

The Differences of Active Aging and The Recommendations for the Policy Framework of Elderly Care Services: A Case Study of Ganzhou City, Jiangxi Province

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Abstract

The degree of active aging among the middle-aged and elderly groups surveyed in Ganzhou City of Jiangxi Province shows a strong correlation across three dimensions: health, participation, and security, particularly in four factors: psychological health, healthy lifestyle, active contribution to society, and self-care ability. The specific differences are reflected in seven aspects: place of residence, age, pension method, annual household income, number of children, attributes of previous employer, and living companionship. Taking Ganzhou City as an example, the construction of a policy framework for elderly care services should focus on the following: At the top level, the guiding principle should be "people-centered." Based on the analysis of disparities in active aging, strategic policies should be formulated to align with the demand for elderly care services. The mid-level management policy emphasizes the synergy of "delegation, regulation, service, and innovation" within the elderly care service industry. The grassroots implementation focuses on specific support, forming a grassroots support policy that covers the key elements—personnel, finance, materials, information, and technology—required for the elderly care service sector. These policies aim to ensure that the elderly care services are delivered in a stratified, tiered manner, with the industry organized into demand-driven segments.

Keywords

Active aging; Elderly care service; Policy Framework.

1. Basic Current Situation of Population Aging in Ganzhou City

1.1. Overview of Population Aging in Jiangxi Province

According to the 2023 Statistical Bulletin of Jiangxi Province, by the end of 2023, the province's permanent resident population was 45.15 million, a decrease of 129,700 people from the previous year, representing a decline of 0.29%. Among the resident population, 8.47 million people were aged 60 and above, accounting for 18.76%, and 6.09 million people were aged 65 and above, accounting for 13.49%. Compared to the end of 2022, the proportion of people aged 60 and above increased by 0.95 percentage points, and the proportion of people aged 65 and above increased by 0.46 percentage points. Compared to the data from 2020 (from the Seventh National Population Census), the proportion of people aged 65 and above increased by 1.6 percentage points. From 2020 to 2023, the proportion of people aged 65 and above increased at an average rate of approximately 0.5 percentage points per year, indicating a rising trend in the aging degree of the province's permanent resident population.

1.2. Overview of the Total Population of Ganzhou City

By the end of 2023, among the 11 prefecture-level cities in the province, 7 cities had a resident population exceeding 3.5 million, while 4 cities had populations ranging from 1 million to 2

million. The overall population distribution of the province still follows a "seven large, four small" pattern. Ganzhou City had a total resident population of 8.99 million, ranking first in the province and accounting for 19.9% of the total population. The population of Nanchang, the provincial capital, was 6.57 million, ranking second. Ganzhou City continues to be one of the most populous cities in Jiangxi Province.

1.3. Longitudinal Comparative Overview of Population Aging in Ganzhou City

A longitudinal comparison of population data from three time points—2023, 2020 (Seventh National Population Census), and 2010 (Sixth National Population Census)—for the country, Jiangxi Province, and Ganzhou City reveals the following: In 2020, Jiangxi Province ranked 13th in the country by total population, with a resident population of 45.19 million. Ganzhou’s total resident population was 8.97 million, accounting for about 19.85% of the province’s total population. Among Ganzhou’s resident population, 1.40 million were aged 60 and above, representing 15.64% of the city’s total population, and 994,136 were aged 65 and above, accounting for 11.08% of the total population. Compared to the data from the 2010 Sixth National Population Census, the proportion of people aged 60 and above increased by 4.01 percentage points, while the proportion of those aged 65 and above rose by 3.16 percentage points (see Table 1 for details). This growth rate is higher than that of the previous decade, indicating a significant deepening of population aging in Ganzhou City. Both the total population and the elderly population rank among the top in the province, with the proportion of elderly people continuing to rise year by year. However, in 2023, the proportion of people aged 65 and above in Ganzhou City was 2.8 percentage points lower than the national average and 0.99 percentage points lower than the provincial average, indicating that the degree of population aging in Ganzhou is lower than that of the national and provincial levels. From 2020 to 2023, the growth rate of the proportion of people aged 65 and above in Ganzhou was 1.42%, compared to 1.6% in the province and 1.8% nationwide, showing that the aging rate in Ganzhou is slower than in both the province and the country (see Figure 1 for details).

Table 1. Comparison of the Population Aged 65 and Above and Their Proportions in the National, Jiangxi, and Ganzhou Populations
(Unit: 10,000 people, %)

Population and Proportion	National			Jiangxi			Ganzhou		
	Total Population at the End of the Year	Population Aged 65 and Above	Proportion of Population Aged 65 and Above	Total Population at the End of the Year	Population Aged 65 and Above	Proportion of Population Aged 65 and Above	Total Population at the End of the Year	Population Aged 65 and Above	Proportion of Population Aged 65 and Above
2023	140967	21676	15.3	4515	608	13.49	898	112	12.5
2020	141212	19064	13.5	4518	537	11.89	897	99	11.08
2010	134091	11894	8.87	4457	339	7.60	837	66	7.9

Note: Data sourced and compiled from the National Bureau of Statistics website (Decimal places for total population omitted).

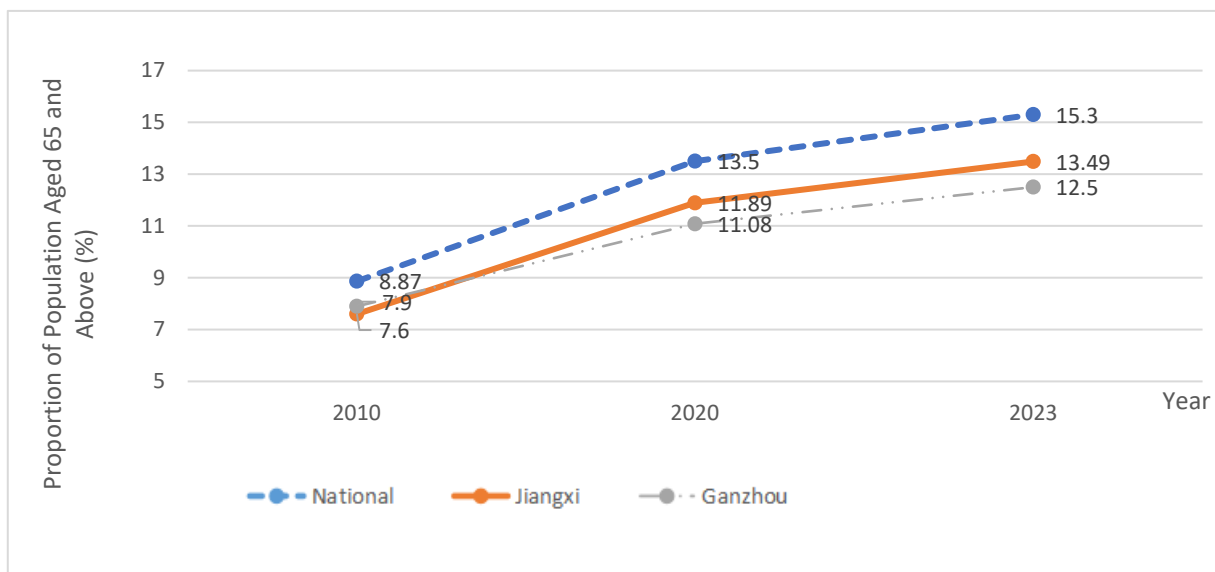


Figure 1. Trend of the Proportion of Population Aged 65 and Above in the National, Jiangxi, and Ganzhou Populations

Overall, although the degree of population aging and the growth rate in Ganzhou City over the past three years have been slightly lower than the national and provincial averages, the proportion of people aged 65 and above is increasing at an annual rate of approximately 0.47%. According to the United Nations classification on aging, when the proportion of the population aged 65 and above reaches 14%, the population is considered moderately aged. In 2023, the proportion of people aged 65 and above in Ganzhou City was 12.5%, and by 2025, it is expected to approach the critical threshold of 14%. The trend of moderate aging in Ganzhou will inevitably emerge. Consequently, the pressure to actively address population aging is mounting in Ganzhou. The formulation of elderly care policies aligned with active aging strategies has become an urgent priority.

2. Analysis of Differences in Active Ageing in Ganzhou City

In the face of the pressure of moderate aging trend in Ganzhou City, how the government can do a good job of active aging and elderly care service policies that actively respond to the pressure of population aging, it is necessary to further study and formulate the policy tone and framework on the basis of grasping the specific current situation of Ganzhou City's middle-aged and elderly people's active aging data. In view of this, this study uses the Active Aging Scale (AAS), modified and improved, as the questionnaire for this study, and adopts stratified random sampling, with the samples coming from different age groups over 50 years old in urban and rural areas of Ganzhou City, different ageing modes of home, community and institutionalized care, different levels of annual income of the family, and different numbers of children, different groups with different work unit attributes and different groups with different life accompaniment status. Through the investigation and analysis of the 313 cases of elderly people in Ganzhou City in the three dimensions of health, participation and security, including self-care capacity, actively learning and integrating into the society, establishing economic security, developing spiritual wisdom, maintaining a healthy lifestyle, actively contributing to the society, and inheriting filial piety as a role model, it is found that: the overall frequency coverage is good, and the distribution basically meets the sampling requirements of the sample. The overall frequency coverage is good, the distribution basically meets the requirements of the sample survey, and the reliability passes the test. The degree of active aging of the middle-aged and elderly people interviewed in Ganzhou City has high correlation with four factors,

namely, mental health, healthy lifestyle, active social contribution, and self-care capacity, and the differences in the seven aspects of active aging, namely, urban and rural areas, age, elderly care mode, annual household income, number of children, former employer, and status of life accompaniment, are organized as shown in Table 2, and the specific differences are as follows:

Difference 1: Place of residence produces significant differences in 2 factors: mental health and active social contribution. The mentality, ability to solve problems, and psychological independence of the elderly in towns are much higher than those in villages; the willingness of the elderly in towns to impart their experience, wisdom, and skills to others, and to serve the community free of charge are significantly higher than those in villages. The mental health and participation in actively contributing to society of urban middle-aged and elderly people are significantly higher than those in the countryside.

Difference 2: Age produces significant differences in the four factors of active aging. The weakest in mindfulness, ability to solve things, and psychological independence are found in the profoundly aged population over 80 years old, while the rest of the middle-aged and the elderly gradually increase in mindfulness and ability to solve things as they grow older; the dietary lifestyle of the profoundly aged population over 80 years old is more unhealthy, and the first-age population between 60-65 years old and the middle-age population between 66-79 years old are relatively unhealthy in terms of dietary life. Old population are relatively healthier in their dietary life; the first old population has the highest willingness to volunteer and to serve the society without pay; the middle old population aged 66-79 does the best in self-care abilities such as coping with daily activities independently, taking care of their life, moderate activities, and thinking or making decisions independently, followed by the first old population aged 60-65, and the prepared old population aged under 59, and the one who is doing the most insufficiently is the more than 80 years old Deeply Aging Population. The overall performance of active aging is the weakest among the deeply aging population, while the first-aged and the moderately aging populations are relatively healthier in terms of psychology and lifestyle, the first-aged population has the highest level of participation in actively contributing to society, and the moderately aging population has the relatively strongest self-care ability.

Difference 3: Elderly care mode only produces a significant difference on 1 factor of lifestyle healthiness. Middle-aged and elderly people in home-based aging mode did the best in regular nutritious diet, followed by public elderly care institutions, private elderly care institutions, and the worst in the community.

Difference 4: Annual household income only made a significant difference on 1 factor of lifestyle healthiness. The higher the annual household income of middle-aged and elderly people, the better they did in regular nutritional diet, however, middle-aged and elderly people with an annual household income of more than 200,000 yuan deviated from the conclusion in regular nutritional diet, which may be due to the relatively better economic conditions and thus lead to an increase in the frequency of the diet, health care products to replace the nutritious diet, and other irregularities in the diet occurred.

Difference 5: The number of children made a significant difference on only one factor of self-care ability. When the number of children is 3 or less, middle-aged and older adults are able to do what they can do, and they are able to do moderate activities, think independently, and make decisions.

Difference 6: Attributes of former employer produced significant differences on the 3 factors of mental health, lifestyle health, and active giving. Middle-aged and elderly people whose original work unit was an enterprise were healthier in terms of psychology and lifestyle, followed by middle-aged and elderly people with work attributes of business, institutions, and party and governmental organizations, and the ones who did the least well were middle-aged and elderly people who worked in agriculture; middle-aged and elderly people who worked in agriculture

were the weakest in terms of passing on their experience and serving the community without compensation, and middle-aged and elderly people whose original work attributes were business did the best in terms of passing on their experience, followed by middle-aged and elderly people who worked in party and governmental organizations, enterprises, and institutions, and enterprises, and the middle-aged and elderly with the attributes of business organizations. Middle-aged and elderly with the attributes of party and governmental organizations did the best in their willingness to provide social services without compensation, followed by middle-aged and elderly with the attributes of business organizations, enterprises, and doing business.

Difference 7: There is a significant difference in the way of life accompaniment for only 1 factor of mental health. Middle-aged and elderly people have the best mental health when they can live with their partners and children, followed by living only with their partners and living alone, and the worst mental health is living alone with children.

Table 2. Table of conclusions on analysis of variance data

Dimension of Difference	Variance Factor	Discrepancy Item	Significant Difference Conclusion Perspective						
			Residence Location	Age	Elderly Care Mode	Annual Household Income	Number of children	Former Employer	Lifestyle
Health	Mental Health	I often look at everything in a good light.	**	**				**	**
		I know there are things I can't fix.	**	**				*	
		I try not to depend on anything.	**	**				**	
	Healthy Lifestyle	I try not to eat sweet, greasy and overly salty foods.		**					
		I eat fish, vegetables and fruits regularly.		**	*	*		*	
Participation	Active Social Contribution	I volunteer as a volunteer.		**					
		I impart my experience, wisdom and skills to others.	*					*	
		I'm willing to serve the community for free.	**	**				**	
Security	Self-care Capacity	I can handle all daily activities on my own.		**					
		Try to take care of yourself independently before seeking help from others.		**					
		I'm still doing what I can.					**		
		I insist on doing moderate activities every day.		**			*		
		I am able to think or make decisions independently.		**			**		

* p<0.05 ** p<0.01 significant correlation

3. Recommendations for A Policy Framework for Elderly Care Service

Based on calculations, during “The 14th Five Year Plan” period, China's population will enter the stage of moderate aging, and will enter the stage of severe aging around 2035. 《The 14th

Five-Year Plan (2021-2025) for National Economic and Social Development and Vision 2035》 clearly states “to promote the synergistic development of the aged-care business and the aged-care industry, and to improve the basic elderly care service system”^[1], but the reality of the dilemma is that the current rapid aging of China's population, the development of the elderly care business is not excellent, the development of the elderly care industry is not good, and the quality of elderly care service is not high^[2]. The analysis of active aging disparities in Ganzhou provides data on active aging pension disparities for the implementation of the national strategy of active coping with population aging in the province, it also lays the foundation of theoretical analysis for elderly care service policy making, not only Ganzhou, the national implementation of the national strategy to actively respond to the aging of the population should focus on the differences in old age and formulate policies on elderly care services oriented to the needs of the elderly^[3]. The synergistic development of the elderly care business and industry is an indispensable path for the implementation of an active response to population ageing, the active aging policy framework provides an analytical basis for the implementation of an active response to population aging, and should moreover be the theoretical basis for the synergistic development of the elderly care business and industry. In view of the above, building a policy framework for elderly care services should focus on: The top-level thinking is “people-centered”, combining provincial and municipal differences in active aging to form demand-oriented strategic policy proposals for elderly care services; Middle-level deployment emphasizes synergistic management, forming a synergistic management policy proposal in which the elderly care service business effectively implements “reform of government functions” for the elderly care service industry, and the elderly care service industry puts forward the demand for “innovation” in the work of the elderly care service business; Grass-roots implementation of specific support, the formation of elderly care service business hierarchical hierarchy, elderly care service industry according to the needs of subsections of the elderly care service human, financial, material, information and technology elements of the support policy proposals (Figure 3).

3.1. Policy recommendations for a top-level strategy oriented to differences in old-age needs

Implementing the people-centered development ideology of the 20th National Congress, which is reflected in the work on elderly care service, should be guided by the specific local demand for elderly care service in each province and city, so as to form a top-level strategic level of elderly care service policies. Empirical analysis of differences in the reality of old age and refinement of the demand for old age based on the active ageing policy framework, which provides a strong theoretical basis for policy formulation. The reality gap shown in Figure 3 presents the conclusions of this report's Ganzhou data, limited by article length, the analysis here is based only on Ganzhou active aging reality difference 1, difference 1 display: Mental health and active participation in society are significantly higher among middle-aged and older adults in urban than in rural areas, from this, under the implementation of the national strategy of actively coping with population aging, the psychological health and social participation of the rural middle-aged and elderly population in Ganzhou City need to be urgently improved, and the policies at the strategic level of Ganzhou's elderly care services should be focused on strengthening the psychological health of the rural middle-aged and elderly population and improving the social participation of the rural middle-aged and elderly population.

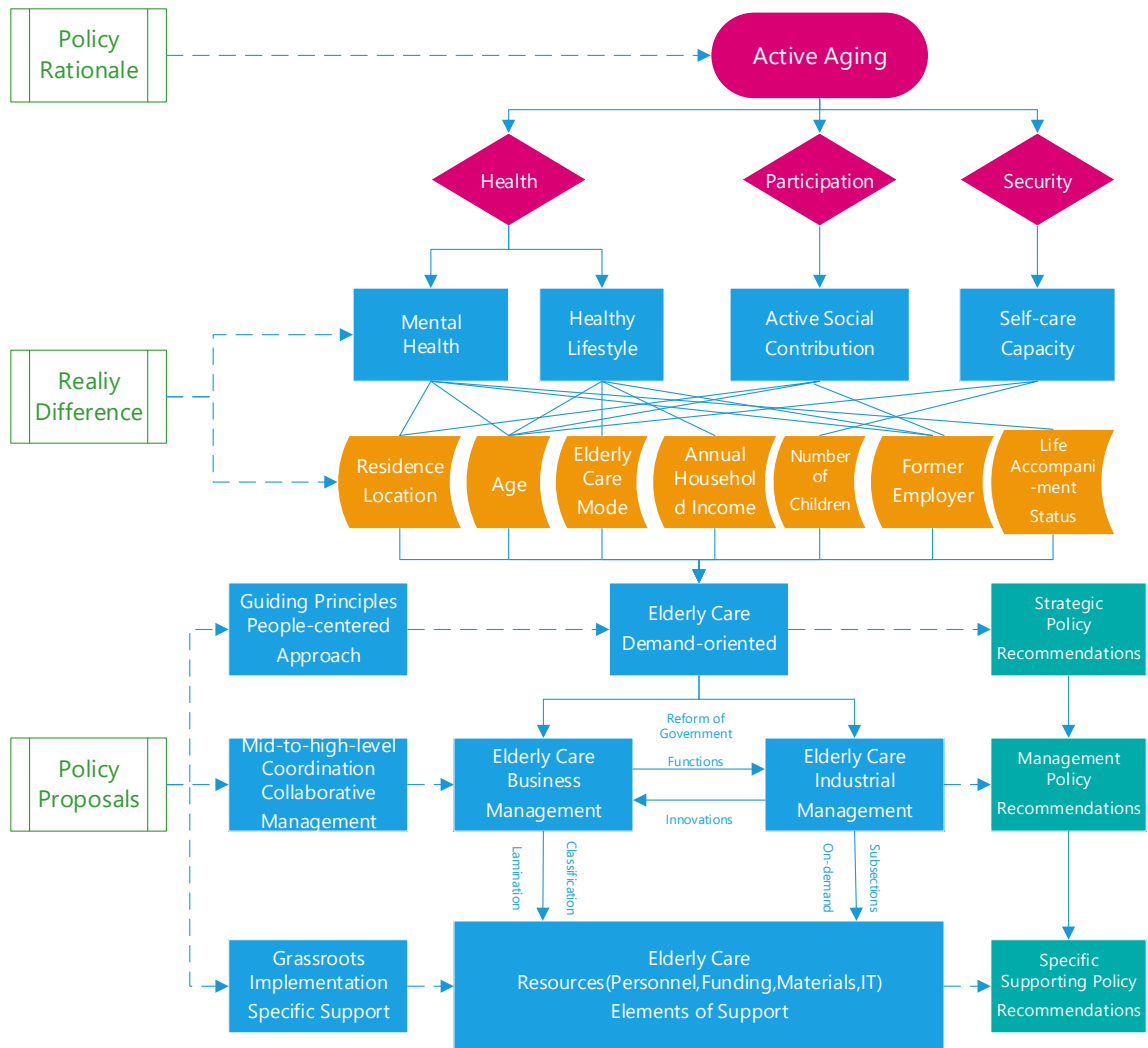


Figure 3. Train of thought for constructing a policy framework for elderly care services based on the theory of active aging

3.2. Middle management policy recommendations for the synergistic development of the elderly care industry

Guided by the demand for elderly care services, the elderly care service industry collaborates to form a middle-level functional management level of elderly care service policies. Of which, functional management of the elderly care services business is mainly decentralized to the corresponding governments, Civil Affairs, Health Commission, Municipal Supervision, Social Security and other departments, Institutions, Societies, Nursing Homes and other subjects; Functional management of the elderly care service industry is mainly broken down into the main units of senior care institutions, supplies, tourism, real estate, finance and so on. The management of the elderly care service industry exercises the function of "Reform of Government Functions" to the management of the elderly care service industry, actively promotes the reform of "Reform of Government Functions", streamlines and streamlines the work of efficient elderly care service functions, optimizes the development environment of the elderly care service industry, and improves the service quality of the elderly care service industry^[4]; The management of the elderly care service industry puts forward the demand for innovation in the management of the elderly care service business that is in line with the development of the market, and effectively promotes the precise and efficient development of the elderly care service business^[5]. Take Ganzhou as an example, The top-level strategic policy proposal of "strengthening the mental health construction of rural middle-aged and elderly

population and improving their social participation" formed by the above difference 1 in the reality of active aging in Ganzhou is decomposed into middle-level management policy recommendations: Firstly, it is to dock with the relevant township governments, departments such as the Civil Affairs and Health Commission, as well as Institutions, Societies, Nursing Homes and other subjects, to deploy the rules for strengthening the mental health of the middle-aged and elderly populations in the countryside and enhancing social participation^[6], the second is to establish a linkage mechanism by associating pension institutions, supplies, tourism, real estate, finance and other main units.

3.3. Policy recommendations for grass-roots implementation supported by various resource elements for elderly care service

Elderly care service business management hierarchical linkage of resource elements, it refers to governments and departments at all levels (Civil Affairs, Health Commission, Municipal Supervision, Social Security and so on)、Institutions、Nursing Homes and other subjects, define the human, financial, material, information and technological resources required for the development of elderly services at the senior, middle and grass-roots levels^[7]; The management of the elderly care service industry follows the demand for elderly care services, distinguishes between senior care institutions, supplies, tourism, real estate, finance and other main sectors, and specifies the human, financial, material, information and technological resource elements needed for their corresponding, so as to form a elderly care service policy at the grass-roots level of implementation of the supporting elements^[8]. Take Ganzhou as an example, The reality of active aging difference 1 in Ganzhou according to the above middle management policy recommendations broken down to the grassroots level to implement the policy recommendations are as follows: First, the management of elderly care service should focus on the elderly health departments of the Health Commission at all levels, the civil elderly services departments at all levels, and the Nursing Homes to develop programs for the implementation of the elements of human, financial, material, informational and technological resources at all levels needed to strengthen the mental health of the elderly population in the countryside and to enhance the degree of social participation; secondly, in terms of the management of the elderly care service industry, it should further meet the needs of meeting the psychological health of rural middle-aged and elderly populations and enhancing social participation. The focus should be on the elderly care industry sectors that are closely related to the "psychological health" and "social participation" of rural middle-aged and elderly people, such as elderly care institutions, supplies, finance and other main sectors, and clarify the implementation plans for the human, financial, material, information, and technological resource elements required by each related subject sector.

4. Conclusion

The aging population is not just a unique issue for a single city; it is a common challenge faced by the global population. To formulate proactive policies for elderly care services, it is essential to start with a thorough analysis of the differences in active aging, leading to top-level strategic policies that address the needs of elderly care services. Middle-level management policies should focus on the synergy between the elderly care service industry and other sectors. Grassroots support policies should provide specific support, forming a tiered and graded system for elderly care services, with the elderly care industry divided into sectors based on demand, ensuring comprehensive support in terms of personnel, finance, materials, information, and technology.

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