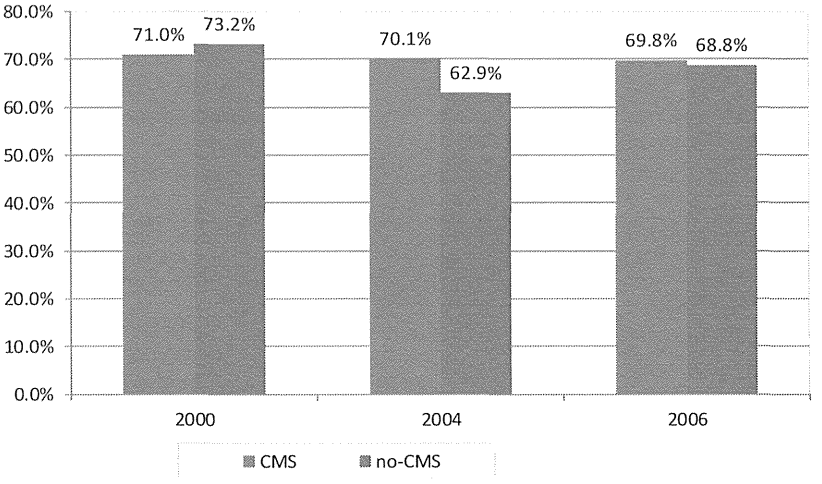
Figure 2 The Proportion of Groups Who Received Health Care Service When Illness



Sourse : CHNS2000-2006.

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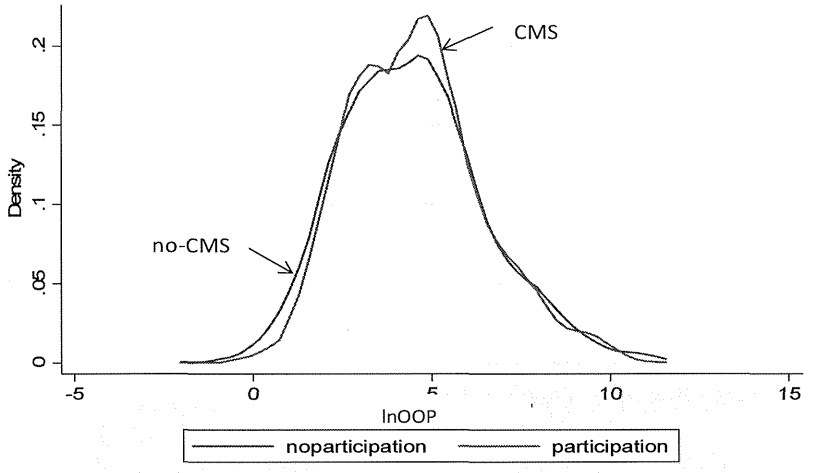
Figure 3 Kernel Density Distribution of Out of Pocket of Health Care Expenditure



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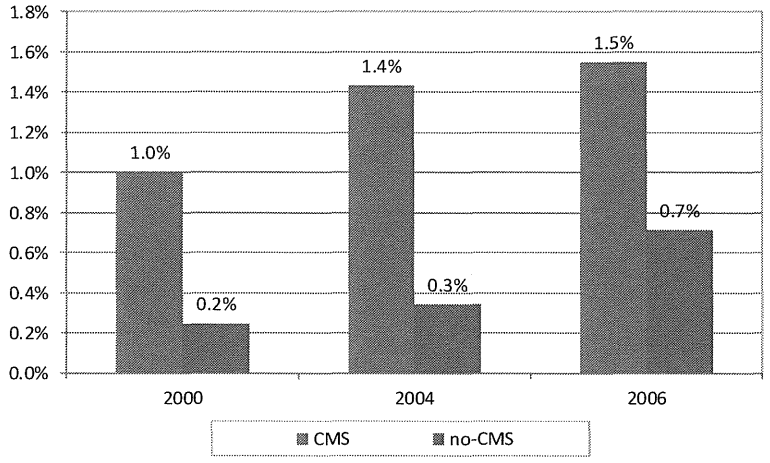
Sourse : CHNS2000-2006.

Figure 4 The Proportion of Groups Who Received Physical Examination



Sourse : CHNS2000-2006.

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5. Results

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Table 2 The Effect of NCMS in Rural China (1)

	2000vs.2004		2000vs.2006	
	margin effect	z-value	margin effect	z-value
(1)Access to health care serveice (outpatient and inpatient)				
Treatment	0.0420 **	2.42	0.0034	0.32
Year	0.0581 ***	8.35	0.0533 ***	6.15
DID	-0.0068	-0.41	0.0191	1.45
(2)Access to health care serveice (outpatient)				
Treatment	0.0380 **	2.25	0.0057	0.56
Year	0.0546 ***	8.10	0.0514 ***	6.15
DID	-0.0038	-0.23	0.0158	1.26
(3)Access to health care serveice (inpatient)				
Treatment	0.0020	0.71	-0.0015	-0.71
Year	0.0021 *	1.75	0.0012	0.68
DID	-0.0017	-0.84	0.0020	0.68

Table 2 The Effect of NCMS in Rural China (2)

	2000vs.2004		2000vs.2006	
	margin effect	z-value	margin effect	z-value
(4) OOP of Health Expenditure				
Treatment	0.1794	0.35	-0.3708	-1.00
Year	-0.2820	-1.09	-0.6917 **	-2.12
DID	-0.8014	-1.42	0.1397	0.32
(5) Total Health Care Expenditure				
Treatment	-0.2570	-0.54	-0.4107	-1.24
Year	-0.2544	-1.10	-0.6899 **	-2.52
DID	-0.5156	-1.07	0.1347	0.37
(6) Disaster health care expenditure				
Treatment	-0.0373	-0.32	-0.0798	-0.80
Year	-0.2341 ***	-2.94	-0.4285 ***	-3.66
DID	-0.1340	-1.41	0.0537	0.45
(7) Physical examination				
Treatment	-0.0008	-0.40	-0.0036	-1.36
Year	0.0011	0.89	0.0018 **	1.23
DID	0.0071	1.25	0.0167 ***	2.68

Main findings of table 2

1. In the results of ①probability of access to health care facilities, ②probability of outpatient, ③probability of inpatient, ④the total health care expenditure, ⑤out of pocket expenditure(OOP), ⑥probability to become the disaster health care expenditure, the estimated coefficient of DID term is not statistically significant.

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 facilities.

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Table 3 The Effect of NCMS in Rural China by Age Groups (1)

	+age60		age16-59	
	margin effect	z-value	margin effect	z-value
	2000vs. 2004			
(1)Access to health care serveice (outpatient and inpatient)				
Treatment	0.0128	0.19	0.0441 **	2.52
Year	0.1016 ***	4.33	0.0498 ***	6.96
DID	0.0515	0.65	-0.0112	-0.69
(2)Access to health care serveice (outpatient)				
Treatment	0.0162	0.25	0.0367 **	2.20
Year	0.0925 ***	4.07	0.0477 ***	6.97
DID	0.0391	0.53	-0.0039	-0.24
(3) OOP of Health Expenditure				
Treatment	-0.5169	-0.31	0.3867	0.69
Year	0.1272	0.18	-0.3180	-1.08
DID	1.0163	0.58	-1.1695 *	-1.66
(4) Total Health Care Expenditure				
Treatment	-0.7749	-0.51	-0.2830	-0.55
Year	0.3780	0.60	-0.3488	-1.35
DID	0.2509	0.16	-0.5689	-1.02
(5) Physical examination				
Treatment	-3.00E-05	-0.01	-0.0006	-0.26
Year	-3.27E-08	-0.22	0.0004	0.37
DID	0.7627	0.01	0.0042	0.88

- In working group (16-59age), 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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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 serveice (outpatient and inpatient)				
Treatment	0.0034	0.10	0.0034	0.34
Year	0.0942 ***	4.81	0.0362 ***	4.15
DID	0.0166	0.46	0.0213 *	1.62
(2)Access to health care serveice (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	-0.3841	-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 **	-2.13	-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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Xinxin Ma

Feb. 19-20th, 2015

Ⅲ　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
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