

The Times

Prof ponders the price of health

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Editor's note: One in a continuing series

EWING -- Juan Du spends her research time at an important public policy crossroads: the intersection of health care and economics.

Du, 30, a visiting assistant professor in economics at The College of New Jersey since 2008, conducts research on health insurance and economic reforms in her native China.

In another facet of her research, Du is examining the recent downward trend in cigarette smoking in China.

Her work also involves labor-related issues in the United States, and she has found links between the risk of hypertension among retirees and high levels of overtime in their working years.

Du's line of research -- health care-oriented economics and public health in general -- is a natural outgrowth of her having come from a family in which both her parents, who are now retired, worked in the medical profession, she said in a recent interview from her office at TCNJ.

"My father is a doctor and my mother is a nurse, so I guess that's where my interest in health care comes from," said Du.

In China, where her parents still live, as in the United States, the government is trying to reform its health care system so that everyone can participate in universal coverage. Such a move would be easier to accomplish there than here, she said, because in China, the government provides health insurance with very little private supplemental coverage, which a small group of wealthy Chinese pay for themselves.

In the United States, divergent interests between the government and private health care insurance providers make the goal of universal health coverage more challenging, Du said.

From a public policy and general welfare standpoint, Du said, universal health insurance makes sense, she said.

"I support that because the only way to lower costs is to have everybody who is healthy and not healthy included in the (insurance) pool, not only the sick people," Du said.

The key difference between China's aim for universal coverage and that of the United States is this: The private insurance-based model that the U.S. has is almost nonexistent in China, she said. In the U.S., "the insurance companies want to maximize profit, and the government wants to lower costs. So it's easier to achieve universal coverage in China," she said.

Du said that in China, the push for reform in terms of health care coverage and quality is driven by the fact that health care is the top concern of the people.

Financial pressure on Chinese companies from foreign competition began with the country's economic reforms of the 1980s and 1990s, Du said.

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In the 1990s, health insurance was provided by the government, but primarily paid for by employers. During those years, many Chinese lost their health insurance because many employers could not afford to pay for it, Du said.

The situation has improved since then, she said, because the government has realized how concerned the public is about health care.

Currently, companies pay 5 percent of an employee's salary to fund health care insurance and workers pay 3 percent, she said.

There is significant disparity between the medical coverage available to people who are born in rural parts of China -- which accounts for 70 percent of the population -- and those born in the cities, where the quality of care, insurance coverage and facilities are superior, she said.

"If you are born in the rural part, you cannot use the health care provided in the cities," she said.

Even that situation, however, is changing for the better.

"Now they're trying to set up a system in the middle, so if you're an immigrant (who moved) from a rural area to a city, you do get some health care but (it's) still not as good as for people born in the city," she said. "But they are trying to make immigrants' lives better. Still, in a lot of cases, when immigrants get sick, they go back to the rural part."

Aside from examining health care policy in general in China, Du is beginning to look into the reasons for a recent decline in cigarette smoking among Chinese, who account for about 30 percent of the world's cigarette consumption, she said.

She has also studied links between hypertension among workers in the United States and their work. She found that generally, nonmanagerial workers tended to have a higher occurrence of hypertension than their management counterparts in the same line of work, she said.

Another study that Du worked on found that hypertension is more prevalent among low-wage workers than among those with higher pay.

She also found a strong correlation between hypertension risk in retirement and high levels of overtime worked during a person's career.

Du said she hopes one day to conduct similar studies in China, but the data for such research are not as readily available there as in the United States.

She would like some day to split her teaching time between the U.S. and China. "In the future, if there is opportunity to teach in China for half a year, I would like to do that," she said.