Long-term care and transitions of elderly living arrangements in Taiwan
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Population ageing is a global phenomenon, especially proceeds more rapidly in Asia. It is projected that the share of the total population aged 60 or more will be approximately tripled by 2050. The accelerating increased old-age population has inspired a dramatic growth in demand for long-term care.

The need for care and the availability of long-term care resources have shown to play significant roles in the decision of elderly living arrangement. The majority of related studies have primarily focused on the experiences in the Western societies that differ substantially from the Asian countries in the commonly practiced living arrangement and the expectation towards solitary living. To fill the gap in the literature, we utilize a nationally representative longitudinal data set of Taiwanese elderly to examine how the provision of long-term care services influence the residential decision of the elderly in Taiwan. Besides, the panel structure of our data allows us to picture a long-term transition of the elderly living arrangement over a nearly 20-year period.

Based on empirical results from the panel multinomial logit model, it is found that long-term care provided outside the family in Taiwan does not encourage "age in place", as originally targeted in long-term care policies. It does not help the elderly maintain their preferred multigenerational living, nor does it help older people live independently. Instead, the aged who receive more help outside the family have higher risk of nursing home entry in the future.

The policy implication of our study is that the long-term care system in Taiwan does not function well enough and leaves much room for improvement. Although home health care have been subsidized for more than a decade since the implementation of National Health Insurance in 1995, the lower rate of public home care utilization is still a major issue. The policymakers and healthcare administrators should be aware of the need for more accessibility, more integrated system, and lower application barrier in long-term care services.

Keywords: population ageing, living arrangements, long-term care, home health care