

# Developing long-term care in times of austerity. The case of Poland.

London School of Economics and Political  
Science

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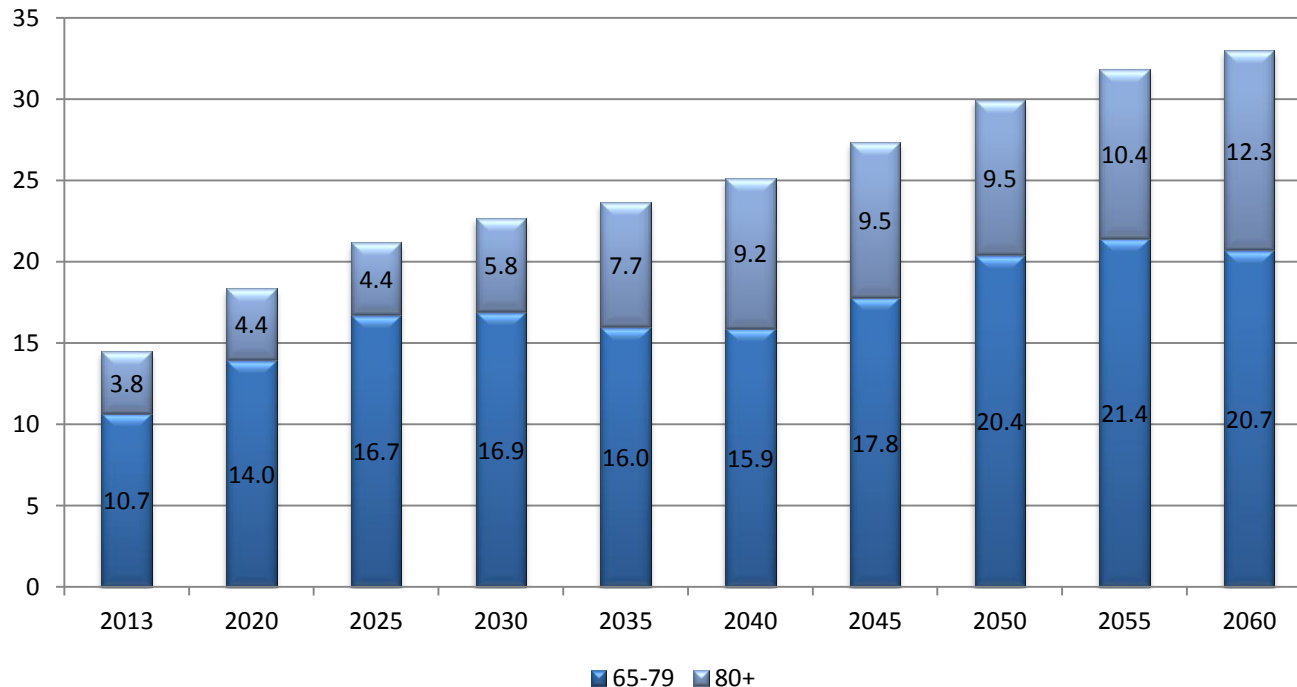
Agnieszka Sowa, IPiSS/CASE

# Outline

1. Demographic challenge and health needs
2. LTC institutions in Poland: organisation, services, expenditures, employment
3. Problems and restrictions on LTC:  
underdeveloped public services, financing,  
access to care
4. Policy directions

# Demographic challenge

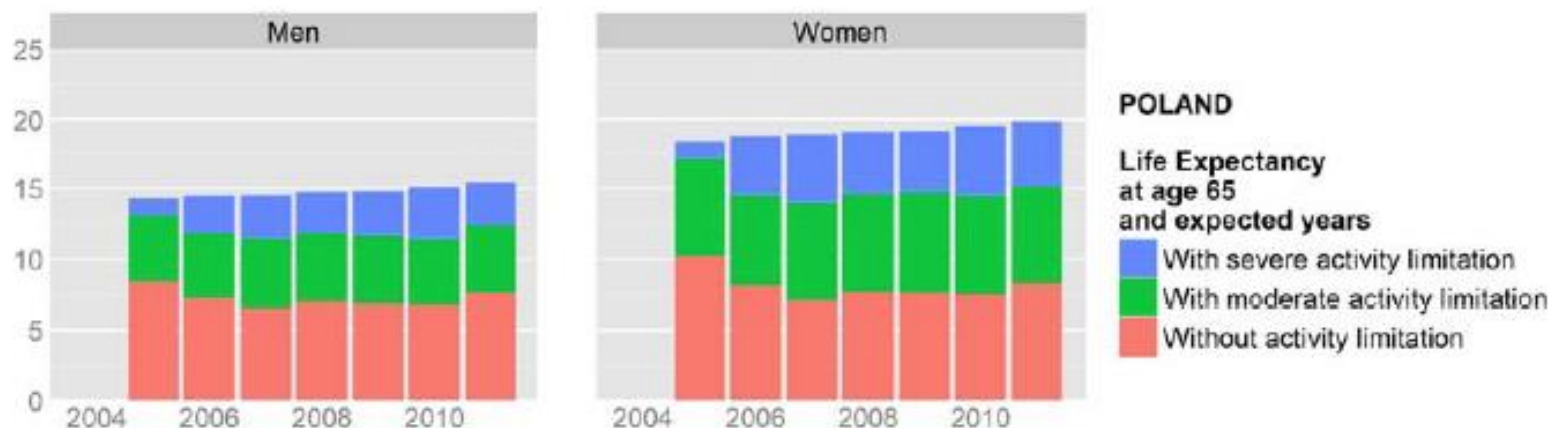
- The population is ageing rapidly, with two cohorts entering old age (65+ and 80+) by 2060



Source: European Commission 2015

# Increasing longevity, but still poor health status

- Longevity improved by 7.2 years for men and 6.1 for women between 1991 and 2013 (men: from 65.88 to 73.06; women: from 75.06 to 81.14)
- Healthy Life Years decreased between 2005 and 2011 (men: by 0.8 years; women: by 1.9 years)

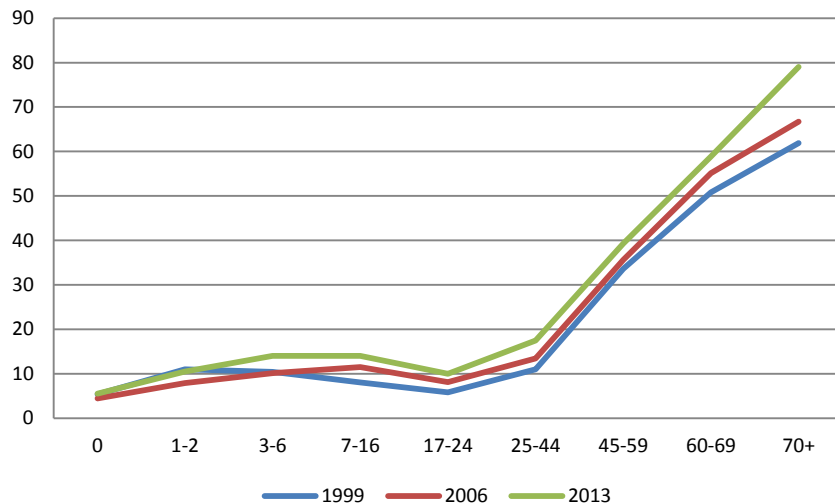


Source: Luijben, Gelenkamp-van den Ploeg, Deeg 2013

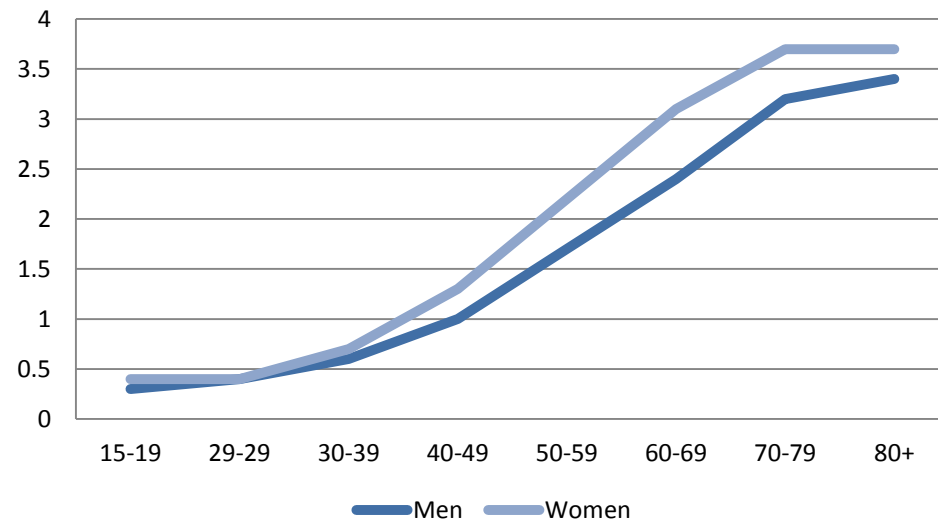
# Multimorbidity and chronic conditions increase

The frequency and number of chronic conditions increase with age and in time (pop. declaring chronic conditions by 10 pp. higher in 2013 than in 1999)

Frequency of chronic conditions by age



Average number of chronic diseases per 1 person



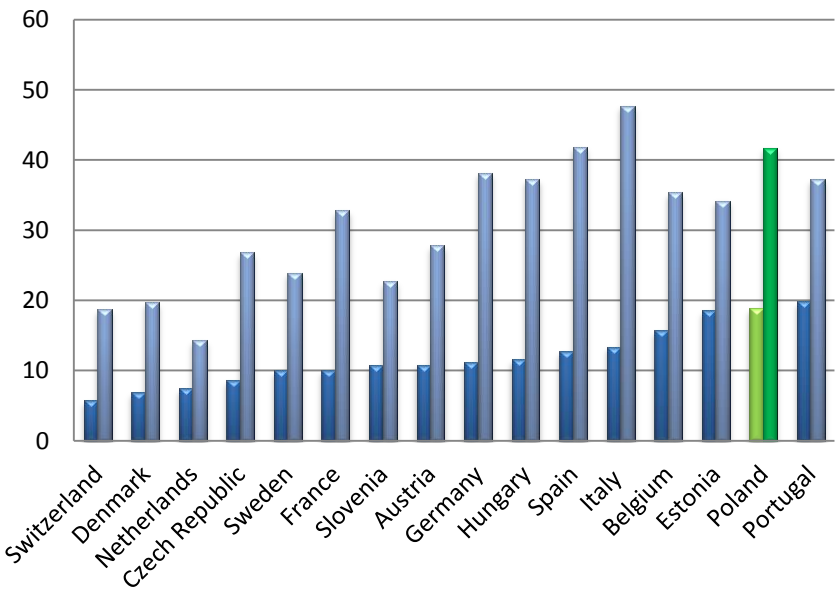
Source: GUS Ochrona zdrowia w gospodarstwach domowych 2000, 2007, 2015

Source: EHIS 2009

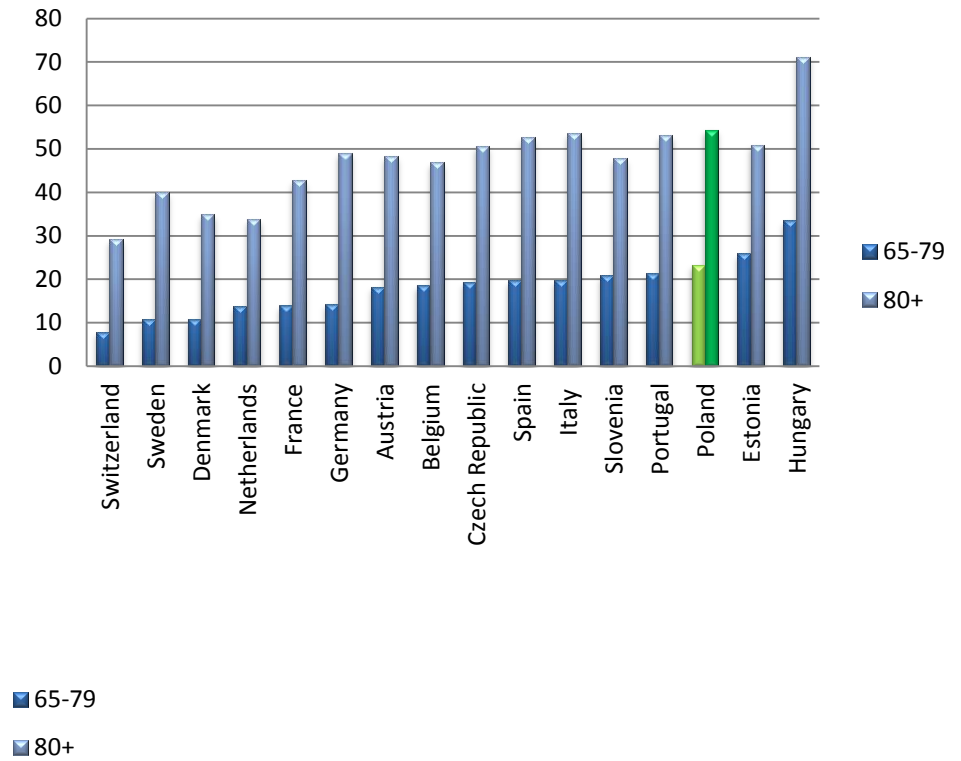
# High level of functional limitations...

...creates demand for long-term care services

Share of individuals with ADL limitations



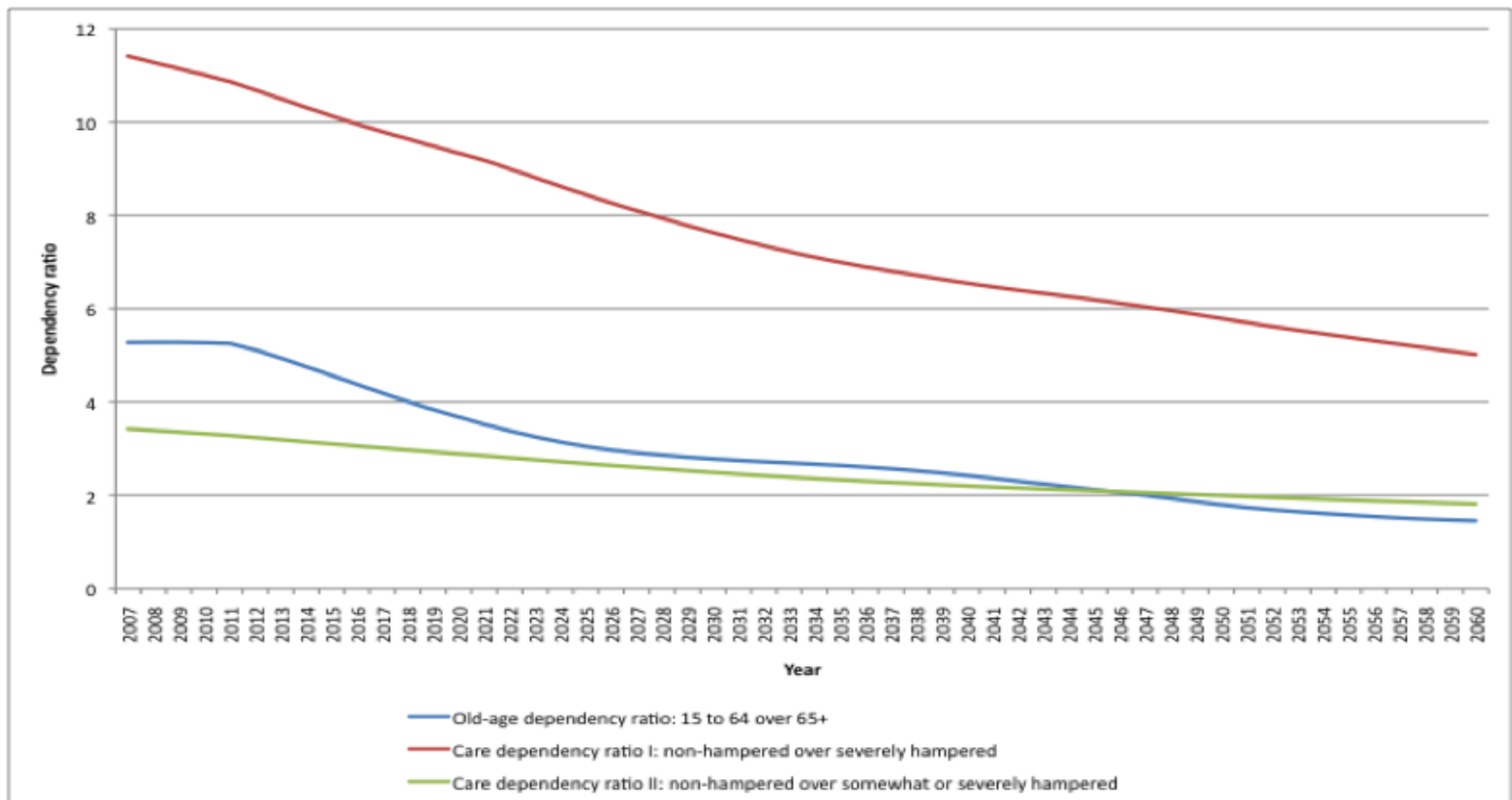
Share of individuals with IADL limitations



Source: own calculations based on SHARE wave 4 data (2010-2011)

# Increasing pressure on care providers

Today: 11 healthy per 1 severely dependent,  
2060: 5 healthy per 1 severely dependent

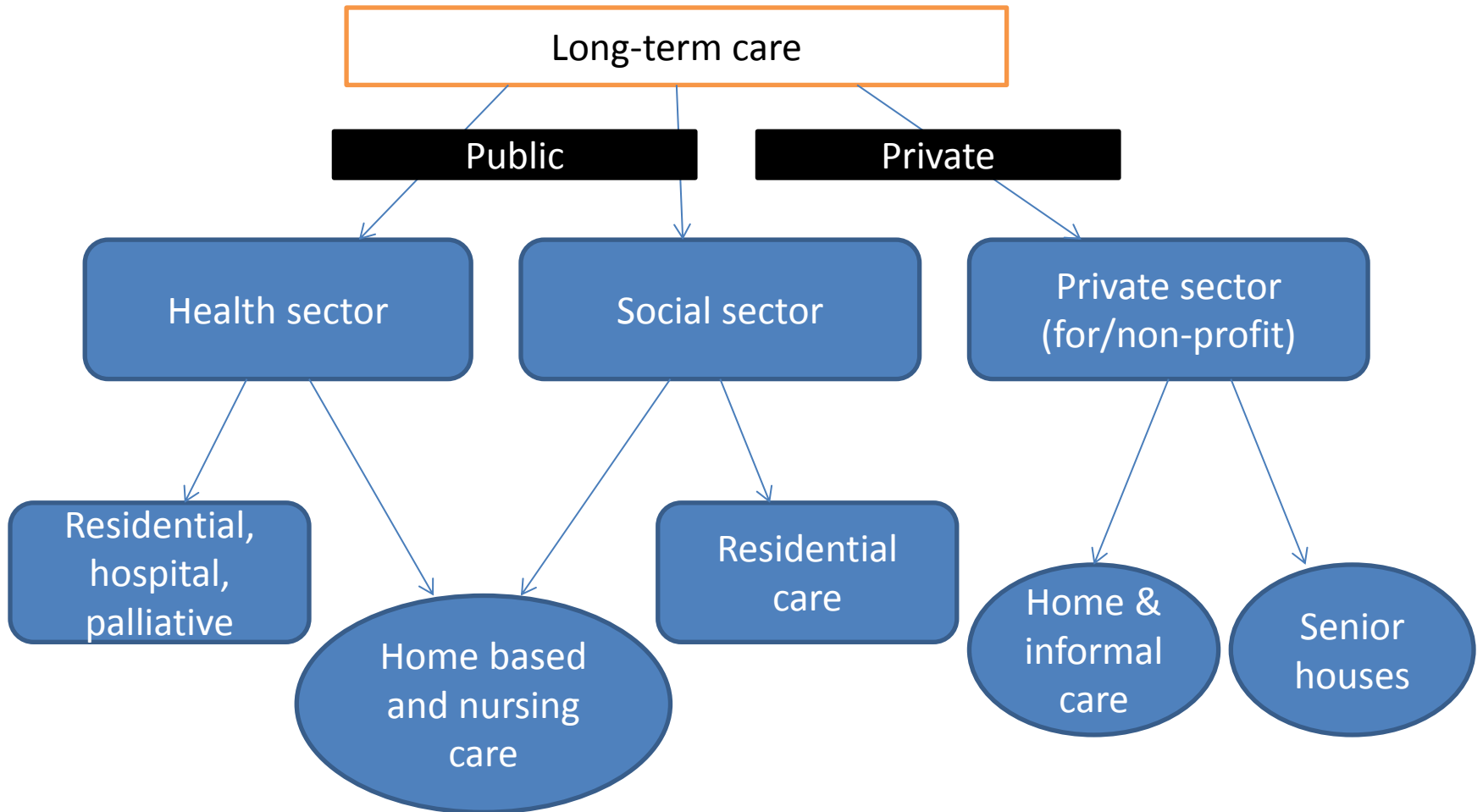


# Informal care is the most common

- Overwhelming majority of older dependent population receive informal care: from 80% (Kotowska, Wóycicka 2007) to 93% (Żukowski 2014)
- Tradition (daughters take care), high co-residence index
- High level of labour market inactivity or earlier labour market exit of females in the age of 50-64 due to family responsibilities, including care for older parents or parents in law
- Underdeveloped supply of formal, publicly financed care
- Lack of affordable private care establishments



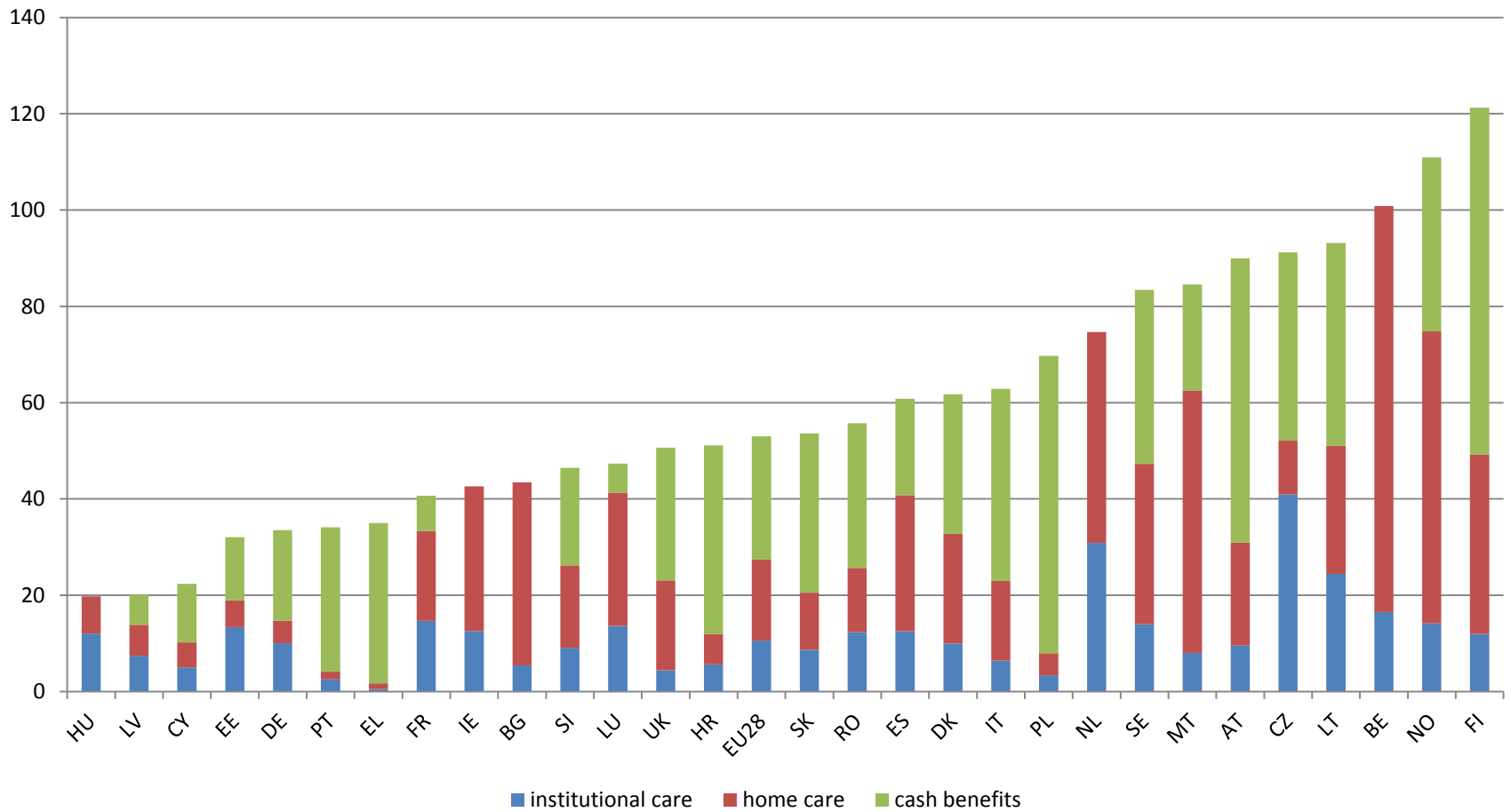
# Institutional LTC arrangements in Poland



# Numerous, but fragmented and low public benefits and services

|                  | Health sector                                                                                                               | Social assistance/<br>Family benefits                                                                                                                                                                                                                                               | Social security                                                                 |
|------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Residential care | Care and nursing facilities ( <i>ZOL</i> , <i>ZPO</i> ), hospices, palliative care units and geriatric hospital departments | Social assistance homes (DPS)                                                                                                                                                                                                                                                       | --                                                                              |
| Semi-residential | --                                                                                                                          | Day care centers                                                                                                                                                                                                                                                                    | --                                                                              |
| Social services  | Nursing home care                                                                                                           | Home services and specialised home services                                                                                                                                                                                                                                         | --                                                                              |
| Cash benefits    | --                                                                                                                          | Nursing benefit ( <i>zasilek pielęgnacyjny</i> ) to carers of disabled children and people 75+ (€36)<br>Nursing allowance ( <i>świadczenie pielęgnacyjne</i> ) for full-time carers of disabled child (€284) or special care allowance for poor families with disabled child (€123) | Care supplement ( <i>dodatek pielęgnacyjny</i> ) universal benefit to 75+ (€49) |

# Poor coverage with benefits and services of the dependent population



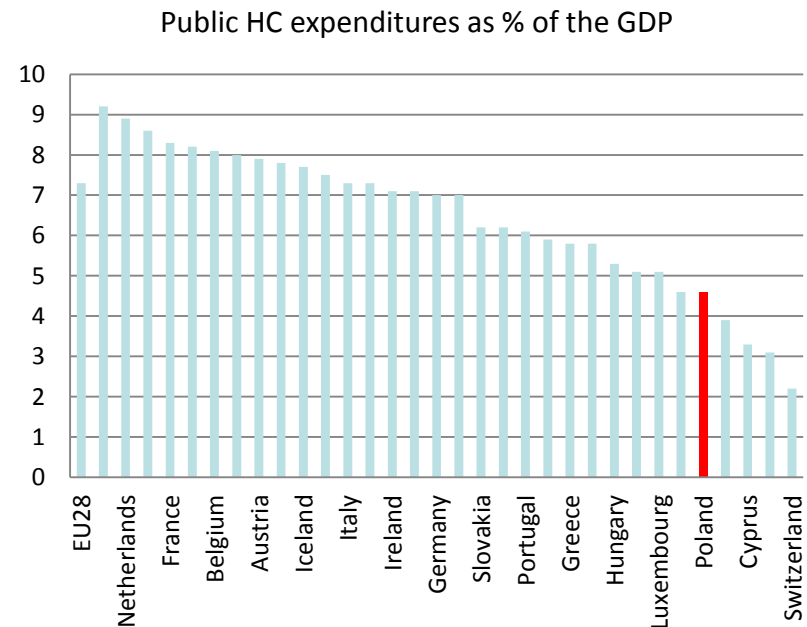
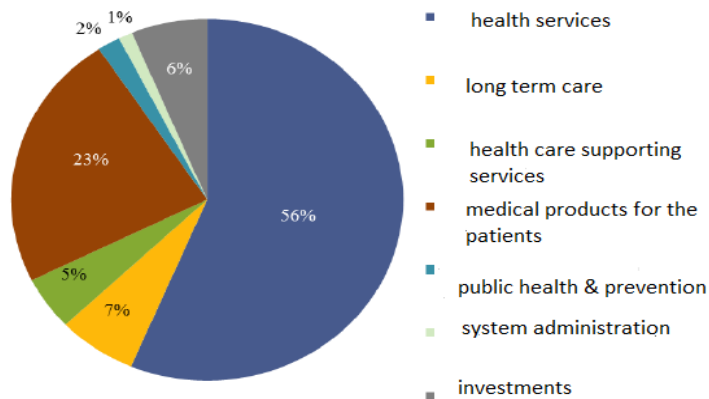
Source: European Commission 2015

# Barriers in access to care

- Limited care supply concentrated on severely dependent or poor (Golinowska 2010):
  - Access to care in health sector upon Barthel test
  - Access to social assistance upon income test
- Cost-sharing in residential care (up to 70% of individual's incomes)
- Social assistance not well prepared to provide care services and specialized care services (Błędowski 2013)
- Expensive private care

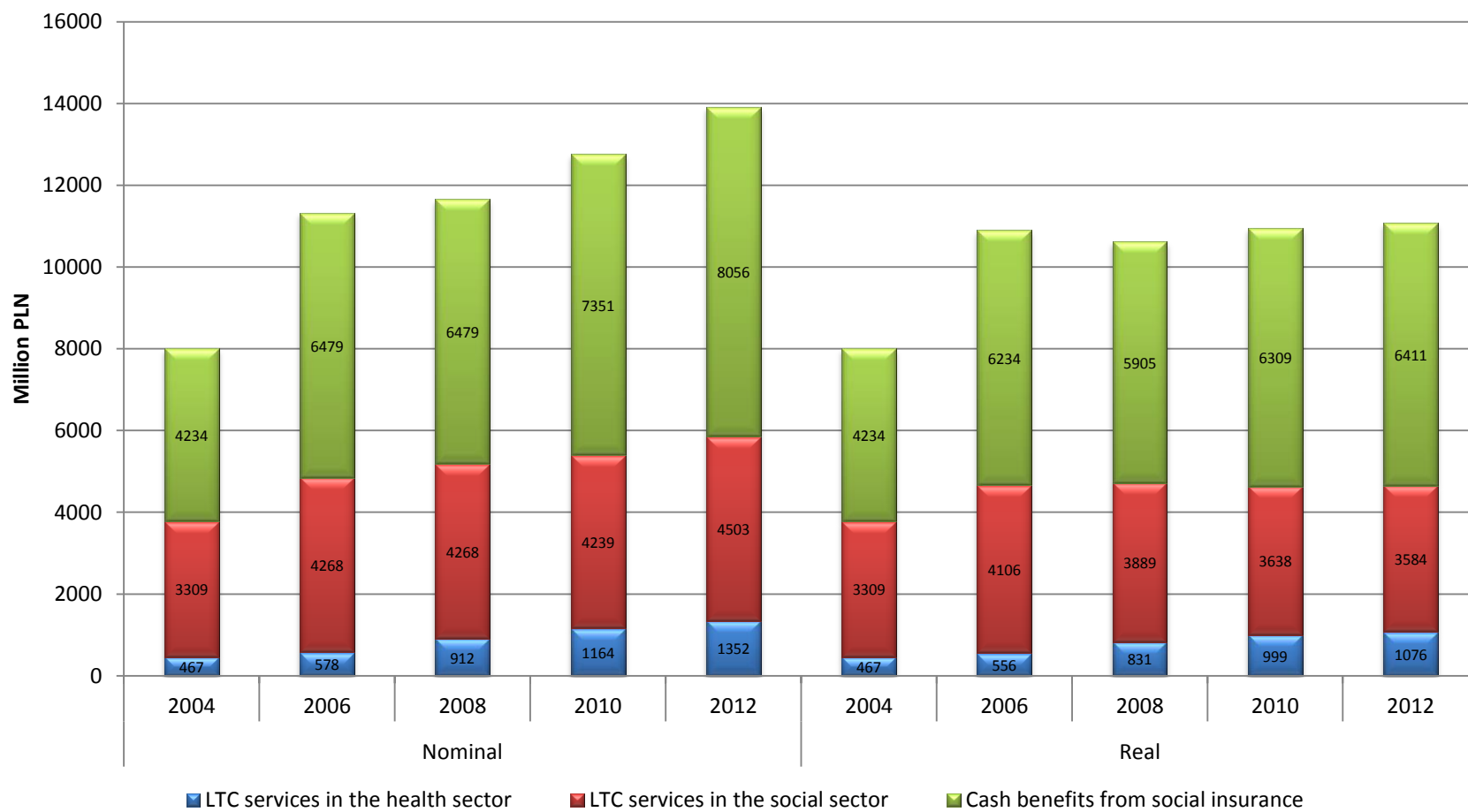
# Control of expenditures in the health sector

- LTC constitutes 7% of total HC spending (and 99% is public)



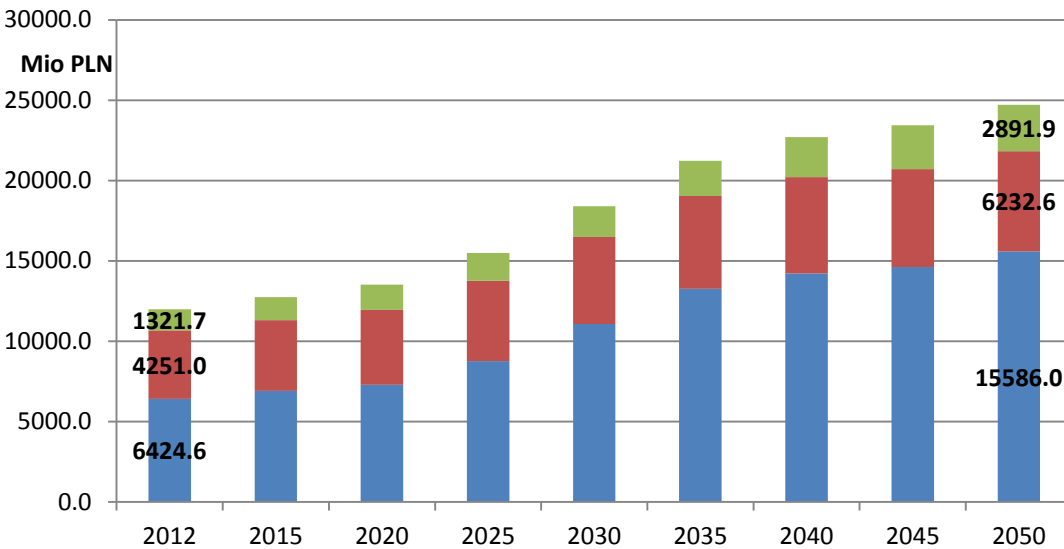
- And public expenditure on HC is very low (NHA 2012)

# Past trends in LTC expenditures – control of spending



Source: Golinowska, Kocot, Sowa, WB expertise 2012

# Projections of future LTC expenditures

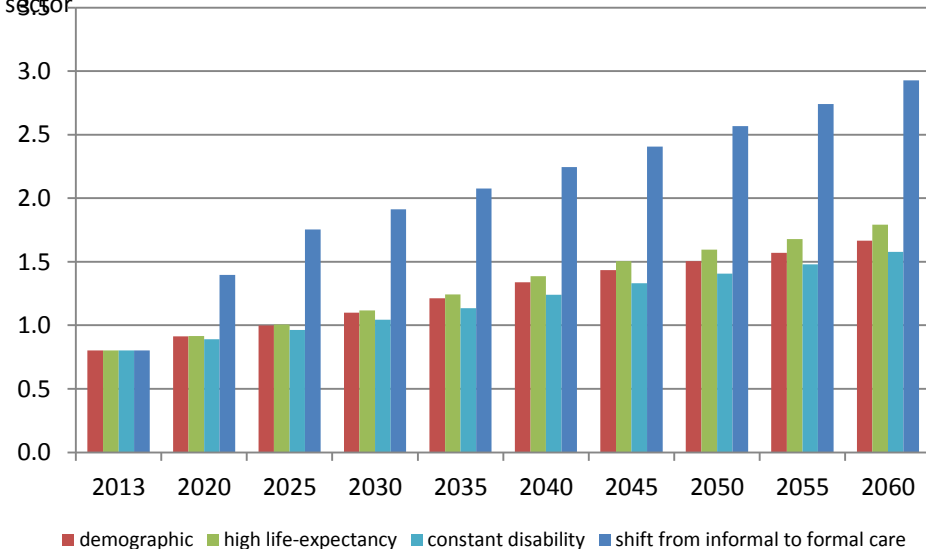


With simple demographic scenario expenditures foreseen to double

(Source: Golinowska, Kocot, Sowa 2012, WB expertise)

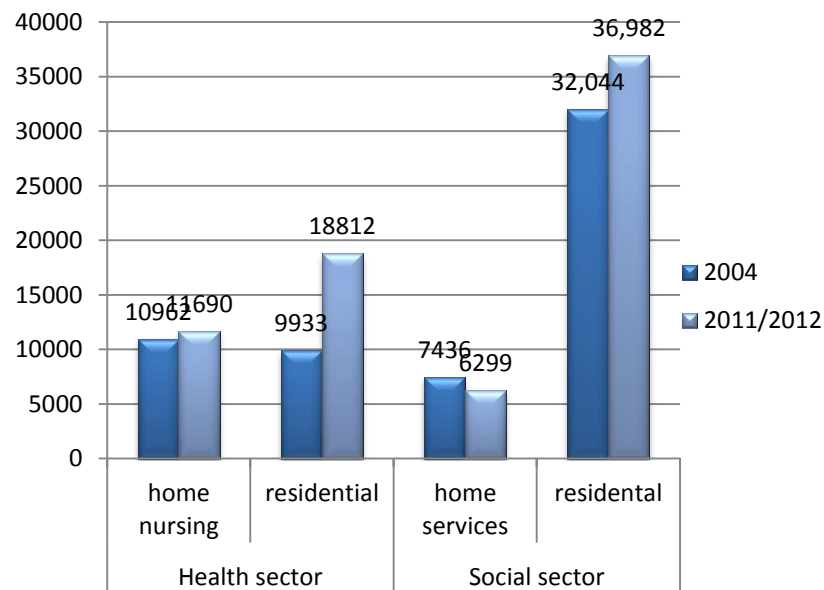
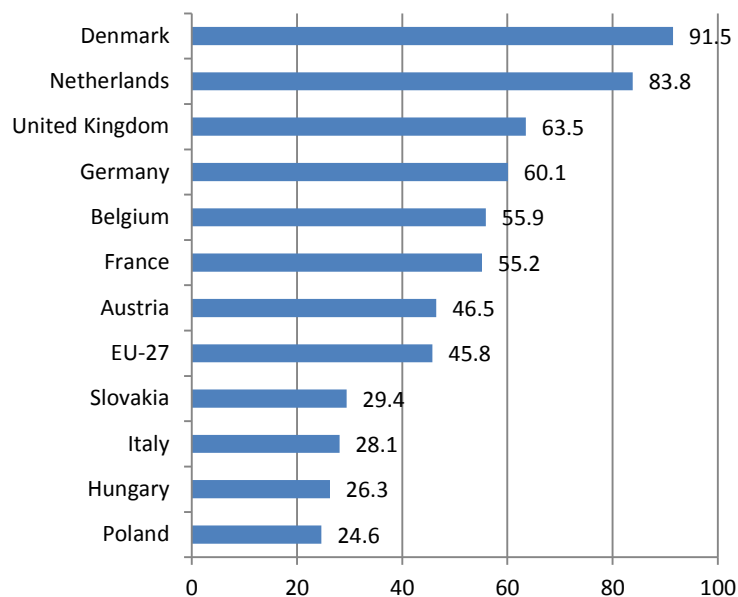
■ Cash benefits ■ LTC services in the social sector ■ LTC services in the health sector

Similar results for the EC AWG (2015) projections, but in case of shifting from informal to formal care expenditures triple



■ demographic ■ high life-expectancy ■ constant disability ■ shift from informal to formal care

# Although slightly increasing, very low employment in health and care sector



Source: Golinowska, Kocot, Sowa, NEUJOBS project 2012-2013

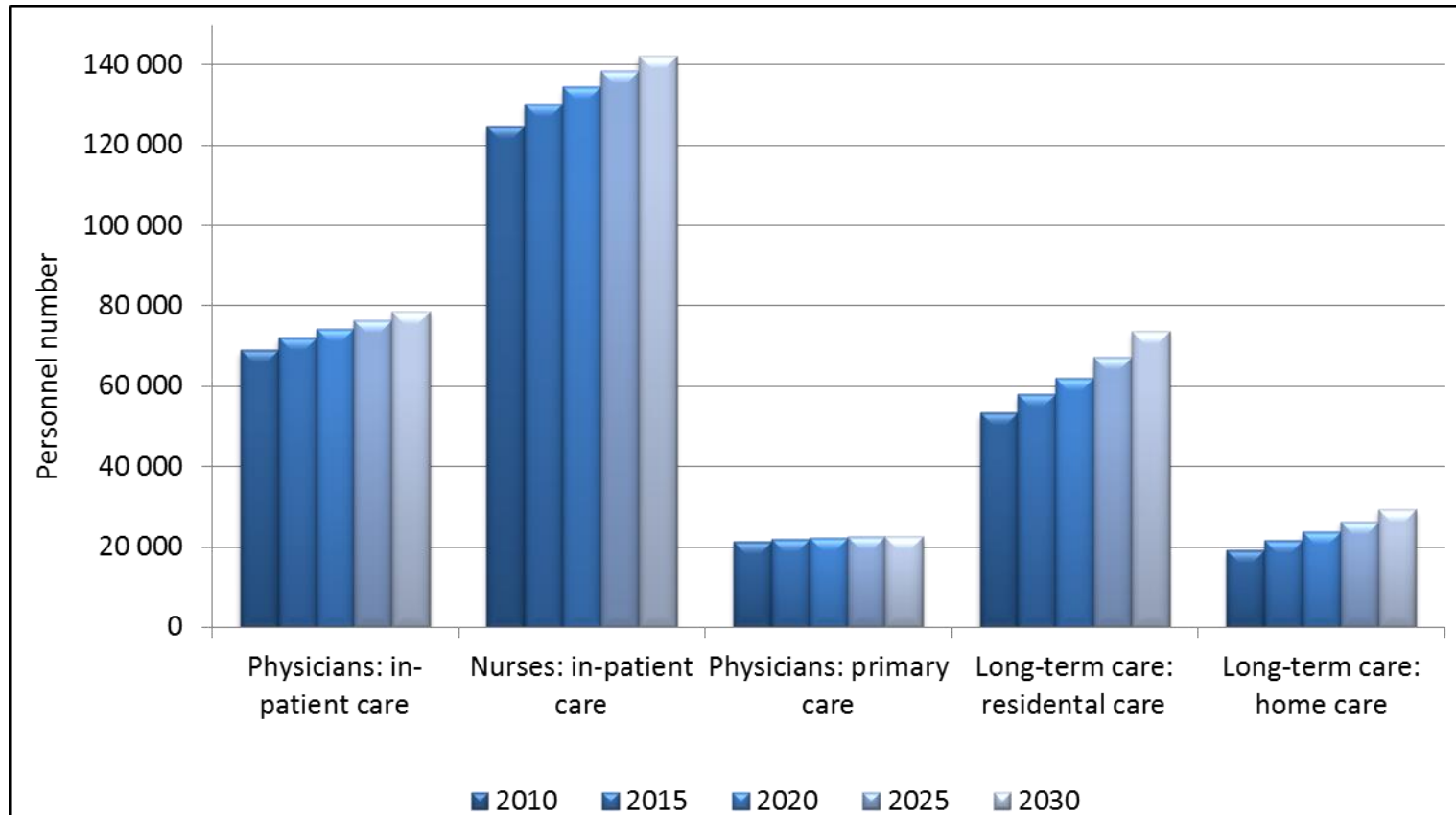
- In the health sector increase in medical personnel: physicians, nurses, medical workers, decrease in physiotherapists and educators
- In the social sector increase in care and therapeutic personnel and decrease in medical personnel
- New professions of medical worker and long-term care nurse created, but still low supply of professionals and medical personnel is ageing



# Policy in times of economic downturn

- Rigid control of expenditures
- Access control → decrease in Barthel test in health sector (from 60 to 40 points) in 2008
- Support of informal carers (in case of disabled children) only in response to protests

# High growth of the demand for personnel in long-term care – residential and home (respectively 38% and 54%)



Source: Golinowska, Kocot, Sowa, NEUJOBS project 2012-2013

# Policy response to growing needs

- No systematic and comprehensive reform of the LTC sector
- Promotion of senior policy concentrated on activation of older population (ASOS programme)
- Still high family responsibilities for care
- Small changes of existing solutions with low use of public funds, i.e.
  - Development of day care centers with the use of European funds (Senior-WIGOR programme)

# Unsolved problems of the LTC in Poland

- Low level of funding
- Coordination of care: health-social sector, central-decentralised management, public-private
- Support of informal carers of older people
- Inflow of employment into care professions: new professions, higher earnings, immigration
- Quality based on performance not input

- ANCIEN project: [www.ancien-longtermcare.eu](http://www.ancien-longtermcare.eu)
- NEUJOBS project: <http://www.neujobs.eu>
- MOPACT project:  
<http://mopact.group.shef.ac.uk>

