

Title: A longitudinal multilevel study of the health outcomes for the elderly in China

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Abstract:

As China has the largest and one of the fastest growing aging populations, health status and its disparity among the elderly has become one of the most challenging issues in the coming decade. The traditional family care system for the elderly has been weakened since the 1980s and at the same time the current social security provision for the elderly remains extremely underfunded, underdeveloped and unevenly distributed geographically. This study seeks to understand to what extent different demographic, socioeconomic factors, social security provision and access, social contexts and geography effects are responsible to explain differential health outcomes and mortality among the elderly. The results of the study have great policy implications for the well-being of the vulnerable elderly population and China's on-going social security reforms. The empirical analysis mainly uses the Chinese Longitudinal Healthy Longevity Survey (2008/2002-2008) and employs multilevel statistical approaches to analyse variations of Self-Rated Health (SRH) and mortality for the elderly at both the individual and province levels simultaneously. Results indicate that individual characteristics (demographic and socioeconomic status), social security sources and social context (income inequality) bring out different consequences on the health outcome and mortality of the elderly. To be more specific, males have better health than females, but a lower survival rate than females; family and state play different roles on the SRH and mortality of the elderly in the form of financial resources and as medical expense bearers; income inequality has a positive effect on the elderly with poor health, but a negative effect on the risk of mortality of the elderly with poor health. No significant differences are found for urban-rural residence and schooling in this study. Substantial province level differences exist on the health outcomes of the elderly.