

Policy Suggestions Based on the New Model of Combining Medical and Elderly Care Services in Rural Areas

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Abstract: In recent years, population ageing has been deepening, and promoting the combination of medical care and old-age care services is an important measure to optimize the supply of health and old-age care services for the elderly. Although the policy of combining medical and elderly care services in rural areas has been continuously improved and made positive progress, there are still some problems in policy support, service capacity and talent construction. Therefore, the government should carefully plan the rural medical and pension system, formulate medium- and long-term plans, and actively take reform measures to establish a new rural medical and pension model. At the same time, strengthen the law, government supervision and publicity to promote the stable operation of the new model of combining rural medical care and old-age care.

Keywords: medical and elderly care services, rural pension insurance systems, reform

1. Introduction

The fact that the ageing population is becoming increasingly severe has become a critical problem restricting China's social and economic development. It also poses new challenges to establishing and improving the old-age security system. For a long time, due to the weak primary conditions in China's rural areas and the large proportion of the rural elderly population, the problem of elderly care in rural China has become highly prominent. Although the government has introduced some new policies to solve the problem of elderly care in rural society, there are still many problems, and they cannot bridge the current gap between urban and rural elderly care services. As a policy researcher, by studying the existing literature, analyzing the current problems in rural elderly care, and believing that to solve the problem of rural elderly care in China fundamentally, the government must act as the main body of policy formulation to protect the welfare and rights of rural elderly, eliminate the gap between urban and rural pension benefits. As a policy maker, the government must sort out and reflect on the existing security system based on family pensions, construct a new pension model, promote the development of rural pensions, and respond to the challenges brought by the ageing population.

2. Literature Review

2.1. The Problems of an Ageing Society

In recent years, it has become indisputable that China has rapidly entered an ageing society. According to the 2015 Statistical Bulletin of Social Service Development by the Ministry of Civil Affairs, by the end of 2015, China's population aged 60 and over was 222 million, accounting for 16.1% of the total population. The population aged 65 and over was 143 million, accounting for 10.5% of the total population, and the elderly population has increased by an annual average of 1 million to 24 million [1]; the empty nesting rate of the elderly in some regions is as high as 70%. This situation makes us face the problems of an imperfect social security system, low security levels, and insufficient investment in old-age care. The ability to deal with ageing urgently needs China to accelerate establishing a scientific and perfect social policy system to support it.

In addition to the large population base and rapid ageing growth, China's population ageing is characterized by the dual structure of urban and rural areas. Behind the rapid urbanization that followed was the flow of young people from rural areas into the cities, and due to the household registration system, the elderly could not enter the cities with their children, which increased the ageing of the countryside. In terms of total population, the proportion of 60-year-olds in rural, town and urban areas in the total population in 2015 was 18.47%, 14.53%, and 14.2% [1]. The proportion of the elderly in urban and township populations was significantly lower than in rural areas, and the ageing phenomenon in rural areas is more severe than in cities. Therefore, this situation makes the rural pension problem especially prominent.

2.2. China's Rural Endowment Insurance System

Rural China has long embraced the idea of family care. However, with the acceleration of urbanization, realising the traditional family pension security function in rural areas is challenging. Therefore, building a pension service system that conforms to rural reality and sustainable development has become an urgent task for rural economic and social development in the new era. On November 10, 2003, the Ministry of Labor and Social Security issued the "Notice on Doing a Good Job in Current Rural Pension Insurance" (Ministry of Labor [2003] No. 148), which made specific arrangements for rural pension insurance. To a certain extent, this guarantees the primary livelihood of the elderly farmers. However, the social security scale of the current endowment insurance system needs to be bigger, leading to the rural endowment insurance's lack of social nature [2].

2.2.1. Limitations about the Target Group of Pension Insurance

The current rural pension insurance encourages only eligible farmers to participate. The insurance covers rural people not registered in the city, regardless of gender and occupation, and the age of insurance premium is generally 20-60 years old. Monthly payment standards are 2, 4, 6, 8, 10, 12, 14, 16, 18, 20 yuan [2]. The age for receiving pension insurance should be over 60 years old. In fact, the rural pension insurance is protecting the rich rather than the poor, and the problem of the target population still needs to be effectively solved. Currently, the rural old-age insurance program is mainly carried out in the more developed rural areas, and almost all the insured people are wealthy rural residents. Even if these people do not participate in old-age social insurance, the future pension problem will be manageable. In the future, the pension will be complicated for poor rural residents who need pension insurance in economically underdeveloped rural areas. Therefore, we need a different kind of endowment insurance system to achieve our goal of realizing the rural endowment insurance system [3].

2.2.2. The Imperfection of the Current Endowment Insurance System

The Decision of The State Council on the Establishment of the Basic old-age insurance system for Enterprise Employees was promulgated in 1997. The Notice on Raising the Level of the Basic Old Age Insurance for Urban Employees issued by the Ministry of Labor and Social Security in 2001 stipulates that participation in the basic old-age insurance system is not suitable for the characteristics of migrant workers. In cities, the proportion of companies that sign contracts with migrant workers is deficient. Some local governments worry that implementing social security will affect investment promotion, and some companies are reluctant to raise costs, which has left older adults with rural hukou working in cities without pensions. In the future, older adults in rural areas will only have two or three children at most, and their children will most likely move to the cities to settle down. Current health insurance policies are divided into different regions and cannot be transferred or carried across regions. Most cannot take their children to the cities, and their pensions will become a serious problem [4].

2.3. Major Issues Concerning Health Care for Rural Elderly

In addition to the family pension model becoming increasingly unfit for social development, medical care has become a significant problem in rural old-age care. The need for health care runs through old age. Currently, health care and pensions have their ways, and it is challenging to solve the problem alone through family pensions. Due to the lack of professional elderly care knowledge, most existing elderly care service institutions mainly provide simple life care services, and professional medical services are few, especially in rural areas, where the burden of chronic diseases and semi-disabled older adults is heavy. There are still many deficiencies in rural medical and elderly care. First of all, the development level of geriatric nursing in rural China is low, which can not meet the medical care needs of the elderly. In addition, there is a gap between urban and rural working environments and wages, and elderly care workers in rural elderly care service institutions, especially highly qualified professional care workers, are scarce. At the same time, the workload of medical staff in rural medical and nursing institutions is heavy, and the salary and performance appraisal system could be better. Therefore, after combining medical care with medical care in rural medical institutions, the medical nursing talent team needs to be more stable, and the personnel turnover is grave. Most of the nurses in the existing rural nursing institutions are local rural women who lack professional nursing knowledge and can only provide simple nursing services. The shortage of medical and nursing professionals has become the bottleneck of developing rural medical and nursing institutions [5].

In addition, the economic burden of the elderly in rural areas is heavier. Most older adults in rural areas are in poor financial condition, and if they are seriously ill, their higher medical costs will leave them with a lower standard of living. Although some rural seniors want to enter institutions that combine medical care and elderly care, they can only hold back in the face of high care costs.

3. Policy Objective

The internal defects of the operation of urban and rural social endowment insurance systems and the complexity of external constraints determine that the overall planning process of rural social endowment insurance systems can only be accomplished after some time. It needs to be done progressively in stages and steps, with tasks and objectives for each stage and an overall plan developed progressively.

3.1. The Short-Term Goal

The short-term goal is to improve the existing social pension insurance system and increase the size of pension insurance funds by 2025. The focus is on expanding the new rural insurance pilot program's scope to provide basic pensions to everyone. The urban and rural social endowment insurance system is integrated separately. However, it can no longer be operated and managed independently and must be integrated into a whole for comprehensive planning. From the unified system model, the unified calculation method, and the unified management system macro level to gradually establish and improve the system [6].

3.2. The Medium-Term Goal

The medium-term goal is to change the urban priority policy and achieve coordinated development of urban and rural pension insurance systems by 2035. It is necessary to design some transitional social endowment insurance systems, increase the investment in rural social endowment insurance, and improve the existing rural social security level. At the same time, the state gives preferential policies and funds to rural areas and farmers, increases investment in rural infrastructure and primary education, accelerates rural economic development, and lays an economic foundation for establishing old-age security.

3.3. The Long-Term Goal

The long-term goal is to establish a unified urban and rural social endowment insurance system by 2055 and implement a rural social endowment insurance system according to the law. From the governance perspective, it is necessary to establish a unified urban and rural endowment insurance system. However, integrating urban and rural areas has differences, and it is necessary to adapt to urban and rural differences, regional differences, and group differences to formulate policies [7]. At the same time, it is necessary to legally confirm the status and role of the old-age insurance system in rural economic and social development. Standardize the responsibilities of rural social security executors and the rights and obligations of insured persons, and formulate a rural old-age insurance management system on this basis to promote the smooth implementation of the rural old-age insurance system.

4. Policy Suggestion

In order to improve the rural old-age service system and realize the goal of integrating urban and rural old-age service systems, it is necessary to break the original family old-age service model and establish a new model suitable for development. The combination of medical care and old-age service is a new model that can not only provide primary life care and spiritual support for the elderly but also pay more attention to the medical care of the elderly. Through the organic combination of medical and elderly care resources, to provide comprehensive, comprehensive and sustainable medical and nursing services for the elderly.

4.1. Function Linkage of Relevant Government Departments

The mode of departmental responsibility ambiguity and cross-management is one of the main obstacles hindering the development of rural medical integrated old-age care. Therefore, the management mechanism should be established in time to promote the development of a comprehensive rural medical old-age care model. First, break the institutional barriers, standardize the scope of responsibilities of civil affairs, health and finance departments in medical integration, avoid division of departments, overlapping powers and responsibilities, and waste of medical

resources. Under strict and standardized management, improve the qualification examination and approval management methods of rural medical institutions and elderly care institutions, speed up the examination and approval of administrative licenses, and improve the examination and approval efficiency [8].

4.2. Develop a Pension Model with Rural Characteristics

The rural government should plan the pension model of medical integration based on the local reality of the people and avoid adopting the same model as the city. At the same time, in building rural and elderly care institutions, we must use idle urban medical resources to reduce construction costs as much as possible [9].

4.3. To Further Develop Rural Industries and Increase the Income of Rural Elderly Families

To develop the rural industrial economy and promote the employment of young and middle-aged people in the vicinity so that they can take care of the lives of the elderly. We will strive to expand the space for the development of rural industries, adapt to the general trend of fragmented land management to multiple forms of large-scale management, support new agricultural enterprises such as family farms and e-commerce, increase farmers' economic income, enable young and middle-aged workers to take care of the elderly at home in their later years, and better meet the medical needs of the elderly [10].

4.4. Strengthen the Construction of Rural Medical and Nursing Personnel

It is necessary to improve the evaluation mechanism of comprehensive medical and nursing personnel and strengthen the stability of comprehensive medical and old-age care teams. Working conditions in rural healthcare and aged care facilities are relatively poor, and maintaining a stable workforce requires generous benefits and good job security to support it. Therefore, regarding professional title evaluation, salary system, and occupational risk protection, it is necessary to increase the policy preference for rural comprehensive medical talents. At the same time, activate the comprehensive medical talent flow mechanism, encourage and guide high-quality talents to effectively flow to rural grass-roots areas and positions in difficult areas, encourage and support retired medical experts to return to their hometowns, and use rural medical and pension institutions to demonstrate their high capabilities. At the same time, qualified rural healthcare institutions and elderly care institutions should regularly select personnel to go out for training to improve the professionalism of their employees [9] [10].

4.5. Reform of Medical and Elderly Care Services

In this process, the government needs to fulfil its responsibilities and functions. The government should fully integrate rural and elderly care resources and provide government support and financial support, if necessary, for medical institutions or elderly care institutions that implement the joint model of medical care and elderly care. In addition, government supervision and management should be strengthened. Establish a professional regulatory body to unify the management of comprehensive medical and elderly care facilities and formulate relatively complete management standards and service quality evaluation mechanisms for comprehensive medical and elderly care services [10].

4.6. Encourage the Participation of Social Forces and Establish a Scientific and Predictable Medical and Pension Insurance System

We will focus on developing preferential models such as public-private cooperation and private subsidies. The government must continue to attract social organizations to join and guide the construction of rural comprehensive medical and elderly care institutions, vigorously support private investment enterprises to develop rural elderly care services in terms of financial subsidies and land allocation and strengthen the supervision of private enterprises.

4.7. Legislate to Protect the Rights of the Elderly

At the same time, legislation can also ensure the smooth development of the medical model. Local governments should formulate more targeted laws and regulations according to the specific needs of implementing comprehensive medical care and old-age care in rural areas to support the development of comprehensive medical care and old-age care models in rural areas. There is no relatively complete law on the combination of health care and elderly care services in our country and only a few scattered rules and regulations in other laws. This situation could be more conducive to developing comprehensive medical and old-age service models.

4.8. Improve the Quality of Rural Medical Service

Cooperation between the Top three hospitals and elderly care institutions is encouraged to provide not only medical services for the elderly but also better services for all groups in society. We will strengthen the integration of medical institutions such as rural sanatoriums and township health care centres. According to the situation of the elderly, a family doctor-style agreement is signed for these older adults to attend outpatient consultations. At the same time, daily care and preventive health care can be provided to the elderly to solve the medical difficulties of the elderly effectively. In terms of this approach, it is necessary to establish a service system supported by home care and medical institutions and encourage innovative service models that combine medical care and elderly care [11].

4.9. Change the Traditional Concept of Farmers and Strengthen the Awareness of Modern Old-Age Care

At present, the rural areas of our country are in a state of mixed pensions. Although many pension institutions exist in rural areas, most are based on family pensions, and many older adults would prefer to accept the social pension model. Therefore, in this case, the government and relevant departments need to increase the publicity of the elderly; we can use television, publicity boards and other channels to carry out elderly lectures and promote the modern elderly care concept. At the same time, the rural elderly should not only realize that the family is responsible for their old-age care, but society and the state also have the obligation and responsibility to make the elderly understand the importance of implementing comprehensive medical care and old-age care in rural areas, encourage the active participation of the elderly, and promote the sustainable development of the combination of medical care and old-age care.

5. Conclusion

As a new mode of old-age care, the combination of medical care and old-age care can not only effectively solve the shortage of traditional single-institution medical services but also meet the needs of the elderly. However, from a practical point of view, due to multiple problems, such as the bottleneck of medical insurance policies and the lack of professional talents, the organic integration

of medical care and old-age care is challenging and faces many difficulties and problems. Only by further innovating the system and mechanism, clarifying relevant standards, improving policies and regulations, eliminating development obstacles, forming a diversified and multi-channel comprehensive medical service network, and providing affordable public services for the elderly can we lay the foundation for establishing a solid urban and rural unified pension insurance system in the future

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