

An Empirical Study on the Status Quo of Promoting the Combination of Medical and Health Care Policies in Guangdong Province*

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Abstract—By investigating the current status of the promotion of the combination of medical and health care policies in Guangdong Province, this paper explores various issues that arise in the implementation of the combination of medical and health care policies. The survey found that 50% of residents have a certain degree of understanding of the combination of medical and health care pension model through Internet channels, but the popularity of the family doctor contract service system is not high, and excessive personal expenses are important obstacles for residents to choose the combination of medical and health care pension model. There is a shortage of talents in nursing and geriatrics. Therefore, it proposes countermeasures such as propagating in different ways for different groups, cooperating with colleges and universities to cultivate talents, creating distinctive service brands, and cooperating with related departments to promote the development of the combination of medical and health care.

Keywords: *Guangdong Province, combination of medical and health care, quinquagenarian residents, nursing institution for the aged, medical institutions*

I. INTRODUCTION

The aging of China's population and its accompanying problems have brought severe challenges to the current pension model. The traditional home-based care and institutional separation model of medical and health care can no longer meet the needs of China's rapidly aging population. According to the Notice of the General Office of the State Council on Forwarding the Guiding Opinions of the Health and Family Planning Commission and Other Departments on Promoting the Combination of Medical Health and Elderly Care Services (Guobanfa [2015] No. 84), Implementation Opinions of the General Office of the People's Government of Guangdong Province on Promoting the Combination of

Medical Health and Elderly Care Services (Yuefuban [2016] No. 78) and other relevant document spirits, it is imperative to further promote the combination of medical care and elderly care services (hereinafter referred to as the combination of medical and health care) to meet the growing demand for health care and elderly care services.

The combination of medical and health care in developed countries mainly has four models: the long-term care social insurance system model, the long-term care assistance system model, the United Kingdom's Pune-style long-term care system model, and the US market long-term care insurance model. Due to the influence of personal values in developed countries, early development is mainly based on institutional pensions, supplemented by family pensions. However, with the increase of the elderly population, institutional pensions have increased the government's financial pressure, and many countries have begun to explore pension models that are more suitable for their national conditions.

The current long-term care system for the elderly in China lacks integrity and continuity, and there is no overall planning [1]. There are low levels of medical services, insufficient nursing staff, shortage of funds, functional stratification and imperfect connection of the old-age service security system, multiple management by government departments, etc. in the combination of medical and health care nursing institutions [2]. Aiming at the problems faced by the combination of medical and health care, Cheng Qiuxian [3] analyzed the possibility of the combination of medical and health care to take the road to industrialization; She Ruifang [4] analyzed the talent training plan for the combination of medical and health care. Ma Yuqin [5], Wang Xinjun [6] etc. analyzed the factors that affect the nursing needs of the elderly. Zhang Xiuhui [7] explored the setting of laws and regulations and supervision standards for the combination of medical and health care.

The project team intends to grasp the development of the combination of medical and health care in Guangdong Province, the middle-aged and elderly residents' understanding, ways and attitudes of the combination of

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medical and health care through investigation on the current status of the promotion of the combination of medical and health care in Guangdong Province, and to find the existing problems and dilemmas and provide practical suggestions for the promotion of the combination of medical and health care in Guangdong Province.

II. RESEARCH METHODS

A. Respondents

The respondents are middle-aged and elderly residents of Guangdong Province, covering 6 regions (Guangzhou, Shenzhen, Pearl River Delta, eastern Guangdong, northern Guangdong, and western Guangdong). There were 993 valid samples, including 198 in Guangzhou, 87 in Shenzhen, 203 in the Pearl River Delta, 292 in eastern Guangdong, 122 in northern Guangdong, and 93 in western Guangdong.

In the sample, 55% were female and 45% were male. The largest number of people are between the ages of 35 to 44 (24.1%), followed by under 34 (23.2%), 45-54 (20.6%), 55-64 (12.7%), 65-74 (12.7%), 75-84 years (5.1%) and more than 85 years old (1.7%). In terms of education level, the number of people with a junior high school education is the most (25.2%), followed by junior college education (24.8%), then primary school education (15.6%), then high school or technical school education (13.9%), then bachelor degree (11.9%), and the uneducated (6.3%) and postgraduates and above (1.2%) are rarer. Among the number of children raised by middle-aged and elderly people, people who raise 2 children are the most (29.8%), followed by 3 or more children (25.3%), no children (24.3%), and 1 child (19.5%).

B. Investigation methods

1) Questionnaire method

From March to October 2019, the investigators conducted sample surveys in various regions of Guangdong Province, and subsequently took back 323 valid paper questionnaires and 670 valid electronic questionnaires.

2) Interviewing method

Interviews were carried out with residents living in nursing homes and staff in medical and health institutions in accordance with the draft interview outline. Pension institutions account for 5, medical institutions account for 4 and residents account for 7.

III. ANALYSIS OF SURVEY RESULTS

A. The middle-aged and elderly residents' understanding of the combination of medical and health care

1) Middle-aged and elderly residents have a certain understanding of the combination of medical and health care

Middle-aged and elderly residents have the highest proportion of general understanding of medical care (50.0%), 38.0% of residents have never heard of the combination of medical and health care, and only 2% of residents know very

well. It can be seen that a small number of residents are not paying much attention to the combination of medical and health care policies, which may be related to the Chinese traditional family pension model and filial piety culture. These residents are more inclined to take care of the elderly at home.

2) Residents in different regions have significant differences in their understanding of the combination of medical and health care

There is a significant difference in the degree of understanding of the combination of medical and health care among residents in different regions. The proportion of residents in Shenzhen ("Fig. 1") who know and well understand the combination of medical and health care (20.90% + 4.50%) is significantly higher than that in eastern Guangdong (4.10% + 0.40%). Firstly, Shenzhen, as a special economic zone, has a greater publicity for national policies; secondly, as a young city, working people in Shenzhen will explore a healthier and more scientific retirement model for themselves and their parents, and influenced by traditional culture, residents in eastern Guangdong are more inclined to place the elderly in their own homes to look after.

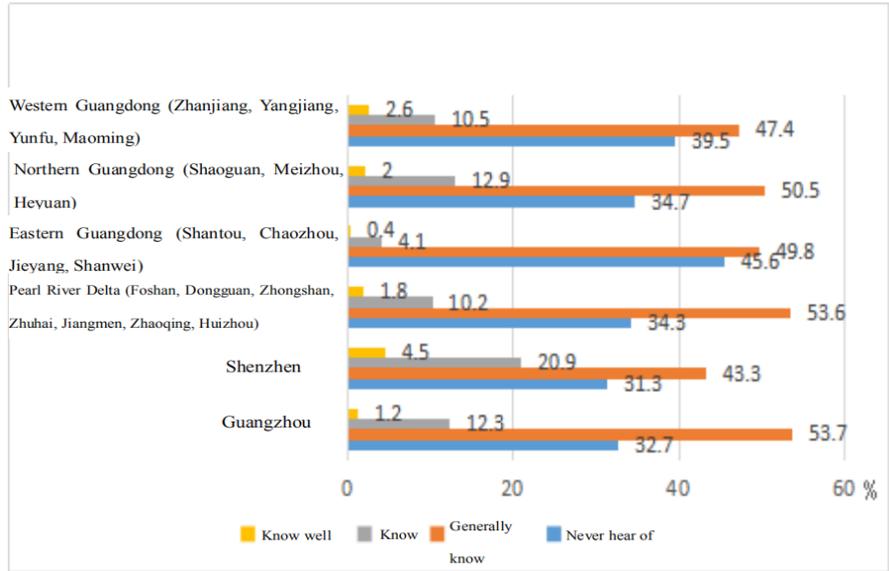


Fig. 1. Cross-analysis of the understanding of combination of medical and health care knowledge and living city (region).

3) Residents with different numbers of children have significant differences in their understanding of the combination of medical and health care

Residents with different numbers of children had significant differences in their understanding of the combination of medical and health care ("Fig. 2"). Residents with one child who have never heard of the combination of medical and health care (27%) is significantly less than residents with three or more children who have never heard of the combination of medical and health care (53.6%). Residents raising one child generally have a higher level of understanding of the combination of medical and health care than the other three cases, and with the increase in the number of children, the general knowledge of the

combination of medical and health care of residents has gradually declined. This shows that the more children there are, the lower the residents' understanding of the combination of medical and health care and endowment pattern is. On the one hand, affected by the traditional concept of "the more children, the more happiness, and there is no worries about supporting the elderly", residents with many children have a weak sense of pension awareness, do not worry about having no one to rely on when they get old, and mainly rely on their children to provide for the aged; on the other hand, residents who raise one child are more willing to understand the combination of medical and health care because of the consideration of reducing the burden of the only child or concerns about their own pension.

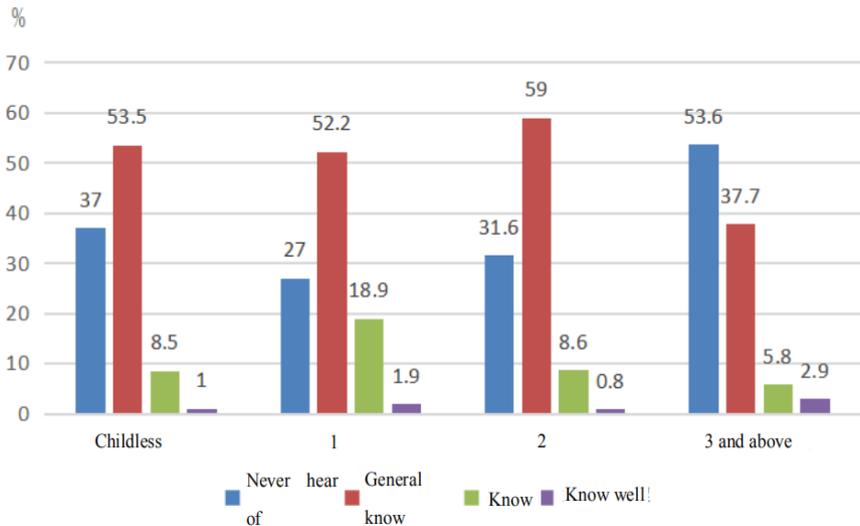


Fig. 2. Cross-analysis of the understanding of the combination of medical and health care with the number of children.

B. The ways of understanding the combination of medical and health care for the elderly residents

1) More than 60% of residents understand the combination of medical and health care through online channels

On the channels for residents to understand the combination of medical and health care, up to 64.8%

2) There are significant differences in the channels for residents to understand the combination of medical and health care in different regions

Residents in different regions have significant differences in the channels of understanding the combination of medical care and elderly care ("Table I"). The residents of Guangzhou (52.3%) and the Pearl River Delta (52.7%) who understand that the combination of medical and health care are much more than that in eastern Guangdong (31.3%) and western Guangdong (34.0%). The economy of the Pearl River Delta is more developed than that of eastern Guangdong and western Guangdong. In the fast-paced life, residents are more inclined to use the Internet to understand emerging information. The residents of eastern Guangdong (38.2%) who understand the combination of medical and health care through TV channels are much more than other regions. Traditional eastern Guangdong residents prefer to slow down the pace after work to get information by

understand through the Internet, followed by community activities (7.9%), then hospital introduction (3.2%), home visits (2.9%), radio (1.9%) and other ways (0.6%). It can be seen that it is possible to carry out propaganda from multiple channels, focus on the promotion of network and community activities, and help residents understand the combination of medical and health care.

watching TV. The residents of the Pearl River Delta (20.0%) and western Guangdong (19.1%) who learn about the combination of medical and health care through community activities are much more than that of eastern Guangdong (6.1%). The residents in western Guangdong (12.8%) who know about the combination of medical and health care are much more than that in other areas through home visits. It can be seen that residents in western Guangdong are more accustomed to know the policy through offline face-to-face approaches. Shenzhen residents (15.2%) who understand the combination of medical and health care is much more than other regions through hospital introduction channels. It can be seen that Shenzhen medical institutions have made greater publicity and achieved certain results. Medical institutions in other regions in the province can learn from Shenzhen's practice and increase publicity on the combination of medical and health care within the institution.

TABLE I. CROSS-ANALYSIS OF THE UNDERSTANDING OF COMBINATION OF MEDICAL AND HEALTH CARE PENSION MODEL AND LIVING AREA

The channels to understand the combination of medical and health care	Guangzhou	Shenzhen	Pearl River Delta	Eastern Guangdong	Northern Guangdong	Western Guangdong	Total
<i>Network</i>	52.30%	37.00%	52.70%	31.30%	48.50%	34.00%	43.40%
<i>Newspapers and magazines</i>	7.30%	13.00%	8.20%	13.00%	12.10%	10.60%	10.40%
<i>Television</i>	14.70%	10.90%	13.60%	38.20%	12.10%	12.80%	19.60%
<i>Radio</i>	2.80%	6.50%	0.90%	3.80%	4.50%	2.10%	3.10%
<i>Community activity</i>	11.00%	10.90%	20.00%	6.10%	13.60%	19.10%	12.80%
<i>Home visits</i>	6.40%	6.50%	0.90%	4.60%	1.50%	12.80%	4.70%
<i>Hospital introduction</i>	3.70%	15.20%	3.60%	2.30%	6.10%	6.40%	4.90%
<i>Other ways(please specify)</i>	1.80%	0	0	0.80%	1.50%	2.10%	1.00%
<i>Total</i>	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

3) There are significant differences in the channels for residents of different ages to understand the combination of medical and health care

Younger residents tend to learn online (69.7%), while older residents, such as those over 75 years of age, are more accustomed to face-to-face communication with each other to understand the combination of medical and health care (36.8% of community activities, 50% of home visits). It can be seen that when the government promotes the combination of medical and health care policies, targeted publicity can be carried out according to the channels for residents of different ages to obtain information.

4) Residents of different education levels have significant differences in the channels of understanding medical and health care

Middle-aged and elderly residents with bachelor, postgraduate or higher education hardly use the radio to

understand relevant policies, while uneducated residents (11.8%) ("Table II") will choose this traditional media channel to understand current affairs and uneducated residents (17.6%) Compared with residents with college education or above (2.9% + 2.6% + 0%), they prefer to visit the home. It can be seen that the uneducated residents tend to the traditional face-to-face teaching method, while the highly educated residents may be busy with work or life. Because of the need to protect privacy, it is not well adapted to this door-to-door publicity method. Residents with a postgraduate degree or above (12.5%) who understand the combination of medical and health care is much more than those with other qualifications through hospital introductions. This may be because highly educated people pay more attention to the reliable and scientific nature of the source, so they are more willing to consult the authoritative opinions of experts.

TABLE II. CROSS-ANALYSIS OF THE UNDERSTANDING OF THE COMBINATION OF MEDICAL AND HEALTH CARE PENSION MODEL AND EDUCATION LEVELS

The channels to understand the combination of medical and health care	Uneducated	Junior high school	High school or technical school	Junior college	Bachelor	Postgraduates and above	Total
<i>Network</i>	11.80%	30.10%	41.60%	63.50%	59.00%	37.50%	43.20%
<i>Newspapers and magazines</i>	17.60%	13.00%	6.50%	5.80%	7.70%	12.50%	10.50%
<i>Television</i>	11.80%	26.80%	23.40%	8.00%	19.20%	25.00%	19.70%
<i>Radio</i>	11.80%	2.40%	5.20%	1.50%	0	0	3.20%
<i>Community activity</i>	17.60%	14.60%	15.60%	10.90%	7.70%	12.50%	12.80%
<i>Home visits</i>	17.60%	7.30%	1.30%	2.90%	2.60%	0	4.50%
<i>Hospital introduction</i>	5.90%	5.70%	6.50%	6.60%	2.60%	12.50%	5.10%
<i>Other ways (please specify)</i>	5.90%	0	0	0.70%	1.30%	0	1.00%
<i>Total</i>	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

5) *There are significant differences in the channels for residents with different numbers of children to understand the combination of medical and health care*

Residents with different numbers of children generally understand the combination of medical and health care through the Internet ("Table III"). Among them, the childless residents dominate (67.5%). As the number of children increases, the proportion of Internet channels decreases. On the contrary, childless residents are the last to learn about the combination of medical and health care through TV channels (7.9%). It can be seen that childless residents have more

efficient and convenient online channels to obtain information than television. With the increase in the number of children raised, residents are more and more able to accept the offline publicity method of home visits, and residents who raise 3 or more children dominate (10.3%). The proportion of residents with 1 child who understand the combination of medical and health care (9.4%) is higher than other residents through the introduction of the hospital. This is closely related to the fact that residents who care for their only child choose to seek professional advice rather than add to the burden or worry about their own pension.

TABLE III. CROSS-ANALYSIS OF THE CHANNELS TO UNDERSTAND THE COMBINATION OF MEDICAL AND HEALTH CARE WITH THE NUMBER OF CHILDREN

The channels to understand the combination of medical and health care	Childless	1	2	3 or above	Total
<i>Network</i>	67.50%	40.20%	35.30%	28.90%	43.20%
<i>Newspapers and magazines</i>	5.60%	11.10%	15.00%	8.20%	10.50%
<i>Television</i>	7.90%	24.80%	22.20%	24.70%	19.70%
<i>Radio</i>	2.40%	1.70%	3.00%	6.20%	3.20%
<i>Community activity</i>	7.90%	11.10%	15.60%	16.50%	12.80%
<i>Home visits</i>	1.60%	1.70%	5.40%	10.30%	4.50%
<i>Hospital introduction</i>	5.60%	9.40%	3.00%	3.10%	5.10%
<i>Other ways (please specify)</i>	1.60%	0	0.60%	2.10%	1.00%
<i>Total</i>	100.00%	100.00%	100.00%	100.00%	100.00%

C. Development of the combination of medical and health care in Guangdong Province

1) *More than 60% of the residents have not heard of the family doctor contract service system*

Regarding the understanding of the family doctor contract service system, residents who choose "never heard of" (66.3%) are more than half of the sample. Residents who choose "have heard of but don't want to sign a contract" account for 19.2%; residents who have heard of but hesitate to sign a contract account for 10.3%, and residents who sign a contract only account for 2.8%. It shows that most residents know too little about the family doctor contract service, of which the publicity needs to be strengthened.

According to interviews with medical institutions, the number of residents signing up for family doctor services is relatively small. The institution will help those who have purchased social security to establish a comprehensive personal health file, conduct annual physical examination for

the permanent residents aged over 65, and establish long-term tracking and updating of health records.

2) *More than 80% of residents choose a family pension model*

The proportion of residents choosing family pensions is as high as 86.0%, followed by community pensions (8.6%), and institutional pensions (5.4%). It shows that family pension is the first choice for residents.

3) *The main services provided by the community are life care, humane care and cultural and physical entertainment*

The elderly care services in the community where the residents live are mainly life care (45.6%), humane care (42.8%), and cultural entertainment (41.7%), followed by daily health management (34.3%), mental health counseling (29.8%), and other activities (4.7%). Community and information network platforms can provide some basic services for elderly residents, which can basically meet the daily needs of residents, however, more professional health

management, mental health services and more diverse forms of services still need to be expanded.

4) Diversity of preferential policies (green channels) services provided by medical institutions

The most preferential treatment for the elderly provided by medical institutions is green channel registration (41.48%) ("Fig. 3"), followed by making an appointment to see a doctor (33.82%); the third is emergency referrals (28.35%) and the fourth is hospitalization (27.49%). The fifth is unclear about the preferential policies provided by medical

institutions, which accounts for 24.45%; the sixth is fees (24.82%); the seventh is getting the medicine (24.33%); the eighth is comprehensive diagnosis and treatment and "one-stop" medical convenience services, which separately accounts for 14.48%; the tenth is postoperative rehabilitation visit (7.422%), the eleventh is telemedicine station (7.30%), and the last is "whole journey escorting" medical convenience service (6.57%), showing that the preferential treatment policy of the medical institutions for the elderly has been started, but there is still a problem of insufficient publicity.

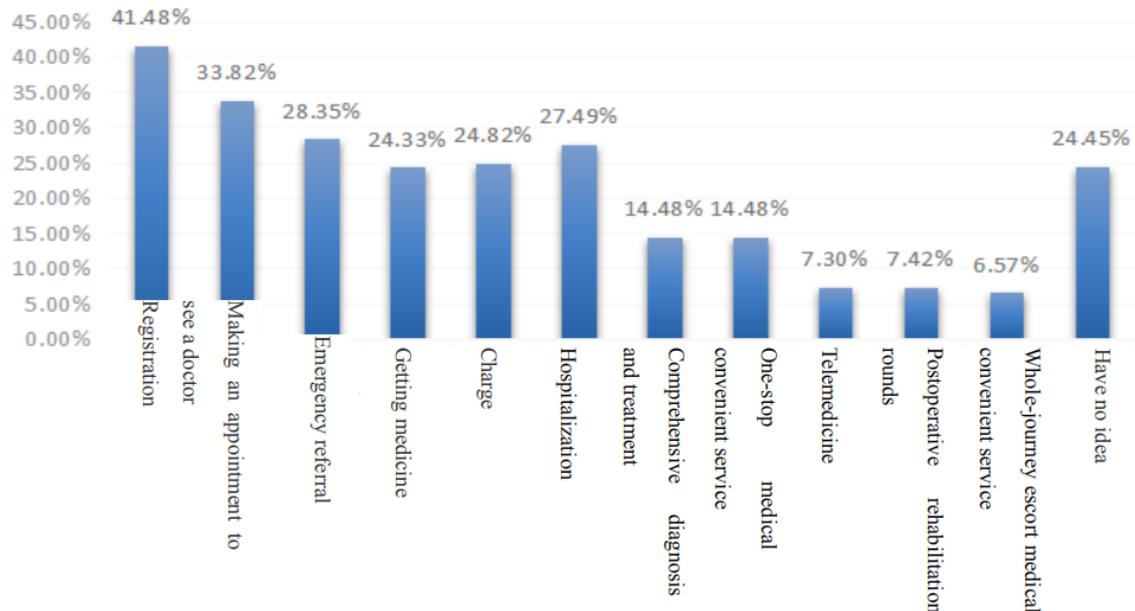


Fig. 3. Analysis of preferential policies (green channels) provided by medical institutions for the elderly.

According to interviews with medical institutions, it is known that there are relevant preferential policies in the institutions, such as registration, making an appointment to see a doctor, taking turns to visit special crowd in the countryside every quarter, measuring blood pressure, cardiopulmonary physical examination, measuring the level of blood glucose, and providing referral to higher-level hospitals for treatment if necessary. The preferential policies (green channels) provided by medical institutions for the elderly is to set up a channel for the elderly to see a doctor at the outpatient service fee collection office, so as to facilitate the elderly who are unable to move or express themselves to see a doctor.

5) The most services provided by medical institutions and medical volunteers to the elderly are regular free consultations

Medical institutions and volunteers near the residents provide the most services for the elderly is regular free consultations (56.7%), followed by out-patient guidance (39.9%), out-of-home follow-up (20.3%), and other services (9.2%). Medical institutions and medical work volunteers have begun to implement a model of the combination of

medical and health care, but the services provided need to be more diversified to meet the diverse needs of the elderly.

6) The elderly receive most of the services provided by the government in the form of community daily care

The community provides the largest proportion of daily care in the community (19.2%), followed by other services (11.9%), meal assistance (8.8%), and bath assistance accounts for the smallest proportion (2.3%). The community provides less elderly care services than medical institutions, and it is necessary to further introduce relevant professional talents to improve the type and quality of services.

7) Most medical and nursing institutions near residents' homes are nursing homes

Nursing homes with combination of medical and health care near residents' homes account for the largest proportion (35.4%) ("Fig. 4"), the second is home-based nursing care centers (31.4%), the third is the aged nursing homes (23.2%), followed by day care centers for the elderly (21.2%), elderly health management center (22.1%), elderly rehabilitation hospital (20.1%), geriatric hospital (17.0%), others (9.0%), traditional Chinese medicine hospitals for the treatment of elderly chronic diseases (7.9%) and hospice care institution (5.4%). The aged care institutions near residents' homes are

mainly health care institutions, supplemented by medical institutions, which also conforms to the concept of

preventive health care before treatment.

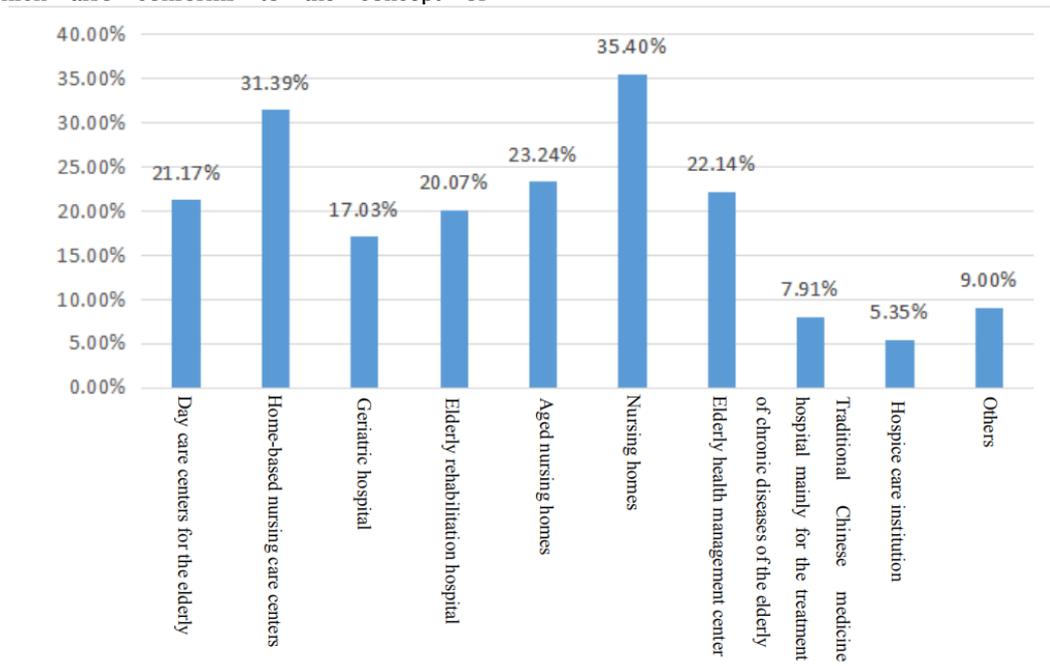


Fig. 4. Analysis of types of medical and nursing institutions near residents' homes.

According to the interview, most of the combination of medical and health care institutions near the residents' homes is nursing home, aged nursing homes, and elderly health management centers, and 60% of the residents have received services through the community and online platforms.

8) 50% of professionals carry out traditional Chinese medicine health services in nursing institution for the elderly

According to the survey, it is found that the most services provided by professionals in the elderly care institutions are traditional Chinese medicine health (50.7%), followed by nutrition conditioning (46.5%), and the smallest proportion of disease prevention and control (38%). It shows that the elderly are more inclined to use traditional methods of health care. In addition to traditional Chinese medicine health care, professionals can develop more health services in nursing institutions for the aged, and medical care institutions must also strictly control the activities carried out.

9) The most common medical service department that nursing institutions set for the elderly is nursing station

The survey finds that among the departments set up in the nursing institution for the aged, nursing stations account for about 43.7%, medical offices account for 39.4%, rehabilitation outpatient departments and traditional Chinese medicine outpatient departments each account for 36.6% and 35.2%. It can be seen that the nursing institutions for the aged focus on nursing, and they also pay attention to medical care and traditional Chinese medical care.

D. Attitudes of middle-aged and elderly residents towards the combination of medical and health care

1) The development of the combination of medical and health care requires the strong support of different departments such as the health and family planning department

The overwhelming majority of residents believe that the most important department to promote the development of combination of medical and health care is the health and family planning department (74.3%) ("Fig. 5"), followed by the human resources and social security department (55.7%), the administrative departments of Chinese medicine (51.0%), and the civil affairs department (50.1%). All major departments should clarify their responsibilities in promoting the combination of medical and health care policies. Promoting the development of the combination of medical and health care needs the cooperation and support of different departments.

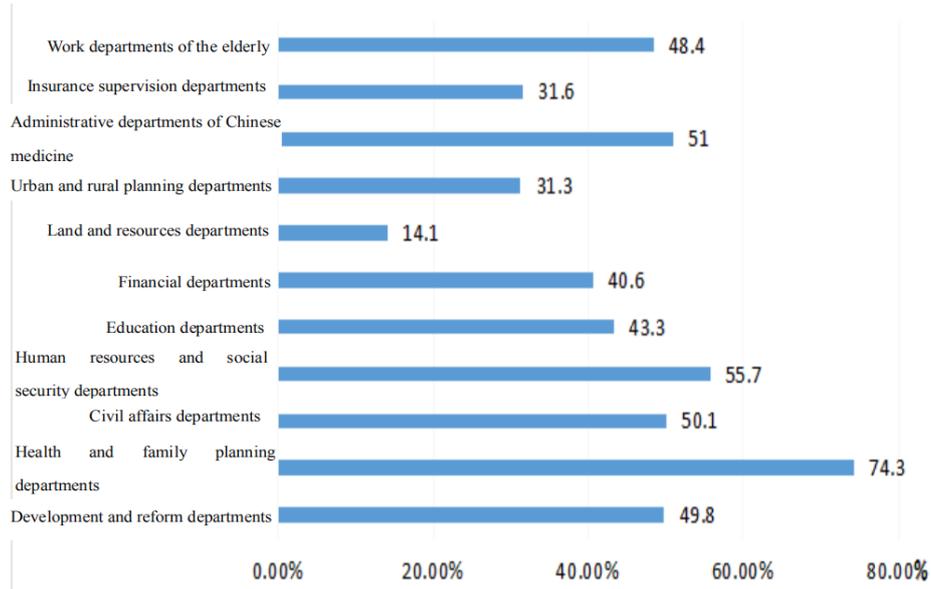


Fig. 5. Analysis of related departments that residents think can promote the development of the combination of medical and health care.

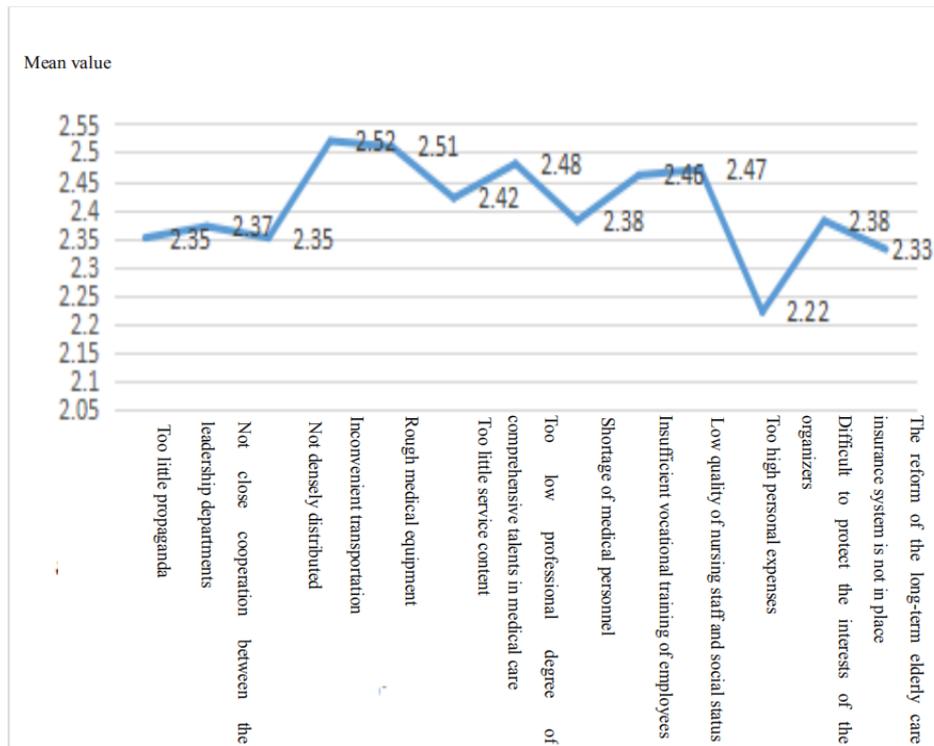


Fig. 6. Mean analysis of residents' attitudes towards the overall development status of the current combination mode of medical and health care.

2) Residents are not very satisfied with the overall development status of the current combination mode of medical and health care

Residents' views on the development status of the combination of medical and health care mode are divided into 13 statements ("Fig. 6"), which are "too little propaganda", "not close cooperation between the leadership departments", "not densely distributed", "inconvenient

^a. the smaller the mean, the higher the degree of agreement transportation", "rough medical equipment", "too little service content", "too low professional degree of comprehensive talents in medical care", "shortage of medical personnel", "insufficient vocational training of employees", "low quality of nursing staff and social status", "too high personal expenses", "difficult to protect the interests of the organizers" and "the reform of the long-term elderly care insurance system is not in place". By calculating the average

value of residents' views on each area, the residents' level of agreement to various areas is reflected.

According to the residents' views on the current development status of the current combination mode of medical and health care, a scale is designed, including 13 problems in the combination mode of medical and health care. The options include: 1 = strongly agree, 2 = relatively agree, 3 = generally agree, 4 = not very much agree and 5 = disagree. From the comparison of the mean values in "Fig. 6", it can be seen that residents believe that the biggest problem with the combination of medical and health care is that the personal expenditure is too high (its mean value is 2.22). Almost all questions are rated below 3 points, which are in the state of relatively agreement bias general agreement. It can be seen that residents believe that there are many problems in the development of combination of medical and health care. The model of combination of medical and health care in China has grown through exploration and has a long way to go.

3) Residents believe that the best quality of health care services in the region is hospitalization during treatment

Residents' recognition of the quality of the health and elderly care services provided in this area is between 2.6 and 2.8 ("Fig. 7"), which indicates that residents tend to be relatively recognized in the four areas. The two most recognized items are hospitalization during treatment (2.62%) and nursing care during rehabilitation (2.64%). The two least recognized items are hospice care (2.71 %) and stable life care (2.66%). It can be seen that the residents recognize the quality of the health care and elderly care services provided in this area. The next step is to improve the quality of life care and hospice services in the stable period.

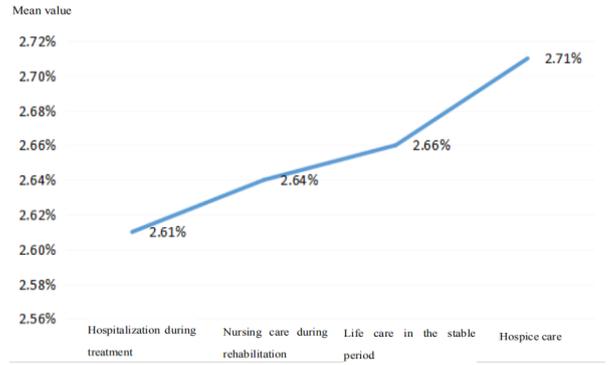


Fig. 7. Mean analysis of residents' attitudes towards the quality of health and elderly care services provided in the region.

a. the smaller the mean, the higher the recognition

E. Willingness and suggestions of middle-aged and elderly residents to live in a combination of medical and health care nursing institutions

1) There is a correlation between residents' satisfaction with nursing institutions for the aged of combination of medical and health care and their willingness to move in

After further cross-analysis of "willingness to live in a nursing home of combination of medical and health care" and "satisfaction evaluation of current elderly model with the combination of medical and health care" ("Table IV"), it can be found that the higher the satisfaction evaluation of current elderly model with the combination of medical and health care, the more willingness to live in a nursing home of combination of medical and health care (73.3%); the lower the satisfaction evaluation of current elderly model with the combination of medical and health care, and the lower the proportion of willingness to live in a nursing home of combination of medical and health care (33.3%).

TABLE IV. CROSS-ANALYSIS OF WILLINGNESS TO MOVIE IN AND SATISFACTION EVALUATION OF CURRENT ELDERLY MODEL WITH THE COMBINATION OF MEDICAL AND HEALTH CARE

Willingness to live in a nursing home of combination of medical and health care	Strongly satisfy	Satisfy	Generally satisfy	Not very much satisfy	Not satisfy	Total
<i>Willingness</i>	73.30%	35.10%	14.80%	18.10%	11.10%	23.30%
<i>Uncertain</i>	13.30%	43.80%	50.90%	43.10%	55.60%	46.40%
<i>Unwilling</i>	13.30%	21.10%	34.30%	38.90%	33.30%	30.30%
	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

2) The main reason for residents to live in a nursing home of combination of medical and health care is to reduce the burden on their families

The main reason why middle-aged and elderly residents choose to live in a nursing home of combination of medical and health care is to reduce the burden on the family (45.6%). This burden includes the time, energy and pressure generated by taking care of the work and raising future generations while taking care of the elderly. Secondly, they think that the nursing homes of combination of medical and health care have higher medical and nursing standards, and are more professional (34.6%), and the medical insurance

reimbursement ratio is reasonable (18.3%). This also reflects that the middle-aged and elderly people in China have begun to take a new look at the problem of elderly care instead of relying only on children, pursuing a more independent and professional elderly care model.

3) The main reason that residents are unwilling to live in a combination of medical and health care institutions is the high cost

The biggest reason that middle-aged and elderly residents are unwilling to stay in a combination of medical and health care institutions is that the cost is higher than other nursing

homes (38.3%). Secondly, they do not want to leave the familiar environment (24.5%), followed by the reason that they are in good health and do not need the nursing homes (22.5%). Another reason is that they do not tend to choose institutional pensions (13.7%), and the smallest proportion is other reasons (1%). It can be seen that residents who do not want to stay in a combination of medical and health care institutions mainly think that its costs are higher than other nursing institutions. In some relatively remote rural areas, some elderly people are reluctant to come to the city to live with their children for their elderly pension. One is that the

rural elderly do not adapt to the urban living environment, and the other is that they think it will increase their financial expenditure.

4) Residents think that nursing institutions need to train nursing talents most

The talents that the elderly institutions most need to cultivate are nursing (63.9%), geriatrics (60.7%), psychology (51.9%), nutrition (47.2%), social work (33.2%), rehabilitation (27.5%), and other (0.4%).

TABLE V. CROSS-ANALYSIS OF DIFFERENT REGIONS AND REQUIRED TALENT TYPES

Which talents are most needed in elderly pension	Guangzhou	Shenzhen	Pearl River Delta	Eastern Guangdong	Northern Guangdong	Western Guangdong	P value
<i>Geriatrics</i>	64.80%	41.80%	60.70%	58.70%	71.30%	63.60%	0.005
<i>Nursing</i>	61.70%	52.20%	66.70%	68.20%	68.30%	57.10%	0.104
<i>Nutrition</i>	45.70%	38.80%	49.40%	46.30%	49.50%	55.80%	0.422
<i>Mentality</i>	50.60%	46.30%	54.20%	52.10%	47.50%	63.60%	0.279
<i>Social work</i>	39.50%	35.80%	34.50%	28.10%	30.70%	36.40%	0.246
<i>Rehabilitation</i>	29.50%	19.40%	26.50%	21.30%	58.10%	33.30%	0.002
<i>Other ways(please specify)</i>			0.60%		2.00%		0.093

Further analysis shows that the demand for talents in geriatrics and rehabilitation in northern Guangdong (71.3%, 58.1%) (“Table V”) is significantly greater than in other regions. It may be because young labor in northern Guangdong is exported to economically developed areas such as the Pearl River Delta. There are many elderly residents left behind, and the talents needed for elderly care are more in favor of medicine and rehabilitation.

IV. SUMMARY OF SURVEY RESULTS

B. The combination of medical and health care in Guangdong Province is promoted in an orderly manner, but family doctor contract service is not universal

The services provided by the community for the elderly are mainly life care, humanistic care and cultural and physical entertainment. More than half of medical institutions and medical volunteers provide regular free consultation services for the elderly. What service the elderly receive most about the elderly care services provided by the government is the daily care services in the community. Half of the professionals carry out traditional Chinese medicine health services in nursing institutions. Nearly half of the nursing institutions have set up nursing stations. However, more than 60% of the middle-aged and elderly residents have not heard of the family doctor contract service system. It can be seen that there is still a need to expand the publicity channels and increase the publicity in the family doctor contract services.

C. The personal expenses are too high, which may be an obstacle for residents to choose the combination of medical and health care pension model

Among the problems in the process of promoting the combination of medical and health care, the residents think that the most prominent problem is that the personal

expenditure is too high, and 40% of residents choose the combination of medical and health care institutions to reduce the burden and pressure caused by family care. Therefore, when the cost of combining medical and health care is too high, choosing to move in violates the original intention of reducing the burden on the family. At the same time, 70% of the residents emphasize that the health and family planning department should play a significant role in the promotion of the combination mode of medical and health care. 50% of the residents believe that the human resources and social security departments, the Chinese medicine management department and the civil affairs department should cooperate with each other in the mode extension. The hospitalization service during the treatment period is considered to be the best quality health care service in the region while the quality of hospice care and stable life care services needs to be strengthened.

D. 60% of residents think that there is a shortage of talents in nursing and geriatrics

Residents believe that the elderly care institutions need to train nursing, geriatrics and psychology professionals, and the demand for geriatrics and rehabilitation in northern Guangdong is significantly greater than in other regions. The combination of medical and health care in China is still in the exploration stage. The integration of various service resources is insufficient, the services are not effectively connected, the service model, the management system and the supervision mechanism are not yet complete and there is a shortage of nursing and geriatric professionals, which are what most people think about the current combination of medical and health care institutions.

V. SUGGESTIONS FOR THE PROMOTION OF THE POLICIES OF COMBINING MEDICAL AND HEALTH CARE IN GUANGDONG PROVINCE

E. Promoting appropriately to different groups

There is still a lot of room for Guangdong residents to learn more about the combination of medical and health care. The survey finds that there are differences in the channels for residents to understand the combination of medical and health care in different regions, different age groups, different educational backgrounds and different numbers of children. Relevant departments can make full use of such group differences to improve the effectiveness of publicity. For example, for low-adopted radio channels, publicity arrangements can be appropriately reduced or exempted, and in western Guangdong, community activities and home visits can be strengthened.

F. Cultivating and introducing relevant talents through cooperation with universities and so on

It is necessary to focus on cultivating senior professionals in this field by offering aged care specialty or aged care related courses in colleges and universities. It is necessary to increase the training of skilled talents in the aged care profession by establishing apprenticeship classes, customized classes in vocational and technical colleges and establishing a training base for combining medical and health care nursing institutions. It is necessary to focus on the training and introduction of doctors and nurses, rehabilitation physicians, rehabilitation therapists, social workers and other professionals with professional or technical qualifications and technical skills. For the working talents, it is necessary to strengthen the training of the quality of the organization's medical and nursing teams and improve the service capabilities of medical and health institutions.

G. The combination of medical and health care pension institution needs to create a distinctive service brand and establish popularity

The combination of medical and health care pension institution can create distinctive brand and gold-level nursing care services. According to the health status and medical service needs of the elderly, it can scientifically formulate service packages for the elderly, add services such as health consultation, medical assistance, medication guidance and follow-up after illness, and provide targeted, continuous, personalized basic medical and health services and health management services for the elderly. Medical institutions should set up priority medical treatment windows for the elderly, provide fast services such as registration, charges, getting medicines, medical insurance reimbursement, admission (out) hospital handling, and implement related preferential policies for elderly medical services to eliminate the concerns of the elderly refusing to live in because of high costs.

H. Relevant departments of the state need to step up efforts to promote the combination of medical and health care

In order to smoothly promote the development of the combination of medical and health care, the support of different departments is needed, especially the support from the health and family planning department, human resources and social security department, Chinese medicine management department, civil affairs department, development and reform department and other corresponding departments. The government can set up service projects through the community home care service platform and take care of them uniformly in order to build an "Internet + pension" information-based pension model, absorb social funds, focus on projects that are closely related to elderly care and rehabilitation care, give priority to guaranteeing the service needs of the aged, such as the widowed, the disabled, and the elderly, increase support for grass-roots and rural pension services, and gradually expand the field and scope of government purchases of pension services.

VI. CONCLUSION

50% of residents have a certain degree of understanding of the combination of medical and health care pension model through Internet channels.

The popularity of the family doctor contract service system is not high, and excessive personal expenses are important obstacles for residents to choose the combination of medical and health care pension model.

There is a shortage of talents in nursing and geriatrics.

It proposes countermeasures such as propagating in different ways for different groups, cooperating with colleges and universities to cultivate talents, creating distinctive service brands, and cooperating with related departments to promote the development of the combination of medical and health care.

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