

## RESEARCH TWITTER

**Yeung, Albert, Irene Shyu, Lauren Fisher, Shirley Wu, Huaiyu Yang, and Maurizio Fava. "Culturally Sensitive Collaborative Treatment for Depressed Chinese Americans in Primary Care." *American Journal of Public Health* 2010, 100 (12): 2397-2402.**

This paper examined the feasibility and effectiveness of using culturally sensitive collaborative treatment (CSCT) to improve recognition, engagement, and treatment of depressed Chinese Americans in primary care. Chinese American patients in a primary care setting (n = 4228) were screened for depression. Of the study participants, 296 (7%) screened positive for depression, 122 (41%) of whom presented for a psychiatric assessment; 104 (85%) were confirmed with major depressive disorder, and 100 (96%) of these patients were randomized into treatment involving either care management or usual care. Patients in the care management and usual care groups did not differ in terms of their outcomes. CSCT resulted in a nearly 7-fold increase in treatment rate among depressed patients in primary care. The authors conclude that CSCT is both feasible and effective in improving recognition and treatment engagement of depressed Chinese Americans.

**Juang, Linda P. and Alvin A. Alvarez. "Discrimination and Adjustment among Chinese American Adolescents: Family Conflict and Family Cohesion as Vulnerability and Protective Factors." *American Journal of Public Health* 2010, 100(12): 2403-2409.**

This paper examined racial/ethnic discrimination experiences of Chinese American adolescents to determine how discrimination is linked to poor adjustment (i.e., loneliness, anxiety, and somatization) and how the context of the family can buffer or exacerbate these links. The authors collected survey data from 181 Chinese American adolescents and their parents in Northern California, and conducted hierarchical regression analyses to examine main effects and 2-way interactions of perceived discrimination with family conflict and family cohesion. This paper found that discrimination was related to poorer adjustment in terms of loneliness, anxiety, and somatization, but family conflict and cohesion modified these relations. Greater family conflict exacerbated the negative effects of discrimination, and greater family cohesion buffered the negative effects of discrimination.

**Spencer, Michael S., Juan Chen, Gilbert C. Gee, Cathryn G. Fabian, and David T. Takeuchi. "Discrimination and Mental Health-Related Service Use in a National Study of Asian Americans." *American Journal of Public Health* 2010, 100(12): 2410-2417.**

This paper examined the association between perceived discrimination and use of mental health services among a national sample of Asian Americans. The data came from the National Latino and Asian American Study, the first national survey of Asian Americans. The sample included 600 Chinese, 508 Filipinos, 520 Vietnamese, and 467 other Asians. The authors used logistic regression to examine the association between discrimination and formal and informal service use and the interactive effect of discrimination and English language proficiency. This paper found that perceived discrimination was associated with more use of informal services, but not with less use of formal services. Additionally, higher levels of perceived discrimination combined with lower English proficiency were associated with more use of informal services.

**Babiarz, Kimberly Singer, Grant Miller, Hongmei Yi, Linxiu Zhang, and Scott Rozelle. "New Evidence on the Impact of China's New Rural Cooperative Medical Scheme and its Implications for Rural Primary Healthcare: Multivariate Difference-in-Difference Analysis." *BMJ* 2010; 341:c5617.**

This paper examined whether China's New Rural Cooperative Medical Scheme (NCMS) and the individual policy attributes have affected the operation and use of village health clinics. The data came from 100 villages within 25 rural counties across five Chinese provinces in 2004 and 2007, including 160 village primary care clinics and 8339 individuals. A difference-in-difference analysis with multivariate linear regressions was used, while controlling for clinic and individual attributes, and village and year effects. For village clinics, NCMS was associated with a 26% increase in weekly patient flow and a 29% increase in monthly gross income, but no change in annual net revenue or

the proportion of monthly income from drug revenue. For individuals, participation in NCMS was associated with a 5% increase in village clinic use, but no change in overall medical care use. Out-of-pocket medical spending fell by 19% and the two measures of exposure to financial risk declined by 24-63%. The paper concluded that NCMS provides some financial risk protection for individuals in rural China and has partly corrected distortions in Chinese rural healthcare. However, the scheme may have also shifted uncompensated new responsibilities to village clinics.

**Qian, Juncheng, Min Cai, Jun Gao, Shenglan Tang, Ling Xu, and Julia Alison Critchley. "Trends in Smoking and Quitting in China from 1993 to 2003: National Health Service Survey Data." *Bulletin of the World Health Organization* 2010, 88:769-776.**

Using data from National Health Service Surveys conducted in 1993, 1998 and 2003, the authors estimated trends in smoking prevalence and cessation according to sociodemographic variables and analyzed cessation rates, quitting intentions, reasons for quitting and reasons for relapsing. The authors found that in China, current smoking in those > 15 years old declined 60-49% in men and 5-3.2% in women over 1993-2003. However, heavy smoking increased substantially overall and doubled in men. The average age of uptake also dropped by about 3 years. In 2003, 7.9% of smokers reported intending to quit, and 6% of people who had ever smoked reported having quit. Of former smokers, 40.6% quit because of illness, 26.9% to prevent disease and 10.9% for financial reasons. This paper concluded that smoking prevalence declined in China over the study period, perhaps due to the combined effect of smoking cessation, reduced uptake in women and selective mortality among men over 40 years of age. However, heavy smoking increased. People in China rarely quit or intend to quit smoking, except at older ages.

**Zhang, Junhua, Hongcai Shang, Xiumei Gao, and Edzard Ernst. "Acupuncture-related Adverse Events: a Systematic Review of the Chinese Literature." *Bulletin of the World Health Organization* 2010, 88:915-921C.**

This paper aims to systematically review the Chinese-language literature on acupuncture-related adverse events. The authors searched three Chinese databases (the Chinese Biomedical Literature Database, 1980-2009; the Chinese Journal Full-Text Database, 1980-2009; and the Weipu Journal Database, 1989-2009) to identify Chinese-language articles about the safety of traditional needle acupuncture. The inclusion criteria were met by 115 articles that in total reported on 479 cases of adverse events after acupuncture. The most frequent adverse events were pneumothorax, fainting, subarachnoid haemorrhage and infection, while the most serious ones were cardiovascular injuries, subarachnoid haemorrhage, pneumothorax and recurrent cerebral haemorrhage. Many acupuncture-related adverse events, most of them owing to improper technique, have been described in the published Chinese literature.

**Yen, Steven T., W. Douglass Shaw, and Yan Yuan. "Cigarette Smoking and Self-reported Health in China." *China Economic Review* 2010, 21(4): 532-543.**

The effect of cigarette smoking on self-reported or assessed health (SAH) has been considered in several studies, with some surprising results. In this paper the variation in an ordinal endogenous SAH variable is modeled with an ordinal endogenous cigarette smoking variable, using the copula approach to accommodate skewness in the error distribution. The empirical model is estimated for a random sample of adult males from nine provinces in the 2006 China Health and Nutrition Survey. The results suggest that heavy smokers are more likely to report excellent health. Government and those in health policy might target heavy smokers with the message that quitting does result in benefits, keeping in mind that self-reported health is itself a function of several factors.

**Jian, Weiyan, Kit Yee Chan, Daniel D. Reidpath, and Ling Xu. "China's Rural-Urban Care Gap Shrank For Chronic Disease Patients, But Inequities Persist." *Health Affairs* 2010, 29(12): 2189-2196.**

This paper analyzes changes in the rural-urban gap for patients with chronic diseases based on national survey data from 2003 and 2008. Overall, there were substantial improvements at the national level in insurance coverage and the use of hospital services for both urban and rural residents with chronic diseases. There was also an overall reduction in the rural-urban gap in the use

of inpatient services. But the gains were uneven. The strongest evidence of the narrowing of the rural-urban gap came from central China, while the evidence is mixed for western and eastern China. This paper suggests that different approaches will be required to narrow the rural-urban health service gap in different regions of China.

**Feng, Xing Lin, Guang Shi, Yan Wang, Ling Xu, Hao Luo, Juan Shen, Hui Yin, and Yan Guo. "An Impact Evaluation of the Safe Motherhood Program in China." *Health Economics* 2010, 19: 69-94.**

Using 11 years of county-level panel data, fixed effect models are estimated to evaluate the impact of the Safe Motherhood (SM) Program in China. Propensity score matching is used to select comparable factual and counterfactual counties. Out of 2013 counties in China, 283 are selected for the treatment group and 1051 for the control group. The results support the causal relationship between the program and its targeted outcomes and the partial effects increase as years of exposure in the program. Further modeling supports the conclusion that the program reduces maternal mortality ratio (MMR) by enhancing MCH care. This paper concludes that the SM Program is effective in reducing MMR through the enhancement of hospital delivery.

**Qian, Dongfu, Henry Lucas, Jiaying Chen, Ling Xu, and Yaoguang Zhang. "Determinants of the Use of Different Types of Health Care Provider in Urban China: A Tracer Illness Study of URTI." *Health Policy* 2010, 98(2-3): 227-235.**

Using data from the fourth China National Health Services Survey (NHSS) that was conducted in 2008, the authors conducted a tracer illness study of urban people with acute upper respiratory tract infections (URTI) to examine factors of the use of different outpatient health care providers. The study addresses the demand for both public and private providers. The findings indicate that overall private clinics are important sources of medical care for low-consumption households, that insured patients are less likely to use private clinics and more likely to use Community Health Services Centers (CHC) and that children are more likely to see a high-level provider. City size and severity of illness were also found to play a role in determining provider utilization.

**Chen, Chi-Chen and Shou-Hsia Cheng. "Hospital Competition and Patient-Perceived Quality of Care: Evidence from a Single-Payer System in Taiwan." *Health Policy* 2010, 98(1): 65-73.**

This paper examined the effects of market competition on patient-perceived quality of care under a single-payer system in Taiwan. Data came from two nationwide surveys conducted on discharged patients and National Health Insurance (NHI) hospital claim datasets in 2002 and 2004. Competition was measured by the Herfindahl-Hirschman Index (HHI). Quality of care was measured by patient-rated hospital performance including interpersonal skills and clinical competence domains. The results showed that HHI was significantly associated with a decrease in the perceived interpersonal skills, indicating increased interpersonal skill level in competition. A similar association was found for the perceived clinical competence. This paper concluded that quality of care from the patients' perspective is sensitive to the degree of competition.

**Wishnick, Elizabeth. "Dilemmas of Securitization and Health Risk Management in the People's Republic of China: the Cases of SARS and Avian Influenza." *Health Policy and Planning* 2010, 25(6): 454-466.**

This paper looks at two cases in which the Chinese government securitized infectious disease (SARS and avian influenza) and examines the pros and cons of securitization. The article begins by examining the contributions of the Copenhagen School and sociological theories of risk to conceptualizing the security challenges that pandemics pose. The second section examines securitizing and desecuritizing moves in Chinese responses to SARS and avian influenza. Each case study concludes with an assessment of the consequences for health risk management in China. A third section draws out the implications of these cases for theories of securitization and risk. In conclusion, the article argues that alternatives to securitization, such as viewing health as a global public good, would require a prior commitment to risk management within affected states.

**Tiwari, Agnes, Daniel Yee Tak Fong, Kwan Hok Yuen, Helina Yuk, Polly Pang, Janice Humphreys, and Linda Bullock. "Effect of an Advocacy Intervention on Mental Health in Chinese Women Survivors of Intimate Partner Violence: A Randomized Controlled Trial." *JAMA* 2010, 304(5):536-543.**

This paper explores whether an advocacy intervention would improve the depressive symptoms of Chinese women survivors of intimate partner violence (IPV). Assessor-blinded randomized controlled trial of 200 Chinese women 18 years or older with a history of IPV were conducted from February 2007 to June 2009 in a community center in Hong Kong, China. The intervention group (n = 100) received a 12-week advocacy intervention comprising empowerment and telephone social support. The control group (n = 100) received usual community services including child care, health care and promotion, and recreational programs. The intervention significantly reduced depressive symptoms by 2.66 (95% CI, 0.26 to 5.06) vs the control, less than the 5-unit minimal clinically important difference. Statistically significant improvement was found in partner psychological aggression and perceived social support, but not in physical assault, sexual coercion, or health-related quality of life. By the end of the study, more women in the intervention group found the advocacy intervention useful or extremely useful in improving intimate relationships and in helping them to resolve conflicts with their intimate partners vs. those in the control group. This paper concludes that among community-dwelling abused Chinese women, an advocacy intervention did not result in a clinically meaningful improvement in depressive symptoms.

**Wu, Jiang, Fujie Xu, Li Lu, Min Lu, Liang Miao, Ting Gao, Wenyan Ji, Luodan Suo, Donglei Liu, Rui Ma, Rui Yu, Jiayi Zhangzhu, Weixiang Liu, Yang Zeng, Xiaomei Li, Xuechun Zhang, Xinghuo Pang, and Ying Deng. "Safety and Effectiveness of a 2009 H1N1 Vaccine in Beijing." *New England Journal of Medicine* 2010, 363:2416-2423.**

The authors evaluated the safety and effectiveness of a 2009 pandemic influenza A (H1N1) vaccine in Beijing. During a 5-day period in September 2009, a total of 95,244 children and adults received the PANFLU.1 vaccine (Sinovac Biotech). The authors assessed adverse events after immunization through an enhanced passive-surveillance system and through active surveillance. To assess vaccine effectiveness, the authors compared the rates of reported laboratory-confirmed cases of 2009 H1N1 virus infection in students from 245 schools who received the vaccine (n = 25,037) with the rates in those who did not receive the vaccine (n = 244,091), starting 2 weeks after the mass vaccination. As of December 31, 2009, adverse events were reported by 193 vaccine recipients. Among unvaccinated students, 362 cases of incident neurologic diseases were identified within 10 weeks, including 27 cases of the Guillain-Barré syndrome. None of the neurologic conditions occurred among vaccine recipients. During the period from October 9 through November 15, 2009, the incidence of confirmed cases of 2009 H1N1 virus infection per 100,000 students was 35.9 among vaccinated students and 281.4 among unvaccinated students. Thus, the estimated vaccine effectiveness was 87.3% (95% CI, 75.4 to 93.4). Among 95,244 children and adults in Beijing, the PANFLU.1 vaccine had a safety profile similar to those of seasonal influenza vaccines and appeared to be effective against confirmed H1N1 virus infection in school-age children.