

The costs of caring for a graying population

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With the "graying population" phenomenon becoming widespread, many countries are facing the challenge of caring for their elderly population. In Japan, the country with the oldest population, a universal long-term care (LTC) insurance system was established in 2000 to help meet this need. Now, in a study published in *BMC Public Health*, researchers from the University of Tsukuba have revealed the considerable variation between Japan's municipalities in spending on LTC.

In Japan, everyone older than 65 years of age and everyone with a health-related disability older than 40 years of age is eligible to receive LTC. Home-based, community, and facility-based care services are provided by the municipalities, which also act as insurers. There is a classification system for individuals with disabilities, ranging from "Care Level 1" for light disabilities to "Care Level 5" for severe disabilities.

"We were interested in seeing how much variation there is between municipalities in terms of their spending on LTC," says lead author of the study Professor Nanako Tamiya. "As [health inequalities](#) are currently widening in Japan, it is essential for us to understand how spending on LTC varies across the country."

To do this, the researchers examined [municipality](#)-level data from across Japan. They calculated per-capita spending on LTC and ran a series of statistical tests to determine which factors were behind the differences in spending they observed.

"At first glance, the differences between municipalities were surprisingly large," notes co-author Dr. Xueying Jin. "We found that the per-capita spending on LTC was four times higher in the highest-spending municipalities than in the lowest. We also noticed a 'west high, east low' trend, with higher spending in western Japan."

However, the researchers also found that the levels of supply and demand (e.g., the numbers of facilities and candidates for LTC) and other structural factors, which were obtained from publicly available municipality-level statistical sources, mostly explained the regional differences.

"We found that demand factors such as the proportion of the population over 85 years of age, the proportion of individuals certified as needing LTC, and the proportion of individuals who had been classified as

belonging to a high care level played the greatest roles in driving up per-capita spending," says Associate Professor Masao Iwagami, another of the study's authors.

One of the study's major implications is that preventive efforts may help lower per-capita [spending](#) on LTC. Measures aimed at helping healthy individuals avoid developing lifestyle-related health problems should lead ultimately to lower numbers of individuals who require LTC. For those classified as having a disability, preventing their condition from deteriorating should result in lower numbers of individuals requiring high levels of care, and thus lower costs.

More information: Xueying Jin et al, Regional variation in long-term care spending in Japan, *BMC Public Health* (2022). [DOI: 10.1186/s12889-022-14194-6](#)

Provided by University of Tsukuba

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