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# 中国老龄事业发展 指标体系研究



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## 摘 要

伴随人口老龄化进程的不断加快,老龄问题日益突出,老龄事业日益成为中国特色社会主义建设的重要内容。在协调推进“四个全面”战略布局和积极应对人口老龄化的时代背景下,建立一套科学的老龄事业发展指标体系具有很强的现实意义,不仅可以度量和评价中国的老龄事业发展水平,为实现老龄事业和经济社会的协调发展提供测量工具,也为政府制定相关老龄政策提供决策依据。

对中国老龄事业发展进行定量化的测定和评估是一个重要的理论问题和实践问题。量化的中国老龄事业发展指标体系有助于我们衡量、监控和评价老龄事业的发展及其影响因素,从而逐步完善老龄事业发展的政策和措施,提高老龄事业的整体水平。

本书在梳理归纳国内外有关老龄事业研究文献的基础上,从科学界定老龄事业的概念入手,以国际和国内相结合、宏观和微观相结合及共性和特性相结合的研究视角,尝试构建中国老龄事业发展指标体系,并对该指标体系进行实证分析。

首先,从理论层面上回顾并梳理老龄事业的基本概念,明确老龄事业的定义和内容,对老龄事业的主要性质进行阐释,并以此作为本书的研究起点。其次,在老龄事业新定义的基础上,遵循综合评价指标体系的原理和方法,通过对《积极老龄化政策框架》《2002年马德里老龄问题国际行动计划》、健康老龄化、活动理论、老年人口生活质量理论、生命周期理论和可持续发展观等理论和观点的深入挖掘,确定中国老龄事业发展指标体系的理论框架、评价维度和指标设计。再次,以国家统计局部门公开发布的权威数据为基础,对我国31个省

(市、区)<sup>①</sup>的老龄事业发展指数进行综合测算,以此检验指标体系的合理性,并为以后评价老龄事业发展提供经常性的评估工具。

通过研究,主要得出以下结论:

第一,老龄事业是国家为应对人口老龄化挑战,由政府主导、全社会共同参与,旨在提高老年人整体福利水平的社会建设和社会服务事业。它以满足老年人的基本需要、提高老年人的素质、发挥老年人的潜力、实现老年人的全面发展为目标。

第二,以我国具体国情为现实基础,老龄事业应涵盖老年社会保障(经济和医疗)、老年福利服务、老年社会救助、老年社会活动与权益、老龄事业投入等内容,具有协调性、普惠性、福利性、公益和盈利兼备性等特点。

第三,从应对人口老龄化挑战和提高老年人口生活质量角度出发,中国老龄事业发展指标体系由健康指数、生活质量指数、参与指数和保障指数四个要素指数构成,涉及老年人口的健康水平、生活质量、受教育水平、养老保障、医疗保健、为老服务、文教体活动、权益保障等方面。

第四,根据国家统计部门公开发布的权威数据,包括《中国民政统计年鉴》《中国统计年鉴》《中国劳动统计年鉴》及全国1%抽样调查的相关数据,对中国老龄事业发展指标体系进行实证研究,对全国及各地区的老龄事业发展水平进行总体评价和区域比较。有以下发现:

(1)总体状况评价。2014年我国老龄事业发展总体水平处于中游以上,31个省(市、区)老龄事业发展水平呈阶梯状分布的特点。分地区角度看,上海的老龄事业发展水平在全国居首位,其次是北京和天津的老龄事业发展总体水平也具有突出优势。甘肃、西藏和吉林

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① 本书研究范围专指中国大陆地区,不含港、澳、台,后文正文和图表均如此,不再另行说明。

则是我国老龄事业发展水平最低的三个省区。与2004年相比,2014年全国老龄事业发展总指数有所提高,反映出我国老龄事业发展水平呈上升趋势。这主要得益于排在中下游的省份追赶势头明显。

通过对比2004年31个省(市、区)在中国老龄事业发展指数、人口发展指数和中国发展指数排列顺序后发现,各地区总体上排序大致相同。在中国老龄事业发展指数与人类发展指数两大指标体系中排在前10位的有9个省份相同,浙江、云南、江西、湖北、青海、贵州、西藏在中国老龄事业发展指数与人类发展指数和中国发展指数排序差异在数值和方向上的变化完全一致。上述结论印证了中国老龄事业发展指数在指标选取、权重设计及计算方法等方面均较为合理。

(2) 结构分析。总体来看,我国老龄事业发展各项指数区域发展基本平衡,各个要素和综合指数的变动方向一致。分4个子系统看,2014年整体水平最高的是健康指数,依次是参与指数、保障指数,生活质量指数最低。2004年要素指数排序略有不同,参与水平最高,依次是健康水平、生活质量水平,保障水平最低。

与2004年相比,2014年健康指数有所提高,各省级行政区之间健康指数的分值差异较小,上海、天津、北京、新疆维吾尔自治区的健康水平在全国的领先地位相对稳定。宁夏、甘肃两个自治区的具体数值有较大提高,但在全国的落后地位并未改变。2014年全国平均水平生活质量指数比2004年提高2分左右,上海、北京、浙江、天津、江苏、广东、西藏7个省(市、区)在全国生活质量指数的排序未发生变化。不论是各省(市、区)近10年在全国的排序还是具体数值变化看,参与指数是4项要素指数中变化最大的指数,呈现出省级排序变动较多、数值下降的整体特点。2004~2014年,各省(市、区)保障指数的变动情况较大,除了上海、江苏的领先地位较为稳定外,北京、浙江、山东、河南等地区的下降较为突出。陕西、重庆、四川、安徽及青海在全国排序的上升趋势明显。

(3) 均衡分析。2014年我国老龄事业的均衡发展不够理想,总

体呈现“水平不高、均衡不够”的特点，具有较大的改善空间。老龄事业发展水平较高，但均衡度也较好的地区较少，主要包括山东、江苏等省份。老龄事业发展水平最高的地区如上海、北京等，各个要素方面的协调发展还有待于进一步加强。老龄事业发展水平较差、均衡度也不高的地区数量最多。就4项要素指数来看，2004年山东、西藏、甘肃等省（市、区）单项指数相对较高，说明其在某一个分指数的发展具有突出优势。天津、黑龙江的单项指数得分较低，说明其在本区域的综合协调发展还存在较大的改进空间。

通过标准差与均值之比对4项要素指数的均衡状况纵向比较后发现，2014年全国平均水平4项要素指数的均衡发展要好于2004年。2014年标准差与均值之比在0.04以下的地区有8个，在0.04至0.08的共有15个，2004年标准差与均值之比在0.04以下的地区仅有3个，分别是江苏、内蒙古、海南，基本覆盖了我国老龄事业发展高、中、低三个水平。标准差与均值之比在0.04至0.08的省份共有20个，其中老龄事业发展较高的地区仅有江苏、山东、辽宁3个省份，其他17个省区的老龄事业发展均属于落后地区。

（4）区域分析。我国老龄事业发展具有区域特征，且各个区域的老龄事业呈现不同的发展态势。采用多元统计中的聚类分析方法，对全国31个省级行政区进行分类，并分别定义为强势区域、优势区域和一般区域。结果显示，2014年中国老龄事业发展强势区域有2个，分别是上海、北京。优势区域包括天津、浙江、江苏和福建4个省市。一般区域则包括剩下的25个省（市、区）。与2004年相比，除福建省替换广东省外，10年间区域分类较为一致。

通过对2014年强势区域、优势区域和一般区域的老龄事业发展总指数及4个要素指数分析后发现，全国老龄事业发展水平处于中等偏上游水平，这主要得益于强势区域和优势区域生活质量和参与水平较高。分区域角度看，强势区域在健康、生活质量、参与和保障4个方面的老龄事业发展水平均比全国水平和一般区域高出许多。优势区域

的参与优势明显，保障水平有待进一步提高。一般区域的生活质量水平亟待提高，保障事业亟待完善。

（5）强势区域的比较分析。鉴于强势区域在全国老龄事业发展的突出优势，本书对2014年、2004年上海和北京4项要素指数及单项指标功效值进行深入细致的分析。结果发现，2014年，上海、北京的要素指数呈现出“总体水平相当、保障指数差异较大、均衡度不高”的特点。2004年，北京在健康、生活质量和保障方面可以吸取上海的特长之处，同时北京的老年社会参与也可为上海的老龄事业发展提供可借鉴的成功经验。

与全国平均水平相比，2014年强势区域的健康优势较为突出。生活质量指数是4项要素指数中强势区域比全国平均水平高出最多的指数。但是从分项指标看，强势区域老年人协会指数比全国水平还低。在保障方面，对比上海、北京两个地区单项指标功效值发现，保障水平的四个方面具有“差异明显、各有千秋”的特点。如何制定更积极、更健康、更人性化的老龄政策，以提高百岁老人的生命质量值得关注。鼓励并扶持建立老年社会组织、加大老龄事业投入应成为这两个地区未来一段时期老龄工作的重点内容。

本书的创新之处在于：

第一，对老龄事业的概念进行再定义。在对老龄事业概念梳理的基础上，充分结合现有主要文献对老龄事业合理内核的规定，弥补其中不足，对老龄事业的概念进行再定义。

第二，对中国老龄事业发展指标体系进行初步探索。在明确老龄事业基本内涵及老龄事业发展的评价标准后，充分借鉴老年学、社会学、经济学、统计学理论等相关理论，建立中国老龄事业发展指标体系。与现有老龄事业发展指标体系的相关研究相比，本书在指标体系构建过程中不仅具有坚实的理论基础，对具体体系的建立也均经过单项指标和指标体系的检验和结构优化，在综合评价方法上分别就具体操作步骤进行细致的分析，更重要的是以现有的统计数据为基础，具



有可操作性。

第三，首次对全国及各地区老龄事业的发展水平进行实证评价。充分挖掘现有的统计数据资料，对我国31个省级单位进行老龄事业发展综合评价，完成指标体系构建、评价模型和实证研究的研究体系，不论是对老年学研究还是指标体系研究，都是一个很好的补充。

研究不足及进一步研究的工作：

第一，中国老龄事业发展指标体系及其相关内容是一个十分广泛且复杂的体系，需要研究的内容很多，可以用到的方法也有多种。具体指标的选择、指标体系的构造、综合评价方法的选用还有待于在实践运用中不断调整。同时，对中国老龄事业发展指数和要素指数的研究分析还需要进一步挖掘。

第二，由于统计数据的限制，部分指标需替代无法实现对老龄事业发展状况的最新评价。可以考虑在《中国民政统计年鉴》中增加更为详细的老龄事业部门统计，为丰富老龄事业发展水平的评价内容提供更多的数据支持。

第三，本书仅对三大区域的老龄事业发展提出了政策建议，对各地区没有提出具体的指导意见。各省（市、区）应根据本地区的实际情况，结合指标体系中反映出的具体问题，提出最适合本地区老龄事业发展的应对策略。

## **Abstract**

The problem of aging has become obvious with the continuing process of population aging in China. The undertaking of aging has shown its importance in the construction of socialism. However, we have entered the aging society with the undeveloped economic level, the undertaking of aging in China still cannot meet the trend of aging in China, which creates a great gap between the general economic status and the development of the society. Constructing a scientific indicator system of the undertaking of aging on the background of coordination and promotion of the four comprehensive strategic layout and actively responding to the aging of the population, is of great significance. Not only for estimating the current situation of undertaking of aging in China, but providing data evidence for the harmony of the undertaking of aging and the development of the society. Therefore it can provide reference for the government to formulate policies for the elderly.

The quantitative estimation of the status of undertaking of aging is an issue of highly theoretical and practical importance. The quantitative indicator system helps us estimate, supervise, and comment on the development of the undertaking of aging and its related factors on the basis of knowing the status of the undertaking of aging completely and thoroughly. Thus, the policies related to aging can be improved and macro level of undertaking of aging will be raised.

On the basis of categorizing and summarizing the domestic and foreign essays on the topic of undertaking of aging, this book starts from the conceptualization of the undertaking of aging. Adopting the combined research perspective, such as combination of international and internal, macroscopical

and microcosmic, common and characteristic, tries to construct and demonstrate the indicator system of the undertaking of aging in China.

First of all, the book reviewed and analysed the concept of the undertaking of aging, and regarded it as a starting point of the research, redefining the concept and content, and analysing the main characters. Secondly, with *The Police of Active Aging, Madrid International Plan of Action on Aging(2002)*, healthy aging, the activity theory, the theory of life quality of the aging, life course theory, and the sustainable theory as the theoretical evidence, following the principles of the multiple indication system, the book ascertained the academic frame, and the dimension of evaluation and indicator design. Finally, based on the authoritative data publicized by the statistical department, the book counted the indicator of the undertaking of the aging in 31 provinces to test the rationality of the indicator system and supplied the regular tool for the evaluation of the development of the undertaking of the aging.

The book is mainly supported by the following findings:

Firstly, the undertaking of the aging is the social construction and social service enterprise, which led by the government, concerned with everyone in the society, to meet the challenge and improve the welfare for the aged. The goal of the undertaking of the aging is to meet the basic needs, enhance the diathesis, exert the potential and achieve the entirely development of the aged.

Secondly, based on the situation in our country, the content of the undertaking of aging includes the social security (economic and medical treatment), welfare and service, social salvation, activity and rights of the aged, and devotion on the undertaking of aging. The trait of the undertaking of aging involves harmony, common-benefit, welfare, combination of commonwealth & profitability.

Furthermore, from the point of combination of meeting the challenge of aging and improving the quality of life of the aged, the system of the

undertaking of the aging in China consists of indicators of health , the quality of life, participation, and the social security. Besides, it involves the healthy level quality of life, education level, the aged security, medical service, service for the aged, activity of culture and education, and ensurement of rights and interests of the aged.

Finally, the book demonstrates the undertaking of aging and evaluates comprehensively and compares regionally of 31 provinces in our country on the foundation the statistics published by the statistics department, Such as 1% of the population sample survey in 2005, *China civil affairs statistics yearbook(2005)*, *Yearbook of labour statistics of China(2005)*, and *China statistics yearbook(2005)*.

**General evaluations.**The development of the undertaking of aging is above middle level in 2014. The undertaking of aging in 31 provinces distributes in ladder states. In Shanghai, the level of the undertaking of aging is the highest. Next are Beijing and Tianjin. It is the lowest of the development of the undertaking of aging in Guizhou, Gansu and Tibet. Compared with that in 2004, it is raised for the development indicator of undertaking of aging in 2014, which shows the upward trend of development of the undertaking of aging. That is also benefited by the quick development of the provinces which listed at the latter part.

Compared with the ranking of development index of the undertaking of aging, human development index, China development index of 31 provinces (city, district) in 2004, we find they are in similiar ranking in general, except for several provinces. There are 9 of 10 provinces in the same ranking between the development index of undertaking of aging and human development index. There are exactly the same in the quantitiative value and the change of direction, in view of the development index of the undertaking of aging, human development index and China development index, for 7 provinces including

Zhejiang, Yunan, Jiangxi, Hubei, Qinghai, Guizhou and Tibet. Therefore it is approved reasonable and objective for the index selection, weight design, calculation method and other parameters of the undertaking of aging.

**Structure Analysis.** In general, it is almost developing balanced for the indicators of the undertaking of aging in different areas. And it is the same in the changing direction for every indicators and general index. In details, the highest developing one is health indicator, next are participation indicator, security indicator, and the lowest is indicator of life quality in 2014. The indicator ranking is a little bit different in 2004, the highest one is the participation indicator, next are the health indicator and the indicator of life quality, the lowest was security indicator .

Comparing with that in 2004, the health indicator raises. The quantitative value are similar in health indicator of the different provinces. It is stable for the leading position in health indicator for provinces like Shanghai, Tianjin, Beijing, Xinjiang. It is promoted greatly for the quantitative value in health indicator for provinces like Ningxia and Gansu, but their backward status has not changed in the whole country. The general indicator of life quality has raised about 2 points in 2014, compared with that in 2004. There are no change for the ranking in the indicator of life quality of 7 provinces including Shanghai, Beijing, Zhejiang, Tianjin, Jiangsu, Guangdong and Tibet. It is the biggest change for the participation indicator, no matter the ranking, or the quantitative value, which is characterised of ranking changes in provinces, decrease of quantitative value. From 2004-2014, there is the bigger change for security indicator in different provinces ( city, district). Apart from Shanghai, Jiangsu whose leading position are stable, it is obvious for the degradation in ranking for Beijing, Zhejiang, Shandong, Henan, etc. The ranking is upgrading for provinces including Shanxi, Chongqing, Sichuan, Anhui and Qinghai.

**Equilibrium analysis.**The undertaking of aging has not been developed

in balance in 2014, which need to be enhanced to great extent, with character of 'not high level and not enough balance'. There are a few of provinces that not only the level of the undertaking of aging is high, but developed balanced, such as Shandong and Jiangsu. Even the strongest areas need to be strengthened in the balanced development. In most of the provinces, the level of the undertaking of aging are low and in the unbalanced development. As for 4 elements indicators, there are several provinces with high score of specific indicator such as Shandong, Tibet and Gansu, which show their great advantage in specific indicator. At the mean time, some provinces' lower scores in specific indicator including Tianjin and Heilongjiang also show that they need to be improved to a great extent in developing balanced of the undertaking of aging.

Comparing with proportion of standard deviation with mean of 4 elements indicators, the average level of 4 elements indicators in 2014 is much balanced than those in 2004. There are 8 provinces with score less than 0.04 in the proportion of standard deviation with mean, and 15 provinces with score 0.04-0.08 in 2014. There are only 3 provinces with score less than 0.04 in the proportion of standard deviation with mean in 2004 including Jiangsu, Heilongjiang and Hainan, of 3 different development levels in high, medium, lower status of the undertaking of aging. There are 20 provinces with score 0.04-0.08 in the proportion of standard deviation with mean, only 3 provinces of them including Jiangsu, Shandong and Liaoning are developed well in the undertaking of aging, and the rest 17 provinces are not.

**Area analysis.** The undertaking of aging were district-lopsided, each area presents different state. All 31 provinces are classified and defined into strongest areas, stronger areas and ecumenic areas, with the way of cluster analysis in multivariate statistics, taking 4 elements indicators of the undertaking of aging as clustering variables. According to the result, there are 2 cities including Shanghai and Beijing as strongest areas, 4 provinces (city) including Tianjin,

Zhejiang, Jiangsu and Fujian as stronger areas, and the rest 25 provinces(city, district) as ecumenic areas. Comparing with that in 2004, the classification of areas is almost the same, except for the replacement of Fujian into Guangdong province.

With analysis of the general indicators and 4 elements indicators of the undertaking of aging in strongest areas, stronger areas and ecumenic areas, it is benefited from the high level in life quality and participation of strongest areas and stronger areas, which leading to the medium upstream level of the undertaking of aging in China. As for different areas, the strongest areas are much better in the 4 indicators of health ,life quality, participation and security in the undertaking of aging than the other 2 areas. The stronger areas have advantage in participation indicator, disadvantage in security indicator. The ecumenic areas are needed to improve the most in the indicator of life quality and security.

**Comparison & analysis of strongest areas.** In view of the prominent advantage of the strongest areas in the undertaking of the aging, this book made a intensive and detailed research of the 4 indicators and efficacy value of specific indicator of Shanghai and Beijing in 2014 and 2004. It is showed the characters of similiar general level, big difference in security indicator, lack of balance, with result of this research on indicators of Shanghai and Beijing in 2014. Beijing gains experience from Shanghai in health, life quality and security in 2004. At the same time, Beijing makes a good demonstration in society participation of the aged for Shanghai in the undertaking of aging.

Compared with the average level in China in 2014, It is leading edge for the health indicator in the strongest areas, and the indicator of life quality is nominate of the 4 indicator for the strongest areas. Shanghai is the highest in the levels of citizens income, rural residents income, basic living allowance in China. At the same time, the values of 4 indicators of Beijing are much

higher than those of the rest of the areas in China. As for specific indicator, the indicator of society participation of strongest area is even lower than the average level. Therefore the strongest areas are strong in relative sense. Besides the disadvantage in specific indicators of strongest area is not only affect the general level in these areas or even in all the country, but also the balanced development of all core indicators of the undertaking of aging. As for security indicator, the 4 aspects characterised with Obvious difference, Great deal of diversity, after comparison with efficacy value of specific indicators in Shanghai and Beijing. It is worthy of attention to formulate much more positive, healthier, humanizing policy for the aging, in order to improve the life quality of the centenarians. It is the highlight to encourage and support the establishing of senior society organizations, promote the investment in the undertaking of aging for these two areas in the near future.

### **The innovation of the book:**

1.The book redefined the concept of the undertaking of aging.

On the base of the pectionation on the existing conception, the book assimilated the reasonable content, making up the scarcity, and ultimately redefined the conception.

2.The book constructed the indicator system of the undertaking of aging.

Based on the the concept, the main content and the evaluation criterion of the undertaking of aging in China, using for the reference of the theory of gerontology, sociology, economics, and the statistics, this book constructed the indicator system of the undertaking of aging. Compared to the present indicator system, the book are not only based on the stable theory, combining the qualitative and quantitative method together to test the single indicator and the system, embedded analysis of the method of comprehensive evaluation, but using the present statistics data. The whole process wss entirely operable.

3.The book demonstated the development of the undertaking of aging in



the 31 provinces for the first time.

The book excavated the present statistics data, and evaluated the development of the undertaking of the 31 provinces synthetically, accomplishing the research system of constructing, modeling, and demonstrating. The book supplied a gap not only to the research in gerontology, but also to the indicator system study.

**This deficiencies of this book and the further research are as follows:**

1.The research about the indicator system of the undertaking of aging in China is complicated and comprehensive, involving many contents and methods. It need to be adjusted in the actual management for the selection of the indicator, construction of the indicator system, and the method in comprehensive evaluation. At the same time, research and analysis on the exponent needs more excavation.

2.One of the deficiency of the book lies in the lengthway contrast on the evalation of the 31 provinces with limitation of the data. As we all know, the undertaking of aging in Beijing and Shanghai has developed rapidly in recent years. However, due to the lack of the data in 31 provinces, it is hard to actualize the latest evaluation. To solve the problem, the statistics of the undertaking of aging need to be added and regulated.

3.The book brought forward the suggestion on how to develop the undertaking of aging in strongest area, stronger area, and ecumenic area. However, the book did not put forward the suggestion for each province. To promote the progress of the undertaking of aging, each province needs to find the fittest policy according to the actual complexion.