Course Description

Since the mid-1950s China has made remarkable progress in improving the health status of its citizens. However, in the 21st 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:

- Discern and describe key issues, main policy points and key players in the public health field in China.
- Assess the effectiveness of existing policies and analyze the impacts of potential policy change and effects of new policy interventions.
- Propose basic recommendations that are based on indicators and appropriate for the public health sector in the Chinese context.
- 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 (2)

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 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, 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 excursions or events, as well as to any required field placement. Students may not miss placement/work hours at an internship or service learning site unless approved in advance by the Academic Director and placement supervisor. All students must complete all of the
requisite 100 minimum work hours on site at the internship or service learning placement to be eligible for academic credit.

Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent. 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.

Absences for classes will lead to the following penalties:

<table>
<thead>
<tr>
<th>Percentage of Total Course Hours Missed</th>
<th>Minimum Penalty</th>
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</thead>
<tbody>
<tr>
<td>Up to 10%</td>
<td>Participation graded as per class requirements</td>
</tr>
<tr>
<td>10 – 20%</td>
<td>Participation graded as per class requirements; 3% grade penalty &amp; written warning</td>
</tr>
<tr>
<td>More than 20%</td>
<td>Automatic course failure, and possible expulsion</td>
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</tbody>
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N.B. Course schedule is subject to change due to study tours, excursions, or local holidays. Final schedules will be included in the final syllabus provided to students on site.

**Weekly Schedule**

**Week 1**

**Class: 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.


**Class: 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

**Class: 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
Week 2
Class:  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

Class:  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

Class:  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
Class:  3.1 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

Class:  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

Class:  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
Class:  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.
Class:  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

Class:  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

Class:  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

Class:  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.

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Readings:  Müller 2016 p. 49-78:  Müller 2016 p. 49-78

Class:  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.

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Readings:  WHO 2003

Final exam

Week 6

Class:  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.
Class: 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

Class: 6.3 Final presentation and wrap-up

Final presentation

Course Materials

Readings


**Online Resources**

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

Chinese Center for Disease Control and Prevention:  
http://www.chinacdc.cn/en/

US Center for Disease Control and Prevention China page:  

Chinese Ministry of Health:  
http://www.moh.gov.cn/