

Identifying the Assumptions Used by Various Jurisdictions to
Forecast Demands for Home and Facility-Based Care for the Elderly*

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Executive Summary

This paper is concerned with the systematic and comprehensive development of a long-term care (LTC) planning framework to aid decision-making. The framework advanced includes both needs-based and preference-based assumptions with respect to plans for health services and health care settings. Needs-based assumptions used in this model are those factors that predispose the elderly to need health and social care. While needs-based assumptions might be thought of as factors that highlight a *potential* need for LTC, preference-based assumptions might be thought of as factors that influence the willingness of individuals to seek/accept care. Such preference-based assumptions are therefore those factors that affect the type and amount of health and social care that individuals will demand. While needs and preference-based approaches to health planning have often been viewed as competing alternatives, we contend that these approaches are highly complementary. Indeed, we suggest that a systematic and comprehensive approach to LTC planning may only be achieved if both approaches were integrated into health planning efforts. Consequently, the framework advanced herein represents a more complete approach to LTC planning than earlier efforts.

A summary of our framework is illustrated in Tables A1 and A2 in the Appendix. These tables identify the factors used in our conceptual model and highlight those used in other selected Canadian jurisdictions. In particular, the summary tables compare our model to the models and frameworks advanced by Hollander and Pallan (1995)¹, Ontario's Health Services Restructuring Commission (1997, 2000),^{2,3} the Policy Advisory Committee of the Long-Term Care Review for Alberta (1999),⁴ Lazurko and Hearn (2000)⁵, Manitoba Health (1999)⁶ and Turner (2000)⁷. The tables demonstrate that our proposed model is

unique in its inclusion of both needs and preference-based assumptions.