Definition and measurement

Long-term care refers to the range of services required by persons suffering from a reduced degree of functional capacity, physical or cognitive, and who are dependent on help with basic activities of daily living, such as bathing, dressing, eating, getting in and out of bed or chair, moving around and using the bathroom. This personal care is frequently provided in combination with help with basic medical services such as help with wound dressing, pain management, medication, health monitoring, prevention, rehabilitation or services of palliative care.

Long-term care can be provided either at home or in different types of institutions, including nursing homes and long-stay hospitals. As new forms of residential care for elderly people have emerged in many OECD countries over the past 15 years, it is becoming more difficult to rely on a simple breakdown of home care *versus* institutional care. At the international level, the problem is compounded by the fact that the same term may refer to institutions quite different from those designated by the same name in another country. In this section, a long-term care institution is defined as a place of collective living where care and accommodation are provided as a package. Unless otherwise stated, these institutions are both public and private. Data on home-based care only refer to services for which payment are made (*i.e.* services provided free-of-charge within households are excluded). In general, the data relate to people aged 65 and over, but for the Czech Republic, Hungary and the Slovak Republic they include long-term care recipients of all ages, resulting in an over-estimation compared with data reported by other countries

The provision and financing of long-term care is hugely important as population ageing takes effects and the growing participation of women in the paid labour market reduces their capacity and willingness to act as carers of other family members. In 2004 (or the latest year available), between 3% and 6% of people aged 65 and over were living in long-term care institutions in most OECD countries (Figure HE5.1). The share of the elderly people receiving long-term care in institutions ranged from less than 1% in Korea to 7.5% in Sweden.

Over the past decade, the percentage of elderly people in long-term care institutions has fallen in many countries, reflecting at least partly the preference of most elderly people to receive care at home where possible. For instance, in the Netherlands the rate of elderly people in long-term care institutions fell from 7.6% in 1995 to 5.6% in 2004, while in Sweden it fell from 8.8% in 1995 to 7.5% in 2004. In the United States, the development of alternatives to care provision in institutions, such as new types of residential facilities for elderly people with only mild disability, has led also to a reduction in institutionalisation rates over the past ten years but this has meant that residents of long-term care institutions are now older and more disabled than in the past. Conversely, the share of elderly people living in long-term care institutions has increased over the past decade in Austria and Germany, as well as Luxembourg and Japan (between 2000 and 2004). In these countries, this increase has coincided with the introduction of a long-term care insurance programme, which reduced the cost of long-term care borne directly by individuals (in 1993 in Austria, in 1995 in Germany, in 1998 in Luxembourg, and in 2000 in Japan).

In order to allow people more choice over care decisions, and to support care provided at home, a number of countries have introduced programmes which offer allowances to persons with long-term care needs who live in their own homes. The design of these programmes varies across countries. Two broad types of programmes can be distinguished. A first category refers to payments to the person needing care who can spend it as they like to acquire appropriate care. The second category refers to income support provided to informal caregivers. Reflecting the current policy priority to support (where possible) the maintenance of elderly disabled people in their homes, the share of people aged 65 receiving some type of formal (paid) home-based care has increased, over the past decade, in Denmark, Norway and Sweden and, over the past five to ten years, in Austria, Japan and Luxembourg (Figure HE5.2). In most OECD countries now, between 5% and 10% of elderly people receive some type of formal long-term care at home.

Status indicators: Life expectancy (HE1).
Response indicators: Public social spending (EQ5), Total social spending (EQ6), Long-term care expenditure (HE5).

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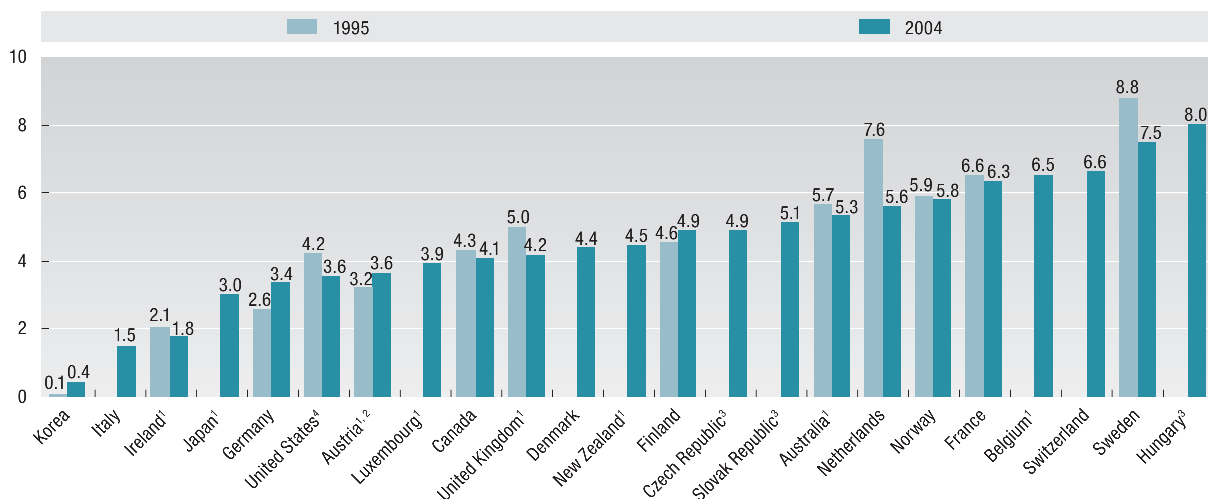
HE5.1. A smaller proportion of elderly people are in institutions in most OECD countries

Share of people aged 65 and over living in institutions, in percentage of people aged 65 and over, 1995 and 2004

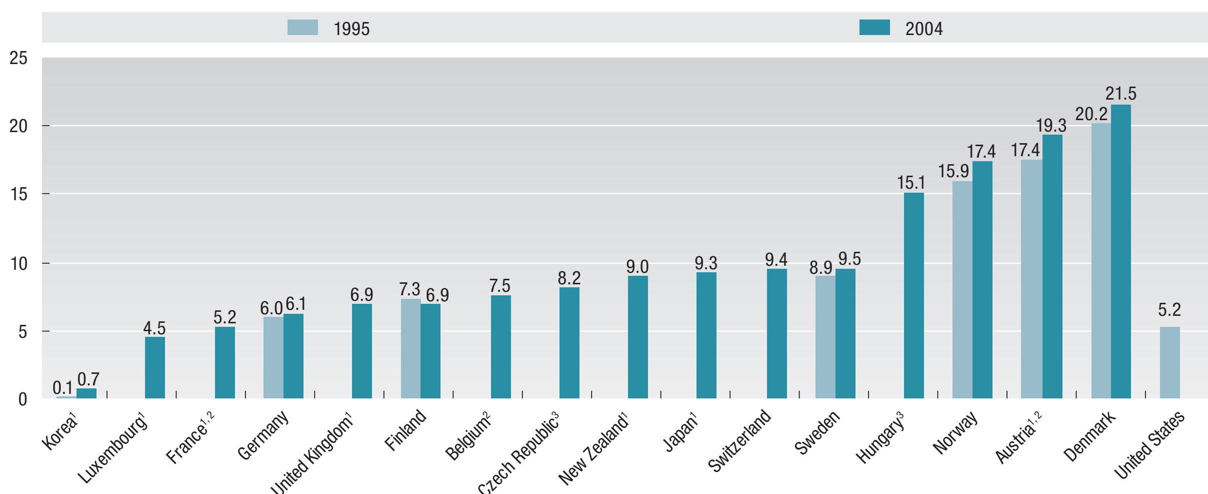


Note: Countries are ranked, from left to right, in increasing order of the share of elderly people being cared in institutions in the most recent year. Data for the earlier period refer to 1996 for Australia and Germany, 1997 for Austria and the United Kingdom, 1994 for France. Data for the later period refer to 2001 for Canada, 2003 for Austria, the Czech Republic, Finland, France, Hungary, Italy, Norway, the Slovak Republic and Switzerland.

1. Data refer only to people receiving publicly-funded long-term care in institutions.
2. Data refer to the population aged 60 years and older.
3. Data refer to the population of all ages.
4. US data for 2004 excludes people of unknown age (about 1.5% of nursing home residents in 2004).

HE5.2. More elderly people are receiving formal care in their homes

Share of home care recipients 65 years and older, in percentage of people aged 65 and over, 1995 and 2004



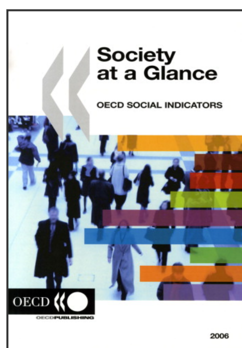
Note: Data for Germany refer to the year 1996, data for Austria refer to the year 1997 and data for France refer to the year 1994 (rather than 1995). Data for Austria, the Czech Republic, Finland, France, Hungary, Italy, Norway, the Slovak Republic and Switzerland refer to the year 2003 (rather than 2004).

1. Data for Austria, Ireland, Japan, Luxembourg, New Zealand, and the United Kingdom refer only to people receiving publicly-funded long-term care at home, resulting in an underestimation of the rates reported for these countries.
2. Data for long-term care recipients in Austria, Belgium and France refer to the population age 60 years and older. This results in an over estimation (given that the denominator to calculate the rates include only the population 65 and over).
3. Data on long-term care recipients at home for the Czech Republic and Hungary are available only for the population of all ages, including those under 65.

Source: OECD (2006), *OECD Health Data 2006*, Paris (www.oecd.org/health/healthdata).

StatLink: *http://dx.doi.org/10.1787/013105642736*

Further reading ■ Lunsgaard, J. (2005), "Consumer Direction and Choice in Long-Term Care for Older Persons", OECD Health Working Paper, No. 20, Paris. ■ OECD (2005), *Long-Term Care for Older People*, Paris.



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