



Service Priorities and Programmes Electronic Presentations

Convention ID: 1256

Submitting author: Miss Karen LAU

Post title: NULL, NULL

Barriers to Accessing Primary Care among Working Poor in Hong Kong â€” Qualitative Phase of Mixed Methods Study

Lau K(1), Ching TKJ(1), Fan N(1)(2), Yeung PS(1)

(1)Health In Action, (2)Department of Surgery, Yan Chai Hospital

Keywords:

primary care

health equity

health access

Introduction

Access to primary care services is fundamental for individuals to maintain good health. Yet, it is well known globally that lower socioeconomic status is associated with worse health status and one of its underlying causes is poorer health access. In Hong Kong, there are more than 200,000 working poor households. The working poor individuals, characterized by low income and long and inflexible working hours, face multiple challenges in accessing primary care services, which is a form of health inequity impeding their right to health.

Objectives

(1) To understand how the working poor individuals access primary care services in Hong Kong; (2) to identify the barriers that hinder them from doing so; and (3) to inform the questionnaire design of the subsequent quantitative phase.

Methodology

Over June â€” July 2016, four focus group interviews were conducted in districts with high percentage of working poor households (number of participants): Kwai Tsing (9), Sham Shui Po (8), Hung Hom (8), and Yuen Long (8). The interview guide was developed based on an established conceptual framework on health access. Interviews were conducted in Cantonese and were audio-recorded, transcribed, and coded manually to identify themes. Ethics approval was obtained.

Result

While GOPCs are most respondentsâ€™ ideal primary care option, in reality they usually attend private GPs, AED, self-medicate, or take no action. The most common barrier was â€œaffordabilityâ€, as taking sick leave implies indirect loss of income, and many find private GP charges unaffordable. The majority of respondents also lack

medical insurance coverage, and have not heard of the HA medical waiver mechanism. The second most common barrier was "approachability", as many found the GOPC telephone booking system user-unfriendly and expressed difficulty in successful booking. Some respondents also lack knowledge of how to navigate the primary care system. Other barriers included "availability", as long working hours often impede them from accessing GOPCs with limited evening services; "acceptability", as respondents generally perceive private GP medications to be more effective than GOPC medications; and "appropriateness", as some respondents who attend AED for primary care expressed that they were aware of the inappropriate use but had limited alternatives. As a conclusion, this study hopes to shed light on promoting equitable health care access to all in the city by offering insights from the socioeconomically disadvantaged.