Population Aging and Living Arrangements in Asia: Facts, Observations, and Responses

Shuzhuo Li^{1,2}

¹ Institute for Population and Development Studies, Xi'an Jiaotong University, China ² Center for Aging and Health Research, Xi'an Jiaotong University, China

1 Introduction

Population aging is a global and regional megatrend that occurs alongside broader demographic, social, and economic changes (UN, 2017; UN and ESCAP, 2022). Asia is experiencing an unprecedented pace of aging. In 2022, 55% of the world's population (approximately 4.4 billion people) will live in Asia, including 649 million people aged 60 years and above, accounting for 58.5% of the global aging population. By 2050, this number is expected to double to 1.3 billion (approximately one in every four persons; UN, 2022). Asia is expected to face greater aging pressure for a long time in the future, posing both challenges and opportunities for the development of older adults and their families, as well as reshaping the contexts in which older adults live, especially intergenerational living arrangements.

Given the sheer number of older adults in Asia, what happens to them and how they deal with the challenges in the region will shape trends worldwide. Moreover, because population aging is occurring quickly, most Asian countries have little time to address the challenges and opportunities.

This paper will focus on the following: (1) using public data available on the Internet and in literature to describe the current situation of population aging and living arrangements in Asia; (2) summarizing the situation and model of intergenerational living arrangements with the deepening of aging, focusing on the key role of population aging in this transformation; (3) exploring the impact of living arrangements on older adults and family well-being; and (4) proposing responses to deal with the aging and sustainable development of the society by rationalizing living arrangements, creating a healthy aging living environment, and technological innovation.

2 Status of Population Aging and Living Arrangements

2.1 Population Aging

Overall, aging in Asia includes the following features:

(1) Large and fast-growing aging population¹: It is happening in all age groups, especially in those aged 80 years and above (Table 1).

[Insert Table 1 here]

- (2) **Severe health issues:** In 2020, there were 59 million people diagnosed with dementia worldwide, including 29 million in Asia, which brings higher caregiving pressures and affects the continued accumulation of the demographic dividend.
- (3) **Remarkable sub-regional and country differences:** There are significant differences in the age structure of the population and the timing and speed of the transition. Figure 1 illustrates the changes in the numbers and percentages of older adults of different ages in Asia by region.

[Insert Figure 1 here]

• Regarding the number of older adults the following trends can be extrapolated: 1) East Asia currently has the largest number of older adults, but it will gradually be overtaken by South Asia over time; 2) Except for East Asia, where the aging population will

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¹ Unless otherwise noted, in this paper, older adults will be defined as people aged 60 years and above.

- begin to decline by approximately 2050, the aging population in the rest of Asia will continue to grow; South Asia is the fastest growing region, with India contributing to most of the increase; and 3) Southeast Asia and West Asia will grow at similar rates, and Central Asia will have the slowest growth of the aging population.
- Regarding the percentage of older adults the following can be observed: 1) East Asia has the highest proportion of the aging population in the region, and this trend will continue until the end of the century; 2) Except for East Asia, where the proportion of older adults of all ages will begin to fall slowly by the end of the century, the proportion in other Asian regions will continue to increase, with South Asia growing slightly faster than the others.

[Insert Figure 2 here]

Based on different developmental stages and aging levels, four typical Asian countries were selected as examples (Figure 2)². Table 2 and Figure 3 present the economic, cultural, and demographic characteristics of these four countries.

[Insert Table 2 and Figure 3 here]

2.2 Living Arrangements in Asia

The intergenerational living arrangements for older adults in Asia includes the following two characteristics:

(1) Multiple intergenerational living patterns relying on family. First, home-based care is the most common living arrangement for older adults (living with their children or extended family). Second, more older adults, especially women, live alone owing to urbanization, family size reduction, and population mobility. Finally, living arrangements are affected by age, sex, place of residence, and health status. Consider mainland China as an example (see Tables 3–5). Most of the older adults choose to live at home, while less than 1% are nursed by special agencies or caregivers, and a higher proportion of female older adults live with their children than males. The proportion of disabled older adults in rural areas is higher than that in urban areas, and the former is more likely to live alone.

[Insert Tables 3–5 here]

(2) **Differences among older adults in different regions. Regarding living scale,** older adults in some East Asian countries live with less people than the global average, with older adults living in households with 2–12 people. For example, South Korea has only 2.4 people per household in older adult households on average, whereas in most parts of South Asia, the average number of older adult households is more than 6, including Afghanistan, with an average of 9.4 people per household. Regarding **intergenerational arrangements**, skipped-generation families are relatively rare in most Asian countries. However, in Cambodia and the Philippines, this number exceeds 10%.

[Insert Figure 4 here]

Japan, China, India, and Indonesia face different challenges in aging and living arrangements (see Figure 4 for more details). **In Japan**, the high degree of aging has deeply changed the intergenerational living arrangements of older adults, with a significantly higher proportion of one-person and older adult households. **In China**, the aging population is developing rapidly, and home-based older adult care has burdened families. Considering that many older adults living alone have lost the ability to take care of themselves, more older adult care facilities and social support are needed. **India and Indonesia** are currently experiencing low levels of aging, but they are also facing challenges. They need to maintain the cultural value of multigenerational living under one roof while strengthening government support policies for older adult care.

² NOTE: For statistical purposes, the data for China do not include Hong Kong and Macao, the Special Administrative Regions (SAR) of China, and the Taiwan Province of China.

3 Models of Intergenerational Living Arrangements

3.1 Intergenerational Living Arrangements of Older Adults: Types, Characteristics, and Influence

Intergenerational living arrangements are the residential decisions of parents and children and mainly reflect the interaction mode of intergenerational members. Whether parents live together with children is an important criterion for intergenerational living arrangements. When classifying the types of living arrangements, we need to consider the place of residence and whether families live together. In addition, in the context of modernization and human migration, intergenerational living distance is expanding. This needs to be considered when analyzing the types of intergenerational living arrangements. Therefore, intergenerational living arrangements have formed the three types of coresidence, network, and solitary models based on the living place of older adults, intergenerational living distance, and number of generations (see Figure 5).

[Insert Figure 5 here]

In different living models, older parents' well-being differs because of the different types of intergenerational support they receive. First, in the co-residence model, offspring can provide timely financial and instrumental support to older adults, which have a positive impact on their physical and mental health, contributing to intergenerational solidarity and cooperation. Second, in the network model, offspring and older parents live close to each other. Older adults have autonomy in their lives and can also obtain support from their children, which helps maintain their health and enhance their cognitive function. Simultaneously, it can help avoid intergenerational conflicts and contradictions and improve the adaptability of the family to social changes. Finally, in the living alone model, older parents may be at a higher risk of disease and poverty because they are unable to receive timely care and support from their children, and their degree of depression and loneliness is generally higher. The characteristics and impacts of the different living models are listed in Table 6.

[Insert Table 6 here]

3.2 Intergenerational Living Arrangements of Older Adults in Asia

The intergenerational living arrangements of older adults in Asia are diversified, complicated, and dynamic, and are influenced by the social environment, culture, and individual development needs.

There are regional differences in the intergenerational living arrangements of older adults in different regions and countries in Asia (see Figure 6). In East Asia, countries with large aging populations and economic development, such as Japan, have more older parents living near their children and living alone (Statistics Bureau of Japan, 2020). In China, most older parents live with their children. However, an increasing number of older adults live alone or near their children. In Southeast and South Asia, most older parents live with their children (Yeung et al., 2018).

Cohabitants and caregivers of older individuals differ by region. Among Southeast Asian countries, older parents in Indonesia have a gender preference for their daughters, and both sons and daughters provide support to older parents, as women are generally responsible for housework and old-age care (Requena et al., 2019). In South Asia, older parents in India mostly live with their sons, but the outflow of the young labor force has also led to an increasing number of older adults living alone or living a skipped generation

(Jothikaran et al., 2023).

[Insert Figure 6 here]

Traditionally, the intergenerational living arrangements of older adults in Asia are three-generation co-residences, with older parents living with at least one son, and their daughters-in-laws are viewed as caregivers. However, according to an analysis of intergenerational living arrangements in different regions, intergenerational living arrangements in Asia have changed as a result of population aging, income growth, and the popularization of education. The proportion of the co-residence model is gradually decreasing, while the proportions of the network and solitary models are gradually increasing. That is, intergenerational living arrangements are gradually change from the co-residence model to the network or solitary models (see Figure 7).

[Insert Figure 7 here]

4 Responses: From Family to State

4.1 Family-Centered Older Adult Support

Older adults require financial, daily care, and emotional support. As individuals age and their health declines, they are unable to meet these three needs on their own and require support from others. At this point, the family, as the first unit to respond, begins to take action.

Choice of living arrangement: Filial piety is widespread in Asian cultures. When older adults require support, living with or near their children is often an important choice for families. Therefore, whether older adults need support in these three aspects matches the choice of living arrangements within the family (Figure 8). However, the need for daily care often plays a more important role in the choice of living arrangements because economic and emotional support can be achieved remotely, for example, through mobile payments and the Internet, whereas daily care cannot be. Therefore, living with or near their children may deviate from the solid-line direction and shift toward the dotted-line direction.

[Insert Figure 8 here]

Differences and innovations in co-residence or network living: Even if families choose to live together or close to provide support, there are differences in how they operate. For example, in mainland China, there are sayings like "Those who have money contribute financially, those who have strength contribute physically." Furthermore, social customs of "joint responsibility" mean that the responsibility of supporting older adults is shared among all children, rather than the eldest son, as is tradition. Children can choose to provide financial or caregiving support depending on their condition. For example, children who live closer can provide daily care, whereas other children can provide money. In addition, older adults may take turns living in different children's homes, or older couples may live separately in different children's families, with adult children shouldering caregiving responsibilities respectively.

4.2 Family-Centered "Satellite" Multi-Subject System

Given the current context of the aging population and increasing old-age support ratio in Asia, achieving sustainable social care poses considerable challenges, particularly in underdeveloped countries and regions. Encouraging family based caregiving is inevitable in response to older adults' own preferences and severe aging situations. However, owing

to insufficient support capabilities or a lack of professional skills among family caregivers, they sometimes cannot meet caregiving requirements. In such cases, the community, society, and state need to take action, providing necessary assistance to families based on the challenges faced by family members and caregivers to achieve sustainable old-age support (see Table 8 for more details).

[Insert Figure 9 here]

Although each subject has different functions and roles, existing policy systems provide assurance for long-term family based old-age assistance. They allow older adults to live their later years in families with less pressure on public finances than on social care.

4.3 Policies Strengthened with National Development and Income Level

Existing policies can be roughly divided into basic, supportive, and encouragement policies. Basic policies have the widest coverage and aim to ensure basic living and medical needs of older adults. Support policies help older adults and families with greater needs, in addition to the basic needs. Encouragement policies invest in older adult friendly facilities to alleviate the burden of caregiving and create an older adult friendly society.

In developed countries such as Japan, South Korea, and Singapore, the level of perfection and assurance of aging policies is relatively high. Both support and encouragement policies are at the forefront and have achieved good results. For example, Japan has achieved almost universal pension coverage, and its long-term care insurance system is relatively comprehensive with wide coverage. It has also become a model for many other countries. In terms of encouragement policies, Japan currently encourages technological innovations in old-age support, and the use of intelligent devices has reduced the burden on social care.

However, pension policies in developing and low-income Asian countries have not yet reached a comprehensive level. For example, in mainland China, the pension covers 1.03 billion people (1.41 billion); however, there is a significant pension gap among different individuals. Pilot programs for long-term care and family caregiver assistance have been implemented but are not fully promoted, and technological innovation is still in the stage of encouragement and promotion without large-scale implementation. Similar results are observed in Indonesia and India. In Indonesia, almost three-quarters (74.03%) of older adults have medical insurance and one-tenth (10.99%) of older adult households have social security. Among older adults covered by the National Health Insurance (JKN), 47.88% were recipients of premium assistance (PBI) and 20.45% were non-PBI. Although the contribution rate to public pension systems in India has been increasing due to government reforms, universal pension coverage is yet to be achieved.

[Insert Figure 10 here]

In summary, although these three types of policies benefit older adults, their implementation levels vary because of differences among countries and regions. As the level of economic development increases, policy support for older adults gradually improves from basic welfare to support- and subsidy-oriented policies. Policy support for older adults has gradually developed from the basic type as the level of economic development has risen and has continued to improve the supportive and encouragement policies (see Figure 10).

5 Best Practices

CASE1 China: "Multiple Pillars"—Home-Community Old-Age Care Service System³

Overview of Beilun District, Ningbo, China (2022): There are 102,000 older adults, accounting for 24.4% of the total population, with 13,931 individuals aged 80 years or above. To enhance old-age care services in Beilun District services, the district collaborates with universities to explore a community-based embedded home care service model supported by intelligent technologies, establishing the community-based home care service system named "multiple pillars" (Figure 11).

[Insert Figure 11]

CASE2 Japan: Fujisawa Sustainable Smart Town⁴

Based on residential comfort, regional characteristics, and future living patterns, considering aspects such as energy, security, mobility, and wellness, aims toward sustainable, eco-friendly, and comfortable lifestyles, focusing on optimizing the smart infrastructure (Figure 12).

[Insert Figure 12]

CASE3 India: Tata Trusts' Older Adult Care Initiatives In Maharashtra⁵

A comprehensive older adult care program with support from Tata Trusts was initiated in Mul block of Chandrapur district in Maharashtra which has since been extended to the entire district. The project aims to provide comprehensive healthcare services to older adults while increasing institutional capacity and raising awareness of issues affecting older adult care (Figure 13).

[Insert Figure 13]

CASE4 Indonesia: Assistance Program for the Older Adults ("Bantu LU")⁶

"Assisting the Elderly" is a transformation of the Social Assistance Program for Abandoned Elderly (ASLUT). In 2019, Assisting the Elderly became one of the components (assistance) in the Social Rehabilitation Program for the Elderly (Progress LU) 5.0 New Platform (NP). These programs included social care activities, therapy, family support, and help for older adults. In 2019, the amount of Bantu LU assistance for each older person was Indonesia Rupiah (IDR) 2,400,000 per year or IDR 200,000 per month, with a target number of approximately 30000 older people throughout Indonesia.

6 Recommendation

Asia faces the current situation of a large and fast-growing aging population and a shift in traditional family patterns, along with the challenges of developmental differences and inequalities between countries and regions. Based on a compilation of the current situation of, impacts on, and responses to aging and living arrangements in Asia, this paper makes the following recommendations:

- 1. Encourage families to provide older adult care. Adult children should be encouraged to take responsibility for family care through financial and honorary incentives. Flexible employment and tax incentives for children with caring requirements should be provided to create physical and economic conditions for family caregiving.
 - 2. Build a "family+" long-term care system. Asia's unique, traditional, and cultural

³ http://www.ningbo.gov.cn/art/2022/1/10/art 1229099763 59042617.html

⁴ https://fujisawasst.com/EN/

⁵ https://ab-hwc.nhp.gov.in/download/document/340b49eb2c0937e7b79ad8c1d6b975ad.pdf

https://lui.kemsos.go.id/warta/detail/65/Direktorat-Rehabilitasi-Sosial-Lanjut-Usia-Kemensos-RI-Menggelar-Bimtap-Koordinator-Bantu-LU

context creates an economic and practical long-term care mechanism that integrates family and society. Promote a family based long-term care system, especially in underdeveloped regions where the population is rapidly aging. This will help reduce the burden of comprehensive social care, while removing the previous paradigm of relying entirely on the family to provide long-term care.

- 3. Strengthen support for family caregivers. Organize regular training for family caregivers to help them understand professional care knowledge and self-regulation of physical and mental health; provide psychological counseling and respite services to help family caregivers alleviate the psychological and physical effects of long-term care; and promote the smooth operation of family care.
- 4. Integrate scientific and technological innovations with family care. Promote science and technology innovation to ordinary families, reduce the burden of family and social care through the use of technological equipment, release the human resources of caregivers, and reduce the economic pressure on family and social care.
- 5. Explore the collaboration between scholars and industrialists to build an older adult care model. Joint exploration between scholars and industrialists will help combine the latest research concepts with industrial production development, explore more systematic, cutting-edge, and practical aging care models, develop corresponding products, and realize the combination of "industry, academia, and research."
- 6. Promote the sharing of best practices and data. It is important to build a platform for sharing best practices within and among countries and to promote the sharing of new technologies, models, and ideas so that countries entering the aging stage can learn from them.
- 7. Create aging policies in accordance with national contexts. As there are differences in national conditions and cultures between Asia and other continents and among Asian countries, especially in Asia, where there is a widespread tradition of children supporting their parents, it is important to develop culturally appropriate modes of support and policies for older adults, while drawing on the experience of socialized old-age care in other regions.

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Table 1 Demographic Indicators, Asia Compared to the World, 2022, 2050 and 2100 (%)

			(70)			
Year	Percentage of people 60 years and above		Percentage of people 65 years and above		Percentage of people 80 years and above	
	Asia	World	Asia	World	Asia	World
2022	13.7	13.9	9.6	9.8	1.8	2.0
2050	25.3	22.0	19.0	16.5	5.3	4.7
2100	35.3	29.8	29.2	24.0	12.4	9.3

Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

Table 2 Comparison of Development, Demography and Culture on Typical Countries in Asia (Latest Data)

	China	Japan	India	Indonesia
GDP per capita (current US\$)	12720.2	33815.3	2388.6	4788
Life expectancy at birth	78	84	67	68
Population (million)	1411.75	125.12	1417.17	275.50
Population aged 65 and above (% of total population)	14	30	7	7
Culture/Religion Diversity	Confucianism, Taoism, Buddhism	Shinto and Buddhism	Pluralistic religions, mainly Hinduism	Islam

Source: https://data.worldbank.org/; https://baike.baidu.com/

Table 3 The Proportion of Empty Nest Households in Urban and Rural Areas in all Older Adult Households of the Same Age Group (%)

		60+		65+		80+	
		Urban	Rural	Urban	Rural	Urban	Rural
_	Living alone	20.44	22.42	21.53	23.58	28.47	29.56
Empty nest family	Living with spouse Total	23.85	22.99	21.74	20.28	8.17	6.17
		43.26	45.41	43.26	43.86	36.64	35.73
Living with children		56.74	54.59	56.74	56.14	63.36	64.27

Source: 2020 Population Census of China, Short table 5-4、5-4a、5-4b、5-4c、5-5a、5-5b、5-5c、5-6、5-6a、5-6b、5-6c.

Table 4 Gender Distribution of Living Arrangements of People Aged 60 Years and Above in China (%)

Living arrangements	Male	Female
Living with spouse and children	26.15	20.29
Living with spouse	48.25	39.46
Living with children	9.82	22.86
Living alone (with a nurse)	0.17	0.19
Living alone (without a nurse)	10.51	13.01
Pension institution	0.87	0.60
Others	4.23	3.59

Source: 2020 Population Census of China, Long table C-7-5.

Table 5 Living Arrangements and Health Status of People Aged 60 Years and Above in China (%)

	Healthy (54.64)	Basically healthy (32.61)	Unhealthy but capable of taking care of themselves (10.41)	Unhealthy and unable to take care of themselves (2.34)
Living with spouse and children	27.19	19.32	15.39	15.36
Living with spouse	46.04	43.32	35.78	29.69
Living with children	13.34	18.50	23.97	32.22
Living alone (with nurse)	0.10	0.17	0.32	1.65
Living alone (without a nurse)	9.33	14.20	18.41	6.66
Pension institution	0.17	0.68	2.07	8.28
Others	3.83	3.81	4.06	6.14

Source: 2020 Population Census of China, Long table C-7-5.

Table 6 The Characteristics and Influence of Intergenerational Living Arrangements of Older Adults

T-4	Arrangements of Order Adults				
Intergenerational living arrangements	Characteristics	Influence			
Co-residence model					
Three- generation co-residence	Older parents live with their children and grandchildren and share resources	The older adults can receive financial support and emotional support from their adult children, which has a positive impact on their physical and mental health, contributing to intergenerational solidarity and cooperation			
Rotation among children	A living arrangement known as "rotation", siblings take turns providing food and shelter for their parents	The older parents can receive oldage support from their adult children. However, repeated change of living location may destroy the social network of the older adults and aggravate their inadaptability to the new surroundings. In addition, it is conducive to promoting family cooperation			
Living with grandchildren	Older grandparents live with their grandchildren	Living with grandchildren is beneficial to the mental health of the older adults, but it may increase the economic burden of the grandparents to take care of their grandchildren. In addition, it is conducive to family cooperation and cohesion			
Network model					
Warm-soup proximity	Older parents and their children live in a warm-soup proximity	The older adults have the autonomy of their lives, which is helpful to maintain their mental health. In addition, it is conducive to avoiding intergenerational conflicts and contradictions			
Solitary model					
Living alone	One-person household or empty- nest family	Older parents may suffer a higher risk of illness and poverty because they are unable to receive old-age care and support from their children			
Living in a nursing home	The cost of living is higher	The level of depression and loneliness of the older adults living in nursing home is higher. In addition, living in a nursing home increases the economic pressure of the family			

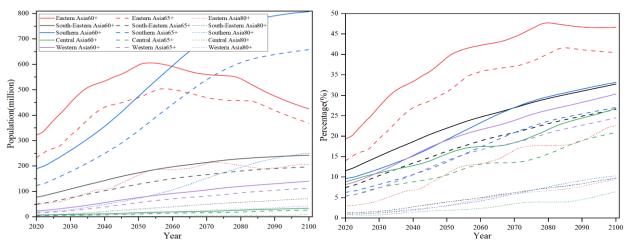


Figure 1 Number and Percentage of People Aged 60/65/80 Years and Above in Asia by Subregion, 2020-2100

Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

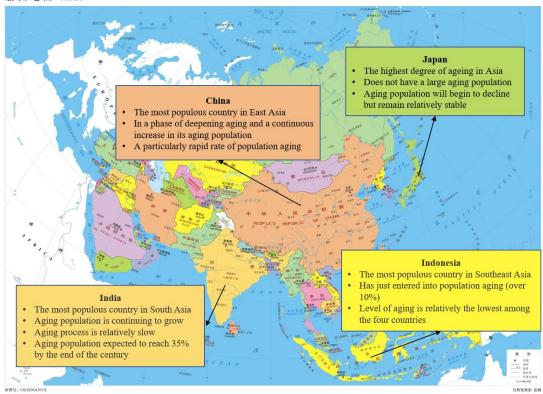


Figure 2 Characteristics and Location of Typical Countries

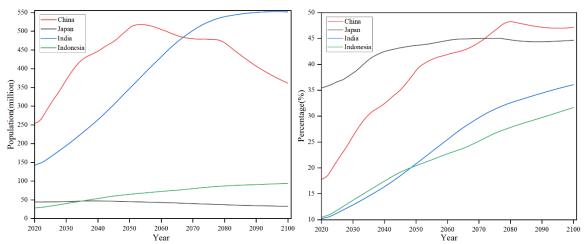


Figure 3 Number and Percentage of People Aged 60 Years and Above in Typical Country in Asia, 2020-2100

Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). World Population Prospects 2022, Online Edition.

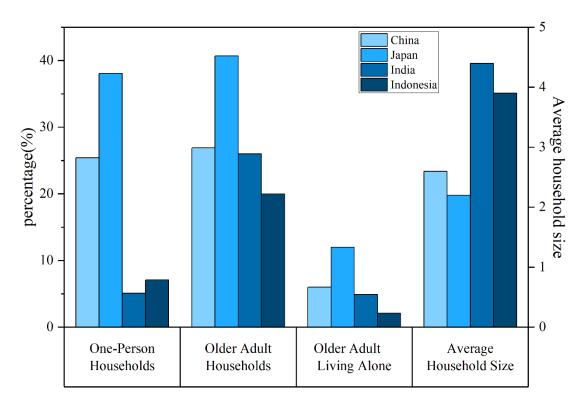


Figure 4 Comparison of Living Arrangements in China, Japan, India and Indonesia

Source: 2020 Population Census of China; Statistical Handbook of Japan 2022; DHS; https://population.un.org/household/; https://population.un.org/livingarrangements/

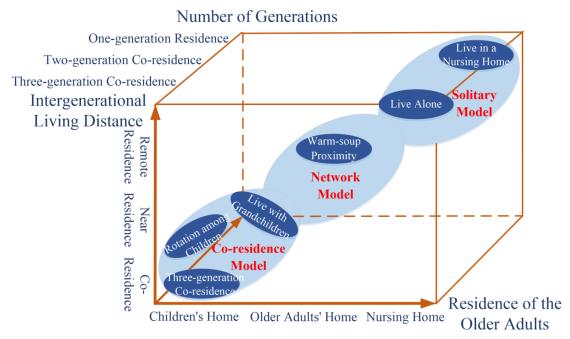


Figure 5 Types of Intergenerational Living Arrangements of Older Adults

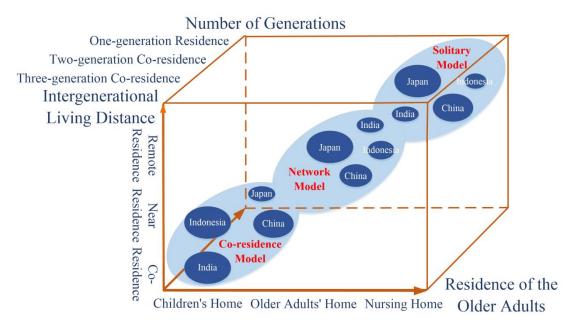


Figure 6 Intergenerational Living Arrangements of the Older Adults in Asian Countries

Note: The size of the circle in the figure represents the proportion of co-residence model, network model and solitary model in the country, which is summarized from existing researches.

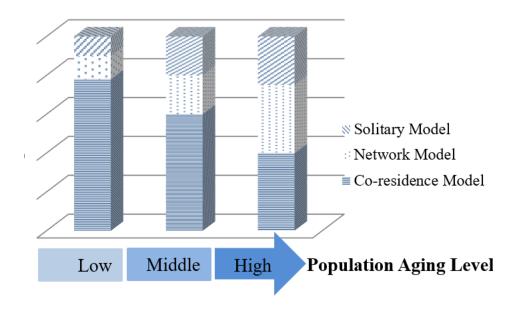


Figure 7 Changes in the Intergenerational Living Arrangements of the Older Adults in Asia

Note: This chart is based on the changes of intergenerational living arrangement models of the older adults in Asian countries under different levels of population aging.

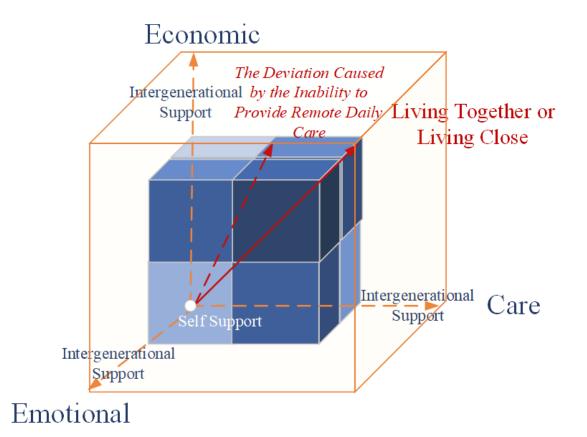


Figure 8 Choice of Living Arrangements

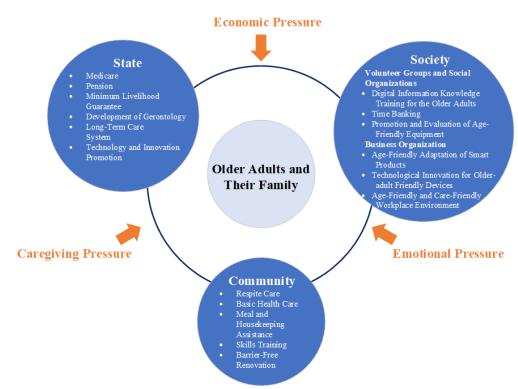
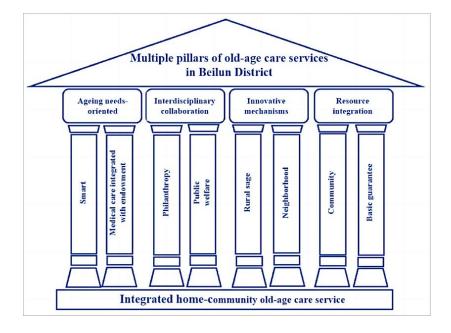


Figure 9 Family-Centered "Satellite" Multi-Subject System



Figure 10 National Development Level and Policy Implementation



Smart: Promoting the adoption of smart aging platforms and services.

Medical care integrated with endowment: Facilitating the integration of medical care and old-age care.

Philanthropy: Initiating charitable funds and organizations for home-based care for older adults. **Public welfare**: Implementing public welfare projects such as family caregiving skills training. **Rural sage**: Encouraging local sages to provide financial support and assistance.

Neighborhood: Targeted assistance through neighborly mutual aid as a supplementary measure.

Community: Coordinating resources to establish information archives.

Basic guarantee: Transforming homes to make them more suitable for aging in place.

Figure 11 Home-Community Old-Age Care Service System in Beilun, Ningbo, China

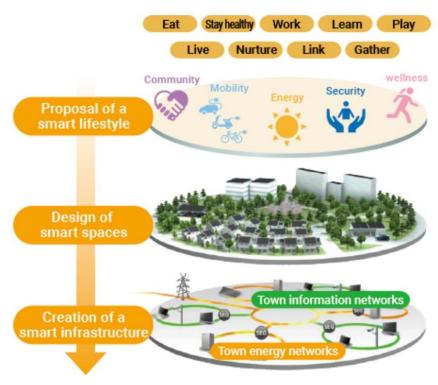
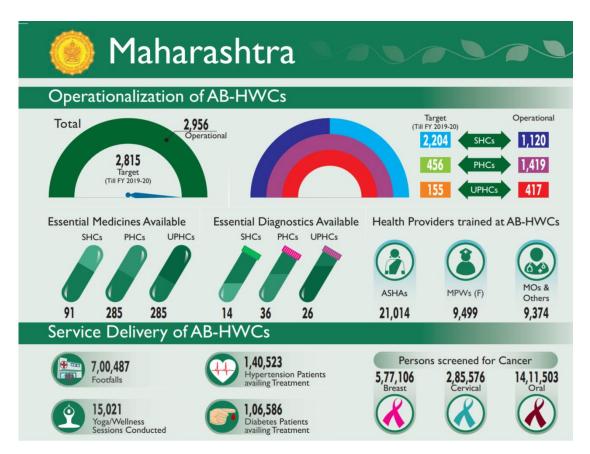


Figure 12 Fujisawa Model



AB HWCs: Ayushman Bharat – Health and Wellness Centers. **SHCs**: Sub – Health – Centers. **PHCs**: Primary Health Cares. **UPHCs**: Urban Primary Health Centers. **ASHAs**: Accredited Social Health Activists. **MPWs (F)**: Multipurpose Health Workers (Female). **MOs & Others**: Medical Officers & Others.

Figure 13 Maharashtra Model