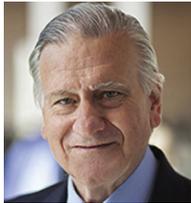


EDITOR'S PAGE



Changing Demographics

A New Approach to Global Health Care Due to the Aging Population



Valentin Fuster, MD, PhD

*“A population that does not care for children
and the elderly abuses the memory of the past
and promise for the future.”*

—Pope Francis (1)

The global population nearly tripled from 1950 to 2010 (2). However, shrinking fertility rates and longer lifespans are changing the global demographic landscape, resulting in human population rates that are actually on the decline (Figure 1). Within the context of such decline, over the next 40 to 60 years, the old will outnumber the young in nearly every country (Figure 2). In fact, the United Nations (UN) Population Division projects that the population over the age of 60 years will increase from more than 800 million today (representing 11% of the world population) to more than 2 billion in 2050 (representing 22% of the world population) (3).

When examining the demographics of specific high-income countries, the situation looks even more disconcerting. To maintain a replacement population, the necessary fertility rate is 2.1% per woman (4). Thus, without a replacement baby population, the aging population will be the country's prevailing demographics. For example, in 1995, only 1 country, Italy, had more people older than age 65 years, compared with those younger than age 15 years. Today, there are 30 countries, and this number will reach 35 by 2020 (4). According to the UN, currently 20% of Japan's population is age 65 years or older (5), and more people in Japan will be older than age 80 years than less than age 15 years by 2030 (4).

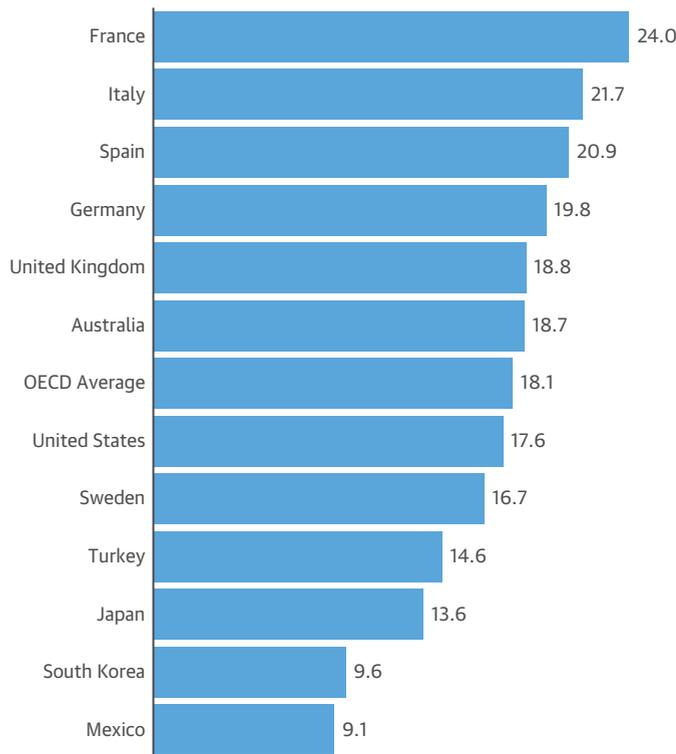
NATIONAL STRATEGIES

The aging population will result in a tremendous challenge for health care across these countries, both in dealing with the tidal wave of noncommunicable diseases and in determining how to appropriately deliver care for this burgeoning group. In response, forward-thinking countries are developing strategies to combat the potential problem. For instance, in Japan, which is at the forefront of this demographic shift, it is predicted that there will be a shortage of 1 million caregivers by 2025 for the country (5). Thus, one-third of the Japanese government's budget is allocated to developing “carebots,” which are robots specifically designed to assist elderly people (5).

While Japan and others are assessing technological solutions, some countries are turning to more human possibilities. Many people are spending a great many more years in retirement, due to longer life expectancies. In 2007, the average man living in a high- to middle-income country left the labor force before age 64 years and could expect 18 years of retirement (6) (Figure 3). The average woman stopped working at age 63 years and looked forward to more than 22 years of retirement if adopting similar concepts of retirement (6) (Figure 3). Many high-income countries are likely going to push the retirement age up to reduce ever-increasing unfunded pension burdens.

Another option is to have this retired population care for the elderly population. This “gradual retirement” plan would allow older individuals to reduce working hours, but remain in the workforce to pay taxes until a later age and furnish options for and reward volunteering, care, and artistic activities among older society members (7). For a time, this could increase the “active population,” who will not be replaced by a youth population.

FIGURE 3 Expected Years of Retirement for Men in Selected OECD Countries: 2007



Organization for Economic Cooperation and Development (OECD) average is for 30 OECD member nations (6). Reproduced with permission from Organization for Economic Cooperation and Development. OECD Society at a Glance, 2009.

among the lowest percent of gross domestic product of European countries, although quality of health care is regarded as “quite good” (9).

Since 2010, the Institute for the Elderly and Social Services (IMSERSO) in Spain has been designated as the manager for social services benefits within the Social Security system. Its function is to design policies and strategies to protect people in situations of dependency and to develop policies and launch programs related to the active aging population,

including: the management of disability and retirement pensions; complementary services and assistance for the elderly and disabled people; the assistance to, and social integration of, immigrants, displaced persons, asylum seekers, and refugees; the determination of standards for the recognition of degree of disability; the establishment and management of specialized care centers or others with special objectives for research within IMSERSO; and the elaboration of basic standards that guarantee equality for all citizens and eliminate differences across the 17 regions of Spain (8). The social services network for older adults includes: 1) home care services and tel-care; 2) day care services: senior citizens’ centers and clubs for older adults and day care centers for dependent older adults; and 3) residential care services including residential centers and sheltered housing (IMSERSO, 2012a).

CONCLUSIONS

We cannot waste any time. The ratio trend of the increased aging population is well underway, while the overall global population is declining. This phenomenon will have a plethora of economic and social implications. From a health care perspective, there has never been more of a need to ensure an active population, regardless of age. We must focus on health promotion across all age groups. Also, society needs to encourage and incentivize those who are “retired” to provide service back to their community, particularly in helping to care for the elderly. This activity will serve the purpose of keeping the retired population physically and mentally younger. As clinicians, we need to obsessively focus on the best methods to care for the elderly and the best methods for keeping the diminishing youth population healthy longer.

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