

# Caring for an Ageing Korea



# National Institute on Ageing



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# About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.



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## Acronyms

COMPASS	Caregiver Orientation for Mobilizing Personal Assets and Strengths for Self-Care
KORDI	Korea Labor Force Development Institute for the Aged
LTC	Long-Term Care
LTCI	Long-Term Care Insurance
MOHW	Ministry of Health and Welfare
MA	Medical Aid
NHI	National Health Insurance
NHIS	National Health Insurance Service
NPS	National Pension Scheme
OECD	Organisation for Economic Co-operation and Development
SEP	Senior Employment Program

## Short Phrases

Basic Plans	Basic Plans on Low Birth Rates in Aging Society
Committee	Committee on Low Birth Rates and Aging Society
Framework Act	Framework Act on Low Birth Rate in an Aging Society
Suicide CARE	Standardized Suicide Prevention Program for Gatekeeper Intervention in Korea

## Executive Summary

Canada and South Korea have a similar proportion of adults aged 65 years and older, accounting for close to one-fifth of their total populations.<sup>1,2</sup> However, due to having one of the lowest birth rates in the world, one of the highest life expectancies in the world, and two post-war baby-boom populations that are only now transitioning into older ages, South Korea has emerged as one of the fastest ageing countries in the world.<sup>3</sup>

**Indeed, by 2040, older adults will make up a third (33.6%) of South Korea's total population, compared to a quarter (24.4%) of Canada's total population.<sup>4</sup>**

In response to these seismic demographic shifts, South Korea has been implementing new systems of care, social, financial and employment support for its older population over the past two decades. These have largely been the product of its *Framework Act on Low Birth Rate in an Aging Society*, which was established in 2005 to direct future national and local policies that address challenges and opportunities associated with its forthcoming demographic reality. South Korea's legislation enables its national government to continually develop and implement a series of five-year national plans, known as its Basic Plans on Low Birth Rates in Aging Society, to guide policies and plans at the national and local levels.<sup>5</sup> To date, there have been four basic plans addressing various aspects of the evolving realities of its

ageing population.<sup>6</sup> To understand these policies, this report takes an in-depth look into South Korea's evolving approaches in the provision of health, social and long-term care services, as well as employment and financial supports, to better meet the needs of its ageing population.

Most of South Korea's population is provided with coverage for certain health services through its National Health Insurance (NHI) program.<sup>7,8</sup> The NHI aims to improve the population's overall health by providing varying levels of coverage for different health care services.<sup>9</sup> The program is funded mostly through member contributions, along with government subsidies and user co-payments.<sup>10</sup> For older adults, additional supports are provided, including free health checkups,<sup>11</sup> reduced co-payments for certain NHI-covered services,<sup>12</sup> and dementia-related supports, legislation and programs (e.g., dementia treatment management cost support project).<sup>13</sup>

Long-term care (LTC) in South Korea is provided in three types of settings: people's homes; LTC facilities and nursing homes that primarily provide assistance with activities of daily living; and LTC hospitals.<sup>14</sup>

## **South Korea implemented a national long-term care insurance (LTCI) program in 2008, which helps cover the cost of services delivered in personal homes, LTC facilities and nursing homes.**

The LTCI program has been specifically designed to support older individuals who have difficulties in carrying out their daily activities for more than six months due to old age or geriatric syndromes.<sup>15,16</sup> Individuals must go through a multi-step application process and be designated under one of six levels of care to guide the provision of insured services.<sup>17,18</sup> Like its NHI program, South Korea's LTCI program is financed through various methods, including member contributions, government funding, and co-payments from those receiving LTCI services.<sup>19</sup> Since it was first launched in 2008, numerous changes have been made to address emerging issues, including, for example, adjustments to eligibility levels and quality of services.<sup>20</sup> In addition, there has been consistent growth in the number of LTCI beneficiaries, from representing 4.2% of South Korea's older population in 2008 to 10.9% of the older population in 2022.<sup>21</sup>

A number of factors influence the social circumstances of older adults in South Korea, including the fact that more individuals live alone,<sup>22</sup> and that older adults experience the highest suicide rates in the country.<sup>23</sup> As a result, the

South Korean government has enacted several programs supporting suicide prevention (e.g., Standardized Suicide Prevention Program for GateKeeper Intervention in Korea), which have led to a steadily declining suicide rate among older adults since 2011.<sup>24</sup> Other social programs, such as transportation accessibility programs (e.g., low-floor buses, subsidized fees, the Silver Zones initiative),<sup>25,26</sup> have also been implemented.

The relative poverty rate among Koreans aged 66 years and older is higher than the national rate and almost three times the Organisation for Economic Co-operation and Development (OECD) average for this age group.<sup>27</sup> As a result, numerous financial-security initiatives have been implemented for older Koreans, including the National Pension Scheme (NPS)<sup>28</sup> and the Basic Pension.<sup>29</sup>

Many older Koreans not only have inadequate retirement income but also are working later in their lives.<sup>30</sup> The employment rate among Korean adults aged 70 to 74 years is the highest among OECD countries, and three times the OECD average for this age group.<sup>31</sup> However, due to mandatory and voluntary retirement practices (the latter known as "honorary retirement"), Koreans tend to find themselves engaged in low-paying and precarious work as they age.<sup>32</sup> The South Korean government has responded by implementing numerous employment initiatives, such as the Senior Employment Program, across the public, private and social services sectors.<sup>33</sup>

Other government programs include initiatives to ensure older adults remain in their longest-serving job (e.g., Senior Citizen Employment Support Fund)<sup>34</sup> and have access to re-employment support services.<sup>35</sup>

When comparing these areas of care and support, there are numerous similarities and differences between South Korea and Canada. Both countries offer universal health insurance programs, but they are funded and administered differently.<sup>36,37</sup> Their LTC systems are drastically different: South Korea has implemented a national LTCL program,<sup>38</sup> whereas Canada's LTC systems are governed and administered by various policies and programs determined mostly at the provincial and territorial level.<sup>39</sup> In terms of financial supports, the two countries have implemented similar types of initiatives to support retirement incomes.

Given these similarities and differences, both countries can learn from each other. Canada, with its varying levels of services and supports, may look to some of the significant national initiatives that have been implemented in South Korea, such as its Framework Act and resulting five-year national plans, its LTCL program to better support the provision of LTC services, and its Senior Employment Program to better support later-life employment opportunities.

In the coming years, South Korea's baby boom generations — a cohort that currently makes up 27% of its total population — will be progressing into older age.<sup>40</sup> This group is different than today's older Koreans in a number of ways

— for example, they are more educated,<sup>41</sup> financially secure,<sup>42</sup> and socially active.<sup>43</sup> As a result, the South Korean government has already taken steps, as seen in its various five-year national plans, to tailor programs to the skills and needs of its next generation of older adults.

With such a significant agenda ahead of it, the South Korean government recently announced on July 1, 2024 that to further support its objectives it will be creating a new ministry, tentatively titled the Ministry of Population Strategy Planning to better oversee and tackle its various demographic issues including those related to its rapidly ageing population and low birth rates.<sup>44</sup> This announcement came just a few weeks after the President of South Korea declared a national demographic emergency, with a focus on overcoming the country's low birth rate.<sup>45</sup>

Indeed, as South Korea rapidly becomes a "super-aged society," the appropriate development of its services, along with continuing to address current and longstanding issues such as the central co-ordination of health services and early retirement practices, will be vital to meet the evolving needs of its ageing population. Observing how it navigates these issues will provide important lessons and insights for Canada and other rapidly ageing countries around the world.

## Introduction and Background

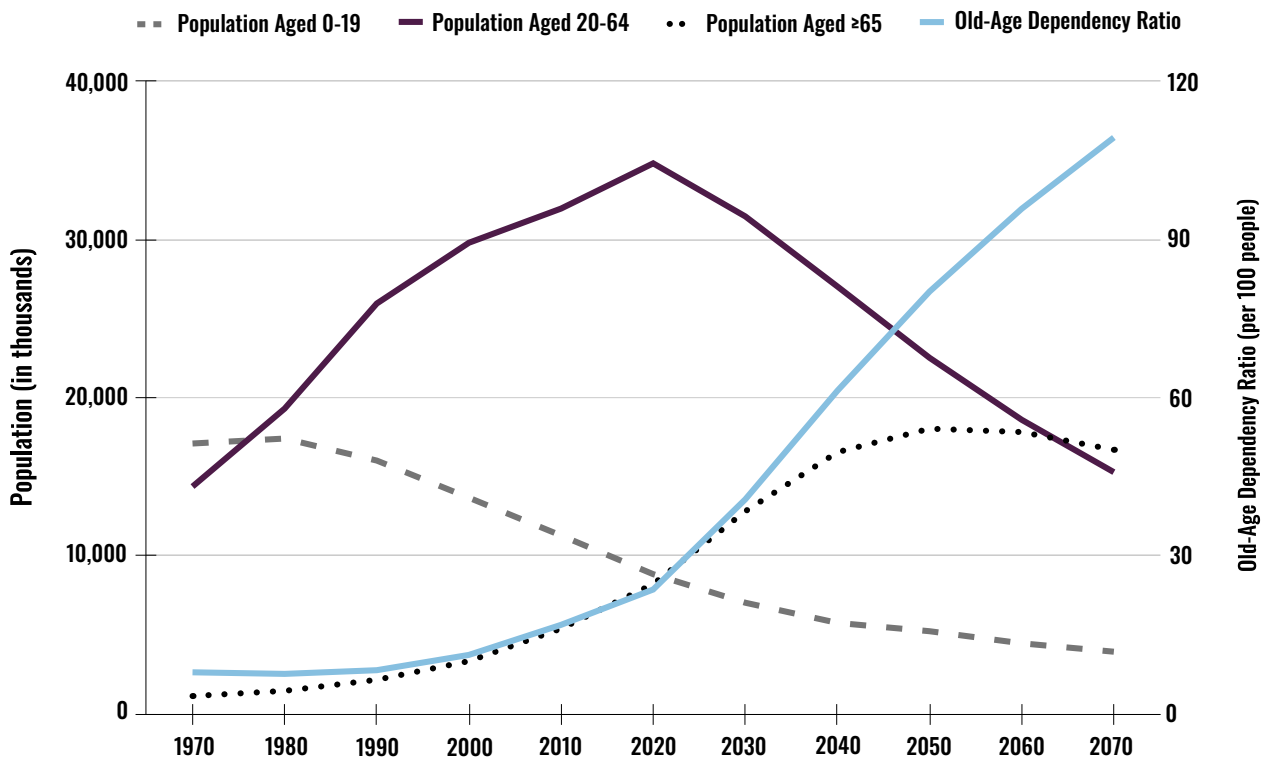
South Korea is one of the world's fastest ageing countries.<sup>46</sup> Between 2000 and 2020, the proportion of its adult population aged 65 years and older more than doubled from 7.1% to 15.8%, and by 2024, older adults are projected to make up 19.3% of its total population,<sup>47</sup> or 10 million people.<sup>48</sup> With this rapid pace of ageing, South Korea is expected to become a "super-aged" society by 2025, when over 20% of its population will be aged 65 years and older.<sup>49</sup> Furthermore, by 2040, this segment will represent a third (33.6%) of its population, or 16.5 million people.<sup>50</sup>

The unprecedented rate at which South Korea's population is ageing is due to various factors, including the country's low birth rate (0.8), which is currently the lowest in the world (along with Hong Kong and Palau).<sup>51</sup> Also, there has been an overall increase in life expectancy (82.7 years in 2022 compared to 75.9 years in 2000), giving South Korea the 19th highest life expectancy in the world.<sup>52</sup> Another factor is South Korea's two delayed baby booms, which occurred later than the post-World War II baby booms in North America, Europe and Australasia. South Korea's first baby boom occurred between 1955 and 1963 after the conclusion of the Korean War, while the second occurred between 1968 and 1974 following a period of significant economic development in the country.<sup>53</sup> Together, these two baby boom generations currently account for 27% of South

Korea's total population and, as they age, they are drastically shifting population demographics.

These factors have significantly influenced South Korea's old-age dependency ratio (the number of adults aged 65 years and older per 100 people of working age, defined as those aged 20 to 64 years old).<sup>54</sup> In 2010, there were 5.9 older adults per 100 people of traditional working age; this increased to 23.6 in 2020, and projections show continued exponential increases, reaching 61.3 in 2040 and 95.8 in 2060.<sup>55</sup> This overwhelming increase in South Korea's old-age dependency ratio indicates potentially challenging times ahead for sustaining the country's economic growth, as well as providing adequate care and support for its ageing population.

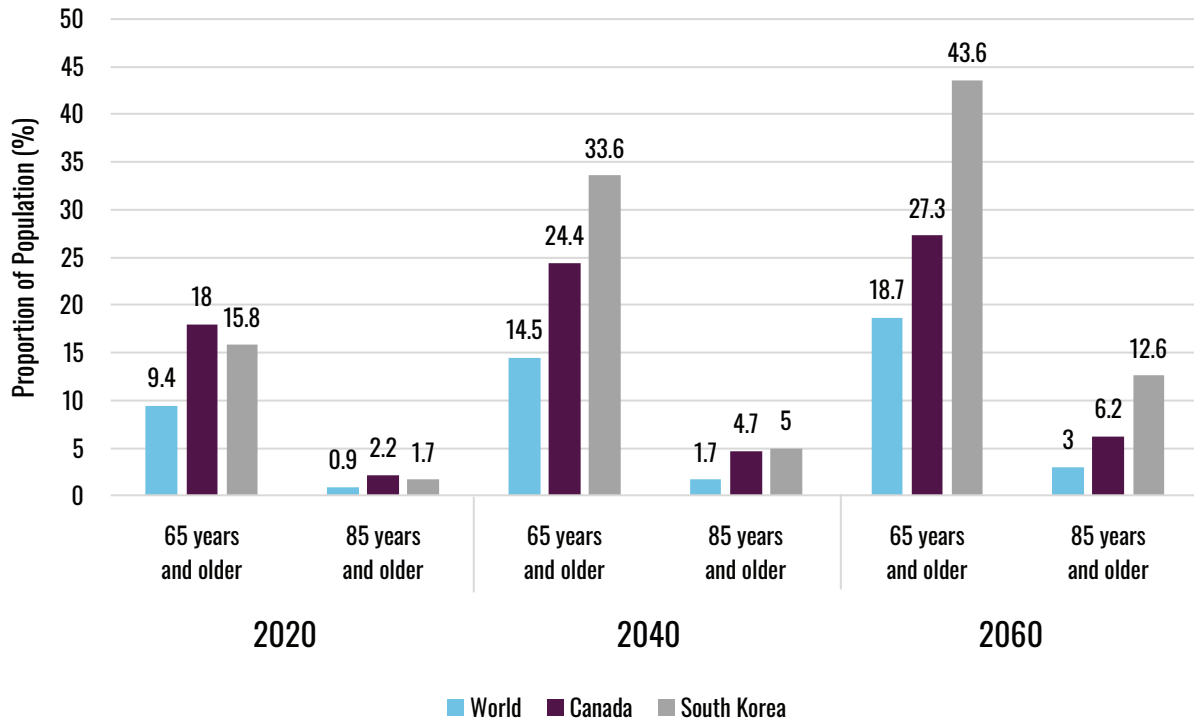
**Figure 1: Population Age Groups and South Korea's Old-Age Dependency Ratio, 1970-2070** <sup>56,57</sup>



Similar to South Korea, Canada's population of adults aged 65 years and older accounts for almost one-fifth of its total population (19%) as of 2023.<sup>58</sup> However, it's important to note that Canada's baby boom population — those born between 1946 and 1964,<sup>59</sup> who were aged 59 to 77 years as of 2023 — have mostly already transitioned to becoming older adults. In contrast, South Korea's baby boom populations have just begun their transition to becoming older adults,<sup>60</sup> being aged 60 to 68 years (first baby boom population) and 49 to 55 years (second baby boom population) in 2023.

After 2030, when the first baby boom population enters the middle-older age group (75-84 years of age), the growth of the older adult population in South Korea is expected to intensify. By 2040, the proportion of older adults in Canada is expected to increase to a quarter (24.4%) of its total population, while South Korea's older population is expected to represent a third (33.6%) of its total population. This difference becomes greater by 2060, when the proportion of older adults in Canada will be 27.3%, compared to South Korea's 43.6%. Adults aged 85 years and older are projected to make up to 12.6% of South Korea's population by 2060 (Figure 2).<sup>61</sup>

**Figure 2: Proportion of Adults Aged 65+ and 85+ in 2020, 2040 and 2060<sup>62</sup>**



In response to its demographic realities, South Korea has been advancing and implementing new systems of care to improve the lives of older Koreans and to better prepare for the country’s shifting demographics. Such initiatives include improved financial and employment supports for older adults, accessible transportation initiatives, and a national long-term care insurance (LTCI) program.<sup>63</sup> While in an ongoing state of

evolution and improvement, this paper examines the approaches the country has taken to date to better care for and support Koreans as they age. Whenever possible, South Korea’s situation has been contextualized with that of Canada to better enable Canadian policy- and decision-makers to appreciate South Korea’s challenges and opportunities to advance support for its ageing population.

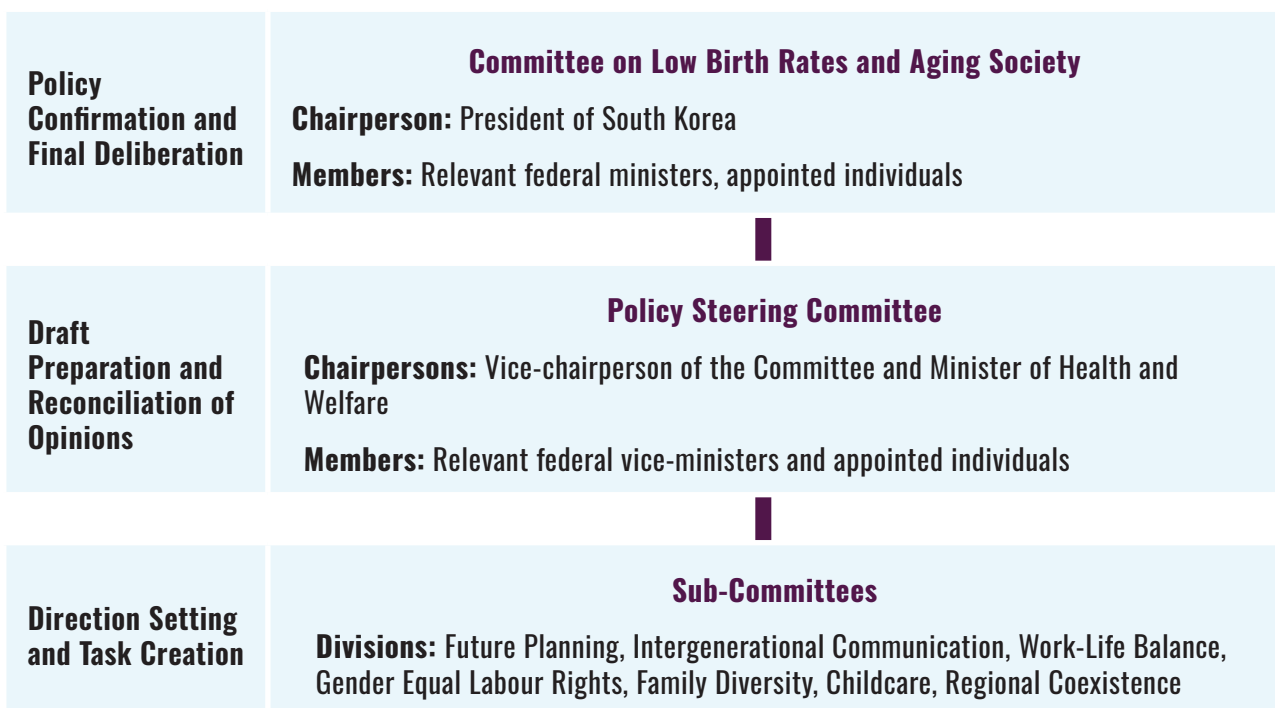
# South Korea’s “Framework Act” to Support its Ageing Society

South Korea’s *Framework Act on Low Birth Rate in an Aging Society* (the “Framework Act”) was established in May 2005.<sup>64</sup> It was developed in response to growing concerns about national sustainability due to South Korea having both one of the world’s lowest birth rates and fastest ageing populations.<sup>65</sup> The Act was designed to improve the country’s national competitiveness, sustainable development and quality of life, by enabling policies to address the challenges associated with a low birth rate and ageing population.<sup>66</sup>

To oversee the implementation of the Act, the Committee on Low Birth Rates and Aging Society (the “Committee”)

was established to discuss matters surrounding the development of policies, plans and subsequent evaluations. It is comprised of the president of South Korea (who chairs the committee), along with various relevant federal ministers and experts. A Policy Steering Committee made up of several subcommittees,<sup>67</sup> each with a different focus such as future planning, childcare and work-life balance, report into the Committee. Recommendations on issues are tabled at the subcommittee level and reviewed by the Policy Steering Committee before being considered for final deliberation by the Committee.<sup>68</sup>

**Figure 3: Policy Structure of the Committee on Low Birth Rates and Aging Society<sup>69</sup>**



From 4th Basic Plan for Low Birth Rate and Aging Society (2021~2025), by Presidential Committee on Ageing Society and Population Policy, 2020 (<https://www.betterfuture.go.kr/front/policySpace/basicPlanDetail.do?articleId=7&listLen=5&searchKeyword=&position=S>). Copyright 2003 by Presidential Committee on Aging Society and Population Policy.

**The Framework Act has enabled the South Korean government to develop and implement a series of five-year national plans laying out the future direction of its policies related to low birth rates and the ageing population. These are known as Basic Plans on Low Birth Rates in Aging Society (the “basic plans”).**

The basic plans also outline the major tasks to be implemented over the five-year timeframe and the financial resources required.<sup>70</sup> Development and approval of the basic plans involves multiple collaborations with experts from different fields, various ministries and the public.<sup>71</sup> National departments then develop and carry out yearly implementation plans which, along with the basic plan, serve as the basis for yearly implementation plans at the local government level. The performance of the national and local implementation plans is evaluated by the national and local governments every year, with the results reflected in future policy work.<sup>72</sup>

Since the implementation of South Korea’s first basic plan (2006-10), there has been a total of four basic plans, with the most recent one providing policy direction until 2025.<sup>73</sup> These basic plans touch on a number of topics related to the country’s low birth rates and its ageing population, such as providing greater employment opportunities, access to financial security initiatives, health and long-term care (LTC)

services, age-friendly living environments, and social activities for older adults.<sup>74</sup>

South Korea’s first basic plan aimed to build a foundation in both of the Framework Act’s areas of focus (low birth rate and ageing population). It resulted in the implementation of the LTCI program and basic old-age pension. The second basic plan aimed to further strengthen existing programs (e.g., expanding LTCI eligibility) and develop new government initiatives (e.g., enacting the Dementia Management Act). The third basic plan addressed structural factors that influenced issues related to the Framework Act’s areas of focus (e.g., improving employment situations for older workers). However, in 2019, a key revision to the third basic plan prompted a shift in South Korea’s approach to its low birth-rate policy — from encouraging childbirth to ensuring improved quality of life across generations. This new direction was carried forward into the creation of its fourth basic plan, which is in effect today.<sup>75</sup>

Across these basic plans, there has been progressive increases in funding to support their implementation. Initially, the budget for the first basic plan was 41.9 trillion KRW (\$42.5 billion CAD); however, by the time the third basic plan was completed, the government had spent 347.9 trillion KRW (\$353.3 billion CAD) in total. The fourth basic plan has confirmed a budget of 383.8 trillion KRW (\$389.7 billion CAD) over the five-year period.<sup>76</sup>

## The First Basic Plan (2006-10)



**Vision:** A sustainable society where all generations live together

**Goal:** Establishing a foundation for responding to low birth rates and an ageing society

**Promotional Tasks:**

1. Creating a favourable environment for childbirth and childrearing
2. Establishing a foundation for improving the quality of life in an ageing society
3. Securing future growth engines<sup>77</sup>

Achievements of the first basic plan surrounding South Korea's ageing population include the implementation of a basic pension for older adults (2008), the creation of an LTCI program (2008), the creation of the first comprehensive dementia management plan (2008-12) and the creation of the Age-Friendly Industry Promotion Act (2006).<sup>78</sup> However, the first basic plan faced challenges, including low public awareness, as initiatives did not focus on several populations that were in particular need of government support (e.g., baby boomers, dual-income households). It also focused only on specific sectors (e.g., long-term care, financial supports), rather than taking a more comprehensive approach by tackling challenges across a greater variety of sectors. And finally, the private sector was not readily engaged in the development of initiatives that were

part of the first basic plan, which was an approach that would need to change in the development of subsequent plans to ensure the government could create policies and initiatives that successfully respond to the policy challenges associated with low birth rates and an ageing population.<sup>79</sup>

## The Second Basic Plan (2011-15)



**Vision:** Becoming a vibrant, advanced country by successfully responding to low birth rates and an ageing society

**Goal:** Gradual recovery of the birth rate and the establishment of a response system for an ageing society

**Promotional Tasks:**

1. Creating a favourable environment for childbirth and childrearing
2. Establishing a foundation for improving quality of life in an ageing society
3. Securing growth engines and improving systems by sector<sup>80</sup>

The achievements of the second basic plan surrounding the ageing population include the introduction of the Dementia Management Act (2012), LTCI eligibility expansion (2012-14), and legislating a 60-year minimum retirement age (2013).<sup>81</sup> The second basic plan addressed a number of challenges associated with the development and implementation of

the first basic plan, including ensuring policy development efforts involved the participation of other stakeholders (e.g., companies, citizens), expanding policy targets to populations with high policy demand (e.g., baby boomers) and implementing a more comprehensive approach across various sectors.<sup>82</sup>

## The Third Basic Plan (2016-20)



**Vision:** Developing a sustainable society where all generations are happy together

### Goals:

- A happy society with children
- A productive and active ageing society

### Promotional Tasks:

1. Reinforcing youth employment and housing measures
2. Supporting social responsibility for birth, such as infertility
3. Expanding childcare and educational reform
4. Resolving work-life balance blind spots
5. Reinforcing income security for old age
6. Creating an active and safe retirement age
7. Expanding employment opportunities for women, middle-aged and foreign workers
8. Leaping to an age-friendly economy<sup>83</sup>

Compared to earlier plans that aimed to improve current issues such as the quality of life of older adults and low birth rates, the third basic plan looked to further address the factors that contribute to these situations. In terms of its policies related to the ageing population, this was accomplished for example by moving its focus from post-retirement supports to retirement preparation (e.g., national pensions) and growing the productive working population.<sup>84</sup> Achievements of the third basic plan include the implementation of national dementia support measures (2018)<sup>85</sup> and integrated home-based care (2018).<sup>86</sup>

## The Fourth Basic Plan (2021-25)



**Vision:** A sustainable society where all generations are happy

**Goals:**

- Improving the individual's quality of life
- A gender-equal and fair society
- Social innovation in response to demographic change

**Promotional Tasks:**

1. Creating a society where we work together and care for each other
2. Building a healthy and active ageing society
3. Building a society where everyone's abilities are fully demonstrated
4. Adapting to demographic changes<sup>87</sup>

The fourth basic plan is in progress; however, numerous initiatives have already been implemented, including raising the basic pension amount for beneficiaries (2021)<sup>88</sup> and introducing a retirement pension-fund system for small- and medium-sized enterprises (2022).<sup>89</sup>

# The Provision of Health Care Services for Older South Koreans

The provision of health care services for older adults has undergone significant change in South Korea over the past 30 years. To understand the current context, it is important to examine how health care is generally provided in South Korea, the specific provisions in place for older adults, and future directions of care that are being pursued.

## South Korea's Health Care System

### Health Care Management

South Korea's health care system is managed at three different levels. At the national level, the Ministry of Health and Welfare (MOHW) is responsible for health planning and policy development (e.g., five-year plan on health care), as well as managing the operation of national hospitals.<sup>90,91</sup> Regional governments are responsible for managing the operation of regional medical centres, while municipal governments are responsible for overseeing health centres, primary health-care posts and health sub-centres (facilities that provide outpatient care and public health services).<sup>92,93</sup> Regional and municipal governments also develop annual operational plans based on the MOHW's five-year health care plans.<sup>94</sup>

One of the important responsibilities of South Korea's MOHW is the implementation of various social security programs, including a universal system of health coverage.<sup>95</sup>

### National Health Insurance and Medical Aid

South Korea delivers a universal system of health care through the implementation of its National Health Insurance (NHI) and Medical Aid (MA) programs,<sup>96</sup> the latter of which is a public assistance program for low-income and vulnerable individuals.<sup>97</sup> The NHI program covers 97% of South Korea's population, whereas the MA program covers the remaining 3%.<sup>98</sup>

The purpose of the NHI is to improve population health through the provision of varying levels of coverage for different health care services. These include services provided in health care facilities, such as diagnoses, testing, treatments and surgeries. It also covers various health assessments, including 17 types of general health checkups (e.g., blood tests) and six types of cancer checkups. The NHI also provides monetary benefits to help cover expenses surrounding pregnancy, childbirth and assistive devices for individuals with disabilities.<sup>99</sup>

The NHI is funded mostly through contributions from members, along with government subsidies and user co-payments.<sup>100</sup> Member contributions come from all individuals regardless of their employment status (e.g., employed, self-employed, unemployed and retired). Contributions are required to obtain benefits. If contributions are not made for more than six months, benefits may not be provided until the contributions are paid.<sup>101,102</sup> Individuals who receive benefits are expected to pay 20% of the expenses associated with insured inpatient care services in the form of co-payments, while paying varying percentages for outpatient care services, depending on the health services provider.<sup>103</sup> For example, individuals pay 30% of the costs for outpatient services provided in clinics, 40% when these services are provided in general hospitals, and 60% within specialized tertiary hospitals. The intent of this policy is to ensure health resources are used more efficiently by reducing demand for specialized tertiary hospital-based services and directing individuals to lower-cost health service providers.<sup>104</sup>

The NHI provides various financial supports for vulnerable groups, such as discounted co-payment rates.<sup>105</sup> Additionally, based on income and other factors, the NHI covers co-payments that exceed a certain benchmark and provides support for individuals with high medical expenses.<sup>106</sup> Individuals who participate in the MA program receive the same services as NHI recipients without needing to pay for contributions and user co-payments.<sup>107</sup>

## Private Plans



In addition to South Korea's universal public health care system, private health insurance has played a supplemental role since its introduction in 2003.<sup>108</sup> Private health insurance was introduced into the market to reduce the financial strain on the government and the burden on individuals for services not covered by the NHI.<sup>109</sup> The uptake rate of private insurance has been high (87%) among South Korean households, driven largely by the financial burden of diseases and accidents (69%) — which are not always entirely covered by the NHI — and the need for more coverage beyond the NHI-covered services (28%).<sup>110</sup>

## Health Care Provision

While health care services are provided through a mix of public and private funding, the delivery of health care relies heavily on private health care providers, which the South Korean government allowed in order to meet the increased demand for health care that arose from the increased coverage provided by its universal health insurance program.<sup>111</sup>

South Korea allows individuals to choose their health care service provider (e.g., clinics, general hospitals) regardless of medical need or without any referral process.<sup>112</sup> These open-access policies have resulted in a higher volume of health care use,<sup>113</sup> and the Organisation for Economic Co-operation and Development (OECD) has noted that South Korea has the highest reported rate of per capita doctor consultations across OECD countries (Table 1).<sup>114</sup>

**Table 1: Average Number of In-Person Doctor Consultations Per Capita<sup>115</sup>**

Country	Year	Number of Doctor Consultations Per Capita
 <b>South Korea</b>	2021	15.7
 <b>Canada</b>	2020	4.7
 <b>OECD Average</b>	2021	6.0

South Korea's health care system has focused more on providing hospital-based care and continues to have an under-developed primary care sector.<sup>116</sup> Among OECD countries, South Korea has the highest number of hospital beds — 12.8 per 1,000 individuals in 2021 — compared to Canada, which had 2.6 hospital beds per 1,000 individuals.<sup>117</sup> Additionally, South Korea has the second highest number of inpatient days among all OECD countries, with 57.3 million inpatient days in 2021. In comparison, Canada had 22.3 million.<sup>118</sup>

## Additional Supports for Older South Koreans

### Dementia Initiatives

In the past 12 years, there has been a prominent focus on better addressing dementia in South Korea. This was prompted by the significant increase in the incidence of dementia. A study among South Koreans aged 60 years and older, found the standardized incidence rate of dementia increased from 126.41 per 100,000 person-years in 2003, to 2,218.25 per 100,000 person-years in 2015.<sup>119</sup>

The South Korean government has implemented numerous dementia-related initiatives through five-year national plans developed by the National Dementia Management Committee since 2008.<sup>120</sup> These plans take a comprehensive approach by focusing on prevention, detection and management of dementia, while also improving other aspects such as education, family support, research and infrastructure. Regional governments and certain national departments develop annual implementation plans aligned with these five-year national plans. Additionally, national and regional dementia centres have been established to contribute to dementia management, research, education and other activities.<sup>121</sup>

In 2016, new LTC institutions dedicated to individuals living with dementia were introduced to ensure they are given care in the appropriate environment with trained professionals.<sup>122</sup> In 2018, dementia support measures were implemented within South Korea's LTCI program, which included dementia support centres providing services such as counselling and prevention. The government also added older adults living with dementia to the LTCI program inclusion criteria,

established dementia care units within LTC hospitals and reduced out-of-pocket costs for low-income LTCL recipients with severe dementia.<sup>123</sup>

Furthermore, the MOHW has implemented a dementia screening project which provides early dementia detection and management for all adults aged older than 60 who are at high risk of dementia.<sup>124</sup> The MOHW has also implemented a cost-support project for dementia-related treatments. In this program, Koreans aged 60 years and older who are diagnosed with dementia and treating it with medication will be eligible for financial assistance of up to 30,000 KRW (\$30.36 CAD) per month to cover their treatment expenses.<sup>125</sup>

### NHI Financing Subsidization

Low-income individuals and members of vulnerable groups are given financial assistance to access NHI-covered services. Older adults are one of the groups that can access reduced costs at the point of service. For example, for services in physician clinics, which generally require a 30% co-payment fee, older adults pay a reduced fee based on the total expenses incurred (Table 2).<sup>126</sup> Similarly, older adults pay reduced fees for prescription drugs received in outpatient care.<sup>127</sup>

**Table 2: National Health Insurance Subsidization Rates for Older Adults<sup>128</sup>**

	Total Expense (₩, KRW)	Co-Payment Rate or Amount
Clinic (outpatient)	15,000 or less	₩1,500 KRW (fixed)
	15,001 to 20,000	10%
	20,001 to 25,000	20%
	More than 25,000	30%

\* \$1 CAD is around ₩972 KRW, ₩1,500 KRW is about \$1.54 CAD<sup>129</sup>

	Total Expense (₩, KRW)	Co-Payment Rate or Amount
Pharmacy (outpatient)	10,000 or less	₩1,000 KRW (fixed)
	10,001 to 12,000	20%
	More than 12,000	30%

\* \$1 CAD is around ₩972 KRW, ₩1,500 KRW is about \$1.54 CAD<sup>130</sup>

## Free Health Checkups

The NHI provides free health checkups for specific age groups and subsidized cancer-related screenings. For older adults, one-time tests/assessments are provided for bone density at age 66 and for lifestyle habits at age 70. A cognitive dysfunction checkup is provided every two years starting at age 66, and a mental health test is provided every 10 years starting at age 70. An elderly physical function test is also provided at the ages of 66, 70 and 80.<sup>131</sup>

## Technology-Based Health Care

The South Korean government has focused on incorporating technology-based health care services, known as U-health-care (ubiquitous health-care based on information technology). Initially, what started as a pilot project in four remote municipalities in 2008<sup>132</sup> was expanded into a national program, known as U-Health Advocacy Program, in 2010.<sup>133</sup> This program has various components, including “U-medical services” for better access to medical treatment services using technology, and “U-wellness services” for better access to physical checkups using technology. The third component, “U-silver services,” is targeted specifically to older adults by assisting with the online ordering of age-friendly products (e.g., continence briefs, portable bathtubs). To encourage development across these three components, the government has provided grants to hospitals and companies, while also looking to reduce regulatory burdens surrounding use of digital technologies in health care.<sup>134</sup>

## Current Issues Facing South Korea’s Health Care System

Numerous studies have been conducted to better understand unmet health needs among older adults in South Korea.<sup>135,136,137</sup> A recent study among older women noted that one of the most common reasons for not using health care services was financial burden (28%), with low economic status being one of the factors increasing the likelihood of unmet health needs.<sup>138</sup> This is concerning, with out-of-pocket payments making up 29% of South Korea’s health expenditures in 2021 — which is significantly higher than both Canada (14%) and the OECD average (18%).<sup>139</sup>

Additionally, the lack of a primary-care gatekeeping system impacts the efficiency of health care provision across South Korea, as is evident in the overutilization of both physician- and hospital-based care services.<sup>140,141</sup> Research has shown that individuals’ choice of hospital-based outpatient care services over clinic-based outpatient care services is often due to reasons unrelated to medical need (e.g., accessibility of services).<sup>142</sup> The South Korean government has tried to implement various measures to improve gatekeeping — for example, by requiring referrals for accessing tertiary hospital-based care services and creating varying co-payment amounts for different service providers. However, this has not resulted in significant changes.<sup>143</sup>

## Future Plans

In the current five-year National Health Insurance Comprehensive Plan, one of the points of focus within its Enhancing Sustainability of Health Insurance section is to provide integrated and efficient medical care for older persons. The South Korean government is currently focusing on reorganizing aspects of its health care system for older persons in order to ensure its efficient use. This is being done through revising the payment scheme in LTC hospitals to prevent unnecessary hospitalizations and providing more facilities that allow for integration of health and welfare services. The government is also tackling this focus area by strengthening support for the greater provision of end-of-life care, by evaluating and implementing a new fee system, and by reviewing coverage for single rooms for end-of-life care patients.<sup>144</sup>

Through its 2023 Action Plan, the MOHW has been tasked with preparing for a time when there will be at least 10 million older adults in the country. Within this focus area, the health-specific action items include planning for an increase in the number of home-based medical care centres, supporting pilot projects surrounding dementia-care doctors, and integrated medical-nursing assessment. There will also be an expansion in the number of recipients of customized elder-care services and promotion of smart-care technology, such as information technology-based emergency safety and relief services.<sup>145</sup>

Under the Fifth Master Plan for Prevention of Suicide (2023-27), the availability and coverage of mental health checkups will be expanded. Currently, these checkups are available every 10 years, but there are plans to increase that to every two years. These checkups will not only screen for depression, but also schizophrenia and bipolar disorder. Research is being done on the feasibility of this expanded coverage, with implementation potentially taking place as early as 2025. The government will provide these services initially to adults aged 20 to 34 years, and gradually expand to other age groups.<sup>146</sup>

# The Provision of Long-Term Care Services in South Korea

LTC services in South Korea are provided in three types of settings: in people's own homes, in facilities that primarily provide assistance with activities of daily living, and in LTC hospitals.<sup>147</sup> The second category consists of LTC facilities, which are institutions that care for 10 or more individuals, and nursing homes that care for between five and nine individuals within a home-like environment (both of these LTC care settings will henceforth be referred to as "LTC homes").<sup>148</sup> LTC hospitals provide numerous medical services (e.g., palliative care, rehabilitation services). Over the years, the government has made several changes to the way LTC services are managed and funded — for example, by introducing the LTCl program.<sup>149</sup>

## History of the Provision of LTC Services

Around two decades ago, LTC services were not widely available for older Koreans. In 2000, for example, home and community-based care programs and LTC homes were only able to provide services for around 1% of older Koreans.<sup>150</sup> At this time, a majority of adult Koreans viewed the provision of LTC services for older adults as a familial responsibility and it was therefore not a major focus of public concern.<sup>151</sup> For this reason, the only government program available to provide LTC services to older adults was

the national basic livelihood security welfare system, which provided services to older adults in poverty. The rest of the population had to rely on either caregivers (e.g., family members and friends), pay out of pocket for care in LTC homes, or stay for prolonged periods in LTC hospitals, costs of which were covered by South Korea's NHI program.<sup>152</sup>

## Factors Supporting the Implementation of an LTCl Program

The need for an LTCl program in South Korea arose due to various reasons, the most significant of which was its rapidly ageing population and associated concerns about how the needs of a growing number of older Koreans would be met.<sup>153,154</sup> Growing household structural changes emerged due to greater economic development and the urbanization of Korean society, with decreasing family support for older Koreans.<sup>155</sup> In addition, despite making up one-tenth of South Korea's population, the older population still accounted for almost a third of health care expenditures in 2008. This was driven at least in part by a growing rate of social hospitalizations, where individuals were staying longer than needed in LTC hospitals despite not needing that level of medical care, with alternative care options either unavailable or requiring out-of-pocket payment.<sup>156,157</sup>

## Implementing South Korea's LTCI Program

South Korea's government began the development of its LTCI program in 2000,<sup>158</sup> with a planning group created in 2003.<sup>159</sup> Pilot projects were also implemented to confirm the insurance plan's feasibility.<sup>160,161</sup> The Elderly Long-Term Care Insurance Act was subsequently passed in 2007.<sup>162</sup> To increase the supply of LTC services, the South Korean government focused exclusively on stimulating the private sector to create a variety of LTC services. To incentivize private providers, few regulations were put in place; for example, there was no legislative requirement to evaluate LTC services. A similar approach was taken to tackle the shortage of LTC workers, with the government removing regulations surrounding education and training.<sup>163</sup>

## The Purpose of South Korea's LTCI Program

**In 2008, South Korea implemented its LTCI program with the purpose of improving the health and quality of life of older individuals while also reducing the burden on family members to provide LTC services.**

The program is focused on older individuals who have difficulties in carrying out their daily activities for more than six months due to old age or

geriatric syndromes. For this program, older individuals include adults aged 65 years and older, and adults aged younger than 65 years who experience geriatric syndromes such as Alzheimer's disease or cerebrovascular disease.<sup>164</sup>

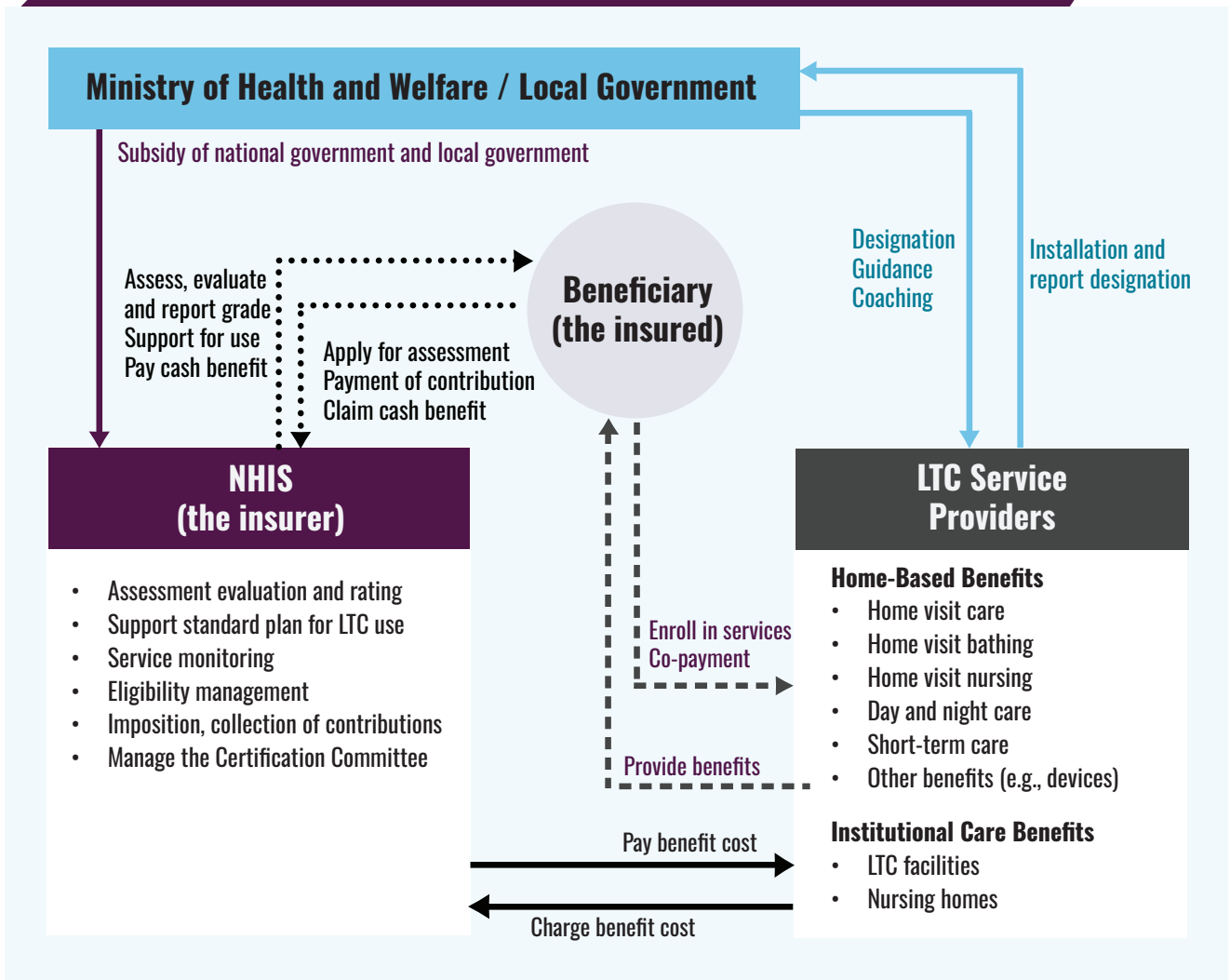
## The Management of the LTCI Program

South Korea's LTCI program is overseen by the MOHW, with the National Health Insurance Service (NHIS) being the insurer of the program (Figure 4).<sup>165</sup>

The MOHW has established a series of five-year master plans for the provision of LTCI services, and each local government is expected to establish a detailed implementation plan based on the master plan. The MOHW has also established an LTCI Committee to decide on issues including member contribution rates, standards for paying family care benefits in cash, and expenses for benefits. A survey is conducted by the MOHW every three years to understand the current state of LTC services (e.g., satisfaction of beneficiaries, matters concerning LTC service providers and staff).<sup>166</sup>

The NHIS is responsible for the operation of services under the LTCI program, including managing eligibility for beneficiaries, collecting LTCI contributions and evaluating LTC benefits provided by each service provider. One of its key responsibilities is having a needs assessment committee in each local area of the country to approve beneficiaries of the program.<sup>167</sup>

**Figure 4: Operating Structure of South Korea's LTCI Program<sup>168</sup>**



From 2022 Senior Long-Term Care Insurance Statistics Yearbook, by Big Data Strategy Headquarters, 2023, National Health Insurance Service (<https://www.nhis.or.kr/nhis/together/wbhaec07200m01.do?mode=view&articleNo=10836438&article.offset=0&articleLimit=10>). Copyright by National Health Insurance Service.

## LTCI Service Provision

Despite the LTCI program being developed for the benefit of all older Koreans, insured services are only provided after individuals have gone through a multi-step application process. The stages of approval include:

1. The individual sends an application form to a local LTCI Operation Centre.
2. Qualified NHIS staff evaluate the individual using a 90-item Geriatric Assessment that reviews a person’s physical needs and cognitive status.
3. The needs assessment committee uses the assessment results, along with a doctor’s opinion, to determine a person’s LTC level of care, which will dictate the type and amount of benefits provided.
4. The individual is given a letter of approval and standard plan for the use of services.<sup>169</sup>

Individuals can be assigned to one of six levels of care based on their physical needs and cognitive status (Table 3).<sup>170</sup> The LTCI program’s eligibility levels have been adjusted several times over the years, initially starting with three levels and expanding to six levels to include all people living with dementia by 2018.<sup>171</sup> Individuals who are not given a level of care and have low care needs are referred to the Elderly Care program, which is a tax-financed program provided by the local government to cover LTC services.<sup>172,173</sup>

**Table 3: LTCI Eligibility Levels of Care<sup>174</sup>**

Level	Cognitive and Physical Status	Long-Term Care Approval Score
1	Requires help in all aspects of daily life	≥ 95
2	Requires help in most parts of daily life	≥ 75 and < 95
3	Requires help in part of daily life	≥ 60 and < 75
4	Requires some help for daily living because of functional disability	≥ 51 and < 60
5 (Special level of dementia)	Dementia with limited functional decline	≥ 45 and < 51, dementia
6 (Cognition-supporting level)	Dementia with intact physical function	< 45, dementia

From “Long-Term Care System in Korea” by H. Ga, 2020, *Annals of Geriatric Medicine and Research*, 24(3), p. 181-186 (<https://doi.org/10.4235/agmr.20.0036>). Copyright 2020 by Korean Geriatrics Society.

After receiving approval to access services, individuals select an LTC service provider that will provide home and community or LTC home based services. A benefit contract is signed between the individual and an LTC service provider based on the letter of approval and standard plan. The LTC service provider then develops a benefit provision plan to guide care providers in the provision of an individual's LTC services.<sup>175</sup>

An individual's approval of LTC benefits through the LTCI program lasts two to four years and can be renewed for ongoing use by the individual.<sup>176</sup>

## LTCI Program Benefits

**The LTCI program provides three types of LTC benefits: benefits for home care services, benefits for institutional care, and care allowances.**<sup>177</sup>

The benefits for both home care services and institutional care are provided in the form of direct services to individuals, whereas care allowances are provided as cash benefits in exceptional cases.<sup>178</sup>

There are six types of benefits for home care services: home visit care (LTC worker helps with physical activities and household chores at home); home visit bathing (LTC worker gives bathing services at home); home visit nursing (provision of home nursing services); day and night care (certain hours of admission in LTC homes); short-term care (certain period of admission in LTC home); and other benefits for home care services (provision

of necessary devices).<sup>179</sup> Institutional care benefits cover the provision of LTC services within LTC homes.<sup>180</sup> Currently, only one type of care allowance is available: family care benefits provided in cash,<sup>181</sup> which reimburse certain individuals who receive home visit care from family members when they are unable to get care from LTC service providers.<sup>182</sup>

The eligibility level of an individual determines the type of insured LTC benefits available to them. Those in Levels 1 or 2, requiring help in most or all parts of their daily lives, can access both institutional and home care services benefits. Those in Levels 3 to 5 can access home care services benefits, with institutional care benefits only available through the approval of a needs assessment committee. Individuals in the cognitive support level (Level 6) can only access day and night care services within the six types of benefits offered for home care services.<sup>183,184</sup>

LTC benefits for recipients of the LTCI program are delivered within certain monthly limits, which are calculated based on their LTCI eligibility level and the type of LTC benefits they are eligible to access.<sup>185</sup>

## The Financing of LTCI Services

The financing of South Korea's LTCI program occurs through various methods, including member contributions, government funding and user co-payments from those receiving LTC benefits.<sup>186</sup> Similar to the NHI program, member contributions come from all individuals regardless of their employment status (e.g., employed, self-employed, unemployed and retired). Member contributions that are collected by the NHIS account for the majority of

the LTCI program's funding.<sup>187</sup> Member contribution amounts are determined by the MOHW's LTC Committee,<sup>188</sup> which has been currently set at 12.95%<sup>a</sup> of an individual's monthly NHI contribution in 2024.<sup>189</sup>

Government funding is provided in two ways: the national government annually provides the NHIS with 20% of the estimated income provided by LTCI member contributions; and national and local governments cover all the NHIS LTCI expenses of MA recipients (low-income and vulnerable individuals), along with the NHIS's management and operation costs.<sup>190</sup>

LTCI benefits are generally only partly covered, requiring most beneficiaries to pay a co-payment amount of 20% for institutional benefits and 15% for home and community-based care benefits to further incentivize the provision of care at home. Certain individuals (e.g., those experiencing financial difficulties) may be eligible to have up to 60% of their co-payments reduced.<sup>191</sup> MA recipients (under the National Basic Living Security Act) do not need to make co-payments at all.<sup>192</sup>

## LTCI Program Changes

Numerous changes have been made to the LTCI program over the years, the most significant of which addressed the quality of services, corruption, eligibility and accessibility.

During the initial implementation period of the LTCI program, the government incentivized private-sector participation by

reducing regulations in order to expand the number of LTC service providers.<sup>193</sup> Within 12 years (2008-20), privately owned and operated service providers made up 95.5% of new LTC service providers,<sup>194,195</sup> and as of 2020, privately operated service providers made up 83.4% of South Korea's total LTC service providers.<sup>196</sup>

This drastic increase in providers arising from the lack of regulation resulted in lower quality services and widespread fraud.<sup>197</sup> To improve service provision, the government implemented a number of regulatory reforms. In 2010, it established regulations for the development and operation of service providers, along with the duties for the heads of service providers.<sup>198</sup> National quality inspections, which had been done on a voluntary basis starting in 2009,<sup>199</sup> were made mandatory in 2011.<sup>200</sup> Highly rated service providers received additional funding,<sup>201</sup> while poorly rated service providers faced penalties and were required to undergo follow-up management or further inspections. Inspection results were also made publicly available to LTCI recipients.<sup>202</sup>

Widespread unlawful management among providers was discovered, including reducing the wages of LTC workers, receiving funds for care workers who were not working in a LTC home,<sup>203</sup> and giving illegal fee exemptions to obtain clients.<sup>204</sup> One survey of LTC service providers found that 72% of service providers were making fraudulent claims.<sup>205</sup> Additionally, many providers looked to cut costs through reducing the quality of their services.<sup>206</sup>

<sup>a</sup> This percentage is calculated based on the following formula: LTCI contribution rate divided by the NHI contribution rate. As of 2024, the LTCI contribution rate is 0.9182% and the NHI contribution rate is 7.09%, therefore 0.009182/0.0709 equals 0.1295 (12.95%).

Yet due to the lack of regulation, punishments for such behaviour were not common. Governments were not in a position to penalize LTC service providers for failing to follow universal rules (e.g., submission of accounting reports, making false reports) until 2018, after the implementation of new regulations.<sup>207</sup> The reason it took a decade for the government to implement these new regulations was a concern that private providers may exit the market, impacting the overall LTC system.<sup>208</sup>

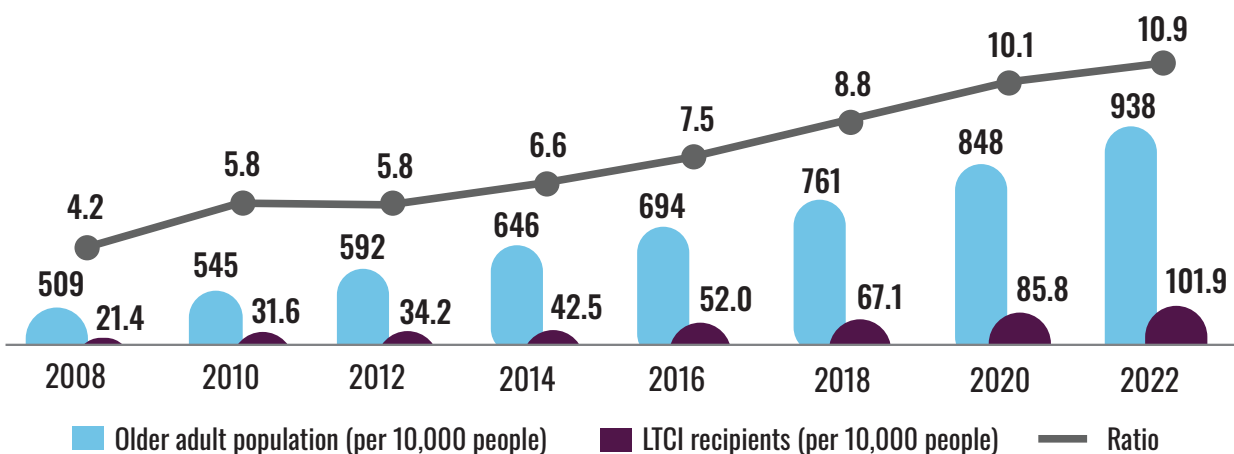
South Korea’s LTCI program has also gone through changes surrounding its eligibility levels. In 2014, LTCI program eligibility levels expanded from three to five levels, with a fifth level allowing individuals with dementia with limited functional decline to access LTCI program benefits. This was further expanded in 2018 to six levels, which included all older adults with dementia regardless of their functional status.<sup>209</sup> That same

year, the government increased the monthly limit of LTCI benefits and expanded those eligible for co-payment reductions, reducing the financial burden for recipients with low income.<sup>210,211</sup> Due to the expansion in the LTCI program’s eligibility levels, member contribution rates have consistently increased every year between 2018 and 2020.<sup>212</sup> However, South Korea’s member contribution rate — approximately 0.68% of its national income — is still lower relative to other countries with LTCI programs (e.g., Germany, 3.05%; Japan, 1.5%).<sup>213</sup>

## LTCI Program Beneficiaries

As the LTCI program’s eligibility levels increased, the number of beneficiaries has grown consistently. Initially, only 214,000 individuals received benefits through the LTCI program in 2008 (4.2% of the older adult population), which increased to 1,019,000 recipients in 2022 (10.9% of the older adult population) (Figure 5).<sup>214</sup>

**Figure 5: Number of the LTCI Recipients Compared to South Korea’s Total Older Adult Population, 2008–22<sup>215</sup>**



From The 3rd Long-Term Care Basic Plan, by Nursing Insurance System Department, 2023, Ministry of Health and Welfare ([https://www.mohw.go.kr/board.es?mid=a10107010100&bid=0040&act=view&list\\_no=1479340&tag=&cg\\_code=&list\\_depth=1](https://www.mohw.go.kr/board.es?mid=a10107010100&bid=0040&act=view&list_no=1479340&tag=&cg_code=&list_depth=1)). Copyright by Ministry of Health and Welfare.

In 2022, 82% of recipients were aged 75 years and older, with 37% aged 85 years and older. That year, 83% of recipients were individuals who required less help with their daily activities (i.e. LTCI program eligibility Levels 3 to 5),

compared to those in LTCI program eligibility Levels 1 and 2 (Table 4).<sup>216</sup>

This aligns with data that shows the proportion of service use at home is 77% compared to the 23% at LTC homes.<sup>217</sup>

**Table 4: The Number of South Korean LTCI Recipients by Eligibility Level and Age in 2022<sup>218</sup>**

< Unit: thousand people >

Applicant	Level / Grade							Non-grade
	Subtotal	1	2	3	4	5	Cognitive support	
1,161	1,019 (100%)	50 (5%)	94 (9%)	279 (27%)	459 (45%)	114 (11%)	23 (2%)	142

< Unit: thousand people >

Total	Under 65	66-69	70-74	75-79	80-84	Over 85
1,019 (100%)	36 (4%)	56 (6%)	94 (9%)	174 (17%)	281 (28%)	278 (37%)

## Challenges Facing South Korea's LTCI Program

Despite the successes of South Korea's LTCI program, such as the achievement of increased eligibility levels, several areas for improvement remain, including ensuring that individuals are receiving care in the right settings that are best placed to offer those services. There are a high number of "social admissions" among older adults in South Korea's LTC hospitals, while one third of the older adults living in LTC facilities have serious medical needs.<sup>219</sup> Many factors may contribute to this, including that co-payment rates are currently lower for long-stay individuals in LTC hospitals (through the NHI program) compared to LTC homes (through the LTCI program).<sup>220</sup> Also, despite a national LTCI program allowing for efficient risk pooling, it has not necessarily led to the development of community-based services that respond to local needs of older adults. This would require local governments that currently have limited responsibilities within the LTCI program to be given a bigger role, beyond enforcing regulations and assisting with the designation of LTC service providers.<sup>221</sup>

With the growing numbers of both older persons and LTCI recipients in South Korea, there is an increasing demand for LTC services, and a corresponding increase in demand for service providers and staff. For example, by 2030 it is estimated that day and night care facilities will need to accommodate around 82,000 more individuals and LTC homes will need to accommodate around 112,000 more

individuals. Beginning in 2025, estimates show that there will not be enough LTC workers to meet anticipated demands, and it is estimated that by 2027, South Korea will face a supply shortage of around 75,000 LTC workers.<sup>222</sup>

## Supporting Caregivers

The support provided by caregivers (e.g., children, spouses, friends) is an important part of the provision of LTC in South Korea. A study of community-dwelling older Koreans found that regardless of care needs, a larger percentage of individuals are reportedly receiving care from caregivers compared to health care providers (e.g., registered nurses). The number of older Koreans receiving support from caregivers is expected to increase significantly due to South Korea's ageing population, from an estimated 0.71 million older people in 2020 to 2.2 million older people in 2067.<sup>223</sup>

Various initiatives are being implemented by the South Korean government to support caregivers. For example, the LTCI program provides cash benefits in exceptional cases when family members are willing to provide home visit care to certain LTCI program recipients who have difficulty in receiving care from LTC service providers (i.e., due to location or physical impairments).<sup>224</sup> Additionally, the South Korean government implemented the Caregiver Orientation for Mobilizing Personal Assets and Strengths for Self-Care (COMPASS) program in 2019, which is focused on reducing family-caregiver burden and developing a support system for family caregivers of

LTCl program recipients. This new multi-component program includes caregiver training, counselling, support services and education,<sup>225</sup> provided through various methods such as in-home, group support and telephone sessions.<sup>226</sup> The COMPASS program has been found to produce positive results for family caregivers, including reported decreases in depression and various negative health behaviours.<sup>227</sup>

Various supports are also provided to caregivers of individuals with dementia. These include consultation and support programs within local dementia centres (e.g., education classes, healing programs). A national dementia helpline has also been created to provide support and information for individuals with dementia and their caregivers.<sup>228</sup> A Dementia Family Leave System provides multiple days of short-term care (for all LTCl recipients with dementia) and full-day home care (for Level 1 and 2 LTCl recipients with dementia) to give temporary caregiving leave for families.<sup>229,230</sup>

## Home Care Integration

Over the last few years, the South Korean government has become increasingly focused on tackling the lack of service co-ordination, involvement of local governments and overall sustainability of public support services for its ageing population through initiatives such as the Community Care Projects in 2018.<sup>231</sup> This initiative was targeted to better support older adults and individuals with disabilities, providing integrated home-based care (e.g., LTC, welfare services)

tailored to the needs of individuals where they live.<sup>232</sup> The Community Care Projects are led by local governments and are being implemented in three stages: pilot projects (2018-22), establishing a foundation for community care (2023-25), and expanding community care services (from 2026). Numerous projects are being implemented within this initiative, including the expansion of housing support infrastructure and LTC services. These include the availability of integrated home-based care centres that provide health care and home- and community-based LTC services.<sup>233,234</sup>

## Future Plans

South Korea's current LTC basic plan from 2023-27 is focused on strengthening the provision of LTC services where recipients live and ensuring the LTCl program is sustainable for the future.<sup>235</sup>

South Korea's government included four key priorities in the current basic plan. The first is ensuring that appropriate care is provided in people's homes. One way the government proposes to achieve this is through providing sufficient home care and support services (especially to recipients with high care needs) and providing a diverse array of services (e.g., expansion of approximately 1,400 integrated home-based care centres). It also plans to expand the medical and nursing services provided at home. For example, there will be an increase in the number of home medical centres that link LTC services, case management and medical visits. The government also plans to create a support system for the families of LTCl program recipients.<sup>236</sup>

The second priority in the basic plan is providing more customized service. The government proposes to achieve this by strengthening supports to delay the use of LTC services (e.g., by providing services for individuals discharged from hospital) and establishing a recipient-centered LTC case-management system. In addition, the government will develop tools and improve LTC eligibility levels to better align with recipients' LTC needs. It also plans to implement various mechanisms to prepare South Korea's LTCI program for the next cohort of older adults by, for example, implementing a new self-pay service system and improving the existing welfare-equipment management system.<sup>237</sup>

The third priority focuses on ensuring quality control within LTC homes. The government proposes to achieve this by strengthening supply and demand management, as well as the service quality of LTC homes — such as through improving staff-to-resident ratios. It also plans to improve service evaluation and management within LTC homes, such as by improving response systems and meal services. Finally, it will also focus on better managing and improving the capacity of LTC workers.<sup>238</sup>

The fourth priority focuses on improving the overall sustainability of the LTCI program as South Korea transitions to a super-aged society, and demands for LTC services increase as a result. This will be pursued through strengthening financial practices, including how LTCI benefits are managed; securing stable financial resources (e.g., appropriate member-contribution rates); and ensuring

transparency in LTC home functions. The government also proposes to reorganize the governance system of the LTCI program, such as improving the co-operation between governments (e.g., development of regional implementation plans) and changing the structure of the LTC Committee.<sup>239</sup>

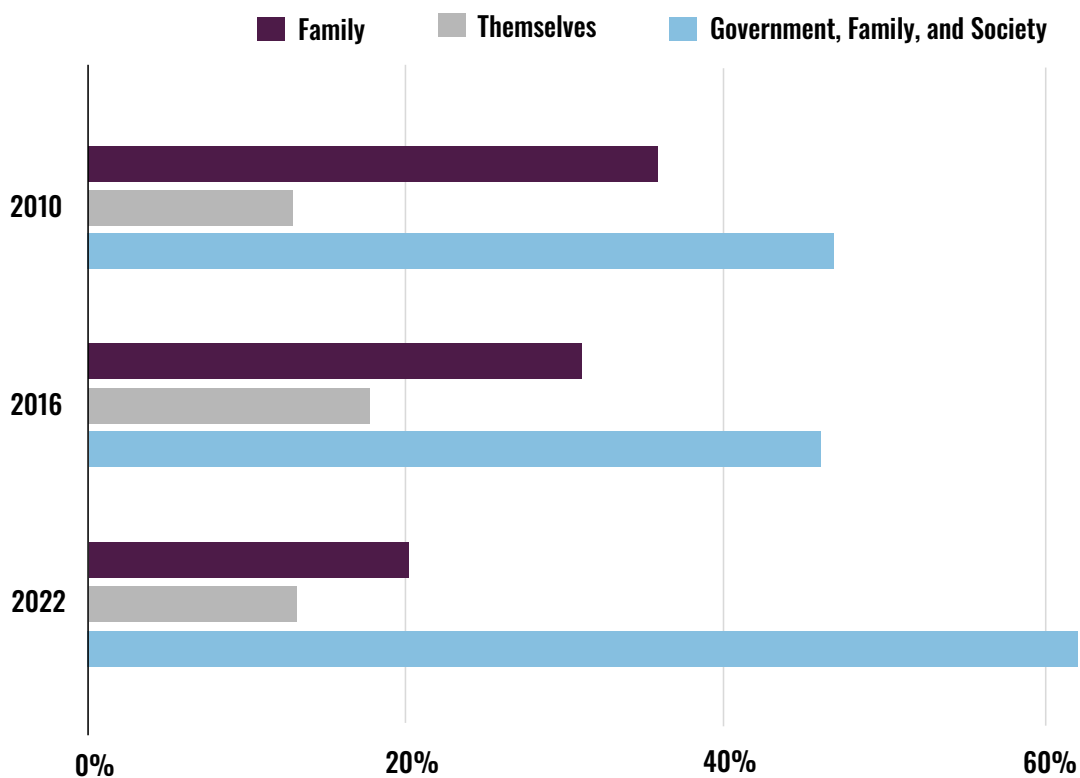
# Social Programs for Older South Koreans

## An Evolving Social Context

The rapid growth of South Korea’s urban population and changing family structures are contributing to unique challenges for older adults. Increased costs of living, troubling youth employment rates, delayed marriage and declining birth rates are combining to shrink the average South Korean family size.<sup>240</sup> Additionally, increased employment rates among women have influenced their ability to meet traditional

family caregiving expectations.<sup>241,242</sup> These prevailing social and economic conditions have also led to a re-evaluation of traditional expectations of filial piety, which dictate children’s caregiving responsibilities to their ageing parents, particularly in traditionally Confucian societies such as South Korea’s.<sup>243</sup> Between 2010 and 2022, there was a 16% drop in the number of people who think that family should take care of their parents and a 15% increase in the number of people who think that government, family and society should collectively care for parents (Figure 6).<sup>244</sup>

**Figure 6: Opinions on Who Should Take Care of Parents in South Korea<sup>245</sup>**



Additionally, more older Koreans are finding themselves living alone. In 2022, 1.97 million people aged 65 and older in South Korea lived alone, compared to the 1.82 million in 2021 and the 1.44 million in 2018.<sup>246</sup> By living alone, older adults are more likely to face social isolation and loneliness due to decreased interaction and familial connection, placing them at an increased risk for suicide.<sup>247</sup>

In fact, South Korea now has the highest suicide rate among all OECD countries, sitting at 24.1 suicides per 100,000 people in 2020, compared to Canada's rate of 10.5 suicides per 100,000 people in 2019 and the OECD average of 11.3 suicides per 100,000 people in 2020.<sup>248</sup> The suicide rate for those aged 65 years and older in South Korea is also concerning. The suicide rate for those aged 65 years and older in South Korea has also been concerning, with a rate of 39.9 suicides per 100,000 people in 2022.<sup>249</sup>

**Suicide rates among older Koreans are not only the highest in the country,<sup>250</sup> but also for older adults across OECD countries.<sup>251</sup> Increased poverty and extreme loneliness contribute to this high older adult suicide rate.<sup>252</sup>**

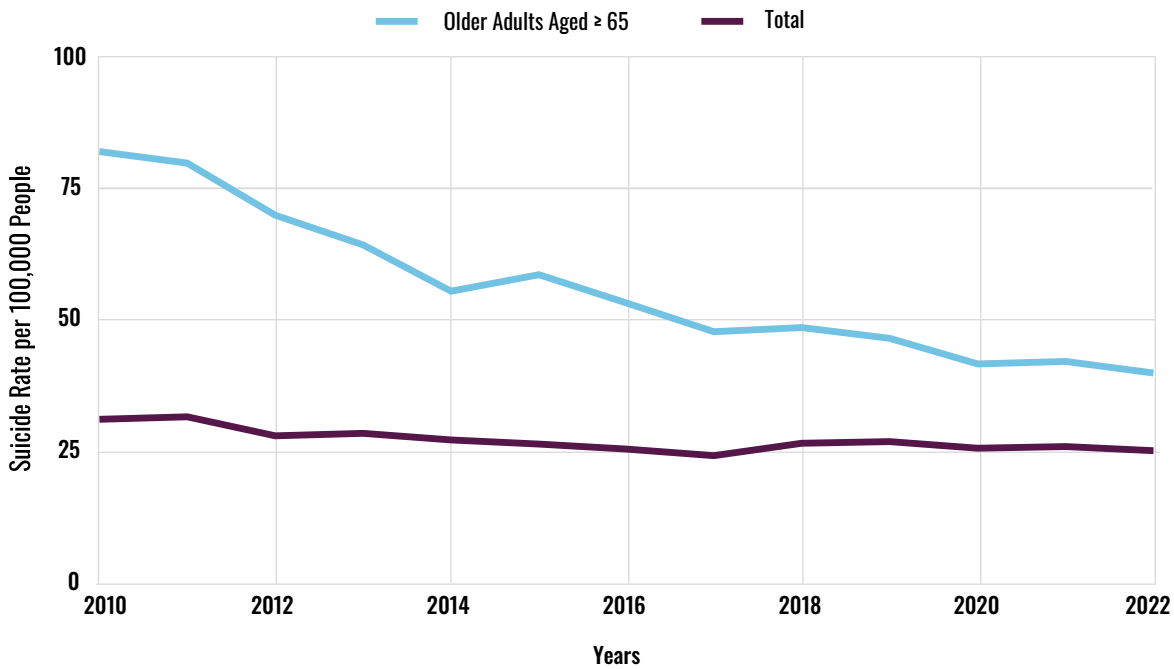
## **Suicide Prevention Programs**

South Korea's suicide rate for older adults used to be even higher,<sup>253</sup> but the national government has enacted several programs aimed at decreasing

the prevalence of suicide in the country. For example, the Standardized Suicide Prevention Program for GateKeeper Intervention in Korea (Suicide CARE) was enacted in 2011.<sup>254</sup> While this initiative is not specifically directed at older adults, aspects of the Suicide CARE program focus on providing suicide intervention care for older adults. This program trains people as "gatekeepers" and on how to observe, listen, evaluate and respond to signs that someone is considering suicide. The program offers additional training on screening for risk factors and signs of suicide in older adults. Intervention models are important in screening and referring older adults at risk of suicide to appropriate support networks. Additionally, the establishment of the Act for the Prevention of Suicide and the Creation of Culture of Respect for Life in 2011 sets up specific provisions to improve the lives of older adults, including expanding research on screening people at high risk for suicide, improving media reporting on suicide, restricting access to suicide, and improving treatment for those with depression and experiencing thoughts of suicide.<sup>255</sup>

Since the introduction of increased screening and intervention tactics, South Korea's older adult suicide rate has been steadily decreasing. In 2011, the older adult suicide rate was a staggering 79.7 suicides per 100,000 people. In 2022, it reached its lowest level since 2001, at 39.9 suicides per 100,000 people (Figure 7).<sup>256</sup>

**Figure 7: South Korea Suicide Rate per 100,000 People<sup>257</sup>**



One critique of South Korea’s approach is that it tends to focus on improved screening and detection, or removing the accessibility of suicide methods, such as prohibiting the sales of poisonous pesticides commonly used by rural older adults to self-poison.<sup>258</sup> Additionally, although older adults continue to have the highest suicide rate in South Korea,<sup>259</sup> suicide prevention programs are not targeted to older adults who are at high risk for suicide. While all efforts are important in reducing the suicide rate, it’s necessary to specifically address the root causes of suicide in older adults.

## Accessible Transportation Programs

National efforts have also focused on improving transportation accessibility for older adults, which may help combat social isolation and loneliness. For

example, low-floor buses were introduced across South Korea as a low-barrier transportation option. However, low-floor buses have higher maintenance fees and are inappropriate for some terrains, making some bus companies reluctant to adopt them.<sup>260</sup>

Another initiative meant to promote the greater use of public transportation services by older persons provides subsidized fares for trains and taxis<sup>261</sup> and makes journeys by subway free.<sup>262</sup> However, local governments and metro companies are struggling to maintain the cost of providing free public transportation without the financial support of the national government, resulting in anticipated fare hikes for non-older adult riders.<sup>263</sup>

In 2007, Silver Zones were introduced in high-traffic areas frequented by older adults, such as care settings and

parks. These zones use speed limit reductions, traffic signage and road surface markings to encourage slower and safer driving and prevent pedestrian traffic accidents.<sup>264</sup> However, at least one study has questioned the effectiveness of Silver Zones and their ability to reduce pedestrian collisions, as well as the effectiveness of their locations.<sup>265</sup>

## Future Initiatives

Although work is underway to develop initiatives to reduce the suicide rate in South Korea, older adults are not the primary focus of those initiatives, despite being a group highly vulnerable to suicide. The five-year national plan for suicide prevention lacks specific policies addressing older adults.<sup>266</sup> The plan does contemplate increasing the availability and coverage of mental health check-ups; however, this change is likely to go into effect for only the 20-34 age group by 2025,<sup>267</sup> and there are no plans to expedite the screening process for older adults.<sup>268,269</sup>

For certain vulnerable populations, suicide prevention programming will be individualized and based on community population trends, where older adult-focused intervention will be implemented in rural areas.<sup>270</sup> Such programming will be a continuation and expansion of the Suicide CARE project, training “gatekeepers” in screening, prevention and referral strategies unique to the populations they support.<sup>271</sup> Collaborative efforts among various ministries aim

to design suicide prevention policies targeted to specific vulnerable groups, including older adults, while considering their lifestyles and spaces for intervention.<sup>272</sup>

# Financial Supports for Older South Koreans

## Understanding the Financial Circumstances of Older South Koreans

In South Korea, the financial situation of older adults is concerning compared to both the rest of the population, and to older adults in other OECD countries. This is especially apparent when comparing relative poverty rates, which looks at the percentage of the population earning incomes of less than 50% of the national median equivalized household disposable income.<sup>273</sup>

South Korea's overall national relative poverty rate of 15.3% is higher than the OECD average of 11.4% and Canada's rate of 8.6%.<sup>b</sup>

**However, the relative poverty rate among Koreans aged older than 65 years is a staggering 40.4%, which is drastically higher than the OECD average for this age group, 14.2%, and Canada's rate, 12.1%.<sup>c</sup>**

For this reason, South Korea not only has the highest relative poverty rate for older adults among OECD countries, but also the largest difference between

the rates of older adults and overall population (25.1%).<sup>274</sup> It also has the largest difference in relative poverty rates between age groups of older adults, with adults aged older than 75 years and older having a rate 20.5% higher than adults aged 66 to 75 years. It is important to note that South Korea also has a large gender difference in relative poverty rates among older adults, with older women's relative poverty rate being more than 11% higher than men's.<sup>275</sup>

One of the reasons South Korea's oldest age group (aged older than 75 years) is doing worse financially than other cohorts of older adults is because this group has not had the same amount of time to contribute to the country's National Pension System, which was implemented less than 40 years ago in 1988. The added disparity between older women and men is due to women living longer and also having fewer pension benefits.<sup>276</sup> With financial difficulties being one of the main motivations for suicide among older adults,<sup>277</sup> ensuring the financial wellbeing of its citizens should be a key priority for South Korea.

## Financial Security Initiatives

Numerous financial supports for older adults have been introduced, including the quasi-mandatory retirement pension

<sup>b</sup> Statistics Canada notes a higher value of 11.1% (<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?LANG=E&GENDERlist=1,2,3&STATISTIClist=1,4&DGUIDlist=2021A000011124&HEADERlist=11&SearchText=Canada>)

<sup>c</sup> Statistics Canada notes a higher value of 15.0% (<https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/details/page.cfm?LANG=E&GENDERlist=1,2,3&STATISTIClist=1,4&DGUIDlist=2021A000011124&HEADERlist=11&SearchText=Canada>)

and Basic Livelihood Security benefits, which provide social assistance for different types of supports (e.g., living, housing and education costs).<sup>278,279</sup> However, the primary initiative to support the financial security of older Koreans is its public pension system. South Korea's system has three components: National Pension Scheme (NPS), Basic Pension, and specific programs for certain professions (e.g., military, civil servants, private school workers, special post office workers).<sup>280</sup>

## National Pension Scheme and Basic Pension

The NPS was established in 1988, with all citizens being given coverage in 1998.<sup>281</sup> Under this program, individuals aged between 18 and 60 years pay premiums (9%) from their income to receive pension benefits later in life.<sup>282</sup> The pensionable age in South Korea has been increasing since 2013; it is currently set at 63 years and will increase to 65 by 2033.<sup>283</sup> Pension benefits are based on both individual contributions and the average income of other participants.<sup>284</sup> The earnings-associated targeted replacement rate after contributing for 40 years was 45% in 2018 and will decrease each year until it reaches 40% in 2028. Similar to the continuous increase of the pensionable age and the decrease of the target replacement rate, the NPS also experienced changes to its minimum vesting period, worker contribution rate and reference wage to improve the financial sustainability of the program.<sup>285</sup>

As noted above, due to the more recent implementation of the NPS, many of today's older adults were not able to join

or earn pensions at a level that ensures income adequacy in retirement.<sup>286,287</sup>

**For this reason, the Basic Pension was implemented in 2008 to provide financial assistance to 70% of the older adult population as a poverty-reduction measure.<sup>288</sup>**

Older adults are eligible if their income falls below a certain threshold.<sup>289</sup> Over the years, the program has expanded its eligibility and pension amount,<sup>290</sup> with the Basic Pension providing up to 334,810 KRW (\$335.56 CAD) per month in 2024.<sup>291</sup> However, the OECD has noted that South Korea's old-age safety-net benefits represent one of the lowest among OECD countries (7.8% of average earnings), and less than half of Canada's percentage (19.2% of average earnings).<sup>292</sup>

In addition to the NPS and the Basic Pension, all public pensions in South Korea are adjusted every year based on the increase of the national consumer price index.<sup>293</sup>

## Gaps in the Public Pension System

The NPS currently receives enough worker contributions to pay for pension benefits, with the remaining amount put aside for investment. However, the program's costs are projected to exceed its contribution amounts starting in 2030. Investment returns and reserve funds are expected to be depleted by 2057, at which point the NPS will shift into a deficit position. This

was an expected outcome and, as a result, the government has implemented a number of reforms over the years to delay the timeline of the above outcomes.<sup>294</sup> A 2018 actuarial review provided various options for worker contribution rate increases to ensure viability of the program (e.g., 16% rate from 2020 or 20.9% from 2040, compared to the current 9% contribution rate).<sup>295,296</sup>

In addition to its sustainability challenges, the National Pension Service found South Korea's current public pension system provides benefits at a level that is significantly below the income levels identified by the NPS as necessary during retirement. According to the NPS 2019 survey, single households require at least 1.3 million KRW (\$1,319 CAD) per month, and couples require 2.1 million KRW (\$2,130 CAD) per month; however, the average amount single households received from the NPS was 520,000 KRW (\$528 CAD).<sup>297</sup> One of the reasons for the lower benefit levels is the fact that many older Koreans have only participated in the pension program for a short period of time, given its recent implementation, and as a result, they are only eligible for lower benefit levels.<sup>298</sup> As of November 2023, it was found that female NPS beneficiaries received only around 391,000 KRW (\$388.23 CAD) compared to around 757,000 KRW (\$751.64 CAD) for male beneficiaries. This difference is influenced by the reduced contribution period among female workers, largely from career breaks such as maternity leave.<sup>299</sup>

Compared to other OECD countries, South Korea's older adults have one

of the lowest rates of public transfers as a percentage of their income (approximately 30%) compared to older Canadians (38%) and the OECD average (57%).<sup>300</sup> An OECD analysis of benefit levels provided by mandatory pension plans compared to work-related income showed that, among individuals with an average income and a full career from age 22 to pensionable age, South Korea's NPS has a gross pension replacement rate (31.2%) that is lower than Canada's (36.8%) and the OECD average (50.7% for men, 50.1% for women). The NPS has a higher gross pension replacement rate (47.6%) for individuals with low income (defined as half of the average income) to protect from poverty risks; this is also lower than the OECD average (63.8% for men, 63.4% for women) but similar to Canada's replacement rate for individuals with low income (46.0%).<sup>301</sup>

Finally, there are concerns with the level of individual contributions being made to the NPS, as many working-age South Koreans have difficulty paying their premiums. Overall, among individuals aged 18 to 59 years, over 40% have not paid pension premiums at some point,<sup>302</sup> which could result in a reduction of the retirement incomes that these individuals receive.

## South Korea's Private Pension System

South Korea has a private pension system made up of a quasi-mandatory company pension program (known as retirement pension scheme), along with a voluntary personal pension program. Company pensions were introduced in 2005 and

became available for all companies in 2010.<sup>303</sup> Firms are required to provide a severance plan for employees who have worked at least 15 hours a week over the course of a year.<sup>304</sup> A severance plan can be replaced with a company pension program on mutual agreement between the employer and the majority of employees, therefore the program isn't entirely mandatory. There may be resistance to switch from a severance plan to a pension plan, both from employees, because severance plans provide easier access to payments earlier than pension plans, and from employers, because funding for all employees at once through the pension plans may result in cash flow problems.<sup>305</sup> The latter is the main reason smaller firms resist this transition. Only 18% of firms with less than 10 employees offer a company pension program, compared to 85% of firms with 100 or more employees.<sup>306</sup>

The South Korean government has implemented numerous measures to ensure greater access to company pension programs, including making it mandatory for firms established after July 2012 to have a company pension program.<sup>307</sup> Also, firms have not been able to receive tax deductions for severance pay expenses since 2016,<sup>308</sup> which removes an incentive for companies to opt for severance plans as opposed to pension plans. The government has also enacted initiatives to ease challenges experienced by small businesses when implementing company pension programs. For example, smaller

firms have difficulty accessing pension programs as pension providers prefer to work with larger companies that provide them with more contributions to manage. To overcome this issue, the government has introduced a Small and Medium Business Retirement Pension Fund System, which creates a joint fund that pools contributions from multiple businesses,<sup>309</sup> specifically those with up to 30 full-time employees.<sup>310</sup>

South Koreans have had access to voluntary personal pension plans<sup>d</sup> since 1994. There are three categories of personal pension plans: personal pension funds, personal pension insurance and pension saving trust. South Korea has one of the lowest personal pension plan coverage rates among OECD countries, at 14% of the working-age population (15 to 64 years); by comparison, Canada's coverage is 25% and the OECD average is 26%.<sup>311</sup>

## Future Initiatives

One of the priorities for the ageing population in South Korea's fourth Basic Plan on Low Birth Rates in Aging Society is ensuring a sufficient livelihood support system exists for older Koreans. To achieve this, the government is focusing on improving various financial support initiatives for older Koreans — particularly pension programs.<sup>312</sup> One example is the creation of the Small and Medium Business Retirement Pension Fund System, described above.<sup>313</sup> South

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<sup>d</sup> Personal pension plans are defined as plans selected by individuals and operated by a pension fund or financial institution without any connection to employment. OECD classifies personal retirement savings (e.g., Canada's Registered Retirement Savings Plans) within this category.

Korea's National Assembly created a special committee on pension reform in 2022,<sup>314</sup> and the MOHW's Action Plan for 2023 includes pension reform to ensure financial sustainability, equality and security for various populations.<sup>315</sup> Recently, the government announced that the national pension contribution rate will be gradually increasing. The current government has promised to look into increasing contribution rates by different amounts across age groups to ensure intergenerational fairness. There was also mention of potentially enforcing regulations that would ensure a guarantee from the government in regards to pension benefits for the future.<sup>316</sup>

Another way that the government intends to achieve this priority in the fourth basic plan is through improving the national government's responsibility for reducing poverty among older adults by updating the National Basic Livelihood Security and Basic Pension programs.<sup>317</sup> This was taken up in the recent Third Comprehensive Plan for Basic Livelihood Security (2024-26), which looks to ease eligibility criteria for certain benefits in order to improve coverage.<sup>318</sup> Additionally, the government has committed to increasing the Basic Pension's monthly benefits from 334,810 KRW to 400,000 KRW (\$335.56 CAD to \$404.59 CAD) by 2028.<sup>319,320</sup>

# Employment Supports for Older South Koreans

## Current Employment Circumstances




In South Korea, adults tend to work late into their lives (see Table 5), with the average age at which people exit the labour market being 65.4 years for men and 67.4 years for women, despite South Korea’s pension eligibility age being 62 years as of 2022. In comparison, the OECD average is 64.4 years for men and 63.1 years for women, whereas in Canada, it is 64.9 years for men and 63.5 years for women as of 2022.<sup>321</sup>

South Korea’s 49.4% employment rate among adults aged 65 to 69 years is the second highest among OECD countries (second only to Japan at 50.4%), and twice the OECD average and Canadian rates of 23.2% and 25.1%, respectively.

Among adults aged 70 to 74 years, Korea’s employment rate of 36.8% is not only the highest among OECD countries, but also three times the OECD average and Canadian rates of 11.6% and 12.1%, respectively.<sup>322</sup>

The higher rate of employment for this age cohort is likely due, at least in part, to the inadequacy of pension benefits, which in turn is a function of South Korea’s relatively recent pension system, which has meant lower contribution levels and correspondingly lower benefit levels for older Koreans.<sup>323</sup>

**Table 5: 2021 Employment Rates Across South Korea, Canada and OECD Countries<sup>324</sup>**

Country	55-64 years	65-69 years	70-74 years
 South Korea	66.3	49.4	36.8
 Canada	62.7	25.1	12.1
 OECD Average	61.8	23.2	11.6

Despite these high employment rates, most Korean workers retire early from their main job, defined as the work position an adult held for the longest period. Among adults aged 55 to 64 years, men on average left their main job at 51.2 years and women at 47.7 years in 2021.<sup>325</sup> This is influenced by South Korea's dominant widespread seniority wage system. This system increases salary based on the number of years worked, which may not always align with an older worker's productivity, resulting in increased labour costs for employers.<sup>326</sup> For this reason, employers either have a mandatory retirement age or encourage workers to voluntarily leave their positions, a practice known as "honorary retirement."<sup>327</sup> Unfortunately for these older workers, the next jobs they tend to find are often low paying and precarious in nature. A larger share of Korean adults aged 60 years and older are found to be engaged in various types of precarious work (e.g., non-permanent, part-time and non-typical salaried work) compared to other age groups in South Korea.<sup>328</sup> The lower income derived from lower-paid salaried work or self-employment leads to lower contributions to pensions,<sup>329</sup> which in turn contributes to higher poverty rates among this population.<sup>330</sup>

## **Korean Senior Employment Program**

One of the most important employment initiatives the South Korean government has implemented is the Senior Employment Program (SEP), created in 2004. This is managed and governed by the Korea Labor Force Development

Institute for the Aged (KORDI). The SEP was created to accomplish three goals for older Koreans: provide additional income, improve social participation opportunities, and support the maintenance of health.<sup>331</sup> To achieve these goals, KORDI provides a number of programs within the private, social service and public service sectors. Some of the private-sector initiatives include the senior internship program, which offers financial supports for companies that hire and extend the employment of older workers, and the senior-friendly company program, which provides subsidies to companies that hire a large number of older workers. In other sectors, social service jobs are provided in areas that require social assistance, whereas paid public service activities are offered to Basic Pension recipients (e.g., elderly-to-elderly care, volunteering in public facilities). Other initiatives provided by KORDI include employment training for older adults and a start-up support program for senior-friendly companies.<sup>332</sup>

The SEP's impact has increased significantly, from initially creating 35,127 jobs to a target of 883,000 jobs in 2023,<sup>333</sup> and an increase in participant income with monthly earnings ranging from 270,000 KRW to 1,961,000 KRW (\$272.84 CAD to \$1,982.75 CAD).<sup>334</sup> Studies have also shown improvements in the mental health of participants, including improved quality of life and life satisfaction.<sup>335</sup> However, there are challenges with this program, including the fact that a significant proportion of employment is offered in simple labour jobs with lower incomes.<sup>336</sup>

## Employment Stability Initiatives

Beyond the SEP, the South Korean government has implemented numerous initiatives to ensure older workers are able to stay in their main job, especially as most leave these positions well before reaching old age. In 2013, the Act on Prohibition of Age Discrimination in Employment and Elderly Employment Promotion was amended, establishing that employers cannot institute a mandatory retirement age lower than 60 years of age. This legislation has been in effect for all employers since 2017.<sup>337</sup> In addition, the Ministry of Employment and Labor has implemented the Continuing Employment Incentives for the Elderly program, which provides financial support for small- and medium-sized companies to enable workers to continue in their main job after reaching retirement age (e.g., extension or abolition of retirement age). The ministry also implemented the Senior Citizen Employment Support Fund, which provides financial support for up to two years for companies that provide employment security for older employees to work until their desired retirement age.<sup>338</sup>

Despite these initiatives, the age at which adults aged 55 to 64 years leave their main job has not changed over the years (50.3 years in 2006, 49.4 years in 2019),<sup>339</sup> likely due to factors such as employers continuing to encourage honorary retirements to bypass the mandatory minimum retirement age rule.<sup>340</sup>

## Re-Employment Initiatives

To support the career change process for older workers, the Act on Prohibition of Age Discrimination in Employment and Elderly Employment Promotion was further revised to make it mandatory for large firms (more than 1,000 employees) to provide workers who are involuntarily leaving their position with re-employment support services starting in 2020.<sup>341</sup> The Ministry of Employment and Labor has implemented additional programs for adults aged 40 years and older, including Middle-Aged Tomorrow Centres, which provide comprehensive employment-support services, and Life Career Planning Services, which provide courses surrounding career management support. The ministry has also provided post-retirement programs, including employing retired professionals aged between 50 and 70 years to provide them with work experience in preparation for re-employment in private jobs. Additionally, the ministry assists firms with 300 or more employees in implementing re-employment support services.<sup>342</sup>

## Future Initiatives

The South Korean government has made a number of announcements in the last year to further increase employment opportunities for older Koreans. In regards to the SEP, the Third Comprehensive Support Plan for Senior Employment and Social Activity (2023-27) was recently released. It aims to increase the number of job positions for

older Koreans, with the goal of providing work for up to 10% of South Korea's older adult population. The plan specifically focuses on increasing the number of jobs available in the social service and private sectors, rather than continuing to create simple public-sector labour jobs.<sup>343,344</sup> This will allow the government to capitalize on the higher educational background among Korean baby boomers compared to older generations (e.g., more than double the percentage of individuals have completed high school).<sup>345</sup>

Aligned with this plan, the MOHW's 2024 budget committed to creating 147,000 more jobs for older adults — the highest ever increase announced by the ministry. This will lead to a total of 1.03 million job opportunities for older Koreans. The monthly salary for these jobs through the SEP will be increased by 20,000 KRW to 40,000 KRW (\$20.22 CAD to \$40.45 CAD).<sup>346</sup> The SEP has also implemented a trial project called the Social Service Leading Model, which looks to provide social service jobs tailored to this new generation of older adults. Participating organizations are provided with subsidies of up to 1.7 million KRW (\$1,724 CAD) annually per hired employee.<sup>347</sup> The Ministry of Employment and Labor will increase the financial support period from two to three years for small and medium-sized companies that enable employees to work beyond their retirement age.<sup>348</sup>

## Comparing the South Korean and Canadian Approaches to Caring for Ageing Populations

What is perhaps most impressive about South Korea's efforts is that the country has made managing both the challenges and opportunities of its rapidly ageing population a national priority. This has been facilitated by the implementation of its *Framework Act on Low Birth Rate in an Aging Society* in 2005<sup>349</sup> as it seeks to improve its provision of various supports and services for the ageing population (e.g., health care, LTC services, social services, employment and financial security).<sup>350</sup> The Framework Act has ensured that the opportunities and challenges posed by South Korea's ageing population remain a focus of its national government, bringing together and aligning the work of various national ministries. Local governments have also been engaged in this work through the development and evaluation of annual implementation plans.<sup>351</sup> Beyond this, the implementation of the Framework Act has provided an opportunity for greater collaboration across various stakeholders, including experts and the public and private sectors.<sup>352</sup> This work continues with the ongoing implementation of South Korea's fourth basic plan (2021-25).<sup>353</sup>

**Canada could look to South Korea's Framework Act as an example of an ambitious and visionary policy initiative that has been effective in focusing and maintaining attention on the issue of ageing over a long period of time — in South Korea's case, 20 years — as well as co-ordinating efforts between multiple levels of government.**<sup>354</sup>

There are a number of similarities and differences between South Korea and Canada when it comes to their provision of health care, LTC services, social, financial and employment supports. Both countries have established universal health care programs, but fund and administer them very differently. Canada provides medically necessary physician and hospital services free of charge, which are financed through general taxation measures and governed and provided in accordance with the Canada Health Act.<sup>355</sup> South Korea's NHI program provides coverage for various health services and supports,<sup>356</sup> which are largely financed through a combination of contributions from workers, government subsidies and user co-payments.<sup>357</sup> While older Koreans have lower co-payments and free-of-charge access to additional

services (e.g., specific health screenings for older persons) as part of the NHI program,<sup>358,359</sup> financial burden is one of the most commonly reported reasons among older women in South Korea for not using health care services.<sup>360</sup>

South Korea's health care system allows individuals to choose their health care provider, with the ability to receive care from specialists without referral from a primary care provider.<sup>361</sup> This has resulted in overutilization of health services, with factors other than medical need influencing health care usage.<sup>362,363</sup> The South Korean government has implemented various initiatives to improve gatekeeping, which have not resulted in the intended impact of reducing the use of more expensive hospital-based outpatient care services.<sup>364</sup> In Canada, individuals are generally referred to a specialist care provider, based on necessity, by their primary health care provider or another specialist.<sup>365</sup> This is incentivized in many provinces by enforcing lower payments for specialists who see individuals that are not referred to them.<sup>366</sup> South Korea may want to consider this approach to more appropriately manage overall health care utilization and its related costs.

The two countries have taken significantly different approaches to the provision of LTC services. The LTC system in Canada largely occurs at the discretion of Canada's provincial and territorial governments, which has resulted in varying types of services, funding and coverage levels, and eligibility criteria to access them.<sup>367,368</sup> In contrast, South

Korea adopted a national system that provides universal coverage for long-term care through the creation of its LTCI program in 2008,<sup>369</sup> and has expanded coverage and service levels over time (e.g., eligibility, benefit amounts).<sup>370,371</sup> South Korea is now one of six jurisdictions that have implemented an LTCI program, along with Japan, Germany, the Netherlands, Taiwan and the U.S. State of Washington.<sup>372</sup> Through the implementation of an LTCI program, the South Korean government has provided a guaranteed and more consistent level of LTC services, and it has also put forward legislation and policies governing how LTC services are to be provided and evaluated.<sup>373,374</sup>

While there are growing concerns about Canada's ability to adequately meet the LTC needs of its ageing population,<sup>375</sup> South Korea's relatively new program has enabled its older population to access the LTC services they may need as they age. Quebec took steps toward implementing its own LTCI program over a decade ago.<sup>376</sup> The National Institute on Ageing (NIA) published a report in 2023 examining the implementation of LTCI in a number of jurisdictions and outlined a number of important considerations if Canada were to contemplate it as a policy option.<sup>377</sup>

While both countries are grappling with growing numbers of people living with dementia, South Korea has made significant strides to assist in the provision of earlier diagnoses and supports for people living with dementia and their family caregivers.<sup>378,379</sup> This has been especially supported by ensuring

all older adults with dementia are eligible to be able to access LTCI benefits beginning in 2018.<sup>380</sup> Canada established its first National Dementia Strategy in 2019, with a focus on raising public awareness, enhancing surveillance, funding research and implementing dementia guidance initiatives.<sup>381</sup> However, the provision of care for people living with dementia remains a provincial and territorial responsibility, which has resulted in only a few of these jurisdictions developing their own regional dementia strategies or action plans.<sup>382</sup>

One of the greatest challenges currently facing the older populations in both South Korea and Canada is financial security. The high levels of relative poverty facing older Koreans are influenced by a number of factors including the relatively recent creation of South Korea's National Pension Scheme in 1988,<sup>383</sup> compared to the creation of the Canada's mandatory earnings-related programs (Canada Pension Plan [CPP] and Quebec Pension Plan [QPP]) more than 20 years earlier in the 1960s.<sup>384</sup> Other factors include the challenges facing adult Koreans in both remaining employed and earning sufficient incomes through employment as they age.<sup>385</sup> While both countries have created additional benefit programs — like South Korea's Basic Pension and Canada's Old Age Security and Guaranteed Income Supplement programs — to ensure older people can access a minimal level of income,<sup>386,387</sup> South Korea's efforts to date appear to leave many older Koreans living in much higher poverty rates than older Canadians.<sup>388</sup> This can be seen in the Mercer CFA Institute Global Pension

Index 2023, which ranked South Korea's adequacy of benefits available to retirees last among the 47 countries studied (Canada was ranked 19<sup>th</sup>).<sup>389</sup>

South Korea's NPS is facing significant sustainability concerns, with its costs expected to start exceeding its worker contribution amounts beginning in 2030,<sup>390</sup> whereas the CPP and QPP have been reported to be sustainable for the foreseeable future.<sup>391</sup> In order to ensure their sustainability, the CPP and QPP enacted a number of fundamental changes over time. For example, in 1995, when the CPP was also facing sustainability concerns and its funds were projected to be depleted within 20 years,<sup>392</sup> worker contribution rates were raised and an arm's-length investment group, the CPP Investment Board, was created to manage the accumulating funds.<sup>393</sup> The CPP Investment Board now manages one of the best ranked pension funds in the world.<sup>394</sup>

Participation in both Canada's CPP and South Korea's NPS (based on an individual's profession) is mandatory.<sup>395</sup> A key difference between these plans is the ending of worker contribution periods — mandatory contributions for Canadian workers stop when an individual reaches 65 years of age, while for Korean workers, mandatory contributions stop at 60 years of age. Another key difference is pension eligibility periods — Canadian workers are eligible to collect a pension as long as a single contribution was made, while Korean workers must have contributed for at least 10 years.<sup>396,397</sup> Compared to the quasi-mandatory company retirement pensions for Korean firms,<sup>398</sup> workplace

retirement pensions remain voluntary for all Canadian employers.<sup>399</sup> While both countries should consider how they can better improve the financial security of their older populations, they also need to balance this with the implications on government expenditures, employer needs and working individuals themselves.

Older Koreans have high poverty and suicide rates, with research showing that financial difficulties are one of the main motivations of suicide in this population group.<sup>400</sup> In response, South Korea has been increasingly focused on enhancing its financial-security initiatives like the Basic Pension,<sup>401</sup> as well as the level of support it provides to both working-age and older Koreans through national employment initiatives like the Senior Employment Program (SEP).<sup>402</sup>

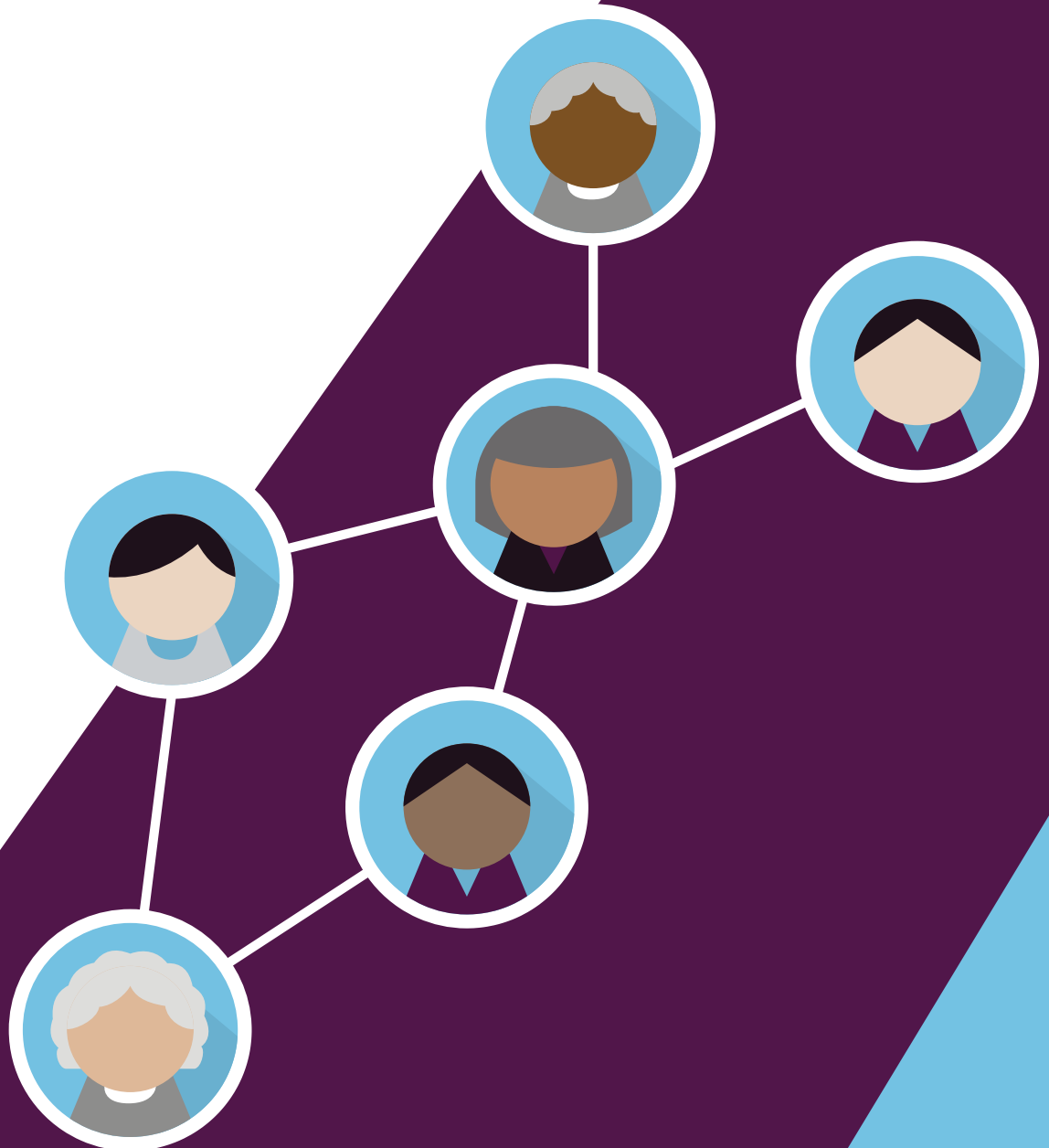
South Korea's SEP has demonstrated the positive impact that a national employment program specifically focused on older adults can have, as evidenced by an increase in job creation — from 35,127 positions in its first year of implementation (2004), to a target of 883,000 positions in 2023.<sup>403</sup> In its 2024 budget, the MOHW noted that 147,000 more jobs for older adults will be created, resulting in a total of 1.03 million job opportunities for older Koreans.<sup>404</sup> These employment positions have been added to various sectors (e.g., private, public, social service) and are the product of various initiatives (e.g., Senior Internship Program).<sup>405</sup> Factors contributing to such progress include the development of a separate institution to manage and

govern the program (KORDI),<sup>406</sup> along with the development of five-year national plans (e.g., Third Comprehensive Support Plan for Senior Employment and Social Activity [2023-27]).<sup>407</sup>

In Canada, there are currently no national employment initiatives specifically for older adults; if they exist, they may be happening at the provincial, territorial or municipal levels. Only 35% of working Canadians aged 50 years and older who plan to retire say they are in the financial position to do so when they want to,<sup>408</sup> and Canada's employment rates for older age groups lag behind a number of OECD countries,<sup>409</sup> indicating that perhaps there may be an increasing demand by older Canadians to work beyond traditional retirement age. Canada may wish to look to some of the initiatives implemented in South Korea to facilitate greater labour market participation by older Canadians.

Finally, South Korea has implemented various national programs to improve the social wellbeing of older Koreans. These include initiatives to improve accessibility of its transportation services as a way of improving social connectedness,<sup>410</sup> as well as programs to decrease suicide rates (e.g., Suicide CARE),<sup>411,412</sup> which appear to be having a positive impact given the decreased suicide rate among older adults.<sup>413</sup> Canada is also facing a growing epidemic of social isolation and loneliness, with the NIA recently reporting that 41% of community-dwelling Canadians aged 50 years and older were at risk of social isolation, while 57% have experienced loneliness.<sup>414</sup> Male Canadians 80 years and older have

been found to have one of the highest suicide rates in the country (21.7 suicides per 100,000 people in 2020).<sup>415</sup> As such, Canada may want to look to the programs implemented in South Korea to improve social connectedness, as well as the many examples from around the world of national strategies to combat social isolation and loneliness, including from Australia, Japan, New Zealand, the United States and the United Kingdom.<sup>416</sup>



## Looking to the Future of an Ageing South Korea

While South Korea and Canada currently have similar proportions of their overall populations aged 65 years and older,<sup>417,418</sup> South Korea has and will continue to age at a much faster rate compared to Canada. By 2040, 33.6% of South Korea's population will be aged 65 years and older, compared to 24.4% of Canada's population.<sup>419</sup> A notable characteristic of South Korea's ageing population is its two baby boom populations. These groups, comprising 27% of South Korea's total population, are significantly younger than Canada's baby boom population, and are now starting to approach older age.<sup>420</sup>

South Korea's baby boom populations differ from its current older population in a number of ways that are germane to considerations of policy and program development and implementation. Korean baby boomers are more educated,<sup>421</sup> appear to be approaching older age with better levels of financial security,<sup>422</sup> have better access to information,<sup>423</sup> and have high levels of social activity participation.<sup>424</sup> As noted earlier, the South Korean government has already implemented various initiatives and plans based on anticipating the needs of its ageing baby boomers which have been seen through its SEP and LTCI programs.<sup>425,426,427,428</sup>

Over the coming years, Korea will need to continue to accommodate the transition of its baby boom populations into older age, as well as address the issues faced by their current cohort of older adults, such as insufficient public pension benefits and high suicide rates.<sup>429,430</sup>

With such a significant agenda ahead of it, the South Korean government recently announced on July 1, 2024 that to further support its objectives it will be creating a new ministry, tentatively titled the Ministry of Population Strategy Planning to better oversee and tackle its various demographic issues including those related to its rapidly ageing population and low birth rates.<sup>431</sup> This announcement came just a few weeks after the President of South Korea declared a national demographic emergency, with a focus on overcoming the country's low birth rate.<sup>432</sup> The proposed new ministry, will be given greater jurisdiction than the current Committee on Low Birth Rates and Aging Society, by being able to develop policies and strategies, and by taking over certain responsibilities of other ministries.<sup>433</sup> Not only will the Framework Act be one of the pieces of legislation that will be amended to accommodate these proposed changes,<sup>434</sup> but the Committee will be housed under this new ministry.<sup>435</sup> Currently, the government noted that legislation supporting these changes are to be introduced within July 2024 and once passed, the new ministry may be in place within three months.<sup>436,437</sup>

As South Korea rapidly becomes a “super-aged society,” the appropriate development of its services, along with continuing to address current and longstanding issues such as the central co-ordination of health services and early retirement practices, will be vital to meet the evolving needs of its ageing population. Observing how it navigates these issues will provide important lessons and insights for Canada and other rapidly ageing countries around the world.

## Conclusion

This report has provided a summary of the programs across various sectors that will be important areas of change and discussion as South Korea transitions to a “super-aged society” in 2025 and continues to age rapidly over the coming decades.<sup>438,439</sup> Despite Canada’s population not ageing as quickly,<sup>440</sup> Canada can certainly continue to both observe and learn from the impact of the national approaches that South Korea has and will undertake to better meet the needs of its rapidly ageing population.

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