# Research on the Practical Dilemmas and Optimization Paths of Long-term Care Insurance in Weifang under the Background of Population Aging

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**Abstract.** With the acceleration of China's population aging process, the scale of the disabled elderly population has been expanding continuously, and the function of family care has been gradually weakened. Establishing a long-term care insurance system has become an important measure to address the challenges of aging. Taking the pilot of long-term care insurance in Weifang as the research object, this paper deeply analyzes the practical dilemmas faced in the pilot implementation, and puts forward countermeasures such as constructing an independent and diversified financing mechanism, optimizing the benefit and service supply system, and improving the dementia assessment and talent cultivation mechanism. These measures are designed to enhance the fairness and sustainability of Weifang's long-term care insurance system, and provide a reference for the construction of long-term care insurance systems in other regions of China.

**Keywords:** Population aging; Weifang City; Long-term care insurance

## 1 Introduction

Population aging has become a basic national condition throughout the 21st century and an important trend of social development, which directly drives the continuous expansion of the scale of disabled and semi-disabled elderly population. As a major populous city in Shandong Province, Weifang is also facing a severe test of population aging. By the end of 2023, the proportion of the population aged 60 and above in Weifang accounted for 25.67% of the permanent resident population, with the number of elderly people ranking among the top in the province[1]. Among them, there were 78,000 elderly people with special difficulties, such as those living alone, living in empty nests, staying behind and being disabled. With the continuous rise in the proportion of the elderly population, the demand of the disabled and semi-disabled groups for professional long-term care services has become increasingly urgent. Driven by both national policy guidance and local practical exploration, Weifang explored and established the employee long-term care insurance system at the end of 2014, officially implemented it in 2015, and achieved full coverage in 2021. The resident long-term



T. Chamaratana et al. (eds.), *Proceedings of the 2026 12th International Conference on Digital Humanities and Frontiers in Social Sciences (DHFSS 2026)*, Advances in Social Science, Education and Humanities Research 1031,
https://doi.org/10.2991/978-2-38476-611-6_57

care insurance only launched its pilot program in Kuiwen District in 2024. Against this background, an in-depth analysis of the optimization path of Weifang's long-term care insurance can not only provide ideas for the city to solve the practical problems faced by the long-term care insurance system, but also offer localized and referable experience for other major populous cities in China to improve their long-term care insurance systems, helping the social security system better adapt to the people's livelihood needs in the aging era.

## 2 Practical Dilemmas in the Implementation of Long-term Care Insurance in Weifang

### 2.1 Excessive Reliance of Fund raising on Medical Insurance Funds, Posing Challenges to Long-term Sustainability

In the pilot process of long-term care insurance, Weifang has explored and established diversified fund-raising channels. However, the employee and urban-rural resident long-term care insurance funds mainly come from the transfer of the basic medical insurance overall planning fund and the deduction from individual accounts, with a low proportion of individual contributions and financial subsidies. Although this financing method makes full use of the organizational framework and collection channels of the existing medical insurance system and greatly reduces the operational cost of the system, it also leads to the problem of excessive reliance on medical insurance funds. With the intensification of population aging and the growth of medical expenses, the expenditure pressure on medical insurance funds itself may affect the sustainability of the long-term care insurance system.

### 2.2 Single Content of Benefit Payment and Urgent Need to Strengthen Service Forms

In terms of payment content, the system focuses on physical needs while ignoring spiritual needs. At present, the content of long-term care insurance benefit payment in Weifang mostly centers on the physical needs of the elderly, such as medical care, cleaning care and basic living care. In contrast, the coverage of spiritual needs such as psychological counseling and spiritual comfort for the elderly is obviously insufficient, making it difficult to meet the comprehensive needs of the disabled group for both physical and psychological care[2].

In terms of service forms, there is a lack of personalized and precise services. First of all, the "service package" model is rigid. The current living care service package adopts a list-based and standardized management model, which is convenient for supervision and settlement but lacks flexibility. All insured persons enjoying home care can only choose services from a unified list, regardless of their specific disability status, family environment and personal preferences, making it difficult to provide truly personalized and customized care plans.

### 2.3 Extremely Poor Accessibility of Service Forms in Rural and Remote Areas, and Difficulty in Effectively Implementing Some Policy Benefits

At the level of service institution layout, high-quality resources are highly concentrated in urban areas. Although the policy stipulates three forms of services, their effective operation is highly dependent on the physical coverage of designated service institutions. In August 2025, the Weifang Medical Security Bureau released data showing that there were 227 designated service institutions for employee long-term care insurance in Weifang[3]. Among them, high-quality nursing service institutions, especially Grade II and above hospitals with professional medical nursing capabilities and specialized home care institutions, are highly concentrated in urban areas. Even if rural residents pass the disability assessment and meet the conditions for enjoying benefits, they often face the situation of "having access to benefits but no corresponding services".

At the implementation level of home care, rural areas are facing multiple challenges. Due to the scattered living of rural residents, the transportation and time costs of door-to-door services are extremely high, which greatly reduces the willingness and feasibility of designated institutions to provide home care services. This virtually deprives rural disabled elderly people of their most desired right to choose "aging in place". Moreover, there are a large number of empty-nest elderly people in rural areas with weak medical equipment, resulting in a more urgent actual demand for home care services and a particularly prominent contradiction between supply and demand.

### 2.4 Inadequate Coverage of Dementia Assessment, and Lagging Development of Assessment Subjects and Nursing Talent Team

In terms of the assessment of dementia population, although the current disability assessment standard of the Comprehensive Disability Grade Classification Table includes cognitive ability assessment, it does not take cognitive ability as the core basis for determining disability grades and nursing needs, but focuses more on disability caused by the loss of physical functions. As a result, many people with dementia, such as the elderly with Alzheimer's disease, may be excluded from the scope of protection because their Activities of Daily Living (ADL) scores fail to meet the standards, forming a "policy blind spot".

In terms of the professionalism of assessment subjects, professional disability assessment needs to be carried out by a multidisciplinary team of doctors, nurses, rehabilitation therapists, social workers and other professionals in a coordinated manner. However, the existing assessment personnel in Weifang are mostly part-time staff from medical insurance agencies or medical institutions, lacking a systematic training and qualification certification mechanism. Their insufficient professionalism and stability lead to uneven assessment quality, which affects the accuracy of benefit identification.

In terms of the construction of a compound nursing talent team, there are obvious shortcomings. The implementation of the long-term care insurance system needs the support of elderly care services, which has high professional requirements for nursing staff. They must master professional skills and hold the qualification to engage in nursing work to take up their posts. At the same time, a multidisciplinary team in-

cluding psychiatrists, psychological consultants, social workers and rehabilitation therapists is also required. However, the current employees of designated nursing service institutions in Weifang, especially elderly care institutions and nursing stations, are mainly nurses and elderly caregivers, whose knowledge structure and professional skills are mainly concentrated in living care and basic medical care, and they lack the ability to identify and professionally intervene in the psychological problems of the elderly.

# 3 Optimization Paths of Long-term Care Insurance in Weifang

## 3.1 Construct an Independent and Diversified Financing Mechanism to Consolidate the Foundation of Institutional Sustainability

To address the problems of excessive reliance on medical insurance funds and the weakening of individual and financial responsibilities, it is necessary to reshape the financing pattern of shared responsibilities among the "government, individuals and society". On the one hand, optimize the proportion of financing responsibility sharing, gradually reduce the dependence of employee and resident long-term care insurance on the medical insurance overall planning fund, and lower the proportion of overall planning transfer in employee long-term care insurance from the current dominant position to 50%-60%. Meanwhile, increase the reasonable weight of individual contributions: retired employees shall pay 0.5%-1% of their pension, and the ratio of individual contributions to financial subsidies for resident long-term care insurance shall be adjusted to 1:1. After the pilot period, cancel the policy of "deducing individual contributions from the medical insurance overall planning fund", and protect low-income groups through contribution subsidies. On the other hand, expand the supplementary channels of social funds, specify that a certain proportion of the welfare lottery public welfare fund shall be injected into the long-term care insurance fund every year, and encourage enterprises and charitable organizations to make donations with corresponding tax incentives.

## 3.2 Optimize the Benefit Supply and Service System to Improve the Quality and Accessibility of Care Services

First, improve the content of benefit payment. It is suggested to fully expand the long-term care insurance service package, include non-medical care services such as psychological counseling, spiritual comfort and social work services in the benefit list, and formulate corresponding service standards and charging standards. For example, specify the service frequency such as one cognitive training session per week and two psychological counseling sessions per month for the elderly with dementia.

Second, innovate the service supply model and break the rigid pattern of the "service package". First, implement a hierarchical model of basic service package plus customized service package. The basic package retains standardized service items, while the customized package designs personalized schemes according to disability grades and family environments to meet the service needs of disabled people and dementia

patients at different levels. Second, empower care services with digital technology. For the care needs of empty-nest elderly people, uniformly equip them with smart bracelets integrating heart rate, blood pressure monitoring and positioning functions. By accessing the data of smart devices to the city's long-term care insurance information management platform in real time, the dynamic tracking of the elderly's activity tracks can be realized.

### 3.3 Optimize the Rural Long-term Care Insurance Service Guarantee System to Solve the Problem of Unbalanced Supply and Demand

To address the problems of rural service guarantee, first of all, optimize the layout of rural institutions. Rely on the existing township health centers and village clinics, upgrade and transform them into regional long-term care service hubs, which undertake the functions of basic nursing service supply, door-to-door rounds and preliminary screening of demand assessment. Second, actively explore low-cost service models to reduce operational costs. For example, promote the "mobile nursing car" to provide services in rural areas, and regularly offer mobile nursing services such as dressing change and rehabilitation training for the elderly living scattered; implement the "neighborhood mutual care" project, select and train idle rural labor force to act as part-time caregivers and provide them with certain labor subsidies. Finally, build a telemedicine care platform to enable township medical staff to guide family caregivers in carrying out nursing work through high-definition video.

### 3.4 Improve the Dementia Assessment System and Talent Cultivation Mechanism to Strengthen Professional Support Capacity

First, revise the disability assessment standards. Add a "Special Assessment Module for Cognitive Function Disability" in the Comprehensive Disability Grade Classification Table, incorporate the Mini-Mental State Examination (MMSE) and AD8 Dementia Screening Interview into the core indicators, and clarify that elderly people with moderate and above dementia (i.e., MMSE $\leq$ 20 points) are included in the scope of protection regardless of their ADL scores[4]. At the same time, establish a "dementia specialist certification mechanism", where the neurology department of Grade II and above hospitals issues diagnostic certificates to link with the assessment results.

Second, strengthen the construction of professional talent teams[5]. On the one hand, build a professional assessment team by setting up full-time assessment teams at the municipal and county levels[5]. Select professionals such as doctors, nurses and rehabilitation therapists, who can take up their posts only after completing theoretical training, practical assessment and obtaining qualification certification. Meanwhile, establish a supervision mechanism of "random double checks and third-party satisfaction surveys", and suspend the qualification of personnel whose error rate exceeds 5%. For example, randomly select the previous assessment cases of "Grade 3 Disability" conducted by a certain assessor, and randomly assign two experts to recheck the actual disability status of the elderly and verify the accuracy of the scores. If the error rate exceeds the standard, the assessor's qualification shall be suspended to avoid nepotistic

assessment and perfunctory assessment. On the other hand, strengthen the cultivation of compound nursing talents. At the college training stage, break through the traditional nursing teaching framework, add compound courses such as long-term care insurance policy interpretation, elderly psychological communication and rehabilitation assistive technology in addition to basic courses, and build practical training bases with designated nursing institutions. Through on-the-job learning, students can participate in practical links such as service plan communication and account recording. At the institutional training stage, carry out modular improvement according to the needs of different positions. For example, design special training covering nursing operations, policy interpretation and family communication for home caregivers, strengthen the compound abilities such as assessment skills, data entry and result explanation for assessment assistants, and assist with real-scene competitions and senior mentoring to promote the implementation of compound abilities in practical operation.

## 4 Conclusion

The long-term care insurance system is an important institutional arrangement to address population aging and protect the basic rights and interests of the disabled elderly. Weifang has initially constructed an operational framework featuring diversified financing, hierarchical assessment and differentiated payment in its pilot implementation, but it still faces challenges such as excessive fund dependence, insufficient service supply, poor accessibility in rural areas and an imperfect assessment system. In the future, it is necessary to continuously deepen the reform around fairness, sustainability and high-quality services, respond to the diverse needs of the disabled group, and bridge the security gap between urban and rural areas and among different groups. This study provides theoretical reference and policy ideas for the optimization of Weifang's long-term care insurance system, and also expects to offer practical experience for other regions facing similar aging pressure to build adaptive care systems, helping to mature and improve the national long-term care insurance system.

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