



Breakout Session Report

By the year 2050, older people will make up 20 percent of the world's population and by 2150 nearly one person in three will be over 60.* With a greater proportion of elderly people, most countries will experience a wave of chronic, age-related long-term health problems (e.g., cancer, heart disease, diabetes, osteoporosis, Parkinson's, and Alzheimer's disease) that are difficult and costly to treat.

Compounding the problem, as aged populations grow and incomes rise, succeeding generations in some countries are gradually reducing the number of children. This demographic transition has far-reaching social, cultural, economic, and political implications for societies throughout the world. For example, mounting retirement and health expenses place increased pressure on social security systems and public finances, as well as on younger taxpayers and caregivers. No country is likely to be immune from the effects of this transition.

In recognition of the challenges all countries will face as a result of this coming quandary, the Pacific Health Summit convened the "Preparing for the Aging Challenge" breakout session in 2006, addressing such key questions as:

1. How can we better understand the challenges all countries will face as a result of this coming quandary, the Pacific Health Summit convened the "Preparing for the Aging Challenge" breakout session in 2006, addressing such key questions as:

2. How can we better understand the challenges all countries will face as a result of this coming quandary, the Pacific Health Summit convened the "Preparing for the Aging Challenge" breakout session in 2006, addressing such key questions as:

YggjY; **fi a Ub**, President of the Center for the Advancement of Health, opened the session by noting that the challenges associated with aging affect each country slightly differently. For example, higher pension rates in Europe could elicit unreasonable expectations of government support in the future while policymakers in Asia might experience pressure to raise lower rates. Additionally, **Mugi \jfc'Gini_**, Director of R&D Promotion for Japan's Ministry of Health, Labour, and Welfare, said "there are some cultural differences amongst nations in terms of aging profile, which need to be taken

into account when policies are being considered." Dependency rates (the number of people who need to be taken care of in proportion to the number of caregivers) may be more relevant for European countries, where people tend to retire before age 60. By contrast, in Japan many people are still working at the age of 65. Finally, the living situations for elderly vary by country and culture. In the United



Ljuc' AUz' 6Yfb'G\Ybz'UbX'BUc_] =_Y[Ua]

States, for instance, nursing homes and assisted living centers are commonplace, while in most Asian countries families are more likely to care for elderly family members at home.

In China, **Ljuc' AU**, Dean of Sichuan University's School of Public Health, said that the one-child policy exacerbates the problems associated with an aging population. Traditionally, male children have been responsible for caring for their elderly parents while female children support their husband's family. By contrast, since the one-child policy was instituted in 1979, only children—whether male or female—are expected to support their parents. As a result, a young or middle-aged couple now has four elderly parents to care for, rather than the traditional two.

Furthermore, the aging population in China's rural regions is starting to experience increased difficulty accessing health care and treat-

* Y [i]ááú [] ~|æcá [] áú [] [b^&cá [] • to 2150 (United Nations publications, No. E.98.XIII.14).

ment as children who would normally care of them migrate to urban areas to seek work.

While recognizing different cultural contexts is important, many countries also face overlapping challenges, such as declining birth rates—a concern for Japan, South Korea, France, Germany, Italy, Russia, and the United Kingdom.



MUgi \}fc'Gini _]

In order to encourage families to have more children, reported ?Y i b!Mc i b ['McC, Director of South Korea's National Cancer Center, the South Korean government is increasing maternity leave, sending a message that women can enjoy larger families without sacrificing their careers. On the other hand, some participants noted, government incentives to increase birth rates are more relevant for developed countries. Developing countries often face the

double dilemma of an aging population as well as a lack of resources to support their young people.

6Yfb'G\Yb, Director of Strategic Research Initiatives at Intel, pointed out how technology can help, for example, by drastically increasing the reach of a limited number of health practitioners through tele-medicine and the internet. Technology can also help elderly individuals maintain their independence and comfort at home, facilitating communication with caregivers and loved ones in distant locations and providing important reminders about medication and appointments. IT could help reduce dependency on children and caregivers. "But high-tech devices are not the only solutions... some solutions can be very low-tech, like velcro shoe laces."

% Y@æcÁ, ^Á@æç^Á@^/ÁÁ•ÁæÁÁ
]! [á|^ {Ác@æcÁ@æ•}qcÁ/^æ|| ^ÁÁ
 @áçÁ ~Á ^cÉÁÖç^}Ác@^Á}^, Á•&áË
 ^}&^Á[-Á*^}^cá&•ÉÁ, ^Á&æ}Áá [Á
 • [^c@á} *Áæà [^cÁcÉÁà ^cÁ, ^Á
 { ^cÁæ&cÁ} [, É+Á
 Á
 Á .ÁR^~!^ ^Á T [!á ^

And technology will not solve the problem alone, Shen acknowledged. Any high or low-tech solution will be inextricably linked to economic and socio-political issues. For instance, in developing countries where fewer homes are wired, sensor technology will be less immediately appropriate than internet or phone kiosks. Different solutions are appropriate in different contexts.

Science will also play a huge role in helping the world cope with a larger elderly population. Alzheimer's disease alone will have a huge impact on society, cautioned Jeffrey Morby, Chairman of the Cure Alzheimers Fund. Anticipating the potential impact of this and other chronic diseases that primarily affect the elderly, and investing



>YggjY' ; fi aUb

valuable research dollars now, could help diminish future challenges and costs associated with growing aging populations. "What we have here is a problem that hasn't really hit us yet," he added, "given the new science of genetics, we can do something about it, but we must act now."

While we take action, it is also important to look at the bright side of demographic change. The aging of our population does not have to be a disaster. Buc _]-_Y[Ua], Chair of the Department of Health Policy at Keio University's School of Medicine, pointed out that an aging society can be a positive sign of increasing health and wealth. Yasuhiro Suzuki agreed, pointing out that economies could benefit from increased spending by elderly populations. Fresh markets for elderly housing, care, and travel could also provide new job and revenue opportunities.

Nevertheless, we must acknowledge that shifting demographics will present us with new challenges in years ahead, and preparing early on will make our health infrastructure stronger in addition to saving us time and money in the long run. While the aging problem currently appears much less dire—and much more predictable—than other crises, such as the HIV/AIDS epidemic or the possibility of an avian flu pandemic, addressing the problem will be much easier than holding back floodwaters later.

Prevention, early detection, early treatment of disease, and compression of morbidity remain key to addressing problems associated with growing aging populations.

V[h^æi}Á { [!^æà [^c@^ÁÚæ&á, &ÁP^æ|c@ÁÚ ~ { {áçÁ}]^æ•^Áçá•áçÁÁ
 , , É]æ&á, &@^æ|c@• ~ { {áç [!^Éh [!Á^ {æá|h&c []æ|O } àÉ [!^É