

PANORAMA

# CHILE

## Demand for long-term care services

### Population aging process

Chile's population is one of the most aged in the region. According to United Nations statistics, the country had a life expectancy of 54.6 years during the period 1950–1955, while for the period 2015–2020, life expectancy has risen to 79 years (82.3 for women and 77.4 for men). By comparison, for the same period the average life expectancy is 75.2 years for all Latin American and Caribbean countries, 80 years for high-income countries, and 72.3 years globally.

As a result of these demographic shifts, people over age 60 have formed an increasingly significant portion of the Chilean population in recent decades, growing from 10.8% of the total population in 2000 to 17.4% in 2020 (United Nations, 2019). This upward trend is

expected to continue: the United Nations projects that by 2050, 31.6% of Chile's total population will be over age 60.

Longer life expectancies mean older people make up a larger share of the total population, but they also mean more adults live longer, so the group over age 80 becomes comparatively larger as well. This group rose from 1.3% of the population in 2000 to 2.8% in 2020, and it is expected to reach 27.6% by 2050 (United Nations, 2019).

### Care dependence

As people age, they are more likely to develop functional limitations—whether motor, cognitive, sensory, or communicational—that make them



dependent on outside help to complete activities of daily living. This means that as older people make up a greater share of the population, the demand for long-term care services goes up as well.

According to the latest data from the CASEN (2017) survey in Chile, 14.6% of people over age 60 report moderate or serious difficulty in performing activities of daily living (whether basic or instrumental)<sup>1</sup>. This statistic jumps to 39.7% for people over age 80, so more than a third of people in that age group have difficulty performing activities of daily living and need help from other people. For all age groups, women have more difficulty performing both types of activities (Table 1).

**Table 1. Percentage of the population of older people with difficulties in performing basic and instrumental activities, by difficulty per age group and sex**

Age	BADL		IADL		Total ADL	
	Men	Women	Men	Women	Men	Women
60+	7.5	11.5	9.5	9.5	11.1	17.3
60 to 69	3.9	5.5	5.5	4.2	5.3	8.0
70 to 79	7.6	10.2	10.2	9.8	11.5	16.1
Over 80	21.3	29.7	29.7	29.5	32.1	44.0

**Note:** These statistics reflect people with moderate or severe difficulties.  
**Source:** prepared by the authors based on CASEN 2017.

Chile is like most countries in that most long-term care needs are met within families, usually by women. In recent years, smaller family sizes and women's increased participation in the labor force have shrunk intra-family support networks for care-dependent people. According to the population census, the number of older people living alone grew from 9.5% in 2002 to 13.5% in 2015 (IDB-WB-ECLAC, 2015). At the same time, women's labor force participation rose from 30% in 1990 to 50% in 2018 (OECDStat, 2020; ILOSTAT, 2020).

<sup>1</sup>Basic activities of daily living (BADL) are a very elemental group of self-care activities that include moving around a room, using the toilet, eating, bathing, and getting dressed. Instrumental activities involve greater cognitive and motor complexity, for example, doing chores, cooking, taking transportation to go from place to place outside of the home, and taking medications.

## The government's role in long-term care

Although Chile has a range of public long-term care services—including residential care settings, day centers, and home care services—they are not organized into a nationwide system. Additionally, the services do not use the same criteria for evaluating and prioritizing their intended beneficiaries, and their provision varies widely from municipality to municipality.

In recent years, the Chilean government has taken important steps to create an organized and integrated network of services by implementing the Chile Cuida initiative in 2017. One of its main goals is to coordinate local long-term care service options for economically and socially vulnerable people who are care-dependent through an overarching program called Red Local de Apoyos y Cuidados [Local Support and Care Network].

The initiative was launched in 16 of the country's 346 municipalities, with the aim of achieving national coverage by 2021 (Barraza, 2017). However, budget restrictions have made progress considerably slower than planned, and the program only operates in 22 Chilean municipalities as of 2020.

## Private long-term care services

There are basically four types of private services in Chile: residential care settings, home care and support services, day centers, and telecare services.

The nonprofit sector plays a particularly strong role in the country, especially religious organizations such as the Fundación Hogar de Cristo, which runs 44 day centers, 89 home care programs, and 17 residential care facilities, among other services for older people.

For-profit enterprises offer services of mixed quality and cost, but it is safe to say that mid- to high-quality services target the middle- to high-income segment of the population. For example, a residential services costs an average of 400,000 Chilean pesos (500 USD) per month, but it can cost as much as 2.5 million



Chilean pesos (3150 USD) per month (MIAB, 2015; Alvarez, 2019).

However, most care-dependent older people are assisted by someone in their family. According to information from CASEN 2017, 70% of care-dependent older people receive help from family members to carry out activities of daily living. More than half of these informal caregivers are over age 50, and over two thirds are women (SENAMA, 2010). Also, 44% of the caregivers show signs of depression. Additionally, 19% are slightly overworked and 25% are heavily overworked as a result of their caregiving and assistance tasks (ibid.).

## The challenges of long-term care services in Chile

The social and demographic shifts Chile has seen in recent years have created a context where, on the one hand, the demand for long-term care services has gone up due to population aging, and, on the other hand, the supply of family members who traditionally provided that care has shrunk, as more women have joined the workforce and family sizes have become smaller. The services offered by the government, however, which are generally meant for more vulnerable groups, face two significant challenges: integrating services at the local level and regulating the quality of services. The market for private long-term care services has grown in recent years, but access to high-quality services is restricted to higher income segments. This creates barriers that exacerbate inequalities in access to long-term care services.

The Chilean government has taken key steps to address these challenges, which materialized in the implementation of the Chile Cuida program in 2017. Despite its good results, so far the initiative is only being implemented in a limited number of municipalities. The importance of having accessible and high-quality long-term care services and of strengthening social and health service coordination has been thrown into sharp relief by the COVID-19 health emergency. The vulnerability of care-dependent adults during the pandemic should give new momentum to the expansion of the National Care System.





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