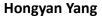
Different protective effects of medical insurance schemes

for the elderly in China





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Background

This study is part of a National Science Project about the different protective effects of two different medical insurance schemes in urban and rural China.

China is facing a serious challenge with regard to aging. The equity of income or medical insurance may have more influence on the aged. However, the elderly share the same medical insurance scheme with other people and there are little special measures for them.

Method

The Concentration Index which quantifies the degree of socio-economic-related inequality in a health variable is becoming a standard tool for the measurement of health inequality. (Wagstaff A, Paci P, van Doorslaer, 1991) We use the Concentration Index and other methods, such as Binary Dependent Variable Probit model, to measure the influence of medical insurance schemes on the elderly poor.

Fortunately, since 2003 dramatic changes have taken place in the medical insurance scheme in China. Now, more than 96% of the people in China have been covered by the medical insurance scheme. There are UEBMI (Urban Employees Basic Medical Insurance) and URBMI (Urban Residents Basic Medical Insurance) and NRCMI (New Rural Cooperative Medical Insurance).



Research questions and objectives

- Are there any differences of the medical insurance system in alleviating the elderly's financial burdens, guaranteeing access to medical services within their ability to pay, and improving health status between rural and urban areas, among different regions, between groups of elderly people with different income before and after the implementation of the medical insurance schemes URBMI and NRCMI?
- How can the medical insurance system be improved to enhance the protective effects for the elderly, narrow the gap between different people and help achieve the goal of health ageing and health fairness?

Data

The China Health and Nutrition Survey (CHNS) is an ongoing open international collaborative project between the University of North Carolina, Chapel Hill in USA and the China National Institute of Nutrition and Food Safety. The CHNS employed a multistage, random cluster process to draw a sample from 9 provinces, namely Jiangshu, Shandong, Henan, Hunan, Hubei, Guangxi, Guizhou, Heilongjiang, Liaoning. So far, the survey has been conducted nine times, respectively 1989,1991,1993,1997,2000,2004,2006,2009 and 2011.