## Informations relatives à l'article présenté aux JESF 2017

<u>Title:</u> Long--term care use in the Netherlands: equal treatment for equal needs? An assessment using administrative data

## **Authors:**

- Pieter Bakx <u>bakx@bmg.eur.nl</u>
  Institute of Health Policy and Management (iBMG), Erasmus University of Rotterdam (EUR)
- Marianne Tenand\* marianne.tenand@ens.fr [\*corresponding author for the JESF proposal]
  Paris School of Economics (PSE), Ecole normale superieure (ENS), Paris Sciences et Lettres (PSL)
- Eddy van Doorslaer <u>vandoorslaer@ese.eur.nl</u>
  Institute of Health Policy and Management (iBMG) and Erasmus School of Economics (ESE),
  Erasmus University of Rotterdam (EUR)

## **Abstract:**

The Netherlands stands out for offering a generous public coverage of long-term care (LTC) services to its disabled elderly population. In our paper, we investigate whether the Dutch system ensures socio-economic horizontal equity in the use of LTC services, i-e whether individuals with similar "needs" for LTC receive the same amount of services, irrespective of their income. While most studies of horizontal equity in health care use typically rely on a statistically derived measure of needs, we use the eligibility assessment made by the Dutch independent central LTC assessment agency as an explicit norm of vertical equity. We exploit rich administrative data on the universe of the individuals aged 60 or more eligible for public LTC in 2012 (N=616,934). Our data allow us to construct a measure of LTC use (resp. needs) as the monetary value of all institutional care and home care services the individual used (resp. was entitled to) in 2012, while providing individual socioeconomic and demographic information. We find substantial pro-poor concentration of LTC use, only partially offset by poorer individuals having higher needs for LTC. The differential gap between use and needs across the income distribution is especially marked among those eligible for home care. Income, age and household composition contribute to pro-poor income-related horizontal inequity, while regional differences in use, origin and wealth show a negligible contribution.

## **Key-words:**

Long-term care, inequality in use, horizontal equity