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Long-term Care Insurance Utilization and Health and Life Satisfaction of Family Caregivers of Older Adults with Dementia and Disabilities

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Abstract: This paper reviews the existing literature on how long-term care insurance (LTCI) utilization has impacted health, life satisfaction and subjective well-being (SWB) among family caregivers of older adults with dementia and disabilities. Basically, researchers showed positive effects of LTCI use on caregivers' physical and mental health status as well as their life satisfaction level. But the positive effects varied by caregivers' age, residence, care recipients' symptoms etc. Furthermore, the paper evaluates the merits and limitations of prior research and proposes policy implications and future research directions.

Keywords: Long-term Care Insurance; Family Caregivers; Older Adults with Dementia and Disabilities; Health and Life Satisfaction.

1. Background

By the end of 2025, China's elderly population aged 60 and above reached 323 million, accounting for 23.0% of the total population. The number of older adults with disabilities or dementia exceeded 45 million, which makes the demand for long-term care continues to rise (National Bureau of Statistics, 2025; People's Daily, 2026). The care of elderly individuals with disabilities or dementia in China has primarily relied on family members. Spouses and adult children have undertaken substantial responsibilities for providing daily care and emotional support. Prolonged and high-intensity caregiving can easily lead to physical exhaustion, psychological stress, and a decline in the quality of life among family caregivers. To alleviate the burden of family caregivers, the Long-Term Care Insurance (LTCI) – an important component of the social security system – has been launched to provide a coverage for basic daily care and medical nursing services for individuals with disabilities. China's LTCI program follows a "pilot-first, gradual expansion" approach. That is, the first batch of pilot programs was initiated in 15 cities in 2016. The scope of these pilots was further expanded in 2020, and in 2026, the central government explicitly called for accelerating the establishment of a unified national LTCI system (Chen R & Tang W, 2026). The LTCI program has provided professional services to the family caregiving process to partially substitute for informal caregiving.

Researchers have evaluated the LTCI systems and policies in multiple countries and places, including Germany, Japan, the United States, South Korea, and China. Chen and colleagues found that such programs have generally improved the health and quality of life of disabled older people, although their effect on family financial burden was limited (Chen L et al., 2020). However, such evaluations concerned about care recipients, not family members who deliver informal care. In order to better understand how LTCI has impacted health and life satisfaction among family caregivers of older adults with dementia and disabilities, this paper conducts a literature review on relevant studies through searching papers on CNKI, Wanfang, VIP, Web of Science, PubMed, and Google Scholar. When studying LTCI policies in China, the search has been restricted to studies published since 2016 when the first LTCI pilots were launched, through 2026. The searches combined "long-term care insurance" with "family caregiver," "informal caregiving," "health," "depression," and "life satisfaction" (and their Chinese equivalents).

2. The Impact of LTCI on Caregivers' Health and Life Satisfaction

2.1. Physical Health

Prior studies showed when LTCI brought formal services to family caregivers, it tended to reduce the time and physical effort that family caregivers devoted to daily care. Through analyzing the 2011–2020 CHARLS panel data by using a time-varying difference-in-differences (DID) method, Jiang and Yang found that LTCI raised self-rated health (SRH) and reduced depression among middle-aged and older adults while cutting outpatient visits and hospitalizations. They pointed out that part of this effect was due to the alleviated burden of family caregivers, although the gains were attenuated among people with IADL limitations and in rural areas (Jiang W & Yang H, 2025). In a study of urban older adults, scholars found that LTCI shortened days and hours of home-based care even though its role in reducing actual medical expenses was limited (Man X & Ma C, 2023). Through studying various cohorts from CHARLS data ranging from 2011 to 2018, researchers found that LTCI did raised family caregivers' SRH (Yin S et al., 2024). It was also documented that using LTCI services has changed the situation that family care exclusively relies on family members (Xiao Y, 2025). The replacement of informal by formal care was not merely a "service substitution", but it also brought professional skills and equipment to family caregivers, which has lowered the risk of secondary injuries, such as back strain, sleep deprivation and irregular meals, that family caregivers commonly sustained.

Studies also showed that the above benefits were not evenly distributed. Low-income caregivers gained the most because their ability to purchase market care was limited. Thus, LTCI served as a form of "institutional compensation"

for their long unpaid care. The urban-rural gap was also found that it closely tied to the availability of formal services. Urban caregivers can reach professional support more easily, whereas rural caregivers face a shortage of formal care (Ke J & Sun F, 2025). Using the 2020 CHARLS data, scholars found that LTCI improved caregivers' SRH and narrowed the health inequalities associated with disability. They found a stronger positive effect of LTCI on caregivers among families with moderately to severely disabled older adults and among families with the oldest-old and the less educated older adults (Ye Y et al., 2025). Scholars also showed that LTCI helped reducing unmet long-term care needs among middle-aged and older adults (Zhang L et al., 2024).

2.2. Mental Health

Long-term care not only hurts caregivers' physical health but also generates persistent emotional stress and psychological burden. Mental health is shaped by a number of factors, including the care recipient's subjective experience, emotional connections, and future expectations. Thus, it results in a more complex underlying mechanism. Analyzing five waves of CHARLS data from 2011 to 2020 scholars found that long-term care insurance significantly reduced depressive symptoms and that the effect accumulated over time (Liu X & Ji L, 2024). Other scholars also reported similar results (Xing H et al., 2025). Prior research also pointed out that the impacts of LTCI on caregivers' mental health depended on various factors. Even when family caregivers received formal care services, they might remain concerned about changes in the care recipient's condition, the quality of care, or subsequent arrangements. For spouses, for example, since they typically live with their care recipients, the caregiving responsibility was continuous and involved strong emotional ties. Therefore, formal services could not fully replace the role of family caregivers. A recent study examined data from the 2022 cross-sectional survey of 539 family caregivers of LTCI beneficiaries in southwest China. It was found that the LTCI impacts depended on some modifiable conditions, such as caregivers' sleep quality, outdoor activity and family support than on the insurance benefit itself, indicating that coverage alone did not automatically remove caregivers' psychological load (Lin S et al., 2026). Through qualitative interviews, scholars found that many households relied on a single, often spousal, caregiver who provided care around the clock and most wanted respite services (Liu Y & Xu W, 2025). Because depression was more closely tied to the cumulative burden of past caregiving whereas anxiety reflected uncertainty about future caregiving, LTCI tended to alleviate depressive emotions by sharing part of the care workload through formal services, while uncertainty about coverage, service stability, or benefit standards made it difficult to ease caregivers' anxiety about the future.

Caregivers of older adults with dementia show a higher level of anxiety. People with dementia may experience memory impairment, emotional fluctuations, abnormal behaviors, or declining cognitive abilities, so their care requires not only assistance with daily activities but also continuous supervision, behavioral management, and emotional support. As a result, caregivers are more likely to experience mental exhaustion and psychological stress. However, current LTCI disability assessments still predominantly focus on physical functioning. As a consequence, some older adults with cognitive impairments but good physical mobility are often excluded from the coverage scope, making it difficult for their family caregivers to obtain adequate support through formal care services. In an interview-based case study of Guangzhou, one of the first pilot cities to enroll people with dementia and later to roll back that provision, scholars found that dementia assessment relied heavily on diagnostic certificates and was poorly standardized and supervised. After the 2022 adjustment, dementia was no longer assessed separately, so that mild cases were excluded and moderate and severe cases were downgraded to the lowest benefit level (Ye B & Xu Y, 2024). The "invisible care burden" resulting from this inadequate institutional coverage warrants attention. Compared with caregivers of older adults with physical disabilities, those caring for older adults with dementia tended to bear a heavier psychological burden.

2.3. Life Satisfaction and Subjective Well-being (SWB)

Life satisfaction and SWB are influenced not only by their health status but are also closely linked to economic pressures, time allocation, family relationships, and future expectations. Compared to physical and mental health, life satisfaction falls within a higher-level dimension of comprehensive evaluation. Because gains in life satisfaction call for improvements across several of these conditions at once, the effect of LTCI on it tended to be less direct and to emerge only gradually as the use of services continued. Scholars suggested that LTCI enhanced the life satisfaction and SWB of family members by reducing the caregiving burden, improving the family's health status, lowering care-related expenditures, and strengthening their sense of security in caregiving (Lei X & Bai C, 2022). However, this effect typically exhibited a certain time lag and may not be immediately apparent during the initial phase of policy implementation. Its impact gradually became evident as the services as service use continued. Prior research further showed that LTCI significantly reduced older adults' out-of-pocket medical expenditure ratios and eased the financial burden on their families (Liu Z & Shi R, 2025). Alleviating financial pressure is an important pathway to enhancing the life satisfaction of caregivers. From the perspective of selecting elderly care models, LTCI indirectly influences family members 'care arrangements and life evaluations by enhancing the economic and residential independence of older adults. The reduction of financial pressure not only improves families' disposable income but, more importantly, alleviates caregivers' deep-seated anxiety regarding "falling into poverty due to illness" or "returning to poverty due to caregiving responsibilities." This increased the sense of security serves as a crucial psychological foundation for enhancing SWB.

The impact of different forms of support on life satisfaction may vary. Service-based support directly provides professional care and serves as a substitute for informal family caregiving, which frees caregivers' time. Financial assistance offers caregivers a greater flexibility, but whether it can be converted to actual care services depending on local service availability and family preferences. Drawing on observer-rated life satisfaction among LTCI beneficiaries, most often reported by a family member, scholars found that service-based benefits were rated more highly than mixed packages and cash-only benefits, and that formal care was preferred to informal care (Zhang W & Mei Z, 2023). A recent piece also found that in regions with well-developed care

service systems, service-based support yielded a more pronounced positive effect on caregivers' subjective well-being, whereas in areas with insufficient formal care resources, cash assistance offered families a certain degree of autonomy in decision-making (Hu H & Liu Y, 2026). This disparity suggested that cash payments and service provision are not simply alternatives, but rather requiring differentiated allocation based on the maturity of local care service markets. Caregiving relationships also improved caregivers' life satisfaction. Evidence from the United States pointed to a parallel relational benefit. In a sample of older Americans covered by state partnership long-term care insurance, research found fewer reported criticisms and more confiding exchanges with children and spouses, suggesting that coverage could strengthen close family ties rather than merely replacing family care (Zai X, 2025). When adult child caregivers received professional support services, they could re-manage the time they had devoted to caregiving work, family life, or personal activities. As a result, the improvement in their life satisfaction was relatively more pronounced (Li M & Liu L, 2026). The impact of LTCI on family members' labor supply should not be overlooked. When caregivers were able to allocate more time to market-based work or leisure activities, their SWB often experienced a more significant increase (Han X & Zheng W, 2025). It was also pointed out that the improvement in life satisfaction depends not only on the objective reduction of caregiving burdens but also on whether caregivers can "detach" themselves from their caregiving role to secure sufficient psychological space and life autonomy. For family caregivers of elderly individuals with dementia, the potential for improving life satisfaction is more significantly constrained due to inadequate coverage of formal support services and the high demand for continuous supervision.

Based on reviewing prior literature, LTCI may exert a positive influence on family caregivers' physical health, mental health, and life satisfaction. However, the extent of this influence varies across these three dimensions. Physical health is primarily affected by changes in care duration and physical effort invested by caregivers, making the policy's impact relatively direct. Mental health is influenced not only by the intensity of caregiving but also by factors such as emotional responsibility, concerns about the patient's condition, and the quality-of-care services. Life satisfaction, on the other hand, results from the combined effects of health status, economic circumstances, time availability, and family relationships, and its improvement typically occurs more gradually. Differences in caregiving relationships, types of disability or dementia, and family resource availability further contribute to variations in the policy's effectiveness. Therefore, the actual impact of long-term care insurance on family caregivers should not be assessed solely based on the overall average effect. Future research can further explore the interactions and dynamic transformation mechanisms among these three dimensions of well-being to more comprehensively uncover the underlying patterns governing the spillover effects of long-term care insurance on families.

3. Critiques

3.1. Limitations of Existing Studies

Taken together, the existing literature documented a range of positive spillover effects of LTCI on family caregivers. Scholars have also identified several mediating channels to explain how LTCI has impacted family caregivers' health and SWB. Those mediating channels are such as formal care substitution, reduced care burden, health support, economic relief, and psychological support. These findings have offered an empirical basis for understanding the family spillover effects of long-term care insurance (Coe N B et al., 2023; Lei X & Bai C, 2022). Even so, prior research also has some limitations.

Methodologically, most of the reviewed studies relied on quasi-experimental designs—mainly difference-in-differences (DID) and propensity score matching (PSM)—to estimate the policy's effects. And the early DID models did not adequately account for the staggered rollout of the pilots or for differences in policy intensity across cities(An R & Xiu S, 2024). Pilot cities differed in their start dates, benefit levels, and service packages, yet many early applications used a conventional two-way fixed-effects specification that did not address staggered adoption or variation in policy intensity, under which estimates can be biased when treatment occurs in multiple periods. Studies also relied heavily on self-reported outcomes and seldom cross-checked them against objective or clinical indicators (Jiang W & Yang H, 2025). An additional limitation lies in how results were reported. The headline estimate was usually the full-sample average treatment effect, and although some studies presented heterogeneity by urban–rural status, income, age, or disability severity, the subgroups were often compared only through their coefficients, with little systematic explanation of why the effects differed (Ke J & Sun F, 2025). Average effects obtained this way can lead to misjudged targeting.

Second, most data relied on nationwide surveys such as CHARLS, in which the window of policy exposure was relatively short, leaving the medium- and long-term effects on caregivers' well-being only partially observed (Zhu X et al., 2024). A number of studies defined treatment as residence in a pilot city where some families may not have actually used LTCI services. Because information barriers and cumbersome application procedures leave some eligible families without benefits, equating pilot-city residence with treatment tends to dilute the estimated effect (Chu Y & Zhang L, 2026). Representation is also uneven. Rural caregivers, respondents from central and western regions, and caregivers of people with dementia were in smaller numbers, which may bias the results (Ye B & Xu Y, 2024).

On the theoretical side, the mechanisms documented by prior literature, such as time substitution, health improvement, economic advantage, and intergenerational emotional support, were usually examined in isolation rather than integrated into a single framework that could account for why the policy's gains differed across caregiver groups (Zhang Q et al., 2025). Moderators such as age, gender, residence, income, and care type were entered as controls, but the structural difference between spouse caregivers and adult-child caregivers rarely received a theoretical account (Li M & Liu L, 2026). There were no theoretical explanations in terms of why a reduction in care hours translated into well-being gains for one group but not the other (Han X & Zheng W, 2025). The literature also tended not to separate disability care from dementia care. Physical disability mainly generates bodily care needs, whereas dementia adds continuous supervision, behavioral management, and emotional work. Because this distinction was seldom built into the analytical assumptions, the distinctive and largely invisible burden of dementia caregivers was rarely predicted or tested (Hu H & Zhang K,

2024).

The last limitation lies in findings themselves. There is still no systematic comparison of service benefits and cash benefits, which were usually contrasted in passing within heterogeneity analysis even though their effectiveness hinges on whether services match family needs and on how mature the local care market is (Hu H & Liu Y, 2026). Differences among spouse, adult-children, and dementia caregivers were likewise reported separately rather than examined within one design (Liu Y & Xu W, 2025). In addition, the bulk of LTCI research centered on institutional design, economic outcomes, or the health and service use of older beneficiaries, and family caregivers were most often treated as auxiliary control variables rather than as outcomes in their own right (Lin S et al., 2026).

3.2. Future Research Directions

Given the above limitation, future work would benefit from an integrated, heterogeneity-oriented framework that brings together the caregiving relationship, care intensity, the scope for formal-service substitution, and family resources. Future research may consider distinguishing between spouse and adult-child caregivers and between disability and dementia care. A small but growing body of caregiver-centered work has begun to treat family caregivers as independent subjects of analysis rather than auxiliary controls, and this shift should be carried further (Coe N B et al., 2023; Lin S et al., 2026).

In addition, sampling and measurement should be rebalanced toward rural and central-western settings and dementia families, and survey data should be linked to administrative records of actual LTCI service use. By doing so, policy coverage is no longer confused with services received—a gap that rural and dementia-focused studies have repeatedly exposed (Ye B & Xu Y, 2024).

Future studies should use later survey waves to extend the observation window and, where rollout timing allows, replace conventional DID approach with staggered-adoption estimators. Future research should also cross-check self-reported indicators against more objective or clinical measures, and report and explain subgroup effects rather than averaging them away.

As to policy implications, disability assessment should be broadened beyond ADL to include cognitive functioning, so that eligible older people with dementia are brought within coverage. The benefit package should be extended to caregiver-oriented provisions, including respite care, psychological counseling, and caregiving-skills training (Hu H & Zhang K, 2024; Ye B & Xu Y, 2024). Once coverage is in place, the binding constraint shifts to access, and supply-side investment should favor rural and less-developed areas through provider development, care-worker training, and service subsidies. While application procedures are simplified and public outreach strengthened, the issue of "coverage without services" can be reduced (Chu Y & Zhang L, 2026). Parents with only child lack supporting networks and their adult children have more care burdens than others. Thus, policies should give this group more preferential treatment and they call for targeted support (Wu W & Zhou R, 2025). The form of payment, in turn, should track local conditions rather than follow a single national template. A more stable and flexible LTCI policy with predictable institutional support can ease caregivers' anxiety and better alleviate their care burdens.

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