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The Introduction of Long-term Care Insurance (LTCI) in China and Lessons from the Policy in South Korea: Focusing on the LTCI Pilot Programs of Shandong Province in China

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ABSTRACT

China implemented the one-child policy in 1979 and has experienced its various negative effects since then. In particular, the social phenomenon during the transition of its society to an aging one is a representative example of the negative effects. During its transition to an aging society, China has been in a situation where it has had to deal with problems related to the elderly and family support that some East Asian countries such as Japan and South Korea has also experienced. With this as background, this study tried to focus on long-term care insurance for the elderly as an institutional solution for solving various problems that arose during its transition to an aging society. Specifically, the introduction

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process of long-term care insurance system for the elderly in China was examined, and some implications were obtained from the policies in South Korea, which is known as an advanced country regarding this system. Through various related literature and prior research, the study summarized the background to the introduction of the long-term care insurance system for the elderly in China, the progress of the trial program of the long-term care insurance system for the elderly in China, the expansion of the trial program, and implications of the long-term care insurance system for the elderly in South Korea. The implications of this study are as follows: First, this research is significant in that it will show how the pilot operation of China's long-term care insurance system flowed along with basic related data. Second, it is meaningful as South Korea's long-term care insurance system was explored as an institutional way to address problems related to providing support for the elderly in China.

KEY WORDS

China, One-child policy, Rapid aging society, Elderly care problem, Long-term care Insurance for the elderly, Comparative social policy, Policy lessons

1 | INTRODUCTION

China's long-term care insurance (LTCI) pilot program is the biggest in terms of policy approach to address the Chinese government's needs to deal with issues of an aging society, and all the while it mirrors China's strategies regarding advancing the presentation of administrations that give care to the elderly and disabled. Since the early 1960s, China's efforts to increase the fertility rate to make the size of its population huge continued until the last part of the 1970s. With the increment in its population, issues related to food, education, medical problems became increasingly serious. The one-child policy was intended to address these issues and was first implemented in 1979 (Zhang & Xiao, 2019). The policy worked adequately in the short-term. However, it also caused many adverse consequences. It has brought about an aging society, empty nests, and blemished mechanisms of offering services to the elderly and disabled, all of which have become tremendously difficult for both the Chinese government and society to handle.

In 2000, China had the largest population in the world with more than 1.3 billion (Yuan & Song, 2000), which increased to 1.4118 billion by the end of 2020.

According to the National Bureau of Statistics, by the end of 2020, the number of people aged over 65 in China was 190 million, accounting for 13.5% of the total population (National Bureau of Statistics of China, 2020).

Against this aging population as backdrop, the number of elderly people who are disabled, empty nesters, solitary, or have various chronic diseases is increasing. There is a need to provide the elderly people with long-term care services because of the decline in family pensions caused by multiple factors, such as a continuous increase in medical expenses for the elderly, the requirement for continuous improvements in care quality, a decrease in family population, and unsound social security systems (including pension and medical care), which have significantly increased the burden on pension care. Long-term care insurance (LTCI) is one of the most effective methods for solving these problems and it can satisfy the needs of the elderly and reduce the economic burden on both the social security sectors and families. The Ministry of Human Resources and Social Security (MHRSS) and the Ministry of Civil Affairs (MOCA) engage in the process of policy-oriented learning, which has facilitated the initiation of LTCI in China. A pilot LTCI program of in China was officially launched by the MHRSS on June 27, 2016

Subsequently, the topic of how to build an efficient and sustainable LTCI has become an important social issue in terms of fostering China's social security sector, and new drives, such as the LTCI pilot program, have been tried by drawing examples from outside China, like South Korea, in considering policy variations in China.

The findings of this study will support the official implementation of China's LTCI by helping resolve the issues of providing care to the disabled and elderly people and improving the development of the social security sector in China. This study looked at the initiation process of China's LTCI and focused on the first pilot city, Qingdao. Then it extended its view to the whole Shandong Province. This paper pointed out the shortcomings in China's LTCI pilot policy by reviewing literature and studying it comparatively to the LTCI policy in South Korea. By doing so, this study will contribute to the LTCI policy analyzing literature, which so far has paid little attention to the situation in China.

2 | BACKGROUND TO THE INTRODUCTION OF LTCI IN CHINA

2.1 | The Health Insurance in China

In China, public health insurance now covers almost the entire population under two different plans, and their attributes are comparative as far as in-kind benefits are concerned: the basically contributory plan for salaried and public employees, and the largely non-contributory plan for “residents,” which also covers farmers, the self-employed, and workers.

Benefits are financed from two sources: first and chief, accounts of individual insured people. When these accounts are depleted, the plans' pooled assets are used. The limit for this benefit is set at 6 times the average salary of the previous year. Nonetheless, this limit might be changed if treatments for diseases are expensive.

Cutoff points, both for covered treatments and benefit ceilings, for pensioners are tighter than those for the economically active population. This is so because they had put almost no money in health insurance while they were still working. The introduction of specific insurance for dependency/long-term care should be able to alleviate the burden on the current medical aid system, which benefits some 60 million people every year.

Using the health insurance to cover long-term care is justified by its general nature and stable financing as mentioned above. In addition, this approach, by its implication, makes connecting two plans in the social assurance framework conceivable: the absence of specific disability coverage and limitations in the material extent of inclusion, which block palatable inclusion for people whose health condition requires continuous care of either medical or non-medical nature.

The overwhelming nature of jobs related to health insurance in the development of long-term care system can obscure the significance that the non-medical segment of such care has—which is, nonetheless, present in the pilots—the significance that might be featured only when families can't meet the daily needs of dependent people.

2.2 | Family Issues and the Elderly Care Problem

In traditional Chinese culture, the family unit typically takes on a large portion of the duty involving the welfare of family members. Nonetheless, with the improvement of the economy and urbanization, LTCI is a new policy instrument that has supplemented and tended to family functions in taking care of aging problems and social security concerns (Liu et al., 1999).

There are almost 40 million elderly people in China who are either disabled or partially disabled, including nearly 10 million elderly people who are completely dependent (National Bureau of Statistics of China, 2020). The undeniably severe reality of China's aging population requires acceleration of the implementation of medical, nursing, and long-term care initiatives. The absence of technical experience in China means it is necessary to look at examples overseas. Nonetheless, the one-child policy, new demographic patterns, and cultural shifts have exacerbated the circumstances in China.

When the People's Republic of China (PRC) was established, the first generation of political elites and policy-makers in China thought that large population would give adequate workforce for creating a new China. However, the Deng Xiaoping government believed that overpopulation and surplus labor was prompting unemployment, deficiencies in food and garments, and the underdevelopment of economy. Thus, Deng's administration started the one-child policy in 1978, which was meant to decrease the size of its population to below 1.3 billion by the end of the 20th century (Wang et al., 2018). Temporarily, the approach significantly improved economic conditions and eased the imbalance between China's population and the available resources. It likewise conceivably worked during the period of prosperity, when China rose to the second largest economy in the world. In any case, the unfortunate results of the one-child policy have affected Chinese society unfavorably.

One of the primary adverse outcomes is aging society: From 2022 to 2035, China is likely to encounter a serious circumstance because of the increasing number of elderly people, with a yearly net increment of 11.52 million and a 3.41% annual growth rate. The total number of elderly people will reach 420 million by 2035. Nowadays, the children of the first generation of the one-child

policy consist of the fundamental power of Chinese labor, while their parents are retired, with some suffering from chronic diseases. Due to the increasing life expectancy, those children now must offer help and care for their parents and perhaps for their grandparents as well. This is called the "4-2-1" problem (Yu, 2019), which means that one child must give care for at least two older people in their family. This has put Chinese society and adolescents in genuine danger in terms of the physical, mental, and financial burdens of providing care to the disabled and elderly, particularly in rural regions, where the elderly depend heavily on their families.

Unlike in the past, young people nowadays are not ready to provide care for their parents, because of population mobility, work, migration, and marriage (Zhang, 2019). China's urbanization process is as yet encountering a time of quick turn of events. Accordingly, a huge scope of population mobility will stay a striking wonder during the time of socioeconomic development for quite a while.

Besides, women, who traditionally were main care providers for the elderly and disabled at home, are now taking care of most labor. In addition, the average life expectancy has increased since the establishment of the PRC because of the development of society and the improvement of medical conditions. In 1953, the average life expectancy of men was 42.2 years, and 45.6 years for women. Over the next 50 years, it nearly doubled, reaching 73.6 years for men and 79.4 years for women in 2018 (Xu, 2019). In summary, new demographic patterns, including population mobility and increased life expectancy, have had a prominent influence and led to the introduction of LTCI in China.

2.3 | Initiating China's LTCI Policy Pilot Program

The dramatic increase in the aging population in China has prompted the need for an LTCI policy to direct the issue of aging society and the financial burden of providing care for the elderly and disabled. Besides, the issues of the aging society and the adverse consequences of the one-child policy have become critical issues as they can determine social stability and substantiality in the future in China. In June 2016, the MHRSS distributed a document titled "Guidance on pilot cities to launch long-term care insurance," which emerged from an attempt to

meet these challenges. This meant the official implementation of the LTCI policy in China (Wang et al., 2018). Consequently, China's LTCI started in 2016, and 15 cities across China were chosen as pilot sites (See Table 1).

TABLE 1. Cities with LTCI Pilot Programs in China

City	Province	Region	Population	GDP per capita (CNY)
Chengde	Hebei	North	3,500,000	38,500
Changchun	Jilin	Northeast	8,540,000	95,700
Qiqihar	Heilongjiang	Northeast	5,500,000	23,000
Shanghai	Shanghai	East	24,200,000	135,000
Nantong	Jiangsu	East	7,300,000	128,000
Suzhou	Jiangsu	East	10,720,000	174,000
Ningbo	Zhejiang	East	8,000,000	123,000
Anqing	Anhui	East	4,600,000	31,000
Shangrao	Jiangxi	East	6,700,000	24,600
Qingdao	Shandong	East	9,500,000	124,000
Jingmen	Hubei	Centre-south	2,900,000	48,000
Guangzhou	Guangdong	Centre-south	15,300,000	156,400
Chongqing	Chongqing	Southwest	31,000,000	75,800
Chengdu	Sichuan	Southwest	16,300,000	94,800
Shihezi	Xinjiang	Northwest	380,000	132,900

Note: Developed and compiled by the authors

Since its implementation, the pilot program has improved the performance of social security sector in settling the issues of providing care for the elderly and disabled people, while fostering the capacity of the MHRSS in empowering the cooperation of NGOs in the social welfare sector. In total, the LTCI initiative has made a huge commitment to modernizing China's social security sector, although serious problems still remain. This article presents summaries of the experiences of pioneer pilots in Qingdao. Then it discusses the pilot practice of LTCI in the whole Shandong province.

3 | LTCI PIONEERS IN CHINA: THE CASES OF QINGDAO AND SHANDONG PROVINCE

3.1 | Pioneer among the LTCI Pilot Programs in China: Qingdao's LTCI Programs

Qingdao was the first city in China to implement the pilot long-term care insurance policy in 2012. With the promotion of coordination of urban and rural medical insurance in 2015, the "Long-term Medical Care Insurance Management Measures of Qingdao" were promulgated to include both urban and rural areas in the long-term care insurance system. In other words, all the insured people for basic medical insurance became the beneficiaries of long-term care insurance (Kim & Meng, 2018).

Funding comes from several sources; 20 percent of the accumulated balance of the health insurance fund for urban salaried employees, commitments of up to 0.5 percent of pooled health insurance contribution (urban employees), and 0.2 percent of the amount of individual accounts (Qingdao Municipal People's Government, 2018). Within the framework of the basic medical insurance system for urban and rural residents, the financing source accounts for 10% of the total health insurance fund. The municipality covers administration and management (Yuan, 2013) and gives overall and per-capita municipal grants as well (Deng & Guo, 2015). In 2018, a fundamental daily care service was included in the program for seriously disabled elderly people suffering from severe dementia or mental disorders (Zhang & Yang, 2019; Qingdao Social Security Bureau, 2018a). The beneficiaries are those with disabilities that are severe enough to affect daily living activities. The sums paid by the dependency insurance differ as indicated by the various categories of services provided (Table 2). The reimbursement rate for service charges differs—between 70 percent and 90 percent (Qingdao Social Security Bureau, 2018a).

In 2015, PICC Health Insurance, a state commercial insurance agency, was appointed to administrate and manage the system, another model for cooperation between the government and private enterprise in the field of social insurance. Social ventures and private medical care facilities provide majority of long-term care services, particularly in the field of home care, which represents 89.6 percent

of all types of care provided. Nearly 700 facilities have been set up and they help with providing long-term care in Qingdao. 90% of them are from private sectors and provide 98 percent of long-term medical care services. The city employs almost 15,000 service providers to this end (Zhang, 2018).

TABLE 2. Benefits for Different Categories of Services Covered by Long-Term Care Insurance in Qingdao

Type of service	Payment limit			
Medical care in the geriatric ward	Tertiary hospital	Secondary hospital		
	CNY 210/day	CNY 180/day		
Residential medical care	CNY 65/day			
	CNY 50/day for day medical care provided to older persons with severe dementia in institutions			
Medical care at home	CNY 50/day			
Periodic mobile medical inspection	Urban employees	Level 1 scheme for residents	Children and students	Level 2 scheme for residents
	CNY 2,500/yr	CNY 2,200/yr	CNY 2,200/yr	CNY 1,500/yr
Daily essential care (scheme for urban employees only)	Establishments and geriatric and facilities	Level 3	Level 4	Level 5
		CNY 660/mo	CNY 1,050/mo	CNY 1,500/mo
	At home or mobile	Level 3	Level 4	Level 5
		3 hrs/wk at CNY 50/hr	5 hrs/wk at CNY 50/hr	7 hrs/wk at CNY 50/hr

Note: Compiled by the authors based on data from Qingdao Social Security Bureau (2018a).

TABLE 3. Financial Provisions for Long-Term Care Insurance in Qingdao

	Initial	Urban employees	Urban/rural residents	Municipal grant	Additional grant	Total estimate allocation
Qingdao	20% from the account balance of medical insurance	0.5% from the pooling plus0.2% from the individual accounts	10% from the resident medical insurance funds	CNY 20 M from the public well-being fund +100M over 5 years of social lottery	CNY 30/yr/urban,employee CNY 50/yr/resident/	CNY 1.5 billion

Note: Compiled by the authors based on data from Qingdao Social Security Bureau (2018a).

3.2 | Expanding the LTCI Pilot Programs in China: LTCI Programs in Shangdong Province

A nationwide pilot campaign for advancing and trying different things with long-term care insurance was launched in 2017. This was done based on the rich experience of the pioneer cities with regard to financing, the definition of benefits and conditions for granting benefits, insurance management and administration, the provision of long-term care services, cooperation between the public and private sectors, etc.

By June 2018, around 57 million participants were covered by long-term care insurance. On May 6, 2020, the National Healthcare Administration, which took over health insurance management in 2019 from the Ministry that had been in charge of social security, showed an interest regarding remarks from particular circles on a project concerning "Guidance for the expansion of the pilot program on the system of long-term care insurance (National Healthcare Security Administration, 2020)."

In addition to the 15 pilot cities for long-term care insurance, Shandong and Jilin provinces were additionally chosen as "main liaison provinces" for the plan and practice of a pilot project on long-term care insurance. All the municipalities in Shandong Province except for Qingdao participated in the pilot program for long-term care insurance, and they profited from Qingdao's experience while considering their own socioeconomic situations (see Table 4).

TABLE 4. LTCI Financial and Benefit Policies of Cities in Shandong Province

City	Financial provisions		Benefits	
	Personal premium	Government subsidies	Co-insurance	Payment limit
Jinan	Ad hoc	/	/	220~260 CNY/d Medical care 60~70 CNY/day Residential care
Qingdao	See Table 3		See Table 2	
Zibo	35 CNY/year	75 CNY/year	25%	1600/1200/800 CNY/mo
Zaozhuang	0.1% contribution rate	60 CNY/year	20%~30%	60-80 CNY/d Medical care 30-40 CNY/day Residential care

City	Financial provisions		Benefits	
	Personal premium	Government subsidies	Co-insurance	Payment limit
Dongying	Beneficiaries only, 100-150 CNY/mo	100-150 CNY/mo	35%~40%	/
Yantai	Ad hoc	/	10%	150-210 CNY/d Medical care 30~50 CNY/day Residential care
Weifang	0.1% contribution rate	/	4%~10%	120-200 CNY/d Medical care 50-60 CNY/day Residential care
Jining	30 CNY/year	70 CNY/year 10%~20%	10%~20%	120-200 CNY/d Medical care 40-90 CNY/day Residential care
Tai'an	30 CNY/year	45 CNY/year	15%~25%	120-200 CNY/d Medical care 40-60 CNY/day Residential care
Weihai	30 CNY/year	70 CNY/p/year + 200M/year	/	200 CNY/d Medical care 30-40 CNY/day Residential care
Rizhao	30 CNY/year	20 CNY/year	40%	140-200 CNY/d Medical care 50-60 CNY/day Residential care
Linyi	30 CNY/year	70 CNY/year	15%~20%	/
Dezhou	45 CNY/year	65 CNY/year	15%~25%	30-180 CNY/d
Liaocheng	0.1% contribution rate	0.1% contribution rate + 20 CNY/year	25%	/
Binzhou	0.1% contribution rate	0.2% contribution rate + 15 CNY/year	10%	45-70 CNY/d
Heze	40 CNY/year	55 CNY/year	10%~20%	120-170 CNY/d Medical care 40-60 CNY/day Residential care

Note: Compiled by the authors based on data from municipal policy documents

Otherwise, the means taken by the "new pilots" has been, to a great extent, according to the "pioneer pilots." Most cities provide lump-sum financial

contributions under different headings (medical insurance fund, individual account, municipal grant), consequently restricting reallocation. Municipal grants are present in all cases.

Eligibility criteria for benefits do not vary greatly based on what was found in the “pioneer pilots”. Regarding the maximum amounts for daily benefits in cash, similar wary edges can be viewed likewise with the pioneer plans. As cutoff points are communicated in ostensible qualities, indexation will quickly turn into a basic issue.

The administration arrangements all settled matters regarding assigning duties to insurance agencies, while some pioneers chose public administration as social protection organizations. These arrangements clearly built confidence among investors in private sectors, and their investment in the arrangement of long-term care services in the pilot cities was viewed as ‘overwhelming.’ Over CNY 7 billion had been invested in the personal and nursing care industry by the end of 2017, which created more than 40,000 positions and stimulated the development of the healthcare industry (Jiang, 2018).

4 | CONCLUSION

4.1 | Policy Lessons from South Korea’s Experience

South Korea’s LTCI has achieved remarkable accomplishments in social reform since 2008. South Korea’s LTCI has a powerful, right framework that covers financing, beneficial terms, cost control, quality assurance, and other aspects. It has successfully decreased nursing pressure for those involved and has worked well in terms of personal satisfaction of patients. Because of its comparable demographic structure and culture of providing care to family members, South Korea’s LTCI has become a valuable perspective in the field of giving consideration to the elderly and disabled (Kim & Meng, 2018). Besides, its LTCI has yielded positive results since it fuses dynamic factors during the administration interaction to change South Korea’s social security system.

There are numerous similarities between China and South Korea regarding their aging societies (Table 5). First, when South Korea and China started LTCI, the demographic structures of the two nations were comparable. Those aged over 65 was 10.2% of the whole population when South Korea's LTCI was presented in 2008, while it was 10.8% in China in 2016. Second, China and South Korea share a traditional filial piety culture, and the family is the main body giving care for the elderly and disabled. Third, both China and South Korea were in a change period of their welfare system when they brought LTCI into their social security sectors. Finally, the primary goal of building up LTCIs in both South Korea and China was to satisfy the development needs of the social security sector and society (Kim & Meng, 2018).

TABLE 5. Long-Term Care Insurance (LTCI) Policy in South Korea and China

Feature	South Korea	China
Formation	2008	2016
Proportion of elderly people aged over 65	10.2% (2008)	10.8% (2016)
Main care provider	Family	Family
Welfare stage	Deflation period	Transitional period
Reason	Social relief and aid to aging society	Social relief and aid to aging society
Implementation	Legislation	Policy pilot

Note: Developed and compiled by the authors based on Kim & Meng (2018)

The experience South Korea has had with its long-term care insurance system and the experience Shandong had during the pilot program show that a good long-term care insurance system should have the following two characteristics.

The first is related to sustainable funding sources. The long-term care insurance system should fully play its social redistribution function, and some of its financing sources must come from the government's public financial subsidies in order to procure the initial funding of the long-term care insurance system.

The second is related to standardization. The long-term care insurance system should establish a standardized service supply system to ensure that both service

providers and its users have a full-scale understanding of their rights and obligations, and to promote the progress of the long-term care insurance system. The remuneration for long-term care workers and the remuneration received for different grades of services are clearly stipulated, and the relevant products and associated services required in the nursing service process must also be clearly stated.

In 2018, South Korea introduced the National Dementia Responsibility System, in which the government takes care of the elderly with dementia in accordance with the Elderly Long-term Care Insurance Act. Dementia is one of the most prevalent diseases among the elderly in South Korea. Families alone cannot support the elderly with dementia, and the social loss is increasing every year. In this situation, the South Korean government has been reorganizing the dementia management law since 2008. The 1st Comprehensive Dementia Plan was implemented in 2008, the 2nd Comprehensive Dementia Plan from 2012 to 2015, and the 3rd Comprehensive Dementia Management Plan from 2016 to 2020. It is believed that the Chinese government needs to study South Korea's state responsibility system regarding dementia closely. This is because, like South Korea, in China, the diseases that the majority of the elderly are suffering from are difficult for individuals or families to handle alone, so there is a high possibility that there should be a national responsibility system to address them. From this point of view, China also needs to prepare a system such as a comprehensive dementia plan in advance based on the Long-Term Care Act for the Elderly in South Korea (Park Bum-ki et al., 2019).

4.2 | Suggestions for China's LTCI

The pilot long-term care insurance schemes were quickly expanded to include all cities across Shandong, laying a solid foundation for possible general geographic and personal coverage.

Health insurance appears to be a predominant funding source for the schemes. This may create some difficulties with regard to substantiality, while the cost of modern medical treatment is outstripping wages in China as elsewhere.

The proposed objective is to obtain 70 percent or 80 percent of financial coverage

for the care and services provided, often within a nominal limit whose indexation cannot be taken for granted. Consequently, the beneficiaries' uncovered remainders are potentially significant for recurrent benefits meant for population groups that often have only modest incomes.

It should also be noted that the pilots were launched under the auspices of the Ministry of Human Resources and Social Security, while responsibility for medical insurance has since been transferred to a recently created body, the National Healthcare Administration. The latter entity needs to develop its institutional capacity for long-term care management but has already demonstrated its leadership in this area, with the launch of the second cohort of pilot cities in the second half of 2020.

Another doubt is to do with financing. Given the fact that social insurance systems are currently under pressure to reduce contribution rates, the launch of a new independent nationwide long-term care insurance scheme that would need to raise additional funds seems unrealistic, at least in the short run.

Finally, insufficient long-term care infrastructure and staffing remains a challenge in introducing long-term care programs, especially in rural areas.

4.3 | Research Limitations and Further Studies

This research has three significant limitations: First, this study only focused on the LTCI pilot program in Shandong Province. As a result, it may not show adequately the complex situation of China. Second, the data collected for this paper were limited and mainly from government documents. Moreover, this study did not collect data from the business sectors, etc. These weaknesses will be addressed in future studies and will be the focus of future research.

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국문초록

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중국은 1979년 이후로 한자녀정책을 주요 정책으로 추진해왔고, 이로 인해 저출산 사회로 전환되었다. 또한 발전된 보건과 의료기술로 노인들의 수명이 급격히 늘어나면서 중국의 고령화율 역시 급증하였다. 이렇듯 수발이 필요한 고령인구는 급증하였으나, 현재 중국에는 이들을 돌볼 돌봄인력이나 인프라가 턱없이 부족한 상태이다. 본 연구는 이러한 노인수발 문제를 해결하기 위한 제도적 해법으로 노인장기요양보험에 주목한다. 본 연구는 중국 노인장기요양보험제도의 도입과정과 시범사업 등을 살펴본 후, 노인장기요양보험제도 도입의 선도국가인 한국으로부터 어떤 정책교훈을 얻을 수 있는지 살펴보았다. 본 연구는 연구를 수행함에 있어 주로 문헌연구 분석을 사용하였다. 본 연구는 두 가지 의의를 갖는다. 첫째, 중국 노인장기요양보험제도의 시범사업을 개관함으로써 그 흐름은 물론 그에 관한 기초자료를 제공하고 있다. 둘째, 중국의 노인수발 문제를 연구함에 있어 기존 연구들에서 찾아볼 수 없는 비교사회정책학적 접근법, 특히 동아시아 사회복지에 대한 비교연구를 수행하였다.

주제어: 중국, 한자녀정책, 고령화율 급증, 노인수발 문제, 노인장기요양보험, 비교사회정책, 정책교훈