Health inequality in Hong Kong

“Why treat people and send them back to the conditions that made them sick?”
All these social determinants of health are closely related to health distribution

Source: CSH adapted from Solar O, Irwin A (2010). A conceptual framework for action on the social determinants of health

Health inequity as a global challenge
Mortality rate in England during COVID-19: 1 March to 17 April 2020

...however, in the most deprived areas, Covid-19 has had a proportionally higher impact.

Source: Office for National Statistics – Deaths involving COVID-19

BUILD BACK FAIRER: THE COVID-19 MARMOT REVIEW

The Pandemic, Socioeconomic and Health Inequalities in England
**BUILD BACK FAIRER**

**ACHIEVING HEALTH EQUITY IN THE EASTERN MEDITERRANEAN REGION**

Sir Michael Marmot  
Chair  

Report on the Commission on the Social Determinants of Health in the Eastern Mediterranean Region  
March 2021

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**Fair Society, Healthy Lives:**

**6 Policy Objectives**

1) Give every child the best start in life  
2) Enable all children, young people and adults to maximise their capabilities and have control over their lives  
3) Create fair employment and good work for all  
4) Ensure healthy standard of living for all  
5) Create and develop healthy and sustainable places and communities  
6) Strengthen the role and impact of ill health prevention
The context of Hong Kong

- Longest life expectancy
  - 82.2 years for males and 88.1 years for females in 2019
- Rapidly ageing society with increasing dependency ratio
- Among the economies of highest income inequality
  - Gini coefficients of 0.539 (pre-intervention) and 0.473 (post-intervention)
  - Most unaffordable housing market
- Low GDP share on social protection expenditure (2-3% of GDP over years)
- Public-private dual-track healthcare system
  - Primary care largely provided by the private sector

A social gradient between income and self-rated health

Source: Centre for Health Protection, Department of Health – Report of Population Health Survey 2014/15
Inequalities in other health outcomes are also widely observed in Hong Kong.

Social determinants of health

- In addition to income...
  - Education
  - Work and employment conditions
  - Housing and living environment
  - Ageing
  - Healthcare services
  - and a lot more...
Education

- Educational opportunities across the socioeconomic ladder
  - Markedly higher proportion of children deprived of a range of learning-related resources among the “poor” (defined as having both low income and low living standard)
  - Additional assistance programmes for students in need under the Community Care Fund have been launched in recent years

Work and employment conditions

- Working hours
  - Substantially longer among lower-skilled workers
  - Adverse impact on health outcomes

- Statutory minimum wage
  - $37.5 (US$4.78) per hour as of May 2019
  - Among the lowest compared with developed economies
  - Adjustment rate merely keeps up with the inflation rate
    - Despite the launch of social welfare schemes such as the Working Family Allowance

<table>
<thead>
<tr>
<th>Period</th>
<th>CPI (based on 2014/15)</th>
<th>% change</th>
<th>Minimum wage level</th>
<th>% change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct 2010</td>
<td>82.9</td>
<td></td>
<td>$28</td>
<td></td>
</tr>
<tr>
<td>Oct 2020</td>
<td>110.9</td>
<td>33.8%</td>
<td>$37.5</td>
<td>33.9%</td>
</tr>
</tbody>
</table>
Housing and living environment

- City of greatest housing affordability stress
  - 20.7 median multiple (>5: severely unaffordable)

- Severe shortage of public housing supply
  - Average wait for public housing: 5.8 years

- Public expenditure on housing has halved over the past 22 years to 5% in 2019/2020

- Rising population living in poor living environment
  - 0.171 to 0.226 million in sub-divided flats between 2013 and 2020
  - 4.7 to 17.0 homeless persons per 100,000 between 2007 and 2018

Ageing

- Rapidly increasing elderly dependency ratio
  - 231 in 2016 to 527 in 2036 (no. of elders per 100u persons aged between 15 and 64)

- Poverty rate among elders remains high (30-35% between 2009 and 2019)
  - Actual poor elderly population constantly increasing from 0.283 million to 0.391 million

- Rising labour participation rate among elders
  - 2011: 11.5% in men; 3.0% in women
  - 2016: 18.3% in men; 5.1% in women

- Ever-increasing proportion of elderly with secondary education or above
  - 2006: 35.2% in men; 16.2% in women
  - 2016: 50.0% in men; 30.5% in women (will keep increasing due to 9-year free education policy)
Healthcare services

- Worse primary care utilization and experience among the disadvantaged
  - Lower access to regular source of primary care
  - Poorer continuity and integration of care
- Long waiting time of publicly funded out-patient services
  - >100 weeks for the longest waiting time for stable new case booking at SOPC
- Launch of voucher and public-private partnership schemes in recent years
  - Mixed commitment and effectiveness
- Voluntary Health Insurance Scheme to redirect services to the private sector
  - The disadvantaged may benefit less from the incentive on tax deduction and the lack of high risk pool

Inequalities exposed by COVID-19

- The socially deprived feel more worried about the financial situation since the outbreak
  - 65.7% vs. 30.6% in the non-deprived
- The lower the education level, the greater was the increase in stress level since the outbreak (Zhao et al., 2020)
- Strong impact of prolonged school closure on child development (Tso et al., 2020)
  - Higher psychosocial risks in children from low-income families and with special needs
  - Parental stress was linked to more health-compromising behaviours among children
Upstream structural determinants and health inequalities

An opinion survey by our Institute shows:

- Fair awareness on health equity (though most respondents are well-educated)
  - 83.0% agree that there is health inequity in Hong Kong society
  - 76.3% are concerned about the health gap between the rich and the poor
  - Healthcare access, long-term health conditions, and mental health are the top concerns
    - The concept of healthy life expectancy receives less attention by the public

- Comments on Government’s effort on tackling health inequity
  - 58.6% think that Government’s effort is inadequate, whereas 25.8% find it adequate
  - 92.3% agree that all departments of Government should have to consider the impact of their policies on people who are less well-off
  - 90.7% agree that there should be Government strategy to reduce health inequity

Recommendations (1)

- To raise public awareness of the importance of health inequalities, social gradient of health, and social determinants of health in the community of Hong Kong.
- To engage the civil society including academic institutions, non-governmental organizations, charitable foundations and the business sector, beyond the Government.
- To set up databases that provide necessary linkages between socioeconomic indicators and health outcomes for better monitoring and understanding of the upstream factors of health inequalities in Hong Kong.

Recommendations (2)

- To review the impact of COVID-19 and the containment measures on physical and mental health of different social groups, and to incorporate analysis of the impact of policies on health equality of the society in future policies and measures to tackle the pandemic.
- To better integrate efforts to mitigate social determinants of health inequalities in different policy areas with stakeholders in different sectors.
Concluding statement

“Do something, do more, do better”
(World Health Organization, 2013)