

Research on Health Service System for the Elderly in Xinjiang

Wen Ma¹, Weimin Li^{1*}, Jie Ma², Jiyang Yang²

¹Institute of Physical Education, Xinjiang Normal University, China

²Institute of Chemistry, Xinjiang Normal University, China

*Corresponding Author.

Abstract:

Xinjiang has been a multi-ethnic area since ancient times, with a vast area and a small population. According to the census results in recent years, the aging problem has become very prominent due to the rapid increase in the proportion of aging population in Xinjiang. As a result, the health care of the elderly has become a relatively complicated problem. Relying solely on medical services or day care services can no longer meet the health needs of the elderly, which has become an unavoidable obstacle and bottleneck in the establishment of health service system. In this paper, the elderly in Xinjiang will be studied through field research and other research methods, to explore the elderly health service system in line with Xinjiang's cultural environment, food structure and many other local characteristics combined with the actual situation.

Keywords: Xinjiang, The elderly, Health service system.

I. INTRODUCTION

As one of the important strategies of national development in the report of China, "Implementing the Healthy China Strategy" clearly points out that people's health lies not only in the availability of medical resources, but also in maintaining a healthy living condition. The Medium and Long-term National Plan to Actively Address the Aging of Population pointed out a series of social problems brought by China's aging society from the perspective of economy, labor force and society [1]. In China's health strategy, it is also proposed that the development concept should be changed from relief and treatment to prevention and health care, and continuous health management and basic medical service system should be provided for the elderly at the social level. In response to the national strategy, the social system should actively respond to break through the traditional concept of rescue and treatment combined with the actual situation, clarify the needs of the elderly groups in society, ensure the long-term development of the aging level to transform treatment and rehabilitation into preventive health care, actively promote the physical and mental health of the elderly and improve the quality of life of the elderly [2,3]. How to sublimate the traditional treatment of diseases of the elderly to maintain a healthy state, how to ensure that the elderly enjoy a healthy life, and how to plan the development direction of health services for the elderly are the main issues worthy of study by the majority of scholars at present [4]. Xinjiang, which covers one-sixth of the country's territory, is located in the hinterland of Asia and Europe, far from the ocean, deep in the

inland, surrounded by mountains, and difficult for ocean air to reach, thus forming an obvious temperate continental climate with large temperature difference, sufficient sunshine time, little precipitation and dry climate. As the overall environmental structure is different from that in mainland cities, correspondingly, the elderly in Xinjiang have different needs for health services, and the construction of service system cannot be simplified, single and universal. Therefore, how to mobilize local social forces, integrate social resources, build a health service system that is in line with the characteristics of the elderly population in Xinjiang, change the current lifestyle of the elderly in Xinjiang, and realize the effective transformation of the preventive health care and healthy lifestyle of the elderly in Xinjiang is a realistic problem that needs to be solved urgently. In this paper, the elderly in Xinjiang will be studied through field research and other research methods, to explore the elderly health service system in line with Xinjiang's cultural environment, food structure and many other local characteristics combined with the actual situation [5].

1.1 Methodology

1.1.1 Literature review method: Through consulting a large number of literatures, a wide range of materials related to the elderly were collected to sum up the working experience of aging, sports and health promotion of the elderly, to improve the theoretical understanding, to prepare for the study.

1.1.2 Survey method: 3,000 elderly people aged 55-85 were selected from Urumqi, Kashgar in southern Xinjiang and Altay in northern Xinjiang, and divided into three groups (half males and half females). Through questionnaire survey, field survey, individual interview and expert interview, the health needs, work status, external environment, main characteristics, internal factors, health behaviors and existing problems of the elderly in Xinjiang were generally understood and mastered, so as to provide an accurate, comprehensive and objective realistic basis for the research.

1.1.3 Observational method: A total of 3,000 subjects aged 55–85 were selected from Urumqi, Kashgar in southern Xinjiang and Altay in northern Xinjiang and divided into three groups (half males and half females) to observe their behaviors purposefully in daily life, study, work, and activities, in order to collect the data related to this study and provide an objective basis for further research.

1.1.4 Mathematical statistics: The SPSS software was used for relevant statistical analysis, frequency analysis, analysis and test of the data to provide quantitative data for research.

1.2 Research contents

In this paper, the elderly in Xinjiang will be studied to investigate the application status of the integration of care services and basic medical services in the community in Urumqi and surrounding cities in Xinjiang, and to further explore the long-term, complex and comprehensive health needs of the elderly in combination with the actual application.

II. REALISTIC BASIS FOR THE ESTABLISHMENT OF HEALTH SERVICE SYSTEM FOR THE ELDERLY IN XINJIANG

2.1 Policy Support

Since the State Council issued Several Opinions on Promoting the Development of Health Service Industry, Xinjiang issued the Notice on Printing and Distributing the Implementation Measures for the Construction of Elderly Health Service System in Autonomous Region in May 2020, stating that Xinjiang has entered an aging society since 2010, and the proportion is increasing year by year. The document clearly points out that communities, hospitals, institutions and families should improve the health services for the elderly, establish an integrated service platform, and formulate specific implementation measures for the health service system for the elderly [6]. According to the economic and social development and the growth of the elderly population, it is necessary to guarantee the application of artificial intelligence technology in the field of elderly health in accordance with the law, support the research and development of wearable elderly health support technology and equipment, and explore the development of remote real-time viewing, health monitoring, emergency call and other services. Measures such as strengthening the training of elderly health personnel and establishing a training mechanism for elderly health service personnel have given strong policy support to the establishment of the health service system for the elderly in Xinjiang [7].

2.2 Current Situation of Aging

At present, it is internationally recognized that the general standard for aging is that a country or region has more than 10% people over 60 years old, while Xinjiang Uygur Autonomous Region has been declared as an aging society through investigation in 2010. In 2018, the population of the autonomous region was 24,867,600, and the elderly population over 60 years old was 2,632,300, accounting for 11.53% of the total population, which is already higher than the international general standard. The previous literature survey and on-the-spot investigation revealed that although the Xinjiang Uygur Autonomous Region has issued corresponding policies and actively promoted them, the implementation is not satisfactory.

III. EXPLORATION ON THE CONSTRUCTION MODE OF HEALTH SERVICE SYSTEM FOR THE ELDERLY IN XINJIANG

At the government level, it is necessary to carry out coordinated work in accordance with the actual situation in the region on the premise of adhering to the general guidelines of the state. In this paper, the key point is to establish a health service system for the elderly in Xinjiang through the cross government leading, community leading and social service agency leading. And the health service system will be promoted according to the local characteristics, trying to achieve strong effect, wide influence and many beneficiaries [8].

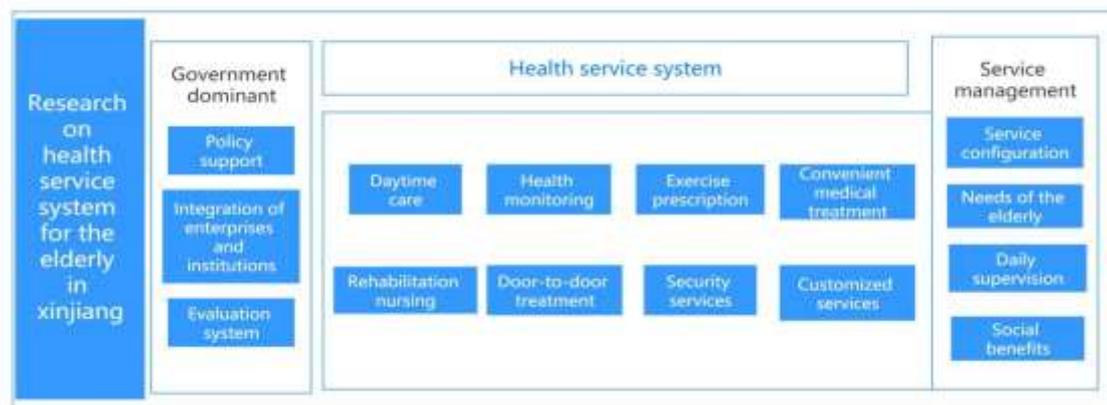


Fig 1: Study on health service system for the elderly in Xinjiang

3.1 Government Leading

It is difficult to maintain the health of the elderly in Xinjiang, because of the uneven economic level of various regions in Xinjiang, and communication difficulties caused by poor mandarin proficiency in some regions. The government, as an important supporting force to promote the establishment of regional system, needs to give full support in policy, finance, system establishment and concrete implementation. The health maintenance of the elderly is a complex and complicated comprehensive problem that needs to be considered from various aspects. Moreover, there is no linkage between various jobs, and the methods lack complementarity and coordination, which cannot meet the service quality. The integrated supply of care, physical fitness and medical services will inevitably require the joint efforts of the three departments to produce the effect of integrated political security services. In practice, a "consistent" unified monitoring, diagnosis, evaluation and rehabilitation system should be established. Details of the elderly receiving medical treatment in the hospital, the corresponding further rehabilitation programs in the community after they are discharged home, the elderly's health and the establishment of a communication model between the hospital and the community all need to break the old independent model and establish a sharing platform to provide professional and scientific diagnosis and guidance, so as to carry out collaborative work to achieve the integration goal [9].

3.2 Service Management (Community Leading)

It is a direct monitoring unit for the living and life of the elderly in the community, and its service integrity and daily monitoring effectiveness are particularly important. Many scholars have proposed that the continuous care service between hospitals and families can improve the quality of health services for the elderly and their autonomy in life, which includes an important factor of community rehabilitation. Therefore, the community, as the direct environment for the elderly to live, is the key link to improve their health level. The work responsibility of the community determines that it has become a frontline position for the construction of the elderly health service system. According to Xinjiang's unique regional and ethnic factors, the community should start from three aspects: First, strengthening health education to

enhance the health behavior awareness of the elderly and advocate the elderly to be the first responsible person for their own health. Propaganda should be carried out through major festival activities, various publicity sections in the community, new media and other forms, regular lectures on the elderly's health encyclopedia, nutrition and health care should be organized, so as to actively improve the elderly's health literacy and health promotion actions. Second, establishing an integrated platform for exchanging needed goods, and obtain professional and authoritative health diagnosis. Composed of doctors, community family doctors, and social workers, it makes a clear diagnosis of the physical health of the elderly through the docking of specialties, and forms a service provider network based on information sharing and case management, which provides a combination of various services to meet the complex and diverse needs of the elderly. The one-stop health management service platform in Urumqi, which is being implemented at present, has effectively solved the problem that the elderly spend time and effort queuing up for treatment when they go to the hospital for minor diseases, occupying medical resources, and has also effectively improved the health level of the elderly to a certain extent. However, there are problems such as fewer doctors and many patients, failure to establish a real-time communication platform with specialized clinics in major hospitals, and poor timeliness in monitoring the rehabilitation of the elderly after hospitalization or surgery. Third, improving the quality of health services for the elderly. With the basic victory in the battle to get rid of poverty, people have a new understanding and pursuit of the quality of life and living standard. According to the survey, the elderly currently have higher demand for medical insurance and pension services in their daily life. Therefore, the community should improve the health services for the elderly, such as organizing regular physical examinations and providing sports professionals for the elderly to carry out various and rich forms of sports for the elderly in the community, so as to effectively prevent the spontaneous activities organized by the elderly from occupying public resources, avoid conflicts and prevent "disputes among the elderly due to occupying basketball field by performing square dances". Meantime, the community should regularly investigate the basic information and health status of the elderly within its jurisdiction, and establish detailed and sound archives of the elderly, so as to provide a solid foundation for the community to carry out health services for the elderly [10].

3.3 Social Institution Leading.

Life and health are always the first priority for the urban elderly with gradually improved living standards and abundant funds, and the paid social service organizations with higher service level will have room for survival and development, which is also the last step to supplement and improve the health service system for the elderly. However, the government policy support and financial support are still limited to individual needs. Social institutions can provide better health services for the elderly, so that they can choose different levels of health services according to their own economic level and health conditions. Compared with the government-led and community-led health services, social institutions for elderly health services are more convenient and targeted, such as on-site diagnosis and treatment, targeting the actual cases and personality characteristics of the elderly, setting personality programs to help the elderly take the initiative to understand and maintain health status, so as to monitor changes in physical condition on a daily basis. Proactive and pre-emptive measures can help improve the overall service quality and efficiency of the health service system, help pay attention to the health status of the elderly and

enhance happiness to a certain extent.

IV. THOUGHTS ON THE CONSTRUCTION OF HEALTH SERVICE SYSTEM FOR THE ELDERLY IN XINJIANG

Through investigation, it is found that actively dealing with the aging problem is a prominent problem in the 14th Five-Year Plan and the best breakthrough for Xinjiang government to realize the innovation and reform of the health service system for the elderly. The government has made it clear that it is necessary to change the focus of treatment to the focus of people's health and actively respond to the aging of the population. The author believes that through the exploration of establishing the health service system for the elderly in Xinjiang, it can be summarized as follows:

First of all, the development of health service system needs the support of nursing service. Community care is still in a relatively weak development stage and cannot play an important role due to the fact that the construction of hardware facilities has progressed much faster than the improvement of service level and there are large regional differences in development level. Moreover, the immature care service itself makes it more difficult to achieve service convergence and cooperate with medical services. The unmatched development level of the two will inevitably affect the realization of the national development concept of "providing continuous health management services and medical services for the elderly". In the face of the actual development of community care services in our country, combined with the results of the previous actual investigation, it is found that the problems of resource integration such as the imperfect service system and the imperfect supporting facilities in the surrounding cities of Xinjiang are more prominent, and the phenomena of disconnection and decomposition of service integration and connection at both ends, lack of personnel and unsmooth capital turnover and other problems have become the practical factors hindering the development of care services and boosting the establishment of health service system. Therefore, ensuring complete capital facilities, improving the professional ability of the talent team and expanding the scope of community services can smooth the care service system in Xinjiang to a certain extent and promote the establishment of health service system.

Second, although the deep integration between various functional organizations in Xinjiang has been gradually formed, it is not sufficiently refined. Under the influence of the new public management reform, China has continuously tried to promote grid management through political and social cooperation, institutional integration and other means to improve the efficiency of social services. However, in the process of concrete implementation, it is found that there are bottlenecks such as system management in the process of government actively promoting cooperation and the deep integration of various institutions. For example, there are still some difficulties in how to unify the assessment mechanism, which requires mutual recognition in the process of the integration of enterprises and institutions and simple review and approval of the regulatory process. It is relatively easy to implement such measures as unified standards and mutual recognition, but at present, most of the medical institutions in China are non-profit institutions, and the overall economic benefits of hospitals depend on themselves. According to the 2018 China Health Statistics Yearbook published by the National Health Commission of the People's Republic of China,

government subsidies accounted for 8.0%, 7.7%, 9.1% and 9.2% of the average annual income of public hospitals from 2013 to 2017, respectively. The public hospitals have formed their own pattern under the mode of mainly relying on operating efficiency. In this context, information sharing and professional collaboration will undoubtedly lead to conflicts of interest and hinder the process. At present, China has gradually adopted the cooperation mode as a pilot in the political culture, and the institutions of the State Council are constantly reforming to adapt to the changes of the new era, and are gradually making forward-looking design and planning in health resources and administrative management, and constantly integrating them. The newly established the National Health Commission and the National Healthcare Security Administration are both working together to deepen the system reform and improve the medical and health service system on the basis of integrating the functions of the original ministries and commissions, so as to realize the national goal of "great health and massive health". In particular, the National Medical Security Bureau will promote the reform of "three-medical linkage" in medical treatment, medical insurance and medicine, continuously improve the basic medical insurance system for urban and rural residents and the serious illness insurance system, and support the improvement of the medical security level at the operational level.³ However, due to the remoteness of Xinjiang, the low investment enthusiasm of mainland institutions in Xinjiang, the deviation and lack of funds and other problems, the rate of cooperation intention reached is low, the implementation of reform measures is neither deep nor detailed nor wide, and the in-depth cooperation among institutions is not smooth and ideal. In the face of practical problems, the state is also making great efforts to carry out financial investment, capital introduction and talent introduction through macro-control, opening up cooperation channels for enterprises to the west, stimulating the enthusiasm of institutions to invest and cooperate in Xinjiang through various methods and means, and giving policy assistance. To some extent, this has reduced the difficulty and intensity of deep cooperation to take root in Xinjiang.

Thirdly, the improvement of health service system is inseparable from the rapid development of information technology in China. It is common in China to use the convenience of information technology to support public services. Real-name registration system medical card is being fully implemented in hospitals, so that patients' personal information, electronic medical records, medical records, payment status, etc. are recorded in the card for reference at any time, which saves a lot of time and energy for doctors and patients, and is also conducive to information storage and security. At the same time, China is also trying to use "internet plus" to boost the aged care service, to build an intelligent community, so that the elderly can enjoy the fruits of information technology innovation, and get better and more convenient all-round services such as food, shelter, travel and social interaction. With the rapid development of information technology in China, the results have benefited the vast elderly population. On this basis, China will have obvious advantages in technology to promote the integration of health resources for the elderly. In recent years, a large number of talents and central matching funds have been transferred and allocated to Xinjiang. Xinjiang's local medical resources are relatively adequate, and the reserves of soft and hard resources such as talents and equipment have been gradually increased. Strong information technology support and complete talent team construction have promoted the reform and improvement of medical system in Xinjiang to a certain extent, and indirectly promoted the innovation and development of health service system for the elderly in Xinjiang.

In summary, due to the uneven development of medical services and care services in China, it is difficult to achieve the convergence of services. However, it cannot be ignored that the institutional reform of the State Council has shown the obvious intention of the state in integrating resources and improving the health service system, which will further promote the improvement of health services for the elderly in Xinjiang. At the same time, China's advantages in information technology will also provide technical support for service reform. The westward inclination of talents and technology will also provide opportunities and challenges for the establishment of a health service system for the elderly in Xinjiang. Therefore, in the next step, while improving the construction of the medical system, the Xinjiang government should lay stress on the development of care services in its health service development plan. In terms of hardware, it should pay attention to the continuous investment and improvement of related facilities and equipment, and in terms of software, it should strengthen the promotion of the comprehensive quality and professional accomplishment of practitioners, and gradually improve the acceptance of community care services by society and families. In addition, it should further develop and improve the care service system as a whole to achieve a basic match with the level of medical services, and finally achieve the integration of medical resources and social care resources.

V. CONCLUSIONS

In this paper, the current situation, external environment, main features, internal factors, healthy behaviors and existing problems of sports and health promotion for the elderly in Xinjiang were generally understood and mastered, and the feasible measures for the establishment of health service system for the elderly in Xinjiang, which is in line with regional characteristics, were analyzed from the macroscopic point of view. What needs to be made clear is that the construction of health service system for the elderly in Xinjiang is actually a structural adjustment on the basis of the existing one. At present, intelligent service communities for the elderly have been widely developed in Urumqi, Xinjiang and its surrounding cities, and research has been continuously put forward to analyze the existing problems and give full play to the synergy among various functional departments, so as to achieve the effect of synergy and added value. Due to the rapid growth of the aging population in China, the health of the elderly and the social problems of the elderly are becoming more and more serious, and the growth of the elderly population in Xinjiang is also increasing, which increases the number and range of the audience groups for the elderly health service system in Xinjiang. Therefore, it is urgent to explore a proper response mechanism. The measures taken by China have achieved certain results. With the acceleration of the aging process, as well as the individualized, regional and differentiated needs of the elderly in Xinjiang for health services, it will be the best choice for Xinjiang and even China to build an integrated health service system in the future.

ACKNOWLEDGMENTS

This research was supported by 1. Scientific Research Project in Xinjiang Uygur Autonomous Region, Project No.: XJEDU2021SY022; 2. Social Science Fund Project of the Autonomous Region, Project No.: XJEDU2021SY022; 3. Natural Science Foundation Project of the 2021 Autonomous Region, Project No.: 2021D01A121.

REFERENCES

- [1] Pei Mohan. The Research on Integrated Care System for Elder People. *Population and Economics*, February 2019.
- [2] Wu Zhixuan. Research on the Sports Demand and Social Support for the Elderly in Changchun city. August 2020.
- [3] Huang Shisong, Wu Xiaolan. Thinking on the Optimal Path of Healthy Aging During the 14th Five-Year Plan. *Journal of Xinjiang Normal University (Philosophy and Social Sciences Edition)*, 2021,42(05):126-134. DOI:10.14100/j.cnki.65-1039/g4.20210331.001.
- [4] Guo Lina. Community mental health service system for the elderly. *Business Culture*, 2021(24):122-123.
- [5] Teng Lixin, Huang Xiting, Chen Benyou. The Present Status of the Old Age Mental Health Service in the UK. *Journal of Southwest University (Social Science Edition)*, 2009,35(03):18-23. DOI:10.13718/j.cnki.xdsk.2009.03.003.
- [6] Li Yifei. Research on the Construction of Domestic Sports Health Service of Aged People of Wuhan City [D]. Huazhong Normal University, 2016.
- [7] Jiang Yuzhi, Chen Weiran. Construction of Mental Health Service System for the Elderly. *Health Vocational Education*, 2013,31(05):155-157.
- [8] Hu Yue. Research on building a community-based health management service system for the elderly. *Industrial & Science Tribune*, 2019,18(04):212-213.
- [9] Pei Nantian, Investigation on the Current Situation of Mental Health and the Demand of Mental Health Services for the Elderly in Suining and the Construction of Mental Health Service System. *Suining Hospital of Traditional Chinese Medicine*, Sichuan Province, 2017-11-06.
- [10] Cao Lili. Discussion on Measures to Establish and Improve the Health Service System for the Elderly. *Contemporary Medicine Forum*, 2015,13(14):186.