Health and Aged Care Responses to Population Ageing in China

Professor Colette Browning
Director RDNS Institute
Honorary Professor Peking University
RDNS
ACSA IAHSA Conference, Perth, September 2015
Presentation overview

• The need for health and aged care reform in China
  – Population ageing
  – Increasing Chronic illness
  – Reducing informal care
• What we do
Forces driving the need for health and aged care reform in China

1. Population ageing
2. Increases in the prevalence of chronic conditions and multi-morbidity
3. Informal care for older people decreasing
1. POPULATION AGEING
Population Ageing in China

• In 2010 the total population of China was 1.34 billion: 8% were aged 65 years and over.
• By **2050 25%** of the population will be aged 65 years and over.
• **60%** of the total population resides in rural areas.
Urban and gender differences

- Rural areas are ageing faster than urban areas due to the internal migration of younger people to large cities.
- Proportionally there are more women than men aged 80 years and over.
2. INCREASING CHRONIC ILLNESS AND HEALTH REFORMS
Chronic illnesses in Chinese older people

<table>
<thead>
<tr>
<th>Total (%)</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>36.7</td>
<td>38.3</td>
</tr>
<tr>
<td>Stroke</td>
<td>7.2</td>
<td>10.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.9</td>
<td>6.8</td>
</tr>
<tr>
<td>COPD</td>
<td>6.4</td>
<td>3.5</td>
</tr>
<tr>
<td>Arthritis</td>
<td>5.7</td>
<td>3.5</td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td>9.4</td>
<td>6.8</td>
</tr>
<tr>
<td>Gastroenteritis</td>
<td>3.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Disc disease</td>
<td>3.6</td>
<td>2.2</td>
</tr>
<tr>
<td>Gallbladder disease</td>
<td>2.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Cataract</td>
<td>1.6</td>
<td>1.5</td>
</tr>
<tr>
<td>Prostate disease</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>proportion of the top ten</td>
<td>83.1</td>
<td>74.3</td>
</tr>
</tbody>
</table>

The top ten chronic illnesses are: Hypertension, Stroke, Diabetes, COPD, Arthritis, Ischemic heart disease, Gastroenteritis, Disc disease, Ischemic heart disease, and Prostate disease.
Health system reform in China

Patients waiting for ‘outpatient registration’ in a tertiary hospital
Health system reform in China

• The goal of the Health Reforms (2009) was to reinstate the government’s role in health care, especially in the provision of public goods.

• Reforming primary care is a major initiative:
  – To provide affordable access to health care across all regions, age groups and social classes.
  – To respond to the increasing prevalence of chronic illness and population ageing.
Human resources issues for health system reform

• Shortage:
  – China has 78,000 community doctors (large gap with 260,000 – 390,000 qualified general practitioners required by 2020)

• Low quality:
  – 6 out of 10 community doctors graduated from technical schools
  – 9 out of 10 community nurses graduated from technical schools
  – 1 out of 10 community doctors completed ‘standard general practice training’
3. REDUCING INFORMAL SUPPORT
Traditional forms of care and informal support in China

- Family based care (family obligations).
- Assistance from neighbors (neighbour obligations).
- Assistance from “rich” people (moral obligations).
Family based care: Family obligations

- The family is at the centre of all aspects of rural life and hence the care and financial support of older people resides within the family:
  - The traditional Chinese economy is based on rural family based enterprises.
  - Philosophers such as Confucius and Mencius advocated good treatment of elders and filial piety.
  - Traditional beliefs: Having children is important for ‘a happy old age’; ‘Sons will care for you in old age.’
A four generation family in Guilin, China
Neighbours will assist if the family is facing difficulties.

This is an extension of a sharing culture in rural settings: Farmers share water resources and tools of production.

Neighbors are seen as part of the extended family.

Traditional beliefs: ‘Love other’s elders as your own.’
Assistance from “rich” people: Moral obligations

• Sort term assistance in times of great need or on special occasions (e.g. Chinese New Year).
• Local landlords and Party members (‘the rich’”) generally had a good relationship with the farmers.
• Rich people have a ‘moral obligation’ to assist people and treat them ‘like their children.’
• Helping those in need can improve your image; not doing so will mean that you “lose face.”
Social transitions and changes to informal care

- Formally instituted in the 1980s, the one child policy has put a strain on family based care.
- In the early 1980s farmers were permitted to leave their villages to find outside work.
- Young people and older people stayed in the villages.
Social transitions and changes to family based care

• During the 1980s, the concept of family narrowed to a nuclear family with dependents often living away from the family bread winner.

• **Family-based care** is still very common today but is under threat from the one child policy, urbanization and internal migration.
Our children's life is not easy....
Self care

- Older Chinese people now recognise that they cannot rely totally on their families for care and support.
- **Self care and the care of one’s spouse** is accepted as a consequence of the current economic climate.
Others can’t take care of me. I wish for my children to come very much, but my children don’t have time. My son is very tired from work. And, he also has no strength to take care of me. I have to take care of myself. But I need to help with the grand children, get up at 5 o’clock to take them to school. We not only have to help ourselves’ but also to help our grandson, granddaughter ....

(Beijing man aged 82 years)
Formal aged care

- Formal aged care in China has become more common as older people accept that they need to find and pay for care resources outside the family.
- However, community care approaches are virtually non-existent in China.
- The alternative to family and self care in China is self funded aged care accommodation/homes.
Case Study: Aged Care Homes in Beijing

• In 2010 there were 366 aged care facilities in Beijing and around one third were run by the private sector.

• Of the 55,809 beds available, 24,525 were provided by the private sector.

• The provision of aged care homes is seen as a growing market for investment aimed at the richer middle class.

http://www.cn.caprc.gov.cn/zhengce/4114.jhtml
Opportunities for Community Care in China

• A recent survey by the China Research Centre on Ageing showed that the percentage of older people who were willing to move to an aged care facility dropped from 18.6% in 2000 to 11.3% in 2010.

• While the market for RACFs will increase so will the market for community care.
Challenges for health and aged care in China

- The sheer numbers of older people.
- A growing gap between rich and poor, and little government financial support for older people: User pays approach.
- Little commitment to ageing in place.
- Gap in workforce skills in the care of older people.
- Rural/Urban differences in demography and in the capacity to provide support.
- Need for better integration of health and aged care services
Who is RDNS?
Royal District Nursing Service
1885 to 2015
....from bicycles to electric cars
Who is RDNS?

- NGO, 130 years old
- Home nursing and support services – domestic support to complex nursing
- Australia’s largest provider of community care
- Education and Learning Centre
- Research: the RDNS Institute
RDNS - Per Annum

103+ thousand
More than 103,000 consumers supported

2.7 million +
2.7 million client visits this year

2,500+ staff
We employ more than 2,500 staff

10+ million plus
10 million plus kilometres travelled

24 hours, 7 days, 365 days
24 hours each day, 7 days a week, 365 days a year
Our services in China

- Workforce Education & Training
  - 员工教育与培训

- Home Care Services
  - 居家护理服务

- Seniors Housing Capability
  - 老年寓所性能

- Operational Management
  - 运营管理
RDNS Nanjing

• Cooperating with Jiangsu Aging Development Foundation
• Development and operation of a seniors care facility
• 1,500 seniors’ living units
• 400 bed rehabilitation hospital
• Demonstration site for UNESCAP (United Nations Economic & Social Commission for Asia and the Pacific)
RDNS Nanjing

RDNS providing support for:

• the development of policy frameworks on quality standards
• models of care
• operational management and clinical pathways
• training and deployment of management and care staff
RDNS role in education and training in China

- Zhongshan Vocational College
  - Training and deployment of management and care staff in Nanjing
- Beijing Real Estate Association/Geely University, Beijing.
  - High end senior manager, executive and director level training and development in seniors’ care
- RDNS Onward Hong Kong
  - Training of domiciliary staff as PCAs
- Shenzhen Government Health and aged care policy training and models of care training: Shenzhen
  - Doctors and managers of community health centres
Contact

Colette Browning
Director, RDNS Institute

cbrowning@rdns.com.au
+61 0 448 708 090