Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

The world's elderly care services and recommendations for Viet Nam

PhD. Nguyen Duc Huu
Vietnam Trade Union University
Email: huund@dhcd.edu.vn

Abstract

Caring for elderly people (caregivers) is the response to special needs and requirements specifically for elderly people. This term includes services such as living support, long - term care, nursing home, nursing care and home care facilities. Because there are many types of elderly care taken in the world in the world to support daily and healthcare activities. This article provides a overview of the forms of diversification in the policies of many governments, thereby suggesting viet nam in the provision of elderly care services.

Keywords: The elderly, care services, policies, Vietnam

1. Introduction

The world is experiencing far-reaching demographic change. Some countries are still experiencing rapid population growth while others are now below replacement level. In all countries, however, ageing, that is, the rate of growth of the population aged 60 years or over is increasing very rapidly. Currently, 11 per cent of the global population is aged 60 or above but this proportion is expected to almost double, to 20 per cent by 2050 – with the consequence that in 2047, the number of older persons is expected to exceed the number of children under 14.9 In some countries, the phenomenon of predictable demographic transition has not been prioritised in terms of policy making and budget setting, while in others, including higher and middle income countries, responses to ageing are key government concerns linked to consequences for labour markets and established expectations and policies governing pensions, health care, livelihoods and welfare models that impact on older persons. (Gore, 1985)

Key to its implementation, however, is the building of policies to deal with discrimination on the basis of age. In the words of Kofi Annan, Secretary General of the United Nations at the time of its endorsement its real test will be implementation. Each and every one of us, young and old, has a role to play in promoting solidarity between generations, in combating discrimination against older persons, and in building a future of security, opportunity and dignity for people of allages." Developing countries are both grappling with the problems of poverty reduction and issues posed by younger generations, and the consequences of the rapid growth of their older populations.(Evashwick et al., n.d.)

The Madrid Plan put ageing and the contribution and needs of older persons on the development agenda for the first time with some very clear ideas on how to include issues of ageing in the development policy making process. At the same time, it was an incentive to policy makers to embark on the process of adjusting to the challenges of ageing with the ultimate goal of creatinga society for all ages.

Since 2002, the United Nations has produced a number of additional guidance documents for Member States to add impetus to the implementation of the Madrid Plan. For the five-year review, in 2007, a major assessment was undertaken with regional meetings looking at progress according to the Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing.(Brown et al., n.d.)

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

The form of care provided to the elderly varies greatly between countries and is changing rapidly. Even in the same country, differences in the region persist for the care of the elderly. However, it has been observed globally that older people cost the most medically among other age groups. One study found that aged care accounts for a large proportion of the cost of social security, especially in developing countries as birth rates decline and life expectancy increases.

Traditionally, caring for the elderly is the responsibility of family members and is provided in extended family homes. How ever in modern society, this care is being provided by private or state institutions. The reasons for this change include reduced family size, longer life expectancy, geographical dispersal of families, and the trend of women being educated and working outside the family. Although these changes have affected European and North American countries first, they are also increasingly affecting Asian countries.

2. Methodology

The objective of this study was to gather information on the status and availability of policies and legislation, data and research, as well as institutional arrangements (see Box 1) pertaining to older persons across the world and in accordance with the priorities outlined

General Terminology for Various Government Actions

- Policy: a course or principle of action adopted or proposed by an organisation
- Legislation: laws, considered collectively
- Programme: a planned series of future events or performances
- Data: facts and statistics collected together for reference or analysis
- Research: systematic investigation into and study of materials and sources in order to establish facts and reach new conclusions
- Institutional arrangements: (institutions) established official organisations having an important role in a society

Source: Derived from Oxford Dictionaries, http://oxforddictionaries.com/definition/policy?rskey=OROWEU&result=1#m_en_gb0644490 (accessed 31/01/2011)

Box 1: Terminology

The specific objectives of the study were to map government action in these areas implemented since 2002, to identify and document gaps and to provide recommendations for further actions. The consultants on the project conducted extensive primary and secondary research. All countries were asked to respond to overview questionnaires and detailed information was sought for a selected number of 'case study' countries. The project team developed two questionnaires – a general questionnaire for each Member State and a detailed questionnaire for the case study countries. The overview questionnaire sought basic information on policy, legislation, data, research and institutional arrangements, while the detailed case study questionnaire included a number of indicators for each provision made in the Madrid Plan. It looked for detail on policies and programmes as well as on data evidence. All indicators referred to government action only and were developed according to the Guidelines for Review and Appraisal of the Madrid International Plan of Action on Ageing16. Methods of evidence gathering included analysis of government responses to questionnaires; publications and other

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

materials issued by governments; information provided by international organisations; additional materials from non-government sources, including articles in academic journals, reports and presentations prepared by research institutes; web searches; personal communication and correspondence with experts. The data from countries and case studies in each major world region were compiled into regional reports by consultants; these findings were then compiled into this global report. For the global report, the data were analysed qualitatively as well as quantitatively. Information on each indicator was collectd for each country before the information from all case studies was compiled into a grid.

As life expectancy increases so too does the number of elderly people living in developing countries. The World Health Organisation estimates that 200 million of the 355 million people older than 65 years are in the developing world. In addition to the health issues, which are the same as elsewhere, elderly people in developing countries have become especially vulnerable because of the rapid social changes occurring in many of these countries. Until recently, elderly people in developing countries enjoyed considerable status, respect, care, and social and psychological support from their families. Migration, urbanisation, changes in value systems and aspirations, changes in the role of women, and the breakdown of the family system have eroded traditional familial support,[3] and elderly people suddenly find themselves poor, uncared for, and without power or influence.

There is almost no social support for elderly people outside the family. Except for a tiny minority who have worked in the organised sector and so receive pensions, economic support does not exist. The focus for most developing countries is on maternal and child health; health care for elderly people is neglected. Both facilities and trained personnel are lacking. Health workers that are the first point of contact for elderly people are inadequately trained and equipped to care for them. Few secondary and tertiary care institutions have separate services for elderly people. General outpatient departments and departments of general medicine provide care[5] but there are long waiting times, the care is often inadequate, and minimal attention is paid to personal care and counselling. Separate inpatient facilities are rarely designated for elderly patients. Gerontology is not a popular specialty.

The changing demographic profile in developing countries requires recognition. Systems need to be devised to engage elderly people in suitable vocations so that their wisdom and experience can be effectively utilised; this would also help them to retain their sense of self worth. Social security systems need to be developed for their general welfare. Healthcare support services need improvement. All health personnel should have additional training in caring for elderly people. A three tier health system needs to be developed so that auxiliary health personnel can provide ambulatory care in the community and be supported by a separate referral system for specialised care.

3. Literature review

According to the U.S. Department of Health and Human Services, the elderly population is 65 years of age or older, numbering 39.6 million in 2019. They make up 12.9% of the U.S. population, and one in eight Americans. By 2030, there will be about 72.1 million elderly people, double their number by 2000. Over-65s made up 12.4% of the population in 2000, but are expected to grow to 19% of the population by 2030. This means there will be more demand for aged care facilities in the coming years. There were more than 36,000 assistance facilities living in the United States in 2019, according to the American Assisted Living Federation. More than 1

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

million elderly people are served by these supported living facilities (Blackwell et al., n.d.; Mobley et al., n.d.; Wang et al., n.d.)

Last year's lifetime costs accounted for 22 percent of total health care costs in the United *States*,26 percent of all Medicare spending,18 percent for all non-Medicare spending and 25 percent of allspending on the poor. (Mobley et al., n.d.; Siegel et al., 2014; Taylor & Hoenig, 2006; Wang et al., n.d.)

Research shows that most older people are eager to continue living in their homes (ageing on the spot). Many elderly people gradually lose their ability to function and need additional support at home or move to aged care facilities. Their adult children often find it difficult to help elderly parents make the right choices. Assisted living is an option for the elderly who need support in everyday work. It costs less than nursing home care but is still considered expensive for most people. Home care services can allow seniors to live in their own homes for a longer period of time.(Fernández-Olano et al., n.d.; Siegel et al., 2014)

A relatively new service in the United States can help keep the elderly in their homes longer than alternative care. This type of care allows caregivers the opportunity to go on vacation or business trips and know that their family member has a good quality of temporary care. In addition, without this help, the elderly may have to permanently transfer to an external facility. Another unique type of care in U.S. hospitals is called emergency care for elderly groups , which provides *"home-like"* service in a medical center dedicated to the elderly.

In Canada, nonprofit and nonprofit facilities similar to the United States also exist. Due to cost factors, some cities operate government-funded public care facilities. In these care homes, older Canadians can pay for their care on their own needs based on annual income. (Fernández-Olano et al., n.d.; policy & 1987, n.d.; Siegel et al., 2014)The scale on which they are charged depends on whether they are considered for "Long-term Care" or "supportive care." For example, in January 2010, seniors living in government-subsidised "Long-Term Care" (also known as "Home Care") began paying 80% of their after-tax income unless their after-tax income was less than $16,500. Therefore, families may need to hire home health care caregivers when their income is higher than the Government's prescribed level.(Carrière et al., n.d.; Lai et al., n.d.)

The total number of jobs in home care services in Australia (thousands) since 1984. Aged care in Australia is designed to ensure that every Australian can contribute as much as possible to the cost of their care, depending on their income and personal property. That means residents pay only what they can afford and the Federal government pays what residents can't afford.(Khosla et al., 2012)

An Australian statutory body, the Productivity Commission, conducted a review of aged care starting in 2010 and reported it in 2011. The overview concludes that about 80 per cent of care for older Australians is care provided by family, friends and neighbours. About a million people receive government-subsidised aged care services, most of which receive low-level community care support, with 160,000 receiving permanent care. The cost of caring for all the government's elderly in 2009-2010 was about $11 billion. (Lucia & Leite De Barros, 1997; Mellor et al., 2008)

The need to increase levels of care and weaknesses in the care system (such as a shortage of skilled workforces and uneven allocations), led to several reviews in the 2000s to conclude that Australia's aged care system needed reform. Australian aging care is often considered complex due to a variety of state and federal funding. The Australian government funding the majority of aged care in Australia but people are expected to contribute to the cost of care if they can afford it. There are also specific programs and information for Aboriginal people and people

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

from culturally or linguisticly diverse origins; lesbian, gay, bisexual, transgender or interssy sex people; Older veterans, financially disadvantaged people, people with disabilities, and those living far from large towns can also get appropriate support. To determine eligibility for funding, a member of the Aged Care Assessment Team (ACAT) will carry out an assessment with the person to determine their needs and circumstances and find out what options are available to them from the government ("Critical Care Services and 2009 H1N1 Influenza in Australia and New Zealand," 2009; McIntosh & Phillips, 2003)

Due to health and economic benefits, life expectancy in Nepal has increased from 27 in 1951 to 65 in 2008. Most of Nepal's elderly, about 85%, live in rural areas so there is a lack of government-funded programs or housing. Traditionally, parents lived with their children, and today, an estimated 90% of older people live in their family homes. This number is changing as more young people leave home for work or school, leading to loneliness and mental problems in Nepal's elderly. (Acharya et al., n.d.; Shrestha et al., n.d.)

The ninth five-year plan includes policies in an effort to care for elderly people without children in care. A Health Fund has been established in each district, providing medical facilities for the elderly and free medicines as well as health care for the poor here. In its annual budget, the government has planned to fund free health care for all heart and kidney patients over the age of 75. However, Nepal is a developing country and cannot fund all of these programs after developing the AgeIng Assistance (OAA) program. This program provides a monthly s grant for all citizens over the age of 70 and widows over the age of 60. There are a handful of private day care facilities for the elderly, but they are limited to the city only. These day care services are expensive and exceed the pay of the majority of the public.(Bhandari, 2075; J & 2012, n.d.; Manandhar et al., 2019)

Thailand is facing a major challenge in how to ensure the health and quality of life for the rapidly growing number of elderly people. The modern health service system established a century ago has a greater proportion than private providers, but only 35-40% share of health spending.(Nursing & 1999, n.d.)The health service, infrastructure and health policy regulator has undergong several reforms that have led to a system that emphasizes community-based comprehensive health services with a multidisciplinary approach. There have been notable concerns about the health and well-being of the elderly over the past two decades, leading to the launch of specific policies and programs, both in the health and social fieldss sectors. (S. Ding, 2004; Jitapunkul et al., 2008)

Health service infrastructure has better coverage than social services, with varying degrees of integration between the two parties that depend in part on existing resources and management in each locality. Among many other social services, there are homes for the elderly and income support for the poor elderly. However, health services and organizations for the elderly are not created separately but by adding new services and programs to the existing comprehensive and integrated service-providing system. (T.Choowattanapakorn, 1999) The changing socio-economic and political environment provides a new opportunity to make health and social services better meet the needs of the elderly, present and future.

As of 2011, there are only 25 state-sponsored homes for the elderly, with no more than a few thousand members of each house. Such programs are largely run by volunteers and services tend to be limited, as there is not always a guarantee that care will be available. Although there are care programs for the elderly in Thailand, it is not possible to meet all their needs when the income gap is the deciding factor. Rich elderly people in Thailand are more likely to access care resources, while poor elderly people have little choice. However, more than 96% of people have

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

health insurance with different levels of care which is a favorable condition for the government to increase the cost of aged care today. (Nursing & 1999, n.d.)

India's cultural views on aged care are similar to those of Nepal. Parents are often cared for by their children until old age, most commonly by their sons. In these countries, the elderly, especially men, are greatly appreciated. Traditional values require honor and respect for the elderly.(International & 2004, n.d.; Verma et al., n.d.) A study found that nearly a quarter of elderly people reported poor health. Reports of poor health are gathered among poor, single, low-tuition and economically inactive groups.

Under the eleventh five-year plan, the Indian government has made much of the same progress as Nepal's. Article 41 of the Indian Constitution stipulates that elderly citizens will be guaranteed Social Security support for health and welfare care. Part of the Criminal Procedure Code 1973, which alludes to its traditional foundation, obliges children to support their parents in old age.(Ingle et al., n.d.; Purty et al., n.d.)

In China, government-funded healthcare facilities are only available to a small number of ent privilege residents in cities where there are pensions and health insurance. People living in urban areas have higher income and living standards advantages.(Chen et al., n.d.) Although the majority of the older Chinese population lives in rural areas, there is little social support available to them. Expanding government-funded support systems in both urban and rural areas is clearly necessary and in demand.(Y. C. Wong & Leung, 2012)

The healthcare system in China has evolved through two main stages: the first stage of universal access and the current uneven approach. The first stage, also known as social medicine, lasted from 1949 to 1980, when the Chinese government supported and implemented a policy that allowed all its citizens access to health care. (Sheng & Settles, 2006; Quan Zhang et al., 2020). Despite the ideal of thought, only citizens with jobs benefit from the policy. The second phase, the urban and town health insurance system, is for all individuals with jobs and is a system of personal health care accounts. There are two sources of payment to this account: one from the employer (about 70% to 80% of health insurance) and the other from individuals (about 20% to 30% of health insurance). However, there are differences between geographical regions. People living in cities, especially in coastal areas and large cities inland, benefit more than those in remote areas.(Wu et al., n.d.; Xu & Chow, 2011)

What's known as health care reform actually creates disparities in health care by reducing coverage for urban residents who become unemployed, under-tuition, and the elderly. Those people had easier access to health care in the first phase of the health care system than they now experience.

Medical treatment and healthcare facilities are not enough in China despite the recent growing economy. Health services for the elderly in China have lagged behind the United States. (XIE et al., n.d.) In Shanghai, for example, there are 400 government-funded or privately funded facilities that offer different types of services to the elderly: nursing homes, hospitals, apartments for the elderly, adult care and home care. The total number of beds available is less than 30,000, which can meet the needs of only 10% of frail elderly people who need these services. At the same time, privately funded services such as nursing homes have grown rapidly since the mid-1990s. These private long-term care facilities make up for a shortage of social support for older Chinese but only provide services to the richest because of the high cost.(Y. Wong et al., n.d.)

Aging the population is a worldwide challenge and China is no exception. Due to one-child policy, rural/urban migration and other social changes, traditional long-term care for the elderly through family care in the past will no longer be enough. China is still at the stage of

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

economic development and the problem of caring for the elderly still faces many challenges in its social security service system.(Z. Ding et al., n.d.; Q Zhang et al., n.d.)

4. Overview results and policy suggestions for Vietnam

The form of care provided to the elderly varies greatly between countries and is changing rapidly. Even in the same country, differences in the region persist for the care of the elderly. Analyses have explained that older people consume the most medical costs among other age groups. Learningfrom the elderly care policies of the countries can be summarized as follows:

Health care system for the elderly

The aging population faces a range of health problems and necessary services. The increase in the number of elderly people associated with many issues needs to be addressed. The first thing is to deal with the characteristics of acute diseases, contagious to chronic and non-infectious diseases. For example, in the late 1980s, cardiovascular diseases became the leading cause of death in thirty-one countries throughout Latin America and the Caribbean. Many countries face an imbalance between where services are provided and where the elderly live. Rural areas tend to have higher rates of elderly people, while health care services (especially chronic care) are more concentrated in urban centers. At the heart of this policy is to shift the way care is provided across the territory, not simply for emergency care services in central locations. In addition, the implementation of effective health and disease prevention programs will reduce risk factors for chronic disease and reduce a country's future burden of disease.

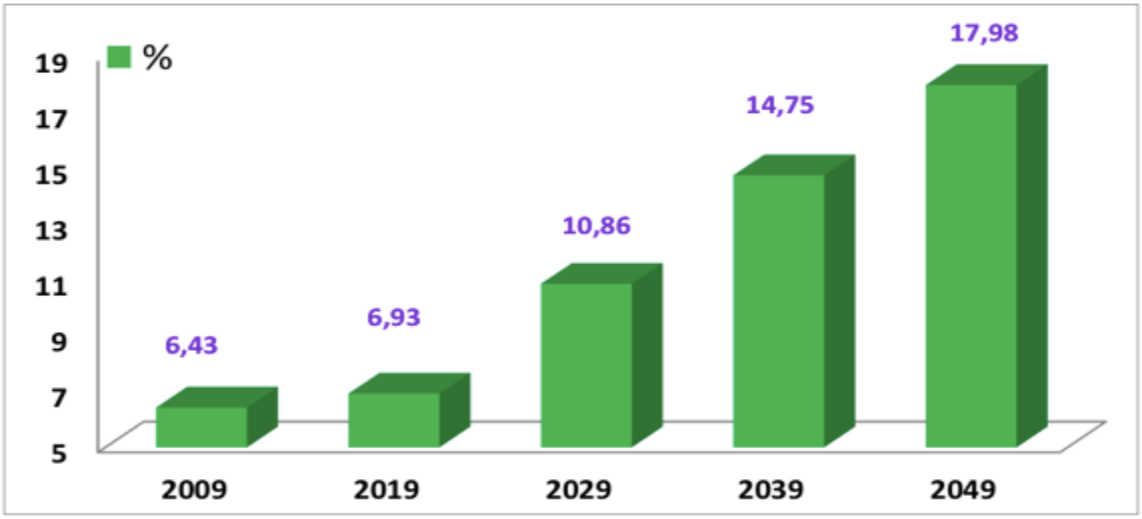

Figure 1: Vietnamese population over 60 years old

Source: UNFPA- comprehensive national policy adapted to aging population in Viet Nam, 2019

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

Finance in aged care

Evidence shows two main effects of demographic transition on health care finance: (1) increased consumption and spending by the age of the elderly, and (2) changes in the size of the beneficiary (elderly). Thirty-two U.S. states pay for care in assisted living facilities through their Medical Assistance waiver programs. Similarly, in Canada, the National Health Service provides free medical care to the elderly at the point of use, but social care is only paid for by the state in some states. In Australia, provision for elderly support fell by 20 per cent per person over ten years between 2005 and 2015 and, in a practical sense, the decline was even greater. Experts claim that elderly people in Australia are vulnerable to not having what they need. Thus, even in developed countries, financial payment for the care of the elderly is still a significant challenge.

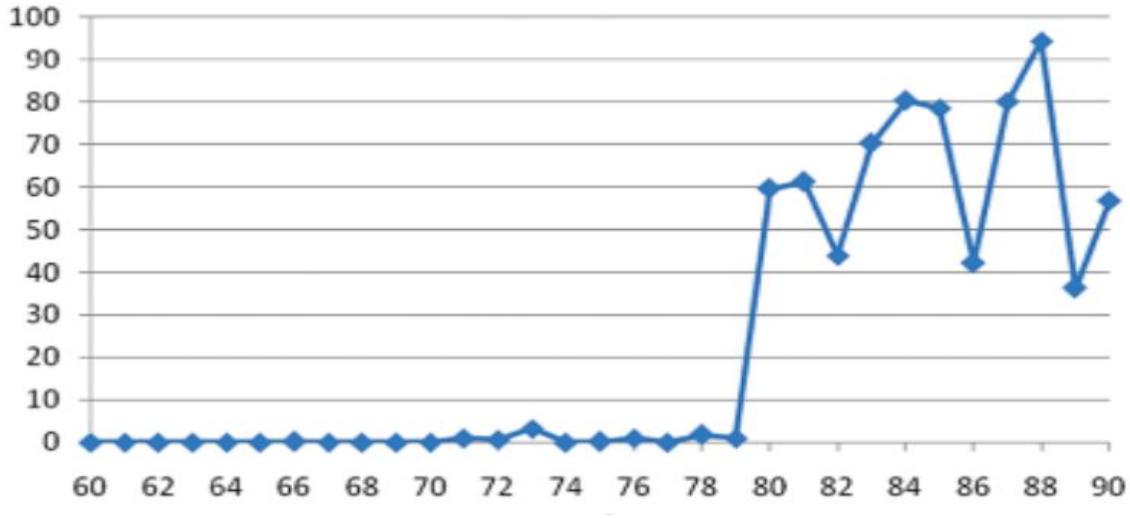

Figure 2: Proportion of elderly people enjoying pension in Vietnam

Source: UNFPA 2019

Viet Nam has been working to improve its social assistance system to keep pace with the country's development since the start of Doi Doi in the late 1980s and is still facing many challenges. Firstly, social assistance policies are limited and seem to miss the majority of the working-age population and social protection has failed to cover all the most important periods of the vulnerable's lives. The level of coverage, the level of regular social assistance in cash and the quality of social care services have not met the needs of Vietnam in the current development period. Vietnam needs to have a new mindset in its long-term approach and direction for the whole system. Secondly, restrictions on administrative procedures, operating mechanisms and organizational apparatus should be overcome in all three pillars of the social assistance system – regular social assistance, unexpected social assistance and social care.

The impact of regular social assistance policies and programs in Viet Nam is limited, only helping to reduce the national poverty rate by 1.9 percentage points. This is a consequence of low aid funding and low funding, which stems from low coverage and low subsidies. Overall, Vietnam's regular social assistance funding is much lower than that of some middle-income countries, such as South Africa and Brazil – both countries spend about 3% of GDP, while the ratio in Georgia is more than 6% of GDP. In fact, Vietnam's spending is lower than some low-

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

income countries in Asia such as Nepal and Bangladesh. While support for older people over the age of 80 in Viet Nam is the largest regular social assistance program, the total expenditure on this program is only 0.09%, much lower than in other developing countries, as many of these countries have invested over 1% of GDP on the program

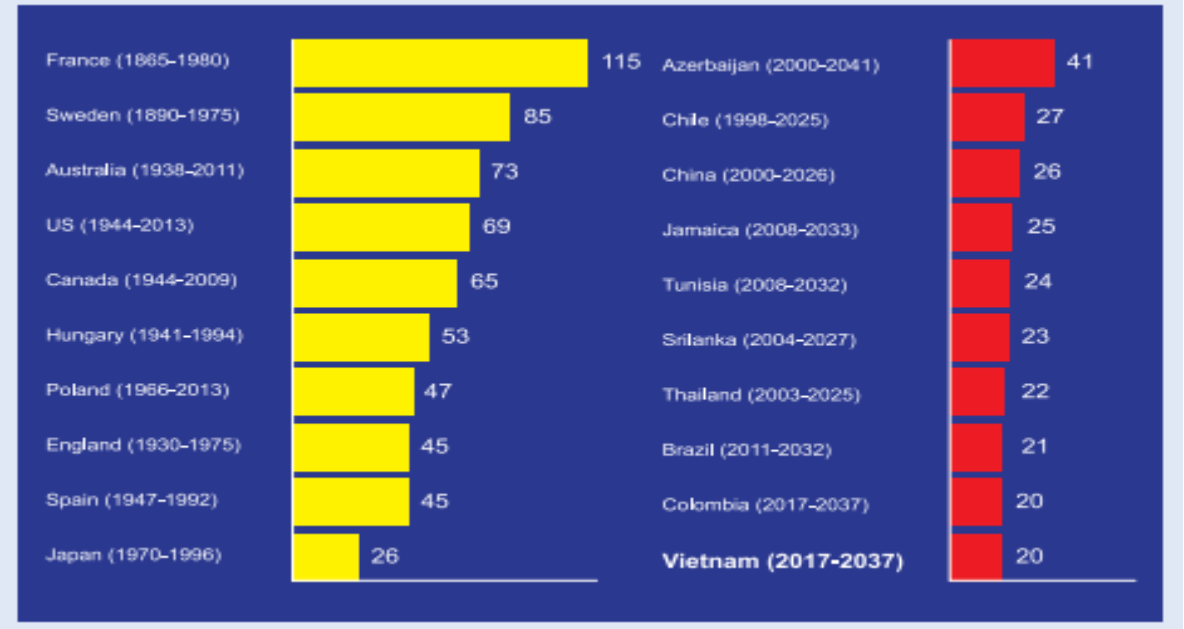

Figure 3: Comparison of aging populations of some countries
Source: Kinsella and Gist, 1995; U.S. Census Bureau, 2005; Vietnam: GSO (2010)

In January 2015, the level of subsidies for groups of MoLISA was prescribed toVND 270,000 (11.25$/month, although there are some groups of subjects who are entitled to a higher level, calculated by the number. Some provinces - especially those with budget surpluses - pay higher rates, self-funding from their own resources. The basic benefit rate in 2012 was equal to about 45% of rural poverty standards and 36% of urban poverty standards. Subsidies for people over the age of 80 are among the lowest in developing countries, at just 6.7% of GDP per capita, while many countries are supporting over 15% of GDP per capita. Therefore, in general, the current system of regular social assistance is not commensurate with the position of a middle-income country. The investment level is still low, the coverage as well as the support level are limited. In the life cycle, there are many large uns supported gaps, including for the elderly.

A proper social care system is an important component of an efficiently operating market economy. Therefore, the Social Care System Innovation Project should determine the orientation of expanding and modernizing the national social care system, in order to contribute to economic growth and social cohesion. By 2025, Vietnam's goal is to have a regular social assistance system, in collaboration with the social insurance system, to ensure a minimum income for all elderly people over 65 years old. People aged 65 and over have access to the Minimum Pension, equivalent to 8% of GDP per capita, in the form of regular social assistance or part of the social insurance system.

5. Discussion

Overview of programs and policies to support the care of the elderly in some countries around the world, the article suggests the issues that Vietnam needs to pay attention to in the current aged care policy.

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

Firstly, the innovation of the social care system. It is necessary to increase investment resources for the national social care system because the current service only solves part of the needs. On the one hand, it is necessary to create opportunities for the private sector and NGOs to participate in this area, on the other hand, it is necessary to agreed that the Government as the body that will pay for these services. In general, it is necessary to clearly see the three levels of social work staff. One is a professional social worker with a minimum qualification of a bachelor's degree; two are care workers both in the community and at the center; three are caregivers – most of them family members, have to quit their jobs to care for relatives, have not received any minimum support. It is necessary to increase the number of professional social workers, maybe by 2025 1 cadre per 10,000 people. The number of caregivers also needs to increase significantly to be able to care for vulnerable people at home – such as providing food, meeting the needs of personal hygiene, clothing, shopping, etc., while also improving the level of care staff at social care centers. Providing social care workers can be considered an employment program, as it will essentially help address unemployment through providing jobs to hundreds of thousands of people. The government should build a support system for millions of people who are caring for their loved ones, so that they do not feel isolated and under pressure, help them financially, have time to rest, train and advise. It is necessary to continue to establish social work centers, so that by 2025 it can operate in all districts, with appropriate staff and social workers. The social work and social care system should be divided into two groups of services: for children and adults, as each group will have its own challenges. At the same time, the Government also needs to ensure the completion of the overall legal framework for the operation of the social work system

Secondly, it is necessary to promote the communication of health education and raise awareness and awareness of health for all ages to prepare for a healthy old age, avoiding diseases, injuries and disability. It is necessary to focus on the management and control of chronic diseases (especially cardiovascular, hypertension, osteoarthritis, diabetes, cancer ...) along with the application of new techniques in early diagnosis and treatment, long-term treatment of chronic diseases. Strictly implement the regulations of the Government and ministries and sectors on creating a friendly living environment for the elderly (such as building high-rise buildings must have elevators or wheelchair paths for disabled or elderly people ...). There needs to be a comprehensive national target program for aged care in which it is necessary to identify a number of quantities and gender-specific goals to improve the health status of the elderly, minimize chronic diseases, disability and death as they enter old age.

Third, build and strengthen the health network for the elderly, especially the network of chronic diseases control. This health network should ensure favorable access for disadvantaged or disadvantaged elderly groups such as rural seniors, elderly women, or ethnic minority elderly people. In particular, the financial difficulties of these disadvantaged groups need to be solved through free medical examination and treatment or full support with health insurance cards.

Fourth, the State should step up specific support activities for social protection centers and privately provided aged care and nurturing centers. Supporting through corporate income tax reduction, human resource development orientation ... are the most practical ways to facilitate these organizations to build, strengthen, and thrive in conditions of increasing elderly care needs. Combine this with encouraging community-based elderly care and gradually improving and expanding aged care at home. This is a socialization of elderly care that needs immediate attention. In the long term, with abundant and quality human resources, Vietnam can provide geriatric nursing personnel for the region and internationally.

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

Fifth, build a system of hospitals and organize geriatric research nationly. Gradually develop and develop geriatric nursing training programs tailored to the actual needs and conditions of each locality. The principles and approaches to aged care need to be included in medical training programs as well as training programs for social workers, population services, health, and communications. Formal Caregiver training programs such as family members, peers... of the elderly also need to be built and developed from the community.

6. Conclusion

Aging the population will make the economic and social burden more serious without steps to prepare and implement appropriate strategies and policies. Viet Nam will enter a period of high population aging and there is not much time to prepare for adapting, so it is necessary to plan practical and appropriate strategies and policies to adapt to that situation. Policies and strategies need to be based on evidence of the relationship between the "ageing population" and economic growth and social welfare. Taking the proactive part in the elderly care strategy to ensure the old age weed system does not become a burden on the economy is an urgent task in the current conditionsin Viet Nam.

REFERENCES

[1] Acharya, S., Ghimire, S., … E. J.-F. in public, & 2019, undefined. (n.d.). Health care utilization and health care expenditure of Nepali older adults. *Frontiersin.Org*. Retrieved June 26, 2021, from https://www.frontiersin.org/articles/10.3389/fpubh.2019.00024/full

[2] Bhandari, K. (2075). NJ: NUTA Social Security System of Elderly Population in Nepal. In *NUTA JOURNAL* (Vol. 6, Issue 2). https://www.nepjol.info/index.php/nutaj/article/view/23223

[3] Blackwell, D., Martinez, M., care, J. G.-M., & 2009, undefined. (n.d.). Socioeconomic status and utilization of health care services in Canada and the United States: findings from a binational health survey. *JSTOR*. Retrieved June 26, 2021, from https://www.jstor.org/stable/27798372

[4] Brown, E., McAvay, G., Raue, P., services, S. M.-…, & 2003, undefined. (n.d.). Recognition of depression among elderly recipients of home care services. In *Am Psychiatric Assoc*. Retrieved June 26, 2021, from http://psychservices.psychiatryonline.org

[5] Carrière, Y., B, L. P.-T. J. of G. S., & 1995, undefined. (n.d.). Factors underlying the institutionalization of elderly persons in Canada. *Academic.Oup.Com*. Retrieved June 26, 2021, from https://academic.oup.com/psychsocgerontology/article-abstract/50B/3/S164/537350

[6] Chen, L., Zhang, X., policy, X. X.-R. management and healthcare, & 2020, undefined. (n.d.). Health insurance and long-term care services for the disabled elderly in China: based on CHARLS data. *Ncbi.Nlm.Nih.Gov*. Retrieved June 26, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7051854/

[7] Critical Care Services and 2009 H1N1 Influenza in Australia and New Zealand. (2009). *New England Journal of Medicine*, *361*(20), 1925–1934. https://doi.org/10.1056/nejmoa0908481

[8] Ding, S. (2004). The rural elderly support in China and Thailand. *Geriatrics and Gerontology International*, *4*(s1), S56–S59. https://doi.org/10.1111/j.1447-0594.2004.00149.x

[9] Ding, Z., Journal, L. W.-P., & 2011, undefined. (n.d.). Study on the equalization of home-based care services for the elderly in China. *En.Cnki.Com.Cn*. Retrieved June 26,

2021, from https://en.cnki.com.cn/Article_en/CJFDTotal-RKXK201105011.htm
[10] Evashwick, C., Rowe, G., Diehr, P., & Branch, L. (n.d.). Factors Explaining the Use of Health Care Services by the Elderly. In *ncbi.nlm.nih.gov*. Retrieved June 26, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1068819/
[11] Fernández-Olano, C., Hidalgo, J., policy, R. C.-D.-H., & 2006, undefined. (n.d.). Factors associated with health care utilization by the elderly in a public health care system. *Elsevier*. Retrieved June 26, 2021, from https://www.sciencedirect.com/science/article/pii/S0168851005000540
[12] Gore, M. (1985). *HEALTH CARE OF THE ELDERLY*. http://ijsw.tiss.edu/greenstone/collect/ijsw/index/assoc/HASH01ab/77af85ad.dir/doc.pdf
[13] Ingle, G., … A. N. official publication of I., & 2008, undefined. (n.d.). Geriatric health in India: Concerns and solutions. *Ncbi.Nlm.Nih.Gov*. Retrieved June 26, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/pmc2763704/
[14] International, N. S.-G. & G., & 2004, undefined. (n.d.). Oral health care system for elderly in India. *Wiley Online Library*. Retrieved June 26, 2021, from https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1447-0594.2004.00187.x
[15] J, L. S.-N. med coll, & 2012, undefined. (n.d.). Geriatric health in Nepal: concerns and experience. *Academia.Edu*. Retrieved June 26, 2021, from https://www.academia.edu/download/54519488/Geriatric_Health_in_Nepal-article_in_NMC.pdf
[16] Jitapunkul, S., international, S. W.-A., & 2008, undefined. (2008). National Policies and Programs for the Aging Population in Thailand. *Springer*, *33*(1–4), 62–74. https://doi.org/10.1007/s12126-009-9027-6
[17] Khosla, R., Chu, M. T., Kachouie, R., Yamada, K., & Yamaguchi, T. (2012). Embodying care in Matilda - An affective communication robot for the elderly in Australia. *IHI'12 - Proceedings of the 2nd ACM SIGHIT International Health Informatics Symposium*, 295–304. https://doi.org/10.1145/2110363.2110398
[18] Lai, D., Dentistry, N. H.-J. of P. H., & 2007, undefined. (n.d.). Use of dental care by elderly Chinese immigrants in Canada. *Wiley Online Library*. Retrieved June 26, 2021, from https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1752-7325.2007.00009.x
[19] Lucia, A., & Leite De Barros, B. (1997). *Reference Australian Institute of Health and Welfare* (Vol. 31, Issue 2). http://www.aihw.gov.au/publications
[20] Manandhar, K., Risal, A., Shrestha, O., Manandhar, N., Kunwar, D., Koju, R., & Holen, A. (2019). Prevalence of geriatric depression in the Kavre district, Nepal: Findings from a cross sectional community survey. *BMC Psychiatry*, *19*(1). https://doi.org/10.1186/s12888-019-2258-5
[21] McIntosh, G., & Phillips, J. (2003). *Caring for the elderly: an overview of aged care support and services in Australia*. https://apo.org.au/node/7071
[22] Mellor, D., Russo, S., McCabe, M. P., Davidson, T. E., & George, K. (2008). Depression Training Program for caregivers of elderly care recipients: Implementation and qualitative evaluation. *Journal of Gerontological Nursing*, *34*(9), 8–15. https://doi.org/10.3928/00989134-20080901-09
[23] Mobley, L., Root, E., Anselin, L., … N. L.-G.-I. journal of, & 2006, undefined. (n.d.). Spatial analysis of elderly access to primary care services. *Springer*. Retrieved June 26, 2021, from https://link.springer.com/article/10.1186/1476-072X-5-19
[24] Nursing, T. C.-I. J. of, & 1999, undefined. (n.d.). The social situation in Thailand: The

impact on elderly people. *Wiley Online Library*. Retrieved June 26, 2021, from https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1440-172x.1999.00155.x

[25] policy, C. S.-J. of public health, & 1987, undefined. (n.d.). Health care for the elderly in Canada. *Springer*. Retrieved June 26, 2021, from https://link.springer.com/article/10.2307/3342203

[26] Purty, A., Bazroy, J., … M. K.-T. J. of, & 2006, undefined. (n.d.). Morbidity pattern among the elderly population in the rural area of Tamil Nadu, India. In *journals.tubitak.gov.tr*. Retrieved June 26, 2021, from https://journals.tubitak.gov.tr/medical/abstract.htm?id=8080

[27] Sheng, X., & Settles, B. H. (2006). Intergenerational relationships and elderly care in China: A global perspective. *Current Sociology*, *54*(2), 293–313. https://doi.org/10.1177/0011392106056747

[28] Shrestha, M., Guo, C., Maharjan, N., … R. G.-B., & 2014, undefined. (n.d.). Health literacy of common ocular diseases in Nepal. *Springer*. Retrieved June 26, 2021, from https://link.springer.com/article/10.1186/1471-2415-14-2

[29] Siegel, C., Hochgatterer, A., & Dorner, T. E. (2014). Contributions of ambient assisted living for health and quality of life in the elderly and care services - A qualitative analysis from the experts' perspective of care service professionals. *BMC Geriatrics*, *14*(1). https://doi.org/10.1186/1471-2318-14-112

[30] T.Choowattanapakorn. (1999). The social situation in Thailand: The impact on elderly people. *International Journal of Nursing Practice*, *5*(2), 95–99. https://doi.org/10.1046/j.1440-172x.1999.00155.x

[31] Taylor, D. H., & Hoenig, H. (2006). Access to health care services for the disabled elderly. *Health Services Research*, *41*(3 I), 743–758. https://doi.org/10.1111/j.1475-6773.2006.00509.x

[32] Verma, R., medicine, P. K.-I. journal of preventive, & 2013, undefined. (n.d.). National program of health-care for the elderly in India: A hope for healthy ageing. *Ncbi.Nlm.Nih.Gov*. Retrieved June 26, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/pmc3843295/

[33] Wang, J., Kearney, J., Jia, H., research, J. S.-N., & 2016, undefined. (n.d.). Mental health disorders in elderly people receiving home care: prevalence and correlates in the national US population. *Journals.Lww.Com*. Retrieved June 26, 2021, from https://journals.lww.com/nursingresearchonline/fulltext/2016/03000/Mental_Health_Disorders_in_Elderly_People.7.aspx

[34] Wong, Y. C., & Leung, J. (2012). Long-term Care in China: Issues and Prospects. *Journal of Gerontological Social Work*, *55*(7), 570–586. https://doi.org/10.1080/01634372.2011.650319

[35] Wong, Y., work, J. L.-J. of gerontological social, & 2012, undefined. (n.d.). Long-term care in China: Issues and prospects. *Taylor & Francis*. Retrieved June 26, 2021, from https://www.tandfonline.com/doi/abs/10.1080/01634372.2011.650319

[36] Wu, C., Gao, L., Chen, S., Health, H. D.-B. of the W., & 2016, undefined. (n.d.). Care services for elderly people with dementia in rural China: a case study. *Ncbi.Nlm.Nih.Gov*. Retrieved June 26, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4773933/

[37] XIE, H., WANG, Z., HOU, S., JIN, X., … M. W.-C. J. of, & 2012, undefined. (n.d.). The status of elderly care service needs and long-term care services strategies in China. *En.Cnki.Com.Cn*. Retrieved June 26, 2021, from https://en.cnki.com.cn/Article_en/CJFDTotal-ZHHL201201007.htm

Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 19638 - 19651
Received 20 July 2021; Accepted 05 August 2021.

[38] Xu, Q., & Chow, J. C. (2011). Exploring the community-based service delivery model: Elderly care in China. *International Social Work*, *54*(3), 374–387. https://doi.org/10.1177/0020872810396260
[39] Zhang, Q, Li, M., geriatrics, Y. W.-B., & 2020, undefined. (n.d.). Smart home for elderly care: development and challenges in China. *Springer*. Retrieved June 26, 2021, from https://link.springer.com/article/10.1186/s12877-020-01737-y
[40] Zhang, Quan, Li, M., & Wu, Y. (2020). Smart home for elderly care: Development and challenges in China. In *BMC Geriatrics* (Vol. 20, Issue 1). BioMed Central Ltd. https://doi.org/10.1186/s12877-020-01737-y