

## THE ELDERLY PROBLEMS AND POLICIES IN CHINA: A COMPARISON WITH JAPAN

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**ABSTRACT:** *This research was conducted qualitatively through review, analysis, and comparison of Chinese and Japanese policies regarding elderly policy. The methodology used in this study was literature analysis. Data on elderly population were collected from World Bank website and elderly policy documents were from a government website. The study aimed to (1) find out about the aging problem in China, (2) compare the policies on the elderly in China and Japan, and (3) provide policy recommendations for the Chinese government. The results showed that China has three main aging problems: (1) an increasing of demand for medical treatment, (2) the empty-nest family problem, and (3) increasing pressure on long-term nursing services. Many elderly policies have long been implemented but are not efficient. Japan was selected to do a comparison because Japan is a super-aged country and it has good experience to cope with aging problems. Through combining the situation of China, the Chinese government should create the way which pay attention to the improvement of policies for the elderly and implement target measures for all levels of aging.*

**KEYWORDS:** Old People, Aging-Related Problem, Healthcare Policy, China, Japan

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### INTRODUCTION

With the continuous improvement of life quality and medical standards, life expectancy has extended, and the aging population has become a global irreversible trend. The aging society refers to the demographic structure model in which the elderly population accounts for or exceeds a certain percentage of the total population. The United Nations report "Population Aging and Socio-Economic Consequences" (1965) prescribed a measurement of the population of an aging society. The aging society has three levels, they are aging society, aged society and super-aged society. If a country's proportion of elderly aged over 60 years old accounts for more than 10% or the proportion of elderly aged over 65 years old is more than 7% of the total population, it means that the country has become an aging society. The aged society refers to the proportion of elderly aged over 60 years old accounts for more than 20% or the proportion of elderly aged over 65 years old is more than 14% of the total population. The super-aged society refers to the proportion of elderly aged over 65 years old accounts for more than 20% of the total population. According to the UN database, in 2015, the world population aged 60 and older was 900 million, representing about 12% of the global population (UN, 2015). It is expected that by 2050, the world's total population aged over 60 would be 2 billion, up from 900 million in 2015. In the 21<sup>st</sup> century, the global aging rate has been accelerating (Béland & Durandal, 2012).

According to the World Bank statistics, in 1999, China had elderly population aged over 60 years old accounted for 10.2% of the total population which means China entered the aging society. In 2016, the total population of China was 1.38 billion, with the population of China aged 60 and older reaching 222 million, accounting for 16.1% of the total population. The population of elderly people aged 65 and older was 143.86 million, accounting for 10.5% of

the total population. Apparently, the trend is that China's population aging problem is becoming more and more serious, and elderly healthcare has been brought to the forefront. The motivation to do the elderly study was that I saw many old people in many cities in China, I want to know whether the Chinese government has made improvement on the aging situation after 17 years.

The present study posits three research questions. First, what are the aging problems in China? Secondly, how are the differences between elderly policy in China and Japan? Thirdly, what are the solutions that can be recommended for the Chinese government coping with aging-related problems? The methodology used in this study was literature analysis. Related data were collected from the World Bank website and government website, and policy documents and literature on elderly were examined. A review of the history of elderly healthcare laws and policies in China was carried out and a comparison of China's elderly healthcare laws and policies was made with those of Japan in order to find out about and learn from the experiences of Japan. The study aimed at benefitting China in three categories. It was projected to provide beneficial suggestions for the Chinese government to reform the aging situation and to improve elderly services in the future. The study also attempted to encourage private businessmen to develop the aging industry and to create more benefits. Because aging industry is very potential industry which has less risk and it will get much support from the government. If the private businessmen seize good opportunities to invest in aging industry, they not only can get preferential policies and protection from the government, but also can get good profits. Finally, it was also expected that the general public would be more concerned about elderly life and health after reading this study, and that more people would spend more time keeping their parents company in their old age.

### **Aging problems in China**

Since the 1970s, the Chinese government has implemented a strict family planning policy that one couple can only has one child, which has resulted in a low birth rate. In 2015, China's fertility rate was 1.05%, far lower than the world birth rate, which was 2.1% (Liang & Huang, 2016). If the low birth rate continues, China's population will exhibit negative growth in 2027 and it is predicted to decrease to 940 million by the end of the 21<sup>st</sup> century (Wenmeng, 2013). This is not good news because it means that the birth population will be less than death population, and the elderly population will be far more than young population. China's Ministry of Civil Affairs announced statistics for the development of social services in 2015, which anticipated that after 2020, the aging population would expand rapidly. China is experiencing a speeding-up of the aging process (Wong & Leung, 2012). Population aging has caused some problems in China, such as the increasing demand of medical treatment, the serious situation of empty nest families and the increased pressures on long-term healthcare services.

### **The increasing demands for medical treatment**

Population aging has caused increased expenditure pressures on medical insurance funding. In 2000, China's elderly healthcare expenditure was \$552 billion, accounting for 4.60% of the GDP, which was \$1.20 trillion. In 2014, it reached \$5,744 billion, accounting for 5.55% of the GDP, which was \$10.35 trillion (National Bureau of Statistics of China, 2015). Obviously, the Chinese government has undertaken more and more medical responsibility to satisfy the demands of the older population. The Chinese government has been aware of the problems and has made efforts to cope with them. In order to satisfy the increasing medical needs of the elderly, specific measures have been taken, including support for community medical

institutions to provide inexpensive and convenient services for the elderly, promoting rural primary health service networks, carrying out the prevention of chronic diseases among the elderly. For example, in Beijing, the communities carry out the construction of elderly healthcare of Chinese medicine, the community health service center, old-age care center opened traditional Chinese medicine health care service area and cultivated Chinese medicine technical personnel. Also, various types of drugs were covered into the community drug directory, this measure ensured that the community health service agencies equipped with drugs. The elderly patients in the community can take advantages of commonly drugs convenience through the community pilot way. The local government purchase services with anti-lost wristband to protect the elderly disabled people safety in 2016, and the free distribution is 10,000. These reforms concentrate on increasing public health expenditure as a solution to China's healthcare problems (Ramesh & Wu, 2009).

### **The empty-nest family problem**

The empty-nest family is one where older people live without care from their children. It can be divided into three situations. First, the elderly are widowed or have no children. Second, the elderly live alone, with their children living separately from them. Third, the elderly live alone with their children leaving home for work for a long time. In Chinese traditional culture, filial duty is the basic moral standard of society. Chinese children, as expected by tradition, should support their parents at home when they become old. It would be considered shameful behavior if they did not support them. However, in 2015, a population aging survey announced that empty-nesters accounted for 51.1% of the elderly population in China (Chang et al., 2016). Many older people live alone because their children are busy with work and spend less time taking care of them. A survey by the National Aging Office showed that spiritual consolation services for the Chinese elderly are insufficient, and the problem of elderly loneliness is particularly serious (Ye et al., 2016). The depressive symptoms of the elderly are closely related to factors concerning family structure, chronic diseases, physical dysfunction, and chronic stress (Fiske et al., 2009). Therefore, more and more older people are suffering from the problem of elderly depression. It has been predicted that China's aging population will be 300 million by 2030, and the proportion of empty nesters will reach 90% of the aging population (Xinhua, 2016). As a result, the situation of empty-nest families will be more and more serious. Therefore, in 2013, a new elderly policy, which allows older people to sue their children for infrequent visits, was added to the Law on the Protection of the Rights and Interests of the Elderly (2013). If older people win the lawsuit, their children will be added to a credit blacklist, and the court will enforce the decision by canceling the children's library cards or influences their applications for bank accounts or getting loans. To some degree, this measure has alleviated the loneliness of the elderly.

### **The increased pressure on long-term nursing services**

Long-term care (LTC) includes activities undertaken for the disabled elderly on a long-term basis by informal caregivers and by formal caregivers (Brodsky & Clarfield, 2017). The disabled mean a person who, in a psychological, physical, physical structure, a certain organization, function is lost or abnormal, is wholly or partially lost in a normal way to engage in an activity. LTC services provide the disabled elderly with daily life care, rehabilitation care, spiritual comfort, and other services. The National Elderly Office announced the investigation results on China's urban and rural elderly living conditions in 2016. According to the report, the disabled elderly population in China was 40.63 million, which accounted for 18.3% of the elderly population (National Bureau of Statistics of China, 2016). There were 46.8 million

elderly people worldwide living with dementia in 2015. The fastest growth of elderly Alzheimer patients arose in China, India (Chand & Tung, 2014). In 2016, Britain's magazine, *The Economist*, stated that in 2015, China had 9.9 million older people with different degrees of Alzheimer's disease, and their healthcare problems have not been solved. The Chinese government has announced a policy called the LTC Services Subsidy Scheme for Disabled Elderly (Wong & Leung, 2012). The subsidy items include: first, to provide physical care, domestic services, and daily care services; second, aids to purchase, lease, and improve a barrier-free home environment; third, to provide catering services; and fourth, to provide LTC institutional services. However, China's various types of professional care services for the elderly are still not sufficient.

### **Laws and policies for the elderly**

A policy is the outline for a goal that an institution intends to accomplish. A law is an established procedure or standard that must be followed by members of society. Policies are used to guide the decisions of an organization or institution, while laws are used to implement justice and order. A policy is informal in nature and is typically a document that states the intentions of an institution, while laws are more formal in nature and are used to offer equity in society.

Although Japan is a capitalism country for more than 50 years while China has maintained the planned economic system, but Chinese government can learn good experiences from coping with aging problems and combine the situation of China to find the right way. The elderly policies adopted by Japan in relation to the process of aging, the laws and regulations formulated to protect the health of the elderly, the experiences and lessons in coping with the aging problem, and the construction of welfare facilities for the elderly are significant for China.

### **The elderly laws and policies in China**

With the gradual improvement of the social security system in China, the contents of the elderly policies have been covered—from urban elderly retirees to the rural poor elderly (Yip et al., 2012). From material life to spiritual life, the basic protection for the elderly has made great progress and has gradually realized the rights of the elderly. In the early 1990s, the concept of the community construct and community support was put forward, and various care services were provided for the elderly in the community (O'Brien, 2012). From 2001 to 2005, the government focused on the construction of elderly welfare facilities, gradually forming service centers and services network for the elderly. In Shanghai, emergency rescue service facilities such as emergency medical rescue pager (connected to 999 emergency center or 120 emergency center) and smoke alarm (for fire alarm and emergency rescue) were available for eligible elderly people living alone and the free install was 5,000 to achieve emergency rescue services extended to home and to protect the safety of the elderly people living alone.

After the Fourth National Working Committee on Aging convened in 2002, the Law on the Protection of Rights and Interests of the Elderly and the Decisions of the Central Committee and the State Council on Strengthening the Work on Aging have been carried out one by one. Table 1, which presents a review of the laws and regulations that have further promoted the development of the elderly policy in China.

**Table1. A review of elderly laws and policies in China**

Title	Institution	Year	Content
The Law on the Protection of the Rights and Interests of the Elderly [1996] No.13	Ministry of Human Resources and Social Security of the people's Republic of China	August, 1996	This law confirmed the rights and interests of the elderly population in various aspects. The contents include: first, the government at all levels gradually will increase the investment in old-age services according to the level of economic development and the service needs of the elderly; secondly, local government at all levels will take measures to develop elderly care services in urban and rural communities. The government encourages and supports professional service organizations to provide daily care, emergency rescue, medical care, and psychological counseling for the elderly at home. Thirdly, the elderly support institutions funded by the government should give priority to the needs of the elderly, such as lonely older people and the disabled elderly that are in financial difficulties.
Decisions of the Central Committee of China and the State Council on Strengthening the Work on Aging [2000] No. 13	The Central Development and Reform Commission	2000	This elaborated on the significance of aging work, and the guiding ideology, principles, and objectives of work on aging. It contains decisions to improve the social security system and gradually establish security mechanisms with continued efforts of the nation, society, and the family to ensure medical and other basic needs for the elderly. In order to strengthen community building, reliance should be places on the community development of elderly services and the community services for the elderly should be improved.

Title	Institution	Year	Content
Opinions on Strengthening the Work on the Elderly [2005] No. 46	The National Aging Office	2005	This was considered as China's first specific document on elderly preferential treatment. It proposed that the whole society should provide support for elderly preferential treatment and provide healthcare benefits for the elderly. Institutions are required to provide convenient and preferential services for the elderly, such as the reduction of the general outpatient fee for the elderly in poor families, the provision of free medical examinations, etc., and to provide preferential treatment regarding human rights services, to provide leisure and entertainment, and to strive to enrich the spiritual and cultural life of the elderly.
Opinions on Strengthening Grassroots Aging [2006] No.2	The National Committee on Aging	February, 2006	This emphasized that basic old-age insurance, basic medical insurance, and the minimum living security system be carefully implemented in the cities. It also proposed that in the rural areas, consolidation of the family support function be continued, where conditions should explore the establishment of appropriate rural elderly security systems and minimum living security policy. It also focuses on that Rural Cooperative Medical Policy be promoted, that urban and rural poor elderly social assistance and medical assistance be increased, and that the basic living for the poor elderly be effectively protected.
The Construction of Healthcare Plan for the Elderly (2011-2015)	The State Council	2011	This guided the establishment of home-based and community-based support for elderly services, and accelerated the development of elderly services. It led to efforts to foster the development of aging undertakings and industries, to strengthen the construction of public welfare facilities, and to encourage the setting up of elderly service institutions with nursing functions. It also facilitated the expansion of old-age service areas to achieve elderly services—from basic life care to health, nursing equipment, spiritual comfort, legal services, emergency assistance.

Title	Institution	Year	Content
The Social Old Age Service System Construction Plan		2011	At the urban and rural community support level, this focuses on the construction of elderly care centers, elderly activity centers, mutual-assistance elderly centers, promoting community service facilities to enhance the function of elderly care, and basic coverage of urban communities and half of the rural communities.
The Revised Law on the Protection of the Rights and Interests of the Elderly	Ministry of Civil Affairs of the People's Republic of China	2013	The contents here extended from 50 items to 85 items, including repositioning family support for the elderly, focusing on the spiritual needs of the elderly, and gradually establishing a multi-level pension and health insurance system, paying more attention to the daily services of the elderly, and gradually increasing preferential treatment for the elderly, promoting the construction of livable environments, and guaranteeing the rights of the elderly to participate in public affairs.

### The elderly laws and policies in Japan

In 2016, Japan's population aged 65 and older was 34.61 million, and the proportion has risen to 27.3% of the total population, which was 127 million. Japan's life expectancy has become the world's longest; Japan's male average age is 77 years while the average age of females is 83 years (Oeppen & Vaupel, 2002). Regarding aging problems, China and Japan have elements in common, such as the rapid development of aging and the serious degree of the aging society there. They both are aging countries in Asia, but Japan has good experience in coping with aging problems. With a serious aging-related problem, the Japanese government has more experience in coping with it among Asian countries. The two most important elderly laws are the Elderly Welfare Law and The Elderly Health Law, which have led the structure of the elderly laws in Japan. Also, there are many elderly policies and regulations in Japan, as shown in Table 2.

**Table 2 A review of elderly laws and policies in Japan**

<b>Title</b>	<b>Year</b>	<b>Content</b>
The Elderly Welfare Law	1963	This was the first time to confirm the rights and obligations of elderly welfare. The main contents include government funding for the construction of special nursing homes for the frail elderly that have dementia and are bedridden. The emphases were on the development of the elderly society to create a participation mechanism for welfare policy, to create more employment opportunities for older people, the establishment of a suitable system for the elderly, strengthening the professional training and organization of home service personnel for elderly healthcare, and implementation of preferential policies in the budget. The focus was also directed toward organizing activities, for instance, an Elderly Club to attract elderly people to participate in social activities, and to strengthen the welfare responsibilities and the powers of local governments for the elderly.
Medical Care for the Elderly	1973	Free medical care for the elderly
The Elderly Health Law	1982	Provisions were made for the regular medical examination of the elderly, including Elderly Health Legal Protection (1995), the Nursing Care Insurance Law (1997), the Law on Social Welfare (2001), the Social Welfare Act (2002), and the Health Promotion Act (2003). The above series of policies and laws on the welfare of the elderly have resulted in the gradual improvement and systematization of old-age pension, healthcare, and nursing welfare policies.
The Medical System for Retired Persons	1984	This provided a system for the elderly to fill the period between retirement and to manage the process for benefits of the elderly under the healthcare system.
The Golden Plan	1989	This promoted the insurance and welfare of the elderly, and increased the number of facilities for special nursing homes to 2.9 million and the number of on-site staff members at the Care and Support Center to 170,000, with a short-term care facility accommodating up to 1.7 million people.
New Golden Plan	1994	New Ten-year Strategy for Health and Well-being of Elderly Persons This was for the enrichment of home care.
The Establishment of Long-term Care Policy	1997	This changed the traditional reliance on the government in the past, combined with the insurance, shared costs by the government, social and individual.



Title	Year	Content
The Elderly Medical Care Assurance Law	2008	This divided elderly people aged 65 years and over into two groups: the first group was the group of people aged 65 to 75 years; the second group was the group of elderly people aged 75 and older. For the former group, the burden of medical expenses was placed on the financial system, and the latter applied an independent, advanced-age medical care system.

### Comparison of elderly policy between China and Japan

Through a review of the elderly policies of China and Japan, it is evident that there exist many differences between these two countries. A comparison of these policies was made in terms of the most important five aspects. They are: policy and legal framework, community support, medical performance, aging industry, and healthcare institute. Specific differences were found through the comparison, and then recommendations are made to address China's aging situation.

Title	China	Japan	Recommendation
<p style="text-align: center;"><b>Policy and Legal framework</b></p>	<p>There are not many laws about elderly healthcare in China, and most of them are regulations. In China, the Law on the Protection of Rights and Interests of the Elderly is a guideline. All elderly healthcare regulations and policies are formulated from it.</p> <p>China's pension coverage is still limited. The basic old-age insurance premiums are shared by enterprises and employees, and enterprises pay 20% of the sum of all the wages as the basic payment; the individuals pay 8% according to the previous month as the basic payment. Although China's Ministry of Labor has introduced regulations that require employers to purchase endowment insurance for their employees, in most companies, there is no effective implementation (Dorfman et al., 2013).</p> <p>The rural collective economic foundation is weak so that it cannot offer more funds to solve the problem of the elderly living securely. Only some poor older people get a small amount of social assistance at around \$20 per month, while the majority of rural elderly cannot enjoy the social elderly security (Silverstein et al., 2006).</p>	<p>In Japan, the law can be divided into two categories; one is the Elderly Health Law, and the other is The Elderly Welfare Law. Other specific elderly policies and regulations are formulated from these two laws. Since the 1970s, Japan has legislated for elderly healthcare and reformed its elderly medical insurance to ensure the protection of elderly healthcare (Ikegami et al., 2011). Anyone that is living in Japan, aged over 20 years and below 65 years old, must participate in national pension insurance. The pension is an additional annuity based on the national pension insurance, which obliges the wage-earners to join (Hong, 2006). Japanese people pay \$145 dollars per month and the standard will remain unchanged for 100 years. Students, unemployed, or low-income workers can apply for relief or delay the payment.</p>	<p><b>1. Strengthen the legality of elderly security system</b></p> <p>It is necessary to formulate laws on elderly care, which should reflect the special needs and requirements of the elderly. The Chinese government should strengthen its laws and regulations to standardize the elderly care institutions, the qualifications of caregivers, and to confirm the quality standards of elderly healthcare.</p> <p>From a system design point of view, the Chinese government should consider the medical care, home care, the care environment, and the demands of the elderly in order to provide comprehensive elderly healthcare protection. Regarding the objectives of LTC, the government should formulate different norms based on the situations of different elderly groups. For the rural and urban poor elderly, the government should assume more responsibility for elderly healthcare and protection.</p>

Title	China	Japan	Recommendation
<b>Community support</b>	<p>China's community support began in the 1980s and it has begun to take shape after 20 years of development (Leung, 2005). However, the development of community support for older people is slow and the community care cannot play its role effectively. At present, most large and medium-sized cities such as Shanghai and Guangzhou, have focused on developing the elderly community facilities to provide care services. However, most older people do not trust the community clinics; instead, they prefer to go to large hospitals when they are ill. In small cities, the quality level of community support is lower and the infrastructures and elderly facilities are lacking (Li et al., 2011). In particular, most of the community clinics have poor equipment and a low level of medical technology, which makes it difficult to satisfy the medical needs of the elderly residents.</p>	<p>It is worth mentioning that Japan's community support services are efficient. Although most of the elderly in Japan are willing to live at home, the community elderly service centers are the main channel to provide care for the elderly. The Japanese government has added old-age facilities networks and has built home care service platforms to enhance the community service of elderly care. The Japanese government guides various forms of volunteer activities and elderly mutual aid services in order to mobilize people to participate in community support services. The Japanese government provides daily care, short-term care, catering, and other services for empty-nester elderly, while it actively explores new models of mutual aid support.</p>	<p><b>2. Improve the quality standard of public support services</b> For the Chinese government, it is necessary to construct a community support network for the elderly. In the community, the elderly network should be expanded as much as possible to promote neighborhood solidarity, and to encourage the elderly to form their own organizations. The community should hold more mutual assistance activities among the elderly groups so that the elderly can access more social resources.</p>
<b>Medical performance</b>	<p>The problem of unfairness in China's healthcare is so manifest that the medical gap between urban and rural areas is large. The urban areas have high-quality medical resources while rural medical resources are far behind those of the urban areas (Chen et al., 2010). At present, the allocation of China's medical service resources between urban</p>	<p>Because of the commonness and particularity of the sickness of the elderly, Japan has set up thousands of elderly hospitals in recent years so that they can carry out targeted care and treatment for elderly diseases. According to The Elderly Health Law in Japan, if the patients aged 65 or older account for more than 60% of total patients, and the number of doctors and nurses and nursing equipment meet the legal</p>	<p><b>3. Balance the fairness of elderly medical performance</b> The local governments in China can take part of the elderly medical costs. They should establish elderly hospitals to strengthen the structure of elderly care, and the Chinese government should encourage medical institutions in order to reduce the outpatient fees or</p>

Title	China	Japan	Recommendation
	<p>and rural areas is hugely different because the medical resources are concentrated in large cities and the medical resources of remote rural areas are very scarce (Tang et al., 2008). In the urban areas, residents often get better medical and health services than rural residents. Also, there are no specific hospitals for older people.</p>	<p>standards, then an elderly hospital can be given permission to operate.</p>	<p>medical expenses for poor elderly patients, and advocate free treatment for the seriously-disabled elderly. The elderly patient can use an elderly card to get medical treatment, and the elderly hospital will give them lower drug prices or medical expenses, while the government will provide the elderly with hospitals and health centers with tax-preferential policies.</p>
<p><b>Aging industry (facilities)</b></p>	<p>At present, in China, elderly facilities have 20.6 beds per thousand elderly people, which is much lower than the average level of developing countries, which have 50 to 70 beds per thousand elderly persons (Feng et al., 2011). Second, the resource arrangement is unreasonable, especially in poor rural areas. China's elderly service facilities have a lack of scientific planning so that some elderly agencies have difficulty in ordering beds, and some have many idle beds.</p>	<p>Japan has good experience in aging industries. Japan's first urban elderly apartment was named the "Kyoto elderly home." Its downstairs has a medium-sized public hospital for the elderly to get convenient medical treatment. At the same time, the public area occupies one-third of the elderly home, which is an entertainment and social area for older people. In addition, in order to enable the elderly people to further serve the society, the facilities are equipped with an "Elderly Talent Center," which is open to the society and helps the elderly to become re-employed. In addition, there are many fully-furnished apartments that are for rent for the salaried elderly and these elderly apartments are popular in Japan (Ikegami et al., 2003). The elderly have freedom to choose their own life according to their economic base, lifestyle, and social status (Kim et al., 2003).</p>	<p><b>4. Develop an aging industry</b> The Chinese government should build elderly apartments in a beautiful and convenient place, and then sell or rent them to the elderly at a low price. The local government can give preferential treatment to older people or reduce the burden of paying bills for water, electricity, and gas for the poor elderly. Also, strengthen the credit system and accept social supervision is very important. The system should include the credit of elderly service institutions and the beneficiaries. The credit system of the old-age service organization includes other information that provides the service information for the elderly, the financial information, the organization and the personnel qualification information, and the financial subsidy condition. The government through the network, publicity, income system to strengthen the use of government subsidies for the supervision of financial</p>

Title	China	Japan	Recommendation
			subsidies to the institutions. If the government find any cheat behavior, the elderly support institutions should be punished according to the law.
<b>Healthcare training institutions</b>	At present, there is no professional elderly healthcare education in China. The aging vocational training system is not balanced, and lacks professional nursing staffs (Feng et al., 2012). In 2002, the Ministry of Labor and Social Security enacted the national occupational standards for caregivers and it confirmed the occupational definition and training requirements for them. However, the training of the caregivers has not been standardized.	After the 1990s, Japan has taken varied measures to strengthen the training of professionals, and expanded the educational institutions for social welfare professionals. There have been short-term training schools, and the training time is 6 months. The admission qualification requires that people study social welfare for at least 4 years and have 2 years of social welfare work experience. There is also a social welfare institution with a one-year educational structure. After passing the training, the participants will take a national examination for the qualification. After passing the	<b>5. Establish elderly welfare professional institutions</b> At present, it is not practicable to implement higher-level elderly welfare training like in Japan, but the Chinese government can set up an experimental elderly welfare college to recruit excellent students, give them knowledge of primary care, geriatric care, and first aid, and then guide them to engage in specialized work after passing an examination. This will not only solve the problem of a lack of

Title	China	Japan	Recommendation
	Furthermore, in China there is a huge gap in professional healthcare personnel. The demand requires about 10 million caregivers, while the existing healthcare personnel are only about 1 million (Dong & Ding, 2009). Apparently, healthcare services are far behind the stronger demands of the elderly.	exam, they will get an elderly welfare certificate.	community care personnel but also will solve some employment problems. With an aging trend, the demand for personnel will increase. In addition, laws should be enacted to ensure the development of qualified personnel and to consider giving preferential treatment to high-level personnel in this area in order to attract more and more people to engage in elderly welfare work.

## CONCLUSION

This paper contributes to a critical evaluation and an improved understanding of the present performance of China's elderly healthcare policies. Through research, answers to the three objectives stated at the beginning were found. Firstly, China has three main aging-related problems. They are: the increasing demand for attention to medical issues on the part of the government, the serious situation of empty nest families, and the increased pressures on providing long-term healthcare services. Secondly, through a comparison of China's elderly healthcare policies and Japan's regarding the aspects of policy and legal framework, community support, medical performance, aging facilities, and healthcare training institutes, it was evident that there are some problems that the Chinese government should solve. Thirdly, the lessons and experiences from Japan and China have been studied and recommendations have been provided to address the aging situation in China. At the institutional level, the Chinese government should pay attention to the improvement of laws and regulations for the elderly, and use targeted measures or different policies for different levels of aging in different regions. The government should also improve the security system for older people in rural areas and make efforts to solve the medical problems that urban and rural elderly are facing. At the aging industry level, the government should use preferential policies to guide enterprises to participate in the elderly market, and construct more apartments and facilities for the elderly. From point view of the society, the government should advocate traditional culture to form a social atmosphere of respect for the elderly. Additionally, they should mobilize social forces to carry out voluntary services and encourage the whole society to participate in providing elderly services. Although it is difficult to input too much money to performance some measures, but the government can start from the small point such as using the pilot way to begin from community support in family place, and expand more and more to cover all the cities.

This paper will be beneficial in three ways. First, it will help the Chinese government deal with the serious aging problem and have more power to face the aging challenge in the future. Secondly, it will assist private businesspersons in participating in the aging market and understanding the elderly customer's demands, creating good products and facilities to promote the life quality of older people. This will have favorable results not only for developing the

aging industry but also can for earning good profits. Thirdly, this paper will help the general public because it will encourage them to respect older people and pay more attention to their parents, which will make them happier. Finally, this paper provides useful information and resources concerning aging and elderly healthcare policies, which will inspire others to explore the aging industry in future study.

## REFERENCES

- Béland, D., & Durandal, J.-P. V. (2012). Aging in France: Population trends, policy issues, and research institutions. *The Gerontologist*, gns149.
- Brodsky, J., & Clarfield, A. M. (2017). Long-Term Care in Health Services A2 - Quah, Stella R *International Encyclopedia of Public Health (Second Edition)* (pp. 459-463).
- Chand, M., & Tung, R. L. (2014). The aging of the world's population and its effects on global business. *The Academy of Management Perspectives*, 28(4), 409-429.
- Chen, Z., Yu, J., Song, Y., & Chui, D. (2010). Aging Beijing: Challenges and strategies of health care for the elderly. *Ageing Research Reviews*, 9, Supplement, S2-S5.
- Decision of the Central Committee of China and the State Council on Strengthening the Work on Aging (2000). Retrieved from <http://www.hgmz.gov.cn/zcfg/2014-05-22/661.html>
- Dong, B., & Ding, Q. (2009). Aging in China: a challenge or an opportunity?. *Journal of the American Medical Directors Association*, 10(7), 456-458.
- Dorfman, M. C., Holzmann, R., O'keefe, P., Wang, D., Sin, Y., & Hinz, R. (2013). *China's pension system: A vision*. World Bank Publications.
- Feng, Z., Liu, C., Guan, X., & Mor, V. (2012). China's rapidly aging population creates policy challenges in shaping a viable long-term care system. *Health Affairs*, 31(12), 2764-2773.
- Feng, Z., Zhan, H. J., Feng, X., Liu, C., Sun, M., & Mor, V. (2011). An industry in the making: the emergence of institutional elder care in urban China. *Journal of the American Geriatrics Society*, 59(4), 738-744.
- Fiske, A., Wetherell, J. L., & Gatz, M. (2009). Depression in Older Adults. *Annual review of clinical psychology*, 5, 363-389.
- Hong, Q. I. U. (2006). Tendency of few children and reforming on the system of retirement pension in Japan [J]. *Population Journal*, 6, 006.  
<http://www.economist.com/news/china/21693241-china-ill-prepared-consequence-ageing-lots-people-dementia-state-minds>
- Ikegami, N., Yamauchi, K., & Yamada, Y. (2003). The long-term care insurance law in Japan: impact on institutional care facilities. *International Journal of Geriatric Psychiatry*, 18(3), 217-221.
- Ikegami, N., Yoo, B. K., Hashimoto, H., Matsumoto, M., Ogata, H., Babazono, A., ... & Kobayashi, Y. (2011). Japanese universal health coverage: evolution, achievements, and challenges. *The Lancet*, 378(9796), 1106-1115.
- Kim, S. H., Kim, H. B., & Gon Kim, W. (2003). Impacts of senior citizens' lifestyle on their choices of elderly housing. *Journal of Consumer Marketing*, 20(3), 210-226.
- Leung, J. C. (2005). Family support and community services for older adults in China: Integration and partnership. *Handbook of Asian aging*.
- Li, C., et al Li, C., Yu, X., Butler, J. R. G., Yiengprugsawan, V., & Yu, M. (2011). Moving towards universal health insurance in China: Performance, issues, and lessons from Thailand. *Social Science & Medicine*, 73(3), 359-366.

- Liang, Jianzhang., & Huang, Wenzheng. (2016, November 3). 'Two-Child Policy' Not Enough to Halt China's Plunging Fertility Rates. Retrieved from <http://english.caixin.com/2016-11-03/101003746.html>
- O'Brien, M. (2012). What is social about social work? *Social Work and Social Sciences Review*, 11(2), 5-19.
- Oeppen, J., & Vaupel, J. W. (2002). Broken limits to life expectancy. *Science*, 296(5570), 1029-1031
- Opinions on Strengthening Grassroots Aging (2006). Retrieved from <http://www.fjzzjy.gov.cn/newsInfo.aspx?pkId=189597>
- Opinions on Strengthening the Work on the Elderly (2005). Retrieved from <http://www.yanglao.com.cn/article/50362.html>
- Ramesh, M., & Wu, X. (2009). Health policy reform in China: Lessons from Asia. *Social Science & Medicine*, 68(12), 2256-2262.
- Shirahase, S. (2015). Income inequality among older people in rapidly aging Japan. *Research in Social Stratification and Mobility*, 41, 1-10.
- Silverstein, M., Cong, Z., & Li, S. (2006). Intergenerational transfers and living arrangements of older people in rural China: Consequences for psychological well-being. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 61(5), S256-S266.
- Tang, S., Meng, Q., Chen, L., Bekedam, H., Evans, T., & Whitehead, M. (2008). Tackling the challenges to health equity in China. *The Lancet*, 372(9648), 1493-1501.
- The Construction of Healthcare Plan for the Elderly (2011). Retrieved from [http://www.gov.cn/zwggk/2011-12/27/content\\_2030503.htm](http://www.gov.cn/zwggk/2011-12/27/content_2030503.htm)
- The Economist. (2016, February 20). China is ill prepared for a consequence of ageing: lots of people with dementia. Retrieved from
- The Revised Law on the Protection of the Rights and Interests of the Elderly. Ministry of Civil Affairs of the People's Republic of China (2013, February 7). Retrieved from <http://www.mca.gov.cn/article/zwggk/fvfg/shflhshsw/201302/20130200418213.shtml>.
- Wenmeng, Feng. (2013) *The Silver and White Economy: The Chinese Demographic Challenge*. OECD & Local Economic and Employment Development (LEED), ISSN 2079-4797.
- Wong, Y. C., & Leung, J. (2012). Long-term care in China: Issues and prospects. *Journal of gerontological social work*, 55(7), 570-586.
- Wong, Y. C., & Leung, J. (2012). Long-term care in China: Issues and prospects. *Journal of gerontological social work*, 55(7), 570-586.
- Xinhua. (2016, May 4). 16% of China's population over 60. Retrieved from [http://www.chinadailyasia.com/nation/2016-05/04/content\\_15426951.html](http://www.chinadailyasia.com/nation/2016-05/04/content_15426951.html)
- Ye, Chang et al. (2016). Comprehensive Comparison between Empty Nest and Non-Empty Nest Elderly: A Cross-Sectional Study among Rural Populations in Northeast China. *Environmental Research and Public Health*, 13(9), 857.
- Yip, W. C. M., Hsiao, W. C., Chen, W., Hu, S., Ma, J., & Maynard, A. (2012). Early appraisal of China's huge and complex health-care reforms. *The Lancet*, 379(9818), 833-842.