

Analysis on the status quo and countermeasures of healthy old-age care in China

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Abstract: As the population ages and accelerates, the process of aging is intertwined with the contradiction between family miniaturization, empty nesting and economic and social transition. The growing number of special groups such as disabled elderly and demented elderly has received increasing attention. The elderly population (the elderly population in this article refers to the elderly aged 60 and over) is in increasing demand for health services. How to properly solve the "old doctors" has become a realistic problem that needs to be solved in the construction of the public health security system. This paper analyzes the current situation of China's healthy old-age care, combined with the existing supply of old-age health services in China, proposes suggestions for improving and promoting China's healthy aged care service industry, in order to promote the sustainable development of health care services.

Keywords: Aging; Social economy; Health services

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1. Introduction

In the aspect of health work for the elderly, national and local government departments have issued more than 60 normative documents closely related to the health of the elderly since 1985. In March 2015, The General Office of the State Council officially released the "National Medical and Health Service System Planning Outline (2015-2020)", which emphasized the content of "medical and medical integration" and promoted cooperation between medical institutions and old-age care institutions[1,2]. Combining the basic principles of guidance is also the future direction of development.

Professional rehabilitation care institutions are increasing. By 2018, there were 527 rehabilitation hospitals and 373 nursing homes (stations) in China. There were 994 medical institutions with geriatric diseases and grade 3, which increased by 107.5% compared with the end of the 11th Five-Year Plan period. 242.2%, 16.3%. The team of rehabilitation nursing talents has further grown. There are 2.12 practitioners (assistant) physicians and 2.20 registered nurses per 1,000 permanent residents, an increase of 0.32 and 0.67 respectively from the end of the 11th Five-Year Plan period[3]. The aged care service in primary health care institutions has been continuously deepened. The National Basic Public Health Service Regulations (2011 Edition) includes 11 items, one of which is the Health Management Service Regulations for the Elderly formerly Ministry of Health[4].

2. Difficulties and problems in China's healthy old-age care

2.1. The ever-increasing aging is becoming more and more serious for the health care

With the aging of the population, the aging process is accompanied by family miniaturization and empty nesting, intertwined with various contradictions during the economic and social transition period. More and more families are facing the problem of lack of caregivers and family pension function. The family size dropped from 4.43 in 1982 to 2.97 in 2014 [5], which will put tremendous pressure on family life, health services, medical insurance expenditures and public services, especially for low-income people.

2.2. The absolute number of healthy old-age resources is inconsistent with the uneven distribution

The capacity and construction of the elderly medical and health service system are obviously insufficient. The number of geriatric hospitals, geriatric nursing homes, rehabilitation hospitals, etc. is limited and the regional distribution is uneven. The ability of community and home to provide elderly health services needs to be strengthened. In 2014, the number of beds actually provided by the national pension institutions was 3.7413 million[6]. According to the '9073' model[7], the vacancy rate at the end of 2013 was 61.6% in urban areas and 47.2% in rural areas, resulting in a certain waste of old-age resources (Table 1).

There is still a certain gap between the level of medical services for the elderly and the ability to provide services and the objective needs of health care. The level of medical security for the elderly is not compatible with the consumption of services. According to statistics, under normal circumstances, a person's medical expenses over the age of 65

account for about 50% of his lifetime total medical expenses[8]. These problems have constrained the further development of the integration of health care services and medical care for the elderly, so that the growing health care needs of the elderly cannot be met.

Table 1. Construction and use of urban and rural aged care services and facilities

Index	Number of beds (×10000)			Number of guests (×10000)			Year-end bed vacancy rate (%)		
	2013	2012	Increased from the previous year (%)	2013	2012	Increased from the previous year (%)	2013	2012	Increased from the previous year (%)
Urban pension service	97.1	78.2	24.2	53.5	44.9	19.2	61.6	42.6	44.6
Rural pension service	272.9	261.0	4.6	201.2	200.0	0.6	47.2	23.4	101.7
Total	370	339.2	9.1	254.7	244.9	4.0			

Source: China Civil Affairs Statistical Yearbook 2014.

3. Suggestions on promoting the development of China's healthy old-age care

3.1. Further improve the formulation and implementation supervision of policies related to old-age health care for the elderly

International experience shows that all countries have clearly guaranteed the rights and pensions of the elderly in law, and have played a huge role in promoting healthy pensions. Exploring the expansion of the medical security services for the elderly, improving the level of protection and promoting the development of the elderly health industry need the policies support. The health maintenance of the elderly includes the national social and economic development and departmental work plan. Increase the objective assessment of supporting policies and implementation effects of policy documents can ensure the authority and effectiveness of regulatory policies and measures.

3.2. Reasonable planning and diversified pension institutions will fully guarantee the effective use of old-age resources

The imbalance of the current pension institutions has made the occupancy rate of some old-age care institutions low. The limited old-age service resources have not been fully and rationally utilized. Therefore, it is necessary to further rationally plan the spatial layout of the old-age care institutions. In addition, refer to the international practice of grading

management for the majority of inpatients in the old-age care institutions is important. Generally, the elderly are divided into three types: self-care, semi-self-care and self-care. Different levels of care are given to different aged care services. Optimize the type structure of the old-age care institutions, and promote the development of old-age social welfare institutions, nursing homes, elderly apartments, and old-age care institutions, to meet the diversified needs the elderly[9].

3.3. Actively explore and promote the “medical and nutrient combination” model

At present, China's medical resources for the elderly are seriously inadequate. There is a big gap between the countries with relatively developed old-age services. To ensure the reasonable sharing of medical resources in the whole society and fully guarantee the health and quality of the elderly, it is necessary to further improve the elderly. Most of the old-age care institutions adopt the care mode of “separation of medical care and maintenance”, or they do not have medical qualifications, and cannot meet the basic needs of the elderly for medical care. On the other hand, the existing medical service system is insufficiently supplied. It is difficult to alleviate the medical problems brought about by aging. Providing elderly residents with services that combine the characteristics of medical care and old-age care is not only a realistic need to further improve the policies related to medical care and support, but also to promote the smooth progress of

the combination of medical and nursing services. It is also to meet the growing multi-level and diversification of the people. The need for healthy pensions is urgent. In the exploration and promotion of the combination of medical and nursing services: actively carry out in-depth research on medical and nursing, provide theoretical support and practical evidence support for the promotion of medical and nursing integration, establish a multi-sector coordination and cooperation mechanism to promote the smooth development of the service model. The establishment of a medical security system, the improvement of the mode of financing combined with medical care, the implementation of standardized, affordable, and extended medical care services is necessary.

3.4. Further strengthen the training of professionals in the aged care service and attract more volunteers to join

The cultivation of professional talents is an important guarantee for the endowment service industry to ensure its continued vitality. After more than 40 years of hard work, Japan has basically formed a systematic system of training and certification of old-age talents[10-11]. Due to the limitations of concept bias and work intensity, the quality of employees is relatively low, and the cultivation of professional talents has become an important condition for the healthy development of the industry[12]. Strengthen the training of professionals in the aged care service is needed. It is recommended to set up a senior nursing major in secondary schools or colleges such as health schools, or to provide aged nursing courses in related majors, and to train aged care professionals through the systematic education of schools. At the same time, it will strengthen the training of existing employees and improve the quality of existing services. To establish and improve the “Qualification Admission System”, we should improve the professional qualification certificate for the aged care workers, improve the professional access threshold for nursing staff, implement the “certificate-free” elimination mechanism, and effectively improve the service efficiency and quality. The salary level and welfare of the elderly care workers should be further improved, and more outstanding social talents should be retained and engaged in the work of old-age services.

4. Conclusion

The combination of medical and nursing has received the attention of all localities and is in full swing. The government should strengthen the guiding role of planning, make overall arrangements, and rationally arrange. Encourage the transformation of the city's idle medical resources as part of the

transformation into a nursing institution, and strengthen the combination of medical care through various forms can build a large number of institutions. In addition, it is important to note that based on China's traditional concept of old-age care, most elderly people still want to live at home. They should make full use of primary health care resources, giving play to their distance advantages, and develop a community-based home-care combination service model.

References

- [1] Xie YL. A study on the characteristic of injury-related death of different age groups in Ningbo City from 2002 to 2004[J]. *Disease Surveillance*, 2006.
- [2] Sun TD, Dong X X, Yu J W. The current situation of health service demand and utilization in the elderly-Taking the elderly in the old-age care institutions in Ningbo as an example[J]. *Health Economics Research*. 2016, 1:27-30.
- [3] Library WE. National Health and Family Planning Commission[J]. 2015.
- [4] Former Ministry of Health[M]. National Basic Public Health Service Regulations (2011 Edition). 2011, 18-20.
- [5] 2014 National Population Change Sample Survey Data, China Health and Family Planning Yearbook. 2014, 25-27.
- [6] China Statistical Yearbook (2015) [M]. National Bureau of Statistics of China. 2015.
- [7] Li SB. Research on the current status, problems and strategy of the elderly in China[J]. *Economy on special zone*. 2007, 7:159-161.
- [8] Alemayehu B, Warner KE. The lifetime distribution of health care costs[J]. *Health Services Research*, 2010, 39(3):627-642.
- [9] Lin Y. Why build a long-term care service system in China[J]. *Population and Development*. 2009, 15(4), 52-64.
- [10] Zhang XY. The experience and enlightenment of foreign home pension methods-taking the United States, Finland, Sweden, Japan as an example[J]. *Economy on special zone*. 2013, 10:49-50.
- [11] Yue K. A brief analysis of the construction of Japanese pension team[J]. *Journal of the Central University for Nationalities (Philosophy and Social Sciences)*. 2013, 40(3):58-62.
- [12] Zhu JH, Tian RR. The status quo and development countermeasures of capital pensio service industry[J]. *Journal of Beijing City University*. 2014, 1(14):59-64.