The Impact of Income on Health: A Case Study of China

Tian Yusong[1], Tengku Kasmini Tengku Wook[2]

[1,2] Faculty of Economics and Management, Universiti Kebangsaan Malaysia

ABSTRACT: The income level of Chinese residents is found to be closely related to their health status.This paper uses qualitative research methods to analyze a large amount of literature and Secondary data of Zhijun Tan, Wei Yang and others. This study aims to clarify the relationship and impact between income and health. This paper focuses on the relationship between health care and health behaviour, income inequality and income gap, health status and other factors. Analysis of these factors and outcomes shows that people with higher incomes generally have better access to health care, maintain more positive health behaviors and thus have better overall health. On the contrary, the health status of low-income people is significantly worse, mainly because they have difficulty in affording high-quality life services and accessing basic medical services even when they are ill. In addition, the paper explores how income inequality and large income disparities can further exacerbate health problems. The study found that income inequality not only affects access to health services, but also negatively impacts health behaviors among low-income people. A widening income gap makes it easier for low-income people to make unhealthy diet and lifestyle choices.

KEYWORDS: China, income, health behaviors, medical services, income inequality, income gap

1.0 INTRODUCTION

With the continuous development of China's economy, China has become the world's second largest economy, and economic development represents an increase in income levels, and people's quality of life and quality of life have also increased accordingly. But behind this remarkable achievement lies a huge crisis: the health problems caused by income. In today's social environment, we can observe that people with higher incomes have access to more medical resources and have higher health levels than those with lower incomes. Overall, people with higher incomes tend to have better health care and health. This may be because they have more access to health care and choose healthier lifestyles. On the contrary, low-income people are often unable to pay for these quality of life services due to financial constraints. Even if you are sick, it is difficult to get basic medical services, especially in areas with great economic inequality and income inequality.

This article uses qualitative research methods to analyze a large amount of literature and data from Zhijun Tan, Wei Yang and others, and deeply explores the relationship between income and health, especially the impact of factors such as medical services and health behaviors on health. In addition, this article also explores how income inequality and income gaps exacerbate the impact on health.

This paper examines the factors that may affect the health status of Chinese residents due to income.Through qualitative analysis and research of a large amount of literature and data, this paper draws the following hypothesis: there is a significant positive correlation between the income level and health status of Chinese people. In addition, income gap and income inequality will lead to the aggravation of health problems. In this paper, we will test this hypothesis based on relevant literature and existing research data.

This article will integrate the survey results of various studies and provide relevant suggestions to the government (policy makers) with the goal of reducing the impact of income on health, such as providing financial support for low-income people and optimizing the medical insurance system for low-income people.

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2.0 LITERATURE REVIEW

income inequality and medical services

The group with higher income has more advantages in obtaining medical resources than the group with lower income because of sufficient economic conditions. Zhijun Tan, Fuyan Shi,etc (2018) research shows that socioeconomic factors influence health through psychological pathways as well as material ones. Those with higher income levels are more likely to have access to quality medical products and services. Consequently, those with higher incomes tend to enjoy superior health outcomes compared to those with lower incomes. Yang Wei, Panos Kanavos (2012) research suggests that income inequality is a significant contributor to health inequality. Low-income people have less access to medical services and spend a higher proportion of their medical expenses on medical services, despite their greater needs and lower medical utilization. This explains why people with higher incomes are generally healthier. Guo Hongpeng, Yang Yang, etc (2022) found that the widening income gap leads to negative factors such as unequal distribution of social resources, underutilized of public medical services, and insufficient supply of public medical facilities, directly affecting the health of low-income people.

Income disparity and health behavior

Income not only affects low-income people's access to health services but also negatively affects their health behaviors. People with higher incomes have more financial resources to support healthy lifestyles, including physical activity and healthy eating, which are critical to maintaining good health. Xu Yongjian, Zhu Siyu, etc (2020) found that low-income people are more likely to adhere to unhealthy eating habits. Because their choices are limited, they will only choose cheaper, higher-calorie, Foods with low nutritional value. Shi Ting, Wenbin Zang, etc (2022) believe that income inequality will lead to social distrust and pressure, affect health-harming behaviors such as smoking and drinking among low-income people, and increase their risk of poor health. Wingi Chu (2022) Research shows that people who perform well in health behaviors may have better bodies to support daily tasks and thus earn better income. Poor health can lead to inefficiency at work, thus reducing income. People with higher incomes tend to improve their health by adopting healthier behaviors such as indoor fitness activities and healthy eating.

Summary

High-income groups have better access to medical resources and healthy lifestyles and thus better health, and income inequality is associated with lower utilization of medical services, poor health behaviors, and poor health outcomes among low-income groups. In addition, the widening income gap also leads to the unequal distribution of social resources, which exacerbates the health problems of low-income groups.

The aforementioned studies lack an analysis of the long-term impact of income on health and the effects of relevant policy interventions. This article discusses in detail how medical services and health status may be affected by income levels. When studying this argument, we have some points that need special attention. For example, the increased health inequality caused by income inequality, and the long-term effects of different income levels on the health of different groups. In addition, this article examines the potential of relevant policies, such as health subsidies and health education, to mitigate the impact of income on health.

3.0 METHODOLOGY

This paper employs a qualitative analysis methodology to investigate the influence of income on the health status of Chinese residents, with a focus on the analysis of existing literature and data. Using qualitative analysis methods helps to visually demonstrate the relationship and far-reaching impact between income and health status. During the analysis this paper identifies research questions and objectives, including the impact of income on access to health services and health behaviors, and how income inequality and large income gaps exacerbate the impact on health. To this end, a large amount of relevant literature and data were collected and reviewed, and 8 charts from existing research were cited to support the assumptions and arguments of this paper.

4.0 RESULTS AND DISCUSSION

Table1 Sociodemographic and health characteristics of a provincially representative sample from Shaanxi

Table 1 illustrates that income level, employment status, and income gap are the primary determinants of residents' health. Among the aforementioned factors, the health status of those with high incomes and those in employment is demonstrably superior to that of those with low incomes and those unemployed. Furthermore, individuals residing in areas characterised by significant income

disparities, regardless of whether they reside in rural or urban settings, exhibit a lower health status than those residing in areas with smaller income disparities. These data provide further data support for the view that there is an interaction between income and health.

The above research conclusions are consistent with the results in our previous research literature, both of which show that people who generally have access to better medical resources are those with higher incomes, maintain a healthy lifestyle and thus achieve superior health outcomes. Table 1 demonstrates that income level has a significant impact on residents' health, with high-income earners exhibiting superior health outcomes compared to low-income earners.

Table 2 County income inequality,house hold income,and EQ-5D index[a]

Table 2 demonstrates that residents in areas with greater income inequality exhibit poorer health outcomes. We can use some evidence to show that there are two aspects that will have a negative impact on the health of urban and rural residents in China, namely income and income level. Although the influence of other variables has been considered in the table, the long-term impact of income inequality on health remains significant, with the health of high-income groups being demonstrably superior to that of low-income groups.

Consistent with previous research results, income inequality has some particularly obvious negative effects on the health of urban and rural residents.Even after controlling for other variables, the long-term impact of income inequality on health is still significant, and the health outcomes of high-income groups are better than those of low-income groups. Previous studies have also shown that income inequality is the main driver of health inequalities.

Table 3 Income inequality and HRQL stratified by household income group[a,b]

Table 3 illustrates that in rural areas, a higher degree of income inequality is negatively correlated with poorer health indices. The factors that will affect health include income inequality, and we can conclude from the data in the table that the two will have a negative effect on each other. The impact of income inequality on health also presents a negative impact in urban areas, but compared with rural areas,and it also has a negative impact, but compared with rural areas, the impact in urban areas is relatively small.

The aforementioned conclusions are in accordance with previous studies, which demonstrate that a higher degree of income inequality in rural areas is significantly and negatively correlated with poorer health indicators. While income inequality in urban areas also exerts a negative influence, the impact is comparatively less pronounced. Previous studies have also demonstrated that income inequality has a more pronounced negative impact on the health of rural residents.

Figure 4

Figure 4 illustrates that income has the most significant long-term impact on the self-rated health of urban residents, indicating that income plays a pivotal role in the self-rated health of urban residents. In rural areas, education exerts a more pronounced long-term influence on self-rated health than income, although the latter still has a considerable impact.

Table 5 Decomposition results (OLS)

Table 5 demonstrates that the income level of urban residents exerts a significant long-term influence on self-assessed health (SAH), with income growth contributing to an improvement in SAH. In rural areas, however, the situation is different. The long-term impact of income growth on the health of rural residents is smaller but still positive. This may be related to the lack of medical resources and infrastructure construction in rural areas.

The aforementioned conclusions are in accordance with the findings of previous studies. The data in the table show that the evaluation of urban and rural residents on their own health will also be affected by income in the long term. Previous studies have also demonstrated that income levels can influence physical health.

Table 6 Impact of income gap on health of rural residents

Table 6 illustrates the long-term decline in the health status of rural residents is attributable to the widening income gap. From the table, we can see that the coefficient of the income gap is negative, which means that changes in the income gap will also lead to

changes in the health of rural residents. The larger the income gap, the lower the health of rural residents.

Conclusions from the above research are consistent with the existing research results. From the data in the table, we can conclude that there is a certain correlation between the income gap and the health level of rural China. The greater the income gap, the health level of rural residents will also show a downward trend. There is a negative impact between the two.

Table 7 The impact of income gap on different health indicators

Table 7 demonstrates that, following the control of various confounding variables, the health level of China's rural residents is also affected by other indicators of income inequality, and the two show a negative correlation. This negative impact is observed to be gradually increasing, indicating that the long-term impact of income inequality on health is still significant.

The aforementioned conclusions are in accordance with the findings of previous studies. The table illustrates that income inequality exerts a long-term influence on health. We have previously found through research on literature and data that the health level of rural China is also negatively affected by income inequality.

Table 8 lmpact of different income gap indicators on health level of rural residents (Measured by Income)

The explanatory variables and model settings in Table 8 are identical to those in Table 7. The data indicate that the coefficient for the income gap in Table 8 is increasing, From the data in the table, we can see the relationship between income gap and the health level of Chinese rural residents. The greater the income gap, the greater the impact on the health level of Chinese rural residents, and the two show a negative correlation.

Compare the results of the above study with the results of previous studies and conclude that the conclusions drawn by the two are basically the same. The health level of rural residents in China is affected by the income gap. The greater the income gap, the greater the impact on the health level of rural residents. The two are related. And according to some literature and some data research, we know that the lower the health level, the greater the income gap, which will have more negative effects.

Summary

This paper takes China as an example. After analyzing various economic factors that affect residents' health, it is found that income has a long-term direct impact on the health of urban and rural residents in China even after controlling other factors. Studies have shown that urban residents tend to have higher economic status and therefore better medical services and health. The data presented in Table 1 and Figure 4 provides empirical evidence to support this assertion, demonstrating a correlation between high income and good health. Concurrently, this paper also examines the manner in which income inequality and income disparity intensify the health issues confronting rural residents in China. Table 5 data show that higher income has a significant positive contribution to self-rated health and physical limitations of urban residents, but this impact is smaller in rural areas, which may be related to insufficient medical resources and poor infrastructure in rural areas. The data in Tables 6 to 8 show that rural health indicators have deteriorated significantly as income inequality has increased, which reminds the government to pay special attention to income inequality. In short, if Chinese citizens want to improve their health, the government must raise overall income levels and address issues such as income inequality and income disparity.

5.0 POLICY IMPLICATION AND CONCLUSIONS

This paper examines the relationship between income and health among Chinese residents, and elucidates the influence of income on health, especially in a social environment with large income inequality and income gaps. research shows that income levels and income inequality have a pronounced negative impact on the health status of both urban and rural residents and individuals and families. High-income groups not only have access to better medical resources, but also have healthier lifestyles, resulting in better health outcomes. However, the widening income gap has exacerbated health inequality. Due to economic constraints, low-income people have difficulty accessing the same services and resources as high-income people, resulting in poorer health. Based on these research results, it is recommended that the government formulate and implement the following recommendations to completely solve a series of health problems caused by income and improve social well-being as a whole:

1.It is recommended that the Government increase its investment in medical services in rural and remote areas to improve basic health facilities to ensure that everyone has access to basic health services.

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2.It is recommended that the government provide financial assistance to low-income families to directly help them relieve economic pressure and improve their quality of life. Such assistance will undoubtedly have a direct impact on improving health outcomes.

3.It is recommended that the government take measures to optimize the medical insurance system. This would reduce financial barriers to purchasing health insurance for low-income families. In addition, it is recommended to expand insurance coverage to include chronic diseases and various major diseases. This can help lower-income groups alleviate financial hardship when facing health problems.

4.It is recommended that the government establish a national health inequalities monitoring system to track and study the specific impacts of income on health on an ongoing basis. By collecting and analysis relevant data, it is possible to gain a deeper understanding of the root causes of problems and to adjust and optimise relevant policies in a timely manner.

5.It is recommended that the government raise the minimum wage to ensure that low-income groups receive enough income to maintain basic living and health. Raising the minimum wage helps to increase the economic capacity of low-income groups, thereby improving their health.

TIAN YUSONG

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Table1

Table 2 Sociodemographic and health characteristics of a provincially representative sample from Shaanxi, 2008

From: Household income, income inequality, and health-related quality of life measured by the EQ-5D in Shaanxi, China: a cross-sectional study

Variable	No. (%)	EQ-5D index (weighted mean)
Regions		
Rural regions	5013 (46.4)	94.1[***]
Urban regions	5780 (53.6)	96.0
Gender		
Men	5282 (48.9)	96.8[***]
Women	5511 (51.1)	91.0
Age		
15−44	5540 (51.3)	98.0[***]
45−64	3812 (35.3)	93.9
≥65	1441 (13.4)	81.1
Marital status		
Never married	1927 (17.9)	98.0[***]
Currently married	7982 (74.0)	94.8
Divorced/widowed	884 (8.2)	83.0
Education		
No more than high school	7380 (68.4)	93.4[***]
Beyond high school	3413 (31.6)	98.2
Employment		
Employed	5941 (55.0)	96.1[***]
Retired	1027 (9.5)	91.4
Student	905 (8.4)	99.7
Unemployed	2920 (27.1)	88.1
Social medical insurance		
None	1065 (14.9)	93.6[***]
Social medical insurance in rural regions	6476 (60.0)	94.4
Social medical insurance in urban regions	2497 (23.1)	96.1
Free medical insurance	133 (1.2)	95.8
Others	82 (0.8)	98.5
Chronic condition		
Yes	1828 (16.9)	80.6[***]
No	8965 (83.1)	97.1
Income group, rural regions		
Low (below 60th percentile)	3005 (59.8)	93.2[***]
High (60th and above)	2024 (40.2)	96.1
Income group, urban regions		
Low (below 60th percentile)	3536 (60.1)	95.5[***]
High (60th and above)	2348 (39.9)	96.8
Income inequality, rural regions		
Moderate (below 60th percentile)	3499 (69.6)	95.8[***]
High (60th and above)	1530 (30.4)	91.1
Income inequality, urban regions		
Moderate (below 60th percentile)	4232 (71.9)	97.3[***]
High (60th and above)	1652 (28.1)	95.6

[***]$P < 0.001$

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Table 2

Table 3 County income inequality, household income, and EQ-5D index[a]

From: Household income, income inequality, and health-related quality of life measured by the EQ-5D in Shaanxi, China: a cross-sectional study

	Model I	Model II	Model III[b]
Rural regions			
Income inequality			
High (60th percentile and above)	-4.8 (-6.6, -3.0)	-4.5 (-6.2, -2.7)	-3.0 (-4.3, -1.6)
Moderate (below 60th percentile)	0	0	0
Income group			
Low (below 60th percentile)	–	-2.4 (-3.5, -1.2)	-1.2 (-2.2, -0.2)
High (60th percentile and above)	–	0	0
Age			
15–44	–	–	12.8 (10.0, 15.7)
45–64	–	–	10.7 (7.6, 13.8)
≥65	–	–	0
Chronic condition			
Yes	–		-13.7 (-16.3, -11.1)
No	–	–	0
Urban regions			
Income inequality			
High (60th percentile and above)	-1.7 (-2.7, -0.6)	-1.8 (-2.9, -0.7)	-1.2 (-2.2, -0.2)
Moderate (below 60th percentile)	0	0	0
Income group			
Low (below 60th percentile)	–	-1.5 (-2.5, -0.5)	-1.0 (-2.1, -0.3)
High (60th percentile and above)	–	0	0
Age			
15–44	–	–	7.7 (5.8, 9.6)
45–64	–	–	7.0 (5.2, 8.8)
≥65	–	–	0
Chronic condition			
Yes	–	–	-8.1 (-10.3, -6.0)
No	–	–	0

[a]Linear regression model with intercept. Figures are the coefficients and the 95% confidence intervals from linear regression models. The ranges that do not include 0 indicate statistical significance

[b]Independent variables in model III included gender, education, marital status, employment, and medical insurance, in addition to income inequality, income group, age, and chronic disease. Only coefficients that were statistically significant are shown in the table

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Table 3

Table 4 Income inequality and HRQL stratified by household income group[a,b]

From: Household income, income inequality, and health-related quality of life measured by the EQ-5D in Shaanxi, China: a cross-sectional study

	Household income group	
	Low (60th percentile and above)	High (below 60th percentile)
Rural regions		
Income inequality		
High (60th percentile and above)	−3.7 (−5.4, −2.1)	−0.6 (−2.4, 1.3)
Moderate (below 60th percentile)	0	0
Age		
15−44	13.8 (10.3, 17.3)	8.0 (3.1, 12.9)
45−64	11.8 (8.2,15.4)	5.3 (0.2, 10.3)
≥65	0	0
Chronic condition		
Yes	−14.9 (−18.0,−11.8)	−10.9 (−14.7, −7.0)
No	0	0
Urban regions		
Income inequality		
High (60th percentile and above)	−1.7 (−3.0, −0.4)	−0.2 (−1.5, 1.1)
Moderate (below 60th percentile)	0	0
Age		
15−44	8.3 (5.8, 10.7)	6.7 (4.1, 9.8)
45−64	7.1 (4.8, 7.3)	7.0 (4.1, 9.8)
≥65	0	
Chronic condition		
Yes	−8.6 (−11.7, −5.5)	−7.5 (−10.2, −4.7)
No	0	0

[a]Linear regression model with intercept. Figures are the coefficients and 95% confidence intervals from the linear regression model. The ranges that do not include 0 indicate statistical significance

[b]All the models were adjusted by gender, education, marital status, employment, and medical insurance. Only coefficients that were statistically significant are shown in the table

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Figure 4

Figure 5

From: The less healthy urban population: income-related health inequality in China

Decomposition of SAH.

https://link.springer.com/paper/10.1186/1471-2458-12-804/figures/5
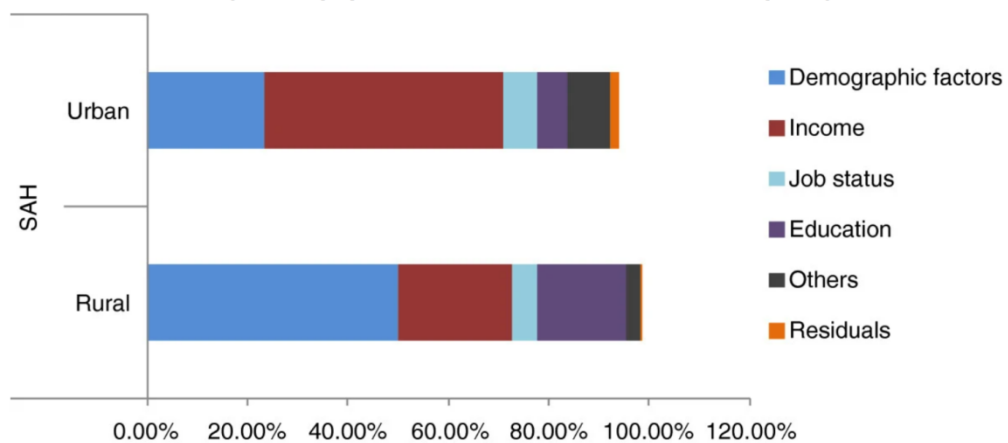
Table5

Table 4 Decomposition results (OLS)

From: The less healthy urban population: income–related health inequality in China

	CI		SAH (1 = excellent or good, 0 = fair or poor)				Physical activity limitation			
			Rural		Urban		Rural		Urban	
	Rural	Urban	Contribution	%Contribution	Contribution	%Contribution	Contribution	%Contribution	Contribution	%Contribution
EI			0.135		0.182		−0.043		−0.060	
Residual			0.001	0.40%	0.004	1.98%	−0.001	1.46%	−0.001	2.22%
Age and gender (ref = m18–24)										
f18–24	0.198	−0.045	0.005	3.34%	−0.001	−0.61%	0.000	−0.07%	0.000	−0.33%
f25–34	0.153	0.155	0.005	3.49%	0.005	2.59%	0.000	0.70%	−0.001	1.17%
f35–44	0.099	0.114	0.006	4.38%	0.006	3.36%	0.000	0.23%	−0.001	1.33%
f45–54	0.035	0.021	0.001	0.37%	0.000	0.06%	0.000	0.23%	0.000	0.17%
f55–64	−0.053	−0.019	0.001	1.04%	0.001	0.28%	0.000	0.46%	0.000	0.33%
f65+	−0.286	−0.072	0.015	11.42%	0.005	2.70%	−0.002	5.10%	−0.002	3.84%
m25–34	0.109	0.120	0.005	3.41%	0.002	0.99%	−0.001	1.39%	−0.001	1.00%
m35–44	0.076	0.064	0.002	1.11%	0.002	1.10%	−0.001	1.16%	−0.001	1.00%
m45–54	0.020	0.070	0.000	−0.22%	−0.002	−0.83%	0.000	0.05%	−0.001	1.83%
m55–64	−0.114	−0.087	0.007	5.49%	0.004	2.09%	−0.001	1.62%	−0.001	0.83%
m65+	−0.309	−0.221	0.022	16.24%	0.021	11.78%	−0.005	11.58%	−0.006	9.84%
ln(income)	0.056	0.058	0.031	22.77%	0.086	47.27%	−0.017	38.92%	−0.011	18.35%
Marital Status	0.013	0.044	−0.001	−0.59%	0.000	0.17%	0.000	−0.70%	−0.003	4.50%
Job status	0.064	0.161	0.007	4.97%	0.013	6.88%	−0.007	15.29%	−0.009	15.18%
Education level (ref = uni edu and above)										
No edu	−0.181	−0.356	0.026	19.36%	0.007	3.69%	−0.009	21.55%	−0.020	33.36%
Pri and sec edu	0.004	−0.113	−0.001	−0.44%	0.005	2.92%	0.000	−0.46%	−0.004	6.34%
High school	0.229	0.141	−0.002	−1.33%	−0.001	−0.44%	0.000	−0.93%	0.002	−2.84%
Regions (ref = Province Guizhou)										
Province Liaoning	0.043	0.180	0.001	0.82%	0.000	0.17%	0.000	−0.23%	0.002	−3.17%
Province Heilongjiang	−0.073	0.133	−0.003	−1.85%	0.000	0.06%	0.000	−0.23%	0.003	−5.34%
Province Jiangsu	0.232	0.240	0.006	4.30%	0.013	7.04%	0.001	−1.39%	0.001	−1.50%
Province Shandong	−0.009	−0.120	0.000	−0.30%	−0.005	−2.70%	0.000	−0.23%	0.000	−0.33%
Province Henan	−0.071	−0.071	0.000	0.15%	0.000	−0.11%	0.000	−0.93%	0.000	0.00%
Province Hubei	−0.030	−0.189	0.000	−0.07%	−0.001	−0.66%	0.000	0.93%	−0.001	1.00%
Province Hunan	0.018	−0.023	0.000	0.00%	−0.001	−0.28%	0.000	−0.23%	−0.001	0.83%
Province Guangxi	−0.011	−0.186	0.001	0.52%	0.008	4.57%	0.000	0.46%	−0.002	4.00%

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Table 6

Table 3. Impact of income gap on health of rural residents.

Variable	(1) Probit Health	(2) Probit Health	(3) Probit Health	(4) Probit Health
Income gap	−0.272 ***	−0.276 ***	−0.244 ***	−0.239 ***
	−0.068	−0.066	−0.061	−0.059
Age			−0.005 ***	−0.005 ***
			0	0
Gender			0.116 ***	0.069 ***
			−0.013	−0.014
Marital status			0.033 *	0.029 *
			−0.018	−0.017
Years of education			0.010 ***	0.010 ***
			−0.001	−0.001
Family size			0.003	0.002
			−0.003	−0.002
Proportion of elderly population			0.042 **	0.043 **
			−0.021	−0.02
Child population ratio			0.103 ***	0.096 ***
			−0.022	−0.022
Own property			0.028 *	0.027 *
			−0.016	−0.015
Central and western regions			−0.121	−0.1
			−0.116	−0.117
Experience in hospital				−0.219 ***
				−0.011
Smoking habits				−0.037 ***
				−0.009
Drinking habit				−0.069 ***
				−0.01
Urban fixed effect		Control	Control	Control
Observed value	18,325	18,325	18,325	18,325

Note: The empirical results reported in this paper only calculate the marginal effect of core explanatory variables, and the marginal effect results of other control variables are not reported. The brackets are clustering robust standard errors at the district/county level, where ***, **, and * represent p values less than 0.01, 0.05, and 0.1, respectively.

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Table 7

Table 4. The impact of income gap on different health indicators.

Variable	(1) Oprobit Health Level 1	(2) Oprobit Health Level 1	(3) Oprobit Health Level 2	(4) Oprobit Health Level 2	(5) Probit Memorization	(6) Probit Memorization
Income gap	−0.212 ***	−0.185 ***	−0.297 ***	−0.260 ***	0.171 **	−0.155 **
	−0.053	−0.047	−0.075	−0.067	−0.07	−0.069
Control variables	Control	Control	Control	Control	Control	Control
Urban fixed effect	Control	Control	Control	Control	Control	Control
Observed value	18,325	18,325	18,325	18,325	18,325	18,325

Note: *** and ** represent p values less than 0.01 and 0.05, respectively.

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Table 8

Table 5. Impact of different income gap indicators on health level of rural residents (Measured by Income).

Variable	(1) Probit Health	(2) Probit Health	(3) Oprobit Health Level	(4) Oprobit Health Level
Income gap	−0.336 ***	−0.275 ***	−0.258 ***	−0.380 ***
	−0.048	−0.042	−0.032	−0.047
Control variables	Control	Control	Control	Control
Urban fixed effect	Control	Control	Control	Control
Observed value	18,325	18,325	18,325	18,325

Note: *** represents p value less than 0.01.

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