

# Practices and Insights into the Integration of Community Healthcare and Elderly Care: A Comparative Analysis of Domestic and International Experiences

Hao Huang

<sup>1</sup>Centre for International Education, Philippine Christian University, 1004, Philippines;

<sup>2</sup>Department of Economics and Management, Anhui Vocational College of Electronics & Information Technology, Bengbu, Anhui, 233000, China.

## Abstract

**This article explores domestic and international experiences and insights in the integration of community healthcare and elderly care, with a particular focus on how different countries are addressing the challenge of global aging by integrating medical and elderly care services. The paper outlines the definition of population aging and its widespread impact globally, analyzes the PACE model in the United States, the integrated care model in the UK, and the elderly care model under Japan's long-term care insurance system, showcasing the advanced practices and stable operational models in the field of integrated healthcare and elderly care. Additionally, the text examines China's experiences in community healthcare and elderly care integration, with examples from Beijing, Shanghai, and Chengdu, elaborating on the efforts and outcomes of these cities in advancing integrated care services. By summarizing the domestic and international practices in community healthcare and elderly care integration, the paper proposes that the development of integrated care services can be effectively promoted through the construction of multi-level management systems and policy and regulatory support, diversified financing methods, strengthening talent cultivation and team building, as well as the implementation of long-term care insurance systems.**

## Keywords

**Integration of Community Healthcare and Elderly Care, Domestic and International Experiences, Practices and Insights.**

## 1. Introduction

The global consensus on the definition of "population aging" has been widely established, using the proportion of the population aged 65 and over as a benchmark. A country is considered to have entered an aging society phase when its population aged 65 and above exceeds 7% of its total population. This ratio, upon exceeding 14%, indicates that the country has entered a state of deep aging. Once the proportion of this age group rises to 20%, it is deemed a super-aged society. According to the United Nations "World Social Report 2023," by the end of 2021, the global population aged 65 and over had reached approximately 761 million, and it is projected to more than double by 2050, reaching 1.6 billion. Given the global population of approximately 7.9 billion in 2021, the current global proportion of the population aged 65 and over is close to 10%, indicating that the world has generally entered an aging society. In 2021, the proportion of the population aged 65 and over in China reached 14.2%, showing that China's aging situation is more severe, having entered a state of deep aging. In response to the increasingly serious situation of population aging, countries around the world have been actively developing health service systems for the elderly, and the integration of medical care and elderly care, along with community-based integration, has begun to emerge and flourish in both theoretical

exploration and social practice. Some developed countries have taken the lead in the field of integrated medical and elderly care, forming stable operating models, which provide references for China and other countries in addressing aging. Since China officially proposed the concept of "integration of medical care and elderly care" in national documents in 2013, it has accumulated rich experience in various regions over a decade. Researching the practical experience of integrated community healthcare and elderly care, both domestically and internationally, has positive implications for China to achieve healthy aging, and China's theoretical research and practical experience can also serve as a reference for other countries globally.

## **2. Organization of the Text International Practices in Community Healthcare and Elderly Care Integration**

### **2.1. The PACE Model in the United States**

The United States has been facing the issue of population aging since the 1940s. Through exploration and development, it has established a comprehensive community care model known as "The Program of All-Inclusive Care for the Elderly" (PACE). The PACE model is designed for individuals aged 55 and over within the community, who must undergo rigorous health assessments to qualify for the service. Typically, those who meet the criteria for nursing home care under this model are in poor health and unable to live independently. The range of medical and elderly care professionals involved in the PACE model is extensive, including general practitioners, nurses, pharmacists, and physical therapists. Daily care staff and dietitians ensure the provision of elderly care services. Additionally, PACE centers actively promote their services and recruit a large number of community volunteers, creating an interdisciplinary and professional team for medical care and support. PACE centers offer a diverse array of medical and elderly care services to enrolled individuals, including routine medical rehabilitation, daily care, mental health services, end-of-life care, and regular health assessments among other specialized services. Notably, the financing model of the PACE program ensures efficient use of funds[1]. Primarily funded through medical insurance and medical assistance, the government actively encourages the involvement of social capital in the PACE model, resulting in a diversified financing approach.

### **2.2. The Integrated Care Model in the UK**

The United Kingdom, one of the earliest nations to implement social security systems, began to focus on the social welfare of the elderly in the 1950s, following World War II. Initially, the UK government concentrated disabled and semi-disabled elderly individuals in hospitals and care institutions for centralized care. However, as the demand for elderly care increased, this approach led to overwhelming burdens on hospitals and care facilities. Additionally, the separation from family exacerbated the physical and psychological sense of belonging among the elderly, worsening their conditions. Against this backdrop, the UK developed its integrated care model for communities. In 1977, the government introduced the "National Health Service Quality" initiative, followed by the "National Health Service and Community Care Act" in 1990, providing legal protection for the health of the elderly and promoting the development of integrated healthcare and elderly care services within communities. Funding for the UK's integrated community care services is primarily provided by the government, with community care centers managing the day-to-day operations. Community care workers are required to obtain relevant professional qualifications before they can commence work, and there is an emphasis on encouraging staff to actively participate in professional training to enhance integrated care skills[2]. The UK's integrated care model offers services including medical care, daily living care, and mental health services to the elderly. Services are delivered through home

visits, in-home nursing, and the establishment of senior apartments. Led by the government, this model integrates community, family, and social resources, fostering collaboration across sectors to provide high-quality integrated care services to community-dwelling elderly individuals.

### **2.3. The Elderly Care Model under Japan's Long-Term Care Insurance System**

As one of the countries that entered an aging society early, Japan faces severe aging issues, such as elderly nursing care and the distribution of health resources for the elderly. It established an elderly care service system early on and, through a period of exploration and development, formed an early "integrated medical and elderly care" service model. Japan's integrated care model places a stronger emphasis on enhancing the caregiving capacity of communities, focusing not only on the physical health of the elderly but also on their mental well-being and their everyday social interactions. The elderly care service system in Japan is significantly supported by the long-term care insurance system. Enacted in 2000, the "Long-Term Care Insurance Law" has unified the management of communities, associations, and non-profit organizations providing elderly care services, ensuring the implementation of the elderly care model under the long-term care insurance system. To provide targeted elderly care services to individuals with varying health conditions, a third-party institution assesses and regularly re-evaluates the physical condition of service users. Elderly individuals are categorized as "requiring support" or "requiring care," with those "requiring support" divided into two levels and those "requiring care" into five levels, based on their health conditions. Japan's long-term care insurance system provides the primary financial support for its elderly care model, with individuals only required to cover 10% of the total care costs. The long-term care insurance system mandates that residents aged 65 and over participate in the insurance, while those aged 40 to 65 can opt in voluntarily, with the insurance premium tailored to the individual's income[3]. To ensure fairness, the elderly care services applied for by the insured must match their health assessment level; otherwise, the long-term care insurance will refuse to pay for the services.

## **3. Domestic Practices in Community Healthcare and Elderly Care Integration**

### **3.1. The Integrated Service Model in Beijing**

Beijing, as a developed city and the political center of China, has positively influenced the resolution of aging issues and the integration of community healthcare and elderly care services nationally. Firstly, the Beijing municipal government has provided strong legal support for the advancement of integrated services by formulating relevant regulations and plans, laying the groundwork for the standardization and expansion of these services through the enactment of "Regulations on Home-based Elderly Care Services" and "Special Planning for Beijing's Elderly Care Facilities." Secondly, Beijing has adopted a four-tier home service management system, categorizing services to manage aging services from the municipal to the district and then to the street office level, forming a comprehensive management network. This facilitates the integration of community health, social work, rehabilitation, and nursing services, providing all-around healthcare and elderly care. Beijing has experienced various development phases in the construction of community elderly service stations, with the government gradually perfecting relevant policies to support the standardized development of these stations. These stations primarily serve self-sufficient or semi-sufficient elderly individuals, offering day-care and, at most, full-time care that meets the multi-level and diverse needs of the elderly. Regarding funding, Beijing utilizes a diversified financing approach, including government subsidies, government service purchases, foundations, and the Red Cross, ensuring the

sustainable development of community elderly services. The community elderly service stations in Beijing offer a wide range of services, encompassing 110 specific service items across six categories: daily care, medical healthcare, legal rights protection, cultural education, physical fitness, and volunteer services[4]. This diverse range of services helps meet the comprehensive needs of the elderly, improving their quality of life.

### **3.2. The Integrated Service Model in Shanghai**

As one of China's more developed and deeply aged cities, Shanghai has set a model in community healthcare and elderly care integration, being the first city in China to propose the "integrated healthcare and elderly care" concept. Since 1997, Shanghai has been committed to building a community assistance service system for the elderly at home, providing a variety of door-to-door and day-care services. Shanghai has promoted the "integrated healthcare and elderly care" services in urban communities through various measures, including introducing embedded community elderly care facilities, smart elderly care devices, and pilot projects for long-term care insurance, creating a multi-level and diverse service network. The city's community elderly care facilities broadly cover urban districts and towns, achieving the goal of providing medical and elderly care services close to the elderly's homes. In managing service users, Shanghai has conducted unified needs assessments for elderly care, detailing assessment levels and dimensions to lay the foundation for the trial implementation of the long-term care insurance system[5]. Third-party institutions assess to ensure that the elderly receive services that match their actual needs. Shanghai has also made efforts to increase service fees and awareness. By setting fee standards for eldercare homes and day-care centers, it ensures that the elderly can afford care services. Moreover, leveraging the internet, Shanghai has launched an elderly care service platform, enhancing service visibility and making it easier for the elderly to access information.

### **3.3. The Integrated Service Model in Chengdu**

Since 2007, Chengdu has increasingly focused on community elderly care work, actively developing "integrated healthcare and elderly care" services in urban communities following national policy guidance. A series of laws, regulations, and guidance has been issued, providing clear directions for the standardized development of these services. Chengdu has established elderly service facilities at the district (town) and community (village) levels, including elderly service centers (stations) and day-care centers. Operational models mainly include "medical-care cooperation" with community nursing homes and health service stations, "internal medical services" in community nursing homes, and "outsourcing services" to qualified institutions. These models have initially built a "15-minute elderly care service circle." In terms of talent cultivation, Chengdu has developed a talent echelon through various forms, such as training elderly care professionals in universities and establishing training schools within community elderly care institutions, enhancing the quality of "integrated healthcare and elderly care" services[6]. The government's "Chengdu Long-term Care Insurance System Pilot Scheme" issued in March 2017 specifies the implementation of the long-term care insurance trial, with community home-based long-term care services and institutional long-term care services covering 75% and 70% of the costs, respectively, guiding elderly individuals and their families in choosing long-term care service providers.

## **4. Lessons from Domestic and International Community Healthcare and Elderly Care Integration Practices**

### **4.1. Multi-level Management System Construction and Policy and Regulatory Support**

The promotion of community healthcare and elderly care integration services requires clear regulations and policy support, with the construction of a multi-level management system being a key step towards the healthy development of the service system. Governments at all levels should legislate to clarify the direction and goals of integrated services, providing legal support for their standardized development. This not only helps service providers to operate within a clear framework but also offers legal protection to service beneficiaries, enhancing the transparency and credibility of community healthcare and elderly care integration services. Governments should adopt a tiered management approach to build a multi-level management system, better integrating and coordinating community health, social work, rehabilitation, and nursing services to deliver comprehensive care. This also improves service quality and efficiency, meeting the diverse needs of the elderly at different levels. Governments should also strengthen the regulation and promotion of integrated services, with regular inspections and evaluations to timely identify and resolve issues, ensuring continuous improvement and optimization of services[7]. Governments should continuously develop and refine relevant regulations to meet the evolving needs of integrated services, providing long-term policy support. Further refinement of laws, regulations, and management mechanisms at all levels of government will offer more comprehensive, high-quality integrated services for the elderly, promoting the sustainable development of community healthcare and elderly care integration.

### **4.2. Diversified Financing Methods**

The sustainable development of community healthcare and elderly care integration services requires diversified financing methods, achievable through cooperation between the government, social organizations, and the market. Governments should adopt proactive fiscal policies, increasing financial subsidies for integrated services to provide stable financial support. Additionally, governments can introduce social capital into integrated services through service purchases, creating a diversified financing model to enhance service sustainability. Governments should also encourage participation from non-profit institutions such as social organizations and foundations in integrated services. These institutions can provide additional financial support through fundraising and charitable activities. Tax incentives and other policies can motivate social organizations and foundations to contribute, forming a jointly supported financial source. On the market level, governments should encourage and guide integrated service institutions to explore commercial operation possibilities. Through business cooperation and the introduction of special service projects, institutions can attract more market funding, achieving sustainable profitability and thereby enhancing service quality and levels. This helps diversify the financial sources for integrated services, ensuring sufficient financial support and market returns for service institutions, better meeting the diverse needs of the elderly.

### **4.3. Strengthening Talent Cultivation and Team Building**

The successful implementation of community healthcare and elderly care integration services cannot be achieved without a professional service team and a high-quality talent pool. Therefore, governments and relevant agencies should strengthen talent cultivation and team building in the field of integrated services. Firstly, governments can establish professional disciplines for elderly care services, encouraging universities to train professionals in the integrated healthcare and elderly care field. Offering scholarships and establishing talent

cultivation funds can attract more young people to the integrated service industry. Additionally, governments are advised to collaborate with universities to develop internship programs, allowing students to acquire practical skills and prepare for their future careers. Encouraging integrated service institutions to establish internal training schools can provide regular training and learning opportunities for current employees. Enhancing training for medical staff, social workers, and other professionals can improve their overall service level. Governments can provide corresponding subsidies and rewards to motivate institutions to invest in talent cultivation. Furthermore, building a strong team is recommended, forming an interdisciplinary and professional healthcare and elderly care service team. Collaborative work among professionals from different backgrounds can better meet the multi-level and diverse service needs of the elderly. Governments can establish team reward mechanisms, encouraging doctors, nurses, social workers, and other professionals to work together, improving team coordination efficiency. This can better address the talent shortage in community healthcare and elderly care integration services, enhancing service quality and levels.

#### **4.4. Implementing the Long-term Care Insurance System**

The long-term care insurance system plays a crucial role in the implementation of community healthcare and elderly care integration services, providing financial support for the elderly and ensuring the sustainability of services. Based on this, governments should strengthen the implementation of the long-term care insurance system to ensure the stable and long-term operation of integrated services. Firstly, governments can enhance the promotion of the long-term care insurance system, increasing awareness among the elderly and their families. Through various media channels such as television, radio, and social media, governments can widely disseminate the policy benefits of long-term care insurance, explaining key information such as reimbursement ratios and service ranges, guiding the elderly to actively participate in the insurance system. Secondly, governments are advised to continuously optimize and improve the long-term care insurance system. Based on actual operation, timely policy adjustments can be made to increase reimbursement ratios and expand service ranges, better meeting the diverse and personalized medical and elderly care needs of the elderly. Governments can also increase support for service institutions, ensuring the quality and level of services provided. Additionally, governments can establish a special fund for long-term care insurance, ensuring the dedicated use of funds. This fund can support the facility construction and talent cultivation of community healthcare and elderly care integration service institutions, promoting service professionalization and standardization. This can better facilitate the implementation of the long-term care insurance system, ensuring the sustainable development of community healthcare and elderly care integration services.

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