Statistical Tables and Figures

Tables

2.1. Public LTC expenditure expected to rise significantly by 2050
2.2. Potential impact of changing the mix of public/private financing of LTC
3.1. Unpaid care is mostly directed towards parents and spouses
3.2. Carers are more likely to be home makers, less likely to be employed
9.1. Household composition of net-worth
10.4. Average length of stay for dementia and Alzheimer’s disease in acute care (in days)

Figures

1.1. Financial sustainability is the most important policy priority for LTC systems in the OECD, 2009-10
1.2. More LTC users receive care at home than in institutions
1.3. Most LTC users are women aged over 80 years
1.4. Approximately half of all LTC users are aged over 80 years
1.5. Younger LTC users receive higher amounts of home care than the very old ones
1.6. LTC workers represent a small share of the working-age population, 2008
1.7. The size of the LTC workforce is limited compared to the number of those in need
1.8. The share of public LTC expenditure is higher than that of private LTC expenditure in OECD countries
1.9. Spending on LTC in institutions is higher than spending at home in OECD countries
1.10. Significant variation in LTC expenditure among OECD countries
1.11. High LTC expenditure is associated with high LTC-worker density

2.1. The share of the population aged over 80 years old will increase rapidly
2.2. The shares of the population aged over 65 and 80 years in the OECD will increase significantly by 2050
2.3. The share of the working-age populations is expected to decrease by 2050
2.4. The very old-age dependency ratio is increasing rapidly
2.5. More surviving old men for each woman by 2050
2.6. Increase in the proportion of old people living in couples, by 2050
2.7. The proportion of frail elderly either living alone or with a frail partner will decrease, but the share of both-frail couples will increase by 2050
2.8. The projected growth in frail elderly greatly outweighs that of potential caregivers
2.9. The average annual growth of LTC expenditure will be significantly higher than real projected GDP growth
2.10. The demand for LTC workers is expected to at least double by 2050
2.11. Change in demand for LTC workers and working-age population by 2050
3.1. Caregiving varies by country and type of help provided
3.2. Informal carers are predominantly women
3.3. Carers tend to provide limited hours of care
3.4. Persons with more ADL limitations require more care
3.5. Carers work fewer hours
3.6. Informal caring results in a lower probability of employment
3.7. Informal carers reduce their working hours when at work
3.8. Carers are more likely to stop working rather than work part-time
3.9. Unpaid caring leads to lower income but not necessarily lower wages
3.10. More mental health problems among carers
3.11. Mental health problems depend on the intensity of caring
3.12. Caregiving leads to higher chances of mental health problems
3.A2.1. Higher care intensity and co-residential care have a stronger negative impact on employment
3.A2.2. Higher care intensity and co-residential care have a stronger negative impact on hours of work
3.A2.3. Higher care intensity and co-residential care have a stronger negative impact on mental health problems
3.A2.4. Intensive carers more likely to be older and more disadvantaged
4.1. Care leave is less frequent than parental leave
4.2. More mothers than family carers among part-time workers
4.3. Care leave and part-time work is more likely in certain sectors
4.4. Carer’s allowances generate incentives to reduce work hours
5.1. Higher ratio of LTC users per full-time equivalent worker in home care than in institutions
5.2. Less than half of LTC workers are in home care in most OECD countries
5.3. Most LTC workers are women
5.4. Part-time work is more frequent in home-care settings
5.5. In most OECD countries, less than half of the LTC workforce consists of nurses, mostly employed in institutional settings
5.6. Employment of foreign-born in health and other community services and households
7.1. Users of LTC services vary significantly across the OECD
7.2. Variation in LTC expenditure is not strongly correlated to the share of the population aged over 80
7.3. Long-term care expenditures by sources of funding, 2007
7.4. Comprehensiveness of public LTC coverage across the OECD, 2008
8.1. The private LTC insurance market is small
9.1. The cost associated with low-care need is significant for low-income seniors
9.2. The cost associated with high-care need is significant for most seniors
9.3. Disposable income falls with age
9.4. Public transfers provide the bulk of income in old age
9.5. Median net-worth by age of the household head
9.6. Increasing share of income in the hands of the older segment of the population
9.7. Elderly people’s disposable income mainly consists of pension and capital income
10.1. The density of LTC beds in nursing homes has decreased in the past decade
10.2. The share of home-care users has increased across the OECD
10.3. Trends in institutionalisation rates among OECD countries