

# *Realistic Problems and Strategies for the Integration of “Sports, Medical and Elderly Care” in the Community in the Context of COVID-19*

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**Abstract:** In order to promote the construction process of “sports, medicine and elderly care” integration service in Chinese communities and meet people’s aspiration for a better life, based on Bourdieu’s field theory, the symbiotic relationship between “community sports service”, “community elderly service” and “community basic medical service” is studied. What’s more, the model of the integration of the field of “sports and elderly care”, “sports and medical”, “medical and elderly care” is constructed, and the basis, realistic shackles, appropriate paths for the implementation of “sports”, “medical” and “elderly care” integration services in Chinese communities is analyzed. The basis for the realization of the integration of “sports”, “medical” and “elderly care” services in the community is that there are similar service approaches, consistent service objectives, mutual industrial penetration and common pre-construction among the three. The realistic shackles to the implementation of integration services include community “sports, medical and elderly care” integration thinking forms to the old habits of the dregs; the break of interests and talent delivery chain leads to capital deficiency; the structural differences between the three are evident to form a field barrier. Conclusions: (1) cultivate the habitual thinking of “sports”, “medical” and “elderly-care” integration and break the old health dregs; (2) create a complete interest chain and talent transfer chain to optimize capital flow efficiency; (3) paving the way for a community atmosphere of great health for the elderly and breaking the barriers of field integration.

## **1. Introduction**

At present, the COVID-19 epidemic is characterized by multi-point outbreaks and rapid mutations, and continues to spread globally, bringing unprecedented pressure on prevention and control epidemics to people around the world. Throughout the history of human struggles and battles with various epidemics, no virus has been able to have such characteristics as COVID-19,

which is “short duration of transmission, large scale impact and long period of treatment” at the same time. Therefore, in order to prevent the further spread of the new coronary pneumonia epidemic, it is necessary to mobilize all available resources and forces, and to adopt timely, precise, and efficient treatment strategies with the efforts of the whole country and the world 0. Due to the degeneration of physiological functions, the immunity and resistance of the elderly are gradually decreasing, so they are the susceptible group of the new coronavirus. Meanwhile, the elderly are often combined with one or more chronic diseases, which makes them be at high risk of serious illness and death after infection with the new coronavirus 0. A responsible government must take necessary measures to ensure that the elderly can live happily in their old age despite the effects of COVID-19. One of the key directives of China's leaders on community services for the elderly is “to enable all elderly people to have a happy and fulfilling old age.” In early 2021, China adopted the 14th Five-Year Plan, which describes in detail the great goal of “improving China’s basic elderly care system and drawing a new blueprint for the elderly” 0. With China's economic and social development, the average life expectancy of the people has increased dramatically, and currently there are 250 million people over the age of 60 in China, accounting for 18.1% of the total population, of which 180 million elderly people suffer from one or more diseases, with a proportion of 75% 0. What’s more, according to relevant data, the average health care expenditure of Chinese people over 65 years of age accounts for 70% of their lifetime health care expenditure 0. The problem of people's “long life but unhealthy” is becoming increasingly serious and has become one of the major problems that hinder the full realization of the “Healthy China” strategy. If this problem is not solved intensively, it will eventually increase the economic burden of the people, lower their expectations for a better life and increase the economic expenditure on pensions for the whole society 0. The National Fitness Plan (2021-2025) (hereinafter referred to as “the Plan”), issued in August 2021, includes the elderly as a key group. The plan proposes to solve the health problems of the elderly through the integration of sports and health care. Community service is “the pioneer position” of grassroots civil affairs work, and is the “gatekeeper” of the health of the elderly. The community sports service is responsible for the health promotion function of “non-medical” and the disease prevention function of “treating the disease before it happens”. The community elderly service is responsible for the health supervision function of “accompanying life”. The community-based primary health care service is responsible for the health protection function of “repelling illness and pain”. In terms of the services provided to the elderly by the community, the information about the elderly that a single community service can obtain is not comprehensive enough, and the services provided lack precision, personalization and targeting, making it difficult to take into account the specific needs of different elderly people 0. Although the joint collaboration of the three types of community services can make up for the disadvantages of the single one, there are problems of sectoral division, information gap, and misalignment of supply and demand among the three types of community services. In order to meet the tasks related to “key populations” and “fitness integration development” in the Plan, solve the many problems exposed by single community services, and promote the integration of community “sports, medical and elderly care” service model, this study uses Bourdieu's field theory as a research tool, and takes the three elements of field theory - field, capital, and habit - as an entry point to study the coupling relationship between “community sports service”, “community elderly service” and “community basic medical service”, and the realistic shackles of the integration of “sports, medical and health care” services in the community and its natural progression are analyzed. This paper will provide the theoretical basis for the introduction of the policy of “health care” integration, and contribute to the new blueprint for the development of socialist modernization of “old people have a sense of security, old people have a sense of security, and old people have a sense of responsibility”.

## 2. Bourdieu Field Theory: A New Way of Thinking about Community Service Integration and Development

### 2.1 The Inevitability of the Integration and Development of “Sports, Medical and Elderly Care” in the Community

Some experts and scholars believe, after research, that the services provided by each sector of Chinese community “sports”, “medical” and “elderly care” can no longer meet the needs of social development, and that the community service model and development path need to be updated.[8-9]. At the same time, due to the impact of COVID-19, the community workers, nucleic acid testers, and health care workers have entered the community directly to provide services to the elderly, so community services have temporarily become the main site to ensure a safe and healthy life for the elderly 0. Shanghai is the first city in China to enter the aging process, and the city with the highest degree of aging in China 0. At the end of 2016, Shanghai built a number of new community service facilities of “sports + elderly care” in line with the Health China strategy, and piloted the community elderly “physical health” service. After three years of pilot work, in November 2019, the Shanghai Municipal Civil Affairs Bureau issued the “Guidelines for Community Embedded Aging Services”, which formally requires communities in Shanghai to join with elderly service organizations and health centers for the elderly in serving the public, advocate the embedding of “sports” into community “elderly care” services, adopt the form of “public construction and private construction” to build sports and health integration service facilities, create a new form of community services that combine sports and health, and provide non-medical health services such as fitness counseling and functional training for the elderly 0. In 2019, Shanghai's community health and wellness integration service approach was selected as a national sports industry demonstration project in China, and the community service form of health and wellness integration is gradually spreading in the whole country. Throughout China's current community service system, three types of community services are gradually being promoted: the integration of “sports and elderly care”, “sports and medical”, “medical and elderly care”, showing a clear symbiotic chain 0 (Figure 1). Combing the symbiotic logic of community sports service, basic medical service and elderly service, we can find that the symbiotic process of “sports”, “medical” and “elderly care” has gone through the first stage of vertical symbiosis without cooperation and communication, and the second stage of mutual integration. Now it is going through the third phase of convergence development period. Therefore, meeting the upcoming stage of mutually beneficial symbiosis between “sports”, “medical” and “elderly care”, analyzing the historical process, overall direction and development of community integration services, summarizing the shackles and obstacles in the current symbiosis stage, and studying the appropriate way to break the obstacles, ensuring community services can complete mutually beneficial symbiosis as soon as possible, is the only way to optimize and upgrade China's social public service system.

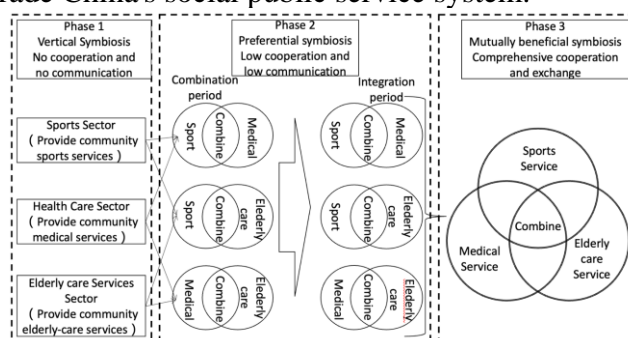


Figure 1: Symbiotic structure model of sports, medical care and pension

## 2.2 The Contingency of the Integration and Development of “Sports, Medical and Elderly care” in the Community

French sociologist Pierre Bourdieu combined sociology, anthropology and history, and put forward Bourdieu field theory. It thinks that “field” is a relatively independent social space, each existence in society with a separate name has its own field, the relative independence between the fields is a sign of the existence of the field, each field can be connected through the common elements to form a network of field relations, but also through the common elements can be superimposed on each other to form a new fusion field, at the same time, all the fields in society are under the control of the “meta-field”, that is, the national field 0. This theory provides new ideas and theoretical support for the integration of “sports, medical and elderly care”, and is in line with the objective fact that the “integration of sports and medical”, “integration of sports and elderly care” and “integration of medical and elderly care” has started to develop in the direction of integration.

Therefore, this study takes the three elements of Bourdieu's field theory - field, capital and habit - as the starting point, combines the existing research on “integration of sports and medical”, “integration of sports and elderly care” and “integration of medical and elderly care”, and examines the coupling relationship between the three, so as to build a theoretical model of community “sports, medical and elderly care” integration service field (Figure 2). In this model, community sports services, community primary care services, and community elderly services all have their own professional domains, their own capital and specific habits. The formation of the “sports, medical and elderly care” integration field requires the overlapping of the three to form a cross-field. In this cross-field, the scope of the field is constantly adjusted, capital allocation is adjusted, new habits are cultivated, and then the meta-field (the nation) injects new resources, formulates integration policies, determines the main body and the main environment for implementation, and conducts practical verification, and finally forms a stable “sports, medical and elderly care” integration field to provide services for the main body (the elderly). At present, there are dozens of stable integration fields in China, and the emergence of these stable integration fields has laid the foundation for the construction of community “sports, medical and elderly care” integration service fields.

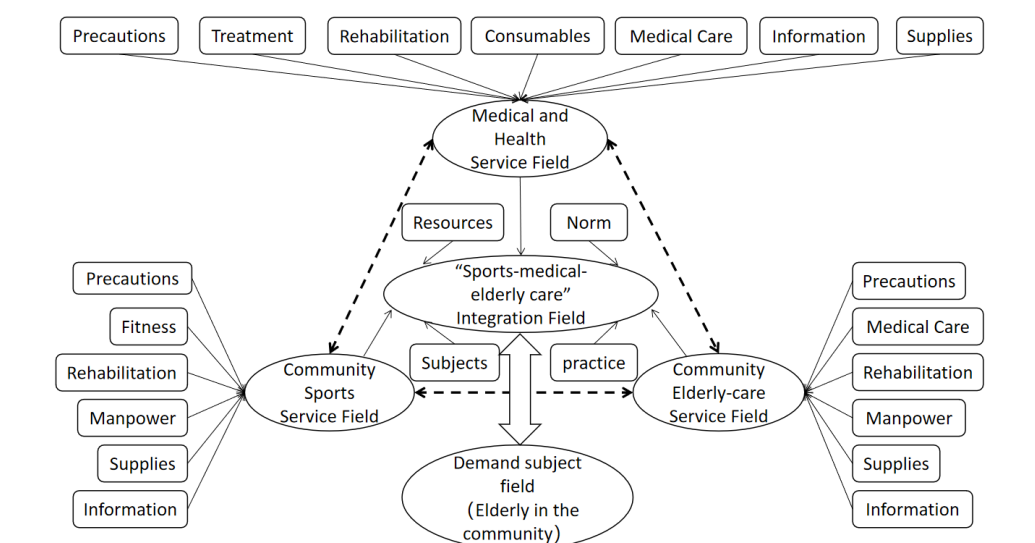


Figure 2: Fusion field model of sports, medical care and pension

### 3. Basis for the Realization of “Sports, Medical and Elderly Care” Integration Services in the Community

#### 3.1 Community “Sports, Medical and Elderly Care” are Similar in Approach and Have the Same Goal

Table 1: Development modes and objectives of community sports services, basic medical services and elderly care services

| Service Name                    | Service Population   | Service Method  | Service Objectives   |
|---------------------------------|--|---|--|
| Community Sports Services       | All people living in the community, focusing on the “old”, “weak”, “sick”, “disabled” and “young” groups in the community. | Sports technology guidance, sports and fitness materials distribution and management, sports equipment cleaning and maintenance, emergency treatment of sports injuries, registration of physical information, supervision and guidance of recovery training, organization and implementation of various sports and cultural activities, collection of residents' sports needs, etc.  | Meet the spiritual and cultural needs of the elderly and health needs, prevent sports injuries, promote recovery from injuries and diseases, enhance the physical fitness of residents, promote social harmony and stability, and prolong longevity. |
| Community Medical Services      | All people living in the community, focusing on the “old”, “weak”, “sick”, “disabled” and “young” groups in the community. | Medical technology guidance, medical and health materials distribution and management, disinfection and maintenance of medical equipment and community environment, treatment of diseases, supervision and guidance of recovery training, registration of information on residents' health status, organization of various medical and health publicity and lectures, work related to prevention and treatment of chronic diseases and new diseases in the community, collection of residents' medical and health needs, etc.       | To meet the health needs of the elderly, prevent disease, reduce disease, promote recovery from injury and illness, promote social harmony and stability, and prolong life, etc.   |
| Community Elderly-care Services | Various types of elderly people in the community and residents who need to support the elderly.                            | Technical guidance for the elderly, distribution and management of elderly materials, various leisure and recreational activities for the elderly, provision of knowledge related to health care for the elderly, prevention and treatment of chronic diseases and prevention of new diseases for the elderly, guidance and supervision of rehabilitation training for the elderly, registration of physical information such as health status of the elderly in the community, and collection of residents' needs for the elderly. | To meet the spiritual and cultural needs of the elderly, to prevent various diseases, to promote recovery from injuries and illnesses, to reduce the pressure of support, to promote social harmony and stability, to prolong life, etc.             |

Note: Collated from the Chinese government website, the State Council policy document library, 2021.08.12

Community sports service is one of the important components of community services, which gradually emerged along with the development of community sports work. The community sports management department provides residents with sports services such as sports guidance, activity

organization, facility maintenance, equipment distribution, etc. to ensure that community residents can participate in sports activities smoothly and correctly, promote the socialization of the masses, sports and the construction of community spiritual civilization, and ultimately achieve the purpose of the people's physical and mental health, longevity, social life stability and harmony 0. Community medical service, also known as community health service, is a basic community service oriented to the physical and mental health and health and wellness needs of the people in this community, led by the government medical administration, health administration, higher-level health supervision agencies guiding the work, and the community providing site support and coordinating various types of help, with community health service centers and other community institutions as the backbone and general medical staff as the basis for service execution, and rational use of various types of available information, resources and technology. Community medicine provides treatment, rehabilitation, health care, disease prevention, infectious disease prevention and control, health education, family planning and other services for the public, with the ultimate goal of providing convenient, affordable, fast, comprehensive and efficient primary health services for the people within the community to meet their health needs 0. Community elderly care service is different from the concept of "family elderly care", which is to allow the elderly to age in their homes in the community in the most comfortable, convenient and economical way through government counterpart support, social organization participation and capital operation. The current community assistance for the elderly is mainly to introduce various types of social institutions for the elderly into the community, and to facilitate institutional services for the elderly. At the same time, the community operation and management department will also provide various community services such as sports guidance, sports activities organization, medical rehabilitation and health care, culture and recreation for the elderly. Community elderly care service absorbs the advantages of both social elderly care (social institutions such as nursing homes) and family elderly care (child support or self-care), and improves the operability of elderly care, which is a new type of elderly care proposed during China's social transition to cope with the serious problem of aging population 0. After collation, we can find that there are many overlapping elements and close elements in the service mode and service objectives of community sports service, community medical service and community elderly service (see Table 1), which meet the prerequisites for integration of Bourdieu's field theory, and the integration and symbiosis of the three has sufficient theoretical basis.

### **3.2 Community "Sports, Medical and Elderly Care" Industry Penetration and Pre-Construction**

In terms of industrial penetration, it is the development trend of China's modern economy and society that different kinds of industries and different business categories penetrate and integrate with each other 0. Within different economic fields, industries are evolving in a rapid, novel and diversified form of integration, creating one new industry after another. In terms of preliminary construction, the nation (meta-field) has issued more than 100 policies and documents on community "sports", "medical" and "elderly care" services and community integration services since 2008. It also requires authorities at all levels to deepen the reform of community services, laying a solid policy foundation and material basis for the emergence of the integration field (see Table 2). At present, there are already stable "sports-medical integration field", "sports-elderly care integration field" and "medical-elderly care integration field" in China. These fields have proven to be successful in integrating community "sports", "medical" and "elderly care" services, such as: (1) The Shanghai Exercise Prescriber Course, which regularly trains working general practitioners and community doctors every year, enables doctors to prescribe exercises corresponding to patients' physical conditions, thus promoting their physical and mental health through a non-medical

approach. (2) Shanghai “Happy Space” elderly fitness and retirement project has built a standard space for the combination of physical fitness and rehabilitation, providing professional fitness equipment and rehabilitation equipment for the elderly. It is also equipped with professional physicians for guidance, so that the elderly can strengthen their physical functions through appropriate and moderate physical exercise and move forward to the medical port, thus achieving the health promotion form of treating diseases before they occur. As of August 2020, “Happy Space” has more than 20 branches, providing physical fitness and health integration services to 140,000 elderly people, and was selected as a national sports industry demonstration project in 2019 0. (3) In September 2019, the National Health Commission, in conjunction with relevant departments, issued a notice requesting units at all levels to do a good job in the statistics and registration of medical and elderly care integration service institutions. As of December 2020, a total of 5,857 health care integration service institutions were registered in China, greatly widening the spatial scope of the health care integration field 0 The booming development of the “sports-medical integration field”, “sports-elderly care integration field” and “medical-elderly care integration field” has provided abundant field space and capital support for the construction of the “sports- medical-elderly care integration field”.

Table 2: Policy documents related to community "physical", "medical", "nursing" services and integrated services

| Release Date | Name of policy, document   |
|--------------|--|
| 2008.03.28   | Opinions of the State Council on strengthening and improving community services  |
| 2008.03.28   | Notice of opinions on accelerating the development of the elderly service industry   |
| 2008.03.28   | The State Council on the development of urban community health services guidance   |
| 2011.02.24   | The State Council on the issuance of the national fitness program (2011-2015)  |
| 2012.07.19   | The State Council on the issuance of the national basic public service system “Twelfth Five-Year Plan” notice                          |
| .....        | .....  |
| 2016.06.23   | The State Council on the issuance of the National Fitness Plan (2016-2020)   |
| 2016.10.25   | “Health China 2030” planning outline   |
| 2017.06.12   | Opinions of the State Council on Strengthening and Improving Urban and Rural Communities   |
| .....        | .....  |
| 2019.09.02   | The General Office of the State Council on the issuance of a notice on the construction of a strong sports country just to             |
| 2020.10.10   | General Office of the State Council on strengthening the construction of national fitness venues and facilities to develop mass sports |
| 2020.12.31   | Opinions of the General Office of the State Council on promoting the healthy development of elderly care work services                 |
| 2021.08.03   | <i>The State Council on the issuance of the National Fitness Program (2021-2025)</i>   |

Note: Collated from the Chinese government website, the State Council policy document library, 2021.08.12

## **4. The Reality of the Integration of Community “Sports, Medical and Elderly Care” Services in the Context of COVID-19**

### **4.1 Habitual Level of the Population: Community “Sports, Medical and Elderly Care” Integration Thinking Forms to the Old Habits of the Dregs**

Today, the sudden outbreak of COVID-19 is spreading around the world, threatening the health and lives of everyone. Medical systems in all countries have given almost everything they have, and tens of thousands of health care workers are fighting with all their might on the front lines of prevention and control. But it's not enough to rely on the health care system's “solo effort” 0 “Seeking medical advice” is one of the traditional Chinese cultural habits. Therefore, patients and their families give priority to medical and pharmaceutical channels rather than sports channels when choosing health services to treat illnesses or improve health conditions, which is one of the main reasons why the health care industry has been booming in recent years. The elderly are more observant of traditional practices than younger people. Sports are “martial arts”, medical and elderly care is “literature”, “emphasis on literature rather than martial arts” traditional cultural habits also make social capital investment in the health industry is too generous. According to the 2019 China industry scale statistics released in January 2021, the total output value of China's sports industry in 2019 was 2.94 trillion yuan, the total output value of the elderly industry was 6.91 trillion yuan, while the total output value of the medical industry reached more than 10 trillion yuan, showing a trend of “strong medical and elderly care and weak sports” 0. The elderly often fall into the habitual misconception that sports are high profile events where competitive athletes compete for national glory, and treat sports as a means of occasional participation for recreation. Deep-rooted cultural habits restrict older people's choice of health promotion methods and the promotion of the concept of “sports-medical-elderly care” integration. Over the years, the development of China's health industry has centered on medical technology, equipment, therapies, drugs and other levels. The effect of sports for health promotion is slow and long, the effect of single sports is not obvious, but also produce sports fatigue, muscle pain, joint pain and other negative effects, while the effect of medical drugs for health promotion is fast and short, and can avoid sports fatigue, muscle and joint pain and other negative effects, thus creating the traditional habit of relying too much on medical drugs. Professor Qiao Yucheng found in his investigation of the disconnect between the implementation of physical exercise for citizens that the disconnect between the public's perception of medical and sports has led some elderly people to believe that minor injuries and illnesses can be “cured” by taking health products or medical drugs. They believe that the negative effects of medicine are much less than those caused by sports, ignoring the fact that sports are a health promotion method that is always with people and is closely related to them, and also ignoring the fact that exercise fatigue, muscle aches and joint pains caused by suitable sports are signs that the body lacks continuous exercise 0.

### **4.2 Capital Flow Level: the Break of Interests and Talent Delivery Chain Leads to Capital Deficiency**

In essence, the COVID-19 outbreak is a crisis event exposed by an uncontrolled public health risk, which falls under the scope of public health risk regulation. However, in the context of the information age, the outbreak and potential risks of such epidemics pose a serious challenge to traditional government regulation 0 From the perspective of the relationship between the interests of “sports”, “medical” and “elderly care”, the entanglement of interests among the three restricts the overall coordinated development. The main driving force of industrial development is interest. The traditional public health service system driven by interest tends to concentrate the main capital in



the most effective direction, i.e. medical service, and medical management units and implementation units at all levels will become stakeholders. Trying to innovate the system is difficult without touching the balance of the existing system, and elderly services and sports services wanting to gain more capital and integrate with medical services will inevitably cut the existing chain of interests and break the existing pattern of interests. In terms of overall benefits, health promotion through sports has low investment but slow and long effect, while health promotion through medical treatment has high cost but fast and short effect. However, elderly-care is something that most people will experience, so the investment is naturally not low. Therefore, the value of sports is suppressed in comparison, so the capital injected into it is relatively the least, and it only occupies a marginal position in the interest chain, and lacks the ability and adjustment mechanism of the industrial chain structure. The medical system, which occupies a favorable position in the interest chain, will become more and more capitalized and have more and more authority. In the process of “sports-medical-elderly care” integration, due to the reconfiguration of the interest chain, medical management units and implementation units at all levels will adopt various ways and strategies to maintain the pattern of interest distribution, thus stalling the construction of the “sports-medical-elderly care” integration service model in the community and restricting the overall coordination. From the perspective of the talent delivery chain, the lack of “sports”, “medical” and “elderly-care” composite talents has caused a shortage of human capital. Talent is one of the prerequisites for development and innovation, and it is also an important capital in the process of industrial development. Having a certain number of “hybrid” talents is the basis for building a community “sports”, “medical” and “elderly-care” integration field. At present, there are relatively sufficient talents in “sports”, “medical” and “elderly-care” in China, but there is an extreme shortage of mixed talents. For example, sports professionals should not only have knowledge of their own discipline, but also have knowledge of medical and elderly care, in addition to the intersection of the three disciplines, which is necessary to develop scientific and effective “non-medical” health promotion programs according to the physical condition of different elderly people. In terms of human resource development, there is a shortage of sports instructors, sports rehabilitation therapists, exercise prescribers and physical therapists for the elderly in the community. As of December 2020, the Chinese Society of Sports Science has conducted eight training sessions for exercise prescribers, but each session has a cap of 100 participants. Although provinces and cities are also conducting their own training for exercise prescribers, and some medical schools and physical education colleges are also trying to train mixed talents (such as the Sports Medicine Rehabilitation Center, Sports Hospital and Sports Medicine Integration-related majors set up by the Guangzhou Sports University), the number of mixed talents trained at this stage is a drop in the bucket compared to China's huge elderly population base and the deep aging process.

#### **4.3 Field Configuration Level: The Structural Differences Between the Three are Evident to Form a Field Barrier**

Public health is a necessary requirement and a fundamental condition for human survival and development. In the struggle against infectious diseases caused by viruses, it is an important issue to address and solve the public health crisis from the perspective of health ethics and based on the vision of social public health. Although the community sports service department, community primary health care service department and community elderly service department belong to the same community, they have different structural differences due to the different professional fields formed by them, and thus have different operational logic. Community sports services, community primary care services, and community elderly services belong to different industries,

have different management styles, different service approaches, different operational logic, different practice sites, and different operators, limiting the integration of the three. In terms of the separate correlation between the fields, sports, medical and elderly care have their own independent ways of industry development, with weak relationships, and are in urgent need of guidance. According to Bourdieu's field theory, the emergence of various occupations, industries and other factors in society is the result of the differentiation of field elements 0. With the continuous development of medical technology, drug research and development technology, elderly technology, health care technology, sports technology, sports equipment technology, the boundaries of “sports”, “medical”, “elderly-care” more and more obvious, “sick to go to the hospital to see the disease and take medicine, old age on the pension to enjoy the blessings, leisure on the sports” traditional thinking will be the positioning of the three solidified, this solidified positioning of habitual thinking will inevitably lead to “sports”, “medical”, “elderly-care” for the public to become irrelevant to the three needs. From the perspective of field integration, the medical field is the largest field among the three, and the sports field is the smallest field among the three. The integration of “sports”, “medical” and “elderly-care” fields will inevitably crowd the fields of medical and elderly care, change the field structure and lead to the reduction of the exclusive fields of medical and elderly care, and this series of operations will constantly affect the relevance of the three. Bourdieu's field theory emphasizes that through the combination of related factors between fields, the original field symbiosis, overlap, linkage, cooperation, and finally fusion into a new field, if the relationship is weak, it will lead to the weak correlation of related factors between fields, which restricts the generation of fusion field.

## **5. Strategies to Address the Integration of “Sports, Medical and Elderly-Care” Services in the Community in the Context of COVID-19**

### **5.1 Habit: Cultivate the Habitual Thinking of “Sports, Medical and Elderly-Care” Integration and Break the Old Health Dregs**

The elderly population is a relatively vulnerable group under the COVID-19. The health status of the elderly population in China is not optimistic, with a per capital healthy life expectancy of 68.7 years in 2018, a survival period with disease of 8 years for the elderly population aged 60 years and above, a proportion of elderly people with more than one chronic disease reaching 75%, and a disabled and semi-disabled elderly population of more than 40 million. During the epidemic, the physical health and basic livelihood of the elderly population face greater threats 0. Most elderly people take care of their grandchildren and share household chores for their children, and when they have some health problems, they first consider “seeking medical advice” and rely on medical technology and health care drugs to maintain their health. “Raising children for old age” is also a traditional Chinese concept of old age, and it is the unshrinkable responsibility of children to support the elderly, but in modern society, social work pressure is heavy, and once the elderly are infected with diseases that cause a decline in self-care, their children are often busy with their careers, and their children are often unable to provide quality care for the elderly. The disadvantages of purely family care, the disadvantages of traditional health concept and the disadvantages of traditional elderly care concept are highlighted 0. The concept is the precursor of action, and the dissemination of modern health concepts is the precursor of the development of community “sports-medical-elderly-care” integration services. Only by allowing the elderly to form a new concept of healthy aging and removing the traditional habits of “medical care over sports” can we deepen the process of community service reform and better build community “sports-medical-elderly-care” services. In the process of deepening the community service reform, we can better build the community “sports-medical-elderly-care” integration service field 0. The

specific ways to remove the dregs of elderly people's habits are: (1) to promote the serious consequences of wrong health concepts. Many chronic diseases of the elderly, such as diabetes and hypertension, can only be treated by drugs. Diabetes is also known as the “disease of affluence”, although genetic factors cannot be ignored, but due to excessive intake of nutrients and lack of exercise is the main reason for the high incidence of diabetes, so in the treatment and prevention of diabetes, the most well-known phrase is “keep your mouth shut and your legs open”. According to data, the higher the level of exercise participation in the elderly, the lower the probability of developing diseases such as hypertension and heart disease. But in reality, due to wrong health habits, older adults tend to fall into the “lack of exercise - illness - medical treatment - rest and recuperation -lack of exercise - more serious illness - more medical treatment” vicious circle, therefore, to promote the seriousness of the wrong health concept Therefore, it is urgent to publicize the seriousness of wrong health concepts and stop the vicious circle as soon as possible. (2) Cultivate the correct health concept. Increase the publicity of the integration of community "health care" services to promote the health of the elderly, and cultivate a new concept of community aging for the elderly. The fundamental purpose of China's "sports and medical integration", "sports and health integration" and "medical and health integration" is to promote people's physical health, so the regulatory departments and implementation agencies related to community sports services, medical services and elderly services should continue to promote the health of the elderly. Therefore, the supervisory departments and implementing agencies of community sports services, medical services and elderly services should continuously promote the correct health concept through various means so that the elderly people can agree and accept it in their heart. In the process of supporting the elderly, children should also instill in the elderly the concept of "treating the disease" and "non-medical" health, and actively promote the efficacy, value and role of sports for the health of the elderly and the "cost effectiveness" of sports for health promotion compared to medical treatment. (2) To promote the "cost-effectiveness" of sports for the elderly and to make parents aware of the significance of "active health". (3) To establish sports clubs for the elderly, to create a health atmosphere in which sports (prevention) is the main focus and treatment (medical treatment) is secondary, to move the health gate forward, and to guide the elderly to participate in social activities and enrich their lives.

## **5.2 Capital: Create a Complete Interest Chain and Talent Transfer Chain to Optimize Capital Flow Efficiency**

The COVID-19 poses a great threat to people's life and health, and adhering to the people first and life first is the decisive factor and value support for the success of anti-epidemic 0. From the perspective of creating a chain of interests, the three parties of “sports”, “medical” and “elderly-care” should take the physical and mental health of the people as the starting point of common interests, and break the inherent narrow interest struggle. We should take the chain of common interests as the link of the three. (1) Financial assistance from government departments. As mentioned above, the integration of the three fields of “sports”, “medical” and “elderly care”, and the shift of the health gate of the residents, will inevitably make the “medical” field of health care decrease. The medical sector, which was in a dominant capital position, may be less motivated after the benefits are reduced. In order to improve the enthusiasm of the medical sector to build the “sports-medical-elderly-care” integration service, government departments can take certain incentive measures, such as tax reduction and fee reduction, material assistance and other economic measures to compensate the medical sector that cooperates with the “sports-medical-elderly-care” integration. (2) The medical and elderly sectors should develop more sports rehabilitation therapies. As a standard medical therapy, exercise rehabilitation therapy is the most widely carried out service

for the elderly, and the development and promotion of this therapy also strengthens the integration of “sports” and “medical”. The development and promotion of this therapy also strengthens the link between “sports”, “medical” and “elderly-care”, creating a complete, symbiotic and win-win benefit chain. In the current era of knowledge payment, the integration of sports therapy and sports guidance services carried out by the medical and elderly sectors into the national health insurance can not only solve the revenue problems of medical and elderly institutions, but also reduce the economic burden of the public while making them aware of the advantages of the integration of “sports-medical-elderly-care” services.

From the perspective of creating a talent delivery chain, composite talents can serve as a bridge between “sports”, “medical” and “elderly-care”, and build a foundation for communication among the three. The transition from the “single” talent training mode to the “composite” talent training mode of sports, medical and elderly-care requires the help of the government, institutions and social organizations at all levels. Although Chinese medical schools have trained a large number of general practitioners, their training programs do not require general practitioners to master the formulation of exercise prescriptions, and there is little involvement in other ways of combining physical medicine and physical health. At present, China have carried out a series of reform measures to cultivate compound talents, such as some sports colleges have cooperated with medical schools to cultivate “sports medical” compound talents, and the State General Administration of Sports has also carried out training courses for sports prescribers and community general practitioners, but the number of talents cultivated in this way still cannot meet the actual demand of the public. However, the number of talents trained in this way still cannot meet the actual needs of the public, and the training of complex talents has not yet formed a unified national curriculum [30]. It is suggested that (1) a unified national syllabus for the training of "physical medicine and health" complex talents be introduced, and the courses and skills required to be mastered by “physical medicine and health” complex talents be clearly required according to the actual needs of the public. (2) to conduct exercise prescription training courses more extensively, accelerate the training of general practitioners, and train "sports medicine and health" complex physicians who can formulate both medical prescriptions and exercise prescriptions for the elderly as soon as possible; (3) to actively introduce competitive sports team doctors, sports rehabilitation physiotherapists, etc. for the community. (3) actively introduce competitive sports team doctors, sports rehabilitation physiotherapists and other talents to the community to participate in community sports, elderly care and medical services; (4) increase support for professional sports colleges and universities have delivered a large number of competitive talents to the country, while also cultivating a large number of service talents with high social service ability.

### **5.3 Field: Paving the Way for a Community Atmosphere of Great Health for the Elderly and Breaking the Barriers of Field Integration**

In the new era, the transformation and upgrading of people's health needs, the transformation of health risk patterns, the rapid promotion of new urbanization, and the rapid development of medical technology and artificial intelligence are the background for the implementation of the Health China Strategy [33-34]. As a new type of field under the health China strategy and the “big health” environment, the “sports”, “medical” and “elderly-care” within it need to overlap, interdependence and promote each other's symbiosis. In this regard, the meta-field (the nation) needs to take the responsibility of breaking the obstacle and bridging the gap, i.e., the construction of a community “sports”, “medical” and “elderly-care” integration service field needs to form a community “big health” atmosphere under the national “big health” environment. In other words, the construction of community “health care” integration service field needs to be formed under the national “big

health” environment, and the health care commission, aging, civil affairs, community services and other departments should work together to break down the barriers of field integration and jointly support and guarantee the construction of integration field [34]. Suggestions: (1) Study the needs of the public, and continuously create new technologies and products for the integration of “sports”, “medical” and “elderly-care”, using the market and industry as a springboard to provide new points of integration for the three, extending the field of cooperation between the three, which can also improve the public's awareness of the integration of “sports”, “medical” and “elderly-care”. It can also raise the public's awareness of the integration of “sports”, “medical” and “elderly-care” and lay the foundation for the development of “sports”, “medical” and “elderly-care” services in the community. For example, starting from the sports industry, we can find the commonality between the sports industry, the medical industry and the elderly industry in terms of market allocation, resource allocation, public demand and development concept, and create new products for the integration of “sports”, “medical” and “elderly-care” such as new sports methods, new elderly-friendly sports equipment and new elderly-friendly rehabilitation sports equipment. (2) Build a platform for personal information sharing among the elderly. Community services are specific to individual services. Community sports services, community basic medical services and community elderly services will collect information on gender, age and health status of the elderly to build service files according to the actual needs of the services, but at present, the files collected by each service department are not shared, so the elderly need to build three different personal files to receive the three services. In addition, when one of the files is supplemented or changed, the other two files remain the same, resulting in information mismatch between the three departments serving the same elderly, which creates security risks and increases the burden of the elderly and service providers. Therefore, it is one of the keys to break the barriers of integration between the three departments by building an interconnection platform for personal information files of the elderly. (3) To build a demonstration field for the integration of “sports”, “medical” and “elderly-care” services in the community. The first demonstration field is the first one who eats crabs. Through the first demonstration, the policies, results and benefits of the integration service can be verified, and other communities and institutions can be driven to join the team of building the integration field of “sports”, “medical” and “elderly-care”. (4) Improve the “sports” integration service. (4) Improve the cooperation mechanism between the “sports”, “medical” and “elderly-care” sectors. The “sports”, “medical” and “elderly-care” integration field has abandoned the traditional paradigm of single sector governance and requires full cooperation among various sectors, so it is especially important to establish a perfect intersectoral cooperation and communication mechanism. The first step is to expand the scope of traditional single responsibility and right to joint responsibility and right, to establish the benefit sharing and responsibility sharing mechanism based on the elderly through policy guarantee, technology common and talent common education, and then break the barrier of “sports”, “medical” and “elderly-care” field integration, such as following the medical field tripartite consultation model, to build “sports”, “medical” and “elderly-care” tripartite cooperation. The “sports”, “medical” and “elderly-care” tripartite cooperation mechanism.

## 6. Conclusion

The global pandemic of COVID-19 is a catastrophe unlike anything humanity has experienced in 100 years since the Spanish Flu of 1918. It has taught humanity that “vulnerability is universal,” but due to differences in age, gender, physical condition, occupation, race, and country, as well as widespread inequalities in wealth, power, and status, social exclusion, and discrimination, the epidemic poses different levels of risk to different groups, and the ability of each group to combat risk varies greatly, especially for older people who are already vulnerable. The ability of each group

to cope with risk varies greatly, especially for the elderly, who are already vulnerable. For the elderly group, in the process of aging in China, all the efforts made by the government are aimed at helping the people to delay aging, enhance disease resistance and protect their health. Under the background of the national strategy of Health China, the policies of “integration of sports and medical”, “integration of sports and elderly care” and “integration of medical and elderly care” have been implemented one after another to build a happy life for the people. With the deepening of China's aging and the improvement of people's health concept such as “big health”, the deepening of China's community health service system has become an inevitable trend. According to the symbiosis theory model and the speculation of community “sports”, “medical” and “elderly-care” services, there are similar service methods, consistent service objectives, mutual industrial penetration and common pre-construction, which indicate that community services are gradually moving towards the direction of “sports”, “medical” and “elderly-care”. However, from the perspective of the current development process, there may be a long way to go for the integration of community “sports-medical-elderly care” services. Based on Bourdieu's field theory, we study the symbiotic relationship between “community sports service”, “community elderly service” and “community basic medical service”, and build a field integration model of them. The foundation, the realistic shackles and the natural ways to carry out the integration services of “sports-medical-elderly care” in Chinese communities are analyzed, and three ways to cultivate the habitual thinking of “sports-medical-elderly care” integration are proposed, a complete benefit chain and talent transfer chain is built, and the atmosphere of community health for the elderly is laid. This will provide a theoretical basis for the formulation of the policy of “health, medicine and health care” integration, accelerate the process of “health, medicine and health care” integration services in the community, help the national strategy of health China, and provide a new socialist modern development of “old people have a sense of security, old people have a sense of dependence, and old people have a sense of responsibility.”

## References

- [1] Meng L, Hua F, Bian Z. Coronavirus Disease 2019 (COVID-19): Emerging and future challenges for dental and oral medicine. *Journal of Dental Research*, 2020, 99 (5): 481-487.
- [2] Gallo Antonella et al. How can Biology of Aging Explain the Severity of COVID-19 in Older Adults. *Clinics in Geriatric Medicine*, 2022, 38 (3): 461-472.
- [3] The Central People's Government of the People's Republic of China. Voted by 13th session of the National People's Congress four conference on "difference" plan and 2035 vision program decision. [2021-03-11][http://www.gov.cn/xinwen/2021-03/11/content\\_5592248.html](http://www.gov.cn/xinwen/2021-03/11/content_5592248.html)
- [4] Central People's Government of the People's Republic of China. How can China's 250 million elderly people over the age of 60 be provided with proper care and medical care?. [2019-10-25][http://www.gov.cn/xinwen/2019-10/25/content\\_5444966.htm](http://www.gov.cn/xinwen/2019-10/25/content_5444966.htm)
- [5] Li H. Population aging, medical burden and micro-human capital investment. *Journal of statistics and decision*, 2021, 37 (02): 88-92.
- [6] Lin Yifu. China's economic development potential, new challenges and countermeasures. *China Business Times*, 2021-03-31 (003).
- [7] Yang L, Han X. Action dilemma and cooperation path of urban community governance based on spatial type. *Journal of yunnan normal university (philosophy and social sciences edition)*, 2021, 53 (02): 108-116.
- [8] Du P, Ji J. Progress, challenges and development direction of long-term care policy system in China. *China health policy research*, 2019, 12 (01): 29-34.
- [9] Peng X, Song L, Huang J. Factors influencing the use of long-term care services for the disabled elderly in China: an empirical study based on the Anderson Health behavior model. *Population research*, 2017, 41 (04): 46-59.
- [10] Tosato Matteo et al. Lifestyle Changes and Psychological Well-Being in Older Adults during COVID-19 Pandemic. *Clinics in Geriatric Medicine*, 2022, 38 (3): 449-459.
- [11] China News Network. Aging degree of China's top Shanghai may protect "elderly". [2020-02-11] <https://www.chinanews.com/sh/2020/02-11/9087501.shtml>

- [12] Eastday.com Social News. Shanghai vigorously promote public private support all kinds of main body into the pension market. [2019-08-22] <http://news.eastday.com/eastday/13news/auto/news/society/20190822/u7ai8770394.html>
- [13] Feng Z, Han L. Integration, Reciprocity and symbiosis: the symbiosis mechanism and path exploration of sports and medical health. *Sports science*, 2019, 39 (01): 35-46.
- [14] Cheng X. *The Circular State: An Analysis of the Symbolic labor governance Mechanism in China*. Society, 2015, 35 (02): 192-217.
- [15] Fan C, Jin Y, Zhong L, Chen X, Wu Kailin, Liu Qing. The social support system of sports service for the elderly in developed countries and its enlightenment to China. *Sports science*, 2019, 39 (04): 39-50.
- [16] Liu Hua, Li X, Pang X. Current situation and problems of community health human resources in China. *Chinese journal of chronic disease prevention and control*, 2020, 28 (08): 632-635.
- [17] Wang Q. Demand for home-based care services in urban communities and its influencing factors: based on the national urban elderly Population survey data.] *Population research*, 2016, 40 (01): 98-112.
- [18] Pan Q, Du Y. From Traditional industry to Industrial Internet Innovation Practice -- Research on the evolution process of Xu Yigang's change management thought. *Chinese journal of management*, 2021, 18 (01): 1-11.
- [19] Eastday.com Shanghai News. Daning road street building body fusion "old" model, in the space of "lohas" Shanghai old people want to live to be 100 years old. [2020-07-06] <http://n.eastday.com/pnews/1594000443013227>
- [20] Hu Dayi. Bridging the Rift and Responding to the Challenge: On Comprehensively Implementing the Healthy China Strategy Centered on People's Health. *Journal of Yellow River university of science and technology*, 2019, 21 (02): 1-3+126.
- [21] The Central People's Government of the People's Republic of China. About print and distribute the service guide is a combined with institutions (trial). [2019-12-23] [http://www.gov.cn/zhengce/zhengceku/2020-01/01/content\\_5465777.htm](http://www.gov.cn/zhengce/zhengceku/2020-01/01/content_5465777.htm)
- [22] Wang X, Fu Q, Zheng C. The realistic challenge and path exploration of high quality development of Chinese sports industry. *Journal of Beijing sport university*, 2020, 43 (01): 1-15.
- [23] Qiao Y. Analysis of influencing factors of disjointed knowledge and practice of citizen physical exercise. *Journal of Tianjin institute of physical education*, 2020, 35 (03): 334-340+349.
- [24] Liu P, Zhong X. Intelligent regulation enables epidemic risk management: a case study of COVID-19 prevention and control. *Journal of Sichuan University (Philosophy and Social Sciences Edition)*, 2022, (04): 172-183.
- [25] Zhang D, Li J, Yang J. Study on the value and practice of public health ethics in the prevention and control of major emergencies from the perspective of COVID-19 epidemic situation. *Chinese journal of health service management*, 2021, 38 (10): 790-794.
- [26] Hua K. High Quality development of sports industry from the perspective of global value chain: International comparison and influencing factors. *Journal of Beijing University of Sport*, 2021, 44 (02): 50-58.
- [27] Zhang Y, Lu Y, Xu R, et al. Research on training objectives and curriculum of sports human science under the concept of "combination of physical education and medicine" -- a case study of Nanjing University of Physical Education. *Journal of Nanjing university of physical education*, 2020, 19 (11): 65-70+2.
- [28] Li Y, Chen D, Nie Y, Chang Feng. The real dilemma and the necessary approach of Chinese physic-medical integration from the perspective of field theory. *Journal of physical education research*, 2021, 35 (01): 36-43.
- [29] Du P, An R. Impact of COVID-19 on health services for the elderly and its implications. *Journal of Hebei university (philosophy and social sciences)*, 2021, 46 (01): 92-98.
- [30] Liu Zhuqing. The field theory analysis of the frequent change of coach of national football team. *Journal of Shenyang Institute of Physical Education*, 2017, 36 (03): 1-5.
- [31] Jia Yan, Lan Zhiyong, Liu Runze. Precision pension: a new pension model driven by big data. *Journal of public administration*, 2020, 17 (02): 95-103+171.
- [32] Chang Feng, Li Guoping. The reality and necessity of sports and medical symbiosis under the Healthy China Strategy. *Sports science*, 2019, 39 (06): 13-21.
- [33] Wei founded the state. Ethical analysis of people first: from the perspective of fighting COVID-19 epidemic. *Journal of Hebei University (Philosophy and Social Sciences Edition)*, 2022, 47 (03): 38-46.
- [34] Zhang Xiaogang, Chen Nian, Niu Yudong. Implications and future implementation of Healthy China strategy in COVID-19 prevention and control. *Journal of Southwest University (Social Science Edition)*, 2022, 48 (03): 53-64.