



# 上海论坛 2016 观点集萃

## Health and Sustainable Growth in Aging Societies of Asia

### Green Development

2016/5/29 8:30-17:10

#### Chair:

**Wang Feng** Professor of School of Social Development and Public Policy, Fudan University  
**Fu Hua** Professor of School of Public Health, Fudan University  
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**Albert Park**  
Chair Professor,  
Hong Kong  
University of  
Science and  
Technology

#### **Policy Challenges of Population Aging: Evidence from the China Health and Retirement Longitudinal Study**

1. China is in the process of aging now, which is a challenge for policy design. Nearly a quarter of China's elderly live in poverty. According to the medium variant estimation, the proportions of elderly people in China, including the 60+, 65+ and 80+, have been increasing from 1950 to 2050. The increase will be significant after 2020.
2. We need high-quality research for Evidence-Based Policy Design. There is great diversity aging among regions, and we need Longitudinal data for convincing identification of policy impacts. Health and Retirement Studies different times around the world are not synchronized. Asian countries began relatively late. CHARLS in China has been carried out 3 times. India started its LASI this year.
3. The influences of longitudinal data are becoming more important. For example, the cumulative number of CHARLS users increased from 2788 in Feb. 2013 to 6462 in Apr. 2014.
4. Age-Expenditure Patterns for Healthcare in China: There is a gap between urban and rural areas. The rural elderly is vulnerable.

**Hans Groth**  
President & CEO,  
WDA Forum,  
Switzerland

#### **Productivity Must Follow Demographic Aging**

1. Productivity will conform to demographic aging. In the 21st century, population percentage over 65 years old will increase steadily all over the world. In Africa, working age population (15-64 years old) will increase from 600 million to 3 billion. 65+ cohorts will increase by at least 500 million. In Asia, from 2050 on, the working age population will decrease by 500 million. The 65+ cohorts will increase by one billion. In China, these dynamics have already started and gain momentum. In Europe, till 2050, working age population will shrink from 500 to 350 million while 65+ cohorts will increase by 100 million. In North America, both working age population and 65+ cohorts continue



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to increase.

2. Population aging has reached a new stage. WDA (World Demographic and Aging Forum) had a research project about 58 to 68-year-old population in Switzerland, in which about 300 people were interviewed. 80% of the respondents were staying mentally and physically fit and staying socially intergrated. 20-30% wanted to learn a new and tackle challenges. 92% wanted to stay productive beyond retirement age.
3. Future corporate structures as well as our social security framework must allow for employment of senior talents beyond retirement. These individuals will add substantial benefit to the company and stay longer, healthy and happy.

**Alfonso  
Sousa-Poza**  
Professor,  
University of  
Hohenheim

## **Food Insecurity among Older Europeans**

1. Four major dimensions of food security: food availability, food access, food utilization and food stability.
2. The situations of food security in EU: Over 20 million EU households: food insecurity (FI, the inability to afford a high-quality meal. The proportion of individuals unable to afford meat or its equivalent: 8.7% in 2009 to 10.9% in 2012. About 11% of older individuals eating less than three times per week meat cannot afford meat more often. Relative to Germany, the Eastern and Southern European countries, particularly the Czech Republic, Estonia, France, Italy, and Spain, have higher levels of food unaffordability.
3. The influencing factors of food security: Household income and employment are the two largest contributors to the explained part of the food unaffordability differences; Poverty is at the heart of food unaffordability among older people; cuts in pensions and changing household and family structures are two aspects affecting poverty in old age.



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**Zeng Yi**

Professor,  
Duke University

## **Impacts of Quickly Growing Number of Households on Energy Consumption and Sustainable Development**

1. There has been a rising consensus among scholars that it is better to use households instead of individuals as the unit of analysis on energy consumption, population aging, and sustainable development studies: Compared with individuals, household is a more relevant unit of analysis on energy consumptions (water, electricity, fuel for cooking and heating, household vehicles, etc.) and many other commodities, care for the elderly, and other services, because they are consumed by households rather than individuals. It is estimated that household energy consumption takes up 35% of global energy consumption. The elderly without family members' care are more likely to suffer health problems.
2. Trends of household shrinking and rapid increase of 1-person household: Average household size shrinks in many countries. In China, the household size has shrunk from 4.5 in 1950 to 3.2 in 2010. The household distribution of China is unbalanced. 94.7% of households reside in southeastern part, 43.7% of the territorial of China; but about 5.3% of households live in northwest part, 56.3% of the territorial of China. This leads to massive resources reallocation/transportation and large-scale population migration from northwest to southeast, at high costs of social and economic development.
3. Impacts of household shrinking and regional disparities on energy consumption, population aging and sustainable development: Though population growth slows down, a rapid increase in smaller households results in higher per capita energy consumption, implying a larger demand for resources; if we overlook family household analysis/projections, energy demand will be underestimated, which will negatively affect the sustainable and regions-balanced development.
4. Policy recommendation: Emphasize the important role of projections of household numbers, size and composition changes and regional distributions on studies of energy consumptions, housing, population aging, environment challenges, and sustainable development; to encourage adult children voluntarily co-residing (or neighboring) with their older parents; Encourage successful northwest-to-southeast migrants voluntarily return to hometowns to develop business and co-reside (or nearby) with their older parents.



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**Zuo Xuejin**

Professor,  
Shanghai Academy  
of Social Sciences

## **The Reform of Health Care System and The Improvement of Health of the Aging Society**

1. Epidemiologic Transition: Population aging and rapid change in lifestyle with higher incomes and improved living standard over the past three decades of rapid development have resulted in “epidemiologic transition” in both urban and rural areas. The major causes of death have shifted toward increasing prevalence of non-communicable diseases (NCDs).
2. China’s morbidity of diabetes (11.6%) was already higher than that of the USA (11.3%).
3. Defects in Chinese Healthcare System: Pricing distortion and the resulting mal-practice of service providers in /the inefficient use of health resources ; over-prescription of drugs, high-tech checkups and other profitable services; Medical services biased toward expensive curative services at the price of inadequate preventive intervention ; The tension between the providers/physicians and the patients.
4. Future Reforms: The government should play a more important role in the financing of the primary and secondary providers; Contracted services: ask the residents to choose one primary and one secondary hospital as their contracted services; The future system should be designed so the primary/secondary hospitals can financially benefit from the better health of their contracted residents; The tertiary hospitals can continue to be financed by social insurance and other insurance programs.

## **DISCUSSION**

1. The CHARLS Data is quite reliable. A lot of data is used to confirm the feasibility and reliability.
2. There are many reasons for the problems of health care reform. Different departments of the government should try to achieve better cooperation.
3. We can find many private hospitals in China now. But when it comes to the quantities of inpatients, their time spent in hospitals and inpatient services , public hospitals have many absolute advantages.

(Editor: SHI Qian)