

Research on the Sustainable Development of Rural Medical Security under the Background of Rural Revitalization

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Abstract

Under the background of the implementation of the rural revitalization strategy, the construction of the medical security system in rural areas in China has been widely concerned by scholars. This paper first analyzes the existing problems and causes of the current rural medical security, and on this basis, improves the rural medical security system, strengthens the health knowledge publicity and education, establishes the social support system, and improves the rural medical and health service capacity for reference.

Keywords

Rural Revitalization; Rural Medical Security; Sustainable Development.

1. Introduction

With the successful completion of China's poverty alleviation campaign and the full implementation of the rural revitalization strategy, the development of rural areas in China has entered a new stage. The production mode and life mode of rural residents are changing rapidly, and the physical health risks faced by rural residents have become one of the noteworthy risks of poverty. The performance of health risk changes, which is differentiated into disease risk, labor injury and industrial injury risk and maternity risk. It is obvious that these risks are closely related to medical security[1]. Therefore, improve the "universality, basic, out" rural multi-level medical security system, reduce the rural residents cash payments and catastrophic medical spending, for the rural elderly, rural labor easy Chinese poverty population to build medical security lines, to consolidate the development of poverty crucial achievements and rural revitalization of effective cohesion has important practical significance.

2. Text

2.1. Background

In recent years, a large number of rural young labor transfer to cities, rural left-behind the elderly scale, physical health attention, with the growth of the age led to a serious decline in the physical function, physiological health, health consciousness is weak, the left-behind country the elderly in terms of health care demands cannot meet the trend is also increasingly serious[2]. As the most active factor of production and the most beneficial demand of the rural revitalization strategy, their health level not only determines the amount of income, but also is related to the life of the family, but also related to the rural economic development and the overall victory of the battle against poverty. Therefore, paying attention to the level of medical security of rural labor force is the due meaning of the sustainable development of rural medical security.

2.2. Problems Existing in the Rural Medical Security System

2.2.1. Lack of Medical Payment Capacity.

After the merger of the new rural cooperative medical care system and the medical insurance for urban workers, the medical insurance for urban and rural residents covers all groups except the medical and social insurance for urban workers. Unified charge level to the fair, but ignored the rural population pay ability and consciousness of limited, increasing payment standard, some farmers lose pay cost enthusiasm, new farming insurance payment standard for 10 yuan per person per year, after basically rose 30 yuan per year, in 2023 minimum pay 380 yuan per person. For a rural ordinary family, this is indeed a big spending, some farmers even simply abandoned or adverse selection, only for family labor delivery insurance, encounter sudden disease when the rural elderly cannot enjoy the treatment of medical insurance, minor illness is not willing to cure, minor illness into a chronic disease or serious illness, high medical expenses and treatment costs make this then into poverty. In addition, the medical payment ability of the rural elderly is insufficient. First, first, the labor income of the left-behind elderly is low and unstable; second, the economic support for the children of the migrant workers is obviously insufficient; third, the older the elderly, the worse the physical functions, the health problems are prominent, and the medical expenses increase.

2.2.2. Insufficient Resources for Medical Services and Care.

With the increase of rural population income, the rural elderly requirements for medical treatment also increased, but the medical level of many villages for the rural elderly, mainly as: first, the lack of rural medical resources, inadequate medical infrastructure, and lack of geriatric specialist medical services, the supply of geriatric specialist medical services, the elderly medical care and health care and rehabilitation services is seriously insufficient; the second is poor medical treatment, the first choice of left-behind elderly is nearby treatment. The lack of medical care resources includes the lack of medical escorts and inpatient caregivers for the left-behind elderly in rural areas. In most cases, the left-behind elderly are accompanied by their spouses or their own hospitals when they are sick, and the number of their children is relatively small, and some relatives and neighbors take them to the hospital. When children or spouses are hospitalized, they take care of them. Some left-behind elderly people have no one to take care of them, and the shortage of medical care staff is also obvious.

2.2.3. Great Pressure of Medical Security.

Data show that from 2012 to 2017, the proportion of wage income in the disposable income structure of rural residents in China showed a continuous rise, rising from 38.73% in 2013 to 40.93% in 2017. It has become common to have non-agricultural occupation as the main source of livelihood in the rural population. Due to the limited knowledge level and resources, many rural labor force can only engage in high-risk industries (building exterior wall decoration, highway construction, piling, construction site work, etc.). Once the family has a work-related injury event, after the failure of industrial injury claims and successful claims and health loss need to be borne by medical insurance. Because many farmers are engaged in concurrent work as "employed" (such as engaged in agricultural labor in agricultural production enterprises, following the contractor team engaged in construction work without formal labor contract), the new industrial injury risk is difficult to obtain the coverage and guarantee of social industrial injury insurance system[4], Their medical expenses after injury are still mainly shared by the medical insurance of urban and rural residents, and it is easy to appear the problems of insufficient compensation for labor injury, and the inability to fully recover, which will affect the livelihood stability of the whole family. In addition, the aging of the rural labor force, which can not be ignored, also increases the burden of medical security.

2.3. Reasons for the Problems in Rural Medical Security

2.3.1. There are Some Defects in the Rural Medical Security System.

First, the medical insurance system for urban and rural residents ignores the different needs of medical services among different age groups. The elderly in rural areas have certain particularity. Different from other groups, they are more likely to suffer from various chronic diseases, spend more on medical expenses, and there are more serious poverty due to illness and return to poverty due to illness. In terms of the security level and reimbursement ratio, urban and rural residents mainly consider the needs of all people, which cannot effectively solve the problem of high medical expenses for the left-behind elderly. Moreover, because the overall income of the elderly is not high and unstable, and the probability of disease is large, it requires treatment for a long time. However, under the influence of the "sealing line", it cannot help the elderly to reimburse the expenses incurred during medical treatment for a long time, and the radiation surface is not wide enough. The second is the medical assistance system, the main scope includes rural subsistence allowances, five guaranteed households, key entitled groups, severely disabled people and other rural poor groups, the assistance standard is relatively single and lacks a certain science; there are very few types of diseases, basically major diseases, many minor or chronic diseases are not assisted. Due to the limitation of medical resources and assistance level at the present stage, the focus of medical assistance is on the prevention of serious diseases, lack of attention to minor diseases, and many left-behind elderly chronic diseases cannot get timely treatment.

2.3.2. The Penetration Rate of Medical and Health Knowledge is not High.

First, he is not familiar with the current medical security policy. Many rural elderly people lack a comprehensive understanding of the rural medical security policy and have no opportunity to understand the relevant policies; the relevant departments have affected the widespread popularization of the security policy. The information takes the form of issuing documents, so that many elderly people do not know or even know the medical reimbursement system. Second, the lack of health care knowledge. Some left-behind elderly people in rural areas have a low education level, leading to low health knowledge learning ability and lack of health care knowledge. Third, many elderly people have very little knowledge of chronic diseases, especially about the prevention and treatment of chronic diseases and nursing do not master the relevant medical knowledge.

2.3.3. Lack of Rural Medical and Health Services.

Due to the unreasonable distribution of medical resources in urban and rural areas, the lack of medical and health resources in rural areas, and the lack of medical and health service capacity in rural areas, the rural elderly are prone to illness due to their age and get sick, but they cannot go to large hospitals in the first time. Basically, they can only choose the nearest diagnosis and treatment. In addition, due to the unreasonable distribution of medical resources in urban and rural areas, the lack of rural medical and health resources, the lack of various medical equipment, and the lack of diagnosis and treatment capacity, the rural elderly who have minor diseases can not get a comprehensive and meticulous examination, chronic diseases will be difficult to obtain diagnosis and treatment, and various difficult and complicated diseases are also easy to drag from small diseases into serious diseases. Besides ignored the gender differences required health care, for rural, on the one hand, fertility risk biological connotation in rural areas, on the other hand caused by reproductive behavior of female labor unemployment, family income situation is not alone, fertility risk problem not only caused by reproductive damage and subsequent recovery problems, also characterized by unemployment problems brought about by the fertility behavior[3], This will exacerbate the vulnerability of rural livelihoods, and then lead to relative poverty problems. Existing studies also believe that the physiology and fertility of rural women need more medical resources, but existing policies

lack measures to integrate gender awareness into medical security promotion during their implementation.

2.4. Countermeasures and Suggestions to Improve the Sustainable Development of Rural Medical Security

2.4.1. We Will Improve the Medical Security System for the Elderly in Rural Areas and Establish and Improve the Medical Assistance System for the Elderly

First, we will further explore and improve the dynamic adjustment mechanism for medical insurance financing for urban and rural residents. According to the economic development of different regions and the actual income level of urban and rural residents, adjust the reasonable financing standard of medical insurance for urban and rural residents; increase the increase of individual payment, increase the financial subsidy standard, reduce the burden of low-income and specially difficult families and personnel, ensure that the insured personnel can get the corresponding treatment in time, and ensure the role of the system. Second, we will improve the regulatory system. It is necessary to improve the basic medical system for urban and rural residents, and strengthen the supervision of medical insurance, including the management of medical insurance fund; the medical conditions of designated hospitals should be supervised in time to ensure the standardization of the phenomenon of raising drug prices; to supervise the medical treatment of urban and rural residents and optimize the medical insurance environment. Third, the elderly for chronic diseases. In particular, the medical insurance processing process should be optimized, and the restrictions on chronic disease treatment institutions should be reduced, so as to ensure that the needs of the elderly in chronic disease medical treatment are truly met. In addition, the upper limit of medical insurance reimbursement for chronic diseases should be appropriately raised, and the scope of medical coverage should be continuously expanded to help the elderly reduce their expenses in the medical process. Rural left-behind old man labor income is low, migrant children economic support is less, there is more economic problems, should not only rely on personal or social medical insurance, to establish a special medical assistance system, and fully considering the specific situation of the elderly, increase in manpower, material resources, financial resources, help rural patients and poor old man to solve the economic pressure. Extreme poor families and "five guarantees" are the objects of rural medical assistance. Due to the differences in family income of the elderly people, many rural left-behind elderly people do not belong to the objects of rural medical assistance. As a result, some elderly people need to pay high medical expenses by themselves, and it is difficult to enjoy the corresponding medical security services. Therefore, in order to make these elderly people get basic medical security, the scope of medical assistance for rural left-behind elderly should be appropriately expanded.

2.4.2. We Will Build a System for Providing High-quality Rural Elderly Care Services, and Improve Policies and Systems to Assist Elderly Women in Rural Areas

Establish a long-term care security system in rural areas, giving priority to meeting the basic old-age service needs of the disabled elderly;

Focus on solving the urgent needs of the rural elderly in door-to-door medical care, food delivery and health assistance for the elderly, expand the supply of products suitable for the elderly, in order to cope with the widening of the supply and demand gap of the elderly responsibility subject caused by the aging labor force. In view of the gender imbalance of the aging rural labor force, the policy force should be formed in the elderly public policy from the elderly family support, social assistance, social welfare and other aspects, facing the rural female elderly tilt. At the same time, give full play to the new type of rural collective economic organizations in the special pension dilemma, according to the village labor aging level and the elderly group gender structure differences, by perfecting the internal governance structure of the rural collective economic organization, targeted to increase the village pension, medical and

other public welfare undertakings investment scale and provide reliable old-age security for women in the elderly.

2.4.3. Strengthen the Publicity and Education on Health Knowledge and Establish a Social Support System

We should improve the medical security for the elderly in rural areas and provide funds and services for the elderly. Rural young and middle-aged people have been working outside for a long time. Under the influence of time and economy, they cannot go home in time. Many reasons lead to the elderly's lack of timely medical treatment and poor medical accessibility. In response to this situation, local governments and village-level organizations should build service centers for the elderly to provide medical care and accompanying services, and attract social workers and volunteers to address the medical needs and provide their care. Due to the different economic and geographical conditions in different regions, the elderly generally consider township health centers or rural clinics when seeking medical treatment, which is related to whether their medical needs are really met[2]. In this regard, we should increase the investment in the primary medical and health institutions, complete the required equipment, and continuously improve the hardware environment and other conditions to ensure the further improvement of the quality of medical service; strengthen the construction of the rural medical service team and promote the service sinking; encourage excellent talents to work at the basic level, enrich the basic medical and health team, and improve their professional ethics and master new business and technology through regular training.

2.4.4. We Will Improve the Formal Risk-Sharing Mechanism to Help Rural Labor Force Recover Quickly after Health Risk Shocks

The construction of a formal health risk sharing mechanism in rural areas, adequate supply of medical services and appropriate medical security level are indispensable. With the advancement of rural modernization, only rely on the government's financial input and residents of urban and rural residents health care system has become more and more difficult to meet the growing demand of rural residents: on the one hand, the farmers' health risk source in the household is the core, the agricultural labor employment labor injury is increasing rapidly, but on the other hand, represented by the enterprise labor employer is not bear for rural labor injury compensation labor population. Excessive health loss and lack of health compensation level together caused the current rural residents health risk is higher, so in the future, need from the perspective of risk-sharing to build up contains more responsibility main body, suitable for all the rural residents health risk protection system, enrich the funding source, improve the scientific policy design.

3. Conclusion

The analysis of the difficulties encountered by rural residents in medical security is conducive to meeting the actual medical needs of rural residents, safeguarding the medical security rights of rural groups, and adhering to the rural revitalization strategy. Due to the unreasonable allocation of medical resources in urban and rural areas and the lack of rural medical resources, the relevant departments pay little investment and attention to the medical security of the rural elderly and the rural labor force, and the medical needs are not met, and the rights of medical and health services are not guaranteed. This paper conducts an in-depth study on the rural medical security problems, analyzes the causes of the problems, and puts forward targeted solutions, aiming to promote the establishment and improvement of the rural medical security system, improve the level of rural development and people's happiness.

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