

# A Survey on the Sustainability of China's Smoke-free Community Elderly Care Service Models from the Perspective of Welfare Pluralism

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**Objectives:** Studies show that the harm of smoking is much higher in the elderly than in the young and middle-aged. Therefore, smoke-free communities are more suitable for the elderly. China's ministry of civil affairs pointed out that, the development of community elderly care services conforms to the wishes of over 90% of the elderly in China, which is the focus of the construction of China's elderly care service system. Meanwhile, China's existing smoke-free community elderly care service models are diverse, service efficiency and sustainability remains uneven. **Methods:** This study constructed a conceptual framework for smoke-free community elderly care service based on the theory of welfare pluralism. To find the sustainability of smoking control in smoke-free communities and the efficiency of elderly care service supply under different supply modes. According to the geographical location, 9 smoke-free communities in Beijing, Nanjing and Xi'an were selected for investigation. **Results:** Three supply modes of community-based elderly care services are summarized, including Multiactor Participation Model (MPM), Government and Social organization Cooperation Model (GSCM), and Government-led Participation Model (GPM). The case analysis method is used to analyze the characteristics of the supply actors, supply content, and supply methods of these three models. **Conclusion:** Three supply modes of community-based elderly care services are summarized, including Multiactor Participation Model (MPM), Government and Social organization Cooperation Model (GSCM), and Government-led Participation Model (GPM). The MPM for smoke-free community elderly care, which includes the participation of multiple subjects and is more diversified in terms of supply content and methods, is found to have better smoking control efficiency and higher sustainability.

**Keywords:** smoking control; welfare pluralism; smoke-free community; elderly care service

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With the development and progress of society, people's awareness of healthy life is becoming stronger and stronger. Protecting residents' safety and health has become the top priority of community life and the foundation and guarantee of all community work. It has gradually become a public consensus and earnest expectation to do a good job of smoking control in community public places<sup>1</sup>, create a better comfortable environment and maintain public safety. As early as August 2000, the *Decision of the CPC Central Committee and the State Council on Strengthening the Work on Aging* proposed "establishing an elderly care mechanism based on home care, supported by community services, and supplemented by societal care." This *Decision* emphasized that responsibility for the elderly should be shared among individuals, households, society, and the government, marking an important turning point in the development of elderly care services in China<sup>2,3</sup>. With the gradual weakening of traditional home care in China, various community-based elderly care service models have been adopted in recent years to meet the care needs of the elderly<sup>4</sup>, including differentiation models that run by different actors.

Studies show that the harm of smoking is much higher in the elderly than in the young and middle-aged<sup>5</sup>. Therefore, how to integrate smoking control measures into community elderly care services, which is of great help to the health improvement of the elderly. China's community smoking control policy and careservice structure have developed rapidly in recent years, showing gradual improvements in standardization and normalization. Yet, there are still many difficulties in practice. Differences in the supply mechanisms of smoke-free community care service for the elderly lead to large gaps in service types and efficiency between different communities. The question to be explored in this study is to find out that, which type of community-based elderly care service supply model provides better smoking control efficiency and higher sustainability. By investigating typical smoke-free communities in typical Chinese cities, and using the method of

case description, this study analyzed the supply characteristics of communities under different suppliers. Based on the analysis of the theoretical framework of welfare pluralism, it is suggested that smoke-free communities with multiple supply subjects are more efficient than those with single supply subjects.

## THEORETICAL FRAMEWORK

In practice, we found that the supply and demand of elderly care services in this city were "disjointed", due to the poor play of the leading role of the government, the insufficient effective supply of the market, the insufficient participation of social forces and the weakening of the function of family endowment. Therefore, it is necessary to introduce the theoretical paradigm of welfare pluralism and reshape the role of the main actors of elderly care service.

### Welfare Triangle Theory

Welfare triangle theory was first proposed by Rose in 1986<sup>6</sup>. The theory posits that the actors in welfare supply comprise the state, the market, and private households. The state supplies basic guarantees, the market satisfies diverse welfare demands, and the household broadly reflects the unity and sharing of welfare recipients and social welfare. In this way, the theory emphasizes the diversification of welfare supply actors and the decentralization of welfare resource distribution; any unilateral actor is considered insufficient to fully meet social-welfare demands. Following Rose, Evers established the welfare triangle model<sup>7</sup>, proposing that the actors in welfare supply (state, market, household) should be understood as corresponding to organization, value, and social-member relationships. Specifically, the state is a public organization that embodies equality and provides guarantees, emphasizing the relationship to country; the market is a formal economic organization that reflects choice and autonomy, emphasizing the relationship with the market economy; and the household is an informal organization that reflects micro level unity and sharing, emphasizing the relationship with society. Evers further suggested that the actors in the welfare triangle have a complementary rather than substitutive relationship, existing in a state of mutual

elimination and influence. Abrahamson, meanwhile, differed from Evers, proposing that the main social-welfare actors are the state, the market, and civil society.<sup>8</sup> Olsson adopted the same three actors, further defining civil society as mainly comprising households, neighborhoods, and voluntary organizations<sup>9</sup>.

### Four-Dimension Theory of Welfare

Based on welfare triangle theory, four-dimension welfare theory proposes that there are four main actors in welfare supply. According to Johnson, these actors are the state, the business sector, the informal sector (households, neighborhoods), and the voluntary sector<sup>10,11</sup>. Johnson emphasizes the role of the voluntary sector (e.g., nonprofit organizations, community organizations) while suggesting that the state should play a limited role. Against the background of population aging, household nucleation, and increased unemployment, blind increases in welfare supply by the state are insufficient. Rather, allowing markets, households, and voluntary agencies to share responsibility for welfare provision not only can meet diverse welfare needs but can also resolve the welfare-state crisis. Evas, meanwhile, replaced the voluntary sector in Johnson's model with civil society, regarding it as a bridge that connects the state, the market, and the informal sector, thereby promoting the integration of total social welfare<sup>12</sup>. Finally, adopting the same four sectors as Johnson, Gilbert argued that although the four sectors seem unconnected in the welfare supply system, they have penetrated the public and private sectors to jointly provide benefits for the whole society<sup>13</sup>.

### Welfare Pentagon Theory

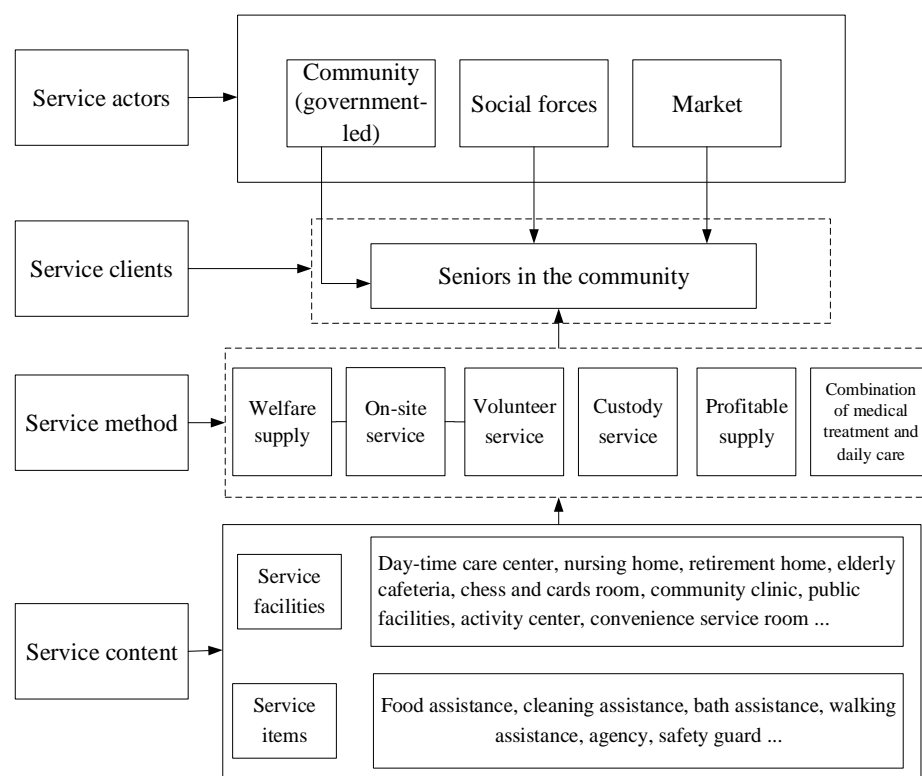
Welfare pentagon theory adds member organizations (e.g., trade unions, chambers of commerce, partnerships) as a fifth actor in welfare supply, along with the state, market, informal sector, and voluntary sector, emphasizing the close ties and synergies among them. Neubourg argued that member organizations should be regarded as necessary welfare supply actors, noting that they have the

advantages of free entry, free withdrawal, and low restriction<sup>14</sup>. He also suggested that the welfare pentagon actors are interrelated and that welfare needs can be met through any one of the five actors or different combinations of them.

The "five" actors described in welfare pentagon theory do not necessarily represent a precise number. No matter how welfare-supply actors are differentiated in different countries or regions, the actors do not exist independently and are not mutually exclusive. Rather, the pluralistic actors are effectively combined, each giving full play to its maximum advantages and jointly promoting the general welfare of society.

### Conceptual Framework

In light of the combinations of triangle theory, four-dimension theory, and pentagonal theory, it can be seen that the suppliers in communities are diversified. Community care for the elderly refers to socialized care services that rely on communities as well as professional services to provide home care, medical care, spiritual comfort, and daily-life assistance for elderly who live at home<sup>12</sup>. In the sociological explanation, community service is social welfare service activities carried out by different suppliers to meet the needs of members in terms of their material and spiritual life<sup>15</sup>. Community service has several characteristics. First, it is an activity with guidance, organization, and a systematic service system. Second, community service is not a general social service industry and is different from the market social service industry. Third, community service is not a social activity in which a few people participate in providing services for others. It is, rather, a public welfare activity based on the participation of all residents in the community, combining self-help with mutual assistance<sup>16</sup>. Therefore, community service for the aged is a dynamic process. It involves delivering different service content to the objects of supply in different ways, starting from the main body of supply. Therefore, on the basis of welfare pluralism, this study adopted community (government), social forces, and the market as the main actors in social welfare<sup>17</sup>. These three actors provide different types of elderly care services through diversified approaches, as shown in Figure 1.



**Figure 1 Conceptual Framework for Community-Based Elderly Care Supply**

## METHODS

This research aimed to investigate existing Chinese smoke-free community elderly care service models within the conceptual framework of welfare pluralism. To collect typical cases, the survey adopted a multistage stratified sampling method.

China is divided into seven natural geographical regions: east, south, central, northeast, northwest, southwest, and north. Since degrees of community development are strongly related to local economic levels, this study selected several areas with different degrees of economic development for investigation, so as to find out the external environment of the effective model. In the first stage, we selected as the research objects the east China region, which has the highest GDP; the north China region, which has the middle-level GDP; and the northwest region, which has the lowest GDP. In the second stage, the capital cities of the provinces with the highest GDP in the three regions were selected:

Beijing, Nanjing, and Xi'an. In the third stage, typical smoke-free communities were selected to collect typical cases.

The survey was carried out in August 2018, conducted by 30 doctoral, master's, and undergraduate students in public management with extensive experience. The investigators went to Beijing, Nanjing, and Xi'an to investigate nine communities. According to the types of suppliers, three typical smoke-free community cases were selected for analysis.

## CASE ANALYSIS

The smoke-free community service method of home care for the elderly refers to the following: the construction of a community service platform by the community; the introduction of public service resources and market-oriented service resources; take smoking control measures; construct day-time care centers, elderly dining tables, entertainment centers, and other service facilities to provide daily-life care, medical care, cultural and recreational services, and spiritual comfort, as well as diversified forms of

elderly care services. Home-based community care services can take into account the inherent daily habits of the elderly and preserve the family environment in which they live while also providing diversified care services through diverse supply actors (e.g., community, government, and market). According to the participation levels of supply actors and the characteristics of the community, home-based community care services can be divided into three types: multiactor participation, government and social organization cooperation, and government-led participation.

### Multiactor Participation

Multi-stakeholder participation refers to the provision of smoke-free environment and care services by the government, market, social forces and community residents. The content of the supply includes care-service facilities, items, and personnel. Due to the diversification of supply actors, some of the provided services are welfare based while others are profitable, depending on the supply actor.

**Case:** Community A is located in Xicheng District, Beijing. It is an old residential community related to the National Machinery Plant of the 1950s, with an aging rate of 25.7%. In Community A's service model, smoke-free environment and care services are jointly provided by actors such as the government, the market, and social organizations. It is a typical representative of "government support, social organization operations, and market-oriented operations." The government is responsible for providing policy support and service evaluations for the community, and social organizations are responsible for the management and operation of community care services. It also builds a platform for companies to enter the community and provide market-based services for elderly in the community.

**Service actors:** Community A is a typical representative of multiactor participation in providing services, including community neighborhood committees, community workstations, community construction associations, and homes for the elderly. Community neighborhood committees provide

decision-making support for home-based elderly community services. Community workstations are the units directly responsible for implementing the relevant decisions of neighborhood committees and contacting the street office to communicate documents and policies. Community construction associations are social organizations established by social forces under the jurisdiction of the Ministry of Civil Affairs. They are responsible for the maintenance of smoke-free communities and the integration of pension service resources, including market-based pension service companies and social volunteers. Community A's community construction association is composed of multiple community units, and it was the first community-level social organization to obtain legal status. The nursing home for the elderly is an economic entity commissioned by the construction association. It operates on the basis of each residential building. The community service group is composed of the residential building leader, liaison, and community activists. Each group is arranged according to the members' personal expertise and voluntary direction. The service group is responsible for maintaining smoke-free environment in the community and providing one-to-one services to elders requiring care in designated residential buildings. The group regularly visits elderly households, especially those with special difficulties, to understand and discover their service needs in a timely manner. All home-care services in the community are linked to form a nursing home without walls and provide care for the entire community.

This "nonwalled" nursing home is a private nonenterprise organization. It is an elderly care entity characterized by self-management, self-operation, and independent legal status. The community operation of elderly services is intended to meet the needs of the elderly and put social benefits above economic benefits. The main purpose of the operation is to gather social forces and private enterprises through government policies and economic support to build the community into a market-based operation model. The service actors in the "nonwalled" nursing home are diversified. Its characteristics can be summarized as follows: 1) The community is responsible for providing a platform and organization for physical care services. The community is both a manager and service provider in the process of providing elderly care services. The

community does not provide services directly. Rather, it collects the service demands of the elderly and introduces professional institutions to provide the services. 2) Community operations are quasi-marketized. The community screens candidates through various criteria (e.g., residency standards, corporate credibility, service quality, and service prices) to choose the best elderly care service institutions to move into the community and help build community-based home-care services while also providing fast, convenient, reliable services. 3) There is quality supervision. The community regularly conducts quality evaluations of elderly care institutions in the community, collects the opinions of the elderly, and provides feedback to the institutions to ensure service quality.

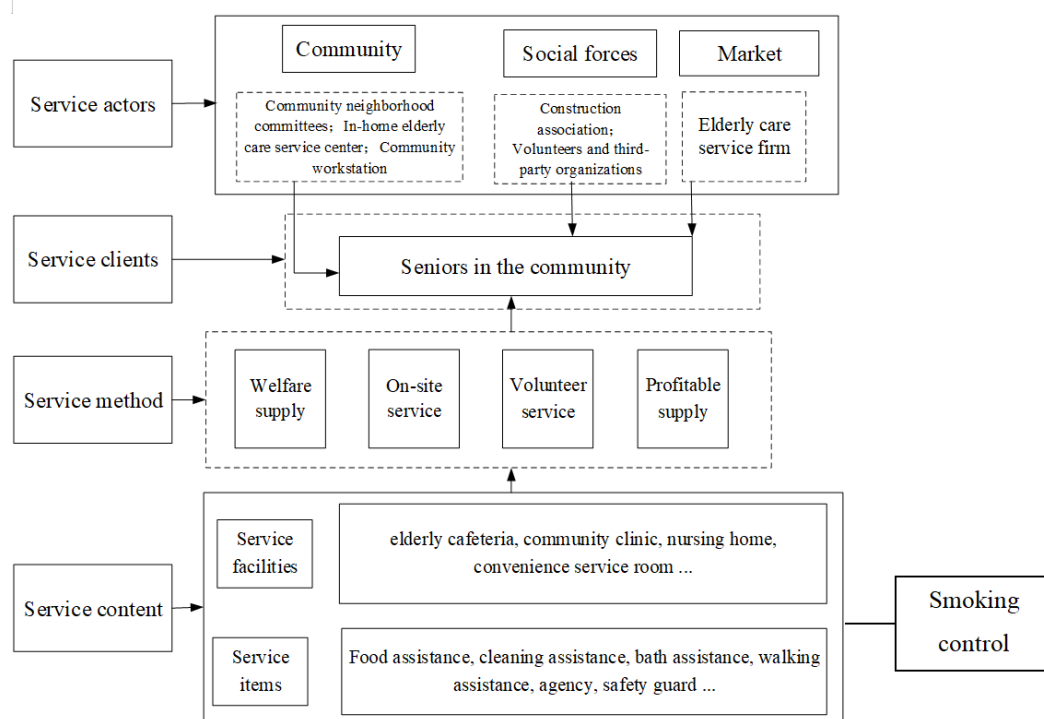
**Service method:** Welfare provision of community smoking control and care services. The welfare supply of home-based community care services in Community A includes three aspects. First, the government provides some welfare service facilities for the elderly (e.g., activity centers, fitness equipment, reading rooms), and maintaining smoke-free environment through financial subsidies and financial support. Set up a smoking control working group, under the unified arrangement and deployment of the group, arrange regular inspection of smoking control work. The government also provides some welfare services such as regular medical examinations, knowledge seminars, and health consultation. Through government purchases, the community provides free care services for vulnerable elderly groups, including free meal delivery, cleaning, and medical care. Second, by way of mutual assistance, elderly care services are provided for elderly who are in need, giving full play to the spirit of mutual assistance. Third, resources from the market, society, and community are integrated to jointly provide voluntary services for the elderly.

**Market-based supply of community care services.** The market-based supply of community care services in Community A occupies an important position in the care service system. The nonwalled nursing home for the elderly was cofounded by the construction association and the residents' committee, and it is a service agency in the community. Market service agencies outside the community are coordinated, reviewed, and inspected by the construction association and the residents' committee. Companies with access qualifications have gradually penetrated the community, providing professional elderly care services, service facilities, and service content for the elderly.

**Community care services provided by third parties.** The third-party supply in Community A mainly comes from volunteers, nonprofit organizations, and charities. The neighborhood committee and construction association set up platforms for third-party organizations to send volunteers, volunteer services, and charitable funds into the community and provide free, non-profit service support to seniors in the community, including educating residents about the importance of a smoke-free environment and helping with smoking control.

**Service process framework:** The home-based community care service system in Community A is a typical multiactor service system. By analyzing the status of Community A's service actors, recipients, content, and methods, a home-care service framework can be established with multiactor participation in the community, as figure 2 shows.

The structure diagram of Community A's home-based community care service framework shows that the system involves multiple supply actors via welfare supply, profitable supply, on-site services, and voluntary services. It is an integrated service system that provides a smoke-free community environment, diversified service facilities and service items for elderly in the community.



**Figure 2 Framework of Home-Based Community Care for the Elderly in Community A**

### Government and Social Organization Cooperation

Government-led participation in cooperation with social organizations involves government-provided economic subsidies and policy support. Social forces finance the provision of care facilities, care service agencies, and care service items. Under this system, care services for the elderly are mainly either nonprofit services or low-paying services with minimal profits, and the sustainability of smoke-free communities is questionable.

**Case:** Community B is located in Nanjing. It is a new type of smoke-free community provided by the government and social forces in an integrated mode of private operation with public assistance. Jointly supported by the governments of Nanjing and Gulou District, Community B launched a number of practical improvements in elderly care based on actual needs, such as “combination of medical treatment and daily care,” on-site services, and day-time care services. The government provides financial assistance and policy support, builds a platform within the community, allows

medical structures and elderly care institutions to enter the community, and provides elderly care services by putting welfare above profits.

**Service actors:** Organized by social forces, the nonprofit elderly care institution in Community B combines medical treatment and daily care with economic and policy support from the government, and publicize smoking control policies voluntarily. It is a special community-based elderly care institution that relies on a number of professional hospitals in Nanjing and integrates medical treatment, daily care, nursing, and rehabilitation. The characteristics of its service actors are as follows: 1) The goal of social forces is not to make profits. It maximizes the use of government subsidies and various elder care resources, creating a smoke-free, high-quality care environment that provides professional care service facilities and care service items. 2) The government purchases community services to provide welfare care services for elderly who are in need and guarantees their basic living needs. Conduct regular environmental inspections in the community to monitor smoking control.

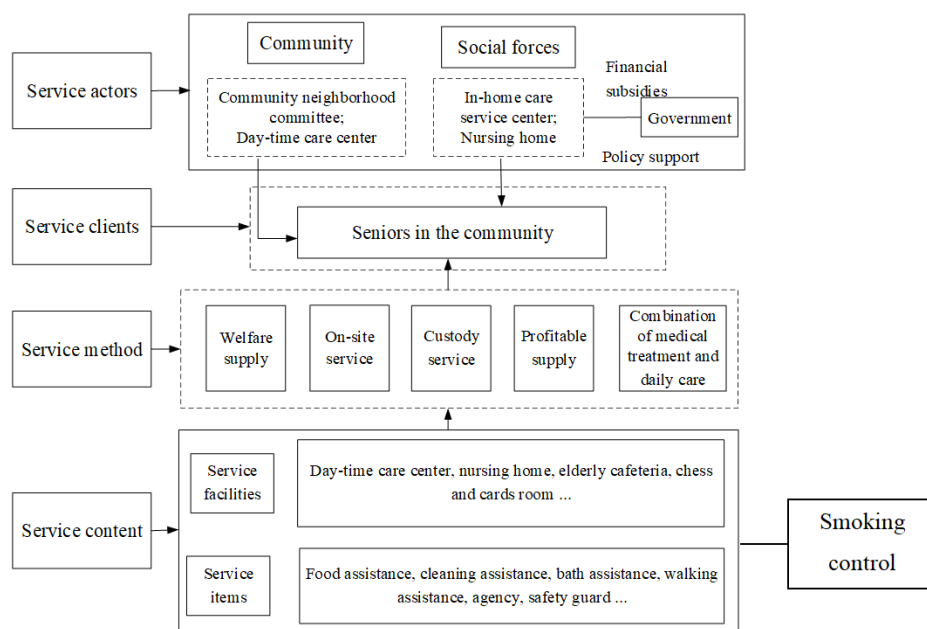
**Service method:** Supply of nonprofit care institutions in the community, volunteer to assist the

government in smoking control. The nonprofit elderly care institution in Community B combines the two functions of elderly nursing home and day-time care center. It is a private operation organized by social forces and supported by government investment. Community B's nonprofit elderly institution integrates elderly care, rehabilitation, medical care, nursing, study, leisure and entertainment, and hospice care. It relies on medical equipment and technology from Nanjing's hospitals to maximize its care functions. It provides the comprehensive combination of medical treatment and daily care and has various room types to suit elderly care needs. It also provides various facilities, such as supermarkets, clinics, restaurants, elderly education facilities, gyms, and game rooms. Moreover, there are many medical and nursing experts at the institution

who provide professional medical care services for the elderly.

The government purchases welfare care services. Guided by the needs of the elderly, the government purchases home-care services for special elderly groups, such as those who live alone or have disabilities. The government purchases living care, medical care, entertainment, and spiritual comfort services according to clients' actual characteristics and environments. Smoking control is mainly supervised by the government and carried out voluntarily by social force F.

**Service process framework:** Community B has a typical elderly service system in which the government and social forces cooperate. By analyzing the status of community service actors, clients, content, and methods in Community B, a service framework is established for home-based care for the elderly cooperatively supplied by the government and society, as figure 3 shows:



**Figure 3 Framework of Home-Based Community Care for the Elderly in Community B**

Community B's structural framework is the cooperation between the government and the community to provide smoking control measures and home-based community care services. The government provides financial subsidies and policy support, and social forces organize elderly care services. It is a

comprehensive service system that provides service facilities and service items for elderly in the community through welfare provision, on-site service, custody service, combined services of medical treatment and daily care, and profitable supply.



### Government-Led Participation

The government uses financial subsidies and policy support to control smoking use and purchase elderly care services. It mainly involves welfare-based services to ensure the quality of basic elderly care services.

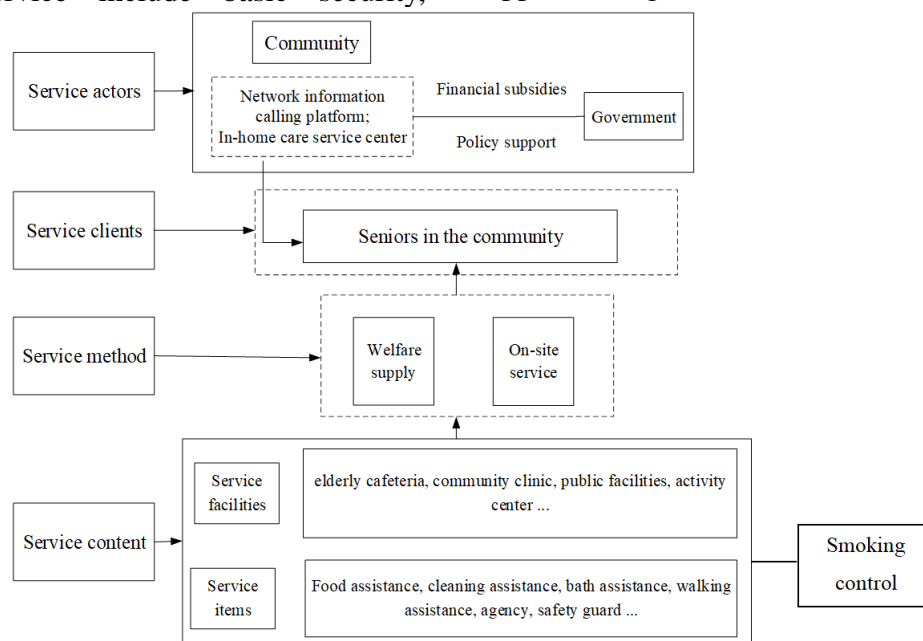
**Case:** Community C is located in Xincheng District, Xi'an. Its home-care services are mainly provided by the government. The government provides facilities and service items through subsidies, policy support, and service purchases. The district government also invested in an information platform for an elderly care hotline, providing care services to elderly with special needs (e.g., disabled, live alone).

**Service actors:** The government is the supply actor for elderly care services in Community C. It provides smoking control measures, free elderly care facilities and service items through financial and policy support. The characteristics of government-led home-based elderly community service include basic security,

elderly welfare services, and basic living guarantees, but due to the single channel, the effect of smoking control measures is not obvious.

**Service method:** Community C is a government-led supply-oriented community. In addition to government-supported home-care service centers, an elderly service hotline provides help for elderly facing special difficulties. A total of 48286 elderly people have been included in the call platform. When elderly people in Community C need help, they can call the hotline, which is available 24 hours a day, to receive services provided by professional information-center agents. The call platform provides three types of specialized elderly care services: emergency rescue, life support, and active care.

**Service process framework:** By analyzing the current status of Community C service actors, clients, content, and methods, a framework can be constructed for a home-based community care service in which the government is the leading supplier, as figure 4 shows:



**Figure 4 Framework of Home-Based Community Care for the Elderly in Community C**

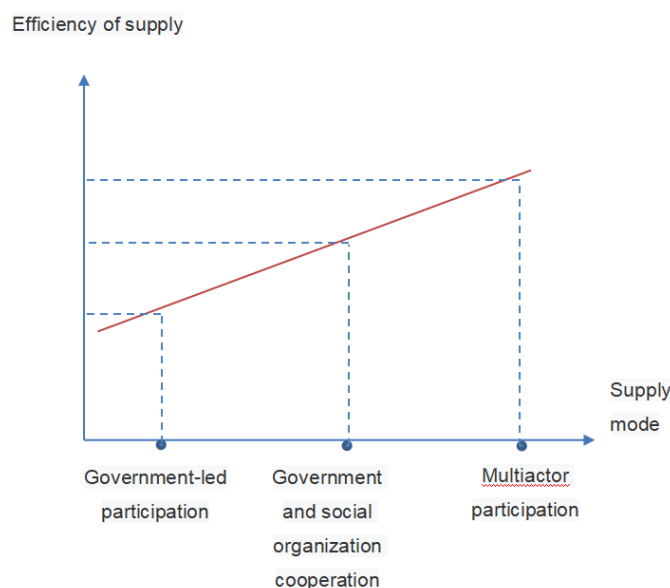
The structure of the home-based community care service framework of Community C shows that it is a system supported by government subsidies and policies. It is a comprehensive service system in which community committees and home-care service centers provide basic

service facilities and service items to elderly in the community.

## DISCUSSION

This study examined the differentiated supply methods and supply content of three community supply modes: government-led participation, government and social organization cooperation, and multiactor participation.

The findings suggest that communities based on multiactor participation have richer supply content, more diversified supply modes, and higher supply efficiency.



**Figure 5 Relationship Between Supply Mode and Supply Efficiency**

As Figure 5 shows, abscissa represents the different supply models, and ordinate represents the efficiency of smoking control and different supply models. In the three supply models, with the diversification of service actors, the efficiency of supply also gradually improves.

In the multiactor participation mode, the service methods include community welfare services, community marketization services, and third-party-organization services. These three service methods target elderly people of different types who have different characteristics and live in different environments in the community. This expands the choice of services and provides broader, more efficient coverage for all service targets. At the same time, different actors can also provide different forms of tobacco control measures to improve the sustainability of smoke-free environment.

The scenario based on cooperation between the government and social forces includes community welfare services and nonprofit

services provided by social forces. Through government purchases, the community provides service facilities and service items for elderly who are in need. The government provides financial subsidies and policy support for social forces, making it possible for them to host nonprofit elderly care institutions in the community and provide affordable care facilities and service items for elderly in need. Smoking control measures by the government and social forces are limited by financial support and volunteers' enthusiasm, and the effect of control efficiency is also limited.

The service method of government-led supply mainly involves welfare supply. The government provides financial subsidies and policy support, making it possible to provide care services for elderly in the community and guarantee their basic needs. At the same time, smoking control measures are mostly welfare, the effect is not obvious.

## CONCLUSIONS

A commonality among the three supply modes is that they cannot be separated from the guidance and

support of the government. Thus, the government should guarantee subsistence services in the community. The difference is that the other two modes add social actors and market forces, giving the elderly more choices in service methods and service content. This study proposes that multiactor participation should be the future development trend in community elderly care services since it can better meet the diversified needs of the elderly in contemporary society.

Effective smoking control needs not only the support of multiple suppliers in the smoke-free community, but also the improvement of residents' awareness of smoking control. Smoking control in public places is conducive to regulating smokers' smoking. Smokers should also learn to put themselves in others' shoes and respect others, especially the right to health of non-smokers. Only in this way can continuous, long-term and normative smoking be achieved to jointly protect safety and maintain health. It can be said that smoking control can greatly improve the survival rate of the elderly.

Based on the theory of welfare pluralism, this study constructed a conceptual framework for the supply process of community care service for elderly, thereby contributing a new theoretical perspective to the analysis of community pension service. In terms of the field survey, this study conducted a survey using scientific sampling methods and identified three supply modes that represent most supply modes for community elderly care services in China. However, we cannot rule out the possibility that there is a better supply mode, which is a limitation of this study that can be investigated in future research.

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## Author Declaration

This research is not funded by any organization related to tobacco production

## Conflicts of Interest

The authors declare no conflict of interest.

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