

Ageing in China: Comparison of Healthcare Modes for the Elderly Population

Yang Zhou^{1,a,*}

¹*HKU Business School, Hong Kong University, Hong Kong, 999077, China*

a. U3589043@connect.hku.hk

**corresponding author*

Abstract: As China strives to meet the challenges of an ageing population, the need for an effective healthcare system for the elderly is becoming increasingly urgent. The traditional family-centred mode of care, deeply rooted in Chinese filial piety, has become inadequate in the face of modern social change. With a rapid ageing population and a rising incidence of chronic diseases, the demand for healthcare services is expected to grow significantly. This article explores the limitations of the current family-centred mode of ageing care, including the strain placed on families and the lack of adequate healthcare resources, especially in rural areas. The article argues for a shift to a community-based caring mode that provides more comprehensive and sustainable solutions by integrating specialised healthcare services in local communities. Comparing the situation in China to the community healthcare system successfully implemented in Japan, this paper highlights the potential benefits of adopting a similar strategy while taking into account China's unique demographic and regional challenges. Finally, the article argues for a more equitable and efficient healthcare system in China to meet the needs of its rapidly ageing population.

Keywords: ageing population, healthcare, community-based caring mode.

1. Introduction

According to the United Nations and the World Bank, a country is considered to have entered an ageing society if at least 10% of its population is over the age of 60 or 7% over the age of 65 [1]. China entered its era of ageing in 2000 as the proportion of population that aged over 65 and above was reaching out the 7% benchmark. The cause of ageing in China is mainly driven by the increasing life expectancy and decreasing fertility rate. The life expectancy continues rising in modern China due to the improvement of medical condition and awareness of hygiene while the decreasing fertility rate is mainly caused by one-child policy control started in 1979, along with the rising costs of raising children. China faces many challenges to mitigate the problem of ageing. Despite the high demand for new population growth in China, the rapidly growing demand for social services by the elderly population needs more attention. Such needs include an increased demand for pension and, more importantly, high-quality healthcare services. The performance of healthcare services is considered positively connected with healthy lives and wellbeing for the elderly population.

Healthy lives and wellbeing that is important for all ages is now considered a global challenge stated by the United Nations' Sustainable Development Goals, and one of the most important factors connected with it is the level of healthcare services. In ageing perspective for China, the potential

pressure from the increasing demand for healthcare that directly connects to the elderly people can be predicted from the expecting proportion of ageing population in the future. According to the statistics from the World Bank, the ageing population in China was roughly 254 million, which is roughly 18% of the population in 2019, and it is expected to become 402 million in 2040 which is around 28% of the overall population. According to an estimation, 75% of the ageing population will be suffered from non-communicable chronic diseases, such as diabetes and long-term heart issues. It is clear that the increase in ageing population will lead to a significant grow of demand in healthcare, and therefore, a more efficient healthcare system is necessary in the coming future [1].

Up to now, since the ageing process of China is overlapped with the process of modernization, as well as the existence of traditional Chinese filial piety, this has led to a conflict between Chinese traditional perspective of caring for the elderly and that of the modern perspective. Numerous elderly people, as well as their families, have a less than positive attitude toward modern medical and caring methodology. According to a research, around 40% of elderly in China expect that they will take elderly care from their children, and 70% of them wish to be taken care at home rather than other places [2]. However, this healthcare mode has many problems and is becoming more and more unrealistic because of the current development of Chinese societies. Due to the one-child policy and decreasing will in rearing children, working population nowadays need to take care almost two elderly per person, which is time costly. Also, considering the immigration and social development, the geographical limitation and differences in living style make it worse for elderly people since their children can hardly fulfill their needs in terms of finances, time and lifestyle at the same time.

To relief the problems in healthcare perspective, a new healthcare system with the required facilities and education plans should take place. This article explains a new healthcare mode and compares the advantage and disadvantage with the current healthcare situation. It is also possible to compare China with post-ageing countries from the perspective of policy formulation and crisis response to see if China can learn from the experiences of other countries to improve the existing policies to deal with the ageing crisis.

2. Current Household-Centered Caring Mode in China

At present, the relationship between the elderly and their children is still strongly influenced by traditional Chinese filial piety, which means that many elderly people prefer to stay at home rather than going to a care center. Also, many of them wish to have their own children taking care of them, as it should be a responsibility according to filial piety [1]. Combining these factors, a traditional pattern of elderly care emerges, which is that the elderly people stay at home throughout their ageing process with constant visits from their own children or even live with their own children. The important daily care is based on the household unit, that is, it depends on the partners whom the elderly people are living with.

In terms of advantage, this type of care is relatively affordable. From a material perspective, the only requirement is a house and daily living expenses. Considering that these are almost the basics of every Chinese household nowadays, this pattern of elderly care can be easily achieved without any additional care facilities except hospitals. In addition, for traditional Chinese families in rural areas, which are made up of several households living together, this pattern provides the elderly with the companionship they need as partners in the family, which is beneficial to their mental health.

However, the disadvantage is that the social development nowadays is widening the existing labor gap. Basically, young people need to earn more and have less leisure time. Elderly people, especially those in rural areas whose children work in cities, suffer from loneliness, which has potential negative impact on their mental health. The severity of mental health problems is a factor that influences physical health and longevity in older people. Research shows that, especially for men who are less tolerant to mental illness, it is a core factor why life expectancy of men is lower than women [2].

In addition, there is a shortage of labor supply in home-based care services. At present, 75% of China's ageing population suffers from non-communicable diseases (chronic diseases). With the increasing ageing rate, the size of the elderly population requiring treatment will increase, and the pressure on the healthcare system, which is mainly based on different levels of hospitals, will increase sharply in the future. To deal with non-communicable diseases, prevention is more important than treatment. It reduces the damage in advance and also reduces the demand for medical treatment. However, for common household in China, people often lack the knowledge or awareness to prevent chronic diseases; they cannot effectively avoid getting chronic diseases even if they can live a healthy lifestyle [1, 3].

The current way of caring for the elderly in China has a long history, which is mostly culturally based and is difficult to change in a short period of time. Education for the elderly is often seen as ineffective due to the embedded differences in knowledge background. To alleviate this problem, changes can be made based on the facilities for household use. For example, Internet of Things (IoT) technology should be promoted in the daily lives of the elderly people. To some extent, the lack of professionals in home healthcare can be compensated by the development of more electronic health monitoring technologies.

3. Community-Based Caring Mode

A community-based mode of health care for the elderly emphasizes delivering professional medical and caring services based on the community rather than the household. This approach is more comprehensive than home-based caring mode. It is able to offer long-term care and effective prevention against non-communicable diseases. By collaborating with local hospital, community-based care efficiently reduces the need for frequent hospital visits, as the elderly can access medical consultations and support within their community from the doctor sent by the hospitals. This mode is particularly beneficial for the elderly people living alone, as the community provides a more comfortable and socially engaging environment than isolated home care.

Theoretically, with full support in social resources, community-based care mode is much more efficient and promotes overall well-being in both physical and mental perspective. However, the community-based care depends more on land resources and high-quality human resources with high educated background and eligible nursing skills [4, 5]. To move out from the household-based mode, education is needed for both the elderly people and their families. Based on the study on Ningbo and Yichang, many of the tested households refuse moving to the nursing centers; the reasons are mostly based on their mindset. Most of them feel embarrassed among the neighborhood because they think it is a shame to be moved to the nursing centers instead of staying at home [3]. Also, many of them feel being abandoned by their children. In fact, they can get a visit from their children every day. The fact shows that education and change of the mindset is critical for community-based mode.

On the daily caring side, professional care teams are needed for long-term daily care and chronic diseases prevention. However, the reality is that many nursing homes, especially those in non-urban areas, have little or no professional requirements for nursing workers; many of the practitioners do not have the relevant professional knowledge and qualifications. This leads to a poor performance of professionalism in community care as studied that only 20,000 of the 50,000 people working in the nursing industry in Shanghai had relevant licenses in 2015 [4]. This is a sufficient evidence to prove for the need to promote the training of relevant practitioners.

On the hospital side, hospitals often lack specialized departments dedicated to elderly care, making it challenging to provide exclusive services to the elderly [4]. In addition, most of the hospitals does not provide exclusive services to local elderly people. Also, the inequality in distribution of medical resources make the non-urban area unable to distribute high quality community care services, which means elderly people in areas with relatively poor medical resources are forced to seek care at well-

known hospitals. As a result, this influx strains the resources of well-known hospitals, indirectly reducing the medical resources available to the local residents. The unbalanced flow of patients strains healthcare systems in other regions but leads to inefficient use and waste of medical resources as well. This cycle highlights the need for a more equitable distribution of healthcare services and better support for local hospitals to meet the needs of their ageing populations.

4. Policies and Actions of Other Ageing Societies

China and Japan, both facing significant ageing populations, have developed distinct approaches to elderly care, particularly in the realms of home-based and community-based care. Japan, recognized as a "super-ageing" society, has long grappled with the challenges of an ageing population, and its response has been to emphasize a comprehensive community-based care system. The Japanese government has implemented policies that encourage ageing in place, where elderly individuals remain in their homes while receiving support services. The Long-Term Care Insurance (LTCI) system, introduced in 2000, is a cornerstone of Japan's elderly care strategy. It ensures that all citizens aged 40 and above contribute to a fund that covers care services for those over 65, facilitating access to a range of services such as home visits, day care, and rehabilitation [6, 7]. This system supports not only the elderly but also relieves the burden on family caregivers, thereby promoting a sustainable care model within communities.

In contrast, China, while recognizing the importance of community-based care, faces unique challenges due to its vast population, rapid urbanization, and the underdeveloped infrastructure in rural areas. The Chinese government has begun to prioritize community-based care, reflected in the "Healthy China 2030" plan, which emphasizes the development of integrated health services that combine medical care with elderly care. Pilot programs in urban areas have introduced community centers offering day care, rehabilitation, and other services, yet these are still in the early stages of development and lack the nationwide coverage as seen in Japan [8].

Japan's experience offers valuable lessons for China, particularly in the implementation of a structured, nationwide care system like the LTCI. Adopting a similar mode in China could help address the imbalance between the urban and rural area by standardizing funding and care quality across the country. However, China's adoption of such policies would need to consider its specific national conditions, including its larger, more diverse population and the varying levels of economic development across regions, which may actually make it even less effective in short term [9]. Unlike Japan, which has a relatively homogenous and smaller population, China's regional disparities necessitate a more flexible approach. For example, while urban areas might benefit directly from a system similar to Japan's, rural areas might require additional support to develop the necessary infrastructure and workforce.

Moreover, China's policy development could also draw from Japan's emphasis on caregiver support. Japan's policies include training for caregivers and financial incentives, which could be adapted to China's context where informal, family-based care still predominates [10]. By incorporating caregiver support into community-based care initiatives, China could help alleviate the pressure on families and encourage more equitable care distribution. Furthermore, Japan's approach to integrating elderly care with broader community services, such as housing and social activities, could serve as a model for creating more holistic care environments in China, promoting social inclusion and reducing isolation among the elderly.

5. Conclusion

In conclusion, the ageing of China's population poses a great challenge, and there is an urgent need to reassess the current mode of elderly care. The traditional household-centred mode of elderly care,

while culturally important, has become increasingly unsustainable because of the demographic changes and the increasing number of elderly patients with chronic diseases. This mode places a heavy burden on the family, which often lacks the resources and time needed to provide adequate care. To address these challenges, China can consider transitioning to a community-based mode which can provide more comprehensive and specialized healthcare solutions for the elderly. By integrating healthcare services into local communities, community-based mode can provide consistent and accessible healthcare, especially for patients with chronic diseases. In addition, it promotes social inclusion and reduces the sense of isolation often experienced by the elderly who live alone.

Also, Japan's experience in ageing problems provides valuable lessons for China, particularly in implementing a structured, nationwide care system like the LTCI. Adopting a similar mode in China could standardize the funding and quality of elderly care across the country and help to address the regional imbalance of care provision. However, the specific national circumstances should be taken into account when adopting such policies in China, including a greater population and the existence of differences in the level of economic development across regions. Unlike Japan, which has a relatively homogenous and small population, China's regional differences call for a more flexible approach. For example, urban areas may benefit directly from a system similar to Japan's, while rural areas may require additional support to develop the necessary infrastructure and labour force.

However, this study has limitations. Overall, this study relies on existing literature and case studies that may not be fully representative of China's rapidly evolving elderly care mode. Future research should explore more diverse case studies, including those from Western countries with different cultural backgrounds, in order to provide a broader perspective on the elderly care modes. In addition, empirical studies evaluating the implementation and outcomes of community-based elder care mode in different regions of China would be valuable in refining and improving the proposed solutions.

References

- [1] World Bank Open Data. (2020) World Bank Open Data. Retrieved from: <https://data.worldbank.org/>.
- [2] Chen, L., Guo, W. and Perez, C. (2020) The effect of ageing attitudes on the quality of life of older adults in China. *Research on Ageing*, 43(2), 96–106.
- [3] Marinelli, M., Zhang, J. and Ying, Z. (2022) Present and future trends of sustainable eldercare services in China. *Journal of Population Ageing*, 16(3), 589–617.
- [4] Han, Y., He, Y., Lyu, J., Yu, C., Bian, M. and Lee, L. (2020) Ageing in China: perspectives on public health. *Global Health Journal*, 4(1), 11–17.
- [5] Fang, E. F., Xie, C., Schenkel, J. A., Wu, C., Long, Q., Cui, H., Aman, Y., Frank, J., Liao, J., Zou, H., Wang, N. Y., Wu, J., Liu, X., Li, T., Fang, Y., Niu, Z., Yang, G., Hong, J., Wang, Q., Chen, G., Li, J., Chen, H., Kang, L., Su, H., Gilmour, B. C., Zhu, X., Jiang, H., He, N., Tao, J., Leng, S. X., Tong, T., and Woo, J. (2020) A research agenda for ageing in China in the 21st century (2nd edition): Focusing on basic and translational research, long-term care, policy and social networks. *Ageing Research Reviews*, 64, 101174.
- [6] Iwagami, M. and Timaya N (2019) The Long-Term care insurance system in Japan: past, present, and future. *Japan Medical Association Journal*, 2(1), 67–69.
- [7] Yamada, M. and Arai, H. (2020) Long-Term care system in Japan. *Annals of Geriatric Medicine and Research*, 24(3), 174–180.
- [8] Tan, X., Zhang, Y. and Shao, H. (2018) Healthy China 2030, a breakthrough for improving health. *Global Health Promotion*, 26(4), 96–99.
- [9] Krings, M. F., Van Wijngaarden, J. D. H., Yuan, S. and Huijsman, R. (2022) China's Elder Care Policies 1994–2020: A Narrative Document analysis. *International Journal of Environmental Research and Public Health*, 19(10), 6141.
- [10] Feng, Z., Glinskaya, E., Chen, H., Gong, S., Qiu, Y., Xu, J. and Yip, W. (2020) Long-term care system for older adults in China: policy landscape, challenges, and future prospects. *The Lancet*, 396(10259), 1362–1372.