



Health and Social Care Policies

Booklet 13

S4 – Concepts and Framework

Booklet (1) Personal development

Booklet (2) Health and well-being



S4 – Holistic Health

Booklet (3) Physical

Booklet (4) Mental

Booklet (5) Social



S5 – Macro Level

Health Management

Booklet (6) (8) (9) (10)

Social Care

Booklet (7) (11)



Round-up : Booklet(13) Health and Social Care Policies

Learning Targets

Values and Attitudes

- Respect ideological and cultural differences

Knowledge

- Understand that health and social policies may be determined by various factors
- Understand conflicts and tensions in the health and social care context
- Analyse possible crises resulting from these tensions and disagreements and explore possible solution(s)

13.1B Policy Instruments

Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care

- *3C Implementing health and social care policies*
- *3C4 Instruments of policies:*
 - *taxation*
 - *legislation*
 - *promotion*
- *To identify instruments of policies*

Policy Instruments

Instruments	Purpose	e.g. Air Pollution	e.g. Employment of Mentally-ill Patients
legislation	To use government authority to ensure citizens' compliance to the policy	The Air Pollution Control Ordinance is set up to control the emissions from various sources. (e.g. power plants, industrial and commercial sources, construction activities)	<ul style="list-style-type: none"> Disability Discrimination Ordinance - to ensure fair treatment in employment of the young people with mental illness and to avoid them not employed /having lower wage due to mental illness without justification
taxation / economic incentive	To encourage compliance by using economic incentives	Tax on imported vehicles to discourage the use of vehicles through price increases and thereby reduce the emission of pollutants from vehicles	<ul style="list-style-type: none"> Wage subsidy - to encourage employers to employ young people with mental illness so as to increase employment opportunities Job attachment allowance - to encourage the involvement and attendance of young people with mental illness by improving their motivation
promotion/ education	To develop relevant capacity to achieve policy aims	TV advertisement / publicity campaign to promote the message of switching off engines of idling vehicles	<ul style="list-style-type: none"> Programmes target at employers and colleagues at workplace - to build a culture of acceptance/ foster harmonious/positive social relationships Employment trainings - to provide training for young people with mental illness so as to equip them with skills to improve their performance in interviews /motivation in seeking jobs

Process and Cycle of Public Policy Making

Stage	Work
Identification	To explore : <ul style="list-style-type: none">• What are the problems that society is confronted with that lead to the need for developing a relevant policy?• What kind of values should be used to interpret the problem situation?
Formulation	<ul style="list-style-type: none">• In the formulation of policies, to assess possible outcomes of various programs and the expected impact and to anticipate consequences that may be caused by the policies
Adoption	<ul style="list-style-type: none">• Based on the assessment of the consequences of various options, introduce the options and recommend to the public and policy makers for selection
Implementation	<ul style="list-style-type: none">• The implementation of policies includes the records of what happened in order to monitor the result of the implementation to serve as a basis for assessing the policies
Evaluation (maintained, reformed or terminated)	<ul style="list-style-type: none">• To evaluate the specific policy evaluation and decide if the policy should be maintained, reformed or terminated

13. 1 A Policy Objectives

Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care

- ***3B Developing health and social care / welfare policies***
 - **3B2 2. Comparison of policies between Hong Kong and other regions / countries (e.g. United Kingdom, United State of America)**
- ***To compare health and social policies in Hong Kong with other regions /countries***

13.2 Health and Welfare Policies in Hong Kong

Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care

- ***3B Developing health and social care / welfare policies***
 - **3B1 Health and social care / welfare policies in Hong Kong**
 - ***To compare health and social policies in Hong Kong with other regions / countries***

13.3 Comparison of Policies between Hong Kong and other Countries

Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care

- ***3B Developing health and social care / welfare policies***
 - ***3B2 2. Comparison of policies between Hong Kong and other regions / countries (e.g. United Kingdom, United State of America)***
- ***To compare health and social policies in Hong Kong with other regions /countries***

Policy Objectives *(Refer to Booklet 10,11)*

	Welfare States	Market Oriented Countries
Rationale	<p><u>Health care system</u></p> <ul style="list-style-type: none"> Everyone is entitled to reasonable access to health care, regardless of the ability to pay <p><u>Social welfare system</u></p> <ul style="list-style-type: none"> Social welfare is an integrated institution in the society and is used for resources reallocation 	<ul style="list-style-type: none"> Individual needs should be satisfied by the private market and family <p><u>Health care system</u></p> <ul style="list-style-type: none"> Allocation of resources according to consumers' willingness to pay <p><u>Social welfare system</u></p> <ul style="list-style-type: none"> Only when these break down should social welfare institutions come into play and then only temporarily
Policy objectives	<p><u>Health care system</u></p> <ul style="list-style-type: none"> To provide universal services for all people To provide access to a comprehensive range of health services <p><u>Social welfare system</u></p> <ul style="list-style-type: none"> To provide social services on a universal basis outside of the market and based on individual needs. 	<ul style="list-style-type: none"> To minimize government intervention <p><u>Health care system</u></p> <ul style="list-style-type: none"> Government only provides assistance to the low-income individuals and families <p><u>Social welfare system</u></p> <ul style="list-style-type: none"> and dependence on welfare

Hong Kong – Mixed model

	Welfare states	Market-oriented countries
<u>Health care system</u>	<ul style="list-style-type: none"> Essential health services are available with reasonable access regardless of the ability to pay 	<p>but private health services are available to those who can afford either to pay or with insurance coverage</p>
	<ul style="list-style-type: none"> To ensure no one in Hong Kong is deprived of medical care because of lack of means; 	<p>at the same time emphasizing individual responsibility for the maintenance of his or her own health</p>
<u>Social Welfare system</u>	<ul style="list-style-type: none"> Government has played the roles of policy-making, resources distribution and service monitoring 	<ul style="list-style-type: none"> Welfare services only aim to assist people and families in need
	<ul style="list-style-type: none"> Due to increasing reliance on government funding, most of the non-governmental organisations choose to be in line with government social welfare policy 	

Features of service provision

	Welfare States	Market Oriented Countries	Hong Kong
<u>Health care system</u>	<ul style="list-style-type: none"> e.g. National Health Service (NHS) - Public hospital services- free of charge for all citizens/ Fully subsidized primary health care services/ Medicine to be paid at a flat rate for each prescription (UK) 	<ul style="list-style-type: none"> Private Insurance / e.g. supplemented by Medicaid and Medicare(USA) 	<ul style="list-style-type: none"> The public sector is the predominant provider of secondary and tertiary care. Individuals cover a small percentage of the cost for public hospital services. A large proportion of primary care is mainly provided by private sector through out-of-pocket payments and/or health insurance
<u>Social Welfare system</u>	<ul style="list-style-type: none"> Universal Coverage and Insurance: e.g. Benefits from National insurance to protect an individual from birth to death(UK) 	<ul style="list-style-type: none"> e.g. Federal Social Insurance (USA) The funding of social security is from the tax on the employers of enterprises and business Company and private insurances are important parts 	<ul style="list-style-type: none"> The parties participating in social welfare include government, non-governmental organisations, families, charitable organisations and private sectors

Health Policy

	Hong Kong	USA	UK
Primary health services	<ul style="list-style-type: none"> Mainly provided by private sector. Patients who cannot afford private sector services can use subsidized public services. The Department of Health is responsible for safeguarding the health of the community through promotive, preventive, curative and rehabilitative services. 	<p>Private Insurance A majority of the population relies on private insurance as their sole means of health care cover. Under such a system, the level of access to health care services is determined by the level of insurance cover which an individual can afford to purchase, and contributions are based not only on the ability to pay but also an individual's health risk assessed by the insurer.</p>	<p>National Health Service (NHS) Fully subsidized by public monies, patients receive primary health care services provided by <u>private medical practitioners free of charge.</u></p>
Hospital services	<ul style="list-style-type: none"> Cost of Public hospital services mostly covered by government Fees and charges for private hospital services are covered by out-of-pocket payments and/or health insurance. 	<p>Medicare Health insurance coverage to people who are aged 65 and over, or who meet other special criteria</p> <p>Medicaid Health insurance to low-income people of all ages</p>	<p>Public hospital services for eligible persons are free of charge unless they choose to be treated as private patients</p>

Welfare Policy

	Hong Kong	USA	UK
Social Security	<ul style="list-style-type: none"> • Safety Net : provide financial or material assistance such as Comprehensive Social Security Assistance (CSSA) Scheme to meet the basic and special needs of the members of the community • Universal : Mandatory Provident Fund 	<ul style="list-style-type: none"> • Safety net: temporary assistance for needy families (Social Security Act) • Provisions include: Retirement Benefits, Unemployment benefits, Disability benefits (and Supplemental Security Income) • Funding comes from the tax paid by employers and the benefits are provided to the employees. Social security relies on the development of the market economy • Funding mainly comes from the community, companies and individuals 	<p>Universal and comprehensive protection:</p> <ul style="list-style-type: none"> • Universal : benefits are available for people of working age, for pensioners, for families and children, and for disabled people and their carers • Comprehensive : Each of the residents of the United Kingdom, even as a foreigner living in Britain, has a National Insurance number since birth. It guarantees protection as early as they are in the wombs. They enjoy a certain degree of social security when they are going to school, being ill, being employed or unemployed, in their widowhood, having dependent children, being elderly and retired, until death.

13.4 – 13.5 Reasons for Policy

Topic 3 – Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care

3B Developing health and social care / welfare policies

- 3B3 Differences in policies in different countries based on:
 - Local economy – economic conditions affect the amount of resources to be allocated
 - Global economy and world financial organisations e.g. World Bank
 - Social context e.g. famine
 - Private-public debates and tensions e.g. privatization of health and care services
 - Social value and political concerns e.g. smoking policy
 - Cultural understandings of health and social care and its implication on policies
- ***To understand that health and social policies may differ among countries due to various reasons and factors***

13.4 Factors Contributing to the Differences in Policies

	USA	UK	HK
Local Economy	<ul style="list-style-type: none"> Economic conditions affect the amount of resources to be allocated 		
	<ul style="list-style-type: none"> Market-oriented Neo-liberal policy emphasizes on free market mechanism Wealth gap between the rich and the poor The third way 	<ul style="list-style-type: none"> Welfare State Downturn of local economy Reduced with the sector size (small government) by contracting-out 	<ul style="list-style-type: none"> Big market, small government Financial crisis Budget control Tightly control health and social spending
Global economy and world financial organisations	<p>World Trade Organization</p> <ul style="list-style-type: none"> Health care, education and other public services in most countries are developing towards privatisation <p>World Bank</p> <ul style="list-style-type: none"> Providing poor countries with loans, grants and technical assistance Fundamental public services of the public sector of these poor countries were sold to the enterprise groups in rich countries - privatisation <p>International Monetary Fund</p> <ul style="list-style-type: none"> Providing short-term loans to the countries who have temporary imbalances in international trades Providing anti-poverty loans to low-income countries and provides assistance to countries affected by natural disasters or armed conflicts 		

13.4 Factors Contributing to the Differences in Policies

	USA	UK	HK
Social context	<p><u>Features</u></p> <ul style="list-style-type: none"> • A country formed by immigrants • Ethnic conflicts • Lower educational and technical levels of most immigrants <p><u>Impacts on policy</u></p> <ul style="list-style-type: none"> • Pressure on employment • Burden on social security 	<p><u>Features</u></p> <ul style="list-style-type: none"> • Ageing population <p><u>Impacts on policy</u></p> <ul style="list-style-type: none"> • Policy to ensure financial security of the elderly 	<p><u>Features</u></p> <ul style="list-style-type: none"> • Unemployment, family problems and ageing population <p><u>Impacts on policy</u></p> <ul style="list-style-type: none"> • "Privatisation" and "lump-sum grant" to cope with increasing welfare needs and avoid increase in welfare expenditure
Private-public debates and tensions	<ul style="list-style-type: none"> • Privatization of health and care services 		
	<ul style="list-style-type: none"> • Health care system in USA is characterized by the public-private co-payments 	<ul style="list-style-type: none"> • National Health Service paid by public expense 	<ul style="list-style-type: none"> • Privatisation and collaboration between public and private sectors
Social Value	<ul style="list-style-type: none"> • Individualism and egoism 	<ul style="list-style-type: none"> • Rights of citizens 	<ul style="list-style-type: none"> • Confucianism

13.4 Factors Contributing to the Differences in Policies

	USA	UK	HK
Political concerns	<ul style="list-style-type: none"> • Universal health insurance rejected by the Congress and the interest groups 	<ul style="list-style-type: none"> • Ideologies of Conservative Party and the Labor Party impact on the directions of policies 	<ul style="list-style-type: none"> • Views of Law Makers in Legislative Council e.g. debate on health care reform and legislation for a minimum wage
Cultural understandings of health and social care and its implication on policies	<p>People may not expect to seek help from their families. Policy may focus more on developing mutual-help groups</p>		<p>Chinese culture, values and attitudes: assume the responsibility of individuals and families to provide support and care during crisis. Government is assumed to play a minimal role to intervene into 'family affairs'.</p>

13.5 Demands for new policies

- **Emerging problems**
 - Examples : Booklet 6 - Outbreak of a disease / Booklet 7 – Family problems)
- **Changing needs of individuals, families and communities**
 - Examples : Booklet 7 – Family changes/ Booklet 8 – Pollution/ Booklet 11 – Integrated family services
- **Increasing demand for services**
 - Examples : Booklet 10 – Ageing population: healthcare reform
- **Improving effectiveness or efficiency**
 - Examples : Booklet 10 – Healthcare reform / Booklet 11 – Privatisation and Lump-sum Grant
- **Reducing inequalities**
 - Examples : Booklet 8 – Developed and developing countries / Booklet 11 – Welfare states

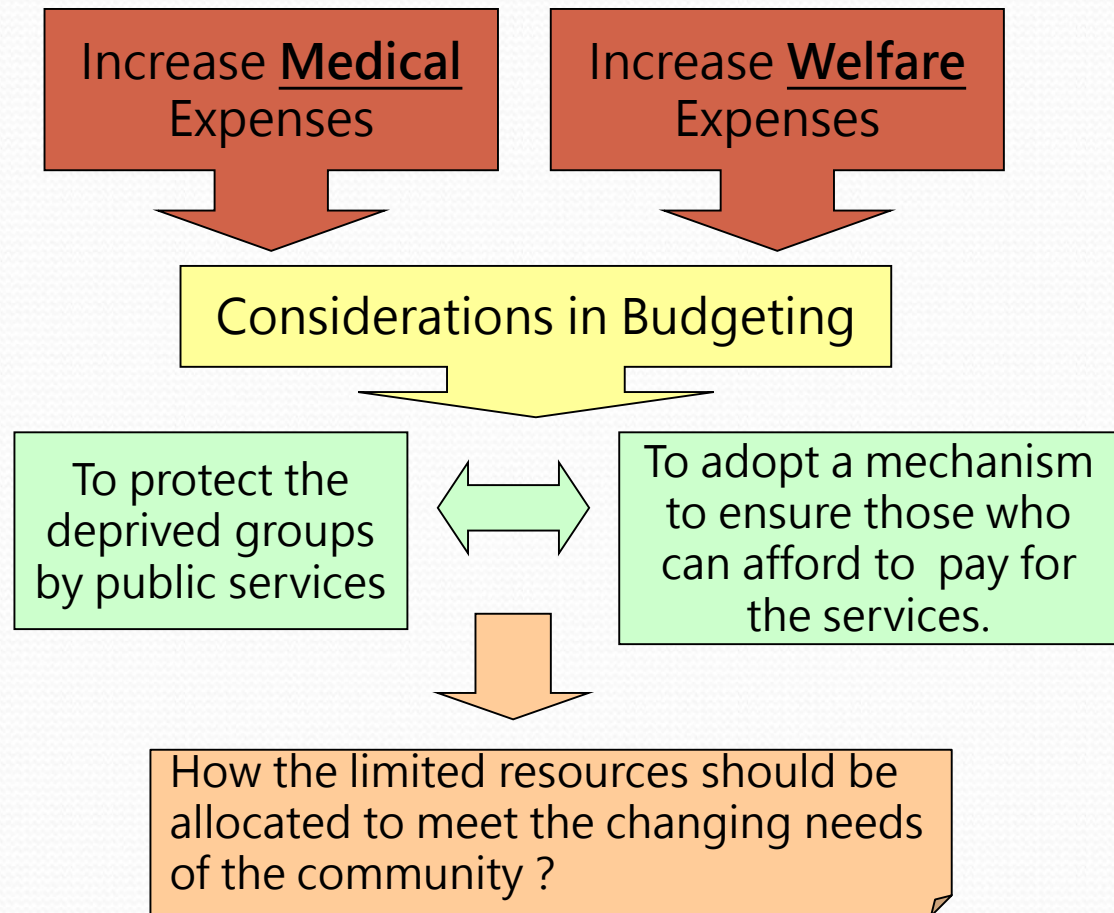
13.6 Resources Allocation

Topic 2 - Health and Social Care in the Local and the Global Contexts

- *2D Developments in the health and care industries*
 - *2D3 Allocation of resources to different parties*
 - *2D5 Priorities of resource allocation to related parties and organisations*
- *To analyse the viewpoints or issues from different perspectives*
- *To understand that value judgments may vary among different individuals or parties*

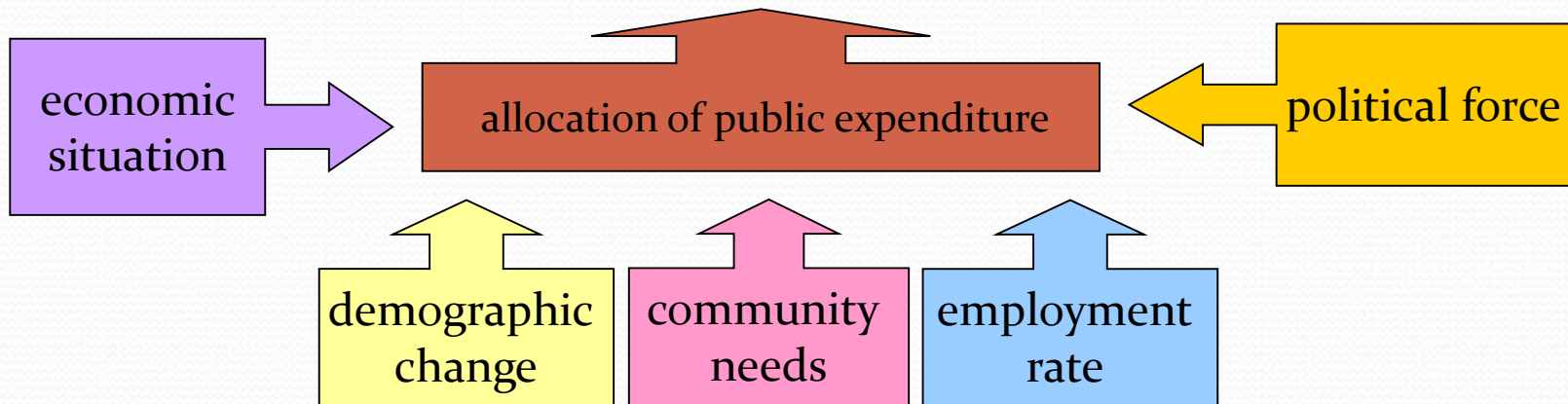
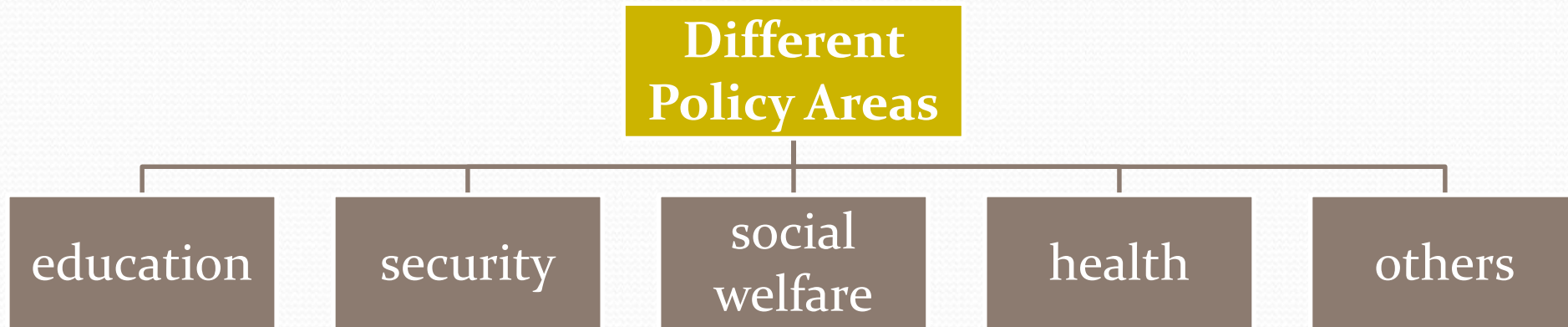
Concept : Resources Allocation

- Public Expenditure



Concept : Resources Allocation

- Allocation of Public Resources



Concept : Resources Allocation

□ Within Health and Social Welfare

▣ healthcare system

- Primary care vs Secondary / Tertiary Care
- Private vs Public

▣ social welfare system

- Different groups: which group should be the most disadvantaged that needs more support and care? The elderly? The family? The youth? The lower income ones? The unemployed ones? The disabled? The women?

▣ organisations /agencies

- balance the costs within organisations : staff cost, facilities and equipment investment, quality of services maintenance, services expansion to meet the increasing needs of the clients etc.