

Healthy ageing in Hong Kong

Policy briefing



Health and care

Carers

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International

Prevention

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Life expectancy

Immunisation

Diseases and Conditions

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Inequalities

About the ILC

ILC-UK was established in 1997, as one of the founder members of an international network on longevity. In the UK, we're the specialist think tank on the impact of longevity on society. We have unrivalled expertise in demographic change, ageing and longevity.

We use our expertise in demographic change to highlight the impact of ageing on society, working with experts, policy makers and practitioners to provoke conversations and pioneer solutions for a society where everyone can thrive, regardless of age.

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Summary

This briefing explores the relationship between Hong Kong's health system and the needs of its ageing population, with a particular focus on a preventative approach to healthcare.

We find that:

- Hong Kong's health system takes a curative approach rather than a preventative one.
- Public primary care services aren't sufficient to meet the needs of the ageing population.
- Accident and emergency (A&E) departments have become the primary point of contact with the health system for many people.
- Hong Kong is beginning to consider preventative healthcare but lacks a strategic vision to ensure that individual policies and initiatives are integrated to prevent illness effectively.
- Adult vaccination uptake rates are low, even though this is an important element of preventative healthcare.
- Hong Kong must overcome several challenges to better facilitate healthy ageing, including:
 - An inadequate supply of primary healthcare professionals.
 - Moving from ad hoc projects and pilots to a strategic and evidence-based focus on financial and non-financial incentives.
 - Overcoming a lack of health literacy by using community-based organisations and community leaders to support healthy ageing initiatives.
 - Lack of data on how individuals act to protect their health.
 - Inadequate methods for evaluating the impact of government policy and practice.

This briefing sets out a number of recommendations for how Hong Kong can build upon its strengths

1. Hong Kong has been testing a number of interesting and innovative approaches to preventative healthcare, including the creation of an 'Elderly Health Care Voucher' scheme and a pilot district health centre. But we heard that there was a piecemeal approach to healthy ageing with no strategic vision.

Hong Kong should develop a comprehensive healthy ageing strategy.

2. Hong Kong has a strong set of community organisations. There is an active and effective voluntary sector delivering services and advocating on issues around ageing and health. We heard that the sector already plays a significant role, but that it is willing to do more.

Hong Kong should review how the voluntary and community sector can play a greater role in supporting healthy ageing.

3. Hong Kong also benefits from many community pharmacists. With weak local public primary care services, pharmacists can: help identify those who may benefit from preventative services; point people towards vaccination services; and use nurse practitioners or other healthcare professionals to deliver services in community settings.

Hong Kong should encourage pharmacists to play a greater role in relieving the pressure on public general outpatient clinics.

4. The strength of families and peer networks in Hong Kong is potentially an asset that could be used to support preventative healthcare.

Hong Kong health education should focus on adult children, as they can play an important role in influencing the health decisions of older people.

Hong Kong should encourage the voluntary sector to create older ambassadors, and offer financial support for this approach. This could improve health literacy and raise awareness of the importance of preventative healthcare. Small scale pilots have already demonstrated that such approaches can be effective.

5. There are weaknesses in data collection on active ageing and preventative healthcare.

Hong Kong should seek to evaluate the impact of its preventative health initiatives and to use data to help maximise the impact of preventative healthcare (e.g. using data to increase uptake of adult vaccination).

Disclaimer

This policy briefing is based on a series of interviews conducted with key stakeholders in Hong Kong during March 2019, combined with desk research.

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The views expressed, and any errors of fact, within this document are the author's own.

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Hong Kong is ageing

Rapid demographic change is putting increasing pressure on Hong Kong's health system.

*"It's not easy to die in Hong Kong"*¹

Professor Paul Yip, Department of Social Work and Social Administration

Hong Kong is getting older. In 2014, 15% of Hong Kong's population was aged 65+, a figure which the Hong Kong Census and Statistics Department predicts will more than double by 2064.² Over the same period, the median age of the population is predicted to rise from 43 to 51.²

Hong Kong's ageing society is the result of increases in life expectancy and a consistently low total birth rate over the past twenty years.³ Life expectancy in Hong Kong is now 84.7 years, the highest in the world.⁴

Hong Kong's ageing society is resulting in greater numbers of people with more complex health problems. A recent household survey found that 26% of 45-54 year olds, 44.5% of 55-64 year olds and 74.3% of those aged 65+ had been diagnosed with chronic health conditions.⁵

Today's population cohorts are also experiencing chronic illness at an earlier age, than previous cohorts did.⁶ Rates of dementia are also increasing: a 2012 study projected that the number of people with dementia aged 60+ would increase by 222% between 2009 and 2039, with a large proportion of those living in institutions.⁷

While Hong Kong's health system has been ranked as the most efficient in the world,⁸ it is coming under increasing strain as the population ages. Hong Kong is spending an increasing amount on public healthcare services, between 2017/18 and 2018/19 the proportion of total government expenditure spent on public healthcare services was being projected to increase from 13.3% to 17.5%.⁹ By 2033, this is predicted to rise to 27.3%.⁶

Prevention: the missing piece of the puzzle

Hong Kong's healthcare system currently focuses on curative care; in addition it lacks sufficient public primary care services to meet the needs of its ageing population.

Public healthcare funding is currently weighted towards in-patient curative care, with hospitals dominating. In 2015/16 curative care represented 67.8% of public and private health expenditure,⁶ with the public sector accounting for 51.2% of that expenditure while providing 83% of in-patient services.⁶

Under-investment in public primary care has resulted in inadequate community services.⁶ Hong Kong has only 73 public general outpatient clinics¹⁰ to provide primary care to its population of nearly 7.5 million people.¹¹ In consequence, despite the availability of heavily subsidised public healthcare, the bulk of out-patient services (68%) are currently provided by private healthcare providers.⁶

A deficit of healthcare workers is leading to greater pressure on services and constraining the expansion of public primary care. In 2017 it was reported that there were just 1.91 doctors for every 1,000 people.¹² By 2030, it has been projected that there will be a shortfall of 1,007 doctors and 1,669 nurses.⁶ While foreign healthcare professionals could potentially fill these gaps, this is made more difficult by strict registration requirements. Foreign doctors, for example, must pass a three-part licensing examination and a 12-month internship before they are allowed to practice, or they must work under a limited registration for the Hospital Authority.¹²

Relieving the pressure

The public primary healthcare shortage is increasing pressure on hospital accident and emergency departments as they become the primary point of contact with the health system for those unable to afford private healthcare.

There are high levels of out-of-pocket (OOP) spending, despite the existence of subsidised healthcare, as people pay to access private practitioners. Consultation fees range from HKD200 (£20) to above HKD1,000 (£100).⁶ In 2015/2016 OOP spending represented 34.6% of total health expenditure in Hong Kong.⁶

However, not all older people are able to afford these payments, leading to the use of A&E departments. In the public sector, 46.8% of hospital admissions for older adults are due to conditions, which could be dealt with in primary, community or outpatient care settings.⁶

Good initiatives but limited strategy

A greater focus on preventative healthcare could help to tackle the care challenges presented by Hong Kong's ageing population. Hong Kong has seen encouraging developments in this field.

Box 1: Preventative healthcare initiatives in Hong Kong

"We have a lot of money so we can do a lot of pilot projects":¹

Professor Paul Yip, Department of Social Work and Social Administration

In 2009, the Hong Kong Department of Health funded the 'Elderly Health Care Voucher' scheme to shift demand for primary care services to the private sector. The aim was to reduce pressure on public primary care, promote ongoing doctor-patient relationships, and improve preventive care.⁹ Under the scheme, people aged 65 and above are given HK\$2,000 (£200) each year to spend on primary preventative services, of which HK\$5,000 (£500) can be accumulated if not spent.⁹

However, research has suggested that there are barriers affecting the scheme's effectiveness. These include low enrolment rates for private medical practitioners (32.4%), an uneven distribution of those who have enrolled,¹³ and misuse of vouchers for managing acute episodic conditions rather than for preventive healthcare.¹⁴ Interviewees also suggested that the scheme was being abused by some healthcare professionals, who charged more for services paid for with vouchers.¹⁵

In early 2019, the Food and Health Bureau (FHB) took an encouraging step towards increasing the availability of preventative care in the community by setting up a pilot district health centre (DHC) in Kwai Tsing. Services available at the DHC include health screening, cardiovascular disease assessment, weight management and physiotherapy services.¹⁶ The FHB intends to open additional centres in the 17 other districts if the pilot proves successful.¹⁶

'Healthy ageing' has also been taken up as a policy initiative by other government departments, with the idea of 'ageing in place' central to many. Policies already in place cover housing, transportation, education and urban design as well as healthcare and social welfare.^{4,17,18} The Hong Kong Housing Authority (HKHA) has organised initiatives for healthy ageing in public rental housing (PRH) estates, as about a quarter of PRH tenants are aged 60 or above.¹⁷ In partnership with the Hong Kong Polytechnic University and the Department of Health, the HKHA has arranged free health check visits to PRH estates, along with follow-up and referral services for older tenants and free health talks on healthy eating, exercise and oral health.

However, the approach to prevention lacks an overall strategic vision.

"Everyone is doing something, but this is not happening in a concerted manner to have the best impact".¹

Professor Paul Yip, Department of Social Work and Social Administration

"A lot of the evidence isn't reaching the health policy makers."¹⁹

Professor Jean Woo, CUHK Jockey Club Institute of Ageing

Interviewees emphasised that while the government's initiatives are encouraging, Hong Kong is still taking a scattergun approach to preventative healthcare that lacks overall strategic vision and clear targets.²⁰ The government released an Elderly Services Programme Plan in 2014²¹, which has 'ageing in place' as one of its goals, but interviewees viewed this a 'checklist' strategy rather than the integrated approach needed to improve preventative care.²²

Interviewees emphasised that a failure to implement appropriate monitoring and regulation of these initiatives also acts as a barrier to improvement.¹ For example, the government collects data on how the Elderly Health Care Vouchers are used, but doesn't actively monitor the data to confirm any additional uptake in preventative healthcare services.¹⁹ Interviewees further argued that a lack of regulation is potentially leaving the initiatives open to abuse for personal gain by health professionals.¹⁹

Another issue raised by interviewees was the lack of effective promotional campaigning to support preventative initiatives. There has been no communication campaign to promote the Elderly Health Care Voucher scheme.¹⁹ Interviewees suggested that many older people are therefore unaware of the scheme, and its intent, which has contributed to vouchers being used on non-preventative healthcare.¹⁹

Case study: adult vaccination in Hong Kong

Adult vaccination is a key element of preventative healthcare. Hong Kong is using government funded schemes to promote this.

Adult vaccination can play a significant role in preserving health and independence for older people, helping to delay age-related increases in health issues.²³ A Europe-wide study estimated that vaccinating 75% of individuals in WHO-recommended target groups

(including those aged 65+) against seasonal influenza could prevent 35,000 – 51,500 influenza-related deaths.²⁴

Hong Kong has two government schemes providing free or subsidised influenza and pneumococcal vaccinations to designated groups of high-risk adults, including all adults aged 65+. The Vaccination Subsidy Scheme (VSS)²⁵ provides subsidised vaccinations to a range of high-risk groups via private clinics and through outreach vaccination activities in non-clinical settings.²⁵ The Government Vaccination Programme (GVP)²⁶ provides free annual influenza and pneumococcal vaccination to a range of high-risk groups through public healthcare facilities.

Box 2: **Government-funded adult vaccination schemes in Hong Kong**

Vaccination Subsidy Scheme (VSS)²⁵

VSS offers annual subsidised influenza and pneumococcal vaccination to high-risk groups, which include people aged 65+, pregnant women, people with intellectual disabilities, and people receiving disability allowance. The subsidy is HKD210 (£21) per dose of seasonal influenza vaccination and \$250 (£25) per dose for the 23-valent polysaccharide pneumococcal vaccine.

The doctor may charge a vaccination service fee after deducting the subsidy amount. Starting in 2017/18, the VSS will subsidise one dose of pneumococcal conjugate vaccination (PCV13) for people aged 65+ with high-risk conditions, providing \$730 (£73) per dose. In 2018/19, influenza vaccination provided through the VSS was extended to people aged between 50 and 64 as well as those aged 65+.

Government Vaccination Programme (GVP)²⁶

GVP offers free annual influenza and both pneumococcal vaccinations²⁷ to designated adult groups. These include people aged 65+, pregnant women, Comprehensive Social Security Assistance (CSSA) recipients or Certificate for Waiver of Medical Charges (Certificate) holders aged 50+, residents of residential care homes, CSSA recipients or Certificate holders under 50 attending public clinics with high-risk conditions, government healthcare workers, and poultry or pig farm workers.

Low uptake

Uptake rates of the government-funded schemes are low, which is reducing their ability to prevent ill health among older people.

While uptake of the influenza vaccine is relatively high (around 80%)²⁸ in resident care home populations, overall uptake by eligible adult groups is low despite the subsidies. Surveys on seasonal influenza vaccination coverage in the 2012/13 season found that only 39.1% of people with chronic medical problems aged 65+, and only 28.2% of people of all ages had received the vaccine.²⁹

While free vaccination is available through the GVP, the fact that the public GP network is so limited restricts access for older adults. With just 73 public general patient clinics in Hong Kong users potentially face long waiting times for an appointment.

While subsidising private clinics to provide vaccines has increased access, patients must pay any difference in cost. Patients must also pay a service charge. With over 30% of people aged 65+ in Hong Kong classed as being in poverty, this is simply not an option for many people.³⁰

Furthermore, interviewees suggested that private GPs have limited financial incentives to offer vaccines, as the subsidy for providing vaccinations is small. As a result many GPs are not part of the scheme. This means that even among those who do have access to private GPs, many would be forced to engage with the very limited public network to access vaccines.

Low awareness?

Low uptake rates may relate to low awareness of adult immunisation in Hong Kong, both at a policy and individual level.

"Health professionals have a blind spot about older people having different needs".¹⁹

"It's a choice. You need buy-in, people want the facts".¹⁹

Professor Jean Woo, CUHK Jockey Club Institute of Ageing

Hong Kong's National Immunisation Programme Schedule (NIPS) currently covers only childhood vaccinations: it doesn't include any catch-up or booster vaccinations for adults.³¹ Vaccines which are commonly available to adults as part of the national immunisation programmes of other economically developed countries, such as the herpes zoster vaccine, are missing.

The absence of vaccines for adults from the NIPS creates a significant financial barrier to adult immunisation in Hong Kong. Adults who are not covered by the government-funded schemes, or who wish to receive additional vaccines, have to pay, even if the vaccine is recommended by the government. For example, increasing rates of whooping cough³² have resulted in the government recommending that pregnant women should receive the pertussis vaccine,³³ but the cost isn't covered.³⁴

The likelihood of adults seeking out vaccination is further reduced by low public awareness of the risk of vaccine-preventable diseases. A study of patients aged 50+ found that only 35% of participants were worried about getting herpes zoster, and only 17% would consider vaccination against it.³⁵ Among those interviewed for this report we found limited awareness of adult vaccines beyond influenza.

There are also issues as a result of low awareness among healthcare professionals in Hong Kong around vaccination and this has knock-on effects on individuals.

"Why should I get vaccinated if the doctor doesn't?"²⁰

Professor Ben Cowling, WHO Collaborating Centre for Infectious Disease Epidemiology and Control

Surveys on seasonal influenza vaccination coverage in the 2012/13 season found that uptake among healthcare workers ranged from 28.6% - 44.9%.²⁹ Our interviewees stated that people are often willing to listen to health advice from the government and health professionals; however, if healthcare professionals do not follow that advice themselves, patients are unlikely to choose to be vaccinated.³⁷

Furthermore healthcare professionals are not actively promoting vaccination. A study of GPs found that only around half actively recommend pneumococcal vaccination to patients aged 65+, and only 18.8% recommend it to those aged 50-64.³⁸

There was a consensus among interviewees that government vaccination advocacy efforts are limited, which is further contributing to low public awareness. Interviewees stated that many older people are still unaware of the risk of pneumococcal infection and the availability of the vaccine.³⁷ Ethnic differences have also been recorded, with older Nepalese adults having a lower awareness of the GVP compared to older Chinese adults, with a resultant lower uptake rate.³⁹

However there are potential solutions, including, in particular, the use of social marketing. Interviewees explained that when the VSS began, it was successfully publicised through an insert in electricity bills.⁴⁰ However these efforts have not continued.

Using data effectively

Hong Kong should collect more vaccination data to inform policy decisions on immunisation.

"The government needs to be proactive about getting evidence for the policies."¹⁹

Professor Jean Woo, CUHK Jockey Club Institute of Ageing

Interviewees suggested that a lack of data was adversely affecting government vaccination recommendations and decision making. They told us that there are very few cost-effectiveness studies of vaccines and vaccine strategies relating to Hong Kong.²⁰ The Centre for Health Protection (CHP), the body responsible for vaccination programmes and infectious disease surveillance systems, doesn't measure the effect of adult vaccination on infection rates.^{36,20}

Incorporating cultural norms

Another key message that came through from our interviews was the need to ensure that efforts to promote vaccination among older adults take into account cultural and educational barriers.

"Older people don't have a positive image of vaccination: they say it's intrusive and can make them sick."³⁷

Dr Judy Siu, Department of Social Work and Gerontology, the Hong Kong Polytechnic University

For many older people in Hong Kong, vaccines have not been a part of life, as they were born before the launch of the Hong Kong Childhood Immunisation Programme (HKCIP) in the 1950s. Interviewees explained how this lack of interaction with vaccinations has led to low awareness levels and a fear of side effects.¹⁵ Older people may also see traditional Chinese medicine as a viable alternative to vaccination.³⁷

Addressing these barriers through traditional health promotion activities is made more difficult by low literacy levels among the oldest. In 2016, 32.7% of women and 12.5% of men aged 65+ had no schooling or had only received pre-primary education.⁴¹

"The super-ageing society that is coming means that we can't just rely on health professionals".²²

Dr Vivian Lou, Sau Po Centre on Ageing

Older "ambassadors" may offer a solution to improve health literacy and vaccination rates among older people. Interviewees described how older people had been successfully trained as ambassadors to conduct community screening for atrial fibrillation in Hong Kong.⁴⁰ Over a two-year period, 10,000 older people were screened by the ambassadors.⁴⁰ The model of older ambassadors was thought to be potentially adaptable to promoting vaccination. Older ambassadors are thought to be trusted by their peer network, and can identify vulnerable older adults in their community, who are often missed by traditional outreach activities.⁴⁰

A greater role for pharmacists

Pharmacists could play a greater role in adult vaccination, helping to fill the gap in primary care services. Using community pharmacies to deliver vaccinations in community settings, alongside nurse practitioners and clinical nurse specialists, could remove some of the barriers to vaccination faced by older people. These health professionals are far more accessible than public GPs, with around 640 pharmacies and 2,700 pharmacists⁴² in Hong Kong. They are often based in the communities where older people live.

Pharmacists are not currently authorised to prescribe or administer vaccines.⁴³ However, there are government initiatives that could lead to them taking on more responsibility. Interviewees told us about a pilot programme that will trial private pharmacists providing flu injections in schools from September 2019.⁴⁴ Interviewees suggested that if the pilot is successful, the scheme could be expanded to older people and additional vaccines, paid for with Elderly Health Care Vouchers.⁴⁴

However, interviewees cautioned that this would require investment in additional training for pharmacists⁴⁴ and appropriate monitoring to ensure that the service was being conducted to set standards.

Conclusion

Hong Kong's health system is efficient but coming under increasing strain as the population ages. An ageing society is resulting in greater numbers of people with more complex health problems. In addition, long-term under-investment in public primary care means that older people, who are least likely to be able to afford private healthcare, need to be supported to take up preventative healthcare services to reduce strain on, in particular, A&E departments. The case study on adult vaccination provides some specific examples of how our general recommendations might be implemented. We recommend:

- Taking a joined-up approach to preventative care, including the use of financial and non-financial incentives, and collating and analysing data to evaluate the impact of preventative health initiatives
- More involvement of the voluntary and community sectors in healthy ageing initiatives
- Investing in training pharmacists to play a larger role
- Investing in greater promotion of preventative interventions and services and investing in older ambassadors, who can contribute to community healthcare initiatives and engage directly with their peers to increase health literacy

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