Longitudinal Study of Aging and Health in Vietnam 2018

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Background

- The population of Vietnam is aging fast.

- Vietnamese Population is officially turning into aging process in 2017 (UNFPA)

- There is limited information on aging and health in Vietnam: there was a National Aging Survey (VNAS2011): 4,000 people in 12 provinces of Vietnam

- There is very few data on health care and caring for aging population in Vietnam especially dementia, insomnia, muscle mass and death autopsy.

- We do not know factors associated with quality of life of aging population and what define the quality of life of Vietnamese aging population.

- There is no longitudinal survey for aging population in Vietnam.

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Objectives of the study

1) Describe the current health status of older adults in the Vietnam

2) Investigate associated correlates of the current health status of older adults in the Vietnam

3) Examine changes in health status of older adults using the baseline survey data and previously conducted cross-sectional survey data in the Vietnam

4) Examine changes in individual health status of older adults using the longitudinal survey data in the Vietnam

5) Investigate potential determinants of changes in health status of older adults in the Vietnam

6) Estimate health expectancies by gender, place of residence (urban/rural), education to examine inequality between subpopulation of older adults in the Vietnam

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Methodologies and Research team

A. Key project member

1. Principle Investigator: Yasuhiko Saito PhD, Nihon University, Japan

2. Co-Principle Investigator: Osuke Komazawa MD, Economic Research Institute for ASEAN and East Asia, Jakarta, Indonedia

3. Country Principle Investigator: Vu Cong Nguyen, MD, MPH, Institute of Population, Health and Development, Vietnam

B. Collaborators

1. Department of Statistics on Population, Labor – GSO Vietnam

2. Center for Population Research, Information and Databases - GOPFP

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Methodologies (con't)

C. Survey Design:

➢ Baseline survey in 2018 (6,050 60+)

1. Household Questionnaire

2. Main questionnaire for sample older people

3. Anthropometric measures questionnaire

4. Main potential care giver questionnaire

5. Questionnaire for one child.

➢ Follow up survey 2020 (return to home of 6,050 and redo the survey with some additional question if death found)

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Sampling

Multistage Cluster Sampling using PPS

- Stage 1: selection of province: Hà Nội & TP. HCM are two special provinces and were selected; all 61 remaining provinces were divided into 6 eco-regions; using PPS to select each region one-two provinces using the population of 60+

- State 2: selection of PSU (village: list of all villages with 60+ population were used to select village to participate in the study; PPS has been used; the more populated, the more PSU. List of village based on the 2018 list of villages of GSO.

- Stage 3: from the list of selected villages, GoPFP provides list of 60+ and from these lists, research team stratified them into three subgroup 60-69, 70-79 and 80+ and doing random selection from the list with total of 10/ each village in Hanoi, Ho Chi Minh (5:3:2) and 9/village in the remaining province (4:3:2).

Data collection process

- IRB reviewed and approval by IRB of PHAD

- Data collectors: trained Local health staffs : 2 full days training.

- Signed inform consents total of 6

- Using tablet, RedCap software was used to facilitate the data collection

- Daily data transfer back to secured server of PHAD using wifi/3G/4G

- Daily checking survey data from field supervisors of PHAD: checking the consistency, missing value, empty data checking the emergency data

Final sample

No	Province	Region	Pop	Sample	District	Village selected	Sample in each village	Sample by agegroup		
								60-69	70-79	80+
				6,050		654				
1	Lạng Sơn	Vùng núi phía Bắc	775.979	666	11	74	9	4	3	2
2	Quảng Ninh	Đồng bằng sông Hồng	1.239.411	891	15	99	9	4	3	2
3	Nghệ An	Vùng Bắc và Trung trung bộ	3.124.828	684	20	76	9	4	3	2
4	Quảng Ngãi		1.259.754	306	10	34	9	4	3	2
5	Đắk Lắk	Cao nguyên	1.891.024	414	15	46	9	4	3	2
6	Đồng Nai	Vùng Đông Nam bộ	3.010.790	540	11	60	9	4	3	2
7	Trà Vinh	Vùng đồng bằng Sông Cửu Long	1.044.287	522	8	58	9	4	3	2
8	Hậu Giang		774.103	387	7	43	9	4	3	2
9	Hà Nội		7.392.624	820	30	82	10	5	3	2
10	Hồ Chí Minh		8.404.905	820	24	82	10	5	3	2
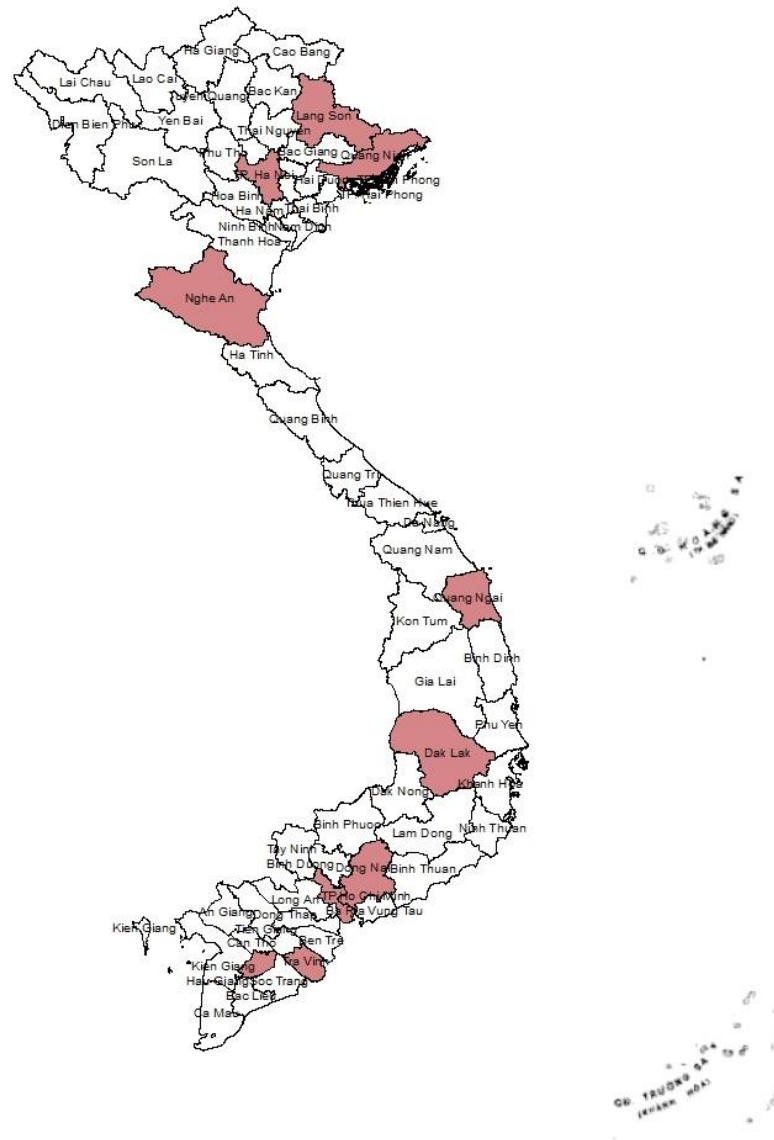
Initial results

- Fieldwork started 1/12/2018 end in 10 province on 31/5/2019

- Total interviewed: 6,050

- Response rate: 95.8%; Total refusal and replaced 257

- SPMSQ – 696 failed (11.5%)

- Total care giver interviewed: 3,193 (52. 8%)

- Total child interviewed: 2,498 (45.3%)

- Arthrometric measurement: 5,782 (95.6%)

- Inner body scan: 5,350 (88.4%)

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Weighting computation

- Sample weight is used during survey data analysis.

- Design weight is reverse of sampling probability.

- We are using multistage cluster sampling using PPS, so there is three weight.

- Design weight: P_Weight=(W1 * W2 * W3)

- In which

W1: Region weight	W2: Village weight	W3: sample weight
W1 = Pi / (n * Pti) Pi = Pop 60+ of region i Pti: Pop province t in region i N: number of province selected in region I	W2 = p_j/(nj * Pdj) Pj: pop of village j in province i Pdj: pop of village d in province j Nj: total villages selected	W3=pg_d/(Ngd * Rd) Pgd: pop of agegroup g in village d Ng: number of selected per agegroup d in village d R: response rate

- Adjust for sex, rural vs urban using census2019: final weight for data analysis: C_weight

Study timeline

Baseline		Followup 1		Followup 2
10/2018 – 05/2019	Data analysis and dissemination 12/2019	10/2020 – 03/2021	Data analysis and dissemination 12/2019	TBD

Initial descriptive statistics (weighted)

	%
Gender (n=6,050)	
Male	42.9
Female	57.1
Education	
NoSchool	0.8
Primary&Middle	52.84
Highschool	29.92
Postsecondary&Higher	10.8
Don"t know/Not remember	5.5
Geographic (n=6,050)	
Urban	32.76
Rural	67.23
Age Distribution	
60-69	58.53
70-79	24.64
80+	16.82

Initial descriptive statistics (weighted)

	Male	Female	Total
Living with family member			
Living alone	1.98	6.75	8.74
Living with only 1 family member	13.09	13.4	26.49
Living with 2-4 family members	17.85	25.97	43.82
Living with >= 5 family members	9.88	11.07	20.95
Ethnic minorities (n=6,050)			
Kinh	35.24	46.01	81.26
Others	7.41	10.92	18.33
Dk/Non-Response	0.15	0.26	0.41
BMI (n=6,050)			
Underweight (<18.5)	7.15	7.5	14.64
Normal (>=18.5 & <23)	20.00	24.68	44.68
Overweight (>=23 & <25)	7.68	9.74	17.42
Obesity (>=25)	7.97	15.29	23.26

Initial descriptive statistics (weighted)

	Male	Female	Total
Self rated health status			
Very healthy	3.1	1.0	1.8
Better than average	27.0	21.3	23.8
Average	47.0	48.4	47.8
Not very well	19.9	25.5	23.0
Very ill	3.0	4.1	3.6
Doctor ever told you having hypertension			
Yes	15.55	23.31	38.86
If Yes, do you take medication			
Yes	33.2	52.7	85.89
Hypertension situation (BP measurement)			n=5,676
Yes (SBP>=140 and/or DBP>=90)	21.8	26.3	48.1
No (SBP <140 and DBP <90)	21.1	30.8	51.9
Having any kind of health insurance			
Yes	38.9	51.9	90.8
No	3.6	4.7	8.3
DK	0.3	0.6	0.9

Some challenges during implementation of the field-survey

- Old list of 60+: some provinces are having outdate list; losing more time to verified.

- Very long questionnaire, many case have to return 1-2 times, increase time during fieldwork, increase refusal rate in HCM and Hà Nội.

- 3G and 4G is not working well in some areas as their advertised even with strong signal.

- Some villages are very remote, increase fieldwork time

- Some people can not do inner scan (3-4/6,050).

- Some tools (SPMSQ, TIGS) are not verified in VN

Some fieldwork pictures

Year 2 plan

- Data cleaning
- Analysis, writing report, dissemination.
- In depth data analysis
- Publication writing WS
- Writing publication papers
- Sending newyear card/call in newyear 2020
- Continue collaborate with MoH, GSO, GoPFP and NGO
- Prepare for the follow up 1

Q&A

Thank you!