

International Population Conference 2025 – Short Abstract

**Aging on the Margins:
Unmet Healthcare Needs and Mortality among Older Filipinos**

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ABSTRACT

Unmet healthcare needs are linked to poorer health outcomes, however, their impact on mortality remains unclear. This study seeks to examine whether unmet healthcare needs act as an independent risk factor for mortality among Filipinos aged 60 and above. Using data from two waves of the Longitudinal Study of Ageing and Health in the Philippines, the analysis draws on a sample of 5,985 individuals from Wave 1 to examine the relationship between unmet healthcare needs and time to mortality. The study will employ the Cox Proportional Hazards Model, a widely used survival analysis method, which allows for controlling important variables such as age, sex, wealth quintile, and diagnosed illnesses. Initial findings indicate that a substantial proportion of older Filipinos (29% at baseline and 22% at follow-up) have unmet healthcare needs. About a fifth of older persons in the country died, regardless of whether they had unmet healthcare needs or not. The results offer empirical evidence on how unmet healthcare needs may affect the level of mortality in a developing country like the Philippines, where access to healthcare is often restricted by socioeconomic, geographic, and systemic barriers. The findings will help guide efforts to improve healthcare access and reduce preventable deaths.

Keywords: Population aging, Inequality, Disadvantage, Discrimination, Mortality and Longevity

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International Population Conference 2025 – Extended Abstract

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ABSTRACT

Background

Unmet healthcare needs are a critical issue affecting older adults, particularly in developing countries like the Philippines, where healthcare access may be limited by socioeconomic, geographic, and systemic barriers. As the population ages, understanding the factors that contribute to increased mortality becomes increasingly important. Previous research has shown that unmet healthcare needs can worsen health outcomes (Alonso et al., 1997; Lindström et al., 2020), but little is known about their specific impact on mortality among older Filipinos. This study seeks to address this gap by investigating whether unmet healthcare needs are an independent risk factor for increased mortality in this population, using data from the Longitudinal Study of Ageing and Health in the Philippines. By employing the Cox Proportional Hazards Model, this research will examine the relationship between unmet healthcare needs and mortality, controlling for other sociodemographic, economic, and health factors. The findings aim to provide critical insights into how gaps in healthcare access influence survival outcomes, with implications for policy and targeted interventions to improve healthcare access for older Filipinos.

Future studies could expand on these findings by incorporating more waves of longitudinal data, allowing for a deeper understanding of how changes in healthcare access over time influence survival outcomes. This research could also inform targeted interventions aimed at improving healthcare accessibility for older adults, particularly in underserved populations. Evidence that will be generated may shape policy decisions to reduce preventable deaths and improve the quality of life for the aging population in the Philippines.

Data and Methods

The study shall utilize the two waves of the Longitudinal Study of Ageing and Health in the Philippines (LSAHP), the first nationally representative longitudinal study on aging conducted

in the Philippines. The project is funded by the Economic Research Institute for ASEAN and East Asia (ERIA), with the Demographic Research and Development Foundation, Inc. (DRDF), as the implementing agency in the Philippines. Wave 1 data were collected from October 2018 to February 2019, while the Wave 2 were collected from February to April 2023.

The survey used a multistage sampling design with provinces as the primary sampling units, *barangays* (villages) as the secondary sampling units, and older persons as the ultimate sampling units. It covered 11 provinces, 167 barangays, and 5,985 individual respondents aged 60 years and over. To ensure an adequate number of respondents in the succeeding rounds of the survey, the number of respondents in the age groups 70–79 and 80 and over were oversampled by a factor of 2 and 3, respectively. In this regard, age-adjusted sampling weights and the complex sampling design were applied to the data used in the analysis to nationally represent the older population in the Philippines. Further details on the LSAHP survey design are available from Cruz, Cruz, & Saito (2019).

In the Wave 1, a total of 5,985 were interviewed, with a response rate of 94%. The Wave 2 survey was able to collect information from 4011 surviving older respondents and 1579 informants of deceased respondents.

A descriptive analysis of unmet healthcare needs and mortality status were undertaken. Unmet need for health care services included those who responded that they felt they had an illness but decided not to see a doctor for some reason. The question used to measure the unmet need reads *“Within the past 12 months, have you felt ill, and thought about going to see a doctor, but didn’t?”* If respondents answered yes to the initial question, a follow-up question *“Why didn’t you go?”* was asked.

All analyses, including data management, will be conducted in Stata 15.1 (StataCorp, College Station, Texas, United States). P-value <0.05 will be considered statistically significant throughout the analyses.

Preliminary Results

Wave 1 results show that about 30% of older persons reported that they felt ill in the past 12 months and thought about going to see a doctor but did not. Wave 2 results, on the other hand, indicate that 22% reported that they had unmet healthcare needs. About a fifth of older respondents were reported to have died in the last four years. Initial results show that 22% of older persons who were reported to have died in the follow-up survey had unmet need for healthcare services. However, this association was not found to be statistically significant.

Table 1. Percent distribution of unmet healthcare needs

Unmet healthcare needs (Follow-up)	Unmet healthcare needs (Baseline)		
	Yes	No	TOTAL
Yes	23.1	16.6	18.5
No	54.2	62.4	59.9
Died	22.7	21.1	21.6
N	<i>1,494</i>	<i>4,049</i>	<i>5,543</i>

Future Directions

The study will use the Cox Proportional Hazards Model to evaluate whether unmet healthcare needs serve as an independent risk factor for increased mortality. By controlling for a range of sociodemographic, economic, and health factors—such as age, sex, wealth quintiles, and physician-diagnosed illnesses—the analysis aims to isolate the unique contribution of unmet healthcare needs to mortality risk.

We will also examine factors that may moderate the influence of the relationship between unmet healthcare needs and mortality. We will also explore the relationship between unmet healthcare needs and health outcomes like sarcopenia, body mass index, among others.

References

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