

## UN LIBRARY TALK Programme

### ROUNDTABLE ON

### “AGEING WITH DIGNITY”

*Contributing to Implementation of “2030 Sustainable Development”*

23<sup>rd</sup> May 2017, UNOG, Geneva



## Summative Report

## UN LIBRARY TALK

# Roundtable on Ageing with Dignity

Date: 23 May 2017, 16:00-19:30

Venue: UN Library, Geneva, Switzerland

Organiser: Center for Socio-Eco-Nomic Development (CSEND)

Co-sponsor: Kyoto University School of Public Health

### **Panellists and their Topics:**

Hans Peter Graf, Dr. sc. pol. member of the Board of the Fondation pour la formation des aînées et des aînés de Genève. Topic: "Senior citizens as untapped resources for sustained societal wellbeing: Policy Implications and Challenges"

Angus Yifan Yang, Professor & Deputy Director, National Interdisciplinary Institute of Ageing (NIIA) & International Health Care Institute, Southwest Jiaotong University, Chengdu. Topic: "2016 Retirement Quality Index of China's Large and Medium-sized Cities: Personal Implications and Challenges for Urban Elderly"

Kozo Matsubayashi, Professor Emeritus, Centre for South-east Asian Studies, Kyoto University. Topic: "Holistic Approach towards Ageing Study: Asian Perspective"

Silvia Perel-Levin, Chair, Geneva NGO Committee on Ageing and UN Representative of International Longevity Centre Global Alliance (ILC GA). Topic: "Violence, Discrimination and Ageing: Security for the older persons".

John R. Beard, Director of Ageing and Life Course Department, World Health Organisation. Geneva. Topic: "The WHO Framework on Age-Friendly Environment and Combatting Ageism".

Jiang Wu, Professor, Beijing Centre for Organisational Learning & Urban Governance Innovation, Tsinghua University, Beijing. Topic: "Policy and Practices of Caring for the Ageing Population in China: Governance Innovations and Challenges"

Jerry Zhiyong Lan, Professor, School of Public Policy and Management, Tsinghua University, Beijing. Topic: "Ageing in the Context of Sustainable Urban Development: A Comparative

Analysis”.

Regula Ruez (represented by Prof. Raymond Saner, Director of Diplomacy Dialogue, CSEND), Director of MetroBasel, “Ageing in the Context of Sustainable Urban Development: Basel Perspective and Experiences”

**Moderator: Dr Lichia Yiu, President, CSEND, Geneva**

Number of Participants: About 60 people.



**Welcome Remarks were conveyed to the participants by Mr Francesco Pisano, Chief, UNOG Library, Geneva and by Prof. Raymond Saner, Director of Diplomacy Dialogue, CSEND, Geneva.**



**Summary of the Discussions:**

**Introduction by Mr Hans Peter Graf, Dr. sc. pol. member of the Board of the Fondation pour la formation des aînées et des aînés de Genève. Topic: “Senior citizens as untapped resources for sustained societal wellbeing: Policy Implications and Challenges”**

Sustainable Development Goals (SDGs) are important, but ageing issues have not been discussed actively yet in this context. So, what is the reality about ageing in Switzerland? The

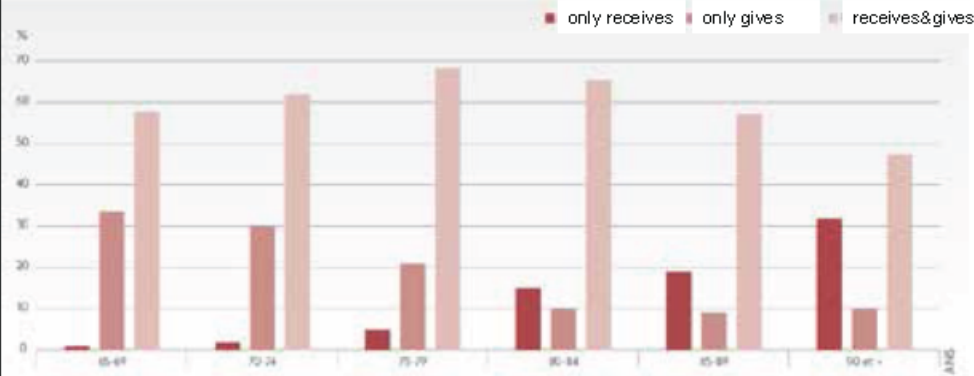
data about ageing shows that ageing is very “unequal”. Why “unequal”? People who are well off in terms of money and resources are relatively healthy, but there are other people who have disadvantages and who are dependent on social welfare, because of chronic diseases. This fact may change the views which is held about ageing. If we categorise the older people as “independent”, “dependent” and “frail”, the proportion of “independent” goes down as they age further, and those who are grouped as “dependent” increases over time. By the age of 90 years old, the sum of people who are grouped as “frail” and “dependent” are more than those who are “independent” (Table 1). It is also worth noting that even among older people, it is not just receiving care, but they help each other and the older people also play a role of giving support to others (Figure 1).

<b>Independent, frail, dependent elder persons</b> <b>Functional health status :</b>	
<p><b>Independent</b></p> <p>Non-frail persons with no incapacities for their Basic activities of daily life (BADL), i.e. self-care tasks = Bathing /showering / Personal hygiene &amp; rooming, Dressing, Functional mobility (ability to walk <u>within the flat</u>, get in and out of bed, and a chair), Self-feeding</p>	<p>⊕ instrumental activities of daily life (IADL): Shopping , Housekeeping, Food preparation, Responsibility for own medication, Ability to handle finances, etc.</p>
<p><b>Frail</b></p> <p>Frail persons, but with no incapacities for their Basic activities of daily life. Frailty = state of vulnerability to poor resolution of homeostasis following a stress as consequence of cumulative decline in multiple physiological systems → eroded homeostatic reserves : relatively minor stressor events trigger disproportionate changes in health status, typically a fall or delirium. Dimensions of frailty : sensory, neuro-locomotor, energy metabolism, cognitive morbidities</p> <p>A person is qualified <b>frail</b> when <b>two of these dimensions</b> present harm</p> <p><b>Frailty = constitutive feature of the oldest-old persons.</b></p>	
<p><b>Dependant</b></p> <p>Frail persons with at least one incapacity for their Basic activities of daily life</p>	
<small>LALIVE D'EPINAY Christian, <u>La retraite et après ?</u> Leçon d'adieu, 2003, slides 20 –23, 30</small>	

Table 1: Functional Health Status of Ageing: Definition

**Geneva 2011/12: elder adults ≠ only beneficiaries of care and support, but continue to be givers even for the oldest old, where their increasing needs go along with reduced capacities for giving !**

Receive and / or give support to people (≠ in the same household) who are close, Geneva 2011-12



- = also disclaim of the widespread assumption of reduced family and solidarity
- however 10 % do neither offer nor receive support = particularly vulnerable

"Qualité de vie des seniors en Suisse" IP 213 NEWSLETTER | BULLE TIN D'INFORMATION DE L'ENQUÊTE « VIVRE , LEBEN , VIVERE » (GENÈVE) , février 2015 . Newsletter/Bulletin d'information adressée aux 3500 personnes ayant participé à l'enquête intercantonale Vivre, Leben, Vivere (VLV) en 2011-2012

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Figure 1: Proportion of Support Receiving and Giving by Age Groups



**Comments by the Moderator, Dr Lichia Yiu, President, Centre for Socio-Eco-Nomic Development (CSEND):**

In contrast to general perception that the older people are considered as a “weight” to society, a lot of people are making efforts to support each other, despite of their frailty. So, the question to the next speaker is: Are the cities in China friendly? Do Chinese cities provide older people the feeling of being taken care of?

**Introduction by Mr Angus Yifan Yang, Professor & Deputy Director, National**

**Interdisciplinary Institute of Ageing (NIIA) & International Health Care Institute, Southwest Jiaotong University, Chengdu. Topic: “2016 Retirement Quality Index of China’s Large and Medium-sized Cities: Personal Implications and Challenges for Urban Elderly”**

A publication is newly released regarding the quality of retirement life in major cities in China. We connected data from about 78 middle and big cities in China so that we can look at 44 indexes to evaluate the following 5 dimensions; 1) economic and finance, 2) social, 3) legal conditions, 4) transportation and urban construction, and 5) social security. How the cities in China perform based on these indexes? Some people might guess that Beijing or Shanghai would score highest on these indexes, but our observation showed otherwise. When measuring which city can do well for their older people, economic development is not the only important factor. Other cities also look at the value of the elderly people. We found some middle cities in Western China, which encourage active involvement of the elder people in the economy. They help elderly people to get a new job. Sometimes, not a formal job, but social participation in the form of volunteer works, to let them do what they want to do. Also, elderly people’s education is important. So, in our new report of the 2016 survey, we would like to highlight a new notion of “What is the role of elderly people at the current state?” Our research concentrates on national ageing database. Our aim is to support the ageing process of the elderly with dignity and vitality. We want to establish this notion and promote the practices accordingly. To motivate and to promote the participation of the elderly people.



**Comments by the Moderator:**

Thank you. It is a good link to the next speaker. Ageing is an equal process, regardless of where

you are. But what we do not discuss is the challenges faced by the elderly endowed with less financial means. Those who are at the bottom of the pyramid. They have special challenges, facing institutional and family and community violence. How can we look at the well-being from different perspectives? And if we are to make a public policy, how can we make progress?

***Introduction by Ms Silvia Perel-Levin, Chair, Geneva NGO Committee on Ageing and UN Representative of International Longevity Centre Global Alliance (ILC GA). Topic: "Violence, Discrimination and Ageing: Security for the older persons".***

I am involved in the stakeholder dialogue on ageing. We monitor the sustainability of the older person. There are a lot of things happening about ageing and older persons. What I would like to say is that some of the older people have choices, but for others, this is not always the case. For example, the life expectancy in some of the developing countries is lower compared to many developed countries. There is also an old biased view that the elderly are the burden and do not contribute to society. It is a myth when people say "In our culture, we respect the elderly." That is not true. We have examples of extreme cases, where women are forced to marry a brother in law, they do not have the right to own the land because of their sons, and some of them are abandoned in the village. These things happen in reality. So these are the things that we want to challenge. People often do not have the choice. That is the reality. We see the individuals in the centre, but they suffer in their community and society. Whenever we see the situation of older persons, we must see what is happening to them in the big picture.

***Comments by the Moderator:***

Now we have three different angles in perspectives. Next speaker is going to address ageing in the context of Southeast Asia, and the whole question of "What is ageing?"

***Kozo Matsubayashi, Professor Emeritus, Centre for South-east Asian Studies, Kyoto University. Topic: "Holistic Approach towards Ageing Study: Asian Perspective"***

My speciality is neurology and geriatric medicine. I have carried out health care design for the community-dwelling elderly in Japan and Southeast Asia. Through them, I would like to address the 6Ds which are important in the aged or ageing society. "6Ds" are; Disease Concept, Disability, Depression, Dementia, Diabetes, and Death. Death (how to die) is also important when discussing human life course and ageing. With the right care, how to die is also crucial. Successful ageing, or active ageing, is, of course, an inspirational objective and high-sounding slogan. But in reality and in practice, I would like to propose an alternative, i.e., "Optimal Ageing". Optimal Ageing consists of physical health, mental health, functional independence, social participation, economic situation and spiritual identification. These are influenced by culture,

traditional culture on site, and gender. For the ageing society, holistic approach is very important. From viewpoints of macroscopic natural science, research on ageing in population, ageing in species like homo sapience, or ageing in biosphere are to be issue areas. Not only scientific approach humanities such as demographic transition, social institutions and economy, scientific technology, and life worth and philosophy are equally important in contributing to our understanding of the ageing phenomenon and process. These are domain areas that influences the understanding of human ageing. As the time is limited, so this is my simple explanation.

**Moderator:** Now, we will open up the floor for question. We started out the discussion of the geographic distribution of ageing, and also fairness of ageing, and what is possible, and how we look at the cities, locations trying to do something. We are talking about the reality for many, simply lack of choice or resources and physical boundaries as to what kind of choices human beings have towards the final end of their life. What is the end game of the lifecycle? So, with that note, I would like to invite the audience ask questions.



**Questions from the Audience:**

- 1) I have recently visited African countries and observed how the elderly were treated there. They don't have money to care for all the family. If they had 10 dollars, the situation might have been better. Question to Silvia. How do you think we can solve this issue?
- 2) Prof. Lan: The explanation about 6Ds are wonderful. How can the government of Japan deal with this issue of ageing? Can we hear from the experience of Japan?

**Prof. Matsubayashi:** There are three English terms for maladies; *Disease, Illness and Sickness*. "Disease" is the concept of causative agent or one of scientific mechanisms of cause and effect. "Illness" is how a person experiences a disease state, and is mingled with cultural overtones



and social norms. Disease requires cure, but illness requires healing. And the third concept, “Sickness” is a social concept as something wrong, not normal, abnormal and anything unusual. Sickness requires rehabilitation. For the first question, economical poverty is closely related with quality of care for the elderly, however regional safety-care networks based on culture and tradition on site is working strongly even in poor communities in Asia and Africa. Of course, international assistance based on global standpoints of view of ageing society is needed. For the second question, regarding disability of the elderly in Japan, Japanese government can conduct preventive activities to reduce disable state through community health programmes. Dementia is the most important issue in geriatric and aged society, however, complete cure for the dementia as disease is not realistic now. Japanese governmental care for the elderly person with dementia can minimise the impact of Illness and Sickness. But these governmental efforts and trials are still in process. No conclusive findings yet to be reported. Thank you very much.



**Ms Silvia:** Firstly, in the case where extreme poverty is the problem, I agree that older persons or person with disability are the most vulnerable and affected. I do believe that, at global level, there is an impact if we care for the ageing issue. The perception of disability changed, once the human rights convention on disability was adopted. The perception that changing the environment will have impact on disability is the same when we think about older persons. We need to stop thinking about the person as the recipient of care. We need to regard them as citizens with whole rights. It also includes the right to work, and other issues, and this is a big challenge that WHO is combatting which is the “ageism”. Ageism is the last “ism” that is still accepted. Talking about the older persons, we are not allowed to talk about the older persons today. Media, education are all influencing our thinking about ageism. We need to put “person” into the centre and listen to their wishes, and that is what we need to achieve.

**Moderator:** Current practice is that it is okay to discriminate against older people, but it is no longer politically correct to discriminate against other groups of people.

The question to Prof. Yang is; do cities treat the elderly better?

**Prof. Yang:** The core issue is how do we get the elderly people involved? Either as a consumer, or some kind of producers. We all know that WHO has the age-friendly framework, which is promoted at the country or national level. In my empirical study, for the city levels, the city officials have distinct attitudes. They always ask me; “How is the economic prosperity? If the cities have a lot of older people, they must be taken care of. That is the consumerism. Many developed cities, like Shanghai, Beijing, the big cities of China, they are cautious to be regarded as “age-friendly cities”. That is a kind of reality in China. But some of the Western provinces in China, western cities in less developed area, they did not do a good job in caring for the elderly. Why? So this is the data we collect from each city in China. Western Chinese cities must combine the ageing issue with economic development challenges.

**Moderator:** I would like to ask Dr Hans Peter Graph for our Swiss experience.

**Dr Graph:** Two points; we are happy that the SDGs include several points about the elderly. The point is that at grassroots level, here in Geneva, people are dealing with Sustainable Development such as in the field of the protection of the environment, but ageing is not yet on the agenda, and we are happy, because one of the advantages of the sustainable development goals is that transversal policies go to several sectors, for instance, urban development, security and all others. So, for us, it is good to include ageing in our agenda, in terms of creating policies, for people of all ages, and all conditions. Second point, I really like 6Ds concept which was introduced by Prof. Matsubayashi. Similar to that, a Canadian researcher developed a concept called “Disablement Creation Process (DCP)”. If you look at the definition of this, this is not only physical or mental deficiencies, but it is also combining deficiencies with inadequate environment and attitudes and behaviours. So, the point is that we should shift from DCP to an environment where we try to overcome the traditional negative attitudes and behaviours about ageing in order to compensate for deficiencies.

**Moderator:** Thank you. The question is, how do we define the role of the older people in our society and community? And how can we stand out a little bit more, so that they are contributing in the process? More questions?

**Questions:**

- 1) How can the healthcare providers prepare for this ageing issue?
- 2) What role can we play to support older person make their own decisions?



**Dr Graf:** Education is crucial. We all get schooling, and empowerment for our professions, but we do not get schooling to become parents, to become grandparents, and we are not prepared to face the challenges of ageing. The notion of empowerment, in our Foundation where I am very much committed, we try to develop educational information about ageing and try to disseminate because the elderly have to handle their own situations. The idea is to develop more formal knowledge by building on our experience.

**Ms Silvia:** Speaking of the rights of an older person, we must look at them as a persons, not merely as patients.

**Prof. Matsubayahi:** This seminar focuses on the issues of the 2030 agenda. Towards 2030, not only global ageing society is a problem, but we also will encounter global warming issues, such as drought, temperature rise, and degrading water quality. We also need to worry about fossil fuel shortage. These climatic induced challenges will affect the elderly more negatively. Also, related to sociological issues, ageing issues need holistic approach to take all these external factors into consideration.



**Moderator:** Thank you all the speakers. Now, I would like to invite the next group to start the debate of public policy issues to create more conducive environment for ageing. First, we welcome Dr Beard. We thank you for coming here today, in spite of the busy schedule during the World Health Assembly. We know ageing is an important policy agenda item during this WHA. What are the public policy challenges that we face, in terms of providing quality of life, sense of well-being, and inclusion of the elderly in the process?

**Introduction by John R. Beard, Director of Ageing and Life Course Department, World Health Organisation. Geneva. Topic: “The WHO Framework on Age-Friendly Environment and Combatting Ageism”.**

It is a pleasure to be here today, and it is also nice to represent WHO because we have our member states that have identified ageing as the priority issue. And that is reflected in our activities, we published a report in 2015 on ageing, and it is freely available on the web. So if you want to learn more about what I will be touching on today very briefly, please look into it. And in the last year, our member states declared a strategic action plan for ageing and health. I would like to start the discussion by focusing on the Sustainable Development Goal 3: to enable health and promote well-being for all at all ages. And I just want to start by asking ourselves, what does well-being mean for an older person. Firstly, everybody has to have meaning and purpose in their lives. It does not matter how old you are. And it does not matter, as Prof. Matsubayashi stated, even when knowing the death is approaching. Second, it is relationships that are crucial. We should be looking into the policies to enable the elderly to maintain relationships. The third is the issue of security. Physical security, food security, health and safety. Elderly people must feel safe to walk around. This is crucial for older people. Mobility is another issue. Elderly people should be able to go to where ever they want to go. And finally, older people want to grow. And again, it does not matter how old you are, you have rights. When we are thinking about what we are trying to achieve, we need to think from older people’s perspectives, and how to enable them to have that experience.

For WHO, we frame that under the concept called “ageing” which is reported in the World Health Report. Here, we are taking a typical WHO approach, and when we talk about the health of the older person, we are including not just the absence of disease but much more. We look at them from the perspectives of building and maintaining the ability of older persons to be and to do what they intend to do, what they have the reason to value. So, healthy ageing is having the ability to do what I have just talked about. And we need to focus on two things in policy making. First, comes the individuals and their physical and mental capacities. Second is the environment and the context that they live in. It might be the physical environment, or the social environment,

or the attitudes when they have to confront the difficulties that Ms Silvia mentioned. All of these things determine what the individuals can do as was said in the earlier session. We need not only to focus on the individuals but also on the environment that we live in. Now, with the World Health Report and the plan of actions in place, we try to implement the project to try to search for the meaning of life and the context and environment in which the older persons live in. Some of them, as you can expect, are for WHO to focus on health systems, and on how to better align the health systems for all people to maintain their capacities. Some of the actions are focusing the research on identifying all the steps needed to achieve healthy ageing. Some others, as Ms Silvia discussed earlier, are focused on the global campaign to combat ageism, to change the way people think about ageing. Because ageism is the basic problem, and it influences everything, whether it be the questions that we ask, the way we frame the research to answer the questions, and the policies to develop. All this means that we need to have a new way of thinking about what old age is. And we also need to have a very active programme focusing on the environment, which is the cities and the communities that we live in, and these are more than 450 cities encompassing 150 million people in the world. These are the municipalities that are committed to provide older persons what they need to live. Due to time limit, I am not be able to talk about any of these in details. But I just thought of addressing one other thing. How



do we ensure that they can have their lives with dignity? I think there are a number of core principles that we should be following: First is, no matter how much capacity somebody has lost, they still have the rights to have as much autonomy in their lives as they can. They have the right to make basic choices, even for the choice of clothes that they wear, or food they eat. And I think that no matter where you live, we can do things to ensure that. The second is, when people lose significant capacity, they do need care. And we need to be thinking about how we can provide that. And in many parts of the world I still get told, “Here, we do it differently! The family takes care of the

elderly” and the reality is not true. It is true when family means women, and it means the women who take care of the work. The reality is that no one is providing care. So, we need to think of this differently, we need to come up with new ways of providing care to the old people in the poor cities, who has lost the capacity to look after themselves. Because just like everybody else, they have the right to meaning and dignity. And, what we need to be thinking here is, yes, we can support the family to help support the older person, but we can also do it at the community level where they live, and there are many initiatives that are really exciting in many parts of the

world, to bring together older people, powerful older people, to support the other older people in the community, so they can create an association and provide care and support that is required at the very minimal cost of governance. And, actually, it is in a way to provide social cohesion, and in its own way, those are the people who are part of the association, for their own purpose and for their own meaning, so, there are many things that I can talk about, but I just want to focus on that one.

**Moderator:** Thank you. I think you are doing activities to try to provide meaning and opportunities for the dignity and right to continue to the development of older people. I think it requires a lot of innovation at different levels; and with that link, I introduce the next speaker, who is behind the policy choices made in China. He will share with us the Chinese experience of innovation over the past 30 to 40 years and into the future.



**Introduction of Jiang WU, Professor, Beijing Centre for Organisational Learning & Urban Governance Innovation, Tsinghua University, Beijing. Topic: A diversified home care system for the elders”.**

### **The social security system for the elders in China**

In November last year, the International Social Security Association (ISSA) awarded the "Social Security Outstanding Achievement Award" (2014-2016) to the Government of the People's Republic of China during its 32nd Global Congress in recognition of China's efforts to expand social security coverage in recent years. The Basic Insurance covers more than 870 million people, and medical insurance coverage covers 1.3 billion. The Chinese government implements full coverage of social insurance and steadily raising the level of social security pooling. From 2005 onwards, the basic pension of retired people has been increasing for 12 years. The reimbursement ratio of the medical insurance for hospital visits in urban and countryside reaches 80% and 70%, respectively.

### **The biggest challenge in China is ageing without money**

In 2016, per capita income of the elderly reached 26,930 yuan in the urban area and reached 8,821 yuan in the rural areas, respectively, which is 28% lower than the income of urban residents, 46.6% lower than the income of rural residents. Excluding price factors, the average annual growth rate of urban elderly income was 5.9%, and the average annual growth rate of rural elderly income was 9.1%, the growth of income of rural elderly was faster than that of urban elderly. In 2016, State Council of China issued the “Several Opinions of the State Council on Accelerating the Development of the Elderly Service Industry” and indicated that China will develop a home-based, community-based and institution-supported elderly service system, which will cover urban and rural areas. China as an emerging and ageing society, the elderly (more than 80 years old) increase by 1 million annually, and the “empty nest” elderly, (without children staying at home) are close to 100 million and the elderly with chronic diseases have exceeded 100 million. The demand and burden for elderly care in China are higher than any other country. Faced with such a huge demand, home care is the most in line with national conditions and social culture, and it is the only way to solve the ageing issue in China.

### **Three main issues to deal with in order to provide a home-based elderly care system**

- A better mobile health service: different from the nursing home, home-based system needs better mobile health services and daily nursing service at home.
- Daily care: to meet the daily needs of the elderly, especially the safety of the elderly
- Mental care: to support the elderly spiritual life, entertainment and other needs.
- Conclusion: home care needs to be embedded in the living environment of the elderly—their home, including hardware and software. Hardware means home security system, the sensor systems for elderly behaviour, remote information transmission system and so on; and software includes service and staff, and service platform to provide daily services, spiritual pursue, entertainment services, etc.

### **The future development of the elderly service industry**

The market of the elder service industry is growing. As the elderly at home would need medical care, health, home care, other services. The future demand of the professionals in the elder nursing service will grow as well.

China has the foundation to support the elderly, and senior citizens receive 20 dollars' worth of support per month. That is enough to cover basic needs, which is provided by the central government. China is now developing a flexible retirement system consisting for instance of postponing retirement age to 65 years old, and for some people up to 70 years old. Chinese policy makes sure to give opportunity for older people to contribute. All this requires 12 years of concerted efforts to raise Chinese government support regarding the retirement arrangements. China's current situation is that a large proportion of older people are reaching retirement age.

In rural areas, half of the people are older people, and younger people have moved to urban areas. The challenge for China now is how to support those people whose income is not very high. China has three possible solutions. One is home care. The current practice is that 90% is community care and 3% only for home care. Regarding psychological care for the aged people, the challenge is to provide a lot of freedom for the elderly. These are the challenges that the Chinese government has to face. 95% of the long-term senior care is conducted through governmental care facilities. We are now launching a private-public partnership (PPP) to create social participation and the developers also participate in this process concerning the ageing issue.

**Moderator:** Thank you. I think it is difficult to start PPPs because it is to encourage the private sector to provide public goods. It is not clear how this is going to work but we look very much forward to the report on the innovation in this area, and with that note, I would like to introduce the next speaker who will speak about how cities can not only be friendly but sustainable to every members including the elderly people.

**Jerry Zhiyong Lan, Professor, School of Public Policy and Management, Tsinghua University, Beijing. Topic: “Ageing in the Context of Sustainable Urban Development: A Comparative Analysis”.**

Basically, I have a few points to raise. One is, China is now entering the ageing society, with 65 regions that have a population of more than 10% who are more than 80 years of age. This is a lot of old people. The current problem that we face is the shortage of caretakers. We need 4 million caretakers but we have only 2 million. We need more training and education to be able to move into the senior age in China. In China, when they are 55 years old or 60 years old, they think that they are very old, and they say that they need assistance, but that is a psychological connotation, not based on their basic physical conditions. In terms of policy making and also from the service provision perspective, the government officers of social welfare services promote that living in nursing homes for the elderly is a life in paradise. We need to change this perception. This is a serious debate in China now. We are trying to come up with innovative ways so that the seniors, no matter what age, can still contribute to society. Nowadays, they do not need to physically contribute but instead, contribute their ideas. Senior people are looked at as opportunity providers. Secondly, I would like to tell you, that in China’s statute, it basically tells you that the current government officers receive more pension money from the younger people. However, this fund must be kept for younger generation, and people are going to live longer. There will be a shortage of this fund. What do we do? Comparatively speaking, US has 19 trillion US\$ funds for retirement. It is a large fund, but in China, we have only fraction of the fund, only 1 percent of retirement funds, when compared with that of the US. Prof. Wu queried



as to how we can handle the senior care issue in China. This has not been studied. China is encountering new problems that we have not experienced before. We used to have a huge family which takes care of its members, but now China has a one child policy, and people are talking about how to take care of our seniors. Medical technology allows us to live even longer. Should we support all the senior people with money? Or can technology be widely used to help the ageing society? Even though home-based care is a good idea, it does not exist in China and is considered a luxury for a few people. There are houses where the seniors stay together, but the situation is that their children do not visit and the facilities are not that good.

**Moderator:** Thank you. You mentioned the question that Dr Beard had about how to cope with the ageing issue in China. I think what you raised has also an ethical dimension. The ethical choice that society needs to make, in order to make sure that older persons have a fair chance to do well. I don't like the idea that the older people congregate or segregate and help each other. For me, that kind of community does not have a long future. Any questions from the audience?



**Questions:**

- 1) There is a trend in creating space for older people. Social housing that costs a premium to take care of the older people and you need to pay much more if you want better value. So what do you think is a good system, to face this challenge, the environment and the cost of living?
- 2) Some of the dimensions addressed are communities and ageism. I would like to ask questions about future generations, not just from financial perspectives, but how can society change to include older people?

- 3) I was intrigued by the discussion that we need to change the narratives. Migration is a big issue when considering the ageing society. Are there experiences that can be shared in order to maintain the relationship for the older people? Is there a matrix which can measure this? Are we keeping up with providing the relational value for the older people, while the facilities and the technologies can support them to achieve that? Because the SDGs clearly state that we should invest in the youth, but what about the older people? There is a confrontation with older citizens looming.

**Moderator:** With these three questions, I would like to start with the general question of intergenerational relationship. In order to develop forward-looking narratives, which will facilitate better relationships.

**Dr Beard:** It is challenging, so I will start with the narratives. In the past, when discussing about the older people, we always focused on the burden and how they are getting in our ways, and clearly, there is a certain element of that. There are people who need support. More recently, the discussions shifted to “active ageing” and those who can contribute to society while they live. But I think we almost went too far with that discussions. There is an assumption that everybody can make contribution, and we don’t have to do anything, we just raise the retirement age. And what we know is one of the hallmarks of ageing is the diversity within the population. There are some people who are very robust and can do most of the things that 20 year old can do at the age of 85, and there are others who are 60 years old and need care and support. So, the narratives need to catch up all of that, and all the people in between, which is difficult. It is not a super message that we can get out of. It is complicated by the fact that diversity is at random, but some people are at the bottom and suffer the most because they have the disadvantages. Those are the people who need to be assisted in order to have their needs met. Narratives also need to catch up with somehow that we need to provide the intervention that would lift up the bottom, not just the average. But instead, those at the bottom that need particular attention often neglected. Because otherwise, we are just reinforcing inequity. It is a very complex dialogue. But I think the starting point is to acknowledge this diversity in our age, and policy needs to look at all aspects of ageing. The next argument is how can we build the ability in the population of older people so that they can define themselves. Rather than we continue to define who they are and what they should do.

**Moderator:** I think what Dr Beard is saying is that we must be much more nuanced about social injustice and social inequity. Once we put on an ageing lens, then we magnify some of the issues that we already confirmed. With that note, I would like to invite Prof. Wu to comment on China’s policy perspective on the intergenerational relationships and the issue of inequity.

**Prof. Wu:** In this conference, we discussed intergenerational issues. In China, we are making quite good progress in regard to making life better for the seniors, and also for younger people. We started some nonprofit organisations that are working for this issue. They monitor the relationship and act as the mediator in building these relationships.



**Moderator:** Is it fair to say that in China, the most urgent and pressing concern is finance?

**Prof. LAN:** Actually, I have a different perspective and interpretation on this issue. I think inter-generational relationship in China has some problems. When people get married and create a new family, a survey showed that 97% of the daughters are having problems with their mother in law because they do not think in the same way. They should probably live apart from each other, and not together, in order to maintain good relationships. I do not believe in those family relationship with social constructs where they live together and form one big family. Finance is also a problem. I have seen the non-profit senior housing markets in China, and how they are actually maintain the housing arrangements as long as the older people are protected and the developers do not take away their money.

**Moderator:** One comment about PPPs and the related commercial interests and whether PPPs are just another name for the private sector to profit from the older persons.

**Prof. Lan:** I have visited the senior housing in the US and they are well managed and they are part of the community, and the most important thing is that they must be non-profit.

**Moderator:** I think Dr Beard would like to comment briefly on this.

**Dr Beard:** I just would like to highlight that there is an important role to play for the private sector in this area. And two issues need to be addressed. One is that the government sector must play a role of accreditation and maintaining the quality of the institutions. If that is not the case, anything can happen. And the second point is the issue of people with the most needs and least resources. What are their real issues? It is always about partnerships, and about what is fair and trying to get needs met in a responsible ways.

**Moderator:** On behalf of the speaker who could not be connected by Skype due to technical problem, Prof. Saner will share her message.

**Prof. Saner:** Let me just summarise the report I received from Ms Regula Ruez, Director of MetroBasel. Basel is the northern city in Switzerland and has the oldest university in Switzerland which was built in 1640. MetroBasel is a think tank in Basel, and they have conducted three studies. They wanted to know what does ageing mean in Basel and how is income influenced the ageing process. Do elderly people continue to work and if so- do they take away jobs from the younger generation? How is the knowledge of the elderly contributing to institutionalised knowledge? The first study focused on larger companies, the second study looked at the housing and architectural environment of elderly people's homes. The research question was what happens once children have moved out of their parents' homes? Do elderly people continue to stay in their apartments even though the size of the family apartment has become too big and the rooms of their grown up children often remained empty? Being left in large apartments or houses with unused rooms, do the elderly feel lonely and if so would they be interested in moving into smaller apartments to prevent feeling isolated and cut off from society? What kind of architectural design would reduce a sense of isolation and give them opportunities to interact with others- elderly or younger people?



A third study focused on small and medium size enterprises inquiring e.g. whether elderly employees want to continue to work and if so, would they be able to, and if there would be any difficulties, what could they be about? The findings of the third study were as follows: Often times, in public or private companies, the younger employees take or accept the experience of the elderly employees, but they seems to have difficulties sharing information with them. The inter-generational relations appears characterised by an uneven sharing of information. The younger employees are more ready to take from the elderly, but they are not as willing to give or to share. Secondly, elderly people are happy to work, if it makes sense and if their working beyond retirement is meaningful. If it is simply continuing the routine of work, they would not appreciate this. There is also the tension around salaries paid to the elderly. People who retire have to accept lower salary level however for many of the elderly, there is a notion of self-value attached to salary. Lower salary level, for some, would be considered a disrespect of their experience and know-how. On the other hand, some elderly want to work longer in order to contribute to society. This, of course, does not have to go solely through an enterprise, it could also be done through a civil society organisation and sometimes on a complete benevolent level without expectations of being paid a salary.

**Moderator:** In summarising the discussions of the two sessions, there are two important messages. One message is that we need to clarify in our own minds. What it means to be ageing and what sense making means at different stages of our lives. The second message is the social innovation from the rules point of view, and how can we create the narratives and new roles to support elderly people's interaction with different members of the community in such a way that they can live in harmony with other people in a reinforcing manner. Thank you for being with us today, thanks to the panellists. We really wanted to make this ageing issue surfaces on everyone's agenda and not just the special experts' opinions in order to share our thoughts

about ageing which is a complex issue with wide-ranging implications for all of us.



### Rapporteur

This report is prepared by the Rapporteur, Ms Ayako Kohno, School of Public Health, Kyoto University.

**The Centre for Socio-Eco-Nomic Development (CSEND)** promotes inclusive, equitable, sustainable and integrated development through dialogue and institutional learning. CSEND provides policy research, capacity development and consulting services on institutional development and change processes especially in the area of institutional strengthening, human and social capital development, trade and development, quality education, aid effectiveness, international negotiations and new diplomacies.

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**The Kyoto University School of Public Health** was established in 2000, and was the first institution of its kind in Japan, offering the degrees of Master of Public Health (MPH) and Doctor of Public Health (DrPH). The school explores the integrated socio-ecological approach for health, referred to as the “New Public Health.” To meet the new health challenges of the 21st century, we combine classic public health fields such as communicable and chronic disease control, family health, nutrition and environmental health with new fields such as clinical epidemiology, pharmacoepidemiology, socio epidemiology, behavioural science, health promotion, informatics, economics, and ethics. This innovative approach to public health is pursued by the school’s eighteen departments, which welcome motivated students and professionals from around the world with diverse backgrounds, including the medical, natural and social sciences.

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#### **Epilogue**

Ageing is a part of the life journey. It could be perceived as a third dimension of learning, engaging and making. Ageing could be a creative force propelling each one of us forward in unimaginable yesterday. It is more than another coat of paint.



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Lata 65 is a creative workshop teaching street art to senior citizens, Lisbon, Portugal, May 2015 ( Junta de Freguesia de Carride (parish), Lisbon FULL BODY: <http://www.roxlestures.com/nanolink/qtr> Lata 65 is probably the world's most interesting graffiti gang. The new urban workshops strive to break down stereotypes and ageism by teaching street art to senior citizens.  
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