Analysis of the Combined Medical and Elderly Care Model in Anhui Province Under the Background of Healthy Aging

Wang Yuanyuan[1], Song Wenting[1*], Bai Yiqing[1], Kang Xiao[1], Zhou Jingchun[2]

[1]School of Medicine, Henan Polytechnic University, Jiaozuo Henan 454000, China;
[2]Beijing Ben Cao Fang Yuan Pharmaceutical Group Co.
Email: pe_wangyuanyuan2@126.com, songwenting@hpu.edu.cn

Abstract Against the backdrop of the imperative for healthy aging, the combination of medical and elderly care emerges as a viable model to address the diverse needs of the elderly. This approach facilitates access to high-quality medical resources and health management and underscores the pivotal role of comprehensive elderly care in advancing the cause of healthy aging in the contemporary era. This study delves into the trajectory of population aging in Anhui Province from 2012 to 2021. Utilizing the gray GM (1,1) model, our analysis foresees continual growth in both the population and proportion of individuals aged over 65 from 2022 to 2031. Consequently, there is a concurrent rise in the demand for elderly care, making the implementation of an enhanced healthcare and nursing care model imperative. Employing the PEST model, we scrutinize the policy, economic, social, and technological landscapes influencing the implementation of the healthcare and nursing care model in Anhui Province. Our findings indicate the practical feasibility of the model within the current environment of Anhui Province. We distill the challenges and current state of the combined healthcare model's development in the region, presenting corresponding countermeasures to address implementation issues. This study provides a valuable reference for the realization of high-quality medical care combined with elderly care services in Anhui Province.

Keywords Combination of medical and elderly care; Gray prediction model; PEST model; Health aging

1. Introduction

According to the findings from the seventh population census released by China's National Bureau of Statistics, the population aged 65 and above in China has surpassed 190 million, constituting 13.5% of the total population[1], thereby intensifying the aging demographic trend. Concurrently, the surge in the aging population is accompanied by an escalation in health risks. A staggering 75.8% of elderly individuals in China grapple with chronic diseases, underscoring the imperative for enhanced medical care as a pivotal requirement in their advanced age[2].

In response to these challenges, the state, in its 2015 "Guiding opinions on promoting the combination of medical and health care and pension services" explicitly advocated for the establishment and enhancement of collaboration mechanisms between medical and healthcare organizations and elderly services providers. This initiative gave rise to the "combined medical and elderly care service model" a groundbreaking approach in the context of healthy aging in China. This model, innovatively introduced, integrates medical care and elderly care to provide elderly individuals with comprehensive services encompassing medical treatment, life care, and health management. The aim is to address the evolving needs of the elderly for healthy aging, enhance their

overall health, alleviate the burden on families and society, and elevate the well-being of the elderly[3]. This innovative model not only caters to the needs of the elderly and enhances their health but also reduces the societal and familial burden while optimizing the efficiency of social resource utilization.

Currently, scholarly discourse predominantly revolves around qualitative analyses and arguments regarding the necessity and feasibility of the combined medical and nursing care model at the national level, with a scarcity of quantitative analyses. Given the vast and economically diverse landscape of China, there is a need for in-depth research focusing on regions grappling with pronounced aging issues. Anhui Province, having entered the aging society in 1998, stands out as a pertinent case study. The seventh national census data in 2020 reveals that the proportion of the population aged 65 and above in Anhui exceeds 15.01%, surpassing the threshold for a medium-aging society. Building upon prior research, this paper designates Anhui Province as a representative case study to conduct a comprehensive analysis, employing a research methodology that combines qualitative and quantitative approaches, to assess the necessity and feasibility of developing the combined medical care and nursing care model in the region. This analysis aims to provide insights into the unique challenges and opportunities presented by Anhui's aging demographic and contribute to the broader discourse on the development of medical and nursing care models in specific regional contexts.

2. Data and Model Description

2.1 Data Description

The data and information utilized in this study were meticulously gathered from authoritative sources, including the Anhui Provincial Statistical Yearbook, the People's Government of Anhui Province, and the official websites of the Department of Civil Affairs and the Health Commission of Anhui Province.

2.2 Research methodology

2.2.1 Gray prediction GM (1,1) model

The gray prediction GM (1,1) model, originally proposed by Professor Deng Julong[4], excels in modeling systems with limited data, providing accurate short- and medium-term predictions. In this paper, the GM (1,1) model is applied to forecast the number and percentage of individuals aged 65 and above in the next decade. The data for this forecast spans from 2012 to 2021 and encompasses information on the total resident population, the number of elderly individuals aged 65 and above, and the percentage of aging in Anhui Province.

Procedure

Data Collection: Information on the resident population and elderly population aged 65 and above in Anhui Province from 2012-2021 was meticulously extracted from the Anhui Statistical Yearbook, forming the original *X(0)* data series.

Formula Application: The original sequence is methodically substituted into the formula for

$$\lambda(\kappa) = \frac{\chi^{(0)}(\kappa-1)}{\chi^{(0)}(\kappa)}, k = 2,3,\dots n \qquad (1)$$

The resulting values fall within the ($e^{\frac{-2}{n+1}}$, $e^{\frac{2}{n+2}}$) interval, facilitating the construction of the GM (1,1) model using the original data series

Parameter Estimation: Parameters 'a' and 'u' are meticulously obtained via least squares fitting based on matrices B and Y. The time response equation is derived using the calculated values. The model fitting test yields a residual of 0.023393<0.1, affirming the model's capability to fit the original data. Therefore, utilizing the gray model GM(1,1) is considered reasonable for predicting the total population and the number of elderly people in the future of Anhui Province.

Prediction: Assigning values to k in the time response equation provides precise estimates for the total population and the number of elderly individuals over 65 years old for the years 2022-2031.

2.2.2 PEST model

The PEST model, proposed by scholars Scholes and Johnson, effectively analyzes external factors in the industry. It comprehensively examines the macro-environment through four levels: policy, economy, society, and technology. This paper analyzes the political environment of medical and elderly policies in Anhui Province, utilizing the "PKULAW" retrieval system to collect and analyze key policy data. As a public service, the supply of nursing services closely relates to government finance. This paper selects two indicators – general public budget revenue and health expenditure – to analyze the economic environment for promoting the Combination

of Medical and Elderly Care models. The analysis of the social environment aims to understand the specific conditions for the survival and development of the medical and elderly care model in the current society of Anhui Province. The technical environment is analyzed through descriptive statistics, employing statistical information on technical equipment and skill levels of talents in the field of medical and elderly combination, published on the official website of the Anhui Provincial Civil Affairs Department.

3. Results and Discussion
3.1 Analysis of the necessity of the combined medical and nursing care model in Anhui Province
3.1.1 Current situation of population aging in Anhui Province

In 2021, the elderly population aged 65 years and above in Anhui Province was 9,438,500, accounting for 15.44% of the total population of the province, with a year-on-year increase of 0.43% in 2020. The statistical results of the ratio of the elderly population aged 60 years and above to the elderly population aged 65 years and above in Anhui Province in 2021 are shown in Table 1.

Table 1: Aged Population Structure in Anhui Province (2021)

Location	Total Population (in 10,000)	Share of 60 Years and Over (%)	Share of 65 Years and Over (%)
Whole province	6113.00	18.75	15.44
Hefei city	946.50	15.08	12.44
Huaibei city	197.40	16.54	13.75
Bozhou city	498.60	17.13	14.11
Suzhou city	532.50	18.04	15.13
Bengbu city	331.70	18.13	14.84
Fuyang city	817.10	16.91	14.03
Huainan city	304.00	21.44	17.12
Chuzhou city	399.00	19.84	16.52
Luan city	440.50	20.92	17.18
Maanshan city	215.70	21.24	18.08
Wuhu city	367.20	19.81	16.58
Xuancheng city	248.70	22.39	18.71
Tongling city	130.60	22.84	18.13
Chizhou city	133.10	22.81	17.72
Anqing city	417.10	21.22	17.25
Huangshan city	133.20	23.72	18.74

According to international standards, in 2021,16 municipalities in Anhui Province have entered the aging society. Except for Hefei City and Huaibei City, the remaining 14 municipalities have entered a state of deep aging society. The order of each municipality is the same in the statistics of the proportion of elderly people over 60 and 65 years old. Hefei City, as the capital city of the province, has the advantage of economic development to bring in a large number of young and strong labor force inputs. The statistics on the proportion of the elderly population are at the lowest entry in the province. Although Huaibei City has not yet formally entered a deeply aging society, Table 1 shows that its degree of aging is approaching deep aging, which is also not optimistic.

3.1.2 Development trend of population aging in Anhui Province

According to the statistical yearbooks of Anhui Province in the past years, the total resident population, and the number of people over 60 and 65 years of age in Anhui Province from 2012 to 2021 were compiled. The aging rate was calculated, and the results are shown in Fig.1.
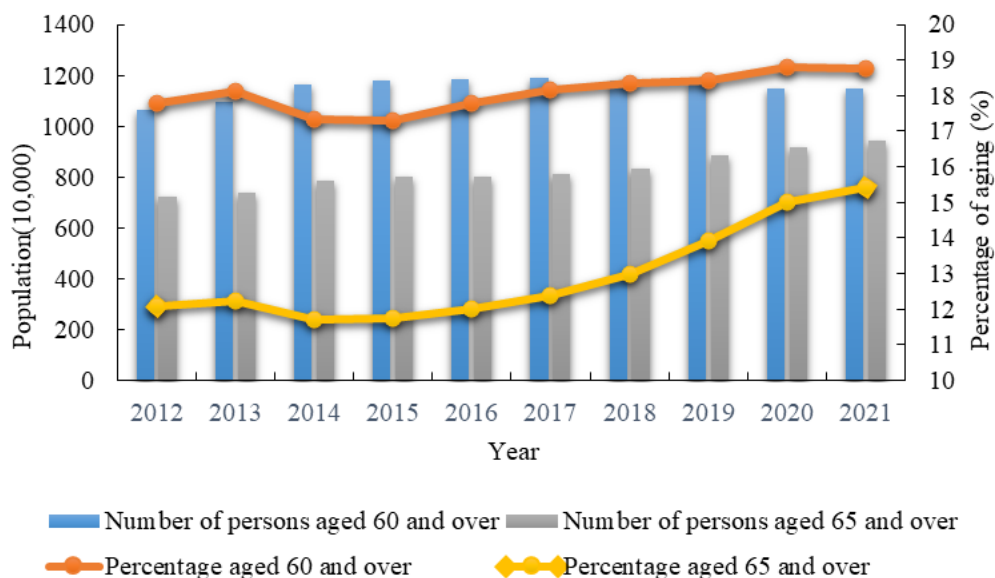
Figure 1: Trends in Aging in Anhui Province, 2011-2020

As can be seen from Figure 1, the development trend of the proportion of the population aged 60 years and above and the population aged 65 years and above in Anhui Province from 2012 to 2021 is consistent, with an overall upward trend. Although the proportion in 2014 is lower than the data in 2013, the proportion of the population aged 60 years and above and 65 years and above has been increasing year by year since 2014, and the trend of aging is obvious, especially the proportion of the population aged 65 years and above has been developing rapidly in the past five years. Since 2011, the proportion of people aged 65 and over in Anhui Province has always been above 11% and will reach 14% for the first time in 2020, entering a deeply aging society.

3.1.3 Development forecast of population aging in Anhui Province

Predicting the future development trend of the elderly population can guide the development planning of healthcare integration and lay the foundation for exploring the effective development model of healthcare integration. According to previous studies, the target population of medical and nursing services under the development of new healthy aging should be all elderly people, including functional, declining, and disabled elderly people. Therefore, this study equates the number of people in need of medical and nursing care to the number of people aged 65 years and above in the province.
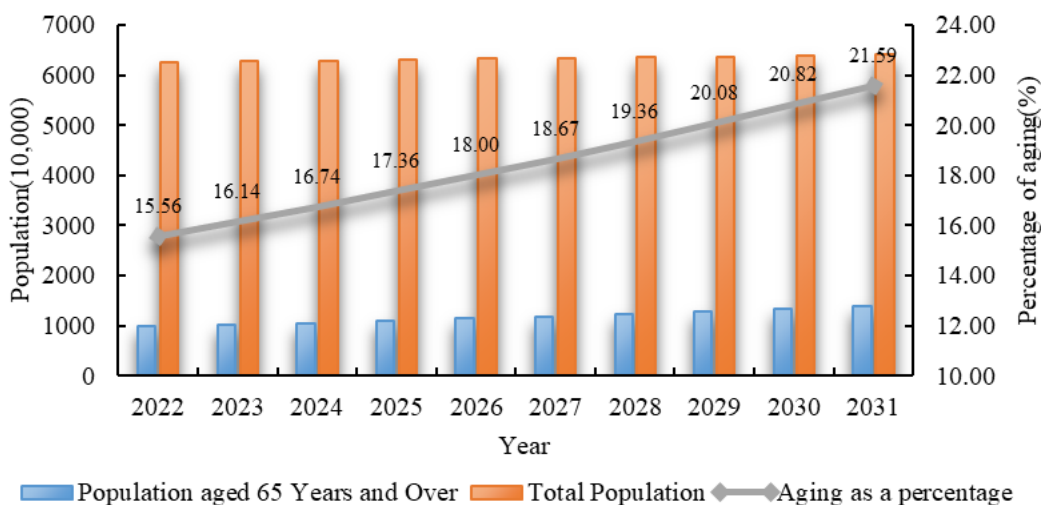

Figure 2: Projected Elderly Population Aged 65+ in Anhui Province (2022-2031)

Based on the gray GM (1,1) model using data from 2012-2021, projections indicate that the elderly population (aged 65 and above) in Anhui Province will continue to increase, surpassing 10 million for the first time in 2023, posing a significant challenge. Research statistics suggest that improving the medical level of nursing institutions can reduce the mortality rate among the elderly by 10%-15% in the United States[5]. The integration of medical and nursing services, as well as healthcare resources, becomes crucial for ensuring quality elderly care and addressing the challenges posed by the aging population[6]. China's focus on promoting medical and nursing care aligns with the Healthy China strategy, showing significant progress. As Anhui Province enters a deeply aging society, responding to national strategies by actively implementing policies on the combination of medical and nursing care becomes imperative. Scaling up the medical and nursing care industry is essential to meet the increasing demand, ensuring the quality and technical competence of service personnel.

3.2 Assessing the Viability of Integrating Medical and Nursing Care in Anhui Province: A PEST Model Approach

This study employs the PEST model to systematically assess the feasibility of advancing the integrated medical and nursing care model in Anhui Province. The analysis encompasses key aspects, including the policy environment, economic factors, social dynamics, and technical considerations.
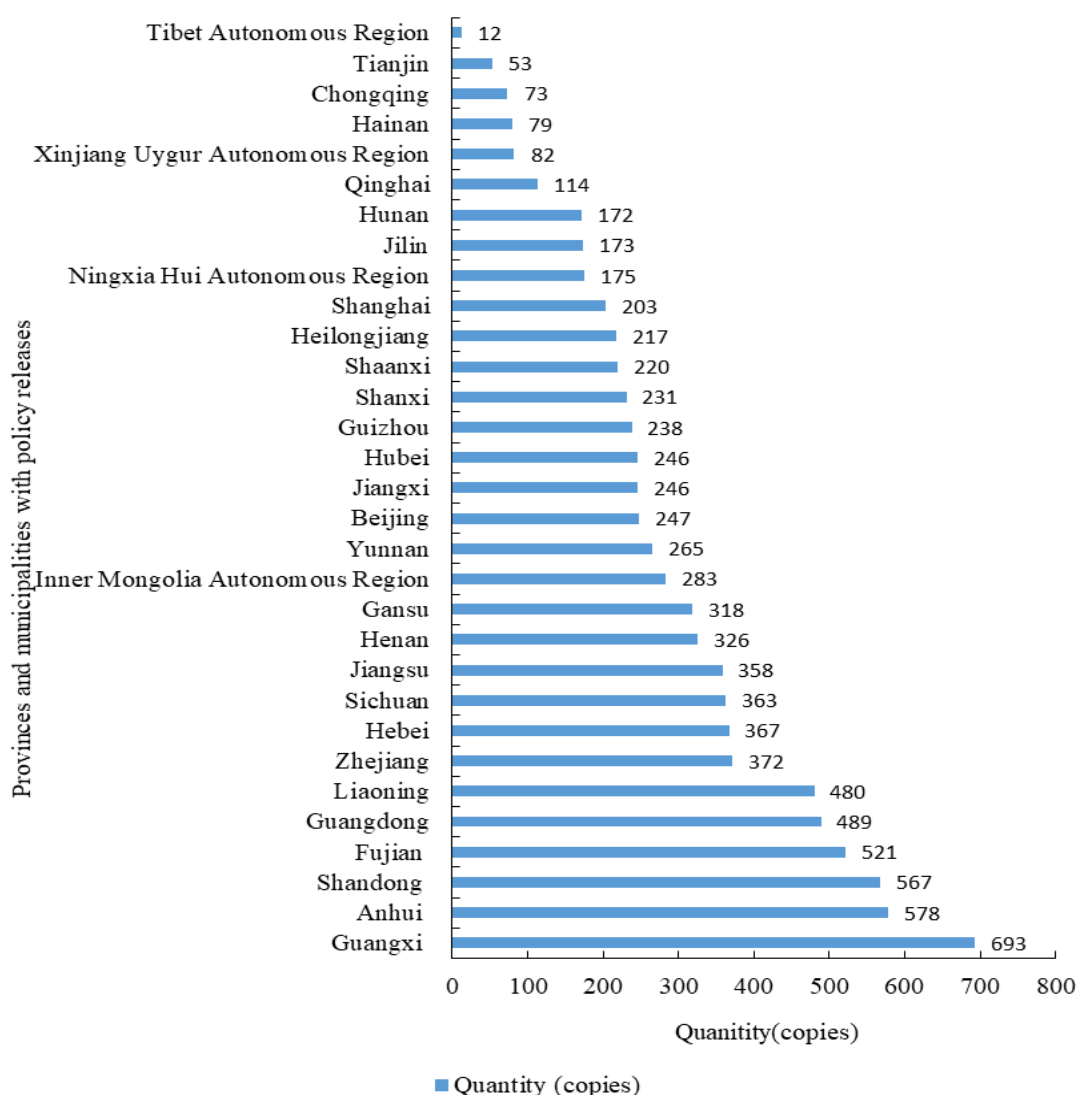
3.2.1 Political environment

Figure 3: Policy Releases on Medical-Nursing Care Integration: Nationwide Analysis

With the diminishing capacity of families to cater to the needs of the elderly and the evolving requirements for eldercare, traditional services are inadequate in adapting to the challenges posed by an aging society. Notably, as illustrated in Figure 3, during the Twelfth Five-Year Plan period, provinces have initiated policies to advance senior care services actively, particularly emphasizing the integration of medical institutions with senior care facilities to explore innovative solutions. The prevalent aging demographic has prompted Anhui Province to proactively implement the national strategy for addressing population aging. Consequently, a series of policies and measures have been introduced to expedite the robustness of the social security system and the elderly service framework. The passage can be further refined for a more scholarly tone. Here's an improved version: As indicated in the preceding table, as of August 2022,Anhui Province has issued a total of 578 policies related to the integration of medical and nursing services, securing the second position nationally in terms of policy volume. Notably, among these,185 policies were spearheaded by provincial entities, representing the highest number of policy documents within the province. Furthermore, cities in Anhui Province demonstrated noteworthy responsiveness, as illustrated in Figure 4. Hefei, the provincial capital, stands out by releasing 90 policy documents on the integration of healthcare and nursing—significantly surpassing the policy output of other cities in the region. In contrast, cities such as Lu'an, Suzhou, and Maanshan have issued a relatively modest number of policies, each in the single digits.
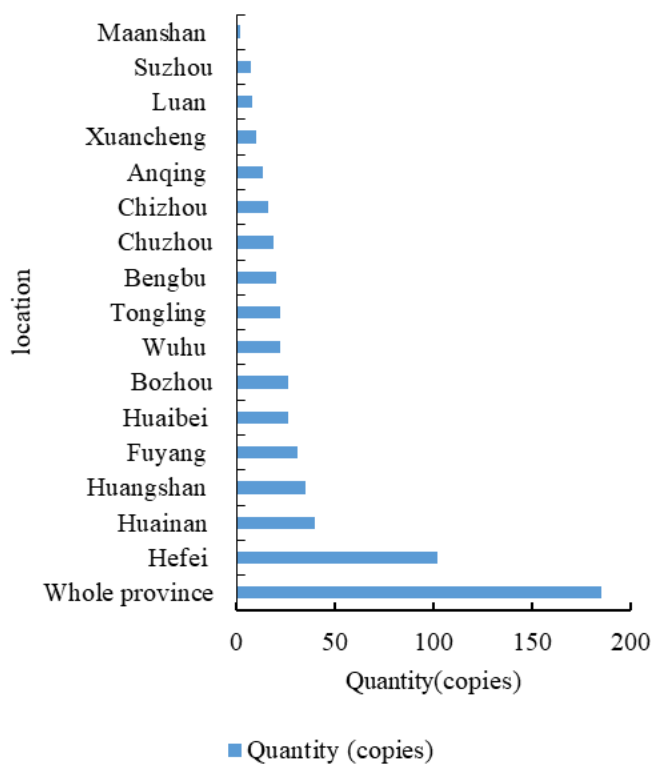

Figure 4: Trends in the Issuance of Policy Documents on Medical and Elderly Care Integration at Provincial and Municipal Levels in Anhui Province (2011-2022)

Figure 4 illustrates the annual distribution of policy documents addressing the integration of medical and elderly care in Anhui Province from 2011 to 2022.The earliest effective policy within the province is 'Opinions of the People's Government of Anqing municipality on accelerating the construction of elderly service system,' issued by the People's Government of Anqing municipality in 2012.This document advocates for the active exploration of innovative approaches to integrate medical and elderly care, emphasizing the expansion of community-based elderly health services. An important turning point occurred in September 2013 when the national government issued 'Opinions on Strengthening the Development of the Elderly Service Industry' and 'Opinions on Promoting the Development of Health Services.' These documents explicitly introduced the concept of 'medical care,' providing robust policy guidance for the integration of healthcare in Anhui Province and significantly

influencing elderly services. Subsequently, Anhui Province earnestly embarked on a comprehensive strategy to promote the combined model of medical and nursing care. Between 2014 and 2018,a substantial volume of policy documents aimed at promoting integrated medical and nursing care services was released.Post-2018,there is a discernible trend toward greater refinement in policy content, and the overall number of documents has stabilized. This trajectory underscores Anhui Province's distinctive commitment to navigating the challenging landscape of elderly care, reflecting a determined and evolving approach.
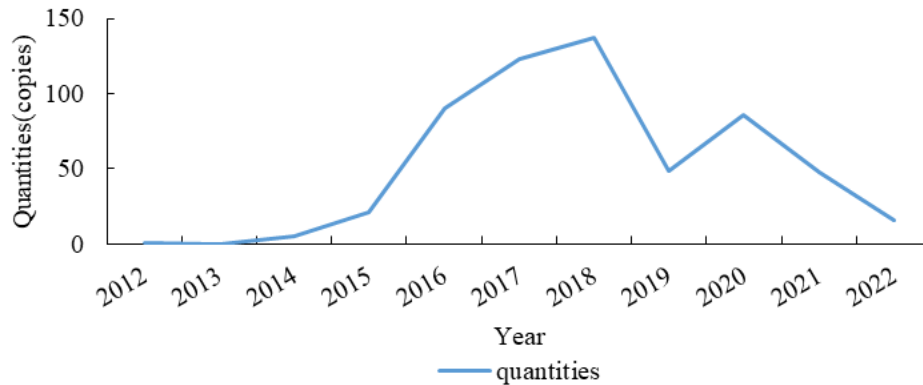

Figure 5: Temporal Trends in the Combination of Medical and Elderly Care Policies: An Analysis of Anhui Province (2012-2022)

3.2.2 Economic environment

The provision of medical and nursing services for the elderly is considered a public good, and the extent of its availability is inherently constrained by the financial capacity of the government[6]. Funding for these services is, in part, derived from government allocations, which are contingent upon the growth of government revenue[7]. The augmentation of government revenue is pivotal for optimizing the efficacy of the elderly healthcare model and channeling strategic influence. Health expenditures encompass various costs associated with healthcare for the elderly, including health management and expenditures incurred by medical institutions. In the current policy landscape, a comprehensive analysis of the general public budget revenue and healthcare expenditures in Anhui Province is imperative to effectively gauge the robustness of the support for the medical and nursing service model. Such an analysis provides valuable insights into the sustainability and efficacy of the healthcare provision for the elderly, aligning with the evolving policy landscape in Anhui Province.
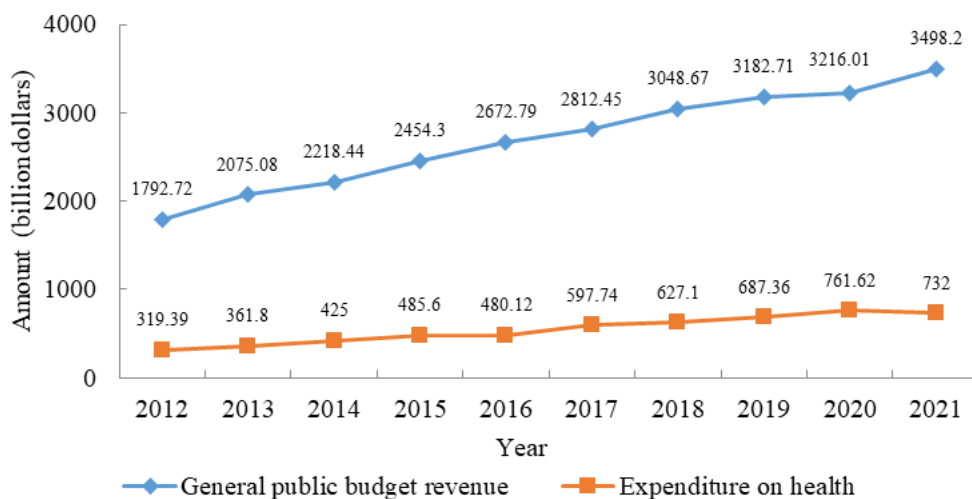

Figure 6: Anhui Province Public Budget and Health Expenditures (2012-2021)

Over the period spanning 2012 to 2021, Anhui Province has evidenced a conspicuous ascending trajectory in both general public budget revenue and health expenditures, indicative of a robust and steady economic growth. The discernible rise in health expenditure costs reflects a parallel augmentation in governmental investment in healthcare. With the escalating challenges posed by an aging demographic, the concomitant surge in demand for

pension and medical services has become apparent. To effectively promote the advancement of the integrated pension model, there is a corresponding elevation in the demand for financial resources, leading to a gradual augmentation of government financial subsidies.

3.2.3 Social environment

The model of combined medical and nursing care makes full use of social and medical resources, maximizes the combination of the functions of nursing care and medical institutions, and enables the two to give full play to their respective strengths and to achieve a situation of complementarity, interaction, mutual benefit, and mutual integration. Effective combination of the two, so that the elderly get the integration of medical and nursing services, to achieve the integration of demand and service, which can not only reduce the hospital "bed" problem, but also better deal with the emergency of nursing homes, and provide multi-faceted continuity of care services for the elderly[8]. In the UK, the content of medical and nursing services is mainly to rationalize the integration and distribution of community medical and nursing resources, assess and analyze the physiology and psychology of the elderly population, to provide comprehensive and systematic services for the elderly population from life care to medical rehabilitation care[9]. Therefore, the scale and service level of community nursing institutions have become an important basis for the development of medical and nursing service models. The statistical results are shown in Table 4, the number of service personnel in senior care institutions has been increasing, reaching 25,749 by 2021, and the scope of coverage is also expanding. Among them, the number of people working in urban nursing institutions has been increasing year by year, and the number of people working in rural nursing institutions has been sharply reduced in the 2014 reform, and the number has been increasing year by year in recent years after the standardization. The increase in the number of people working in elderly care institutions has eased the pressure of insufficient service supply and promoted the orderly development of elderly care services.

Table 2: Staffing Statistics in Elderly Care Institutions in Anhui Province, 2012-2021 (Number of Personnel)

Year	Institutions for the elderly in cities and towns	Rural elderly care institutions	Total
2012	2475	11166	13641
2013	2966	11449	14415
2014	3350	3345	6695
2015	4158	4569	8727
2016	4403	4754	9157
2017	5524	6667	12191
2018	6377	7671	14048
2019	8795	8096	16891
2020			24169
2021			25749

An empirical investigation and analysis of social institutions for the elderly in Anhui Province underscored the emphasis on the practical development of medical care. As early as 2013, Huaibei City established the Huikang Elderly Care Center, which introduced medical personnel to cater to elderly individuals with chronic diseases admitted to the center. This initiative explored the concept of 'embedding physicians within nursing care.' In January 2016, Hefei City's Binhu Hospital entered into a partnership with Zhenya Nursing Residence in Baohe District, pioneering an innovative medical consortium model—a notable practice in the integration of medical and nursing care in Anhui Province. In June of the same year, Wuhu City and Chizhou City became part of the initial group of national medical care combination pilot projects. Anhui Province, in alignment with its unique circumstances, demonstrated proactive engagement by vigorously promoting the development of traditional Chinese medicine, particularly in Bozhou City, recognized as the 'hometown of traditional Chinese medicine.' This endeavor resulted in the establishment of rehabilitation hospitals and nursing homes with traditional Chinese medicine characteristics, tailored to meet the needs of the elderly population.

3.2.4 Technical environment

High-quality facilities and equipment form the foundation for ensuring service quality. Against the backdrop of rapid Internet technology advancements, the emergence of intelligent aging and digital innovations has become an inevitable trend in the pension industry[10]. Anhui Province has been actively promoting technological progress in recent years, fostering the development of 'smart aging' and leveraging technology to enhance services for the elderly. This initiative has not only driven growth across various industries but has also led to significant improvements in the quality of elderly care equipment and professional performance.

As of 2019, Anhui Province was home to approximately 80 enterprises dedicated to the research, development, and production of intelligent products for healthy aging, with a total industrial scale of 4.5 billion yuan. Hefei, the provincial capital, strategically harnessed its scientific and technological resources, capitalizing on industrial parks to establish a comprehensive intelligent healthcare industry chain. Additionally, Hefei City's Baohe District actively promoted 'Internet + medical' initiatives, extending beyond static medical information websites. Leveraging big data technology, this initiative effectively facilitated connectivity between communities, households, institutions, and hospitals, expanding the scope of 'healthcare integration.' This approach, including telemedicine, empowered elderly care institutions to provide enhanced services. Telemedicine and related services not only provide cost-effective access to medical resources but also optimize high-quality resource distribution, alleviating strains on the medical workforce[11]. Meanwhile, Wuhu has focused on developing and producing intelligent service robots, particularly intelligent home appliances for the medical and senior care industries. The integration of advanced equipment and technology imposes higher demands on nursing staff's professional expertise[12]. In response, Anhui Province has implemented professional training programs to enhance nursing staff's knowledge and operational skills, ultimately elevating the quality of professional services delivered to the elderly.

Anhui Province is one of the provinces that released the policy of combining medical and nursing care earlier in the country, and governments at all levels have attached great importance to the construction of a smart and healthy elderly care service system and put forward a series of relevant policies to promote it. The government's continued strong investment in public healthcare spending and the combination of social pension and medical resources have provided economic security and social support for the promotion of the combined healthcare and pension model in Anhui Province. Vigorously developing the healthcare industry chain, promoting the construction of intelligent medical resources, and comprehensively upgrading the knowledge and skills of service personnel provide technical support for the development of the integrated care model in Anhui Province. From the viewpoint of policy, economic, social, and technological environment, it is feasible to promote the construction of a combined medical and nursing care model in Anhui Province.

4. Conclusions and recommendations

4.1 Conclusion

The combination of the medical and elderly care model proves to be a powerful tool in preventing illnesses among the elderly, reducing mortality rates, offering a range of diversified services, and providing preventive care for the elderly during their twilight years. It significantly contributes to enhancing their overall sense of well-being as they age, effectively catering to the diverse needs of the elderly population.

Currently, the majority of cities in Anhui Province are experiencing rapid aging, with the aging trend becoming increasingly pronounced. In light of this demographic shift, the establishment of a comprehensive healthcare model integrated with elderly care is not just a social development necessity but a fundamental requirement for ensuring the happiness and well-being of the elderly in their later years. The Anhui Provincial Government has proactively introduced a series of policies aimed at promoting the integration of social pension and medical resources. These initiatives, coupled with increased investments in health and medical services, have effectively elevated the scientific and technological standards of the pension industry while enhancing the quality of services provided. This collective effort ensures the feasibility of the combined healthcare service model within the policy, economic, social, and technological contexts.

This conclusion reinforces the significance of the medical and nursing model of old-age care in addressing the challenges posed by a rapidly aging population and underscores the importance of continued policy support and investments to meet the evolving needs of the elderly.

4.2 Recommendations
While the medical-care combined elderly care model is showing promise, it remains in its early stages, and various challenges need to be addressed. In this paper, we have assessed the current status of the medical and nursing system. Based on our findings, we propose the following recommendations to facilitate the implementation of this model in Anhui Province:

4.2.1 Improving the Research System
The current research system for healthcare integration is still in its infancy, primarily driven by universities, research institutions, and other academic entities. This situation leads to repetitive and similar research efforts and hinders the development of a comprehensive research system that integrates theory and practice. To address this challenge, it is recommended that the government facilitate collaboration among various stakeholders, including grassroots civil affairs departments, community organizations, aging agencies, and private healthcare-related enterprises. By bringing these parties together, a core research force can be formed to broaden research perspectives and methodologies. This collaboration can provide valuable guidance and recommendations for government decision-making.

Furthermore, it is essential to continue and intensify pilot projects aimed at exploring healthcare integration supply models tailored to the specific needs of local elderly populations. The lessons learned from these pilot initiatives should be systematically documented and added to a province-wide case database. This database can serve as a valuable resource for the widespread adoption of the medical and nursing care model across different regions.

4.2.2 Establishment of Robust Legal Framework
Anhui Province has already established a relatively comprehensive set of management standards, policy guidelines, and institutional norms for the combination of medical and nursing care. These standards cover various aspects, including service content, industry standards, and service implementation details. However, as the scale of medical and nursing care services continues to expand, it is crucial to establish and enhance financial security, supervision mechanisms, and personnel training systems to ensure adherence to established laws and regulations.

Relevant government departments should actively seek input from a wide range of stakeholders, including enterprises, institutions, and social organizations, to encourage industry standard recommendations. This collaborative effort will contribute to the dynamic development of a comprehensive set of industry laws and regulations.

4.2.3 Expansion of Financing Channels
Anhui Province faces unique challenges due to its relatively low level of economic development and per capita income. Implementing a foreign commercial insurance system or a comprehensive social long-term care insurance system may not be feasible at this stage. Therefore, Anhui Province must explore alternative financing models tailored to its specific needs and circumstances, reflecting the characteristics of the Chinese context.

The government should actively seek partnerships with private and social capital[13]. Such collaboration can help distribute construction and operational risks more effectively, create additional investment opportunities, and relieve the financial burden on the government. Moreover, it can promote the market-oriented operation of medical and nursing care institutions, leading to improved service quality. Additionally, there is an opportunity to gradually introduce long-term care insurance with social insurance as its foundation. This approach can involve commercial insurance companies in the healthcare sector, fostering greater integration between insurance and medical care[13]. Careful planning is necessary to prevent conflicts of interest between insurance companies and medical care institutions, which could impede industry development.

Furthermore, incentivizing enterprises to provide long-term care insurance to their employees can be achieved through policy support and tax relief measures offered by the tax department.

Overall, this section is informative and offers valuable insights into financing options for social care services in Anhui Province.

4.2.4 Building a Proficient Professional Workforce

The number of practitioners in elderly care institutions in Anhui Province has seen steady growth in recent years. However, the proportion of healthcare personnel remains insufficient to fully support the development of combined medical and nursing services, which are essential for high-quality elderly care. Establishing a proficient professional workforce dedicated to combined medical and nursing care is of paramount importance. This involves a multi-faceted approach:

Academic Education: The educational system should be expanded, with a particular focus on fields related to combined medical and nursing care. This expansion should encompass the coordination of curricula in basic and clinical medicine to create a cohesive educational framework aligned with the combined care model.

Continuous Training: Current personnel should undergo systematic professional training, which may include expert training and outbound learning programs. Such training initiatives significantly enhance their skills and reinforce their professional identity.

Incentives and Welfare: Improving incentives and welfare for healthcare and nursing care personnel is essential to enhance their professional satisfaction. This can be achieved by increasing cultivation efforts and offering preferential treatment to those working in these organizations.

This approach ensures the development of a skilled and dedicated workforce capable of delivering high-quality combined medical and nursing care services.

4.2.5 Enriching Healthcare Services with Traditional Chinese Medicine

The integration of traditional Chinese medicine into healthcare services is a characteristic and innovative aspect of China's healthcare system. It includes practices such as Chinese massage, acupuncture, acupoint therapy, Chinese medicine fumigation, dietary management, Taijiquan, and more. These traditional Chinese medicine (TCM) health management approaches are highly accepted by the elderly population due to their effectiveness.

Anhui Province, with its unique advantage of being home to Bozhou City, a nationally renowned center for traditional Chinese medicine, should leverage this inherent strength. The province can integrate TCM health measures and concepts into modern health management practices, thereby creating a distinctive TCM-based health management service system. This initiative not only contributes to the development of Anhui Province's healthcare industry but also enhances the well-being of its aging population.

4.2.6 Establishment of Assessment Criteria

The establishment of precise assessment standards plays a pivotal role in reinforcing industry oversight by relevant government agencies. This, in turn, encourages medical and nursing care industry associations to take responsibility for devising consistent industry benchmarks. These benchmarks should then undergo supervision and evaluation by government departments responsible for human resources and labor. For instance, a rigorous examination of fee standards and the assessment of technician grades within nursing care institutions can standardize the management of medical and nursing care services. This standardization not only enhances operational efficiency but also elevates the overall service quality provided by these institutions.

Furthermore, we advocate for the creation of a third-party supervisory mechanism within the industry. This mechanism should include the establishment of a professional assessment entity aimed at addressing potential gaps in government supervision and expanding feedback channels. By implementing these measures, the medical and nursing care sector can achieve comprehensive and effective oversight while continuously enhancing service quality.

References

[1] National Bureau of Statistics of China. (2020). China Statistical Yearbook-2020. China Statistics Press; Beijing, China.

[2] Wang, L. M., Chen, Z. H., Zhang, M., et al. (2019). Study of the Prevalence and Disease Burden of Chronic Disease in the Elderly in China. Chinese Journal of Endemiology, 40(3), 277-283.

[3] Chen, X., Giles, J., Yao, Y., et al. (2022). The Path to Healthy Ageing in China: a Peking University-Lancet Commission. Lancet (London, England), 400(10367), 1967–2006.

[4] Liu, S. F., Deng, J. L. (2000). The Range Suitable for GM (1,1). Systems Engineering-Theory & Practice, 11(1), 131-138.

[5] Mcginnis, M. J., Williams-Russo P., Knickman J. R. (2002). The Case for More Active Policy Attention To Health Promotion. Disparities & Policy, 21(2), 78-93.

[6] Deng, D. S., Li, Y. J. (2018). Integrating Old Age Care with Medical Service: Rational Institution, Imbalance between Supply and Demand and Innovative Solutions. Journal of Xinjiang Normal University (Edition of Philosophy and Social Sciences), 39(1), 107-144.

[7] Feng, Y. Y. (2022). Necessity and Dilemmas of the Embedded Model of Integrating Medical Care with Nursing Care for the Aged and Possible Countermeasures. Journal of Yunnan Minzu University (Social Sciences), 39(2), 66-75.

[8] Huang, J. H., Meng F. (2014). Integrating Pension Service with Medical Service for the Elderly: Necessity, Dilemmas, and Solutions. Chinese Journal of Health Policy, 7(6), 63-68.

[9] Kodner, D. L. (2002). Integrated Care: Meaning, Logic, Applications, and Implications – a Discussion Paper. International Journal of Integrated Care, 2(Nov 2002), e12.

[10] Sun, J. J., Tian J. Y. (2020). An Analysis of Integrated Health Care and Social Services Policies of China in the Perspective of New Healthy Aging. China Sport Science and Technology, 56(9), 58-65.

[11] Huang, F., Fu, P. (2021). Intergenerational Support and Subjective Wellbeing among Oldest-old in China: the Moderating Role of Economic Status. BMC Geriatrics, 21(1).

[12] Heng, X. I., Xing, R., Shao-Guo, Z. (2014). Smart Pension: the Elderly Care Service Innovation with Information Technology. Scientific Research on Aging, 2(7), 12-20.

[13] Kingsley, David, E. (2015). Aging and Health Care Costs: Narrative Versus Reality. Poverty & Public Policy, 7(1), 3-21.

[14] Bao, J., Mao, Z. F. (2015). Discussion on Policies of HealthCare and Pension Service Boosting by Social Health Insurance. Health Economics Research, 8(340), 40-43.