Rural/Urban Variation in Mortality in China

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- Urban and rural residents have different health experiences
- In developing countries, there are usually sharp distinctions between urban/rural life
- In China, division between urban and rural is clear
- Economic development in China is accompanied by a widening of the urban/rural gap



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→ Individuals → Communities



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Questions:

1. Is there an urban mortality advantage among the 50 and older population in China?

2. To what extent can this be accounted for by socioeconomic and health service characteristics that differentiate people and communities?



China Health and Nutrition Survey (CHNS)

- * Multi-wave survey (1989, 1991, 1993, 1997, 2000)
- * 9 Provinces: Guangxi, Guizhou, Heilongjiang, Henan, Hubei, Hunan, Jiangsu, Liaoning, Shandong
- * Household survey: Collects information on individuals
- * Community survey: Collects information about the community



CHNS Episodes

Interval	Ν	Survived	Moved	Died	Unknown
1989 → 1991	2,799	2,435	105	109	150
1991 → 1993	2,742	2,351	52	131	208
1993 → 1997	2,708	1,826	104	185	593
1997 → 2001	3,190	2,464	129	153	444
Total	11,439	9,076	390	578	1,395



Methods

1. Calculate Age-Specific Mortality Rates by residence

2. Cox Proportional Hazards Models (survival time = months)

i. Base (U/R residence + Age + Sex)

- ii. Single covariates (Base + 1 covariate)
- iii. All covariates (Base + all covariates)
- iv. Parsimonious model

(Base + statistically important covariates)





Individual level

Education	
Occupation	
Cadre status	
Has health insurance	



Covariates

Individual level	Community level	
Education	# amenities*	
Occupation	Average wage	
Cadre status	Number health facilities	
Has health insurance	Distance from center of community to nearest facility	

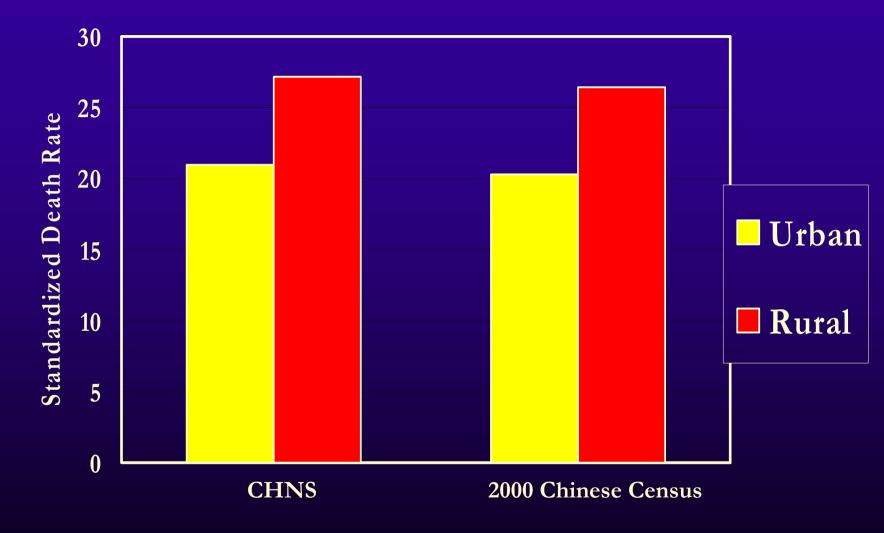


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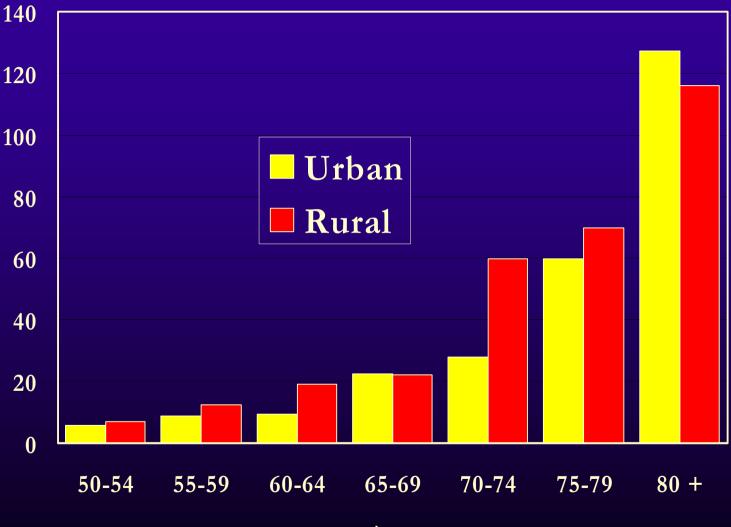
* Telegraph, Telephone, Post office, Electricity, Paved roads, Movie theatre, Newspaper

Standardized Death Rates Per 1,000 Persons*



* Standardized for age and sex distribution of the 2000 Chinese Census

CHNS: Age-Specific Death Rates



Age

Cox Model Hazard Ratios for Dying

	Base	
Rural residence	1.30**	
Age		
55-59	1.40*	
60-64	1.77***	
65-69	3.69***	
70-74	5.49***	
75-79	9.40***	
80 +	17.55***	
Male	1.46***	

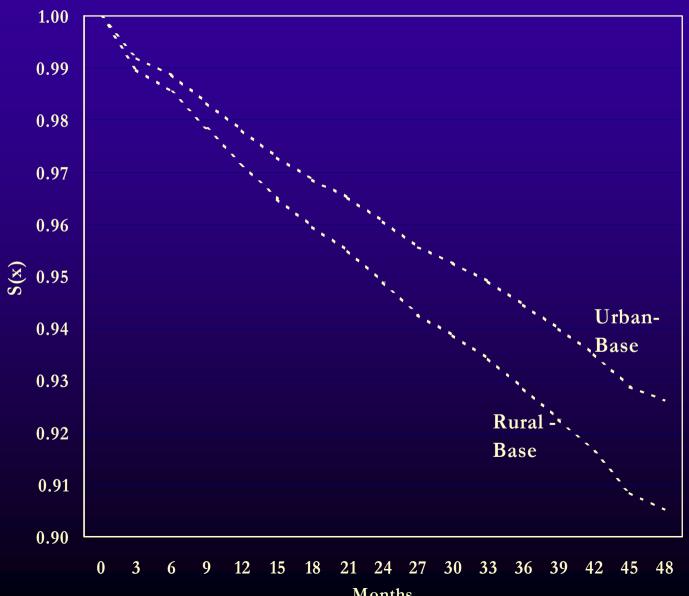
Single Covariate Significance

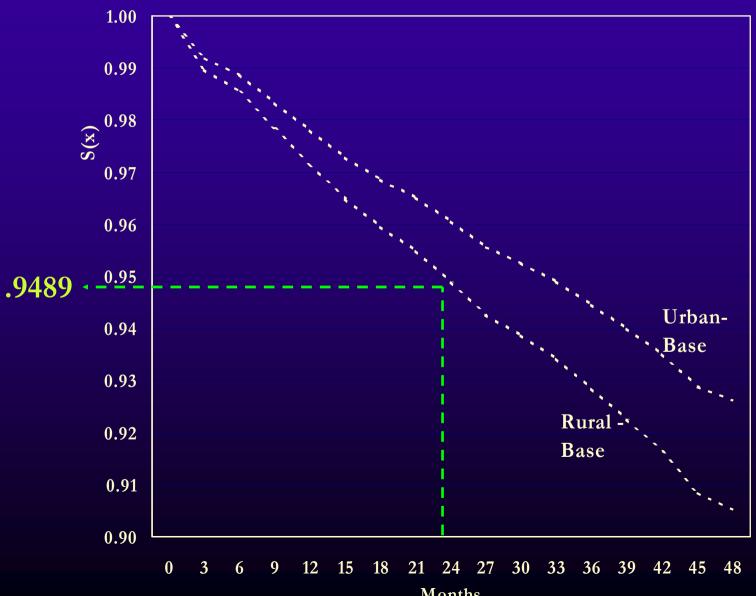
<u>Individual Level</u>		<u>Community Level</u>		
Occupation	-ve	Number amenities	-ve	
Cadre Stats	-ve			
Insurance	-ve	Log average wage	n.s.	
		Number facilities	n.s.	
Education	n.s.	Distance facilities	n.s.	

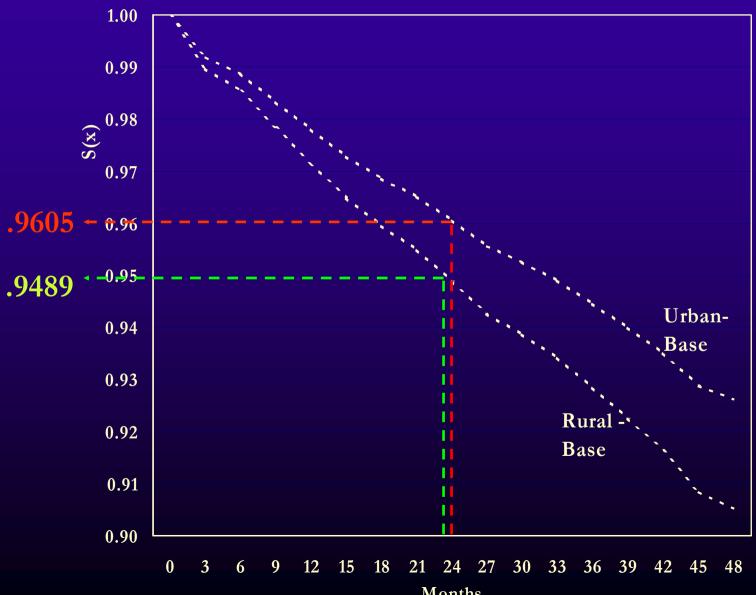


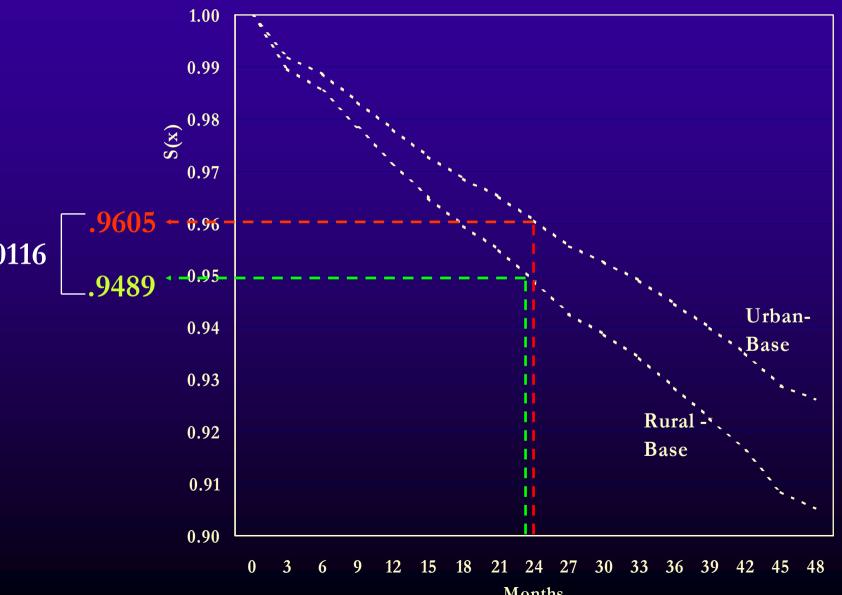
Cox Model Hazard Ratios for Dying

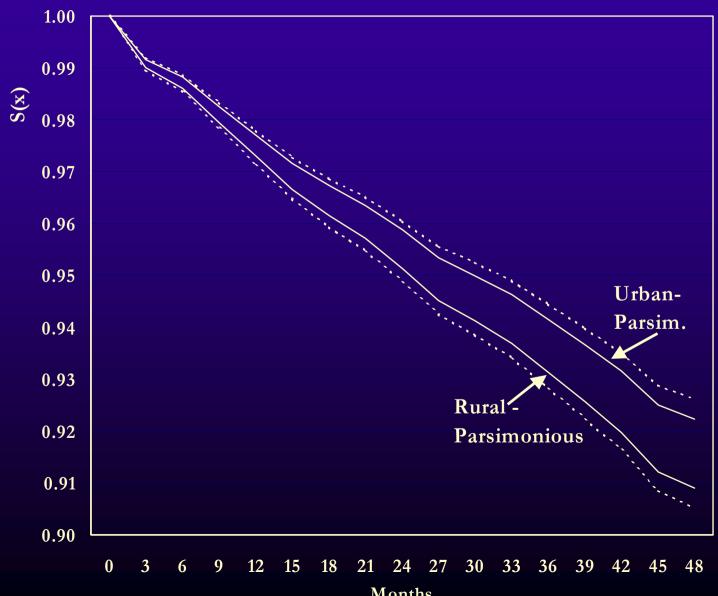
	Base	Parsimonious
Rural residence	1.30**	1.18*
Age		
55-59	1.40*	1.41*
60-64	1.77***	1.79***
65-69	3.69***	3.72***
70-74	5.49***	5.45***
75-79	9.40***	9.26***
80 +	17.55***	17.24***
Male	1.46***	1.50***
Is a cadre		0.41**
Number medical fac	0.95***	
Δ -2LL from base		14.3***

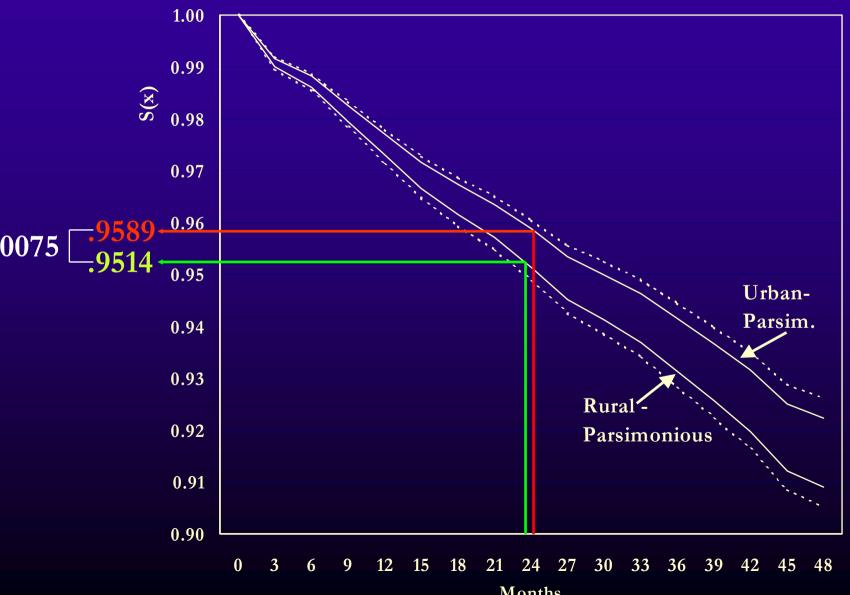


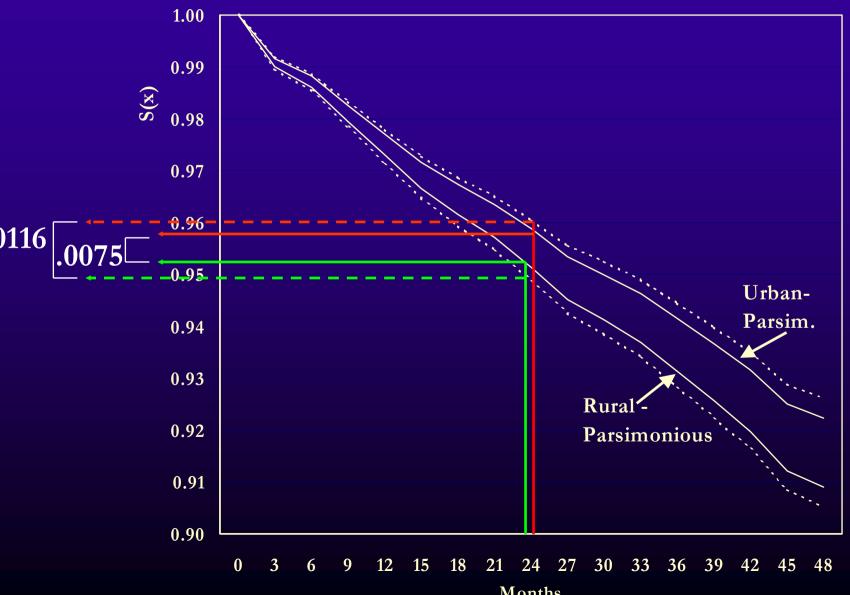


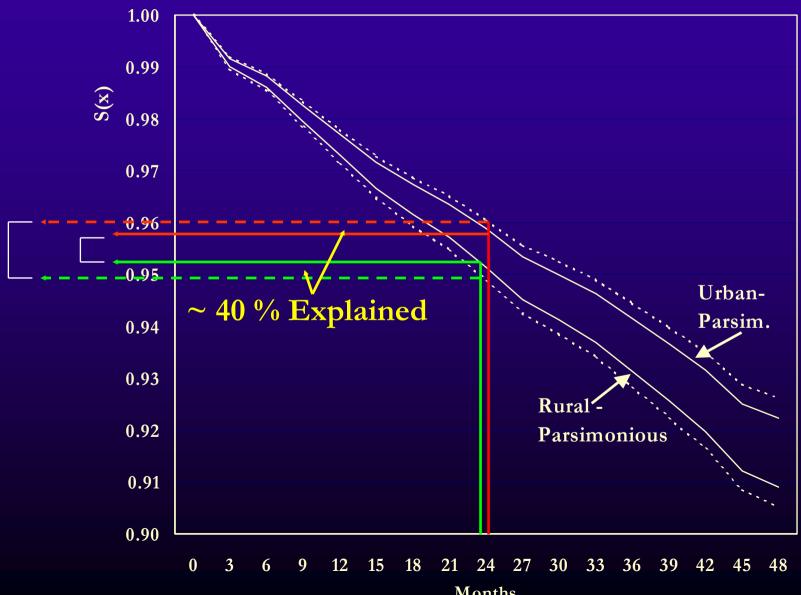


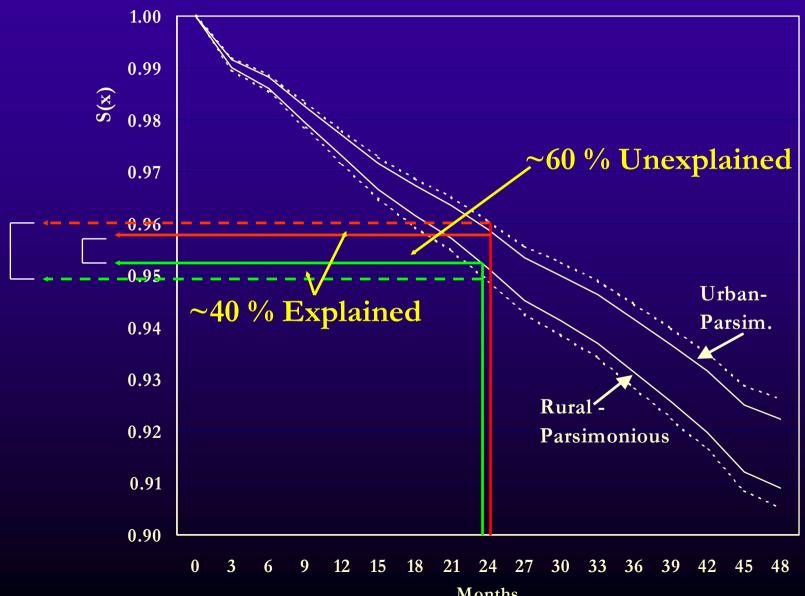












Hazard Ratios for Single Amenities*

<u>Amenity</u>	Hazard Ratio
Telegraph	0.82
Electricity	0.84
Telephone	0.85
Paved roads	0.89
Post office	0.95
Movie theatre	0.96
Newspaper	1.00

* Adjusting for age and sex





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We find a baseline 30% higher mortality in rural China



Conclusion

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- Two characteristics explain ~40% of the advantage: 1. Cadre status



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- We find a baseline 30% advantage in mortality for urbanites
- Two characteristics explain almost 40% of the advantage: 1. Cadre status
 - 2. Community amenities (infrastructure)



Thank-you Dank u 谢谢

