Ageing—A New Challenge for China's Health System

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Abstract. China are becoming the older's country. By 2050, more than 30% of China's population will be older than 60 years, and more than 80 years, which will put China and China's government into great pressure. With the largest elderly population in the world in absolute numbers, China's government now still has not issued a systematic and complete health system or health policy for the older. The paper concerns the severe situation of Chinese demographic transition and aims to draw more attention to the rapidly increasing older in China and the need to offer more systematic health care service to the older in China. According to the current situation of the increase of China's older, the paper advocate that the government should establish and complete the endowment insurance system, the health insurance for the older and promote the development of the third industry related to older service.

Introduction

China has been becoming the older's country. The demographic transition has been driven by decades of low fertility and rising longevity; more than 30% of China's population will be older than 60 years, and many people older than 80 years, by 2050 [1]. At the end of 2011, the national population in the age group of 65 and over occupied 9.1% of the total, increased by 0.25 percentage points, and the proportion of the population in working-age at 15-64 occupied 74.4%, which has fell down since 2002 [2]. This poses great risks and pressure to China and China's government. China is going to get old before it gets rich.

The Problems in Chinese Health System for the Older

A cross-country study of health and well-being of the old populations reported that chronic diseases are the leading cause of mortality in older people in China [3]. The chronic diseases occupy a considerable part of the medical expenditure for the older, but till now the new health insurance can just supply them with a low reimbursement. Despite the government's efforts to increase the spending on the health expenditure, private expenditure on health still take a majority of total expenditure on health (Fig.1).

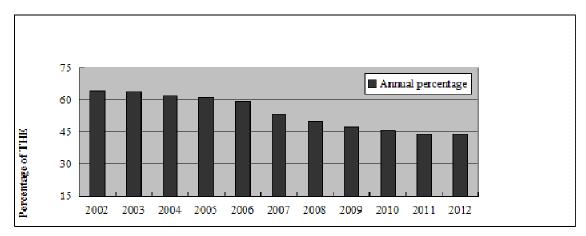


Figure 1. Private expenditure on health as a percentage of total expenditure on health in China Source: http://apps.who.int/gho/data/?theme=country&vid=6400, accessed 30 Nov. 2014.

In contrast to the old-age insurance, in China there is very little public interest in old-age care because the elderly have until now been only a matter for the family [4]. In Chinese society elderly care had never been considered to be a social problem but rather the individual family's responsibility [5]. With the one-child policy for decades, China now gets low fertility. At the end of 2011, the annual birth rate in mainland of China was 11.93‰, increased 0.03 thousandth points over the previous year [2]. With the growing elderly population, the number of elderly who need care is coupled with a dramatic decrease in the number of family members who will be available to take on that care [6]. Nowadays, one young Chinese couple have to support four parents. Furthermore, a growing number of young Chinese immigrate or study abroad, most older can not get well and enough care.

Nursing home plays an important role in caring the older, especially for the lonely elder people. As the levels of economic development are different, the quality and the condition of those nursing homes are different. Chinese government's input in nursing home is obviously insufficient. In China, the quantity of nursing homes is still inadequate, the quality of care in most nursing homes is suboptimal [7]. Till now, many of Chinese cities even have no nursing home. Moreover, some private care facilities financed exclusively by admission fees from elders have developed in some areas in recent years with higher fees and poorer infrastructure [8].

Discussion

Facing the urgent situation of population aging and decreasing labor forces, the Third Plenary Session of the 18th Communist Party of China Central Committee announced a decision that couples with one spouse who is an only child will be permitted to have two children [9]. The change of Chinese fertility policy could relieve the pressure of increasing longevity and lowering working-age to some extent. Even though the policy maker reported that they had researched the possible effects of the policy's change on city's population [9]. And some experts claimed that the change of China's one-child policy would be under control. With the new fertility policy issued, many new population problems, such as natural resource, education, housing, medicine and health et al., would erupt for the dramatic increase of fertility rate.

The simple truth is that health care for the elderly is expensive, that it will become even more so in the years ahead, and that no quick solution is at hand [10]. China has a totally different situation from other countries. It has a large population base, while its resource limited. In this case, the combination of family care and social care should be a new type of old-age care. Prevention and health promotion in that age group are social tasks, which need the appropriate involvement of further professionals and an explicit political agenda setting [11]. In addition, the problem of public health human resources and infrastructures should be more improved and strengthened [12]. The ageing in China is a complex and tough problem.

But besides Chinese government and policy maker should pay more attention to the future of the country's population policy [13], response the demographic transition successfully and attach more importance to the health policy on primary care service for the old [14].

Summary

1. To establish and optimize the endowment insurance system

The importance of the establishment of endowment insurance system lies in that the complete endowment insurance system could give a guarantee for the retired staff when they are too older to work. This system could meet the imperious demands of the revolution of stated-owned enterprise and the structural transformation of economy. This optimized system is good for the continued increase of Chinese economy through improving the life expectation of the older and increasing the consumption of the older. All in all, the establishment and optimization is a critical measures to face the tide of ageing.

2. To complete and enrich Chinese health insurance system for the older

For people have different health situation as they stay in different life period, people will get many diseases when they step into their old age. For Chinese older, most of them have the problem of getting access to a good treatment, mainly because of that the expense of treatment always beyond their economic capability, that is to say, most of Chinese older con not afford for the expensive treatment price, especially for the older living in village. The government should strengthen the medicine instruments and resources investment for the country, shortening the gap between the country and the city and trying to provide a better medical guarantee for the older.

3. To develop the ageing service industry

The special need of the older will drive the development of the ageing service industry, such as older health care, older traveling, older service, older education etc. With the improvement of life standard, the older have higher and higher demand to live a better and decent life. China is a great country, there are many differences among the older from different provinces. The local government should actively develop the ageing service industry given its specific situation.

4. To establish a proper support system for the older

China is a big country but with large population, the support for the continuous increase of the older puts great pressure for the government. The government should take the current situation into consideration, diverse the support patterns of the older, such as family support, government support, and community support, combining the advantages of different support forms.

The older may be always associated with tardiness, disease and weak, but they are more wise and experienced in policy making. They are not only the challenge and pressure, but also the treasure.

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References

- [1] Y. Liu, G.H. Yang, Y.X. Zeng, R. Horton, Policy dialogue on China's changing burden of disease, Lancet. 381 (2013) 1961-1962.
- [2] Information on http://www.stats.gov.cn/english/pressrelease/t20120120_402787463.htm.
- [3] Lancet, Chronic disease management in ageing populations, Lancet. 379 (2012) 1851.
- [4] T. Liu, E.J. Flöthmann, The new aging society: demographic transition and its effects on old-age insurance and care of the elderly in China, Z Gerontol Geriatr. 46 (2013) 465-475.
- [5] T. Liu, L. Sun, An apocalyptic vision of ageing in China: Old age care for the largest elderly population in the world, Z Gerontol Geriatr. 48 (2015) 354-364.

- [6] B. Wu, M. Carter, T. Goins, C. Cheng, Emerging services for community-based long-term care (CBLTC) in urban China: a systematic analysis of Shanghai's community-based agencies, J Aging Soc Policy. 17 (2005) 37-60.
- [7] L.W. Chu, I. Chi, Nursing homes in China, Journal of the American Medical Directors Association. 9 (2008) 237-243.
- [8] B. Wu, Z. Mao, Q. Xu, Institutional care for elders in rural China, J Aging Social Policy. 20 (2008) 218-239.
- [9] Information on http://www.npfpc.gov.cn/news/central/201311/t20131119_407966.html.
- [10] A. Kruse, Old age policy and health, Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 49 (2006) 513-522.
- [11] U. Walter, N. Schneider, S. Bisson, Morbidity and health in old age: A challenge for prevention and health care, Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz. 49 (2006) 537-546.
- [12] L. Yang, X.L. Zhang, T.F. Tan, J.M. Cheng, Prevention is missing: Is China's health reform reform for health? Journal of Public Health Policy. 1 (2015) 73-80.
- [13] Z. Chen, Launch of the health-care reform plan in China, Lancet. 373 (2009) 1322-1324.
- [14] W. C. Yip, W. C. Hsiao, W. Chen, et al., Early appraisal of China's huge and complex health-care reforms, Lancet. 379 (2012) 833-842.