

# Economic burden of care for chronic diseases of poor rural households in China

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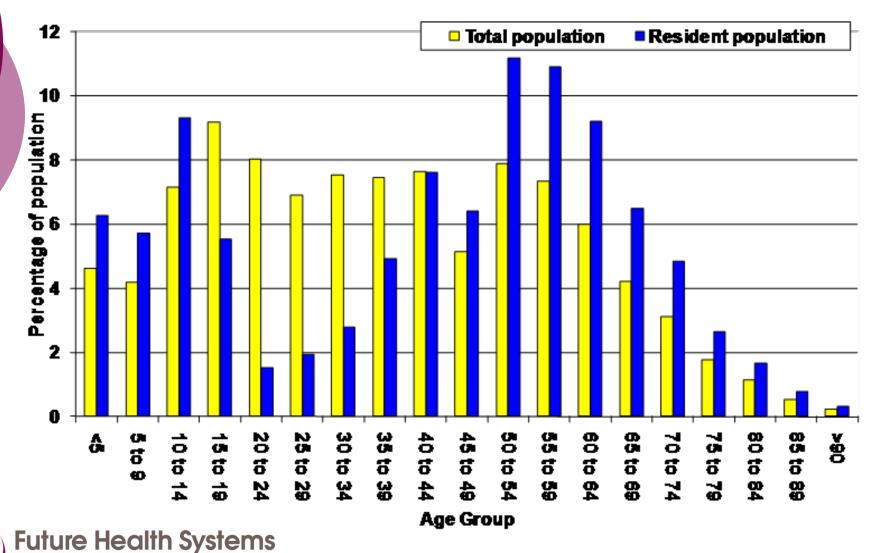
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## POVILL

- Probability sample of households in two poor study counties in the Chinese provinces of Hubei and Sichuan – a total of 12,000 households.
- 2. Questionnaire survey used to identify those impacted by 'major illness' over previous year.
- 3. Probability sample of 600 of these major illness households for in-depth interviews using rapid appraisal methodology.



## **Total and Resident Populations**



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#### **Prevalence of serious chronic illness**

	Poorest Quintile Q1	Richest Quintile Q5	Overall	Ratio Q5/Q1
Malignant neoplasms	0.52	0.33	0.40	1.55
Mental disorders	0.95	0.18	0.49	5.32
Diabetes	0.15	0.21	0.21	0.72
Heart disease	1.34	0.50	0.79	2.70
Hypertension	2.25	1.08	1.43	2.10
Cerebrovascular	1.51	0.62	0.95	2.42
Chronic bronchitis	0.99	0.44	0.59	2.28
Hepatocirrhosis	0.09	0.08	0.07	1.17
Arthritis	0.45	0.23	0.31	1.96
All	8.25	3.67	5.24	2.25
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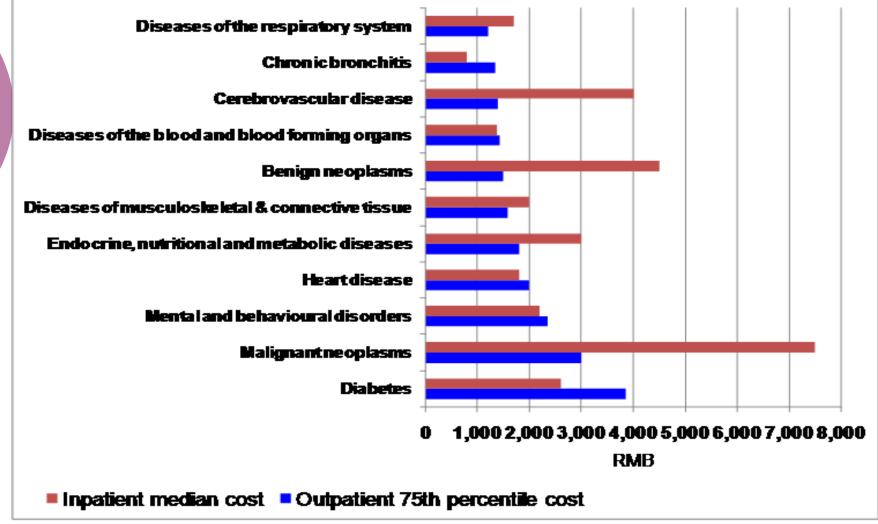
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## **Expenditure on major illnesses**

	Outpatient		Inpatient	
	Mean	% Poverty Line	Mean	% Poverty Line
Malignant neoplasms	660	55.2	1,731	144.7
Mental disorders	228	19.1	506	42.3
Diabetes	280	23.4	528	44.1
Heart disease	191	16.0	528	44.1
Hypertension	92	7.7	329	27.5
Cerebrovascular	229	19.1	1,046	87.5
Chronic bronchitis	142	11.9	237	19.8
Hepatocirrhosis	650	54.3	2,064	172.6
Arthritis	192	16.1	788	65.9
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## The cost of chronic care





### Key issues

- Internal migration has radically affected the population distribution in many poor rural counties – a very substantial proportion of the working age population has moved out.
- There are very high prevalence rates of serious, typically chronic, illness among the older members of these populations.
- Outpatient expenditures on chronic illness can be comparable to those for inpatient care.
- Productivity losses resulting from chronic illness often pose a more serious threat to household livelihoods than health expenditure.

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