Challenges and Solutions for the Care of Disabled Elderly in Rural Jiangxi Province

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Abstract

Caring for disabled elderly people in rural areas is the most challenging aspect of the elderly care service system, and represents a critical gap in social welfare at the intersection of national strategies to actively address population aging and comprehensive rural revitalization. Taking Jiangxi Province as a case study, this paper systematically analyzes the practical challenges facing rural elderly care for the disabled by drawing on population data from the Jiangxi Provincial Bureau of Statistics, progress in long-term care insurance system development, and publicly available research materials, and proposes solutions. The study finds four major challenges in Jiangxi: the "hollowing out" of caregiving providers has continuously weakened family-based care; the dual difficulty in service supply-high costs and insufficient capacity-has led to a mismatch between institutional care pricing and actual capabilities; the inability to retain professional caregivers has intensified both talent shortages and workforce turnover; and inadequate implementation of institutional safeguards at the final stage ("the last mile") leaves a gap between coverage levels and actual care costs. Based on these findings, the paper proposes a solution framework centered on a three-tier county-town-village support network, with long-term care insurance as the core mechanism, talent development as the foundation, and mobilization of local resources as supplementary measures, offering reference for addressing shortcomings in rural elderly care services.

Keywords

Disabled elderly in rural areas, long-term care, long-term care insurance, integration of medical and elderly care services.

1. Problem Statement

China's population is aging at an accelerating pace, with a distinct urban-rural inversion pattern. According to the seventh national census, approximately 121 million people aged 60 and above live in rural areas, accounting for 23.81% of the total rural population-7.99 percentage points higher than in urban areas [4]. The fifth China Urban-Rural Elderly Living Conditions Sample Survey revealed that in 2021, 13.9% of rural elderly were disabled or semi-disabled, 4.3 percentage points higher than in urban areas [5]. Population mobility has further intensified rural aging: the continuous outflow of working-age labor has led to trends of empty nests, smaller household sizes, and low fertility rates in rural families, continuously weakening the family's capacity for elder care [7].

Jiangxi is a traditional agricultural province where rural elderly care issues are particularly prominent. According to data from the Jiangxi Provincial Bureau of Statistics, by the end of 2024, the province's permanent population reached 45.0201 million, including 16.3108 million rural residents, accounting for 36.23%. The population aged 60 and above totaled 8.8764 million (19.72%), while those aged 65 and above numbered 6.2476 million (13.88%) [2]. By the end of 2025, the number of people aged 60 and over had increased to 9.29 million, representing 20.8%

of the total population, and those aged 65 and over reached 6.4 million, or 14.3%. The number of severely disabled individuals in the province has approached 140,000, signaling an imminent transition into a moderately aging society [3]. In rural areas, the pace of elderly loneliness is faster, disability levels higher, and family care-giving burdens heavier. Caring for disabled seniors has become one of the most difficult challenges in elderly services, with "one person disabled, the entire family destabilized" reflecting the reality for many families [7]. Systematically analyzing this challenge and proposing practical solutions is crucial for addressing shortcomings in rural elderly care and advancing comprehensive rural revitalization.

2. The Realistic Challenges in Caring for Disabled Elderly

The challenges in caring for disabled elderly people in rural Jiangxi are concentrated in four aspects-care-giving entities, service provision, professional capacity, and institutional support-and these factors reinforce each other.

(1) The hollowing out of care-giving providers, with the family's caregiving function continuously weakening

Long-term care for disabled elderly people in rural areas has traditionally relied almost entirely on family support, but the labor foundation underpinning this system is now eroding. On one hand, young and working-age populations continue to migrate to urban areas; in 2024 alone, Jiangxi's rural resident population declined by 336,000 [2], making it common for elderly individuals to be left behind and cared for by other elderly people. Nationally, in 2021, 61.9% of rural elderly lived alone or only with their spouses-higher than the urban rate of 57.9% [4]. On the other hand, shrinking household sizes have depleted the available human resources for care-giving; households consisting of a single generation now account for 48.55% of rural families [4]. Surveys show that most rural families must either quit their jobs or take temporary local work to care for disabled elders, resulting in reduced household income and creating a difficult balance between care-giving and livelihoods [6]. Moreover, caregivers themselves are often elderly, lacking professional knowledge and skills necessary to meet the medical and nursing needs of disabled seniors [1]. Clearly, the weakening of family-based care is not due to lack of willingness, but rather the combined effects of labor outflow and changing family structures.

(2) Service supply faces "double difficulties" at both ends, with a dual mismatch between institutional care pricing and capacity.

From the institutional perspective, most rural elderly care facilities lack the capacity to admit disabled seniors, while those with adequate care-giving capabilities typically charge between 2,000 and 3,500 yuan per month-placing a heavy financial burden on rural families whose income mainly comes from agriculture. "If even one of the elder's children refuses to contribute financially, the senior cannot be admitted" [6]. From the home-based care standpoint, services such as meal delivery, housekeeping, bathing assistance, and in-home nursing are severely insufficient. The providers of care services lack vitality, resulting in a mismatch between supply and demand, and overall satisfaction remains low [5]. Once disabled seniors become bedridden, their families often have no choice but to bear all care-giving responsibilities alone. Regarding medical care, rural care institutions generally lack medical support and emergency response capabilities, and integration of healthcare and long-term care mostly remains at basic levels such as establishing green medical referral channels or signing agreements with family doctors [6]. This makes it difficult to address the health characteristics of disabled seniors-such as multiple chronic conditions and frequent acute episodes-and complications like pressure ulcers, pneumonia, and malnutrition caused by inadequate care occur frequently [6]. The dual

challenges on the supply side leave disabled rural seniors trapped in a dilemma: unable to access institutional care and unsupported at home.

(3) Professional care-giving personnel cannot be retained, as talent shortages and attrition reinforce each other.

Professional caregivers are the foundation of care quality for disabled elderly individuals, yet they are most lacking in rural areas. Surveys show that fewer than half of the caregivers currently employed in nursing homes and integrated medical-care facilities hold valid senior care certification, and "working without certification" is common in rural regions [6]. The lack of job appeal leads to difficulties in recruitment: due to high work intensity and low professional recognition, it is hard to attract young and middle-aged workers under 55, with many leaving their jobs after just a few days following initial training [6]. A disconnect between training programs and the job market results in poor retention: taking Yingtan as an example, Jiangxi Normal College established a geriatric care program three years ago, enrolling 100 students initially; however, only 30% of graduates entered the elderly care industry, and among them, merely 10% remained in their local area or province-most moved to major cities [6]. This shortage and attrition reinforce each other, creating a vicious cycle that makes it difficult to improve care quality in rural areas.

(4) Institutional safeguards fail to ensure smooth implementation at the final stage, and there remains a gap between support levels and care costs.

In recent years, Jiangxi has continuously strengthened institutional supply, yet challenges remain, including incomplete coverage, inconsistent standards, and poor coordination. First, the coverage of long-term care insurance needs to be expanded. Since 2016, Shangrao City has served as one of the first pilot cities nationwide, and in 2026, the provincial implementation plan was officially launched and took effect on June 1 of that year. The rollout follows a phased approach-first for employees, then for residents-with full provincial coverage expected by the end of 2028. Until then, rural residents still struggle to access stable nursing care benefits [3]. Second, there is a gap between benefit levels and actual care-giving costs. During the pilot phase, payment standards in Shangrao for home-based self-care, home visiting care, and institutional care for severely disabled individuals were set at 450 yuan, 900 yuan, and 1,200 yuan per month, respectively [9], while professional caregivers in the market can cost around 5,000 yuan monthly [6], placing significant financial pressure on families. Third, foundational work remains weak. The exact number of disabled elderly in rural areas is unclear, and assessment criteria are not yet standardized, limiting the precision of policy implementation [5]. Moreover, there is insufficient coordination between medical insurance reimbursement and elderly care services; elderly patients with multiple chronic conditions often need to register repeatedly to qualify for reimbursement [7]. The "last mile" of institutional delivery is precisely where rural disabled families experience its impact most directly.

3. Countermeasures and Recommendations

To address the aforementioned fourfold challenges, this paper proposes solutions based on the approach of facility decentralization, insurance as a safety net, talent support, and local mobilization.

(1) Relying on a three-tier network at the county, township, and village levels to ensure basic support, promoting the extension of care services to townships and villages

Jiangxi has initially established a three-tier elderly care service network at the county, township, and village levels: all 100 counties (cities, districts) in the province have built at least one county-level care center for destitute and disabled individuals, providing centralized care for over 15,000 disabled or partially disabled elderly people who are lonely and without family support; 245 regional central nursing homes have been constructed; and more than 14,000

rural mutual aid elderly care facilities have been set up, covering 86% of administrative villages [8,10]. The next step should focus on down-scaling capabilities: first, promote the "township health center + integrated medical and elderly care" model by revitalizing idle medical resources to establish care centers-Yingtan City's Yujiang District Maquan Town Central Health Center converted an abandoned three-story building into an integrated medical-elderly care center. After piloting the admission of 53 disabled and dementia-afflicted seniors, it reduced losses by nearly 800,000 yuan, effectively addressing rural care-giving challenges while offering a transformation pathway for grassroots medical institutions [6]. The key lies in leveraging existing idle assets to lower construction costs, making this approach highly fiscally feasible; second, carry out nursing-oriented renovations of regional central nursing homes by adding more nursing beds and strengthening medical staff; third, expand village-level mutual aid elderly care facilities using vacated school buildings and other idle assets, ensuring care services are as close as possible to where seniors live.

(2) Use long-term care insurance as a hub to integrate the "funding-service-payment" chain

The "Implementation Plan for Establishing a Long-Term Care Insurance System in Jiangxi Province" establishes principles of universal coverage, integrated urban-rural coordination, and fairness and uniformity. Funding is shared equally between employers and individuals at 0.15% each, while urban and rural residents share costs with the government in a 1:1 ratio. Reimbursement rates for home-based care are set at 55% for urban and rural residents and 75% for employees, with an annual payment cap not exceeding 50% of the local per-capita disposable income and no deductible threshold. The plan explicitly prioritizes fund allocation toward home-based care [3]. While the policy design already reflects preferential treatment for rural areas, successful implementation hinges on four key measures: first, accelerating the inclusion of rural populations to ensure disabled elderly individuals in rural areas are covered as early as possible; second, enhancing the practical effectiveness of benefits in rural areas by exploring financial subsidies and preferential treatment for low-income households, those in extreme poverty, and families vulnerable to relapse into poverty; third, streamlining service procedures through on-site assessments and direct settlement of fees at designated institutions to reduce out-of-pocket expenses and travel burdens for rural families； and fourth, including eligible rural nursing homes and township health centers within the network of designated service providers to achieve "funds follow individuals, services reach villages" [3].

(3) Addressing the shortage of care-giving personnel by focusing on targeted training and ensuring benefits and support

First, broaden training channels. Expand enrollment in elderly care-related programs at institutions such as Jiangxi Normal College for Teachers, promote order-based and targeted training, and provide tuition reimbursement or employment incentives to graduates who work in rural elderly care facilities, thereby addressing the disconnect between enrollment and employment [6]. Second, enhance job appeal. Stabilize the workforce by creating public-interest positions, establishing allowances for elderly care workers, and linking skill levels to compensation. Jiangxi has already launched vocational skills examinations for long-term caregivers, with 3,272 entry-level and 703 intermediate-level workers having obtained certifications by the end of August 2026 [3]; further expansion of training scale is needed, directly linking professional qualifications to benefits. Third, ensure smooth career advancement pathways by improving mechanisms for skill level certification and honor-based incentives, thus enhancing the professional identity and social recognition of elderly care workers.

(4) Supplement with local resource mobilization to build low-cost, sustainable care support

First, promote rural mutual care services. Leverage the advantages of close-knit communities by organizing younger, healthier elderly individuals and left-behind women to provide visiting,

meal delivery, and basic care for older, disabled seniors. Long-term sustainability can be achieved through incentive mechanisms such as point systems or time banks [7]. Second, continue advancing home aging-friendly renovations and the development of family-based nursing beds. Jiangxi has already established over 25,000 family nursing beds and completed aging-friendly modifications in 60,000 households for particularly vulnerable elderly people [8]; efforts should expand further, prioritizing families with disabled members. Third, promote kinship care subsidies, drawing on Shangrao's model of providing monthly 800-yuan subsidies to registered poor households and urban low-income populations for care-giving [9], ensuring that care resources directly reach family caregivers. Fourth, strengthen skills training and respite services for family caregivers, while using public awareness campaigns to shift the traditional mindset that "only those without children should go to nursing homes" [6], thereby fostering greater social acceptance of institutional care and professional services.

4. Conclusion

Care for disabled elderly people in rural areas is the weakest link among existing shortcomings and a key indicator of the quality of elderly care services. To overcome this challenge, coordinated efforts are needed across four dimensions: expanding infrastructure to grassroots levels, establishing insurance as a safety net, building professional talent, and mobilizing local communities. A three-tier network at the county, township, and village levels should meet care demands; long-term care insurance can stabilize funding and payment expectations; professional workforce development ensures service quality; and mutual aid models can activate local social capital. Only by reasonably distributing and effectively integrating responsibilities among the state, society, markets, and families can rural disabled elders receive high-quality, dignified care. It should be noted that this analysis is primarily based on publicly available statistics and policy documents, and has not yet incorporated micro-level survey data to evaluate the actual effectiveness of proposed measures. Future research could further conduct household surveys and policy assessments.

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