Author’s response to reviews

Title: Adequate Access to Healthcare and Added Life Expectancy among Older Adults in China

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Version: 3 Date: 08 Mar 2020

Author’s response to reviews:

Dear Editor,

Thank you for providing us another opportunity to revise our manuscript entitled "Access to Healthcare and Added Years of Life Expectancy among Older Adults in China" (BGTC-D-18-00523R1). The additional comments provided by Reviewer #2 are helpful in further refining our manuscript. Per your and the reviewer's suggestions, we have revised our manuscript accordingly and addressed each of these concerns. All major revisions are marked in red in the manuscript.

Thank you again – and we look forward to your decision.

Sincerely,

We appreciate Reviewer #2's additional comments on our manuscript. Following these suggestions, we have further revised the paper accordingly. Below we note the major changes and then provide our responses to each of the specific comments. All major changes in the manuscript are indicated in red.
Reviewer #2

REQUESTED REVISIONS:

The main concern is that the surprisingly low prevalence of respondents with inadequate access to health care (about 7%). In the last round of review, the reviewer explicitly requested to present the socio-demographics of subjects with adequate access vs. without adequate access. It's basically two more columns to be added in Table 1. Moreover, the authors can conduct tests to see whether the difference is significant.

Response: We fully understand your concern about the low prevalence of respondents with inadequate access to healthcare. Indeed, during our preliminary analyses, we had similar concerns. However, after examining some key variables related to healthcare utilization (such as hospitalization with another nationwide survey), we are relatively confident about the level of inadequate access reported in the CLHLS. For example, the weighted hospitalization rates were 17.62% in 2011/2012 and 18.59% in 2014 in the CLHLS for older adults aged 65 or older; whereas the corresponding rate was 20.3% in 2013 in another nationwide survey (CHARLS, a Chinese sister survey of the Health and Retirement Studies). The weighted proportion of respondents having one hospitalization was 10.52% in 2011/2012 and 11.23% in 2014 in the CLHLS; whereas the corresponding number is 10.7% in the 2013 CHARLS.

Please also note that inadequate access to healthcare is based on self-reported perceptions, and not actual use, as we highlight in the text. With no other surveys in China that have collected information on this question, we were not able to directly validate this measure or provide comparisons. Most recently, we have searched almost all online resources and only found an article stating, “By the end of 2012, there were still 80,512,000 people, comprising approximately 6% of the population, who lacked access to health services” (Xi et al., 2015, p1). This number is consistent with our finding in the CLHLS. Nevertheless, we added a sentence in our limitations to stress that the use of this measure/concept is still new and more research is needed to further elucidate its conceptual and substantive implications.

Finally, with regard to the comparisons of socio-demographics for subjects with and without adequate access to healthcare, we added two columns in Table 1, as suggested. We also provided statistical tests for all variables between women and men, between rural and urban areas, and between adequate and inadequate access to healthcare. Accordingly, we have included additional description of these findings in the Results and Discussion sections.

Reference


Some minor points are listed here:
1. Page 1, Line55. Remove "possibly elsewhere" since no analyses have been done out of China.

Response: This text is now deleted.

2. Page 7, Line29. Please be specific about the "common demographic methods for life tables".

Response: The most common demographic method for constructing a life table is based on age-specific death rates. Since this is a very basic and elementary method used in demography, epidemiology/public health, and the social sciences, we elected not to present these details. Nevertheless, based on your suggestion, we have revised the sentence to make it clearer to readers.

3. Table 1. replace "27.794" "10.865" to "27,794" "10,865".

Response: Thank you, this has been corrected.