

Research on the Path to High-quality Development of Urban Community-based Elderly Care:A Case Study of Community T in Nanjing

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ABSTRACT

Against the backdrop of the accelerating global aging population and China's "aging before getting rich", the high-quality development of urban community-based elderly care has become a key issue. This study focuses on Community T, a typical old community in Nanjing, and uses in-depth interview methods to systematically analyze the existing problems in the development of elderly care services in the community. The study finds that although the community has innovatively introduced meal assistance points and the "time bank" mutual aid mechanism, there are still three core problems: sustainability dilemma, accessibility barriers, and adaptability gap. This study proposes high-quality development paths for these problems, including mechanism optimization (innovating the time bank model and expanding diversified financing channels), space reconstruction (creating a "dual-core multi-point" service network and implementing an elderly-friendly facility renewal plan), and capability leap (developing a "demand-responsive" service engine and implementing local professional talent training). It aims to provide practical references for similar old urban communities to solve common problems and achieve a transformation of elderly care services from "basic protection" to "high quality."

KEYWORDS

Population aging; Urban community; High-quality development of community-based elderly care; Elderly care services

1 Introduction

With the acceleration of the global aging population, elderly care has become an important topic in the governance of countries around the world. China, as the country with the largest elderly population in the world, had 310.31 million people aged 60 and above by the end of 2024, accounting for 22.0% of the total population [1]. Against this backdrop, Nanjing, a megacity in the Yangtze River Delta and one of the cities with a higher degree of aging in China, had 1.8121 million people aged 60 and above in its registered population by the end of 2023, accounting for 24.42% of the total population, and its community-based elderly care service system has typical research value [2]. China clearly put forward the "implementation of the national strategy to actively cope with population aging," which has elevated the high-quality development of elderly care services to a new strategic height [3]. Against this background, exploring the path to high-quality development of urban community-based elderly care is not only a key measure to solve the realistic dilemma of "aging before getting rich," but also a necessary requirement to achieve the people's livelihood goal of "supporting the elderly, providing for the elderly, entertaining the elderly, and ensuring the elderly."

At present, China's community-based elderly care services are undergoing a transformation from "basic protection" to "high quality." Although some areas have developed diverse models such as community-based home elderly care [4] and community-embedded elderly care [5], there are still widespread structural contradictions such as mismatch between service supply and demand, insufficient integration of resources, and lack of humanistic care. Community T, as an old community in the main urban area of Nanjing with an aging rate of more than 30%, faces the contradiction of "double aging" of community aging and population aging. The community has created a new model of home-based elderly care services that integrates market cooperation with humanistic care, providing a practical sample for the high-quality development of elderly care in old urban communities. However, it also exposes problems such as mismatch between service supply and demand and shortage of professional talents. Therefore, this study, from the perspective of high-quality development, uses case study methods to deeply analyze the existing problems in the development of elderly care services in Community T, and tries to draw a path map for high-quality development of community-based elderly care. It aims to explore the laws of quality improvement and efficiency enhancement of urban community-based elderly care services, and provide practical references for the high-quality development of elderly care in other similar urban communities.

This study has both theoretical and practical significance. At the theoretical level, existing research mostly focuses on macro policies or technological empowerment, but lacks a systematic deconstruction of grassroots practice mechanisms. Through case study research, it can enrich the domestic theoretical system of community-based elderly care services, especially breaking through the theoretical blind spots of the integration path of humanistic care and technological

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empowerment. At the practical level, it systematically summarizes the existing problems and development difficulties in the development of elderly care services in Community T, and proposes suggestions for promoting high-quality development of elderly care in the community. It can provide a replicable practical solution for similar communities to solve common problems such as weak infrastructure, shortage of professional talents, and insufficient service sustainability, accelerate the transformation of elderly care services from "basic protection" to "high quality," and promote the modernization of grassroots governance and social harmony and stability.

2 Research methods and case introduction

2.1 Research methods

This study uses in-depth interview methods as the core qualitative research method. Through a semi-structured interview outline to guide open and interactive dialogue, it systematically explores the difficulties faced by the high-quality development of elderly care services in Community T. The interviewees cover four groups of people in the community: the elderly, elderly care service volunteers, caregivers, and heads of home-based elderly care service centers. During the implementation process, ethical norms are paid attention to. Informed consent forms are signed before the interviews, and it is promised that the data will be desensitized. The case entry method is used to replace sensitive terms (for example, "meal matching contradictions" are used instead of "service defects") to reduce the defensive psychology of the respondents. This method effectively captures the structural mismatch between standardized service supply and dynamic elderly care demand, providing a humanized insight into solving the "last mile" problem of community-based elderly care.

2.2 Case introduction

Community T is located on the west side of Street C in Nanjing, with 4,757 permanent resident households and a total population of more than 10,352 people [6]. The community has a large elderly population with diverse service needs. The community established a home-based elderly care service center on December 1, 2023, to explore a new model of elderly care. The center is open to all residents and provides services such as home-based elderly care, nursing stations, traditional Chinese medicine rehabilitation, domestic services, and mutual aid volunteer services. In addition, it also provides basic door-to-door services such as health monitoring, caring visits, haircuts, foot care, and shopping on behalf of others, and is equipped with professional nurses for wound care and tube care. To meet the special needs of the elderly in daily life, the center also provides rental services for auxiliary equipment such as stair climbers and wheelchairs.

Community T has innovatively developed two major characteristics in the development of elderly care services: First, it has set up meal assistance points that provide a variety of meals, including one large meat dish, one small meat dish, two vegetables, and snacks, with rice and soup as standard. Residents under 60 years old enjoy meals at the market price of 19 yuan, while the elderly aged 60 and above can enjoy a preferential price of 16 yuan for the elderly. Eligible elderly residents can also automatically have the government subsidy deducted when settling the bill. For elderly residents with mobility difficulties, the center also provides door-to-door meal delivery services; Second, it has built a "mutual aid time bank" mechanism, which encourages the elderly to actively participate in services and integrate into community life. Community residents can also accumulate "time" by participating in volunteer service activities, and use these "time" to exchange for the services they need in the future.

3 Existing problems in the development of elderly care in community T

3.1 Sustainability issues

3.1.1 Closed loop breakdown of the time bank mechanism

Many younger elderly people reflected in the interviews that *"they accumulated time coins but could not exchange them for the services they needed."* The core contradiction lies in the closed loop of service exchange. According to Mr. Zhang, a resident, *"Last year I participated in the patrol team and accumulated 80 time coins. Recently, when my water pipe broke at home, I wanted to find someone to repair it but was told that there was no corresponding service provider."* This directly led to strong doubts about its operation mode among the participants, low trust, and low sense of identity. Community residents are worried that the time they store now may not be able to exchange for services in the future, so they are reluctant to participate. The complex exchange process also lowered the participation rate of residents. Ms. Liu, an elderly woman in the community, said, *"I went through it once before. They asked me to apply first, then said they would review it for me, and then asked me to go home and wait. They said they would tell me when they matched the corresponding service"*

provider. It took four or five days in total." The closed loop and complex process of the time bank mutual aid mechanism reduced the participation rate of residents, and the mechanism's sustainability faced the risk of collapse.

3.1.2 Funding shortages restrict service upgrades

The community's funding sources are mainly government financial subsidies, and there is no effective and sustainable source of funding. This fund, in addition to being used for community activities, leaves very little for elderly care services. Ms. Chen, a person in charge of the community home-based elderly care service center, frankly said, "Our operating funds mainly rely on government financial subsidies. Indeed, we sometimes face the problem of fund shortages, so every penny of ours has to be spent where it matters most. For example, when it comes to replacing the battery of a stair-climbing machine, we have to submit a report and apply for it." Due to the deep dependence on government funds, the huge funding gap is hard to fill, and the development and upgrading of many elderly care services in the community are restricted, with the aging-friendly transformation being forced to stall.

3.2 Accessibility issues

3.2.1 Imbalance in service coverage

The Home-based Elderly Care Service Center of Community T is located at the junction of Community T and Community Z, resulting in a mismatch between the service radius and population distribution. Although by September 2024, the center had served 3,791 elderly people, the elderly population in the community is much larger than this number. Many elderly people live more than 3 kilometers away from the center, highlighting the imbalance in regional accessibility. In the in-depth interviews with the elderly in the community, some expressed that *"it's too far away, and I have mobility issues, so I never go there,"* while others even said, *"I've never heard of any elderly care service center."* Since the center is not located in the community center, it cannot cover all the elderly in the community, resulting in limited coverage and reduced visibility and influence.

3.2.2 Lack of supporting infrastructure for elderly care

Field surveys show that most of Community T consists of old residential areas. Some of the existing elderly care facilities are outdated and the equipment is aging, failing to meet the modern elderly care service needs. Additionally, some newly built elderly care facilities have not fully considered the needs of the elderly, resulting in low utilization rates. Moreover, the distribution of supporting infrastructure is uneven. In neighborhoods with a higher degree of population aging, elderly care facilities are relatively scarce, while in some areas where elderly care facilities are relatively concentrated, their service capacity is not fully utilized. This uneven distribution affects the overall efficiency of elderly care services and increases the difficulty for the elderly, especially those with mobility issues, to access services.

3.3 Adaptability issues

3.3.1 Rigid service supply and dynamic demand disconnection

The elderly care services provided by the service center are overly standardized, lacking dynamic demand response and personalized service plans, making it difficult to meet the diverse and individualized needs of the elderly. According to a survey of the community's meal assistance point, *"The menu of this canteen has almost never changed. We elderly people are also tired of it. I have had diabetes for more than ten years, but this meal assistance point still supplies braised pork every day,"* said an elderly person eating at the meal assistance point. Although the center offers a variety of service types, they are all executed according to fixed modules. For example, rehabilitation care only offers a "universal package of acupuncture every Tuesday," which cannot respond to individual needs. This rigid service leads to insufficient effective supply, especially restricting the sense of gain for the elderly with special conditions, such as those with chronic diseases, diabetes, and high-age disability.

3.3.2 Shortage of professional talent

Most of the current staff and volunteers active in the community home-based elderly care service center are people who work based on humanitarianism and experience, without having received relevant professional education or training in elderly service knowledge. They lack certain professional knowledge and skills. Elderly care services not only include basic daily care but also involve professional fields such as medical care, psychological counseling, and rehabilitation training. The lack of professional skills makes it difficult for elderly care personnel to deal with the special health problems of the elderly, limiting their service level.

4 Path to high-quality development of elderly care in community T

The problems existing in the elderly care services of Community T are not only the difficulties faced by this community alone but also reflect the common challenges faced by the development of elderly care in many urban communities. In response to the three major problems in the high-quality development of elderly care in this community, this study proposes the following feasible countermeasures and draws a path map for the high-quality development of elderly care in Community T (as shown in the figure below).

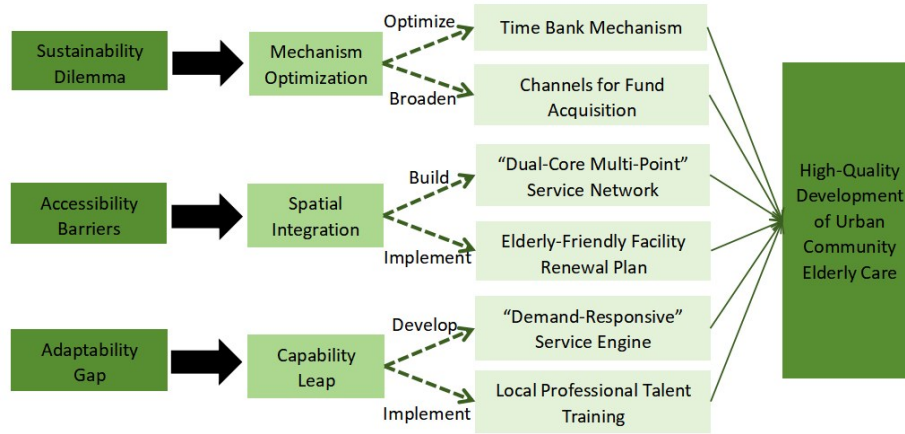


Figure1 Urban Community Pension High-Quality Development Path Map

4.1 Mechanism optimization: breaking the sustainability dilemma

4.1.1 Optimizing the time bank mechanism

Firstly, it is essential to establish relevant laws and regulations to "eliminate the concerns and worries of participants in the 'Time Bank' with strong credibility". Secondly, continuous optimization and innovation should be carried out, such as "strengthening close cooperation with volunteer organizations, community-related institutions, enterprises, etc. For example, exploring long-term cooperation with institutions, units, and enterprises near the community, such as hospitals, barbershops, supermarkets, and laundries, to increase service supply and eliminate participants' concerns about the deferred payment method of the 'Time Bank'". This can help prevent the operational risks to the sustainability of the "Time Bank". Additionally, a "demand-supply" intelligent matching platform can be set up to quickly respond to the service needs of the elderly and solve the pain point of "difficulty in exchanging accumulated coins".

4.1.2 Broadening channels for fund acquisition

A special fund for community elderly care services can be established to build a financing system jointly constructed by the government, enterprises, and residents. The government should persist in and increase the provision of basic financial support. At the enterprise level, a "Public Welfare Partner Program" can be launched to encourage enterprises to participate in community elderly care services through financial donations, material support, or skill-based services. At the resident level, a "Micro-Light Plan" mini-program can be developed to facilitate residents' small donations or project recognition. Meanwhile, "the government can purchase elderly care services to improve the utilization efficiency of subsidy funds. On the one hand, the subsidy targets should be tilted towards disabled elderly people; on the other hand, the normal basic living needs of ordinary elderly people should be met".

4.2 Spatial restructuring: breaking through accessibility barriers

4.2.1 Creating a "dual-core multi-point" service network

The community can add another home-based elderly care service center on the basis of the existing one, and set up multiple mini service stations in remote areas to reduce the service radius and expand the coverage of services, thus creating a "dual-core multi-point" service network. At the same time, multiple "Elderly Care Express" mobile service vehicles can be configured to patrol the community at regular intervals according to the demand density of the heat map. For example, during the morning rush hour, they can go to the meal assistance blind spots, and during the noon, they can stop at activity-intensive points, while also undertaking delivery services free of charge to solve the problem of inaccessibility for the elderly.

4.2.2 Implementing the "elderly-friendly facility renewal plan"

Firstly, it is necessary to increase the supporting infrastructure for elderly care to achieve full coverage of elderly-friendly facilities in the community. Secondly, safety improvements should be made to the infrastructure, such as replacing rusted fitness equipment with anti-slip adjustable rehabilitation devices, and installing millimeter-wave fall detection radar in residential building corridors, with data directly linked to family members' mobile phones. Additionally, a "health file" for facilities can be established to monitor the wear and tear of each elderly-friendly facility and equipment through sensors, automatically triggering maintenance work orders. "By improving the coverage and safety of facilities, the idleness rate of facilities and equipment can be reduced, and the shortcomings of elderly care infrastructure construction can be made up".

4.3 Capability leap: bridging the adaptability gap

4.3.1 Developing a "demand-responsive" service engine

In the supply of elderly care meal assistance services, "according to the diverse dining needs of the elderly, focus on providing a variety of meal assistance services with multiple levels and compound functions to improve the quality of elderly care meal assistance services and enhance the sense of gain, happiness, and security of the elderly. On the basis of 'eating enough' and 'eating well', achieve 'eating happily', and let the families of the elderly feel relieved and reassured". An elderly health file database (including chronic disease history, dietary restrictions, etc.) can be built, and the meal assistance system can be connected to social security card data. For example, diabetic elderly people can automatically switch to a low-sugar menu when they swipe their card. An "AI Rehabilitation Butler" system can be developed to dynamically adjust care plans based on the activity data of disabled elderly people monitored by smart bracelets.

4.3.2 Implementing a local professional talent training program

Build and improve the talent pool for community home-based elderly care services. Form a "Silver-Haired Mentor Group" to re-employ retired medical staff and provide certified training for property management personnel to master core skills such as pressure sore care and catheter cleaning, issuing community-level qualification certificates. Establish a "Seedling Allowance" to provide a monthly subsidy of 500 yuan for certified nurses serving disabled elderly people. Increase the intensity of professional training, establish the correct concept of elderly care services, build a vocational ability evaluation system, broaden the career development path for professional service personnel, and enhance the professional level of the service team. Additionally, "integrate social resources, mobilize the participation of social forces such as social organizations, professional social workers, and college students, carry out regular and standardized volunteer service activities, and jointly create a good atmosphere of loving and respecting the elderly in the whole society".

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