

Research on Multi-Level Community-Based Elderly Care Services from the Perspective of Well-Being

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Abstract: With the deepening trend of population aging and the increasing diversification of elderly care models, enhancing the well-being of older adults has become a central focus in both research and practice within the social care sector, building upon the foundation of ensuring their material livelihood and spiritual experience. This paper systematically analyzes the core healthy elderly care needs of different types of older adults, constructs a multi-level integrated medical and elderly care service system, and optimizes the multi-level, multi-format community-based care service model from the perspective of well-being enhancement. This research not only contributes to the systematization and standardization of elderly care services but also holds significant importance for driving the development of related industries, absorbing more social employment, and further implementing the national strategy for actively addressing population aging.

Keywords: Sense of well-being; Community elderly care services, Healthy elderly care needs

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1. Introduction

With the ongoing trend of smaller family sizes in Chinese society and the intensification of population aging, the issue of elderly care has increasingly become a major strategic matter that bears on the country's overall development and the people's livelihood. In recent years, a series of documents issued by the State Council, the Ministry of Civil Affairs, and other government departments, including those on accelerating the development of the elderly care service industry and planning for the advancement of elderly care undertakings and the construction of the elderly care system, have all clearly stated that priority should be given to safeguarding the basic healthy elderly care needs of the elderly. Driven by policy support at all levels, China has fostered a situation where multiple elderly care operation models are developing rapidly in parallel.

Among these models, compared with "real estate-based elderly care" and "insurance-based elderly care" which are more suitable for high-income groups, community elderly care, as a people-benefiting elderly

care model, leverages advantages such as low elderly care costs and high community integration. It plays a fundamental role in addressing the elderly care challenges faced by the vast majority of low- and middle-income elderly individuals, elderly people with disabilities or illnesses, and elderly people without family support. As people's living standards have improved significantly, how to enhance the elderly's sense of happiness by improving their material living conditions and spiritual experiences has increasingly become a new focus of attention in the field of social elderly care.

2. Current status of population aging in China

Population aging in China is characterized by a large population scale and rapid development pace. According to the data released in the 2024 *Statistical Communique on National Economic and Social Development* by the National Bureau of Statistics, by the end of 2024, the population aged 60 and above in China reached 310 million, accounting for 22% of the total population, among which the population aged 65 and above was 220 million, accounting for 15.6% of the total population^[1]. Compared with the relevant data in 2015, it shows a year-by-year growth trend, as shown in **Figure 1**. It is predicted that 2030–2050 will witness the severe period of population aging in China, with the whole society entering advanced aging stage.

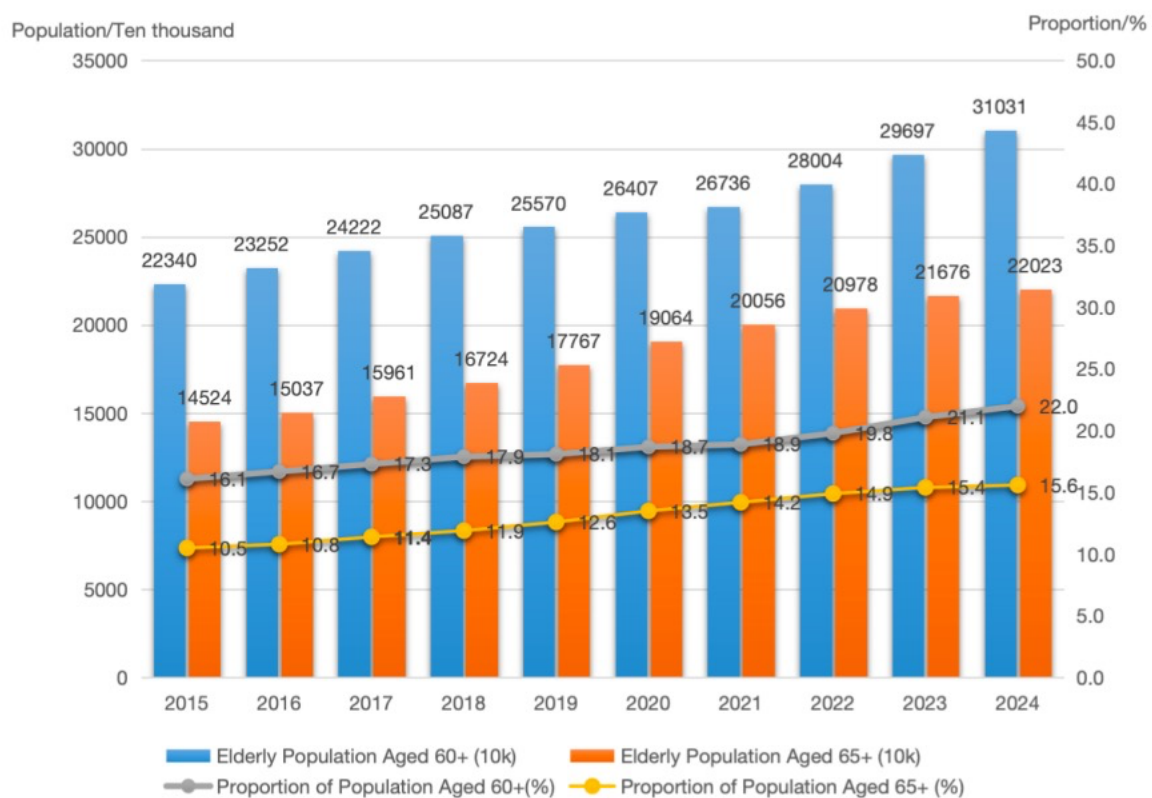


Figure 1. Number and proportion of the elderly population in China (2015–2024). [Adapted from National Bureau of Statistics Website].

The elderly dependency ratio in China has been rising year by year, presenting new characteristics such as the accelerated development of “Empty-Nest” phenomenon, “aging before getting rich, aging without adequate

preparation”, and unbalanced regional development. According to data from the National Bureau of Statistics, the dependency ratio in 2024 was 22.8%, as shown in **Figure 2**, showing an upward trend in recent years, and the pressure of elderly care has become increasingly severe. According to *the Fifth National Sampling Survey on the Living Conditions of Urban and Rural Elderly People* in 2021, the proportion of elderly people living alone in the country reached 14.2%, and the empty-nest rate exceeded 70% in some large cities and rural areas ^[2].

In terms of the choice of care methods, 87.3% chose to receive care services at home, 4.9% chose to stay at care centers during the day and return home at night, and 7.7% chose elderly care institutions. Among the elderly who are willing to live in elderly care institutions, only 15.8% can afford a monthly cost of 3,000 Chinese Yuan or more.

From the perspective of elderly care pressure, empty-nest elderly people bring the greatest pressure to society as they have no children to support them, and once they fall ill or their ability to take care of themselves declines, they can only rely on social organizations to provide necessary elderly care services. The characteristics of the proportion of the elderly population and care methods put forward practical requirements for the choice of elderly care service models. That is, vigorously developing inclusive community-based home care services should become the primary strategic choice for actively responding to population aging and developing the elderly care service industry.

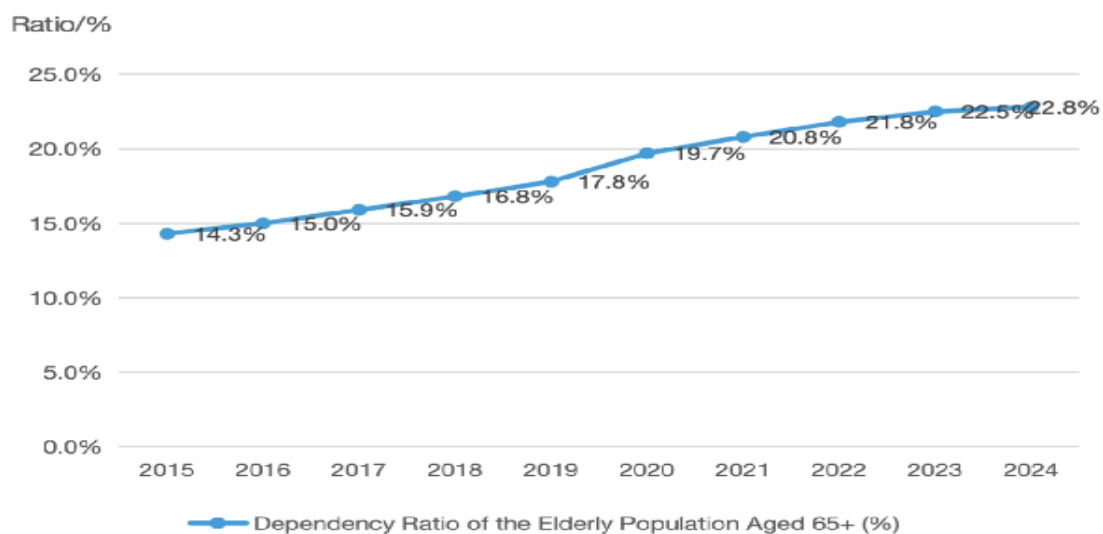


Figure 2. Dependency ratio of the elderly population (2015–2024). [Adapted from National Bureau of Statistics Website].

3. Analysis of healthy elderly care needs based on seniors’ well-being

3.1. Well-being of older adults

Well-being is a multidimensional psychological concept, referring to an individual’s holistic and subjective evaluation of their life conditions, primarily reflecting the degree of satisfaction in emotional experiences. Personal well-being is largely determined by cognitive judgment and the fulfillment of values. Generally, the core dimensions of well-being can be understood through the following aspects.

From an emotional perspective, well-being manifests as positive emotions such as happiness, contentment, and comfort in daily life. Both short-term pleasure and long-term emotional stability constitute the emotional dimension of well-being. In terms of satisfaction, well-being reflects an individual’s overall assessment of

life quality based on personal values, emphasizing rational judgments in areas such as material conditions, interpersonal relationships, and social roles. Furthermore, regarding value realization, well-being is expressed as a sense of meaning in life, achieved through self-actualization, social contributions, or goal pursuit, reflecting the recognition of life's value and the realization of inner potential.

The well-being of older adults is a psychological outcome shaped by the interplay of factors such as physical health, economic security, social relationships, autonomy, and a sense of purpose. Compared to other age groups, the well-being of seniors exhibits unique physiological, psychological, and social role characteristics. Specifically, it can be evaluated using the following seven core indicators (**Table 1**).

Table 1. Evaluation of elder adults' well-being

No.	Evaluation dimension	Specific content	Evaluation significance
1	Physical health	No major diseases and good mobility	The foundation for older adults' quality of life.
2	Mental health	Stable mood (e.g., low levels of anxiety and depression) and normal cognitive function (e.g., preserved memory and judgment)	Important indicator of older adults' life happiness.
3	Livelihood security	Monthly income of no less than 3,000 Chinese Yuan can significantly alleviate medical anxiety	No linear correlation between well-being and the amount of savings; well-being depends more on the subjective perception of economic status (e.g., avoiding social comparison)
4	Family relationships	Children are financially and life-independent yet stay moderately connected with their families	Helps reduce the risk of depression
5	Social participation	Engage in volunteer activities or interest groups	Slows down the rate of cognitive decline and strengthens the sense of social value
6	Life autonomy	Make autonomous decisions regarding daily necessities such as clothing, food, housing, and transportation, and reject moral coercion	Reflects the emphasis placed on dignity and the right to choose
7	Meaning in life	Realizing "productive aging" by developing hobbies or imparting experience to others	Constitutes the key to sustaining the sense of life meaning

Research on seniors' well-being constitutes a significant area in elderly care studies. Scholars have explored the relationship between care models and well-being, as well as factors influencing well-being.

3.1.1. Research on the relationship between elderly care models and well-being

The relationship between elderly care models and seniors' well-being is a key topic in elderly care services. Wu argues that the positioning of community-based elderly care services, along with their professionalism and feasibility, significantly impacts well-being^[3]. Feng suggest that seniors receiving home-based care in familiar environments, free from institutional constraints, and engaged in activities such as shopping, socializing, and recreational exercises, experience richer lives and higher subjective well-being compared to institutional care^[4]. Zhang and Li found that interpersonal harmony positively correlates with well-being^[5]. Tao and Zhao report that 73.3% of urban seniors associate community-based care with higher well-being scores than institutional care^[6].

3.1.2. Research on factors influencing well-being

The factors influencing the well-being of older adults are a widely studied issue. Zhong and Xie, using

internationally recognized well-being scales, identified optimistic attitudes and positive perceptions of external environments as significant contributors ^[7]. Wu demonstrated that physical and mental health outweigh asset ownership in influencing well-being ^[8]. Liu *et al.* highlighted the role of integrated medical and care services, particularly mental health, in enhancing well-being ^[9]. Lu and Lu emphasized that strong social support in community-based care positively affects well-being ^[10].

In summary, existing research focuses on aspects such as measuring well-being and adaptability to elderly care environments, with relatively limited exploration of how elderly care systems influence well-being. Against the background of increasingly multi-level and diversified development in community based elderly care service needs, how to enhance the well-being of older adults by constructing a multi-level elderly care service system should become an important research topic in the field of elderly care services. Starting from the goal of improving older adults' well-being, this study investigates how to develop a diversified community based elderly care service model based on well-being.

3.2. Analysis of healthy elderly care needs across senior groups

Healthy elderly care needs are primarily determined by two factors as follows:

- (1) The need for care services, influenced by health status, especially self-care ability, encompassing health services, daily living assistance, and spiritual support. Surveys indicate medical services as the top priority, followed by spiritual support; and the last is daily living assistance;
- (2) Elderly payment capacity, dependent on income level. By integrating self-care ability and income, four types of healthy elderly care needs are identified, as illustrated in **Figure 3**.

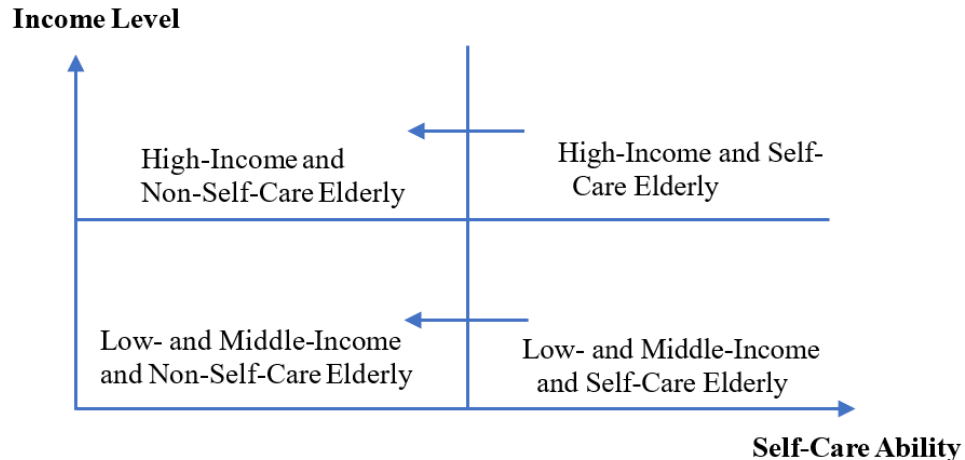


Figure 3. Schematic of healthy elderly care Needs.

Among these four types, low- and middle-income and self-care type elderly people account for the highest proportion of the elderly population in China. In terms of health status, statistics show that nearly 90% of the elderly have intact daily self-care ability and do not need care in daily life. In terms of income level, most elderly people have not accumulated sufficient pension assets. About 80% of urban elderly people's living income mainly comes from pensions, while rural elderly people's living income mainly relies on financial support from their children. low- and middle-income and non-self-care type elderly people refer to low- and middle-income disabled elderly people. According to the results of the Fifth National Sampling Survey on the

Living Conditions of Urban and Rural Elderly People, there were about 35 million disabled elderly people in China in 2024, accounting for 11.6% of the elderly population ^[2]. Low- and middle-income and non-self-care type elderly people are the key and difficult point of elderly care services.

3.2.1. Healthy elderly care needs of low- and middle-income and self-care type elderly people

In terms of health service needs, although this type of elderly people is relatively healthy and has basic self-care ability, most of them suffer from age-related chronic diseases due to their age. According to statistics, about 3/4 of the elderly in China suffer from chronic diseases such as hypertension, heart disease, cervical/lumbar spondylosis, arthritis, and diabetes ^[11]. Due to their low income, they usually hope to obtain health services in a low-cost and convenient way at community medical and health institutions. In terms of daily care needs, there are many empty-nest, childless, and single elderly people among low- and middle- income and self-care type elderly people. Although they have a certain degree of daily self-care ability, they face inconveniences in doing some housework due to their advanced age and need the community to provide some housekeeping services such as purchasing heavy items and repairs.

In terms of spiritual comfort needs, surveys show that elderly people with low educational levels have a higher demand for chatting. Generally speaking, this type of elderly people prefers daily interpersonal communication such as chatting and favor free or low-cost cultural and recreational activities such as square dancing, Tai Chi, and board games.

3.2.2. Healthy elderly care needs of low- and middle-income and non-self-care type elderly people

In terms of health service needs, this type of elderly people is in urgent need of long-term care services. According to the data in the “2024 Statistical Communique on the Development of Human Resources and Social Security Undertakings”, the average monthly pension expenditure for retired employees of urban workers nationwide in 2024 was about 3,585 Chinese Yuan, while the current monthly cost of purchasing nursing beds in urban nursing institutions is around 5,000 Chinese Yuan. This indicates that most low-to-middle income and non-self-care type elderly people can hardly obtain necessary long-term care services relying solely on pensions. In terms of daily care, due to the lack of self-care ability, daily life care constitutes the most basic elderly care service demand for non-self-care type elderly people. In terms of spiritual comfort, non-self-care type elderly people are more eager for spiritual reliance, emotional communication, and psychological comfort. Terminally ill non-self-care type elderly people need thoughtful hospice care. Restricted by their income level, this type of elderly people is in urgent need of relatively low-cost elderly care institutions, such as community nursing homes and care hospitals.

3.2.3. Healthy elderly care needs of high-income and self-care type elderly people

In terms of health service needs, high-income and self-care type elderly people have a strong demand for high-quality health preservation and health care services such as high-end physical examinations and have a high demand for medical tourism and health tourism. In terms of daily care needs, their demand for daily care services from others or the community is not high. In terms of spiritual comfort, this type of elderly people has a strong desire for “productive aging”, is more willing to participate in social public welfare activities in an appropriate way and has more demands for cultural and recreational activities such as elderly universities and travel.

3.2.4. Healthy elderly care needs of high-income and non-self-care type elderly people

In terms of health service needs, due to their high-income level, high income and non-self-care type elderly people hope to obtain high-standard medical and nursing services. In terms of daily care, they hope to obtain more professional and personalized daily care services. In terms of spiritual comfort, this type of elderly people not only hope to have frequent interpersonal communication with their families and full-time caregivers, but also have a strong desire for a dignified life.

It should also be noted that there is a certain transformation among the above four elderly groups. That is, with the increase of age, a considerable proportion of low- and middle-income and self-care type elderly people will transform into low- and middle-income and non-self-care type elderly people, and a considerable proportion of high-income and self-care type elderly people will transform into high-income and non-self-care type elderly people.

4. Suggestions for constructing a multi-level integrated medical and elderly care service system

Based on the above analysis, the healthy aging needs of older adults are primarily shaped by their self-care capacity and income level. To promote the high-quality development of community-based elderly care services in China, it is essential to establish a multi-level, integrated medical-care service system. Such a system should systematically align and coordinate diverse service models, including community care, long-term care, and commercial elderly care, so that they function as a complementary and collaborative network. Through this integrated framework, elderly individuals with varying health statuses and economic conditions can receive diversified, personalized, and continuous medical-care services, thereby strengthening the overall coherence and connectivity between community-based elderly care and other forms of elderly care provision.

4.1. Community-based integrated medical and elderly care service network for health maintenance

The community-based integrated medical and elderly care services for health maintenance are primarily target self-care type elderly people with low- and middle-income and part high-income, receiving community-based home care. Its basic characteristic is “integrating medical services into elderly care”, focusing on maintaining and preserving the health status of the elderly. At present, most elderly people adopt the home-based care model, accounting for about 90% of the elderly population. Therefore, this type of health maintenance-oriented integrated medical and elderly care service has constituted the foundation of the multi-level integrated medical and elderly care service system. The community-based integrated medical and elderly care services for health maintenance should be led by grassroots medical and health institutions, providing community health services such as health consultation, chronic disease prevention and treatment, daily diagnosis and treatment, and health preservation and health care. At the same time, community medical and health institutions should also grasp the status of disabled elderly people in their communities to provide evaluation basis for disabled elderly people to further receive long-term care-oriented integrated medical and elderly care services.

4.2. Long-term care-oriented integrated medical and elderly care service network

The long-term care-oriented integrated medical and elderly care service network is mainly targeted at low- and middle-income and non-self-care type elderly people. This type of elderly people is the key and difficult point

of integrated medical and elderly care services. Community elderly care can hardly meet their long-term care service needs. Therefore, based on community elderly care, it is necessary to develop an integrated medical, nursing, health, and rehabilitation long-term care service for low- and middle-income and non-self-care type elderly people. Specific models include geriatrics departments set up in grassroots hospitals (Grade I and II hospitals), geriatric hospitals or care hospitals transformed from some grassroots hospitals or private hospitals, and nursing beds set up in qualified community medical and health institutions or elderly care institutions. The long-term care-oriented integrated medical and elderly care services should be characterized by “integrating elderly care into medical services”, relying mainly on institutional care, focusing on nursing services, and providing corresponding daily care services according to the requirements of nursing services. Various medical institutions should play a leading role in long-term care services.

4.3. High-end continuous care-oriented integrated medical and elderly care service model

The high-end continuous care-oriented integrated medical and elderly care service model is mainly targeted at some high-income and non-self-care type elderly people and high-income and self-care type elderly people, adopting a commercial operation model. It includes large private elderly care institutions with good medical conditions, geriatrics departments set up in high-level large public hospitals, and high-end insurance elderly care communities. Its basic characteristic is “promoting elderly care through medical services”, that is, taking high-standard medical and nursing services as the core competitiveness to provide continuous care-oriented integrated medical and elderly care services for the elderly. Taking high-end insurance elderly care communities as an example, most insurance elderly care communities in China currently have high-standard medical institutions to attract elderly people to move in. At the same time, drawing on the model of American high-end continuing care retirement communities (CCRC), elderly people living in insurance elderly care communities do not need to move repeatedly with changes in their health status, but only need to transfer between different properties within the community.

5. Conclusion

In conclusion, based on community elderly care services featuring “integrating medical services into elderly care”, we should actively develop long-term care services featuring “integrating elderly care into medical services” and high-end continuous care-oriented integrated medical and elderly care services featuring “promoting elderly care through medical services” and construct a multi-level integrated medical and elderly care service system. This is a key link to ensure full coverage of elderly care services, meet the personalized elderly care needs of different types of elderly people, and promote the high-quality development of the elderly care service industry.

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