

Table 3 The Effect of NCMS in Rural China by Age Groups (2)

	+age60		age16-59	
	margin effect	z-value	margin effect	z-value
	2000年 vs. 2006年			
(1) Access to health care service (outpatient and inpatient)				
Treatment	0.0034	0.10	0.0034	0.34
Year	0.0912 ***	4.81	0.0362 ***	4.15
DID	0.0166	0.46	0.0213 *	1.62
(2) Access to health care service (outpatient)				
Treatment	0.0018	0.06	0.0059	0.61
Year	0.0856 ***	4.59	0.0357 ***	4.25
DID	0.0174	0.50	0.0168	1.34
(3) OOP of Health Expenditure				
Treatment	0.2555	0.22	-0.5772	-1.35
Year	-0.6042	-0.75	-0.7883 **	-2.00
DID	-0.4570	-0.37	0.4386	0.84
(4) Total Health Care Expenditure				
Treatment	0.5454	0.57	-0.5731	-1.49
Year	-0.3345	-0.57	-0.8128 **	-2.42
DID	-0.6598	-0.67	0.1620	0.36
(5) Disaster health care expenditure				
Treatment	-0.0026	-0.02	-0.1789	-1.60
Year	-0.3811	-1.19	-0.3581 ***	-2.74
DID	0.0782	0.38	0.0534	0.38
(6) Physical examination				
Treatment	-0.0547	-0.01	-0.0023	-1.03
Year	0.0007 **	2.18	0.0001	0.09
DID	0.4407	0.01	0.0166 ***	2.68

- In working group(16-59 age), compared to the no-NCMS group , the probability to receive physical examination is 116 percentage point higher for NCMS group.
- On the other hand, in the elderly group (age60+), the differentials of the probability to receive physical examination between NCMS group and no-NCMS group is not statistically significant.

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Other findings of table 3

- Either in working group(age16-59) ,nor in the elderly group(age60+), the effect of NCNS on ①the probability of outpatient and inpatient, ②the total health care expenditure, ③the probability to become the poor if illness are not confirmed.

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6. Conclusions

Main Findings (1)

- On the whole, NCMS hasn't significant effect on the reduction of OOP and the probability to become the poor if illness. It also hasn't much more helpful to increase the probability of access to health care service.
- In working group (age16-59), compared to the no-NCMS group , OOP of health care expenditure 117% point lower for NCMS group. On the other hand, in the elderly group (age60+), the estimated coefficient of DID term is not statistically significant.

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6. Conclusions

Main Findings (2)

- In working group(16-59 age), compared to the no-NCMS , the probability to receive physical examination is 116 percentage point higher for NCMS group. On the other hand, in the elderly group (age60+), the differentials of the probability to receive physical examination between NCMS group and no-NCMS group is not statistically significant.
- Either in working group(16-59 age) ,nor in the elderly group (age60+), the effect of NCMS on the probability of outpatient and inpatient, the total health care expenditure, the probability to become the poor if illness are not confirmed.

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Policy Implication

- To reform the NCMS → to increase the imbursement of NCMS and decrease the OOP rate
- To enact special public health insurance system for the elderly (e.g. Japan, U. S.) → to establish new social security system in population aging China
- To establish the public health care assistance system for the group with severe disease in order to deal with the poverty problem in health care. →While establish the new public health insurance (NCMS), to promote the consolidation with other social security system (e.g. anti-poverty policy) is necessary.

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**Thank you very much
for kind attention**

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IV 研究成果の刊行に関する一覧表

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書籍名	出版社名	出版地	出版年	ページ
鈴木透(唐永亮译)	东亚的低出生率及老龄化问题—日本・韩国・中国台湾之比较	王伟	中日韩人口老龄化与老年人问题	中国社会科学出版社	北京	2014	1-17
鈴木透	東アジアの低出生率・高齢化問題	国立社会保障・人口問題研究所	日本の人口動向と21世紀社会	東京大学出版会	東京	2015 (予定)	
小島宏(王伟译)	东亚的男女同居及人口学意义	王伟	中日韩人口老龄化与老年人问题	中国社会科学出版社	北京	2014	61-102
相馬直子	日韓比較から考える子育て・保育政策——韓国事例を中心に	女性労働問題研究会	「ネオリベ」と労働破壊	青木書店	東京	2014	61-77

論文

発表者指名	論文タイトル名	発表誌名	巻号	ページ	出版年
小島宏	東アジアにおける宗教と健康—EASS2010の比較分析—	早稲田社会科学総合研究	15(2)	1-32	2014
KOJIMA, Hiroshi	The Effects of Religion on Fertility-Related Attitudes and Behavior in Japan, South Korea and Singapore	Waseda Studies in Social Sciences	15(1)	1-26	2014
KOJIMA, Hiroshi	Religion and the Use of Family Policy Measures in Japan, South Korea and Singapore	Waseda Studies in Social Sciences	15(3)	1-20	2015
相馬直子	韓国における幼保一元化: <幼児教育/保育>問題の変容	教育と医学	62(6)	80-88	2014
馬欣欣	中国都市戸籍住民における医療保険の加入行動の要因分析—医療保険加入の類型およびその選択の決定要因	アジア経済	55(2)	62-94	2014

