

Research in Brief



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The Community Care Initiative and Older Adults with Disabilities

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Introduction

This brief takes a look at how the Community Care Initiative has been progressing in the first four years of its implementation and explains why, in defining target groups for community care interventions, it is necessary to move away from the existing approach of program-oriented service provision to sustainable services that are integrated and linked. Older adults with disabilities should be given priority considerations as their vulnerability is compounded by old age and disablement combined. Given how vulnerable they can be in terms of health, care, and economic conditions, older persons with disabilities, if without sufficient support in health care and activities of daily living, are more likely than either non-disabled older persons or young and middle-aged persons with disabilities to resort to unnecessary institutionalization. Community care needs to be made available to any community resident in need of appropriate housing and assistive services, with the focus of its financial capabilities placed on those in most need of support so that the policy effect is maximized. The direction in which community care is heading is toward “community-based” services, much in accord with trends in policies on persons of disabilities and those on older persons.



Policy shift to community-based services due to population aging

In this age where the population continues to age, social services require a policy shift to community-based services that are integrated and linked. Population aging leads to rapid increases in health expenditures and spending on institutions for older adults and in turn to increases in the cost of caregiving. Against this background, community care as a policy response to population aging has been piloted with the aim of exploring ways to keep care costs at a sustainable level.

Community care is defined thus as a policy of community-led social services whereby community residents receive from where they live services they need in every aspect of their life, including housing, health care, long-term care, activities of daily living and independent living. Community care in this regard is a shift in the focus of policy to securing care continuum through a strengthening of public leverage in social services at the community-level.

Embarked on in July 2019, the Community Care Initiative, now in its fourth year, has been forging ahead having as its momentum “Inclusive Welfare State for All”, one of the current government’s 20 national agenda strategies. In keeping with its four target areas—housing, health care, long-term care, and integrated service delivery—the Initiative plans to set up by 2025 an infrastructure on which to base integrated community care and to start delivering universal community care services in 2026.

The Community Care Initiative started out as a policy focusing mainly on the elderly, people with disabilities and the mentally ill in the community. More recently, it has been pointed out that the current social service delivery system, consisting of separate programs, each intended for its own target group, should be so revamped as to provide services in a way to meet the various functional needs of individuals. For example, it was suggested in the 2025 Vision Forum on Integrated Care that living assistance services should be made available to anyone in the community, older adults with disabilities and unregistered disabled persons alike.

On this account, elderly persons with disabilities, who are both old and disabled, are the group that needs to be given special policy attention in the course of going over to community care.



The limitations of the Community Care Initiative

The Community Care Initiative in its beginning phase gave priority to keeping the costs of caregiving sustainable, focusing on expenditure on long-term care hospitals and facilities intended for older adults. The Community Care Initiative at the outset was geared toward those in need of both residential assistance and social services. Later, however, in the course of a series of discussions about “deinstitutionalization of care”, the focus of the Initiative has shifted predominantly to “persons with disabilities” and to the deinstitutionalization of residential facilities for people with disabilities. The Initiative thus has not given enough regard to those in the community who are at risk of unnecessary institutionalization.

Deinstitutionalization in a broad sense refers to a process that involve efforts to improve institutional care as well as to help those under institutional care move on to community-based care, a notion distinct from alternative community living facilities or large-scale institutional care. This includes relatively-deinstitutionalized care and efforts toward it.

In a narrow sense, the term refers to the transition from institutional care to community-based independent living in regular housing. Deinstitutionalization as broadly defined may, as a policy, target disabled persons living in the community, with an emphasis placed on preventing them from having to resort to unnecessary institutionalization. On the other hand, deinstitutionalization in the narrow sense tends to have as its target only disabled persons living in institutions.

In its initial phase, the Community Care Initiative was focused mainly on institutionalized disabled persons, who accounted for a mere 1.6 percent (44,000 people) of all disabled persons. Of disabled persons placed in institutions, 76 percent were those with limited cognitive and communicative abilities who need constant assistance in activities of daily living, and for whom, therefore, deinstitutionalization would be an unfavorable option if unaccompanied by integrated services that encompass community living support, health care, and living assistance. Community care for disabled persons therefore should take a twin-track approach whereby efforts are made, on one hand, to improve living conditions and care environments for those among disabled persons in residential facilities who wish to transition to community living and, on the other, to provide wide-ranging services—from housing to health care to living assistance—in a well-linked way to disabled persons living in the community so that they do not have to resort to institutionalization.

Why should the policy of community-based care consider older persons with disabilities?

As the aging of the population lead to increases in the number of older persons with disabilities, people with disabilities at large are aging at a rapid pace.

People of advanced age undergo declines in physical and cognitive functioning: the older the age group, the higher the morbidity. A study conducted in 2011 by Banks et al. finds that people in their 60s have a 40-percent prevalence of functional disability in instrumental activities of daily living (IADL) and that as many as 75 percent of those in their 80s and older have a functional disability in IADL¹⁾. In Korea, too, the prevalence of IADL disability gets higher with age, as found in the National Survey of Disabled Persons²⁾.

Those aged 65 and older as a share of all disabled people have increased from 38.8 percent in 2011 to reach 50 percent in 2021.

1) Banks, J., Lessof, C., Nazroo, J., Rogers, N., Stafford, M., Steptoe, A. (2010). Financial circumstances, health and well-being of the older population in England. The 2008 English Longitudinal Study of Ageing, London: The Institute for Fiscal Studies. Retrieved from <https://ifs.org.uk/publications/5315> 2021. 6. 20.

2) Kim, Seonghee et al. (2017). National Survey of Disabled Persons. KIHASA

The number of registered disabled persons aged 65 and older is on the rapid rise and will reach, when forecast with the age-specific disability prevalence figures for 2019 as the base, 2.1 million in 2030, 2.91 million in 2040, and 3.33 million in 2050.

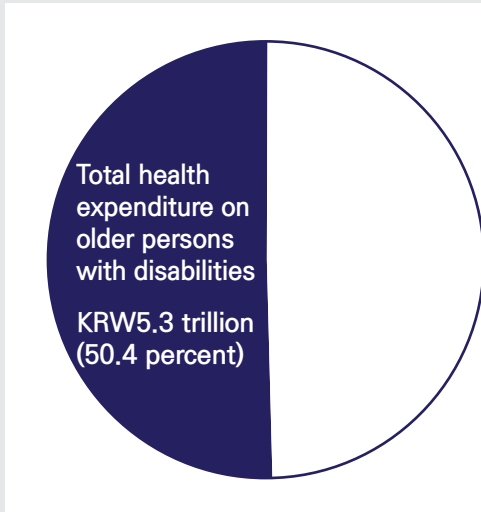
[Table 1] Increasing trends in the ratio of the elderly population to older persons with disabilities

	Age range	2020	2030	2040	2050	2067
Elderly population (in 10,000 persons)	65-74	466	766	835	760	685
	75-84	270	388	657	736	630
	85 and older	77	144	230	405	512
Disability prevalence in 2017 (in %)	65-74	13.4	13.4	13.4	13.4	13.4
	75-84	20.0	20.0	20.0	20.0	20.0
	85 and older	20.6	20.6	20.6	20.6	20.6
Projected number of older persons with disabilities (in 10,000 persons)	65-74	62.3	102.5	111.7	101.7	91.6
	75-84	54.1	77.7	131.5	147.3	126.1
	85 and older	15.9	29.7	47.4	83.5	105.6
	Total	132.3	209.8	290.6	332.5	323.3

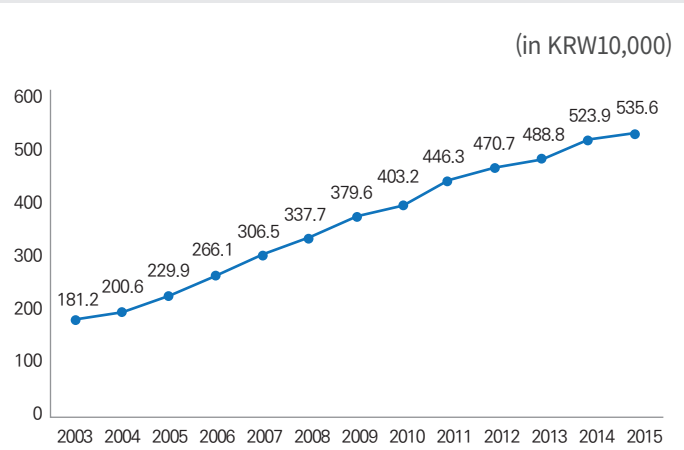
Source: Hwang, J et al. (2019 Support for Activities of Daily Living for Persons with Disabilities as a Policy Response to Population Aging. KIHASA.

Disabled people as they age come to have declines in bodily and cognitive functions on top of their disabilities and, as a result, need preventive care and rehabilitation services. Health care expenditures for those with disabilities aged 65 and older accounted for 50.4 percent (KRW5.3 trillion) of health care expenditures for all disabled persons. Per capita health care expenditure for disabled persons aged 65 and older has nearly tripled from KRW1.812 million in 2003 to KRW5.356 million in 2015.

[Figure 1] Health expenditure on older persons with disabilities as % of health expenditure on persons with disabilities (2015)



[Figure 2] Trends in per capita health expenditure on older persons with disabilities, 2003~2015

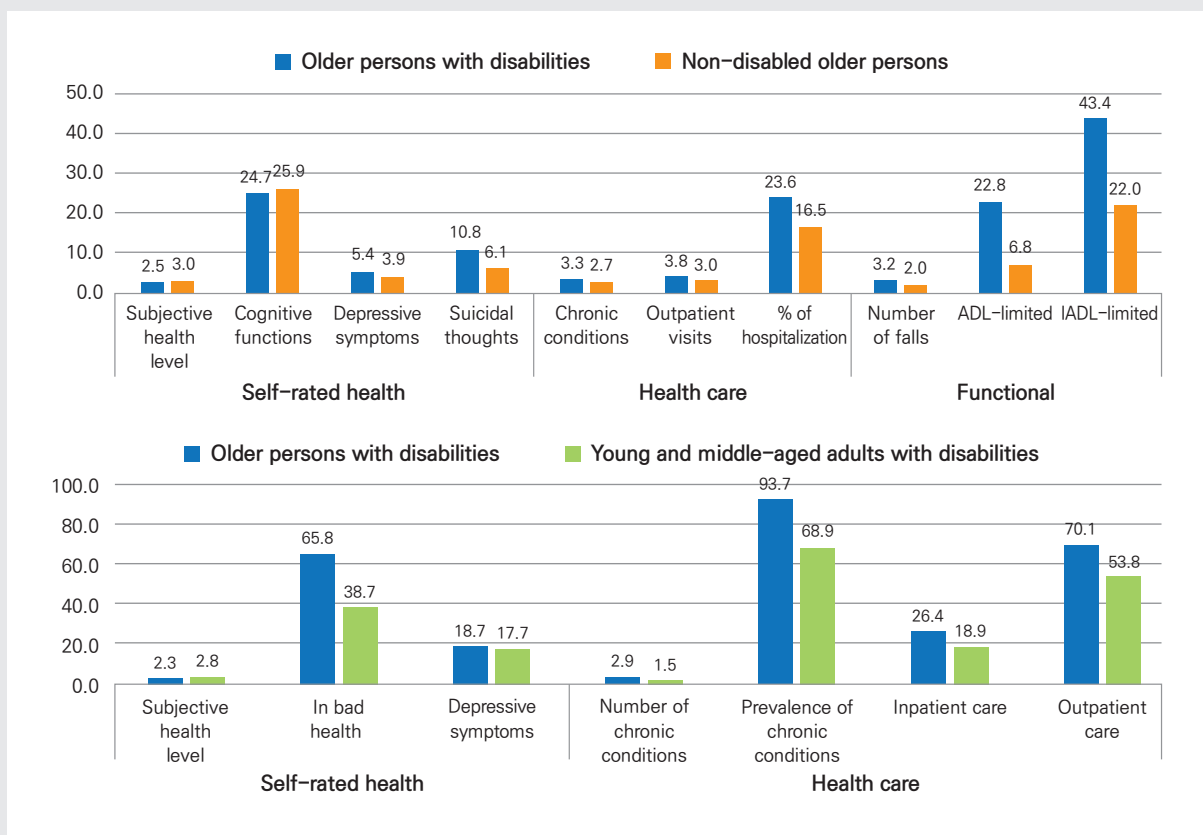


Source: Ho, Seung-hee et al. (2018). The Aging of Persons with Disabilities as Observed from a Comparison of Life Course Health Trajectories for Disabled Persons and Non-disabled Persons. National Rehabilitation Center Research Institute.

Older persons with disabilities living in a community setting are more vulnerable than older persons without disabilities or young and middle-aged people with disabilities. It is difficult for older disabled persons to handle day-to-day living in the community without appropriate assistance. As such, they are more likely than the rest of the population to move to institutionalized care or hospitalization.

Older persons with disabilities are more likely than their non-disabled counterparts to have poor subjective health status, declined cognitive functions, depressive symptoms, and suicidal thoughts. The subjective health status score of older persons with disabilities was lower than that of young and middle-aged people with disabilities (2.3 points vs. 2.8 points out of a possible 5). Those who reported having depressive symptoms of two weeks or longer in the past year accounted for 18.9 percent of older persons with disabilities and 17.7 percent of young and middle-aged adults with disabilities. The prevalence of inpatient treatments was 26.4 percent in older persons with disabilities compared to 18.9 percent in young and middle-aged persons with disabilities. The prevalence of outpatient treatments was 70.1 percent in older persons with disabilities compared to 53.8 percent in young and middle-aged persons with disabilities.

[Figure 3] Comparison of health characteristics in older adults with disabilities and young and middle-aged adults with disabilities



Source: National Survey of Disabled Persons (2017). KIHASA

Older persons with disabilities, compared to non-disabled older persons or young and middle-aged people with disabilities, are more in need of caregiving. Those in receipt of care services accounted for 83.8 percent of older persons with disabilities and 68.1 percent of non-disabled older persons. Older persons with disabilities are more likely than non-disabled older persons to feel insufficiency in care services they receive. When asked to rate the sufficiency of care services of which they are in receipt, older persons with disabilities gave 3.47 points, compared with 3.57 points given by non-disabled older persons. Of older persons with disabilities, 35.9 percent felt they needed assistance, compared to 27.0 percent of young and middle-aged people with disabilities. The proportion of those who felt it difficult to do outside-home activities because of their disabilities was 53.8 percent in older persons with disabilities and 38.0 percent in young and middle-aged people with disabilities.

Compared to non-disabled older persons, older persons with disabilities had a higher percentage of those living in a stand-alone house and in an inconvenient housing setting. The percentage of those who rated their housing conditions as good was lower in older persons with disabilities than in young and middle-aged disabled persons.

[Table 2] Comparison of living conditions between older persons with disabilities and non-disabled older persons and between older persons with disabilities and young and middle-aged persons with disabilities

		Survey of older adults			Survey of persons with disabilities		
		Non-disabled	Disabled		Young and middle-aged	Older persons	
Care	In receipt of care services (%)	68.1	83.8	In need of assistance (%)	27.0	35.9	
	Sufficiency of care services (points)	3.57	3.43	I find it difficult to do outside-home activities (%)	38.0	53.8	
Housing	Stand-alone house (%)	48.3	52.6	Housing conditions	Good	41.0	28.9
	Convenient (%)	9.4	13.7				
	If I stay healthy I will continue to live where I do	88.5	89.7		Moderate	56.0	67.5
	I will continue to live where I do even if my mobility becomes more limited	57.3	57.7		Substandard	3.0	3.6

Source: National Survey of Disabled Persons (2017). KIHASA

Older persons with disabilities, compared to non-disabled older persons, have less income and tend to spend less except on health care. Households headed by an older disabled person on average have an equivalized monthly income of KRW1.18 million, a sum much smaller than the amount—KRW1.66 million—a younger disabled person’s household has.

Concluding remarks and policy implications

Community care as a policy response to population aging requires a paradigmatic change in the delivery of social services. Embarked upon as part of “Inclusive Welfare State for All”, one of the current government’s 20 agenda strategies, community care is geared to ensuring by 2026 that anyone in need of care due to old age, disability, or disease can receive comprehensive care services from where they live. However, it is quite a challenge to make a policy move away from the existing approach of program-oriented service provision to ensuring that people in old age or with disabilities are properly supported on a continued basis to live independent and self-determined lives in the community. This requires a paradigmatic change in social service delivery that involve universal service interventions intended for keeping those in the community who are at risk of institutionalization and hospitalization from having to resort to assisted-living residential care. There have been some visible signs of progress in

this direction, as witness the Integrated Community Care Bill which, proposed in 2020, defined those in need of integrated community care as individuals who, due to old age, disablement, disease or accident, have difficulties living on their own in the community, suggesting the need for a policy shift to address, beyond such previously-defined policy target groups as older adults, people with disabilities and mentally-ill persons, the functional needs of potential clients.

The policy of community care will need to be complemented with efforts to augment and link social services. The Community Care Initiative, a pilot scheme led by the central government, is scheduled to end in 2023. Nothing has yet been decided as to whether the Initiative will be followed by a full-fledged project. A policy shift to community care that takes the aging of people with disabilities into account is a necessary step for Korea to take as its population continues to age, as past experiences of advanced economies suggest. Efforts to further drive the policy change in this direction should continue as they are in line with such concepts concerning disabled persons as normalization and integration and with aging-in-place, an idea widely employed in welfare policies on older adults.