

From Elderly Care to Quality Elderly Care Structural Transformation and Path Selection of China's Elderly Care Service System

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Abstract

China has entered a moderately aging society, and the construction of the elderly care service system is facing a structural transformation from "basic security" to "quality supply". Based on the latest data on aging undertakings, this paper reviews the progress of China's elderly care service system in institutional construction, facility networks, and the silver economy, and analyzes three challenges: structural imbalance in supply, practical tension in technological empowerment, and the solidification of urban-rural gaps. It then proposes optimization paths from three dimensions: institutional innovation, technological empowerment, and urban-rural coordination. The study argues that the key to high-quality development of elderly care services lies in bridging the urban-rural gap through institutional innovation, reshaping service forms through technological empowerment, and achieving a paradigm shift from "elderly care" to "quality elderly care".

Keywords

Population aging; elderly care service system; silver economy; technological empowerment; urban-rural coordination.

1. Introduction

By the end of 2025, the population aged 60 and above nationwide reached 323.38 million, accounting for 23.0% of the total population; the population aged 65 and above reached 223.65 million, accounting for 15.9%, and the elderly dependency ratio climbed to 23.1%^[6]. The national average life expectancy has increased to 79.25 years, which places higher demands on the elderly care service supply system.

In January 2025, the Central Committee of the Communist Party of China and the State Council issued the "Opinions on Deepening the Reform and Development of Elderly Care Services", which for the first time made a special deployment on the reform and development of elderly care services in the name of the Party Central Committee and the State Council, clarifying the phased goals of "basically completing the elderly care service network by 2029" and "the elderly care service system suitable for China's national conditions becoming mature and finalized by 2035". The introduction of this top-level design marks that elderly care services have risen from a departmental task to a national strategic project. This paper takes "status quo—challenges—paths" as the main line of analysis to explore optimization paths for the high-quality development of elderly care services.

2. Progress in the Construction of China's Elderly Care Service System

2.1. Systematic Reconstruction of the Institutional Framework

China's elderly care service system has undergone an evolution from "social relief" to "social security" and then to "service system". The "Opinions on Deepening the Reform and

Development of Elderly Care Services" issued in 2025 established a three-level service network of "county-level comprehensive elderly care service management platforms—township (street) regional elderly care service centers—village (community) elderly care service facility sites", promoting the supply pattern of elderly care services from fragmentation to systematization.

In terms of specific advancement, the number of people covered by basic old-age insurance exceeds 1 billion, the number of people covered by basic medical insurance exceeds 1.3 billion, with a coverage rate firmly at 95%, and the number of people covered by long-term care insurance is about 309 million. The number of elderly people nationwide receiving various types of subsidies reached 53.538 million, of which 41.459 million are covered by old-age allowances^[6]. The advancement of the long-term care insurance system directly addresses the "hardest nut to crack" in elderly care—the care of disabled elderly people—and provides an institutionalized solution to alleviate the dilemma of "one person disabled, the whole family imbalanced".

2.2. Large-scale Expansion of the Facility Network

By the end of 2025, there were 395,000 various elderly care institutions and facilities nationwide, 356,100 community elderly care service institutions and facilities, and more than 140,000 rural mutual-aid elderly care service facilities. The coverage rate of county-level public elderly care institutions reached 100%, and 20,500 township (street) regional elderly care service centers were built, with a construction rate of 53%^[6].

The development of elderly meal assistance services is noteworthy. In 2025, the central lottery public welfare fund allocated 300 million yuan to subsidize 20,000 meal assistance points to improve service capacity. There are now 80,000 elderly meal assistance points nationwide, with more than 3 million elderly people dining every day [6]. However, the total number of elderly care beds has declined for three consecutive years, and the supply of elderly care services is shifting from scale expansion to structural adjustment. In some areas, there is a structural contradiction of "one bed hard to find" coexisting with "high vacancy rate".

2.3. Accelerated Rise of the Silver Economy

In 2025, the market size of the silver economy has exceeded 9 trillion yuan, and it is expected to climb to 25 trillion yuan by 2030. With the second baby boom group born between 1962 and 1975 gradually entering old age, coupled with the accelerated penetration of technologies such as artificial intelligence, 5G, and the Internet of Things, the growth rate of the silver economy is significantly higher than the GDP growth rate in the same period.

Silver consumption is upgrading from "survival-oriented" to "self-pleasing". In 2025, 2,485 tourist trains were operated nationwide, and the number of elderly people living and traveling exceeded 80 million. The consumption needs of the elderly group are expanding from basic material security to multiple fields such as health management, cultural experience, and social leisure, providing a market foundation for the integrated development of elderly care with tourism, health, and culture.

3. Structural Challenges Facing the Construction of the Elderly Care Service System

3.1. Imbalance in Supply Structure: Coexistence of Total Growth and Supply-Demand Mismatch

Although the total number of elderly care service facilities continues to grow, the structural mismatch between supply and demand is becoming increasingly prominent. The elderly in China prefer home-based care with community support, but the current development level of community elderly care services is far from effectively supporting the needs of home-based

care. A survey study based on age-friendly communities in Beijing shows that social environmental factors such as community atmosphere, community services, and social participation have a significantly greater impact on the life satisfaction and mental health of the elderly than physical environmental factors^[5]. This reveals a deep-seated problem in the current supply of elderly care services: resource allocation emphasizes "hardware" while neglecting "software". A large amount of funds are invested in visible facility construction, while investment in "soft environment" such as community humanistic care and social participation opportunities is relatively insufficient.

The supply-demand mismatch in rural areas is more prominent. Although there are more than 140,000 rural mutual-aid elderly care service facilities, the elderly care service model is still relatively single. Traditional rural elderly care is mainly based on family support, but the outflow of young and middle-aged labor has continuously weakened the family elderly care function, while alternative socialized elderly care services have not yet fully developed, forming a "gap period" in service supply^[2].

3.2. Dilemma of Technological Empowerment: Tension between Innovation Drive and Implementation Obstruction

Technological empowerment is regarded as a key path to break through the bottleneck of elderly care service supply. In 2026, the Ministry of Civil Affairs issued the "Guiding Opinions on Further Promoting Scientific and Technological Innovation in Civil Affairs", proposing the widespread application of cutting-edge technologies such as humanoid robots, brain-computer interfaces, and artificial intelligence^[7]. However, the journey of elderly care technology from the laboratory to service scenarios faces multiple obstacles.

From the R&D side, the research and development cycle of elderly care technology is relatively long, and the conversion efficiency of scientific and technological achievements is low. The elderly care service industry is usually in a relatively weak position in the technology R&D path. Based on profit orientation, market entities tend to allocate R&D resources to high value-added industries, making it difficult for the elderly care service field to obtain the most cutting-edge technology supply^[1]. From the user side, there are significant differences in technology use capabilities between urban and rural areas. Rural areas have weak digital infrastructure, and the digital literacy of the elderly is generally low. Some elderly people only know how to use smartphones to make and receive calls, and are completely unfamiliar with operations such as elderly care service apps and online pension inquiries^[2]. A deeper problem lies in the governance vacuum of "technology first while institutions lag behind". When technologies such as artificial intelligence have entered the experimental stage of elderly care services, core issues such as data ownership and the delineation of usage boundaries have not yet been clarified at the legal level, and key systems such as age-friendly technology certification standards and smart device safety specifications have not yet formed a system^[1].

3.3. Solidification of Urban-Rural Gap: Imbalance in Institutional Coverage and Resource Allocation

The unbalanced development of urban and rural elderly care services is one of the most prominent structural problems. From the practice of age-friendly community construction, the scale of demonstrative community construction shows a decreasing trend from "east to west, from urban to rural". The number of constructions in the economically developed coastal East China region is the largest, while it is significantly reduced in the Northwest and Southwest regions^[4].

The formation of this gap has multiple reasons. From the perspective of fiscal investment, the construction of demonstrative age-friendly communities is mainly based on local financial resources, and economically backward areas often lack special construction funds^[4]. From the

perspective of social foundation, the social network structure and the scale of service facilities in rural communities are significantly different from those in cities. Empirical research shows that the improvement of the living environment has a "double gain" effect on the mental health of the elderly, but the role of community facilities and services is not consistent between urban and rural areas, and the shortcomings of rural elderly care infrastructure construction are still prominent^[5]. The urban-rural gap in elderly care services and the difference in social policy coverage overlap, which may expose rural elderly people to greater health risks.

4. Path Selection for High-Quality Development of Elderly Care Services

4.1. Institutional Innovation: From Fragmented Management to Systematic Governance

Elderly care services involve multiple departments such as civil affairs, health, social security, and housing. There has long been a problem of overlapping powers and responsibilities and fragmented policies. The key to breaking this dilemma lies in establishing a cross-departmental collaborative governance mechanism. Vertically, it is necessary to accelerate the improvement of the three-level elderly care service network at the county, township, and village levels, and clarify the functional positioning and service standards of each level. Horizontally, it is necessary to establish a joint conference system led by the civil affairs department with the participation of multiple departments, integrate elderly care resources scattered across different departments, and achieve coordinated linkage in policy formulation, resource allocation, and service supervision.

The comprehensive implementation of the long-term care insurance system is an important breakthrough for institutional innovation. At present, the number of people covered by long-term care insurance is about 309 million, but there is still much room for improvement in institutional coverage and protection levels^[6]. It is necessary to accelerate the transition of long-term care insurance from pilot to comprehensive establishment, unify disability assessment standards, improve the multi-source financing mechanism, and include more disabled elderly people in the protection scope. At the same time, promote the national unification of elderly capacity assessment standards, establish a dynamically updated database of the elderly, and provide data support for precise policy implementation.

4.2. Technological Empowerment: From Technology-Driven to Demand-Oriented

The development direction of elderly care technology should shift from "technology-driven" to "demand-oriented", starting from the real needs of the elderly and transforming their life scenarios and actual difficulties into quantifiable technical parameters. At the management level, a "government-community-enterprise" responsibility coupling network should be built to clarify the role positioning of all parties in the operation of the technology-enabled elderly care model^[1].

At the level of technology implementation, emphasis should be placed on solving the "access gap" and the "usage gap". In terms of infrastructure, incorporate rural internet infrastructure into key rural revitalization projects and promote the construction of fiber optic networks and 5G base stations^[2]. In terms of capacity building, rely on community elderly care service centers to offer smart device operation courses, implement a training model of "hand-by-hand teaching + case demonstration", and develop mutual learning mechanisms. Age-friendly technological transformation is equally important. We should work with technology enterprises to develop simplified smart terminals, optimize existing elderly care service apps for age-friendliness, and add functions such as voice guidance. At the same time, accelerate the establishment of standards and ethical review mechanisms in the field of elderly care technology, clarify key

systems such as data privacy protection rules and smart device safety specifications, and provide stable institutional expectations for technological innovation.

4.3. Urban-Rural Coordination: From Balanced Coverage to Characteristic Development

Bridging the urban-rural gap in elderly care services cannot simply copy the urban model, but should explore differentiated development paths suitable for rural realities. The advantage of rural elderly care lies in its unique community culture and social network—the trust foundation of an acquaintance society, the traditional habit of neighborhood mutual aid, and the natural ecological environment close to nature. These are resource endowments that urban communities find difficult to replicate [4].

There have been innovative explorations at the practical level. Yinglong Village in Fengxian, Shanghai, by revitalizing idle rural housing resources, explored a model of "cultural tourism enterprise + cooperative (village collective) + farmers". On the one hand, it developed rural tourism homestay industries; on the other hand, it built the "Chunxuanting" homestead elderly care point as a supporting facility, giving priority to providing centralized living and elderly care space for elderly people whose farmhouses have been transferred. This model achieves multiple goals: idle farmhouses are effectively utilized, elderly people obtain rental income and elderly care security, and the village collective economy has industrial support for development. Its core value lies in finding the interest connection point between rural revitalization and elderly care services, making elderly care no longer a "burden" for rural development but a "catalyst" to activate rural resources.

In addition, the "Science and Technology Backyard" model provides a useful reference for the cultivation of rural elderly care talents. By 2025, more than 100 graduate training units nationwide have built more than 1,800 Science and Technology Backyards^[3]. This model can be transferred to the field of rural elderly care services: by guiding graduate students majoring in social work, nursing, and other fields from universities to enter rural elderly care institutions, it not only delivers professional talents to rural areas but also provides a platform for young students to gain an in-depth understanding of rural elderly care realities, achieving a win-win situation for talent cultivation and service supply.

5. Conclusion

China's elderly care service system is at a critical transition period from "having" to "being excellent". The scale of 323 million elderly people, the volume of the 9 trillion yuan silver economy, and the network of 395,000 elderly care service facilities constitute a huge and complex service system. However, structural contradictions such as supply-demand mismatch, obstacles in technology implementation, and urban-rural development imbalance are still the core bottlenecks restricting the improvement of elderly care service quality.

To resolve these contradictions, it is necessary to go beyond the linear thinking of "increasing investment" and turn to systematic institutional and model innovation. At the institutional level, we should accelerate the establishment of a cross-departmental collaborative governance mechanism and use the long-term care insurance system as a breakthrough to improve the multi-level protection system. At the technological level, we should adhere to demand orientation and let technology adapt to the real needs of the elderly. At the urban-rural level, we should respect the resource endowments and social foundations of rural areas and explore characteristic elderly care paths. When the provision of elderly care services shifts from a single government supply to collaborative production by multiple entities, when the application of technology returns from efficiency pursuit to humanistic care, and when urban and rural

elderly care services move from "equalization" to "adaptation", the goal of "quality elderly care" can truly move from vision to reality.

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