



The Sorry State of Health Equality in Hong Kong

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ABSTRACT

This article aims to explore the aspects of health disparity that exists in Hong Kong, the country that has one of the first Chinese populations in the world to experience rapid industrialization in the past few decades. The health disparity that we will discuss in this article is generally referred to as "Health Inequality." We will throw light on the important dimensions related to health inequality for the better understanding of this concept. In this article, we will review the health inequalities among various socio-economic groups in the country. For this purpose, we will describe the general poverty and social deprivation conditions in Hong Kong. The country's population health profile and the healthcare system will also be discussed. Poverty and Income inequality will be discussed as factors contributing towards the issue of Health Inequality in Hong Kong. The need to tackle the unequal distribution of resources and power, and the necessity to raise public awareness regarding prevailing Health Inequality is reflected in this article.

Keywords: Socio- economic Groups, Public Health, Health Inequity, Income Inequality, Healthcare Services, Poverty, Physical and Mental Health.

1. INTRODUCTION

In contrast to the other Asian Dragons of the Pacific RIM, Hong Kong has not used the resources efficiently in order to provide equality in the healthcare services in spite of its rapid socio- economic growth in the past few decades. Poverty still seems to exist and has thus contributed towards increasing the health disparity. In literal terms health inequality is a dimensional concept which describes the quantities that can be measured, on the other hand health inequity is a political concept that has an implication of moral commitment to social justice. In this article, we will use the term "inequality" to describe the health differences that exist between socio-economic groups in the country. As it is rightly said that, the unequal distribution of health status can be most likely be due to unjust distribution of social determinants of health, such as the differential in resources distribution and life opportunities across different social groups in the population that is spread across the country.

Although health inequality is better studied in the Western populations which have been developed since a long time ago, research on this topic is relatively new in the countries with more recently developed populations. Health inequality exists in terms of physical as well as mental health outcomes and behavior, it also exists in terms of healthcare services and system. In the year 1971, Dr. Julian Tudor Hart coined the term "Inverse Care Law" to describe the principle that the availability of good medical care tends to vary inversely with the need for it in the population served. This law that was given by Tudor operates more strongly in which medical care is most exposed to market forces, and less so where such exposure is reduced.

In this article, we will also review the evidence on health inequalities in Hong Kong as it is one of the first Chinese populations in the world that has experienced a very rapid economic transition from pre-industrial to post-industrial living conditions over the past few decades. With China having the largest population among all countries in the world and having one of the most rapid socio-economic developments in the world, the major impact of social inequalities on public health can be enormous and beyond imagination. Therefore, it is important to study a rapidly developed urban population of Hong Kong that may serve as an exemplar for the rest of rapidly developing China and other country's population that are developing at a rapid rate in the world.

Hence, in this article, first of all we will review the various dimensions that are important and are related to health inequality so as to acquire complete understanding of the concept itself. Later, we will describe the population history and the general poverty and social deprivation situations in Hong Kong, and then we will move on to summarize the evidence that we have gathered for the association between social disadvantage and health inequality in Hong Kong.

2. HEALTH INEQUALITY: AN OUTLINE

The Inequality in health is an empirical notion and it refers to the differences in health status between different groups. It is in fact a multidimensional concept, which consists of technical and normative judgments in the choice of appropriate metrics.

There are mainly two approaches to measure the health inequalities”

- a) The first approach examines the health inequality by measuring the differences in health between the pre-defined social groups in the population and social class in the country. As this approach is comparatively easier and accurate, it is more common in the literature. The “Black Report” has also used this approach to examine the relationship between social class and mortality. The assumption to this approach is that the pre-defined social groups in the population can meaningfully depict the unequal distribution of resources and life opportunities across different segments of the society in Hong Kong, which may not always be the case.
- b) The second approach is based on conceptualizing and operationalizing the estimation of Health Inequality, it is defined as the differences in health across individuals in the population of a country. This approach suggests that health is an important component of well-being therefore we should be more worried with the inequality in health, whether it is correlated or even if it is not correlated with inequality in other measurements of well-being. Hence, in the measurement of health inequality of Hong Kong, the complete range of fatal and non-fatal health outcomes should be considered to come to appropriate conclusions.

3. THE DRIVERS AND MECHANISMS OF HEALTH INEQUALITY

Health inequalities refer to the "differences, variations and disparities in the health achievements of individuals and groups of a population in the country, there have been various studies conducted that clearly depicts how absolute poverty and relative poverty together contribute to the health inequalities that is observed in Hong Kong. Absolute poverty is defined as "the inability to meet basic human needs, such as food, shelter and avoidance of disease," while relative poverty is defined as relative deprivation in comparison to the standards of the population as a whole. Similarly there are various studies conducted to examine the impact of income levels of the population that leads to Health inequality. Hence, the absolute income hypothesis reveals that an individual's health is driven only by his or her own level of income, it is not affected by the income of other individuals in the population. However, it is difficult to imagine that the health of poor persons will remain unaffected if the normal distribution shifted and everybody else in the society becomes richer. This is especially true in the modern day of advanced societies, where many commodities started off as luxury items and gradually became necessities, such as telephones, TV, cellular phones, and the internet, etc. In other words, changes in how average people live will also affect how poor people live; thus, the relative income hypothesis asserts that an individual's health is not only driven by his or her own level of income, but also by the income of the others within the same population.

4. INEQUALITIES IN PHYSICAL AND MENTAL HEALTH

a) PHYSICAL HEALTH

Physical health of the people can be very well related to the amount of poverty prevailing in that area. Thus, poverty and the poor health can become a vicious cycle. As stated earlier, extremely low household income provides limited money or the resources to pay for primary and preventive health care facilities, which is largely private in Hong Kong. The individuals who are in the state of poverty are less likely to focus on health because of competing demands from earning a livelihood and relatively low health literacy.

There was a local study that showed that lower household income was associated with less frequent health information seeking. It was found that people from low-income households may not be willing to spend their limited income on goods or services for health. Also, the stress that is caused because of poverty may predispose adults and adolescences to depression, which may further be the reason for poorer HRQOL.

The presence of chronic diseases within the population in the country and the existence of poverty can become a vicious cycle that will further provide and act as a potential for the negative impact on HRQOL of people belonging to the low-income families, which has remained consistent with findings from the previous studies conducted in Hong Kong. Also, the findings that the females perceived lower HRQOL than men and age of the people being negatively associated PCS score but positively associated with MCS score are universal, rather than being specific to low-income families.

There was an ecological study conducted in 1998 which was based on all infant births during the period of 1979 to 1993 which found that socio-economic deprivation was significantly associated with the high infant and neonatal mortality rates in both the male and the female population in 1979-1983, to the contrast, such association was found to be non-significant among the men population in 1984-1988, and this ceased to exist in the male or female population in 1989-1993.

Although, there were further individual-level studies that were warranted to test whether the apparent disappearance of the socio-economic association with infant and neonatal mortality is in fact a real one or just an illusion, but there was no follow-up to this study.

b) MENTAL HEALTH AND WELL BEING

Mental health and well-being is of utmost importance. Apart from physical health inequality, mental health inequality is also a major challenge and threat for the country. Mental illnesses, as per the WHO, are generally characterized by some combination of -abnormal thoughts, the emotions, -behavior and the relationships with others. This definition contains and covers a broad spectrum of conditions, from bipolar disorder to depression, anxiety, schizophrenia and intellectual disabilities and developmental disorders, such as dementia and autism.

In the recent years, there have been various mental health issues which have raised the alarm in Hong Kong – including the cases of depression and -suicide among our youths, special educational needs to create awareness, elderly dementia, and tragedies caused by the early psychosis.

In a survey conducted in 2005, that was administered upon 759 community-living subjects who were aged 70 or above, the socio-economic factors were found to be significantly associated with the psycho-social well being of the people, as measured by the Philadelphia Geriatric Center Morale Scale.

5. INEQUALITY IN HEALTHCARE SERVICES AND SYSTEM

Hong Kong appears to be in a critical position in framing the detailed proposals for the Health Protection Program for the country, which is a government-regulated health insurance scheme which is privately held and was proposed in the year 2010. Thus, by offering better protection to the people and the value-for-money private insurance products, the use of HPP may provide an alternative for the public healthcare to those people who are actually willing and able to afford private healthcare services, in particular, the middle class people. The misuse of healthcare resources, inefficient use, overuse, and abuse of health care resources tends to gradually develop over a period of time, this has resulted in the workloads overextension of public hospitals and doctors woefully, which has resulted in the loss of medical talent, this in turn has further exacerbated the manpower shortages. The Hong Kong government has till date been trying to meet the tremendous increase in the expenditure required by the public healthcare over the past years.

Also, the significant inequality in terms of healthcare resources in the geographic distribution is clear, and it is despite of a more equitable per capita distribution of resources. It can be clear by a study which showed that the residents who are living in the eastern developed region are more likely to use the well-resourced hospitals for outpatient care. To the contrary, the residents who are living in the western undeveloped regions are therefore more likely to use the poorly-resourced primary healthcare institutions for the inpatient care. Also, apart from the regional disparities, the inequality within each region also tends to exist. It was clear from the study that the wealth-related inequality in the eastern developed regions in Hong Kong is increasing, which is further enlarging the regional gaps in the country.

Now in terms of healthcare financing in Hong Kong, it is depicted that the public healthcare services are largely paid by the general taxation along with the additional fees and charges at the point-of-care, on the contrary, the private healthcare services are largely paid out-of-pocket, with the rest being paid by the private medical insurance and the employer-provided medical benefits. Therefore, it is evident that the healthcare system in Hong Kong itself may create inequality in terms of the healthcare utilization and accessibility toward healthcare services that is intrinsic in nature by excluding those people belonging to the lower socioeconomic status from the private sector. While studies based on the issue of inequality in the healthcare system and services are limited in Hong Kong, still there are a few studies which look into the issue that might throw some light on whether or not the problem of health inequality is severe in Hong Kong.

6. DISCUSSION AND CONCLUSION

According to this article review which is based on the limited number of studies based on various factors taken into consideration , health inequality seems to exist in terms of health outcomes, health behavior and the healthcare system and services in Hong Kong. However, these studies can be said to have only been carried out in a limited area of the target population and has covered a limited factors that relate to the topic of research. Most of the studies that are reflected in this case did not initially start out to examine the issue of health inequality as their primary research objective but they just took the most common approach to examine the differences in health between pre-defined social groups in the country. It can be said that the advantage of this approach is that the researchers can examine whether the issue of health inequality exists in a straightforward manner as long as the information on socio economic factors that affect the healthcare aspects was provided in the datasets for their study analyses.

The inequalities in health status of the people are because of many factors, including the differences in living and working conditions and in the behavioral factors of the population of Hong Kong. The lifestyle behaviors (which includes the nutrition habits, the physical inactivity, obesity, smoking and alcohol drinking) are the important risk factors for many diseases including diabetes, cardiovascular diseases and cancers.

As per the studies that were conducted, it was found that the people in lower socioeconomic groups are more likely to involve in activities like smoking, and they tend to be obese and be exposed to other important behavioral risk factors. The Greater efforts targeting modifiable behavioral risk factors among the disadvantaged groups can play an important role in promoting healthier lifestyles among the people, offering individuals better choices for healthcare, and reducing health inequalities to greater extent.

In addition to the studies that are being included in this review, there are other studies too that have examined the differentials among the different social groups in the country for different healthcare outcomes and indicators of health of the population in Hong Kong. However, it is evident that their main objectives were other than to examine whether or not health inequality exists, they still tend to report the positive results on this topic. Also, many studies did not examine beyond the association of socio-economic factors with health inequality. But, there are other aspects of the health inequality that lead to further investigation, which includes an understanding of the drivers of health inequality and the mechanisms to explain health inequality and numerous other factors discussed in this research review.

7. REFERENCES

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