

Research Assistant of Global Health Research Center

Duke Kunshan University

Job Description

Position Overview:

The Duke Kunshan University seeks to hire one full-time research assistant to work at an innovative Global Health Research Center (GHRC) established by Duke Kunshan University, China. Duke Kunshan University is a partnership of Duke University, Wuhan University and the Municipality of Kunshan, China. The Duke Kunshan campus is located 37 miles west of Shanghai in Kunshan, which is connected to Shanghai via a 15-minute high-speed train. In addition to a global health and other research centers, DKU offers several graduate degrees and undergraduate programs. For more info, visit <http://www.dku.edu.cn>.

The Duke Kunshan Global Health Research Center is an interdisciplinary program tied closely to health priorities and challenges in China and other countries, and currently focuses on four research areas: health policy and systems, global environmental health, emerging infectious diseases, and non-communicable chronic diseases (NCDs). The Global Health Research Center at Duke Kunshan is associated with the Duke Global Health Institute (DGHI), which is one of seven interdisciplinary University Institutes at Duke University in Durham, NC, USA. Its mission is to undertake and coordinate global health education and training, research, and policy related programs involving many disciplines throughout the university, including the medical center. For more information on DGHI, please see <http://globalhealth.duke.edu/>.

This position is located in 江苏昆山 Kunshan City, Jiangsu Province, China.

Reports to:

Professors Jeffrey Moe MD, PhD, and Lijing L. Yan, PhD, MPH

Essential Duties:

Under the supervision of the senior faculty and independently (listed in descending order of time allocation and priority),

- Work on specific global health and China-based projects including literature review and report writing, research development, project management, fieldwork and quality control, data cleaning, management, and analyses, and drafting project reports, and other related tasks. For an example of

a research project to work on, see the **Appendix**.

- Data analysis and statistical model building using STATA, SAS or other statistical software research projects;
- Provide assistance to other research work including but not limited to grant proposals, systematic literature review, manuscript writing and disseminating the results of the research in academic conferences or other venues;
- Contribute to capacity building (training and teaching) activities within and outside of the Global Health Research Center;
- Any other research-related tasks required by the team leader.

Required Qualifications:

Candidates for the position should:

- Have strong interests and experiences in global health research;
- Have a Master's Degree in epidemiology, preventive medicine, global health, biostatistics, or other related fields;
- Willing to travel as needed to field sites and conferences;
- Proficient and experienced in using MS Office, (preferred but not required) STATA or SAS;
- Hardworking, fast learner, team player, and attention to detail;
- Thrive working in a multidisciplinary environment; Excellent oral and written communication skills;
- Preferably with working experiences; entry-level graduates also accepted.

Terms and Compensation:

- Open to both Chinese and foreign citizens;
- Two-year contract, renewable for more years;
- Flexible starting date; Flexible work hours;
- Salary and full fringe benefits commensurate with candidate experiences and qualifications.

How to apply:

Review of applications will be on a rolling basis and continue until the position is filled. Applications, including a brief statement of research interests, qualifications, career plan, and motivations for applying for the position (one-page maximum), curriculum vitae (for foreign applicants, only English; for Chinese applicants, both English and Chinese CVs), and names for three referees (references will be sought after the candidate passes the interview stage), should be submitted, with the subject line of "Duke Kunshan

GHRC RA application” to Professor Yan (lijing.yan@duke.edu) and DKUrecruitment@dukekunshan.edu.cn

Appendix

RA Project, Global Health Research Center, DKU

Faculty: Jeffrey L. Moe, Ph.D. Professor of the Practice in Global Health

Background

Demographic change creates challenges to health care systems. Aging populations is a global phenomena that is of particular concern to China and the challenges it will present to its health care delivery and financing systems. The 2015 National Bureau of Statistics estimates the population of people aged 60 and over in China was 221.82 million, accounting for 16.15%; the population aged 65 and over was 143.74 million, accounting for 10.47%. By 2030 the population older than 65 is estimated to reach 230 million. Elderly patients have increased incidences of acute illnesses; e.g. increased falls with concomitant musculoskeletal and neurological injuries. Of greater concern than acute illness increases are chronic non-communicable diseases (NCD) associated with aged patients. Of China's 10.3 million deaths each year, 80% are attributed to chronic disease. Among the aged, there is a higher incidence of diseases related to unhealthy lifestyles which includes smoking-related diseases, diseases associated with sedentary lifestyles and excessive alcohol use.

China's health care system has witnessed great changes since the reforms in the early 2000's. Public hospitals are primarily organized for acute disease treatment with associated financing, payment and regulatory functions to support those health care needs. China's health care system, primarily public but also in the private sector, is poorly equipped to meet the needs of elderly patients. As China's health care system reformed, an historical emphasis on "Prevention First" lost priority. This loss of emphasis is particularly evident with a "health literacy" gap among elderly patients and their families.

China has approached its health system structure, particularly for the aging, using the concept of "subsidiarity". Subsidiarity, as a design principle, assumes the best and most affordable care is provided in the home or in the local community. Only after those local resources have been exhausted or are unable to meet the need should higher level services be sought and provided. Subsidiarity requires that elderly patients themselves and family members know and can deliver many forms of care in the home and local community. The health literacy gap makes subsidiarity ineffective and makes a dramatic increase in costs when it is provided in a low-skill or high-skill provider setting.

This research opportunity begins by analysing the burdens that aging Chinese populations place upon the health system. Those burdens are understood as disease state care and costs, but also flow from the structure of the health care system which includes financing, payment, regulation, structure and the behaviors of patients and providers. The reformed health care system has capabilities that may not fit well with the particular demands that aging patients place upon the system. An improved response to the aging population will require structural changes.

Research Opportunity for an RA

"Health education" refers to health education for many stakeholders including patients, family members; care givers, at all skill levels, in public and private settings. Health education includes disease prevention, early intervention; treatment approaches, especially for NCD, and rehabilitation nursing. Health education also includes medical service systems, schools, community, enterprise or social organizations, mass media and government public health approaches.

Four countries are of interest in their responses to aging patient populations and their approaches to health education: Japan, Singapore, the United States and the United Kingdom. Within each of these comparator countries there are best practices that have grown out of failure and success. Aspects of their national experiences will be selected for consideration by Chinese policy makers, selected because the approaches have demonstrated results, cost-effective and transferrable to the China context.

Cross-nation studies on comparator countries (re: effective responses to aging populations) includes not only an overall assessment of practices in health education and related areas in that country, but also answers the following questions:

1. Health Education for Health Care Systems :

- Public health knowledge education
- Knowledge and skills in disease (especially NCD) and disease management
- How to improve the knowledge and skills in health education for medical staff in medical and vocational training?
- How to strengthen the interaction between medical staff and patients?
- How to improve the positioning and role of health care systems in health education under the new technical conditions (Internet, mobile phone, medical information)?
- Is there a systematic design or support behind the mission of the medical staff (for example, is there a professional support team behind during process of missions

while the nurses encounter problems)? Is the team composed of part-time or full-time staff?

- Is there any specific funding support and for what percentage of the funding can be converted into remuneration? How much time does health education take up in the medical staff's working time?

- Who assess the results? What are the main assessment criteria?

- Typical success stories and failure cases, as well as lessons learned

2. School Health Education:

- Objectives of health education in respect of pre-school education, primary education and secondary education

- What are the basic contents (modules) at different ages?

- What are the priorities at different ages?

- Who evaluate the results? What are the main evaluation criteria?

- Is school health education team composed of part-time or full-time staff? Are there any special funds?

- Typical success stories and failure cases, as well as lessons learned

3. Health Education for Community, Companies and Social Organization

- What are the basic aspects of community health education? What health management measures can be taken?

- What are the focus groups of community health education? From the perspective of health education, what are the characteristics of different focus groups and thereafter different emphasis on education methods and content?

- What are the priorities of health education for companies? How to make connections between company health education and occupational health protection, health management and so on?

- What related areas of health education should the social organization play a role in? How does it work?

- Who evaluate the results? What are the main evaluation criteria?

- Are there staff members? Are they part-time or full-time staff? Are there any special funds?

- Typical success stories and failure cases, as well as lessons learned

4. The Role of Mass Media in Health Education:

- The characteristics and roles of traditional communication methods (print media,

television, radio, telephone hotline, etc.) and new communication methods (Internet, mobile APP, etc.) in health education (different types, different target population)

- What types of knowledge can be used as public health knowledge and what cannot? Where are the boundaries between different types of health knowledge (such as wellness management, disease prevention, treatment, and rehabilitation knowledge)?
- How can the public be well aware of the source of public health knowledge and whether the knowledge itself is correct or wrong? If there is a serious public health knowledge misleading (not self-resolving), who (government departments, universities, research institutions, media, social organizations, the public) has the responsibility to correct it? Are there any penalties?
- Who evaluate the results? What are the main evaluation criteria?
- Typical success stories and failure cases, as well as lessons learned

5. The Role of Government in Health Education

- The legislative plan of National People's Congress, in particular the determination of the principal responsibility
- Decision-making, implementation procedures and corresponding institutions in health education
- Who evaluate the results? What are the main evaluation criteria?
- Financing of health education
- Typical success stories and failure cases, as well as lessons learned

RA Tasks and

The RA will work closely with Professor Moe to write a report which 1) characterizes the specific challenges the aging population presents to the Chinese health care system and 2) extracts specific examples from the four comparator countries that are selected because they effectively use health promotion and education; have demonstrated cost-effectiveness and results.