

The Merger of Urban and Rural Basic Medical Insurance on Health-Seeking Behaviors of the Elderly in Guangyuan City, Sichuan Province

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Abstracts

The merger of urban and rural basic medical insurance under the integrated URRBMI scheme has been implemented in China since 1997. It is anticipated that the integrated URRBMI scheme and its operational mechanism will positively impact the health-seeking behaviors of the elderly in Guangyuan City, Sichuan Province. The objectives of this research were to ascertain the extent of health-seeking behaviors in the elderly since the implementation of the integrated URRBMI scheme, to reveal the impact of the integrated URRBMI scheme on their health-seeking behaviors, and to seek recommendations for the improvement of existing medical insurance policies for the elderly. A Grade-A central general hospital and a Grade-A traditional Chinese medicine hospital in the urban area, and a township health center in a rural area were chosen for data collection. With non-participant observation, seven urban elderly people and eight rural elderly people were selected to participate in the in-depth interviews. For the health-seeking behaviors, health-seeking behaviors based on medical quality and service, dependence on public health institutions, the elderly failing to admit to health problems, priority of Western medicine, and decision-making by the elderly's children on their parents' health-seeking behaviors were found. Public transportation development, the guiding and limited role of the integrated URRBMI restricting the choice of medical services, and its effect on the pre-existing health-seeking mindset were found as the impact of the URRBMI scheme on the health-seeking behaviors. Policy recommendations and recommendations for further research were also provided.

Keywords: Basic Medical Insurance; Elderly; Guangyuan City; Health-Seeking Behaviors; Merger

Introduction

The civil registration system of the People's Republic of China divides residents into two categories: urban and rural. Before 2017, both types of residents were subject to different eligibility criteria for the government's medical insurance schemes based on their residence registration status. There were three types of medical insurance schemes: the Urban Resident Basic Medical Insurance (URBMI), Urban Employee Basic Medical Insurance (UEBMI), and New Rural Cooperative Medical Scheme (NRCMS). The URBMI mainly focused on elderly people with urban registration who did not have a job, those employed in the informal sector living under low security, people with severe disabilities, and children. Whereas the UEBMI was for people registered in urban areas with formal jobs. The NRCMS mainly covered farmers and those employed in the informal sector with registered rural residence status.

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Targeted at residents and the workforce in the informal sector, the URBMI and NRCMS offered reimbursement for inpatient and outpatient services for low-cost diseases, subsidized by the government and based on voluntary participation and the annual payment of premiums or individual payments. However, these schemes were administered by different authorities. The URBMI was managed by the National Healthcare Security Administration under the Ministry of Human Resources and Social Security while the NRCMS came under the responsibility of the National Health Commission. Although the NRCMS was also subsidized by collective funding in rural villages, the benefits from the NRCMS tended to be lower than that offered by URBMI. This separation caused redundancy and barriers in the operation process since it was difficult to manage medical insurance schemes to equally benefit urban and rural residents. This brought about the subsequent merger of the URBMI and NRCMS to provide basic medical insurance for urban and rural residents (Yang, 2019: 26). On January 12, 2016, the State Council of China issued a document entitled “Opinions of The State Council on Integrating the Basic Medical Insurance System for Urban Residents and Rural Residents” and decided to merge URBMI with NRCMS to create a unified medical insurance scheme called Urban and Rural Residents Basic Medical Insurance (URRBMI). This came into effect in 2017 to address the defects of the previous two insurance schemes and ensure that urban and rural residents could benefit equally from basic medical insurance (Changji Municipal Government, 2018 : online).

The newly merged basic medical insurance, managed by the National Healthcare Security Administration, covers all urban and rural residents without formal jobs. The merger has resulted in unified coverage and payment standards, narrowing the treatment gaps existing in the former system with fairer basic medical security and resource allocation for the insured (Xia, 2019 : 195). Regarding financing after the merger, a combination of individual payments with subsidies from the government and other social and economic public organizations has been introduced. Based on the demand of local residents and the principle of balancing revenue and expenditure, each province has its own authority for determining the unified financing standards since the merger (Zheng, 2020 : 17). In fact, the integrated URRBMI has been built on the principle of balancing medical security and benefits for people living in both urban and rural areas. It has unified the coverage and payment standards to create a fairer system of basic medical security and medical resource allocation for the insured (Ren et al., 2022: 1549). According to recent research, the medical insurance merger could have a positive impact on the health-seeking behaviors of rural residents (Yu, 2019 : 154). Ma C, Gu H, and Sun X, (2017 : 107) expressed that participating in higher-grade medical insurance could significantly improve residents’ health-seeking behaviors and their health level. In rural areas, the health-seeking behaviors of outpatients have improved since the merger, although it appears to have had no significant effect on inpatient medical treatment (Fang & Wu, 2017: 24). After the merger, the medical service expenditure and the number of visits from rural residents have improved substantially. In addition, in urban areas, the merger has changed the medical treatment habits of patients and alleviated congestion in urban hospitals (Wang, 2014: 99).

Changes in the medical insurance system frequently have an effect on residents' health-seeking behaviors. Liu (2020 : 7) examined the primary determinants of medical consumption patterns and health disparities among elderly Chinese individuals. A finding suggested that the elderly who had access to free medical care from the government might have a significantly higher propensity to choose general hospitals for treatments. Furthermore,

the elderly in rural areas were more significantly impacted by medical insurance participation. It was found that medical insurance improved the rural elderly's access to medical care when they were sick by providing financial support for their use of medical resources. According to Dong (2019: 165), prior to the merger of the URBMI and the NRCMS, there were few designated medical insurance institutions in rural areas, a low reimbursement ratio, incomplete coverage of the medical insurance directory, and other issues. The rural elderly were especially affected by the issue of difficult and expensive medical treatments. However, the financial burden of medical care has significantly decreased since basic urban and rural medical insurance was combined, and the quality of life for the elderly has also increased.

China's entry into an aging society has brought many challenges, necessitating the provision of medical insurance for the elderly. Since the 1990s, the aging situation in China has accelerated. At the end of 2018, there were 249.49 million people aged 60 or above, accounting for 17.9% of the total population, and 166.58 million people aged 65 and above, accounting for 11.9% of the total population. The integrated URRBMI scheme may also have had an impact. For instance, rural elderly residents were unable to choose more convenient urban medical institutions before the merger. There was a huge difference in medical insurance coverage, creating negative health-seeking behaviors. Since the merger, most urban and rural elderly people have been more active in seeking medical services and pay greater attention to medical quality (Hu, 2019).

Guangyuan City is located in the northern part of Sichuan Province, at the junction of Gansu Province with Shaanxi Province to the north. Guangyuan City provides an important passageway in and out of Sichuan Province. In 2020, the number of elderly people over 60 years old in Guangyuan City reached approximately 610,000, and this figure has continued to grow at an average annual rate of about 10,000 people per year (Guangyuan Municipal Government, 2018). The contradiction between the aging situation and economic development is very prominent, especially in rural areas where there are large numbers of elderly people. A significant number reside in remote, mountainous, and poor areas. However, with the continuous attention of the government on aging issues, the elderly's participation in basic medical insurance has been improved. In 2020, the participation rate in basic medical insurance by the population reached more than 98%). Therefore, it is anticipated that the integrated URRBMI scheme and its operational mechanism will positively impact the health-seeking behaviors of the elderly in Guangyuan City, contributing to significant improvements in future policies, including the protection of health rights and interests of elderly residents.

Research Objectives

1. To ascertain the extent of health-seeking behaviors in the elderly residing in Guangyuan City, Sichuan Province, since the implementation of the integrated URRBMI scheme.
2. To reveal the impact of the integrated URRBMI scheme on the health-seeking behaviors of the elderly in Guangyuan City, Sichuan Province.
3. To seek recommendations for the improvement of existing medical insurance policies for the elderly in Guangyuan City, Sichuan Province, under the integrated URRBMI scheme.

Research Methodology

Research Design

This research is certified according to the research ethics clearance in social sciences number 2022/049 (B2) by the Institutional Review Board (IRB) of Mahidol University. It aims to identify, describe, and analyze health-seeking behaviors of the elderly in the urban and rural areas of Guangyuan City under the integrated URRBMI scheme. Two groups of people are involved in this study to ascertain the level of their health-seeking behaviors: elderly people living in urban areas and those living in rural areas. Since these two groups live under different socio-economic and cultural conditions, their personal life experiences are investigated as well. It is assumed that different socio-economic and cultural conditions lead to different health conditions and health-seeking behaviors. Therefore, this study uses qualitative data on the elderly from in-depth interviews to ascertain how the merger impacts their health-seeking behaviors. It is also meaningful to observe the activities of the elderly and medical service providers at medical institutions as well as the overall environment.

Location for Data Collection

Two types of public medical institutions located in the urban and rural areas of Guangyuan City were chosen for data collection. The first type consisted of a Grade-A central general hospital and a Grade-A traditional Chinese medicine hospital located in the urban area of the city center, while the second was a township health center located in a rural area. These medical institutions were the type of places urban and rural elderly residents would normally choose to address their health needs and receive medical treatment. They would also be able to use the integrated URRBMI to cover their medical expenses. In addition, obtaining data by non-participant observation and in-depth interviews with the elderly in a hospital environment proved to be convenient since the selected hospitals were in popular locations where the elderly gathered to seek medical services.

Sampling and In-Depth Interviewing

Based on purposive sampling, seven elderly people living in the urban area and eight living in the rural area of Guangyuan City were selected to participate in the in-depth interviews. The selected samples of both cases consisted of elderly persons aged over 60 years old according to the definition provided on the age of the elderly in the Law of the People's Republic of China on Protection of the Rights and Interests of the Elderly. To participate in the interviews, the elderly must have the verbal capability to communicate, have been living in Guangyuan City for more than 20 years, and possess valid medical insurance. A casual approach was adopted for the one-to-one in-depth interviews, according to the in-depth interview guidelines. The interviews focused on the backgrounds of the elderly participants, their attitudes toward the merger, socio-economic and cultural conditions, and health-seeking behaviors under the integrated URRBMI scheme.

Non-Participant Observation

Non-participant observation was used to acknowledge the activities related to the behaviors of the elderly while attending the medical institutions from arrival to departure. Without the researcher's participation, the activities during diagnosis and the treatment process, including the environment of the medical institutions, were also observed. The non-participant observation was non-structural. In other words, it was flexible to allow for periodic changes in focus when plausible evidence arose to make it easier to obtain any new observations that may be relevant or significantly influence their behaviors at the medical institutions at different times.

Data Analysis

Content analysis of the data was adopted in this study. According to the construction of content themes gained from the in-depth interviews with the elderly, it was necessary to analyze any repetitive wording transcribed in the interview notes. The data analysis reflected the backgrounds of the elderly respondents and their socio-economic and cultural conditions potentially impacting health-seeking behaviors under the integrated URRBMI scheme. For example, some wordings might reveal situations such as having no money to buy medicine, living too far away from a medical institution, convenience, costs, etc. Combined with the data analysis from the in-depth interviews, the findings from non-participant observation revealed the elderly's activities during the process of medical treatment at the medical institutions, potentially reflecting their health-related habits and health-seeking behaviors to a certain extent. For example, the transportation mode used by the elderly might reflect the accessibility of medical treatment. The methods of registration and payment may reflect their economic status and familiarity with the progress of medical service technologies. Analyzing the observations with the interviews helps to prove the authenticity of data and gain a deeper understanding of how the health-seeking behaviors of the elderly have been affected by the merger.

Research Conceptual Framework

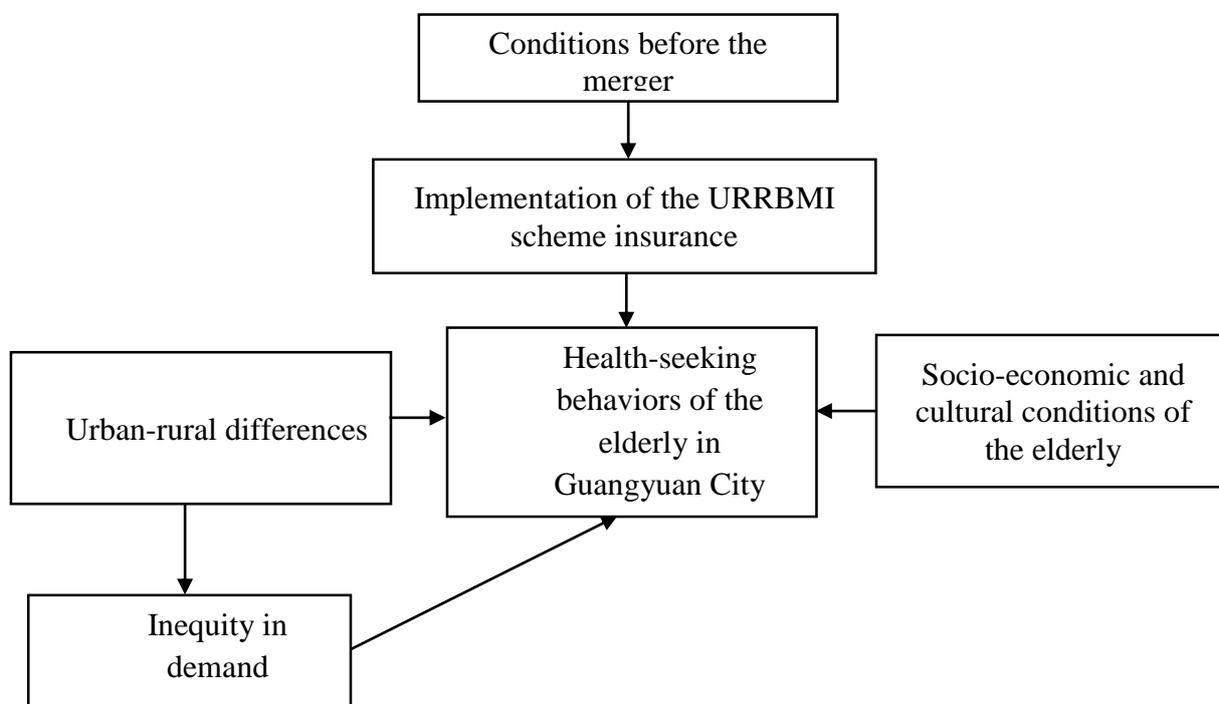


Figure 1 Conceptual framework

The conceptual framework shows a linkage between the health-seeking behaviors of the elderly in Guangyuan City and the implementation of the URRBI scheme. Figure 1 illustrates the extent to which the merger has affected the health-seeking behaviors of urban and rural elderly by considering the conditions before the merger, urban-rural differences, inequality in demand, and socio-economic and cultural conditions.

Results

The Two Grade-A Hospitals and a Township Health Center: An Observation

Two Grade-A general hospitals of the highest level, namely a general public hospital and a traditional Chinese medicine hospital located in the urban area of Guangyuan City, and a township health center in the rural area of Jiange County were selected for one-week observation. In the urban area, the traffic around the two Grade-A hospitals located in densely populated areas in the old town was very heavy from around 7 am. Furthermore, at the bus stops near the two hospitals, it was observed that large numbers of passengers getting off the buses were elderly. On the other hand, there was no traffic congestion around the township health center located in the rural area due to the smaller population. The elderly usually arrived at the township health center by motorcycle or on foot. At the health facilities, many elderly patients were observed to be standing in line at the registration and payment windows in the urban-located hospitals, while at the township health center, there was almost no queuing. The majority of both urban and rural elderly used cash for bill payments. At the urban hospitals, the elderly tended to face problems with the complicated hospital layout and service process because there were many departments and service rooms. This caused congestion at the inquiry desks in the outpatient halls of the two hospitals. It was estimated that more than 60% of the elderly needed assistance with inquiries from the hospital staff on the service process. However, at the township health center, the service process for all patients could be completed within a short time. After visiting the hospital as outpatients, many patients were observed leaving the health facilities with large packages of medicine.

Health-Seeking Behaviors under the Integrated URRBMI Scheme

To ascertain the extent of health-seeking behaviors in the elderly residing in Guangyuan City, Sichuan Province, since the implementation of the integrated URRBMI scheme, it was found that the health seeking behaviors of the elderly are as follows:

Health-Seeking Behaviors Based on Medical Quality and Service, Rather Than Merely Medical Insurance

Under the integrated URRBMI scheme, both the urban and rural elderly experience greater freedom in their choice of medical treatment. With the advances in medical services and technology, the hospitals in Guangyuan City have been able to solve almost all health problems and the elderly can freely choose any medical institution. They are no longer dissatisfied with the treatment of basic diseases and care more about receiving quality medical treatment during their hospital visits. They also demand more from medical institutions. However, their priority is still the efficacy of treatment. Elderly patients trust the medical insurance scheme provided by the government and its commitment to bear part of their medical bills. Since medical expenses are covered by medical insurance under the merger, they tend to pay greater attention to treatment results, medical quality, and services.

Dependence on Public Health Institutions rather Than Private Hospitals

Although private hospitals provide good medical services in a pleasant environment, the elderly tend not to choose them for treatment. Despite public hospitals being crowded and the services time-consuming, the elderly still prefer them to private hospitals as their health facilities of choice even though the URRBMI scheme reimburses medical expenses at the same rate for both hospital types. According to the interviews, the elderly tend to have more trust in the medical quality and services provided by public hospitals. They also complain that private hospitals always focus on advertising their superb services, aiming to charge more, whereas public hospitals do not.

Failing to Admit to Health Problems

Talking about illness appears to be taboo for the elderly. When talking about illness, some rural elderly patients felt depressed and did not want to worry their families and increase the burden on them. However, they were still afraid of being sick and dying. Consequently, they tended to avoid facing the truth when medical professionals revealed their diagnosis. Furthermore, the elderly often kept their diagnosis from their spouse and children despite being able to receive benefits under the integrated scheme. In fact, it has been difficult for those managing the URRBMI scheme to change this mindset in the elderly and their unwillingness to admit to being ill.

Western Medicine First, before Traditional Chinese Medicine

For the treatment of illness, the attitudes of the urban and rural elderly were mostly similar, in that they considered Western medicine to be the means for treating acute diseases and traditional Chinese medicine for chronic diseases. Furthermore, Western medicine was perceived as the mainstream choice for treating illness, and traditional Chinese medicine as an auxiliary way. When their symptoms were serious, Western medicine was their first choice with traditional Chinese medicine preferred for minor medical problems. Despite traditional Chinese medicine receiving good support from the elderly, they only chose it for the treatment of minor or chronic diseases. The reason given for relying more on Western medicine was the uncertain costs involved with traditional Chinese medicine.

Decision-Making by the Elderly's Children on Their Parents' Health-Seeking Behaviors despite the Provision of Medical Insurance

For both the urban and rural elderly, their health-seeking behaviors were reliant on the decision-making of their children. This is because the children tend to bear the burden of medical expenses when the economic ability of their parents deteriorates due to old age, in addition to the moral obligation of filial piety. The elderly people interviewed all expressed that they needed their children to make decisions on whether or not medical help was needed and the kind of medical services that should be received. In particular, the elderly living in rural areas tended to transfer health rights to their children, especially sons, who could then determine medical choices for them. The elderly's children would need to consider many factors in deciding on the right medical choices for their parents such as insurance, expenses, treatment complications, and timing.

Impact of the URRBMI Scheme on Health- Seeking Behaviors of the Elderly

To reveal the impact of the integrated URRBMI scheme on the health-seeking behaviors of the elderly in Guangyuan City, Sichuan Province, the following aspects were found:

Public Transportation Development in Inducing the Elderly to Seek Medical Treatment

Since the development of the public transport system occurred in parallel with the implementation of the URRBMI scheme, the distance between the elderly's residences and hospitals or health centers no longer presented an obstacle to them in seeking medical treatment. While the urban elderly need to consider traffic conditions when taking a bus to a hospital, the rural elderly could easily take a public minibus or motorcycle to the township health centers or clinics. Both the urban and rural elderly appreciated the public transportation development since it gave them convenient access to medical services. The development of the public transport system also enhanced the access to urban health facilities for the rural elderly since they could go to the city to obtain the medical services of their choice. Traffic convenience was considered to be an important factor in providing equal access to medical services, especially for the rural elderly, since they could receive the same standard of treatment as the urban elderly.

Limited Role of the Integrated URRBMI Scheme in Health-Seeking Behaviors

Notwithstanding that the merger has brought about security and equality of healthcare for the elderly, it is regarded as limited, thus affecting the health-seeking behavior of the elderly. Despite the integrated URRBMI scheme helping to reduce their medical expenses, the elderly still used the insurance passively when they become ill. As the level of health literacy in both the urban and rural elderly improved, they tended to demand better medical services and quality beyond the level covered by medical insurance. The elderly tended to rely less on the use of medical insurance especially when becoming seriously ill. With better economic ability, the elderly felt they could bear all the medical expenses incurred despite coverage from the URRBMI. When reimbursement from the medical insurance was lower than expected, the elderly were willing to pay for other, more effective treatments to treat their serious illness without depending on reimbursement from the URRBMI scheme.

Guiding Role of the Integrated URRBMI While Restricting the Choice of Medical Services

Following implementation of the URRBMI scheme, both the urban and rural elderly were able to benefit from the same treatment standards at medical institutions. Therefore, the integrated medical insurance scheme played a guiding role in enabling the elderly to choose any institution to receive medical services, regardless of whether it is in an urban or rural locality without worrying about having the ability to pay. Therefore, it is convenient for them to make suitable medical choices they deem efficient. However, the hierarchical reimbursement rules set by the URRBMI scheme could also restrict the health-seeking behaviors of the elderly. This is because the reimbursement rules set the payment threshold at different levels, depending on the type of medical institution. In other words, they may receive less reimbursement for medical fees when using services at urban hospitals. In fact, although the elderly may be intrigued to use medical insurance to reimburse their service fees at any hospital or health facility, the different reimbursement standards might restrict them from freely choosing a medical institution. This could place pressure on the elderly in deciding where to go for treatment, according to their economic ability.

Effect of the Integrated URRBMI Scheme on the Pre-Existing Health-Seeking Mindset

Restricted by their educational background and living habits, the elderly interviewed were found to have a pre-existing health-seeking mindset, being influenced by the local living culture. They tended to have passive views on medical treatment under the coverage of medical insurance, especially the rural elderly since the majority had no previous medical insurance. They were attached to a passive mindset of letting nature take its course if they became ill, failing to understand the benefits of medical insurance. Although they gained a better understanding after the merger, it was not easy to change this mindset completely since still some of the elderly did not fully embrace the benefits of the integrated URRBMI scheme.

The results in regard of the health-seeking behaviors under the integrated URRBMI scheme and Impact of the URRBMI scheme on health- seeking behaviors of the elderly are summarized in Table 1:

Table 1 Summary of the health-seeking behaviors under the integrated URRBMI scheme and Impact of the URRBMI scheme on health- seeking behaviors of the elderly

Health-seeking behaviors under the integrated URRBMI scheme	Health-seeking behaviors based on medical quality and service, rather than merely medical insurance
	Dependence on public health institutions rather than private hospitals
	Failing to admit to health problems
	Western medicine first, before traditional Chinese medicine
	Decision-making by the elderly’s children on their parents’ health-seeking behaviors despite the provision of medical insurance
Impact of the URRBMI scheme on health- seeking behaviors of the elderly	Public transportation development in inducing the elderly to seek medical treatment
	Limited role of the integrated URRBMI scheme in health-seeking behaviors
	Guiding role of the integrated URRBMI while restricting the choice of medical services
	Effect of the integrated URRBMI scheme on the pre-existing health-seeking mindset

Discussion

In Guangyuan City, following the implementation of the integrated URRBMI scheme, the health-seeking behaviors of the urban and rural elderly no longer depended on their basic medical needs but the pursuit of better quality medical treatment and results. In addition, the choice of medical treatment is related to many complex factors, rather than being solely affected by medical insurance. The development of urban and rural public transport has made it convenient for the elderly to access health facilities to obtain prompt medical treatment. This also means greater freedom, since medical insurance can be used at both urban and rural

medical institutions. The URRBMI scheme also provides greater opportunity and equality in healthcare, supported by the reimbursement scheme for medical expenses. This is consistent with the conclusion drawn by Liu (2019 : 7-20) who studied the medical accessibility of the elderly and the utilization of medical services, suggesting that transportation development has effectively promoted the utilization of medical insurance, especially for the rural elderly. Although the integrated URRBMI scheme has played a major role in determining the treatment choices for the elderly, they tended to choose medical services that met their needs with the least amount of costs covered by the medical insurance at general hospitals, traditional Chinese medicine hospitals, or health centers, notwithstanding the reimbursement rules set for different kinds of medical institutions. This is in line with the work of Wu (2021: 20), who proposed that the role of medical insurance should be to guide patients to choose the most suitable treatment. Despite the coverage provided by the integrated URRBMI, the demand by the elderly for quality medical services is increasing, especially when their symptoms were severe and the benefits from the medical insurance did not meet their expectations. They were also willing to pay for potentially better treatment without depending on medical insurance. These views are similar to those revealed in the research of Yu (2019), namely that the benefits offered by the integrated URRBMI scheme have not generated any significant impact on its use, thus the health-seeking behaviors of the elderly remain limited. In addition, the health-seeking behaviors of the elderly were found to be affected by the decision-making and support of their children in the choice of medical choice, conforming to the study of Yang, G, Yang, Y, and Sun, P, (2021: 18) who discussed the reliance of parents on their children's help from the perspective of economic conditions. However, a particularly interesting point arising from this study is the pre-existing health-seeking mindset of passivity, especially among the rural elderly, which the merger has still been unable to address in order to embrace them into the URRBMI scheme.

Recommendations

To seek recommendations for the improvement of existing medical insurance policies for the elderly in Guangyuan City, Sichuan Province, under the integrated URRBMI scheme, policy recommendations are proposed as follows:

Policy Recommendations

The results of the study revealed the priority of the Western medicine over the traditional Chinese medicine, the dependency on medical quality and services rather than merely medical insurance, the guiding and limited role of the integrated URRBMI restricting the choice of medical services, and its effect on the pre-existing health-seeking mindset. This brings about policy recommendations as follows:

1. The balanced development of public and private, along with Western and traditional Chinese medicine under the coverage of the integrated URRBMI scheme, should be promoted to reduce bias among the elderly toward its use and better opportunities generated to provide equality of access to medical services.
2. The scope of the reimbursement policy under the integrated URRBMI scheme should be extended to optimize its benefits to the elderly. Medical institutions at all levels should also consider narrowing the gap between medical expenses and the amount reimbursed, especially for outpatient services, to encourage the elderly to seek reasonable and appropriate medical treatment.

3. High-quality medical resources such as technology and manpower should be introduced at medical institutions and included in the scope of the URRBMI scheme to enhance service quality for the elderly. This would strengthen their trust in medical insurance and weaken their pre-existing health-seeking mindset of passivity when seeking medical services.

Recommendations for Further Research

As the methodology of this research was the qualitative approach conducted with elderly persons aged over 60 years old residing only in Guangyuan City, Sichuan Province, the recommendations for further research are as follows:

1. The quantitative research method could be introduced to study the health-seeking behaviors of the elderly affected by the merger. This study could be conducted in combination with the qualitative method to gain a deeper understanding of the issues involved.

2. The study of health-seeking behaviors of the elderly impacted by the merger could be conducted in other areas of China since the integrated URRBMI scheme has been more widely introduced in other parts of the country. The concept could also be introduced in other parts of the world with similar policies.

3. Stratified age intervals could also be employed in future research to ensure all elderly age groups are covered. A larger sample size would help to better understand the impact of the merger on the health-seeking behaviors of the elderly in a more complete spectrum.

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