"Trajectory of Functional Limitations among Chinese Older People: the Effects of Socioeconomic and Demographic Status"

Extended abstract submitted to PAA 2012

By Hanyao Qiu

Introduction

China has the largest number of elderly people in the world, numbering 82 million (Liang et al., 2001). The proportion of elderly people aged 65 and over is projected to increase rapidly in the coming few decades to reach 30% in 2050 (United Nations, 2002), making China one of the most aged societies. The most common problem confronting elderly people is functional disability that leads to dependency and institutionalization (Fried et al., 1994) as well as great social and economic costs (Beydoun and Popkin, 2005; Stuck et al., 1999). However, so far, the number of studies on functional disability conducted in Chinese context is still limited, especially using longitudinal design. Studies based on the panel data of Chinese elderly people not only can fill in the knowledge gap, but also could text the validity of the findings attained in U.S., given that the living conditions, environmental facilities and social-historic changes in China are different from those in Western nations (Chen et al., 2010; Liang et al., 2001).

This study aims to explore the trajectory of functional limitation over time among Chinese older people based on multiple waves of panel data. More importantly, I am interested in examining how socioeconomic and demographic statuses contribute to disparities in functional limitations and how such disparities change over time. To my knowledge, this is the first study that investigates the mechanism of changing functional disability levels over time based on samples of Chinese elderly people. Although some of the previous studies relied on longitudinal design, most of them studied the transitions of disability between two points, which often do not provide an accurate reflection of the true picture of the way disability changes in middle and later life (Rogosa, 1988).

The current study contributes significantly to the existing knowledge on social gradients of functional limitations in developing countries. By adopting multiple-wave longitudinal data design, it elaborates the complex and dynamic transitions in disability status in China which previous studies fail to capture. Furthermore, facing the inconsistent findings on the relationship between SES and health in China, it offers some insights to the dynamics of health stratifications among Chinese older people.

Theoretical Perspectives and Research Hypotheses

I conduct the study under the framework of cumulative disadvantage perspective. This theoretical perspective is systematically proposed by Dannefer (1987, 2003) and exemplified later by O'Rand (1996, 2003). The basic proposition of cumulative disadvantage theory is that the disadvantage of one individual or group over another accumulates over time, which is often taken to mean that social inequality of particular characteristics grows over time (Direte and Eirich, 2006). Existing studies yield controversial conclusions as to whether the effects of social status on health outcomes strengthen or diminish over the life course (Chen et al., 2010; Dupre, 2007). Gender,

education and income gaps in health outcomes are found either diverge (Chen et al., 2010; Ferraro and Kelly-Moore, 2003; Lynch, 2003; Miech and Shanahan, 2000; Liang et al., 2008), converge (Mendes de Leon et al., 2005) or remain stable (Kelly-Moore and Ferraro, 2004; Liang et al., 2003).

To adequately test the cumulative disadvantage perspective, two methodology requirements need to be met. One is the utilization of longitudinal design that differentiates population-level processes with those occurring at the individual level (Dupre, 2007). The other is the control of attrition to reduce the selective bias in longitudinal data. For the current preliminary analysis, I control death and other attritions by entering dummy variables into the model. I will adopt more advanced and accurate technique in later analysis.

Guided by cumulative disadvantage theoretical perspective, I examine the following three hypotheses based on a 4-wave survey spanning 10 years:

Hypothesis 1: Gender and SES disparity in functional limitations exist with being a female, having less education and income and not having a lifelong work is associated with higher levels of functional limitations.

Hypothesis 2: Gender and SES disparity in functional limitations will increase over time among Chinese older people.

Hypothesis 3: Gender disparity in functional limitation status and functional limitation growth are attributed to the mediating effects of SES (specifically education and working history).

Data and Measurements

For the purpose of this study, I adopt longitudinal dataset of Chinese Health and Nutrition Survey (CHNS). So far, eight waves of panel data were collected in 1989, 1991, 1993, 1997, 2000, 2004, 2006. For each wave, a multistage, random cluster process was used to draw samples across country. Previous studies show that the characteristics of the CHNS households and individuals are comparable to those of nation samples (Chen et al., 2010).

Questions on functional limitations were first asked in 1993 survey. Starting from 1997, ordinal scales of measurements of ADL and IADL are adopted. The analysis of this study is based on 1997, 2000, 2004 and 2006 waves. In 1997, 3,875 households and 14,426 individuals participate in the survey. Among surveyed individuals at baseline, 2,383 respondents aged 55 and older were asked about difficulties of activities of daily living. Out of 2,383 older people, 1,040 respondents completed all four waves of interviews. Of those who did not finish the study, 424 individuals died by the end of 2006 and 149 were lost to follow due to their moving out of the household. Others are lost to follow up due to unknown reasons. Altogether, these respondents yield to 6,422 personyear records.

Measurements of ADLs are based on 5 items including activities of bathing, clothing, eating, toileting and grooming. For IADLs, five tasks are elicited namely shopping, cooking, using public transportation, managing money and using the telephone. All ADLs and IADLs are measured on 4-level scale. Except household income and age, all other independent variables are added into models as dummy variables or series of dummy variables.

Methods

To test the disability trajectory over time and variations of trajectory by gender and SES, I adopt multilevel growth curve model. Stepwise analysis strategy is applied for both ADL and IADL outcomes to clarify the possible mediating effects of SES. All the models control for living arrangement, region and whether living in urban area.

Level 1:
$$Y_{tij} = \pi_{0ij} + \pi_{1ij}(Age)_{tij} + \pi_{2ij}(Age^2)_{tij} + \varepsilon_{tij}$$

Level 2: $\pi_{0ij} = \beta_{00j} + \beta_{01j}Male + \beta_{02j}Education + \beta_{03j}Everwork + \varepsilon_{0ij}$
 $\pi_{1ii} = \beta_{10i} + \beta_{11i}Male + \beta_{12i}Education + \beta_{13i}Everwork$

Given the sample includes multiple respondents from the same household, I first specify a three-level hierarchical linear model. However, non-positive-definite hessian is generated which suggests me to focus on two-level model. Furthermore, the results of 3level models and 2-level models are quite similar. With unbalanced 4-wave data, I am not able to estimate multiple random effects (models resulted in non-positive definite matrices) (Singer & Willett, 2003). Therefore, I estimate random effect for the intercept. To examine the quadratic rate of change with age, I add the term of squared age into the model.

Preliminary Findings

Inland

Coastal

Descriptive analysis of all variables is shown in Table 1. On average, older people in the sample have higher levels of difficulty on IADL than ADL. Only about 35% of elderly people in the sample have some education experience in primary school. 70% of respondents report having a lifelong job.

Preliminary findings are displayed in Table 2 and Table 3. Results in Table 2 illustrate that females tend to report higher levels of ADL than males. And such gender discrepancy increases as people age. Education is associated with neither mean level of ADL nor the trajectory of ADL. Work history is only related to mean level of ADL and also partly explains away the gender gap of ADL status. However, unexpectedly, household income fails to play a role in explaining the patterns of SES gradients of ADL.

Looking at Table 3, similarly, females are less favored in terms of IADL either at the mean age or over time. People with higher education or having a lifelong job are less likely to report IADL. Also, people who have a lifelong job are less likely to report IADL decline. And they together partly explain away gender gap in mean level of IADL and trajectory of IADL. Household income contributes to the gradients of IADL at mean age and marginally to the discrepancy of IADL trajectory.

	Total obse	ervations (N=6,422)	
ADL	1.100 (.365)	Living arrangement ^d	
IADL	1.430 (.719)	With spouse and others	.459
Age Male ^a	70.736 (8.623)	Alone	.056
Male ^a	.469	With others and no spouse	.226
Urban ^b	.375	With spouse and no others	.259
Region ^c		Household income	12.188 (13.071
Northeast	.070	Primary school or above ^e	.354

Death

Having a lifelong job¹

.699

.178

.360

.260

Table 1 Descriptive statistics of all variables in the analyses (N=6,422)

Mountainous South .310 Attrition .451	Mountainous South
---	-------------------

Notes: Comparison group for categorical variables ^a female ^b rural ^c Mountainous South ^d living with spouse and no others ^e less than primary school ^f not having a lifelong job. Reported household income divided by 1000 to avoid the small coefficient size.

Table 2 Growth curve model of SES and gender effects on ADL in China

	Model 1	Model 2	Model 3	Model 4
For intercept				
Male	039**	038**	025 ⁺	026+
Primary school or above		003	.004	.006
Having a lifelong job			062***	060***
Household income				003
For growth curve rate				
Intercept	.005	.005	.006+	.005
Male	006**	006**	005*	005*
Primary school or above		001	001	.000
Having a lifelong job			003	003
Household income				001
AIC (smaller is better)	3997.1	4014.1	4012.1	4033.6

Notes: All models adjust for urban, living arrangement, region, death and any attrition. $^+ < .1 * < .05 ** < .01 *** < .001$

Table 3 Growth curve model of SES and gender effects on IADL in China

	Model 1	Model 2	Model 3	Model 4
For intercept				
Male	199***	148***	123***	129***
Primary school or above		165***	154***	143***
Having a lifelong job			101***	014**
Household income				.092***
For growth curve rate				
Intercept	.023***	.023***	.031***	.029***
Male	013***	011**	008*	008*
Primary school or above		007	005	005
Having a lifelong job			014***	014***
Household income				001 ⁺
AIC (smaller is better)	8975.0	8953.9	8941.4	8953.2

Notes: All models adjust for urban, living arrangement, region, death and any attrition.

Reference:

Beydoun, M.A. & Popkin, B.M. (2005). The impact of socio-economic factors on functional status decline among community-dwelling older adults in China. *Social Science & Medicine*, 60, 2045-2057.

^{+&}lt;.1 *<.05 **<.01 ***<.001

- Chen, F., Yang, Y., & Liu, G. (2010). Social change and socioeconomic disparities in health over the life course in China: A cohort analysis. *American Sociological Review*, 75, 126-150.
- Dannefer, D. (1987). Aging as intracohort differentiation: Accentuation, the Matthew effect, and the life course. *Sociological Forum*, 2, 211-236.
- Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and the social science theory. *Journal of Gerontology: Social Sciences*, 58, S327-337.
- DiPrete, T. A., & Eirich, G. M. (2006). Cumulative advantage as a mechanism for inequality: A review of theoretical and empirical developments. *Annual Review of Sociology*, 32, 271-297.
- Dupre, M. E. (2007). Educational differences in age-related patterns of disease: Reconsidering the cumulative disadvantage and age-as-leveler hypotheses. *Journal of Health and Social Behavior*, 48, 1-15.
- Ferraro, K. F., & Kelley-Moore, J. A. (2003). Cumulative disadvantage and health: Long-term consequences of obesity? *American Sociological Review*, 68, 707-729.
- Fried, L.P., Ettinger, W.H., Lind, B., Newman, A.B., Gardin, J. (1994). Physical disability in older adults: a physiological approach. *Journal of Clinical Epidemiology*. 47, 747-760.
- Kelley-Moore, J. A., & Ferraro, K. F. (2004). The Black/White disability gap: Persistent inequality in later life? *Journal of Gerontology: Social Sciences*, 59B, S34-S43.
- Liang, J., Liu, X., & Gu, S. (2001). Transitions in functional status among older people in Wuhan, China: Socioeconomic differentials. *Journal of Clinical Epidemiology*, 54, 1126-1138.
- Liang, J., Bennett, J.M., Shaw, B.A., Quinones, A.R., Ye, W., Xu, X., & Ofstedal, M.B. (2008). Gender differences in functional status in middle and older age: Are there any age variations? *Journal of Gerontology: Social Sciences*, 63B, S282-S292.
- Liang, J., Shaw, B. A., Krause, N., Bennett, J. M., Blaum, C., Kobayashi, E., et al. (2003). Changes in functional status among older adults in Japan: Successful and usual aging. *Psychology and Aging*, 18, 684-695.
- Lynch, S. M. (2003). Cohort and life course patterns in the relationship between education and health: A hierarchical Approach. *Demography*, 40, 309-331.
- Mendes de Leon, C. F., Barnes, L. L., Bienias, J. L., Skarupski, K. A., & Evans, D. A. (2005). Racial disparities in disability: Recent evidence from self-reported and performance-based disability measures in a population-based study of older adults. *Journal of Gerontology: Social Sciences*, 60B, S263-S271.
- Miech, R. A., & Shanahan, M. J. (2000). Socioeconomic status and depression over the life course. *Journal of Health and Social Behavior*, 41, 162-176.
- O'Rand, A. M. (1996). The precious and the precocious: Understanding cumulative disadvantage and cumulative advantage over the life course. *Gerontologist*, 36, 230-238.
- O'Rand, A. M. (2003). Cumulative advantage theory in life course research. In S. Crystal & D. F. Shea (Ed.), *Annual review of gerontology and geriatrics: Focus on economic outcomes in later life* (pp. 14-30). New York: Springer.
- Rogosa, D. R. (1988). Myths about longitudinal research. In K. Warner Schaie, R. T. Campbell, W. M. Meredith, and S.C. Rawlings (Eds.), *Methodological issues in aging research* (pp. 171-209). New York: Springer Publishing.
- Singer, J. D., & Willet, J. B. (2003). Applied longitudinal data analysis. Oxford University Press.
- Stuck, A.E., Walthert, J.M., Nikolaus, T., Bula, C.J., Hohmann, C., & Beck, J. C. (1999). Risk factors for functional status decline in community-living elderly people: a systematic literature review. *Social Science & Medicine*, 48, 445-469.
- United Nations. (2002). World population prospects: the 2002 revision. URL: http://www.un.org/popin/data.html.