

Propositions

1. The worse self-reported health among Chinese women can be partly explained by women's disadvantage in education.
2. So far, having only one child has not led to worse mental wellbeing among elderly parents (45+) in China.
3. Having only one child has not led to worse parent-child interactions among elderly Chinese parents, which are measured by children's residential arrangements, their transfers to parents and frequency of contact.
4. In results-based projects, linking payments to efforts with a broader intention than just improving performance indicators may retain the performance incentives, while at the same time avoiding negative externalities on non-performance indicators as a result of resource reallocation.
5. When reforming provider payment incentives in China, health care providers can respond strategically by selecting patients, leading to unintended consequences.
6. We cannot avoid making value judgments when measuring inequality.
7. Health and life are not always the top priorities when people make health-related decisions.
8. People's level of happiness may change transiently in response to life events, but often return to a relatively stable set point.
9. Decentralization is common in policy making in China, providing scope for resistance to the extremes of state power and negotiation of policies imposed from above.
10. In China, the prevalence of ambiguity in the joint responsibility of multiple governmental agencies has contributed to a general lack of accountability in the public services provision.
11. Individual traits are the results of a fascinating and nuanced interaction between nature and nurture.