
“INEQUITY IN LONG-TERM CARE USE AND UNMET NEED: TWO SIDES OF THE SAME COIN”

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INTRODUCTION

- A large body of literature describes inequity in health care use in most developed countries
- Little evidence on the level of horizontal inequity in the access to **long-term care** (LTC) services
- Redefining LTC systems requires detailed knowledge about their strengths and weaknesses (e.g. socio-economic barriers)

- This paper investigates inequity in the access of various LTC services using a rich Spanish dataset representative of the disabled Spanish population
- We compute **inequity** in **overall disabled** population as well as in **eligible universal** LTC users (major dependents)
- In addition to **use** of LTC services, we also explore **lack of access** using both self-reported and a more objective measure of “unmet need”

INSTITUTIONAL BACKGROUND

- Spanish levels of LTC related expenditure traditionally very low
- Reliance on out of pocket payments and informal care
- Dependency Law approved in 2006:
 - Gradual implementation
 - Considerable regional variations

DATA AND VARIABLES

- Data drawn from the **Spanish Disability and Dependency Survey** for 2008 (EDADES), representative survey about the disabled in Spain
- Unique data. Rich information about the **health** status of the disabled, the **use** of health and LTC services (in-kind benefits, cash transfers and informal care) and self-reported **unmet needs**.

LTC use

LTC USE VARIABLES	DEFINITIONS
Formal service at COMMUNITY level	
Community care services in last year	Occupational therapy, information/advice/assessment, respite care, interpreters services in sign language and other systems of communication, residential care services, tourism and spa services for disabled, hydrotherapy services, work advice/preparation, in the last year
Community care services in last 14 days	Day centres, occupational centres and cultural, recreational and leisure and free time activities, in the last 14 days
Formal HOME CARE use	
Using home care services	Tele-assistance, home help and personal social services
Using home care services (extended)	+ home care provided by someone living in the household or is employed in the household or by non-residents in the household (hc professionals, social services from public admin., social services from non-public orgs. or private companies

LTC use

CASH transfers	
Periodic and non-periodic cash transfer in last 12 months	Any transfer or compensation as a consequence of any disability, cash from public sector for rehabilitations, specialised care, education, family carers, to facilitate the personal autonomy with technical aids or the accessibility and adaptation of the household, public and/or private cash transfers in the work environment (social action aids), other transfers from government or from other entities
INFORMAL care	
Informal care use	Friends or neighbours (non-professional) have provided home care

Unmet need

UNMET NEED VARIABLES	DEFINITIONS
Formal service at COMMUNITY level	
Community care services in last year	Occupational therapy, information/advice/assessment, respite care, interpreters services in sign language and other systems of communication, residential care services, tourism and spa services for disabled, hydrotherapy services, work advice/preparation, in the last year
Community care services in last 14 days	Day centres, occupational centres and cultural, recreational and leisure and free time activities, in the last 14 days
Formal HOME CARE use	
Using home care services	Tele-assistance, home help and personal social services
ALTERNATIVE definition	
Unmet need - objective	Whether an individual who has at least one daily living activity affected does not receive care

Need

Demographic variables
Age & gender
Limitations
Limitations in basic activities of daily living
Limitations in instrumental activities of daily living
Health problems
Mental illness
Visual problems
Hearing impairments
Speech disorder
Osteoarticular complications
Nervous system illness
Cancer
Respiratory system illness
Circulatory system illness
Digestive system illness
Genitourinary illness
Endocrine system illness
Immunitary system illness
Injuries
Congenital malformations
Others
Rare illness
Good or very good SAH

Non Need

- Logarithm of (equivalent) household income (OECD-modified scale)
- Marital status
- Educational level
- Activity
- Nationality
- Region of residence

- We use a measure of “*Horizontal Inequity*” based on the Corrected Concentration Index

$$CCI = \frac{4 * \mu}{y^{max} - y^{min}} * CI(y) \rightarrow CC = 4 * \mu * CI(y)$$

$$HI = CI - \sum_k \frac{\gamma \bar{x}_k CI_x}{\mu}$$

$$CHI = CCI - 4 * \sum_k \gamma \bar{x}_k CI_x$$

- Bootstrapped standard errors (500 reps)

LTC use

	All disabled		Disabled with universal coverage	
	CHI	Obs	CHI	Obs
Community care (1 year)	0.028***	21516	-0.009	2005
Community care (14 days)	0.008**	21522	0.040**	2008
Home care	-0.009**	21530	-0.015	2008
Home care (extended)	0.018**	21535	0.110***	1746
Cash transfers	-0.007**	21521	-0.012	2010
Informal care	-0.041***	18802	-0.01	1971

Unmet needs

		All disabled		Disabled with universal coverage	
		CHI	Obs	CHI	Obs
Subjective unmet needs	Community care (1 year)	0.000	21516	0.017***	2005
	Community care (14 days)	-0.002**	21522	0.005	2008
	Home care	-0.008***	21530	-0.003	2008
Objective unmet needs		-0.026***	20647	0.003	1986

- We analyse inequity in access to long term care for the disabled and major dependents in Spain using a unique dataset for the Spanish disabled
- Both **use** of LTC services and **unmet needs** for these services are analysed
- **Self-reported** and a more **objective** measure of unmet need were considered in the analysis
- **Inequity in access** to social services related to **socio-economic** position

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- High levels of **pro-rich** inequity are found for the use of formal (**community care services** and **home care**) services
 - For **remaining services** (informal care, cash transfers and unmet needs) **pro-poor** inequity
 - **Higher** inequities found when using a more **objective** definition of unmet needs
 - LTC **beneficiaries** only seem to experience (relatively higher) **pro-rich** inequity in the use of **formal** services

Thank you very much!



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This is a work in progress, so any questions or comments are very welcome.