

POSTER ABSTRACT

The effects of health capacity on income of absolute poverty-stricken population in China —a comparative cross-sectional analysis

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Backgrounds: It is easy to see that the biggest difficulty to establish universal covered integrated care system lies in the weak areas and vulnerable groups. In China, there are still 70 million people living below the poverty threshold and poverty population that caused by illness accounted for nearly 30 million. Healthy human capital impaired by disease has become the biggest stumbling block lying in the way out of poverty. But from the literature analysis we could find that the impact of health on income of the poverty population has not been adequately studied.

Objective: To find out if the impact of health capacity on the income of the absolute poverty-stricken population is more significant than non-impooverished group.

Methods: The poverty threshold of China 2010 was adapted for the definition of poverty. China Health and Nutrition Survey Database (CHNS 2014) were chosen as the data source. OLS was used to estimate the 2 models. Endogeneity of the variables was processed by the random effect model. The waist-to-hip ratio (WHR) was used instead of BMI to do the robustness test.

Results: Firstly, we found that the health related variables include sick, BMI, and age was significant related to income by model 1 ($P < 0.01$). Then the poverty variable enlarged the influence of individual health condition on the income by -0.153 ($P < 0.01$), which means that health did influence the income more for the poverty-stricken group.

Discussion: Health means more to those absolute-poverty ones. In order to build a universal covered integrated care system, more public policy attention should be paid on the improvement of health status of the poverty-stricken population.

Conclusion: In addition to poverty alleviation, education investment and social security projects, more public policy attention should be paid on the improvement of health status of the poverty-stricken population.

Lessons learned: Obviously, integrated care does not mean the same care for different income level groups. According to the results, more attention and preferential policies on health care service should be paid for the poor.

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Limitations: Although the previous research results are borrowed, the model is still not perfect, and the health indicators are not comprehensive enough.

Suggestions for future research: The Mincer equation should be used in a more rigorous measurement of income factors. More health factors should be incorporated into the model.

Keywords: poverty; absolute poverty-stricken population; health capital; income effect
