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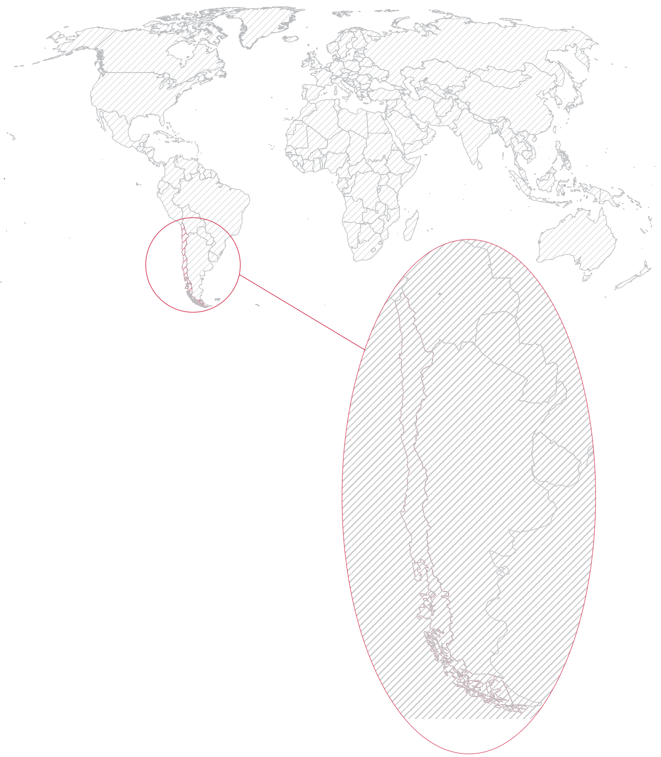
Social Policy Country Briefs

Chile



Pablo Villalobos Dintrans

The Long-Term Care System in Chile

Global Dynamics of Social Policy CRC 1342

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Long-Term Care in Chile

Pablo Villalobos Dintrans*

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1. Country Overview

Source: https://ontheworldmap.com/chile/
(Accessed: May 04, 2021)

- Sub-Region: South America
- Capital: Santiago
- Official Language: Spanish
- Population size: 19,116,000 (UN, 2019)
- Share of rural population: 12.4% (UN, 2019)
- GDP: $ 282.3 billion (WB, 2019)
- Income group: High income (WB, 2019)
- Gini Index: 44,4 (WB, 2017)
- Colonial period: 1600-1810
- Independence: since 1810

1. Long-Term Care Dependency

a. Population statistics

Table 1. Older population in Chile

	Total number	Share of total population
Population 60+	2,850,171	16.22%
Population 70+	1,350,254	7.68%
Population 80+	470,756	2.68%

Table 2. Long-term care dependent population in Chile

	Total number	Share of total population*
15+	672,006	3.82% (4.78%)
65+	431,602	2.46% (21.55%)

Sources: Older population: Instituto Nacional de Estadísticas (2017); LTC dependent population: Ministerio de Desarrollo Social y Familia (2017).
Note: * Share using total country population (17,574,003) as denominator. Numbers in parentheses show the share of people with LTC needs using the total population in each age group as denominator.

b. National definition and measurement of long-term care dependency

In Chile the Disability Law (Law 20,422) defines functional dependency as a permanent state in which people, due to one or more physical, mental or sensorial limitations and related lack of autonomy, require help from other people to perform essential activities of daily living.

[Dependencia: El estado de carácter permanente en que se encuentran las personas que, por razones derivadas de una o más deficiencias de causa física, mental o sensorial, ligadas a la falta o pérdida de autonomía, requieren de la atención de otra u otras personas o ayudas importantes para realizar las actividades esenciales de la vida.]

The First Study of Dependency in Older People, published by the Chilean National Service for Older Persons (SENAMA), defines dependency as a "particular type of disability that involves two components: i) limitation to perform certain activities and; ii) need of personal or technical help to interact with environmental factors." (SENAMA, 2009).

However, while there is no official definition of LTC (at the national level), there are operational definitions used by LTC-related programs. For example, the program "Red Local de Apoyos y Cuidados" (Local support and care network), run/organized by the Ministry of Social Development and Family, defines for its beneficiaries:

» Periodicity: beneficiaries are entitled to receive the services as long as they are classified as "dependents" according to the program's eligibility criteria. A functionality assessment is performed annually.

Benefits:

- » Care plan
- » Home services: including respite service, up to 8 hours per week.
- » Specialized services: a catalogue of 41 different services including personal care and hygiene, functional support (physical and cognitive therapy), administration of medicines, assistance with eating and drinking, home chores, and social and recreational activities. (Ministerio de Desarrollo Social, 2017a; Rosales et al., 2020).

Although there are several definitions and instruments used in Chile to identify "dependents", one widely utilized is the one proposed by the Servicio Nacional del Adulto Mayor SENAMA [explained above] (2009) and included in the National Socioeconomic Characterization (CASEN) survey (Ministerio de Desarrollo Social, 2017a):

Table 3. Classification for dependency

Classification	Description
No dependency	Ability to perform basic activities of daily living (BADL) and instrumental activities of daily living (IADL) autonomously
Mild dependency	1. Inability to perform one IADL, or 2. Permanent need for help in performing one BADL (except bathing), or 3. Permanent need for help in performing one IADL
Moderate dependency	1. Inability to bathe (BADL), or 2. Permanent need for help in performing two or more BADL, or 3. Permanent need for help in performing three or more IADL, or 4. Inability to perform one IADL and constant need for help in performing one BADL
Severe dependency	1. Inability to perform one BADL (except bathing), or 2. Inability to perform two IADL

Source: Ministerio de Desarrollo Social, 2017.

2. First Public Scheme on Long-Term Care

a. Legal introduction

There is no LTC-specific legislation in Chile. However, there are several LTC-related laws that mainly address people with disabilities (Servicio Nacional de Discapacidad, 2021):

Name and type of law	Social integration for people with disability (Law 19,284)
Date the law was passed	1994
Date of *de jure* implementation	1994
Brief summary of content	Seeks to ensure the integration of people with disability into society. Also creates the National Fund for Disability, intended to finance disability-related initiatives and assistive devices
Socio-political context of introduction	Highlighting society's responsibility for people with disabilities in a context of rising prevalence of disability and after Chile's return to democracy in 1990 (initiative started its process in 1992).

Name and type of law	Decree on regulation of LTC facilities (Decree 14)
Date the law was passed	2010
Date of *de jure* implementation	2010
Brief summary of content	Sets standards for facilities providing institutional care for older people

Name and type of law	Preferential health care for the elderly and disabled (Law 21,168)
Date the law was passed	2019
Date of *de jure* implementation	2020
Brief summary of content	Establishes priority access to health care for people older than 60 years and with disability

3. Subsequent Major Reforms in Long-Term Care

a. Major reform

Name and type of law	Disability law (Law 20,422)
Date the law was passed	2010
Date of *de jure* implementation	2010

Brief summary of content	Seeks to ensure equality of opportunity and the right to social inclusion to people with disability. Also, creates the National Disability Service – an institution tasked with ensuring social inclusion and rights of people with disability.
Socio-political context of introduction	Partially replaces Law 19,284, under the premise that, after 10 years, it required an update, considering the national context and advances made in terms of international law in this field.

4. Description of Current Long-Term Care System

a. Organizational structure

Currently, there is no coordinated LTC system in Chile, but several LTC-related initiatives with different beneficiaries, providers, and services. Most of them are hosted in the Ministries of Social Development and Health. Coordination efforts exist today, but initiatives still function as independent programs.

b. Service provision

Most services are provided by informal/ family caregivers; formal services are provided through several public initiatives, including institutional services (public, publicly funded private, and private for-profit facilities) and home-based care.

The main responsibility for the provision of services lies with the family. According to the CASEN 2017 survey, there are 521,584 informal caregivers in the country (Villalobos Dintrans, 2019).

Formal services are provided through several public initiatives.

Institutional care: types of facilities:

- Formal facilities: with health authorization (approx. 950 facilities and 25,000 residents)
  - Public facilities: public funding and management (by SENAMA)
  - Publicly funded /private management
  - Private for-profit facilities
- Informal facilities (unknown number of facilities and residents)
  - Private for-profit facilities

Home-based care: several programs run by the Ministry of Social Development and the Ministry of Health.

c. Financing

All main LTC-related initiatives are public programs, financed by general taxes, with resources allocated from the government budget to the sectoral ministries (social or health)

The main sources are thus general tax revenue (for public initiatives) and out-of-pocket expenditures (informal home-based care).

d. Regulation

Regulation is mostly exercised by public institutions. Institutional care is regulated by Decree 14 (Ministry of Health), although the policies for LTC facilities are drawn up at the SENAMA (Ministry of Social Development* see SENAMA on p. 4 above). As for home-based care, regulation is subject to each program's protocols. Since there is no LTC system in the country, service provision depends on standards defined by each public initiative/ program (services, providers, quality). Eligibility criteria and the type of benefits criteria depend on each public initiative/ program as well, although most services are in-kind.

References

Biblioteca del Congreso Nacional de Chile. 2010. Decreto 14. Accessed Feb 1, 2020. https://www.minsal.cl/sites/default/files/files/DTO-14_05-AGO-2010_ELEAM.pdf

Biblioteca del Congreso Nacional de Chile. 2010. Ley 20422. Accessed Feb 1, 2020. https://www.bcn.cl/leychile/navegar?idLey=20422

Biblioteca del Congreso Nacional de Chile. 2019. Ley 21168. Accessed Feb 1, 2020. https://www.bcn.cl/leychile/navegar?idNorma=1134300

Instituto Nacional de Estadísticas. 2017. Microdatos Censo 2017. Accessed Feb 8, 2020. http://www.censo2017.cl/microdatos/

Ministerio de Desarrollo Social. 2017a. Red Local de Apoyos y Cuidados - SNAC. Accessed Feb 10, 2020. https://programassociales.ministeriodesarrollosocial.gob.cl/pdf/2018/PRG2018_3_63383.pdf

Ministerio de Desarrollo Social y Familia. 2017b. Encuesta CASEN 2017. Bases de Datos. Accessed Feb 5, 2020. http://observatorio.ministeriodesarrollosocial.gob.cl/casen-multidimensional/casen/basedatos.php

Rosales, Luis, Verónica Monreal, and Pablo Villalobos. 2020. Informe Final de Evaluación. Evaluación Programas Gubernamentales (EPG). Programa Red Local de Apoyos y Cuidados. Dirección de Presupuestos. Accessed Feb 10, 2020. http://www.dipres.cl/597/articles-205725_informe_final.pdf

Servicio Nacional de la Discapacidad. 2021. Leyes y Decretos con Fuerza de Ley en materia de Discapacidad. SENADIS. Accessed Mar 15, 2021. https://www.senadis.gob.cl/pag/292/1548/leyes_y_decretos_con_fuerza_de_ley_en_materia_de_discapacidad

Servicio Nacional del Adulto Mayor. 2009. Estudio Nacional de la Dependencia en Personas Mayores. Santiago: SENAMA. Accessed Feb 1, 2020. http://www.senama.gob.cl/storage/docs/Dependencia-Personas-Mayores-2009.pdf

Villalobos Dintrans, Pablo. 2019. "Informal caregivers in Chile: the equity dimension of an invisible burden." Health Policy and Planning 34(10):792-799. https://doi.org/10.1093/heapol/czz120.