

The effect of proximity to death on long-term care use

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Abstract: While increases in hospital use at the end of life are well documented, little is known about how long term care (LTC) use changes as death approaches. The issue is important because of rising life expectancy with faster increases for males than females. This dissertation tests whether (1) being within two years of death augments the likelihood of LTC use, (2) marital status, gender and living with an adult child alter this effect, and (3) the effect of proximity to death differs for nursing home and hospital stays. Individual fixed effects (FE) and FE with instrumental variables models are estimated using the Health and Retirement Survey data (1993-2002).

Proximity to death significantly augments the likelihood of LTC overall, but the effect significantly differs by marital status for all types of care, and by gender for home care. Married persons near death are less likely to be institutionalized (mean predicted probability of 0.2 percent) than when not near death (1.0 percent). Non-married elderly are more likely to use nursing homes when approaching death (16.6 versus 4.9 percent if not within two years of death). Proximity to death significantly increases paid home care use only for nonmarried women (from 6.9 to 11.8 percent). Informal home care use increases significantly for non-married males (from 21.2 to 25.8 percent) and married females (from 22.2 to 27.0 percent). As for married people, the elderly residing with children have a decline in their likelihood of institutionalization in the last years of life, but the effect on home care is not statistically significant. As death approaches, the likelihood of institutionalization increases relatively more (from 5.6 to 11.3 percent) than the probability of hospitalization (30.8 to 35.3 percent). These results have implications for future health care use. Any policy to contain costs, reduce unmet needs or provide support to informal caregivers should bear in mind the distinct role of proximity to death by marital status and gender. In particular, as death approaches, nursing home and paid in-home care use could decrease if the declining gap in longevity between males and females results in increased proportions of married elderly.

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