Evaluation of rural health poverty alleviation effect in JiangXi Province

2022, Vol.3 No.1
© Economics & Management Review 2022
DOI: 10.37420/j.emr.2022.009
https://masonpublish.org

Guoqiu Liu
Gannan Medical University, School of Public Health and Health Management; Ganzhou, Jiangxi
***Corresponding author email: lgq815@gmu. edu. cn**

Fund project

General project of Jiangxi Social Science Fund in 2021: Evaluation and Research on the Implementation Effect of Rural Health Poverty Alleviation in Jiangxi Province in the Post Poverty Alleviation Era (21GL25)

Abstract

Objective:Research on the implementation of the policy of poverty alleviation for the needy people in Ganzhou City Ganxian District, analyse the implementation effect of poverty alleviation, understand and explore the problems of poverty alleviation to provide suggestions and directions for the subsequent health alleviation policy, eliminate poverty due to illness and return to poverty, and achieve common prosperity.Methods:This paper investigates the poor people in Ganxian District of Ganzhou City from five aspects: their own health, medical services, medical insurance, health environment and Health Poverty Alleviation Policies, and evaluates the effect of health poverty alleviation through one-way ANOVA.Results: It is found that health poverty alleviation has reduced the medical expenses of the needy people;Good understanding and satisfaction with health poverty alleviation policies and medical insurance reimbursement; Self-health knowledge and accomplishment have been improved.Conclusion:This paper suggests that health propaganda should be strengthened to enhance people's health awareness;Adhere to multi-party cooperation and provide a variety of medical services; Simplify medical insurance reimbursement procedures and improve more convenient services.

Key words

Healthy poverty alleviation; Poor people; One way ANOVA

Health poverty alleviation is a key link in realizing the health China strategy, which is not only a difficult point in poverty alleviation in Jiangxi Province, but also an important path for managing relative poverty in the era of comprehensive well-off. 2020 will see the full realization of poverty removal, and the gradual shift to solving the relative poverty problem in each region, and the specific way to solve the poverty problem will change from the current focused attack to the regular promotion. Relative poverty will persist for a long time, whether in areas that have been lifted out of poverty now or in areas on the edge of poverty, health issues still have a greater risk potential, and attention should be paid to health to prevent poverty and eliminate the problem of poverty caused by disease.

The year 2021 is the starting year for consolidating and expanding the results of poverty alleviation and rural revitalization, so we should do a good job of consolidating and expanding the results of poverty alleviation and rural revitalization to make the foundation of poverty alleviation more solid and the results more sustainable. Health poverty alleviation is the focus and difficulty of poverty alleviation work, and it needs to face the double pressure of reducing the stock of poverty caused by diseases and preventing the increase of poverty due to diseases, and it is still difficult to stabilize and consolidate the effectiveness of health poverty alleviation. The connotation of rural revitalization necessarily includes the further guarantee of rural people's physical health and safety, so as to reduce the incidence of poverty caused by diseases and promote the realization of the goal of common prosperity. Therefore, the performance evaluation of health poverty alleviation, promoting effective health poverty alleviation and building a long-term mechanism for health poverty alleviation is a proper part of the implementation of rural revitalization strategy. By the end of 2017, 125,000 people in Jiangxi Province were poor due to diseases, accounting for 42.02%, much higher than the national average of 35.4%. By improving the "four lines of protection" and implementing health poverty alleviation, the number of families in Jiangxi Province suffering from poverty due to illness decreased by 58,000 in 2019, or 78.4%, and the percentage of poverty due to illness decreased by 5.4% compared to 2018. For the province's original 25 poor counties and 3.46 million people living in poverty in the old revolutionary areas, it is significant for rural Jiangxi to evaluate the implementation effect of health poverty alleviation and eliminate poverty caused by disease.

1. Literature Review

As poverty alleviation in China continues to be conducted and carried out, attention has been paid to the quality and efficiency of precision poverty alleviation. Many scholars have conducted studies on the implementation effects and performance of precise poverty alleviation to understand and explore the problems of poverty alleviation and to provide suggestions and directions for subsequent development. The theoretical research on poverty has been long and concerned abroad, but the research focusing on health poverty alleviation policies, initiatives and models has not yet formed a complete theoretical system.

With the increase of financial investment in poverty alleviation in China, the performance management of poverty alleviation projects has become the key to whether the poverty alleviation goals can be achieved. Accurate assessment of the government's poverty alleviation effectiveness has received increasing attention from the central government. Domestic scholars' research on the effectiveness of poverty alleviation mainly involves the following aspects: First, the factors influencing poverty alleviation performance and the evaluation of poverty alleviation effectiveness. Using hierarchical analysis, policy dimension, farmer dimension, social dimension and spiritual dimension are established to construct a performance evaluation system and determine their weights and performance; multiple linear regression is used to study the factors affecting performance [1]. The basic theory of "3E performance evaluation" and the key elements method were used to establish five indicators of policy implementation precision, economy, poverty alleviation efficiency, poverty alleviation efficiency, poverty alleviation effect and poverty alleviation satisfaction, which provide reference meaning for future performance of precise poverty alleviation [2]. The six main factors affecting the efficiency of precise poverty alleviation include household size, household labor force, marital status of the household head, health status of the household head, and the enthusiasm of the farm household to participate

in poverty alleviation activities [3] [4]. Second, the performance of poverty alleviation was assessed from both objective and subjective aspects. A time-series principal component analysis was used to study the performance of poverty alleviation policies, and three first-order indicators were set up to reflect their poverty alleviation policy performance in terms of economic development, anti-poverty and social development on the objective side, while the subjective side was assessed through satisfaction evaluation [5]. Two indicators of per capita medical expenditure ratio and number of sick people ratio were set from the objective aspect, and three indicators of health status perception, health care perception and health poverty alleviation policy perception were set from the subjective aspect, and the propensity value matching method was used to analyze poor and non-poor households so as to evaluate the health poverty alleviation performance[6]. Third, health poverty alleviation performance was evaluated. The effects of health poverty alleviation policies implementation were analyzed in Hebei Province and Shandong Province, respectively [7] [8]. Health poverty alleviation performance indicators were constructed from the target level, guideline level and indicator level, and their indicator weights and health poverty alleviation effect levels were determined to provide reference for the improvement of health insurance policies [9] [10]. A health poverty alleviation performance evaluation system consisting of social performance, ecological performance and economic performance was established from macro and micro perspectives [11]. Research on poverty alleviation performance has mainly focused on the effect measurement of tourism poverty alleviation and financial poverty alleviation, while the existing studies involving the evaluation of health poverty alleviation performance are still relatively few.

2. Materials and Methods

2.1 Data

Since the implementation of the health poverty alleviation project in Jiangxi Province, all 295,000 households in the province have been lifted out of poverty due to disease, and the overall contribution of health poverty alleviation to the province's poverty alleviation efforts has reached 34.3%. Ganzhou is one of the country's larger concentrated contiguous special hardship areas and the main battleground for precise poverty alleviation in Jiangxi province. in 2014, Ganzhou had a poverty-stricken population of 1,143,300 people, with a poverty incidence rate of 14.28%, accounting for 40% of the province's poor population. Over the past five years, Ganzhou City has insisted on precise poverty alleviation and precise poverty eradication. During the "13th Five-Year Plan" period, Ganzhou City, with a poverty-stricken population of 1,143,300 people and 11 poor counties, has been out of poverty and has historically achieved overall regional poverty eradication. Among them, Gan County is one of the counties in the old revolutionary area, the national key counties for poverty alleviation and development, and one of the counties in the Luoxiao Mountain area with concentrated contiguous special difficulties. There exist 116 provincial-level supported poverty-stricken villages in the county (including 57 national-level poverty-stricken villages). Gan County is a typical mountainous county with more mountainous towns and villages, the poor population spreads over a vast number of villages, and the rural poor farmers show complex diversity due to different causes of poverty. Among the rural poor, 45% are poor due to illness and disability, 28% are poor due to lack of skills, labor and capital, 11% are poor due to disasters, 6% are poor due to schooling, and 10% are poor due to other reasons.

Poverty-stricken villages in Gan County are relatively concentrated in remote and isolated villages. Among

the 19 townships, mountainous and remote townships such as Changluo, Dabu, Hanfang, Tiancun, etc., have a larger poverty population due to a worse development base, exceeding 27% of the rural household population; Meilin, Maodian, Cuitan, Wuyun, etc. are townships passing through national and provincial highways, with a better development base and a relatively smaller poverty population, below 20% of the rural household population; 11 other townships such as Hujiang, Jibu, Jiangkou and Yangbu The proportion of poor people is around the county average of 24.1%. Some remote mountain villages have relatively concentrated poverty populations, such as five villages in Gao Shan Village in Chuan Tan Township, Liren Village in Bai Lu Township and Gao Pai Village in Dada Township, where the poverty population accounts for more than 50% of the rural household population.

Gan County's overall development lags and income gap widens, and the poor population is spread throughout the county's rural areas. All of the county's 276 administrative villages have a significant number of poor people, and even in relatively affluent administrative villages, the number of poor people is not small. For example, in the village of Daya, Hanfang Township, although the per capita income of farmers reaches 3,500 yuan, the number of poor people is still quite large, accounting for 22% of the rural household population.

2.2 Data sources and methods

Through the use of random sampling method, research was conducted on the people in need in Huang Sha and Dalong villages of Yangbu Township, Gan County, Ganzhou City, a total of 210 questionnaires were sent out and 202 valid questionnaires were collected, with an efficiency rate of 96%.

One-way ANOVA method:The collected questionnaire data were collated and analyzed, data were entered using Excel, and the data were calculated and evaluated by using one-way ANOVA method with the help of SPSS.20 to analyze the effect of health poverty alleviation implementation in Ganzhou City in the post-poverty alleviation era, identify the problems that exist in it, propose solutions to the problems, and provide reference and guidance for research and exploration of health poverty alleviation development.

3. Results

Health poverty alleviation in Gan County has achieved some success, and its incidence of poverty and return to poverty due to illness has decreased from 32.9% in 2014 to 1.8%. The paper investigates the difficult people in Ganxian district of Ganzhou city from five aspects: their own health condition, medical service, medical insurance, health environment and health poverty alleviation policy, investigates the effectiveness of their health poverty alleviation, and evaluates the effect of health poverty alleviation through one-way ANOVA method.

3.1 One-way ANOVA (significance level P<0.05) was conducted for different education levels and physical exercise (as shown in Table 1)

Table 1 Analysis of different education levels and physical exercise

	Primary school and below	junior high school	High school or technical secondary school	University, college or above
Primary school and below		0.021*	0.226	0.120
junior high school	0.021*		1.000	1.000
High school or technical secondary school	0.226	1.000		1.000
University, college or above	0.120	1.000	1.000	

Note: * indicates at the significance level α There was significant difference between groups when it was 0.05

The study found that the significance level α is greater than the probability p value, then the original hypothesis should be rejected that there is a significant difference in physical exercise between different educational levels, and its effect on the physical exercise situation is not all 0. Which can be seen that the physical exercise situation is better in university, college and above education, while the physical exercise situation is worse in elementary school and below. This is because people with higher education are more health conscious and focus on physical exercise.

3.2 One-way ANOVA (significant level P<0.05) for different age groups and whether the medical insurance reimbursement procedure is complicated (see Table 2)

Table 2 Analysis of complexity of medical insurance reimbursement procedures in different age groups

	25 and under	26-45yearsold	46-60yearsold	61 years and over
25 and under		0.667	1.000	1.000
26-45yearsold	0.667		0.066	1.000
46-60yearsold	1.000	0.066		1.000
61 years and over	1.000	1.000	1.000	

Note: * indicates at the significance level α There was significant difference between groups when it was 0.05

The study found that the significance level α is greater than the probability p value, then the original hypothesis should be rejected, that there is a significant difference between different age groups and whether the medical insurance reimbursement procedure is complicated, and its effect on whether the medical insurance reimbursement procedure is complicated is not all 0. However, the p value between the two groups compared with each other is greater than the significance level α, which indicates that the difference between the groups compared with each other is not significant. People in need in all age groups have some chronic and major diseases, and the medical insurance reimbursement procedure is more complicated for these people. But there will be government staff to promote and help, plus each person's understanding and feeling is different, so the

difference between the two comparisons of each group is not significant.

3.3 One-way ANOVA (significant level P<0.05) for different age groups and whether they understand the policies related to health poverty alleviation (see Table 3)

Table 3 analysis chart of different age groups and whether they understand policies related to health poverty alleviation

	26-45yearsold	46-60yearsold	61 years and over	61 years and over
25 and under		0.997	0.090	0.547
25 and under	0.997		0.011*	0.627
26-45yearsold	0.090	0.011*		0.139
46-60yearsold	0.547	0.627	0.139	

Note: * indicates at the significance level α There was significant difference between groups when it was 0.05 The study found that the significance level α is greater than the probability p value, then the original hypothesis should be rejected that there is a significant difference between different age groups and whether they know about the policies related to health poverty alleviation, and its effect effect on whether they know about the policies related to health poverty alleviation is not all 0. Among them, when comparing two by two, the difference between the age groups of 26-45 and 46-60 is statistically significant. It indicates that there is a difference in the degree of understanding of policies related to health poverty alleviation among different age groups, and the degree of understanding is higher in the age group of 46-60 years old.

4. Discussion and suggestions

4.1 Discussion

Through research visits to the people in need in Gan County, it was found that the incidence of poverty and return to poverty due to illness in Gan County decreased from 32.9% in 2014 to 1.8% in 2020. Family doctors in Gan County sign up the people in need on a household basis and arrange a free medical checkup once a year to establish a health file for them through the information of medical checkup. Family doctors will make home visits and follow up guidance, and people in difficulty can also consult the family doctors they have contracted by phone if they have questions. For people with chronic and major diseases, they will be followed up from time to time in order to understand their health status. However, family doctors only provide basic and simple checkups, and their ability to prevent and screen for chronic and major diseases needs to be strengthened. Some people in need have a shallow health literacy, feel good about their perception of their health, and do not undergo health checkups. People in need have higher trust in family doctors and are more satisfied with their services. There are also more people in need who go to village health centers and township health centers when they are sick, indicating that the capacity of medical services at the grassroots level has improved, and that people trust primary care institutions more and no longer frequently go to hospitals above the county level for medical treatment.

Public toilets were established and garbage bins were set up, and the sanitary environment was relatively good. However, there are still some people in difficulty with poor hygiene awareness, and the family hygiene will not be cleaned from time to time, plus raising chickens, ducks and geese will produce feces and garbage from time to time will not be put into the garbage bins and other behaviors, resulting in the family hygiene environment is poor.

All villages have set up health poverty alleviation policy bulletin boards, and there are also family doctors and village cadres to make home visits to explain health poverty alleviation policies and preferential policies related to medical insurance, which to a certain extent has improved the satisfaction and understanding of the needy people about their policies. However, through the survey and research, it was found that 20.3% were relatively unaware of the health poverty alleviation policies and 3% were very unaware; there were reasons such as village cadres and family doctors not explaining clearly enough and perfunctorily; the needy people did not pay enough attention to the bulletin boards.

Through the survey interview, it was found that there were obvious differences in the physical exercise of the difficult people with different education levels. The people in difficulty with high education level pay more attention to the quality of their bodies and exercise more often because of their higher health knowledge and health literacy. The poor people with low education level have older age and poor physical condition, coupled with lower health knowledge literacy, and do not pay attention to physical exercise. There are obvious differences in the degree of understanding of policies related to health poverty alleviation and the complexity of medical insurance reimbursement procedures among different age groups. Among them, people in difficulty in the age group of 46-60 years old are prone to chronic diseases and major diseases because of their relatively older age, and family doctors and poverty alleviation cadres pay more attention and attention to them, and will visit their homes and explain the relevant policies, plus they have to use medical insurance reimbursement, so they know more about the relevant policies. The younger people in need are in better health and have a simpler and more superficial understanding of the policies related to poverty alleviation. The people in need studied all participated in urban and rural residents' medical insurance and family doctor contract. They are more aware of the policies of health poverty alleviation and medical insurance, and their health awareness and health consciousness have been improved to a certain extent. Medical expenses are also less, and medical insurance has brought benefits to the needy people. However, there are still some people in need who do not understand the policies of health poverty alleviation and medical insurance, and their health literacy still needs to be strengthened. The number of family doctors needs to be increased continuously, and it is difficult to meet the diversified medical service needs of the needy people.

4.2 Recommendations

In Gan County, all 30 medical structures have implemented "first treatment, then payment", and 123 beds have been set up to help the poor, and "one-stop" instant settlement is implemented through the medical insurance information system when the poor patients are discharged. Gan County has continued to implement free treatment for 10 major diseases and special treatment for 15 major diseases, and has increased the number to 35. The company has invested 16.75 million yuan to build 67 new publicly-owned village health clinics, 18.24 million yuan to expand and repair 8 township health centers, and 63.9 million yuan to build the second phase of the district Chinese hospital (inpatient building). 2019 saw the introduction of 4 high-end

talents (master's degree holders) to the district people's hospital; the recruitment of 6 special general practitioners and 40 Health professionals and technicians were recruited to fill the township health centers. Solidly promote the management of chronic non-communicable diseases and the three-year campaign for endemic diseases, successfully create a provincial demonstration area for comprehensive prevention and control of chronic diseases, and pass the final evaluation of the three-year campaign for endemic diseases.

4.2.1 Increase the publicity of health knowledge and improve the health literacy of the masses

The health awareness of the needy masses exists unevenly, and the degree of understanding of health knowledge is not deep enough. The government supports the poverty alleviation staff to propagate the study tour, guarantee the quality of propaganda by taking photos and evaluation of the difficult people, etc., and improve the understanding and knowledge of the difficult people, so as to improve the health awareness of the difficult people. Methods such as setting up special public numbers (e.g. Learning Strong) and holding small-scale health poverty alleviation and health knowledge competitions stimulate the desire of the needy people to take the initiative to learn about health knowledge, thus shaping good health literacy. In the 2018-2020 Rural Health Poverty Alleviation Report, it is mentioned that from the concept of "treating the untreated disease" in the Health China Strategy, we should further strengthen health education for residents, help them establish a good lifestyle and develop healthy habits, master basic medical and health knowledge and scientific health care knowledge, and realize the development strategy of both medical treatment and health prevention. To achieve the development strategy of universal health, consolidate and expand the achievements of health poverty alleviation in the 14th Five-Year Plan period.

4.2.2 Insist on multi-collaboration and provide various medical services

Strengthen the exchange and cooperation between tertiary hospitals and grassroots medical institutions, and conduct more activities for doctors from tertiary hospitals to go to the countryside to improve the quality and efficiency of grassroots medical services and meet the diversified medical needs of the needy. Make the needy people receive better medical services without having to go far away and be more willing to go to primary medical institutions. To improve the ability of primary care to provide screening for major diseases, for better prevention and treatment of diseases, and to reduce the medical burden of the masses[12] . In response to the problem that one family doctor needs to manage many people in difficulty, more family doctors should be cultivated so that family doctors can concentrate more on serving the people in difficulty they have contracted, so that people in difficulty can receive timely help from family doctors and will not lose sight of each other [13].

4.2.3 Simplify the reimbursement procedure of foreign medical insurance and improve more convenient services

After the survey, it is found that the difficult people in Huangsha and Dalong villages think that the medical insurance reimbursement procedures are very complicated accounting for 12.4% and more complicated accounting for 46.5%. The implementation of electronic health records should be accelerated to simplify the reimbursement procedures of foreign medical insurance, so that the designated medical institutions can understand the patients' information in time when the needy people come for medical treatment and inform them

of the proportion and scope of medical insurance reimbursement during the medical treatment, and reimburse them directly at the designated hospitals without the needy people carrying relevant materials to the medical insurance agencies for reimbursement. Patients can also make reimbursement through their cell phones by taking photos of the relevant materials and uploading them. It can reduce the burden of the corresponding staff and also facilitate the patients.

References

[1] Liu Zikun, Gong Rizhao. (2020). Research on precise poverty alleviation performance index system and evaluation model - taking Eddyang County as an example. Northern Economy and Trade, (09):46-49.

[2] Liu Jingzhong. (2020). Discussion on the construction of index system for precise poverty alleviation performance evaluation. Rural Economy and Technology, 31(10):245-246.

[3] Liu Xiaomin. (2016). Research on performance evaluation of rural poverty alleviation and development in ethnic areas from the perspective of farmers' satisfaction. Ethnic Studies, (03):29-41.

[4] Yang Shoufu. (2017). Analysis of factors influencing the efficiency of rural precision poverty alleviation in Huangshi area of Hubei. Journal of Hubei College of Economics (Humanities and Social Sciences Edition), 14(11):45-48.

[5]Shuai Chuanmin, Li Wenjing et al. (2016). Poverty reduction efficiency measurement of UN IFAD China project-Based on panel data of 1356 farm households in 7 provinces. Management World 2016,(03):73-86.

[6]Wei Yan,Eddie Xu. (2020). Research on the evaluation of health poverty alleviation performance in poor areas-an analysis from a survey in five provinces across China. Research World, (04):24-30.

[7] Liu Yuehua, Chen Chen et al. (2019). An empirical study on the effect of health poverty alleviation policy implementation-Based on data from Hebei Province. Health Economics Research, 36(11):3-6.

[8]Wei Chuanyong,Xu Lizheng et al. (2019). Health poverty alleviation policies in the context of multidimensional poverty theory:An example from Shandong Province. Shandong Social Science, (09):118-123.

[9]Li Xiangrong,Tang Rong et al. (2018). Research on the construction of precise health poverty alleviation performance indicators based on hierarchical analysis method. Health Soft Science, 32(05):21-23.

[10]Rah Meixiang,Liu Yanping. (2020). Comprehensive evaluation of precise poverty alleviation performance in deep poverty counties in Shanxi Province. Journal of Social Sciences of Shanxi Higher Education Academy, 32(07):21-29.

[11]Lei Yanhua. (2018). Performance evaluation and improvement countermeasures of carrying out health poverty alleviation projects. Xiangtan University.

[12]Wang Sangui, Liu Mingyue. (2019). Role mechanism, implementation dilemma and policy choice of health poverty alleviation. Journal of Xinjiang Normal University, (05):82-91.

[13] Zhai Shaoguo, Yan Jinhang. (2018). Governance logic, realistic challenges and path optimization of health poverty alleviation. Journal of Northwestern University, (03):56-63.