



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

Construction of an area-deprivation index for 2869 counties in China

Citation for published version:

Wang, Z, Chan, KY, Poon, AN, Homma, K & Guo, Y 2020, 'Construction of an area-deprivation index for 2869 counties in China: a census-based approach', *Journal of Epidemiology and Community Health*, pp. jech-2020-214198. <https://doi.org/10.1136/jech-2020-214198>

Digital Object Identifier (DOI):

[10.1136/jech-2020-214198](https://doi.org/10.1136/jech-2020-214198)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

Journal of Epidemiology and Community Health

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



1 **The construction of an area deprivation index for 2869 counties in**
2 **China: a census-based approach**

3 Zhicheng WANG ^{1,2,3} *Ph.D.*

4 Kit Yee CHAN ^{4,5*} *Ph.D.*

5 Adrienne N. POON ^{6,5} *MD MPH*

6 Kirsten HOMMA ⁶ *MD MPH*

7 Yan GUO ^{1*} *Professor*

- 8
9
10 1. Department of Health Policy and Management, School of Public Health, Peking University,
11 Beijing, China
12 2. Vanke School of Public Health, Tsinghua University, Beijing, China
13 3. Research Centre for Public Health, School of Medicine, Tsinghua University, Beijing, China
14 4. Centre for Global Health, Usher Institute, University of Edinburgh, Edinburgh, UK
15 5. Nossal Institute for Global Health, University of Melbourne, Melbourne, Australia
16 6. Department of Medicine, School of Medicine & Health Sciences, The George Washington
17 University, Washington, DC, USA

18
19
20
21
22 **Correspondence to:**

23 Dr. Kit Yee CHAN

24 Centre for Global Health, Usher Institute University of Edinburgh, Edinburgh, UK

25 Email: k.chan@ed.ac.uk

26
27
28 Prof. Yan GUO

29 Department of Health Policy and Management, School of Public Health

30 Peking University, Beijing, China

31 Email: guoyan@bjmu.edu.cn

32 Telephone: (8610) 82805061

33 **Contributions:** ZW, YG, and KC conceived the study. ZW was primarily responsible for the
34 literature search, data collection, and analysis. ZW wrote the first and successive drafts of the
35 manuscript. All authors (ZW, KC, AP, KH, and YG) contributed to the analysis and interpretation of
36 the data and draft revisions. All authors read and approved the final manuscript. KC and YG had
37 access to the data in the study and had final responsibility for the decision to submit for publication.

38

39 **Acknowledgments:**

40 We would like to thank the China Scholarship Council for the scholarship (201606010306) to ZW,
41 and Dr. Yan Zhongyue of Nanjing University for preparing the geographic map of county-level area
42 deprivation in China.

43

44 **Funding:** The authors have not declared a specific grant for this research from any funding agency in
45 the public, commercial, or not-for-profit sectors.

46

47 **Competing Interest:** None declared.

48

49 **Data availability statement:** The data that support the findings of this study are available from the
50 corresponding author, YG, KC, upon reasonable request.

51

52 **Licence for Publication:** YG and KC have the right to grant on behalf of all authors, and do grant on
53 behalf of all authors, an exclusive licence (or non-exclusive for government employees) on a
54 worldwide basis to the BMJ Publishing Group Ltd to permit this article (if accepted) to be published
55 in JECH and any other BMJ PGL products and sublicences such use and exploit all subsidiary rights,
56 as set out in our licence ([http://group.bmj.com/products/journals/instructions-for-authors/licence-](http://group.bmj.com/products/journals/instructions-for-authors/licence-forms)
57 [forms](http://group.bmj.com/products/journals/instructions-for-authors/licence-forms)).

58

59 **Abstract: 248 words**

60 **The manuscript: 3,207 words (excluding tables, figures, and references)**

61 **What is already known on this subject:**

- 62 ● Ecological deprivation indices have been established from census data in many developed
63 countries.
- 64 ● Several studies in China have made noteworthy attempts to measure area deprivation on different
65 levels; however, existing studies on developing an area deprivation index (ADI) in China are
66 either limited in scale or study area.

67 **What this study adds:**

- 68 ● This study presents an approach to calculate area deprivation based exclusively on county-level
69 population census data in China.
- 70 ● The county-level area deprivation index (CADI) is robust and can identify deprived counties that
71 were not included in the national poverty-stricken areas lists issued by the Chinese government.
- 72 ● The index can be practically used as an alternative method of measuring China's deprived areas
73 on various levels.

74 **ABSTRACT**

75 **Background:** A paucity of data has made it challenging to construct a deprivation index at the lowest
76 administrative, or county, level in China. An index is required to guide health equity monitoring and
77 resource allocation to regions of greatest need. This study used China's 2010 census data to construct
78 a county-level area deprivation index (CADI).

79 **Methods:** Data for 2,869 counties from China's 2010 census were used to generate a CADI. Eleven
80 indicators across four domains of deprivation were selected for principal component analysis with
81 standardisation of the first principal component. Sensitivity analysis was used to test whether the
82 population size and weighting method affected the index's robustness. Deprived counties identified by
83 CADI were then compared with China's official list of poverty-stricken counties.

84 **Results:** The first principal component explained 60.38% of the total variation in the deprivation
85 indicators. The CADI ranged from the least deprived value of -2.71 to the most deprived value of
86 2.92, with a standard deviation of 1. The CADI was found to be robust against county-level population
87 size and different weighting methods. When compared with the official list of poverty-stricken
88 counties in China, the deprived counties identified by CADI were found to be even more deprived.

89 **Conclusion:** Constructing a robust area deprivation index for China at the county level based on
90 population census data is feasible. CADI is a potential policy tool to identify China's most deprived
91 areas. In the future, it may support health equity monitoring and comparison at the national and
92 subnational levels.

93 1 INTRODUCTION

94 The Chinese government has long supported health development in poverty-stricken areas in China. In
95 2012, the Chinese government identified 832 national poverty-stricken counties primarily based on
96 income, historical designation as impoverished areas, and rural regions. However, these criteria
97 unfortunately do not allow for standardised comparisons outside China's political context to other
98 countries, especially as this method of identification excluded impoverished counties in urban areas.^[1]
99 Since China has committed to eliminating absolute poverty (per capita annual income less than RMB
100 2,300 or about USD 340 in 2010) by 2020, counties identified as poverty-stricken are expected to be
101 phased out at the same time.^[2] After 2020, strategies for reducing the development imbalance across
102 China will need to be multifaceted and based on more accurate identification of the neediest areas. To
103 this end, China has planned to enhance the ongoing efforts to restructure health resource allocation
104 and service planning in the least developed regions with the greatest need.^[3] An accurate, standardised
105 assessment of area deprivation is urgently needed for health resource allocation, policy development,
106 and planning.

107
108 Deprivation encompasses poverty as well as other forms of social and material deprivation such as
109 goods, services, resources, physical environment, social relationships, and rights and
110 responsibilities of society members.^[4] Several high-income countries, such as the United
111 Kingdom (UK),^[5,6] the United States,^[7] and France,^[8,9] have developed area-based indices of
112 deprivation to measure health inequities and the contextual effect of area deprivation on health.
113 The UK, for example, has applied such an area-based index towards addressing inequalities in
114 allocations for health funding, which resulted in the reduction of health inequities.^[10] In addition
115 to developing nation-specific indices, there have been attempts to build a cross-nationally
116 comparable deprivation index in European countries.^[11] These indices, however, focus on high-
117 income countries. The development of similar indices in low- and middle-income countries has
118 unfortunately been hindered by the paucity of data at the lowest geographic levels. China, as a
119 middle-income country, can serve as an example for low- and middle-income countries (LMICs)

120 where such indices are in need to understand the unique aspects of deprivation for countries in
121 economic transition.

122

123 Given China's immense population distribution, a regional or area-based approach is needed at the
124 lowest possible geographic area. This will support the development and monitoring of interventions to
125 be implemented as per the geographic administrative level, which would allow health resources,
126 planning, and evaluation to be directed to areas of greatest need. As of 2010, mainland China's
127 hierarchical administrative structure of government includes a central or national government divided
128 into 31 provinces, which are subdivided into 333 prefectures or cities, which are further divided into
129 2,872 county-level areas including rural counties and urban districts.^[12] The county serves as the
130 lowest administrative level of government with complete authoritative, legislative, jurisdictional, and
131 administrative functions. County-level governments play a major role in China's local governance, as
132 they are responsible for not only providing adequate public services and infrastructure but also
133 promoting employment and economic growth locally.^[13]

134

135 Prior studies have been able to construct area-based indices down to the county level. Such an index,
136 for example, was constructed for Guangdong province but was limited by being locally rather than
137 nationally representative.^[14] In another attempt to measure patterns of deprivation in China, the
138 Integrated Social Deprivation Index was constructed for all 333 prefectures or cities nationwide.^[15]
139 However, China's prefectures or cities are large and not only include populations in the millions but
140 also encompass multiple counties that range from urban to rural. Each prefectural city, on average,
141 contains nine counties with varying levels of development and urbanisation. Thus, prefectural level
142 indices would mask major disparities by grouping more developed urban counties with less developed
143 rural counties. In China, current research on constructing a county-level deprivation index (CADI) has
144 been limited.

145

146 Given the urgent need to better understand the varying levels of inequality in China to develop more
147 targeted strategies in poverty reduction, health resources allocation, and health inequity monitoring,
148 this study aims to construct a CADI for China. We aim to describe the methodology in constructing

149 such an index at the lowest administrative level of government as well as discuss how it may be
150 applied in future studies.

151 **2 DATA AND METHODS**

152 **Data**

153 Census data was used to build an area deprivation index in China. China conducts a population census
154 every ten years, the most recent of which occurred in early November 2010.^[12] The census covers
155 basic information (e.g. age, sex, *hukou* status, education, and marital status) about all residents. More
156 detailed information (e.g. working status, occupation, housing conditions, tap water, toilet availability)
157 was additionally collected from 10% of the population through systematic sampling. Nationwide
158 publicly available census data is only aggregated at the county level. The county-level aggregated
159 census data were based on the 2009 China administrative boundaries that encompassed 2,872
160 counties. Among these counties, three were islands in the South China Sea which were excluded due
161 to incomplete data, thus leaving 2,869 counties for inclusion in the analysis. For county-level
162 population, the 25th percentile corresponds to 221,569 people, 50th percentile to 380,083 people, and
163 75th percentile to 625,119 people. For county-level surface area, the 25th percentile corresponds to
164 711 km², 50th percentile to 1,543 km², and 75th percentile to 2,723 km².^[16]

165 **Construction of the area deprivation index**

166 The CADI in China was constructed based on procedures proposed by Noble et al.^[17] and Allik et
167 al.^[18] Figure 1 depicts the procedures that were used to develop the index.

168 [Insert Figure 1]

169 **Choosing the initial conceptual framework**

170 The framework for developing the CADI was based on the concept of deprivation developed by Peter
171 Townsend. He conceived of deprivation as a multidimensional concept that includes both material and
172 social disadvantages that inhibit individuals from achieving the highest quality of life.^[4] Area

173 deprivation is the aggregated material and social deprivation experienced by a population in a certain
174 area.^[17]

175 Deprivation dimensions and indicators

176 Indicators directly related to personal experiences of deprivation were chosen across dimensions of
177 education, income, living conditions, and rural-urban differences. We chose deprivation indicators
178 considering both deprivation conceptual framework and data availability. Of the 167 raw variables
179 captured by county-level aggregated census data, 13 candidate indicators related to areas of
180 deprivation were initially calculated, while two indicators were excluded because the indicators (living
181 space per person and housing tenure) were pertinent to deprivation in urban areas. Since many county-
182 level areas contains both rural regions and urban regions, thus we only kept 11 deprivation indicators
183 for the final analysis.

184

185 **Education.** Education deprivation was measured using the following indicators: average years of
186 education for people over 6 years of age, illiteracy rate among people over 15 years of age, and
187 percentage of people over 6 years of age not completing junior high school. In China, it is compulsory
188 to complete junior high, and thus, a failure to do so suggests a low level of educational achievement.

189

190 **Income.** Income deprivation consisted of two indicators: (i) percentage of people over 16 years of age
191 losing working ability (this indicator is calculated by the number of people who lost working ability
192 due to disability, illness, etc. divided by the total number of people over 16 years of age, excluding
193 students, retirees, and people who chose not to work); and (ii) percentage of people over 16 years of
194 age working in low-income industries. Drawing upon the 2013 data from the National Bureau of
195 Statistics of China,^[19] low-income industries are defined as industries where the average annual
196 income per person was less than RMB 43,000 (about 6356 USD in 2013). A total of six industries
197 were classified as low-income: agriculture, manufacturing, construction, hotel services, domestic
198 services, and water, environmental, and infrastructural management.

199

200 **Living conditions (indoor).** The indicators measuring poor living conditions were the percentage of

201 households without indoor facilities of water, sanitary toilet, kitchen, or shower.⁴

202

203 ***Rural-urban differences.*** Rural-urban differences reflect both material and social deprivation. Within
204 each county, there are rural areas and urban areas, which are defined by public facility availability per
205 the National Bureau of Statistics.^[20] We used the percentage of people living in rural areas to reflect
206 limited access to public infrastructure (material deprivation). *Hukou* is a government household
207 registration system that usually limits where a person is allowed to live. People with rural *hukou*
208 experience institutionalised discrimination and have less access to social welfare.^[21] For our index, the
209 percentage of people with rural *hukou* was chosen to reflect discrimination against rural people (social
210 deprivation).

211 Aggregating indicators into an area deprivation index

212 Deprivation is a multidimensional phenomenon. Although individual indicators can measure
213 socioeconomic disadvantage, they are often highly correlated with each other. Therefore, this study
214 aimed to generate a robust composite index that would not only capture multiple deprivation domains
215 but also be less susceptible to minor changes in a single indicator.^[22] We chose principal component
216 analysis (PCA) to allow each indicator to be uniquely represented and to avoid the problem of ‘double
217 counting’.^[23] The use of statistical methods to derive the weights is also consistent with prior studies
218 in China studying deprivation.^[14,15] Eleven standardised indicators were chosen to construct the CADI
219 via PCA. The first principal component score was extracted and standardised for the CADI. The
220 average value of the index was 0 and the standard deviation was 1. PCA is sensitive to the scale of
221 indicators; therefore, prior to extracting the first area deprivation component, equation (1) was used to
222 standardise all indicators:

$$z_{ij} = \frac{x_{ij} - x_{i_mean}}{sd_i} \quad (1)$$

223 Where, z_{ij} is the normalised deprivation indicator i for county j , x_{ij} is the original deprivation
224 indicator i for county j , and x_{i_mean} and sd_i are the mean value and standard deviation of indicator i ,
225 respectively.

226 Sensitivity analysis

227 China's county-level areas vary substantially in population size. Therefore, we performed a sensitivity
228 analysis with consideration of population extremes to ensure that our index was robust when
229 compared to all counties with all levels of population size. Excluding 266 counties with populations of
230 fewer than 100,000 people and 195 counties with populations of over 1 million, there were 2,408
231 counties remaining for building the CADI. We then examined the correlation between the CADI using
232 2,869 counties and the CADI using 2,408 counties.

233

234 In addition, consistent with weighting methods in building composite index,^[23] we also assigned equal
235 weight to each deprivation indicator to construct CADI as part of the sensitivity analysis. We then
236 examined the correlation between the CADI using PCA and the CADI using equal weight.

237 **Comparison with national poverty-stricken areas**

238 To test the validity of the CADI, we compared our index with the 2012 State Council Office of
239 Poverty's official list of 832 national poverty-stricken counties.^[2] Since administrative county
240 divisions have undergone slight revisions, China's official list of poverty-stricken counties was based
241 on the 2012 standards. Therefore, the 832 counties identified in 2012 were collapsed into the 830
242 counties included in the 2010 census to allow direct valid comparison of the two metrics.

243

244 **3 RESULTS**

245 The 11 deprivation indicators from China's 2010 census demonstrate the extensive development
246 imbalance across China as shown in Table 1. For all 11 indicators, except for average years of
247 education, a higher indicator value represents a higher level of deprivation for that indicator.

248

[Insert Table 1]

249 The PCA results indicated that only the eigenvalue of the first (6.64) and second (1.53) principal
250 components were larger than one. The first principal component explained 60.38% of the total
251 variance amongst deprivation indicators. The first principal component can be calculated via equation

252 (2).

253

$$254 \quad pc1 = (-0.36 \times z_{01}) + 0.24 \times z_{02} + 0.35 \times z_{03} + 0.27 \times z_{04} + 0.33 \times z_{05} + 0.30 \times z_{06} + 0.24 \times z_{07} + \\ 255 \quad 0.23 \times z_{08} + 0.27 \times z_{09} + 0.36 \times z_{10} + 0.33 \times z_{11} \quad (2)$$

256

257 We used a standardised score for only the first principal component of the CADI, which ranges from
258 the least deprived value -2.71 to the most deprived value of 2.92, with a higher CADI value
259 representing relatively more deprivation in a specified area. We divided the 2,869 counties into ten
260 deciles according to their degree of deprivation. We found deprivation in China's county-level regions
261 to be consistent with the geographic distribution of China's social and economic development.
262 Specifically, the deprivation in Western China is much more severe, while the Northeast and
263 Southeast coastal areas are less deprived (Figure 2).

264 [Insert Figure 2]

265 **Sensitivity analysis**

266 The correlation coefficient between the CADI using all counties and the CADI using counties with a
267 population between 100,000 and 1 million is over 0.999. The correlation coefficient between CADI
268 using PCA and CADI using equal weight is 0.989. These findings indicate that the CADI is robust
269 against different county-level population sizes and weighting methods.

270

271 **Comparison with national poverty-stricken areas**

272 China's official list of poverty-stricken counties was compared against the index developed in this
273 study. After matching, four types of counties were generated:

- 274 • *Type 1 (586)*: Deprived according to both CADI and China's 2012 official list.
- 275 • *Type 2 (244)*: Deprived according to CADI but not on China's 2012 official list
- 276 • *Type 3 (244)*: Listed as poverty-stricken as per China's 2012 official list but not deprived
277 according to CADI
- 278 • *Type 4 (1,795)*: Not identified as deprived in either approach

279 [Insert Table 2]

280 Amongst the 830 counties as poverty-stricken in 2012, the index developed in this study found 586 of

281 these counties (70.60%) to be deprived according to CADI. For all 11 indicators, the level of
282 deprivation ranges from the highest with type 1 counties to the lowest with type 4 counties (Table 2).
283 Notably, type 2 counties revealed greater levels of deprivation than type 3 poverty-stricken counties
284 on China's 2012 official list. For example, the percentage of people working in low-income industries
285 was 86.90 in type 2 counties, which was 6.71% higher than the percentage in type 3 counties
286 (80.19%). This suggests that the CADI can identify additional regions experiencing deprivation by
287 offering more details about deprived counties.

288 **4 DISCUSSION**

289 In this study, we successfully developed the first nationwide population-based CADI for mainland
290 China. Previous deprivation indices have been mostly developed in high-income countries rather than
291 LMICs, such as China. We chose indicators from the 2010 census that bridge this gap by not only
292 representing various domains of material and social deprivation, but also by being relevant to LMICs
293 undergoing the rapid development experienced by China. The census data, drawn from the national
294 census conducted every 10 years for the entire population in China, helped us create an area-deprivation
295 index at the county level, which is China's lowest administrative level with complete government
296 functions.

297

298 We found that the first principal component explained 60.38% of the total variation of area
299 deprivation in China, which was slightly lower than that in the United States (61%),^[7] and South
300 Korea (64%),^[24] although higher than that in France (57%),^[8] South Africa (50%).^[25] This finding
301 indicates that the standardised first principal component (i.e. the CADI) can extract most of the
302 variation in deprivation across various domains. We further demonstrated that our index is robust
303 against both large and small population extremes and weighting methods at the county level via
304 sensitivity analysis.

305

306 According to findings from CADI, China's deprived counties largely coincided with the 2012 State
307 Council's official list of poverty-stricken counties. However, we found that there were still gaps in the

308 identification of deprived counties because the list was mainly based on income, historical
309 designation, and rural regions and not on multiple domains of material and social deprivation as was
310 used in the CADI. Some counties not included in the official list were found to have a greater degree
311 of deprivation by the CADI, likely because they had not been previously identified and therefore had
312 been ineligible to benefit from China's government programs for poverty-stricken areas.^[26]
313 Additionally, according to the list of national poverty-stricken counties, a county can only be poverty-
314 stricken or not, while the CADI provides a continuous value of deprivation for each county and allows
315 counties to be compared based on deprivation. Thus, CADI may be used to better identify regions of
316 China with the greatest need and offer a deeper understanding of China's socioeconomic development
317 by using standardised criteria nationwide.

318

319 **Future application of China's area deprivation index**

320 The CADI can be updated based on the 2020 census and used to serially monitor improvements over
321 time. Given the Chinese central government's declaration in 2018 to allocate more health funds to
322 deprived provinces,^[3] this index can also be used to determine the counties within these provinces that
323 need the greatest level of resources.

324

325 For future studies on health equity, it would be interesting to measure the association between the
326 index and a measure of population health status such as mortality. National and subnational health
327 equity assessment requires not only health data but also reliable and accurate measures of a
328 population's socioeconomic status at all geographic levels.^[27] In combination with various county-
329 level health data sources, this index offers a standardised way to measure socioeconomic status at both
330 the national and provincial levels within China. Comparisons at both levels will make health equity
331 governance accountable and accelerate the reduction of health inequity. From a global perspective, the
332 creation of similar indices in other countries would allow for standardised inter-country comparisons
333 of health inequity.

334

335 In addition, there is an increasing interest in epidemiological studies concerning the contextual effect

336 of area socioeconomic status on health in China, and various area-level socioeconomic measures have
337 been used in such research.^[28,29] However, there is some inconsistency in the socioeconomic
338 indicators used in their analyses. This inconsistency may hinder comparisons and generalisability
339 across China. In the present study, we effectively developed an area deprivation index for further
340 epidemiological research in China to gain a better understanding of how area deprivation affects
341 health.

342

343 There are several limitations of this study. First, whilst we have used the data from the latest national
344 census to construct this index, there is considerable lag between the year of data collection, 2010, and
345 the publication of this index. Notwithstanding this, the index is still superior to the National Poverty-
346 Stricken County List of 2012 that is currently being used by the Chinese government for policy and
347 planning. As such, the index considers relative deprivation across multiple domains, and is more
348 relevant to the government's current agenda for eradicating relative deprivation. This work also offers
349 foundational data and methodology that may be applied for data from the upcoming 2020 Census data.
350 Second, whilst this current index is based upon the lowest level of administration attempted to date for
351 national-level multiple deprivation indices for China, Chinese counties are still large in geographic
352 area and population. In building multiple deprivation indices, the smaller the geographic areas, the
353 more precise the index.^[18] Furthermore, the index is also not rural-urban sensitive. This is because
354 most Chinese counties contain both rural and urban communities, making it impossible to distinguish
355 rural-urban differences. In order to account for such differences, lower-level data will be needed. For
356 rural areas, this would be the level of township, and for urban areas, the level of street. Unfortunately,
357 nationwide lower levels census of data is currently not publicly accessible. However, in order to
358 advance research and to improve the quality of deprivation indices for assisting the government's
359 social policy endeavours, we strongly urge the Bureau of Statistics to consider making such data
360 publicly available.

361

362 In conclusion, we have generated a county-level area deprivation index based on China's census data.
363 This approach can be used as an alternative method of measuring China's deprived areas on various
364 levels, to support health equity monitoring and comparison at national and subnational levels, and for

365 future studies about the effect of area deprivation on health.

- 367 1. State Council. Notes on publishing the national poverty-stricken counties list 2012
368 http://www.cpad.gov.cn/art/2012/6/14/art_50_23717.html (accessed 21 June, 2018)
- 369 2. Xinhua News. 153 out of 832 national poverty-stricken counties has been lifted out of poverty, how
370 could the rest of counties lift out of poverty? [http://www.xinhuanet.com/2018-](http://www.xinhuanet.com/2018-11/06/c_1123670288.htm)
371 [11/06/c_1123670288.htm](http://www.xinhuanet.com/2018-11/06/c_1123670288.htm) (accessed 21 June, 2019).
- 372 3. State Council. Reform plan for the division of fiscal responsibilities and expenditure responsibilities
373 between central and local governments in health care 2018. [http://www.gov.cn/xinwen/2018-](http://www.gov.cn/xinwen/2018-08/13/content_5313540.htm)
374 [08/13/content_5313540.htm](http://www.gov.cn/xinwen/2018-08/13/content_5313540.htm) (accessed 20 June, 2018)
- 375 4. Townsend P. Deprivation. *Journal of Social Policy* 1979;16(2):125-46.
- 376 5. Morris R, Carstairs V. Which deprivation? A comparison of selected deprivation indexes. *Journal of*
377 *public health medicine* 1991;13(4):318-26.
- 378 6. Ministry of Housing CLG. English indices of deprivation
379 2019. <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>.(accessed 21
380 Jan, 2020)
- 381 7. Singh GK, Miller BA, Hankey BF, et al. Changing area socioeconomic patterns in US cancer mortality,
382 1950–1998: part I—all cancers among men. *Journal of the National Cancer Institute*
383 2002;94(12):904-15.
- 384 8. Lalloué B, Monnez J-M, Padilla C, et al. A statistical procedure to create a neighborhood socioeconomic
385 index for health inequalities analysis. *International journal for equity in health* 2013;12:21-21.
- 386 9. Havard S, Deguen S, Bodin J, et al. A small-area index of socioeconomic deprivation to capture health
387 inequalities in France. *Social science & medicine* 2008;67(12):2007-16.
- 388 10. Barr B, Bambra C, Whitehead M. The impact of NHS resource allocation policy on health inequalities
389 in England 2001-11: longitudinal ecological study. *BMJ* 2014;348:g3231-g31. doi:
390 10.1136/bmj.g3231
- 391 11. Guillaume E, Pornet C, Dejardin O, et al. Development of a cross-cultural deprivation index in five
392 European countries. *J Epidemiol Community Health* 2016;70(5):493-9.
- 393 12. State Council Population Census Office, National Bureau of Statistics. Tabulation on the 2010
394 population census of the People's Republic of China by county 2012.
- 395 13. Lam T-C. The county system and county governance. *China's Local Administration: Routledge*
396 2009:149-93.
- 397 14. Yuan Y, Wu F. Regional social inequalities and social deprivation in Guangdong Province, China.
398 *Growth and Change* 2013;44(1):149-67.
- 399 15. Wan C, Su S. China's social deprivation: Measurement, spatiotemporal pattern and urban applications.
400 *Habitat Int* 2017;62:22-42.
- 401 16. Ministry of Civil Affairs. National Information Access Platform on Administrative Regions. 2020.
402 <http://www.xzqh.mca.gov.cn/map> (accessed 15 May, 2020)
- 403 17. Noble, M., Wright, G., Smith, G. et al. Measuring Multiple Deprivation at the Small-Area Level.
404 *Environment and Planning A: Economy and Space* 2006; 38(1):169-85.
- 405 18. Allik M, Leyland A, Travassos Ichihara MY, et al. Creating small-area deprivation indices: a guide for
406 stages and options. *J Epidemiol Community Health* 2020;74(1):20.
- 407 19. National Bureau of Statistics. Average wages of different positions and industries in 2013.
408 http://www.stats.gov.cn/tjsj/zxfb/201405/t20140527_558611.html (accessed 20 July, 2018).
- 409 20. National Bureau of Statistics. Classification for urban and rural areas for statistical use.2008.
410 <http://www.stats.gov.cn/tjsj/pcsj/rkpc/6rp/html/fu11.htm>.(accessed 15 May, 2020)
- 411 21. Liu Z. Institution and inequality: the hukou system in China. *J Comp Econ* 2005;33(1):133-57.
- 412 22. Messer LC, Laraia BA, Kaufman JS, et al. The development of a standardised neighborhood
413 deprivation index. *Journal of Urban Health* 2006;83(6):1041-62.
- 414 23. Decancq K, Lugo MA. Weights in Multidimensional Indices of Wellbeing: An Overview. *Econom Rev*
415 2013;32(1):7-34.
- 416 24. Yun JW, Kim YJ, Son M. Regional Deprivation Index and Socioeconomic Inequalities Related to
417 Infant Deaths in Korea. *J Korean Med Sci* 2016;31(4):568-78.
- 418 25. Noble M, Barnes H, Wright G, et al. Small Area Indices of Multiple Deprivation in South Africa.
419 *Social Indicators Research* 2009;95(2):281.
- 420 26. Qin C, Chong TTL. Can Poverty be Alleviated in China? *Review of Income and Wealth*
421 2018;64(1):192-212.
- 422 27. Hosseinpoor AR, Bergen N. Area-based units of analysis for strengthening health inequality
423 monitoring. *Bull WHO* 2016;94(11):856-58.

- 424 28. Zeng Y, Gu D, Purser J, et al. Associations of environmental factors with elderly health and mortality in
425 China. *Am J Public Health* 2010;100(2):298-305.
- 426 29. Luo Y, Gao J, Zheng X. Individual-level and area-level socioeconomic inequalities in hearing
427 impairment among Chinese adults: a population-based study. *J Epidemiol Community Health*
428 2020.

Indicator	Mean	SD	Min	Max
Education				
Average years of education for people over 6 years of age (z ₀₁)	8.71	1.47	2.00	13.14
Illiteracy rate among people over 15 years of age (z ₀₂)	6.34	7.21	0.09	66.22
Percentage of people over 6 years of age not completing junior high school (z ₀₃)	77.33	13.10	27.14	98.18
Income				
Percentage of people over 16 years of age losing working ability (z ₀₄)	5.92	2.27	0.00	15.39
Percentage of people over 16 years of age working in low-income industries (z ₀₅)	74.80	16.66	3.82	98.36
Living conditions (indoor)				
Percentage of households without tap water (z ₀₆)	3.79	2.72	0.00	11.92
Percentage of households without a toilet (z ₀₇)	3.28	2.41	0.00	10.82
Percentage of households without a kitchen (z ₀₈)	1.81	1.84	0.00	10.59
Percentage of households without a shower (z ₀₉)	5.28	2.71	0.08	12.22
Rural-urban differences				
Percentage of people living in rural areas (z ₁₀)	53.09	25.68	0.00	98.62
Percentage of people with rural <i>hukou</i> (z ₁₁)	70.47	23.56	0.60	98.42

¹ All numbers are presented as a percentage, except for average years of education for people over 6 years of age.

Table 2. Incidence of different deprivation indicators among four county types *mean(sd)*¹

Indicator	Type 1	Type 2	Type 3	Type 4
Education				
Average years of education for people over 6 years of age	7.05(1.41)	8.11(0.49)	8.50(0.65)	9.37(1.14)
Illiteracy rate among people over 15 years of age	14.38(11.82)	6.65(3.56)	5.32(3.70)	3.81(2.53)
Percentage of people over 6 years of age not completing junior high school	88.01(4.38)	86.09(3.37)	81.25(6.50)	72.12(13.56)
Income				
Percentage of people over 16 years of age losing working ability	7.47(1.89)	7.18(1.43)	6.36(1.88)	5.19(2.20)
Percentage of people over 16 years of age working in low-income industries	87.24(6.09)	86.90(5.55)	80.19(10.42)	68.35(17.23)
Living conditions (indoor)				
Percentage of households without tap water	6.58(2.04)	6.42(1.73)	4.05(2.01)	2.49(2.08)
Percentage of households without a toilet	5.53(2.50)	4.67(2.27)	2.90(1.98)	2.41(1.83)
Percentage of households without a kitchen	3.72(2.44)	2.70(1.78)	1.59(1.41)	1.09(0.96)
Percentage of households without a shower	8.18(1.64)	6.72(1.51)	6.27(1.88)	4.00(2.29)
Rural-urban differences				
Percentage of people living in rural areas	77.28(8.83)	70.95(7.04)	64.14(14.30)	41.26(24.56)
Percentage of people with rural <i>hukou</i>	88.4(5.07)	86.97(5.63)	76.81(13.73)	61.52(24.92)

1. All numbers are presented as percentages, except for average years of education for people over 6 years of age.

2. Type 1 counties are deprived according to both CADI and China's 2012 official list; type 2 counties are deprived according to CADI but not on China's 2012 official list; type 3 are listed as poverty-stricken as per China's 2012 official list but not deprived according to CADI; type 4 are not identified as deprived in either approach.

Figure 1: Flowchart for constructing the county-level area deprivation index (CADI)

Figure 2: Geographic distribution of county-level area deprivation throughout China