
- x suppressed to meet the confidentiality requirements of the Statistics Act
- E use with caution (The coefficient of variation of the estimate is between 16.6% and 33.3%)
- n/a not applicable
- F indicates the data is too unreliable to be published.

Table C-6: Disability Prevalence by Type and Age, 15 Years and Older, 2026-2035

	Total		Seeing		Hearing		Mobility		Flexibility		Dexterity		Pain		Memory		Mental and/or Psychological	
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%
Northwest Territories																		
2026																		
Total, 15 and older with a Disability	3,887	100.0	721	18.5	1,407	36.2	2,124	54.6	1,967	50.6	886	22.8	2,516	64.7	777	20.0	908	23.4
15 to 64 Years	1,942	100.0	292	15.0	525	27.0	907	46.7	854	44.0	386	19.9	1,309	67.4	333	17.1	554	28.5
15 to 24 Years	105	100.0	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a
25 to 44 Years	551	100.0	50	9.1	100	18.2	200	36.4	190	34.5	70	12.7	391	70.9	70	12.7	150	27.3
45 to 64 Years	1,286	100.0	216	16.8	381	29.6	689	53.6	638	49.6	298	23.2	874	68.0	237	18.4	360	28.0
65 and older	1,945	100.0	429	22.1	882	45.3	1,217	62.6	1,113	57.2	500	25.7	1,207	62.1	444	22.8	354	18.2
65 to 74 Years	1,170	100.0	229	19.6	482	41.2	642	54.9	688	58.8	275	23.5	757	64.7	344	29.4	229	19.6
75 Years and older	775	100.0	F	n/a	400	51.6	575	74.2	425	54.8	225	29.0	450	58.1	F	n/a	F	n/a
2031																		
Total, 15 and older with a Disability	4,370	100.0	839	19.2	1,647	37.7	2,447	56.0	2,251	51.5	1,018	23.3	2,805	64.2	885	20.3	989	22.6
15 to 64 Years	1,863	100.0	282	15.1	505	27.1	868	46.6	819	44.0	370	19.9	1,253	67.3	321	17.2	534	28.7
15 to 24 Years	110	100.0	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a
25 to 44 Years	519	100.0	47	9.1	94	18.2	189	36.4	179	34.5	66	12.7	368	70.9	66	12.7	142	27.3
45 to 64 Years	1,234	100.0	207	16.8	365	29.6	661	53.6	612	49.6	286	23.2	839	68.0	227	18.4	346	28.0
65 and older	2,507	100.0	557	22.2	1,142	45.6	1,579	63.0	1,432	57.1	648	25.8	1,552	61.9	564	22.5	455	18.1
65 to 74 Years	1,454	100.0	285	19.6	599	41.2	798	54.9	855	58.8	342	23.5	941	64.7	428	29.4	285	19.6
75 Years and older	1,053	100.0	F	n/a	543	51.6	781	74.2	577	54.8	306	29.0	611	58.1	F	n/a	F	n/a

Table C-6 continued

	Total		Seeing		Hearing		Mobility		Flexibility		Dexterity		Pain		Memory		Mental and/or Psychological		
	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	No. of Persons	%	
2035																			
Total, 15 and older with a Disability	4,629	100.0	903	19.5	1,774	38.3	2,638	57.0	2,390	51.6	1,092	23.6	2,958	63.9	916	19.8	1,032	22.3	
15 to 64 Years	1,900	100.0	288	15.2	515	27.1	889	46.8	837	44.1	379	19.9	1,279	67.3	327	17.2	542	28.5	
15 to 24 Years	106	100.0	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	F	n/a	
25 to 44 Years	528	100.0	48	9.1	96	18.2	192	36.4	182	34.5	67	12.7	374	70.9	67	12.7	144	27.3	
45 to 64 Years	1,266	100.0	213	16.8	375	29.6	679	53.6	628	49.6	294	23.2	861	68.0	233	18.4	354	28.0	
65 and older	2,729	100.0	615	22.5	1,259	46.1	1,749	64.1	1,553	56.9	713	26.1	1,679	61.5	589	21.6	490	18.0	
65 to 74 Years	1,430	100.0	280	19.6	589	41.2	785	54.9	841	58.8	336	23.5	925	64.7	421	29.4	280	19.6	
75 Years and older	1,299	100.0	F	n/a	670	51.6	964	74.2	712	54.8	377	29.0	754	58.1	F	n/a	F	n/a	

Notes:

1. Source: Statistics Canada, Participation and Activity Limitation Survey, 2006.
 2. Prepared by: NWT Bureau of Statistics.
 3. The sum of the values for each category may differ from the total due to rounding.
 4. *Data for 2006 are for Northwest Territories, Nunavut and Yukon (Combined).
- Symbols:
- x suppressed to meet the confidentiality requirements of the Statistics Act
- E use with caution (The coefficient of variation of the estimate is between 16.6% and 33.3 %.)
- n/a not applicable
- F indicates the data is too unreliable to be published.

Figure C-1: Disability Prevalence by Total and Gender, Percentage, 15 Years and Older, 2012-2035

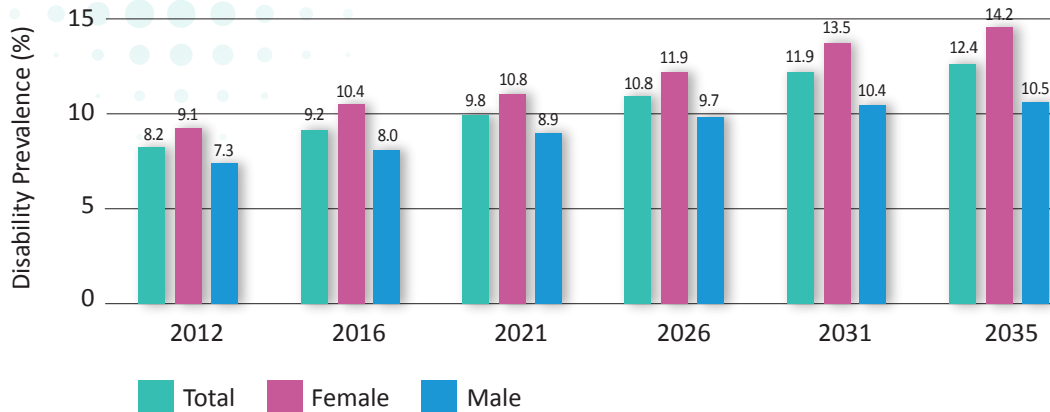


Figure C-1.1: Disability Prevalence by Total and Gender, Persons, 15 years and Older, 2012-2035

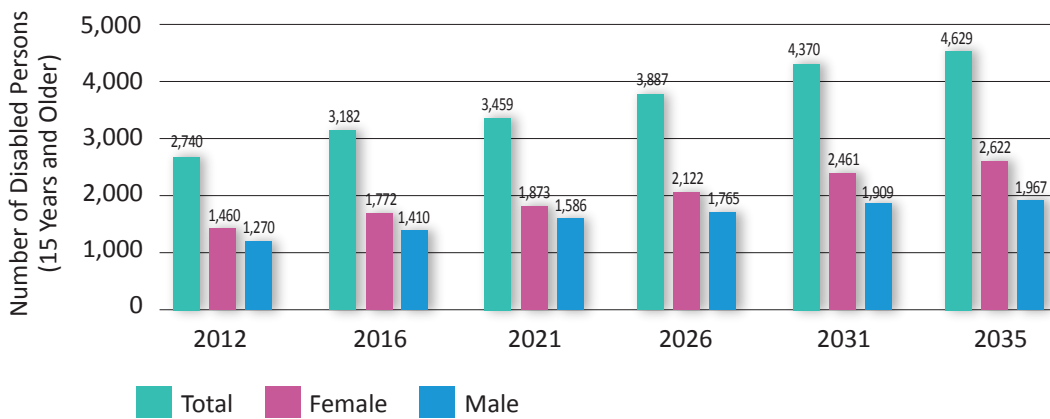
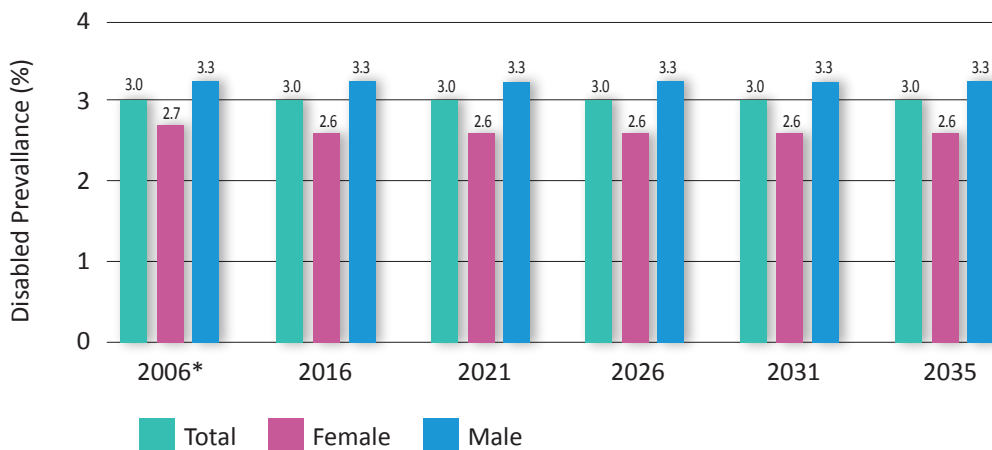


Figure C-2: Disability Prevalence by Total and Gender, Percentage, 0 to 14 Years, 2016-2035



* Data for 2006 are for Northwest Territories, Nunavut and Yukon (Combined) in the PALS report tables.

Figure C-2.1: Disability Prevalence by Total and Gender, Persons, 0 to 14 Years, 2016-2035

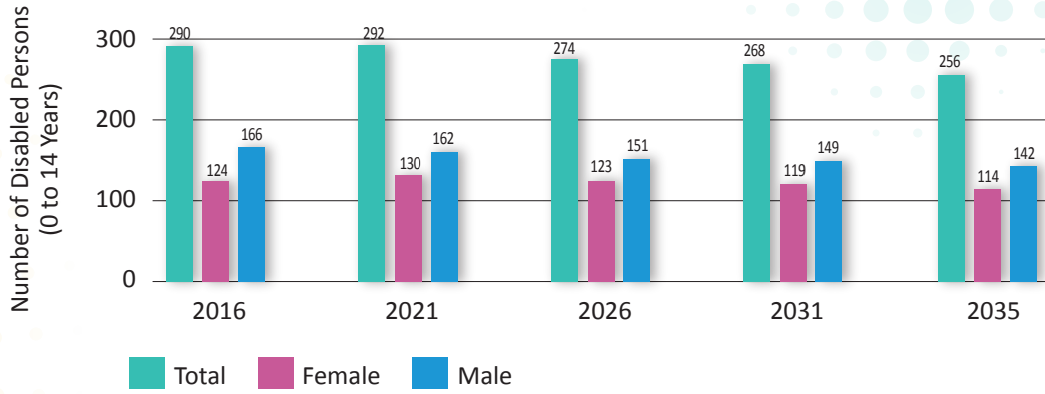


Figure C-3: Disability Prevalence by Severity (Severe and Very Severe), Total Population, Percentage, 15 Years and Older, 2012-2035

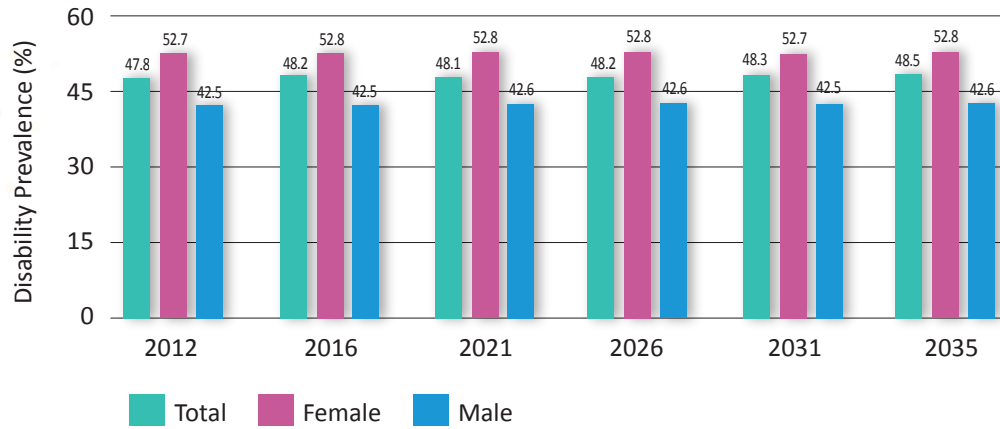
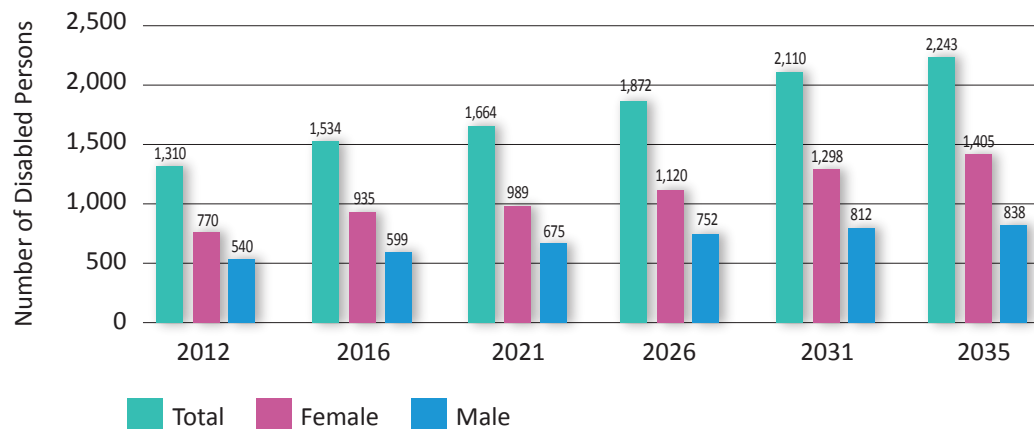


Figure C-3.1: Disability Prevalence by Severity (Severe and Very Severe), Total Population, Persons, 15 Years and Older, 2012-2035



Appendix D: References

- Autism Society NWT. *Autism to 2020: a report on the status of services for individuals with ASD and their families in the Northwest Territories*. Yellowknife.
- Canada. Canadian Human Rights Commission. *Report on equality rights of people with disabilities*. Ottawa: CHRC, 2012.
- Canada. *Canadian Charter of Rights and Freedoms*, s 8, Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982 (UK)*, 1982, c 11.
- Canada. Human Resources Development Canada. Office for Disability Issues. *Defining disability: a complex issue*. Ottawa: HRDC, 2003.
- Canada. Public Health Agency of Canada. *Congenital anomalies in Canada 2013: A perinatal health surveillance report*. Ottawa; PHAC, 2013.
- Canada. Statistics Canada. Health Statistics Division. *Participation and activity limitation survey 2006: Tables (Part VI)*. Statistics Canada Cat. no. 89-628-X, no. 015. Ottawa: Statistics Canada. Released 2010.
- Canada. Statistics Canada. Housing, Family and Social Statistics Division. *Participation and activity limitation survey 2001: A profile of disability in Canada, 2001-Tables*. Statistics Canada Cat. no. 89-579-XIE. Ottawa: Statistics Canada. Released December 2002.
- Canada. Statistics Canada. Social and Indigenous Statistics Division. *Canadian survey on disability, 2012: Concepts and methods guide*. Statistics Canada Cat. no. 89-654-X. Ottawa: Statistics Canada. Released February 2014.
- Canada. Statistics Canada. Social and Indigenous Statistics Division. *Participation and activity limitation survey 2006: Analytical report*. Statistics Canada Cat. no. 89-628-XIE, no. 002. Ottawa: Statistics Canada. Released 2007.
- Canada. Statistics Canada. *Table 102-0110: Potential years of life lost, by selected causes of death (ICD-10) and sex, population aged 0 to 74, Canada, provinces and territories, annual, CANSIM database*. Statistics Canada, 2016.
- Correai R, Seabra-Santos MJ, Pinto P, Brown I. Giving voice to persons with intellectual disabilities about family quality of life. *Journal of Policy and Practice in Intellectual Disabilities* 2017;14(1):59-67.
- Cullinan J, Gannon B, Lyons S. Estimating the extra cost of living for people with disabilities. *Health Economics* 2011;20(5):582-99.
- Do MT, Fréchette, McFaull S, Denning B, Ruta M, Thompson W. Injuries in the north – analysis of 20 years of surveillance data collected by the Canadian Hospitals Injury Reporting and Prevention Program. *International Journal of Circumpolar Health* 2013; 72:21090.
- Duquette M, Carbonneau H, Colette J. Young people with disabilities: The influence of leisure experiences on family dynamics. *Annals of Leisure Research* 2015;19(4):405-423.

- Hannah H, Santos M, Wong M, Kandola K. *Injuries in the Northwest Territories, Canada: 2000-2009*. Paper presented at the 20th IEA World Congress of Epidemiology, Global Epidemiology in a Changing Environment: The Circumpolar Perspective. Anchorage, AK: August 2014.
- Hogan D. *Family consequences of children's disabilities*. New York: Russell Sage Foundation, 2012.
- Janus M, Brinkman S, Duku E, Hertzman C, Santos R, Sayers M, Schroeder J, Walsh C. *The early development instrument: A population-based measure for communities, a handbook on development, properties, and use*. Hamilton, ON: Offord Centre for Child Studies, 2007.
- Janus M, Offord DR. Development and psychometric properties of the early development instrument (EDI): A measure of children's school readiness. *Canadian Journal of Behavioural Science* 2007;39(1):1-22.
- Law Commission of Ontario. *A framework for the law as it affects persons with disabilities: advancing substantive equality for persons with disabilities through law, policy and practice*. Toronto: LCO, September 2012.
- Manitoba. Bureau of Statistics. *Disability in Manitoba: 2012 to 2036*. Winnipeg, 2015.
- Minh TD, Fréchette M, McFaull S, Denning B, Ruta M, Thompson W. Injuries in the north – analysis of 20 years of surveillance data collected by the Canadian Hospitals Injury Reporting and Prevention Program. *International Journal of Circumpolar Health* 2013; 72:21090.
- Namkung EH, Song J, Greenberg JS, Mailick MR, Floy FJ. The relative risk of divorce in parents of children with developmental disabilities: Impacts of lifelong parenting. *American Journal of Intellectual and Developmental Disabilities* 2015;120(6):514-26.
- National Academies of Sciences, Engineering, and Medicine. *Families caring for an aging America*. Washington, DC: The National Academies Press, 2016.
- Northwest Territories. Bureau of Statistics. *Participation and activity limitation survey: 2006*. NWT Bureau of Statistics newstats no. 2007-034. Yellowknife, released December 2007.
- Northwest Territories. Health and Social Services. *Building a culturally respectful health and social services system*. Yellowknife, 2016.
- Northwest Territories. Health and Social Services. *Injury in the Northwest Territories, 2000-2009*. Yellowknife, 2015.
- Northwest Territories. Health and Social Services. *Northwest Territories Hospitalization Report*. Yellowknife, April 2013.
- Northwest Territories. Health and Social Services. *Northwest Territories Health Status Report*. Yellowknife, August 2011. Northwest Territories. Health and Social Services. *The NWT Disability Framework*. Yellowknife, September 2004.
- Northwest Territories. Health and Social Services. *NWT action plan for persons with disabilities*. Yellowknife, 2008.
- Northwest Territories. Health and Social Services. *A culture of safety: NWT injury prevention strategy, 2007-2012 implementation strategy*. Yellowknife, 2007.

- Northwest Territories. Health and Social Services. *Injury in the Northwest Territories: A descriptive report*. Yellowknife, November 2004.
- Northwest Territories. Justice. *Human Rights Act*. SNWT 2002, c.18. Yellowknife: Justice, 2004.
NWT Disabilities Council. *NWT disability services project 2015: Final Report*.
- Offord Centre for Child Studies. *Early development instrument guide 2015/2016: Northwest Territories*. Hamilton, ON: Offord Centre for Child Studies, 2016.
- Olsson MB, Hwang CP. Socioeconomic and psychological variables at risk and protective factors for parental well-being in families of children with intellectual disabilities. *Journal of Intellectual Disability Research* 2008; 52(12):1102-1113.
- Ontario. Ontario Human Rights Commission. *Policy on ableism and discrimination based on disability*. Toronto: OHRC, 2016.
- Rietschlin J, MacKenzie A. *Variation in disability rates in Statistics Canada national surveys: Building policy on a slippery foundation*. Statistics Canada International Symposium 2004: Innovative Methods for Surveying Difficult-to-reach Populations. Statistics Canada Cat. no. 11-522-XIE. Ottawa: Statistics Canada, 2004.
- Rillotta F, Kirby N, Shearer J, Nettlebeck T. Family quality of life of Australian families with a member with an intellectual/developmental disability. *Journal of intellectual Disability Research* 2012;56(1):71-86.
- Roehrer Institute. *Moving in unison into action: towards a policy strategy for improving access to disability supports*. North York, ON: L'institut Roehrer Institute, 2002.
- Tibble M. *Review of the existing research on the extra costs of disability*. London: Department for Work and Pensions, 2005.
- Till M, Leonard T, Yeung S, Nicholls G. *A profile of the labour market experiences of adults with disabilities among Canadians aged 15 years and older, 2012*. Canadian Survey on Disability 2012. Statistics Canada Cat. no. 89-654-X. Ottawa: Statistics Canada. Released December 2015.
- Turcotte M. *Family caregiving: What are the consequences?* Insights on Canadian Society. Statistics Canada Cat. no. 75-006-X. Ottawa: Statistics Canada. Released September 2013.
- United Nations General Assembly. *Convention on the rights of persons with disabilities*. Resolution A/RES/61/106. New York: UN. Adopted 13 December 2006.
- University of British Columbia. *Understanding critical difference in EDI results*. 2015 Research Brief. Vancouver, BC: Human Early Learning Partnership, 2015.
- University of Calgary School of Public Policy. The value of caregiver time: Costs of support and care for individuals living with Autism Spectrum Disorder. *The School of Public Policy* 2016;8(3).
- Wei X, Yu J. The concurrent and longitudinal effects of child disability types and health on family experience. *Modern child Health Journal* 2010; 16:100-108.
- Wood PHN. *International classification of impairments, disabilities and handicaps: A manual of classification relating to the consequences of disease*. Geneva: World Health Organization, 1980.

- World Health Organization. WHO global disability action plan 2014-2021: Better health for all people with disability. Geneva: WHO, 2015.
- World Health Organization. *Injuries and violence: The facts, 2014*. Geneva: WHO, 2014. World Health Organization. *World report on disability*. Geneva: WHO, 2011.
- World Health Organization. *The international classification of functioning, disability, and health (ICF)*. Geneva: WHO, 2001.
- Wymbs BT, Pelham WE, Molina BSG, Gnagy EM, Wilson TK, Greenhouse JB. Rate and predictors of divorce among parents of youth with ADHD. *Journal of Consulting and Clinical Psychology* 2008;76(5):735-44.
- Zaidi A, Burchardt T. Comparing incomes when needs differ: equalization for the extra costs of disability in the UK. *Review of Income and Wealth* 2005; 51:89-114.

