## 8.4. Recipients of long-term care

The number of people receiving long-term care (LTC) in OECD countries is rising, mainly due to population ageing and the growing number of elderly dependent persons, as well as the development of new programmes and services in several countries. In response to most people's preference to receive LTC services at home, an important trend in many OECD countries over the past decade has been the implementation of different types of programmes to support home-based care.

Although the receipt of long-term care is not limited to elderly people, the vast majority of LTC recipients are over 65 years of age. Most of them are also women, because of their higher life expectancy combined with a higher prevalence of disabilities and functional limitations in old age.

On average across OECD countries, about 12% of the population aged 65 and over were receiving some long-term care services at home or in institutions in 2009 (Figure 8.4.1). The use of long-term care services increases sharply with age, with people aged 80 and older being more than six times more likely to receive long-term care than people aged 65-79 in many countries.

The number of LTC recipients as a share of the population 65 years and over was the highest in Austria in 2009, with almost one-fourth of the senior population receiving long-term care benefits either in institutions or at home. On the other hand, only about 1% of the senior population in Poland and Portugal receive formal LTC services, with most of them receiving care in institutions, although many more may receive informal care from family members at home.

Over the past decade, many OECD countries have introduced programmes to promote the delivery of long-term care at home. Several countries have expanded community-based services and home care coverage and support (e.g. Canada, Ireland and Sweden). Some countries have introduced financial support for users, for instance in the form of cash benefits for LTC recipients at home in Austria and the Netherlands.

In most countries for which trend data are available, the number of people receiving long-term care at home as a share of the total number of LTC recipients has increased over the past ten years (Figure 8.4.2). The proportion of LTC recipients at home is the highest in Japan and Norway. In both countries, the proportion has gone up over the past decade, so that now more than three-quarters of LTC recipients receive care at home. The share of home-based care recipients has also increased in Sweden, Luxembourg and Hungary. In Hungary, LTC in institutions has been restricted by budgetary constraints and stricter admission criteria. In Finland, there has been a significant reduction in the share of home-based care recipients over the past decade. The number of people receiving LTC at home has not declined, but it has grown at a much slower rate than the number of

people receiving care in institutions. This may be due to the fact that a larger number of people have more severe conditions or that they live in remote areas where home-based care options may be limited.

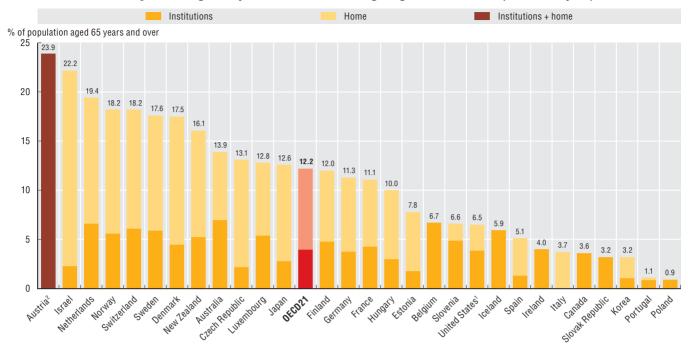
In the United States, only around half of LTC recipients receive care at home. This may partly reflect a traditional bias towards supporting institutional-based care. Financial support to promote home-based care has only been implemented by certain states. Additional support may be needed in the United States and in other countries to further encourage home-based care (Colombo et al., 2011).

#### Definition and comparability

LTC recipients are defined as persons receiving long-term care by paid providers, including non-professionals receiving cash payments under a social programme. They also include recipients of cash benefits such as consumer-choice programmes, care allowances or other social benefits which are granted with the primary goal of supporting people with long-term care needs. Long-term care institutions refer to nursing and residential care facilities which provide accommodation and long-term care as a package. Long-term care at home is defined as people with functional restrictions who receive most of their care at home. Home care also includes specially designed or adapted living arrangements.

Data for Japan underestimate the number of recipients in institutions because many elderly people receive long-term care in hospitals. In the Czech Republic, LTC recipients refer to recipients of the care allowance (i.e. cash allowance paid to eligible dependent persons). In Poland and Spain, the data underestimate the total number of LTC recipients due to partial coverage of facilities or services. In Australia, the data do not include recipients who access the Veterans' Home Care Program and those who access services under the National Disability Agreement. With regard to the age threshold, data for Austria, Belgium, France and Poland refer to people aged over 60, while they refer to people over 62 in the Slovak Republic (this is resulting in a slight underestimation of the share in these countries, given that a much smaller proportion of people aged 60-65 or 62-65 receive LTC compared with older age groups). LTC recipients refer to people aged over 67 in Norway. Information on data for Israel: http://dx.doi.org/10.1787/ 888932315602.

#### 8.4.1 Population aged 65 years and over receiving long-term care, 2009 (or nearest year)

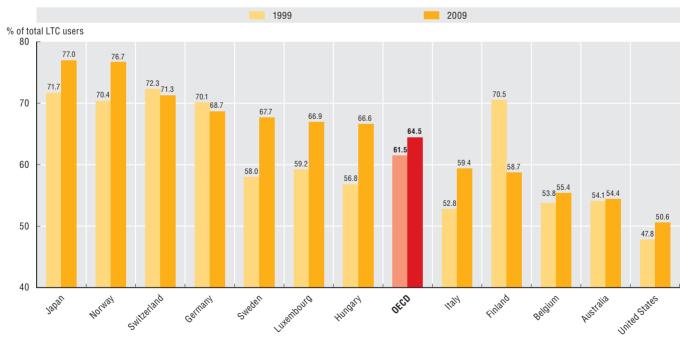


- 1. In the United States, data for home care recipients refer to 2007 and data for recipients in institutions refer to 2004.
- 2. In Austria, it is not possible to distinguish LTC recipients at home or in institutions. The data refer to people receiving an allowance for LTC, regardless of whether the care is provided at home or in institutions. Because of this, Austria is not included in the OECD average.

Source: OECD Health Data 2011.

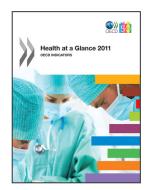
StatLink http://dx.doi.org/10.1787/888932526502

#### 8.4.2 Share of long-term care recipients receiving care at home, 1999 and 2009 (or nearest year)



Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932526521



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