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Title: Social Innovation for Healthcare within Community Care Depots in

Middle Taiwan

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Abstract

Community care depots have been employed for more than a decade in the Taiwan area as a healthcare subsidy program. By using social innovation business models developed indigenously, the elderly care services were borrowed to satisfice the needs of the aged. The independent sector services provided by voluntary workers are coordinated with the staffs and social workers as well as the public servants to work together as a team to help those vulnerable seniors within civil society. However, the social participation and social rights for their livelihood quality and life styles are highly appreciated for their rest of life. In the past years, an indigenous community care depot business model has been generated as community enterprise contributed to the sustainable donating system for the healthcare services provision to the senior citizens within the aged society through proactive outreached calling, public health visiting, meals-on-wheels, and health promotion programs nationwide. As one kind of social enterprise characterized by 1 spectrum (along corporate social responsibility), 2 bottom-lines (including social and economic as well as ecological), 3 commodities (products, services, and ideas), 4 sustainability (in governance, finance, management, and innovation), and 5 accountability (in balanced, open, transparency, close-related, and due diligent), community care depots regarded as social enterprise must be socially innovated an abundant business model for sustainable business, people are encouraged to be working as volunteers for the provision of a comprehensive and integrated services system to the aged locally based on care management. Empirically speaking some the developing trajectories could be drawn and used as social innovation business model for investing the future as a sustainable business for social entrepreneurs.

Keyword:

social innovation, social enterprise, business model, community, healthcare

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Introduction

Ageing becomes an increasing issue and a crucial point to civil society envisaged. From the aging to super aged society, the healthcare reform and age-diverse workforce employment policy including life-long learning, working longer, retiring later, being active after retirement, and enhancing/sustaining health. For social inclusion, social security shall be reformed and rendered into a win-win strategy. Even the Japanese working and labor policy has amended to Stabilization of Employment of Older Persons 1986. The later retirement for the aged must take into account of elderly healthcare, social care, social security, housing, transportation and recreation to the needs for balancing workfare and welfare as well as social, economic, ecological and cultural impacts.

Community care services had been resurged again as an alternative to the healthcare reform from the critical issues around decentralization, de-institution, and de-regulation towards the normalization process since 1990. Amongst the social marketing of healthcare ideas within the mixed economy services, independent sector from voluntary services are providing the elderly healthcare services for the aged through community care depots more than a decade. As a social enterprise to the healthcare provision, the social economy for happiness by the disadvantages are various and versatile in the meanwhile. Nowadays, there is more than 1,700 community care depots built up for health and social services provisions to the elderly care.

The holistic and homeostatic healthcare services are composed of medical, nursing, educational, social, spiritual/pastoral, and living care services to the senior citizens within the civil society as a whole. This mission-driven caring system consists of proactive tele-health calling, public health visiting, meals-on-wheels, and health promotion programs in all. Further case/care management is playing the key role to integrate the individual needs with the community resources organizing as a unit to give the assessment accreditation for licensing the qualification to a sustainable and accountable mechanism in a more capitalist social harmonious society to live a higher quality of lifestyle (Lin, 2013a-f).

Case/care management and referrals are further employed to (re)allocate the needed resources appropriately to healthcare services along the individual healthiness status spectrum and human happiness needs respectively with social resources. However, the social innovation from sustainable and accountable fundamentals has been enhanced by social enterprise business models upon multiple community enterprises as social economy radically and socialistically recently. The social enterprise business models are being innovating and developing to create and satisfy the aged concerns and needs through social enterprises. Differentiated social enterprise business models are served

to invent, innovate, and implement the wholesome services to the elderly recipients successively through seven clusters in middle Taiwan area (i.e., Taichung Metropolitan City).

From the interdisciplinary practices perspective, the happiness as quality of services and life (QoS & QoL) are matched and increased for a longer longevity within the core value as a citizenship in modernized society. The innovating clusters are thus being introduced and developed the best practice as business models for social/community enterprise characterized by 1 spectrum along corporate social responsibility (CSR), 2 bottom-lines with social and economic (as well as ecological) polarities, 3 commodities for products, services, and ideas/concepts, 4 sustainable principles upon governance, finance, management, and innovation, and 5 social accountabilities stressed upon socio-economic balance, open to the experiences, transparency rather than disclosure itself, closed-related working relationship, and due diligent proceedings therefore in this study.

The reorganizing Taichung metropolitan city oriented by blue ocean strategy uses cost down and core technology to increase its competitiveness. Throughout the reintegration of community care depots to increase the key performance outcomes by partnering voluntary sector in social enterprises with different corporates such as community development associations, philanthropies, elderly self-help groups, religious (faith-based organization, FBO) groups, foundations, voluntary associations and other nonprofit organizations. Based upon the social movement from neighborhood to human rights, the civil society formed under the auspice of inevitable integrated system to a certain amount and sizeable scale provided by these voluntary community care depots (O'Campo, Vaughy, Ronson, & Xue, 1997; Sundquist, Eriksson, Kawakami, Skog, Ohlsson, & Arvidsson, 2011; Lima, Caughy, Nettles, & O'Campo, 2010).

Community Care Depots as Social Enterprise Business Models

Being envisaged with the low fertility and ageing society, the social enterprise business models must become more competitive in earning and winning the social and financial returns of investment with strategic management socially and financially as corporate social and financial performance (CSP & CFP). By making use of social innovation from social enterprise business models increase the effectiveness, efficiency, and cost-effectiveness to make profit and solve social problems which integrated with work integration social enterprise (WISE) simultaneously (Sanchis-palacio, Campos-climent, & Mohedano-suanes, 2013) as social cooperatives in European union states.

The social enterprises for the aged healthcare compromised commitment of trust through quality of services will increase the positive worthy social impact upon the awareness, identity, and loyalty by the norm of reciprocity (NOR) rather than social exchange theory (SET) (Prause, Mendez, & Garcia-agreda, 2013). The corporate social responsibility strongly related to the business and public policy, the public-private partnership ought to be disseminated and reflected as the principles for designing the desired outcomes. Creating innovative social enterprises business models must integrate the knowledge economy into the social economy for solving the envisioning, empathizing, and empowering services as a whole (Alba, Garcia, Alvarez-Coque, & Mas-verdu, 2013).

The nine primary prototype business models for social enterprise can be categorized into three patters: embedded, integrated, and externalized. Nonetheless, Osterwalder's (2004, 2008, 2013) nine building blocks within four dimensions such as (1) Fundamental Infrastructure from value configurations, core capabilities, partnership network; (2) Value Proposition from commodities supply; (3) Customer Relationship management of target customer segments, distribution channels, and customer relationships; and (4) Financial revenue through Cost Structure and Revenue Model. The social enterprise business models can be strategically functioning at two levels: (1) Operating at Fundamental Infrastructure, Value Proposition, and Customer Relationship, and (2) Resourcing at cost and revenue flows. And also, different periods and phases may adopt various sustainable business models (Arnaert, Heuvel, & Windey, 2005; Josefsson & Ryhammar, 2010; Law, 2002; Wistow, 1997; Hall, 1992; Dees, Emerson, & Economy, 2001; Dees, 1998; Defourny, 2001).

Upon this empirical study on community care depots key performance indices, a cluster analysis was conduct from a series of successive longitudinal assessments. Seven clusters were identified as Accelerating, Branding, Changing, Difficulty, Excellent, Failing, and Generating. The excellent cluster business models for community care depots as social enterprise were used as benchmark for clarifying the best of the best models thereafter. Four key paradigms are illustrated as (1) interchanging; (2) best of the best; (3) fleckless; and (4) advantageous for practicing the best business models through nine fundamental and fourteen innovative social enterprises and introduced by social innovation processes.

The axis from social, spiritual, and life meaning of life must be specified into a five-activity-based movement. In Chinese, the so-called five movements (Tongs,動) would be physical activity, touching activity, interaction activity, sports activity, and labor activity (活動、感動、互動、運動和勞動) are good at achieving complicated advantages. The member-based, faith-based, community-based, and civil services organizations are essential to active ageing pastoral and health care services. Life

story as trajectory in life course may recreate the life peak experience from linking significant life events. By way of touching stories from dream rangers conduct by Handao foundation, evergreen orchestra players, to life drama stage are all the records for noting the exciting histories from life story-telling. Through social marketing of consciousness and identity with compassion and commitment, social participation and social rights may be guaranteed thereafter.

Thus, the community-funded and sustainability-based hybrid business models are united as a whole new system to integrate the needed resources as a whole to provide the services to the aged concerns simultaneously (Oasterwalder, 2013). Of the community-funded regard, customer segment for beliefs, suppliers chains, and buyers are linked with customer bonds in common needs and the core values as branded the whole system as a community care depot. And to the sustainability-focused business models, the community care depots as social enterprise can be regarded the exchange of matured market (commodities as products, services, and ideas) and customers (and clients and citizens) with volunteers and story-telling life trajectory/course as quality of life(style).

Conclusions and Suggestions: Social Enterprise Business Models as Social Innovations in Social Economy

The simplest goal for social enterprise is aimed to use business models to solve social problems simultaneously and/or after/before the timing. Along with the corporate social responsibility spectrum, social objectives are highly appreciated for providing healthcare within civil society by the community care depots as nonprofit voluntary services and civil services organization benefited from business models. By the way, ecological and cultural problems can also be solved at the same time by social enterprise business models. Furthermore, the dual achievement from sustainable and accountable goals are obtained from governance, management, finance, and innovation of social enterprise business models learned from community care depots in the preface interface healthcare services of the Taichung Metropolitan City from Midland Taiwan. The welfare dependency effect from subsidy cannot be relied upon unstable government expenses, individual donations, or business sponsorship either.

The social impacts and responsiveness to the public in general is regarded as the most effective and efficient way from transparency accountable to different stakeholder at various levels such as employees, customer, shareholder, and citizens within the civil society. The revenues from nonprofit channels such as charity, philanthropy, foundation, faith-based/religious organizations, member-based organizations, self-help groups, voluntary services, independent sector, and cooperative and other CSR corporates may infuse and include the stakeholders as a

community care service partner network. According to the business principles, market characteristics, and marketing values responding to the customers, business models can independently develop its own unique social enterprise for social return of invest (SROI) as the outcome measure performance.

The social enterprise business models are influenced by the business culture and civil partners upon corporate social impact and social resource strategy, especially for those theories such as public goods, reinvest, and non-distributive doctrines to gain the sustainable reputation from transparency rather than purely financial disclosure. Human, social, and financial capitals are all needed and necessary for business models as social enterprises. The best practice paradigms of community care services are core issues for social economy and cultural ecology revenues by transforming services marketing into the Blue Ocean oriented, and inventing, implementing, and innovating the core technology from core competency needed under an interdisciplinary practice team-building process-oriented experience.

Bibliography:

- Alba, M. F., Álvarez-Coque, J. M. G., & Mas-Verdú, F. (2013). New firm creation and innovation: industrial patterns and inter-sectoral linkages, International Entrepreneurship and Management Journal, 9, 4, 501-509
- Arnaert, Antonia Van Den Heuvel, Bernadett & Windey, Tarsi (2005). Health and Social Care for the Elderly in Belgium, Geriatric Nursing, 26, 6, 366-371.
- Dees, J. G. (1998). The Meaning of Social Entrepreneurship, http://www.fuqua.duke.edu/centers/case.
- Dees, J. G. Emerson, J. & Economy, Peter (2001). Enterprising Nonprofit: A Toolkit for Social Entrepreneurs. London: John Wiley and Sons.
- Defourny, J. (2001). Introduction: From third sector to social enterprise, in Carol Borzaga & Jacques Defourny (eds.), The Emergence of Social Enterprise 1-28. London: Routledge.
- Hall, Peter Dobkin (1992). Inventing the Nonprofit Sector and the Essays on Philanthropy, Voluntarism, and Nonprofit Organization. London: The John Hopkins University Press.
- Josefsson, Karin & Ryhammar, Lars (2010). Threats and Violence in Swedish Community Elderly Care, Archives of Gerontology and Geriatrics, 50, 110-113.
- Law, Pearl P. W. (2002). Calcaneal Quantitative Ultrasound Measurements: A Cross Sectional Study Among Elderly Chinese in a Care and Attention Home Complex and in the Community, Hong Kong Physiotherapy Journal, 20, 1, 2-5.
- Lima, Julie Caughy, Margaret Nettles, Saundera M. & O'Campo, Patricia J. (2010). Effects of Cumulative Risk on Behavioral and Psychological Well-being in First Grad: Moderation by Neighborhood Context, Social Science & Medicine, 71, 1447-1454.
- O'Campo, Patricia Vaughy, Margaret O'Brien Ronson, Robert & Xue, Xiaonan (1997). A Comparison of Two Analytic Methods for the Identification of Neighborhoods as Intervention and Control Sites for Community-based Programs, Evaluation and Program Planning, 20, 405-414.
- Osterwalder, A. (2004). The Business Model Ontology, A Propositional in a design science approach. Univertsite de Lausanne Ecole des Hautes Etudes Commerciales. http://www.hec.unil.ch/aosterwa/PhD/ Osterwalder, A., Pigneur, Y., & Smith, A. (2010). Business Model Generation. NY: Wiley.
- Oasterwalder, J. (2013). Business Models. http://www.businessmodelgeneration.com retrieved Nov 30th 2014.

 Prause, G., Mendez, M. M., & Garcia-Agreda, S. (2013). Attitudinal loyalty and trust in entrepreneurship:

 building new relationships. International entrepreneurship and management journal 9.4, 531-540.
- building new relationships, <u>International entrepreneurship and management journal.</u> 9, 4, 531-540. Sanchis-Palacio, J. R., Campos-Climent, V., & Mohedano-Suanes, A. (2013). Management in social enterprises: the influence of the use of strategic tools in business performance, International Entrepreneurship and Management Journal, 1-15.
- Sundquist K., Eriksson U., Kawakami N., Skog L., Ohlsson H., & Arvidsson D. (2011). Neighborhood walkability, physical activity, and walking behavior: the Swedish Neighborhood and Physical Activity (SNAP) study, Social Science & Medicine, 72, 8, 1266-1273.
- Wistow, Gerald (1997). De-centralization from Acute to Home Care Settings in England, Health Policy, 41, S91-108.