ATLANTIS PRESS

Research on Health Governance Path for Elderly Group in Urban Communities from the Perspective of Polycentric Governance

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Abstract. The ageing population is continuously increasing around the globe, and its problem is especially severe in China, the health of elderly group has become the focus of social attention. Community is the main activity place and living space for the elderly. This thesis discusses the satisfaction of elderly group with health demand and puts forward some solutions based on polycentric governance by taking community as the unit and focusing on medical service problem of the elderly from the perspective of community governance.

1 Research Background

According to the 2010 Population Census, there were 118 million people aged 65 and above in China, accounting for 8.87%. By the end of 2016, China had a population of 150 million people over 65 years old, occupying 10.8%. It is estimated that, the elderly population will reach about 480 million by the mid-century, and China will enter the stage of intense aging [1]. At the same time, the 18th Congress also pointed out, our country has become one of countries facing severe population aging challenge. The health of elderly group is the focus of social attention, and their blood sugar, blood lipids and blood pressure have become the important factors to affect the health of elderly. In this case, elderly group is the high incidence groups of diseases, especially chronic diseases [2]. Chronic disease is characterized with long duration, wide epidemic range, high cost and high fatality rate [3], which can not only reduce the life quality of the elderly, but also become the important reason of perpendicularly increasing medical cost and economic burden of major diseases in China. In additional, under the background of miniaturized family scale, different kinds of problems such as medical problems, nursing problems and even psychological problems will appear in the disease prevention and control process, which are major threats that affect the health of the elderly.

Community is not only the colony, but also the main activity place and life space for the elderly. With age and physical aging, the demand of the elderly to community service is increasing and they are more and more dependent on the community as well. Thus, how to improve the service level for the health of the elderly in community becomes the urgent task of community governance.

Jiyan Sun (2016) put forward the necessity to form a community and household integrated care service system through the analysis on the current status and demand of community care for disabled elderly in Beijing [4]; Based on the investigation and visit to empty nest elderly in Wenzhou city, Changmei Yu etc. (2011) found that, empty-nest elderly were easy to judge their health condition by subjective feeling and lack of prevention and control awareness of chronic diseases, and they had low satisfaction and awareness of community health services [5]; Jie Cheng etc. (2016) found that, urban elderly hold a wait-and-see attitude to the community health service through the investigation and analysis to the elderly in the urban and rural areas of Tangshan city [6]; According to analysis on data of "Investigation on the influencing factors of the elderly health in China(CLHLS)", Qian Xiong (2016) found that, household elderly had highest demand to

community service for medical care, followed by spirit consolation and ordinary service, while they had lowest demand for daily care service [7].

In conclusion, Chinese scholars tend to research the community elderly problems through the classification of elderly group at present, for instance, "Empty-nest elderly", "Elderly with loss of independence", "Disabled elderly", "Rural elderly" etc. They also concluded the characteristics of these elderly groups and summarized the difficulties they are facing with and provide relative solutions. However, the health demand for elderly group is comprehensive, and the efficiency will not be good by relying on single community medical health service organization only. This thesis discusses the satisfaction of elderly group to health requirement and puts forward some solutions based on polycentric governance by taking community as the unit and focusing on medical service problem of the elderly from the perspective of community governance.

Polycentric governance theory was firstly put forward by a group of researchers with Ostrom and his wife (Vincent Ostrom and Elinor Ostrom) as the core based on empirical research on public pond resources in rural communities of developing countries. Multi-center governance theory emphasizes that, market and many other independent decision subjects are existed in local jurisdiction of city other than government, which utilizes their own resource to cooperate with each other and formulate multiple subjects to provide social public service and further ensure the efficiency and fairness of public governance.

2 Polycentric governance structure facing the health of elderly group in the community

Based on polycentric governance theory, we believe that social multi subjects including the related functional department of government, scientific research institution of universities, disease control center, medical insurance, medical association, media and the third party service institution etc. should be introduced around the health demand of the elderly in community to participate in governance together. Moreover, it is necessary to establish a contractual connection for all participants and clearly define the benefit and responsibility for all related participants. Detailed governance structure is shown as Figure 1:

Fig.1: Multi-center governance structure facing the health of community elderly group

3 Health Operation Path of Elderly Group in Urban Community Based on Polycentric governance

Based on above polycentric governance structure, this thesis analyzes the resource and competence of each participated subject, integrates and prepares the detailed implementation path by focusing on health requirement of elderly group.
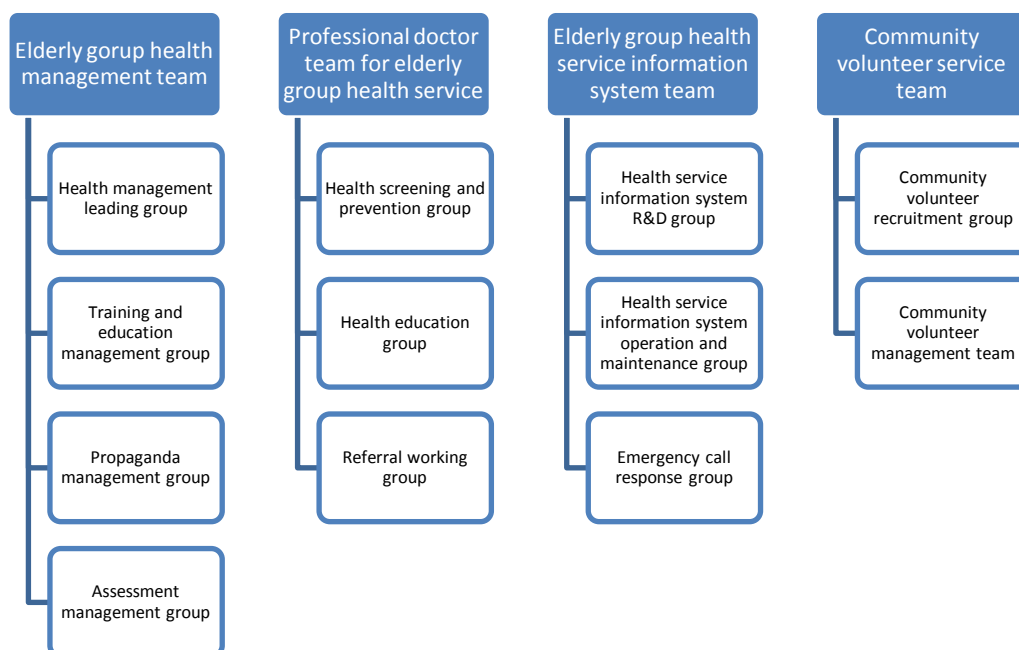
Figure 2: Structure of multi agent service team facing the health of community elderly group

Elderly group health management team: Take charge of preliminary investigation, coordination and communication in each stage of all governance subjects, process supervision and implementing efficiency assessment etc.

Establish "Health management leading group". Such group is suggested to be headed by leaders in Health Bureau, and the members mainly include leaders of related department of Health Bureau, leaders of each community health service center and experts in top three hospitals. The leading group is mainly responsible for preparing working system including "Development and implementation of screening and filing process of high-risk population in community elderly group", "Standard management of high-risk population in community elderly group", and performance appraisal and supervision system, monitoring the establishment of health governance system for community elderly group, fully coordinating the implementation of project, preparing phased task and target and regularly checking the implementation.

Establish "Training and education management group" to provide personnel training and technical support. The professional level and quality are very important to medical workers. While the training and education group is responsible for providing technical support and necessary specification management; Design training course and scheme, carry out strict training and assessment for community doctors and comprehensively improve the health screening and prevention control ability of high professional personnel to standardize and effectively implement works. Guide to prepare health propaganda education material for elderly group (knowledge handbook, poster and video etc.)

Establish "Propaganda management group" to integrate different kinds of resource and continuously carry out health education propaganda activities for elderly group. Work closely with relevant agencies: Combine with universities, Association of Science and Technology, district TV station, medical association street office and other related agencies to organize diversified health education activities in regular time by different channels, including the implementation of knowledge lecture, preparation of health education handbook and popularization of science poster that are easy to be understood, carrying out health knowledge propaganda and education by taking full advantage of public bulletin board in community, shooting and playing different kinds of public welfare propaganda film etc. It is necessary to continuously carry out above activities to improve the health cognition level of residents in the community. Hospitals: Take full advantage of public bulletin board in hospital or electronic media and other public channels to carry out health

education and display public welfare education of prevention and treatment of chronic diseases in the elderly. Organize professional doctors entering into the community and promote healthy lifestyle through health lectures, knowledge handbook or propaganda material in regular time. Recruit volunteers: Actively recruit social people who are enthusiastic about community public welfare activities. Firstly, carry out training for volunteers about related knowledge, help them grasp the common sense of health for elderly group and understand the health screening, prevention and control work engaged by community service center. After training, volunteers will mainly take part in associating doctors to conduct screening, registration of high-risk individuals and inform them to follow up regularly, and helping organize and carry out community education propaganda, charity clinics and other activities.

Establish "Assessment management group" to develop related assessment indexes and evaluate the implementation efficiency of community elderly group health governance system under the assistance of different agencies.

"Professional doctor for elderly group health service" team is designed to develop professional doctor think tank after getting support from related clinics of superior hospital and set team leader and fixed full-time staffs (3~5), prepare working system (including screening, filing and following-up flow etc.) and performance appraisal system. This team is mainly responsible for following works. Health screening and prevention: design and use uniformly prepared file format and following-up flow for elderly group health, and take charge of screening, filing, evaluation, diagnosis, treatment and regular following up for high-risk group in the community. Health education: carry out health education to high-risk group through regularly following-up; Work with superior hospitals and conduct health education activities in regular time; Prepare uniform public education material (including video, carton and knowledge handbook etc.), connect with neighboring streets to carry out popular science lectures for elderly group to accept the specification and improve the health cognition level of community. Referral: Adopt uniform two-way referral process. Some screened high-risk individuals will be referred to superior hospital. Carry out referral to superior hospital for suspicious acute immediately. Conduct future medical rehabilitation service and preventive standard treatment of future morbidity for patients referred to the superior hospital.

"Elderly group health service information system team": take charge of researching and developing a practical information system with good interface, completing the management of information about filing, risk evaluation, regular following-up, treatment progress and doctors' suggestion for community residents, and providing remote diagnosis, treatment, online consultation and other functions. Doctors' permission includes doctor registration and login, typical case discussion room and education training platform focusing on health prevention and control knowledge about community elderly group. Besides, community volunteers' management is also available, which can assist volunteers' registration, education and training as well as daily work flow management. This system design emphasizes the patient centered design and implementation of normative and individual management strategy, for example, carry out risk evaluation for each screened and filed patient at first and then make relative intervention program according to the existed dangerous factors, including dietary nutrition, life guidance, drug therapy, regular follow-up plan and so on. In additional, the emergency call response system can immediately satisfy the treatment of sudden emergency diseases in community elderly group and emergency problems occurred due to diversified complications and in the treatment and rehabilitation process of long-term chronic disease. With operation of this system, the management level of high-risk elderly group in the community will be greatly improved. Moreover, it can associate community doctors to carry out normative and high quality management for high-risk patients, establish healthy environment that people help each other, and provide a favorable platform.

"Community volunteer service team": take charge of volunteer management, including registration, training and activities of volunteer. The participation of volunteer can guarantee the smooth implementation of health system for community elderly group to the greatest extent.

4 Conclusion and Expectations

On the basis of polycentric governance, this thesis establishes a multi-center governance structure for the health of community elderly group by facing the health demand of elderly group in urban community, and provides detailed implementation paths, which can fully meet the health demand of community elderly group by maximizing the allocation of existing resources in the range of urban community, and further develop a harmonious and healthy community environment.

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