Comprehensive Measure for Active Healthy Aging in China

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Abstract

Population aging has been an important research topic in the fields of demography and economics in the past decade. At present, the elderly population in China is increasing rapidly and the aging rate is accelerating. According to the census in 2020, population age 60 and above is 264 million, proportion of people over age 60 is 18.7% and increase 5.44 percentage points compared with that in 2010. According to WHO report, Life expectancy is 21.1 at age 60 in 2019, but healthy life expectancy is only 15.9 at same age and year, about 1/4 life time is unhealthy for old age people. So, healthy aging become important topic in China and the world.

Some researchers have paid great attention to active aging and healthy aging, but special situation in China and the comprehensive index of active healthy aging in China is needed to be studied. This paper firstly analyze the basic situation on ageing and health in different regions and provinces in China, then based on the two systems of active aging and healthy aging, the paper takes the EU's AAI and SAI indexes as the basic framework, combining the characteristics of the Chinese elderly to make improvements. Following the principles of symmetry of the structure, the robustness of the system, the operability of indicators, we establish an active and healthy aging evaluation and measurement system, to support a complete description of the life and physical and mental state of the elderly in China. The system covers three dimensions, 7 secondary indicators, 23 tertiary indicators, and 32 specific measurement indicators. The three dimensions are active health, social participation, and environmental support. Active health includes two categories: health status and self-management. For the second-level indicators, there are three second-level indicators for economic participation, cultural participation and family participation under social participation, and two second-level indicators for public service and social support under environmental support.

The analysis draws the following conclusion: in terms of regional differences, whether it is the total index or the factor index, the scores of the eastern coastal provinces and cities are higher than the scores of the central and western provinces and cities as a whole. In terms of urban-rural differences, the urban scores of the total index, the active health factor index,

and the environmental support factor index are generally higher than the rural scores, and the social participation factor index has little difference between urban and rural areas. In terms of indicator contribution and scores, active health has the highest contribution rate. The scores of the three first-level indicators of provinces and cities are quite different, and there are fewer cities with balanced development; the difference of the contribution of two second-level indicators in the active health factor index is small, and the current health score is slightly higher than the self-management score; the contribution of cultural participation in the social participation factor index is larger, the score is higher, the contribution of economic participation is the smallest, and the score is generally low; in the environmental support factor index, the contribution of social support is slightly higher than that of public service, but the score of public service is much lower than social support.