

Urban-rural Integrated Model of Elderly Care Institution and Its Connection with Economic Development

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Abstract. With the aging of China's population, the issue of elderly care has become the focus of attention of all parties in society. In order to meet the different needs of people for elderly care, various models have emerged in China to adapt to the new market environment, such as "smart elderly care" and "integrated medical care and elderly service". There are still various problems in the implementation of the above models. The problem of elderly care in China has not been completely solved, and at the same time, the elderly care in rural areas is still stagnant in development and cannot meet the needs of modern needs. Studies have shown that rural elderly care and urban elderly care can be effectively combined to achieve a win-win situation, thereby promoting the development of rural economy and driving up the level of the national economy. Based on the research and analysis of the traditional elderly care model, this work discussed the possibility of establishing a comprehensive elderly institution model in rural areas, and expounded how the consumption generated in the process of urban elderly going to rural areas for care service drives the development of rural economy and national economy.

1. Introduction

According to the latest data in 2018, the total population of China has reached 1.39538 billion, of which the number of elderly people over 65 years old has reached 165.65 million, accounting for 11.94% of the total number of people in China [1]. The above data shows that the extent of the aging population in China is deepening. According to statistics, there are more than 40,000 types of elderly care institutions in China, with a total of 1.7 billion beds. However, the number of elderly people in China currently is about 167 million, and even if calculated at 3 percent of the elderly population, there would need to be 5-6 billion or at least 6 billion beds to be fully accommodated in caring institutions. Nevertheless, there are only about 1.7 billion beds in China now, so it seems that at this stage, beds in caring institutions cannot meet market demands. Under this circumstance, the concentration of the elderly in rural areas will effectively promote the development of rural economy, thus contributing to the improvement of the national economy [2].

2. Problems of Rural Elderly Care

2.1. The problem of aging is getting worse

It can be seen from the table that from 2011 to 2018, the proportion of China's elderly population in the total population has increased year by year. In recent years, China's urbanization is advancing steadily, as a result, more and more young people choose to work in cities or even stay in cities. Therefore, the proportion of the rural aging population in China will still rise, and the form of rural aging is extremely severe.

Table 1. Number of people aged 65 and above and their proportion in the total population from 2011 to 2018

Year-end population	134735	135404	136072	136782	137462	138271	139008	139538
The population of 65 years old and above (ten thousand)	12288	12714	13161	13755	14386	15003	15831	16658
The proportion of elderly (ten thousand)	9.12%	9.39%	9.67%	10.06%	10.47%	10.85%	11.39%	11.94%

2.2. The growth rate of elderly people living alone and empty nests in rural areas have accelerated and the proportion has increased

As people get older, the incidence of geriatric diseases also rises, which can lead to the death of elderly spouses and potentially increase the number of elderly people living alone. Plus, with the continuous development of society, the traditional "farming economy" can no longer meet the daily expenses of family members. A large number of adults in rural areas will choose to work in cities, leaving elderly people behind, and at this time the rural economy will show a slow development trend.

2.3. The economic level in rural areas is relatively backward

The growth of the elderly population makes rural economic development slower than urban economic development. Compared to well-developed cities and towns, although some rural areas have also kept pace with the development of their own characteristic agriculture, most rural areas still rely on farming as their main source of income, which is much lower than that in towns. In addition, the current state standard for rural pensions is still low, so there is not much substantial guarantee for the life of the rural elderly.

2.4. Poor health consciousness and health care of rural elderly

At this stage, the prevalence of the aging population is high, especially the elderly in rural areas, who work all year round and become overworked. Those people will more or less suffer from chronic diseases such as cardiovascular and cerebrovascular diseases, diabetes, chronic respiratory diseases and so on. Due to the lack of education and good health awareness, the progress of improving the quality of health is slow, and chronic diseases require long-term drug treatment or intermittent rest in hospitals, which places a financial burden on the elderly. In addition, the frequency of diseases such as cerebrovascular disease and Alzheimer's disease increases substantially, some of which may cause total or partial disability of the elderly, thus causing certain obstacles in their daily life. Rural elderly people do not have social security such as old-age insurance, so their daily life will be taken care of by their children. After the elderly can not take care of them, their children will have to bear high medical expenses in addition to taking care of them, which will increase their offspring's living burden and directly interrupt the family's financial resources.

3. Problems of Urban Elderly Care

In modern cities, the elderly have a variety of care options to choose from, and most elderly people choose home smart care. This model provides convenience for urban residents and also has certain disadvantages. At present, elderly diseases such as cardiovascular and cerebrovascular diseases are frequent, and children cannot take care of the elderly at home when they are working. Smart home care model cannot monitor the life of the elderly all times, which means if emergencies occur, they may occur encounter accidents. Due to the improvement of living standards, the elderly in the city will not be aware of their daily diets, such as high-fat, high-sugar, and high-carbon water. Therefore, they are likely to suffer from "three high" diseases, what is worse, "disability" or "semi-disability" may occur in severe cases. Under these circumstances, family daily care becomes particularly important. For urban families, they basically belong to dual-career families, and the emergence of "disabled" and "semi-disabled" elderly will cause great nursing and economic pressure. At present, most cities have poor air quality, heavy traffic, and an accelerated pace of life. These problems are inconsistent with the mood of most elderly people in pursuit of quiet and comfortable elderly life.

4. The Necessity of Urban-rural Integrated Institutional Elderly Care

The urban elderly can choose to take care of service in rural areas, in which air pollution is relatively low, transportation is smooth, and life is comfortable and leisurely. Most of the urban elderly are educated intellectuals, and they have a strong ability to learn to accept new knowledge. Under this premise, the urban elderly can help the rural elderly to recognize institutional care from the heart, and also teach them new knowledge and improve the cultural level in rural areas. "Disability" and "semi-disability" rural elderly take care service in institutions can effectively achieve the purpose of precision poverty alleviation required by national policies. Since most of the impoverished families need support from the government because of "disabled" and "semi-disabled" people in the family, the establishment of urban-rural integrated elderly care institutions can solve some of the problems in the targeted poverty alleviation.

5. The Model of Urban-rural Integrated Institutional Elderly Care

The urban-rural integrated institutional elderly care model can be linked to the mutual support model of elderly care. The choice of address for the urban-rural integrated elderly care institutions is in rural areas, and most of the rural residents have blood connections, so the mutual assistance of elderly care is highly accepted in rural areas. Since the modern professional medical staff has high requirements for jobs, it is difficult to recruit professional medical staff, and the cost is too high. However, institutions can provide professional training for rural women who are unemployed at home in terms of basic care, maintenance, and issues that should be paid attention to in daily life, such as how to implement first-aid measures in emergency situations for the elderly. In terms of life, it is necessary to carry out the nutritional knowledge training for the chef who is responsible for preparing nutritionally balanced daily meals for the elderly. Since the physical functions of the elderly are not as good as those of the young, the elderly care institutions are required to mix the nutrients appropriately. Except for professional medical staff, most of the staff recruited in rural elderly care institutions can be recruited locally, which not only ensures that the language and customs of the new recruits and the elderly are consistent, but also solves the problem of reemployment.

The urban-rural integrated institutional elderly care model can be linked to the combination of medical care and nursing. Since this type of model is to solve the problem of elderly people who are incapacitated, it is necessary to establish a cooperative relationship with hospitals that have good medical resources in the field of medical care, so that emergencies can be resolved immediately when they occur. In terms of conservation, institutions provide daily care services, medical examinations, mental health rooms and rehabilitation training for the elderly. The nursing part is divided into different objects and different forms, that is, healthy, semi-disabled and disabled elderly. Healthy elderly are provided with meals and living care; semi-disabled elderly are provided with nursing care and basic living care; disabled elderly are provided with round-the-clock care and psychological counseling.

6. The Relationship between Urban-rural Integrated Institutional Elderly Care Model and Economic Development

The level of consumption in the city is relatively high, so the consumption of urban elderly can lead to the development of the rural economy when they go to urban areas. What is more, their relatives and friends will come to rural areas because of visiting, which is like the income of the tourism industry and can effectively improve the rural economy. The *Opinions of the General Office of the State Council on Promoting the Development of Elderly Care Services* mentions that in order to promote the consumption of elderly, several activities can be carried out, such as national innovation and design competition, catalog formulation of products for the elderly, and transformation platforms. It is also necessary to introduce measures for the allocation, leasing, recycling, and financing lease of rehabilitation aids for the elderly, and promote the establishment of

rehabilitation assistance device deployment service (rental) sites in elderly care institutions as well as urban and rural communities. In addition, systematic nutrition balanced diet research should be carried out to develop diet products suitable for the nutritional and health needs of the elderly, and gradually improve the diet structure of the elderly [3]. The state's policies also affirm the feasibility of this type of system.

Elderly people in urban and rural areas can alleviate the economic pressure in their homes, especially families with "disabled" and "semi-disabled" elderly people, if they choose to take care service in institutions, thereby driving the development of the entire national economy. The Solow Growth Model proposed by American economist Solow mentions that the economic growth rate is determined by the growth rate of capital and labor as well as its marginal productivity. Offspring do not have to devote a lot of energy to take care of the elderly if they learn that their families are taken care of by professional medical staff, therefore, the labor growth rate will increase, and at the same time the economic growth rate will also increase, which means that the country's economy is even more dynamic.

Urban elderly people can promote the development of rural infrastructure if they choose to take care service in rural areas. The continuous improvement of rural infrastructure will generate more employment opportunities and attract the rural labor to return, which will bring back modern urban technologies and promote the development of rural economy. The *Opinions of the General Office of the State Council on Promoting the Development of Elderly Care Services* mentions that it is necessary to establish and improve the vocational skill level recognition as well as education and training system for elderly caregivers, so as to vigorously promote the employment in the elderly service industry. Combined with the government's purchase of public management and social services at the grassroots level, a group of service posts at the grassroots level (especially streets and towns) and communities (villages) should be developed, so as to prioritize the employment of people with employment difficulties, the poverty-stricken people and college graduates. Social security subsidies will be given to those who have difficulty finding employment, sign labor contracts and pay social insurance premiums in accordance with regulations. It is necessary to strengthen the filing of vocational skills training and employment guidance services for poor people who are engaged in the provision of elderly care services. Elderly care institutions that take in the employment of the poor who have set up a file can enjoy the preferential policies for entrepreneurship and employment, and vocational training subsidies [4]. The support of national policies and the elderly service industry and other side industries driven by the elderly from the urban to the rural will attract talents to stay in the rural areas, increase the growth rate of the rural economy and also solve some of the problems of targeted poverty alleviation in rural areas [5]. The urban elderly can attract more investment if they choose to go to rural areas. The modern economy is developing rapidly, and the investment in city is in a relatively saturated state. As the elderly in the city continue to flood into rural areas, the infrastructure such as medical equipment and entertainment facilities are not mature enough, so it will attract more investment goals, and the rural economy will develop rapidly [6].

7. Summary

Combining urban-rural integrated institutional care model, "medical support" model, "mutual assistance" model and "institutional care" model can make more reasonable use of existing urban and rural resources and advantages. Not only urban elderly can live a peaceful and comfortable life in their old age, but also rural elderly can get professional care. If the urban elderly care and the rural elderly care can be effectively combined, on the one hand, it may increase the development of rural elderly service industry and other side industries and increase rural employment opportunities; on the other hand, urban elderly living consumption in rural areas can also increase rural economic development. In short, under the support of national policies and the current economic development situation, the urban-rural integrated elderly care will increase the growth rate of rural economic development and further improve the whole national economic level.

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