



Section A

Present and Future Roles of Community Care



Introduction: Challenges in Healthcare and Community Care in Hong Kong

Kar-wai TONG

Barrister (England & Wales)

Kenneth Nai-kuen FONG

The Hong Kong Polytechnic University

Contemporary global healthcare challenges are diversified and sophisticated. Management of healthcare risks such as the prevention of potential global epidemic crises like the unexpected outbreak of H7N9 avian flu in 2013–2014 is one of the challenges that has always been a vital issue for the health protection of a population. How to manage daily healthcare in a sustainable manner has also been on the agenda of various governments. For instance, Canada has decided to maintain its tax-based system to help sustain healthcare financing in the long term (Li, 2006, p. 5), and the United States has enacted the controversial Patient Protection and Affordable Care Act 2010 (Department of Health and Human Services of the United States, n.d.), with the aim to ensure the sustainability of Medicare (sections 3401 and 3402). Hong Kong also commissioned a team of specialists in 1997 to conduct a comprehensive study on the healthcare system (Harvard Team, 1999, Main Report, Executive Summary, paragraph 1.1) and subsequently carried out a two-stage consultation in 2008 and 2010 respectively to solicit public opinion on the proposed healthcare reform initiatives for the decades to come (Food and Health Bureau, 2008; 2010b).

Ageing Population and Declining Fertility Rate

Ageing population and declining fertility rate are two interlinked healthcare determinants drawing attention worldwide. In 2012 the global number of persons aged 60 or above was approximately 810 million, which is projected to exceed 2 billion by 2050 when the elderly population would historically outnumber the population of children (0–14 years) for the first time (United Nations, 2012, p. 1). Life expectancy is expected to be in the range of 66–97 years across the world by 2100 and increase to the range of 87–106 years by 2300 (United Nations, 2004, p. 2). On top of the rising longevity, low fertility also makes an immense impact on the age structure of societies in various countries (Caldwell, 2004, p. 117).

Hong Kong

Long Life Expectancy

Hong Kong faces similar challenges as a result of long life expectancy and low fertility rate as do other countries. Hong Kong is renowned for its people's long life span, and it was widely reported in mid 2012 that females in Hong Kong had claimed the title of "the longest-living people on earth" (*Huffington Post*, 2012; Chen, 2012, paragraph 1). The life expectancy for females and males in Hong Kong was 86.3 and 80.6 years respectively in 2012 (Department of Health, 2013, p. 1), whilst the corresponding projected figures go further to 90.8 and 84.4 years in 2041 (Census and Statistics Department, 2012b, p. 48, Table 15). The number of people aged 65 years or above will nearly triple, from 940,000 in 2011 to 2.56 million in 2041 (Hong Kong Government, 2013, paragraph 4).

Low Fertility Rate

Turning to the issue of fertility, the total fertility rate in Hong Kong dropped significantly from 1,933 live births per 1,000 women in 1981 to 1,204 in 2011 (Census and Statistics Department, 2012a, p. 30, paragraph 3.23). For the period of 1991–2011, the fertility rate in Hong Kong was lower than many other developed countries including Singapore, Japan, Sweden, Norway, the Netherlands, Australia, Denmark, France, the United Kingdom, Germany and the United States (Census and Statistics Department, 2012b, p. 39, Table 8). Future projections point to a further decrease to 1,151 in 2041 (p. 33, paragraph 4.4), which falls short almost by half of the replacement level of 2,100 per 1,000 women (Chief Secretary for Administration's Office, 2012, p. 6).

Impacts on Hong Kong

There are healthcare, social and financial issues arising from the longevity enhancement in Hong Kong. From the perspective of healthcare, the impact of chronic diseases on healthcare becomes profound and intensified when a population is ageing (Department of Health, 2001, p. 8). Although the crude death rate is comparatively low in Hong Kong compared to that of other Western countries, for example, the crude death rate per 1,000 people in 2011 in Hong Kong was six, in Australia and Canada were both seven, in the United States was eight, and in the United Kingdom was nine (World Bank, n.d. b), many people with chronic diseases develop disabilities and require institutional care in Hong Kong. In terms of social support, the community needs of elderly people should not be overlooked, e.g., their difficulties in self-care, as well as the economic stress and pressures of work on family caretakers (Lai & Chan, 2010, pp. 150–152). Increased life span also exerts extra financial pressure on the public expenditure. In Hong Kong, the elderly population consumes six times the resources in terms of inpatient bed-days and nine times in general specialty bed utilisation than those younger than 65 years (Food and Health Bureau, 2010a, Appendix, Chapter 2, p. 4, paragraph 2.4(a); Hospital Authority (HKHA), 2012b, p. 15). The low fertility rate in Hong Kong exacerbates the situation as it will reduce the working population from the projected 3.55 million in 2018 to 3.38 million in 2031 (Hong Kong

Table 1.1
Significant characteristics of the population for selected years
(after excluding foreign domestic helpers)

Dependency ratio	Mid-2011 (Base)	Mid-2016	Mid-2021	Mid-2026	Mid-2031	Mid-2036	Mid-2041
Child dependency ratio#	164	162	178	179	176	170	163
Elderly dependency ratio*	188	231	293	375	457	514	549
Overall dependency ratio	352	393	471	555	633	684	712

Source: Adapted from Hong Kong, Census and Statistics Department (2012b, p. 59, Table A1)

Remarks:

Child dependency ratio: The number of persons aged under 15 per 1,000 persons aged between 15 and 64

* Elderly dependency ratio: The number of persons aged 65 and over per 1,000 persons aged between 15 and 64

Government, 2013, paragraph 4). The results of extended longevity and low fertility rate have worsened the dependency ratio as the population becomes older and older. Table 1.1 shows that whilst the dependency ratio for children in 2041 is more or less the same as the figure in 2011, the elderly dependency ratio has increased by nearly three times in the same period of time.

Sustainability of the Healthcare Financing System in Hong Kong

The upsurge of the elderly dependency ratio raises a serious concern on the sustainability of healthcare financing system in Hong Kong, as it is foreseeable that healthcare expenditures will increase as a result of the ageing population, e.g., more and more elderly people with chronic diseases require social and health care. Owing to the low fertility rate, the number of taxpayers is expected to decrease and youngsters in the workforce are expected to take care of more older persons in future.

A Private/Public Mix

Healthcare financing in Hong Kong is a mixture of private and public medical economies, which has remained the same largely since the 1950s (Bauhinia Foundation Research Centre, 2007, p. 3). In terms of outpatient services, 70% are predominantly provided by private general practitioners (Food and Health Bureau, 2010c, p. 4, paragraph 2.2) and the rest are shared by the public sector and other private traditional Chinese medicine practitioners. The annual numbers of outpatient visits to private Western and Chinese medicine clinics are approximately 29 million and 7 million respectively (Hong Kong Government, 2011, p. 169), whereas the corresponding numbers of attendances in the public sector in 2011/12 are approximately 5.6 million and 1 million (HKHA, 2012a, p. 193, Appendix 8; p. 48).

The picture of the provision of the secondary and tertiary levels of medical care in Hong Kong is different. A guiding principle of the long established public healthcare policy is that no person should be deprived of obtaining adequate medical treatment because he or she lacks means (section 4(d) of the Hospital Authority Ordinance (Cap 113) of Hong Kong). The public sector in Hong Kong plays a significant role by heavily subsidising most specialist and inpatient services. The public hospital system provides more than 90% of inpatient services (Food and Health Bureau, 2008, p. 12, paragraph 1.3(b)) through the Hospital Authority of Hong Kong, a statutory organisation running all 42 public hospitals with about 27,000 beds, 47 specialist outpatient clinics, and 73 general outpatient clinics (HKHA, n.d.; 2013, p. 206, Appendix 8). The private sector provides approximately 4,000 beds through 11 private hospitals¹ (Hong Kong Government, 2011, p. 173). It has been commented that the current healthcare system is dominated by the public hospital system, compartmentalised, and lacking communication between the primary, secondary and tertiary levels (Yip & Hsiao, 2004, p. 449).

Relatively Low Healthcare Expenditures

The healthcare expenditure of Hong Kong is not particularly high compared with that of other developed countries. The total health expenditure as a percentage of Gross Domestic Product (GDP) in Hong Kong jumped from 3.6% in 1989/90 to 5.2% in 2009/10 mainly as a result of the increased public health expenditure, which represented 39% (1.4% of GDP) in 1989/90 and 49% (2.6% of GDP) in 2009/10 of the total health spending (Food and Health Bureau, n.d., p. 1). The public health expenditure is further projected to be 5.5% of GDP in 2033 (Food and Health Bureau, 2008, p. 6). Even with such a projected increase, the healthcare expenditure in Hong Kong as a percentage of GDP is still relatively low, comparing with some other developed countries: Australia (9.0%), Norway (9.1%), Japan (9.3%), the United Kingdom (9.3%), Sweden (9.4%), Germany (11.1%), Canada (11.2%), Denmark (11.2%), France (11.6%), the Netherlands (12.0%), and the United States (17.9%) in 2011 (World Bank, n.d. a).

Sustainable Development in the Future

Despite its relatively low healthcare expenditure as a percentage of GDP, sustainability of the healthcare financing system in Hong Kong is still a concern, especially when the government has heavily subsidised medical care in the secondary and tertiary levels. The increasing elderly dependency ratio in Hong Kong, projected in Table 1.1, has a serious impact on the financial sustainability of the healthcare system. The annual growth of GDP from 1989/90 to 2009/10 was only 4%, whilst the increase in total health expenditure in the same period of time was 6.0% per annum (Food and Health Bureau, n.d., p. 1). The Hong Kong Government has explicitly said that it is not possible to increase public healthcare

¹ The number of private hospitals in Hong Kong was 12 before the closure of a private hospital with 85 beds in early September 2012.

expenditure indefinitely, and long-term arrangements for healthcare financing must be made to ensure the sustainable development of the healthcare system (Chief Executive of Hong Kong, 2007, p. 42, paragraph 98).

Community Care as a Strategic Solution

Hong Kong is finding ways to alleviate the problems. In order to monitor the population projections and coordinate government efforts, the previous Chief Executive of Hong Kong (2010, p. 20–21, paragraph 69), Donald Tsang, tasked a steering committee on population policy to study two issues: (a) how to facilitate and support elderly people who are willing to settle in Mainland China after retirement, and (b) how to encourage the approximately 30,000 children born in Hong Kong each year to Mainland women – who have the right of permanent residency in Hong Kong but who live in Mainland China after birth – to return to Hong Kong to study and live. In fact, according to the Hong Kong Government, the issue of women from Mainland China giving birth in Hong Kong was to address the issues of low fertility rate and ageing in society. However, this strategy has aroused wide, intense and deep societal concerns (Chief Secretary for Administration's Office, 2012, p. 2, paragraph 4). In view of these concerns, the current Chief Executive, C Y Leung, announced a “zero delivery quota” in 2012 to ban parents coming from Mainland China who are both non-residents of Hong Kong to give birth in Hong Kong. This change of policy has aroused other criticisms, that such a ban would miss a chance for Hong Kong to address its ageing problem in the long run (Mitchell, 2013, p. 45). How to tackle the problems inherent in the healthcare system is one of the major challenges to many governments and a social policy reflects “the goals and objectives, and the underpinning values, of the government of the day” (Jamrozik, 2001, p. 37). It is outside the scope of this book to discuss whether the aforesaid policy change is a wise move or not, but definitely vision and wisdom are needed to develop a long-term policy to tackle the population issues which have high resource implications for Hong Kong. Time is also required to see how the birth policy of Hong Kong may be further developed.

Longevity alone is not sufficient. Women of Hong Kong have been awarded the title of “the longest-living people on earth” (*Huffington Post*, 2012; Chen, 2012, paragraph 1) and the men of Hong Kong are not far behind in terms of longevity. However, other considerations such as quality of life and quality of death are equally important not only for the elderly but also for the whole population. In this regard, on top of dealing with issues brought forward by the ageing population, the Hong Kong Government has also been focusing on how to meet rising public expectations and how to finance the ever increasing medical costs, which “pose a challenge to the Government in the long run and are matters of concern to the community” (Hong Kong Government, 2009, p. 154).

In the broad spectrum of medical care ranging from public health, preventive medicine, and environmental control on the one end, through diagnosis, therapeutic intervention, convalescence, and rehabilitation (Kaplan, 1990, p. 1212), to terminal diagnosis and preparation of death on the other end (Wenrich et al., 2001), community care is one of

the strategic approaches of various governments to tackle healthcare issues. A healthcare system is an integral whole of different types of care and it may broadly be classified into either community or institutional-based. Research has pointed out that community care is a practical alternative to the expensive institutional-based care for the elderly at a lower healthcare cost (Chappell, Dlitt, Hollander, Miller, & McWilliam, 2004). For example, within the family of community services, home-based rehabilitation may provide outcomes for the elderly similar to the care delivered in a geriatric day hospital but in a more cost effective manner (Forster & Young, 2011, p. 4).

Other than financial considerations, community care is employed by various governments as one of the means to help reduce pressure on the demand for institutional-based care and improve the service quality. For instance, in Western Australia, it is reported that the community setting encourages fewer admissions or shorter length of stay in hospitals, thus making patient flow through the healthcare system more efficient and reducing waiting times and delays in necessary admissions (Health Reform Implementation Taskforce of Western Australia, 2007, p. 8). In Canada, effective delivery of community primary healthcare will result in better health outcomes, improved equity and patient experience, reduced cost for inpatient services and waiting time, and minimised length of stay (Canadian Institutes of Health Research, 2012, paragraphs 5 and 6). Community care seems to be one of the strategic solutions for Hong Kong.

In fact, community care has been on the agenda of the Hong Kong Government for decades. Dating back to 1990, in the key policy paper entitled *Health for All – The Way Ahead*, it has already been articulated that whilst the Hong Kong Government ensures efficient use of healthcare costs for the elderly, it should at the same time provide quality care in the community (Working Party on Primary Health Care, 1990, pp. 191–192, paragraph 9.28). In 2005, the Health and Medical Development Advisory Committee (HMDAC, 2005) issued a discussion paper entitled *Building a Healthy Tomorrow* for public consultation, which was the first attempt of the Hong Kong Government to address the relationship and define the different roles of primary, secondary and tertiary care as a whole (Lam, 2005, p. 363). The HMDAC in this consultation document (pp. xxiv–xxv) outlined a vision to build a healthcare system in 10–15 years, including but not limited to the following highlights: (a) Hong Kong patients to be taken care of by named doctors and in the hospitals of their choice, (b) 24-hour community clinics for acute patients, (c) outreaching care for the elderly, chronically ill and rehabilitating patients, (d) primary care doctors available in residential care homes for the elderly to look after the regular medical needs of the aged, and (e) better distribution between private and public healthcare markets. A speech by the former Director of Social Welfare of Hong Kong (Nip, 2010) revealed that the Hong Kong Government has realised the importance of community resources in the management of chronic diseases and considered that, instead of spending most of their time in medical settings, patients should live within their communities. This direction has strategically placed greater emphasis on community care for chronic patients, and the services provided by the Hospital Authority of Hong Kong are also drifting towards the patients' homes. Future options of community care services,

e.g., self-management and home care support, are considered important to maintain and strengthen patients' independence and facilitate their stay in the community.

Be Better Prepared

The editors of this book have no intention to indicate a bias in favour of community care in the wide healthcare spectrum. We are mindful that community care and institutional-based care are not mutually exclusive and “both settings are likely to coexist for some time” (Walsh, Kastner, & Green, 2003, p. 104). In fact, community care complements institutional-based care to improve the health of a society. The Declaration of Alma Ata stipulates that healthcare should employ an integrated and balanced approach of “preventive, promotive, curative, and rehabilitative services” (WHO (World Health Organization), 1978, paragraph VII(2)). The Ottawa Charter for Health Promotion also states that “the role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services” (WHO, 1986, p. 4). These statements remind healthcare practitioners, along with other health service providers such as hospitals and health maintenance organisations, to embrace an expanded mandate about the needs to provide individuals and communities with a healthier and happier life in the context of primary healthcare.

Maintaining the health and wellness of the population is the responsibility of individuals, community groups, healthcare professionals, and the government. We advocate that both healthcare professionals and health service providers should reserve some of their energies to focus on the health and holistic needs of individuals in the community. We have invited a number of renowned scholars and leading practitioners in the healthcare and community sectors of Hong Kong to share their views and experiences. The purpose of this book is to share experiences and ideas, and provide examples of community care in Hong Kong for healthcare professionals and community service providers. We believe that this sharing will facilitate a better preparedness for healthcare professionals, and is useful for the next wave of healthcare development to build up our community capacity to achieve sustainable health and wellness for not only the elderly but also the community at large. Moreover, the contributions herein contain the expertise and wisdom of a group of experienced practitioners which will provide useful references for healthcare students and others who are interested in community care. The chapters in this book are classified into the following three broad sections.

Section A – Present and Future Roles of Community Care

This section discusses the different roles and practices of specialised community care that contribute to the relative success of the healthcare system in Hong Kong. With the drastic rise of projected elderly dependency ratios in the coming decades, as shown in Table 1.1, the concerns about long-term care become salient. Vivian Lou provides a brief introduction of the development of case management in the context of long-term care. She discusses

definitions, values and principles, and the objectives of case management, and analyses community-based long-term care in Hong Kong, including case management with regard to its mode and quality assurance, good practices and future challenges.

It is an old saying that prevention is better than cure. Primary healthcare facilitates the prevention of illness and death and helps produce a more equitable distribution of health in populations (Starfield, Shi, & Macinko, 2005, p. 457). Provision of primary healthcare by family physicians (FPs) makes its contribution to the health of a community by providing comprehensive, holistic, coordinated, and longitudinal care from the first contact with patients. The unique skills of FPs enable them to help alleviate health problems in the community at an early and undifferentiated stage and to manage the chronic illnesses which are a major health burden in both developing and developed countries. Albert Lee shares with readers a proposed model of community care with strong family medicine components and the role of chronic care in family practice and community care.

The Hong Kong Society for Rehabilitation is a local pioneer organisation that adopts the concept of self-management and has delivered programmes for clients with various types of chronic diseases, e.g., diabetes mellitus, cardiac diseases, stroke, brain injury, Parkinson's disease, hypertension, rheumatologic conditions, as well as chronic pain. The Chronic Disease Self-Management Programme (CDSMP) was first developed at Stanford University in the United States, emphasising goal setting, problem solving skills, and self-management skills practical to patients to improve their health as well as to reduce hospital resources. Peter Poon, Angelina So and Eve Loong discuss the differences between self-management and the traditional approach in patient education, the key elements in self-management programmes by using a diabetes programme as an example, and the outcomes and impact the CDSMP will bring to the future of community care for people with chronic illnesses.

Work disability presents numerous challenges to both employees and employers, and work disability management is a workplace-based process to help integrate many complex issues like workers' injury and disability, early intervention, rehabilitation and management, and labour relations. It is necessary for Hong Kong to adopt a more proactive approach in work disability management to maintain its role in the global economy and preserve the work life of local workers. Andy Cheng explores different practices in helping people with disability to return to work, and proposes a case management model for work disability management in order to speed up and facilitate the present procedures for work compensation after injury.

Healthcare is labour intensive and how to deal with the issue of shortage of nurses becomes one of the keys to success in maintaining and improving healthcare not only in local contexts, but in regional, national and global perspectives as well (Buchan & Aiken, 2008, p. 3264). In Hong Kong, there were more than 21,700 full-time equivalent nursing staff working in the Hospital Authority of Hong Kong at the end of March 2013, which made up nearly 35% of the approximately 62,400 staff in this public entity (HKHA, 2013, p. 217, Appendix 11(a)). Nurses are a group of professionals deserving special attention as far as human resources management is concerned, and how to make effective use of the limited

nursing resources becomes an important issue for the healthcare management. Sylvia Fung advocates that various governments have to find ways to sustain and retain the current nursing workforce and attract new recruits to join the healthcare industry, whilst nursing as a profession has to define its niche in society locally and globally. In particular, nurses must participate in and advocate healthcare reform and transformation, and nursing leadership has a pivotal role to steer the strategic directions and advocate for patients and society in the unique healthcare reform and transformation of Hong Kong.

Healthcare reform without a holistic approach to improvement to healthcare services will not be successful, and strategies have to go beyond the normally recognised medical and clinical practices. One example comes from facility management. Eric Chan and David Scott have addressed the rising energy expenditure in hospitals by introducing commercial practices like performance contracting in the public healthcare system. Their chapter provides a general overview of the facility management applied in the healthcare setting and presents the initial findings and characteristics of the mechanism of facility maintenance through judicious prioritisation of facility improvement and replacement items, sustainable facility management in energy, and green management in the context of carbon audit.

Section B – Practice Research and Future Implications for Health Care

The second section makes use of various research practices to extrapolate future healthcare needs and practices in Hong Kong. As mentioned above, ageing as a result of longevity and low fertility is a contemporary healthcare issue in Hong Kong and other developed countries. In connection to the fertility rate issue, Elaine Tsui discusses the fertility transition and why Hong Kong has remained one of the societies with the lowest fertility rate in the last two decades. On the other side of the coin, the advanced maternal age leaves some couples who wish to have children facing fertility difficulty, and she examines the psychosocial impact of infertility in this regard. Further discussion on the ethical dilemmas with the use of assisted reproductive technology is also addressed.

The other extreme from birth is death, where people's right to choose a place of death is not accorded a high priority in Hong Kong. Unlike euthanasia and physician-assisted death, the choice of death locations has not aroused much controversy, but one's wish to exercise control over the place of death is such an important issue that it impacts people's perception on whether a death is a good death. Kar-wai Tong explores patients' choice of death location in Hong Kong from a legal perspective. Domestic laws of Hong Kong, with reference to the legal requirements of other jurisdictions, are examined to see how well they support patients' choice in this important issue. In particular, deaths at home and residential care settings are discussed.

There are other healthcare issues between the ends of birth and death. For instance, enabling people with chronic diseases to reintegrate into the community has always been a goal of rehabilitation professionals. Studies have shown that rehabilitation services targeting patients residing in the community after strokes improved their ability to care

for themselves and reduced their risk of deterioration in ability. Linda Wong and Kenneth Fong explore the concepts of community integration and participation, and derived a newly designed community reintegration programme using goal attainment scaling and the self-efficacy theory to promote self-efficacy and community participation for clients with chronic stroke. They also evaluate the effectiveness of the programme using both quantitative and qualitative designs. The programme may serve as a useful reference for healthcare professionals to articulate how they think in the midst of practice in the community.

The youth of today are our future and how to appropriately address their potential healthcare needs becomes important for the development of a society. A drug prevention campaign targeted at youngsters has aroused local media attention in recent years. Hong Kong launched its first and highly controversial drug test in schools for a few weeks in December 2009, but more controversial in implementing this contentious school drug test is the apparent lack of parents' involvement thus far. What was the role of students' parents in the scheme to help adolescents to beat drugs? Timothy Sim explores the dynamics of the relationship between adolescents and their parents in adolescent drug rehabilitation, particularly from a view of the functioning and relationship of Chinese families in Hong Kong.

While the healthcare of the young is important, care for the elderly should also not be overlooked. Falls are very common domestic accidents among the elderly everywhere. Approximately one-fifth of the elderly population over age 65 sustains at least one fall per year in Hong Kong. Rehabilitation specialists are playing an important role in the prevention of falls. Falls prevention services should not be limited to hospital settings but also in the community as most falls occur either at home or outdoors. Kenneth Fong and Daniel Leung discuss various factors for falls and suggest a risk assessment approach for falls in the community. They have also reviewed occupational therapy programmes in the literature, employing a multi-factorial intervention approach in the community which sheds lights on future local practice.

Section C – Future Directions in Community Care

This book ends with a section comprising two important articles addressing the values of healthcare which underlie the healthcare culture, structure and practice in Hong Kong against a ticking clock. Celia Chan, Venus Wong, and Cecilia Chan have pointed out that, for various reasons, healthcare professionals are susceptible to hazards of burnout. They advocate integrating spirituality in the healthcare service delivery in Hong Kong. Proper training in spiritually-oriented support programmes is necessary to re-affirm the heartfelt commitments of the professionals to total patient care and to establish a warm and supportive hospital environment for service providers. As they put forward, Hong Kong being a place enjoying the privileges of both Eastern and Western spiritual wisdom and practice, it is an ideal base to build a robust healthcare team who will take care of both the advancement of medical technologies and the meanings of their devotion to the healthcare profession. Last but not least, Andy Ho, Cecilia Chan, and Pamela Leung share how palliative care can be further improved by “an unshakeable commitment to human life”

to face the future challenges and meet the needs of the dying as a basic human right. They advocate that the success of taking care of dying patients and their families should not be dependent on the medical profession alone, but also the concerted efforts and vested interest in dying with dignity of all the individuals, communities and the government of the entire society.

Concluding Remarks

A healthcare system comprises a holistic approach of health-related activities in a society. This book may not be able to provide an ultimate solution to the current issues embedded in the healthcare system of Hong Kong. Rather, it helps to share our ideas that improvement in the healthcare system and services will not succeed without a complementary coordination of public policies, healthcare practices underpinned by the mutual support of the various disciplines of healthcare professionals, workers and providers, and realising the importance of integrating healthcare to the community. It is also our belief that when our colleagues are better prepared in the provision of community care for the needy, Hong Kong will be energised to face the challenges of its ageing population as well as rising public expectations and medical costs, and surely this will offer better health tomorrow and lead healthcare services and even our society to new horizons.

References

- Bauhinia Foundation Research Centre. (2007). *Development and financing of Hong Kong's future health care: Report on preliminary findings*. A paper presented to the Legislative Council of Hong Kong (LC Paper No. CB(2)2460/06-07(01)). Retrieved 12 March 2014 from <http://www.legco.gov.hk/yr06-07/english/panels/hs/papers/hs0717cb2-2460-1-e.pdf>
- Buchan, J., & Aiken, L. (2008). Solving nursing shortages: A common priority. *Journal of Clinical Nursing*, 17(24), 3262–3268.
- Caldwell, J. C. (2004). The implications of the United Nations long-range population projection. In *World Population to 2030* (pp. 112–122). New York: United Nations. Retrieved 12 March 2014 from <http://www.un.org/esa/population/publications/longrange2/WorldPop2300final.pdf>
- Canadian Institutes of Health Research. (2012). The Harper Government is taking action to improve the efficiency of the healthcare system [Press release, 20 January 2012]. Retrieved 12 March 2014 from <http://www.cihr-irsc.gc.ca/e/44770.html>
- Census and Statistics Department. (2012a). *Demographic trends in Hong Kong (1981–2011)*. Hong Kong: Author. Retrieved 12 March 2014 from <http://www.statistics.gov.hk/pub/B1120017032012XXXXB0100.pdf>
- Census and Statistics Department. (2012b). *Hong Kong population projections (2012–2041)*. Hong Kong: Author. Retrieved 12 March 2014 from <http://www.statistics.gov.hk/pub/B1120015052012XXXXB0100.pdf>
- Chappell, N. L., Dlott, B. H., Hollander, M. J., Miller, J. A., & McWilliam, C. (2004). Comparative costs of home care and residential care. *The Gerontologist*, 44(3), 389–400.

- Chen, T.-P. (27 July 2012). World's longest-living women aren't in Japan anymore. *The Wall Street Journal China*. Retrieved 12 March 2014 from <http://blogs.wsj.com/chinarealtime/2012/07/27/worlds-longest-living-women-arent-in-japan-anymore/>
- Chief Executive of Hong Kong. (2007). *The 2007–08 Policy Address: A new direction for Hong Kong*. Retrieved 12 March 2014 from <http://www.policyaddress.gov.hk/07-08/eng/docs/policy.pdf>
- Chief Executive of Hong Kong. (2010). *The 2010–11 Policy Address: Sharing prosperity for a caring society*. Retrieved 12 March 2014 from <http://www.policyaddress.gov.hk/10-11/eng/pdf/policy.pdf>
- Chief Secretary for Administration's Office. (2012). *Steering Committee on Population Policy – Progress Report 2012* (File Ref.: CSO/ADM CR 1/3581/12). Hong Kong: Author. Retrieved 12 March 2014 from http://www.legco.gov.hk/yr08-09/english/hc/sub_com/hs52/papers/hs520605-csoadmcr1358112-e.pdf
- Department of Health. (2001). *Department of Health Annual Report 2000–2001* (Chapter 1 – Health of the Community). Hong Kong: Author. Retrieved 12 March 2014 from http://www.dh.gov.hk/english/pub_rec/pub_rec_ar/pdf/0001/ch_01_a.pdf
- Department of Health. (2013). *Health Facts of Hong Kong* (2013 Edition). Hong Kong: Author. Retrieved 12 March 2014 from http://www.dh.gov.hk/english/statistics/statistics_hs/files/Health_Statistics_pamphlet_E.pdf
- Department of Health and Human Services of the United States (n.d.). *Read the law*. Retrieved 12 March 2014 from <http://www.healthcare.gov/law/full/index.html>
- Food and Health Bureau. (n.d.). *Hong Kong's Domestic Health Accounts (DHA) – Estimate of Domestic Health Expenditure 1989/90–2009/10*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.fhb.gov.hk/statistics/download/dha/en/dha_summary_report_0910.pdf
- Food and Health Bureau. (2008). *Your health your life: Healthcare reform consultation document*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.fhb.gov.hk/beStrong/files/consultation/Condochealth_full_eng.pdf
- Food and Health Bureau. (2010a). *Healthcare Service Reform – Primary care development strategy*. A paper presented to the Legislative Council Panel on Health Services of Hong Kong (LC Paper No. CB(2)1995/09–10(01)). Hong Kong: Author. Retrieved 12 March 2014 from <http://www.legco.gov.hk/yr09-10/english/panels/hs/papers/hs0712cb2-1995-1-e.pdf>
- Food and Health Bureau. (2010b). *My health my choice: Healthcare reform second stage public consultation report*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.myhealthmychoice.gov.hk/pdf/report/full_report_eng.pdf
- Food and Health Bureau. (2010c). *Our partner for better health – Primary care development in Hong Kong: Strategy document*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.fhb.gov.hk/download/press_and_publications/otherinfo/101231_primary_care/e_strategy_doc.pdf
- Forster, A., & Young, J. (2011). Community rehabilitation for older people: Day hospital or home-based services? *Age and Ageing*, 40(1), 2–4.
- Harvard Team. (1999). *Improving Hong Kong's health care system: Why and for whom?* Retrieved 12 March 2014 from http://www.fhb.gov.hk/en/press_and_publications/consultation/HCS.HTM#MAIN%20REPORT
- Health and Medical Development Advisory Committee. (2005). *Building a healthy tomorrow: Discussion paper on the future service delivery model for our health care system*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.info.gov.hk/archive/consult/2005/hmdac_paper_e.pdf

- Health Reform Implementation Taskforce of Western Australia. (2007). *Ambulatory and community-based care: A framework for non-inpatient care*. Retrieved 12 March 2014 from http://www.health.wa.gov.au/hrit/docs/publications/Non-inpatient_framework.pdf
- Hong Kong Government. (2009). *Hong Kong Yearbook 2009* (Chapter 8 – Health). Retrieved 12 March 2014 from <http://www.yearbook.gov.hk/2009/en/pdf/C08.pdf>
- Hong Kong Government. (2011). *Hong Kong Yearbook 2011* (Chapter 8 – Health). Retrieved 12 March 2014 from <http://www.yearbook.gov.hk/2011/en/pdf/E08.pdf>
- Hong Kong Government. (2013). Revamped Steering Committee on Population Policy convenes its first meeting [Press release, 18 January 2013]. Retrieved 12 March 2014 from <http://www.info.gov.hk/gia/general/201301/18/P201301180611.htm>
- Hospital Authority. (n.d.). *Clusters, hospitals & institutions*. Hong Kong: Author. Retrieved 1 October 2014 from http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10122&Lang=ENG&Dimension=100&Parent_ID=10121
- Hospital Authority. (2012a). *Hospital Authority Annual Report 2011–2012*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.ha.org.hk/upload/publication_13/435.pdf
- Hospital Authority. (2012b). *Hospital Authority Strategic Plan 2012–2017*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.ha.org.hk/upload/publication_29/359.pdf
- Hospital Authority. (2013). *Hospital Authority Annual Report 2012–2013*. Hong Kong: Author. Retrieved 12 March 2014 from http://www.ha.org.hk/upload/publication_13/477.pdf
- Hospital Authority Ordinance (Cap 113) of Hong Kong.
- Jamrozik, A. (2001). *Social policy in the post-welfare state: Australians on the threshold of the 21st century* (pp. 37–58). Frenchs Forest: Longman.
- Kaplan, R. M. (1990). Behavior as the central outcome in health. *American Psychologist*, 45(11), 1211–1220.
- Lai, W.-F., & Chan, Z. C. Y. (2010). A public health perspective on longevity. In Z. C. Y. Chan (Ed.), *Health issues in Chinese contexts, Volume 5* (pp. 149–154). New York: Nova Science Publishers.
- Lam, C. L. K. (2005). The role of the family doctor in building a healthy tomorrow. *The Hong Kong Practitioner*, 27, 363–367.
- Li, S. (2006). *Health care financing policies of Canada, the United Kingdom and Taiwan*. Hong Kong: Legislative Council Secretariat. Retrieved 12 March 2014 from <http://www.legco.gov.hk/yr06-07/english/sec/library/0607rp02-e.pdf>
- Longest life expectancy in world: Women in Hong Kong now outlast Japan. (26 July 2012). *Huffington Post*. Retrieved 12 March 2014 from http://www.huffingtonpost.com/2012/07/26/longest-life-expectancy-world-hong-kong-women-japan_n_1705606.html
- Mitchell, L. (2013). *The changing faces of Hong Kong: A cohort analysis of women, 1991–2011*. Hong Kong: Civic Exchange. Retrieved 12 March 2014 from http://www.civic-exchange.org/wp/wp-content/uploads/2013/03/1302gender_report1sec1.pdf
- Nip, P. (2010). *Speech by DSW at the closing ceremony of the International Conference on Promoting Chronic Care 2010 Towards a community-based chronic care model for Asia* (English only). 10 January 2010. Retrieved 12 March 2014 from http://www.swd.gov.hk/en/index/site_pubpress/page_speeches/sub_speech2010a/
- Patient Protection and Affordable Care Act 2010 of the United States.

- Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of primary care to health systems and health. *The Milbank Quarterly*, 83(3), 457–502.
- United Nations. (2004). *World Population to 2030*. New York. Retrieved 12 March 2014 from <http://www.un.org/esa/population/publications/longrange2/WorldPop2300final.pdf>
- United Nations. (2012). *Population Ageing and Development 2012* [wall chart]. New York. Retrieved 12 March 2014 from http://www.un.org/esa/population/publications/2012PopAgeingDev_Chart/2012PopAgeingandDev_WallChart.pdf
- Walsh, K. K., Kastner, T. A., & Green, R. G. (2003). Cost comparisons of community and institutional residential settings: Historical review of selected research. *Mental Retardation*, 41(2), 103–122.
- Wenrich, M. D., Curtis, J. R., Shannon, S. E., Carline, J. D., Ambrozy, D. M., & Ramsey, P. G. (2001). Communicating with dying patients within the spectrum of medical care from terminal diagnosis to death. *The Archives of Internal Medicine*, 161, 868–874.
- WHO. (1978). World Health Organization. *Declaration of Alma Ata*. Reported in *World Health*, August/September 1988.
- WHO (1986). World Health Organization, Health and Welfare Canada, Canadian Public Health Association. *Ottawa Charter for Health Promotion*. Geneva, Switzerland: World Health Organization.
- Working Party on Primary Health Care. (1990). *Health for all – The way ahead*. Hong Kong: Government Printer.
- World Bank. (n.d. a). *Data: Health expenditure, total (% of GDP)*. Retrieved 12 March 2014 from <http://data.worldbank.org/indicator/SH.XPD.TOTL.ZS/countries/1W?display=default>
- World Bank. (n.d. b). *Death rate, crude (per 1,000 people)*. Retrieved 12 March 2014 from <http://data.worldbank.org/indicator/SP.DYN.CDRT.IN>
- Yip, W., & Hsiao, W. (2004). A systemic approach to reform Hong Kong's health care financing: The Harvard proposal. In J. Bacon-Shone & G. M. Leung (Eds.). (2006). *The future of Hong Kong's health care system* (pp. 447–459). Hong Kong: Hong Kong University Press.