

# *Exploration of Rural Elderly Care Models under the Growing Aging Situation—Take Rugao City, Jiangsu as an Example*

Qian Jingxing\*

*Shanghai Starriver Bilingual School, Shanghai, 201100, China*

*jason\_qian\_2008@outlook.com*

*\*Corresponding author*

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**Abstract:** China's aging problem is becoming more and more serious, of which the rural aging degree is higher, faster, large population size, and make the old age problem is particularly prominent. In the context of the gradual fading of the traditional model of old age, how to "old age care, old age medical care, old age learning, old age education, and old age happiness" to put into practice<sup>[1]</sup>, governments at all levels are doing active exploration. This paper takes the "community embedded elderly care" service model of Rugao City, Nantong, which is one of the world's six famous "hometowns of longevity", as an example to sort out and analyze the service features of "institutional elderly care as a pillar, community elderly care as a support, and home-based elderly care as a foundation", and found out hte model is very social significance, and can be replicated, easy to promote, can greatly solve China's rural pension problems in various aspects.

## 1. Introduction

Referring to the "Population Aging and Its Socio-Economic Consequences" issued by the United Nations, "when the number of elderly people aged 65 and above in a country or region accounts for more than 7% of the total population, it means that the country or region has entered into the aging process". According to the international standard<sup>[2]</sup>, the aging of China's population has now reached a more serious level because, according to the data of the National Bureau of Statistics, by 2020, there will be 264 million people over 60 years of age in the country, accounting for 18.73% of the country's population, while 194 million elderly people over 65 years of age will account for 13.52% of the country's total population. Among them, the rural 60+ and 65+ populations account for 23.81% and 17.72% of the total rural population respectively, which are 7.99 and 6.61 percentage points higher than the corresponding elderly population in towns and cities respectively. There are 264 million people over the age of 60 in China, of which the rural elderly population has reached 121 million, accounting for 45.83% of the total elderly population. <sup>[3]</sup>Therefore, how to solve the problem of Chinese farmers' old-age pension and ensure that their old age can be guaranteed is a crucial and complex subject. Since the 1980s, Western scholars have actively advocated welfare pluralism, believing that the more sources of welfare supply, the more conducive to improving the level of social

welfare.<sup>[4][5]</sup>

With the process of urbanization, the rural labor force outflow at the same time caused the elderly left behind is increasing, the elderly life lack of care and emotional unaccompanied; in addition, due to China's rural social security system is generally imperfect, the farmers have low or even no pension, and the health care system is also seriously insufficient, these reasons make the elderly in rural areas around the body will be more fragile, the physical conditions and the family situation is difficult to cope with the unexpected medical expenses. Based on the above situation, although governments at all levels are actively exploring and constantly innovating, but in the rural old age problem is still little effect. Rugao City, Jiangsu Province, as a nationally renowned longevity township, the problem of old age is also particularly prominent. In recent years, Rugao City, Rugao City, according to local conditions to promote the innovation of elderly services, and several times won the "National Advanced County (City) for the work of the elderly". Rugao City's "community embedded elderly" service model is of great social significance and can be replicated and easily promoted.

## **2. Overview of the current rural pension model in China**

The traditional concept of old age in rural areas has the following models:

### **2.1 Aging in Place**

Home-based old-age care is the oldest mode of old-age care and the main mode of old-age care for the elderly in rural areas in China. It relies mainly on children, forming a natural old-age security system. However, with the process of urbanization, the exodus of the main workforce from rural families or the changes in the 421 family structure have caused enormous pressure on family old-age care, all of which have increased the difficulty of ageing at home;

### **2.2 Community Aging**

On September 23, 2019, the Ministry of Civil Affairs published the Implementing Opinions on Further Expanding the Supply of Elderly Services and Promoting the Consumption of Elderly Services<sup>[6]</sup>, which takes community elderly care as the first element of the construction of elderly care services, and positions community elderly care institutions as community elderly care institutions capable of providing comprehensive functions such as all-inclusive care, day-care, door-to-door services, and downstream guidance. However, rural community elderly care centers and day-care centers are limited in their ability to provide care for the elderly because of a lack of space, incomplete facilities and functions, and because of the conservatism of the elderly and their inability to pay;

### **2.3 Institutionalized retirement**

At present, most of the rural elderly service institutions in poor conditions, still remain in the simple old-age life care level, the high vacancy rate of beds did not play its due role; and due to the low spending power of farmers, the institution's profitability is small, it is difficult to pry social capital to enter, it is more difficult to attract professional and stable service personnel to enter, the above reasons greatly limit the quality of service of the rural institutions for the elderly.

## **3. Analysis of the current situation of the Rugao population**

Rugao City as the sixth "World Longevity Hometown" with a resident population of 1,238,000 people. Among them, 308,600 elderly people over 60 years old, accounting for 31.2% of the resident

population; 67,600 elderly people over 80 years old, accounting for 5.46% of the resident population; 374 centenarians, the total number of the country's counties (cities) first. What goes hand in hand with the longevity of the residents is the problem of old age.

### 3.1 Analysis of the composition of demographic data

According to the seventh population census data in Rugao City, the resident population of Rugao City, the population aged 60 and above is 386,019, accounting for 31.2%, of which the population aged 65 and above is 295,288, accounting for 23.8%, as shown in Table 1:

Table 1: Age Composition of the Rugao Population in the Seventh Population Census

<b>(a person's) age</b>	<b>Population (persons)</b>	<b>Specific gravity (%)</b>
(grand) total	1238448	100
0-14 years	152124	12.3
15-59 years	700305	56.5
60 and over	386019	31.2
Of which: 65 years and over	295288	23.8

Data source; Rugao Municipal People's Government 7th National Population Census Bulletin

According to the United Nations standard, if the population aged 60 and above exceeds 10%, 20% and 30%, or if the population aged 65 and above exceeds 7%, 14% and 21%, it is considered as a mildly aging society, a moderately aging society and a deeply aging society respectively<sup>[3]</sup>. According to this standard, Rugao City has entered the deep aging society earlier than other cities. With the gradual promotion of urbanization, the rural population gradually decreases, comparing the data of the fifth, sixth and seventh national census, it can be seen that the urbanization rate of Rugao City has increased from 25.01% to 61.52%, as shown in Table 2:

Table 2: Comparison of Urbanization Rate Data from the Fifth, Sixth and Seventh Censuses of Rugao City

<b>norm</b>	<b>Seventh Census</b>	<b>Sixth Census</b>	<b>Fifth Census</b>
resident population	1238448	1267066	1362533
urban population	761879	614909	340836
urbanization rate	61.52%	48.53%	25.01%

Data source; Red and Black Population Database Rugao City Population Data

Urbanization has changed the places of residence and lifestyles of young people, resulting in a serious exodus from the countryside and an increasingly obvious hollowing out of the countryside. As for the elderly, most of them still choose to stay in the countryside for their old age due to the influence of traditional concepts such as the return of leaves to their roots, and the problem of the elderly left behind and empty nesters in the countryside is becoming more and more pronounced.

One of the most common modes of care for the elderly in rural areas, which accounts for 75 per cent of the total elderly population in Rugao, is home-based care. With the 421 family model has become the mainstream and the further deepening of social aging, which means that the unit family elderly population increase and the increase in old-age support expenditures, but also foretells the shrinkage of the family old-age function and social old-age function of the expansion of the inevitable. How to make such a large group of elderly people to spend their twilight years in peace is a major problem that Rugao policy needs to be solved. Therefore, vigorously pushing forward reforms to improve the existing rural pension service system is an important initiative for Rugao to realize healthy aging.

### 3.2 Rugao City farmers pension model exploration along the way, but also encountered a variety of difficulties

#### 1) The limited role of rural social security systems:

A common problem in rural areas in China is that the social security system started late, and provinces and cities are still in the process of further improvement. Rugao City also has this same problem, the new rural cooperative and the new rural insurance policy for the rural elderly play a small role in old age. Part of the reasons are lack of personal awareness, low willingness to participate in insurance, choose the lowest contribution standard or do not pay any insurance, the other reasons are due to lack of fixed medical examination habits, or professional knowledge of body maintenance, delayed medical treatment which cause minor illnesses become to serious illness. Although some effective major illness insurance has been introduced in recent years, a large proportion of the elderly are still unable to pay the huge medical expenses.

#### 2) Rural old-age provision institutions are single, with insufficient facilities and a lack of specialized personnel:

Rugao rural areas of nursing homes or community aged care centers and other elderly service institutions and other provinces and cities in rural elderly institutions, there is a single, insufficient beds or backward facilities can not meet the needs of the elderly in all aspects; and due to the low level of the rural economy, attracting professional nursing and rehabilitation personnel, the lack of long-term corresponding supervision and service standards, the quality of service of the elderly institutions can not be effectively safeguarded! In addition, there are often cases of scolding and abuse of the elderly, especially those who are incapacitated or have half a year's disability. Such incidents have been frequently reported, leading to a large proportion of elderly people preferring to age at home rather than choosing an institution, and the vicious circle will also lead to the operation of the institution being unsustainable due to a lack of occupants.

#### 3) Older people have a low sense of participation, low acceptance of new things, and poor use of smart phones and computers:

China's current model for allocating resources for the elderly is generally a top-down model, and Rugao City is no exception. The government allocates all kinds of limited resources not on the basis of demand but in order to ensure the maximization of benefits, which results in an irrational allocation of resources for the elderly and an inefficient supply. Rural elderly can only become passive recipients of resources, rather than active decision makers, at the same time, the rural elderly are generally poorly educated, conservative ideological concepts, for new things are holding a wait-and-see exclusionary attitude, most rural elderly on institutionalized old age care, smart old age care, medical care and integration of the new model of old age care are skeptical of such a novelty to hold a wait-and-see attitude. Rugao City attempted to promote the process of smart old age, there are a lot of old people think that they have encountered a liar, resulting in a certain impact on the publicity efforts. Coupled with the elderly for the use of smart phones, computers, the ability to use the poor, smart elderly in the implementation of the landing also encountered a lot of difficulties.<sup>[7]</sup>

## 4. Introduction to the Community Embedded Elderly Model

To cope with the issues such as insufficient rural pension facilities, no dedicated and professionals management, and low service quality, after years of continuous exploration, Rugao City innovated the traditional pension model and found out a home based care service and socialized operation model: "community embedded senior care" model, this model is characterized by the combination of institutional, community and home care as the basis of business model. It provides the elderly in villages and towns with rehabilitation and exercise, spiritual care, meal assistance, senior classes and other services, breaking down the boundaries of home, community and institutional care.

## 4.1 Community Embedded Aging Model Features

"Embedded" home care, that is, elderly care institutions centered in villages and communities, with the help of community venues and layout resources, transformed into "embedded homes for the elderly". Elderly people can be "full care" or "day care" according to their individual needs, so that the elderly recipients do not leave their villages, and receive care in a familiar environment, which not only relieves the homesickness of the elderly, but also facilitates the visits of their children. At the same time, it provides three types of core elderly services, including rehabilitation training, short-term foster care, and home care, including health counseling, preventive care, chronic disease management, community care, and in-home nursing care. It can provide services and care for the elderly like "neighbors", especially for the disabled and mentally retarded elderly who receive care and rehabilitation training here during the day and can return to their own homes at night. This mode of ageing enables the elderly to spend their twilight years in the company of loving relatives and friends without leaving their familiar environment.

## 4.2 A case study of "community-embedded elderly care" in Dingyan Township:

### 1) A walk-through experiment

A few days ago, I visited the Long Life Star Elderly Care Home, a retirement home service center in Chaoyang Village, Dingyan Town, Rugao City, and interviewed the person in charge of this center, Auntie Tao Zhihong, to learn more about the current operation and difficulties of this center. This center is located in the party service center in an exclusive courtyard, different from the general nursing home, it is based on the living habits of the elderly in rural areas of Rugao made some additions to the center for the elderly to open up vegetable gardens, fish ponds. The elderly can grow vegetables, fish, chickens, etc., so that they can retire in a familiar way of life. The current bed fee for the elderly ranges from 2,000 to 3,000 yuan per month, and among the 12 elderly people living there, there are four disabled and two mentally retarded. The government subsidizes 80 yuan per bed per month, and because the rooms are provided by the community, the daily consumption of vegetables will also be self-sufficient, and the main expenses are the salaries of four escorts and the cost of water, electricity and coal. It has been operating at a loss for the first two years of its operation, and has only gradually improved as the number of residents has increased.

### 2) Provide door-to-door service:

In order to expand the scope of services so that more elderly people can benefit from pension services, Changshouxing Pension Service Center piloted the model of home-based pension services into the door help the elderly who are not willing to leave their homes to provide help personal clean, meals, medical, bathing, exercise, emergency, officing, law, and the joy named "nine help" door-to-door service model, at present, more than 850 elderly people in 10 villages in Dingyan Township benefited from the nine help services, and truly realize the Warmth to home without leaving home.

### 3) "Home-based intelligent ageing" helps to grid the service management:

In 2017, Dingyan Township in Rugao Municipal Government under the overall coordination of the joint Changshouxing Pension Service Co., Ltd., please experts door-to-door guidance, information technology, network technology is directly applied to the "rural community home care grid" to build. All of the town's 13 home care service sites have the information files of the elderly who need the home care services, which can effectively achieve the goal of "no one is missed". From every site to every service elder, no matter the site responsible, community volunteers, pair communication, composed into a three-dimensional local area network and make the Changshouxing rural community home care operation quickly and effectively.

## **5. Problems with the Community Embedded Elderly Model**

### **5.1 The senior center has a low occupancy rate**

Although these centers are not privately owned and operated for profit, they are subject to the pressure of operating costs, and the cost of a bed for each elderly person is the main source of the center's expenses. Although the cost of a bed is much cheaper than a regular nursing home, for the majority of the rural elderly who do not have the security of a pension, the monthly cost of a bed is a huge expense, beyond the reach of the vast majority of the rural elderly. Therefore, the center has been in operation for about five or six years, 19 beds are basically living in about 12 people, the occupancy rate is only 64%; the bed fee problem will put a lot of elderly people who have the need to be shut out of the door, can only be passive choice of the elderly at home.

### **5.2 The Center has limited funding and is severely understaffed to provide services**

These centers are public-private owned and operated and need to be self-sustaining, and the biggest expense for the centers is the wages of the caregivers. With insufficient income, the number of caregivers that can be recruited is very limited, and many of the caregivers are housewives from nearby villages, who usually have their own families to take care of, and the working hours they can provide are also limited; however, most of the elderly people who live in the centers are either disabled or mentally retarded, which makes the requirement for staffing ratio higher than that of the general elderly care centers. Therefore, there is often a shortage of manpower.

### **5.3 There is a single range of services available at the Senior Center**

At present, the services provided by such institutions are only limited to full care or individual solutions to old age problems, such as bathing assistance, meal assistance, mobility assistance and other single problems, which are unable to meet the diversified needs of elderly people in different situations. For example, different service systems should be developed for different groups of people who are disabled, mentally retarded, or semi-disabled or semi-demented, so that the elderly or their families can meet their individual needs even if they do not have enough money or do not want to leave their own family homes.

### **5.4 The regulatory system for senior centers is inadequate**

Policies and regulations for the supervision of elderly institutions and communities are still inadequate. Although government departments regulate the operation of such institutions, the supervision is often carried out by internal personnel, i.e., it relies mainly on internal supervision and lacks external supervision by a third party. In addition, the role of community supervision is limited. Elderly people living at home in the community may reflect to the community problems with the services they receive, but the reflections are often only recorded, and there is no dedicated person to provide feedback to the elderly and offer solutions.

## **6. Suggestions for the development of a community-embedded model**

### **6.1 To step up efforts to publicize and promote the community-based embedded elderly care model, so as to increase the occupancy rate**

Government forces should be used to increase the publicity of community-embedded elderly, through leaflets, door-to-door preaching, centralized lectures and other channels to the nearby

radiation of the village and town of the elderly publicity, so that more elderly people on the community-embedded elderly mode of service content, form, fees, environment, etc. have a full understanding of the contents of the community-embedded model of care, to increase the old people's enthusiasm for the community pension and participation, and then can be a greater degree of elderly service centers to promote the occupancy rate. Occupancy rate, occupancy rate increase can promote community service centers virtuous cycle, and ultimately can effectively solve the rural elderly the most simple "old age care" of the demand.

## 6.2 Trying to introduce a time-banking model to address staffing shortages

The time-banking model of old-age care advocates the provision of old-age care by the younger elderly in good health to the older elderly in poorer health, with time money serving as the medium of exchange for old-age care. <sup>[8]</sup>It sprouted in Japan and the United States, Teruko Mizushima (Teruko Mizushima) in 1973 established Volunteer Labor Bank (Volunteer Labor Bank), members of the use of Love Currency (Love Currency) for mutual aid in labor; Edgar Cahn in 1980 proposed the current concept of "time banking", using time as a medium of exchange for elderly services. Edgar Cahn proposed the concept of "time banking" in 1980, using time as currency, and established the first time bank in the United States in Florida in the mid-1980s. <sup>[9][10]</sup>In today's society, due to the improvement of medical technology, the level of all human bodily functions is also increasing, and the age of incapacity is also moving backward. It is recommended that the government level should carry out publicity and organize and mobilize the rural lower-aged elderly to provide life care for the higher-aged elderly. The introduction of time banks in rural areas has several advantages:

1) "The traditional idea of helping each other is more important than that of a close neighbor, which is deeply rooted in the hearts of the people and has an ideological basis for its implementation.

2) This is even more pronounced in rural societies of acquaintances, where everyone knows everyone, which is conducive to suggesting a relationship of trust, a relationship of trust that is the cornerstone on which time banks can operate.

3) Most of the elderly in rural areas have no pension and worried for the future of the old age problems. At this stage, the low elderly is the the first batch of parents who followed the China Family Planning policy from 1980s, the composition of the many families is 4-2-1 model, based on these reasons, the low elderly in rural areas are more motivated to participate in the time bank.

## 6.3 Improvement of the function of embedded elderly services in the community

In view of the fact that the vast majority of rural elderly people do not have a fixed income and cannot pay the monthly bed fee, which leads to the phenomenon of passive home care, and because the "Nine Helping Hands" door-to-door service and the intelligent elderly care model currently being introduced are relatively homogenous in terms of the content of the service provided, which solves the problem of the elderly in their old age in a single issue. It is recommended that a single service be packaged to form a composite service model with fixed service content and fixed service time, and that different fees be set according to different models. This can meet the customized needs of different elderly people living at home, and this part of the income can also be fed back to the elderly center, which can increase the income of the center, and then increase more advanced facilities, equipped with more professional personnel, so that the center can operate better and serve more elderly people.

## 6.4 Utilizing the roles of the government, the community and third-party organizations to improve the regulatory system.

First, the Government should formulate appropriate policies and regulations to supervise the conduct of communities and elderly organizations. Secondly, village communities can set up specialized departments to give full play to the role of community supervision. On the one hand, the full-time department receives opinions and suggestions from the elderly on senior care services by setting up opinion books, complaint telephone numbers and e-mail addresses, and formulates corrective measures in cooperation with senior care institutions; on the other hand, the full-time department takes the initiative to supervise the work of senior care services by being responsible for their counterparts and by paying unscheduled return visits. Finally, the government has joined forces with third-party organizations to play the role of external supervision. The Government can commission a third-party organization to supervise the elderly care institutions and communities involved in "chained elderly care" services, in order to make up for the shortcomings of internal supervision.

## 7. Conclusions

In summary, with the further deepening of social aging, Rugao municipal government for rural pension encountered a variety of problems, after years of continuous exploration, the traditional pension model to improve the search for a set of public-private pension operations based on the community embedded pension model. This model is centered on the village (community), through the village (community) to provide unused rooms, to create a platform for the elderly at home, so that the elderly recipients do not leave home without leaving the village, in a familiar environment to receive care, this "embedded" new model of old age in the town of Dingyan and the town of Xia Yuan gradually established the village (community) pension services chain of operation mechanism! "Longevity Star Pension Service Center. At present, the Longevity Star Pension Service Center chained Dingyan Township Home for the Elderly and Xiayuan Township Home for the Elderly, respectively, there are 13 villages (communities) and 5 villages (communities) Pension Service Station chained operation. Pension service center based on the needs of the masses, set the five guarantees for the elderly, social foster care, social assistance as a whole, the extension of pension services to the villages (communities), residents at home. For the disabled, mentally retarded elderly can be realized below the market price of the cost of full-care services, but also with the help of the "Home Wisdom Elderly" platform to the villages and towns to provide more elderly people with "nine help" services, the real realization of the old people to have a sense of nourishment, the old people have fun. However, in this mode of exploration process also found a lot of problems, such as occupancy rate is not high, a single service program, the shortage of service manpower, the supervision system is not perfect and so on. Therefore, in order to promote the further development of the "community embedded" model, it is necessary for the institutions to continuously enrich their service programs to meet the individual needs of different groups of people, for the government to improve the supervision system with the help of the community and third-party institutions, and for the government to vigorously promote the time-banking model and expand the team of volunteers to achieve the goal of "community embedded", then the "community embedded" service model can have a sustainable development and better to meet the needs of the elderly.

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