

14th World Congress on **Healthcare & Technologies**

July 22-23, 2019 | London, UK

Decomposing analysis of health inequality among the elderly rural-to-urban migrant workers in China: A comparison with their rural counterparts**Dan Li**

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Statement of the Problem: China's rural-to-urban migrant workers are getting old, but they can't enjoy their old age. The health inequality among elderly rural-to-urban migrant workers (age 50 and above) place them at greater health risks. This study evaluated the health inequality of elderly rural-to-urban migrant workers in China by comparison with their rural counterparts (elderly non-migrant rural residents), and aimed to shed some light on the heterogeneity of health inequality among these two elderly groups in China and identify determinants of the health inequality.

Methodology: Applying data from the China Health and Retirement Longitudinal Study conducted in 2015, coarsened exact matching method (CEM) was employed to control confounding factors. After matching, we included 349 elderly rural-to-urban migrant workers and 2792 elderly non-migrant rural residents. This study employed the number of chronic disease and self-assessed of health status (SAH) to explore the health status. Concentration index was employed to evaluate the health inequality, and was decomposed into its contributing factors to explain health inequality.

Findings: After matching, the horizontal inequity indexes of chronic disease were -0.0217 and -0.0093 in elderly rural-to-urban migrant workers and their rural counterparts; the horizontal inequity indexes of SAH were 0.0097 and 0.0047 respectively. Decomposition analysis in chronic disease for these two elderly groups revealed that economic status was the primary contributor, followed by education, insurance, and age. Decomposition analysis in SAH indicates that economic status, education and insurance were proved to be major contributors among elderly rural-to-urban migrant workers, comparing with economic status, age and social activity compared to their rural counterparts.

Conclusion & Significance: Pro-poor inequality on chronic disease condition and pro-rich inequality on SAH among these two elderly groups were observed. Therefore, the health inequality of heterogeneity among these two elderly groups is an important consideration in making social policy and intervention strategies.