



## **CIEE Global Institute – Shanghai**

<b>Course name:</b>	Public Health Policy in China
<b>Course number:</b>	PUBH 3101 SHCN
<b>Programs offering course:</b>	Open Campus
<b>Open Campus Track:</b>	Global and Community Health
<b>Language of instruction:</b>	English
<b>U.S. semester credits:</b>	3
<b>Contact hours:</b>	45
<b>Term:</b>	Spring 2020

### **Course Description**

Since the mid-1950s China has made remarkable progress in improving the health status of its citizens. However, in the 21<sup>st</sup> century, due to negative effects brought on by an aging population and the continuing burdens of diseases as well as urbanization and industrialization, the Chinese public health system is encountering vast challenges. Existing public services and social services programs at provincial and central levels are often insufficient, inducing those who have sufficiently profited from the economic boom of recent decades to rely on private medical institutions and insurances. This course will explore public and private health systems in China in relation to social and economic development, and investigate the complications that come with a widening gap between rural and urban health care landscapes. The goal is to gauge, theoretically as well as through empirical analysis, the economic and resource challenges facing the Chinese government in public health, and to assess how new medical and social science research continues to change the realm of public health in China.

### **Learning Objectives**

By completing this course, students will be able to:

- Discern and describe key issues, main policy points and key players in the public health field in China
- Assess the effectiveness of existing policies
- Analyze the impacts of potential policy change and effects of new policy interventions
- Generate basic recommendations that are based on indicators and appropriate for the public health sector in the Chinese context
- Learn and apply fundamental methods of empirical social science analysis

### **Course Prerequisites**

In principle, there no prerequisites. A lower-division course in public health, public policy, or social sciences would be beneficial.

### **Methods of Instruction**

This course will be a mix of lectures and in-class discussions of pre-assigned peer-reviewed academic publications as well as industry and policy papers. In-class debates may take a variety



of formats, ranging from small group work to plenum discussions, to structured panel discussions for which students prepare position papers. Students will observe and reflect upon public health institutions nearby their site of study.

### **Assessment and Final Grade**

1.	Topic reports (2):	20%
2.	Observation report:	10%
3.	Mid-term exam:	15%
4.	Final exam:	15%
5.	Final presentation:	20%
6.	Participation:	20%

### **Course Requirements**

#### **Topic Reports**

Two topic reports, each 800 to 1000 words in length, will be assigned during the course. Students will be asked to summarize and analyze an aspect of public health using materials discussed in class and additional published sources.

#### **Observation Report**

In order to observe the available resources and collect ethnographic information on the patient experience at regional public health institutions students will have to identify three publically accessible institutions related to health services in the immediate vicinity of their study site (drug stores, health food stores, hospitals, community health information announcement boards, etc.). After unobtrusively visiting these sites at least one time, students will have to describe in 800 to 1000 words the most prominent features of these sites. Through this exercise students will develop a first-hand knowledge base of public health institutions from which they may collectively draw on while analyzing the impacts of policy change.

#### **Mid-term exam**

This closed-book exam consists of 5 short questions and answers (100 to 120 words each) and a choice of one question out of two to be answered in an extended argumentative essay (600 to 800 words).

#### **Final exam**

A closed-book exam consisting of 6 short questions and answers (100 to 120 words each) and a choice of two questions out of three to be answered in an extended argumentative essay (450 to 700 words each).

#### **Final presentation**

Students will individually prepare a presentation of 10 minutes about an aspect of public health as currently observed in China. The presentation will include data about the topic sourced from reputable published sources and will apply the theoretical tools discussed in the second part of the



course (market approaches, evaluation indicators, etc.) to the case study.

**Participation**

Participation is valued as meaningful contribution in the digital and tangible classroom, utilizing the resources and materials presented to students as part of the course. Meaningful contribution requires students to be prepared in advance of each class session and to have regular attendance. Students must clearly demonstrate they have engaged with the materials as directed, for example, through classroom discussions, online discussion boards, peer-to-peer feedback (after presentations), interaction with guest speakers, and attentiveness on co-curricular and outside-of-classroom activities.

It is expected that the student will attend and participate in class and debate the issues talked about in class. Therefore, reading materials should be read before class in order to be able to sustain a coherent and interesting debate.

**Attendance**

Regular class attendance is required throughout the program, and all unexcused absences will result in a lower participation grade for any affected CIEE course. Due to the intensive schedules for Open Campus and Short Term programs, unexcused absences that constitute more than 10% of the total course will result in a written warning.

Students who transfer from one CIEE class to another during the add/drop period will not be considered absent from the first session(s) of their new class, provided they were marked present for the first session(s) of their original class. Otherwise, the absence(s) from the original class carry over to the new class and count against the grade in that class.

For CIEE classes, excessively tardy (over 15 minutes late) students must be marked absent. Attendance policies also apply to any required co-curricular class excursion or event, as well as to Internship, Service Learning, or required field placement. Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent and unexcused. No make-up or re-sit opportunity will be provided.

Attendance policies also apply to any required class excursion, with the exception that some class excursions cannot accommodate any tardiness, and students risk being marked as absent if they fail to be present at the appointed time.

Unexcused absences will lead to the following penalties:

<i>Percentage of Total Course Hours Missed</i>	<i>Equivalent Number of Open Campus Semester classes</i>	<i>Minimum Penalty</i>
Up to 10%	1 content classes, or up to 2 language classes	Participation graded as per class requirements



10 – 20%	2 content classes, or 3-4 language classes	Participation graded as per class requirements; <b>written warning</b>
More than 20%	3 content classes, or 5 language classes	Automatic <b>course failure</b> , and possible expulsion

### Weekly Schedule

#### **Week 1**

##### 1.1 Introduction to the course

The first session will introduce students to the key theoretical and applied topics addressed in the course, including a general overview of the contemporary institutions supporting public and private health systems in China. A discussion of the course requirements and learning approach will be included.

**Readings:** Huang 2015 p. 1-24. Schneider 2016 p. 3-15

##### 1.2 The historical roots of medicine in China

In today's class we will consider the cultural roots and historical traditions of medical practices in China. From herbal medicines used for over 1,000 years to mind and body practices used to treat or prevent health problems, while visiting the Shanghai Museum of Traditional Chinese Medicine students will discover the emergence of the Traditional Chinese Medicine (TCM) – Western Medicine dichotomy and analyze both practices' relevance in China today.

**Readings:** Andrews 2014 p. 1-24

##### 1.3 The emergence of the Socialist medicine system

Medical practices and institutions established during the early Socialist period in China dealt with the realities of material and skill shortages. This class will consider the ideological contradictions between a socialist embrace of science and a nativist cultivation of traditional practices.

**Readings:** Taylor 2005 p. 1-13

**Topic report 1 due**

#### **Week 2**

##### 2.1 Public health effects of socioeconomic change

Students will be introduced to the public health implications of the large-scale



changes taking place in Chinese society. Urbanization, industrialization, and individual lifestyle changes have profound impacts on resolving existing public health concerns while at the same time creating new ones.

**Readings:** Gong et al. 2012

## 2.2 Communicable Diseases

Today's class will be a discussion of the prevention and treatment methods of communicable diseases in a transforming society. Particular attention will be paid to 'unpacking' the socioeconomic contributors to prevention and treatment methods introduced in the previous session (such as economic growth, large-scale urbanization and entry into the globalized economy).

**Readings:** Hipgrave 2011

## 2.3 Noncommunicable diseases

In contrast, our discussion of the prevention and treatment of noncommunicable diseases (NCDs) in a transforming society will focus on risk factors and conditions responsible for China's NCDs and the financial implications on both the individual and the health care system.

**Readings:** Min et al. 2015

**Observation report due**

### Week 3

#### 3.1 Safety and injury prevention

China faces complex challenges to injury and death prevention measures such as transportation-related risk factors. This class will uncover the technological advances and policy decisions that are transforming China's solutions for safety and injury prevention.

**Readings:** Jiang et al. 2017

#### 3.2 Rural public health and health care provision

This class will discuss the pressing public health needs and the complexities of providing services in rural areas.

**Readings:** Han, Wu, and Yang 2016

#### 3.3 Women and children's health

Between 1991 and 2013 under-five mortality and maternal mortality decreased drastically in China. This class will discuss the positive developments in women's and children's health as well as the strides yet to be made to support marginalized populations.

**Readings:** WHO 2015

**Mid-term exam**

**Week 4**

4.1 Public health education

This class will consider the role of education in ensuring public health in a developing country by tracing the successes and failures of educational initiatives over the past 50 years of social, political and economic change in China.

**Readings:** Bangdiwala et al. 2011

4.2 Public health and health care professional training

Through comparative analyses, students will consider the effectiveness of professional training of public health and health care professionals in China, including initial training and ongoing skills enhancement.

**Readings:** Hou et al. 2018

4.3 Food and drug safety regulation

The key scientific and logistic aspects of establishing and maintaining a safe yet flexible and innovative food and medication safety approval and monitoring system will be discussed in this session.

**Readings:** Huang 2015 p. 112-134

**Topic report 2 due**

**Week 5**

5.1 Financial aspects of public health in China

The financial needs and implications of health care provisions in Shanghai will be discussed in relation to today's study tour to the Community Health Services Center. Discussion of Shanghai's two-tier approach to health care provisions (public and private) will further contextualize this experience.

**Readings:** Bu 2017 p. 173-192

5.2 The role of the market

This class will discuss the role and the limitations to market-based approaches to funding health care. Using China's New Rural Co-operative Medical System (NRCMS) as a case study, students will be encouraged to critique the overall effectiveness of current funding structures and consider hypothetical alternatives.

**Readings:** Müller 2016 p. 49-78

5.3 Measuring health

During the first half of the class students will complete their final exam. Using the WHO's *Millennium Development Goals* as a basis, students will be encouraged to debate appropriate indicators of population health in different regions of China during the second half of the class.

**Readings:** WHO 2003

**Final exam**

**Week 6**

6.1 Measuring the public health system

Significant pressure has been put on the health care system during this extended period of transition for China. This class will discuss possible methods for selecting appropriate and effective indicators for the assessment of China's public health system.

**Readings:** Dai et al. 2016

6.2 Assessing reform outcomes

A brief discussion about the effectiveness of ongoing public health care reforms introduced in today's readings will precede the final examination.

**Readings:** Liu, Vortherms, and Hong 2017

6.3 Final presentation and wrap-up

**Final presentation**

**Course Materials**

### Readings

- Andrews, Bridie. 2014. *The Making of Modern Chinese Medicine, 1850-1960*. UBC Press. Retrieved (<https://books.google.com/books?id=bB9BAwAAQBAJ>).
- Bangdiwala, Shrikant I. et al. 2011. "Public Health Education in India and China:History, Opportunities, and Challenges." *Public Health Reviews* 33(1):204–24. Retrieved ([http://search.proquest.com/docview/906002072?accountid=10673%5Cnhttp://openurl.ac.uk/athens:\\_edu?url\\_ver=Z39.88-2004&rft\\_val\\_fmt=info:ofi/fmt:kev:mtx:journal&genre=article&sid=ProQ:ProQ:socscijournals&atitle=Public+Health+Education+in+India+and+China:+Hi](http://search.proquest.com/docview/906002072?accountid=10673%5Cnhttp://openurl.ac.uk/athens:_edu?url_ver=Z39.88-2004&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&genre=article&sid=ProQ:ProQ:socscijournals&atitle=Public+Health+Education+in+India+and+China:+Hi)).
- Bu, Liping. 2017. *Public Health and the Modernization of China, 1865–2015*. Taylor & Francis. Retrieved (<https://books.google.com/books?id=TC8IDwAAQBAJ>).
- Dai, Guobin, Fang Deng, Arkalgud Ramaprasad, and Thant Syn. 2016. "China's National Health Policies: An Ontological Analysis." *Online Journal of Public Health Informatics* 8(3):e196. Retrieved (<http://www.annualreviews.org/doi/10.1146/annurev-publhealth-031816-044247>).
- Gong, Peng et al. 2012. "Urbanisation and Health in China." *The Lancet* 379(9818):843–52. Retrieved ([http://dx.doi.org/10.1016/S0140-6736\(11\)61878-3](http://dx.doi.org/10.1016/S0140-6736(11)61878-3)).
- Han, Jun, Meng Chao Wu, and Tian Yang. 2016. "Challenge of China's Rural Health." *BMJ (Online)* 353(April):1–2.
- Hipgrave, David. 2011. "Communicable Disease Control in China: From Mao to Now." *Journal of Global Health* 1(2):224–38. Retrieved (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3484775/pdf/jogh-01-224.pdf>).
- Hou, Jianlin et al. 2018. "Public Health Education at China's Higher Education Institutions: A Time-Series Analysis from 1998 to 2012." *BMC Public Health* 18(1):679. Retrieved (<https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5605-4>).
- Huang, Yanzhong. 2015. *Governing Health in Contemporary China*. Taylor & Francis. Retrieved (<https://books.google.co.jp/books?id=PHbpTRCRxyMC>).
- Jiang, Baoguo et al. 2017. "Transport and Public Health in China: The Road to a Healthy Future." *The Lancet* 390(10104):1781–91. Retrieved (<https://linkinghub.elsevier.com/retrieve/pii/S014067361731958X>).
- Liu, Gordon G., Samantha A. Vortherms, and Xuezhi Hong. 2017. "China's Health Reform Update." *Annual Review of Public Health* 38(1):431–48. Retrieved (<http://www.annualreviews.org/doi/10.1146/annurev-publhealth-031816-044247>).
- Min, Yan et al. 2015. "Tackling China's Noncommunicable Diseases: Shared Origins, Costly Consequences and the Need for Action." *Chinese Medical Journal* 128(6):839–43.
- Müller, Armin. 2016. *China's New Public Health Insurance: Challenges to Health Reforms and the New Rural Co-Operative Medical System*. Taylor & Francis. Retrieved (<https://books.google.com/books?id=9CslDwAAQBAJ>).
- Schneider, Mary-Jane. 2016. *Introduction to Public Health*. Jones & Bartlett Learning. Retrieved (<https://books.google.com/books?id=OEDhCwAAQBAJ>).
- Taylor, Kim. 2005. *Chinese Medicine in Early Communist China, 1945-63: A Medicine of Revolution*. RoutledgeCurzon. Retrieved (<https://books.google.com/books?id=U6eaHe9qzYC>).
- WHO. 2003. *Millenium Development Goals - The Health Indicators: Scope, Definitions and Measurement Methods*. Geneva, Switzerland. Retrieved



([http://apps.who.int/iris/bitstream/handle/10665/68409/WHO\\_EIP\\_HFS\\_03.2.pdf;jsessionid=83DAB35EB9FD56C296B247CAF635B779?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/68409/WHO_EIP_HFS_03.2.pdf;jsessionid=83DAB35EB9FD56C296B247CAF635B779?sequence=1)).

WHO. 2015. *Success Factors for Women's and Children's Health: China*. Geneva, Switzerland. Retrieved ([http://www.who.int/pmnch/knowledge/publications/china\\_country\\_report.pdf](http://www.who.int/pmnch/knowledge/publications/china_country_report.pdf)).

### **Online Resources**

Reform and Innovation for Better Rural Health Services in China – World Bank Project.

<http://www.worldbank.org/en/results/2015/04/02/reform-innovation-for-better-rural-health-services-in-china>

Chinese Center for Disease Control and Prevention:

<http://www.chinacdc.cn/en/>

US Center for Disease Control and Prevention China page:

<https://wwwnc.cdc.gov/travel/destinations/traveler/none/china>

Chinese Ministry of Health:

<http://www.moh.gov.cn/>