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Can China age healthily?

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China has more older people (65 years and older) than any other country. According to the 2010 census,¹ the number of people aged 65 years and older was 119 million, 8.9% of the population. Moreover, China's population is one of the fastest ageing in the world. Although developed countries took around half a century to double the number of people aged 65 years and older (from 7% to 14%), China will do so in half that time.² By 2050, China's ageing population will match that of many of today's developed countries—and exceed that of countries such as Denmark, New Zealand, Australia, and the USA.³

Ageing in China has three distinctive features. First, Chinese people by tradition rely on their family for old-age support. Unlike high-income countries where the net financial transfers of family resources flow from older generations to children, the reverse is the case in China. Because family resources are the main protection against poverty in old age, the financial and care demands on families will be severely stretched in years to come. Second, China's population has also had a large decrease in its proportion of children, partly as a result of the One Child policy implemented in the late 1970s. The first cohort of parents affected are now in their 50s, and the effects will be noticed in the next two decades as they begin to need support and care. Finally, China is undergoing rapid urbanisation characterised by a massive migration of younger workers from rural regions. The disruption of family structures across generations might further weaken the ability of families to care for older parents, many left behind in rural areas.

Ultimately, however, the health of the older population determines its need for care. Non-communicable diseases have emerged to replace infectious diseases as the leading causes of death in China.⁴ As the 2011–12 wave of the China Health of Retirement Longitudinal Study (CHARLS)⁵ showed, disability in Chinese people aged 60 years and older is substantial: 38% of participants reported difficulties with daily living, and 24% reported needing help with daily activities.⁶ The Global Burden of Disease Study listed two disorders that usually cause disability: chronic pain and depression.⁷ CHARLS showed that 33% of Chinese people aged 60 years and older had chronic pain, 39% of women and 28% of men.⁵

Depression is a serious problem in elderly Chinese people, causing not only disability but also premature deaths.⁸ CHARLS measures depression using the ten-question version of the Center for Epidemiologic Studies-Depression scale (CES-D). With 10 used as a cutoff score for serious depressive symptoms, a large proportion of Chinese people aged 45 years and older had CES-D scores of 1-more—30% of men and 43% of women.⁹



The speed of China's epidemiological transition will challenge Chinese families and the government alike to face emerging health challenges. For example, with hypertension, although 41% of Chinese people aged 45 years and older had hypertension, 43% of such people were unaware of the condition.¹⁰ The prevalence of hypertension is 54% in those aged 60 years and older.¹⁰ As the second largest risk factor causing disability and death (the first being dietary risk factors), diagnosis and control of hypertension are crucial to improvement of health in an ageing society. In the past decade, the Chinese Government has greatly expanded coverage of health insurance and invested heavily in community health services. This expansion and investment can increase detection and treatment of non-communicable diseases so that diseases such as hypertension do not remain silent killers.

Looking to the future, one of the most positive forces for improvement of the health of the older population (65 years and older) is the spectacular growth in education over time, especially for Chinese women; improved education should improve all dimensions of physical and mental health and eliminate the vast gender disparities in healthy ageing that presently exist.¹¹ Universal health-care coverage and continued increase in reimbursement of health-care costs can also lead to increased use of health services and improvements in health. Negative factors centre on increased levels of poor health behaviours—eg, being overweight, smoking among men, and exposure to environmental hazards.

China is part of a world community that is striving for healthy ageing, and lessons from China should therefore have implications not only for China but also for the rest of the world. Because CHARLS is patterned after the Health and Retirement Study (HRS) in the USA, the English Longitudinal Study of Ageing (ELSA), and the Survey of Health, Ageing, and Retirement in Europe (SHARE), China is already a member of an international network that produces high quality multidisciplinary longitudinal health data that are openly accessible. Our hope is that more research can help China and the world to understand how we can all age healthily.

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