AGING IN PLACE – THE CASE OF SHANGHAI

SHANGHAI 2050

from **MADE IN SHANGHAI** to **CREATE IN SHANGHAI**

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SHANGHAI 2050

Social Transformation – to a More Integrated and Inclusive City
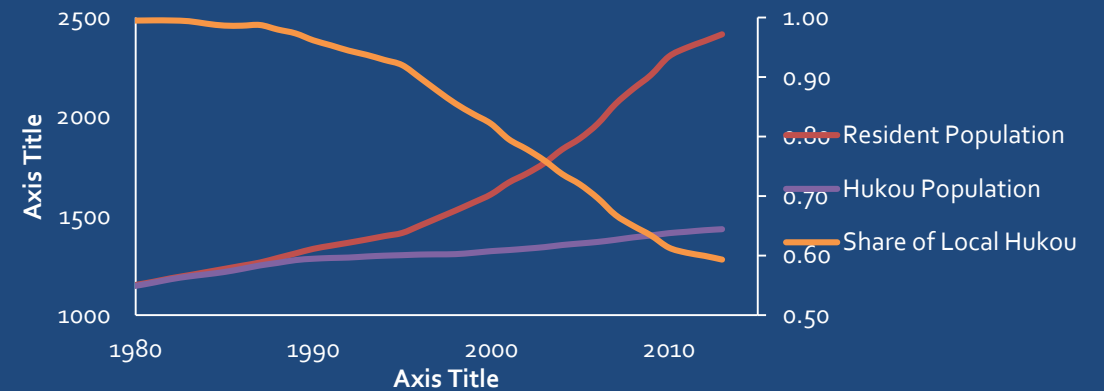
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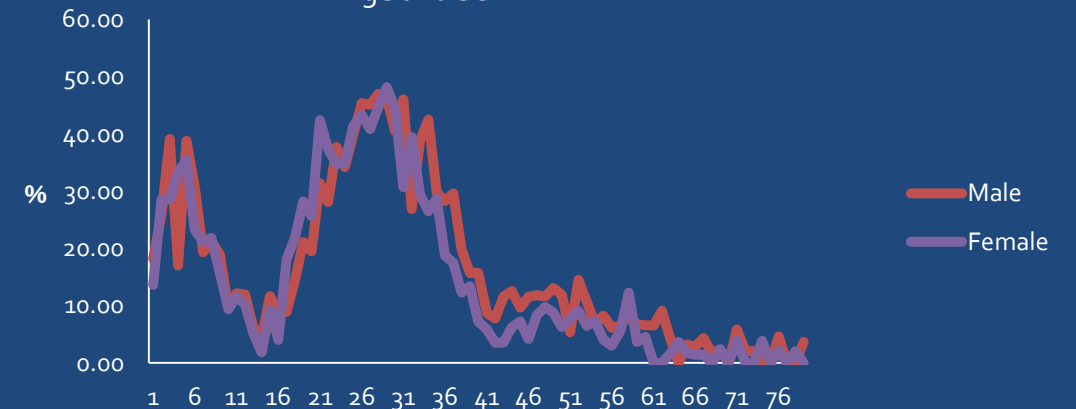# SHANGHAI DEMOGRAPHIC TRENDS

- *Shanghai Hukou Population: Smaller and Older*
  - The share of Shanghai hukou holders dropped from almost 100 percent in 1980 to 59 percent in 2013
  - 1 in 4 of Shanghai's hukou population is elderly i.e. aged over 60
  - By 2030 share of those aged 65 + will be almost 40 percent

- *Domestic Migrants: Young and Larger*
  - The highest proportion domestic migrants lies in the bracket of 25-30, which is the most productive
  - Since 2000, the share of domestic migrants doubled, from less than 20 to slightly over 40 percent

Changes in Shanghai Resident Population, by Hukou Status, 1980-2013

Resident Population
Hukou Population
Share of Local Hukou

Share of Migrants among Shanghai Resident Population, 2010, by Age and Sex

Male
Female

HOW TO BE AN AGE-READY CITY - DEFINITIONS

Making Shanghai a more "age-ready city" (already a charter member of the WHO age-friendly city network)

Ensuring "aging in place" and "active aging"

- **Aging in place:** ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level (Institute for Public Policy)

- **Active aging:** helping people stay in charge of their own lives for as long as possible as they age and, where possible, to contribute to the economy and society (European Commission)

HOW TO BE AN AGE READY CITY – "HARDWARE" AND "SOFTWARE"

Urban Design

Transport, Land use, and their Integration

Housing

Health Services

LTC (aged care) Services

Communication and Information

Social Participation and Inclusion (community services)

ACHIEVEMENTS– "HARDWARE"

Transportation, Land Use, and their Integration

- *Complete Streets*: Multi-modal, green, and smart

- *Integrating Land Use and Transportation Policy*: Promote walkable, mixed-use neighborhoods

- *Joint Use*: Co-housing with private living areas and joint use service/entertaining area

California, Florida and Washington, encourage or require integration of land use and transportation planning.

ACHIEVEMENTS– "HARDWARE"

Urban Design

- ***Outdoor Spaces and Buildings***: Utilize age-ready urban design practices to take public space needs of different groups into account

Quebec, NYC, Copenhagen

Housing for the Elderly

- *Home Improvements for Ageing In Place*: Ensure accessibility, universal design, and visitability through renovations

NYC, Copenhagen

ACHIEVEMENTS — "SOFTWARE"

Medical Care

- Shanghai is on the forefront of China's successes in primary care, the prevention and control of infectious diseases, and universal insurance coverage
- Healthy Cities Initiative was launched in 2003
- Family Doctor System provides a primary healthcare foundation for an integrated healthcare delivery system
- Good Tertiary Care – Hospitals ranked well in terms of medical excellence and clinical quality

Aged Care

- Sizeable institutional (residential) structure for the aging
- Piloted a universal needs assessment LTC toolkit

ACHIEVEMENTS – "SOFTWARE"

Aged Care (continued)

- Developed provincial quality standards and rules for home and residential care
- Community based long-term care (LTC), largely non-existent in other urban centers
- Innovative practices to promote quality assurance for LTC services, making improvements to the industrial standards set out in 2013
- Use of IT in LTC (electronic map of 600+ nursing homes in the city with information on vacancies, price, target group, contact etc.)
- One of 42 cities to pilot comprehensive care services focusing on innovation and applicability

ACHIEVEMENTS – "SOFTWARE"

Social Participation and Inclusion

- Age-Ready Programs that utilize a co-partnership model to ensure stakeholder participation and buy-in

- Social and Economic Inclusion and Employment that leverage competitive advantages of older workers to fill appropriate positions

Communication and Information Policies

- Use of technological literacy to increase access, capacity and knowledge of technology among the elderly

- Use of E-care technologies to promote good health and wellness through the utilization of monitoring and assistance technology

CHALLENGES AND WAY FORWARD

Medical Care

- Prevention and treatment of NCD's the major disease burden

- Full adoption and implementation of People Centered Integrated Care (PCIC) model which consists of at least four strategic directions at the service delivery level:
  - reorienting the model of care, particularly in terms of strengthening primary health care and changing the roles of hospitals;
  - integrating providers across care levels and among types of services;
  - continuously improving the quality of care;
  - engaging people to make better decisions about their health and health seeking behaviors

CHALLENGES AND WAY FORWARD

Long-term care

- Do not overemphasize the role of formal institutional LTC (investment for building elderly care beds in institutions reached 1.2 billion by 2010)
- Promote community based approaches
- Empower and support informal LTC givers (through subsidies, training etc.)
- Strengthen formal LTC workforce (front-line workers, licensed health professionals and LTC facility administrators)

CHALLENGES AND WAY FORWARD

Other Aspects

- Tackle Loneliness: 84% of old people rarely or never attended social activities and loneliness established risk factor for increased health and social care service usage and the development of particular health conditions; (estimates of cost to the public sector from increases in service usage in UK are £12,000 per person over the medium term)

- Provide flexible, secure housing and age-appropriate health services, closely coordinated with age-sensitive mobility services, planning and urban design

- Encourage integration not isolation, for example through co-housing (private living areas with joint use service and entertaining areas such as kitchen and dining space)