Abstract

Objectives: National statistics on the epidemiology and health outcomes associated with various conditions are difficult to obtain in China. The aim of this study was to assess the evidence for validity of a patient-reported survey compared with existing epidemiological data on prominent chronic conditions.

Methods: The data source for this comparison was the 2010 China National Health and Wellness Survey (NHWS) (N=119,954). The NHWS is a self-reported survey administered to the adult population of urban China using a mixed methodology (an Internet survey and computer assisted web interviews). A random stratified sampling framework according to age and gender was implemented to ensure the final urban NHWS sample was identical to the demographic composition of the urban China population. Horvitz-Thompson sampling weights were applied to all analyses to project to the entire urban population. Existing epidemiological information was obtained through literature reviews.

Results: A prior systematic review of rheumatoid arthritis across China estimated the pooled prevalence across 41 studies at 0.37%. The NHWS estimated the prevalence in an urban China population using a patient reported survey administered to the adult urban population. Existing epidemiological data on prominent chronic conditions.

Discussion: These results suggest that a self-reported patient survey can provide useful information about conditions of relevance to the Chinese population. The reliance on self-reported data underscores conditions defined by clinical measures that the patient may not be aware of (e.g., diabetes, COPD) and may result in measurement error due to medical literacy (rheumatoid arthritis versus fibromyalgia). Further comparisons between the NHWS and other population studies that analyzed awareness of chronic conditions. The analysis were generally similar between NHWS and the literature.

Objective: The aim of this study was to assess the validity of the NHWS by comparing prevalence estimates of the adult urban Chinese population from NHWS to existing population-based studies in the literature.

Methods

Data Source

The data source for this comparison was the 2010 China National Health and Wellness Survey (NHWS) (N=119,954).

The NHWS is a self-reported survey administered to the adult population of China which assesses information on approximately 160 different conditions.

The survey was intended to be representative of the urban population, rather than the entire country.

Eighty-four percent of the sample was from either a Tier I or Tier II city, with the remaining 16% from other cities.

Tier I (13 cities): Beijing, Shanghai, Guangzhou

Tier II (125 cities): Anking, Anqing, Arxian, Baoji, Baoshan, Bengbu, Bengbu, Baoji, Bangshan, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, Bengbu, 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