

Study on the Dilemma of Implementing Rural LTC Insurance and the Implementation Path

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Abstract. Against the backdrop of China's ageing situation and the rising number of disabled persons, the Ministry of Human Resources and Social Security started to promote the construction of long-term care insurance in 2016. Compared to the mature LTC insurance models in developed Western countries, there are still many problems in the process of promoting LTC insurance in China due to the short duration of the pilot. This paper presents a synthesis of the dilemmas observed by different scholars in the process of promoting LTC insurance, and summarises the solutions and concrete implementation paths proposed by other scholars in response to these dilemmas. It can be found through the study that the lack of policies and laws, backward physical conditions and the difficulty in changing attitudes are the main reasons why it is difficult to promote LTC insurance in rural areas. Different scholars have accordingly put forward suggestions such as extending funding channels, strengthening the training of talents and creating a perfect care model.

Keywords: Countryside; LTC insurance; LTC insurance implementation dilemma; LTC insurance implementation path.

1. Introduction

Long Term Care Insurance (LTC insurance), reimburses the costs incurred when an insured person is unable to care for himself/herself due to the loss of some bodily functions and requires home or institutional care. In the specific practice of many countries, LTC insurance usually also covers specific care services. While Germany was the first country to promote long-term care through social insurance at the end of the last century, the development of LTC insurance in China has not been long-lasting [1]. In 2016, the Ministry of Human Resources and Social Security issued the "Guiding Opinions on Piloting the LTC Insurance System", establishing for the first time at the national level the need for an LTC insurance system, the reason behind which is the deep ageing problem China is facing. According to data from The Seventh Population Census, by 2020, 18.7% of China's population will be aged 60 or above, with the proportion of older people in rural areas being much higher than in urban areas [2]. However, rural long-term care insurance has been slow to advance. This is due to both physical constraints and conceptual limitations.

This paper will discuss the dilemmas and solutions in the process of promoting rural LTC insurance, taking into account the views of different scholars. It is hoped that this study will help policymakers to gain a more comprehensive understanding of the dilemmas faced by LTC insurance in the more vulnerable rural areas, and choose the appropriate solutions and implementation paths according to the specific dilemmas of different areas in order to better serve the rural disabled.

2. Implementation Dilemma

2.1. Lack of Perfection in Policies and Regulations

China advanced the first batch of a total of 15 LTC insurance pilots in 2016, and later added 14 new LTC insurance pilots in 2020. Guo Jinlong and Li Hongmei analysed the first two batches of pilots and found that of the 28 pilots that have published policy documents [3]. More than half of the

participants only include urban employees, and in particular, only Shijingshan and Hohhot have extended their coverage beyond employees in the second batch of pilots [3]. In addition, regarding the definition of "residents", Zhou Lei and Wang Jingxi found that only Shanghai and Suzhou explicitly included rural residents in the definition of "residents", while Changchun explicitly covered only urban residents [4]. Yao Hong pointed out that the lower income and health care benefits of rural residents and the inversion of urban and rural aspects of ageing make the implementation of rural LTC insurance more urgent [5]. Based on the short pilot period of LTC insurance, China's legislation on rural LTC insurance is extremely lacking. From the perspective of the legislative process, Xie Qi and Zeng Dan argue that the early practice of LTC insurance policy preceded the legislation, which can be summarised as the "legislation-by-practice" model. In this model, legislation was slow and the old law could not cope with the new situations that arose in practice. Therefore, they proposed that legislation comes first [6]. Chen Mei and Meng Yanchen, while seeing the lack of policy continuity and legal efficiency in the funding ratio and scope of the model, argue that the situation varies greatly from place to place, making it difficult to make uniform arrangements for the long-term care insurance system at the legal level [7]. Gu Yuwei, Chen Yue and Hou Xiaoli argue that the lag in legislation related to rural LTC insurance will result in the burden placed on families by the disabled elderly not being subsidised by the government, and conclude that legislation related to rural LTC insurance is difficult to have a long-term supportive effect [8]. Guo Yohan et al., after interpreting the relevant policies in southern Jiangsu, pointed out that the current legal policy lacks a preventive mechanism for disability [9]. In addition, in terms of the threshold for applying for benefits, Jiang Xiaohan, after comparing the construction of long-term care insurance in pilot cities in China, pointed out that the application for long-term care insurance generally requires the applicant to be at least 60 years old, and the incapacity must last for at least six months and be assessed by relevant institutions before being eligible [10]. In a study of the practice of long-term care insurance for dementia in Suzhou, Yu Feng concluded that the high entry criteria for coverage had an impact on the acceptance of care for dementia [11]. Tang Jincheng and Li Yingying pointed out that the lack of assessment agencies and uneven distribution also contributed to the difficulty of promoting long-term care insurance in rural areas [12]. Ma Yao investigated the long-term care insurance agencies in Putuo District, Shanghai in 2017 and found that there was only one assessment agency out of 51 agencies [13].

2.2. Funding Dilemma

The National Study on the Situation of Disabled Older People in Urban and Rural Areas shows that the number of partially or totally disabled older people in China will reach 40 million by the end of the 12th Five-Year Plan, which not only accounts for 20% of all older people, but also represents a huge increase compared to the end of the 11th Five-Year Plan. By region, the proportion of older people with total disability is higher in rural than in urban areas, with the proportion of those with mild disability 13 percentage points higher than in urban areas [14]. Huang Chengli pointed out that in every age group, rural elderly people have a much higher demand for care than urban elderly people [15]. According to Chen Hongjing's study, the incapacity rate increases roughly one time for every ten years of life expectancy as age increases [16]. However, such a high rate of disability is compounded by the fact that farmers have little protection and do not receive timely care. According to the Ministry of Human Resources and Social Security, as of 2012, the basic rural pension rate was 55 yuan per month, while the monthly pension for corporate retirees was as high as 1721 yuan during the same period [17]. According to the China Social Tracking Survey of the Elderly, the median monthly pension insurance payment for the elderly in rural areas was 60 yuan, only one-fortieth of that for urban workers [18]. The CEIBS Industrial Database, on the other hand, points out that the growth rate of health care expenditure as a proportion of total expenditure in rural areas is much higher than that in urban areas, based on the composition of consumption [19]. Pan Ping points out that elderly rural residents have to rely on a small amount of government assistance and pensions because they have no regular jobs and no pensions, and because they have lost their ability to work. The lack of independent funding for long-term care insurance and the fact that all expenses come

from health insurance funds exacerbate the shortage [20]. Based on these current conditions, Chen Mei and Meng Yanchen conclude that the pressure on individual contributions makes it difficult to further increase the personal burden of rural residents [7]. Jing Tao and Zhang Yifan, on the other hand, concluded that although the state pays most of the costs, the portion of individual contributions is a heavier burden for farmers. In addition, Jing Tao and Zhang Yifan argue, through specific calculations, that commercial LTC insurance would be difficult to implement in rural areas due to high prices, thus calling for government intervention [21]. At the macro level, Song Zhanjun and Zhu Minglai predict that the cost of LTC insurance in China will exceed one trillion by 2030 and reach nearly four trillion by 2050 [22]. By then, the government will be under tremendous pressure, so there is no time to lose in promoting rural LTC insurance.

2.3. Weak Participation of Social Organisations and Shortage of Care Institutions and Caregivers

Liu Tao combined with welfare pluralism argues that a single government entity cannot meet social welfare needs, so social entities must be introduced to participate in the construction of long-term care insurance [1]. Chen Mei and Meng Yanchen argue that funding and service provision cannot be done without the support of social organisations, but the current state of the market today is polarised in distribution, which is down to low profits and low capital attraction [7]. Fang Lianquan further points out that social actors, on the basis of their interests, are "skimming the cream" in their choice of care service recipients, and that low-income and severely disabled elderly people are excluded from the market [23]. Ma Qingyu pointed out that compared to developed countries such as Germany and Japan, the number of social organizations in China is small and their ability to survive is poor [24]. Yin Hui and Huang Chenyi argue that the construction of long-term care insurance can be promoted by relying on China's sound party and group service system [25]. Tang Jincheng and Li Yingying point out that even though the government has increased the relevant financial investment, it is still difficult to meet the demand. Publicly run nursing homes require a policy threshold, townships have poor infrastructure, and commercial insurance has a high financial threshold [12].

The implementation of long-term care insurance also requires the cooperation of relevant care institutions and professional caregivers, yet the situation in rural areas is not optimistic. From the perspective of social support networks, Li Wenjie argues that the support available to the disabled elderly in rural areas is very limited outside the home, mostly in the neighbourhood, and lacks professionalism and longevity [26]. Pan Ping also argues that the majority of long-term care services in rural areas are provided by village leaders and housewives, with the most obvious shortcomings being the lack of experience, training, evaluation mechanisms and incentives to ensure long-term sustainability [20]. Lu Yanan points out the low certification rate of rural caregivers, most of whom rely on post-retirement study and practice, and the lack of standardisation in service delivery [27]. Nursing care needs to be supported by adequate medical and recreational resources, and data from the National Bureau of Statistics show that the number of beds and health technicians per 10,000 people in medical institutions is more than twice as high in urban areas as in rural areas, and this statistic does not take into account differences in quality. Chen Mei and Meng Yanchen point out that rural health institutions spend most of their resources on assisting patients with acute illnesses, and less on chronic illnesses, long-term disability and semi-disability [7]. Yang Xiaojun, on the other hand, argues that the backwardness of rural health centre facilities makes it necessary for patients with major illnesses to go to the city for treatment, greatly diminishing the role of primary care institutions [28]. This view is confirmed by the China Statistical Yearbook 2021, whose data show that the bed occupancy rate in China's township health centres has been declining year on year for a decade, falling to 50.4% in 2020. However, at the same time, the number of rural beds per 1,000 people is only 4.95 [29]. Tang Jincheng and Li Yingying believe that the higher starting payment standards for medical insurance are a major reason for underutilisation [12]. In fact, valuable medical resources should not be disproportionately devoted to long-term care, and specialist recreation needs to play a greater role. Yet according to data from the Health Statistics Yearbook, less than half of

China's general hospitals above the second level have set up rehabilitation departments. Zhang Xiaoqian summarised the shortage of rural elderly provision as a lack of basic resources and a lack of welfare resources [30]. Furthermore, based on these factors, Chen Mei and Meng Yanchen point out that the medical and nursing services currently provided in China's rural areas are relatively homogeneous and mainly focused on daily recreational exchanges [7]. Zhang Xiaoqian argues that the lower payment capacity and willingness of rural elderly people limit the expansion of the scope of services provided by service providers [30]. Yu Feng, on the other hand, focuses on the elderly with dementia, arguing that LTC insurance service providers do not distinguish between the disabled and the mentally handicapped, and that the services they provide are not targeted [11]. In general, Cui Shichen and Lin Mingang argue that the management sector related to long-term care in China is still divided, and the dichotomy of urban and rural social services has not yet been broken [31].

2.4. Traditional Concepts of Caring for the Elderly Are Deeply Rooted in People's Minds

China's long-established agrarian civilisation has formed a unique family model of old age care, however, with increased social mobility, the traditional model of old age care is facing disintegration. Tang Jincheng and Li Yingying point out that under the influence of the traditional concept of "raising children to prevent old age", rural elderly people prefer to have their spouses, sons and daughters-in-law as their caregivers [12]. In addition, data from the Fourth Survey on the Living Conditions of Older People in Urban and Rural Areas in China shows that nearly 90% of the rural elderly prefer to receive home care [32]. This change in attitude is not an easy task for the rural elderly who generally have lower education levels. Jing Tao and Zhang Yifan further pointed out that sending an elderly person to a social care institution can be emotionally damaging to the elderly, and in addition to this, the power of social opinion discourages children from sending their parents to an elderly care institution [21]. Therefore, it is particularly important to strengthen the promotion of long-term care insurance. Tang Jincheng and Li Yingying cite optimistic estimates of health and the relatively short development time of long-term care insurance as reasons why rural residents are reluctant to take out insurance [12]. Zhang Ruizang and Hu Yimin point out that other types of insurance have a significant "crowding out" effect on LTC insurance, which is due to villagers' inability to distinguish LTC insurance from other insurance and their sensitivity to price. They also point out that the villagers' prejudice against commercial insurance also greatly limits the development of LTC insurance [33]. In addition, Zhang Xiaoqian's survey of rural areas in southern Jiangsu pointed out that the elderly generally consider it extravagant and wasteful to hire someone to provide services. Also, in order to maintain family ties, the elderly prefer to save up for their offspring's expenses, which to some extent limits the advancement of higher levels of care [30].

2.5. Supervision and Assessment

Chen Mei and Meng Yanchen believe that the weak sense of responsibility of the grassroots government leading to difficulties in funding health services is one of the reasons why rural LTC insurance is difficult to implement [7]. Tang Jincheng and Li Yingying argue that the intimate relationship with the care recipient formed by a relatively permanent service provider can lead to harbouring and make supervision difficult [12]. Huang Feng argues that the high level of privacy and the fragmented nature of home care is the reason why it is not easy to regulate. The sparsely populated rural areas can further increase costs and lead to inefficiencies [34]. In a study of southern Jiangsu, Yu pointed out that even in the developed areas of the country, there is no clear mechanism for monitoring the provision of services or the training of personnel [35]. Lu Yang Ying, on the other hand, pointed out that the multi-headed supervision of LTC insurance has led to unclear responsibility and shifting of responsibility [36]. Yang Xiaoqian also found in her fieldwork that farmers did not know which department to contact for information [30].

3. Implementation Path of Rural Long-term Care Insurance

3.1. Inclusion of Rural Residents in the Scope of Insurance Coverage

Most of the literature in China's current LTC insurance research suggests expanding the scope of LTC insurance coverage. Based on the health status and income disparity between rural and urban elderly, Xu Lijuan (2021) argues that the coverage of the LTC insurance pilot should not be limited to urban workers or residents, but should be available to both urban and rural residents. It was also suggested that considering the large number of rural people, a batch approach could be adopted, for example, by referring to the age limit in Shanghai and waiting for the LTC insurance to run smoothly in rural areas before expanding the coverage of the insured [37]. Pan Ping (2021) argued that the current scope of coverage in the pilot areas is narrow and should be expanded to increase the number of rural elderly participants. They argue that a variety of special elderly people should be included in the scope of coverage during the pilot phase, such as the disabled elderly, widows and orphans, empty nesters, and senior citizens, and subsidize the costs paid by the elderly in long-term care to eventually achieve wide coverage of the disabled elderly in urban and rural areas [20]. Most of the domestic studies on long-term care insurance are in favor of expanding the scope of coverage to rural areas, and this paper also holds the same view that rural areas with a larger number of disabled people and relatively poorer economic status should be included in the scope of coverage as soon as possible.

3.2. Expanding the Financing Channels of Long-term Care Insurance

The financing of LTC insurance is crucial to the establishment of the LTC insurance system. Chen Mei and Meng Yanchen (2020), drawing on foreign experience, argue that to build a long-term stable rural LTC insurance financing model, the sources of financing should include the New Rural Insurance Fund, rural medical insurance fund, individuals, families, government, and society. In the short term, part of the rural medical insurance fund can be used to develop long-term care insurance, and in the medium term, the surplus of the pension insurance fund will be transferred to the long-term care insurance fund, which will eventually be separated from the medical insurance fund and build the LTC insurance into separate contributory insurance [7]. Tian Yong and Yin Jun (2019) found that the institutional model of long-term care insurance relying on urban employees' medical insurance is unsustainable under the current medical insurance system by measuring urban and rural residents' long-term care demand and constructing an actuarial model of medical insurance. However, sustainability can be achieved by eliminating the individual account of medical insurance, including both unit and individual contributions into the integrated fund, and establishing outpatient coordination to avoid deficits. The analysis also concluded that it is financially sustainable to establish a long-term care insurance system covering urban and rural residents as soon as possible using financial subsidies relying on urban and rural residents' medical insurance [38]. Xu Lijuan (2021) suggested that a funding model of "government + individual + urban and rural residents' medical insurance fund + social financing" could be constructed. However, it is emphasized that to reduce the financial pressure on the families of the disabled elderly in rural areas, people should mainly rely on the government to raise funds and form a multi-funding mechanism in which "the government takes the lead, individuals pay less, urban and rural residents' medical insurance funds take part, and social forces supplement" [37]. Pan Ping (2021) argues that the cost can be raised by individuals, families, the government, and society, and each party should be divided according to a certain ratio. Because of the poor economic development in rural areas compared with urban areas, the individual and family financing ratio should be reduced according to the level of local economic development. In the early stage, individuals and families should not pay contributions but the local financial burden, and in the later stage, multiple contribution levels should be set up for residents to choose from according to their situation, and "low-income households" and "five-income households" should be subsidized by the local government to pay the lowest level of fees [20]. Tang Jincheng and Li Yingying (2022) argue that the "farmer + government + society" funding model for rural long-term care insurance should be accelerated. The local government, as the main body of income and expenditure for long-

term care insurance, should coordinate the dynamic adjustment funds of regional health insurance funds, increase the inclination to poor areas, and actively broaden the social sources of funding for long-term care insurance [12]. This paper argues that rural long-term care insurance should adopt more funding methods at this stage, and become a separately paid insurance to enhance the stability of funding when it is developed and perfected. It should also set various gears for participants to choose when funding and the local government should subsidize people in need to pay long-term care insurance and should set different contribution ratios according to the amount of tax paid by participants.

3.3. Strengthening Long-term Nursing Talent Training in Rural Areas

Jing Tao and Zhang Yifan (2015) proposed that due to the large shortage of long-term care personnel in rural areas, in addition to recruiting new professional nursing staff, nursing knowledge education and nursing skills training can be provided to rural women left behind to become nursing staff [21]. Chen Mei and Meng Yanchen (2020) argued that general practitioners have more comprehensive and professional primary medical knowledge and nursing skills, and have an unparalleled role in long-term care services in rural areas. It was proposed that the development of the GP system should be promoted, along with the cultivation of professional nursing service personnel, aiming to provide more professional services for the long-term care of the elderly [7]. Pan Ping (2021) argued that long-term care involves multidisciplinary and cross-cutting knowledge and that a long-term care education platform for relatives such as children and spouses of disabled elderly people can be established to improve the quality of care while reducing the waste of care resources. Pan Ping also suggested the establishment of rural medical care professionals can improve the professional knowledge of practitioners and give them the salary and social respect they deserve [20]. Yu Xinliang (2021) found that long-term care insurance improved both the employment status of rural women and the level of care for the disabled elderly. It was suggested that rural females involved in elderly care should be remunerated, and caregivers should be required to pass a caregiving qualification [39].

3.4. Increase the Publicity of Long-term Care Insurance

Jing Tao and Zhang Yifan (2015) argue that many elderly people in rural areas are not willing to leave their children in their old age due to the traditional Chinese concept of "raising children for old age" and the concept of filial piety. Jing Tao suggested that firstly, the publicity of long-term care insurance in rural areas should be increased to make residents correctly understand its role in effectively coping with long-term care risks; secondly, the moral burden of residents should be reduced and the awareness that elderly care is not only the responsibility of the family but also the responsibility and obligation of the society should be established [21]. Tang Jincheng, and Li Yingying (2022) argued that since the current main model of elderly care in rural areas is still the home care model and there is a prejudice against nursing homes, local governments should actively guide the focus on publicity to enhance residents' awareness of insurance. The service content of rural long-term care insurance should focus on life care and spiritual comfort, and the acceptance of long-term care insurance should be promoted in rural areas through a demonstration using group effect [12]. Zhang Ruigang and Hu Yimin (2022) used a logistic regression model to analyze the questionnaire data and found that other medical and pension insurance would reduce the willingness to purchase LTC insurance in case of insufficient publicity, while those who agreed with the role of LTC insurance were more willing to purchase it. Zhang Ruizang suggested that the promotion of LTC insurance should focus on emphasizing the differences between LTC insurance and other insurance before, and should focus on highlighting the unique and special role of LTC insurance [33].

3.5. Focus on Supervision

Chen Mei and Meng Yanchen (2020) argue that rural township governments should establish a sound supervisory mechanism in health service provision and funding implementation and that local

governments have the responsibility to provide for and assist special hardship groups. A performance appraisal mechanism should also be established to examine the quality of services provided by primary health institutions and the satisfaction of the elderly, which should be included in the performance appraisal of cadres. The services provided by third parties are also examined and evaluated, and social supervision is accepted to ensure the supply and quality of long-term care services [7]. Tang Jincheng and Li Yingying (2022) proposed to build a closed loop of supervision and made suggestions in three segments: financing and use segment, assessment segment, and care segment. Firstly, in the funding and use link, the regulator should set safety and liquidity standards, evaluate and consider the program when using and investing the funds for long-term care insurance, and establish an early warning mechanism; secondly, the government should improve the existing regulatory system of the assessment link, which can adopt data analysis and assessment models and other means to improve efficiency to select elderly people with real care needs, thus reducing the waste of funds; thirdly, the focus should be on the standardization in the care link supervision, which can be extended by using intelligent technological means such as Internet platforms and technological devices to monitor the means of focusing on the service status of the service provider, and in addition, the government should establish channels for care recipients to defend their rights, and also address the problem of abuse of the right to complain by care recipients [12].

3.6. Constructing a Perfect Long-term Care Model in Rural Areas

Chen Mei and Meng Yanchen (2020) proposed that a diversified long-term care service model should be constructed to form a long-term interaction mechanism of home care-community care-institutional care, in which institutional care is divided into institutional care by profit-making organizations and medical assistance by non-profit organizations to meet diversified long-term care needs [7]. Xu Lijuan (2021) proposed to use the medical and nursing staff of township health service centers and village health offices as the basis, and refer to Qingdao's visiting care method to provide home care services for the disabled elderly and to develop a reasonable visiting care plan according to the disability and the degree of impact of the disabled elderly [37]. Tang Jincheng and Li Yingying (2022) proposed a care service model of "village care center + villagers' mutual aid group + medical institution in the village". Firstly local governments should establish and popularize village care centers to provide daily care services. Secondly, the government should stimulate the role of villagers' mutual aid groups to supplement the gap in human resources for rural care. Thirdly, the government should seek medical institutions to provide professionals to be stationed in rural areas to provide disability prevention and professional care services [12]. This paper argues that each rural area should choose according to its economic status and the abundance of medical care resources. Areas with better economic status can choose Chen Mei's suggestion to build a perfect nursing system; areas with better economic status can choose the visiting care model; more remote areas can choose the construction plan proposed by Tang Jincheng.

4. Conclusion

Due to China's urban-rural dichotomy, there are many differences in the implementation dilemmas and applicable implementation pathways of LTC insurance systems in rural areas compared to urban areas, and existing research is limited to overall and urban studies, with a lack of research on rural LTC insurance. There is also a lack of more effective solutions to the more acute problems that have arisen during the piloting process. Firstly, there is a lack of research into the legal and regulatory aspects of rural LTC insurance, with existing research only pointing to the inadequacy of laws and regulations rather than suggesting a direction for improving legislation and the legal system that should be in place for LTC insurance. Secondly, there is still a need for research on how to propose more concrete solutions for introducing social organisations and improving the quality of their participation. In general, policymakers should continue to expand the coverage of LTC insurance and make it an independent insurance policy in phases without further burdening farmers, while

emphasising the responsibilities of farmers, the government and society. In addition, the surplus labour force in rural areas should be fully mobilised to enter the care sector, so that employment and good care are positively complementary. In addition, modern internet technology should be used to create a long-term care education platform to help individuals and families acquire initial care expertise and to educate the elderly about the need for socialised care, thereby eliminating any prejudice against long-term care insurance. Finally, the state and the government should be bold and courageous in the face of the growing problem of disability, incorporating the satisfaction of the elderly and the quality of primary health care services into performance evaluations, and expanding rural long-term care models that include different social actors and are open to public scrutiny to reduce the wastefulness of the evaluation process.

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