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Magdalena Leszko[1]
Beata Bugajska[2]

Towards creating a comprehensive care system for elders: an overview of long-term systems across the developed countries

Keywords: aging, long-term care, older adults

Abstract

As a result of two trends: the increase in average life expectancy and the decline in the birth-rate, population aging in many developed countries has been progressing rapidly. As the baby boomer generation (cohorts born between 1946 and 1964) ages, considerable attention has to be given to the increased demand for affordable and efficient long-term care (LTC). The term LTC encompasses a broad range of primarily low-tech services provided by paid professionals and unpaid family members to individuals with chronic health conditions or disabilities who need help with daily activities of living (e.g. bathing, meal preparation, cleaning). This article aims to provide a brief overview of the long-term care systems in different developed countries. Considering that current demographic trends, the aging population, and the number of people affected by chronic health conditions is increasing at an alarming rate, it is not surprising that there is a growing interest in developing interventions and creating policies that could lower the cost of providing long-term care and at the same time ensuring that all individuals have an access to health care. Some countries dedicated to introduce asocial long-term care insurance as a way of ensuring affordable access to long-term care. In this paper we review long-term care systems in developed countries such as Japan, Australia, the Netherlands, the United States, Sweden, Poland, and Germany. Although achieving superior outcomes such as longer life expectancy and decreased mortality rates at a relatively low cost is difficult, we suggested a few solutions on how to improve long-term care.

[1] Dr, Department of Medical Social Sciences, Northwestern University, 633 N. St. Clair, 19th Floor, Chicago, IL 60611; magdalena.leszko1@norhwestern.edu

[2] Dr, Faculty of Humanitas, University of Szczecin, ul. Krakowska 71-009, 71-004 Szczecin, Poland; bbugajska@o2.pl

Introduction

In the context of increasing numbers of older adults with chronic health conditions, the long-term care system has become an important issue for many countries which strive to deliver high quality care in a cost-efficient manner. Long-term care (LTC) refers to a variety of services that are offered to individuals who cannot care for themselves for long periods of time. The term LTC includes services that are medical and non-medical, and fulfill the needs of fragile older individuals who suffer from chronic health conditions, physical or cognitive disability, or other health-related conditions (HHS, 2013). LTC can be provided in a broad range of ways – for example, in home, in the community, assisted living communities, or nursing homes (Spector & Fleishman, 2001). Finding a way to pay for long-term care services is a growing concern for older adults, persons with disabilities, and their families. It is also a major challenge for state and federal governments. Understanding long-term care in an international context can lead to greater understanding of approaches to improve patients' outcomes both in terms of their health and economic aspects. In this paper we review long-term care systems in Japan, Australia, the Netherlands, the United States, Sweden, Poland, and Germany. We chose those countries because we wanted to provide a description of different models. In some countries older adults are offered long-term care through private sector whereas in other the long-term care is universal. The aim of this paper is to familiarize a reader with different types of long-term care systems across the globe and also encourage to a public debate on the issues older adults face.

Long-term care system in Japan

Given that Japan has the highest life expectancy in the world, it is appropriate to begin with its long-term care system. Japan is facing a rapid grown in aging population. Currently, the country has the highest proportion of older adults in the world; Japanese people aged 65 and over constitute 26% of the total population (Statistics Bureau, 2015). The efficacy of their health care is reflected by the country's highest in the world life expectancy which is 86 for women and 80 for men (2009; World Health Organization, 2011). The increasing rates of older adults highlighted the need for long-term care system. In terms of informal care, the eldest son's wife used to prove care for an elderly person. However, social norms have changed, which resulted in a significant decrease in the proportion of older adults living with a child or other relatives (decreased from 87% to 48%; Muramatsu & Akiyama, 2011). In order to cope with the growing expenses of LTC resulting from an increased number of older adults, in Japan implemented a mandatory public universal Long-Term Care Insurance in 2000 (Campbell & Ikegami, 2000; Tsutsui & Muramatsu, 2005). As a consequence, a variety of nursing homes become affordable for many Japanese individuals aged 65 and over whose physical and mental disability prevented them from

living independently. Eligibility for long-term care is based strictly on the assessment of disabilities, regardless of the availability of potential family caregivers and the economic status of the elderly. In Japan, long-term care insurance is separate and different from health insurance. Japan has a universal health insurance system where the financial contributions are provided either by a mandatory employment-based system, or a "community-based" system under which municipalities insure residents who are not covered by the employment-based system. On the other hand, the long-term care insurance covers care that is both home-based and institution-based. Fifty percent of the insurance is financed from the general tax and the other fifty percent from the premiums of the insured. The way it works is that all individuals older than 40 are required to pay long-term-care insurance premiums. They may access services at age 65 but those between ages 40 and 64 can use long-term-care services under limited circumstances. The premiums and user fees are the same in each region of the country and are determined based on income, thus the long term care insurance offers comprehensive and affordable care to older Japanese. The government also regulates the costs of medications and equipment. For both health insurance and long-term care insurance, the government is responsible for making policy, oversighting health care providers and tracking usage and costs.

Long-term care system in Australia

According to data for 2014, the average life expectancy was 79 years for Australian men and 84 years for Australian women, making the Australian have one of the world's longest life expectancies. The percentage of the population age 65 and over is 14.7 % in 2014, and is expected to reach 27% by 2051 (Australian Bureau of Statistics [ABS], 2014). It is projected that the number of Australians aged 85 and over will increase from 380,000 in 2009 to over 1.8 million in 2050 (ABS, 2014). With increasing rates of older adults, Australia has become more aware of the importance of providing cost-efficient long-term care, which resulted in the growth of nursing home care. In Australia, long-term care is provided by public and private sectors and divided into three forms: community care, low-level residential care (hostels), and nursing-home care. Residential care of the elderly is predominantly provided by the nongovernmental sector: by religious, not-for-profit, and private sector providers. Long-term care is provided to older individuals after a special kind of assessment which is unique to Australia. So-called Aged Care Assessment Teams (ACAT) comprise various health care providers (e.g., geriatricians, physiotherapists, occupational therapists, and social workers) and help in making a decision about whether an older person should remain home or is no longer able to live independently (Cubit & Meyer, 2011).

Recognizing increasing number of older people who could no longer remain in their own homes, the Australian government developed and implemented the Aged Care Act in 1997. Under this act the Australian government subsidizes residential aged care

facilities (RACFs) (including independent living units and nursing homes). In order to receive funding from the Australian government the care facilities have to meet compulsory accreditation standards and show continuous improvement in the quality of care and services provided to residents (Department of Health and Ageing, 2007). Because the care is funded by the government, it highly regulates prices charged to patients. Not-for-profit organizations such as religious or charitable organizations play a significant role in proving a long-term care in Australia (Cullen, Grey, & Lomas, 2014). Due to the fact that more and more individuals prefer to stay at home to prevent or delay admission to nursing homes, Australia has been experiencing a significant growth in services provided to older adults' homes. These services include personal care, transport, preparing meals, and gardening,

Long-term care system in Poland

Similar to other developed countries, Poland's population is aging. The population over 65 years of age represented 13.5% of the total population in 2010. Although the number of people aged 65 and older in Poland is lower than the European average (17%) (Eurostat, 2015), this percentage in Poland is expected to increase slowly but steadily so that by 2030, 27% of the population is projected to be 65 or older. Poland provides free healthcare to all of its citizens through the National Health Fund (NFZ), the publicly funded healthcare system. Currently 98% of the population is covered by a health insurance provided by the government (Sagan et al., 2011). All health policies and regulations are determined by the Ministry of Health. Health insurance contributions are collected by two social insurance institutions, namely the Social Insurance Institution and the Agricultural Social Insurance Fund, then pooled into the National Health Fund and distributed between its 16 regional branches. Due to limited financing, the NFZ limits the number of procedures health care professionals can perform. Within the health care system there are three types of residential long-term care facilities: care and treatment facilities, nursing and care facilities, and palliative care homes, coordinated by territorial governments. Chronic medical care homes provide nursing, rehabilitation, and pharmacological treatment for individuals who are dependent or disabled but do not need further hospitalization. Nursing homes were designed to provide care depending on the client's health status. In addition, they offer the help of physiotherapists and psychologists. Palliative facilities (also called hospices) are designed to enhance the quality of life of patients who are faced with incurable disease. They provide nursing, pharmacological treatment, psychological and religious services. Care and treatment facilities, nursing homes, and palliative facilities offer 24-hour care. Eligibility is based on a standardized assessment which examines a person's level of independence. There are also private non-profit care homes run by Caritas, a public benefit organization (OECD, 2011). In addition to publically funded long-term facili-

ties, older adults may choose to live in private LTC homes where the fee is negotiated by the organization and the client. Another form of residential care exists in the public sector, mainly in the social assistance (welfare) system. There are two kinds of social assistance homes: residential and adult day care homes (Golinowska, 2010). A residential social welfare home is an institution that provides around-the-clock accommodation. There are several kinds of residential homes, depending on the kind of care needed. For example, there are residential homes for the physically disabled, mentally ill, and chronically ill. The adult day care homes provide assistance for families. Adult day care services are limited to 5 days per week and no more than 12 hours per day. Older adults with cognitive impairment and mental disorders or patients with dementia are eligible to use adult day care homes. Care is provided free of charge and includes various therapeutic workshops and classes (Sagan et al., 2011). In 2008, less than 1% of the Polish population over the age of 65 received long-term care in an institution setting; in comparison, the OECD average is 4.2%. The need for long-term care insurance is receiving more and more attention. This solution was also discussed what in so-called *Green Book of long-term care*, created in 2010 by a team of experts in the area of long-term care.

Long-term care system in the United States

The population of adults aged 65 or over in the U.S. in 2010 was estimated to be 40 million, which represented 13% of the population (U.S. Census Bureau, 2011). Due to the aging Baby Boomer generation, it is projected that by 2030 the number of individuals aged 65 and over will be about 72.1 million and it will constitute 19% of the U.S. population (Administration on Aging, 2012). Although the health-care system in the United States is largely operated by private sector businesses, Medicare the federal government's health insurance program provides health care for nearly all elderly Americans and individuals with disabilities. Unfortunately, Medicare does not cover long-term care. Therefore, most long-term care is provided by informal caregivers (e.g., families and friends) and Medicaid, which is another federal/state health program. Medicaid covers long-term care but only for people with a low income, who live in poverty or who become poor. However, those who receive services paid by Medicaid varies from state to state. LTC in the United States is becoming increasingly unaffordable. Those who are not eligible for Medicaid have to pay out-of-pocket for their medication. As a result of increasing out-of-pocket spending, many older adults become poor and have to rely on Medicaid. According to estimates Medicaid supports care, in part or in full, for about two-thirds of all nursing home residents (Feder, Komisar, & Niefeld, 2000). Although older adults in the United States may buy a private Long-Term Care Insurance, this is still a relatively new product with which many older adults are unfamiliar and the premiums are high. Moreover, many people believe that Medicaid will

cover their expenses. Therefore, only a small percentage of Americans have bought the insurance. Nevertheless, many individuals emphasize the absence of an insurance system that would protect them from the financial risk of needing long term care (Pestieau & Ponthiere, 2010). Taking into account the demographic changes and increasing needs for LTC, policymakers are currently working on changes to ensure that LTC is available and affordable to Americans.

Long-term care system in Sweden

The older population in Sweden currently stands at 1.7 million, which represents 18.8% of the total population. The number of older adults in Sweden is projected to increase to 25.2% by 2030 (Davey, Malmberg, & Sundström, 2014). Similar to Japan and Australia, Sweden enjoys one of the highest life expectancies in the world. The current life expectancy is 79.8 years for men and 83.6 years for women. Because Sweden has the second-largest proportion of people aged 80 and over among the European countries at 5.3%, it has become a priority to the government to address equal access to long-term care for Sweden's older population. Sweden consistently ranks at or near the top for nearly all health outcomes (e.g., mortality rates, high life expectancy); because of this it necessary to examine the Swedish system and how it compares to other long-term care systems across the globe and what model it can provide to other countries (OECD Health at Glance, 2013). Long-term care in Sweden is government funded; therefore, every citizen of Sweden is eligible for care. The Elderly Reform Act introduced in 1992 shifted the financing and administration of nursing homes and home services from the government to the municipalities (Sundström, Johansson, and Hassing, 2002). Because long-term care is financed primarily through taxes collected by county councils and municipalities, the system is highly decentralized, meaning that each municipality decides its own rates for elderly services. Although regional and local authorities have broad power to provide and manage the delivery of health care, health policy is mandated by the government. In addition, the government is responsible for overseeing and evaluating the long-term care system. The elderly's ability to live independently is assessed by a general practitioner. An older person may be referred to different types of long-term care service such as home care, institutional care, day activities, home nursing care, meal services, personal safety alarms and home adaptation. There is a significant decrease in the number of Swedish older adults using institutional care. This phenomenon is caused by two factors. First of all, the total cost of institutional care, measured per capita of the Swedish population age 65 and over was approximately €3,000 in 2007 whereas the cost of home care per individual was less than €2,000 (Fukushima, Adami & Palme, 2010). Secondly, one of the Swedish health care system's priorities is to keep older adults independent. Thanks to the advantages in medicine, even extensive medical care can be delivered at home, allowing people to live independently longer.

Long-term care system in the Netherlands

At the moment, the proportion of older adults in the Netherlands is 16%, but the percentage of individuals aged 65 and over is projected to increase to 26% in 2035 (Statistics Netherlands [CBS], 2010). The average life expectancy in 2014 was 81 years; 78.8 for men and 82.7 for women (Eurostat, 2015). As in many other countries, the government is concerned about increasing health care costs because the Netherlands has one of the highest health care spending in the world; 12% of its gross domestic product, second only to the United States at 17.4% (OECD, 2012). Under the Health Insurance Act of 2006, private health insurance is mandatory for everyone. The Dutch are required to pay a flat-rate premium and an income-related contribution to a risk-equalization fund, which covers 50% of total health expenditure. However, those who cannot afford to pay the premium are provided with a monthly income-related allowance by the government. The Netherlands also introduced the Sickness Fund Acts under which low-income citizens are provided with basic coverage for general practitioner care, specialty medical services, physiotherapy, pharmaceuticals, and up to a year of inpatient hospitalization (van Kemenade, 1997). The Netherlands, as the first country in the world in 1967 introduced long-term care insurance as a part of health care (Jurek, 2013). A national insurance system for LTC (e.g., nursing homes) is provided to all of eligible inhabitants. This insurance is mandatory and provided by the government. All the cost related to providing long-term care are covered from the premiums, government subsidies and out-of-pocket expenses. Every person is provided primary care by a general practitioner who also serves as a gatekeeper for specialist and hospital care. In general, there is a lot of elderly who receive professional LTC. The proportion of institutionalized older adults (approximately 10%) is relatively high in comparison to other European countries (Smits, van den Beld, Aartsen, & Schroots, 2013). In addition, almost 18% of people 65 and over receive home care (Allen et al., 2011). The Dutch rely also on informal caregivers; three fourths of all elder LTC is provided by spouses, relatives or friends (Broese van Groenou, 2012). The increasing demands for elderly care were also recognized by Community-based organizations, which help with arranging nursing homes and home services (e.g., assistance with bathing or preparing meals) (Smits et al., 2013).

Long-term care system in Germany

Germany and Italy have the highest proportions of older people in their societies, after Japan. The percentage of people aged 65 and over in Germany in 2014 was 21% of the total population which is the highest in comparison with other European countries (Eurostat, 2015). Life expectancy at birth was 78 years for men and 83 years for women in 2014 (CIA World Factbook, 2014). With increased life expectancy and low birth rates, Germany is aware of increasing demands for professional long-term care. This is reflected by introducing a mandatory and universal system of long-term care insurance

(LTCI), which covers almost the entire population in Germany. The long-term care system in Germany provides a mix of public and private financing. It is worth mentioning that in comparison with the United States, Germany spends less of its gross domestic product (GDP) on institutional care (0.80 percent of GDP versus 0.98 of GDP percent in the United States) but more on home care (0.64 percent versus 0.39 percent in the United States) (Schulz, 2010). The eligibility of LTC is based on the extent of the need for care, regardless of age, income or financial resources (Schulz, 2010). The assessment for eligibility is conducted by geriatric-trained nurses and physicians, who evaluate both the home and social environments of the elderly and assign him or her to one of the three care levels (Büscher, Wingenfeld & Schaeffer, 2011). Depending on the severity of the frailty, elderly people in Germany may request home care, nursing home care or a combination of both. Home care is provided by professional staff (care providers) with whom the LTC insurance funds conclude a supply contract (Schulz, 2010). If an elderly person is cared for by informal caregivers (e.g., family members), they receive gratuities, which amount depends on the level of care. Additionally, if the caregiver is unable to provide the care (e.g., due to illness or vacation), the LTCI fund pays the costs of a respite caregiver which allows the frail elderly to remain home. In terms of financing, the insurance fee for long-term care is 1.95% of the employee's gross salary (2.2% for adults without children). Every member of the social health insurance scheme is automatically covered by social LTCI; however, employees who are not covered by social LTC insurance have to buy a private LTCI that correspond to those of social LTCI. It is also worth mentioning that the federal states oversee the quality and efficiency of LTC institutions and are also responsible for ensuring that an efficient and cost-effective long-term care is provided.

Conclusion

The increasing number of older adults will boost the number of dependent elderly. As the population ages, all of the developed countries will be forced to deal with the issue of long-term care. In the years to come, the pressure to improve long-term care systems in developed counties will grow, which will result in necessity for their governments to create new policies that aim at providing affordable and high-quality care. It is likely that in the years to come, countries that do not have a social long-term care insurance will have to consider implementing this model of providing care. The focus of this paper was to review current trends in aging and models of providing long-term care in the international context. This paper also serves as a ground for a more general discussion on how to improve long-term care in terms of health outcomes and costs. Although some countries provide high-quality care to their elderly patients, they struggle with increasing financial costs. To address these problems, the governments will have to implement an extensive set of reforms to strengthen their long-term care system.

Many individuals remain unsatisfied with LTC because the costs of the health care industry are rising and as a consequence older adults often have to take out loans to pay

for the their medical bills, especially in countries such as the United States. New policies can protect older adults from falling into poverty and can make treatment more accessible and affordable. While trying to maintain high quality services, countries will have to ensure equal access and affordable care for all citizens. Although it is a difficult task, there are a few solutions. Each of the abovementioned countries has experience that could provide lessons from which other countries might learn. The main challenge is to reduce the dependence on institutional care by exploring effective ways to maintain older adults' functional abilities and promote independent living. Therefore, it is extremely important to implement policies that prioritize health promotion and preventive health programs. In addition, it seems that the root of the problem with increasing rates of institutionalized individuals is insufficient screening of the chronically ill elderly and monitoring their health. Therefore, health care professionals should address this issue through early detection by periodic screening. Interventions should also include educating patients and their caregivers about the course of disease and promoting skill-based training to support the elderly patient's functioning. Another area of improvement is the need for creating a uniform and comprehensive assessment tool that will be helpful in detecting diseases at their early stages. This would allow for an early intervention and treatment. Subsequently, elderly people could delay or even prevent their need to receive long-term care. At the same time, having a comprehensive assessment tool would undoubtedly help in the procedure of recognizing a level of dependence.

In many of the discussed countries, long-term care services are still largely provided by informal caregivers. In some cases this situation is due to the fact that older adults prefer to stay at home and be cared for a spouse or a family member. There are also cases where older adults have to stay at home and rely on relatives for informal care because they cannot afford to stay in a nursing home. Taking care of an elderly person may result in caregiver burden and cause many psychological and physical symptoms. In order to decrease the burden and at the same time allow older adults to be cared for at home, the government should institute programs that provide the opportunity for a break from caring, for example, by day centers, with a host family, or in overnight residential care. While trying to decrease the increasing costs of long-term care, we should remember about the psychological and physical needs of an older person. Therefore, not only caregivers and health care professional should be educated in that matter, but also the whole society.

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