

Research on the Model with the Combination of Medical Treatment and Endowment in Rural Area under the Rural Revitalization

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Abstract: With the accelerating urbanization and population aging, China's traditional endowment model has been in overloaded operation. It is essential to promote the model of combining medical treatment and endowment in rural area under the framework of rural revitalization, and speed up the establishment of rural endowment service system which adapts to realistic conditions in rural area, in coincidence with the goal of building moderately prosperous society at higher level in an all-round way, and meets social demand of rural area, so as to constantly improve the healthy endowment for aging people in rural area.

“Providing for the elderly” is an important part of Chinese traditional ideology, as well as the traditional virtue of Chinese nation to respect the elderly and stress filial piety. Living happily during old age and providing for the elderly has always been the focus of all walks of life in the development of Chinese society. In recent years, with the improving material standard of living, the aging group is increasing at an obvious speed, and Chinese traditional endowment mode has been in overloaded operation. With the accelerating urbanization and population aging, the rate of urbanization is higher, and a large quantity of young people come to the city from village for living. In some remote villages, most main labor force go to other places as workers, and the phenomena of empty-nest elderly and elderly people living alone exist.

To implement the strategy of rural revitalization is the major decision and arrangement made by the 19th CPC National Congress, and the major history task to win over the construction of moderately prosperous society and great modern socialist country in an all-round way. Rural revitalization is the starting point of “Three Rural Issues” in the new era. The report of the 19th CPC National Congress pointed out that “it is necessary to actively respond to aging population, establish endowment, filial piety and elderly respect policy system and social environment, advance the combination of medical treatment and endowment and speed up the cause of aging and industrial development.” *Village Revitalization Strategic Plan (2018-2022)* by the Central Committee of the Communist Party of China and the State Council clearly proposed to build a multi-level rural old-age security system and innovate a diversified care service model.

With the aging of the population, there are multiple contradictions that “getting old before getting rich” in China's current society. Due to the frequent, prone and sudden “geriatric diseases”, the treatment and nursing of sick, disabled and semi-disabled elderly people perplex many households. The status quo is that medical institutions and old-age care institutions are independent and self-contained, and it is inconvenient to seek medical treatment in nursing homes, and support the elderly in the hospitals. Once the elderly suffer from illness, they travel to and from hospitals, families, and old-age care institutions all the year round, which not only delays the treatment but also imposes a certain burden on the families of patients. With the combination of medical services and endowment services, this new model provides guarantee for the endowment and medical issues of the elderly. It is carried out in developed area in urban area, whereas, in rural area with imperfect endowment guarantee system, it is difficult for the elderly to receive endowment services with the combination of medical treatment and endowment. With the accelerating urbanization and population aging, the rural endowment is a prominent problem.

Therefore, under the background of rural revitalization, it is practically significant to explore the model with the combination of medical treatment and endowment and endowment services

development path, so that farmers can feel more sense of obtaining, happiness and security in rural revitalization.

1. The State Quo in Rural Area

1.1 The state quo of aging population in rural area

According to the statistics of the National Committee on Aging, by the end of 2017, the number of elderly people in China (over 60 years old) reached 241 million, accounting for 17.3% of the country's total population. China has become the country with the largest population and the most aging population in the world. China's rural population accounts for 50.32% of the country's total population. The rural elderly population (over 60 years old) accounts for 14.98% of the country's total population, accounting for 55.92% of the country's elderly population. The rural population is aging.

According to the *State Council's plan for Issuing the "13th Five-Year" National Aging Development and Pension System Construction Project*, by 2020, the number of elderly people over the age of 60 will increase to around 255 million, accounting for about 17.8% of the total population; It will increase to about 118 million; the social security expenditure for the elderly will continue to grow; the actual aging of population in rural areas may further deepen.

1.2 The Exploration

During the "Twelfth Five-Year Plan" period, the old-age service system based on home-based, community-based, institutional supplemented, and medical care combined was initially formed. The number of old-age beds reached 6.727 million, and the number of old-age beds per 1,000 elderly people is 30.3%. With the acceleration of the urbanization process and the increasing aging of the rural areas, the demand for rural old-age care has increased substantially. The rural old-age care mainly consists of family pension and nursing home care, and the former is the main way. With the frequent occurrence, proneness and suddenness of "geriatric diseases", the old-age services and medical services in rural areas cannot be effectively combined. The practice and pilot of medical integration in China is mainly in urban areas, focusing on the combination of large hospitals and old-age care institutions. In rural areas where the old-age security system is not perfect, it is difficult for the elderly to get a combination of medical care and old-age care services.

2. Problems in Endowment Model

2.1 Traditional endowment concepts

Affected by traditional culture and the idea of "nurturing children and preventing old age", most rural elderly choose family pension. Compared with the urban elderly, the rural elderly have more children, along with the limitation of living space and economic conditions, have a strong concept of raising children and protecting the elderly. Most rural elderly think that going to a nursing home and other old-age care institutions is on the one hand the failure of children's filial piety, on the other hand, the increasing financial burden of their children. Most of the children also believe that sending the elderly to the old-age care institutions for the elderly is unfilial and they refuse to send the elderly to the old-age care institutions.

2.2 The low social guarantee for rural aged people

In China, although the full coverage of rural social pension and medical insurance has been realized, the rural medical insurance is relatively low. Compared with urban workers and urban residents, there is still a big gap in the social medical system. With the advancement of urbanization and the declining function of land security, rural elderly people do not have a fixed economic income in their daily lives. They often hold on firmly when they have small illnesses, and only when they are seriously ill, they go to the hospital finally, ignoring the long-term care of chronic diseases for the elderly, and they cannot pay for the care of a pension institution that combines

medical care.

2.3 The poor basic endowment equipment and service quality

Compared with cities, the economic development in rural areas is relatively backward, the rural old-age care institutions are scarce, and the facilities and environment are relatively poor. A large number of rural nursing homes have problems such as inadequate hardware facilities, low quality of service, and lack of professional nursing talents. A considerable number of them are only for the purpose of providing support for the poor, and are not open to the elderly. In addition, in remote rural areas, due to geographical and natural factors, water and electricity are inaccessible, and living conditions are greatly restricted. It is impossible to bring together elderly people in need to take care of them.

2.4 The insufficient of talents in endowment service

Due to the special nature of the nature of the work, the old-age care work is more difficult, which requires the nursing staff to have certain professional qualities and physical qualities to some extent. The social status quo is indeed the speed at which the training of old-age talents is far lower than the demand for talents in endowment. In terms of treatment, there are fewer general practitioners serving the aged care institutions, and most of the graduated general practitioners are reluctant to serve remote rural areas due to their own development and economic reasons. In terms of nursing work, most of the aged care workers are mostly trained by middle and higher vocational colleges, lacking talents who undergo in-depth study the nursing theory.

3. Suggestions to Endowment Model

The rural revitalization strategy is the 19th CPC National Congress and an important strategy and arrangement for the issue of “agriculture, rural areas and farmers”, related to the future development direction of the countryside. In order to revitalize the rural areas, it is necessary to focus on key areas, fill short-boards, strengthen weaknesses, and realize rural industrial revitalization, talent revitalization, cultural revitalization, ecological revitalization, and organizational revitalization, and promote comprehensive agricultural upgrading, comprehensive rural progress, and all-round development of farmers. It is required to resolve the problem of endowment for the elderly in the rural areas, not only allow the peasants to have more sense of obtaining, happiness and security in the rural revitalization; but also stimulate the enthusiasm and creativity of the peasants and inspire them. Taking the “combination of medical care and endowment” as the starting point, it is required to promote the model of combining medical treatment and endowment in rural area under the framework of rural revitalization, and speed up the establishment of rural endowment service system which adapts to realistic conditions in rural area, in coincidence with the goal of building moderately prosperous society at higher level in an all-round way, and meets social demand of rural area, and promote the development of the industrial chain and build the multi-level rural old-age security system and form an innovative and diversified care service model, continuously improve the healthy old-age pension of rural elderly, and solve the problem of old-age care faced by rural elderly.

3.1 To strengthen the talent cultivation and advance the professional construction from the source.

According to the *State Council's plan for Issuing the “13th Five-Year” National Aging Development and Pension System*, by 2020, the number of endowment beds operated by the government will not exceed 50% of the total number of local old-age beds, the proportion of old-age beds to the total is not less than 30%, and the health management rate of the elderly over 65 years old reaches 70%. The implementation of medical services for the elderly is subject to policies, and it provides convenient services for the elderly, especially those who are elderly, seriously ill, disabled, and disabled.

The demand for talents in the combination of medical care and endowment in China is constantly

expanding. The state can start from the roots, sign a contract from education, and train general practitioners at public expense. After graduation, they will go to serve in grassroots community care institutions and rural areas. It is required to create a stable rural grassroots service talent system, and continuously deliver fresh blood to township medical and old-age care institutions.

3.2 To intensify the organization and leadership and explore diversified endowment model

In accordance with the general requirements of the rural revitalization strategy of “prosperous industry, ecological livability, rural civilization, effective governance, and affluent life”, all work should firmly grasp the priority development of agriculture and rural areas, increase farmers’ income, promote rural governance, and continuously deepen reforms.

Close to the local cultural and social conditions, and rooted in the local, the government shall lead the creation of a rural community smart service platform to help the rural community to support the elderly. Strengthen the construction of rural health stations so that the services of high-quality community platforms are closely linked to the lives of the elderly. According to the actual local situation, formulate mutual support and endowment support policies, and give play to the leadership of village party members and cadres through appropriate policy guidance or financial guidance, and encourage healthy elderly, village cadres, students, social welfare organizations, etc. to carry out various forms of mutual support for the elderly. Encourage the public construction and private operation to improve rural old-age service facilities. The government provides service places and facilities, and adopts forms of open tendering or entrusted operations to sign service contracts, which are managed and operated by social forces to provide diversified aged care services for the elderly. On the one hand, it will speed up the improvement and guarantee of the development of rural “medical and nursing” old-age care institutions. On the other hand, it will promote the development of local rural areas, promote the construction of rural spiritual civilization, promote rural governance, and accelerate the construction of new socialist countryside.

3.3 To develop services of aged medical treatment and recovery nursing and widen employment paths for local young people.

In rural areas, the important reason for the phenomenon of empty nesters and elderly people living alone is that with the declining land security function and the acceleration of urbanization, young and middle-aged laborers in rural areas are forced to work in urban areas because of their livelihood. If the problem of employment of young and middle-aged laborers in the local area can be solved, the traditional needs of “providing the elderly”, and the children will be taken care of without having to go far, giving the elderly great spiritual comfort and maintaining a mental state of physical and mental pleasure. It can also promote the development of rural industries and contribute to building a new socialist countryside. The state has introduced relevant welfare policies. Local township governments encourage migrant workers to return to their hometowns to start businesses, operate, manage and invest in aged care services by providing entrepreneurial or small secured loans and vocational skills training. At the same time, through the rural revitalization plan, to train a group of specialized personnel engaged in rural old-age services, establish a pairing assistance mechanism with other local pension service talents, and promote exchanges and promotion between industries.

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