

RESEARCH TWITTER

Peters TM, Moore SC, Xiang YB, Yang G, Shu XO, Ekelund U, Ji BT, Tan YT, Liu da K, Schatzkin A, Zheng W, Chow WH, Matthews CE, Leitzmann MF. "Accelerometer-measured physical activity in Chinese adults." *American Journal of Preventive Medicine* 2010, 38(6):583-91.

This study aims to target public health interventions and identify personal characteristics associated with physical activity and sedentary behavior in urban Chinese adults. The authors used multiple logistic regression to examine demographic, anthropometric, and lifestyle factors in relation to levels of physical activity and sedentary behavior assessed by Actigraph accelerometers among a sample of 576 men and women aged 40-74 years from Shanghai. *Authors concluded that physical activity promotion programs in urban China should target older people, obese individuals, and cigarette smokers, as these population subgroups exhibited low levels of physical activity.*

Zeng Y, Gu D, Purser J, Hoenig H, Christakis N. "Associations of environmental factors with elderly health and mortality in China." *American Journal of Public Health* 2010, 100(2):298-305.

The paper examined the effects of community socioeconomic conditions, air pollution, and the physical environment on elderly health and survival in China. Data from a nationally representative sample of 15,973 elderly residents of 866 counties and cities were examined with multilevel logistic regression models in which individuals were nested within each county or city. *Authors conclude that efforts to reduce pollution and improve socioeconomic conditions could significantly improve elderly health and survival in China.*

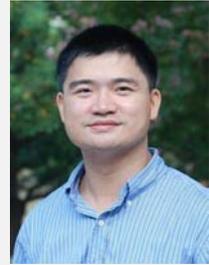
Yu X, Abler D. "Interactions between cigarette and alcohol consumption in rural China" *European Journal of Health Economics* 2010, 11(2):151-160

The paper analyzed interdependencies between cigarette and alcohol consumption in rural China, using panel data for 10 years (1994-2003) for rural areas of 26 Chinese provinces. Taxes are often recommended as a tool to reduce alcohol and cigarette consumption. *This paper found that the demands for both cigarettes and alcohol are very sensitive to the price of alcohol, but not to the price of cigarettes or to income, which suggests that taxes on alcohol can have a double dividend but an increase in cigarette taxes may not be effective in curbing cigarette or alcohol consumption in rural China.*

Fang P, Dong S, Xiao J, Liu C, Feng X, Wang Y. "Regional inequality in health and its determinants: evidence from China." *Health Policy* 2010, 94(1):14-25.

This research aims at measuring the degree of regional health inequality in China and identifying its determinants. The paper found distinct regional disparities that were mainly reflected in "Maternal & Child Health" and "Infectious Diseases", not in average life expectancy. The regional health inequality was increasing with economic growth and was associated with not only the distribution of wealth, but also the distribution of health resources and primary care services. *Policy makers need to be aware that health indicators may not be sufficiently sensitive; transition economies are facing the greatest challenge in developing a fair and equitable health care system; and that primary health care plays a more important role than hospital services in reducing regional disparities in health.*

Gao X, Jackson T, Chen H, Liu Y, Wang R, Qian M, Huang X. "There is a long way to go: a nationwide survey of professional training for mental health practitioners in China." *Health Policy* 2010, 95(1):74-81.



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This nationwide survey of professional training for mental health practitioners investigated socio-demographic characteristics, training experiences, and training perceptions of mental health service providers in China. From a total of 2000 questionnaire packets distributed via regular mail, the final sample comprised of 1391 respondents (525 men, 866 women). *The paper made three general recommendations based on the analysis of the responses, increased input from professional organizations of disciplines involving mental health service provision, a bigger role in developing accredited professional training programs for universities and colleges; and mandate of on-the-job supervision and continuing education within discipline-specific training programs.*

Wong IO, Lindner MJ, Cowling BJ, Lau EH, Lo SV, Leung GM. "Measuring moral hazard and adverse selection by propensity scoring in the mixed health care economy of Hong Kong." *Health Policy* 2010, 95(1):24-35.

This paper evaluates the presence of moral hazard, adjusted for the propensity to have self-purchased insurance policies, employer-based medical benefits, and welfare-associated medical benefits in Hong Kong. Based on a 2005 population survey, authors used logistic regression and zero-truncated negative binomial/Poisson regressions to assess the presence of moral hazard by comparing inpatient and outpatient utilization between insured and uninsured individuals. *The findings suggest that employment-based benefits coverage lead to the greatest degree of moral hazard in Hong Kong.* Future studies should focus on confirming these observational findings using a randomized design.

Wei X, Li R, Zou G, Walley J, Newell J, Liu Z. "Evaluating the policy of setting up microscopy centres at township hospitals in Shandong China: experience from patients and providers." *Health Policy* 2010, 95(2-3):113-21.

This paper assessed the performance of microscopy centers (MCs) in Shandong province from both patient and provider perspectives. A survey of 245 TB suspected cases was conducted in 8 counties of Shandong stratified by MC performance. Seventy-two health providers and administrators were interviewed at the township and county levels. *The authors found the general performance of MC was poor and concluded that the national MC policy fell short of its goals in Shandong. Neither patients nor providers were interested in using MC in its current form.*

Yang H, Dib HH, Zhu M, Qi G, Zhang X. "Prices, availability and affordability of essential medicines in rural areas of Hubei Province, China." *Health Policy and Planning* 2010, 25(3):219-29.

This paper investigated the availability of essential medicines and their prices in Hubei province. The survey assessed the prices and availability of essential medicines using the World Health Organization and Health Action International methodology. Data were collected from 18 public hospitals and 18 private pharmacies. *The survey revealed low procurement prices but poor availability in the public sector. Various policy adjustments could increase the availability of essential medicines and reduce their prices for the low income population.*

Li YH, Tsai WC, Khan M, Yang WT, Lee TF, Wu YC, Kung PT. "The effects of pay-for-performance on tuberculosis treatment in Taiwan." *Health Policy and Planning* 2010, 25(4):334-41.

This study investigates the effectiveness of the 'Pay-for-Performance on Tuberculosis' program (P4P on TB) system in terms of cure rate and length of treatment. The study obtained information on all TB cases in the national data sets of Taiwan for the years 2002 to 2005. *The study found that both the cure rate and average length of treatment for cured cases improved significantly after the implementation of the P4P on TB program in Taiwan. P4P hospitals had significantly better treatment outcomes. Patients' age, income level, the physician density of a patient's place of residence, and whether the hospital has joined the P4P on TB program are factors affecting the treatment outcomes of TB patients in Taiwan.*

Zhang L, Cheng X, Liu X, Zhu K, Tang S, Bogg L, Dobberschuetz K, Tolhurst R. Balancing the funds in the New Cooperative Medical Scheme in rural China: determinants and influencing factors in two provinces. *International Journal of Health Planning and Management* 2010, 25(2):96-118.

This paper explores the financial management of the New Cooperative Medical Scheme (NCMS) in China through a case study of the balance of funds and related factors in six counties from two provinces. *The study found that the opportunities to sustainably increase the financial protection offered to enrollees are limited by the financial pressures on local government, specific political incentives and low technical capacities at the county level and below. The analysis suggested that in the short term, efforts should be made to improve the management of the current NCMS design, which should be supported through capacity building for NCMS offices.* However, further medium-term initiatives may be required including changes to the design of the schemes.

Yang CW, Fang SC, Lin JL. Professional knowledge creation in the hospital sector: a qualitative study in Taiwan. *International Journal of Health Planning and Management* 2010, 25(2):169-91.

This paper aims to develop a professional knowledge creation model for the hospital sector with a case study in Taiwan. *The findings suggested that the hospital's professional knowledge creation is influenced by knowledge stock, social ties and isomorphic pressures as propositions argued. However, hospitals' attempts to keep aligned with their highly institutionalized environments may pay more attention to both existing knowledge stock and the process of professional knowledge creation for their survival.* This study contributed to the development of hypotheses in the future quantitative study for building a generalized knowledge creation model for the hospital organization.

Rudan I, Chan KY, Zhang JS, Theodoratou E, Feng XL, Salomon JA, Lawn JE, Cousens S, Black RE, Guo Y, Campbell H; WHO/UNICEF's Child Health Epidemiology Reference Group (CHERG). "Causes of deaths in children younger than 5 years in China in 2008." *Lancet* 2010, 375(9720):1083-1089, [Erratum in: *Lancet*. 2010 May 15;375(9727):1694.]

This paper identified the main causes of deaths in neonates (<1 month), post-neonatal infants (1-11 months), and children (<5 years) in China using information that was available to the public. Publically available Chinese databases contain much important information that has been underused in the estimation of global and regional burden of disease. *On the basis of trends, preterm birth complications are expected to become the leading cause of child mortality in China, whereas deaths from congenital abnormalities, accidents, and sudden infant death syndrome are predicted to continue increasing in importance in the long term.*

Tsai J, Shi L, Yu WL, Lebrun LA." Usual source of care and the quality of medical care experiences: a cross-sectional survey of patients from a Taiwanese community" *Medical Care* 2010, 48(7):628-34.

This study used a recent patient survey to examine the relationship between having a usual source of care (USC) and the quality of ambulatory medical care experiences in Taiwan, where there is universal health insurance coverage. The study design was a cross-sectional survey of 879 patients in Taichung County, Taiwan. *The paper concluded that in a region with universal health insurance, patients with a USC reported higher quality of medical care experiences compared with those without a USC. Beyond the provision of health insurance coverage, efforts to improve quality of care should include policies promoting USC.*

Yang W, Lu J, Weng J, Jia W, Ji L, Xiao J, Shan Z, Liu J, Tian H, Ji Q, Zhu D, Ge J, Lin L, Chen L, Guo X, Zhao Z, Li Q, Zhou Z, Shan G, He J; China National Diabetes and Metabolic Disorders Study Group. "Prevalence of diabetes among men and women in China" *New England Journal of Medicine* 2010, 362(12):1090-1101.

A national study was conducted from June 2007 through May 2008 to estimate the prevalence of diabetes among Chinese adults. The age-standardized prevalence of total diabetes (which included both previously diagnosed diabetes and previously undiagnosed diabetes) and pre-diabetes were 9.7% (10.6% among men and 8.8% among women) and 15.5% (16.1% among men and 14.9% among women), respectively, accounting for 92.4 million adults with diabetes (50.2 million men and 42.2 million women) and 148.2 million adults with pre-diabetes (76.1 million men and 72.1 million women). *Factors associated with the prevalence of diabetes are age, weight, and*

urban residence. Diabetes has become a major public health problem in China and that strategies aimed at the prevention and treatment of diabetes are needed.

Avraham Ebenstein and Steven Leung "Son Preference and Access to Social Insurance: Evidence from China's Rural Pension Program" *Population and Development Review* 2010, 36(1): 47-70.

The introduction of a voluntary old-age pension program in rural China in the 1990s presents the opportunity to examine (1) whether parents with sons are less likely to participate in pension plans and (2) whether providing access to pension plans affects parental sex-selection decisions. *The paper found that parents with sons are less likely to participate in the pension program and have less financial savings for retirement and that an increase in county-level pension program availability is associated with a slower increase in the sex ratio at birth.*

POLICY AND PRACTICE UPDATES

The Pilot Reform of Public Hospitals officially launched

Source: China Economic Times 2010-02-24

Five central government bodies including Ministry of Health jointly released the "Guidelines for the Pilot Reform of Public Hospitals" (Guidelines). The Guidelines emphasize the public servant role for the public hospitals, aiming to gradually eliminate the hospital drug mark-ups which have been a major source of hospital revenues. The lost drug revenue will be compensated with several new income sources: prescription fee which is to be included into the reimbursement list of health insurance plans, increased physician service charge, and more government subsidy.

The Guidelines also emphasizes the cooperation between the government and the market mechanism, encouraging private capital to invest in the health care delivery system, allowing the creation and development of hospitals of different ownership types. The Guidelines have appointed 16 experimental cities for the pilot public hospital reforms, i.e., Anshan, Shanghai, Zhenjiang, Xiamen, Weifang, Shenzhen, Qitaihe, Wuhu, Ma'anshan, Luoyang, Ezhou, Zhuzhou, Zunyi, Kunming, Baoji, and Xining.



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The essential medicine system: harder than expected

Source: 21st Century Economic Report 2010-03-16

According to the China health care reform agenda, the essential medicine policy would be reinforced among 30% of the health care infrastructure units (community and county clinics) by the end of 2009 and covers 60% of these units in year 2010. The essential medicines are to be purchased and redistributed to these clinics by the provincial health bureaus through a standard channel, and "Zero mark-up" policy will be maintained to make sure the hospitals and clinics do not have any added revenues in the final sale of the drugs. However, according to recent survey study by Zhu Hengpeng, Research Associate in Chinese Academy of Social Sciences Institute of Economics, this essential medicine policy is having great difficulty in implementation on the local level. After eliminating the drug revenues, local hospitals can no longer make ends meet with the current means, and the local governments do not have enough resources to cover the financial loss either. Increasing diagnostic charges and introducing the prescription fees have been seen as a solution, but according to Zhu, they also will not produce sufficient revenue to compensate for the lost income.