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Research on the Problems and Countermeasures of the Rural Medical and Elderly Care Integration Model in the Mountainous Area of Dapan Town, Pan'an County

Hanfeng Zeng[1]* , Mingqin Ye[1], Hui Yao[2]
1 Guangxi University, Guangxi, China
2 Guangxi University, Guangxi, China
***Corresponding Author, Email: Zeng_Hanfeng @outlook.com**

Abstract:
In the context of China's aging population and shrinking family size, the traditional pension model is difficult to meet the needs of the elderly for medical care. The combination of medical care and elderly care has become a key measure to deal with aging and ensure the quality of life of the elderly. However, existing research mostly focuses on urban areas, and the medical and elderly care issues in mountainous rural areas are complex and related research is scarce. This study takes Dapan Town, a typical mountainous township, as the research object, and conducts in-depth research on the current status of its medical and elderly care integrated model. It is found that although this model has achieved certain results, such as forming a multi-level model, revitalizing grassroots medical resources, and integrating traditional Chinese medicine characteristic services, it still faces problems such as a shortage and unreasonable structure of medical and elderly care integrated personnel, insufficient funding investment, incomplete construction of medical and elderly care information platforms, and low reimbursement rates for medical insurance. In response to these issues, optimization measures have been proposed, including improving the talent support system, establishing a diversified funding guarantee system, improving the information platform, and introducing long-term nursing insurance. The aim is to enhance the level of medical and elderly care services in Dapan Town and provide theoretical and practical references for the innovation of medical and elderly care models in mountainous rural areas.

Keywords:
aging population, Rural medical and elderly care integration, Elderly care services

1.Introduction

Under the background of the aging population and the shrinking family size in China, the traditional pension model has been difficult to meet the growing medical care needs of the elderly. According to the seventh demographic statistics of the National Bureau of Statistics (2021), the population aged 60 and above in China reached 264 million, accounting for 18.70% of the total population, of which the elderly aged 65 and above accounted for 13.50%. Moreover, the incidence rate of chronic diseases increased with age, the proportion of

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disabled and semi disabled elderly increased, and the family care function significantly weakened [1]. The integration of medical care and elderly care has become a key measure to cope with aging and ensure the quality of life of the elderly population. Policy documents such as the national "14th Five Year Plan" have also clearly proposed the construction of an elderly care service system that combines medical care, elderly care, and health care. However, existing research mostly focuses on urban areas, while in mountainous rural areas, due to their unique geographical environment, socio-economic conditions, shortage of medical and elderly care resources, and complex elderly care issues, related research is relatively scarce. As a typical mountainous township, Dapan Town has taken measures such as building the Dapan Mountain Medical and Elderly Care Center, promoting cooperation between elderly care institutions and health centers, and developing family doctor contract services. It has initially formed three models of medical and elderly care integration, including medical extension, medical assistance in elderly care, and medical assistance for elderly care. Although it has achieved certain results, it still faces many challenges. Therefore, this study takes Dapan Town as the research object, conducts in-depth research on the current situation of its medical and elderly care integration model, analyzes the existing problems, and proposes optimization measures, aiming to improve the level of medical and elderly care integration services in Dapan Town, provide theoretical references and practical guidance for the innovation of medical and elderly care integration models in mountainous rural areas, promote the benefits of medical and elderly care integration to more elderly people, and enhance the happiness and sense of achievement of the elderly population.

2.Analysis of the current situation of the integrated medical and elderly care model in Dapan Town

2.1 Basic Information of Dapan Town

Dapan Town is located in the central part of Pan'an County, at the foot of Dapan Mountain, 15 kilometers away from the county seat. The total area of the town is 80.48 square kilometers, with 13 administrative villages and more than 20 resident units. In 2023, the general public budget expenditure was 17.0467 million yuan, including 1.4155 million yuan for social security and employment expenditure, and 301800 yuan for health expenditure. The seventh national census shows that the total population of the town is 7768, with 1927 elderly people over 60 years old, accounting for 24.8%, which is higher than the provincial, municipal, and county average. There are 294 elderly people over 80 years old, accounting for 3.8% of the total number of elderly people, indicating a significant aging trend. As of the end of 2023, there are 163 disabled elderly people, and they are "getting old before getting rich". There are 4491 permanent residents and 3277 out of town residents. The outflow of population is severe, and the number of elderly people living alone is increasing, weakening the function of family elderly care. In terms of medical and elderly care resources, there is one health center, three village clinics, and five home-based elderly care service centers. However, the "medical" and "elderly care" resources are separated and unevenly distributed, making it difficult for remote villages to obtain medical resources. Faced with the aging situation and the demand for elderly care, it is urgent to meet the needs of medical and elderly care integration.

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2.2 The demand for integrated medical and elderly care among the elderly in Dapan Town

This study used elderly people from 13 administrative villages in Dapan Town, Pan'an County as samples, and conducted field research from August to September 2023 to analyze their elderly care service needs. Through questionnaire sampling surveys and in-depth interviews with some elderly people, collect actual data and feelings on the integration of medical care and elderly care, and provide empirical support for the model. The survey targets elderly people aged 60 and above, including those who receive home-based elderly care, those who receive home-based elderly care services from village and community care centers, and those who receive services at the Dapangshan Medical and Elderly Care Center. The questionnaire includes personal basic information, health status, insurance, nursing service needs, elderly care status and the need for medical and elderly care integration, as well as understanding, evaluation, and questions related to the integration of medical and elderly care. A total of 320 questionnaires were distributed, 317 were collected, and 306 were valid, with an effective rate of 94.69%. Among them, 242 are from elderly people who live at home, 45 are from service recipients in care centers, and 19 are from service recipients in medical care centers. Because the respondents have a low level of mastery of Internet and other applications, they use paper questionnaires to answer one-on-one questions and fill in the results for those who cannot fill in alone, and then summarize the demand through statistical analysis.

Table 1. Basic Characteristics of Samples.

Category	Option	Frequency (person)	Proportion (%)
Gender	Male	141	46.08
	Female	165	53.92
Age	60-69 years old	138	45.10
	70-79 years old	102	33.33
	80 years old and above	66	21.57
Degree of education	Elementary school and below	137	44.77
	Junior high school	131	42.81
	High school	38	12.42
	College degree or above	0	0
(Pre retirement) Occupational	Farmer	223	72.88
	Self-employed person	39	12.74
	Employees of enterprises	17	5.56
	Government institutions	6	1.96
	Other	21	6.86
residency status	To live alone	59	19.28
	Living with spouse	210	68.63
	Living with children	31	10.13
	Elderly care institutions	6	1.96

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Main economic sources	Pension insurance	89	29.09
	Income from labor	121	39.54
	Retirement pay	22	7.19
	Child support	59	19.28
	Minimum living allowance	15	4.90
Monthly average income	Below 1499 yuan	159	51.96
	1500-2999 yuan	98	32.03
	3000-4999 yuan	35	11.44
	Over 5000 yuan	14	4.57

The structural characteristics of the elderly population in this survey research sample are obvious. In terms of gender, males account for 46.08% and females account for 53.92%, which is consistent with the current situation of more women than men in the elderly population of Dapan Town. Among the age distribution, 138 people aged 60 to 69, accounting for about half; 102 people aged 70 to 79, accounting for 33.33%; 66 people aged 80 and above, accounting for 21.57%. In terms of educational level, nearly half of them have primary school or below, 42.81% have junior high school, 12.42% have high school, and do not have a college degree or above. The main occupation is farmers, with 223 people accounting for 72.88%. In terms of economic sources, labor income accounts for 39.54%, and pension insurance accounts for 29.09%. In terms of monthly average income, nearly half are below 1499 yuan, and only 4.57% are above 5000 yuan.

Table 2. Sample Insurance Coverage and Health Status.

Category	Option	Frequency (person)	Proportion (%)
Participation in pension insurance, health status, self-care ability	Urban employee pension insurance	23	7.52
	Urban and rural residents' pension insurance	279	91.18
	Other	2	0.65
	Not insured	2	0.65
	Good	72	23.53
	Suffering from chronic diseases	173	56.53
	Suffering from a major illness	35	11.44
	Rehabilitation from serious illness	26	8.50
	Fully capable of self-care	165	53.92
	Can basically take care of oneself	86	28.11
	Unable to take care of oneself	55	17.97

From the perspective of insurance participation, 23 people, accounting for 7.52%, have participated in the urban employee pension insurance; 279 people participated in the urban and rural residents' pension insurance, accounting for 91.18%; 0.65% of the survey respondents also participated in other pension insurances; Two individuals did not participate in pension insurance, accounting for 0.65%. Overall, the participation rate

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of elderly pension insurance in Dapan Town is relatively high. From the perspective of health status, 23.53% of the surveyed elderly people have good health conditions; 72 elderly people suffer from chronic diseases, accounting for 56.53%; 35 people suffer from major illnesses, accounting for 11.44%; 8.50% of elderly people have recovered from serious illnesses. From the perspective of self-care ability, there are 165 elderly people who can completely take care of themselves, accounting for 53.92% of the surveyed population; There are 86 elderly people who can basically take care of themselves and 55 elderly people who cannot take care of themselves, accounting for 28.11% and 17.97% respectively.

The nursing service needs, awareness and acceptance of medical and elderly care integrated services of the 306 elderly surveyed in this survey are as follows:

Table 3. Awareness and Acceptance of the Medical Elderly Care Integration Model among Samples.

Category	Option	Frequency (person)	Proportion (%)
Awareness	Very familiar	15	4.90
	Understand	66	21.57
	I don't know much about it	164	53.60
	Do not understand	43	14.05
	Ignorant	18	5.88
Acceptance	Accept	91	29.74
	Reject	145	47.38
	Unclear	70	22.88

According to survey data, among the elderly people surveyed, 53.60%, 14.05%, and 5.88% respectively expressed "not very familiar", "not familiar", and "completely unfamiliar" with the medical elderly care model. The total proportion of elderly people who "very familiar" and "understood" the medical elderly care model was only 26.47%. From the above data, it can be found that the elderly in Dapan Town have a low awareness of the integration of medical care and elderly care, indicating that the government and various sectors of society have not yet reached the required level of publicity for the integration of medical care and elderly care model. In terms of acceptance of medical and elderly care integrated elderly care services, 29.74% of people are willing to accept this elderly care model, while 47.38% and 22.88% of people express unwillingness and uncertainty. This indicates that the elderly in Dapan Town have a low awareness of the concept of healthy elderly care, which not only requires elderly care but also prevention and treatment of diseases, and urgently needs to be improved.

Table 4. Analysis of Sample Medical Nursing Service Demand.

Option	Frequency (person)	Proportion (%)
Chronic disease medical nursing services	191	62.42
Rehabilitation medical nursing services	21	6.86

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Long term bedridden medical care services	2	0.65
NOT REQUIRED	92	30.07
total	306	100

From the perspective of medical care service demand (Table 2.4), there are 191 elderly people with chronic disease medical care service demand, accounting for 62.42%; 6.86% of elderly people require rehabilitation medical care services; Two elderly individuals require long-term bedridden medical care services, accounting for 0.65% of the surveyed population; There are 92 elderly people without medical service needs, accounting for 30.07%. It can be seen that the elderly in Dapan Town have a high demand for integrated medical and elderly care services.

2.3 The achievements of the integrated medical and elderly care model in Dapan Town

As a rural area in mountainous areas, Dapan Town lacks medical and elderly care resources compared to cities. However, by analyzing the needs of different groups and the characteristics of home-based and institutional elderly care, a multi-level medical and elderly care integrated model has been formed. This model meets the multi-level health and elderly care needs of the elderly: the "medical extended care" relies on the Dapanshan Medical and Elderly Care Center and the combination of "medical community+medical and elderly care" to provide comprehensive medical services for disabled and semi disabled elderly people; Through the signing of contracts between elderly care institutions and medical institutions, the concept of 'having doctors in care' improves the opportunities and efficiency of elderly people's access to medical services; Guiding elderly people living at home to sign up with family doctors for medical assistance and support, and sinking medical resources. At the same time, this model revitalizes primary healthcare resources: the "extended care in medicine" approach solves the problem of low bed utilization in primary healthcare institutions and promotes their transformation and upgrading; Utilizing existing resources to enhance the recognition of health centers through the concept of 'nurturing with medicine'; Strengthening the service functions of grassroots medical and health institutions through the promotion of medical care and support for elderly care. In addition, relying on the advantage of being the "hometown of Chinese medicinal herbs", Dapan Town integrates traditional Chinese medicine into elderly care services, implements characteristic health preservation plans, promotes health preservation and appropriate technologies, and leverages the unique role of traditional Chinese medicine in elderly prevention and health care, medical treatment, rehabilitation, and other aspects.

3.The problems of the integrated medical and elderly care model in Dapan Town

3.1 Shortage and unreasonable structure of medical and elderly care personnel

There are shortcomings in the team building of the integrated medical and elderly care service industry in Dapan Town, mainly reflected in three aspects. Firstly, there is a shortage of primary healthcare professionals, with only 25 medical staff in the town and 14 having a secondary vocational education. They need to balance daily outpatient, medical and nursing center, and patrol work, and face challenges such as aging, making it difficult to provide high-quality services. Secondly, there is a shortage of elderly care personnel and an un-

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reasonable structure. Out of the 14 nursing certificate holders in the town, only 2 are employed, all of whom are at the Dapanshan Medical and Nursing Center. Thirdly, there are 4 nursing staff in the medical and elderly care center, with an average age of 62.25 years old. 3 of them have a primary school education or below, 2 hold certificates, and 3 have relevant experience. Most of them work after retirement.

Table 5. Basic Information of Nursing Workers at Dapangshan Medical and Nursing Center.

Caregiver	Age	Gender	Registered residence	Cultural level	Holding status of caregiver certificate	Previous work experience	Years of working experience in a medical and nursing center
A	62	Male	Dapan Town	Elementary school and below	No	Yes	A year and a half
B	69	Female	Dapan Town	Elementary school and below	No	No	4 months
C	57	Female	W Street, Pan'an County	Elementary school and below	Yes	Yes	Since its opening
D	61	Female	Dapan Town	Junior high school	Yes	Yes	A year and a half

3.2 Insufficient investment in the medical and elderly care model

The insufficient investment in the medical and elderly care model is reflected in two aspects. On the one hand, industrial investment is large, the cycle is long, the return is slow, the cost and difficulty of resource integration are high, the risk bearing of enterprises is weak, and the investment of large towns and higher-level governments is insufficient. In 2021, the total revenue of Dapangshan Medical and Elderly Care Center was 636400 yuan, and the expenditure was 626500 yuan. However, due to the exclusion of medical and nursing salaries, only the income and expenditure balance can be achieved; In recent years, the 5 home care centers for the elderly have provided collective subsidies to the village, resulting in a loss of 13300 yuan for G village in 2023. On the other hand, the government accounts for 90% of the investment in medical and elderly care services in China, and social capital investment is insufficient. The funding of Dapanshan Medical and Elderly Care Center and Home based Elderly Care Service Center relies on financial appropriations. Without social capital, it is difficult for the medical and elderly care center to balance, and it is difficult for the home based center to improve efficiency. It is necessary to guide social capital to participate.

Table 6. Income of G Village Home based Elderly Care Center in Dapan Town.

Serial Number	Project name	Amount (Yuan)	Remarks
1	Meal allowance	18996	
2	Operation subsidy	28500	Deduction of 1500 yuan due to improper operation subsidy
3	Meal revenue	20000	Meal fee of 1000 yuan per year
4	Other income	3000	Donations from villagers, etc
Total		70496	

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3.3 Incomplete construction of medical and elderly care information platform and low reimbursement ratio of medical insurance

There are two major problems in promoting the integrated medical and elderly care model in Dapan Town. Firstly, the construction of the medical and elderly care information platform is not perfect. Due to the use of different medical information systems between health centers and higher-level hospitals, it is difficult to integrate referral information, and disease handover relies on verbal or WeChat groups, which can easily lead to repeated examinations and resource waste; The electronic health information files of elderly people signed by family doctors cannot be shared with other elderly care institutions, resulting in low service efficiency; The popularity of intelligent medical and nursing equipment is not high, and the elderly experience is poor. Secondly, there is insufficient support from medical insurance. Although some expenses can be reimbursed according to policies, the high medical and nursing costs for disabled and semi disabled elderly still deter families. In 2022, the per capita disposable income of residents in Dapan Town was only 24000 to 25000, indicating a backward economy and a high proportion of disabled and semi disabled elderly people, making it difficult to afford expenses and affecting their quality of life and family economy.

4. Optimization strategies for the integrated medical and elderly care model in Dapan Town

4.1 Improve the support system for integrated medical and elderly care talents

One is to promote the establishment of a scientific talent training program. On the basis of the policy of targeted training for medical students in the county, we encourage cooperation between medical and elderly care centers, nursing homes, and relevant universities to provide internship platforms for students and deepen their understanding of the integration of medical and elderly care and professional knowledge. Conduct targeted ability enhancement classes for medical personnel, nursing staff, etc., understand knowledge reserves through assessment exams, provide training with different focuses based on actual needs, and enhance the professional ethics and skills of in-service personnel.

The second is to formulate scientific incentive policies. The current equal salary of nursing staff is not conducive to actively improving their professional level. An agreement can be made with a third-party company to form a comprehensive assessment standard based on factors such as the evaluation of the elderly and their families, participation in training, etc. Nursing staff with high assessment scores will be given bonuses. Provide free vocational skills training according to regulations, accelerate the recognition of skill levels, establish a talent pool, and attach importance to the spiritual satisfaction of practitioners. Establish an internal promotion system to promote healthy competition.

The third is to strengthen the publicity and guidance of volunteer team construction. Relevant departments work together to improve training mechanisms, promote the culture of filial piety and respect for the elderly, guide social organizations to participate in serving the elderly, and form a diversified participation model for elderly care.

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4.2 Establish and improve a diversified financial security system

On the one hand, stable fiscal investment should be formed. Liu Xiaomei et al. (2019) pointed out that the government should take the lead in coordinating the interests of all parties involved. The integration of medical resources in the healthcare industry is costly and difficult, and the government needs to invest in it in advance. Utilize the joint efforts of multiple departments, improve policies such as elderly care service subsidies, and implement subsidies. County civil affairs and finance departments should timely introduce implementation measures for subsidies for the construction and operation of medical and elderly care service institutions, renovate and upgrade medical and elderly care centers, home-based elderly care centers, enhance service capabilities, and guide the establishment of an orderly market. Promote cooperation between elderly care institutions and medical and health institutions, and provide certain financial subsidies.

On the other hand, leveraging the advantages of local traditional Chinese medicine to attract social capital. Pan'an County is known as the "hometown of Chinese medicinal herbs". Dapan Town has abundant resources of Chinese medicinal herbs, large-scale planting bases, and national nature reserves, with numerous wild medicinal plants. We can explore traditional Chinese medicine resources, create regional characteristic traditional Chinese medicine elderly care brands, enhance attractiveness through brand operation, and encourage social capital participation. Explore various cooperation models, create risk sharing and benefit sharing mechanisms, promote traditional Chinese medicine culture through multiple carriers, and promote diversification of investment entities and methods.

4.3 Improve the information platform and introduce long-term nursing insurance

On the one hand, accelerate the construction of the health information platform. The government should promote the construction of an information-based hierarchical diagnosis and treatment service model, with provincial and municipal hospitals as the support, county-level hospitals as the backbone, grassroots hospitals as the foundation, and regional medical referral coordination centers as the carrier. By leveraging the county-level regional medical and health information and referral platform, public sharing of medical treatment information is achieved, enabling information sharing among medical units at all levels, facilitating continuity of treatment after patient referral, and improving the level of medical services. Upgrade and transform the electronic health record system for villagers, integrate information, and improve accurate portraits of the elderly. Promote resource sharing, carry out collaborative services, establish a "direct train" for examination, reduce the burden on patients, and promote the integration of medical and nursing resources. At the same time, promote the application of information technology in the field of elderly care and conduct training on the application of intelligent products for the elderly.

On the other hand, introducing long-term care insurance. Long term care insurance has been developed abroad since the 1970s, and some developed countries have relatively complete systems. Dapan Town should promote the establishment of a fundraising system, raise funds through multiple channels, establish a multi-level funding guarantee mechanism, encourage commercial insurance to launch personalized products, and the medical insurance and civil affairs departments should also work together to strive for the early implementation of long-term care insurance.

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5.Conclusion

Against the background of the aging population and the shrinking family size in China, Dapan Town, as a typical mountain town, has achieved some results in the combination of medical care and elderly care model, such as forming a multi-level combination of medical care and elderly care model, revitalizing basic medical resources, integrating into traditional Chinese medicine services, but still faces many problems. Including a shortage and unreasonable structure of medical and elderly care personnel, insufficient funding investment, incomplete construction of medical and elderly care information platforms, and low reimbursement rates for medical insurance. To address these issues, it is necessary to improve the support system for medical and elderly care talents, by promoting the establishment of scientific talent training programs, formulating incentive policies, and strengthening the publicity and guidance of volunteer team construction to solve them; Establish and improve a diversified funding guarantee system, form stable financial investment, and leverage the advantages of local traditional Chinese medicine to attract social capital; Improve the information platform and introduce long-term nursing insurance, accelerate the construction of the health information platform and promote the implementation of long-term nursing insurance, thereby enhancing the level of medical and elderly care services in Dapan Town, providing theoretical and practical references for the innovation of medical and elderly care models in mountainous rural areas, and promoting the integration of medical and elderly care to benefit more elderly people.

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