Enhancing Health Capital and Promoting Common Prosperity from the Perspective of Emerging Technologies

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***Abstract*—Achieving common prosperity is the essential requirement of socialism with Chinese characteristics and requires promoting social fairness and justice by improving the health level of the entire population. Health capital plays a crucial role in personal development, social mobility, and economic growth. However, health disparities among different groups also constrain income distribution and social mobility. In the process of building a healthy China, emerging technologies have provided new paths for narrowing health inequalities and improving health capital. This paper first analyzes how inequality in health capability affects social mobility and then explores the application of emerging technologies such as internet healthcare, artificial intelligence, wearable devices, and genetic technology in promoting public health. It also presents practical cases to demonstrate the positive role of these technologies in improving medical efficiency and quality. In terms of theoretical foundation, the paper comprehensively applies theories of human capital, social stratification, and public economics, striving to deepen the understanding of the relationship between health and common prosperity from an interdisciplinary perspective. Finally, policy suggestions are put forward in terms of optimizing fiscal expenditure structure, improving health insurance, and incentivizing health promotion. The challenges and countermeasures that may be faced in policy implementation are also discussed. Narrowing the health gap requires leveraging the empowering role of emerging technologies, optimizing health investment structure, and improving policy systems while adhering to the concept of co-construction and sharing. This will ultimately enable the entire population to share the fruits of healthy development and provide a health foundation for promoting common prosperity.**

***Index Terms*—Health capital, Social mobility, Common prosperity, Emerging technologies**

I. Introduction

A. The Importance of Health Capital for Common Prosperity

Common prosperity is the essential requirement of socialism with Chinese characteristics and the common aspiration and beautiful vision of the people [1]. Achieving common prosperity requires not only promoting income growth and narrowing the gap between rich and poor at the material level, but also realizing comprehensive progress in spiritual culture, ecological environment, social governance, and other aspects [2]. Among them, improving the health level of the entire population is a key link in promoting social fairness and justice and enhancing people's well-being. As an important component of human capital, health capital not only affects individual productivity and quality of life, but also influences economic growth and social development [3]. From the perspective of human capital theory, health affects labor productivity and thus individual income levels [4]. The existence of health disparities not only exacerbates income differentiation, but also constrains social mobility, affecting the realization of common prosperity. Therefore, in the process of advancing common prosperity, the fundamental role of health capital in narrowing income gaps and promoting social mobility must be highly valued.

B. The Constraints of Health Inequality on Income Distribution and Social Mobility

Health inequality refers to the systematic differences in health status between individuals or groups [5], mainly manifested as significant disparities in health levels and medical accessibility among different income classes, urban and rural areas, and occupational groups. According to statistics, in 2022, the life expectancy per capita in China was 78.2 years, but there was a gap of 7.29 years between different provinces and a gap of 3.09 years between urban and rural residents [6]. Health disparities not only stem from the uneven distribution of medical resources, but are also influenced by socioeconomic factors such as education level, employment environment, and lifestyle [7]. The poor are more disadvantaged in terms of medical expenditure burden and disease risk, and health problems further exacerbate their income and development situation. World Bank data shows that the proportion of people who fall into poverty or return to poverty due to illness accounts for 44.1% of the poor population [8]. From the perspective of social stratification theory, the disparities in the distribution of health as a scarce resource among different classes further reinforce the existing pattern of social inequality [9]. It can be seen that health inequality exacerbates income distribution gaps and hinders the upward mobility of the poor. From the perspective of intergenerational transmission, the future development of children from poor families will also be greatly affected due to nutritional and medical constraints, solidifying class differentiation [10]. Ignoring fairness and justice in the health field will inevitably inhibit the vitality of vertical social mobility.

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C. Challenges Faced in Building a Healthy China

The report of the 20th National Congress of the Communist Party of China pointed out that it is necessary to ensure people's health in an all-round and whole-cycle manner, increase life expectancy per capita, and promote people's all-round development [11]. This provides a fundamental guide for building a healthy China. In recent years, driven by the reform of the medical and health system and the increased investment in health undertakings, the overall health level of Chinese residents has improved. However, many challenges still exist. First, the acceleration of population aging and the increased burden of chronic diseases have put forward higher demands for medical services. It is estimated that by 2022, the elderly population aged 60 and above has reached 267 million, accounting for 18.9% of the total population [12]. At the same time, chronic diseases such as cardiovascular and cerebrovascular diseases and malignant tumors have become the main causes of death for residents. Second, the regional distribution of high-quality medical resources is uneven, and the service capacity of primary medical institutions urgently needs to be improved. In 2021, the number of medical and health institution beds per 1,000 people in China was 6.93, but it was 7.53, 6.38, and 6.62 in the eastern, central, and western regions respectively, showing obvious disparities [13]. The proportion of patients seeking medical treatment within the county is only around 65%, and the primary diagnosis and hierarchical diagnosis and treatment system needs to be improved [14]. Third, the overall planning level of urban and rural residents' medical insurance is not high, and the proportion of personal health expenditure remains high. In 2022, personal health expenditure accounted for 29.8% of total health expenditure in China, higher than the international warning line of 15% [15]. In addition, from the perspective of health investment structure, China's public health expenditure only accounts for 7.8% of total health expenditure, while it generally exceeds 10% in developed countries [16]. The proportion of medical service expenditure is too high, and investment in public health, health management and other fields is insufficient. Faced with the above difficulties and problems, it is necessary to give full play to the huge potential of emerging technologies in health applications, optimize the health investment structure, and accelerate efforts to make up for the shortcomings in people's livelihood, so as to lay a health foundation for comprehensively building a modern socialist country.

II. Analysis of the Impact of Health Capability Inequality on Social Mobility

A. Inequality in Education and Employment Opportunities Caused by Health Disparities

Health is the foundation for individuals to achieve upward mobility through education, employment and other channels. However, the unequal distribution of health, especially early childhood health problems, will lead to lifelong inequality in development opportunities [17]. First, children from poor families are prone to cognitive and learning impairments due to malnutrition and frequent illnesses, making it difficult for them to obtain good academic performance and opportunities for further education, thus sowing the seeds of educational inequality [18]. Studies have found that the incidence of malnutrition among rural children is 2.8 times that of urban children, and their academic performance and enrollment rates are also significantly lower than those of urban children [19]. Second, health status also affects the employment competitiveness of the labor force. Data shows that the average wage of workers with chronic diseases is 15.2% lower than that of healthy workers [20]. Rural and informal employment workers, due to their high incidence of occupational diseases and insufficient medical security, find it very difficult to improve their situation through occupational mobility [21]. It can be seen that in the face of health risks and medical expense burdens, disadvantaged groups find it very difficult to obtain upward education and employment opportunities, and instead fall into a vicious cycle of intergenerational poverty transmission.

B. Health Expenditure Burden Exacerbates Household Income Differentiation

The economic burden caused by health problems is an important reason for exacerbating household income differentiation. On the one hand, low-income families face greater disease burdens, but their ability to pay for medical expenses is limited, making it difficult for them to obtain timely diagnosis and treatment. They can only choose to give up treatment or borrow money for medical treatment, resulting in a vicious cycle. Research shows that the proportion of poor people who give up treatment after falling ill is as high as 13.8%, while this proportion is only 1.6% for high-income groups [22]. On the other hand, even though medical insurance coverage continues to expand, the level of protection for serious illnesses is still insufficient. It is estimated that in 2022, the incidence of poverty due to illness in China was 0.6%, and the incidence was significantly higher in rural areas and central and western provinces [23]. Under the pressure of medical expenses, many poor families are forced to reduce other necessary consumption and investment, exacerbating the income and wealth gap with wealthy classes. In the long run, the excessive burden of medical expenses not only affects current consumption, but also squeezes out human capital investments such as education and training, weakening the development capabilities of family members, especially children, and solidifying intergenerational poverty [24]. In the context of the urgent need to improve medical security, the ability of families to share health economic risks will directly affect their income status, and thus affect the overall pattern of income distribution in society.

C. The Constraints of Health Level Differences between Income Classes on Social Mobility

The health level gap between income classes in turn reinforces social stratification. Generally speaking, the higher

the income level, the more capable people are to obtain high-quality medical resources. Coupled with the influence of lifestyle and health literacy factors, the wealthy class generally enjoys higher life expectancy and health levels [25]. The poor, on the other hand, mostly engage in high-intensity manual labor, have poor nutritional conditions, and face high risks of occupational and chronic diseases, making it difficult to maintain stable labor capacity [26]. Low-income classes generally have problems such as poor accessibility to medical services and excessive medical treatment, which further exacerbates their health conditions [27]. From the perspective of social mobility, the health gap between the rich and the poor means that they enjoy different quality health capital stocks, which affects the starting point of development for children from different classes and transforms health inequality into solidified employment and income opportunities through intergenerational transmission [28]. This is in line with the view in social stratification theory that capital endowment affects class mobility [29]. It can be said that narrowing the health gap between different income groups is a key measure to achieve educational equity, employment equity, and promote vertical social mobility. Table I compares the main health indicators of different income groups in 2022. Data source:

TABLE I
COMPARISON OF MAIN HEALTH INDICATORS OF DIFFERENT INCOME GROUPS IN 2022

Income group	Life expectancy per capita (years)	Prevalence of main chronic diseases (%)	Medical service utilization rate (%)
Lowest income group	73.2	33.5	21.7
Middle income group	77.5	28.9	28.4
Highest income group	80.6	25.1	35.2

National Bureau of Statistics

III. The Role of Emerging Technologies in Improving Health Capital for All

A. Internet Healthcare Alleviates the Uneven Distribution of High-quality Medical Resources

Internet healthcare breaks the time and space limitations of high-quality medical resources by realizing the integration of online and offline medical services. With the help of internet-based consultation, appointment, and referral services, patients can obtain diagnosis and treatment from well-known experts without leaving home, greatly improving the accessibility of high-quality medical care [30]. According to statistics, in 2022, the number of internet hospitals in China exceeded 1,800, and the number of internet diagnosis and treatment users reached 520 million, accounting for 49.5% of the overall netizen population [31]. Internet healthcare is expected to significantly improve the diagnosis and treatment conditions in rural and grassroots areas, enabling more poor people to receive high-quality medical care in a timely manner. Taking the Second People's Hospital of Chengdu as an example, the hospital cooperated with JD Health to carry out the "Internet + Hierarchical Diagnosis and Treatment" service. Relying on the JD Health APP, the hospital's expert team provides remote consultation, appointment referral, and two-way referral services to primary medical institutions. In 2022, the service covered more than 20 counties in Sichuan Province, promoting the vertical flow of high-quality medical resources, improving the capacity of chronic disease management and critical illness treatment at the grassroots level, and enabling patients in poor areas to enjoy high-quality diagnosis and treatment at their doorstep [32]. In addition, the accumulation of internet healthcare big data provides decision support for health management and disease prevention. The government can make use of the internet healthcare data platform to grasp the characteristics of health needs of different populations, so as to allocate medical resources in a targeted manner and narrow the gap in the supply of health services between regions and groups [33]. The integrated development of internet technology and medical services provides new ideas for solving the uneven distribution of high-quality medical resources and promoting the supply-side structural reform in the health field.

B. AI-Assisted Diagnosis and Treatment Improves the Service Capacity of Primary Medical Institutions

Artificial intelligence has shown broad application prospects in the fields of medical image analysis, assisted diagnosis, drug development, etc., especially in improving the service capacity of primary medical institutions. Faced with the shortage of primary medical talents, artificial intelligence can significantly improve the efficiency and accuracy of diagnosis by empowering medical staff, thus ensuring medical quality [34]. Taking Fudan University Cancer Hospital as an example, the hospital independently developed an AI-assisted diagnosis system that has been applied to breast cancer screening. Through deep learning of massive breast X-ray images, the system can quickly identify malignant tumor features and assist doctors in diagnosis, increasing the early diagnosis rate of breast cancer from 60% by manual diagnosis to over 90% [35]. Promoting similar systems in primary medical services is expected to make up for the shortage of human resources, reduce the workload of medical staff, and improve the efficiency and accuracy of disease diagnosis. In addition, intelligent guidance systems can optimize the medical treatment process and alleviate problems such as difficulty in seeking medical treatment. With the advancement of technologies such as 5G and the Internet of Things, the combination of artificial intelligence and the medical Internet of Things will further release the potential of primary medical service supply [36]. In the long run, artificial intelligence will expand the coverage of high-quality medical resources, enabling people in remote areas to enjoy high-quality diagnosis and treatment nearby, thus promoting the overall improvement of health levels between regions and between urban and rural areas. A new service model of primary diagnosis, hierarchical diagnosis and treatment, and linkage between upper and lower levels is expected to accelerate.

C. Wearable Devices Promote Health Management Awareness and Behavior

With the rapid development and widespread application of health wearable devices, people's health management awareness and behavior have undergone positive changes. Devices such as smart bracelets and body fat scales enable users to intuitively understand their own health status through real-time collection and analysis of human physiological data, so as to adjust their diet, exercise and other lifestyles in a targeted manner [37]. At the same time, the research and development and application of medical-grade wearable devices have made home-based rehabilitation monitoring and chronic disease management possible. Taking wearable ECG monitoring devices as an example, after patients wear the device, ECG data can be transmitted to the cardiac rehabilitation management system in real time, enabling doctors to remotely monitor changes in heart conditions and adjust treatment plans in a timely manner, reducing the occurrence of complications [38]. The popularization of wearable devices has enabled more patients to shift from "passive medical treatment" to "active management", which helps to improve the accessibility and compliance of health management. The massive data generated by wearable devices further provides an important reference for public health decision-making. By integrating and analyzing population health data, health management departments can better assess disease burdens, predict major epidemics, and formulate targeted health intervention strategies [39]. In general, wearable devices allow people to become the first responsible person for their own health, while also making health management more intelligent and refined, playing a positive role in improving the health literacy of the entire population and promoting the formation of healthy behavior habits.

D. Genetic Technology Helps Prevention and Control of Major Diseases

The rapid progress of genetic technology has brought new breakthroughs in the prevention and control of major diseases. Through precise detection of genetic information and variant loci, genetic technology can be applied to early warning, subtype diagnosis, and individualized treatment of diseases [40]. Taking malignant tumors as an example, genetic testing can help identify high-risk groups and tailor early diagnosis and treatment plans for them, thereby significantly improving the effect of tumor prevention and treatment. Since 2015, a tertiary hospital in Beijing has provided genetic testing services for tumor patients and guided medication based on genotyping results, increasing the treatment effectiveness rate from 30% with traditional chemotherapy to over 70% [41]. For genetic metabolic diseases such as phenylketonuria, genetic diagnosis can promptly identify pathogenic genes and adopt dietary intervention and other measures to prevent the occurrence of intellectual disabilities [42]. It can be foreseen that with the deepening of research in genomics, epigenomics and other fields, as well as the maturity of cutting-edge technologies such as gene editing and stem cells, genetic technology will play an increasingly important role in the prevention and treatment of major diseases. Personalized medicine is expected to replace the traditional "average" diagnosis and treatment model, enabling more patients to benefit from it. In particular, breakthroughs are expected in the prevention and control of some genetic diseases, reducing the burden of health inequality on related patients. Table II lists typical applications of genetic technology in the prevention and treatment of major diseases. Source: Compiled based on public information

TABLE II
TYPICAL APPLICATIONS OF GENETIC TECHNOLOGY IN THE PREVENTION AND TREATMENT OF MAJOR DISEASES

Disease field	Application scenario	Expected effect
Malignant tumors	Gene mutation detection, early screening	Improve screening sensitivity, achieve early diagnosis and treatment
Cardiovascular and cerebrovascular diseases	Gene typing, individualized medication	Improve drug precision and safety
Rare diseases	Genetic diagnosis, identification of pathogenic genes	Clarify diagnosis, guide genetic counseling
Infectious diseases	Detection of pathogen genes, traceability and drug resistance monitoring	Strengthen prevention and control of infectious diseases, curb the spread of resistant genes

IV. Fiscal Expenditure Structure Optimization and Health Promotion Policy Recommendations

A. The Necessity of Increasing Investment in Public Health and Primary Medical Care

At present, personal health expenditure still accounts for more than 29% of total health expenditure in China, while government health expenditure accounts for less than 30%, which is quite different from developed countries [43]. From the perspective of expenditure structure, China's public health expenditure only accounts for 7.8% of total health expenditure, lower than the international average of 15%. At the same time, the government subsidies received by primary medical and health institutions are insufficient, and the growth rate of fiscal investment is lower than that of hospitals, which urgently needs to be strengthened [44]. This investment structure has, to a certain extent, led to the distortion of resource allocation of "emphasis on treatment and neglect of prevention", and has also exacerbated income and development inequalities caused by health problems. To this end, it is recommended to further increase the proportion of government health investment and optimize the expenditure structure. In the field of public health, investment in disease prevention and control, maternal and child health care, health education and other aspects should be increased, so as to achieve "prevention first, and combination of prevention and treatment" [45]. In the field of primary medical care, financial subsidies for rural primary and community medical and health institutions should be strengthened, and the level of investment in infrastructure, information technology construction, and talent team building should be

increased. At the same time, it is recommended that the central government further increase transfer payments and guide local governments to optimize the expenditure structure, taking health investment as a priority area for people's livelihood and giving key guarantees [46]. In short, through fiscal expenditure efforts, focus on making up for shortcomings in public health services and building a strong foundation at the grassroots level, in order to provide a solid institutional guarantee for narrowing the health gap and safeguarding health equity and justice.

B. Giving Full Play to the Supplementary Role of Commercial Health Insurance

In the multi-level medical security system, commercial health insurance is a beneficial supplement to basic medical insurance. However, at present, the scale of commercial health insurance in China is relatively small. In 2022, the premium income of health insurance was only 863.5 billion yuan, with a penetration rate of less than 6% [47]. At the same time, restricted by the level of economic development, it is difficult to comprehensively expand the coverage of basic medical insurance. Therefore, it is urgent to give full play to the supplementary role of commercial health insurance. On the one hand, insurance companies are encouraged to innovate products and services, and develop special insurance types for medical expenses of serious illnesses, special drug expenses, maternity medical care, etc., to meet the needs of multi-level health protection [48]. At the same time, market supervision should be strengthened to regulate underwriting and claim settlement behaviors and safeguard the legitimate rights and interests of consumers. On the other hand, the implementation of the individual income tax preferential policy for commercial health insurance should be accelerated, encouraging employers to purchase supplementary medical insurance for employees and providing tax deductions and other preferential treatment for insured individuals [49]. In addition, the development of commercial long-term care insurance should be promoted to provide services such as life care and rehabilitation nursing for the disabled and semi-disabled elderly, reducing the burden of family care [50]. In the long run, vigorously developing commercial health insurance will not only help reduce the medical burden of residents and improve the multi-level medical insurance system, but also deepen medical reform and build a healthy China. However, it is necessary to face the many challenges in the development of commercial health insurance, such as serious product homogeneity and the need to improve the level of business management [51]. Relevant supporting reforms need to be accelerated to create a good market environment.

C. Establishing an Incentive Mechanism for Promoting Health for All

At present, the disease burden caused by chronic diseases is becoming increasingly heavy, but the existing medical insurance payment method is still mainly based on fee-for-service, and the enthusiasm of medical institutions and insured individuals for preventive health care is generally not high [52]. To reverse this situation, it is recommended to incorporate health management into the reform of the medical insurance payment method and establish an incentive mechanism for promoting health for all. For medical institutions, under the total budget management of medical insurance, appropriate rewards can be given to medical institutions that carry out health management services such as family doctor contract services and chronic disease management, guiding them to strengthen health management for insured persons [53]. At the same time, performance evaluation indicators should be improved, and the effect of preventive health care and health management should be linked to medical insurance payment. For insured individuals, on the basis of regular physical examinations, appropriate rewards from the medical insurance fund can be given to those who improve their lifestyle and meet certain health management requirements, mobilizing their initiative for self-management [54]. In specific implementation, attention should be paid to strengthening the refined management of medical insurance and the interconnection of information systems, providing basic support for the integration, analysis and application of health big data. In addition, the role of family doctors as "gatekeepers" of residents' health should be brought into play, and a new pattern of "primary diagnosis, two-way referral, and linkage between upper and lower levels" should be constructed for hierarchical diagnosis and treatment [55]. In short, through strengthening institutional incentives and constraints, the focus of medical services will be shifted forward, contributing medical insurance strength to reducing the disease burden and maintaining health equity.

D. Improving the Integrated Medical-Nursing-Health Service System

With the acceleration of population aging, the number of disabled and demented elderly people is increasing rapidly, and the traditional "treatment-oriented" medical and health service supply can hardly meet the rapidly growing demand for healthy aging. To this end, the report of the 20th National Congress of the Communist Party of China proposed to "comprehensively promote the construction of a healthy China and implement the national strategy to actively respond to population aging" [56]. This provides a path guide for improving the integrated medical-nursing-health service system. Specifically, on the one hand, it is necessary to promote the orderly sinking of medical and health resources, encourage qualified public hospitals and primary medical and health institutions to set up geriatric departments, and cooperate with elderly care institutions to carry out services such as on-site visits, rehabilitation nursing, and hospice care [57]. At the same time, social forces should be supported to actively participate in the supply of health and elderly care services, and develop institutions that combine medical care and nursing care, geriatric hospitals, and rehabilitation hospitals to provide continuous and comprehensive medical care services [58]. On the other hand, it is recommended to integrate service

resources such as medical treatment, rehabilitation, nursing, and elderly care, strengthen the service capacity of home and community elderly care, and build a "15-minute home elderly care service circle" [59]. Make full use of technologies such as the Internet, big data, and the Internet of Things to develop smart health and elderly care and realize online and offline integrated services. In addition, further human resources and intellectual support as well as institutional and policy support will be provided for the integrated development of medical care, nursing care, and health care by cultivating talent teams such as eldercare nurses and health managers, and optimizing relevant systems such as long-term care insurance. In short, based on the changes in medical and health needs in an aging society, the concept of big health and big health should be firmly established with health as the core, and service networks and innovative service models should be continuously improved to provide the elderly with health and elderly care services covering the entire life cycle and with diversified content, ultimately achieving healthy aging [60].

V. Conclusion

A. Narrowing the Health Gap is a Key Path to Achieving Common Prosperity

Health capital is crucial to personal development, social mobility, and economic growth, and is an inherent requirement for comprehensively building a modern socialist country. At present, there are still significant health disparities among residents and regions, and the problem of health inequality seriously restricts the improvement of the income distribution pattern and vertical social mobility. Health disparities lead to inequality in educational opportunities and employment opportunities, exacerbating intergenerational transmission of poverty. Excessive health expenditure directly affects household income and consumption levels. In general, narrowing the health gap and achieving health equity have become key paths to solving the problem of income distribution and safeguarding social fairness and justice. Only by enabling the fruits of reform and development to benefit all people more and more equitably, and by allowing the people to have a greater sense of gain in the process of co-construction and sharing of development, can development momentum be enhanced, people's unity be enhanced, and social harmony be promoted [61]. This is also a vivid reflection of the people-centered development thought in the health field.

B. Leveraging the Empowering Role of Emerging Technologies to Promote Health Capital Improvement

At present, emerging technologies such as the Internet, big data, and artificial intelligence are profoundly reshaping the supply of medical and health services, providing unprecedented new paths for narrowing the health gap and improving the supply of health capital. Internet healthcare breaks the time and space limitations of high-quality medical resources, enabling patients in remote and poor areas to share high-quality diagnosis and treatment services. The application of new technologies such as AI-assisted diagnosis and treatment has greatly improved the capacity of primary diagnosis and disease prevention. Wearable devices have effectively promoted health management and health literacy improvement. Genetic technology has brought new breakthroughs in the prevention and control of major diseases. It can be said that under the guidance of the goal of common prosperity, adhering to innovation-driven development and accelerating the application and demonstration of advanced technologies in the health field are not only key measures to improve the supply capacity of health services and optimize the supply structure, but also a necessary path to promote high-quality economic development and accelerate the construction of a new development pattern. This requires correctly handling the relationship between the government and the market, firmly establishing the core position of innovation in the overall situation of modernization, promoting high-quality development of medical and health care with new technologies, and striving to form a new format and model of "digital health" [62].

C. Optimizing the Investment Structure in the Health Field and Improving the Relevant Policy System

To promote the health of the whole people and achieve common prosperity, the key is to give play to the advantages of the system, adhere to the systematic concept, and improve the policy system in the health field. Fiscal investment is an important guarantee for promoting health equity. In view of the current shortcomings such as insufficient public health investment and weak primary service capacity, efforts should be made to increase the proportion of government health investment and optimize the expenditure structure to accelerate the shortcomings in public health services. Vigorously develop commercial health insurance and accelerate the pilot of long-term care insurance to provide beneficial supplements to basic medical insurance. In view of the stubborn problem of "emphasis on treatment and neglect of prevention" in medical and health services, a variety of compound medical insurance payment methods such as Diagnosis-related Groups (DRGs) should be implemented [63], incorporating health management into the scope of medical insurance payment, and strengthening the initiative of medical institutions and insured persons to "focus on prevention". In the face of the rapidly growing demand for healthy aging, a new model of healthy aging services that coordinates home, community, and institutional care and integrates medical care, nursing care, and health care should be vigorously developed. In short, following the main line of institutional innovation, the policy system should be continuously improved to weave a dense and solid health safety net, in order to provide a solid guarantee for the accumulation of health capital.

D. Adhering to Co-construction and Sharing, and Enabling All People to Share the Fruits of Healthy Development

President Xi pointed out that "without the health of the whole people, there will be no overall well-off society" [64]. The realization of the goal of common prosperity requires not only continuous income growth and narrowing of income

gaps among the people, but also the equalization of basic public services in the fields of education, culture, medical care, and health, so that more obvious substantive progress can be made in the all-round development of people and the common prosperity of all people [65]. This requires us to adhere to the people-centered approach, put the maintenance of people's health in a strategic position of priority development, incorporate health into all policies, accelerate the construction of a strong public health system, and strive to enable all people to fairly enjoy high-quality medical and health services. At the same time, the development of health undertakings is also inseparable from the extensive participation of all sectors of society. It is necessary to take co-construction, co-governance, and sharing as the guidance to promote the formation of a joint force of government, society, family, and individuals to promote health [66]. With the participation and joint action of the whole people, the health of the whole people will eventually be realized, allowing the fruits of reform and development to benefit everyone more and more equitably, and taking new and greater strides on the road to promoting the common prosperity of all people.

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