

The China Health Policy and Management Society

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China Health Review (CHR), published quarterly, is the official online magazine of the China Health Policy and Management Society (CHPAMS). The CHR is intended to promote health research, policy, practice, and education related to China and the general population health sciences by providing research and policy updates, topical reviews, and other appropriate information. Targeted audience includes (1) academic researchers within and outside of China; (2) policymakers within China; (3) other interested parties including nonprofit organizations and business leaders as appropriate.

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China Health Review (CHR) is soliciting submissions of manuscript for the following sections: *Topical Review*, *Perspectives*, and *History Speaks*.

Topical Review is systematic, critical review and assessments of literature and data sources pertaining to a topical issue determined as appropriate by the Editorial team. The articles generally should be kept within 2000 words. Manuscripts in the *Perspectives* section are short reviews that, in most instances, highlight an article(s) that appears in the same or recent issue of the CHR. Perspectives that are not tied to an article are narrower in scope than Topical Review articles and allow more lively and timely discussion of a topical issue. The articles generally should be kept within 1000 words. *History Speaks* is devoted to historical events and prominent figures of significance to population health among the Chinese people within and outside of China. The articles generally should be kept within 1500 words.

In addition, the CHR

welcomes short submissions to two other sections, *Research Twitter* and *Policy and Practice Updates*. *Research Twitter* provides brief summary of most recent research reports appeared in academic journals and grey literature that are relevant to health issues in China and Chinese people. *Policy and Practice Updates* provides brief summary of updates in health policy and practice that appeared in relevant policy briefs, news release, and popular news sources. Submissions to both sections should be kept within 200 words per summary in general. Please contact section Editors listed below for questions, information or submission.

All submissions should be typed, double-spaced, as Word documents only. Manuscripts should conform to the style of the fifth edition of the Publication Manual of the American Psychological Association. All submissions should be submitted electronically to the attention of the Editor. Authors must ensure that their manuscripts are appropriately identified. All submissions, if accepted, shall indicate author's consent to assign CHR rights to disseminate in its final form. However, authors retain the copyright. In particular, publication in the CHR does not preclude authors to submit and publish an edited version of the manuscript in a peer-reviewed journal or as a book chapter.

Review Process: Submissions will be reviewed and edited by the CHR's editorial team.

Contact Information: Inquiries about the CHR and submissions can be addressed to Dr. Zhuo (Adam) Chen (CHR@chpams.org). Submissions to the *Research Twitter* and *Policy and Practice Updates* should be addressed to Dr. Feijun Luo (frankie_luo@yahoo.com) and Dr. Xuezheng Qin (qin.econpku@gmail.com), respectively.

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China Health Review



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EDITORIAL INTRODUCTION

In the Perspective section of the July issue of China Health Review, Professor Zhanlian Feng outlines the challenges for the Chinese society when the Confucian ideal of filial piety and family care for the aged meets the recent emergence and rapid growth of elder care institutions. Professor Feng argues that this phenomenon signals a demographic inevitability and attests to the growing demand for formal long-term care in China with a rapidly aging population. He concludes by suggesting that it is imperative for Chinese policymakers to institute a formalized regulatory structure as soon as possible and to build an information infrastructure in order to enhance regulatory oversight and quality monitoring in Chinese long-term care facilities.

In April 2010, Qi (Harry) Zhang, PhD, and Jing Hao, MPH, had the opportunity to interview Dr. Jin Ma, the Executive Dean of School of Public Health, Shanghai Jiaotong University. Dr. Ma shared his views on China's Health Care System Reform and ongoing research in the School. We especially want to express our sincere thanks to Dr. Ma for his advices and well wishes to the CHPAMS.

Research Twitter section provides brief summaries of thirteen studies that cover topics including elderly care, effects of China's great famine, child obesity, primary care, community health centers in China, and many others.

Policy and Practice Updates section summarizes recent policy debates and developments surrounding China's healthcare reform, including private and public hospital reforms, development of the pharmaceutical industry, and new institutions such as Chongqing Medicine Exchange in Chongqing and Shen Kang in Shanghai.

In About CHPAMS section, Lingling Zhang, ScD Candidate, Harvard University, recounts CHPAMS's participation and contribution at the Westlake Forum III. Heartily congratulations to Yanfang Su, Yusheng Zhang, and Chenhui Liu for their recent accomplishments!

Don't forget to check out the News and Announcements section. The School of Medicine and Health Management, Tongji Medical School, Huazhong University of Science and Technology, has drawn many talents and continues to welcome high caliber young and mid-career professionals to join its faculty.

PERSPECTIVE

Charting an Inevitable Course: Building Institutional Long-term Care for a Rapidly Aging Population in China

Zhanlian Feng, PhD, Brown University

ABSTRACT

The last 10-20 years have seen a rapid growth of elder care homes across major Chinese cities, primarily in the private sector. Given ongoing demographic shifts, family changes, and profound socioeconomic transformations in China, the rise of institutional elder care seems all but inevitable to meet the growing demand for long-term care of a rapidly aging population. As this new industry expands rapidly, it is imperative for Chinese policymakers to institute a formalized regulatory structure as soon as possible. To this end, building an information infrastructure is essential to enhance regulatory oversight and quality monitoring in Chinese long-term care facilities.

INTRODUCTION

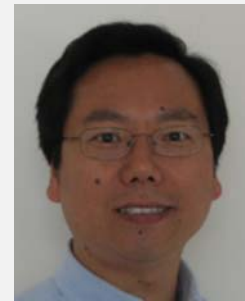
When it comes to elder care in China, few would have considered nursing homes a viable option. The country, after all, has a long tradition of relying on the family for care of the aged—a practice enshrined by the age-old Confucian norm of filial piety. Not long ago, elder care homes were virtually unheard of in China. The few facilities that existed were state-run social welfare institutions serving childless elders and those disabled without family support. For many, the very idea of placing an elderly parent in an institution to be cared by strangers would be frowned upon with a deep sense of shame and stigma.

Over the last 10-20 years, however, a quiet revolution has been underway to reshape Chinese elder care. Elder care facilities owned and operated by non-government entities have proliferated across major urban centers in China (Feng et al., 2011). There are indications that people are becoming more tolerant to the idea of residence in elder care homes (Fan, 2006). Open discussions about institutional living as an acceptable option or lifestyle are increasingly common. Entrepreneurship among potential providers is flourishing in the hope of tapping a new and profitable elder care market.

In this Perspective, I briefly review the recent growth of elder care homes across Chinese cities, outline the various forces driving this growth, and discuss major challenges in policy making to ensure the healthy development of this rapidly growing industry of institutional long-term care in China.

RAPID GROWTH OF ELDER CARE HOMES

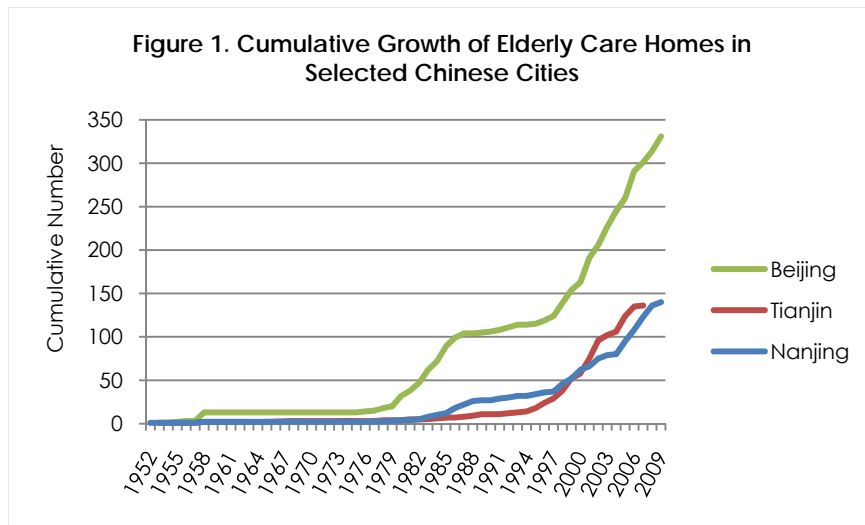
A team of researchers from both the U.S. and China have recently documented the dramatic growth of elder care homes in several major Chinese cities (Feng et al., 2011). In Nanjing, for instance, there were only 3 facilities in 1980, but there were 27 by 1990, 52 by 2000 and 140 by 2009. Similar rates of growth were also observed in Tianjin and Beijing (see Figure 1). Across these cities, between one-half and two-thirds of all currently operating homes emerged in the last decade and about one-third in the last 5 years. The private sector has dominated this growth. Moreover, the



Zhanlian Feng

Assistant Professor of Health
Services, Policy and Practice
(Research)
Center for Gerontology & Health
Care Research
The Warren Alpert Medical School
Brown University
121 South Main St, Providence, RI
02912
Phone: 401-863-9356
Email: Zhanlian_Feng@brown.edu

residents found in today's elder care homes, even those in government-run facilities, are no longer limited to the childless and public welfare recipients. In fact, the great majority of them have families and pay for institutional care out-of-pocket (Zhan et al., 2006; Zhan, Liu, & Bai, 2005).



Source: Feng et al. (2011).

The forces underlying the recent growth of institutional elder care in urban China are multifaceted with changing demographics being the most obvious. Portrayed as an aging giant (Flaherty et al., 2007), China's rapidly growing elderly population projects escalating needs for long-term care. On the other hand, family size has declined sharply due in large part to China's rigorous family planning policies, thus straining the traditional family-based care system for the elderly. With increased industrialization, urbanization and geographic dispersion of the population, families and generations are separated more than ever. Recent reports suggest that almost half of elderly Chinese living in urban areas are "empty nesters", with nearly as many also living in rural areas (Young, 2010). The confluence of these factors heightens concerns over whether the family alone will still be able to shoulder the burden of care for the aged. Meanwhile, there are shifting attitudes—among both the elderly and their adult children—toward the concept of filial piety and institutional care (Chow, 1999; Guan, Zhan, & Liu, 2007; Lam et al., 1998; Zhan, Liu, & Guan, 2006; Zhan, 2004; Zhan et al., 2006). Driven by these ongoing changes, the rise of institutional elder care in China seems all but inevitable.

Thus far, the emergence and rapid growth of elder care homes in China is largely the result of market forces catering to increasing consumer demands for formal long-term care services for the elderly. The government has been actively promoting the development of elder care facilities by the private sector. Various policy measures have been put in place to encourage this development with such incentives as preferential treatments in land leasing, tax breaks, and financial inducements for bed construction. However, the implementation of these policies is highly variable from place to place, depending on local resources and levels of demand. The extent to which such policies may have actually spurred the growth of facilities is not clear.

STRENGTHENING REGULATORY OVERSIGHT

Partly because of its minimal involvement in financing the growth of elder care facilities in the private sector, currently the government remains largely detached from this nascent and rapidly expanding industry. Other than imposing licensures and maintaining essential recordkeeping through local Bureaus of Civil Affairs, the government provides little regulatory oversight over the kinds of services and quality of care provided in elder care facilities. Perhaps this hands-off

approach is not entirely surprising, considering the perceived high levels of need and widespread urge for building more beds quickly among policymakers and developers alike. Indeed, despite rapid growth, this new industry is still quite small in terms of both the numbers of facilities and beds vis-à-vis growing demand. However, this is by no means the reason why policy response should be lagging far behind the curve of industry growth. Rather, Chinese policymakers should contemplate a formalized regulatory mechanism with increased oversight—sooner rather than later.

The U.S. experience in long-term care regulation offers a valuable lesson for China. Decades ago, nursing homes in the U.S. were largely unregulated until the public became increasingly aware of the horrifying stories of abuse, neglect and otherwise substandard care. After numerous media exposés, Congressional hearings and several rounds of regulatory reform efforts—most notably passage of the national nursing home reform legislation as part of the Omnibus Budget Reconciliation Act of 1987—conditions improved. It is worrisome that history seems to be repeating itself in China today, as illustrated poignantly in two recent tragic events. On December 3, 2008, fire erupted in a privately run senior apartment in the city of Wenzhou, Zhejiang Province, killing 7 elderly residents (Xinhua Net, 2008). It was later found that the doors of the building were locked when the fire broke out shortly after midnight, and that the facility had failed previous fire safety inspections yet still remained in operation until the fire. In another scandal making national news, a nightshift caregiver of a privately run Seniors Home in Zhengzhou, capital city of Henan Province, was caught on video on May 30, 2011 forcing a 79-year-old resident to drink his own urine (Xuyang, 2011). When the resident refused he was hit with a slipper and whipped with strips of cloth that were also used to tie him to his bed. Authorities later found many residents in that home were suffering from dementia and often tied to their beds. Anecdotal reports on safety concerns and resident care problems also emerged in other parts of the country, further stressing the need for more rigorous regulation and quality monitoring.

Since institutional long-term care in China is still in its early stages of development, an overly ambitious or heavy-handed approach to regulation may not be advisable, for two reasons. First, it can be too costly to be financially feasible or appealing to policymakers. Second, it may have the unintended effect of stifling private sector initiatives to further the growth of the industry. Instead, a well calibrated, lighter approach informed by sound and credible information will provide a crucial launching point, as outlined below.

BUILDING AN INFORMATION INFRASTRUCTURE FOR QUALITY MONITORING

Effective oversight and quality monitoring must be evidence-based, entailing the periodic collection of good-quality information with respect to long-term care facilities and their residents. In the U.S., all Medicare/Medicaid certified nursing homes are mandated to report both facility- and resident-level data electronically and on a regular basis. This is achieved through a uniform survey instrument for annual facility inspections and a standardized resident-level assessment instrument (reported upon admission, and at least quarterly thereafter, for all residents in a facility). This data is integral to ongoing efforts in regulation oversight, quality improvements and policymaking.

It will take time and substantial resources in order to build a similar infrastructure in China. To begin with, Chinese policymakers should consider launching a demonstration project in a few advanced provinces or major cities to pilot a “reduced” form of an online information gathering system. To do this, a two-step strategy could be followed. As an initial step, it would be easier to start building a facility-level data collection system. All prospective and existing facilities participating in the demonstration would be mandated by the local government authority to report some basic facility-level information (e.g. ownership, size, services provided, staffing levels and mix, and aggregate health conditions of current residents, etc.) on a regular basis (e.g. once a year). Facilitated by a web based data reporting and retrieval system, information on all individual facilities could be made available to both the central government authority (Ministry of Civil Affairs)

and local regulatory agencies on a timely and ongoing basis. With this type of information, the government would be able to implement targeted monitoring and interventions focusing on a small number of facilities where problems are most likely to occur (for example, facilities that house much sicker than average patients yet have much lower than average staffing levels). In the second step, a similar demonstration could be initiated to pilot a resident-level assessment instrument designed to garner key information on care processes and outcomes. In the long-run, the ultimate goal of these demonstrations, if successfully implemented, is to build a comprehensive data system for long-term care facilities nationwide.

CONCLUSION

In a culture which for millenniums has emphasized the Confucian ideal of filial piety and family care for the aged, the recent emergence and rapid growth of elder care institutions in China may not be something to celebrate. Rather, this phenomenon signals a demographic inevitability and attests to the growing demand for formal long-term care for a rapidly aging population. As this new industry expands rapidly in China, it is imperative for policymakers to institute a formalized regulatory structure as soon as possible. To this end, it is essential to build an information infrastructure in order to enhance regulatory oversight and quality monitoring in Chinese long-term care facilities.

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IN SPOTLIGHT

INTERVIEW WITH DR. JIN MA, SHANGHAI JIAOTONG UNIVERSITY

Qi (Harry) Zhang, PhD, Old Dominion University
Jing Hao, MPH, University of Massachusetts, Amherst

Dr. Jin Ma is the Executive Dean of Shanghai Jiaotong University School of Public Health. In this interview with the China Health Review, conducted by Qi (Harry) Zhang, PhD, (Assistant Professor, Old Dominion University) and Jing Hao, MPH, (Doctoral Candidate, University of Massachusetts, Amherst) in April 2010, Dr. Jin Ma shared his views on China's Health Care System Reform and ongoing research in Shanghai Jiaotong University School of Public Health.



1. Views and Research on China Health Care System Reform

Harry & Jing: China has officially launched the Health Care System Reform. Do you have any comments?

Dr. Ma: The Health Care System Reform (henceforth 'the Reform') is the final product of extensive discussion, consultation and public comments. The Reform addresses major problems and challenges in the current Chinese health care system, is also "provide the whole population with basic medical and health care services". The main aim of the Reform is to improve the public's welfare to promote health equity by providing better access to basic health care services through a more efficient health care system. This is an innovative reform reflecting the concepts of scientific development and the people-first principle. The Reform aims to fulfill both the urgent need for patients to gain access to basic health services and the long-term need for a sound health care system. The proposed reform plan of "one goal, four systems, eight pillars" is comprehensive, forward-looking, and plays a positive role in improving China's health system. It is fair to say that the reform plan has a sound scientific foundation. However, we should also acknowledge that health system reform is a challenging issue internationally and cannot be done overnight. As we proceed with the Reform, some deep-rooted problems with vested interests will gradually surface. A relatively long time will be needed to achieve the goals of our Reform.

Harry & Jing: Does the School of Public Health at Shanghai Jiaotong University have related work or research on the current Health Care System Reform?

Dr. Ma: The School participated in a lot of parallel researches from the early days of the Reform, including researches on the public hospital management system, optimization of the health resources allocation, community health development and monitoring and evaluation of the reform.

2. Views on Health Insurance Sustainability in an Aging Society

Harry & Jing: China, especially Shanghai, will gradually become an aging society. What are your thoughts on the sustainability of health insurance?

Dr. Ma: Another highlight of the Reform is to establish universal health insurance coverage. The programs include employment-based health insurance in urban areas that covers all employees working in urban areas and all urban unemployed residents, and the new Rural Cooperative Health Insurance that covers all the rural population. In other words, based on the system stipulated in the Reform, all residents will have some form of health insurance, including the elderly population. From a societal perspective, this universal health insurance

system will have the young help the elderly, and the healthy help the sick. However, the funding level for both plans is still relatively low. With the economic growth, we can expect the funding level to increase gradually, broadening the coverage and sustaining the health insurance program in an aging society.

3. Areas of Research in the School

Harry & Jing: What are the highlights of the research projects in the School of Public Health?

Dr. Ma: The main research projects in the School of Public Health, Shanghai Jiaotong University focus on health resources optimization, public hospital management systems and assessment of the effect of the Reform. Here are some specific examples.

- *Public hospital scale efficiency study*, sponsored by the National Natural Science Foundation of China (70873083), studying the mechanism of cooperation between public hospitals and the primary health care sector that is sponsored by the Ministry of Health, Bureau of Policies and Regulations;
- *Study on Countermeasures to ensure public hospitals performance for public interests*, funded by the Chinese Ministry of Science and Technology (2007GXS3B049);
- *Comparative study of the management system reforms of Chinese government-owned hospitals*, funded by the Ministry of Health;
- *Study on the management and operation mechanism of state-owned hospitals*, funded by the Ministry of Health;
- *Further evaluation of the Health Care Reform* commissioned by the State Council Leading Office for Health Care Reform; and many more.

The School has also participated in some major international public health policy research in recent years, such as *Behavioral Study for the China Youth Tobacco Control*, sponsored by Emory University.

4. International Cooperation and Exchange Programs

Harry & Jing: How does the School of Public Health carry out international cooperation and exchange programs? Can you tell us about the educational programs in your school?

Dr. Ma: In recent years, School of Public Health has been actively carrying out international collaborative researches and programs. We co-organized a number of forums with international institutions, including the "China-Australian Health Care Reform Forum" with Monash University, Australia in 2005, the "China-Canada Public Health Forum" with University of Calgary, Canada in 2007, and the "China-US Public Health Forum" with Boston University School of Public Health, U.S. in 2008. In 2010, we co-organized the "International Health Promotion Forum" with countries such as U.S. and Germany. The meeting drew more than 200 attendees from 15 countries and regions. Our school has signed a memorandum for cooperation with Boston University School of Public Health and Tulane School of Public Health and Tropical Medicine. Our school also cooperates with the Master program at Department of Global Health and Population, Harvard School of Public Health, and the Master of Health Management program at Tulane University. Currently, our school has doctoral, masters and undergraduate programs in public health and preventive medicine. Funding for most of our research projects comes from the Chinese government and the China Natural Science Foundation, but there are also some international collaborative projects.

5. Recruitment Opportunities in the School

Harry & Jing: What is the School of Public Health's policy regarding recruitment of overseas scholars? Do you support national programs such as "Thousands of People Plan" and "Outstanding Youth Program"? Any other opportunities?

Dr. Ma: Our School of Public Health has a relatively short history compared to the rest of the University. To help us achieving international recognition, we are actively recruiting oversea scholars. We recently recruited Dr. Zhi-Jie Zheng from the U.S. National Institutes of Health to be the Dean of the School through the “Thousands of People Plan”. We hope that within the next five years, we will be able to recruit roughly 50 scholars with specialization in public health or preventive medicine.

6. Short-term and Long-term Goals of the School

Harry & Jing: What are the short-term and long-term goals of the School of Public Health? What is the School's plan to achieve these goals?

Dr. Ma: The short-term goal of the School is to become a first-rate school of public health in China and to provide China with quality public health and preventive medicine professionals. In the long run, we hope to become an internationally recognized institution within 5 to 10 years and eventually become a top school globally in related fields. The School is still mainly focusing on expansion and building up research and teaching capacity. We try to lead or participate in major public health research projects both domestically and internationally and we aim to learn, observe, innovate, improve and grow through international cooperation.

7. Recommendations for CHPAMS

Harry & Jing: The China Health Policy and Management Society (CHPAMS) is a rapidly growing professional community, with the China Health Review (CHR) as its official journal. Do you have any suggestions for CHPAMS and CHR? Are there collaborative opportunities between CHPAMS and the School?

Dr. Ma: I have heard of CHPAMS and its rapid growth from many sources. Sincere congratulations on your achievements! I welcome you to collaborate with scholars, experts and faculty in China, especially with our school concerning China's health policy and management research. Your participation will help advance the research and practice of health policy and management in China. Finally, my best wishes to the CHPAMS! Thank you!

Note: This article was translated from the original transcript in Chinese by Jing Hao, M.S, and proofread by Yinan Peng, MPH, and Zheng (Jane) Li, PhD.

RESEARCH TWITTER

Feng, Zhanlian, Heying Jenny Zhan, Xiaotian Feng, Chang Liu, Mingyue Sun, and Vincent Mor. "**An Industry in the Making: The Emergence of Institutional Elder Care in Urban China.**" *Journal of the American Geriatrics Society*, 2011, 59(4):738-744.

Demographic shifts in China pose unprecedented challenges in the care of a rapidly growing older population. This study documents the growth, ownership, financing, staffing, and resident characteristics of elder care institutions using survey data collected in 2009 from Nanjing, China, supplemented with government registry data from seven additional major Chinese cities. The findings portray the emergence and rapid growth of a nascent industry of institutional long-term care in urban China and a fundamental shift in institutional ownership, financing, and clientele.

Mu, Ren, and Xiaobo Zhang "**Why Does the Great Chinese Famine Affect the Male and Female Survivors Differently? Mortality Selection versus Son Preference.**" *Economics and human biology*, 2011, 9(1):92-105.

Evidence shows that exposure to nutritional adversity in early life has larger long-term impacts on women than on men. Consistent with these findings, our paper shows a higher incidence of disability and illiteracy among female survivors of the Great Chinese Famine (1959-1961). Moreover we find that the better health of male survivors most plausibly reflects higher male excess mortality during the famine, whereas the observed gender difference in illiteracy rate is probably better explained by the culture of son preference.

Xi, Bo, Chunyu Wang, Lijun Wu, Meixian Zhang, Yue Shen, Xiaoyuan Zhao, Xingyu Wang and Jie Mi. "**Influence of Physical Inactivity on Associations Between Single Nucleotide Polymorphisms and Genetic Predisposition to Childhood Obesity.**" *American Journal of Epidemiology*, 2011, 173(11): 1256-62.

This paper explored whether sedentary behavior and physical activity modulate the association between single nucleotide polymorphisms (SNPs) and obesity risk in Chinese children. A population-based study was carried out in 2,848 children in Beijing, China, in 2004. It included 1,229 obese cases and 1,619 normal-weight controls. Lifestyle information was collected through the use of a validated questionnaire, and 6 SNPs were genotyped. A higher risk of obesity was observed in children who carried the high-risk alleles of the 6 SNPs and engaged in sedentary behavior ≥ 2 hours/day outside of school or participated in low or moderate physical activity. Most notably, the association between 5 SNPs and obesity risk was only observed in children who had moderate-to-low physical activity levels or engaged in sedentary behavior. The results indicated that encouraging less sedentary behavior and higher levels of physical activity could alleviate the influence of risk alleles on genetic predisposition to childhood obesity, thereby serving as a promising prevention strategy.

Zhang, Ben, Alicia Beeghly-Fadiel, Wei Lu, Qiuyin Cai, Yong-Bing Xiang, Ying Zheng, Jirong Long, Chuanzhong Ye, Kai Gu, Xiao-Ou Shu, Yutang Gao and Wei Zheng. "**Evaluation of Functional Genetic Variants for Breast Cancer Risk: Results From the Shanghai Breast Cancer Study.**" *American Journal of Epidemiology*, 2011, 173(10): 1159-70.

In previous studies among 1,144 cases and 1,256 controls recruited in stage 1 of the Shanghai Breast Cancer Study (SBCS I; 1996–1998), 18 known or potentially functional single nucleotide polymorphisms (SNPs) in 16 genes were found to be associated with breast cancer risk. The authors evaluated these associations among 1,918 cases and 1,819 controls recruited in stage 2 of the SBCS (SBCS II; 2002–2005) using genetic effect models and subgroup analyses predetermined from SBCS I results. Five SNPs showed generally consistent results in SBCS I and SBCS II and statistically significant associations with breast cancer risk in combined analyses, mostly in subgroups defined by age or menopausal status. Further, the relation between breast cancer risk and SHBG rs6259 was found to vary by body mass index. The strongest reduction in risk associated with SHBG rs6259 was found for

lean postmenopausal minor allele carriers. This biologically plausible and highly significant finding provides strong evidence for a true association among Asian women.

Shrubsole, Martha J., Xiao Ou Shu, Hong-Lan Li, Hui Cai, Gong Yang, Yu-Tang Gao, Jin Gao and Wei Zheng. "Dietary B Vitamin and Methionine Intakes and Breast Cancer Risk Among Chinese Women." American Journal of Epidemiology, 2011, 173(10): 1171-82.

Methionine, folate, vitamin B6, vitamin B12, niacin, and riboflavin intakes may be related to breast carcinogenesis. These associations may vary by breast cancer type. Using the prospective cohort Shanghai Women's Health Study (1997–2008), the authors evaluated baseline dietary intake of these factors and breast cancer risk and whether the associations varied by menopausal status and estrogen receptor (ER) and progesterone receptor (PR) status. They estimated associations using hazard ratios and 95% confidence intervals from Cox proportional hazards regression models and stratified analyses by menopausal status and ER/PR status. For postmenopausal women, dietary intakes of methionine and B vitamins were not associated with breast cancer risk. For premenopausal women, higher intake of folate was associated with decreased breast cancer risk. Only niacin intake was associated with ER+/PR+ breast cancer risk. Findings support the hypothesis that high folate intake may reduce breast cancer risk and that the association may vary by menopausal and ER/PR status.

Lin, Sihao, Xiaorong Wang, Ignatius Tak Sun Yu, Wenjuan Tang, Jianying Miao, Jin Li, Siying Wu, and Xing Lin. "Environmental Lead Pollution and Elevated Blood Lead Levels Among Children in a Rural Area of China." American Journal of Public Health, 2011, 101(5): 834-41.

This study focused on environmental lead pollution and its impact on children's blood lead levels (BLLs) in a rural area of China. It examined 379 children younger than 15 years living in 7 villages near lead mines and processing plants in 2007, along with a control group of 61 children from another village. It followed approximately 86% of the children who had high BLLs (> 15 µg/dL) for 1 year. It found that lead concentrations in soil and household dust were much higher in polluted villages than in the control village, and more children in the polluted area than in the control village had elevated BLLs. Further, increased BLL was independently associated with environmental lead levels. This study concluded that the lead industry caused serious environmental pollution that led to high BLLs in children living nearby.

Li, Qing and Louis G. Keith. "The Differential Association between Education and Infant Mortality by Nativity Status of Chinese American Mothers: A Life-Course Perspective." American Journal of Public Health, 2011, 101(5): 899-908.

This paper investigated whether the association between maternal achieved status (education) and infant mortality differed by maternal place of origin (nativity) over the life course of Chinese Americans. It conducted a population-based cohort study of singleton live births to US-resident Chinese American mothers using National Center for Health Statistics 1995 to 2000 linked live birth and infant death cohort files. It performed Cox proportional hazards regressions of infant mortality. This paper found significant nativity-by-education interaction via stratified analyses and testing interaction terms and substantial differentials in infant mortality across divergent maternal life-course trajectories. It concluded that maternal nativity and education synergistically affect infant mortality among Chinese Americans, suggesting the importance of searching for potential mechanisms over the maternal life course and targeting identified high-risk groups and potential downward mobility.

Feng, Xing Lin, Ling Xu, Yan Guo & Carine Ronsmans. "Socioeconomic inequalities in hospital births in China between 1988 and 2008." Bulletin of the World Health Organization, 2011, 89(6): 393-468.

This study assessed trends in hospital births in China during 1988–2008 in an effort to determine if efforts to overcome financial barriers to giving birth in hospital have reduced the access gap between the rich and the poor. It used cross-sectional data from four National Health Service Surveys to determine trends in hospital births during 1988–2008. Crude and adjusted annual rates were calculated by Poisson regressions and were used to define trends across socioeconomic

regions and households in different income quintiles. It found that in 2008 women throughout China were giving birth in hospital almost universally except in region IV, the most remote rural region. Hospital births in this region had increased steadily before 2002, but after that year the upward trend slowed down. Inequalities between socioeconomic regions were greater than among individual households belonging to different income strata. By 2008 the difference between low- and high-income households in the proportion of hospital births had become very small (87.7% and 96.1%, respectively).

*Chen, Yuyu, and Weibo Xing. "Quantity, quality, and regional price variation of cigarettes: Demand analysis based on a household survey in China." *China Economic Review*, 2011, 22(2): 221-32.*

This paper investigates the price elasticity of cigarettes using an urban household survey in China. It finds that cigarette price is an important determinant of smoking. In a two-part model, the overall price elasticity is - 0.82. Tobacco demand is influenced by both price and quality. The standard price elasticities net of the quality effect of tobacco demand are between - 0.70 and - 0.35. In addition, the estimated own-price elasticities of cigarettes are - 0.57 and - 0.81 from two demand systems of Chinese households. These elasticities suggest that government revenue from the tobacco tax will increase if the tobacco excise tax rate goes up.

*Bhattacharyya, Onil, Yin Delub, Sabrina T. Wong and Chen Bowen. "Evolution of primary care in China 1997–2009." *Health Policy*, 2011, 100(2-3): 174-80.*

This paper draws on policy analysis, literature review, and a secondary analysis of two case studies and two surveys to review the structure of community health services and public reaction to them. The results suggest that despite several years of primary care reform, current performance remains poor. The capacity of providers is low, services are not felt to be affordable, and patients report concerns about safety, all contributing to low utilization of community health facilities. This paper argues that the minimum skill set for community health service providers should be clearly defined and a quality and accountability framework for community health service is needed.

*Zhang, Xuanchuan, Li-Wu Chen, Keith Mueller, Qiao Yu, Jiapeng Liu and Ge Lin. "Tracking the effectiveness of health care reform in China: A case study of community health centers in a district of Beijing." *Health Policy*, 2011, 100(2-3): 181-88.*

This paper evaluates the effectiveness of urban health reform policies in Beijing since 2007 that provided universal health insurance and strengthened local government-owned community health centers (CHCs). Pre- and post-reform data on outpatient visits, staff, and financial statements among all CHCs in a district in Beijing were analyzed by the nonparametric Kruskal-Wallis method. The post-reform data showed a substantial increase in outpatient visits at the district level, but the number of outpatient visits was flat at the CHC level. In addition, short-term CHC responses to reform policies have not been cost effective. The overall increase in outpatient visits at the district level conceals the fact that CHCs within the district were unable to attract a greater number of patients. The lack of operational efficiency in the process of establishing and transforming CHCs may put the primary care system at financial risk in the long run.

*Xie, R-H, S Liao, H Xie, Y Guo, M Walker, S W Wen. "Infant sex, family support and postpartum depression in a Chinese cohort." *Journal of Epidemiology & Community Health*, 2011, 65:722-726.*

This study assessed the impact of prenatal and postnatal family support on the association between infant sex and postpartum depression (PPD). From February to September 2007, 534 pregnant women were consecutively recruited from a hospital in Changsha, China during their prenatal visits at 30–32 weeks of gestation. They completed the 2 weeks postpartum survey and had no recorded major psychiatric disorders and obstetric and/or pregnancy complications. This study found that postnatal family support scores were much lower in women who gave birth to a female infant, and the odds ratio of PPD was 3.67 (95% CI 2.31 to 5.84) for them as compared to women who gave birth to a male infant. After adjusting by postnatal support from all family members, husband and parents, the odds ratios of PPD for women who gave birth to a female infant decreased to 2.06 (95% CI 1.20 to 3.53), 2.89 (95% CI 1.76 to 4.77) and 2.20 (95% CI 1.28 to

3.77), respectively. It is argued that increased risk of PPD in Chinese women who gave birth to a female infant can be explained to large extent by inadequate or poor postpartum support from family members, particularly husband and parents.

Yu, Xue-Jie, Mi-Fang Liang, Shou-Yin Zhang, Yan Liu, Jian-Dong Li, Yu-Lan Sun, Lihong Zhang, Quan-Fu Zhang, Vsevolod L. Popov, Chuan Li, Jing Qu, Qun Li, Yan-Ping Zhang, Rong Hai, Wei Wu, Qin Wang, Fa-Xian Zhan, Xian-Jun Wang, Biao Kan, Shi-Wen Wang, Kang-Lin Wan, Huai-Qi Jing, Jin-Xin Lu, Wen-Wu Yin, Hang Zhou, Xu-Hua Guan, Jia-Fa Liu, Zhen-Qiang Bi, Guo-Hua Liu, Jun Ren, Hua Wang, Zhuo Zhao, Jing-Dong Song, Jin-Rong He, Tao Wan, Jing-Shan Zhang, Xiu-Ping Fu, Li-Na Sun, Xiao-Ping Dong, Zi-Jian Feng, Wei-Zhong Yang, Tao Hong, Yu Zhang, David H. Walker, Yu Wang, and De-Xin Li. "**Fever with Thrombocytopenia Associated with a Novel Bunyavirus in China.**" *New England Journal of Medicine*, 2011, 364(16): 1523-32.

Heightened surveillance of acute febrile illness in China since 2009 has led to the identification of a severe fever with thrombocytopenia syndrome (SFTS) with an unknown cause. Infection with *Anaplasma phagocytophilum* has been suggested as a cause, but the pathogen has not been detected in most patients on laboratory testing. The authors obtained blood samples from patients with the case definition of SFTS in six provinces in China. The blood samples were used to isolate the causal pathogen by inoculation of cell culture and for detection of viral RNA on polymerase-chain-reaction assay. The pathogen was characterized on electron microscopy and nucleic acid sequencing. The authors used enzyme-linked immunosorbent assay, indirect immunofluorescence assay, and neutralization testing to analyze the level of virus-specific antibody in patients' serum samples. They isolated a novel virus, designated SFTS bunyavirus, from patients who presented with fever, thrombocytopenia, leukocytopenia, and multiorgan dysfunction. Results from the RNA sequence analysis revealed that the virus was a newly identified member of the genus phlebovirus in the Bunyaviridae family. Electron-microscopical examination revealed virions with the morphologic characteristics of a bunyavirus. The presence of the virus was confirmed in 171 patients with SFTS from six provinces by detection of viral RNA, specific antibodies to the virus in blood, or both. Serologic assays showed a virus-specific immune response in all 35 pairs of serum samples collected from patients during the acute and convalescent phases of the illness. The authors concluded that a novel phlebovirus was identified in patients with a life-threatening illness associated with fever and thrombocytopenia in China.

POLICY AND PRACTICE UPDATES

Private Hospitals: the Wenzhou Experience

Source: Economy Observer 2010-12-18

http://www.chinadaily.com.cn/hqss/jiankang/2010-12-20/content_1420998.html

Private hospitals are embracing the best opportunity of development in history, according to Guan Weili, president of the Wenzhou Private Medical Association and the Chief Executive Officer of Kangning Hospital. Guan predicts that if this round of medical reform can be promptly and properly executed, private hospitals in Wenzhou and even in China could soon outperform their public counterparts. Previously, private capitals were set apart from the medical industry. In Wenzhou, private hospitals are usually small, sparsely distributed, low end focused, and lacking government support. Recent government policies promised to provide more financial support to private hospitals and more tax benefits for private investors in the medical sector.

The experience in Taiwan has demonstrated that opening the hospital market to private capital can improve the welfare of the public, and owners of private hospitals are preparing for the new opportunities.

Public Hospital Reforms: Will Conglomeration Work?

Source: 21st Century Economic Reporter 2010-12-21

<http://www.21cbh.com/HTML/2010-12-21/xOMDAwMDIxMTcxOQ.html>

At the end of 2009, Zhenjiang became the pioneer city to kick off China's public hospital reform, followed by several east coast cities. They attempted to consolidate the resources of several member hospitals to form a conglomerate, hoping to achieve higher efficiency. The consolidation allowed public hospitals to divert their patients to primary care facilities for basic medical care, which led to a 15% deduction in medical cost for patients when they seek services in community hospitals.

However, that reform is now facing a bottleneck. Challenges arise from the complicated interactions between the government, the Bureau of Health and the boards of the member hospitals. In addition, the assets of the member hospitals could not be easily determined; impeding shareholding system reform. Profit allocation is also an issue in need of resolution.

For public hospital conglomeration to be successful, we need to achieve the following three goals: 1) to distinguish the supervising body from the hospital daily operation system, 2) to reach optimal medical assets allocation, and 3) to facilitate cooperation between various medical institutions. The first goal aims to improve the conglomerate's external system, while the second and third goals aim to build better internal management systems.

Health Care Planning Lags behind Industrial Growth

Source: 21st Century Economic Report 2011-01-01

<http://www.21cbh.com/HTML/2011-1-1/1NMDAwMDIxNDA1Nw.html>

Pharmaceutical industry has been regarded as one of the most promising emerging industries in China. With improved living standards and accelerated population aging, biotechnology and healthcare industries have become increasingly critical to China. After launching the 12th Five-Year Plan in last November, various official documents have been issued to accelerate the structural adjustment of pharmaceutical industry.

During a recent interview, Yu Mingde, the Associate Director of Biologist and Medical Committee of the National Development and Reform Commission (NDRC), stated the achievements in the past 5

years, also the challenges facing the country today. Specifically, he commented on the important roles of the healthcare reforms and the entry of multi-national pharmaceutical firms into China. He also expressed his concern that medical industrial growth will always outstrip health care planning, so it is imperative that NDRC should constantly adjust their plan and provide better guidance to the development of the nation's health care.

The Launching of Chongqing Medicine Exchange: A New Approach to Medicine Procurement Reform

Source: 21st Century Economic Report 2011-01-05

<http://www.21cbh.com/HTML/2011-1-5/zMMDAwMDIxNDMzMw.html>

Chongqing Medicine Exchange, launched on Sep 29 2010, is the first of its kind in China. "As a government-led third-party platform, Chongqing Medicine Exchange establishes the first drug transaction system that combines information, trading, clearing, and settlement services. A proactive trial in reducing drug prices and curbing corruption in health care will also be carried out within this framework", said Huang Qifan, the mayor of Chongqing.

The Exchange will use screen trading, and provide services for manufacturers, businesses, and healthcare institutions. Price index based on bid prices will be released, complete with product information provided by manufacturers, so that distributors and hospitals can directly negotiate with suppliers. A higher level of information transparency and fewer intermediaries will help build an efficient medical price searching mechanism. In addition, the Exchange is also responsible for transaction settlement and product delivery, providing an important link in stabilizing prices of non-essential medicines.

The establishment of the Exchange marks a milestone in the local pharmaceutical market reform, and serves as a model for the central government to reform the national medicine delivery system. "It is a major reform in the pharmaceutical market. It urges governments to invest more in public health and promote reforms of public hospitals", said Liu Gaoqing, Chairman of the Exchange.

Ten Years of Healthcare Reform in Shanghai

Source: 21st Century Economic Reporter 2011-01-22

<http://www.21cbh.com/HTML/2011-1-24/5OMDAwMDIxNzg5OA.html>

The year 2011 marks the tenth anniversary of the healthcare reforms in Shanghai, which pioneered in separating the hospital management from government supervision. To meet the challenges of defining property rights, Shanghai introduced a new organization named Shen Kang to supervise the hospital assets invested by public finance and private sources.

One distinguished achievements of Shen Kang is the implementation of full cost accounting system to analyze revenue and cost, helping hospitals to optimize their asset allocation. In addition, Shen Kang helps identifying reasons for financial losses, and providing credentials for financial subsidies. Shen Kang is also active in establishing cooperation with major foreign medical groups and raising private capital investments. Its goal is to integrate public hospital technology and private sector funds with foreign company management expertise, to produce a better health care system.

Insufficient Government Funding Leads to Dilemma between Public Hospital Reforms and Essential Medicine Policy

Source: 21st Century Economic Report 2011-02-16

<http://www.21cbh.com/HTML/2011-2-17/5OMDAwMDIyMDc5OQ.html>

The first plenary session of the National Healthcare System Reform Conference held by the state council on February 15, 2011 has reiterated the focus on implementing the essential medicine

system, reinforcing the public hospital reforms, and coordinating the development of five key areas of the reform.

Based on the timetable of public hospital reform, the essential medicine system will be implemented at the primary care level by the end of 2011, with the public hospitals reform entering a key stage. However, due to the limited financial support from the central government, carrying out the two tasks simultaneously might be difficult.

Based on recent research, the implementation of the two reform campaigns at the primary care level has not been successful. Hospital administrators constantly complain about the loss of revenue from the essential medicine reform and the lack of financial resources for the public hospital management reforms. Under the current policies, it is also not clear how best to support and encourage privately owned hospitals to enter the medical care deliverer market.

ABOUT CHPAMS: FROM THE PLANNING COMMITTEE

CHPAMS'S PARTICIPATION AT THE WESTLAKE FORUM III



The [Westlake Forum III](#) "Healthcare Reform in China and the U.S.: Similarities, Differences and Challenges" was held on April 10-12, 2011, at Emory University in Atlanta, Georgia. It was a resounding success resulting from joint efforts of Emory Global Health Institute, Zhejiang University Medical School, and the China Medical Board (CMB). More than 250 scholars and practitioners from leading academic and governmental institutions in China and the United States gathered to compare healthcare reform in the two countries and its impact on cost, quality and access to care.

With generous support from the CMB (through the Emory Global Health Institute) for many of the poster presenters, there were about more than 60 young scholars (many of them being members of the China Health Policy and Management Society [CHPAMS]) who actively participated in the Forum as volunteers, participants, and presenters at the poster sessions. CHPAMS volunteers (including members from the Chinese community at the U.S. Centers for Disease Control and Prevention) assisted in airport greeting of international participants, conference registration, interpretation, note-taking, and tour guiding.

The Westlake Forum III provided a great opportunity for the young scholars to be cognizant of the most recent developments in health system reform in both China and the United States and to engage in health policy debates. The young scholars have thoroughly enjoyed the opportunity to learn from and to exchange with scholars from both China and the United States. The face-to-face networking promised collaboration between scholars young and established, in China and in the United States, and researchers and practitioners from different institutions and of different disciplines. A notable moment was when the best poster awards were presented to three young scholars, including two CHPAMS members, Yusheng Zhang, MD, MPH, MPA, and Chenhui Liu, MD, MPH.

CHPAMS planning committee held a meeting during the lunch break-out on Monday, April 11th. Professor Yu Hai from Zhejiang University gave an inspirational speech to young scholars. Roman Xu, MD, MPA, Director of the CMB Beijing Office, laid out the blueprint of the opportunity that might have CHPAMS engaged in the work that the CMB is currently doing or planning to focus on. Professor Zhang Liang, Dean of the College of Health Policy and Management, Tongji School of Medicine, Huazhong University of Science and Technology, expressed his well wishes to CHPAMS. Zhuo (Adam) Chen, PhD, MS, lead member of the CHPAMS planning committee, overviewed the trajectory of CHPAMS's development and further shared the mission and vision of future task/commitment with all attendants.

Healthcare reform in China is happening quickly with an ever increasing demand of talents to design, carry out, and evaluate the reform. The Forum served as a platform to showcase the potential job opportunities in China to CHPAMS members as well as to bring together scholars from China and the U.S. for future collaboration. A CMB seed grant call for proposal was announced at the closing ceremony to promote collaboration between scholars in China and in the U.S. The shared experience of healthcare reform in China and the U.S. offered useful insights to the concurrent efforts in both countries.

Lastly we want to express our sincere appreciation to the three institutions for the opportunity for CHPAMS members to engage in the Forum. Looking ahead, CHPAMS is committed to promoting the research and practice of health policy and systems sciences with a particular focus on China's health system through collaboration and professional service. We look forward to having you with us in this endeavor!

Lingling Zhang, ScD Candidate

Harvard School of Public Health

On behalf of the Planning Committee of

The China Health Policy and Management Society (CHPAMS) planning committee

ABOUT CHPAMS: MEMBERS' UPDATE

AWARDS

Yanfang Su, Sc.D. Candidate, Harvard School of Public Health (HSPH), and Zhongliang Zhou, Ph.D., Xi'an Jiaotong University received the first place prize on the 25th annual Poster & Exhibit Day at HSPH on April 25th, 2011 for their study "New Estimates of Elasticity of Demand for Healthcare in Rural China". The award was also featured in HSPH news on May 13th. The study found that, as household income grows, patients are more sensitive to increases in the cost of outpatient care services and that they tend to spend more on inpatient care services. Their study sheds light on whether and how to incorporate outpatient care services into health insurance plans in rural China.

Yusheng Zhang, MD, MPH, MBA, Clinical Research Manager at Wellpoint, and Chenhui Liu, MD, MPH, Research Fellow at Harvard School of Public Health, received the Best Poster Award at the Westlake Forum III hold in Atlanta, GA on April 10-12, 2011. Dr. Zhang's study probed the risk factors of malpractice at two Maternal and Child Health Centers located in Beijing. His study finds that medical injuries and negligence from health care providers are the two most significant risk factors for malpractice lawsuit.

NEWS AND ANNOUNCEMENTS

JOB OPPORTUNITIES

Positions: Lecturer (junior faculty), Associate Professor, Professor at the School of Medicine and Health Management (SMHM), Tongji Medical School, Huazhong University of Science and Technology (HUST)

About SMHM-HUST

HUST is one of the most prominent and prestigious universities in China, which is directly under the auspices of the Ministry of Education, the People's Republic of China. It is among the first universities which were included in both the National 211 Project and the 985 Project. SMHM-HUST was established in 1981. During its 30 years development, it has become well-known for the research and education in the area of health policy and health management.

Who are we looking for?

Title: Lecturer (junior faculty), Associate Professor, Professor

Qualifications:

- A doctoral degree in Public Administration, Sociology, Economics, Law, Demography, Social Security, Social Medicine and Health Services Management, Statistics, Management Science and Engineering, Information Management and Information System, Information Science, Information Engineering or System Engineering is required.
- Enthusiasm for education and experience in research related to above academic fields are highly desirable.
- Good professional ethics, communication skills, team work spirit are essential.
- Those who are associate professor or professor in prominent colleges or universities will receive higher priority.
- For excellent individuals with a recent doctoral degree or post-doctoral researchers under 35 years old, high quality academic publications or research achievements and potential abilities for taking up academic research and education are strongly required.

Salary:

Those to be recruited would enjoy all remuneration and benefits according to the standards of the HUST. The remuneration of the particularly outstanding individuals would be determined after taking into account their academic achievements.

Application materials:

- Please send the following materials by email or mail to us if you are interested in applying.
- The originals and the copies of your application form (can be downloaded through <http://hr.hust.edu.cn/download/2009102716162591868.doc>), resumes, degree's certificate, proof of post-doctoral experience, and other materials are required.
- The originals and the copies of your main research achievements.
- The originals of the decision of your doctoral defense and recommendation from your dissertation advisor are both needed if you are expected to graduate in 2011.

Contact us:

Tel/Fax: +86 27 83692525 (Mr. YIN Xiaogang), Email: yxg@mail.hust.edu.cn

Address: School of Medicine and Health Management of Tongji Medical College, Huazhong University of Science and Technology, No13, Kangkong Road, Wuhan, Hubei Province, P.R. China
Zip Code: 430030

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