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The overall prevalence rate of chronic diseases is lower than China’s 2008 national average estimates (20%) reported by the Ministry of Health in China, although the prevalence rate of chronic diseases in people aged 65 and older with lower income is significantly higher than the national average. It appears that the new type of rural CMS, launched in 2003, reduces health inequalities for rural populations but not for older populations. The policy implication is clear; recent government policy to revitalize the original CMS is the right thing to do to reduce urban and rural socioeconomic differences and health inequalities. Additional efforts are required for health promotion and disease prevention programs in people aged 65 and older with low income. The government needs to make sure that sufficient funds are allocated and reserved to sustain the new type of CMS to cover primary care for aging populations in all rural areas and to improve health equity.

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