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The Combination of Medical Care and Old-Age Care for Chronic Diseases in Rural China

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Abstract

In rural China, the combination of medical care and old-age care for chronic diseases has progressively gained social attention. With the population's aging trend, the number of chronically ill patients in rural areas continues to rise, posing a substantial challenge to both old-age and medical resources. This analytical research article discovers that the integration of medical care and old-age care in China suffers from a lack of resources in rural areas and a lack of attention to patients with chronic illnesses. This combination should be addressed by improving the functions and status of rural nursing facilities in order to provide medical care and old-age protection for rural inhabitants suffering from more diversified ailments and complex needs, such as chronic diseases.

Keywords: medical care, old-age care, chronic diseases

Introduction

The degree of aging in China has been increasing with the development of the social economy and the improvement of medical standards, and the size of rural people has been growing year by year, resulting in more and more serious medical and pension problems in rural areas. The rural people's health difficulties are becoming increasingly visible in rural China. However, due to a lack of transportation and limited economic conditions in rural areas, many rural residents with chronic diseases are unable to obtain timely access to medical care and aging services, resulting in a lack of medical care and an imbalance between medical care and old-age care for China's rural chronically ill rural people.

China's 2019 policy has made it clear that it is necessary to strengthen the convergence of healthcare and old-age services, and that rural areas can investigate the coordinated planning and construction of township health centers and nursing homes, as well as village



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clinic and rural homes for the elderly, next to each other. This demonstrates that when medical care and old-age care are combined, "old-age care" is the foundation and "medical care" is the core. The quality of services and the ability of nursing homes to provide medical care are not only directly related to the experience and well-being of the chronically ill residents in rural areas, but can also improve the scarcity of medical resources and break down the difficulties of combining medical care and old-age care.

Objective

This study focuses on gaining a thorough grasp of the present state of medical resources in rural China, as well as the current state of chronically ill people in rural China, particularly in terms of the combination of medical treatment and old age care. It is feasible to expose the distribution of medical resources in rural regions, their supply capability, as well as the difficulties and obstacles that exist, by examining and analyzing medical resources.

This study investigates the extent to which medical resources in rural areas match the elderly care needs of the chronically ill rural people through a comprehensive analysis of the current situation of medical resources and the current situation of the chronically ill rural people, and identifies possible deficiencies and contradictions to provide an in-depth understanding of the integration of rural medical care and old-age care.

Research Scope

1. Research population

The research population consists of rural Chinese people. It refers to Chinese individuals who live in rural regions and have registered homes.

2. Content of the Study

2.1 To get an understanding of the current state of medical resources in rural China. The study will examine at how medical resources are distributed in rural regions, as well as the infrastructure and service levels of primary healthcare institutions and rural health service centers.

2.2 To determine the willingness to select nursing homes for the elderly. The study will look into rural people's willingness and attitudes about choosing nursing homes for their old age, as well as their requirements and expectations of combined medical and old age care.

2.3 To explore a service model that combines medical care and old-age care for rural people with chronic illnesses. The combination of medical care and old-age care refers to a new model that combines medical resources with old-age care resources, integrates medical care, rehabilitation, health care and old-age care, gives priority to health care services for the elderly, combines the functions of nursing homes and hospitals, and integrates life



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care and rehabilitation care. Among them, "medical" includes medical rehabilitation and health care services, specifically medical services, health consultation services, health check services, disease treatment and nursing care services, rehabilitation services for serious illnesses, and end-of-life care services, etc.; and "old-age care" includes life care services, mental and psychological services, and cultural activity services.

Literature Review

1. Limitation of the combination of medical care and old-age care in China's rural areas

As the problem of aging worsens and the number of chronically sick older people in rural regions grows, the combination of medical treatment and old-age care is gaining popularity.

For starters, one of the major limitations to the growth of the combination of medical care and old-age care in rural regions is a lack of medical resources. In rural regions, the quantity and quality of medical institutions are generally low, and there is a scarcity of medical personnel, high-level medical technology and equipment to fulfill the medical demands of chronically ill people (Qing, 2023). Furthermore, there are fewer and smaller nursing facilities in rural regions, and the degree of integrated medical and old-age care in nursing homes is restricted. There are gaps in medical protection for the rural people in nursing homes (Shan, 2023). Moreover, the traditional idea of family old-age care persists (Tingyu, 2023). Many rural persons prefer to age at home and are hesitant to attend nursing homes for medical and geriatric care.

2. Chronic diseases among rural Chinese

In recent years, the current situation with chronic illnesses among rural Chinese has demonstrated that it can be regarded. The frequency of chronic illnesses in rural regions has gradually increased as society's aging process has accelerated with increasing impacts.

The following factors have a significant impact on the present state of chronic illnesses in rural regions. Firstly, rural people's lack life habits for health and safety, leading to a steady increase in the frequency of chronic illnesses (Shuhan, 2022). Secondly, medical conditions in rural locations are often poor, with inadequate medical resources. Patients with chronic diseases do not obtain early diagnosis and treatment, complicating chronic disease control and management. Thirdly, rural inhabitants' health knowledge is very poor, and many of them do not devote enough attention to chronic illness prevention and management (Yuhang, 2020), medication adherence also problematic, making it difficult to control their symptoms.



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The history of the development of the size of China's rural population

China's rural population is huge, which still accounts for a large proportion of China's total population, yet it has been declining generally (see Figure 1). As a result of agricultural modernization and rural industry restructuring, luring a huge number of young people to leave rural regions. This has resulted in a fall in the rural population, in the rural inhabitants and the population left behind becoming a major part of the rural population. The diminishing rural population in China presents a variety of problems to the integration of medical care and old-age care. Firstly, the decline in the rural population has led to a shortage in the supply of resources of old-age care in rural areas. The lack of adequate resources of old-age care can negatively affect the life and health of the elderly in rural areas. Secondly, rural population reduction has increased the burden of long-term care on families. Factors such as family member reduction and labor outflow have raised the burden of old-age care carried by families. Thirdly, the rural population loss has weakened social support networks in rural areas. Traditional rural community interactions and mutual support among family and neighbors have decreased over time, and the elderly lack enough social assistance and support when faced with difficulties in old age.

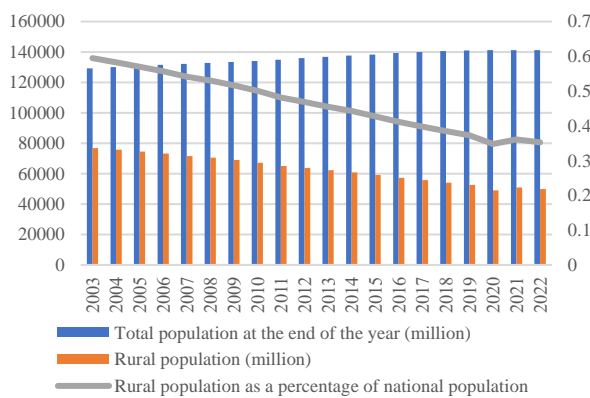


Figure 1: The history of the development of the size of China's rural population
Source: National Bureau of Statistics of China

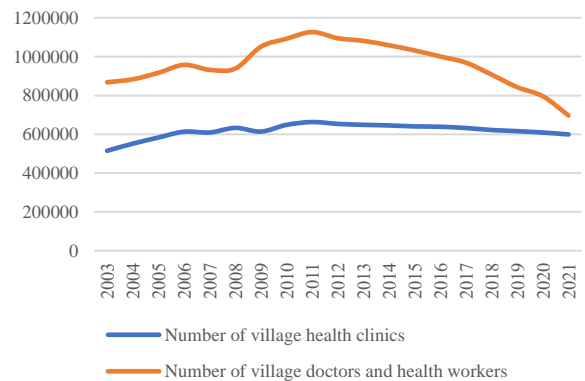


Figure 2 Number of rural village health clinics and number of medical service providers in China
Source: National Bureau of Statistics of China



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Status of medical resources in rural China

The number of village health clinics and medical care staff in China's rural areas is declining. Village health clinics in some communities are suffering closure or a lack of resources as urbanization accelerates and the rural population diminishes. Meanwhile, physicians are in short supply, making it impossible to fulfill the demand for medical treatment (see Figure 2). Figure 2 shows that, while the number of village health offices and health care workers increased around 2011, the overall number of village health offices and health care workers began to decline beginning in 2012, with the number of village doctors and health workers decreasing significantly.

A mix of hardware and software problems is mostly to blame for the progressive paucity of medical resources in rural China. This poses a number of challenges for the combination of medical care and old-age care. The problem of unequal quality of medical services is exacerbated by a lack of medical resources in rural areas. In rural locations, medical and nursing facilities have inadequate equipment and technology, and doctors have limited competence and experience, making it difficult to assure the quality of medical services. As a result, people in rural locations may be exposed to greater risks and worse quality medical services.

Number of nursing homes in rural China

Because of the lack of health-care resources and the decrease of rural population, rural people's demands in terms of their old-age care model may alter. When faced with health issues caused by chronic diseases, some people may prefer nursing home care offered by specialized medical nursing homes for better health management and treatment. This might cause a shift in the traditional family model of aging, affecting the need for nursing facility care.

From Figure 3, the number of nursing facilities in China's rural areas is declining, with a dramatic decrease in 2014 followed by a more gradual decline. Lack of funding and resources is the primary cause for the reduction in the number of nursing facilities in rural China. The construction and operation of elderly care homes necessitate significant capital investment and specialized human resources.



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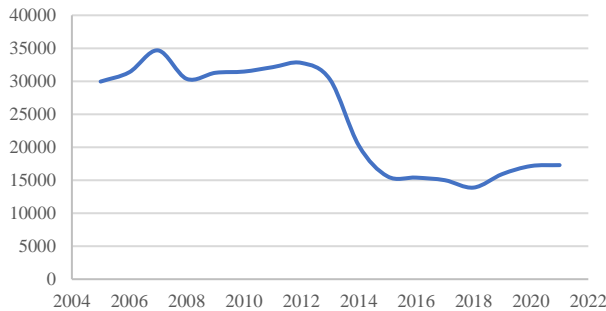


Figure 3 Number of nursing homes for the elderly in rural areas in China (unit: pcs)
Source: National Bureau of Statistics of China

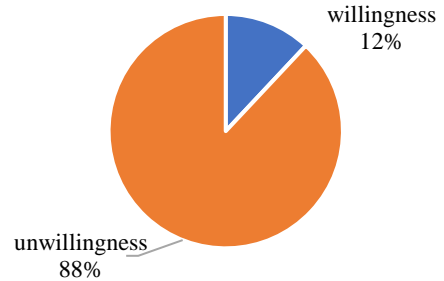


Figure 4 Willingness to choose nursing homes for people in rural China
Source: China Pension Finance Development Report (2018)

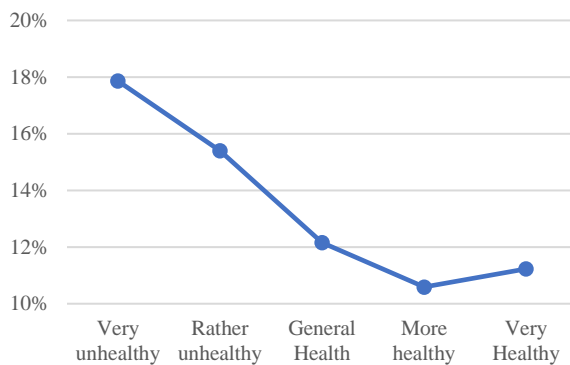


Figure 5 Distribution of the number of people willing to choose nursing home ageing at different health levels (%)
Source: China's Pension Finance Development Report (2018)

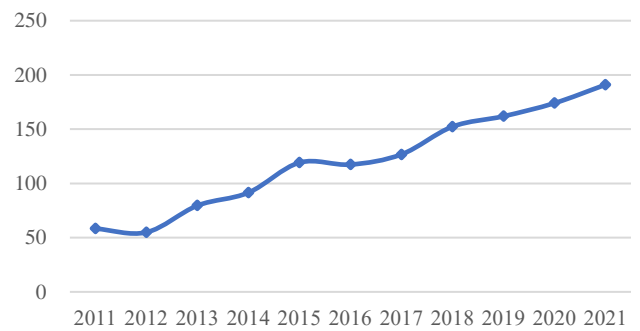


Figure 6 China Rural Pension Insurance Monthly per capita benefit level (in RMB)
Source: National Bureau of Statistics of China

Willingness to choose nursing homes for the elderly in rural China

The traditional concept of "raising children for old age" has had a significant influence in China, especially in rural regions. Traditional family models of old age have relied on children or family members to help older people in rural regions, but with changes in family structure and children working outside the house, the traditional family model of old age is experiencing problems. As a consequence of the improved social security system and the influence of the disparity between urban and rural growth, rural people are progressively beginning to focus on and select alternative forms of aging (Linqi & Qing, 2012). Nursing home care, as a supplemental kind of old age care, may provide more comprehensive old age care



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services and more familiar social support, efficiently helping the elderly in rural locations to live out their old age contentedly. The survey showed that 12% of rural people said they were willing to choose a retirement home, as shown in Figure 4, indicating that a small proportion of rural people are already receptive to socialized forms of care.

In terms of health, rural individuals' inclination to age in a nursing home decreases as their health improves. Figure 5 shows that more than 15% of both very unhealthy and rather unhealthy persons are eager to age in a nursing home.

Existing Issues

1. China's rural medical and aging resources are scarce, and the combination of medical and old-age care lacks support.

In rural China, there is a widespread lack of medical and pension resources, which limits the development and execution of the combination of medical care and old-age care. The scarcity of medical resources has resulted in less accessible medical care and greater expenditures for rural communities. In addition, a shortage of medical facilities has an impact on chronic illness management and care services. Meanwhile, the supply of resources for the aged is relatively insufficient, with an insufficient number and uneven distribution of nursing homes, which are small in size and have limited beds, and weak in terms of medical protection, lacking professional medical staff and advanced medical facilities, making comprehensive medical services more difficult to provide. This has constrained the implementation of medical care and old-age care, contributing to the monotony of the current paradigm. There is a larger demand for integrated medical care and old-age care for persons with chronic diseases to satisfy their daily living and health care needs, but the present service model does not sufficiently address their specific needs.

2. In rural China, the integration of medical care and old-age care cannot be restricted to the disable elderly while disregarding the impact of chronic illnesses.

Chronic illness prevalence in rural regions is increasing year after year as a result of factors such as lifestyle changes, environmental degradation, and societal pressure. Chronic illnesses not only have a negative impact on their health, but they also increase their old-age burden and impair their quality of life and standard of living. However, many rural combined medical care and elderly care services have clear limitations in the content and level of services for persons with chronic conditions, as well as a lack of specific attention and chronic disease management methods.

3. Rural Chinese have fewer financial means to pay for nursing facilities, which influences their choice of old-age care.

In rural China, the amount of old-age pension payments is insufficient to fulfill the demands of the rural elderly. Figure 6 shows that, while the level of pension benefits has



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been increasing, the per capita monthly amount in 2021, for example, will be just ¥190, which is significantly insufficient in terms of buying power. As a result, many rural residents will pick more economical choices for old age, such as aging at home or living with their children.

4. Single-function nursing homes in rural China limit effective integration of medical care and old-age care.

Nursing homes in rural China have a single purpose, mostly providing daily care and basic nursing services. Nursing homes have been unable to provide a wide range of medical treatments due to limited resources, limiting the effective combination and interface of medical care and old-age care. Furthermore, the collaboration mechanism between rural nursing homes and medical institutions is flawed and lacks an effective model of collaboration, making it difficult for older people to access medical services on time and preventing them from realizing the benefits of combining medical care and old-age care.

Results

1. Chronic illnesses have emerged as a major element influencing rural Chinese people's healthy living and old-age experience.

Chronic illnesses not only have a detrimental influence on the physical health of older people, but also on their everyday life, social activities, and psychological condition. Firstly, it necessitates long-term treatment and rehabilitation, which increases medical costs and puts strain on family resources. Secondly, it restricts the daily activities and social involvement of rural older people, potentially affecting their level and quality of life. Finally, it has a detrimental influence on the mental health of older people (Huai, 2023).

2. The difficulty of providing effective protection in rural nursing homes, and the low willingness to choose rural nursing homes for aging

The problem in providing adequate protection in rural nursing homes is demonstrated mostly by paucity of medical resources and service levels, which has resulted in a low degree of trust among rural residents in nursing home care. On the one hand, the service quality and conditions of rural nursing homes are relatively lagging behind, which leads to the low trust of rural residents in nursing homes (Lanying & Changhao, 2019), and they are unwilling to choose nursing homes as a way of old age. On the other hand, the limited medical resources in rural areas make it difficult for nursing homes to provide high-quality medical services to meet medical needs, which also becomes an obstacle to choosing nursing homes. In addition, rural residents generally have lower incomes, and the cost of nursing homes may be beyond their affordability (Juanhong, 2023), further reducing their willingness to choose nursing homes.



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3. Scarcity of medical and nursing resources limits the development of rural nursing homes

For starters, medical resources in rural places are few. The level of medical facilities and medical technology is often poor, making it hard to address the diverse medical demands of rural inhabitants. Rural nursing facilities struggle to provide complete medical services due to a lack of high-level medical resources, which has a negative impact on their development. Secondly, there is also a lack of resources for the aging in rural nursing homes. The number of nursing homes is limited, the beds are insufficient, and the quality of service is difficult to be guaranteed. The lack of sufficient resources for rural people makes rural residents hesitant and distrustful of the choice of nursing homes (Lifeng, 2019), which affects their willingness to age. Finally, rural nursing homes are often unable to provide integrated medical and elderly care services that meet the needs of rural residents. Rural residents have complex and varied health situations that require comprehensive medical care and old-age care.

4. Lack of matching of medical care and old-age care to the rural population, resulting in difficulties in meeting the needs of the rural population

The development of health care integration often relies on an in-depth knowledge of the rural population. This mainly includes information about their health situation, their needs in old age and their lifestyle. However, due to the wide distribution of rural residents and the difficulty of transmitting information, the individual characteristics and needs of many rural residents are often overlooked or not adequately accessed. The lack of a comprehensive and detailed understanding of rural residents has led to a one-size-fits-all approach to medical care and old-age care, which fails to match the actual needs of rural residents (Jinke & Xueying, 2023), and makes it difficult to satisfy their old-age care needs and other personalized needs.

In addition, rural residents have relatively weak medical knowledge and aging care awareness (Ming, 2022). In this situation, they often have limited knowledge and understanding of healthcare and aging care services, which makes it difficult for them to actively seek out appropriate healthcare and aging care solutions. As a result, they cannot be effectively guided and educated to correctly treat the problem of old age, leading to a low demand and willingness to utilize the combination of medical care and old-age care.

Conclusion and Discussion

1. The Chinese population is aging, and urbanization is expanding, resulting in a rural medical and care dilemma.

With fast economic growth and urbanization, many young people are leaving rural regions to work in cities, resulting in a continuous drop in rural labor force participation and a gradual increase in the number of old people. The need for long-term care has risen, but medical care and old-age care facilities are limited (Yanggu, 2017), making it impossible to



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satisfy the demand. The urbanization process has aggravated the rural medical care and old-age care problem, resulting in an even greater scarcity of medical care and old-age care resources. This indicates that the combination of medical care and old-age care in rural regions lacks not just resources, but also the atmosphere and conditions for policy implementation and enforcement (Qiuji, Xinyi & Guoqin, 2021).

2. The combination of medical care and old-age care should emphasize the core role and reinforce their essential functions.

Rural old-age homes should play an important role in the implementation of integrated medical care and old-age care as an essential carrier and basic platform for both (Yuting, Mei, Xiu, Fang & Yu, 2023). They should also improve collaboration with medical institutions and community health centers, create a good mechanism for combining medical and old-age care, provide more comprehensive, efficient, and high-quality medical and old-age care for the rural elderly, integrate and share medical resources, and improve the health and quality of life of the rural elderly.

3. With chronic diseases becoming more prevalent, the combination of rural medical care and old-age care is essential to address rural populations with multiple situations.

With the rising problem of chronic diseases in rural areas, the need for integrated medical care and old-age care services for rural residents has become increasingly vital (Jie, Huixian, Yingnan, Yining & Hong, 2023). By broadening the scope of services, focusing on people with various chronic illnesses, and strengthening collaboration with medical institutions and community health service centers, the combination of medical care and old-age care can better meet the needs of rural residents in their old age and improve the quality of life and sense of well-being of the elderly.

Suggestion

1. The implementation and promotion of the integration of medical care and old-age care should focus on improving nursing homes' medical service capabilities.

Firstly, the building of medical facilities in rural nursing homes should be improved, and the level of medical facilities in nursing homes should be increased to guarantee that they provide basic medical services. Secondly, it is required to expand the number of medical and nursing staff. Thirdly, cooperation between nursing homes and medical institutions should be expanded once again to accomplish resource sharing and optimal allocation and to guarantee that the elderly receives timely medical care.

2. The real, objective, and basic needs that should be accurately grasped in order to increase the willingness of rural people to choose nursing homes for old age.

Firstly, rural residents have less income, the criteria for remaining in rural nursing



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homes should be adjusted to guarantee that they can afford them. Secondly, family and social support should be highlighted. Nursing homes can provide family-style, friendly services that make it easier for family members to visit. Meanwhile, social events and communication opportunities should be made available to the elderly in order to strengthen their social network. Furthermore, rural people's health needs should be met, and professional medical services should be made available to guarantee. Finally, the personal preferences of rural inhabitants should be respected, and the design and administration of nursing facilities should provide many service alternatives.

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