

# Community Care for Elderly People: a Comparison Study of Medical Care in Korea, Japan, Taiwan and China

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## Abstract

**목적 :** 노인 인구가 급격히 증가하면서 노인 돌봄에 대한 관심이 높아지고 있다. 본 연구의 목적은 한국, 일본, 대만, 중국의 노인들을 위한 지역사회 돌봄 시스템을 비교하는 것이다.

**방법 :** 본 연구는 PubMed를 포함한 다양한 데이터베이스를 사용하여 4개국의 커뮤니티 케어 시스템을 파악했다. 검색은 지역사회 돌봄, 통합 돌봄, 노인 돌봄 등 다양한 용어를 사용해 이뤄졌으며 연구는 제외 및 포함 기준에 따라 식별되었다.

**결과 :** 본 연구에는 총 77개의 연구가 포함되었다. 이 연구는 4개국의 지역사회 돌봄체계를 분석했다. 그리고 의료정책에 초점을 맞춰 “퇴원지원”과 “방문의료”의 시스템과 운영사례를 비교하였다.

**결론 :** 지역사회 돌봄에서 적절한 한의 홈 헬스케어 서비스를 제공하기 위해서는 한의사에 대한 인식 제고와 예산 증액이 필요하며, 본 연구는 향후 보다 발전된 노인돌봄정책 수립에 활용될 수 있다.

**Key words :** Community care, Elderly care, Older people, Korean medicine

## I . Introduction

Due to advancements in medicine and technology, as well as improved living conditions, life expectancy has increased globally in recent decades. Demographic projections show that the proportion of elderly people will continue to grow rapidly, with the number of individuals aged 65 or older expected to reach 1.6 billion by 2050, according to the United Nations' 2022 World Population Outlook<sup>1</sup>. In East and Southeast Asia,

the proportion of elderly individuals is projected to double from around 13% in 2022 to 26% in 2050. The aging of populations presents a significant global challenge due to the associated high health care costs and increased morbidity<sup>2</sup>.

Community care is a social service policy that provides integrated support, including healthcare, housing, care, nursing, and independent living, to people in their place of residence<sup>3</sup>. The goal of community care is to enable individuals to receive the necessary services they need while remaining in their own communities. This system is designed to support the idea of “aging in place,”

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which is currently the foundation of welfare policies in many countries<sup>4</sup>.

Many countries have introduced community care services for the elderly to provide integrated medical services and reduce healthcare costs. The UK has a long history of promoting community care, with the National Health Services and Social Care Act enacted in 1990 to transfer responsibility for such services to local governments and establish a “care management system”<sup>5</sup>. In Sweden, local governments provide “home help service projects” for the elderly, allowing them to choose from various service providers. Denmark has a strong emphasis on preventing illness and rehabilitation for senior citizens, with mandatory preventive home visits once a year for those over 80 years old. As of 2015, 12% of the population over 65 in Denmark received home care services<sup>6</sup>.

In Asia, Korea has implemented the National Health Insurance’s Long-Term Care Insurance Program (LTCI) since 2008 due to the aging population and the decrease in family caregivers<sup>7</sup>. However, the medical care and long-term care services for the elderly are separate, leading to a lack of a comprehensive medical delivery system and overlapping services. To address this issue, Korea introduced the “Community Care” program in 2018, with some local governments piloting the program. The goal is to provide universal community care that can be implemented by all local governments. Japan recognizes the importance of elderly welfare and has established community care services, with a focus on long-term care insurance and local governments as insurers<sup>8</sup>. There are over 7,000 community centers in Japan, which provide comprehensive support for the elderly’s health and welfare<sup>9</sup>. Taiwan has implemented health aging promotion programs centered on the community, with an emphasis on “aging well.” The country has established over 2,000 community care service centers to form a

network that provides care to the elderly<sup>10</sup>. In China, the provision of high-quality health and medical services for the elderly is limited due to the underdeveloped public system. However, in recent years, China has recognized the need for community-based services for the elderly and has been working to improve the elderly’s access to health care services and the capabilities of health management personnel<sup>11</sup>.

In developed countries such as Japan, which implemented community care services early on, numerous studies have been conducted. One such study was conducted by Hatano Y, who reviewed the community care system in a region in Japan for the purpose of making policy recommendations<sup>12</sup>. In the UK, Monique Lhussier et al. developed program theories to establish a care network between the Community Wellness Team and the elderly in the community<sup>13</sup>. Sung et al. examined the traditional Korean medicine (TKM) services provided by 112 local government agencies in Korea in 2018 to promote the integration of TKM into community care<sup>14</sup>. Despite these efforts, there has yet to be a comprehensive comparison of community care policies across various Asian countries, including Korea.

Even though many countries face similar aging problems and have implemented similar systems, there are differences depending on each country’s unique situation and conditions. In particular, countries in East Asia, such as Korea, Japan, China, and Taiwan, have a strong cultural value of filial piety and commonly face a problem of family burden in elderly care<sup>15</sup>. Therefore, we would like to compare the community care policies in these four countries, focusing on their medical-related aspects. Through this comparison, we aim to identify strategies to further develop and improve the provision of KM services within Korean community care.

Table 1. Search Terms of Studies on Policy of Community Care in 4 Countries

Data	Database	Search terms
Published study	RISS, KISS, ScienceON, DBpia	“Japan community care”, “Japan integrated care”, “Japan long-term care”, “Japan elderly care”, “China community care”, “China integrated care”, “China long-term care”, “China elderly care”, “Taiwan community care”, “Taiwan integrated care”, “Taiwan long-term care”, “Taiwan elderly care”, “Korea community care”, “Korea integrated care”, “Korea long-term care”, “Korea elderly care” <sup>†</sup>
	PubMed	(“Delivery of Health Care, Integrated”[Mesh] OR “Home care services”[Mesh] OR “Health Services for the Aged”[Mesh] OR “Senior Centers”[Mesh] OR “Housing for the Elderly”[Mesh] OR “Independent Living”[Mesh]) AND (“Korea”[Title] OR “China”[Title] OR “Japan”[Title] OR “Taiwan”[Title])

<sup>†</sup>These terms were searched in Korean.

## II. Methods

We collected studies to understand the system of community care in 4 countries. We used 5 databases to find domestic and foreign studies. Korean studies published before July 8, 2022 were searched in RISS, KISS, ScienceON, and DBpia. Also, we performed an extensive literature search in PubMed that were published before July 15, 2022, in accordance with the PRISMA (Preferred Reporting Items for Systematic Review and Meta-analysis) guidelines. Search terms were in Table 1. The search terms were formulated to investigate the process of establishing long-term care systems for the elderly in each country, with a focus on community care. In addition, the search also encompassed integrated care, which is crucial for effective community care (Table 1).

## III. Results

### 1. Study characteristics

We collected studies to understand the system of community care in 4 countries including Korea. As a result of searching for domestic and foreign studies, a total of 1,323 studies were originally identified from our data base search. We removed

210 studies if they were: not found the original, not written in English. Afterwards, two authors independently screened and reviewed the title of studies and selected 94 studies, excluding papers that are not suitable for our topic, papers on specific diseases, and papers that are not targeted the elderly. Among these 94 publications, we reviewed the abstract and finally selected 77 studies and used it as an analysis (Figure 1).

### 2. Community care of Korea, Japan, Taiwan, China

The number of studies in each country is 22 in Korea, 40 in Japan, 18 in Taiwan, and 16 in China. If two or more countries were included in one paper, each country was counted separately (Figure 2).

#### 1) Chronological table (Figure 3)

Japan led the establishment of an integrated community-based care system. In Japan, the Long-Term Care Insurance Act was enacted in 1997, and later revised in 2005 to create a regional comprehensive support center for elderly health and welfare<sup>16</sup>. Since then, from the perspective of “medical to long-term care” and “hospital facilities

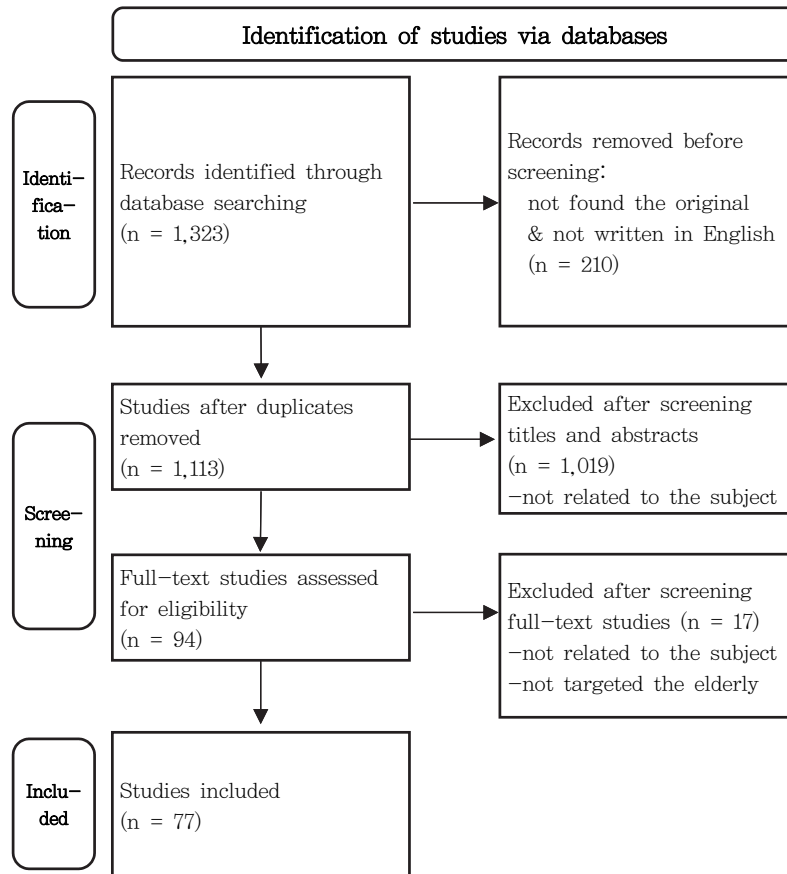


Figure 1. Flow chart of the data selection process of the review on 'community care'

to local families,” the Long-Term Care Insurance business plan was reorganized into a “regional comprehensive care plan” in 2016 and operated in earnest<sup>17</sup>. In Taiwan, a home health care program was introduced in 1995, and the country later

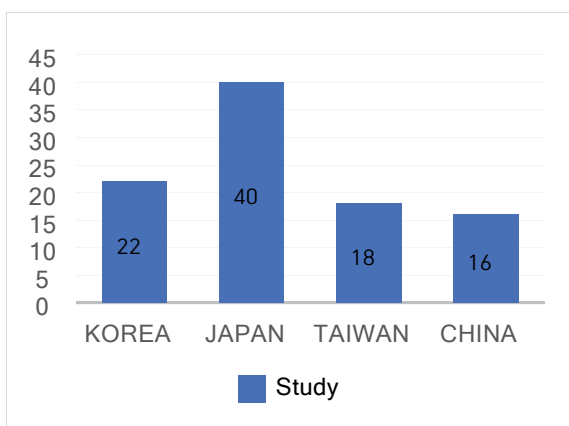


Figure 2. The number of studies in 4 countries (Each country was counted separately if two or more countries were included in one paper.)

established an infrastructure for integrated care through the “Three-Year Plan to Improve Welfare Service for the Elderly.”<sup>18</sup> In China, policies to provide comprehensive services to the elderly through a combination of medical and elderly care services were established in 2015<sup>19</sup>, and detailed measures were presented in 2019<sup>20</sup>. South Korea has implemented long-term care insurance to prioritize elderly care, and in 2018, the Ministry of Health and Welfare introduced the “Integrated Local Community Care and Promotion Plan for Leading Projects,” which launched a pilot project in 16 districts by 2020<sup>21</sup>.

## 2) Community care in 4 countries (Table 2)

The official name for the community care system in Japan is the ‘Community care system’ and it is funded by the Long-Term Care Insurance

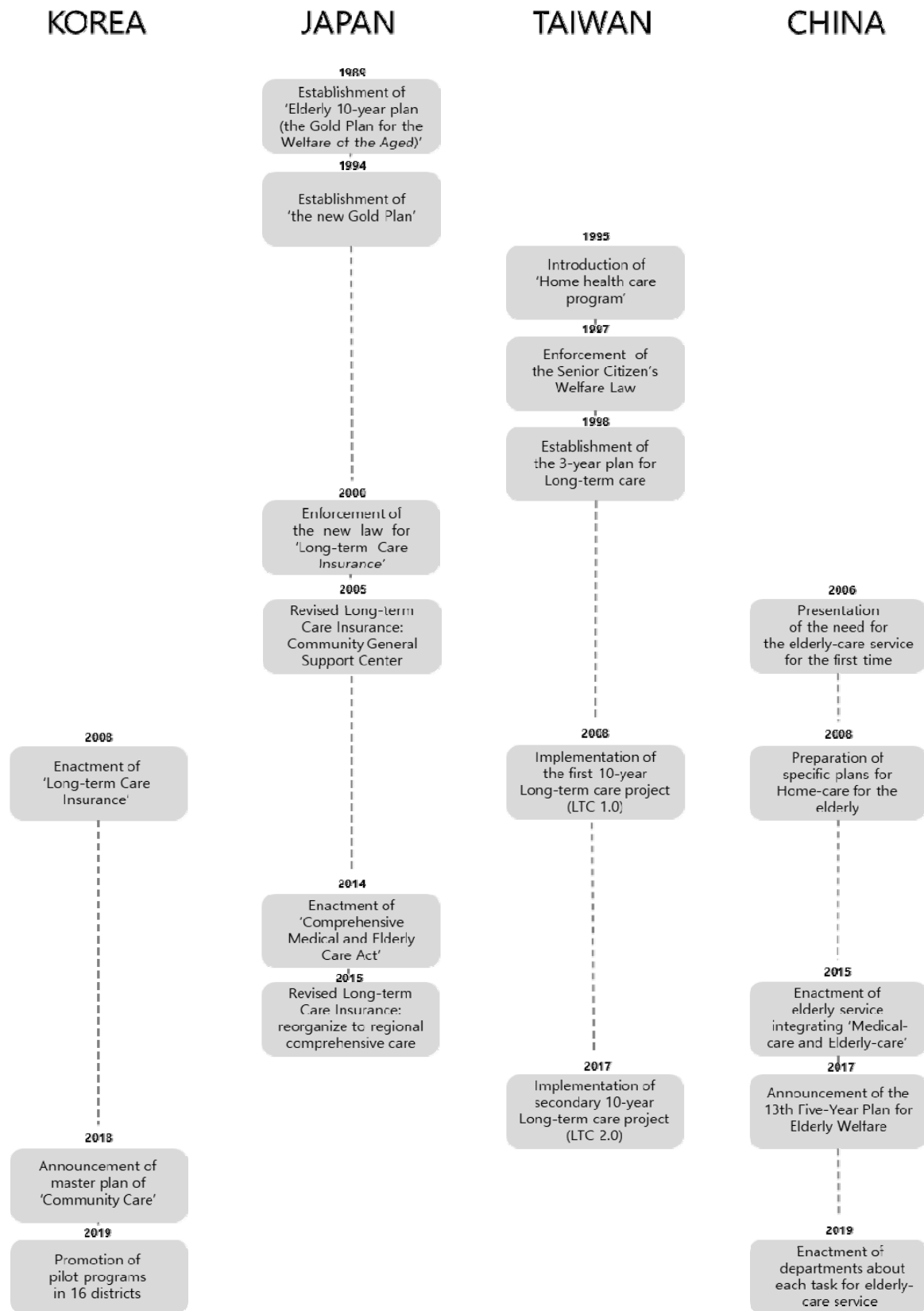


Figure 3. Chronological table of 4 countries

Table 2. Community Care in 4 Countries

	Korea	Japan	Taiwan	China
Name	Integrated Local Community Care <sup>† 21</sup>	Community care system <sup>§ 8</sup>	Community-Based Long-Term Care <sup>? 22</sup>	Elderly care services <sup>¶ 23</sup>
Definition	Community-led social service policy that provides integrated support covering healthcare, housing, care, recuperation, and independent living <sup>21</sup>	aging in place, to the end in a familiar area <sup>8</sup>	Care services provided to older adults in their home and community <sup>22</sup>	Essential living services that satisfy the basic material and mental needs of the elderly <sup>23</sup>
Financing	Ministry of Health and Welfare, Ministry of the Interior and Safety, Ministry of Land, Infrastructure and Transport and Local government's own financial resources <sup>21</sup>	Long-term care insurance system <sup>24</sup>	National Health Insurance <sup>25</sup>	National health insurance system, Long-term care insurance system and Local government's own financial resources <sup>26</sup>
Component (main service)	Housing Medical health care Nursing Living support <sup>21</sup>	Housing Medical health care Nursing Living support <sup>8</sup>	Housing Medical health care Nursing Living support <sup>22</sup>	Medical health care Nursing Living support <sup>23</sup>

<sup>†</sup>지역사회통합돌봄, <sup>§</sup>地域包括ケアシステム, <sup>?</sup>社區整體照顧服務體系, <sup>¶</sup>居家社区养老服务

Act. The system aims to provide comprehensive regional care to the elderly in each municipality through a range of services, including housing, medical health care, nursing, living support. The goal is to establish a comprehensive regional care system in each municipality by 2025<sup>8</sup>.

Taiwan's official name for its community care system is 'Community-Based Long-Term Care' and it is funded by the National Health Insurance system. The community care system provides a three-layered service network, consisting of community integration service centers (A), composited service centers (B), and elderly long-term care facilities (C). These services include housing, medical health care, nursing and living support and are provided in cooperation with the ABC network<sup>22</sup>. The main aim of Taiwan's integrated community care system is to ensure economic stability, promote health maintenance, and protect the lives of the elderly<sup>27</sup>. The official name for

community care in China is 'elderly care services' and it is funded by the National health insurance system, Long-term care insurance system and Local government's own financial resources. The main services provided include medical health care, nursing and living support. According to the senior-care model in China, 90% of the elderly are cared for at home, 7% receive community care, and only 3% are in elderly-living institutions<sup>28</sup>. The official name for community care in Korea is 'Integrated Local Community Care (Community Care)' and it is funded by the Ministry of Health and Welfare, the Ministry of the Interior and Safety, the Ministry of Land, Infrastructure, and Transport, as well as the local government's own financial resources. The four main objectives of community care are to provide customized residential support, promote home visit care and health management, expand nursing and care services. The project aims to lay the foundation

for community care by 2025 and aims to establish a care system in all local communities universally by 2026<sup>21</sup>.

(1) Discharge assistance (Table 3)

The basic framework of the community care policy in Korea, Japan, Taiwan, and China is similar, but there are differences in their operational methods. This study focuses on the medical policy and compares the systems and operational cases of “Discharge Assistance” and “Visiting Healthcare,” which are core services of integrated care in the four countries.

“Discharge Assistance” is a system where hospitals (medical facilities) and local communities work together to develop discharge plans and connect with the community, aiming to ensure a continuous medical system. In Japan, as of 2016, personnel providing discharge adjustment support have been assigned to 3,592 hospitals. Addi-

tionally, “Regional Connection Offices” within the hospital are established to conduct comprehensive patient evaluations, create discharge plans, and connect patients with the community prior to discharge<sup>29</sup>. In Taiwan, care plans are established by assessing the long-term care needs of patients using a care management evaluation scale. Furthermore, long-term care services and resources are provided within seven days of discharge to minimize disabilities in daily life and reduce nursing costs post-discharge<sup>30</sup>. In China, no specific information related to discharge assistance was found through analysis. In Korea, since November 2019, 13 local governments have initiated a pilot program for “Community Connection for Discharged Patients from Hospitals.” As an example, in Jeonju, Jeollabuk-do, hospitals support patients’ discharge by creating individual discharge plans for those wishing to return to the community after treatment for acute diseases,

Table 3. Discharge Assistance

Discharge assistance		Korea	Japan	Taiwan
Definition		Hospitals and local communities collaborate to establish a discharge plan from the beginning of hospitalization and provide support by connecting to community resources <sup>21</sup>		
Aim		Stable return to community after discharge and relieving the family’s burden of care by securing a continuous medical system <sup>21</sup>		
Related institutions	Medical institutions	Hospitals, Convalescent hospital, Clinic <sup>21</sup>	Hospital, Clinic, Pharmacy <sup>29</sup>	Hospital, Clinic, Pharmacy <sup>30</sup>
	Support institutions	Local integrated care department <sup>21</sup>	In-Home Long-Term Care Support Business Office, Community General Support Center <sup>29</sup>	Multiple Service Center, Long-term Care Station <sup>30</sup>
	Other cooperation institutions	Community welfare centers, Center for Dementia Safety, Private service organizations <sup>21</sup>	Visiting nurse service station (VNSS) <sup>29</sup>	Local government social welfare institution <sup>30</sup>
Present condition		Establishment of ‘Community Connection Office’: Patient evaluation before discharge, making a discharge plan, and connection to the local community <sup>21</sup>	Establishment of ‘Regional Medical Liaison Office, ‘Community-linked programs for patients discharged from nursing hospitals’ <sup>29</sup>	Establishing care plans through long-term care need level evaluation, linking long-term care services after discharge, providing resources such as medical equipment <sup>30</sup>

and by collaborating with local integrated care department to provide personalized resources<sup>31</sup>.

## (2) Visiting Healthcare (Table 4.)

‘Visiting Healthcare’ is a system that provides regularly visiting the homes of elderly people for medical care and health care. In the case of Japan, as of 2014, 20,597 locations (22.4% of all clinics) conduct regular visiting treatment and house calls at the request of patients. Also, 2,692 locations (31.7% of all hospital) provide visiting healthcare support services<sup>32</sup>. Representatively, Kashiwa City, Tokyo, where 40% of the population is 65 years of age or older, runs the “Kashiwa Project.” Medical staff visit more than 4,600 houses to provide necessary medical care to the elderly. In addition, through periodic multi-job solidarity meetings, they have established a care system that organically connects medical facility and home according to health conditions<sup>33</sup>. In the case of Taiwan, community hospitals provide health care, nursing, and rehabilitation at patients’ homes. Moreover, by establishing home health care services for each disease cycle, most necessary medical services (community-based prevention programs, chronic disease management, treatment for severe patients, and hospice) are provided at home<sup>10</sup>. In the case of China, the plan to expand visitation services for the elderly at home by 2020 established and has been implemented according to ‘Guiding Opinions on Promoting the combination of Medical Care and Elderly Care Services’ in 2015. Representatively, in Counties in Shandong, they have introduced the ‘Qufu home medical care’ model throughout the province. They built health information about the elderly and made-up full-time home-visiting medical staff to provide medical and nursing services to the elderly<sup>34</sup>. In the case of Korea, several local governments have conducted pilot projects for home-visit medical care, and representatively Cheonan, Chungcheongnam-do, implemented patient-centered home-visit

medical care. Through local-care meetings, customized medical and nursing services based on users’ desires are planned for each patient, and 7 type medical programs such as medical treatment, rehabilitation are provided<sup>31</sup>.

It is worth noting that the use of TM in community care in different countries. Since 2019, pilot projects of community care has been implemented in 16 local governments, led by the Ministry of Health and Welfare. For example, in Korea, in Gwangju Seo-gu, TKM services are provided for the elderly who have difficulty moving due to musculoskeletal disorders and chronic diseases. The integrated care department plans the necessary services for the elderly, and TKM practitioners visit their homes to assess their health conditions, provide treatments such as acupuncture, moxibustion, and cupping, and continuously monitor their health<sup>31</sup>. Especially in Covid-19 pandemic, several TKM institutions and doctors took care of the elderly people in their home. So it was an important healthcare to vulnerable older adults who have difficulty in meeting other people<sup>35</sup>. In Japan, in the southern part of Wakayama Prefecture, acupuncture practitioners and long-term care professionals work together to visit the patient’s home and provide acupuncture therapy to relieve pain. During these visits, they fill out medical records and use terms that can be understood by multiple occupations, in an effort to build a collaborative relationship between team members<sup>36</sup>. In Tokyo, Kogashi, and Oyama, herbal medicines are also prescribed to the elderly to enhance their immune function and minimize hospitalization due to acute exacerbation, supporting a stable daily life<sup>37</sup>.

## IV. Discussion

Integrated care is a comprehensive support system at the social level for the elderly, encom-



Table 4. Visiting Healthcare

Visiting Healthcare	Korea	Japan	Taiwan	China
Definition	Visiting Healthcare, in which a health care provider visits the homes of elderly people in need of health care and provides them with regular health care <sup>21</sup>			
Aim	Care in the place where the elderly lived through visiting Healthcare <sup>21</sup>	To ensure that medical services are provided comprehensively in the region <sup>38</sup>	To manage from mild to severe diseases at home <sup>27</sup>	Visiting their residences to alleviate the difficulties of daily life of the elderly <sup>39</sup>
Present condition	Pilot project for chronic disease management and provision of TKM (traditional Korean medicine) services in community care <sup>31</sup>	Providing visiting care service with 22.4% of all clinics (20,597), 31.7% of all hospitals (2,692) <sup>32</sup>	Providing home health care service by disease cycle <sup>10</sup>	Introduction the concept of combining medical care and elderly care in 2015 <sup>39</sup>
Target population	<ul style="list-style-type: none"> <li>-Severe mobility-impaired patients</li> <li>-Patients with severe mental illness</li> <li>-Mobility-impaired people with disabilities</li> <li>-Chronic disease patients discharged from nursing hospitals</li> <li>-Terminal patients in hospice care<sup>21</sup></li> </ul>	<ul style="list-style-type: none"> <li>-Need medical treatment for intractable diseases</li> <li>-Want to stay at home as much as possible due to chronic illness</li> <li>-Frequent need for suction of sputum<sup>38</sup></li> </ul>	Elderly people with mobility difficulties who have no family support or income <sup>27</sup>	<ul style="list-style-type: none"> <li>-Elderly people with mobility difficulties</li> <li>-Patients with chronic illnesses, rehabilitation therapy needs, and those in the terminal stages of illness</li> <li>-Elderly patients who require continuous medical services after discharge from hospital<sup>39</sup></li> </ul>
Main service	<ul style="list-style-type: none"> <li>-Lifestyle habits and management of chronic diseases</li> <li>-Home medical care and home nursing</li> <li>-Prevention and management of chronic diseases<sup>21</sup></li> </ul>	<ul style="list-style-type: none"> <li>-Home-visit medical treatment</li> <li>-Home-visit dental care, dental hygiene guidance</li> <li>-home nursing</li> <li>-Home-visit drug management</li> <li>-Home visit rehabilitation</li> <li>-Home-visit nutrition diet guidance<sup>38</sup></li> </ul>	<ul style="list-style-type: none"> <li>-Health checkups, vaccinations, health education</li> <li>-Nursing and rehabilitation services</li> <li>-Dementia and disability care</li> <li>-Hospice care<sup>27</sup></li> </ul>	<ul style="list-style-type: none"> <li>-Medical care</li> <li>-Rehabilitation treatment</li> <li>-Pharmacy services</li> <li>-Palliative care</li> <li>-traditional Chinese medicine services (herbal medicine, acupuncture, cupping, moxibustion)<sup>39</sup></li> </ul>
Related occupation	<ul style="list-style-type: none"> <li>-(Korean medicine) Doctor</li> <li>-Dentist</li> <li>-Nurse</li> <li>-Pharmacist</li> <li>-Occupational therapist<sup>21</sup></li> </ul>	<ul style="list-style-type: none"> <li>-Doctor</li> <li>-Nurse</li> <li>-Physical therapist</li> <li>-Occupational therapist</li> <li>-Nutritionist</li> <li>-Speech pathologist</li> <li>-Dentist, Dental hygienist</li> <li>-Acupuncturist*</li> <li>-Moxibustionist<sup>38</sup></li> </ul>	<ul style="list-style-type: none"> <li>-(Chinese medical) Doctor</li> <li>-Pharmacist</li> <li>-Nurse<sup>27</sup></li> </ul>	<ul style="list-style-type: none"> <li>-doctor**</li> <li>-nurse</li> <li>-rehabilitation therapist</li> <li>-pharmacist<sup>39</sup></li> </ul>

\* Home visiting care is being provided only in certain regions

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passing medical health care, nursing care, and residential facilities, aimed at promoting healthy aging<sup>40</sup>. With the rapid aging of the population globally, it has resulted in an increase in medical expenses and other social challenges. To address this issue, many countries have implemented integrated care strategies, adapted to their respective contexts. In Asia, the elderly population is projected to increase three-fold in the next four decades<sup>41</sup>.

Given the shared cultural emphasis on filial piety and similar challenges of family care for the elderly, we compared the community care systems of four Asian countries – South Korea, Japan, China, and Taiwan – with a focus on medical-related policies.

As a result, we were able to identify the main characteristics of each country's community care system. First, in the case of Japan, with an aging population that progressed earlier than in other countries, policy attention towards caring for the elderly was strong, leading to a relatively well-established community care system. The services provided by community care in Japan are diverse and specific, including the Orange Plan established in 2012, which provides customized management services for patients with dementia through early detection, treatment, and management according to severity, and return to daily life.

In Taiwan, home health care services are provided based on the disease cycle to support daily life care at home. In particular, community-centered home hospice and palliative care is implemented to provide pain and symptom management, terminal care, psychological and social support, spiritual treatment, and religious services for home palliative care.

In China, although the importance of caring for the elderly is recognized, the community care system is not yet fully established. Different regions have developed their own operating systems, but there are large disparities in service delivery

methods, service content, and quality by region.

In Korea, community care is not officially linked to insurance, but in some regions, health insurance is used as a funding source for medical-related projects. According to policy specifications, integrated care is guided to use the resources of the Ministry of Health and Welfare, Ministry of the Interior and Safety, Ministry of Land, Infrastructure and Transport, and local governments' own financial resources.

In regard to the use of TKM in community care, it has been gaining recognition as a complementary form of therapy for the elderly. This approach recognizes the importance of holistic care, taking into account not only physical health but also mental and emotional well-being. In community care centers, TKM services such as acupuncture, moxibustion, and herbal remedies are offered to elderly individuals to improve their overall health and quality of life.

Based on the comparison between countries, several policy implications for community care in Korea can be derived. Firstly, the utilization of Long-Term Care Insurance and Health Insurance should be considered. In Korea, community care is separate from social insurance, and health and medical care and home care services are funded by National health insurance service and Long-term care insurance. However, community care services are operated with general finances from the central government and local governments. This leads to overlapping services and a potential waste of finances. In contrast, community care in Japan is linked with long-term care insurance and local support projects, leading to more efficient and effective use of resources. Thus, linking community care and social insurance in Korea could prevent duplication of services and reduce the number of users of medical institutions.

Secondly, the scope of service recipients should be expanded. In Korea, the pilot project for com-

munity care has different criteria for selecting targets in each region, and the service may only be available for those who submit an application. This is a regressive system that benefits those with information, rather than a demand-oriented service. In addition, health care services in Korea are classified based on the nursing grade and primarily target economically and family functionally vulnerable individuals, which may not fully meet the need for care. For example, elderly individuals outside the long-term care insurance grade may only receive limited services focused on safety confirmation. In comparison, Taiwan has established a wide range of home health care services based on the need for care, with a focus on chronic disease management in the community. Therefore, the Korean community care system could benefit from adopting a more integrated and demand-oriented approach, like the one in Taiwan. Additionally, expanding the scope of recipients, such as elderly individuals outside the long-term care insurance grade or those with mild dementia, would ensure that community care services meet the needs of all elderly individuals in need.

This study is significant as it represents the first comparison of community care policies in four countries: Japan, Taiwan, China, and Korea. The detailed operations of each country were analyzed and its advantages and disadvantages were evaluated, serving as a useful reference for countries with relatively underdeveloped elderly care systems. However, since the subject of this study was limited to Northeast Asia, there was a lack of research on community care outside Northeast Asia such as Europe and the Americas. While Asia is actively implementing community care policies aimed at promoting ‘healthy aging’<sup>11</sup>, Europe is also implementing community care according to each country’s situation. The World Health Organization’s Regional Office for Europe defines community care as “continuous care that

emphasizes the qualitative aspects, the medical system provided by each field in cooperation, and user-centered care<sup>42</sup>.” Hence, it is recommended that further research be conducted to understand the current state of community care implementation in European countries and to compare it with Asian countries, making community care a more universally recognized concept.

## Conclusion

This study compared the policies of major Northeast Asian countries to understand the main contents of community care for each country and drew a conclusion: to provide appropriate KM home healthcare service, it is necessary to raise awareness of KM doctors and increase the budget so that more support can be provided. This paper provides data on the comparison of community care in four countries and can be used to establish more advanced elderly care policies in the future.

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## Conflict of Interest

The authors declare no conflict of interests.

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