

On Development And Solutions Of Service For Aged Living With Family In Urban Community Of China

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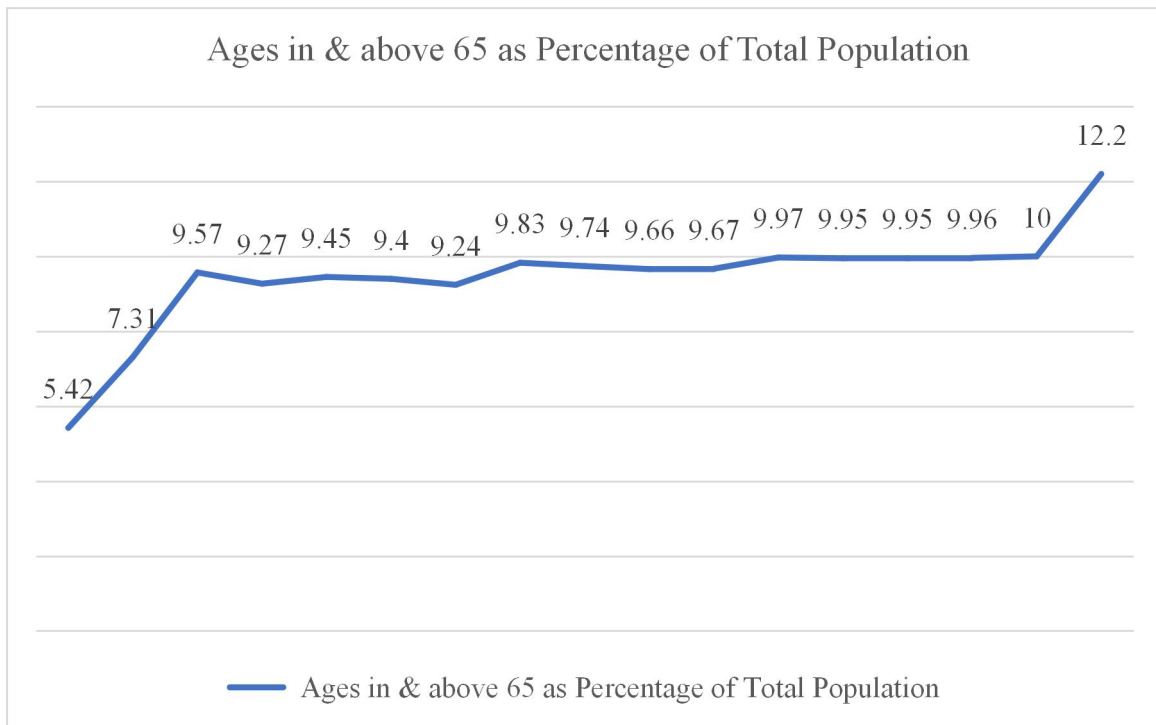
Abstract.Eaging of China's population entered a period of rapid development. Guangxi Province entered the aging society in 1996, which is one of the provinces in China that entered the aging society earlier with the prominent characteristics of large base of elderly population, rapid growth, empty-nest trend, "getting old before getting rich" and "getting old before getting ready". Guangxi, which is in the post-economic development area, will face great challenges in solving the social problems of the aging population. It has become an urgent social problem to explore how to deal with aging population actively. Under the circumstance of limited financial investment and late start of pension industry development in China, relying on community to develop a home-based community combination of medical care for the elderly model is the best choice based on China's national conditions of "getting old before getting rich". By sorting out the current development of family-care in the community in Guangxi, this paper analyzes the problems faced by this model, and plays an active role in proposing corresponding optimization paths to help family-care in the community successfully land in Guangxi.

Keywords: community-based elderly care; aging population;

1. Introduction

Since ancient times, China has the concept that fallen leaves return to the roots, that's to say to revert to one's origin, family-care in the community belongs to the family type pension service model, is the Chinese nation's most traditional, the most recognized one of the pension model, and also a powerful supplement to the traditional family pension model. According to the survey results released by the National Health Commission in 2021, more than 90% of the elderly in China choose home care. For most of the elderly, home care not only meets their psychological needs but also conforms to their living habits. ." Under the complex background of falling function of family aged-care,insufficient development of organization aged-care and big difficult for society aged-care,Aged-Care at Home shall be the best choice during the social transition period.From the experience of countries and regions where the combination of medical and nursing care is more developed, the combination of medical and nursing care in these regions presents the characteristics of complete legal guarantee, efficient management mechanism, highly integrated resources, government-led financing mode and service mode. China's family-care in the community construction is still in the initial stage, while actively learning from domestic and foreign experience, we should also analyze the problems of community medical care combined with home care model in Guangxi Province to improve and optimize the development path according to local conditions, from the perspective of government, talent and capital.

1990-2020Guang Xi Population Composition by Age in Main Years			
Year	0 Ages Ranging from 0 to 14 as Percentage of Total Population	1Ages Ranging from 15 to 64 as Percentage of Total Population	Ages in & above 65 as Percentage of Total Population
1990	33.38	61.20	5.42
2000	26.20	66.49	7.31
2005	23.76	66.67	9.57
2007	22.28	68.45	9.27
2008	22.07	68.48	9.45
2009	22.10	68.50	9.40
2010	21.71	69.05	9.24
2011	21.80	68.37	9.83
2012	21.96	68.30	9.74
2013	21.57	68.77	9.66
2014	21.58	68.75	9.67
2015	22.09	67.94	9.97
2016	22.08	67.97	9.95
2017	22.11	67.94	9.95
2018	22.06	67.98	9.96
2019	22.03	67.97	10.00
2020	23.62	64.18	12.20



2. Existing problems

2.1 Imbalance between Supply and Demand of nearby “Medical” and “Nursing” Services

The content of community daily care services in Nanning, Liuzhou, Beihai and other cities in Guangxi is single, which deviates from the diverse and scattered needs. The living care needs of the elderly are multi-level, diversified and personalized. Among them, the elderly most need "housekeeping service" and "expanding community activity places and projects for the elderly". However, the supply degree of community daily life care services is obviously low. The existing communities tend to provide some entertainment activities and neighborhood relations processing services, and there is a big deviation between them and the actual needs of the elderly, such as "housekeeping service". It can be seen that the community elderly care service is not subdivided enough and single content. The choice space is small, can not serve the elderly group well.

In some communities, the conditions of daily care centers are poor, and there is a large space for the development and improvement of physical facilities. Material facilities are important carriers for the elderly to carry out various physical and mental entertainment activities, which directly affect the satisfaction of pension needs. Similar mature "Day Care Centers for the Elderly" are still a novelty in many parts of Guangxi. There are basically no barrier-free facilities for the elderly, and the elderly activity center has limited space and outdated equipment in the old residential districts in urban village Nanning, which are reflected in the reluctance of the majority of the elderly to choose "day care, custodial services", and the urgent desire to "expand community activities and programs for the elderly".

2.2 Healthcare Resources

At present, family-care in the community service in Guangxi province is still in its exploration infancy with imperfect service network. In the existing daily care centers, they can only measure blood pressure and blood sugar for the elderly and chat with them. They can only provide centralized and highly professional medical and nursing services, and cannot undertake the functions of on-site medical treatment, rehabilitation nursing, medical care and spiritual consolation. And the community health service centers (stations) are few with small radiation range. Programmes such as "home visits", which the elderly desperately need, are not well provided.

The development of district health service is unbalanced, and the trust degree of residents needs to be improved. In the urban planning and development of Guangxi Province, it is stipulated that the municipal community should have at least one health service center, but the development of community health service and the coverage rate is unbalanced.

2.3 The "Quality" and "Quantity" of Professional Nursing Talents to be Improved

There is a significant difference from the ordinary old-age care model is that the service model of community medical care combined with home-based care cannot be separated from professional medical staff to provide professional medical services. The objects served are mainly disabled and semi-disabled elderly, chronic diseases and living conditions. For the elderly who cannot take care of themselves, if they do not have relevant professional medical and nursing workers, the dual demands of medical and elderly care services cannot be satisfied and connected. Generally speaking, basic health service stations are the basic units of medical organizations, which have limited organizational scale and relatively basic facilities, so that the medical services provided can not guarantee high professionalism. At the same time, the income of grassroots health station room staff is low. Compared with the same conditions of specialized subject and undergraduate course graduates, the income between the hospitals and grassroots service work is larger. The basic medical staff and other staff lack the basic motivation to serve the elderly care institutions, resulting in the organization scale of the combination of medical care and nursing home care service can not

be orderly expanded and the grid management mechanism can not be realized, not to cover all the elderly audience.

2.4 The Policy Sinking Failed to Dispel the Worries of “Medical” and “Nursing”

Guangxi Government has promulgated a series of pension policies and regulations, and vigorously promoted the high correlation and interaction between the market and medical care. Therefore, the main task of the community is to promote the comprehensive implementation of the home-based pension service mechanism in social practice, so as to promote the orderly progress of the development indicators of the superior. However, most enterprises and institutions providing elderly care services adhere to the benefit orientation, and their core goal is to obtain a higher scale of economic benefits. As for hospitals with relatively large scale, their workload is complicated, and it is difficult to spare manpower and energy to serve the community. As a result, the economic problem is the main problem for the groups with pension needs in the face of “what worries about their future pension”. Older people's worries about being unable to afford medical and nursing care in their future care are symptomatic of their worries about unpredictable health conditions and financial ability to pay for health problems.

Community plays an intermediary role in connecting supply and demand, and is the main breakthrough position in promoting the orderly implementation of the combination of medical and nursing care. However, in the overall situation, there is an obvious gap between the actual operation feedback and the expected goal. On the one hand, the combination of medical care and elderly care mainly targets elderly residents, leading to generally low pricing of related services, resulting in the lack of stable capital supply of related services for residents, and great operating pressure. For example, related enterprises and organizations generally have low willingness to renew cooperation. On the other hand, the inherent contradiction between supply and demand leads to more complicated work for the community, which includes coordinating conflict resolution and carrying out daily work within the scope of their own power, leaving no extra energy to promote the development model of combining medical care with nursing care.

3. Countermeasures and suggestions

3.1 The Government Plays a Leading Role in Planning and Guiding the Integration of Medical Care in the Community

In municipal planning, the government should reserve or expand space for the construction of the platform, solve the land use problem of the platform, and ensure that it can be truly practiced in community life. Guangxi province has designed a booster pension service facilities equipped with scientific planning and rationalization of land use plan and the standards for land is set to the lowest 0.12 m². The basic development pattern and core standards of old-age care service facilities are clearly stipulated, and the allocation of old-age care service facilities appropriately reflects the alienation of travel at the district level. Governments at all levels should strictly follow the development plans designed in advance and add relevant sections of land for elderly care facilities construction projects in the annual construction land supply plan.

Actively excavate the existing resources to expand the site. There are still some houses in the old urban communities of Guangxi province that belong to the property right of public housing. Such idle housing space should be fully reused. The government should force the construction of service institutions combining medical care and nursing care to be included in the housing reconstruction plan of old urban areas, and clearly require that space should be reserved in the reconstruction design for the construction of activity places for the elderly, so as to create barrier-free environment and eliminate the basic obstacles for the elderly to travel in their daily life.

3.2 Promotion of Community Platform Construction, Coordination of Community Home Medical Care Planning

Community medical centers are responsible for the division of labor, clarifying the nearby medical care system of "minor illnesses in the community", and establishing a family doctor responsibility system. With the community medical care center as the platform, the community health service team as the core, and health management as the main content, a family doctor is selected through a contractual contract. The family doctor and home visiting nurse are responsible for the medical care of the elderly. You can ask a family doctor to see a doctor, or you can go to a community medical care service center. The government pays a fixed basic income based on the number of elderly people signed up by each family doctor. The department of health administration is responsible for setting the standards of services for community medical and nursing care centres and for on-site medical and nursing care. We should give full play to the preventive and health care features of Traditional Chinese medicine, rely on communities to carry out basic public health preventive interventions, avoid frequent trips to the place of residence and the place of treatment for minor illnesses, ease the strain on medical resources, and establish stable and friendly doctor-patient relations.

Provide door-to-door home care, multi-level home professional care, signed professional psychologists and pay attention to the mental health of the elderly. Building "embedded" of the medical care centre in community, and the fundamental purpose is to let the old man "never leave home" can enjoy the professional medical service and the endowment of resources. Although sparrows have all five organs, nursing centers should cover multiple functions of life care, rehabilitation care and medical and health care, and strive to provide integrated and composite services for the elderly within the range of services. Therefore, the center should not only provide government-subsidized services, implement the provision of basic old-age services subsidized by the government, provide free services to the "three without" objects, privileged groups and the elderly with special contributions, and charge low service fees for the elderly and the elderly who can not take care of themselves, so as to implement the benefit of the people's medical care. It is also necessary to dig into the market for paid old-age care services, fully comply with the market orientation, and provide services such as home care, elderly health table and other services according to the needs of different elderly people, so that the elderly can enjoy a variety of professional medical care at home.

3.3 The Establishment and Improvement of the Government Security System and the Strengthening of the Construction of Medical and Nursing Service Standards

In the project of a comprehensive one-stop medical care platform jointly built by the public and private sectors, the government, as a part of society, participates in and guides investment, and remains the subject of property rights and investment. At the same time, it should actively use policy tools to establish market norms and industry standards, appropriately lower the entry threshold, and provide favorable conditions such as tax breaks and exemptions, fiscal subsidies, land guarantee, support funds, and preferential charges for hydropower and coal utilities. Encouraging commercial banks to provide low-interest loans and suitable guarantees, guiding private capital to enter, explore the establishment of diversified investment and financing models, optimizing the investment structure, and contributing to the construction and operation of the platform through cooperation.

The government should establish an effective incentive mechanism, increase the salary and treatment of community medical and nursing care service industry, and link the salary and reward with the working years and management effect. It should gradually increase the income of management personnel, make them conform to the psychological expectation and labor effort of management personnel, make them attractive, attract and retain high-quality management personnel. Set community pension service posts as public welfare posts, and the government pays wages,

which on the one hand, will ensure that the employees get their wages on time and stabilize the employees, on the other hand, will improve the social status of the income of the elderly service workers and correct the prejudice against the elderly care work. The measurement is conducive to expanding and stabilizing the workforce of the elderly service. As well as improve and optimize the transformation path from the perspective of government, talent and capital.