



COURSE SYLLABUS

PUBLIC HEALTH POLICY AND PRACTICE IN CHINA (Core Program Course)

Public Health Policy and Practice Program in Shanghai

Suggested US semester credit hours: 3 credits

IFSA course code: PUBH 315 / POLS 315

Course length: Semester

Delivery method: Face to face

COURSE DESCRIPTION

Tremendous progress has been made in public health policy and practice in China as the country experienced rapid and profound economic, social and political changes in the past decades. This course provides students with an overview of the evolution and current status of public health in China including its health care system development, recent reforms, the role of government and issues related to public health policy and practice from the angle of health system components—from the national population policy to the prevention and control of epidemics. Topics include the former One Child Policy and family planning, caring for an aging population, child and maternal health, health literacy, and regional and urban/rural variations in health.

Readings and resources from health sciences and political science foster an interdisciplinary structure to the course. The setting of Shanghai provides a dynamic learning environment and “laboratory” for local examination of national issues and cultural practices.

STUDENT LEARNING OBJECTIVES

This course includes the following goals for students:

- Understand the definition and basic theory of health systems and health policy.
- Analyze the major challenges of health systems in China.
- Review the present status of health care in China in terms of needs and availability of services and the responses of health, hospital and pharmaceutical sectors.
- Discuss the general characteristics of Chinese health system.
- Become familiar with the contemporary issues in health policy at national and local levels.
- Understand the past and current legislation relating to Chinese health care delivery systems.
- Recognize commonly used jargon, abbreviations and terminology in health care delivery.
- Deliberate on potential paths to meet the public health challenges in China individually and collectively.
- Become familiar with resources available for research on public health policy and practice in China.



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- Demonstrate understanding of the cultural considerations surrounding study of public health policy and practice in China.
- Make connections between learning in this course and other learning experiences in Shanghai.

COURSE SCHEDULE

The following schedule indicates the weekly discussion topics, related readings, and assignments for this course. Students are encouraged to bring their prior learning experiences into class discussions and to make connections between this course and others whenever possible. Theories of experiential learning and integrative learning therefore undergird the dynamic learning environment of this course.

Week 1: An overview of the concept of health system and health policy (Xie Zheng)

- Definition of health system
- Six blocks of health system
- Data and statistics on health system
- Definition of health policy

Week 2: Introduction to Chinese health system and health policy (Xie Zheng)

- Health development status in China
- Evolution of Chinese health system
- Health policy making in China
- Recent health system reform in China

Week 3: National Population Policy (Chen He)

- Review of national family planning policy
- Demographic transition
- New trend of national family planning policy

Week 4: Policies supporting the elderly (Chen He)

- Ageing trend
- Health insurance
- Pension
- Long-term care

Week 5: Disability and prevention (Chen He)

- Disability: prevalence and trends
- Disability: causes
- Prevention of disability

Week 6: National maternal and child health program (Yin Hui)

- IMR, Under 5 MR, MMR trend and disparity



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- National MCH policy: achievements and experiences
- Determinants and challenges

Week 7: **Midterm Exam**

Week 8: **China Field Study Trip**

The IFSA semester program in Public Health Policy and Practice provides a week-long study trip for the hands-on examination of topics discussed in courses across the program, including PUBH 315 / POLS 315 Public Health Policy and Practice in China. Participation is mandatory. Experiences will augment class discussions.

Week 9: **China and global health (Xie Zheng)**

- Definitions of global health and global health governance
- Five element of global health governance
- Aid effectiveness
- China's involvement in global health development aid

Week 10: **HIV/AIDS in China (Tang Kun)**

- Contextual background of the HIV/AIDS epidemic in China
- Major trends and interventions
- Emerging and involvement of international and local grass-root NGOs

Week 11: **Healthy lifestyle and health promotion in China (Yin Hui)**

- Health literacy: trend and challenges
- Lifestyle transition and health promotion
- National policy and program on health education and health promotion (e.g. Tobacco control, healthy cities movement, M-health)

Week 12: **Independent Travel and Study Week**

No assignments.

Week 13: **National immunization program (Zhang Juan) and National nutrition program (Zhang Juan)**

- Disease burden of infectious disease in China
- Evolution of national immunization program
- Implementation of national immunization program
- Impact of national immunization program
- Trends of nutrition status in China
- Emerging nutritional issues
- National program for nutrition improvement

Week 14: **National non-communicable diseases program (Zhang Juan)**



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- Disease burden of NCD in China
- Epidemiology of biological risk factors and behavioral risk factors
- National strategy for NCD prevention and control
- National programs for NCD prevention and control

Week 15: **Final presentations**

- Presentations of students
- Concluding questions and comments

COURSE MATERIALS

Karen Glanz, Barbara K. Rimer, K. Viswanath. Health behavior and health education. Theory, research, and practice (5th edition). Jossey-bass: 2015.

Vivian Lin, Yan Guo, David Legge, Qunhong Wu. Health Policy in and for China. Peking University Medical Press. 2010.

Athar Hussain. Demographic Transition in China and its Implications. World Development. 2002; 30 (10): 1823–1834.

Gao J, Woodward A, Vardoulakis S, Kovats S, Wilkinson P, Li L, Xu L, Li J, Yang J, Li J, Cao L, Liu X, Wu H, Liu Q. Haze, public health and mitigation measures in China: A review of the current evidence for further policy response. Science of the Total Environment, 2016, 578:148–157.

Gao Y, Griffiths S, Chan EY. Community-based intervention to reduce overweight and obesity in China: a systematic review of the Chinese and English literature. J Public Health. 2008, 30(4):436-48.

Guo Yan, Yin Hui. Reducing child mortality in China: successes and challenges [J]. Lancet, 2016 Jan 16;387(10015):205-7.

Therese Hesketh, Li Lu, and Zhu Wei Xing. The Effect of China's One-Child Family Policy after 25 Years. N Engl J Med 2005; 353:1171-1176.

He Chen, Tuohong Zhang. Population aging: Social consequences and challenges. In Mu Li, Yangfeng Wu. Ed. Urbanization and Public Health in China. Imperial College Press. 2015.

Huang C, Yu H, Koplan JP. Can China diminish its burden of non-communicable diseases and injuries by promoting health in its policies, practices, and incentives? Lancet. 2014, 384(9945):783-92.

Jiwei Qian and Åke Blomqvist (2014) HEALTH POLICY IN CHINA: INTRODUCTION AND BACKGROUND. Health Policy Reform in China: pp. 3-24.

Jufen Liu, Iris Chi, Gong Chen, Xinming Song, Xiaoying Zheng. Prevalence and correlates of functional



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disability in Chinese older adults. *Geriatr Gerontol Int.* 2009 Sep;9(3):253-61. doi: 10.1111/j.1447-0594.2009.00529.x.

Ministry of Foreign Affairs of the People's Republic of China, United Nations System in China, 2013. *China's Progress Towards the millennium development goals, 2013 report*, Beijing. (<http://wcm.fmprc.gov.cn/preview/eng/zxxx/P020130922717154941911.pdf>)

WHO. Success factors for women' s and children' s health: Policy and Programme highlights from 10 fast- track countries. WHO, 2014. (<http://www.who.int/pmnch/successfactors/en/index2.html>)

Xinglin FENG, 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 [J]*. 2010. DOI: 10.1002/hec.1593.

Xinying Sun, Juan Chen, Yuhui Shi, Qingqi Zeng, Nanfang Wei, Rong Xie, Chun Chang, Weijing Du. Measuring health literacy regarding infectious respiratory diseases: a new skills-based instrument. *PLoS One*, 2013 May 28;8(5):e64153. Doi:10.1371/journal.pone.0064153.

Yang J, Atkins KE, Feng L, et al. Seasonal influenza vaccination in China Landscape of diverse regional reimbursement policy and budget impact analysis. *Vaccine*. 2016, 34(47):5724-5735.

Yip WCM, Hsiao WC, Chen W, Hu SL, Ma J, Maynard A. Early appraisal of China's huge and complex health-care reforms. *Lancet*. 2012;379(9818):833-42.

Zhang J, Ou JX, Bai CX. Tobacco smoking in China: prevalence, disease burden, challenges and future strategies. *Respirology*. 2011, 16(8):1165-72.

Zheng X, Chen G, Song X, Liu J, Yan L, Du W, et al. Twenty-year trends in the prevalence of disability in China. *Bull World Health Organ*. 2011;89(11):788-97. doi: 10.2471/BLT.11.089730.

ASSIGNMENTS AND EVALUATION METHODS

Participation:

Students are expected to attend all sessions of the course unless there are emergencies or medical reasons. For each class session, students must complete the required readings. All students shall participate actively and intelligently in class discussions. Thoughtful comments, interesting questions, and provocative insights will be highly valued. Participation grades include attendance, engagement in discussion, civility and respect.

Midterm and Final Exam:



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Students will write a midterm exam and a final exam. Students will have some choice of questions to answer. The format will be “open book”, “take home.” The instructor will give possible questions to students at least one week in advance.

Research Project (includes a Presentation and a Paper):

Students will complete a research project for which they will give an in-class presentation of about 20 minutes during the final week of the course and write a paper of 10 to 12 pages (Times New Roman, 12 font, double-spaced). This research project will enable students to learn in greater depth about particular public health policy and practice topics that interest them. Students will use published materials, as well as hands-on field research in China. A grading rubric for the Research Project (including a Presentation and a Paper) will be provided by the instructor during class.

Grading:

Your performance in this course will be assessed through the following, and your final grade will be determined by the percentages indicated:

Class Preparation, Discussion and Participation - 15 %

Midterm Exam – 20 %

Final Exam - 25 %

Research Project - 40 %

IFSA programs in Shanghai programs utilize the follow standard grading policy well accepted by most US institutions.

Excellent	A	93-100%	Good	B+	87-89%	Acceptable	C+	77-79%	
	A-	90-92%		B	83-86%		C	73-76%	
				B-	80-82%		C-	70-72%	
						Unsatisfactory	D+	67-69%	
							D	63-66%	
							D-	60-62%	
							Failing	F	<60%



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COURSE POLICIES

Deadlines:

All work must be completed and handed-in on time in order to receive full credit. If you are ill and are not able to hand an assignment in on time, you should notify the instructor by email before the deadline, and we will make alternative arrangements.

Exams and Assignments:

Students are required to take all regularly scheduled exams in courses for which they are registered, and to submit all assignments on time. Any compelling academic, personal, or medical reason that might justify a rescheduled exam or assignment must be brought up to both the Resident Director and course faculty. Failure to take scheduled exams or submit the requisite assignments for a course will adversely affect your grade as per the stated grading criteria for each course.

Classroom Conduct:

Student punctuality is extremely important in China. Please do not be late for classes or other activities, as it is considered impolite to do so. It is improper to eat in class, to engage in other activities such as texting, or to slump or nap. Students are expected to be alert and engaged as a sign of respect for their professors.

ATTENDANCE

Everyone benefits by learning from each other; if students are not present, it affects everyone and negatively impacts the program. Attendance is required for all classes and mandatory field visits; attendance will be recorded. Students must notify their instructors and the Resident Director ahead of their absence from class or class-related activities. Class participation is expected and is a contributing factor to students' final course grades. Students' grades will be reduced one grade increment for more than two unexcused absences.

ACADEMIC INTEGRITY

Any academic endeavor must be based upon a foundation of honesty and integrity. Students are expected to abide by principles of academic integrity and must be willing to bear individual responsibility for their work while studying abroad. Any academic work (written or otherwise) submitted to fulfill an academic requirement must represent a student's original work. Any act of academic misconduct, such as cheating, fabrication, forgery, plagiarism, or facilitating academic dishonesty, will subject a student to disciplinary action.



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IFSA takes academic integrity very seriously. Students must not accept outside assistance without permission from the instructor. Additionally, students must document all sources according to the instructions of the professor. Should your instructor suspect you of plagiarism, cheating, or other forms of academic dishonesty, you may receive a failing grade for the course and disciplinary action may result. The incident will be reported to the IFSA resident director as well as your home institution.

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