# Article information:

Income related inequality and influencing factors: a study for the incidence of catastrophic health expenditure in rural China | BMC Public Health | Full Text  
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4713-x>

# Article summary:

1. This study measures the incidence of catastrophic health expenditure (CHE) in rural China, analyzes socioeconomic inequality related to CHE, and explores the influences of the New Rural Cooperative Medical System (NCMS) on the incidence of CHE.

2. The incidence of CHE decreased from 13.62% in 2009 to 7.74% in 2010, and the concentration index of CHE was changed from -0.298 (2009) to -0.323 (2010).

3. For rural families in which all members were covered by the NCMS, the increase in reimbursement rates is correlated to the decline in the incidence of CHE if other influencing factors were controlled.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article “Income related inequality and influencing factors: a study for the incidence of catastrophic health expenditure in rural China” is generally reliable and trustworthy due to its use of statistical data from two surveys about rural health care conducted in 2009 and 2010, as well as its use of multiple logistic regression to explore factors that influence the incidence of CHE. However, there are some potential biases that should be noted when considering this article’s trustworthiness and reliability.

First, it is possible that there may be one-sided reporting or partiality present within this article due to its focus on only one region – Jiangsu province – which may not accurately represent all areas within China with regards to their experience with NCMS or their levels of income-related inequality related to CHE. Additionally, while this article does provide evidence for its claims regarding NCMS’s influence on reducing financial risks associated with CHE for those who are covered by it, it does not explore any counterarguments or consider any possible risks associated with NCMS coverage such as increased costs or reduced access to medical services for those who are not covered by it. Furthermore, while this article does note that poorer families still had high risk of experiencing CHE even after NCMS implementation, it does not provide any evidence or further exploration into why this might be so or what can be done to reduce these risks further for these families.

In conclusion, while this article is generally reliable and trustworthy due to its use of statistical data from two surveys about rural health care conducted in 2009 and 2010 as well as its use of multiple logistic regression to explore factors that influence the incidence of CHE, there are some potential biases present within it such as one-sided reporting or partiality due to its focus on only one region – Jiangsu province – which may not accurately represent all areas within China with regards to their experience with NCMS or their levels of income-related inequality related to CHE; lack of exploration into counterarguments or consideration into possible risks associated with NCMS coverage; and lack of evidence or further exploration into why poorer families still had high risk of experiencing CHE even after NCMS implementation despite increases in reimbursement rates for those who are covered by it.

# Topics for further research:

* “NCMS coverage risks”
* “Income-related inequality in health care”
* “Catastrophic health expenditure in rural China”
* “Impact of NCMS on health care access”
* “Reimbursement rates for NCMS coverage”
* “Reducing financial risks associated with CHE”

# Report location:

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