Reviewer’s report

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

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Reviewer: FENG Qiushi

Reviewer's report:

This study examines the impact of adequate access of medical care on life expectancy of the Chinese older adults. The study is of high quality with valuable findings. I have the following comments for the authors to further improve this manuscript.

I think the introduction part needs to provide more information on the Chinese healthcare system as background information, especially in regard to senior individuals. For example, the statement mentioning about the "dual-system" would be confusing for readers who are not familiar with China. It seem also necessary to discuss more about the progress of research regarding the consequence of inadequate access of healthcare for Chinese elders, so that the importance of this research will be well justified. In this sense, it seems the reference #7 could be discussed here, instead of at the conclusion.

For the method part, I have the following concerns.

1) For the statement of "Consistent with prior research, we pooled the five waves of CLHLS data to obtain robust estimates", please specify prior research.

2) For covariates, though it is reasonable to put details as appendix, it will be good to provide a list in the text.

3) The statement of "Proxies accounted for 23.1% (weighted 4.8%) of the sample" appears confusing. What is the adopted weighting method? And how is the proportion of 23.1% calculated?

4) For the last two sensitivity analyses, the rationale are not stated clearly. Especially the last one, which compares CLHLS with WPP, seems not a sensitive test, but more of a validation of the mortality data quality of CLHLS. Thus it could be moved to other places.

For the results part, I highly suggest the authors expanding Table 1 to include the rural and urban division, which is as important as the gender dimension, given the huge rural/urban disparity in China. Here are some minor issues:

1) It seems better to use age 80 rather than 85 for Table 1.
2) All figures have no titles and are not clear.

3) The use of "the absolute and relative gains" seems not clear, and the authors may need to elaborate or simply use something like year difference and increase in percentage.

For the discussion part, I have a few thoughts to share. Firstly, the authors separate Model I and II in analyses, but do not tell why. For me, the effects of healthcare access in Model II may suggest a role of contextual factors beyond the individual level. I hope the authors may put some efforts when discussing about findings of covariates. Second, I think the gender story is not well told as explanation. Following the stated logic that the rural adults gains more as they are more socioeconomically disadvantaged, how come the females gains less, who are also socioeconomically disadvantaged in reference to males? I feel the authors may work on this part more carefully. Last, I hope the authors could be a bit more cautious on the subtle difference between "access to healthcare" and "adequate access to medical care".

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

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If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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