

Asian Symposium on Building Sustainable Ageing Societies

Develop Community-based Long-Term Care and Service System in China

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Outline

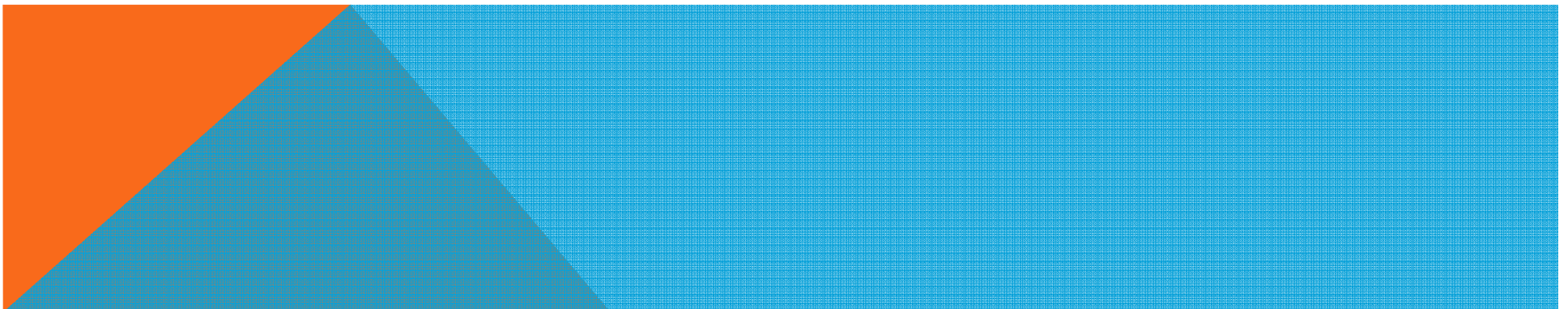
I、 China Has Entered the Aging Era

II、 Elderly Service Market in China

**III、 China Needs to Develop Long-Term Care
and Service System**

IV、 Existing Policies and Issues

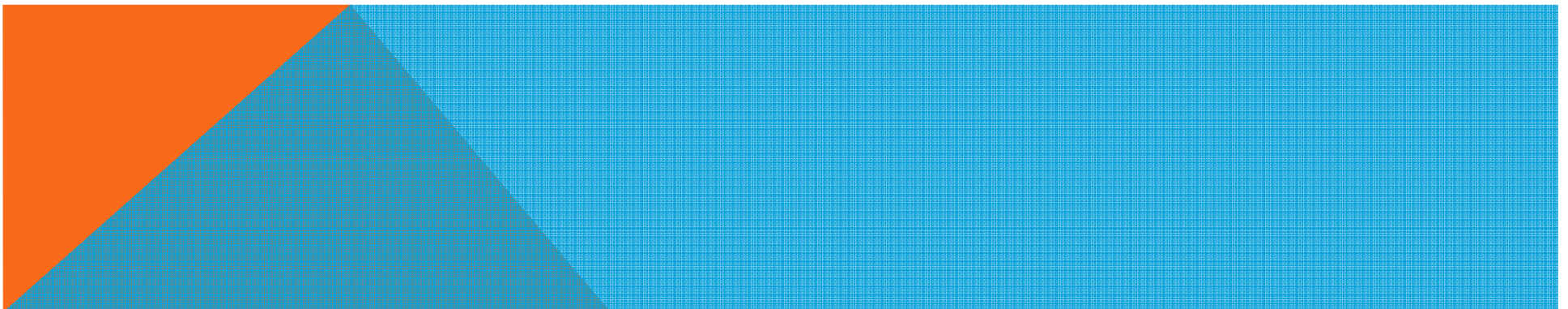
**V、 To Develop Community-based Long-Term Care
and Service System**



I、 China has entered the aging era

1、 The number of elderly in need of care:

- ◆ National 184.99 million aged 60 and above population accounting for 13.7% of the total population in 2011.
- ◆ In 2015 elderly population over 60 will increase to 221 million and proportion of elder will increase to 16%. The size of elderly population will double by 2030.



I、 China has entered the aging era

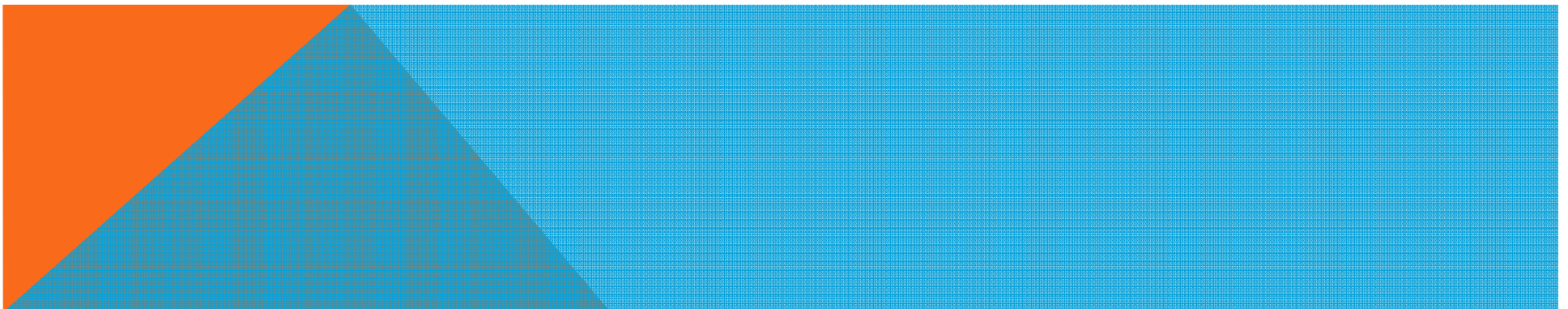
2、 The number of disabled elders with dementia

- ◆ By the end of 2010, partially & completely disabled elderly were about 33 million which takes 19% of total elderly population.
 - ✓ Among which complete disabled elders were 10.8 million accounting for 6.23% of the total elderly population. The proportion of complete disabled elders to total ageing population in urban and rural areas were 6.0% and 6.9% respectively. Rural was higher than that in urban.
- ◆ According to research on disabled seniors' situation conducted by China National Committee on Ageing and China Research Center on Aging in 2010 :
 - ✓ There are 77.1% of complete disabled seniors **in urban** self-claimed that they need to be taken care with
 - ✓ There are 61.8% of complete disabled seniors **in rural** self-claimed that they need to be taken care with
 - ◆ From 2000 to 2006
 - ✓ Urban complete disabled seniors who need to be taken care with raised 15.2%
 - ✓ Rural complete disabled seniors who need to be taken care with raised 51.0%

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2、 The number of disabled elders with dementia

- ◆ According to disability data by National Sample Survey conducted in 2006 and 1987:
 - ✓ Compare with 1987, among newly increased disabled population in 2006, 75.5% was over 60. Elder disabled population over 60 increased 23.65 million persons that makes the proportion to total disabled population increased from 21.93% to 53.24%. Moreover, 52% disabled seniors has light or heavy difficulties in daily living and 88% of seniors with disabilities has obstacles or barriers, to some extent, in daily living activities.



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3、 Elderly Situation in Rural China

◆ Characteristics of rural ageing population:

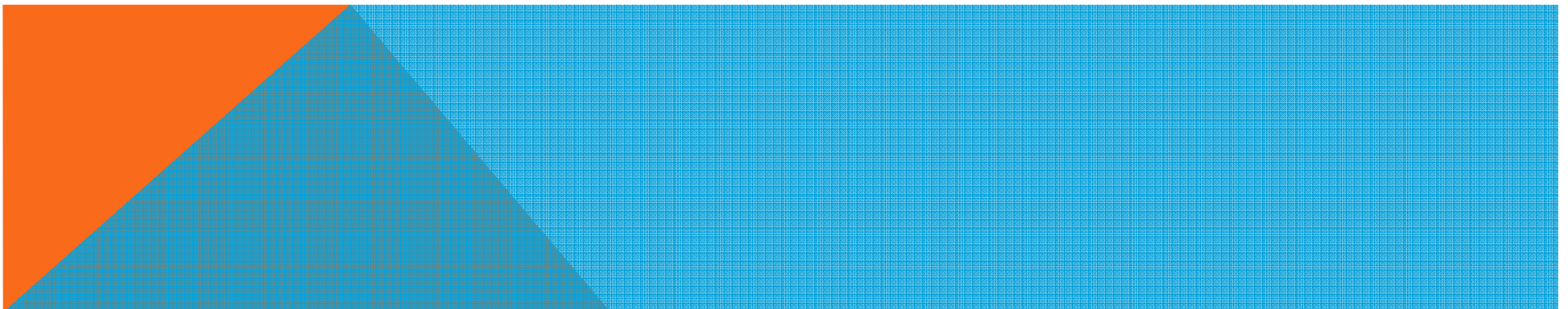
- ✓ 3.1 Large number of aging population due to huge population base. In 2006 rural ageing population took 73.7% of national total ageing population. According to household classification agriculture household ageing population accounting for 71.26% of the national total ageing population.
- ✓ 3.2 34.6% of old people in rural area still working in fields. They have lower income and lived dispersively. They do not see doctor for minor illnesses and their health status are poor than urban elderly.
- ✓ 3.3 Larger number of ageing population and poor health lead to higher proportion of disabled elders with dementia.

I、 China has entered the aging era

3、 Elderly Situation in Rural China

◆ Difficulties of care for rural elderly

- ✓ Difficulties of care ——sources of care can not meet care demand and lack of care input (such as manpower, enough time, money and skills etc.)
- ✓ Rural elderly premature death phenomenon——Chinese rural elderly suicide rate has risen.





Factors Led to Rural Elderly Death

Health variables, the impact of various factors of death

— the impact of death risk for the elderly has

for female is lower than male from 11% to 19%. Death risk for female elderly is much lower than that of male elderly

- the impact of death risk for the elderly has reduced with low age group, the death risk for elderly over age 85 from 285% to 79%, a decrease of up to 206%. So senior health has more affected on death risk than age

ion and number of children before age 60 — has

nt effect

of living — the impact of death risk for the elderly reduced

For example, compare source of living from children or spouse and from self or spouse, the death risk for the elderly is reduced from 78% to 52%, after control the main effect the risk decline to 47% and dropped 16% and 5%.