Research On the Current Situation, Problems, And Countermeasures of Integrating Pension Services with Medical Services in Rural China

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Abstract. With the deepening of China's population aging, integrating pension services with medical services has become the main content and key measure for promoting the Healthy China strategy and actively coping with the national strategy of population aging. This paper uses literature review and case analysis to sort out the background, general model, and existing problems of integrating pension services with medical services in rural China. It also identifies future development directions. Rural elderly people are a significant demographic with notable physical and mental health needs. Their demand for high-quality medical and nursing care services is high. At present, many successful models of rural medical care and nursing care have been formed, but there are also problems such as insufficient effective demand for medical care and nursing care, insufficient supply, imperfect policies, and a lack of professional practitioners. The future development of rural medical care and nursing care requires the establishment of a medical care and nursing care service system suitable for rural elderly people, the establishment of a unified multi-channel funding guarantee system, the mobilization of social forces to participate, and the training of more professional talents for rural medical care and nursing care.

Keywords: Population aging; integrating pension services; medical services; rural areas.

1. Introduction

Since 2000, China has entered into an era of demographic aging, with the rate of aging continuing to increase. Figure 1 illustrates the shifting trend of the proportion of individuals aged 65 and above and the dependency ratio in China from 2016 to 2023. The data indicates a persistent upward trend, suggesting a continued and imminent shift towards a society characterised by population aging. Concurrently, the overall health of the elderly population in China is a matter of concern. In 2018, the average life expectancy was 77 years, yet the healthy life expectancy was only 68.7 years. On average, Chinese residents experience an illness for more than eight years [1].

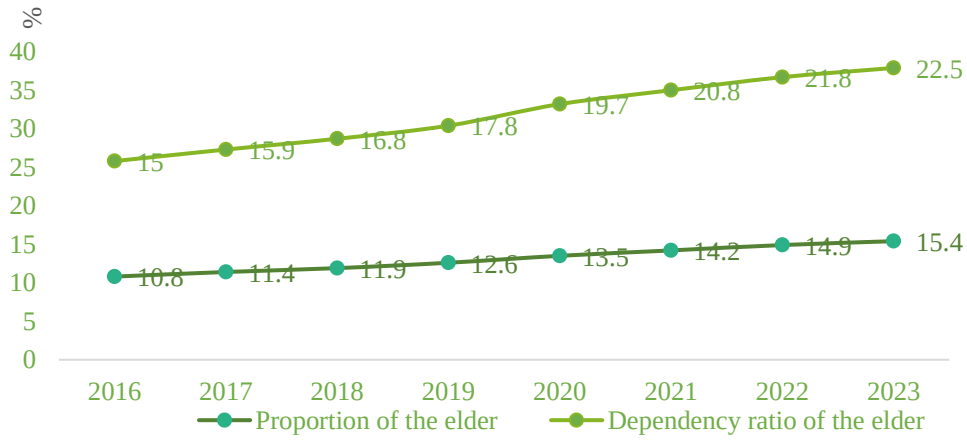

Fig. 1 Trends in the proportion of people aged 65 and above and the dependency ratio in China from 2016 to 2023

Data from https://www.stats.gov.cn/sj/ndsj/2024/indexch.htm

Population aging has brought about changes in the elderly population's demand for care. In terms of life care needs, the physical functions of the elderly will decline with age, and they may gradually become mildly disabled, or even severely disabled [2]. The demand for life care services among the elderly population is positively correlated with age. Concurrently, the prevalence of medical conditions tends to rise with age. This phenomenon is evidenced by the rising prevalence of the elderly population afflicted with chronic diseases, as well as the increasing complexity of their health profiles [3]. The increase in personal medical expenses is a reflection of it on the other hand [4].

In order to fulfill the growing demands of the elderly population for elderly care, medical care, and nursing services, China has actively explored scientific measures to promote healthy aging in response to this situation. Referring to the consensus strategy of ICOPE (Integrated Care for Older People) for coping with population aging, the policy of integrating pension services with medical services was proposed. Although there is no unified definition in terms of the concept, the basic connotation of integrating medical care and nursing care is inherently consistent. This policy emphasizes the effective connection and organic integration of medical and nursing resources, and also focuses on the mutual promotion and complementarity of medical and nursing services, so as to meet the needs of the elderly at different levels and ultimately achieve healthy aging [5]. The integration of medical and nursing care has emerged as a pivotal component in the implementation of the Healthy China Strategy and the national strategy for addressing population ageing [6].

In the process of promoting the integration of pension services with medical services, the integration of pension services with medical services in rural areas deserves more attention. Compared with urban elderly people, the absolute number of rural elderly people is large, the proportion of disability is higher, the physical health level is lower, and the mental health and other problems are more prominent, which need more attention. However, a significant disparity exists in the coverage rate of urban and rural elderly care facilities, with the coverage rate for rural elderly care facilities significantly lower than that of cities. Menwhile, the supply of elderly care services in rural areas is small, and the gap between supply and demand is even greater [7]. Compared with cities, rural areas have blind spots and difficulties in integrating medical care and nursing care [8]. The promotion of integrated medical and nursing services in rural areas is imperative and urgent.

2. General Model of Medical and Nursing Care Integration in Rural China

China launched the promotion of the integrating pension services with medical services, many beneficial attempts have been made in rural areas, and considerable results have been achieved, accumulating many excellent cases. The following is a summary of the general model of the integrating pension services with medical services in rural areas based on relevant cases [9].

First, rural elderly daycare centers are built together with village clinics to achieve the "integration of the two rooms". This model mainly involves upgrading and renovating existing rural elderly care facilities to build clinics, expanding existing rural clinics to enable them to provide elderly care services, and re-establishing facilities with medical and elderly care integration functions.

Second, rural elderly care facilities and health centers have reached cooperation agreements. This model integrates medical and elderly care resources through cooperation without building new facilities. The agreement signed between the Dongliang Town Central Health Center in Fumeng County and the Dongliang Town Elderly Care Center in Fumeng County to run a medical and elderly care ward jointly is an example of this model.

Third, the government collaborates with third-party companies to facilitate the chain operation of elderly care services. This model has been demonstrated to reduce the government's administrative expenses, whilst also leveraging the market's capacity to facilitate the integration of medical and elderly care services. The "Tianxin Home" elderly care service center in Yixiu District, Anqing City, Anhui Province is an example of this model.

Fourth, the government is forming agreements with service agencies to build an elderly care service platform that integrates medical and nursing resources in the region. This approach not only

saves the elderly the time and energy of searching for service agencies but also allows them to enjoy services with just one phone call and is also conducive to the formation of standardized, high-quality elderly care services. For instance, the Datian County government has entered into service agreements with a multitude of service agencies through the establishment of the Zehui Elderly Care Service Center. Moreover, it has leveraged the capabilities of the platform to centrally dispatch orders to service agencies catering to the needs of the elderly population.

Fifth, enjoy better medical services in medical and nursing facilities through telemedicine. Compared with cities, rural areas have lower medical and health conditions. Using telemedicine can allow rural elderly people to access high-quality medical resources in cities, which is conducive to achieving equalization of public services.

3. Existing Problems of the Integrated Medical and Nursing Model in Rural China

Although the integrating pension services with medical services in rural has produced many successful experiences in practice, there are also some problems.

3.1. Rural Elderly People Have Low Incomes and Effective Demand for Integrated Medical and Nursing Services Are Insufficient

Most rural elderly people have no labor or retirement income. Their main sources of income are subsistence allowances, government subsidies, and support from their children, which means they have low incomes and little savings. It is still unclear whether the cost of living in nursing homes for the disabled, demented, and empty-nest elderly can be included in the reimbursement scope of social medical insurance. As a result, rural elderly people generally have weak payment capabilities. Even if the integrating pension services with medical services is promoted and developed, most elderly people cannot afford the cost of living in nursing homes or even day care centers [9].

Taking Inner Mongolia as an example, the basic pension for rural residents in 2020 is 110 yuan / month, and the elderly over 80 years old can also receive a monthly old-age allowance of 100 yuan. The minimum cost of nursing homes in rural and pastoral areas of Inner Mongolia is 1,500 yuan per month (only providing ordinary living functions such as food and accommodation), and the highest is 4,500 yuan per month [10].

3.2. Rural Areas Lack Socialized Financing Mechanisms and Integrated Medical and Nursing Services Are Insufficient

On the one hand, due to limited local fiscal capacity, the government's investment in rural elderly care is relatively small. On the other hand, rural elderly care has high investment costs, high operating risks, and a long payback period. Social capital will not be motivated to provide elderly care services in rural areas without strong policy support [11]. At the same time, rural elderly care institutions mainly consist of township nursing homes and social elderly care institutions, and their construction levels are uneven. Compared with the huge rural elderly population, the overall supply of rural medical and elderly care services is insufficient [12].

3.3. Policies Related to the Integration of Pension Services With Medical Services in Rural Areas Need to Be Formulated, Piloted and Implemented

The Chinese policy of integrating medical and nursing care has been demonstrated to be of significant benefit to disabled and semi-disabled elderly people and their families, as evidenced by recent pilot initiatives. Nevertheless, the specific design of the policy for integrating medical and nursing care in rural areas remains to be elucidated [10].

Firstly, the policy system remains unestablished, and the coordination and linkage mechanisms between various management departments have not been implemented. Localities have not yet established a clear joint meeting system for various departments in the integrating pension services

with medical services, and the specific responsibilities of each department have not yet been clarified. For example, the Ministry of Civil Affairs and the National Health and Family Planning Commission jointly issued the "Notice on Doing a Good Job in the Licensing of Medical and Nursing Service Institutions". However, at present, applicants applying for medical and nursing institutions still have to consult multiple departments repeatedly. Each department can only provide guidance and replies according to its own responsibilities. No unified preparation and establishment guidance has been formulated, and it is impossible to fully guide applicants for medical and nursing institutions on how to proceed step by step according to procedures.

Secondly, the norms and standards at the policy level have not been followed up in a timely manner. The state and the autonomous region have issued guiding implementation plans for the integrating pension services with medical services, but the specific implementation details and standards have not yet been clarified, resulting in some policies being unable to be implemented. For example, Changji City has no relevant policy guidance documents on the procedures for opening home beds, there are professional risks in doctors practicing at multiple locations, and there is no compliance with the management standards for practicing physicians.

3.4. The Professional Quality of Rural Elderly Care Institution Employees is Not High

On the one hand, rural elderly care institutions do not have a high social reputation or staff remuneration, making it difficult to attract high-quality external medical and nursing staff to participate in the construction of rural integrating pension services with medical services. On the other hand, the talent training system for medical and nursing integrated elderly care services has not yet been perfected [13]. This defect has been transmitted to rural areas, resulting in the following phenomenon. Most nursing homes are not equipped with full-time or part-time professional technicians, and the cooks and caregivers are mostly peasant women from local or neighboring towns, who can only provide housekeeping services. Home and community-based elderly care is predominantly provided by older family members, who frequently possess a deficiency in fundamental health and nursing expertise, thus restricting their ability to offer services beyond basic necessities such as attire and nutritional support [14].

4. Development Direction and Suggestions for the Integration of Pension Services With Medical Services in Rural China

Based on the practice of integrating pension and medical services in rural areas and the problems therein, this article proposes the future development direction of rural medical care and nursing care as shown below.

4.1. A Medical and Nursing Service System Suitable for the Needs of Elderly Rural People Needs to Be Established

In light of the dispersed characteristics exhibited by rural residents, it is imperative to adopt a multifaceted approach that encompasses the concepts of "home-based support, platform-based assistance, and institutional supplementation". This approach, guided by policy directives, social infrastructure, and diversified support mechanisms, is crucial in establishing a medical and nursing service system that is tailored to the needs of rural elderly individuals [8]. In the context of institutional elderly care, efforts must be made to bridge the evident disparity between urban and rural medical and nursing services. A range of preferential policies should be implemented, including the elevation of subsidy standards for the operation of elderly care institutions and the refinement of subsidy distribution methodologies. Besides, to emphasize the preeminent status of home-based elderly care within the rural elderly care service system, it is imperative to augment financial support for home-based elderly care. Concurrently, it is imperative to extend support to elderly individuals grappling with disabilities, those lacking progeny, and those experiencing profound economic disadvantage [9].

4.2. A Funding Guarantee System That is Unified and Multi-channel Needs to Be Created

The proportion of funding from social insurance, government subsidies, commercial insurance, and other sources should be rationalized, and a unified and institutionalized funding guarantee system should be established. It is recommended that the experience and practices of developed countries (for example, the nursing care system in Japan) be used as a point of reference. Furthermore, it is suggested that the pilot scope of long-term care service insurance for the elderly be expanded [15]. The introduction of commercial long-term care insurance should be considered as a necessary supplement, with its risk-sharing function being fully utilized. This would facilitate the joint construction of a medical and elderly care risk-sharing mechanism by individuals, the government, and insurance companies. Through this model, the economic payment ability of the elderly will be effectively improved, laying the foundation for the establishment of a long-term medical and elderly care service system [16].

4.3. The Enthusiasm of Social Forces to Participate in Rural Elderly Care Needs to Be Mobilized

Social forces refer to social welfare service institutions and professional elderly care service companies invested and established by enterprises, institutions, social organizations, and individual citizens. These institutions offer a range of services, including custodial care, nursing assistance, medical treatment, rehabilitation services, educational programs, and cultural and recreational activities, catering to the needs of elderly individuals. Adopting a government-led, policy-supported, socially participatory, and market-driven approach is necessary. Various entities, including collectives, village (neighborhood) autonomous organizations, social groups, enterprises, institutions, individuals, and foreign capital, should participate in building or supporting elderly care service institutions. They can contribute in different ways, such as sole proprietorship, cooperation, equity participation, donations of funds and materials, etc. The different grades and types of elderly care service institutions can provide customized supply services for those in need with different economic conditions [16].

In order to engage the social sector, it is essential that private care providers are granted the same support policies as their public counterparts. Adopting this approach would facilitate the development of a symbiotic relationship between public and private institutions, characterized by mutual competition and the leveraging of complementary strengths [8].

4.4. The Training Process for Rural Medical and Nursing Professionals Needs to Be Accelerated

First, medical schools should set up majors such as medical rehabilitation, elderly care, and integrated medical and nursing management. Full-time education should be adopted to train nursing and management professionals. If students work in integrated medical and nursing institutions for a certain number of years after graduation, local governments may consider providing tuition refunds and living allowances [17]. Second, a socialized training mechanism for rural elderly care workers should be established. Job skill requirements, training plans, training standards, and support policies for rural integrated medical and nursing services should be formulated [18]. Third, the action plan for medical staff to go to the countryside needs to be implemented. Medical and nursing professionals should be stationed in rural medical and nursing institutions to help the elderly with diagnosis, physical therapy, and physical examinations, etc. A regular system should be established to use the experience of going to the countryside as an important reference for the promotion of positions and titles. Fourth, a team of volunteers with nursing skills should be developed, volunteer organizations should be guided to cooperate with medical and nursing institutions, and practicing physicians and practicing nurses should be guided to go to medical and nursing institutions in their spare time to engage in diagnosis and treatment and medical care services [8].

5. Conclusion

Under the background of the long-term existence of the aging trend, actively responding to aging has become a national strategy. This article reviews the development of integrating pension services with medical services in rural China, explores the existing problems, and proposes the direction of future development. It is necessary and urgent to implement integrating pension services with medical services in rural areas. Compared with urban elderly people, the age structure of rural elderly people is relatively young, and there is a large gap in elderly care services. If the health management of rural elderly people is not carried out, the risk of chronic diseases in the future will continue to increase, resulting in a huge burden on medical and health expenditures. Rural integrating pension services with medical services practice has formed many successful models, but in actual operation, there are also problems such as insufficient effective demand for integrating pension services with medical services, insufficient supply, imperfect policies, and lack of professional practitioners. The future development of rural integrating pension services with medical services requires the establishment of a integrating pension services with medical services service system suitable for rural elderly people, the establishment of a unified multi-channel funding guarantee system, the mobilization of social forces to participate, and the training of more professional talents for rural integrating pension services with medical services.

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