

Research on the Optimization of Rural Social Security System

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Abstract

In the context of urban-rural integration, the improvement of the rural social security system has become an important breakthrough in promoting the rural revitalization strategy and promoting social equity. This study systematically examines the practical challenges faced by rural areas in the three major social security fields of old-age care, medical care and unemployment in China. The research results show that the inversion of the treatment level and the price index, the mismatch of resource allocation and disease spectrum in medical security, and the adaptation of system coverage and employment form in unemployment security are deeply rooted in the institutional segmentation and resource allocation imbalance caused by the existing urban-rural dual structure. In response to the above problems, this study proposes systematic solutions from the three levels of system design, resource allocation and service supply, such as building a dynamic adjustment mechanism of old-age security and multi-service integration mechanism, promoting the integration of medical security resources and full-cycle health management, innovating the unemployment security system to adapt to flexible employment forms, breaking the dual division and building a multi-level security ecology, etc., aims to provide theoretical support and policy reference for building a fairer and more acceptable rural social security system, thereby effectively helping the implementation of the rural revitalization strategy.

Keywords

Rural Social Security; Old-age Security; Medical Insurance; Unemployment Protection; Rural Revitalization.

1. Introduction

In the process of promoting the rural revitalization strategy, the optimization of the rural social security system is the key to ensuring farmers' lives and promoting urban-rural equity. With the change of rural population structure and the transformation of employment form, security problems in the fields of old-age care, medical care, and unemployment have gradually emerged. For example, it is difficult to maintain old-age care under the aging population, insufficient medical resources at the grassroots level, and lack of unemployment security for flexible employment groups. These shortcomings restrict It affects the happiness of rural residents and the countryside. Although the existing research has paid attention to some issues of rural social security, in view of new challenges such as population mobility and employment diversification in the new era, how to build a security system that is more in line with rural reality still needs further exploration. This article focuses on the three major areas of pension, medical care, and unemployment, existing problems and proposes optimization paths, in order to provide reference for improving rural social security and helping rural revitalization.

2. Research Background and Significance

In the context of the coordinated advancement of urban-rural integration and rural revitalization strategies, the modernization of the rural social security system has become an important breakthrough in promoting the modernization of the national governance system and governance capabilities. Based on the latest authoritative statistical data, there is currently an obvious structural imbalance in the field of rural social security in my country: First, there is a significant gap between urban and rural areas in terms of medical security. The proportion of disposable income is as high as 14.7%, which is 5.2 percentage points higher than that of urban residents. This difference profoundly reflects that the goal of equalization of basic public services has not yet been fully realized; Secondly, the social security participation rate of about 296 million migrant workers is relatively low, of which the medical insurance participation rate of urban employees is only 34.2%. This phenomenon of "institutional exclusion" highlights the current social security system and the new pattern of population mobility. Insufficient adaptability between; Thirdly, the degree of aging in rural areas is significantly higher than that in cities. The proportion of the population over 60 years old in rural areas is 23.8%, which is 6.2 percentage points higher than that in cities, while the unemployment insurance coverage rate of migrant workers is less than 15%. The viability of the security system poses serious challenges.

In the rural process, the improvement of the security system is very important. As an important part of the rural security system, agricultural insurance has an important impact on rural revitalization. Zhou et al. (2023) found through empirical research that agricultural insurance has a significant effect on rural revitalization. For every 1 unit of agricultural insurance increase, the level of rural revitalization will increase by 0.1633 units [1]. However, this catalytic effect varies in different regions and in different dimensions of rural revitalization. In the eastern region, agricultural insurance has a significant effect on promoting rural revitalization; However, in the central and western regions, affected by factors such as economic level, insurance capital investment, insurance channels, infrastructure construction, and farmers' concepts, its role is not obvious. Among the five dimensions of rural revitalization, agricultural insurance does not play a significant role in social etiquette and civilization construction, but has a positive impact on the other four dimensions, such as industrial prosperity, ecological livability, effective governance and affluent life. This shows that when optimizing the rural social security system, we should fully consider regional differences and the pertinence of security projects, and formulate more adaptive policies to improve the overall effectiveness of the rural security system and better promote rural areas. Kuntjorowati et al. (2024) pointed out that multi-sectoral cooperation to strengthen social protection and security programs can effectively alleviate rural poverty [2]. This is in line with the point of view in the first article on improving the rural security system to help rural revitalization, indicating that multi-subject collaboration is of great significance to improving the level of rural security and promoting rural areas.

The theoretical contribution of this study is to improve the applicability of social security theory under the dual structure of urban and rural areas. At the practical level, the research results can provide data support and theoretical guidance for departments to formulate more targeted rural social security policies, especially in improving the floating population social security linkage mechanism and coping with the challenges of rural aging. It has important policy reference value.

3. The Reality and Institutional Contradictions of The Rural Social Security System

At present, China's rural social security system is in a critical stage of transformation. Although a basic security network covering core areas such as pensions and medical care has been initially established through institutional innovation, under the background of accelerated transformation of rural society, the structural contradiction between institutional supply and actual demand is deepening day by day, showing a degree and systematicness. characteristics.

3.1. Old-age security: the real gap from "wide coverage" to "weak security"

Although the coverage of the new rural social endowment insurance system has achieved remarkable results, and the insurance participation rate has exceeded 95%, there are still obvious deficiencies in the level of protection. The data shows that in 2022, the pension level of rural residents will only be 12.5% of that of urban employees, and in 2023, the minimum basic pension for urban and rural residents will only be equivalent to 61% of the rural subsistence allowance in the same period. This kind of protection is difficult to effectively cope with the rising cost of living and the aging population. The double pressure brought about by the intensification [3]. The root cause is that there are obvious structural flaws in the financing mechanism: on the one hand, the proportion of individual contributions is too high, reaching more than 60%, which makes the level of security highly dependent on individual economic capabilities, and lacks a broader social sharing mechanism. On the other hand, local financial subsidies show a significant "Matthew effect" due to regional economic differences: economically developed regions can provide more financial support to further consolidate their social security capabilities; However, due to their limited financial capacity, underdeveloped regions can only rely on transfer payments to maintain basic pension payments, and it is difficult to achieve a substantial improvement in the level of security. More importantly, the entire security system lacks a dynamic mechanism linked to rising prices and residents' income growth, resulting in the level of security lagging behind the increase in living costs, making it difficult to effectively resist the pressure on living costs brought about by rising prices and aging, and difficult for rural areas. The growing living needs of residents.

The structural imbalance in the supply of elderly care services is also prominent. In the context of the outflow of young and middle-aged people in rural areas, the family pension function is accelerating and weakening, while the supply of socialized services is seriously lagging behind. Statistics show that the ratio of beds in rural elderly care institutions to the elderly population is out of balance: the coverage rate of medical and elderly care facilities is less than 10%, and the gap of nursing beds exceeds 2 million. The existing service resources are mainly concentrated in the extremely poor groups, and the inclusive services accessible to ordinary elderly people are seriously insufficient. Especially in remote areas, there are common problems such as weak infrastructure, shortage of professionals, and low services, forming a "formal but not substantive" service supply. Although new projects such as mutual assistance for the elderly are being piloted, a mature mechanism that can be promoted has not yet been formed, and it is difficult to meet the diversified needs of rural elderly groups [4].

3.2. Medical security: the deep contradiction between resource misallocation and escalation of health needs

The core problem in the field of medical security lies in the imbalance of resource allocation and low service efficiency. Rural areas account for 50 percent of the country's population, but only 28 percent of health resources are allocated. Specifically, the number of CT equipment in county hospitals is less than one-fifth of that in urban hospitals, while township health centers generally have problems of outdated equipment and brain drain. When discussing rural medical security, there are studies worthy of attention. Wang and Shen (2025) found that rural

immigrants face many medical obstacles in cities, and the household registration system leads to unfair medical insurance coverage and reimbursement [5]. This is similar to the current situation of rural medical security in my country. The distribution of rural medical resources is unbalanced, and the equipment and talents of county hospitals and township health centers are insufficient. This situation not only affects rural residents' access to health care, but may also create a sense of marginalization and hinder their integration into society. Therefore, it is extremely critical to optimize the allocation of rural medical resources. In addition, the screening rate of chronic diseases in rural areas is 35 percentage points lower than that in cities, and the health management capacity at the grassroots level is weak. This "inverted pyramid" distribution of resources makes rural residents face the problem of "delaying minor illnesses and carrying serious illnesses". Although the new rural cooperative medical system has achieved full coverage, the actual reimbursement ratio of hospitalization expenses is only about 55%, and out-of-pocket expenditures for major diseases still account for a relatively high proportion of family income. The incidence of catastrophic medical expenses in families of malignant tumor patients is as high as 42.3%, and the risk of poverty due to illness is still prominent.

The deeper contradiction lies in the serious disconnection between the current medical security system and the changes in the rural disease spectrum. With the rising prevalence of chronic diseases and geriatric diseases, primary medical institutions still focus on disease treatment, front-end services such as preventive health care and health management are seriously insufficient, and a full-cycle health service system has not yet been established. Coupled with problems such as poor settlement of medical treatment in other places and insufficient supply of medicines at the grassroots level, the medical burden of rural residents has further increased.

3.3. Unemployment Security: The Adaptability of System Blank and Employment Form Change

The "absence" of the rural unemployment security system is rooted in the failure of the system design to adapt to the profound changes in employment patterns in a timely manner. At present, the number of migrant workers in my country has reached 296 million, of which only 34.2% participate in urban employee insurance, and more than 85% of migrant workers are not covered by unemployment insurance. It is worth noting that with the rapid development of flexible employment forms under the background of the digital economy, a large number of rural migrant laborers engaged in new formats of work have been excluded from the existing security system.

The existing unemployment insurance policy is based on the premise of stable employment, which seriously does not match the employment characteristics of migrant workers who "move to cities in stages and return to their hometowns periodically". At present, rural unemployment security is facing difficulties. Yuan et al. (2019) research shows that the transformation of medical insurance for urban workers after unemployment will worsen the utilization of medical services, especially for rural migrant workers [6]. This phenomenon reveals the impact of employment changes on social security, which is in line with the difficulty of rural unemployment security system adapting to the transformation of employment patterns in this paper, highlighting the urgency of optimizing the rural social security system. It is difficult for them to be included in the urban employee security system, and there is a lack of a special unemployment assistance system in rural areas, forming a security vacuum of "urban and rural dual margins". This lack of system is particularly prominent in the period of economic fluctuations. After unemployment, migrant workers lack basic living security and vocational skills training, and can only rely on family support or passively return to their hometowns, and their ability to resist risks is extremely fragile. At the same time, the employment support

system for rural labor force also has many shortcomings, such as the mismatch between vocational training content and industrial demand, insufficient coverage of employment service network, limited supply of transitional jobs and other problems, resulting in unemployment risks that cannot be effectively buffered. This situation not only directly affects the income stability of rural households, but may also pose a potential threat to consolidating and expanding the achievements of poverty alleviation and comprehensively promoting the rural revitalization strategy.

3.4. Common Issues: Availability Challenges Caused by System Fragmentation

In the final analysis, the problems faced by the rural social security system are the concentrated expression of the "fragmentation" of the social security system under the dual division system between urban and rural areas. At the policy level, rural social security and urban employee and resident security systems operate independently, and the connection mechanism is not smooth, resulting in the coexistence of "repeated insurance participation" and "security vacuum". At the legal level, there is a lack of unified rural social security legislation, vague regulatory responsibilities, insufficient fund use efficiency and ability to maintain and increase value, and some areas have fallen into a vicious circle of "low-level security-financial pressure-shrinking security" due to weak financial capabilities [7].

From the perspective of accessibility, the aging population has intensified the expenditure pressure of pension and medical funds, while the investment channels of rural social security funds are limited, and it is unsustainable to rely on financial "blood transfusion". At the same time, the imbalance of inter-regional security levels has become increasingly prominent. Economically developed regions can improve security through fiscal balances and social capital supplements, while underdeveloped regions rely on transfer payments. This imbalance further widens the equity gap between urban and rural areas and between regions. It highlights the urgency of system integration and resource coordination.

To sum up, the deep-seated problems of the rural social security system are not only reflected in the single-point weakness in the fields of pensions, medical care, and unemployment, but also reflect the systemic contradictions between system design and rural revitalization strategies, population structure changes, and employment form transformation. Therefore, to solve these contradictions, we cannot rely solely on local areas, but need to build a coordinated reform framework from the dimensions of system integration, resource allocation, and innovation.

4. Countermeasures and Suggestions for Optimizing the Rural Social Security System

In view of the deep-seated contradictions of rural social security in the fields of old-age care, medical care, and unemployment revealed in the second part, it is necessary to be based on problem orientation, with institutional innovation as the core, build a reform path with clear subjects and close connections, and promote the deep adaptation of the security system to the actual needs of rural areas., respectively explained from four dimensions.

4.1. Old-age security: building a long-term mechanism for dynamic adjustment and multi-service integration

In view of the low level of endowment insurance benefits and significant regional gaps, it is necessary to start with the financing mechanism to solve the "weak security". Establish an annual linkage mechanism between basic pensions, per capita disposable income of rural residents, and price index, led by the implementation at or above the county level, to ensure that the level of security increases simultaneously with the cost of living. Optimize the fiscal sharing structure, increase the proportion of fiscal transfer payments to underdeveloped areas

to 80%, and provincial finance will provide additional subsidies to economically weak counties. The proportion of payment has been reduced to less than 40%, alleviating the pressure on farmers to pay fees and narrowing regional gaps.

Faced with the current situation of insufficient supply of rural elderly care services, the county level should revitalize the idle resources of village collectives, build inclusive elderly care service centers in central villages, integrate functions such as day care and health monitoring, and promote the signing of cooperation between township health centers and elderly care institutions Agreement, establish a "green channel for regular visits and emergencies", and realize the combination of medical and elderly care services covering more than 90% of administrative villages. Promote "time bank" mutual assistance for the elderly, and build service platforms in towns and towns to encourage young and healthy elderly people to accumulate service hours by taking care of the elderly. In the future, they can exchange services such as meal assistance and escort in counties to ease the pressure on family elderly care [8].

In order to improve the professional level of elderly care services, county-level human resources and social security departments need to include rural elderly care workers in the vocational skills training system, carry out no less than 200 hours of professional training every year, and provide job subsidies. At the same time, through policies such as tax incentives and land use priority, guide social capital to build nursing-type elderly care institutions in remote areas, fill the gap of 2.2 million nursing beds, and build a diversified elderly care service network that "supports social supplements".

4.2. Medical security: promote the deep integration of resource sinking and full-cycle health management

Aiming at the distribution of the "inverted pyramid" of medical resources, the county level should take the lead in building a "county-township-village" medical community, use the county-level hospital as the hub to uniformly deploy equipment and talents, and implement county-level doctors to go to the countryside for regular consultations and rural doctors to regularly study system, and access to the remote diagnosis and treatment platform of urban tertiary hospitals, so that more than 90% of common diseases can be solved within the county. Set up a special fund for the renewal of county-level medical equipment, increase the coverage rate of CT equipment in township health centers from 15% to 60% within three years, and alleviate the "difficulty in seeing a doctor and many referrals" of rural residents.

In the field of health management, grassroots medical institutions need to establish dynamic electronic health records for the elderly over 65 years old and patients with chronic diseases. County-level finance is equipped with portable monitoring equipment at 80 yuan per person per year, and family doctor teams carry out free screening and health education every quarter. Set up a special fund for grassroots health management, reward village clinics with a contracted service coverage rate of more than 80%, increase the early detection rate of chronic diseases in rural areas to more than 60%, and promote medical services from "disease treatment" to "prevention-rehabilitation" cycle change [9].

In order to reduce the medical burden, the provincial level needs to include chronic disease outpatient clinics into the scope of reimbursement of the new rural cooperative medical system, and the reimbursement ratio will be uniformly increased to 70%, and an early warning system for serious illness medical expenses will be established. When the family's out-of-pocket expenses exceed 40% of annual income, the county-level secondary compensation mechanism will be triggered, and the annual cumulative reimbursement ratio will not be less than 80%. At the same time, simplify the filing process for medical treatment in different places, and the village clinic will assist the elderly to complete cross-provincial direct settlement through the "communication" of medical insurance electronic certificates. Full coverage will be achieved by the end of 2025, and the problem of "difficult reimbursement and many errands" will be solved.

4.3. Unemployment Security: Innovative System Supply Adapts to the New Demand of Flexible Employment Forms

In response to the lack of protection for migrant workers and practitioners in new formats, the human resources and social security department needs to design an unemployment insurance system of "flexible payment and segmented protection", allowing migrant workers to participate in insurance in stages on a quarterly/semi-annual basis. 6 months of living allowance. Incorporate online car-hailing drivers, couriers, etc. into the scope of protection, clarify that platform companies bear 30% of the payment responsibility, and give companies a 1% payment subsidy to break the protection vacuum of "urban and rural dual edges".

In order to improve the employability of the unemployed, the county level needs to rely on vocational education centers to establish a digital skills training platform, cooperate with "order-based" courses such as corporate housekeeping services and e-commerce operations, and recommend them to local companies for employment after training to ensure that the employment rate is not less than 80%. Set up "rural revitalization transition posts", where townships and enterprises cooperate, give priority to attracting unemployed migrant workers to participate in rural infrastructure and other work, give job subsidies at 80% of the local average wage, and set a buffer period of up to 6 months to help them accumulate skills and Connect with market-oriented employment.

In terms of risk monitoring and assistance, county-level human resources and social security departments need to set up employment service centers in townships to monitor the unemployment of migrant workers in real time relying on big data. When the regional monthly unemployment rate exceeds 5%, an emergency rescue plan will be launched: 800 yuan per month Temporary living allowance and 500 yuan transportation subsidy for returning home, and compulsory participation in vocational skills training. Link assistance with employment, and those who are not employed after the training are included in the key recommendations of the county-level employment platform, so as to realize the simultaneous advancement of "guarantee support" and "ability improvement".

4.4. Systematic reform: break the dual division and build a multi-level security ecology

In response to the problem of poor connection between urban and rural social security, it is necessary to establish a unified social security information platform at the national level to realize the free transfer of urban and rural social security accounts of migrant workers and the accumulation of rights and interests, and explore a mutual recognition mechanism for urban and rural residents and employees' pension insurance payment years. County-level social security departments have set up special windows to provide "one-stop" connection services for returning migrant workers. By the end of 2025, the online rate of the connection process will be 100%, eliminating "repeated insurance participation" and "guarantee vacuum".

In terms of the construction of the financing system, the proportion of financial subsidies for basic security in underdeveloped areas in the central and western regions is stable at more than 60%. Provincial finance requires village collectives in developed areas to withdraw 10% of land transfer income to enrich social security funds, and encourages enterprises and townspeople to pass Donations and other participation in supply form a multi-financing pattern of "fiscal collective society". Establish a market-oriented investment mechanism for social security funds, allow the eastern region to invest no more than 30% of the balance fund in low-risk areas, enhance the fund's ability to maintain and increase value, and crack "relying on blood transfusion".

Implement regional differentiation strategies, pilot "basic protection + commercial supplements" in eastern provinces, guide "rural inclusive critical illness insurance" and provide premium subsidies to improve the level of protection; The central and western provinces have

strengthened financial support, increased the average annual increase in basic pensions to more than 8%, increased the proportion of hospitalization reimbursement to 65%, and established a provincial-level coordination mechanism for medical assistance funds. Through "innovation in the east and support in the central and western regions", we will gradually narrow the regional gap and build a comprehensive and well-defined social security network [10].

Through the precise implementation of the above-mentioned countermeasures, it can not only directly address the core contradictions of the second part, but also form a closed-loop reform of "system optimization-service upgrading-system integration", provide possible institutional support for the rural revitalization strategy, and finally realize the "old age" of rural residents. The goal of people's livelihood is to provide care, medical treatment for illness, and employment protection.

5. Conclusion and Outlook

This paper shows that my country's rural social security system is facing deep-seated systemic challenges in the core areas, and its structural contradictions are mainly reflected in three aspects: first, in the dimension of old-age security, the current system has outstanding problems such as the disconnection between payment and economy, the level of security between regions Differentiation is obvious, and the ability of socialized management and service is insufficient; Secondly, in terms of medical security, it presents significant characteristics such as the concentration of high-quality medical resources, the imperfect chronic disease prevention and control system, and the lack of flexibility in the expense reimbursement system; Finally, the system design in the field of unemployment security lags behind the new employment form, resulting in the lack of effective risk response mechanisms for flexible employment groups including migrant workers. The root of these problems lies in the existence of the urban-rural dual structure, resulting in the fragmentation of the social security system, which in turn strengthens the inequality of security treatment and the inability of system operation.

In order to meet the above challenges, this study proposes three institutional optimization paths: first, improve the linkage mechanism between pensions, price indexes, and wage growth; The second is to promote the integration of medical resources with county-level hospitals as the core; The third is to build a new unemployment insurance that adapts to non-employment forms. By strengthening the status of the main body of responsibility and promoting the coordinated participation of multiple governance subjects, the integration of urban and rural social security systems will be gradually realized. This study not only provides a systematic solution to the current practical problems of rural social security, but more importantly, promotes the organic integration of the social security system and the rural revitalization strategy through institutional innovation. In the future, it is necessary to further strengthen the legal protection and technical empowerment of policy implementation, so as to lay an institutional foundation for the realization of rural residents' goals of "old age care, medical treatment, and employment insurance" and common prosperity.

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