

Part 1-CHAPTER 2

Long-term Care in China: Public Response to the Ageing Society

Yun Zhou and Dandan Pang

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CHAPTER 2

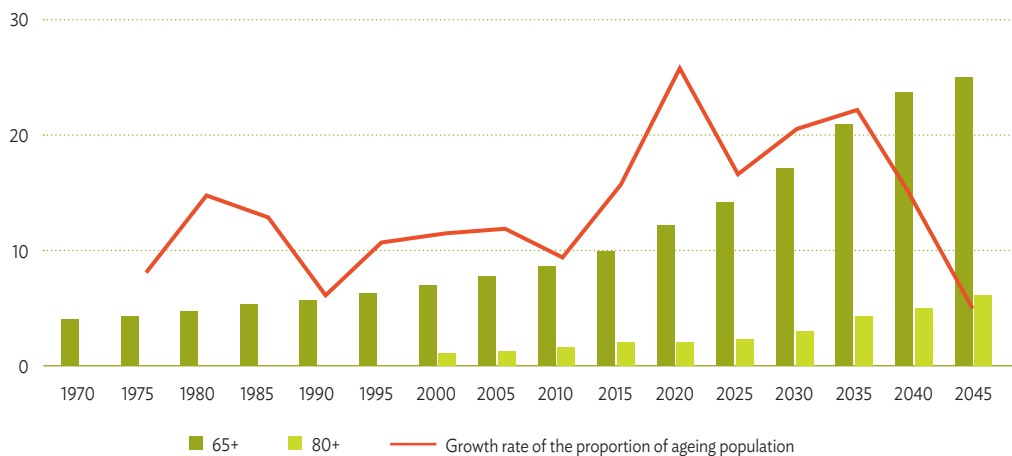
Long-term Care in China: Public Response to the Ageing Society

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1. Background

Due to social development generally and population policies specifically, China is experiencing unprecedented population ageing. In the 1970s, 3.8% of the population was over age 65 but by 2000 that figure reached 7% (Figure 2.1), the threshold of an ageing society. Since then, population has been ageing fast, with changes in the percentage of elderly increasing over the past 5 years. The change in rate was 0.8% in 2000–2005, 1.3% in 2005–2015, and 3.8% projected in 2030–2035. In 2035, the elderly population is estimated to be over 20% of the total population: one in five Chinese will be over 65 years. The growth rate of the proportion of the ageing population increased dramatically in 2010–2015 and will continue to climb over the next 20 years at least (Figure 2.1). China will also encounter ageing of the aged. In 2000, those over 80 years comprised only 1% of the total population; they will make up 4% by 2035. Any small change in percentage or growth rate will result a large population due to the huge base population. Older people (65+) numbered 135.2 million in 2015, will grow to 203.7 million in 2025, and to 299.2 million in 2035 – 68.5 million and 95.5 million increases in 10 years.

Figure 2.1. Population Ageing in China (%)

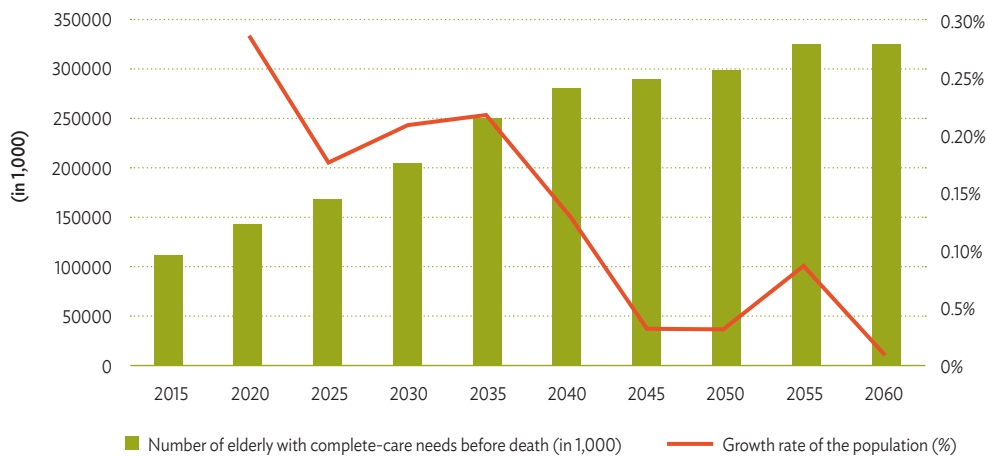


Source: Data of 1970–1985 and since 2000 is from United Nations (2017); 1990–1995 data is from China Population and Employment Statistics Yearbook 2017 (China State Statistical Bureau, Division of Statistics on Population and Employment, 2017). Growth rates are calculated by the authors.

2. Health Status of the Elderly Population

Long-term care needs to consider the health status of the elderly: the healthier the population, the less worry. A study based on data from the Chinese Longitudinal Healthy Longevity Survey (CLHLS), however, shows that the health status amongst the elderly who had died in 2005–2014 had not been good (Zheng and Zhou, 2019). Not only did 61% of the elderly die with at least one disease but about 33% of the elderly were also unconscious, 72% bedridden, and 83% needed complete care before they died. These numbers imply a heavy care load for families and society. Figure 2.2 shows how serious the situation is, using the percentage of elderly who needed complete care before they died, using data generated from the study and the total elderly population projected by the United Nations (2017). In 2015, 112.20 million elderly were totally dependent on others in their last stage of life (Figure 2.2). The number will increase to 169 million in 10 years and to 248.3 million in another 10 years. The growth rate of this population with special-care needs is expected to increase in 2020–2040, after which it will lose momentum. However, the speed of growth during the first 20 years will lead to a huge and growing demand for care. China is considering ways to manage the problem at the individual as well as policy or societal level.

Figure 2.2. Projected Number of the Elderly Needed Complete Care Before Death



Note: This projection is based on the percentage of the elderly who needed care before they died (Zheng and Zhou, 2019) and the total elderly population projected by the United Nations (United Nations, 2017).

3. Public Responses to Elderly-Care Needs

Individual families are the most important, if not the only, source of care. Most of the elderly live at home. In 2010, China promoted the '9064' model of care: 90% of the elderly live at home with assistance from family members and social services, 6% live at home with help from paid community care services, and 4% live in nursing homes with full services from institutions (China Economic Herald, 2015). Since then, the model has been revised in different regions

but the principle is similar: the family provides most old-age care and the role of society is supplementary.

Public responses are varied, including strengthening institutional reforms, formulating new policies and regulations, and starting trial projects on a long-term care insurance system.

3.1 Government administration reform related to ageing

Two recent institutional changes deserve special attention: the establishment of the Ageing and Health Division (老龄健康司) in the National Health Commission on 10 September 2018, and of the National Medical Security Administration.

The Ageing and Health Division formulates and implements policies and regulations related to ageing, establishes standards and regulations related to medicine and care, and has taken over the role of the China National Commission on Ageing (CNCA, 全国老龄工作委员会) (The Ageing and Health Division, 2018). CNCA was established in October 1999, a coordinating organisation then under the State Council. There are two institutions under the commission: the Office of China National Committee on Ageing (OCNCA, 全国老龄工作委员会办公室) and the China Association for Ageing (CAA, 中国老龄协会). OCNCA was led by the Ministry of Civil Affairs until March 2018, then by the National Health Commission, the implication being that ageing is also a health issue and can be more effectively managed under a health organisation. Ageing can be managed with disease prevention and medical intervention.

On 31 May 2018, the National Healthcare Security Administration (国家医疗保障局) was established under the State Council as an independent government office. Amongst others, the office integrates duties related to medical insurance, which had been managed by the Ministry of Human Resources and Social Security, Ministry of Civil Affairs, the former National Health and Family Planning Commission, and National Development and Reform Commission. The urban employee and urban resident basic medical insurances and the new rural cooperative medical insurance are now under one office. It also monitors and manages medical insurance funds and has the power to adjust prices of medicine and medical services. The purpose of the office is to manage medical care and issues more efficiently, and to allow possible changes or backup for the long-term care system or insurance system.

3.2 Policy and regulation formulation benefiting care of the elderly

Four important policies or initiatives that make long-term care of the elderly easier directly or indirectly are discussed: (1) nationwide education on ageing (2018), (2) the 13th 5-year plan (2016–2020), (3) nursing caregiver standards (2011), and (4) development of the nursing care service industry (2018).

First, nationwide education to raise public awareness of ageing was started by OCNCA in January 2018 to create an elderly-friendly social environment by 2020 (Office of China National Committee on Aging, 2018). The campaign targets cadres, youth, and the elderly, disseminating information on ageing, policies and regulations on ageing, and achievements in coping with

ageing; emphasising filial piety and respect for the elderly; and creating a positive attitude towards ageing. Everyone should know how serious population ageing is and what the challenges are: one is care for the elderly, including long-term care.

Second, the goals of the 13th national 5-year plan for the development of ageing-related works and the construction of old-age care system (2016–2020) (十三五国家老龄事业发展和养老体系建设规划) must be implemented to ensure a well-structured old-age care system. Created by the State Council, the plan has specific goals: by 2020, a fairer and more sustainable social security system with multiple pillars and full coverage; a family-based old-age care service system supported by communities and supplemented by institutions; social structural change to enable government and market to function well together; and a social environment that is friendly to the ageing and the old-age care system (Zhou, 2017). Table 2.1 presents the concrete goals of the plan.

Table 2.1. Major Indicators of the 13th National 5-year Plan for the Development of Ageing-related Works and the Construction of Old-age Care System (2016–2020)

Type	Indicator	Goal
Social security	Basic pension enrolment	90%
	Basic medical insurance enrolment	95%+
Old-age Care services	Government-owned beds	<50%
	Nursing-care beds	>30%
Health support	Health quality of the elderly	To 10%
	Geriatrics department at level-2 general hospitals	> 35%
	Health management of older people aged 65+	70%
Spiritual-cultural life	Schools for the aged in counties and townships	50%
	Regular participation in education of the elderly	>20%
Social participation	Elderly volunteers as part of the total elderly population	12%
	Grassroots ageing associations in rural and urban communities	> 90%
Guaranteed investment	Welfare lottery's input	>50%

Source: Reorganised based on data from Zhou, 2017.

The 5-year plan also sets goals for community old-age care services and an Internet+ care system. The target population is old people with disabilities and/or living alone. Assisted services include food, cleaning, transportation, bathing, doctor visits, and day-time care. The government plans to build a community old-age care service information platform, emergency call system, and an emergency rescue service system. The Internet+ care system will provide distance reminding and control, auto alarm and management, dynamic monitoring and recording, and virtual nursing homes.

Third, the national standards for nursing caregivers (养老护理员国家职业标准) were issued by the Ministry of Human Resources and Social Security in February 2002 and revised in 2011

(Beijing College of Social Administration, 2012) They define the occupation and its ranks and their professional training requirements. The quality of caregivers has improved every year. They need to pass a professional test and obtain a certificate so that the government can regulate them and enhance their quality.

Fourth, the first-ever guidelines on promoting reform and development of the nursing care service industry (July 2018, 关于促进护理服务业改革与发展的指导意见) were issued by 11 government departments or offices (National Health Commission, 2018). The guidelines intend to build a top-down nursing care system to meet the needs of home medical care service, home care service, and rehabilitation, especially amongst the elderly. Long-term care issues discussed in the guidelines are the following:

- (1) Build a better nursing care system with in-home care as a basis, community care as a platform, and institutional care as support. The system should provide emergency, recovery, stability, and end-of-life care and extend nursing care services to the community and family.
- (2) Provide proper nursing care services, including by substantially increasing the number of continuous medical care facilities (nursing homes, nursing care centres, palliative care facilities); expanding services (rehabilitation, old-age nursing care, disabled care, maternity care, palliative care); and further develop community and home care services.
- (3) Encourage grade-2 hospitals to work with facilities for the elderly; provide nursing care, rehabilitation services, chronic disease management; and Chinese medicine health care. Encourage qualified old-age care facilities to set up clinics and nursing care stations to provide basic medical care.
- (4) Speed up training for assistant nurses (辅助型护理人员, 简称护理员) by encouraging qualified schools, professional associations, and vocational training institutions to train them. This is a new and special focus in developing the nursing care system as the family may not provide sufficient care for their aged and frail family members.

3.3 Regional pilot project of long-term care insurance system initiated

Learning from other countries, China started a pilot project of long-term care insurance in 2016 in 15 cities and regions¹, supported by the Ministry of Human Resources and Social Security (Medical Insurance Division, 2016). The system provides urban residents with basic worker's medical insurance. The project's goals were to take 1 or 2 years to test the possibility of building a new insurance system and to accumulate policy experience (scope of security, fund source, level of payment); standard evaluation system of care need and level of need, quality evaluation and management of service institutions and personnel, and standards of managing and operating an insurance system. In 2020, the project added 14 more cities or regions into the existing system (National Healthcare Security Administration, 2020-9-16). The project is ongoing and information on the project's effects is limited. The Ministry of Human Resources and Social Security stated the pilot project was proceeding smoothly (Medical Insurance Division, 2018). By the end of 2017, 44 million project city residents had joined the insurance program; 75,000 individuals benefited; and the system paid 70% or more of the care cost (an average CNY7,600 per person). More data is being collected, studied, and analysed, and we should have more information in the near future.

¹ Chengde, Changchun, Qiqihaer, Shanghai, Nantong and Suzhou, Ningbo, Anqing, Shangrao, Qingdao, Jingen, Guangzhou, Chongqing, Chengdu, Shihezi.

4. Summary

China is an ageing society whose population will grow fast. The government has always addressed ageing but not as seriously or in such a goal-oriented way as today does. In recent years, we have observed institutional changes in government agencies working in the ageing field. With the establishment of the Ageing and Health Division within the National Health Commission and of the National Medical Security Administration under the State Council, we expect stronger leadership in the field of ageing. There are, however, other government departments that also work on different aspects of ageing.

Through recent policies and regulations, amongst other initiatives, the government promotes an elderly-friendly social environment a positive attitudes towards ageing. The 13th national 5-year plan for the development of ageing-related works and the construction of old-age care system (2016–2020) has built a structure of old-age care, including social security, care services, health support, support for daily and cultural life, and social participation. ‘Nursing caregiver’ became a profession in 2002, guided by occupational standards since 2011. In July 2018, the nursing care service industry became a target of reform. The government aims to provide high-quality continuous care, including emergency, rehabilitation, and end-of-life care, for the elderly, which requires high-quality personnel. We expect more assistant nurses to be trained.

Long-term care insurance is new although China has been learning from other countries, especially those with similar cultures, such as Japan and the Republic of Korea. In 2016, the Ministry of Human Resources and Social Security started a pilot long-term care insurance system in various types of urban areas, hoping to generate information to establish a nationwide system. With support from the public and the government, we hope that China will respond to ageing efficiently and cost-effectively in the next few decades.

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