**RESEARCH REPORT**

**PREPARED FOR**

**FOOD AND HEALTH BUREAU**

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# SUPPLEMENTARY FINANCING FOR HEALTHCARE 2008 - TELEPHONE SURVEY

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**Prepared by**

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# Contents

# Chapter One Introduction

The Social Sciences Research Centre of the University of Hong Kong (SSRC) was commissioned by the Food and Health Bureau in September 2008 to conduct a survey to canvass public views on healthcare reform, with particular focus on the existing financing model and the supplementary financing options. The objectives of the survey include:

- To assess the receptiveness of different groups in the community (by socioeconomic and other relevant factors) to each of the financing options, including the six supplementary financing options and increasing tax.
- To find out people's relative preferences among the different financing options.
- To understand the underlying reasons, both from an individual and from a societal perspective, for people's most preferred option and least preferred option.
- To assess people's knowledge and their understanding about the key factual features of the options.
- To assess people's knowledge and their understanding about the pros and cons and implications of their most preferred option and least preferred option as a healthcare financing option. Comparisons between the financing options and the different attributes of the six options as supplementary financing and increasing tax.

# Chapter Two Survey Methodology

## 2.1 Survey Design

Survey data were collected through telephone interviews from 25th November to 11th December 2008. A structured questionnaire was used to collect information from the target respondents. All telephone interviews were conducted using the Computer Assisted Telephone Interview (CATI).

A random sample was drawn of 29,987 residential telephone numbers. These numbers were generated from the latest English residential telephone directory by dropping the last digit, removing duplicates, adding all 10 possible final digits, randomizing order, and selecting as needed. The Chinese residential telephone directory was not used because the total number of telephone numbers included is less than that included in the English residential telephone directory. This method provides an equal probability sample that covers unlisted and new numbers but has a lower contact rate than pure directory sampling, because it includes some invalid telephone numbers and some telephone numbers for living quarters that are unoccupied.

Where more than one eligible person resided in a household and was present at the time of the telephone contact, the 'Next Birthday' rule was applied, i.e. the household member who had his/her birthday the soonest was selected to answer the questionnaire. This reduced the over-representation of housewives in the sample.

## 2.2 Target Respondents

The target respondents of the telephone interviews were all adults of age 18 or above, excluding foreign domestic helpers.

## 2.3 Questionnaire

A bilingual questionnaire was designed by the SSRC and approved by the Bureau. Most of the questions were closed-ended and anticipated responses could be coded numerically.

## 2.4 Pilot Survey

Before the actual survey, a pilot survey of randomly selected households was conducted to test the questionnaire and to identify any problems prior to the survey proper. Results from the pilot survey are not included in the subsequent compilation and analysis of the main study.

## 2.5 Enumeration Result

During the main survey, 17 131 telephone numbers were tried. Among the households reached, 4 260 households were not available at that time and were tried at least 5 times, 682 households refused and 165 answered only part of the questionnaire. An unanswered telephone number was tried at least 5 times before classifying as non-contact case, including one contact attempt in day time to eliminate the business telephone numbers in non-contact cases.

A total of 1 035 respondents were successfully interviewed by using the CATI system. The contact rate was 40.8%[1] and the overall response rate was 55.0%[2]. Table 2.1 shows the detailed breakdown of final status of all numbers tried.

[1] Contact rate = the number of answered telephone calls divided by the total number of calls attempted, i.e. from Table 2.1, Sum of (types 1 to 7) / Total = (1 035+165+682+3+0+836+4 260)/(17 131) = 40.8%.

[2] Response rate = the number of successful interviews divided by the sum of the numbers of successful interviews, drop-out cases and refusal cases, i.e. from Table 2.1, (type 1) / (type 1 + type 2 + type 3) = 1 035/(1 035+165+682)=55.0% (type 7 “Not available” cases are not included because eligibility has not been confirmed).

Table 2.1 Final status of all numbers tried

| Type | Final status of all number tried[3] | Number of cases |
|---|---|---|
| 1 | Successful interview | 1 035 |
| 2 | Drop-out case | 165 |
| 3 | Refusal case | 682 |
| 4 | Language problem | 3 |
| 5 | Respondent ineligible (i.e. aged under 18) | 0 |
| 6 | Business line | 836 |
| 7 | Respondent not available | 4 260 |
| 8 | Busy tone | 316 |
| 9 | No answer | 3 531 |
| 10 | Fax/data lines | 589 |
| 11 | Answering machine | 9 |
| 12 | Invalid number | 5 705 |
| **TOTAL** | | **17 131** |

[3] 'Drop-out': eligible respondents who initially accepted the interview but failed to complete the interview due to some reasons. 'Refusal': eligible respondents who refused the interview. 'Language problems': eligible respondents who were not able to speak clearly in English, Cantonese or Putonghua. 'Not available': potentially eligible respondents were busy at the time of telephone contact. 'Invalid number': not a valid telephone line (because we used a random method to generate telephone numbers, see section 2.1).

## 2.6 Overall Sampling Error

The survey findings are subject to sampling error. For a sample size of 1 035, the maximum sampling error is ± 3.0%[4] at the 95% level of confidence (ignoring clustering effects). In other words, the SSRC have 95% confidence that the population proportion falls within the sample proportion plus or minus 3.0%, based on the assumption that non-respondents are similar to respondents.

The table below serves as a guide in understanding the range of sampling error for a sample size of 1 035 before proportion differences are statistically significant.

**95% Confidence Level**
**Maximum Sampling Error by Range of Percentage Response**

| | **Percentage response** | | | | |
|---|---|---|---|---|---|
| **Sample size (n=1 035)** | **10%/90%** | **20%/80%** | **30%/70%** | **40%/60%** | **50%/50%** |
| Sampling error | ± 1.8% | ± 2.4% | ± 2.8% | ± 3.0% | ± 3.0% |

As the table indicates, the sampling error is at most 3.0% for a sample size of 1 035. This means that for a given question answered by the respondents, one can be 95 percent confident that the difference between the sample proportion and the population proportion is not greater than 3.0% points.

[4] As the population proportion is unknown, 0.5 is put into the formula of the sampling error to produce the most conservative estimation of the sampling error. The confidence interval width at 95% confidence level is:

$$\pm 1.96 \times \sqrt{\frac{0.5 * 0.5}{1035}} \times 100\% \quad = 3.0\%$$

## 2.7 Quality control

All SSRC interviewers were well trained in a standardized approach prior to the commencement of the survey. All interviews were conducted by experienced interviewers fluent in Cantonese, Putonghua and English.

The SSRC engaged in quality assurance for each stage of the survey to ensure satisfactory standards of performance. At least 15% of the questionnaires completed by each interviewer were checked by the SSRC supervisors independently. About five objective questions were used to verify the data accuracy and reliability[5]. A problem case meant that the answers provided by the respondents for the objective questions were wrong. If there were more than 20% of the interviews done by the interviewer were found to have errors, all of the contact cases of that interviewer would be recalled for checking. When one third (about 30%) or more of the total recalled cases were found to be problematic cases, all of the cases done by that interviewer would be discarded. Otherwise, just the cases found to have errors would be dropped.

## 2.8 Data Processing and Statistical Analysis

This survey revealed some differences in gender and age proportions when compared with the estimates for Hong Kong's land-based non-institutional population compiled by the Census and Statistics Department (hereafter called C&SD) in 2008 2nd Quarter. The proportion of respondents among age groups 18-29, 40-49, 50-59 and 60-64 are higher than the population while the proportion of respondents aged 30-39, 65-69 and 70 or above are lower. The sample also contained a higher percentage of females in comparison with the population. Table 2.2 shows the differences in terms of age and gender.

[5] The demographic questions such as age and gender were used to identify the same respondents in the households. The questions of the highest educational attainment, whether currently engaged in a job, whether they were working in the health or insurance related industries, job status and whether they were suffering a chronic disease were used to verify the data accuracy and reliability

Table 2.2 Distribution differences of age and gender between this survey and the Hong Kong population estimates compiled by the C&SD for 2008 2nd Quarter

| Age Group | This survey | | | Land-based non-institutional population aged 18+ (excl. FDH) | | |
|---|---|---|---|---|---|---|
| | **Male** | **Female** | ***Total*** | **Male** | **Female** | ***Total*** |
| 18-29 | 9.5% | 11.7% | *21.2%* | 9.6% | 9.8% | 19.3% |
| 30-39 | 5.9% | 10.2% | *16.1%* | 8.6% | 10.1% | 18.6% |
| 40-49 | 10.0% | 16.7% | *26.8%* | 10.9% | 11.9% | 22.8% |
| 50-59 | 7.5% | 12.4% | *19.9%* | 9.4% | 9.3% | 18.7% |
| 60-64 | 4.3% | 3.8% | *8.0%* | 2.8% | 2.6% | 5.4% |
| 65-69 | 1.5% | 0.9% | *2.4%* | 2.1% | 1.9% | 4.1% |
| 70 or above | 3.3% | 1.9% | *5.2%* | 5.0% | 6.0% | 11.0% |
| Age data missing | | 0.4% | *0.4%* | - | - | - |
| Total | 42.0 | 58.0% | *100.0%* | 48.3% | 51.7% | 100.0% |

*Notes : Figures may not add up to the totals owing to rounding.*

*Source : General Household Survey, Census & Statistics Department*

In view of the demographic differences between this sample and the population, weighting was applied to gender and age group in order to make the results more representative of the general population. The weights are calculated by dividing the proportion of a particular age and gender group of a gender in the population by the corresponding proportion in the sample (Table 2.3). The calculation for the sample weight is as follows:

$$Sample\ weight\ \ for\ the\ corresponding\ \ gender\ and\ \ age = \frac{Population\ \ proportion}{Sample\ \ proportion}$$

If respondents refused to provide their age information, the sample weight is set as 1.

Table 2.3 Weights by age and gender applied in the analyses (sample weights)

| Age Group | Male | Female |
|---|---|---|
| 18-29 | 1.006606511 | 0.832495336 |
| 30-39 | 1.446618518 | 0.978115840 |
| 40-49 | 1.081793557 | 0.710789458 |
| 50-59 | 1.241116294 | 0.752637418 |
| 60-64 | 0.650018380 | 0.697721633 |
| 65-69 | 1.367364665 | 2.220125519 |
| 70 or above | 1.515596523 | 3.093882625 |
| Age data missing | - | 1.000000000 |

For the grossing up to the population, weighting was applied by gender and age group in order to make the results more representative of the general population. The weights are the ratio of the population by age and gender to the corresponding sample size by age group and gender of this sample (Table 2.4).

For the calculation of population weight for the corresponding gender and age for cases where the age information is provided, the calculation is as follows:

$$= \frac{Population\ size\ for\ corresponding\ gender\ and\ age}{Sample\ size\ for\ corresponding\ gender\ and\ age} \times \frac{Total\ sample\ size\ for\ cases\ with\ known\ age\ for\ corresponding\ gender}{Total\ sample\ size\ for\ corresponding\ gender}$$

If respondents refused to provide their age information, the calculation for the population weight by gender is as follows:

$$= \frac{Population\ size\ for\ corresponding\ gender\ aged\ 18\ and\ above}{Sample\ size\ for\ corresponding\ gender\ aged\ 18\ and\ above}$$

Table 2.4: Weights by age group and gender applied in the analyses for grossing up to the population

| Age Group | Male | Female |
|---|---|---|
| 18-29 | 5360 | 4404 |
| 30-39 | 7703 | 5174 |
| 40-49 | 5761 | 3760 |
| 50-59 | 6609 | 3981 |
| 60-64 | 3461 | 3691 |
| 65-69 | 7281 | 11743 |
| 70 or above | 8071 | 16365 |
| Age data missing | | 4729 |

Statistical tests using sample weighting were applied to identify the significant differences between sub-groups. Associations between selected demographic information and responses of selected questions were examined and tested by Pearson Chi-square Test. Significance testing was conducted at the 5% level (2-tailed). The statistical software, SPSS for Windows version 12.0, was used to perform all statistical analyses.

All results are presented in percentage form unless otherwise stated. For tables presented in this report, figures may not add up to totals due to rounding. Comparison of data was performed using cross tabulations and one-way frequency tables.

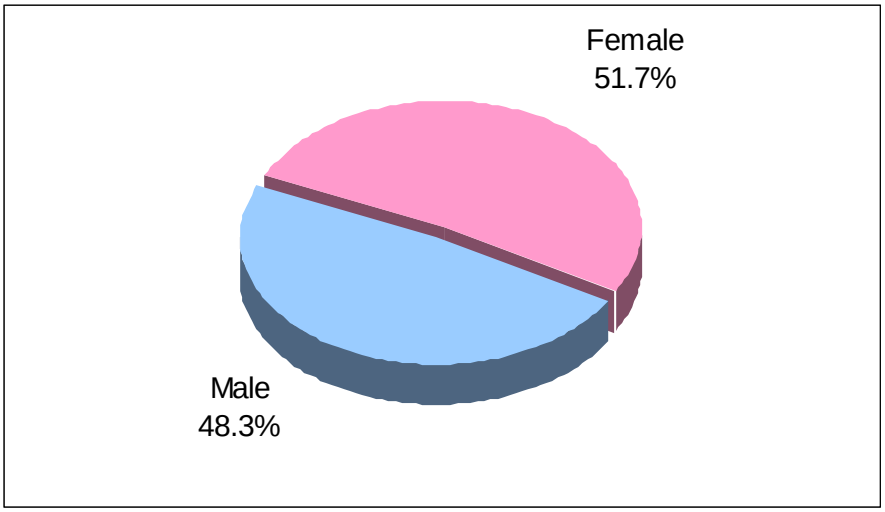
# Chapter Three Profile of All Respondents

Respondents provided information such as gender, age, education level, household size, monthly household income, employment status and health status.

## 3.1 Gender

Figure 3.1 indicates that 51.7% of the respondents were female and the remaining (48.3%) were male[6].

Figure 3.1 Gender




*(Base: All respondents)*

Table 3.1 Gender

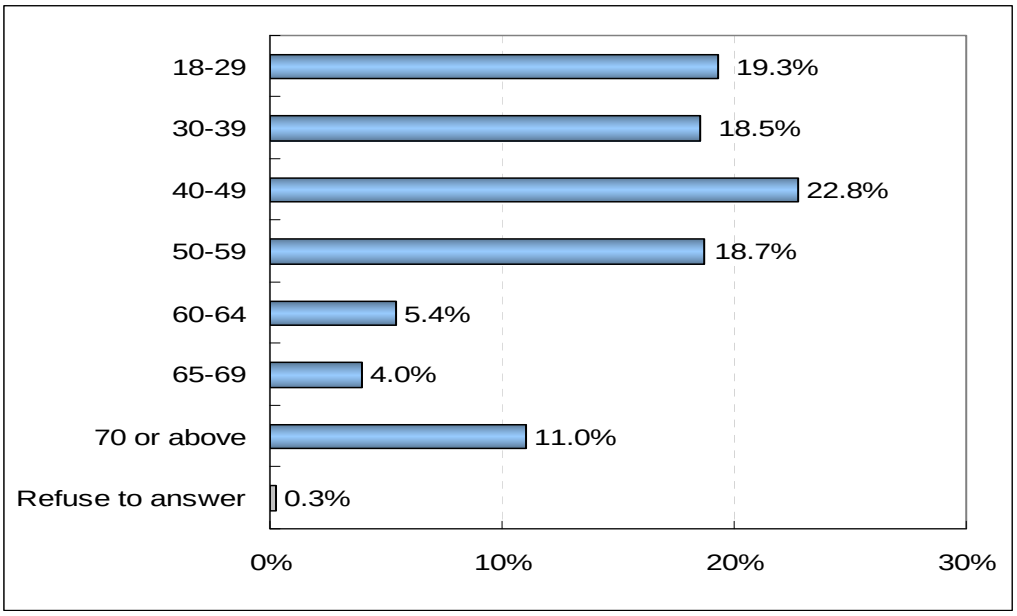
| Gender | Percent | Cumulative Percent |
|---|---|---|
| Male | 48.3 | 48.3 |
| Female | 51.7 | 100.0 |
| Total | 100.0 | |

[6] Weighting has been applied based on the Census & Statistics Department's population estimates, and hence the gender profile presented here are the same as that of the population but somewhat different from the actual age-gender profile of respondents in the survey.

## 3.2 Age Group

Figure 3.2 shows that almost 80% of respondents (79.3%) were aged 18 – 59, while one-fifth of them (20.4%) were aged 60 or above[7].

Figure 3.2 Age group




*(Base: All respondents)*

Table 3.2 Age group

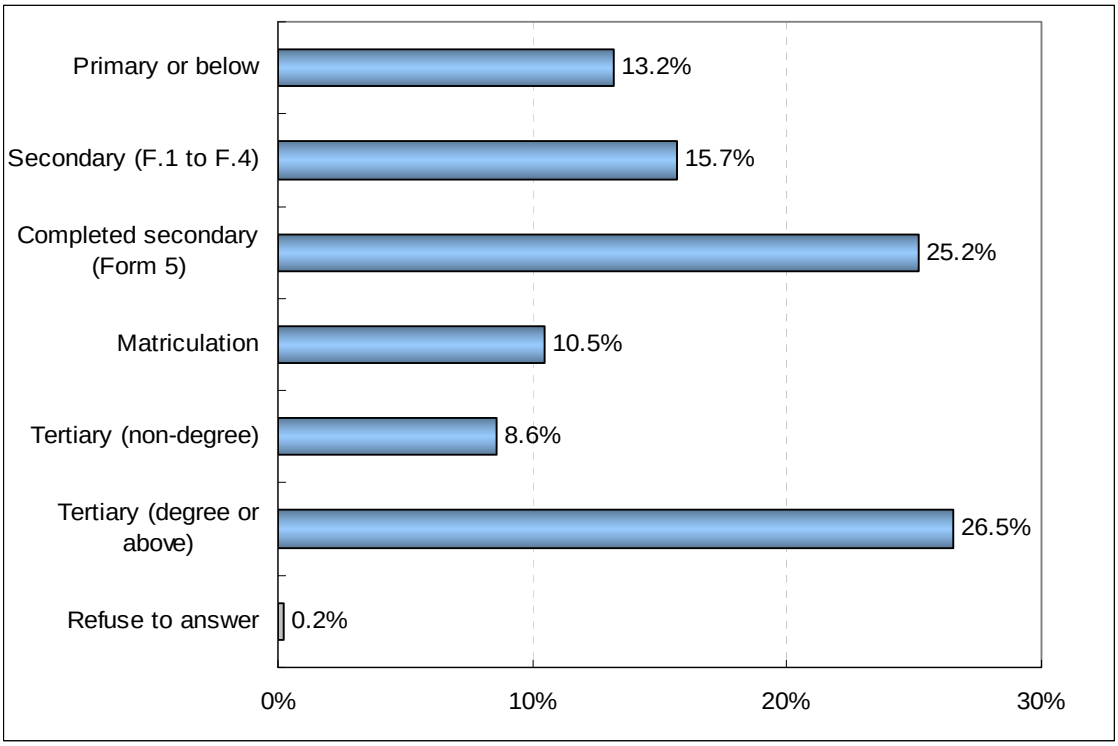
| Age group | Percent | Cumulative Percent |
|---|---|---|
| 18-29 | 19.3 | 19.3 |
| 30-39 | 18.5 | 37.8 |
| 40-49 | 22.8 | 60.6 |
| 50-59 | 18.7 | 79.3 |
| 60-64 | 5.4 | 84.6 |
| 65-69 | 4.0 | 88.7 |
| 70 or above | 11.0 | 99.7 |
| Refuse to answer | 0.3 | 100.0 |
| Total | 100.0 | |

[7] Weighting has been applied based on the Census & Statistics Department's population estimates, and hence the age group profile presented here are the same as that of the population but somewhat different from the actual age-gender profile of respondents in the survey.

## 3.3 Education level

Figure 3.3 shows that over two thirds of respondents (70.8%) had an education level of secondary (completed Form 5) or above. Over one third of them (35.1%) had tertiary education, while less than one third of them (28.9%) had not completed Form 5 of secondary education or below.

Figure 3.3 Education level




*(Base: All respondents)*

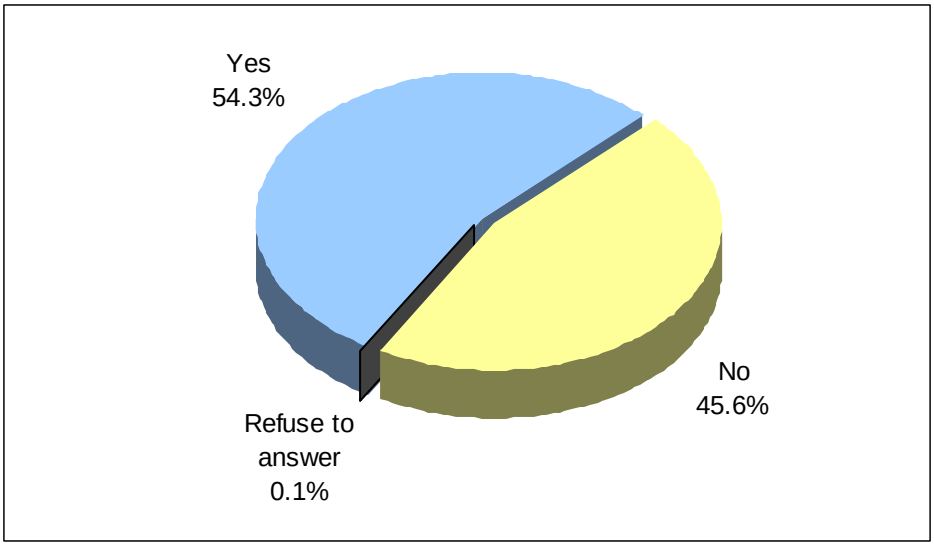
Table 3.3 Education level

| Education level | Percent | Cumulative Percent |
|---|---|---|
| Primary or below | 13.2 | 13.2 |
| Had not completed secondary | 15.7 | 28.9 |
| Completed secondary (Form 5) | 25.2 | 54.2 |
| Matriculation | 10.5 | 64.7 |
| Tertiary (non-degree) | 8.6 | 73.3 |
| Tertiary (degree or above) | 26.5 | 99.8 |
| Refuse to answer | 0.2 | 100.0 |
| Total | 100.0 | |

## 3.4 Currently engaged in a job

Figure 3.4 shows that slightly over half of the respondents (54.3%) were currently engaged in a job, while almost all the remaining (45.6%) were not.

Figure 3.4 Currently engaged in a job




*(Base: All respondents)*

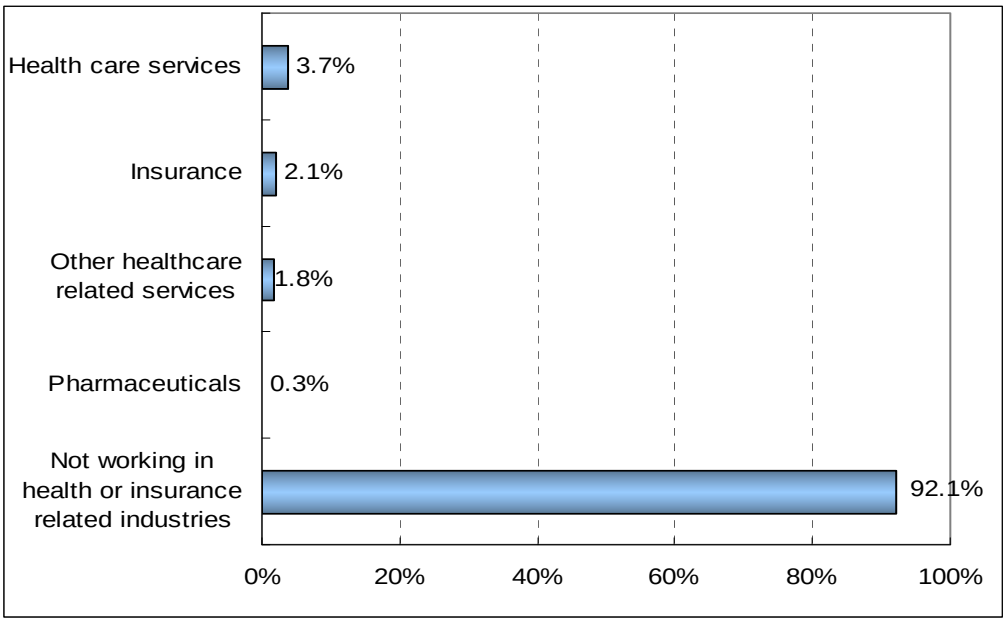
Table 3.4 Currently engaged in a job

| Currently engaged in a job | Percent | Cumulative Percent |
|---|---|---|
| Yes | 54.3 | 54.3 |
| No | 45.6 | 99.9 |
| Refuse to answer | 0.1 | 100.0 |
| Total | 100.0 | |

## 3.5 Working in the health or insurance related industries

Among those respondents who were working, a small proportion of the respondents (7.9%) were working in the health or insurance related industries including health care services (3.7%), insurance (2.1%), other healthcare related services (1.8%) and Pharmaceuticals (0.3%).

Figure 3.5 Working in the health or insurance related industries




*(Base: All respondents excluding those respondents who refused to answer whether they were working or not and excluding those who were not currently engaged in a job)*

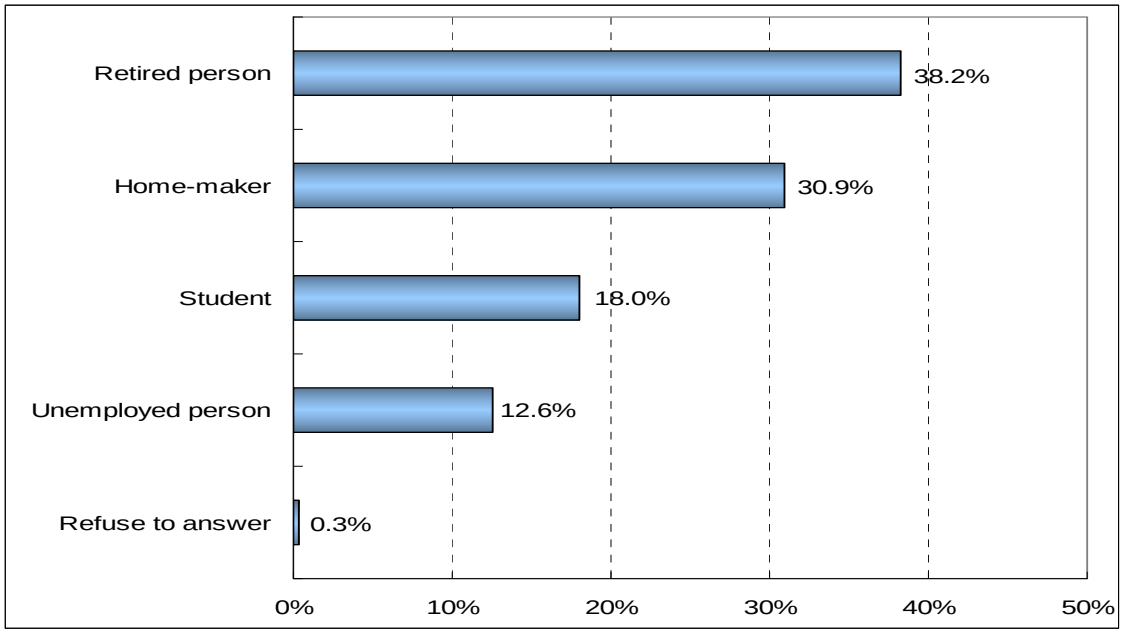
Table 3.5 Working in the health or insurance related industries

| Working in the health or insurance related industries | Percent of working respondents | Percent of all respondents | Cumulative Percent |
|---|---|---|---|
| Health care services | 3.7 | 2.0 | 2.0 |
| Insurance | 2.1 | 1.2 | 3.2 |
| Pharmaceuticals | 0.3 | 0.1 | 3.3 |
| Other healthcare related services | 1.8 | 1.0 | 4.3 |
| Not working in health or insurance related industries | 92.1 | 50.0 | 54.3 |
| Not engaged in a job | | 45.6 | 99.9 |
| Refuse to answer whether they were currently engaged in a job | | 0.1 | 100.0 |
| Total | | 100 | |

## 3.6 Not working status

Among those respondents who were not working, over one third of them (38.2%) were retired and about three-tenths of them (30.9%) were home-makers.

Figure 3.6 Not working status




*(Base: All respondents excluding those respondents who refused to answer whether they were working or not and excluding those who were currently engaged in a job)*

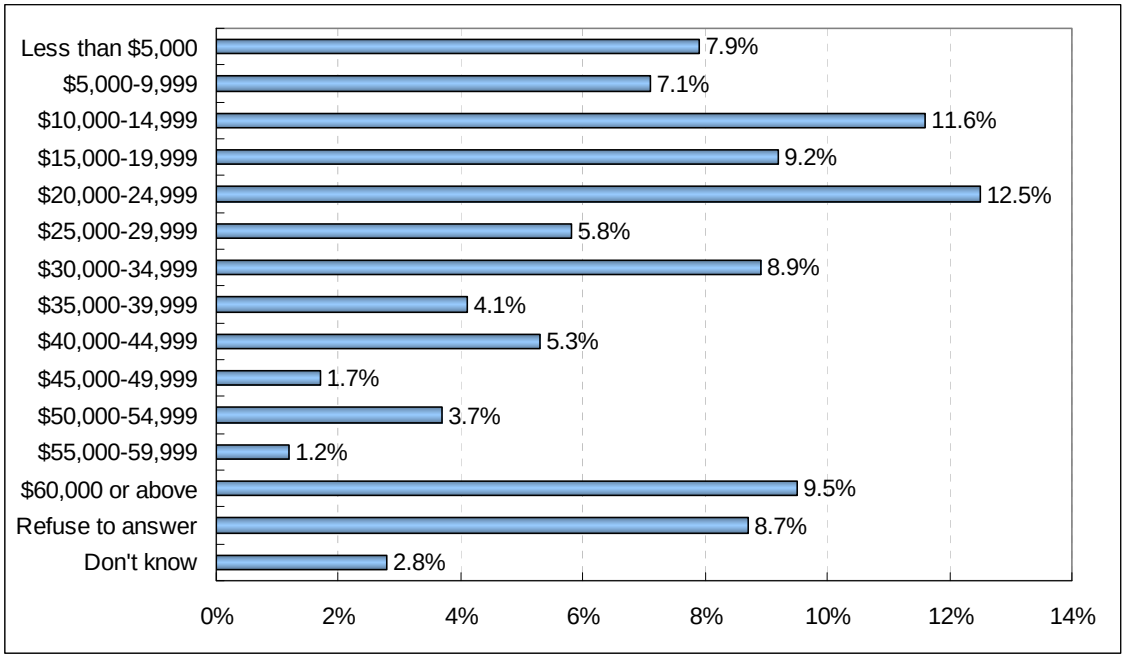
Table 3.6 Job status

| Job status | Percent of non-working respondents | Percent of all respondents | Cumulative Percent |
|---|---|---|---|
| Unemployed person | 12.6 | 5.8 | 5.8 |
| Home-maker | 30.9 | 14.1 | 19.9 |
| Student | 18.0 | 8.2 | 28.1 |
| Retired person | 38.2 | 17.4 | 45.5 |
| Refuse to answer | 0.3 | 0.1 | 45.6 |
| Engaged in a job | | 54.3 | 99.9 |
| Refuse to answer whether they were currently engaged in a job | | 0.1 | 100.0 |
| Total | | 100.0 | |

## 3.7 Monthly household income

Figure 3.7 shows that slightly over one third of all respondents (34.4%) had a monthly household income of $30,000 or above while another one third of them (39.1%) had a monthly household income between $10,000 and $29,999. 15% of respondents had a monthly household income below $10,000.

Figure 3.7 Monthly household income




*(Base: All respondents)*

Table 3.7 Monthly household income

| Monthly household income | Percent | Cumulative Percent |
|---|---|---|
| Less than $5,000 | 7.9 | 7.9 |
| $5,000-9,999 | 7.1 | 15.0 |
| $10,000-14,999 | 11.6 | 26.6 |
| $15,000-19,999 | 9.2 | 35.8 |
| $20,000-24,999 | 12.5 | 48.3 |
| $25,000-29,999 | 5.8 | 54.0 |
| $30,000-34,999 | 8.9 | 62.9 |
| $35,000-39,999 | 4.1 | 67.0 |
| $40,000-44,999 | 5.3 | 72.3 |
| $45,000-49,999 | 1.7 | 74.1 |
| $50,000-54,999 | 3.7 | 77.7 |
| $55,000-59,999 | 1.2 | 79.0 |
| $60,000 or above | 9.5 | 88.5 |
| Refuse to answer | 8.7 | 97.2 |
| Don't know | 2.8 | 100.0 |
| Total | 100.0 | |

When compared with the corresponding statistics on Hong Kong's land-based non-institutional population compiled by the C&SD for the second quarter of 2008, Table 3.8 shows that there are fewer respondents belonging to the household income groups $5,000 to less than $20,000 in the sample of the survey. More specifically, the proportion of respondents in monthly household income groups less than $5,000, $20,000-$24,999, $30,000-$34,999, $40,000-$44,999, $50,000-$54,999 and $60,000 or above are higher than the population while the proportion of respondents with monthly household income $5,000-$9,999, $10,000-$14,999, $15,000-$19,999, $25,000-$29,999, $35,000-$39,999, $45,000-49,999 and $55,000-$59,999 are lower.

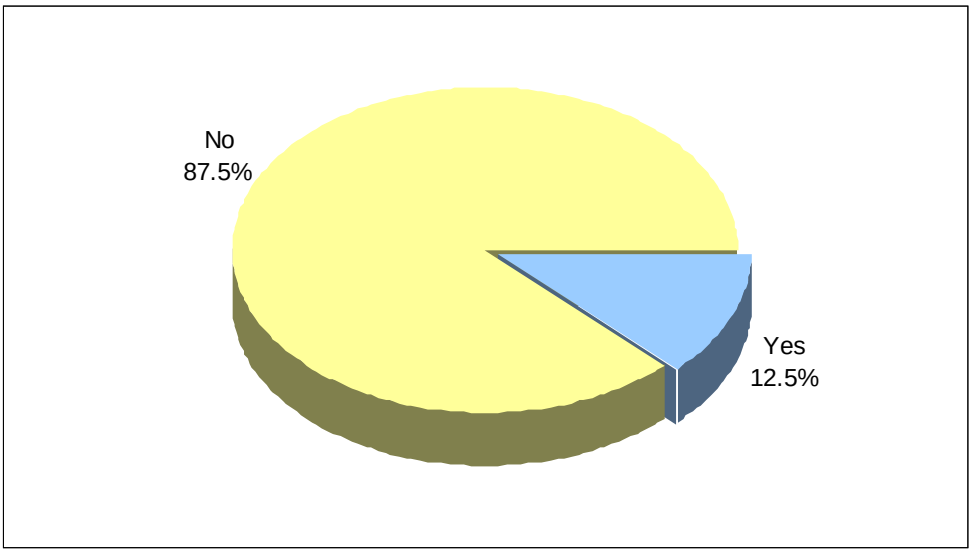
Table 3.8 Difference in distribution of population by monthly household income group between this survey and that of the Hong Kong land-based non-institutional population compiled by the C&SD for the second quarter of 2008

| **Monthly household income (HK$)** | **This survey** | **Land-based non-institutional population aged 18+ (excl. FDH)** |
|---|---|---|
| | % | % |
| Less than 5,000 | 8.9% | 6.4% |
| 5,000 - 9,999 | 8.1% | 12.7% |
| 10,000 - 14,999 | 13.1% | 14.3% |
| 15,000 - 19,999 | 10.4% | 13.6% |
| 20,000 - 24,999 | 14.1% | 11.6% |
| 25,000 - 29,999 | 6.5% | 9.2% |
| 30,000 - 34,999 | 10.1% | 7.5% |
| 35,000 - 39,999 | 4.6% | 5.0% |
| 40,000 - 44,999 | 6.0% | 3.7% |
| 45,000 - 49,999 | 1.9% | 2.9% |
| 50,000 - 54,999 | 4.2% | 2.4% |
| 55,000 - 59,999 | 1.4% | 1.6% |
| 60,000 or above | 10.7% | 9.2% |
| ***Total*** | ***100.0%*** | ***100.0%*** |

## 3.8 Admission to a hospital within the last 12 months for any reason

Figure 3.8 shows that slightly over one-tenth of all respondents (12.5%) had been admitted to a hospital for any reason within the last 12 months.

Figure 3.8 Admission to a hospital within the last 12 months




*(Base: All respondents)*

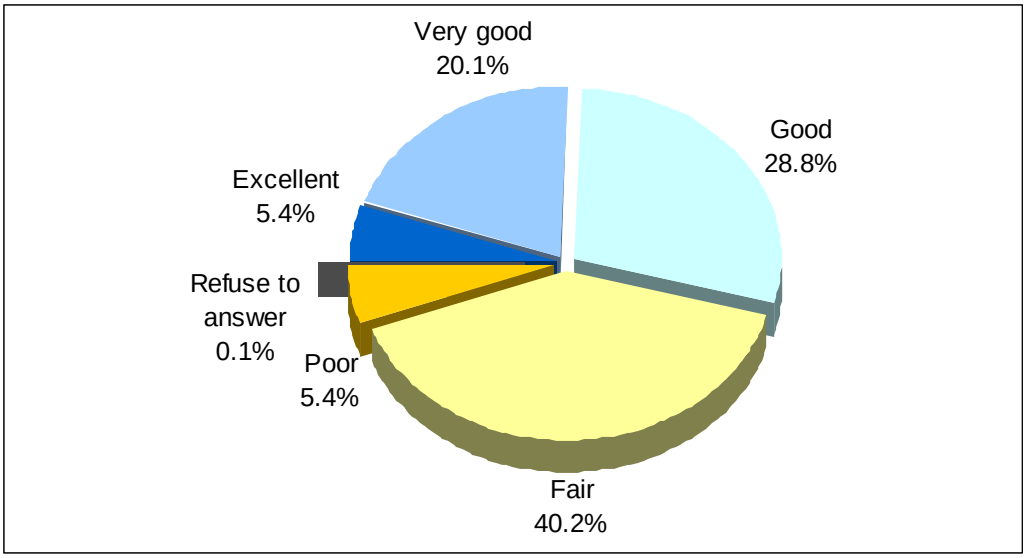
Table 3.9 Admission to a hospital within the last 12 months

| Admission to a hospital within the last 12 months | Percent | Cumulative Percent |
|---|---|---|
| Yes | 12.5 | 12.5 |
| No | 87.5 | 100.0 |
| Total | 100.0 | |

## 3.9 Health status

Figure 3.9 shows that a quarter of all respondents (25.5%) claimed that their heath status in general was excellent or very good, while over a quarter (28.8%) said that their health status was good. Only about 5% of respondents (5.4%) claimed that their health status was poor.

Figure 3.9 Health status




*(Base: All respondents)*

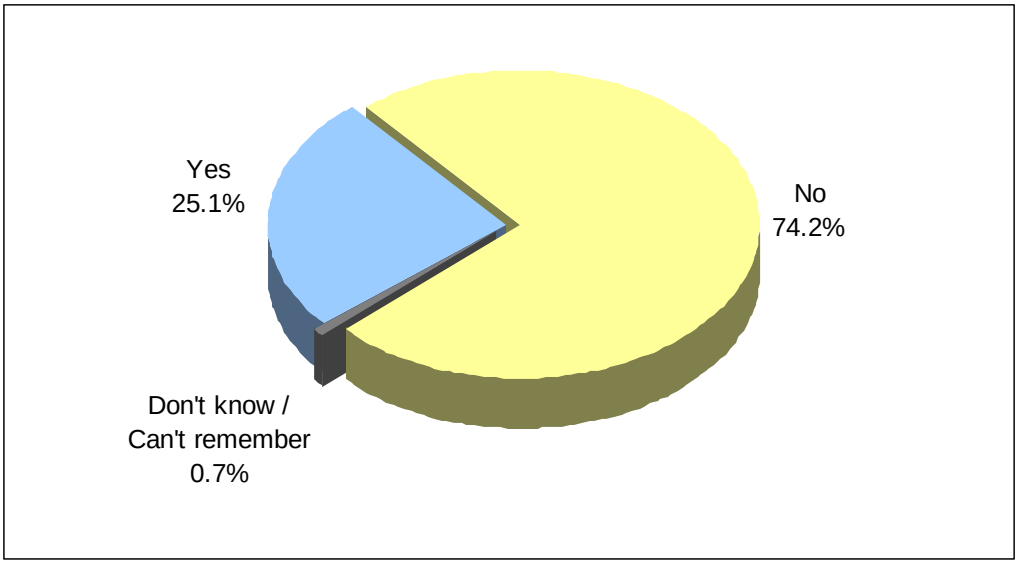
Table 3.10 Health status

| Health status | Percent | Cumulative Percent |
|---|---|---|
| Excellent | 5.4 | 5.4 |
| Very good | 20.1 | 25.5 |
| Good | 28.8 | 54.3 |
| Fair | 40.2 | 94.5 |
| Poor | 5.4 | 99.9 |
| Refuse to answer | 0.1 | 100.0 |
| Total | 100.0 | |

## 3.10 Suffer from a chronic disease

Figure 3.10 shows that a quarter of all respondents (25.1%) had been told by a western medicine practitioner that they suffer from a chronic disease.

Figure 3.10 Suffer from a chronic disease




*(Base: All respondents)*

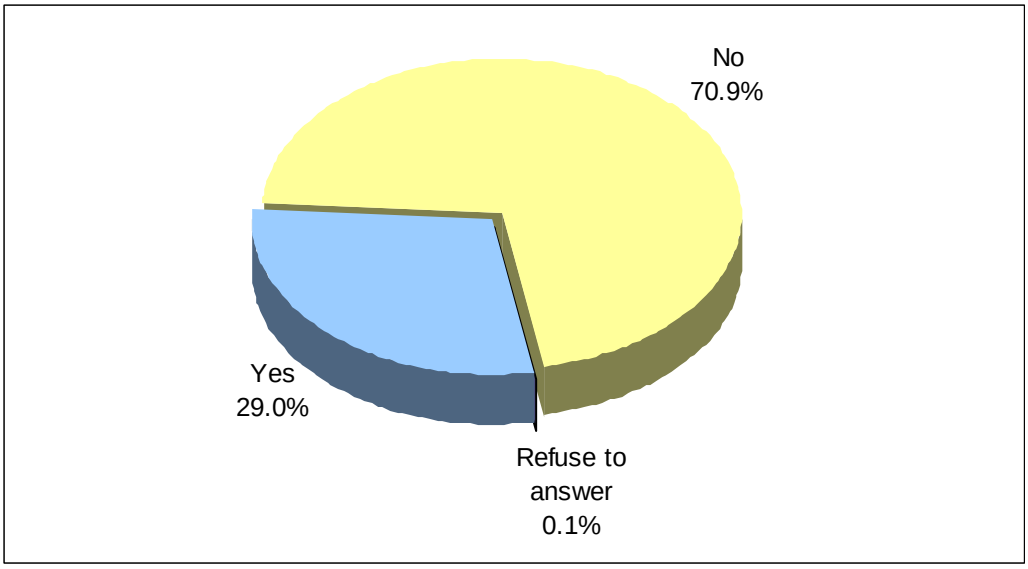
Table 3.11 Suffer from a chronic disease

| Suffer from a chronic disease | Percent | Cumulative Percent |
|---|---|---|
| Yes | 25.1 | 25.1 |
| No | 74.2 | 99.3 |
| Don't know / Can't remember | 0.7 | 100.0 |
| Total | 100.0 | |

## 3.11 Taking regular medications prescribed by a doctor during the past 6 months

Figure 3.11 shows that over a quarter of all respondents (29.0%) reported that they have been taking regular medications prescribed by doctor during the past 6 months.

Figure 3.11 Taking regular medications prescribed by a doctor




*(Base: All respondents)*

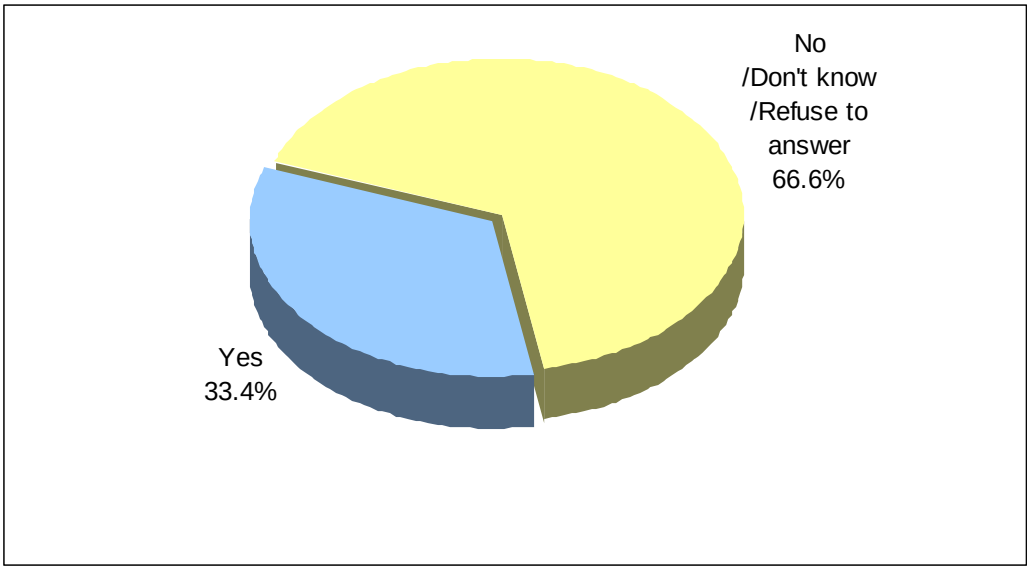
Table 3.12 Taking regular medications prescribed by a doctor

| Taking regular medications prescribed | Percent | Cumulative Percent |
|---|---|---|
| Yes | 29.0 | 29.0 |
| No | 70.9 | 99.9 |
| Refuse to answer | 0.1 | 100.0 |
| Total | 100.0 | |

## 3.12 Respondents who reported having a chronic disease or taking regular medication

Further to the respective results of respondents having been told by a western medicine practitioner that they suffered from a chronic disease and taking regular medications prescribed by doctor during the past 6 months, Figure 3.12 shows that one third of all respondents (33.4%) reported having a chronic condition or being on regular medication.

Figure 3.12: Respondents who reported having a chronic condition or being on regular medication




*(Base: All respondents)*

Table 3.13 Respondents who reported having a chronic condition or being on regular medication

| Either have a chronic disease or taking regular medication | Percent | Cumulative Percent |
|---|---|---|
| Yes | 33.4 | 33.4 |
| No/Don't know/Refuse to answer | 66.6 | 100.0 |
| Total | 100.0 | |

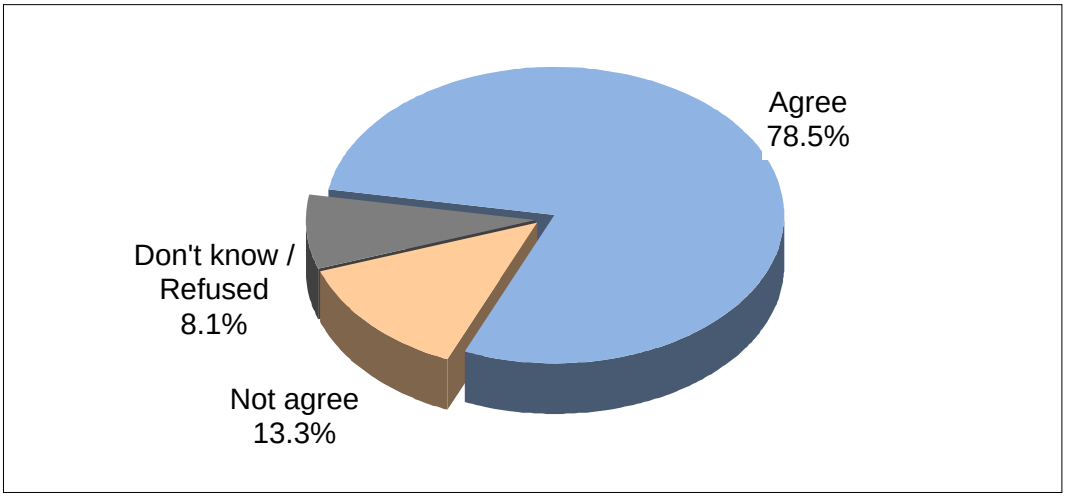
# Chapter Four Findings of the survey

In this chapter, respondents were asked for their opinions on the perceived need for healthcare financing and reasons behind, core values behind healthcare financing, knowledge about various supplementary healthcare financing options and acceptability of alternative methods of raising extra resources.

## 4.1 Introducing other financing sources

Figure 4.1 shows that over three quarters of all respondents (78.5%) agreed that tax funding alone was not sufficient for maintaining and improving the current level and quality of public health care services, so that other financing sources would have to be increased or introduced in the longer term, while over 10% of them (13.3%) disagreed that there was a need for increasing or introducing other financing sources in the longer term and the rest (8.1%) refused to answer or didn't know at all.

Figure 4.1 Agreement that tax funding alone is not sufficient for maintaining and improving the current level and quality of public health care services, so that other financing sources will have to be increased or introduced in the longer term




*(Base: All respondents)*

Table 4.1 Agreement that tax funding alone insufficient for maintaining and improving the current level and quality of public health care services, so that other financing sources will have to be increased or introduced in the longer term

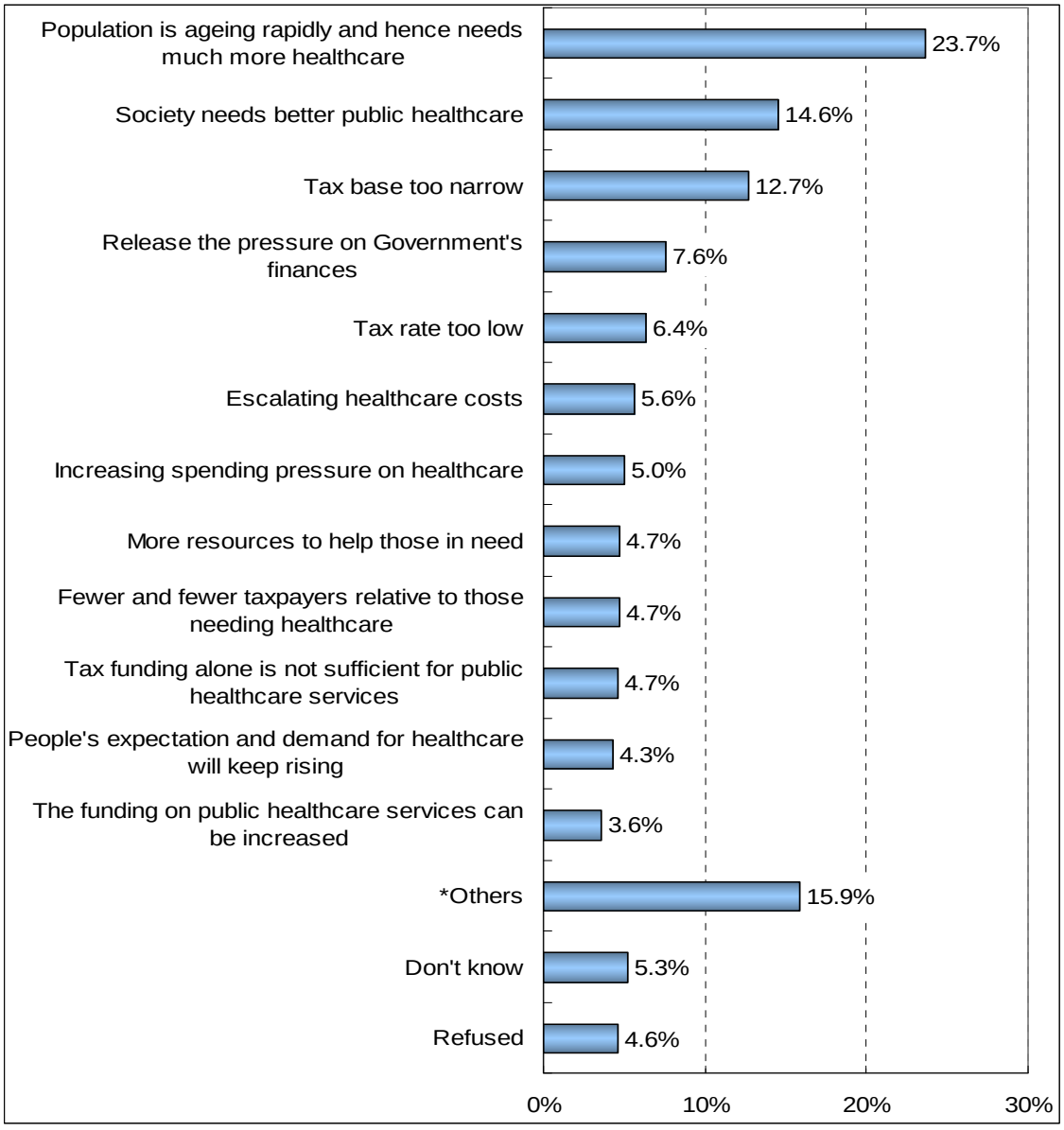
| Other financing sources will have to be increased or introduced | Percent | Cumulative Percent |
|---|---|---|
| Agree | 78.5 | 78.5 |
| Not agree | 13.3 | 91.9 |
| Don't know / Refused | 8.1 | 100.0 |
| Total | 100.0 | |

## 4.2 Reasons for perceiving a need for additional financing

Respondents who perceived a need for additional financing were further asked to provide reasons for their perception.

Figure 4.2 shows all the reasons given by respondents. The most common reason was that the population was ageing rapidly and hence needed much more healthcare (23.7%), followed by society needed better public healthcare (14.6%) and the tax base was too narrow (12.7%).

Figure 4.2 Reasons for perceiving a need for additional financing




* All reasons raised by less than 3% of respondents were grouped into "Others".

Percentages do not add up to 100% because multiple responses were allowed.

*(Base = Respondents who perceived a need for additional financing)*

Table 4.2 Reasons for perceiving a need for additional financing (Multiple responses)

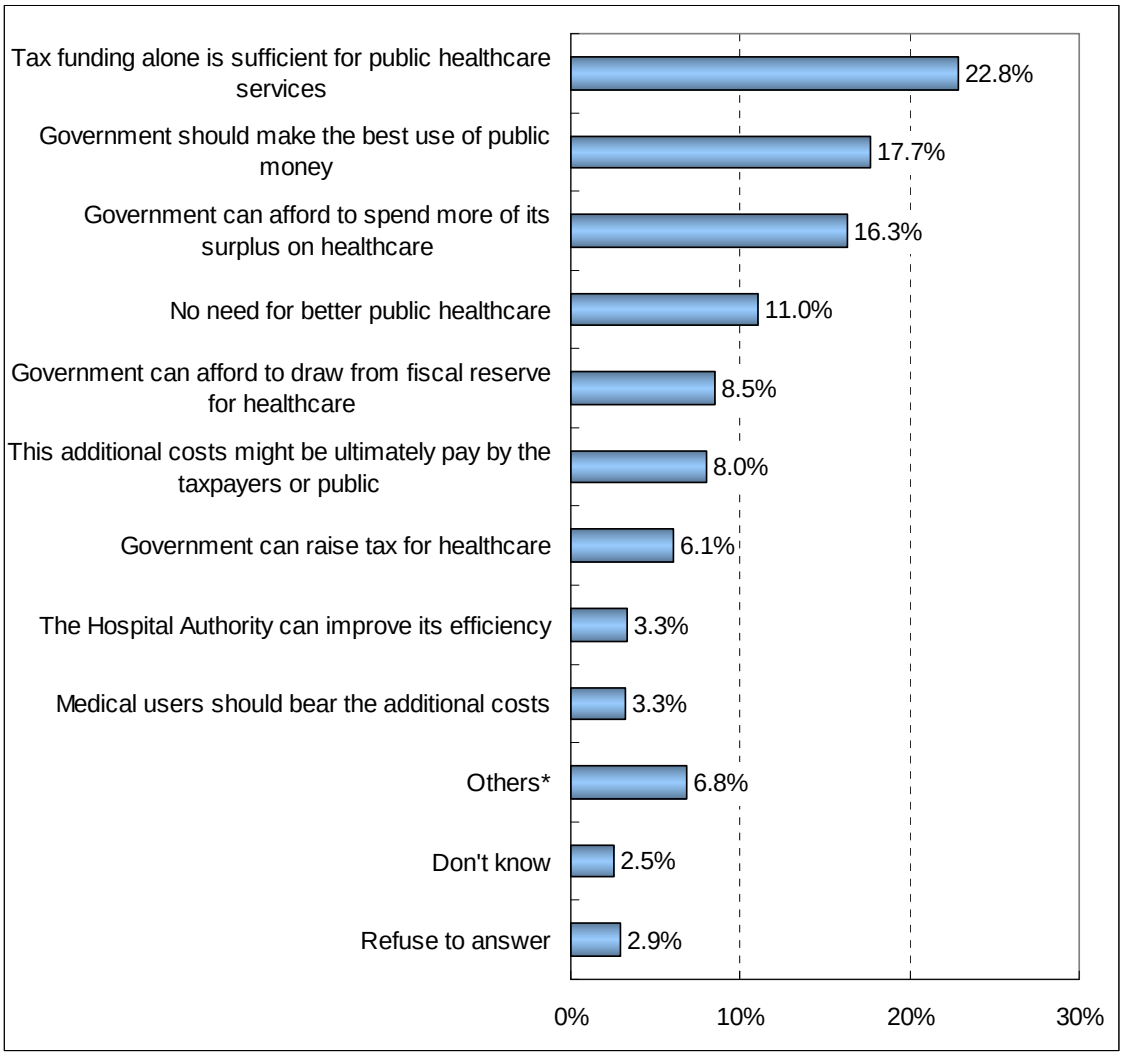
| | Responses | |
|---|---|---|
| | Percent among all responses | Percent among all Cases |
| Society needs better public healthcare | 11.8% | 14.6% |
| Population is ageing rapidly and hence needs much more healthcare | 19.2% | 23.7% |
| People's expectation and demand for healthcare will keep rising | 3.5% | 4.3% |
| Tax rate too low | 5.2% | 6.4% |
| Tax base too narrow | 10.3% | 12.7% |
| Fewer and fewer taxpayers relative to those needing healthcare | 3.8% | 4.7% |
| Release the pressure on Government's finances | 6.2% | 7.6% |
| Escalating healthcare costs | 4.5% | 5.6% |
| Increasing spending pressure on healthcare | 4.0% | 5.0% |
| Tax funding alone is not sufficient for public healthcare services | 3.8% | 4.7% |
| More resources to help those in need | 3.8% | 4.7% |
| The funding on public healthcare services can be increased | 2.9% | 3.6% |
| Others | 12.9% | 15.9% |
| Don't know | 4.3% | 5.3% |
| Refused | 3.7% | 4.6% |
| Total | 100.0% | 123.2% |

## 4.3 Reasons for perceiving no need for additional financing

Respondents who perceived no need for additional financing were further asked to provide reasons for their perception.

Figure 4.3 shows all the reasons given by respondents. The most common reason was that tax funding alone was sufficient for public healthcare services (22.8%), followed by the government should make the best use of public money (17.7%) and the government could afford to spend more of its surplus on healthcare (16.3%).

Figure 4.3 Reasons for perceiving no need for additional financing




* All reasons raised by less than 3% of respondents were grouped into "Others".

Percentages do not add up to 100% because multiple responses were allowed.

*(Base = Respondents who perceived no need for additional financing)*

Table 4.3 Reasons for perceiving NO need for additional financing (Multiple responses)

| | Responses | |
|---|---|---|
| | Percent among all responses | Percent among all Cases |
| The Hospital Authority can improve its efficiency | 3.1% | 3.3% |
| Government can afford to spend more of its surplus on healthcare | 14.9% | 16.3% |
| Government can afford to draw from fiscal reserve for healthcare | 7.8% | 8.5% |
| Government can raise tax for healthcare | 5.6% | 6.1% |
| No need for better public healthcare | 10.1% | 11.0% |
| Tax funding alone is sufficient for public healthcare services | 20.9% | 22.8% |
| Medical users should bear the additional costs | 3.0% | 3.3% |
| Government should make the best use of public money | 16.2% | 17.7% |
| This additional costs might be ultimately pay by the taxpayers or public | 7.3% | 8.0% |
| Others | 6.2% | 6.8% |
| Don't know | 2.3% | 2.5% |
| Refused | 2.7% | 2.9% |
| Total | 100.0% | 109.4% |

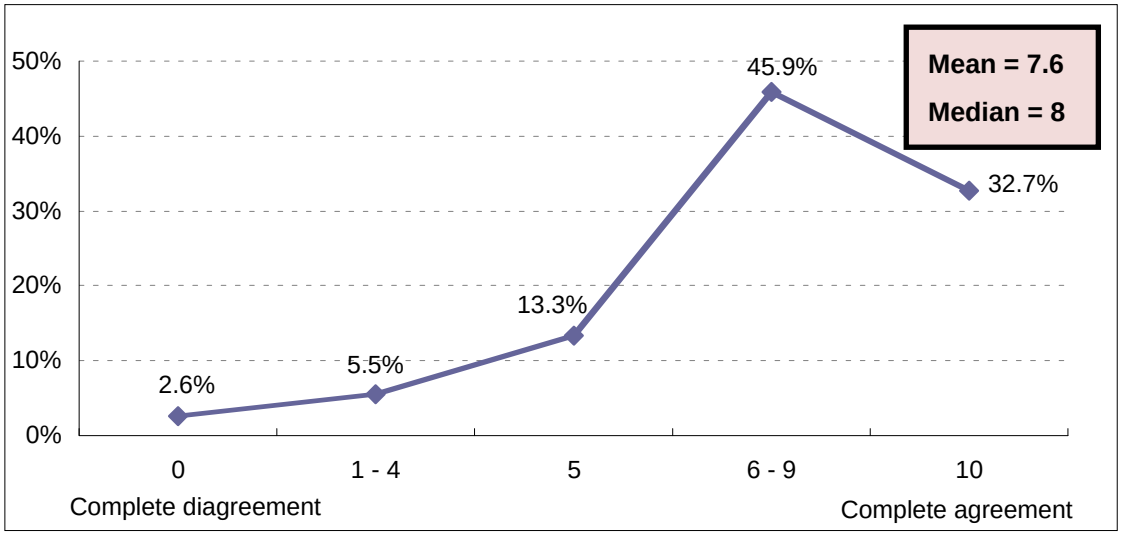
## 4.4 Core values behind healthcare financing

To obtain the level of agreement with the objectives for the financing arrangement, respondents were asked to rate their level of agreement on an eleven-point scale (0 indicating complete disagreement and 10 indicating complete agreement) with two other options of "Don't know" and "Refuse to answer". The ratings above 5 are classified as agreed with the objectives, below 5 are classified as disagreed and 5 are classified as neither agreed nor disagreed.

### 4.4.1 Equity of access

Figure 4.4 indicates that over three quarters of the respondents (78.6%) agreed that they should get the same healthcare as everyone else in the same health condition irrespective of their economic means (32.7% rated 10 and 45.9% rated 6 to 9). Less than one-tenth of the respondents (8.1%) disagreed with it (2.6% rated 0 and 5.5% rated 1 to 4). The mean and median scores were 7.56 and 8 respectively.

Figure 4.4 Level of agreement that respondents should get the same healthcare as everyone else in the same health condition irrespective of their economic means



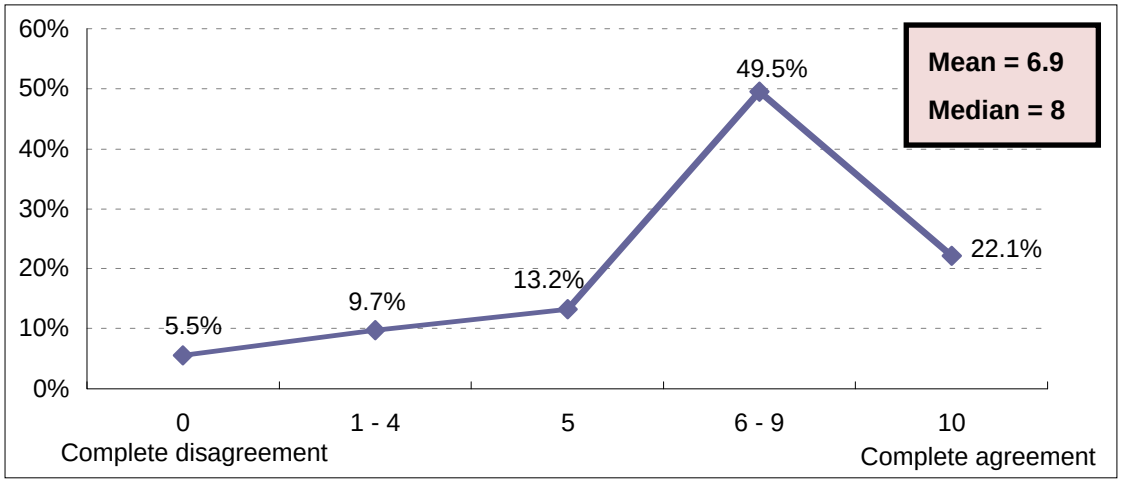

*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.4 Level of agreement that respondents should get the same healthcare as everyone else in the same health condition irrespective of their economic means

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 2.6 | 2.6 | 2.6 |
| 1 | 0.9 | 0.9 | 3.6 |
| 2 | 0.8 | 0.8 | 4.3 |
| 3 | 1.7 | 1.7 | 6.0 |
| 4 | 2.0 | 2.1 | 8.1 |
| 5 | 13.3 | 13.3 | 21.4 |
| 6 | 7.4 | 7.4 | 28.8 |
| 7 | 11.4 | 11.4 | 40.2 |
| 8 | 21.5 | 21.6 | 61.8 |
| 9 | 5.5 | 5.5 | 67.3 |
| 10 - Complete agreement | 32.5 | 32.7 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.3 | | |
| Total | 100.0 | 100.0 | |

Figure 4.5 indicates that more than two-third of respondents (71.6%) agreed that they should get basic essential healthcare irrespective of their economic means, but others who were better off could pay more to get more and better services (22.1% rated 10 and 49.5% rated 6 to 9). About one- seventh of the respondents (15.2%) disagreed with it (5.5% rated 0 and 9.7% rated 1 to 4). The mean and median scores were 6.9 and 8 respectively.

Figure 4.5 Level of agreement that respondents should get basic essential healthcare irrespective of their economic means, but others who are better off can pay more to get more and better services




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

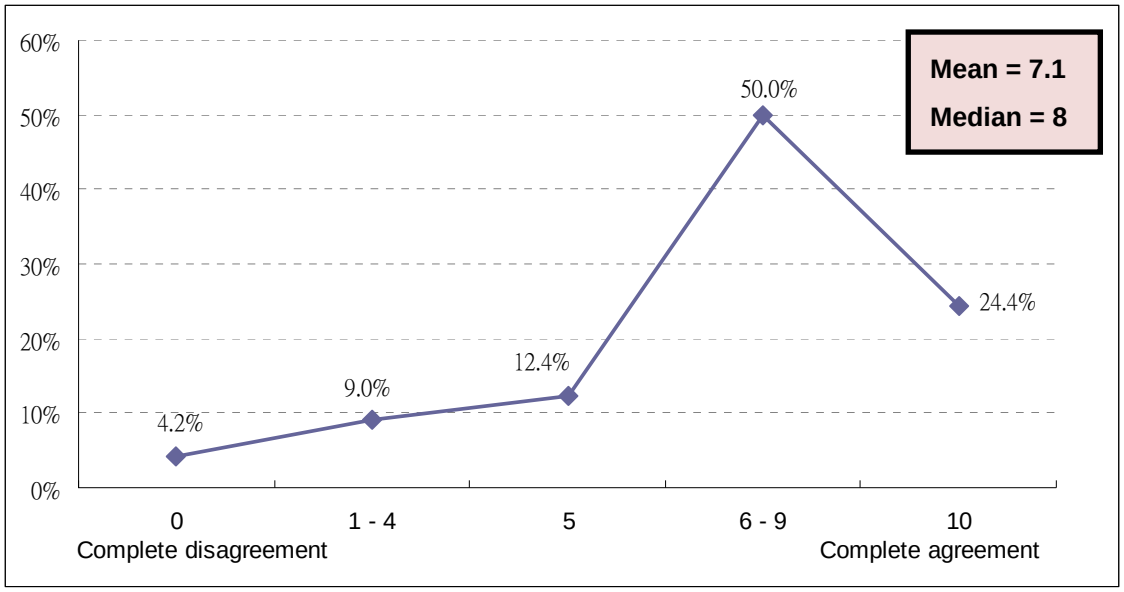
Table 4.5 Level of agreement that respondents should get basic essential healthcare irrespective of their economic means, but others who are better off can pay more to get more and better services

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 5.5 | 5.5 | 5.5 |
| 1 | 1.1 | 1.1 | 6.6 |
| 2 | 1.8 | 1.8 | 8.4 |
| 3 | 3.9 | 3.9 | 12.3 |
| 4 | 2.9 | 2.9 | 15.2 |
| 5 | 13.2 | 13.2 | 28.4 |
| 6 | 8.0 | 8.0 | 36.4 |
| 7 | 10.5 | 10.6 | 47.0 |
| 8 | 23.1 | 23.2 | 70.2 |
| 9 | 7.7 | 7.7 | 77.9 |
| 10 - Complete agreement | 22.1 | 22.1 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.1 | | |
| Total | 100.0 | 100.0 | |

### 4.4.2 Wealth re-distribution

Figure 4.6 indicates that about three quarters of respondents (74.4%) agreed that if they were better-off, they should contribute more to subsidize those less well-off (24.4% rated 10 and 50.0% rated 6 to 9). Less than one-seventh of respondents (13.2%) disagreed with it (4.2% rated 0 and 9.0% rated 1 to 4). The mean and median scores were 7.1 and 8 respectively.

Figure 4.6 Level of agreement that if respondents are better-off, they should contribute more to subsidize those less well-off




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

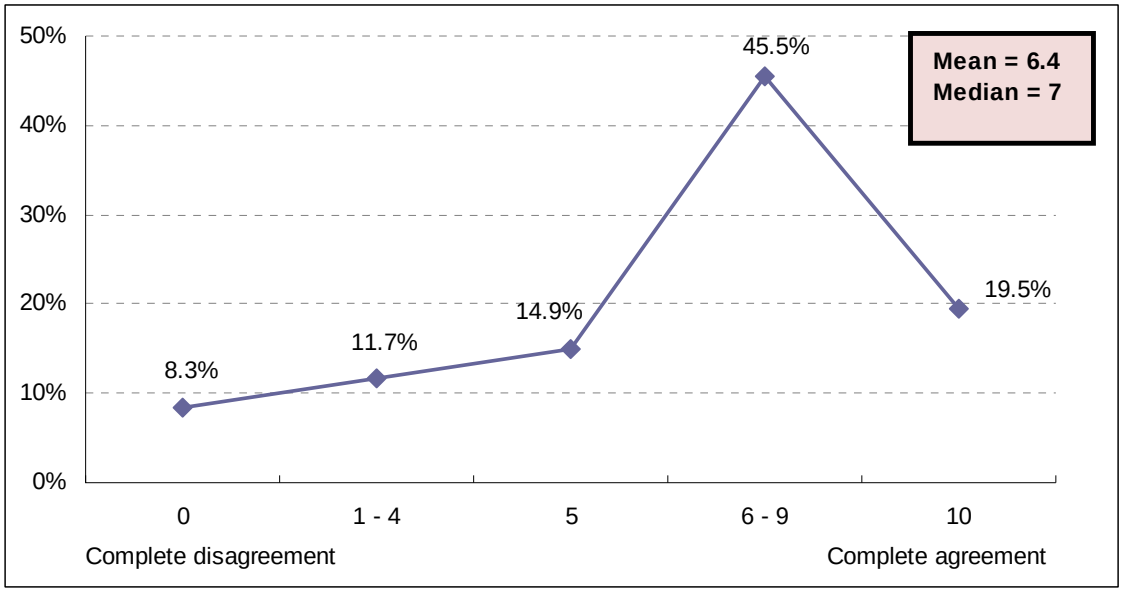
Table 4.6 Level of agreement that if respondents are better-off, they should contribute more to subsidize those less well-off

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 4.2 | 4.2 | 4.2 |
| 1 | 0.6 | 0.6 | 4.8 |
| 2 | 1.7 | 1.7 | 6.5 |
| 3 | 3.8 | 3.8 | 10.4 |
| 4 | 2.9 | 2.9 | 13.3 |
| 5 | 12.3 | 12.4 | 25.6 |
| 6 | 8.5 | 8.5 | 34.1 |
| 7 | 14.2 | 14.3 | 48.4 |
| 8 | 21.2 | 21.3 | 69.7 |
| 9 | 5.9 | 5.9 | 75.6 |
| 10 - Complete agreement | 24.2 | 24.4 | 100.0 |
| Don't know | 0.3 | | |
| Refuse to answer | 0.3 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.7 indicates that about two thirds of respondents (65.0%) agreed that if they were better-off, they should pay more for the same services than someone less well-off (19.5% rated 10 and 45.5% rated 6 to 9). One-fifth of respondents (20.0%) disagreed with it (8.3% rated 0 and 11.7% rated 1 to 4). The mean and median scores were 6.4 and 7 respectively.

Figure 4.7 Level of agreement that if respondents are better-off, they should pay more for the same services as someone less well-off




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.7 Level of agreement that if respondents are better-off, they should pay more for the same services as someone less well-off

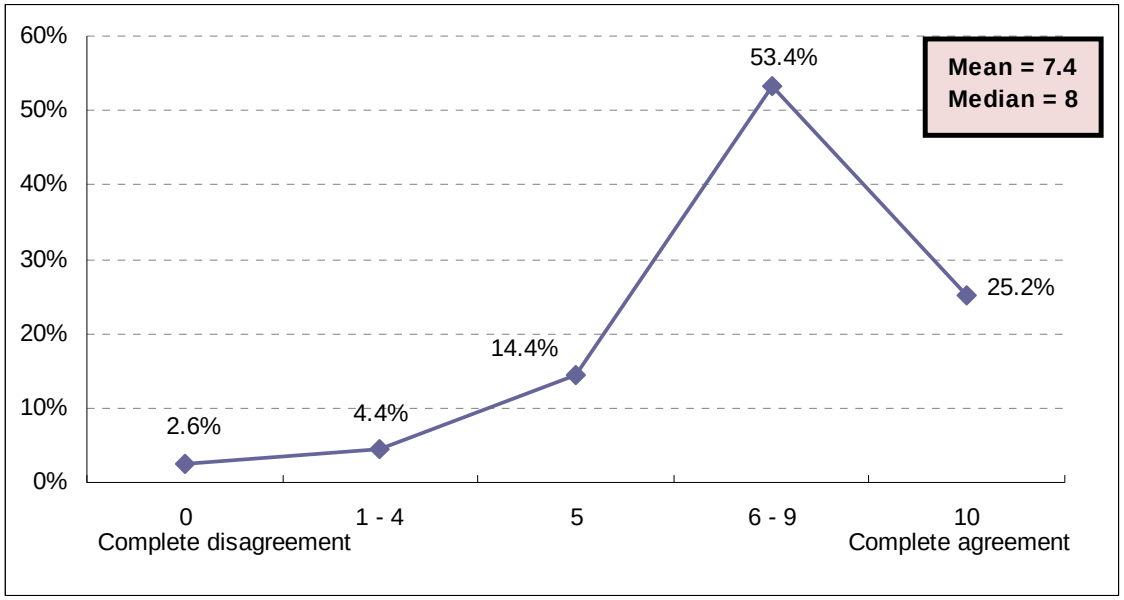
| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 8.3 | 8.3 | 8.3 |
| 1 | 0.8 | 0.8 | 9.1 |
| 2 | 2.4 | 2.4 | 11.6 |
| 3 | 4.5 | 4.5 | 16.1 |
| 4 | 4.0 | 4.0 | 20.1 |
| 5 | 14.9 | 14.9 | 35.0 |
| 6 | 9.9 | 9.9 | 44.9 |
| 7 | 12.6 | 12.7 | 57.6 |
| 8 | 17.1 | 17.2 | 74.8 |
| 9 | 5.7 | 5.7 | 80.5 |
| 10 – Complete agreement | 19.4 | 19.5 | 100.0 |
| Don't know | 0.2 | | |
| Refuse to answer | 0.2 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

### 4.4.3 Risk-sharing/pooling

Figure 4.8 indicates that over three quarters of respondents (78.6%) agreed that the financial burden for healthcare should be shared out among the population, so that they would be subsidized if they required expensive treatments due to serious illnesses, and they were willing to subsidize others when they require it (25.2% rated 10 and 53.4% rated 6 to 9). Less than one-tenth of respondents (7.0%) disagreed with it (2.6% rated 0 and 4.4% rated 1 to 4). The mean and median scores were 7.4 and 8 respectively.

Figure 4.8 Level of agreement that the financial burden for healthcare should be shared out among the population, so that respondents will be subsidized if they require expensive treatments due to serious illnesses, and they are willing to subsidize others when they require it




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

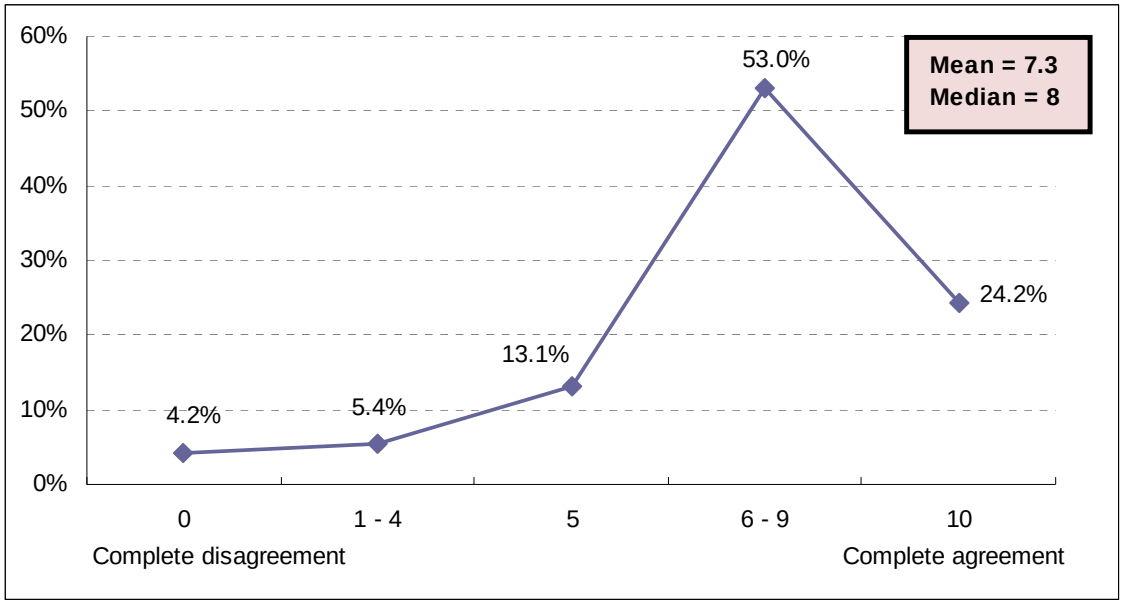
Table 4.8 Level of agreement that the financial burden for healthcare should be shared out among the population, so that respondents will be subsidized if they require expensive treatments due to serious illnesses, and they are willing to subsidize others when they require it

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 2.6 | 2.6 | 2.6 |
| 1 | 1.0 | 1.0 | 3.6 |
| 2 | 0.8 | 0.8 | 4.4 |
| 3 | 1.6 | 1.6 | 5.9 |
| 4 | 1.1 | 1.1 | 7.0 |
| 5 | 14.3 | 14.4 | 21.4 |
| 6 | 8.1 | 8.2 | 29.6 |
| 7 | 14.8 | 14.9 | 44.5 |
| 8 | 24.3 | 24.5 | 69.0 |
| 9 | 5.8 | 5.8 | 74.8 |
| 10 - Complete agreement | 25.0 | 25.2 | 100.0 |
| Don't know | 0.4 | | |
| Refuse to answer | 0.4 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.9 indicates that over three quarters of respondents (77.2%) agreed that if they were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses (24.2% rated 10 and 53.0% rated 6 to 9). About one- tenth of respondents (9.6%) disagreed with it (4.2% rated 0 and 5.4% rated 1 to 4). The mean and median scores were 7.3 and 8 respectively.

Figure 4.9 Level of agreement that if respondents are worried that they cannot afford healthcare, they can purchase private insurance of their choice to pool the risk, so that they will have some financial support if they need expensive treatments due to serious illnesses




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.9 Level of agreement that if respondents are worried that they cannot afford healthcare, they can purchase private insurance of their choice to pool the risk, so that they will have some financial support if they need expensive treatments due to serious illnesses

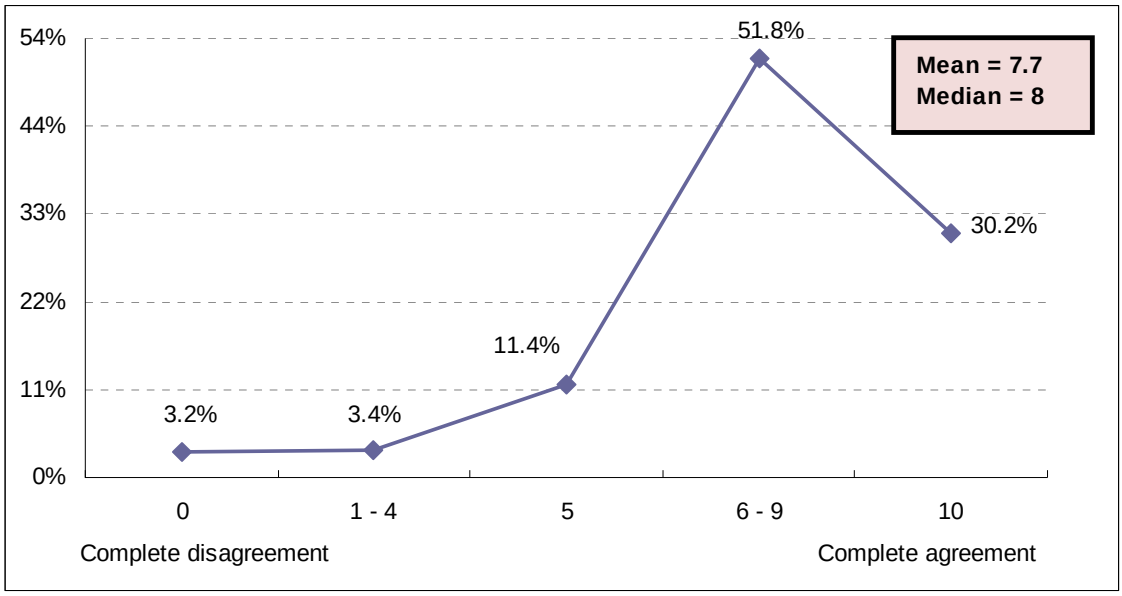
| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 4.1 | 4.2 | 4.2 |
| 1 | 0.4 | 0.4 | 4.6 |
| 2 | 1.3 | 1.3 | 6.0 |
| 3 | 1.6 | 1.6 | 7.5 |
| 4 | 2.1 | 2.1 | 9.6 |
| 5 | 12.8 | 13.1 | 22.7 |
| 6 | 7.5 | 7.6 | 30.4 |
| 7 | 11.4 | 11.6 | 41.9 |
| 8 | 24.8 | 25.3 | 67.2 |
| 9 | 8.4 | 8.6 | 75.8 |
| 10 - Complete agreement | 23.8 | 24.2 | 100.0 |
| Don't know | 0.7 | | |
| Refuse to answer | 1.3 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

### 4.4.4 Saving for the future

Figure 4.10 indicates that over four-fifths of respondents (82.0%) agreed that part of their contributions to financing healthcare should be saved for their own future payment of healthcare (30.2% rated 10 and 51.8% rated 6 to 9). About 7% of respondents (6.6%) disagreed with it (3.2% rated 0 and 3.4% rated 1 to 4). The mean and median scores were 7.7 and 8 respectively.

Figure 4.10 Level of agreement that part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

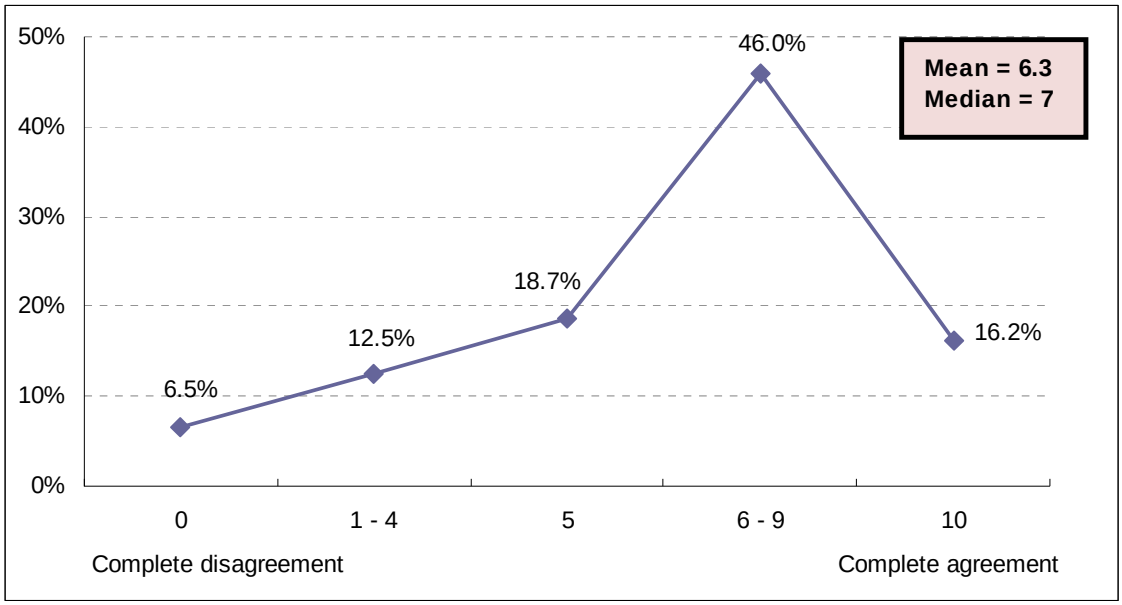
Table 4.10 Level of agreement that part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 3.1 | 3.2 | 3.2 |
| 1 | 0.4 | 0.4 | 3.6 |
| 2 | 0.9 | 0.9 | 4.4 |
| 3 | 1.1 | 1.2 | 5.6 |
| 4 | 1.0 | 1.0 | 6.6 |
| 5 | 11.3 | 11.4 | 18.0 |
| 6 | 6.1 | 6.2 | 24.1 |
| 7 | 11.4 | 11.5 | 35.7 |
| 8 | 24.6 | 24.9 | 60.5 |
| 9 | 9.2 | 9.3 | 69.8 |
| 10 - Complete agreement | 29.9 | 30.2 | 100.0 |
| Don't know | 0.7 | | |
| Refuse to answer | 0.5 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.11 indicates that less than two-thirds of respondents (62.2%) agreed that part of their contribution to financing healthcare should be put into a reserve for financing future healthcare of the population (16.2% rated 10 and 46.0% rated 6 to 9). About one-fifth (19.0%) of respondents disagreed with it (6.5% rated 0 and 12.5% rated 1 to 4). The mean and median scores were 6.3 and 7 respectively.

Figure 4.11 Level of agreement that part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.11 Level of agreement that part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population

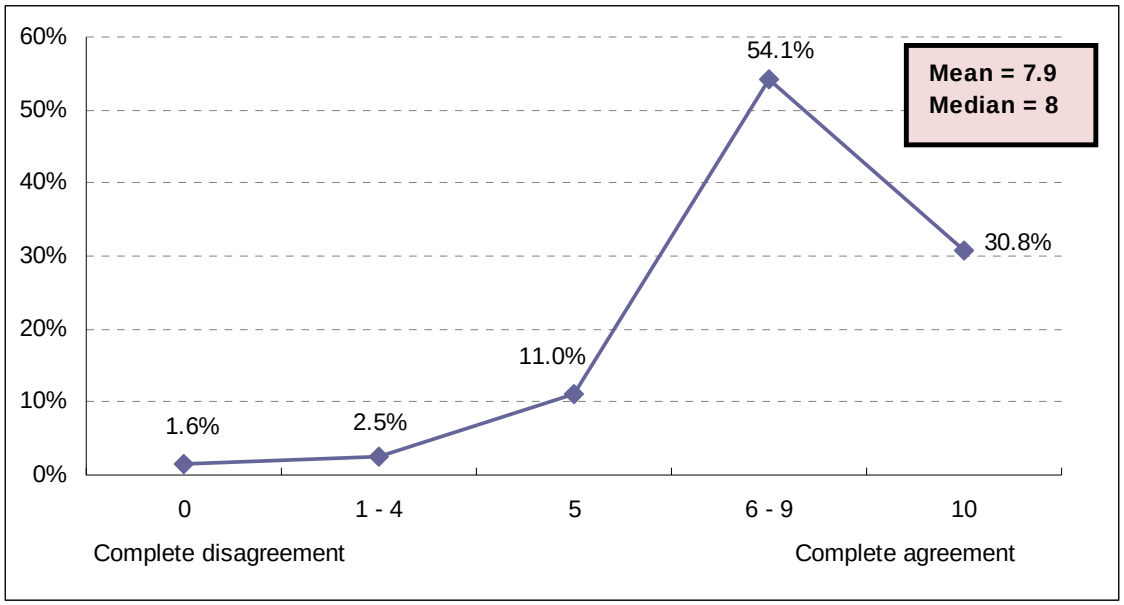
| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 6.5 | 6.5 | 6.5 |
| 1 | 1.4 | 1.4 | 8.0 |
| 2 | 2.4 | 2.5 | 10.4 |
| 3 | 3.9 | 4.0 | 14.4 |
| 4 | 4.6 | 4.6 | 19.1 |
| 5 | 18.5 | 18.7 | 37.7 |
| 6 | 11.9 | 12.1 | 49.8 |
| 7 | 12.7 | 12.9 | 62.7 |
| 8 | 18.2 | 18.4 | 81.1 |
| 9 | 2.6 | 2.7 | 83.8 |
| 10 - Complete agreement | 16.1 | 16.2 | 100.0 |
| Don't know | 0.5 | | |
| Refuse to answer | 0.6 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

### 4.4.5 Choice

Figure 4.12 indicates that over fourth-fifths of respondents (84.9%) agreed that they should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors (30.8% rated 10 and 54.1% rated 6 to 9). Only 4% of respondents (4.1%) disagreed with it (1.6% rated 0 and 2.5% rated 1 to 4). The mean and median scores were 7.9 and 8 respectively.

Figure 4.12 Level of agreement that respondents should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

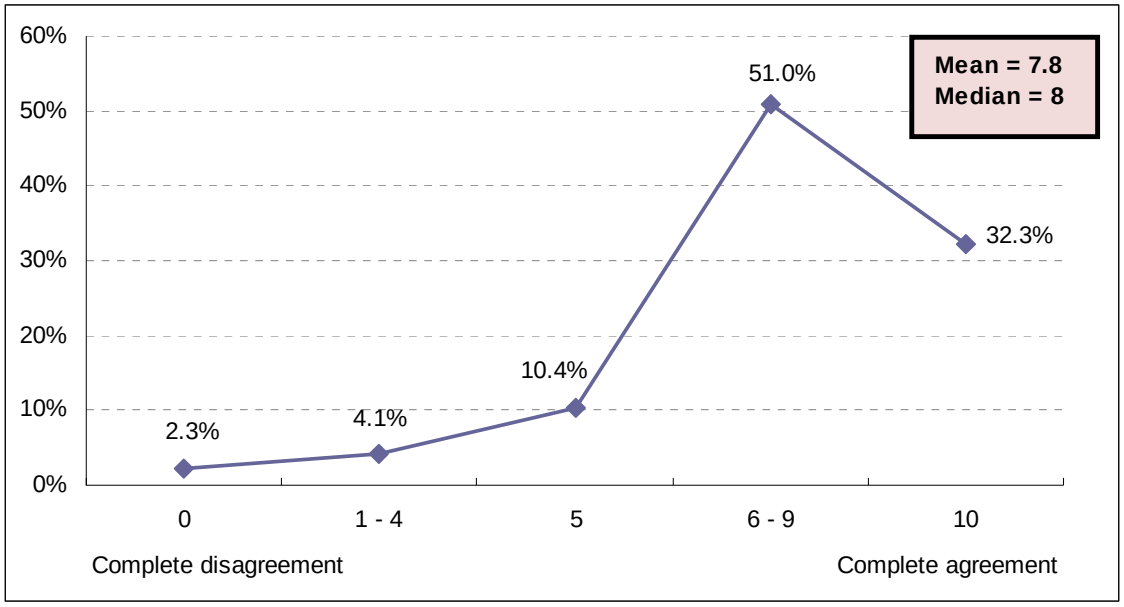
Table 4.12 Level of agreement that respondents should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 1.5 | 1.6 | 1.6 |
| 1 | 0.3 | 0.3 | 1.9 |
| 2 | 0.5 | 0.5 | 2.4 |
| 3 | 1.0 | 1.0 | 3.4 |
| 4 | 0.6 | 0.6 | 4.1 |
| 5 | 10.8 | 11.0 | 15.1 |
| 6 | 7.0 | 7.2 | 22.3 |
| 7 | 11.3 | 11.6 | 33.8 |
| 8 | 25.7 | 26.2 | 60.1 |
| 9 | 8.9 | 9.1 | 69.2 |
| 10 - Complete agreement | 30.1 | 30.8 | 100.0 |
| Don't know | 0.6 | | |
| Refuse to answer | 1.6 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.13 indicates that over four-fifths of respondents (83.3%) agreed that they should be able to pay different prices to get different choices of quality of service or types of alternative services (32.3% rated 10 and 51.0% rated 6 to 9). About 6% of respondents (6.4%) disagreed with it (2.3% rated 0 and 4.1% rated 1 to 4). The mean and median scores were 7.8 and 8 respectively.

Figure 4.13 Level of agreement that respondents should be able to pay different prices to get different choices of quality of service or types of alternative services




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

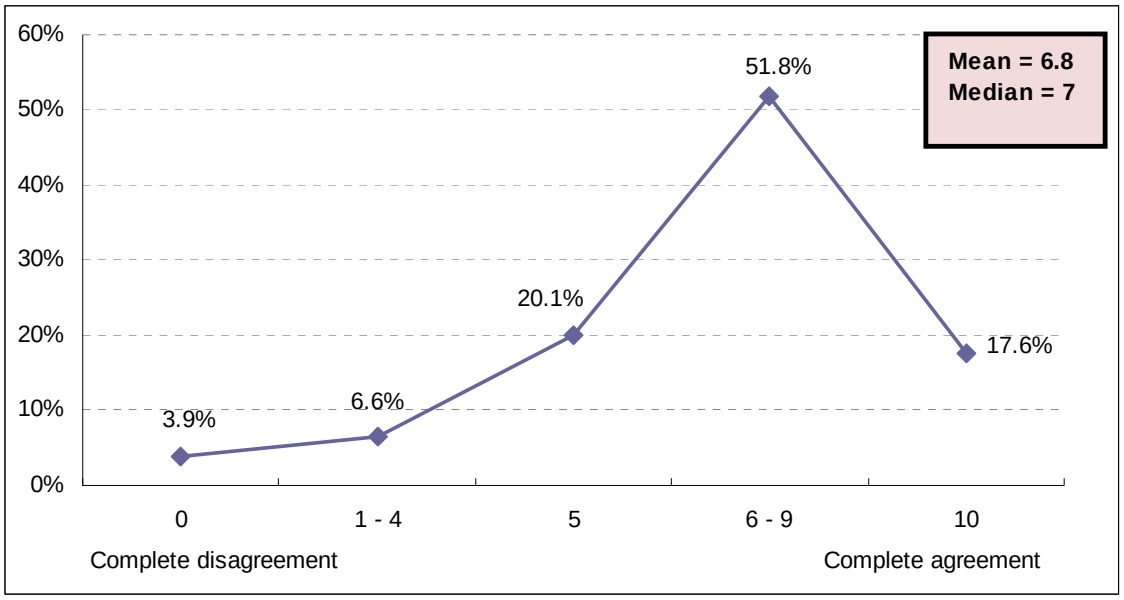
Table 4.13 Level of agreement that respondents should be able to pay different prices to get different choices of quality of service or types of alternative services

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 2.3 | 2.3 | 2.3 |
| 1 | 0.1 | 0.1 | 2.4 |
| 2 | 1.2 | 1.2 | 3.6 |
| 3 | 1.4 | 1.4 | 5.0 |
| 4 | 1.4 | 1.4 | 6.4 |
| 5 | 10.3 | 10.4 | 16.7 |
| 6 | 5.9 | 6.0 | 22.7 |
| 7 | 10.7 | 10.8 | 33.5 |
| 8 | 25.5 | 25.7 | 59.1 |
| 9 | 8.5 | 8.6 | 67.7 |
| 10 - Complete agreement | 32.1 | 32.3 | 100.0 |
| Don't know | 0.2 | | |
| Refuse to answer | 0.4 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.14 indicates that almost two-third of respondents (69.4%) agreed that if they needed to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choices over mandatory risk-sharing (17.6% rated 10 and 51.8% rated 6 to 9). About one-tenth of respondents (10.5%) disagreed with it (3.9% rated 0 and 6.6% rated 1 to 4). The mean and median scores were 6.8 and 7 respectively.

Figure 4.14 Level of agreement that if respondents need to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choice over mandatory risk-sharing




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

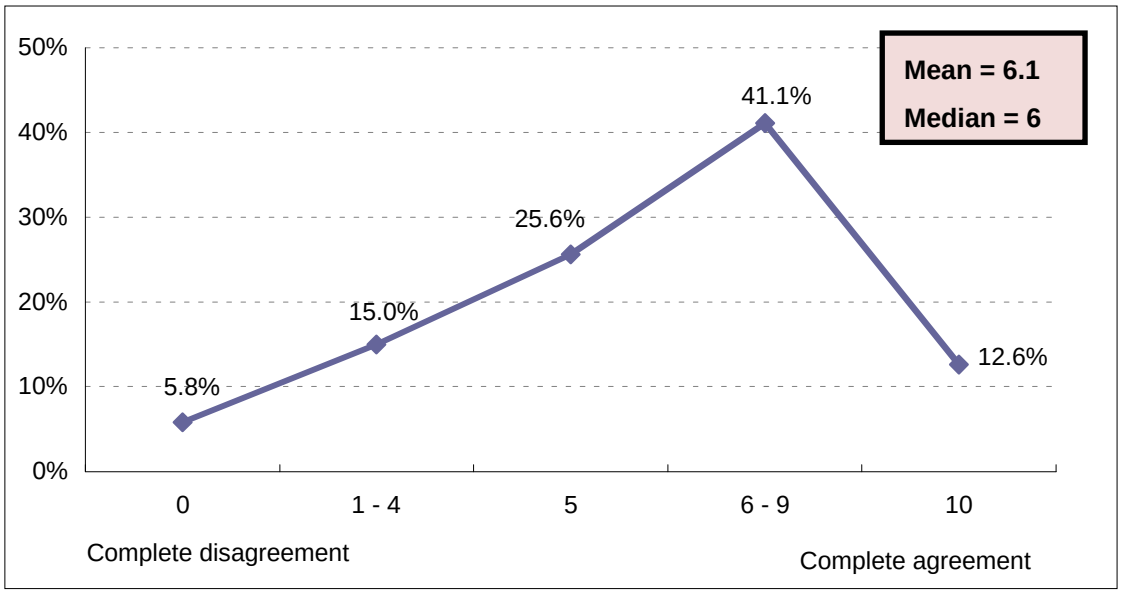
Table 4.14 Level of agreement that if respondents need to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choice over mandatory risk-sharing

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 3.8 | 3.9 | 3.9 |
| 1 | 0.2 | 0.2 | 4.1 |
| 2 | 1.2 | 1.3 | 5.4 |
| 3 | 2.4 | 2.5 | 7.9 |
| 4 | 2.5 | 2.6 | 10.5 |
| 5 | 19.4 | 20.1 | 30.6 |
| 6 | 10.4 | 10.8 | 41.4 |
| 7 | 12.9 | 13.5 | 54.9 |
| 8 | 19.5 | 20.3 | 75.2 |
| 9 | 6.9 | 7.2 | 82.4 |
| 10 - Complete agreement | 16.9 | 17.6 | 100.0 |
| Don't know | 1.0 | | |
| Refuse to answer | 2.8 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.15 indicates that more than half of respondents (53.7%) agreed that if having choice means more expensive healthcare services or higher contribution, they would rather stick with no choice at all than paying more than at present (12.6% rated 10 and 41.1% rated 6 to 9). One-fifth of respondents (20.7%) disagreed with it (5.8% rated 0 and 14.9% rated 1 to 4). The mean and median scores were 6.1 and 6 respectively.

Figure 4.15 Level of agreement that if having choice means more expensive healthcare services or higher contribution, respondents would rather stick with no choice at all than paying more than at present




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

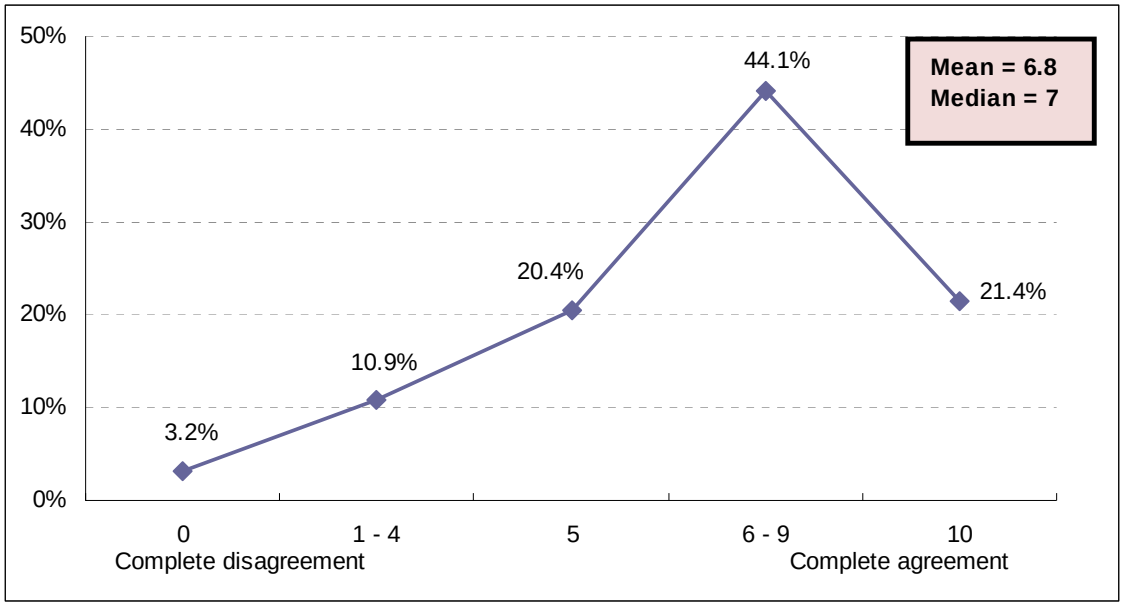
Table 4.15 Level of agreement that if having choice means more expensive healthcare services or higher contribution, respondents would rather stick with no choice at all than paying more than at present

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 5.7 | 5.8 | 5.8 |
| 1 | 0.6 | 0.6 | 6.4 |
| 2 | 2.7 | 2.8 | 9.2 |
| 3 | 5.5 | 5.7 | 14.8 |
| 4 | 5.7 | 5.9 | 20.7 |
| 5 | 25.0 | 25.6 | 46.3 |
| 6 | 8.9 | 9.1 | 55.4 |
| 7 | 13.2 | 13.5 | 68.9 |
| 8 | 14.0 | 14.3 | 83.2 |
| 9 | 4.1 | 4.2 | 87.4 |
| 10 - Complete agreement | 12.3 | 12.6 | 100.0 |
| Don't know | 0.8 | | |
| Refuse to answer | 1.5 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.16 indicates that about two thirds of respondents (65.5%) agreed that if society needs to save to meet future healthcare expenditure, they would rather this be done through taxation and putting money in reserve rather than any contributory schemes (21.4% rated 10 and 44.1% rated 6 to 9). About one-seventh of respondents (14.1%) disagreed with it (3.2% rated 0 and 10.9% rated 1 to 4). The mean and median scores were 6.1 and 6 respectively.

Figure 4.16 Level of agreement that if society needs to save to meet future healthcare expenditure, respondents would rather this be done through taxation and putting money in reserve rather than any contributory schemes




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.16 Level of agreement that if society needs to save to meet future healthcare expenditure, respondents would rather this be done through taxation and putting money in reserve rather than any contributory schemes

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 3.1 | 3.2 | 3.2 |
| 1 | 0.2 | 0.2 | 3.5 |
| 2 | 1.5 | 1.5 | 5.0 |
| 3 | 4.3 | 4.4 | 9.4 |
| 4 | 4.6 | 4.7 | 14.1 |
| 5 | 20.0 | 20.4 | 34.6 |
| 6 | 10.6 | 10.8 | 45.4 |
| 7 | 11.1 | 11.4 | 56.8 |
| 8 | 17.1 | 17.4 | 74.2 |
| 9 | 4.4 | 4.4 | 78.6 |
| 10 - Complete agreement | 21.0 | 21.4 | 100.0 |
| Don't know | 0.5 | | |
| Refuse to answer | 1.4 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

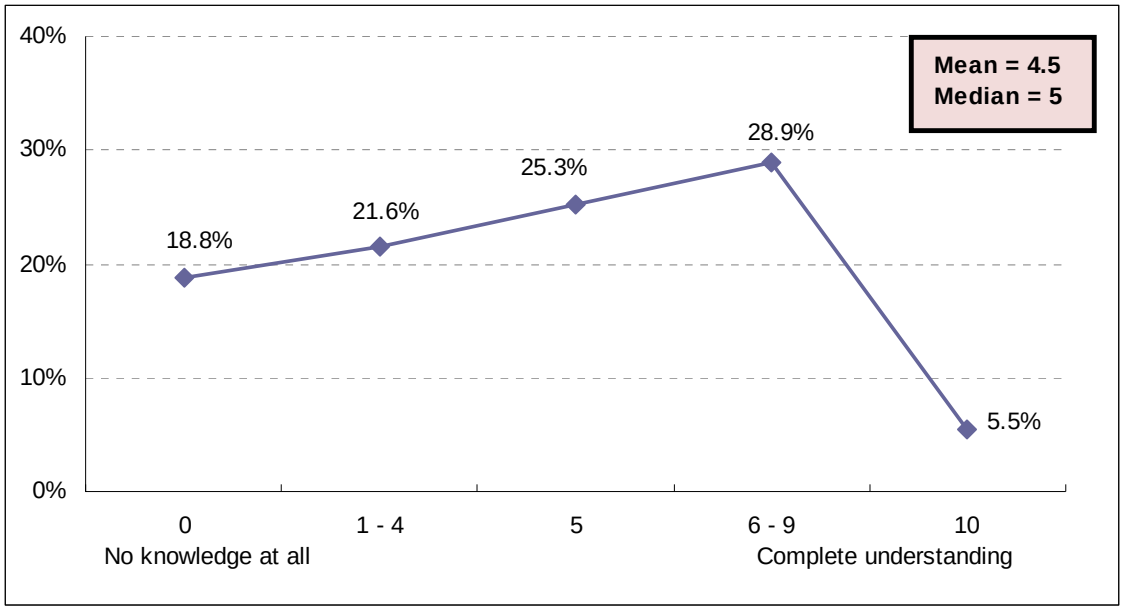
## 4.5 Knowledge about alternative methods of raising extra resources for healthcare

To obtain the level of understanding of the alternative methods of raising extra resources for healthcare, respondents were asked to rate their Level of understanding of an eleven-point scale (0 indicating no knowledge at all and 10 indicating complete understanding) with two other options of "Don't know" and "Refuse to answer". The ratings above 5 are classified as understood and below 5 are classified as did not understand the options.

### 4.5.1 Introducing social health insurance

Figure 4.17 indicates that about one third of respondents (34.4%) reported that they understood the supplementary healthcare financing method of introducing social health insurance (5.5% rated 10 and 28.9% rated 6 to 9). Two-fifths of respondents (40.4%) claimed that they did not understand it (18.8% rated 0 and 21.6% rated 1 to 4). The mean and median scores were 4.5 and 5 respectively.

Figure 4.17 Level of understanding of introducing social health insurance




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.17 Level of understanding of introducing social health insurance

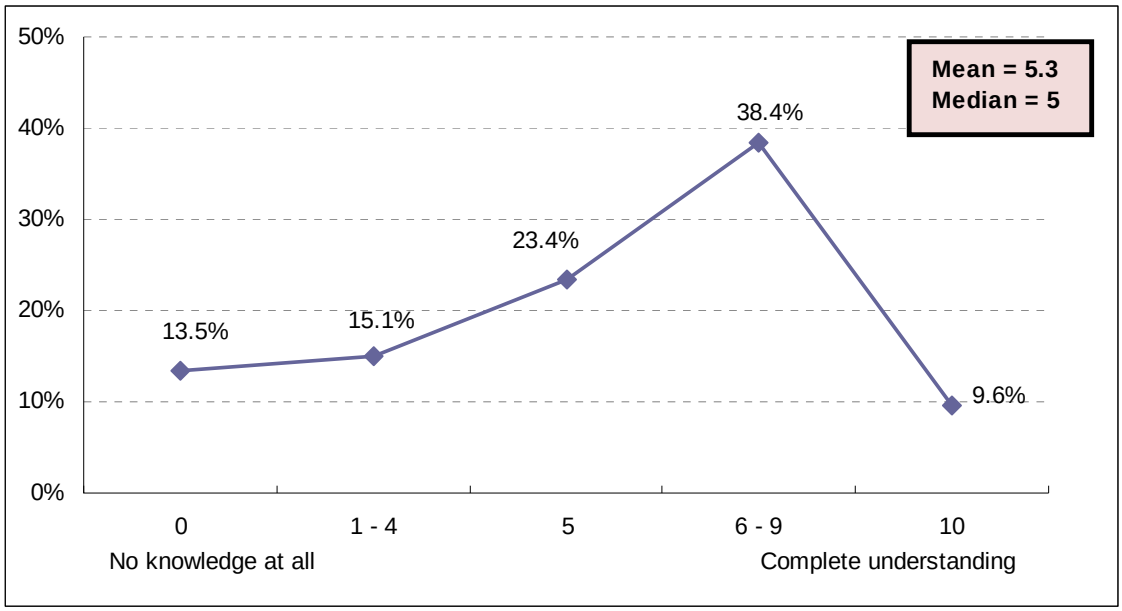
| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - No knowledge at all | 18.7 | 18.8 | 18.8 |
| 1 | 0.9 | 0.9 | 19.7 |
| 2 | 4.6 | 4.6 | 24.3 |
| 3 | 9.7 | 9.7 | 34.0 |
| 4 | 6.3 | 6.4 | 40.3 |
| 5 | 25.2 | 25.3 | 65.6 |
| 6 | 10.5 | 10.5 | 76.1 |
| 7 | 8.6 | 8.6 | 84.8 |
| 8 | 8.7 | 8.7 | 93.4 |
| 9 | 1.1 | 1.1 | 94.5 |
| 10 - Complete understanding | 5.5 | 5.5 | 100.0 |
| Refuse to answer | 0.1 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

### 4.5.2 Increasing user fees

Figure 4.18 indicates that about half of respondents (48.0%) reported that they understood the supplementary healthcare financing method of increasing user fees (9.6% rated 10 and 38.4% rated 6 to 9). Over a quarter of respondents (28.6%) claimed that they did not understand it (13.5% rated 0 and 15.1% rated 1 to 4). The mean and median scores were 5.3 and 5 respectively.

Figure 4.18 Level of understanding of increasing user fees




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.18 Level of understanding of increasing user fees

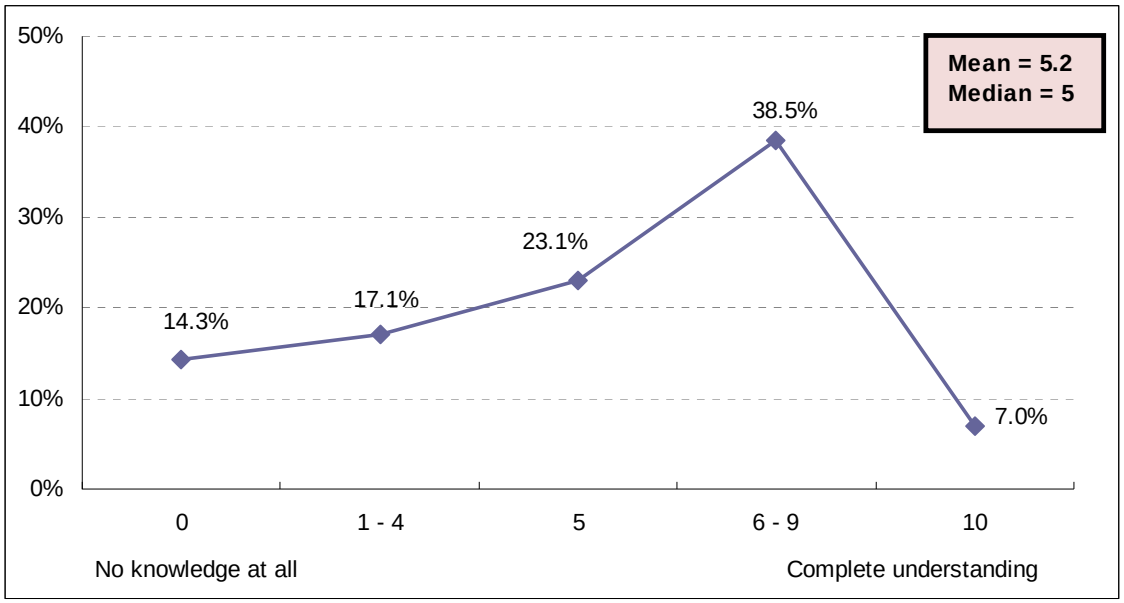
| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - No knowledge at all | 13.5 | 13.5 | 13.5 |
| 1 | 0.7 | 0.7 | 14.3 |
| 2 | 4.0 | 4.0 | 18.3 |
| 3 | 6.6 | 6.6 | 24.9 |
| 4 | 3.7 | 3.7 | 28.6 |
| 5 | 23.3 | 23.4 | 52.0 |
| 6 | 10.2 | 10.2 | 62.2 |
| 7 | 13.9 | 13.9 | 76.1 |
| 8 | 11.7 | 11.7 | 87.9 |
| 9 | 2.5 | 2.5 | 90.4 |
| 10 - Complete understanding | 9.6 | 9.6 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.3 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add to 100.0 due to rounding.

### 4.5.3 Introducing compulsory medical savings

Figure 4.19 indicates that over two-fifths of respondents (45.5%) reported that they understood the supplementary healthcare financing method of introducing compulsory medical savings (7.0% rated 10 and 38.5% rated 6 to 9). Less than one third of respondents (31.4%) claimed that they did not understand it (14.3% rated 0 and 17.1% rated 1 to 4). The mean and median scores were 5.3 and 5 respectively.

Figure 4.19 Level of understanding of introducing compulsory medical savings




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.19 Level of understanding of introducing compulsory medical savings

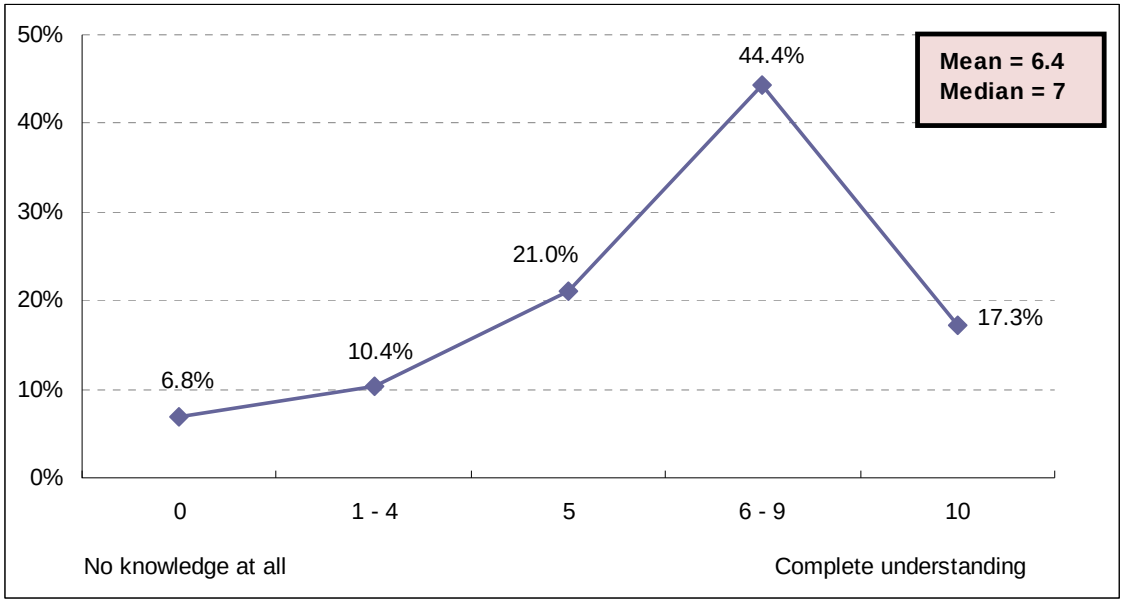
| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 – No knowledge at all | 14.2 | 14.3 | 14.3 |
| 1 | 1.2 | 1.3 | 15.5 |
| 2 | 3.4 | 3.4 | 19.0 |
| 3 | 7.0 | 7.0 | 25.9 |
| 4 | 5.4 | 5.4 | 31.4 |
| 5 | 23.1 | 23.1 | 54.5 |
| 6 | 9.9 | 10.0 | 64.5 |
| 7 | 11.2 | 11.2 | 75.7 |
| 8 | 14.9 | 15.0 | 90.7 |
| 9 | 2.3 | 2.3 | 93.0 |
| 10 - Complete understanding | 7.0 | 7.0 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.1 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

### 4.5.4 Encouraging everyone to take out voluntary private health insurance

Figure 4.20 indicates over three-fifths of respondents (61.7%) reported that they understood the supplementary healthcare financing method of encouraging everyone to take out voluntary private health insurance (17.3% rated 10 and 44.4% rated 6 to 9). Less than one-fifth of respondents (17.2%) claimed that they did not understand it (6.8% rated 0 and 10.4% rated 1 to 4). The mean and median scores were 6.4 and 7 respectively.

Figure 4.20 Level of understanding of the supplementary healthcare financing method of encouraging everyone to take out voluntary private health insurance




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Figure 4.20 Level of understanding of encouraging everyone to take out voluntary private health insurance

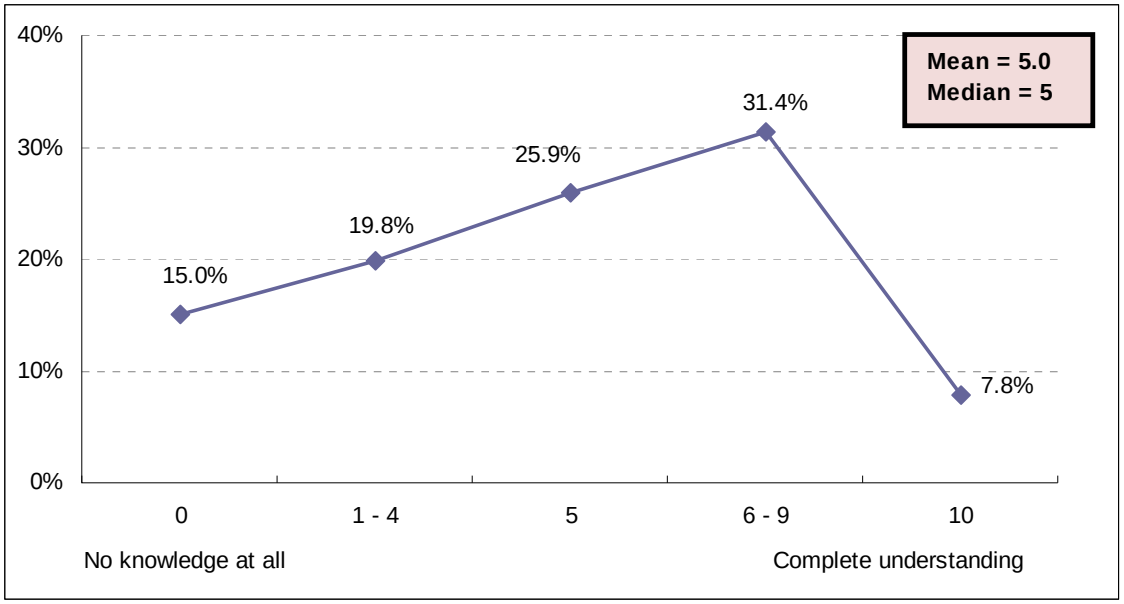
| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - No knowledge at all | 6.8 | 6.8 | 6.8 |
| 1 | 0.9 | 0.9 | 7.7 |
| 2 | 2.0 | 2.0 | 9.7 |
| 3 | 4.5 | 4.5 | 14.2 |
| 4 | 3.0 | 3.0 | 17.2 |
| 5 | 21.0 | 21.0 | 38.3 |
| 6 | 9.2 | 9.2 | 47.5 |
| 7 | 14.4 | 14.5 | 62.0 |
| 8 | 16.8 | 16.9 | 78.9 |
| 9 | 3.8 | 3.8 | 82.7 |
| 10 - Complete understanding | 17.3 | 17.3 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.3 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

### 4.5.5 Introducing mandatory private health insurance

Figure 4.21 indicates that about two-fifths of respondents (39.2%) reported that they understood the supplementary healthcare financing method of introducing mandatory private health insurance (7.8% rated 10 and 31.4% rated 6 to 9). About one third of respondents (34.8%) claimed that they did not understand of it (15.0% rated 0 and 19.8% rated 1 to 4). The mean and median scores were 5.0 and 5 respectively.

Figure 4.21 Level of understanding of introducing mandatory private health insurance




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

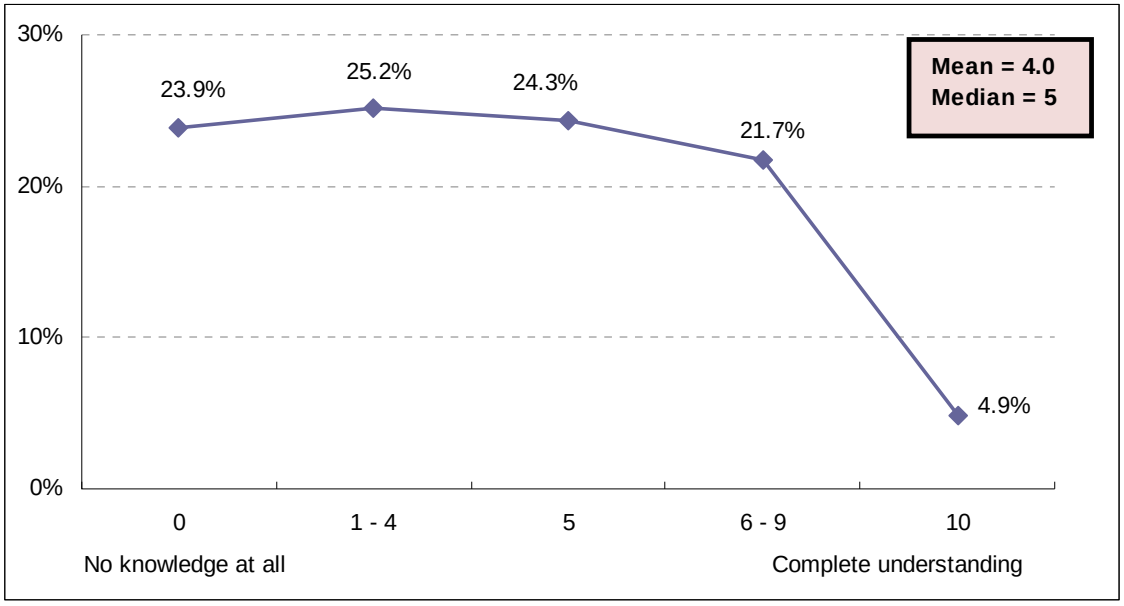
Table 4.21 Level of understanding of introducing mandatory private health insurance

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - No knowledge at all | 15.0 | 15.0 | 15.0 |
| 1 | 1.4 | 1.4 | 16.5 |
| 2 | 3.9 | 3.9 | 20.4 |
| 3 | 8.7 | 8.8 | 29.2 |
| 4 | 5.7 | 5.7 | 34.9 |
| 5 | 25.8 | 25.9 | 60.8 |
| 6 | 8.7 | 8.7 | 69.5 |
| 7 | 9.3 | 9.4 | 78.9 |
| 8 | 11.6 | 11.6 | 90.5 |
| 9 | 1.7 | 1.7 | 92.2 |
| 10 - Complete understanding | 7.8 | 7.8 | 100.0 |
| Don't know | 0.2 | | |
| Refuse to answer | 0.1 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.22 indicates that slightly over a quarter of respondents (26.6%) reported that they understood the supplementary healthcare financing method of introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health insurance (4.9% rated 10 and 21.7% rated 6 to 9). About half of respondents (49.1%) claimed that they did not understand it (23.9% rated 0 and 25.2% rated 1 to 4). The mean and median scores were 4.0 and 5 respectively.

Figure 4.22 Level of understanding of introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health insurance




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.22 Level of understanding of introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health insurance

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - No knowledge at all | 23.9 | 23.9 | 23.9 |
| 1 | 2.4 | 2.4 | 26.4 |
| 2 | 5.4 | 5.4 | 31.7 |
| 3 | 9.8 | 9.9 | 41.6 |
| 4 | 7.5 | 7.5 | 49.1 |
| 5 | 24.2 | 24.3 | 73.4 |
| 6 | 7.8 | 7.8 | 81.2 |
| 7 | 6.5 | 6.5 | 87.7 |
| 8 | 6.5 | 6.5 | 94.2 |
| 9 | 0.9 | 0.9 | 95.1 |
| 10 - Complete understanding | 4.9 | 4.9 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.2 | | |
| Total | 100.0 | 100.0 | |

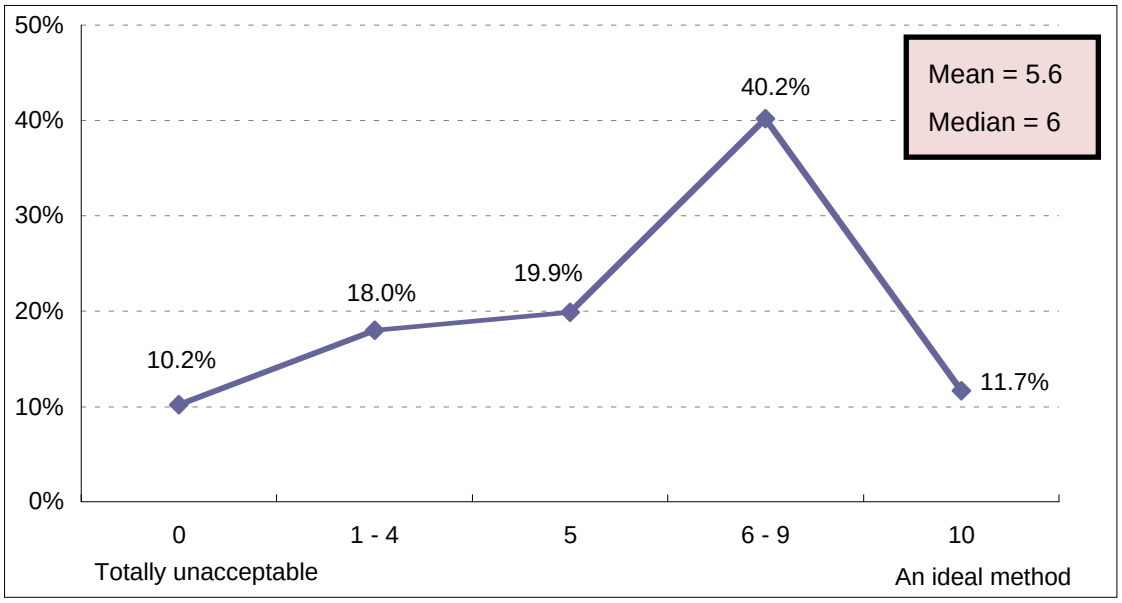
Note: Figures may not add up to 100.0 due to rounding.

## 4.6 Acceptability of the alternative methods of raising extra resources

To obtain their acceptability of the alternative methods of raising extra resources for healthcare, respondents were asked to rate their level of acceptance using an eleven-point scale (0 indicating totally unacceptable and 10 indicating the ideal method) with two other options of "Don't know" and "Refuse to answer". The ratings above 5 are classified as acceptable and below 5 are classified as unacceptable with the methods.

Figure 4.23 indicates that slightly over half of respondents (51.9%) expressed that the method of increasing current taxes such as salaries and profits taxes was acceptable (11.7% rated 10 and 40.2% rated 6 to 9). Over a quarter of respondents (28.2%) expressed that it was unacceptable (10.2% rated 0 and 18.0% rated 1 to 4). The mean and median scores were 5.6 and 6 respectively.

Figure 4.23 Level of acceptance of increasing current taxes, such as salaries tax and profits tax




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

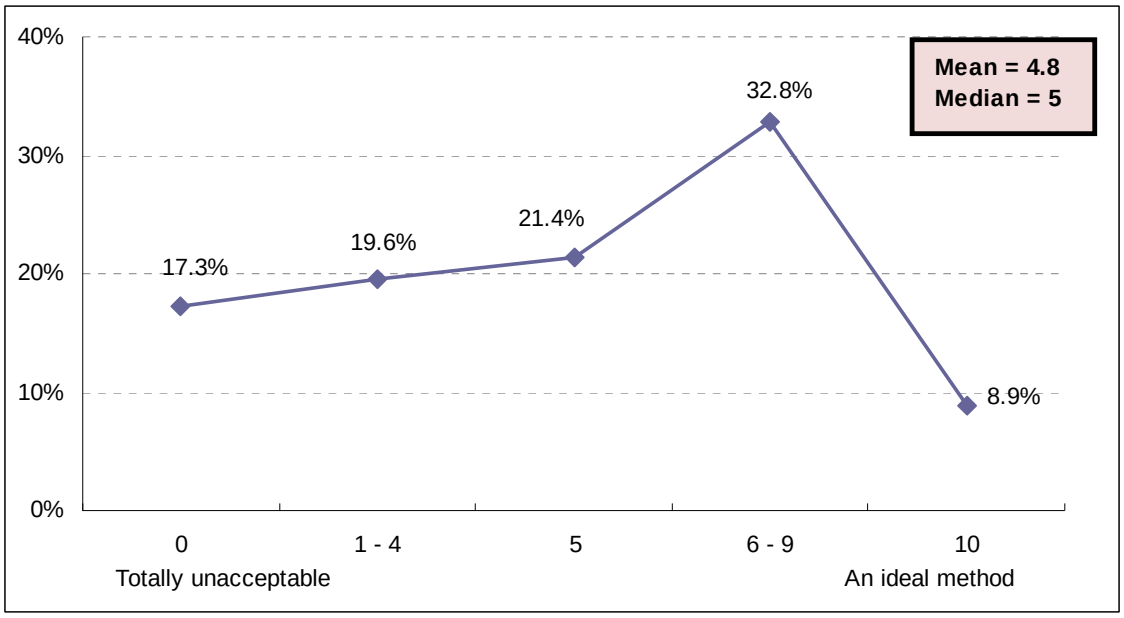
Table 4.23 Level of acceptance of increasing current taxes, such as salaries tax and profits tax

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 10.1 | 10.2 | 10.2 |
| 1 | 1.1 | 1.1 | 11.3 |
| 2 | 3.6 | 3.7 | 15.0 |
| 3 | 7.0 | 7.0 | 22.0 |
| 4 | 6.1 | 6.2 | 28.2 |
| 5 | 19.8 | 19.9 | 48.1 |
| 6 | 12.7 | 12.7 | 60.9 |
| 7 | 12.1 | 12.2 | 73.1 |
| 8 | 13.6 | 13.7 | 86.8 |
| 9 | 1.5 | 1.5 | 88.3 |
| 10 - An ideal method | 11.6 | 11.7 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.5 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.24 indicates slightly over two-fifths of respondents (41.7%) expressed that the method of introducing new taxes e.g. GST was acceptable (8.9% rated 10 and 32.8% rated 6 to 9). Over one third of respondents (36.9%) expressed that it was unacceptable (17.3% rated 0 and 19.6% rated 1 to 4). The mean and median scores were 4.8 and 5 respectively.

Figure 4.24 Level of acceptance of introducing new taxes, e.g. GST




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

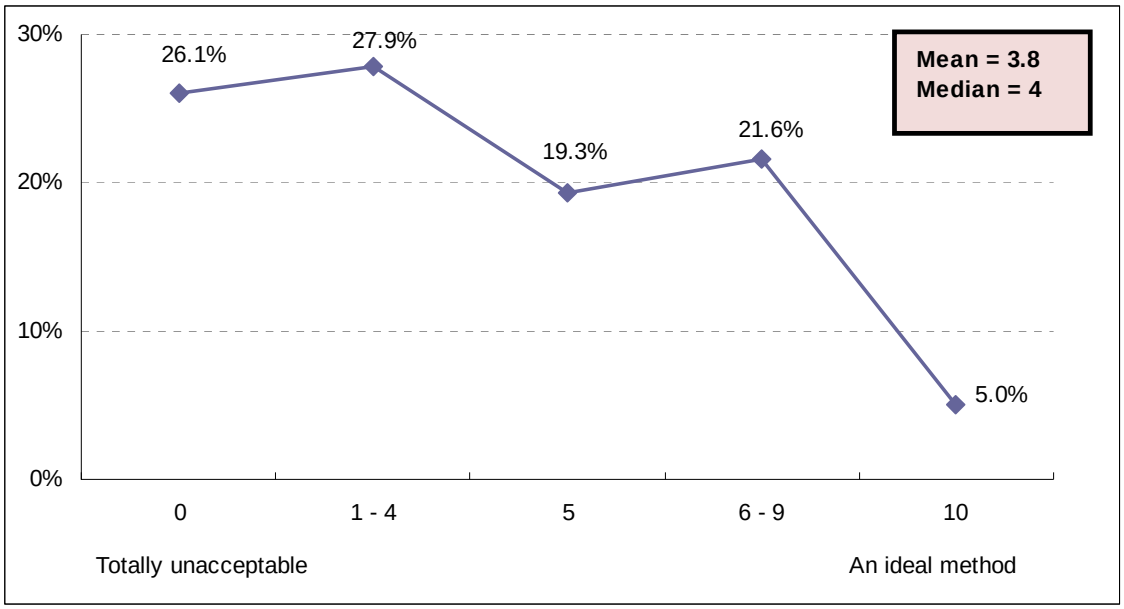
Table 4.24 Level of acceptance of introducing new taxes, e.g. GST

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 17.1 | 17.3 | 17.3 |
| 1 | 1.8 | 1.8 | 19.2 |
| 2 | 5.2 | 5.3 | 24.5 |
| 3 | 7.1 | 7.2 | 31.6 |
| 4 | 5.2 | 5.3 | 36.9 |
| 5 | 21.1 | 21.4 | 58.2 |
| 6 | 10.7 | 10.8 | 69.0 |
| 7 | 9.3 | 9.4 | 78.4 |
| 8 | 11.3 | 11.5 | 89.9 |
| 9 | 1.2 | 1.2 | 91.1 |
| 10 - An ideal method | 8.8 | 8.9 | 100.0 |
| Don't know | 0.2 | | |
| Refuse to answer | 0.8 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.25 indicates that slightly over a quarter of respondents (26.6%) expressed that the method of reducing government spending in other policy areas, such as education, welfare or security was acceptable (5.0% rated 10 and 21.6% rated 6 to 9). Over half of respondents (54.0%) expressed that it was unacceptable (26.1% rated 0 and 27.9% rated 1 to 4). The mean and median scores were 3.8 and 4 respectively.

Figure 4.25 Level of acceptance of reducing government spending in other policy areas, such as education, welfare or security




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

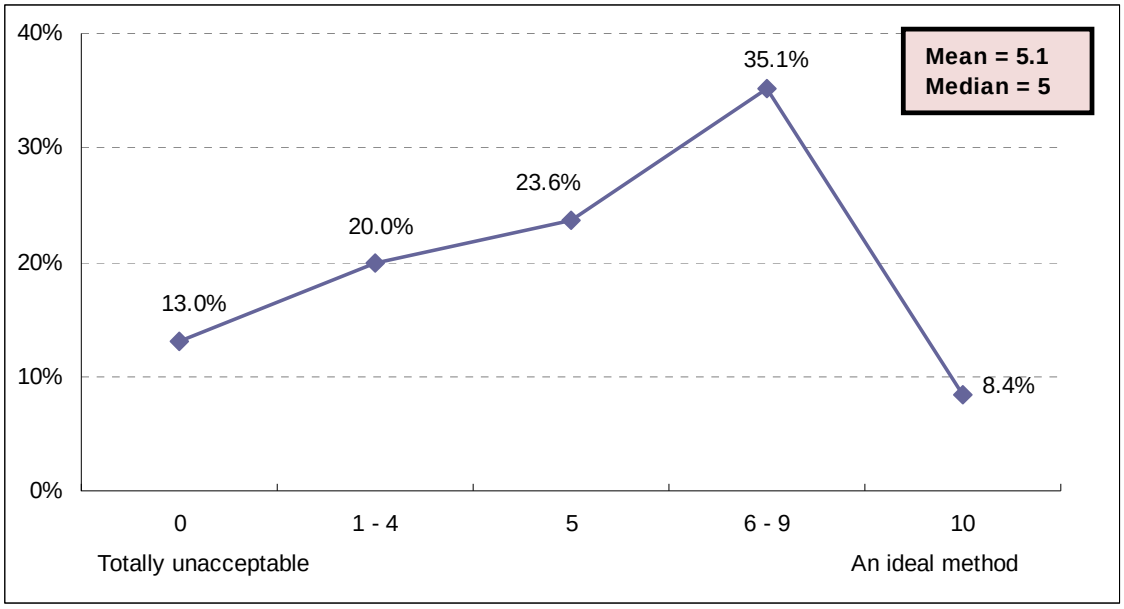
Table 4.25 Level of acceptance of reducing government spending in other policy areas, such as education, welfare or security

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 25.7 | 26.1 | 26.1 |
| 1 | 1.5 | 1.5 | 27.6 |
| 2 | 6.4 | 6.5 | 34.1 |
| 3 | 12.0 | 12.2 | 46.3 |
| 4 | 7.6 | 7.7 | 54.1 |
| 5 | 19.0 | 19.3 | 73.4 |
| 6 | 8.1 | 8.2 | 81.6 |
| 7 | 5.0 | 5.1 | 86.7 |
| 8 | 7.3 | 7.4 | 94.1 |
| 9 | 0.9 | 0.9 | 95.0 |
| 10 - An ideal method | 4.9 | 5.0 | 100.0 |
| Don't know | 0.6 | | |
| Refuse to answer | 1.1 | | |
| Total | 100.0 | | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.26 indicates that over two-fifths of respondents (43.5%) expressed that the method of increasing user fees for public medical services was acceptable (8.4% rated 10 and 35.1% rated 6 to 9). One third of respondents (33.0%) expressed that it was unacceptable (13.0% rated 0 and 20.0% rated 1 to 4). The mean and median scores were 5.1 and 5 respectively.

Figure 4.26 Level of acceptance of increasing user fees for public medical services




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

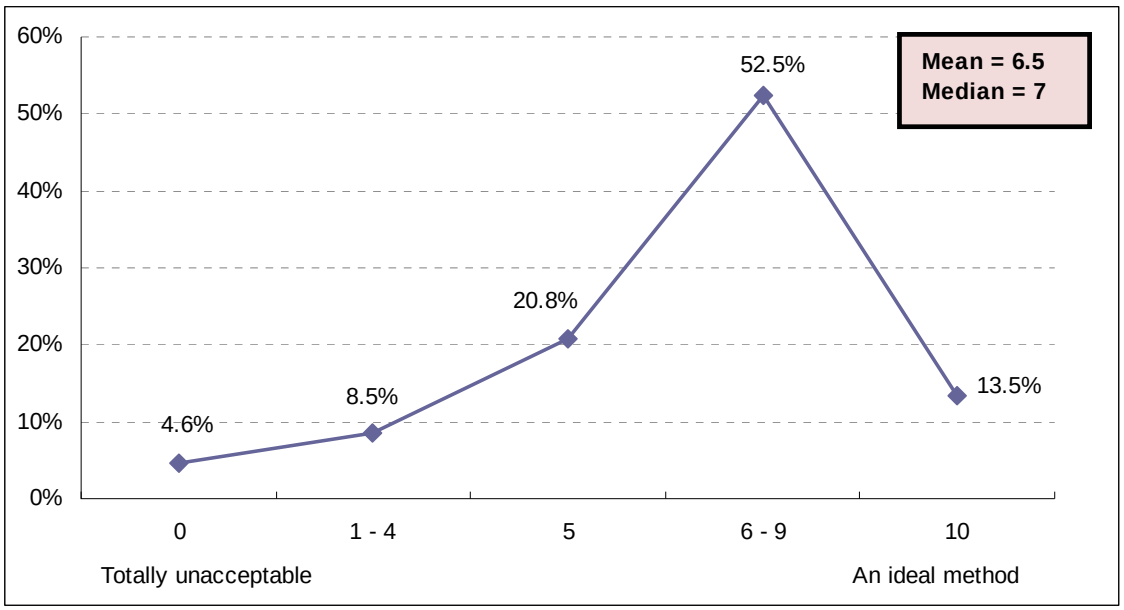
Table 4.26 Level of acceptance of increasing user fees for public medical services

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 12.9 | 13.0 | 13.0 |
| 1 | 0.7 | 0.7 | 13.7 |
| 2 | 5.2 | 5.2 | 18.9 |
| 3 | 8.5 | 8.6 | 27.5 |
| 4 | 5.5 | 5.5 | 33.0 |
| 5 | 23.4 | 23.6 | 56.5 |
| 6 | 11.0 | 11.1 | 67.6 |
| 7 | 11.9 | 11.9 | 79.5 |
| 8 | 9.8 | 9.9 | 89.4 |
| 9 | 2.2 | 2.2 | 91.6 |
| 10 - An ideal method | 8.3 | 8.4 | 100.0 |
| Don't know | 0.4 | | |
| Refuse to answer | 0.2 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.27 indicates that two-thirds of respondents (66.0%) expressed that the method of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance was acceptable (13.5% rated 10 and 52.5% rated 6 to 9). About one-seventh of respondents (13.1%) expressed that it was unacceptable (4.6% rated 0 and 8.5% rated 1 to 4). The mean and median scores were 6.5 and 7 respectively.

Figure 4.27 Level of acceptance of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

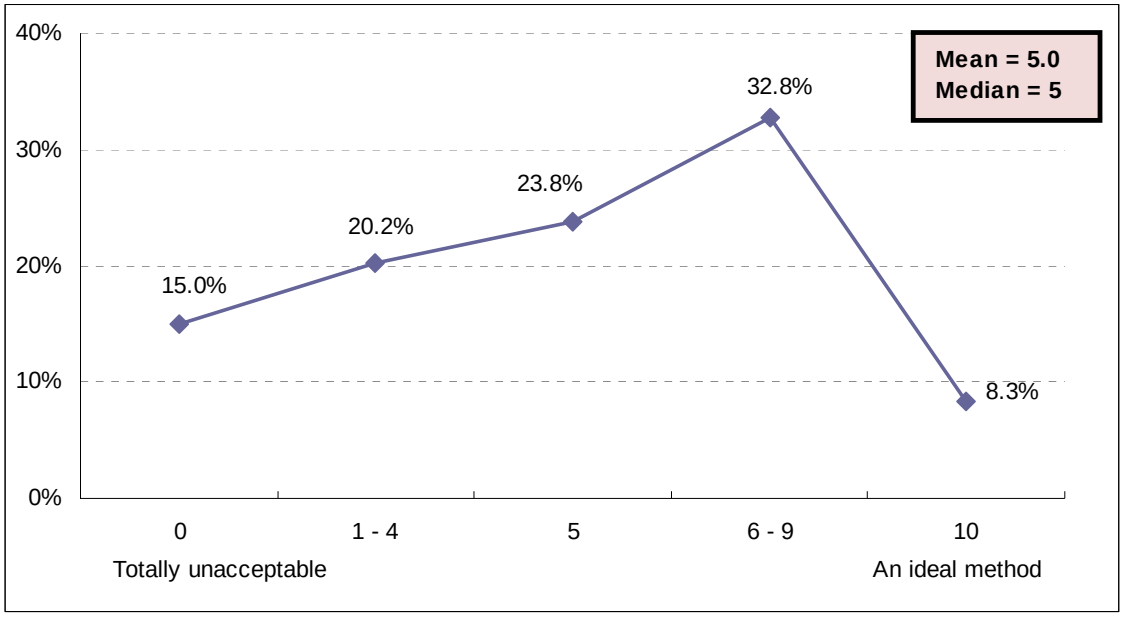
Table 4.27 Level of acceptance of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 4.5 | 4.6 | 4.6 |
| 1 | 0.5 | 0.5 | 5.1 |
| 2 | 1.5 | 1.6 | 6.6 |
| 3 | 2.8 | 2.8 | 9.5 |
| 4 | 3.6 | 3.6 | 13.1 |
| 5 | 20.5 | 20.8 | 34.0 |
| 6 | 13.0 | 13.2 | 47.2 |
| 7 | 12.5 | 12.8 | 60.0 |
| 8 | 22.5 | 22.9 | 82.9 |
| 9 | 3.5 | 3.6 | 86.5 |
| 10 - An ideal method | 13.3 | 13.5 | 100.0 |
| Don't know | 0.7 | | |
| Refuse to answer | 1.1 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.28 indicates that about two-fifths of respondents (41.1%) expressed that the method of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population was acceptable (8.3% rated 10 and 32.8% rated 6 to 9). About one third of respondents (35.2%) expressed that it was unacceptable (15.0% rated 0 and 20.2% rated 1 to 4). The mean and median scores were 5.0 and 5 respectively.

Figure 4.28 Level of acceptance of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population



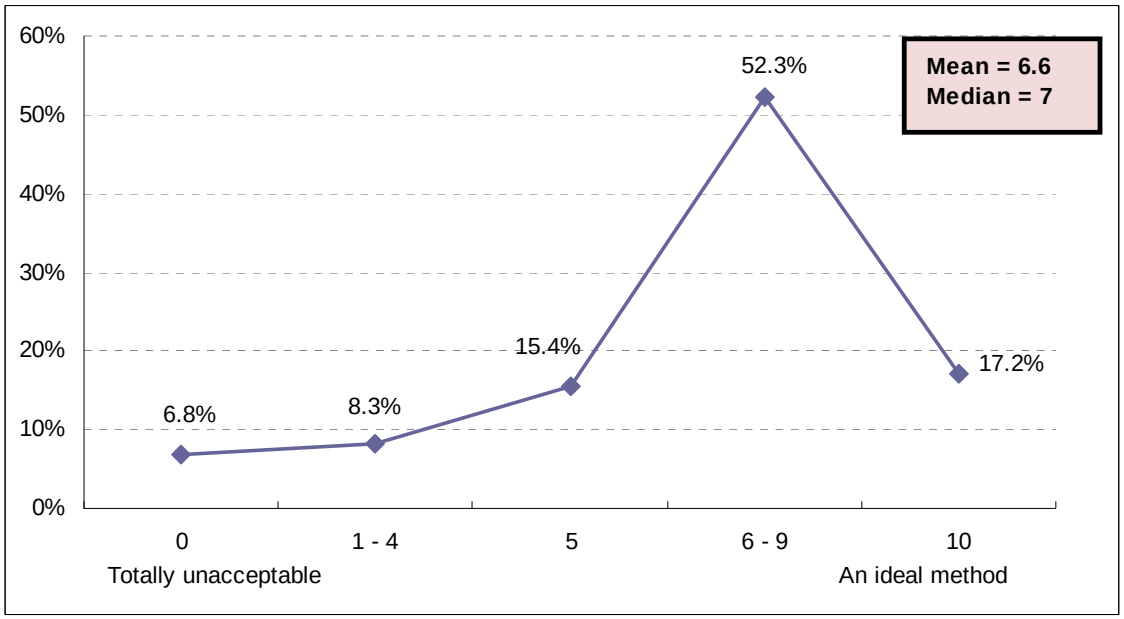

*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.28 Level of acceptance of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 14.8 | 15.0 | 15.0 |
| 1 | 1.6 | 1.6 | 16.6 |
| 2 | 4.4 | 4.4 | 21.0 |
| 3 | 7.4 | 7.5 | 28.5 |
| 4 | 6.5 | 6.6 | 35.1 |
| 5 | 23.6 | 23.8 | 58.9 |
| 6 | 11.0 | 11.1 | 70.0 |
| 7 | 10.0 | 10.0 | 80.0 |
| 8 | 10.0 | 10.1 | 90.1 |
| 9 | 1.6 | 1.6 | 91.7 |
| 10 - An ideal method | 8.2 | 8.3 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.8 | | |
| Total | 100.0 | 100.0 | |

Figure 4.29 indicates that over two thirds of respondents (69.5%) expressed that the method of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses was acceptable (17.2% rated 10 and 52.3% rated 6 to 9). About one-seventh of respondents (15.1%) expressed that it was unacceptable (6.8% rated 0 and 8.3% rated 1 to 4). The mean and median scores were 6.6 and 7 respectively.

Figure 4.29 Level of acceptance of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

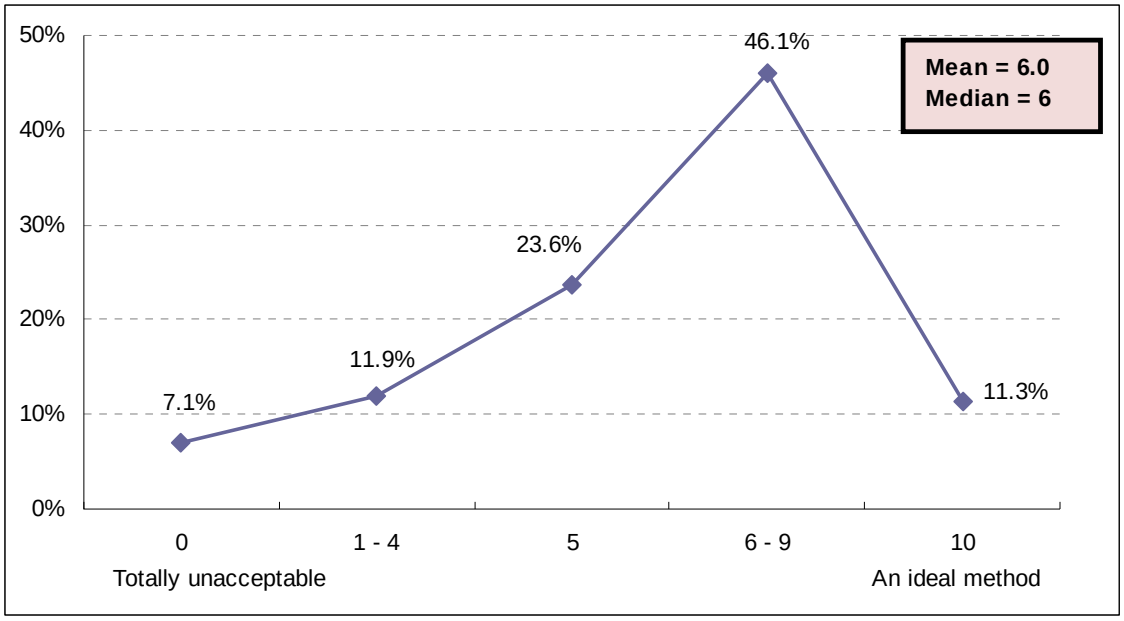
Table 4.29 Level of acceptance of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 6.8 | 6.8 | 6.8 |
| 1 | 0.7 | 0.7 | 7.6 |
| 2 | 2.2 | 2.2 | 9.8 |
| 3 | 2.4 | 2.4 | 12.2 |
| 4 | 2.9 | 2.9 | 15.1 |
| 5 | 15.3 | 15.4 | 30.5 |
| 6 | 10.6 | 10.6 | 41.1 |
| 7 | 13.5 | 13.6 | 54.7 |
| 8 | 22.3 | 22.4 | 77.0 |
| 9 | 5.7 | 5.8 | 82.8 |
| 10 - An ideal method | 17.1 | 17.2 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.3 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.30 indicates that over half of respondents (57.4%) expressed that the method of requiring the working population to purchase a health insurance scheme that provides basic standard coverage at a fixed-price was acceptable (11.3% rated 10 and 46.1% rated 6 to 9). About one-fifth of respondents (19.0%) expressed that it was unacceptable (7.1% rated 0 and 11.9% rated 1 to 4). The mean and median scores were 6.0 and 6 respectively.

Figure 4.30 Level of acceptance of requiring the working population to purchase a health insurance scheme that provides basic standard coverage at a fixed-price




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

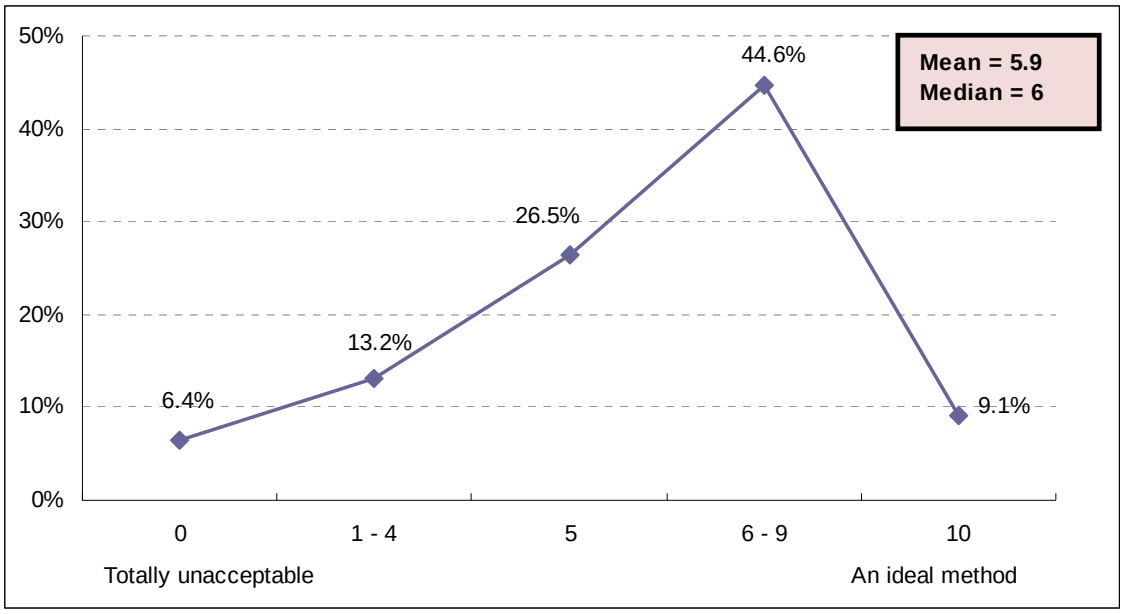
Table 4.30 Level of acceptance of requiring the working population to purchase a health insurance scheme that provides basic standard coverage at a fixed-price

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 6.9 | 7.1 | 7.1 |
| 1 | 0.7 | 0.7 | 7.8 |
| 2 | 2.5 | 2.5 | 10.3 |
| 3 | 4.5 | 4.7 | 15.0 |
| 4 | 4.0 | 4.1 | 19.0 |
| 5 | 23.0 | 23.6 | 42.6 |
| 6 | 10.7 | 10.9 | 53.5 |
| 7 | 13.6 | 14.0 | 67.5 |
| 8 | 16.3 | 16.8 | 84.2 |
| 9 | 4.3 | 4.4 | 88.7 |
| 10 - An ideal method | 11.1 | 11.3 | 100.0 |
| Don't know | 1.1 | | |
| Refuse to answer | 1.4 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.31 indicates that over half of respondents (53.7%) expressed that the method of requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above was acceptable (9.1% rated 10 and 44.6% rated 6 to 9). About one-fifth of respondents (19.6%) expressed that it was unacceptable (6.4% rated 0 and 13.2% rated 1 to 4). The mean and median scores were 5.9 and 6 respectively.

Figure 4.31 Level of acceptance of requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.31 Level of acceptance of requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Totally unacceptable | 6.3 | 6.4 | 6.4 |
| 1 | 1.2 | 1.3 | 7.7 |
| 2 | 2.5 | 2.5 | 10.3 |
| 3 | 5.4 | 5.5 | 15.8 |
| 4 | 3.8 | 3.9 | 19.7 |
| 5 | 25.8 | 26.5 | 46.2 |
| 6 | 11.0 | 11.3 | 57.5 |
| 7 | 14.2 | 14.6 | 72.1 |
| 8 | 15.2 | 15.6 | 87.7 |
| 9 | 3.0 | 3.1 | 90.9 |
| 10 - An ideal method | 8.9 | 9.1 | 100.0 |
| Don't know | 1.1 | | |
| Refuse to answer | 1.6 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

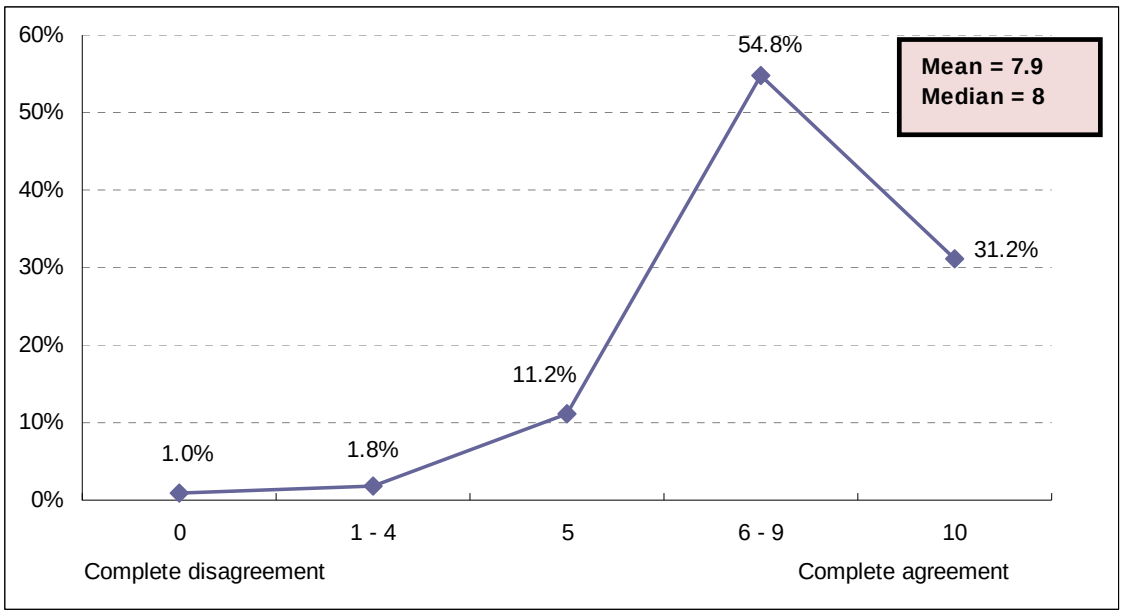
## 4.7 Agreement with the statements about healthcare financing

### 4.7.1 Market competition and efficiency

To assess the level of agreement with issues related to the market competition and efficiency, respondents were asked to rate their level of agreement on an eleven-point scale (0 indicating complete disagreement and 10 indicating complete agreement) with two other options of "Don't know" and "Refuse to answer". The ratings above 5 are classified as agreed and below 5 are classified as disagreed with the objectives.

Figure 4.32 indicates that over four-fifths of respondents (86.0%) agreed that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided (31.2% rated 10 and 54.8% rated 6 to 9). Only about 3% of respondents (2.8%) disagreed with it (1.0% rated 0 and 1.8% rated 1 to 4). The mean and median scores were 7.9 and 8 respectively.

Figure 4.32 Level of agreement that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Figure 4.32 Level of agreement that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 1.0 | 1.0 | 1.0 |
| 1 | 0.1 | 0.1 | 1.1 |
| 2 | 0.5 | 0.5 | 1.5 |
| 3 | 0.5 | 0.5 | 2.1 |
| 4 | 0.7 | 0.7 | 2.8 |
| 5 | 11.1 | 11.2 | 14.0 |
| 6 | 6.5 | 6.6 | 20.6 |
| 7 | 13.5 | 13.6 | 34.2 |
| 8 | 26.3 | 26.6 | 60.7 |
| 9 | 7.9 | 8.0 | 68.8 |
| 10 - Complete agreement | 30.9 | 31.2 | 100.0 |
| Don't know | 0.3 | | |
| Refuse to answer | 0.8 | | |
| Total | 100.0 | 100.0 | |

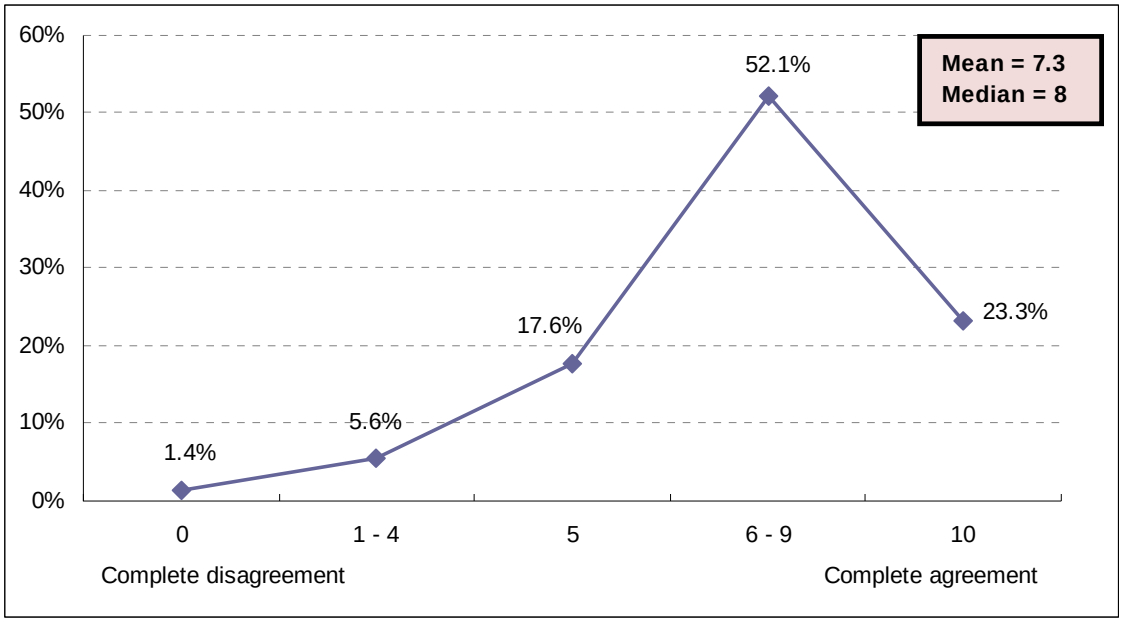
Note: Figures may not add up to 100.0 due to rounding.

### 4.7.2 Utilization and cost control

To assess the level of agreement with issues related to utilization and cost control, respondents were asked to rate their level of agreement on an eleven-point scale (0 indicating complete disagreement and 10 indicating complete agreement) with two other options of "Don't know" and "Refuse to answer". The ratings above 5 are classified as agreed and below 5 are classified as disagreed with the objectives.

Figure 4.33 indicates that three quarters of respondents (75.4%) agreed that they should not need to pay very much out of pocket when they used public healthcare services (23.3% rated 10 and 52.1% rated 6 to 9). Only a small proportion of respondents (7.0%) disagreed with it (1.4% rated 0 and 5.6% rated 1 to 4). The mean and median scores were 7.3 and 8 respectively.

Figure 4.33 Level of agreement that respondents should not need to pay very much out of pocket when they use public healthcare services




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

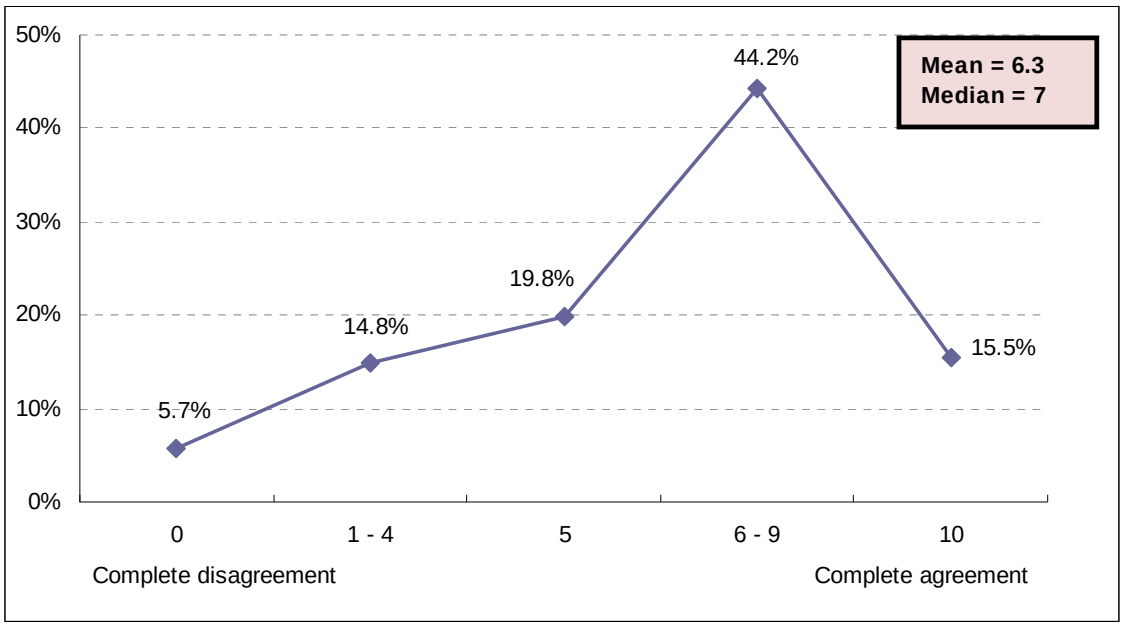
Table 4.33 Level of agreement that respondents should not need to pay very much out of pocket when they use public healthcare services

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 1.4 | 1.4 | 1.4 |
| 1 | 0.2 | 0.2 | 1.6 |
| 2 | 0.9 | 0.9 | 2.5 |
| 3 | 1.9 | 1.9 | 4.4 |
| 4 | 2.6 | 2.6 | 7.1 |
| 5 | 17.5 | 17.6 | 24.7 |
| 6 | 8.8 | 8.8 | 33.5 |
| 7 | 12.6 | 12.6 | 46.1 |
| 8 | 25.3 | 25.4 | 71.5 |
| 9 | 5.2 | 5.2 | 76.7 |
| 10 - Complete agreement | 23.2 | 23.3 | 100.0 |
| Don't know | 0.1 | | |
| Refuse to answer | 0.3 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.34 indicates that three-fifths of respondents (59.7%) agreed that they should not need to pay very much out of pocket when they used private healthcare services (15.5% rated 10 and 44.2% rated 6 to 9). A quarter of respondents (20.5%) disagreed with it (5.7% rated 0 and 14.8% rated 1 to 4). The mean and median scores were 7.3 and 8 respectively.

Figure 4.34 Level of agreement that respondents should not need to pay very much out of pocket when they use private healthcare services




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

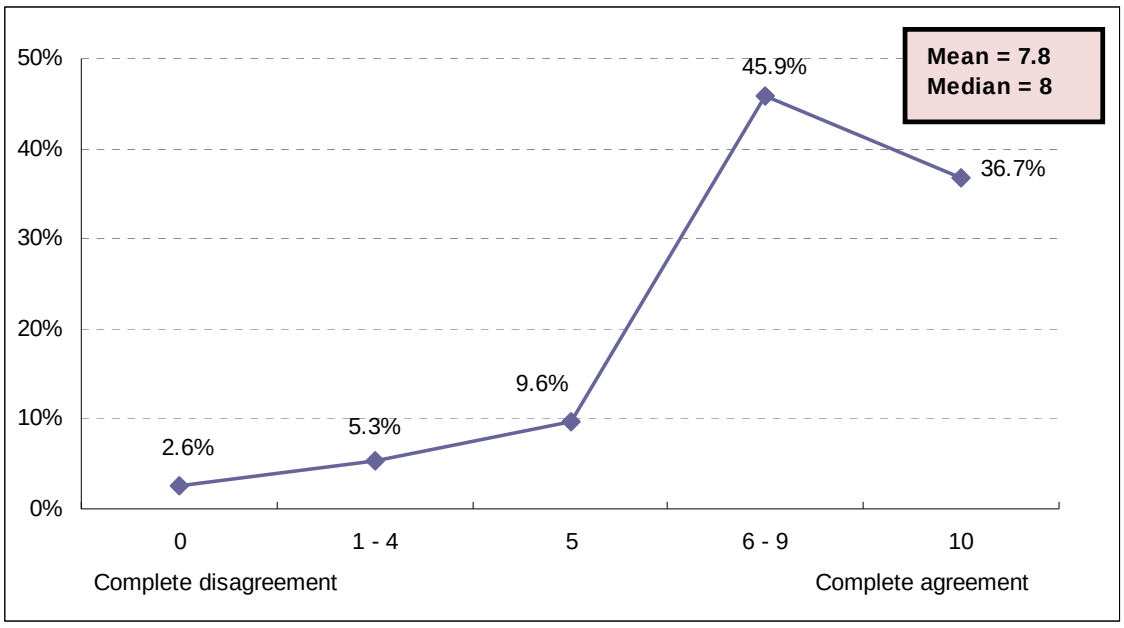
Table 4.34 Level of agreement that respondents should not need to pay very much out of pocket when they use private healthcare services

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 5.6 | 5.7 | 5.7 |
| 1 | 0.7 | 0.7 | 6.4 |
| 2 | 3.2 | 3.2 | 9.6 |
| 3 | 5.8 | 5.9 | 15.5 |
| 4 | 4.9 | 4.9 | 20.4 |
| 5 | 19.7 | 19.8 | 40.3 |
| 6 | 8.8 | 8.9 | 49.1 |
| 7 | 12.4 | 12.5 | 61.6 |
| 8 | 19.1 | 19.2 | 80.8 |
| 9 | 3.7 | 3.7 | 84.5 |
| 10 - Complete agreement | 15.4 | 15.5 | 100.0 |
| Don't know | 0.5 | | |
| Refuse to answer | 0.4 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.35 indicates that over four-fifths of respondents (82.6%) agreed that they should not need to wait for a long time before they received public healthcare services (36.7% rated 10 and 45.9% rated 6 to 9). A small proportion of respondents (7.9%) disagreed with it (2.6% rated 0 and 5.3% rated 1 to 4). The mean and median scores were 7.8 and 8 respectively.

Figure 4.35 Level of agreement that respondents should not need to wait for a long time before they receive public healthcare services




*(Base: All respondents excluding "Refuse to answer")*

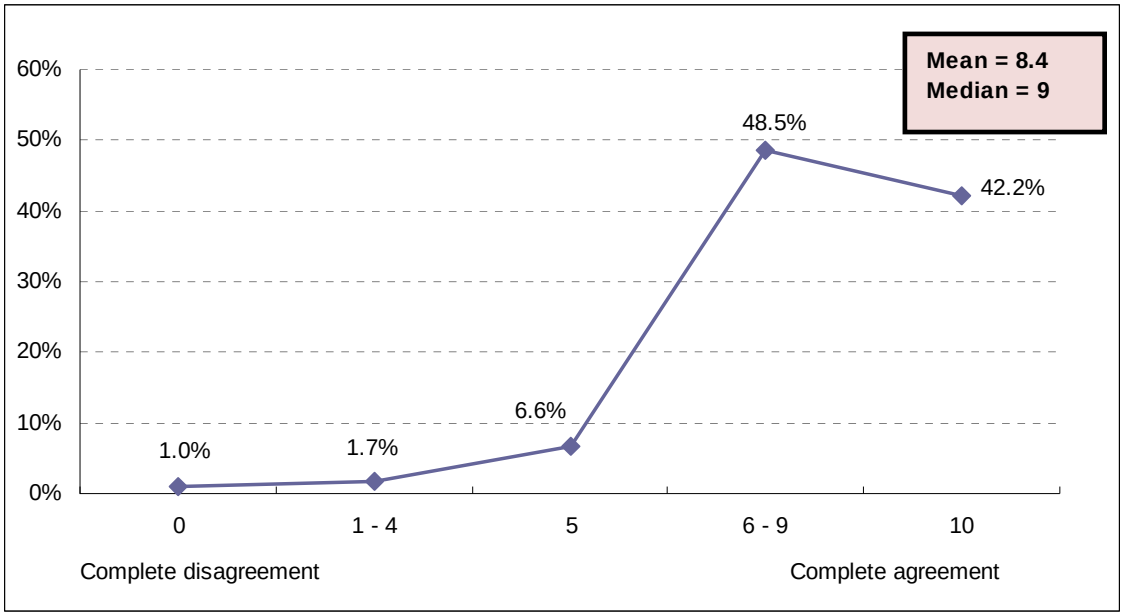
Table 4.35 Level of agreement that respondents should not need to wait for a long time before they receive public healthcare services

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 2.6 | 2.6 | 2.6 |
| 1 | 0.2 | 0.2 | 2.7 |
| 2 | 1.6 | 1.6 | 4.3 |
| 3 | 1.3 | 1.3 | 5.6 |
| 4 | 2.2 | 2.2 | 7.9 |
| 5 | 9.6 | 9.6 | 17.4 |
| 6 | 6.1 | 6.1 | 23.6 |
| 7 | 11.2 | 11.2 | 34.7 |
| 8 | 21.2 | 21.2 | 56.0 |
| 9 | 7.3 | 7.3 | 63.3 |
| 10 - Complete agreement | 36.7 | 36.7 | 100.0 |
| Refuse to answer | 0.1 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.36 indicates that the majority of respondents (90.7%) agreed that they should not need to wait for a long time before they received private healthcare services (42.2% rated 10 and 48.5% rated 6 to 9). A tiny proportion of respondents (2.7%) disagreed with it (1.0% rated 0 and 1.7% rated 1 to 4). The mean and median scores were 8.4 and 9 respectively.

Figure 4.36 Level of agreement that respondents should not need to wait for a long time before they receive private healthcare services




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.36 Level of agreement that respondents should not need to wait for a long time before they receive private healthcare services

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 1.0 | 1.0 | 1.0 |
| 2 | 0.4 | 0.4 | 1.4 |
| 3 | 0.8 | 0.8 | 2.2 |
| 4 | 0.5 | 0.5 | 2.7 |
| 5 | 6.6 | 6.6 | 9.4 |
| 6 | 5.6 | 5.7 | 15.0 |
| 7 | 8.5 | 8.6 | 23.6 |
| 8 | 22.6 | 22.9 | 46.5 |
| 9 | 11.2 | 11.3 | 57.8 |
| 10 - Complete agreement | 41.7 | 42.2 | 100.0 |
| Refuse to answer | 1.0 | | |
| Total | 100.0 | 100.0 | |

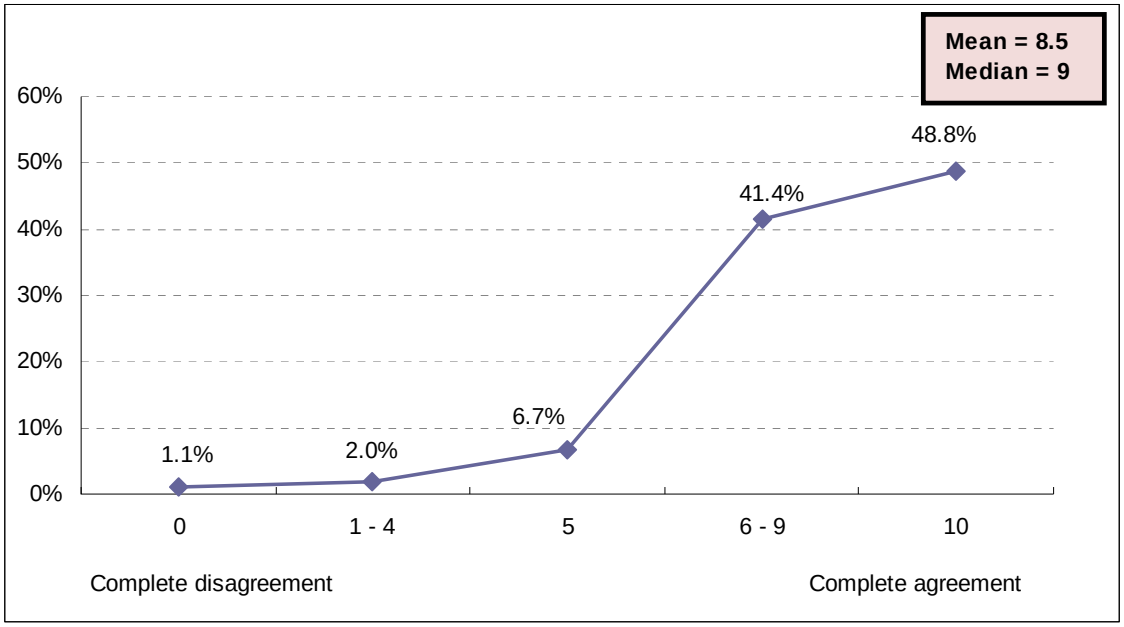
Note: Figures may not add up to 100.0 due to rounding.

### 4.7.3 Overhead Costs

To assess the level of agreement with issues related to overhead costs, respondents were asked to rate their level of agreement on an eleven-point scale (0 indicating complete disagreement and 10 indicating complete agreement) with two other options of "Don't know" and "Refuse to answer". The ratings above 5 are classified as agreed and below 5 are classified as disagreed with the objectives.

Figure 4.37 indicates that the majority of respondents (90.2%) agreed that administration costs should be minimized, no matter whether paid though contributions or insurance (48.8% rated 10 and 41.4% rated 6 to 9). Only tiny proportion of respondents (3.1%) disagreed with it (1.1% rated 0 and 2.0% rated 1 to 4). The mean and median scores were 8.5 and 9 respectively.

Figure 4.37 Level of agreement that administration costs should be minimized, no matter whether paid though contributions or insurance




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.37 Level of agreement that administration costs should be minimized, no matter whether paid though contributions or insurance

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 1.1 | 1.1 | 1.1 |
| 2 | 0.8 | 0.9 | 2.0 |
| 3 | 0.6 | 0.7 | 2.7 |
| 4 | 0.5 | 0.5 | 3.1 |
| 5 | 6.6 | 6.7 | 9.8 |
| 6 | 4.1 | 4.2 | 14.0 |
| 7 | 7.1 | 7.2 | 21.2 |
| 8 | 17.7 | 18.0 | 39.2 |
| 9 | 11.8 | 12.0 | 51.2 |
| 10 - Complete agreement | 48.0 | 48.8 | 100.0 |
| Don't know | 0.3 | | |
| Refuse to answer | 1.4 | | |
| Total | 100.0 | 100.0 | |

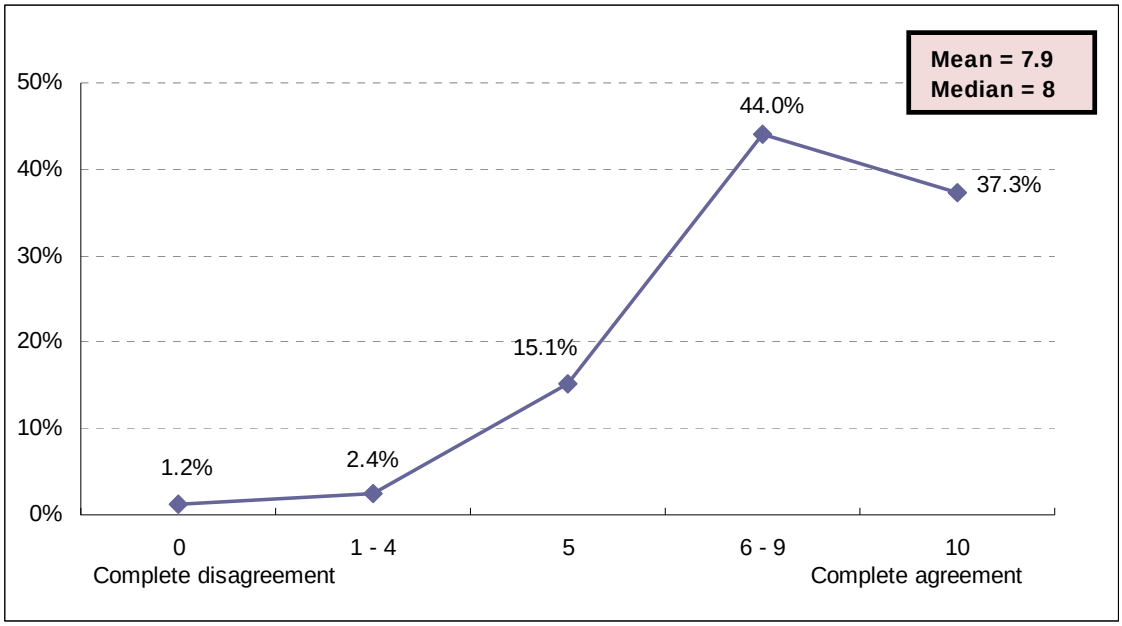
Note: Figures may not add up to 100.0 due to rounding.

### 4.7.4 Contributions

To assess the level of agreement with issues related to contributions, respondents were asked to rate their level of agreement on an eleven-point scale (0 indicating complete disagreement and 10 indicating complete agreement) with two other options of "Don't know" and "Refuse to answer". The ratings above 5 are classified as agreed and below 5 are classified as disagreed with the objectives.

Figure 4.38 indicates that about four-fifths of respondents (81.3%) agreed that they preferred an option under which they paid less (37.3% rated 10 and 44.0% rated 6 to 9). Only a tiny proportion of respondents (3.6%) disagreed with it (1.2% rated 0 and 2.4% rated 1 to 4). The mean and median scores were 7.9 and 8 respectively.

Figure 4.38 Level of agreement that respondents prefer an option under which they pay less




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

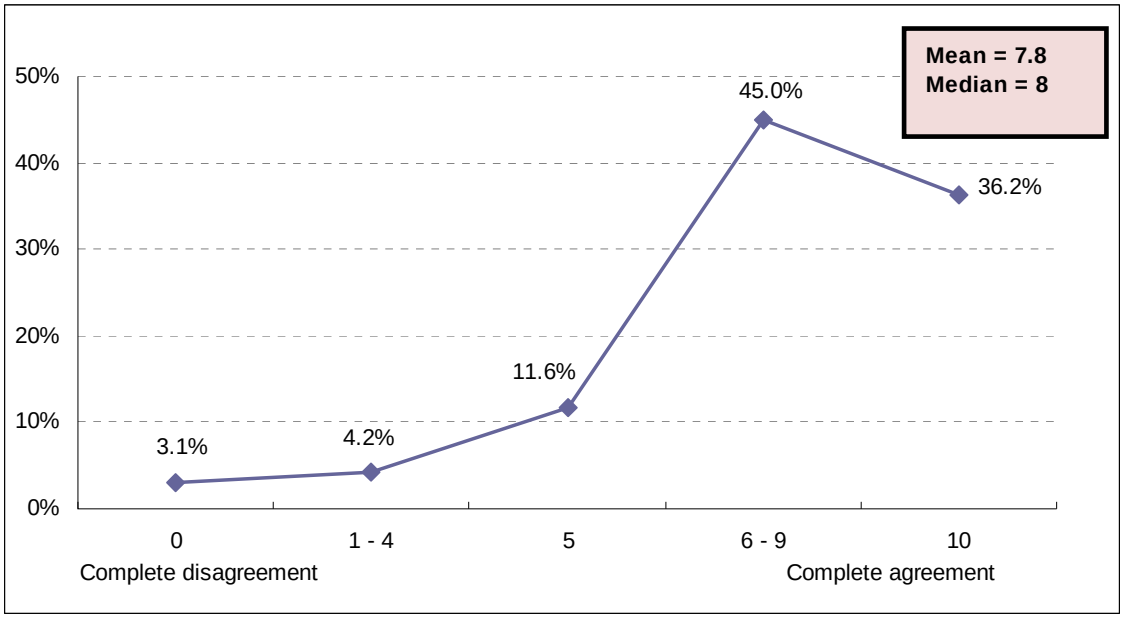
Table 4.38 Level of agreement that respondents prefer an option under which they pay less

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 1.2 | 1.2 | 1.2 |
| 2 | 0.1 | 0.1 | 1.3 |
| 3 | 0.7 | 0.7 | 2.0 |
| 4 | 1.6 | 1.6 | 3.6 |
| 5 | 14.9 | 15.1 | 18.7 |
| 6 | 6.4 | 6.4 | 25.1 |
| 7 | 11.5 | 11.6 | 36.8 |
| 8 | 19.0 | 19.1 | 55.9 |
| 9 | 6.7 | 6.8 | 62.7 |
| 10 - Complete agreement | 37.0 | 37.3 | 100.0 |
| Refuse to answer | 0.9 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding

Figure 4.39 indicates that about four-fifths of respondents (81.2%) agreed that an option with an employer contribution was preferred to one without (36.2% rated 10 and 45.0% rated 6 to 9). Only a small proportion of respondents (7.3%) disagreed with it (3.1% rated 0 and 4.2% rated 1 to 4). The mean and median scores were 7.8 and 8 respectively.

Figure 4.39 Level of agreement that an option with an employer contribution is preferred to one without




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

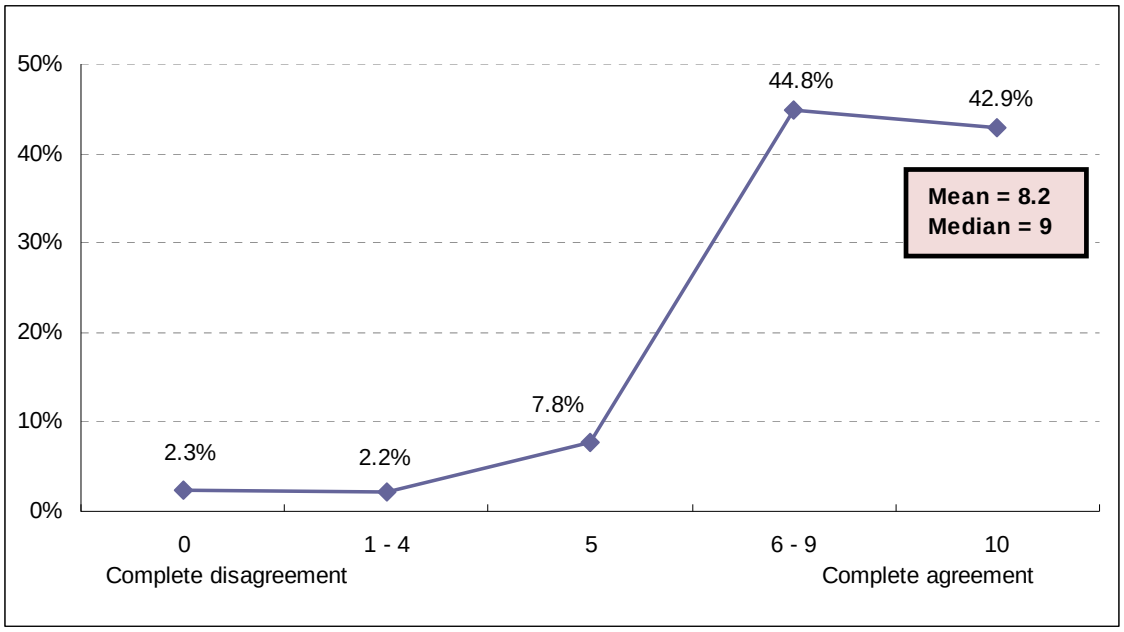
Table 4.39 Level of agreement that an option with an employer contribution is preferred to one without

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 3.1 | 3.1 | 3.1 |
| 1 | 0.4 | 0.4 | 3.5 |
| 2 | 1.2 | 1.2 | 4.7 |
| 3 | 1.6 | 1.6 | 6.3 |
| 4 | 1.0 | 1.0 | 7.3 |
| 5 | 11.4 | 11.6 | 18.8 |
| 6 | 5.6 | 5.6 | 24.4 |
| 7 | 10.8 | 10.9 | 35.4 |
| 8 | 19.8 | 20.0 | 55.4 |
| 9 | 8.4 | 8.5 | 63.8 |
| 10 - Complete agreement | 35.8 | 36.2 | 100.0 |
| Don't know | 0.2 | | |
| Refuse to answer | 0.9 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100.0 due to rounding.

Figure 4.40 indicates that over four-fifths of respondents (87.7%) agreed that an option with a government contribution was preferred to one without (42.9% rated 10 and 44.8% rated 6 to 9). Only a small proportion of respondents (4.5%) disagreed with it (2.3% rated 0 and 2.2% rated 1 to 4). The mean and median scores were 8.2 and 9 respectively.

Figure 4.40 Level of agreement that an option with a government contribution is preferred to one without




*(Base: All respondents excluding "Don't know" and "Refuse to answer")*

Table 4.40 Level of agreement that an option with a government contribution is preferred to one without

| | Percent (all responses) | Percent (excl. don't know & refuse to answer) | Cumulative Percent (excl. don't know & refuse to answer) |
|---|---|---|---|
| 0 - Complete disagreement | 2.3 | 2.3 | 2.3 |
| 2 | 1.1 | 1.1 | 3.4 |
| 3 | 0.8 | 0.8 | 4.2 |
| 4 | 0.4 | 0.4 | 4.5 |
| 5 | 7.7 | 7.8 | 12.3 |
| 6 | 5.6 | 5.6 | 17.9 |
| 7 | 11.1 | 11.2 | 29.1 |
| 8 | 18.5 | 18.7 | 47.8 |
| 9 | 9.2 | 9.3 | 57.1 |
| 10 - Complete agreement | 42.6 | 42.9 | 100.0 |
| Don't know | 0.2 | | |
| Refuse to answer | 0.6 | | |
| Total | 100.0 | 100.0 | |

Note: Figures may not add up to 100 due to rounding.

## 4.8 Summary of the core values behind healthcare financing

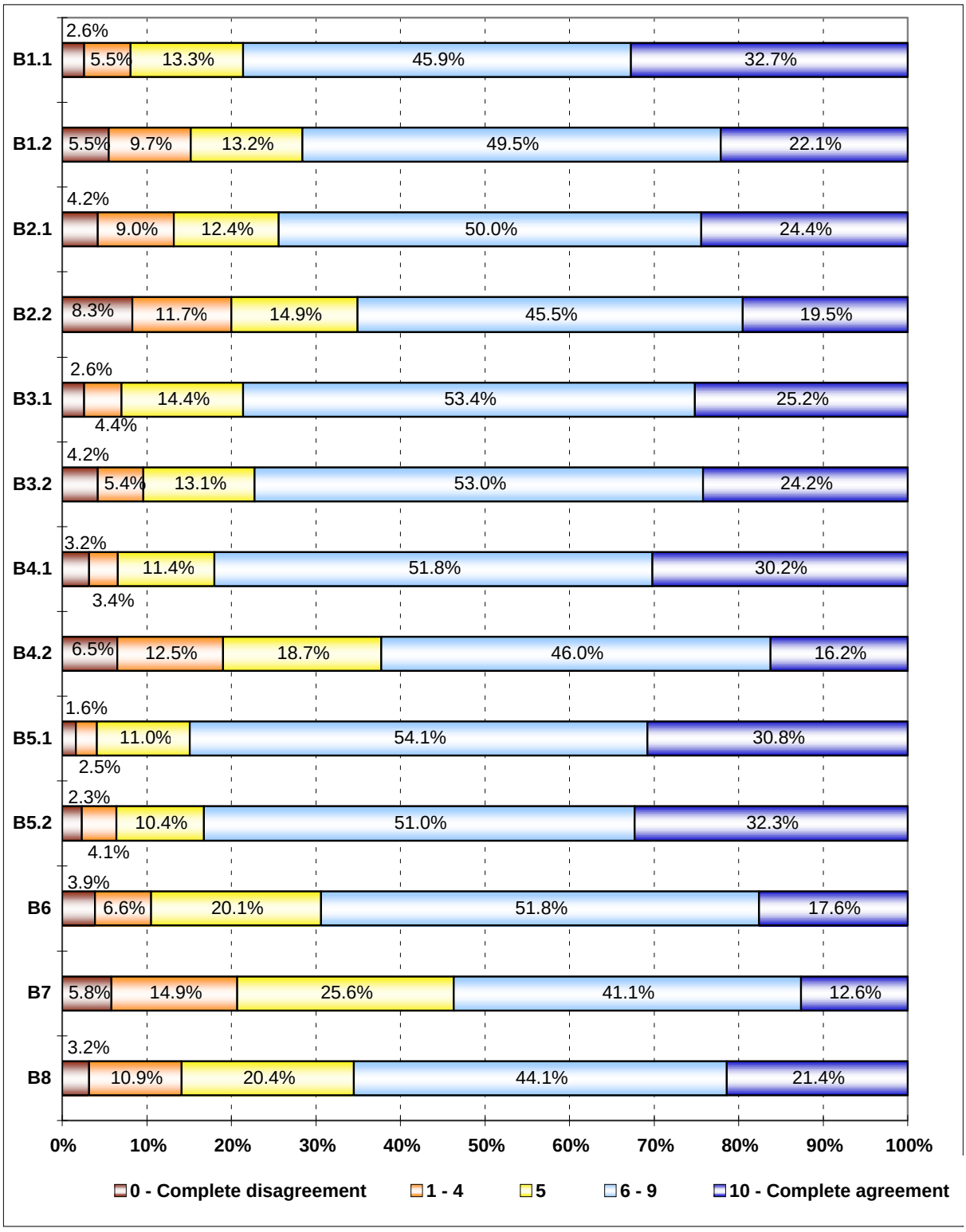
Table 4.41 is a summary of the statements about core values behind healthcare financing presented in the questionnaire.

Table 4.41 Statement list for the core values behind healthcare financing

| | |
|---|---|
| B1.1 | I should get the same healthcare as everyone else in the same health condition irrespective of my economic means. |
| B1.2 | I should get basic essential healthcare irrespective of my economic means, but others who are better off can pay more to get more and better services. |
| B2.1 | If I am better-off, I should contribute more to subsidize those less well-off. |
| B2.2 | If I am better-off, I should pay more for the same services as someone less well-off. |
| B3.1 | The financial burden for healthcare should be shared out among the population, so that I will be subsidized if I require expensive treatments due to serious illnesses, and I am willing to subsidize others when they require it. |
| B3.2 | If I am worried that I cannot afford healthcare, I can purchase private insurance of my choice to pool the risk, so that I will have some financial support if I need expensive treatments due to serious illnesses. |
| B4.1 | Part of my contribution to financing healthcare should be saved for my own future payment of healthcare. |
| B4.2 | Part of my contribution to financing healthcare should be put into a reserve for financing future healthcare of the population. |
| B5.1 | I should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors. |
| B5.2 | I should be able to pay different prices to get different choices of quality of service or types of alternative services. |
| B6 | If I need to pay more to choose my health insurance than to purchase mandatory health insurance, I would still value my choice over mandatory risk-sharing |
| B7 | If having choice means more expensive healthcare services or higher contribution, I'd rather stick with no choice at all than paying more than at present. |
| B8 | If the society needs to save to meet future healthcare expenditure, I'd rather this be done through taxation and putting money in reserve rather than any contributory schemes. |

Figure 4.41 is a summary of the level of agreement with the statements in Table 4.41 about the core values behind healthcare financing of the public healthcare system.

Figure 4.41 Summary of agreement with the statements about the core values behind healthcare financing



**Summary of the knowledge about various supplementary healthcare financing options**

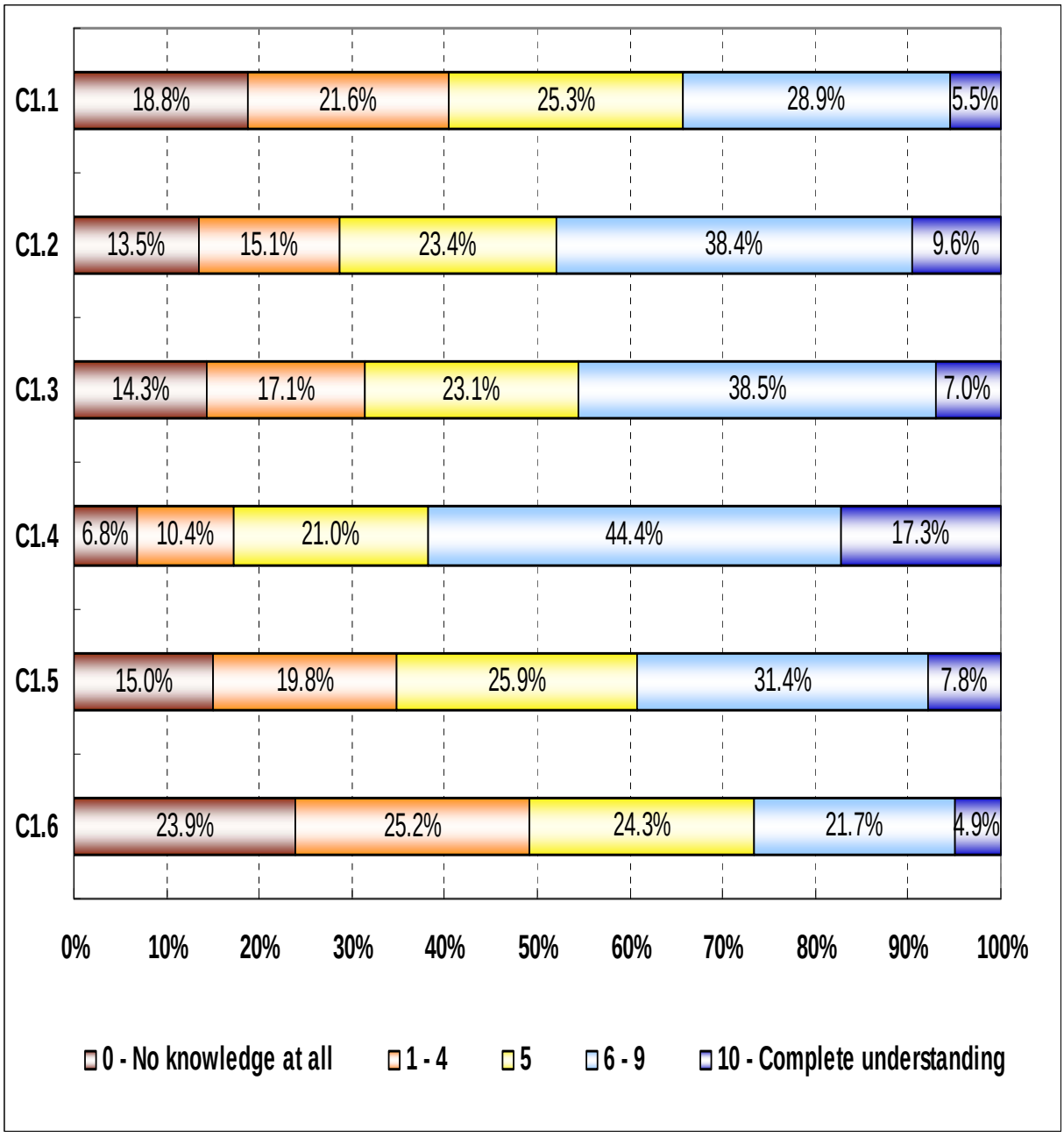
Table 4.42 is a summary of the various supplementary healthcare financing options presented in the questionnaire.

Table 4.42 List of the various supplementary healthcare financing options

| | |
|---|---|
| C1.1 | Introducing social health insurance |
| C1.2 | Increasing user fees |
| C1.3 | Introducing compulsory medical savings |
| C1.4 | Encouraging everyone to take out voluntary private health insurance |
| C1.5 | Introducing mandatory private health insurance |
| C1.6 | Introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health insurance |

Figure 4.42 is a summary of the level of understanding of the statements in Table 4.42 about the various supplementary healthcare financing options presented in the questionnaire.

Figure 4.42 Summary of knowledge about the various supplementary healthcare financing options



## 4.9 Summary of the acceptability of the alternative methods of raising extra resources for healthcare

Table 4.43 is a summary of the alternative methods of raising extra resources presented in the questionnaire.

Table 4.43 List of the alternative methods of raising extra resources for healthcare

| | |
|---|---|
| D1.1 | Increasing current taxes, such as salaries tax and profits tax |
| D1.2 | Introducing new taxes, e.g. GST |
| D1.3 | Reducing government spending in other policy areas, such as education, welfare or security |
| D1.4 | Increasing user fees for public medical services |
| D1.5 | Encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance. |
| D1.6 | Requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population. |
| D1.7 | Requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses. |
| D1.8 | Requiring the working population to purchase a health insurance scheme that provides basic standard coverage and at a fixed-price. |
| D1.9 | Requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above. |

Figure 4.43 is a summary of the level of acceptance of the statements in Table 4.43 about the alternative methods of raising extra resources.

Figure 4.43 Summary of the level of acceptance of the statement about alternative methods of raising extra resources for healthcare

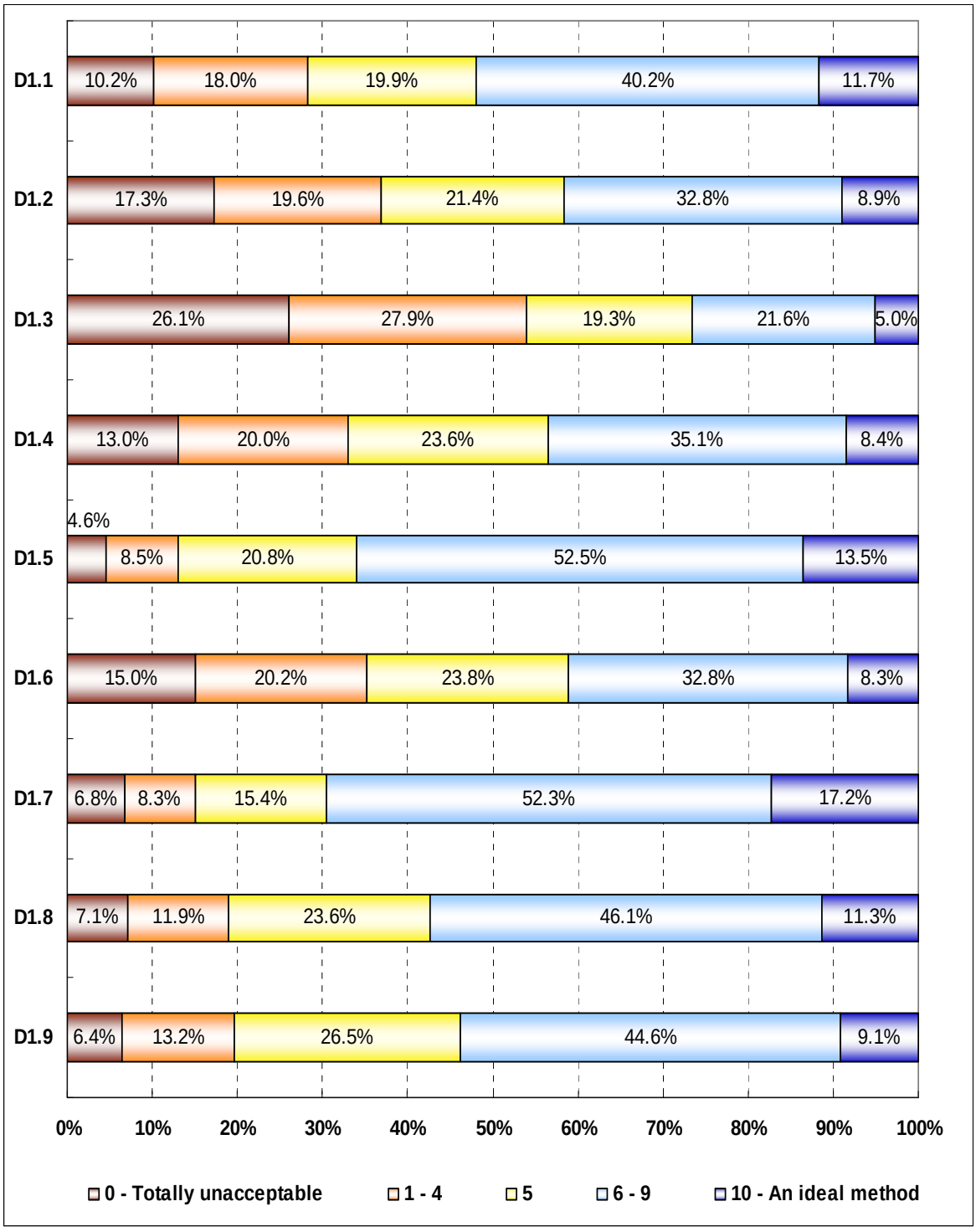


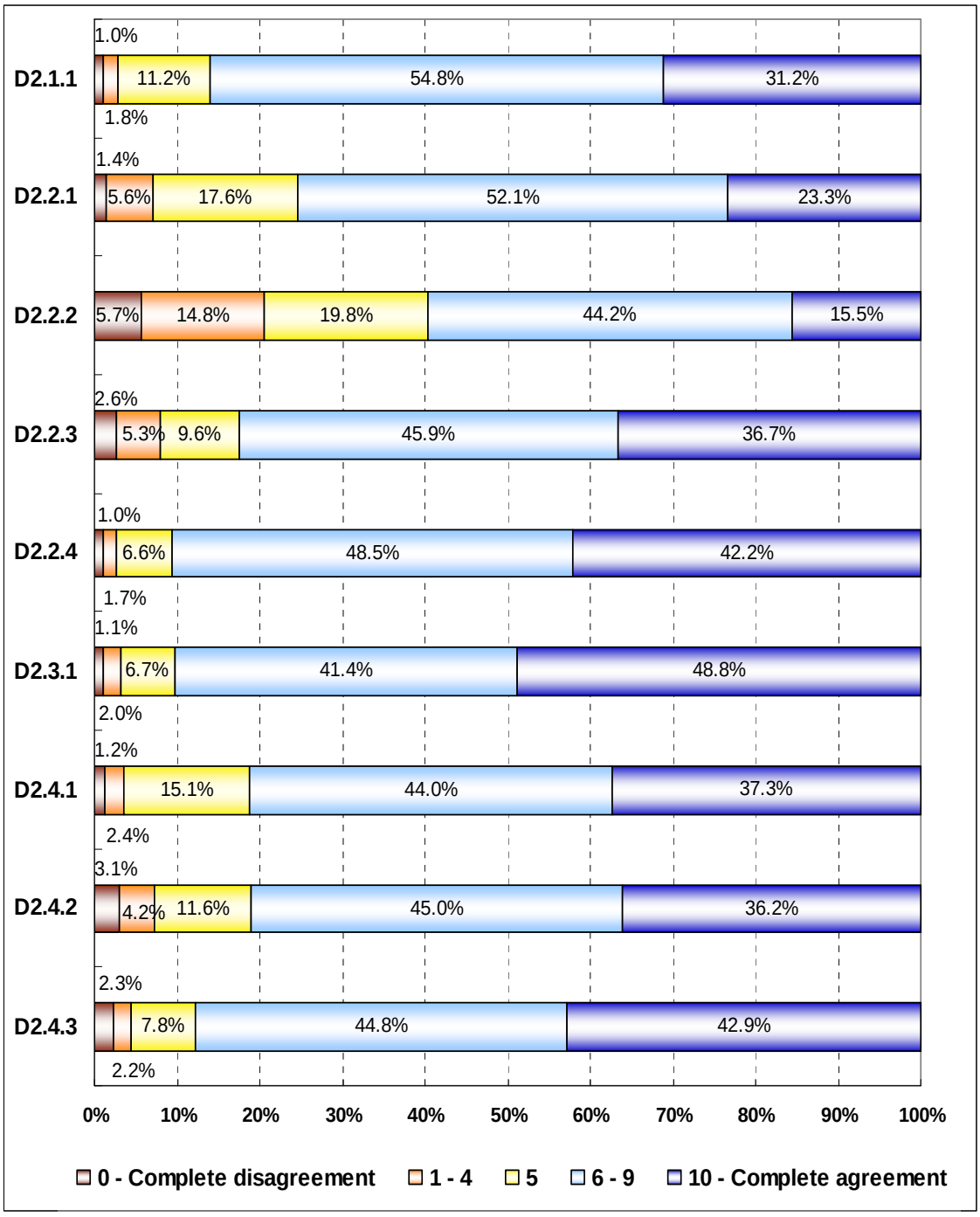
Table 4.44 is a summary of the statements about healthcare financing presented in the questionnaire.

Table 4.44 List of statements about healthcare financing

| | |
|---|---|
| D2.1.1 | The private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided. |
| D2.2.1 | I should not need to pay very much out of pocket when I use public healthcare services. |
| D2.2.2 | I should not need to pay very much out of pocket when I use private healthcare services. |
| D2.2.3 | I should not need to wait for a long time before I receive public healthcare services. |
| D2.2.4 | I should not need to wait for a long time before I receive private healthcare services. |
| D2.3.1 | The administration costs should be minimized, no matter contributions or insurance. |
| D2.4.1 | I prefer an option under which I pay less. |
| D2.4.2 | An option with employer's contribution is preferred to one without. |
| D2.4.3 | An option with government's contribution is preferred to one without. |

Figure 4.44 is a summary of the level of agreement with the statements in Table 4.44 about healthcare financing.

Figure 4.44 Summary of agreement with the statements about healthcare financing



# Chapter Five Sub-group analysis by demographic information and related questions

In this chapter, sub-group analyses are shown based on the breakdown by respondents' demographic information including gender, age group, education level, employment status, economic activity status, and monthly household income to see if there are any significant associations between these demographic factors and the areas being investigated. Other related factors examined for association were hospitalisation within the last 12 months, health status, and self-reported to having a chronic condition or being on regular medication.

The demographic variable of age has been re-grouped as shown in Table 5.1 into a smaller number of categories in order to make the sub-group analyses more robust and representative.

Table 5.1 Re-grouping the responses of demographic information

| Demographic variable | Original level | Re-grouped level | Sample size (weighted) |
|---|---|---|---|
| Age group | 18-29 | 18-29 | 199 |
| | 30-39 | 30-39 | 192 |
| | 40-49 | 40-49 | 235 |
| | 50-59 | 50-64 | 249 |
| | 60-64 | | |
| | 65-69 | 65 or above | 155 |
| | 70 or above | | |

The responses of 'don't know/can't remember', 'don't know/hard to say', 'not applicable' and 'refuse to answer' have been excluded from all the sub-group analyses in this chapter.

Three types of statistical analysis[8] are used for sub-group analysis in this report, namely Pearson chi-square test, Kruskal-Wallis test and Spearman's rank correlation. When both variables are nominal, the chi-square test is used. When one variable is nominal and the other one is ordinal, the Kruskal-Wallis test is adopted. Spearman's rank correlation is calculated when both variables are ordinal. Only statistically significant results at the 5% level are presented in this chapter. As for the Pearson chi-square test, only those tables where no more than 20% of the cells had expected values of less than 5 are included. For the Spearman's rank correlation, r-square is greater 3% are included. The ratings on an eleven-point scale are regrouped into five-point scale to be presented in this chapter.

[8] The statistical software package SPSS is used to perform these statistical tests. Formulae for the three tests are included for reference.

**Pearson chi-square statistics:**

$$\chi^2 = \sum_{\iota} \sum_{j} \frac{(\mathrm{O}ij - \mathcal{E}ij)^2}{\mathcal{E}ij}$$

where $O_{ij}$ is the observed value corresponding to the ith column and the jth row, $e_{ij}$ is the expected value corresponding to the ith column and the jth row. The calculation of $e_{ij}$ is as follows: expected value = (ith column total x jth row total) / Overall total

**Kruskal-Wallis test:**

$$H = \frac{12}{N(N+1)} \sum_{i=1}^{k} \frac{R_i^2}{n_i} - 3(N+1)$$

where N is the total number of observations, $R_i$ is the sum of the ranks of the values of the $i^{th}$ sample and $n_i$ is the number of observations of the $i^{th}$ sample.

**Spearman's rank correlation coefficient:**

$$r = \sum_{i=1}^{N} \frac{(X_i - \overline{X})(Y_i - \overline{Y})}{(N-1)SxSy}$$

where N is the sample size and Sx and Sy are the standard deviations of the rank of the two variables and Xi and Yi are the ith rank of X and Y respectively and $\overline{X}$ and $\overline{Y}$ are the mean rank of X and Y respectively. The rank order of each data value is used in the above formula (adjustments are made if there are ties). Pairwise method is used to handle missing data.

Only the Pearson chi-square test uses weighted data; the Kruskal-Wallis test and Spearman's rank correlation are carried out without weighting as SPSS is unable to handle non-integer weights for these two tests. However, all percentages are reported after weighting.

## 5.1 Introducing other financing sources

Respondents aged 65 or above and those who were working in health or insurance related industries were more likely to agree that tax funding alone was not sufficient for maintaining and improving the current level and quality of public health care services, so that other financing sources would have to be increased or introduced in the longer term.

Table 5.2 Agreement that tax funding alone is not sufficient for maintaining and improving the current level and quality of public health care services, so that other financing sources will have to be increased or introduced in the longer term

| Variable | Level | Agree | Not Agree | P-value Chi-Square Tests |
|---|---|---|---|---|
| **Age Group** | 18-29 | 87.8% | 12.2% | 0.031 |
| | 30-39 | 84.4% | 15.6% | |
| | 40-49 | 84.4% | 15.6% | |
| | 50-64 | 81.3% | 18.7% | |
| | 65 or above | 93.2% | 6.8% | |
| **Working in health or insurance related industries** | Yes | 100.0% | 0.0% | 0.006 |
| | No | 83.6% | 16.4% | |

## 5.2 Core values behind healthcare financing

### 5.2.1 Equity of access

Respondents aged 50 or above, working respondents and respondents with monthly household income $50,000 or above were more likely to agree that they should get the same healthcare as everyone else in the same health condition irrespective of their economic means. Those respondents who did not report suffering from a chronic disease or taking regular medication were more likely to complete agree with it.

Table 5.3 Level of agreement that respondents should get the same healthcare as everyone else in the same health condition irrespective of their economic means

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 1.8% | 13.2% | 18.8% | 51.3% | 14.9% | 0.004 |
| | 30-39 | 4.3% | 8.9% | 13.4% | 50.4% | 23.0% | |
| | 40-49 | 7.2% | 12.2% | 12.2% | 47.5% | 20.9% | |
| | 50-64 | 6.6% | 5.6% | 12.8% | 48.9% | 26.1% | |
| | 65 or above | 7.8% | 8.7% | 8.2% | 50.3% | 25.0% | |
| **Engaged in a job** | Yes | 4.8% | 9.6% | 12.2% | 49.9% | 23.4% | 0.043 |
| | No | 6.4% | 9.6% | 14.4% | 49.0% | 20.6% | |
| **Monthly household income** | Less than $10,000 | 7.5% | 12.6% | 9.7% | 46.0% | 24.3% | 0.007 |
| | $10,000-19,999 | 9.1% | 12.9% | 12.8% | 43.9% | 21.4% | |
| | $20,000-29,999 | 3.5% | 10.0% | 19.2% | 47.9% | 19.5% | |
| | $30,000-49,999 | 5.2% | 8.9% | 14.5% | 53.0% | 18.4% | |
| | $50,000 or above | 3.4% | 8.3% | 4.8% | 57.0% | 26.5% | |
| **Either have a chronic disease or taking regular medications** | Yes | 7.1% | 7.8% | 14.0% | 52.9% | 18.4% | 0.029 |
| | No/ Don't know/ Refuse to answer | 4.8% | 10.7% | 12.8% | 47.8% | 24.0% | |

In addition, there was no significant difference between respondents with different demographic and socio-economic characteristics and level of agreement that they should get basic essential healthcare irrespective of their economic means, but others who are better off can pay more to get more and better services.

### 5.2.2 Wealth re-distribution

Respondents aged 18 – 29 and 65 or above, non-working respondents, those with monthly household income less than $10,000 and those who claimed that their health status was good or poor were more likely to agree that if they were better-off, they should contribute more to subsidize those less well-off.

In addition, a smaller proportion of respondents with completed Form 5 secondary education and tertiary education (degree or above) agreed with it.

Table 5.4 Level of agreement that if respondents are better-off, they should contribute more to subsidize those less well-off

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 0.4% | 7.7% | 9.2% | 68.2% | 14.5% | <0.001 |
| | 30-39 | 4.6% | 9.9% | 20.2% | 46.8% | 18.5% | |
| | 40-49 | 5.8% | 13.9% | 15.8% | 46.2% | 18.4% | |
| | 50-64 | 7.9% | 7.0% | 10.5% | 46.5% | 28.2% | |
| | 65 or above | 0.0% | 5.9% | 4.3% | 42.4% | 47.4% | |
| **Education level** | Primary or below | 3.5% | 11.0% | 6.5% | 41.0% | 38.0% | <0.001 |
| | Had not completed secondary | 3.3% | 3.1% | 13.2% | 48.4% | 32.1% | |
| | Completed secondary (Form 5) | 5.5% | 10.6% | 14.3% | 44.2% | 25.4% | |
| | Matriculation | 4.0% | 5.5% | 11.5% | 61.5% | 17.5% | |
| | Tertiary (non-degree) | 3.6% | 1.9% | 11.8% | 58.3% | 24.4% | |
| | Tertiary (degree or above) | 3.9% | 14.0% | 13.4% | 54.1% | 14.7% | |
| **Engaged in a job** | Yes | 4.9% | 10.5% | 14.1% | 51.6% | 18.9% | <0.001 |
| | No | 3.4% | 7.4% | 10.2% | 48.1% | 30.9% | |
| **Monthly household income** | Less than $10,000 | 2.6% | 6.0% | 8.0% | 46.3% | 37.1% | <0.001 |
| | $10,000-19,999 | 5.3% | 7.2% | 11.9% | 51.3% | 24.3% | |
| | $20,000-29,999 | 3.6% | 8.3% | 15.6% | 54.5% | 17.9% | |
| | $30,000-49,999 | 4.0% | 10.1% | 12.4% | 52.9% | 20.7% | |
| | $50,000 or above | 6.4% | 15.0% | 12.9% | 49.1% | 16.6% | |
| **Health status** | Excellent | 8.7% | 12.5% | 12.4% | 40.1% | 26.3% | 0.005 |
| | Very good | 4.3% | 11.6% | 12.8% | 52.5% | 18.8% | |
| | Good | 2.8% | 6.7% | 10.7% | 58.1% | 21.7% | |
| | Fair | 4.1% | 9.5% | 14.2% | 45.3% | 26.9% | |
| | Poor | 7.4% | 5.2% | 5.8% | 43.0% | 38.5% | |

Older respondents (aged 65 or above), those with lower education level, non-working respondents, retired person, those with monthly household income less than $10,000 and those who reported suffering from a chronic disease or taking regular medication were more likely to agree that if they were better-off, they should pay more for the same services than someone less well-off.

Furthermore, a higher proportion of respondents aged below 50, those with tertiary or above education level, working respondents, students, unemployed persons, those with monthly household income $50,000 or above and those who did not report suffering from a chronic disease or taking regular medication disagreed with it.

Table 5.5 Level of agreement that if respondents are better-off, they should pay more for the same services as someone less well-off

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 5.1% | 19.1% | 17.8% | 51.3% | 6.8% | <0.001 |
| | 30-39 | 12.4% | 14.2% | 20.0% | 42.3% | 11.1% | |
| | 40-49 | 12.8% | 14.0% | 16.7% | 41.5% | 15.0% | |
| | 50-64 | 6.8% | 7.5% | 12.5% | 46.5% | 26.7% | |
| | 65 or above | 2.0% | 2.9% | 6.4% | 47.3% | 41.5% | |
| **Education level** | Primary or below | 5.2% | 7.6% | 12.8% | 42.4% | 32.0% | <0.001 |
| | Had not completed secondary | 6.8% | 6.1% | 12.8% | 45.9% | 28.4% | |
| | Completed secondary (Form 5) | 7.8% | 13.6% | 15.3% | 41.4% | 22.0% | |
| | Matriculation | 7.4% | 11.2% | 14.9% | 53.4% | 13.1% | |
| | Tertiary (non-degree) | 9.8% | 13.3% | 17.9% | 50.6% | 8.4% | |
| | Tertiary (degree or above) | 10.6% | 15.2% | 15.8% | 46.5% | 12.0% | |
| **Engaged in a job** | Yes | 10.2% | 13.0% | 17.2% | 45.6% | 14.0% | <0.001 |
| | No | 5.9% | 10.3% | 12.2% | 45.5% | 26.1% | |
| **Not working status** | Student | 4.1% | 20.2% | 15.9% | 52.5% | 7.3% | <0.001 |
| | Home-maker | 6.7% | 7.5% | 15.7% | 46.8% | 23.3% | |
| | Unemployed person | 9.9% | 15.0% | 12.3% | 43.3% | 19.4% | |
| | Retired person | 4.8% | 6.3% | 7.8% | 42.3% | 38.9% | |
| **Monthly household income** | Less than $10,000 | 4.7% | 9.0% | 11.7% | 45.8% | 28.8% | 0.002 |
| | $10,000-19,999 | 10.2% | 9.5% | 14.6% | 47.4% | 18.2% | |
| | $20,000-29,999 | 4.7% | 14.8% | 18.9% | 44.1% | 17.5% | |
| | $30,000-49,999 | 10.2% | 9.9% | 14.7% | 50.0% | 15.2% | |
| | $50,000 or above | 11.0% | 19.9% | 14.8% | 39.7% | 14.5% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Either have a chronic disease or taking regular medications** | Yes | 8.3% | 6.2% | 9.8% | 51.1% | 24.5% | 0.002 |
| | No / don't know / refuse to answer | 8.3% | 14.5% | 17.5% | 42.8% | 17.0% | |

### 5.2.3 Risk-sharing/pooling

Respondents aged 18-29 and 65 or above were more likely to agree that the financial burden for healthcare should be shared out among the population, so that they would be subsidized if they required expensive treatments due to serious illnesses, and they were willing to subsidize others when they require it.

Table 5.6 Level of agreement that the financial burden for healthcare should be shared out among the population, so that respondents will be subsidized if they require expensive treatments due to serious illnesses, and they are willing to subsidize others when they require it

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 0.5% | 2.8% | 12.1% | 70.6% | 14.1% | 0.008 |
| | 30-39 | 4.1% | 6.4% | 14.0% | 53.6% | 21.9% | |
| | 40-49 | 3.1% | 6.8% | 14.9% | 53.7% | 21.6% | |
| | 50-64 | 3.4% | 3.6% | 15.4% | 47.3% | 30.3% | |
| | 65 or above | 0.9% | 2.0% | 15.8% | 40.6% | 40.7% | |

Working respondents, students, those with higher monthly household income, those who claimed that their health status were excellent or good and those who did not report suffering from a chronic disease or taking regular medications were more likely to agree that if they were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses.

Table 5.7 Level of agreement that if respondents are worried that they cannot afford healthcare, they can purchase private insurance of their choice to pool the risk, so that they will have some financial support if they need expensive treatments due to serious illnesses

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Education level** | Primary or below | 9.3% | 6.8% | 20.4% | 45.8% | 17.7% | 0.013 |
| | Had not completed secondary | 5.2% | 5.7% | 17.3% | 45.9% | 25.9% | |
| | Completed secondary (Form 5) | 3.0% | 4.6% | 12.4% | 52.0% | 28.0% | |
| | Matriculation | 3.4% | 3.4% | 15.3% | 58.0% | 20.0% | |
| | Tertiary (non-degree) | 2.4% | 8.9% | 4.8% | 54.9% | 29.1% | |
| | Tertiary (degree or above) | 2.6% | 4.9% | 9.6% | 59.7% | 23.2% | |
| **Engaged in a job** | Yes | 2.9% | 4.4% | 11.5% | 55.9% | 25.4% | 0.003 |
| | No | 5.7% | 6.7% | 15.0% | 49.7% | 22.9% | |
| **Not working status** | Student | 2.9% | 2.2% | 9.7% | 71.4% | 13.7% | 0.013 |
| | Home-maker | 3.6% | 3.3% | 13.6% | 53.6% | 25.9% | |
| | Unemployed person | 7.5% | 12.5% | 14.7% | 41.5% | 23.7% | |
| | Retired person | 8.1% | 9.7% | 18.9% | 38.7% | 24.6% | |
| **Monthly household income** | Less than $10,000 | 6.8% | 7.8% | 19.4% | 47.4% | 18.5% | <0.001 |
| | $10,000-19,999 | 4.5% | 6.3% | 19.4% | 47.5% | 22.3% | |
| | $20,000-29,999 | 0.4% | 4.8% | 13.4% | 58.1% | 23.4% | |
| | $30,000-49,999 | 2.9% | 3.2% | 8.8% | 57.1% | 27.9% | |
| | $50,000 or above | 2.9% | 5.1% | 6.2% | 57.4% | 28.3% | |
| **Health status** | Excellent | 4.7% | 1.8% | 11.3% | 44.9% | 37.2% | 0.014 |
| | Very good | 3.3% | 7.4% | 11.7% | 54.1% | 23.6% | |
| | Good | 2.0% | 3.8% | 11.1% | 58.8% | 24.3% | |
| | Fair | 5.2% | 6.3% | 15.9% | 49.6% | 23.0% | |
| | Poor | 11.7% | 2.7% | 9.9% | 52.7% | 23.0% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Either have a chronic disease or taking regular medications** | Yes | 6.8% | 7.0% | 14.8% | 48.8% | 22.7% | 0.016 |
| | No / don't know / refuse to answer | 3.0% | 4.7% | 12.2% | 55.2% | 25.0% | |

### 5.2.4 Saving for the future

Females, respondents aged 18-29, those with higher monthly household income were more likely to agree that part of their contributions to financing healthcare should be saved for their own future payment of healthcare.

Table 5.8 Level of agreement that part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 3.9% | 3.2% | 13.6% | 51.1% | 28.2% | 0.033 |
| | Female | 2.5% | 3.6% | 9.4% | 52.5% | 32.0% | |
| **Age group** | 18-29 | 0.8% | 1.0% | 7.1% | 73.0% | 18.1% | 0.049 |
| | 30-39 | 3.5% | 2.0% | 13.7% | 48.9% | 31.9% | |
| | 40-49 | 4.3% | 4.0% | 10.9% | 54.1% | 26.6% | |
| | 50-64 | 3.5% | 5.0% | 17.3% | 41.3% | 32.9% | |
| | 65 or above | 3.0% | 4.3% | 5.9% | 41.4% | 45.4% | |
| **Monthly household income** | Less than $10,000 | 3.2% | 5.1% | 15.8% | 43.7% | 32.2% | 0.006 |
| | $10,000-19,999 | 4.4% | 4.4% | 13.2% | 52.9% | 25.0% | |
| | $20,000-29,999 | 0.4% | 3.4% | 13.6% | 50.6% | 32.1% | |
| | $30,000-49,999 | 3.8% | 0.3% | 9.7% | 55.6% | 30.6% | |
| | $50,000 or above | 2.5% | 4.1% | 7.2% | 57.5% | 28.6% | |

Respondents aged 65 or above, those with primary education or below, non-working respondents and those with monthly household income less than $10,000 or less were more likely to agree that part of their contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.

Table 5.9 Level of agreement that part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 2.6% | 10.3% | 17.9% | 62.2% | 7.0% | <0.001 |
| | 30-39 | 5.9% | 18.1% | 20.9% | 42.4% | 12.8% | |
| | 40-49 | 10.2% | 13.7% | 23.2% | 41.4% | 11.6% | |
| | 50-64 | 8.1% | 13.1% | 16.5% | 41.1% | 21.2% | |
| | 65 or above | 2.8% | 6.2% | 14.1% | 44.9% | 32.0% | |
| **Education level** | Primary or below | 5.8% | 7.1% | 15.5% | 42.0% | 29.5% | 0.027 |
| | Had not completed secondary | 6.4% | 12.4% | 20.9% | 42.8% | 17.5% | |
| | Completed secondary (Form 5) | 7.8% | 13.5% | 16.5% | 44.5% | 17.7% | |
| | Matriculation | 4.5% | 12.4% | 26.4% | 41.9% | 14.8% | |
| | Tertiary (non-degree) | 2.0% | 8.2% | 21.2% | 58.5% | 10.0% | |
| | Tertiary (degree or above) | 7.2% | 15.9% | 17.4% | 49.2% | 10.3% | |
| **Engaged in a job** | Yes | 8.3% | 14.1% | 19.9% | 44.2% | 13.5% | 0.001 |
| | No | 4.2% | 10.7% | 17.3% | 48.2% | 19.6% | |
| **Monthly household income** | Less than $10,000 | 4.1% | 8.0% | 17.7% | 46.3% | 23.9% | 0.030 |
| | $10,000-19,999 | 5.4% | 12.6% | 19.4% | 45.0% | 17.6% | |
| | $20,000-29,999 | 5.7% | 12.4% | 22.0% | 42.9% | 17.0% | |
| | $30,000-49,999 | 8.4% | 9.8% | 17.1% | 52.9% | 11.8% | |
| | $50,000 or above | 6.4% | 20.9% | 16.8% | 44.9% | 11.0% | |

### 5.2.5 Choice

Females, respondents with higher monthly household income and those who have been admitted in a hospital within the last 12 months for any reason were more likely to agree that they should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors.

Table 5.10 Level of agreement that respondents should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 2.0% | 3.0% | 12.1% | 54.4% | 28.6% | 0.020 |
| | Female | 1.1% | 2.1% | 10.0% | 53.8% | 33.0% | |
| **Monthly household income** | Less than $10,000 | 1.9% | 5.5% | 15.3% | 46.0% | 31.3% | 0.033 |
| | $10,000-19,999 | 0.7% | 2.9% | 16.2% | 49.2% | 30.9% | |
| | $20,000-29,999 | 1.3% | 2.6% | 8.3% | 62.0% | 25.8% | |
| | $30,000-49,999 | 2.0% | 1.0% | 9.8% | 55.3% | 31.9% | |
| | $50,000 or above | 0.4% | 1.8% | 3.6% | 62.7% | 31.4% | |
| **Admitted to a hospital** | Yes | 1.2% | 1.1% | 8.0% | 53.0% | 36.6% | 0.022 |
| | No | 1.6% | 2.7% | 11.4% | 54.3% | 30.0% | |

Respondents with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was good were more likely to agree that they should be able to pay different prices to get different choices of quality of service or types of alternative services.

Table 5.11 Level of agreement that respondents should be able to pay different prices to get different choices of quality of service or types of alternative services

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Education level** | Primary or below | 2.5% | 10.9% | 15.0% | 40.5% | 31.1% | 0.012 |
| | Had not completed secondary | 1.5% | 8.0% | 18.9% | 43.8% | 27.8% | |
| | Completed secondary (Form 5) | 3.6% | 2.8% | 10.6% | 46.6% | 36.4% | |
| | Matriculation | 0.8% | 2.4% | 7.4% | 56.5% | 32.9% | |
| | Tertiary (non-degree) | 0.8% | 1.2% | 4.6% | 66.4% | 27.0% | |
| | Tertiary (degree or above) | 2.5% | 1.3% | 5.9% | 57.1% | 33.2% | |
| **Engaged in a job** | Yes | 2.3% | 3.3% | 8.8% | 49.9% | 35.7% | 0.005 |
| | No | 2.3% | 5.0% | 12.3% | 52.1% | 28.2% | |
| **Monthly household income** | Less than $10,000 | 3.1% | 7.4% | 15.7% | 50.1% | 23.7% | <0.001 |
| | $10,000-19,999 | 3.7% | 7.5% | 11.2% | 50.1% | 27.5% | |
| | $20,000-29,999 | 1.3% | 2.3% | 11.1% | 55.4% | 29.9% | |
| | $30,000-49,999 | 1.6% | .4% | 10.0% | 48.8% | 39.1% | |
| | $50,000 or above | 1.5% | 1.9% | 1.3% | 56.9% | 38.5% | |
| **Health status** | Excellent | 5.7% | 0.0% | 16.3% | 38.7% | 39.3% | 0.007 |
| | Very good | 3.1% | 2.9% | 10.1% | 50.6% | 33.3% | |
| | Good | 1.1% | 1.5% | 6.2% | 56.7% | 34.5% | |
| | Fair | 2.4% | 6.6% | 13.1% | 48.6% | 29.3% | |
| | Poor | 1.2% | 7.7% | 7.2% | 51.1% | 32.8% | |

Working respondents and those with monthly household income $50,000 or above were likely to agree that if they needed to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choices over mandatory risk-sharing.

Table 5.12 Level of agreement that if respondents need to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choice over mandatory risk-sharing

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Engaged in a job** | Yes | 3.0% | 6.7% | 19.5% | 52.2% | 18.6% | 0.017 |
| | No | 4.9% | 6.4% | 21.0% | 51.3% | 16.4% | |
| **Monthly household income** | Less than $10,000 | 5.2% | 6.5% | 23.1% | 53.7% | 11.4% | <0.001 |
| | $10,000-19,999 | 3.8% | 12.2% | 22.0% | 44.9% | 17.1% | |
| | $20,000-29,999 | 1.4% | 6.1% | 17.9% | 53.6% | 21.0% | |
| | $30,000-49,999 | 5.8% | 4.5% | 18.7% | 55.3% | 15.7% | |
| | $50,000 or above | 1.5% | 3.4% | 14.3% | 58.5% | 22.3% | |

Respondents aged 18-29 and 65 or above, those who were working in health or insurance related insurance, students, retired persons and those with monthly household income $50,000 or above were more likely to disagree that if having choice means more expensive healthcare services or higher contribution, they would rather stick with no choice at all than paying more than at present.

Table 5.13 Level of agreement that if having choice means more expensive healthcare services or higher contribution, respondents would rather stick with no choice at all than paying more than at present

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 2.8% | 21.7% | 24.7% | 46.3% | 4.5% | 0.023 |
| | 30-39 | 5.4% | 13.9% | 25.5% | 40.9% | 14.4% | |
| | 40-49 | 5.5% | 12.6% | 27.7% | 41.2% | 12.9% | |
| | 50-64 | 8.1% | 8.9% | 27.5% | 38.2% | 17.4% | |
| | 65 or above | 6.2% | 19.5% | 21.2% | 40.0% | 13.1% | |
| **Working in health or insurance related industries** | Yes | 4.4% | 30.5% | 30.4% | 22.6% | 12.1% | 0.009 |
| | No | 5.6% | 13.3% | 27.5% | 41.2% | 12.4% | |
| **Not working status** | Student | 4.3% | 20.2% | 29.8% | 41.8% | 3.9% | 0.005 |
| | Home-maker | 6.3% | 11.5% | 23.6% | 46.7% | 11.9% | |
| | Unemployed person | 5.1% | 8.8% | 19.3% | 53.3% | 13.6% | |
| | Retired person | 7.6% | 17.3% | 20.7% | 37.3% | 17.1% | |
| **Monthly household income** | Less than $10,000 | 7.5% | 16.5% | 23.5% | 38.4% | 14.1% | 0.025 |
| | $10,000-19,999 | 4.7% | 11.5% | 25.5% | 44.3% | 13.9% | |
| | $20,000-29,999 | 4.4% | 10.5% | 28.1% | 45.5% | 11.5% | |
| | $30,000-49,999 | 5.1% | 10.9% | 28.6% | 44.1% | 11.3% | |
| | $50,000 or above | 7.5% | 24.4% | 23.0% | 39.2% | 5.9% | |

Males, older respondents, respondents with tertiary non-degree education, those who were not working in health or insurance related industries, unemployed persons, retired persons, those with monthly household income below $50,000 and those who reported to having a chronic condition or being on regular medications were more likely to agree that if society needs to save to meet future healthcare expenditure, they would rather this be done through taxation and putting money in reserve rather than any contributory schemes.

Table 5.14 Level of agreement that if society needs to save to meet future healthcare expenditure, respondents would rather this be done through taxation and putting money in reserve rather than any contributory schemes

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 3.4% | 11.1% | 16.9% | 43.8% | 24.9% | 0.032 |
| | Female | 3.0% | 10.7% | 23.8% | 44.4% | 18.1% | |
| **Age group** | 18-29 | 1.9% | 15.7% | 24.8% | 47.8% | 9.8% | <0.001 |
| | 30-39 | 2.5% | 13.2% | 22.2% | 43.5% | 18.5% | |
| | 40-49 | 2.8% | 11.0% | 22.3% | 44.7% | 19.3% | |
| | 50-64 | 5.8% | 8.3% | 14.0% | 44.5% | 27.4% | |
| | 65 or above | 2.4% | 6.1% | 20.3% | 38.3% | 32.9% | |
| **Education level** | Primary or below | 2.5% | 5.9% | 15.3% | 38.5% | 37.7% | <0.001 |
| | Had not completed secondary | 4.9% | 6.3% | 21.8% | 41.7% | 25.3% | |
| | Completed secondary (Form 5) | 4.4% | 8.7% | 21.8% | 46.8% | 18.3% | |
| | Matriculation | 0.0% | 11.3% | 26.4% | 49.7% | 12.6% | |
| | Tertiary (non-degree) | 3.4% | 3.5% | 22.1% | 49.7% | 21.3% | |
| | Tertiary (degree or above) | 2.7% | 20.6% | 18.1% | 41.8% | 16.9% | |
| **Working in health or insurance related industries** | Yes | 6.7% | 19.4% | 28.9% | 35.1% | 9.9% | 0.001 |
| | No | 3.0% | 11.7% | 19.2% | 45.5% | 20.6% | |
| **Not working status** | Student | 0.0% | 22.0% | 20.1% | 49.6% | 8.4% | <0.001 |
| | Home-maker | 3.3% | 8.0% | 26.7% | 46.7% | 15.3% | |
| | Unemployed person | 1.3% | 4.4% | 21.7% | 39.5% | 33.2% | |
| | Retired person | 5.1% | 5.7% | 17.0% | 39.2% | 33.0% | |
| **Monthly household income** | Less than $10,000 | 3.8% | 8.5% | 21.8% | 40.2% | 25.6% | 0.010 |
| | $10,000-19,999 | 2.3% | 7.2% | 19.8% | 48.0% | 22.7% | |
| | $20,000-29,999 | 3.9% | 8.8% | 19.6% | 45.8% | 21.8% | |
| | $30,000-49,999 | 2.9% | 10.6% | 21.3% | 47.1% | 18.1% | |
| | $50,000 or above | 4.1% | 19.6% | 23.4% | 38.7% | 14.3% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Either have a chronic disease or taking regular medications** | Yes | 2.9% | 9.1% | 17.8% | 43.0% | 27.3% | 0.003 |
| | No / don't know / refuse to answer | 3.4% | 11.8% | 21.8% | 44.6% | 18.4% | |

## 5.3 Knowledge about alternative methods of raising extra resources for healthcare

### 5.3.1 Introducing social health insurance

Males, respondents with Tertiary education (degree or above), working respondents and those with monthly household income $50,000 or above were more likely to claim to understand the supplementary healthcare financing method of introducing social health insurance.

On the contrary, female respondents, those with primary education or below, non-working respondents and those with lower monthly household income were more likely to claim to not understand it.

Table 5.15 Level of understanding of introducing social health insurance

| Variable | Level | 0 – No knowledge at all | 1 - 4 | 5 | 6 - 9 | 10 – Complete understanding | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 16.3% | 21.4% | 22.8% | 31.5% | 7.9% | 0.002 |
| | Female | 21.0% | 21.7% | 27.6% | 26.5% | 3.2% | |
| **Education level** | Primary or below | 32.7% | 18.7% | 26.0% | 17.8% | 4.8% | <0.001 |
| | Had not completed secondary | 22.6% | 19.6% | 25.2% | 24.9% | 7.8% | |
| | Completed secondary (Form 5) | 19.1% | 26.5% | 26.9% | 22.5% | 4.9% | |
| | Matriculation | 16.6% | 25.1% | 25.6% | 30.8% | 2.0% | |
| | Tertiary (non-degree) | 12.9% | 22.9% | 26.5% | 31.1% | 6.6% | |
| | Tertiary (degree or above) | 11.9% | 17.8% | 22.8% | 41.5% | 6.0% | |
| **Engaged in a job** | Yes | 15.3% | 19.5% | 27.7% | 31.8% | 5.6% | 0.002 |
| | No | 22.7% | 24.0% | 22.4% | 25.5% | 5.4% | |
| **Monthly household income** | Less than $10,000 | 18.4% | 28.2% | 21.0% | 25.8% | 6.7% | 0.012 |
| | $10,000-19,999 | 20.6% | 27.2% | 22.6% | 22.9% | 6.8% | |
| | $20,000-29,999 | 14.4% | 21.7% | 31.9% | 30.0% | 2.1% | |
| | $30,000-49,999 | 18.0% | 18.9% | 26.0% | 30.9% | 6.3% | |
| | $50,000 or above | 12.3% | 16.2% | 26.1% | 40.3% | 5.0% | |

### 5.3.2 Increasing user fees

Younger respondents, respondents with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was very good or good were likely to claim to understand the supplementary healthcare financing method of increasing user fees.

On the contrary, older respondents, those with lower education level, non-working respondents, those with lower monthly household income and those who claimed that their health status was fair were more likely to claim to not understand it.

Table 5.16 Level of understanding of increasing user fees

| Variable | Level | 0 – No knowledge at all | 1 - 4 | 5 | 6 - 9 | 10 – Complete understanding | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 7.9% | 10.2% | 24.7% | 48.9% | 8.3% | 0.002 |
| | 30-39 | 6.1% | 18.0% | 21.5% | 43.5% | 10.9% | |
| | 40-49 | 14.1% | 15.2% | 22.2% | 37.0% | 11.5% | |
| | 50-64 | 17.4% | 12.6% | 24.0% | 34.8% | 11.3% | |
| | 65 or above | 21.6% | 21.8% | 25.4% | 27.3% | 3.8% | |
| **Education level** | Primary or below | 21.6% | 19.7% | 29.7% | 22.7% | 6.4% | <0.001 |
| | Had not completed secondary | 19.7% | 18.7% | 26.6% | 28.8% | 6.3% | |
| | Completed secondary (Form 5) | 14.9% | 16.7% | 21.5% | 36.2% | 10.7% | |
| | Matriculation | 7.8% | 21.4% | 23.9% | 41.9% | 4.9% | |
| | Tertiary (non-degree) | 11.2% | 6.5% | 18.8% | 49.0% | 14.5% | |
| | Tertiary (degree or above) | 7.1% | 9.5% | 21.6% | 49.6% | 12.2% | |
| **Engaged in a job** | Yes | 11.1% | 12.5% | 23.3% | 42.1% | 11.0% | 0.001 |
| | No | 16.3% | 18.2% | 23.6% | 34.0% | 7.9% | |
| **Monthly household income** | Less than $10,000 | 17.5% | 18.8% | 32.9% | 24.6% | 6.3% | <0.001 |
| | $10,000-19,999 | 17.0% | 17.6% | 25.6% | 32.0% | 7.9% | |
| | $20,000-29,999 | 11.4% | 16.1% | 21.7% | 41.5% | 9.3% | |
| | $30,000-49,999 | 8.8% | 12.9% | 22.3% | 44.5% | 11.5% | |
| | $50,000 or above | 8.0% | 7.0% | 17.2% | 53.0% | 14.8% | |
| **Health status** | Excellent | 12.4% | 10.7% | 32.2% | 28.0% | 16.7% | 0.022 |
| | Very good | 8.8% | 14.5% | 21.1% | 44.8% | 10.8% | |
| | Good | 12.3% | 11.9% | 22.2% | 42.4% | 11.2% | |
| | Fair | 16.5% | 18.9% | 23.6% | 34.6% | 6.4% | |
| | Poor | 16.8% | 9.3% | 28.2% | 31.8% | 13.9% | |

### 5.3.3 Introducing compulsory medical savings

Male respondents, those aged 18-39, those with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was excellent/very good were more likely to claim to understand the supplementary healthcare financing method of introducing compulsory medical savings.

On the contrary, females, respondents aged 65 or above, those with lower education level, non-working respondents, those with lower monthly household income and those who claimed that their health status was fair/poor were more likely to claim to not understand it.

Table 5.17 Level of understanding of introducing compulsory medical savings

| Variable | Level | 0 – No knowledge at all | 1 - 4 | 5 | 6 - 9 | 10 – Complete understanding | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 11.8% | 14.9% | 22.3% | 42.0% | 9.0% | 0.001 |
| | Female | 16.6% | 19.1% | 23.9% | 35.1% | 5.2% | |
| **Age group** | 18-29 | 5.3% | 23.0% | 21.9% | 45.6% | 4.2% | 0.016 |
| | 30-39 | 8.6% | 15.7% | 24.1% | 44.3% | 7.3% | |
| | 40-49 | 11.7% | 16.7% | 25.8% | 38.6% | 7.2% | |
| | 50-64 | 18.1% | 11.9% | 24.0% | 35.4% | 10.5% | |
| | 65 or above | 29.4% | 19.8% | 18.8% | 27.4% | 4.7% | |
| **Education level** | Primary or below | 23.8% | 18.9% | 30.7% | 22.1% | 4.4% | <0.001 |
| | Had not completed secondary | 23.5% | 19.9% | 25.3% | 25.3% | 6.0% | |
| | Completed secondary (Form 5) | 15.5% | 17.4% | 28.0% | 31.9% | 7.1% | |
| | Matriculation | 9.1% | 21.0% | 19.7% | 44.7% | 5.5% | |
| | Tertiary (non-degree) | 10.4% | 18.8% | 17.5% | 41.9% | 11.5% | |
| | Tertiary (degree or above) | 5.8% | 11.9% | 17.0% | 57.3% | 8.1% | |
| **Engaged in a job** | Yes | 9.8% | 15.3% | 25.0% | 42.6% | 7.3% | 0.001 |
| | No | 19.5% | 19.2% | 20.9% | 33.6% | 6.7% | |
| **Monthly household income** | Less than $10,000 | 17.6% | 21.9% | 28.5% | 26.8% | 5.2% | <0.001 |
| | $10,000-19,999 | 20.1% | 20.6% | 24.4% | 29.2% | 5.7% | |
| | $20,000-29,999 | 7.4% | 17.7% | 28.3% | 39.7% | 6.9% | |
| | $30,000-49,999 | 9.2% | 13.2% | 25.6% | 43.1% | 8.9% | |
| | $50,000 or above | 6.4% | 9.9% | 18.7% | 56.4% | 8.6% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Health status** | Excellent | 15.1% | 12.6% | 20.2% | 37.3% | 14.8% | 0.020 |
| | Very good | 9.0% | 16.3% | 20.5% | 48.6% | 5.6% | |
| | Good | 9.8% | 16.0% | 24.5% | 41.9% | 7.7% | |
| | Fair | 19.6% | 18.6% | 23.6% | 32.3% | 5.8% | |
| | Poor | 15.8% | 19.0% | 25.8% | 29.4% | 9.9% | |

### 5.3.4 Encouraging everyone to take out voluntary private health insurance

Males, respondents with higher education level, working respondents, those with higher monthly household income and those claimed that their health status was better were more likely to claim to understand the supplementary healthcare financing method of encouraging everyone to take out voluntary private health insurance. Respondents aged 65 or above were less likely to understand it as well as a higher proportion of them did not understand it.

Furthermore, females, respondents who had not completed Form 5 secondary or below, non-working respondents and those with lower monthly household income and those who claimed that their health status was fair/poor were more likely to claim to not understand it.

Table 5.18 Level of understanding of the supplementary healthcare financing method of encouraging everyone to take out voluntary private health insurance

| Variable | Level | 0 – No knowledge at all | 1 - 4 | 5 | 6 - 9 | 10 – Complete understanding | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 5.9% | 8.7% | 17.7% | 47.2% | 20.6% | <0.001 |
| | Female | 7.7% | 12.0% | 24.2% | 41.8% | 14.3% | |
| **Age group** | 18-29 | 6.4% | 12.1% | 17.0% | 56.5% | 8.0% | 0.006 |
| | 30-39 | 1.8% | 11.7% | 21.0% | 49.4% | 16.2% | |
| | 40-49 | 4.4% | 9.0% | 20.4% | 45.9% | 20.3% | |
| | 50-64 | 9.2% | 6.4% | 22.2% | 37.9% | 24.3% | |
| | 65 or above | 13.2% | 15.3% | 25.4% | 31.1% | 15.0% | |
| **Education level** | Primary or below | 10.0% | 15.6% | 27.7% | 24.1% | 22.4% | <0.001 |
| | Had not completed secondary | 10.2% | 12.2% | 26.1% | 35.0% | 16.4% | |
| | Completed secondary (Form 5) | 7.4% | 8.6% | 26.2% | 40.6% | 17.2% | |
| | Matriculation | 6.8% | 14.4% | 19.4% | 47.8% | 11.6% | |
| | Tertiary (non-degree) | 4.5% | 12.8% | 11.6% | 53.6% | 17.5% | |
| | Tertiary (degree or above) | 3.2% | 6.2% | 13.3% | 59.4% | 17.8% | |
| **Engaged in a job** | Yes | 3.8% | 8.3% | 18.5% | 49.1% | 20.3% | <0.001 |
| | No | 10.2% | 12.9% | 24.1% | 38.9% | 13.9% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Monthly household income** | Less than $10,000 | 11.0% | 13.3% | 28.2% | 32.7% | 14.7% | <0.001 |
| | $10,000-19,999 | 9.9% | 12.5% | 23.6% | 40.7% | 13.4% | |
| | $20,000-29,999 | 4.8% | 9.0% | 22.6% | 45.3% | 18.4% | |
| | $30,000-49,999 | 4.2% | 7.3% | 17.5% | 51.2% | 19.9% | |
| | $50,000 or above | 1.0% | 7.0% | 12.8% | 56.0% | 23.2% | |
| **Health status** | Excellent | 5.5% | 11.3% | 12.6% | 44.9% | 25.8% | 0.007 |
| | Very good | 4.6% | 9.9% | 14.2% | 52.7% | 18.5% | |
| | Good | 3.5% | 8.0% | 19.2% | 50.5% | 18.8% | |
| | Fair | 9.8% | 12.0% | 24.8% | 39.3% | 14.1% | |
| | Poor | 12.2% | 12.2% | 37.4% | 17.4% | 20.8% | |

### 5.3.5 Introducing mandatory private health insurance

Males, respondents with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was better were more likely to claim to understand the supplementary healthcare financing method of introducing mandatory private health insurance. Respondents aged 65 or above were less likely to understand it as well as a higher proportion of them did not understand it.

On the other side, females, respondents who had not completed Form 5 secondary education level, non-working respondents, those with monthly household income less than $20,000 and those who claimed that their health status was fair/poor were more likely to claim to not understand it.

Table 5.19 Level of understanding of introducing mandatory private health insurance

| Variable | Level | 0 – No knowledge at all | 1 - 4 | 5 | 6 - 9 | 10 – Complete understanding | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 12.7% | 17.2% | 24.4% | 36.0% | 9.7% | <0.001 |
| | Female | 17.2% | 22.3% | 27.4% | 27.1% | 6.0% | |
| **Age group** | 18-29 | 8.9% | 24.0% | 22.4% | 41.1% | 3.7% | 0.045 |
| | 30-39 | 8.4% | 22.8% | 28.6% | 30.4% | 9.9% | |
| | 40-49 | 13.4% | 16.7% | 28.8% | 31.9% | 9.2% | |
| | 50-64 | 19.2% | 15.1% | 25.6% | 30.1% | 10.0% | |
| | 65 or above | 25.8% | 23.8% | 23.8% | 21.6% | 5.0% | |
| **Education level** | Primary or below | 29.1% | 20.5% | 26.6% | 16.9% | 6.9% | <0.001 |
| | Had not completed secondary | 21.7% | 21.0% | 25.0% | 24.3% | 8.1% | |
| | Completed secondary (Form 5) | 13.6% | 20.7% | 32.7% | 25.7% | 7.3% | |
| | Matriculation | 12.3% | 23.9% | 19.0% | 40.8% | 4.0% | |
| | Tertiary (non-degree) | 7.6% | 20.7% | 21.4% | 40.0% | 10.3% | |
| | Tertiary (degree or above) | 8.4% | 16.3% | 24.3% | 41.8% | 9.2% | |
| **Engaged in a job** | Yes | 10.7% | 18.4% | 26.4% | 35.5% | 8.9% | <0.001 |
| | No | 20.0% | 21.6% | 25.4% | 26.6% | 6.4% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Monthly household income** | Less than $10,000 | 18.0% | 23.2% | 29.6% | 24.0% | 5.2% | <0.001 |
| | $10,000-19,999 | 19.0% | 24.4% | 21.7% | 28.5% | 6.5% | |
| | $20,000-29,999 | 11.2% | 15.7% | 32.8% | 32.9% | 7.4% | |
| | $30,000-49,999 | 9.7% | 18.9% | 27.7% | 35.1% | 8.6% | |
| | $50,000 or above | 9.1% | 13.5% | 23.4% | 41.6% | 12.5% | |
| **Health status** | Excellent | 16.5% | 14.0% | 19.6% | 36.4% | 13.5% | 0.001 |
| | Very good | 6.7% | 20.8% | 24.8% | 39.5% | 8.4% | |
| | Good | 12.4% | 18.4% | 26.1% | 34.2% | 9.0% | |
| | Fair | 19.9% | 20.5% | 27.4% | 26.2% | 5.9% | |
| | Poor | 22.4% | 24.3% | 25.0% | 20.7% | 7.6% | |

### 5.3.6 Introducing Personal Healthcare Reserve

Males and respondents with higher education level were more likely to understand the supplementary healthcare financing method of introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health insurance.

On the other side, females and respondents who had not completed Form 5 secondary education level or below were more likely to not understand it.

Table 5.20 Level of understanding of introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health insurance

| Variable | Level | 0 – No knowledge at all | 1 - 4 | 5 | 6 - 9 | 10 – Complete understanding | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 21.5% | 23.4% | 25.8% | 23.7% | 5.5% | 0.018 |
| | Female | 26.2% | 26.9% | 22.8% | 19.8% | 4.3% | |
| **Education level** | Primary or below | 37.6% | 16.9% | 26.5% | 11.1% | 7.9% | 0.005 |
| | Had not completed secondary | 32.3% | 26.8% | 18.4% | 19.8% | 2.8% | |
| | Completed secondary (Form 5) | 23.4% | 20.9% | 30.5% | 19.2% | 6.0% | |
| | Matriculation | 21.3% | 29.3% | 19.8% | 28.4% | 1.2% | |
| | Tertiary (non-degree) | 16.0% | 34.3% | 21.2% | 20.2% | 8.4% | |
| | Tertiary (degree or above) | 15.6% | 28.0% | 23.8% | 28.5% | 4.0% | |

## 5.4 Acceptability of the alternative methods of raising extra resources

Males, respondents aged 65 or above, those with primary education or below, those not working in health or insurance related industries, retired persons, those with lower monthly household income and those who reported suffering from a chronic disease or taking regular medication were more likely to accept the method of increasing current taxes such as salaries and profits taxes.

In addition, a higher proportion of females, respondents aged 40-49, those with matriculation or tertiary education (degree or above), those working in health or insurance related industries, home-makers, those with monthly household income $50,000 or above and those who did not reported suffering from a chronic disease or taking regular medications expressed it was unacceptable.

Table 5.21 Level of acceptance of increasing current taxes, such as salaries tax and profits tax

| Variable | Level | 0 – Totally unacceptable | 1 - 4 | 5 | 6 - 9 | 10 – The idea method | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 9.3% | 15.6% | 20.3% | 41.1% | 13.8% | 0.001 |
| | Female | 11.0% | 20.3% | 19.6% | 39.3% | 9.7% | |
| **Age group** | 18-29 | 4.8% | 23.0% | 20.1% | 48.9% | 3.2% | <0.001 |
| | 30-39 | 9.4% | 20.8% | 22.0% | 36.9% | 10.9% | |
| | 40-49 | 13.3% | 23.2% | 20.3% | 32.7% | 10.6% | |
| | 50-64 | 14.8% | 10.2% | 20.9% | 42.0% | 12.1% | |
| | 65 or above | 6.1% | 13.3% | 14.8% | 42.2% | 23.6% | |
| **Education level** | Primary or below | 7.9% | 10.1% | 19.0% | 40.3% | 22.7% | 0.002 |
| | Had not completed secondary | 8.9% | 15.3% | 23.3% | 41.7% | 10.8% | |
| | Completed secondary (Form 5) | 8.9% | 21.4% | 22.8% | 33.7% | 13.3% | |
| | Matriculation | 11.9% | 22.3% | 17.0% | 43.2% | 5.5% | |
| | Tertiary (non-degree) | 4.6% | 12.0% | 24.2% | 47.5% | 11.8% | |
| | Tertiary (degree or above) | 14.5% | 20.7% | 15.7% | 42.1% | 7.0% | |
| **Working in health or insurance related industries** | Yes | 18.6% | 35.5% | 18.8% | 17.3% | 9.7% | 0.003 |
| | No | 10.0% | 18.8% | 19.5% | 41.4% | 10.2% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Not working status** | Student | 4.6% | 19.5% | 23.8% | 49.1% | 2.9% | 0.002 |
| | Home-maker | 12.9% | 18.0% | 22.2% | 38.7% | 8.2% | |
| | Unemployed person | 5.8% | 9.6% | 28.9% | 39.3% | 16.3% | |
| | Retired person | 10.1% | 13.5% | 14.9% | 40.1% | 21.4% | |
| **Monthly household income** | Less than $10,000 | 8.9% | 15.1% | 17.8% | 35.9% | 22.3% | 0.044 |
| | $10,000-19,999 | 6.0% | 19.8% | 18.9% | 45.5% | 9.8% | |
| | $20,000-29,999 | 8.2% | 16.2% | 19.7% | 46.9% | 9.0% | |
| | $30,000-49,999 | 10.1% | 19.2% | 23.9% | 37.8% | 9.1% | |
| | $50,000 or above | 17.1% | 18.4% | 18.1% | 38.5% | 7.9% | |
| **Either have a chronic disease or taking regular medications** | Yes | 7.7% | 16.1% | 17.0% | 41.8% | 17.3% | <0.001 |
| | No / don't know / refuse to answer | 11.4% | 19.0% | 21.4% | 39.3% | 9.0% | |

Respondents aged 18-29, those with tertiary education (degree or above), working respondents, those with monthly household income $50,000 or above and those who did not report suffering from a chronic disease or taking regular medication were more likely to accept the method of increasing user fees for public medical services.

In addition, a higher proportion of respondents who aged 65 or above, those who had not completed Form 5 secondary education or below, non-working respondents, those with lower monthly household income and those who reported suffering from a chronic disease or taking regular medication expressed it was unacceptable.

Table 5.22 Level of acceptance of increasing user fees for public medical services

| Variable | Level | 0 – Totally unacceptable | 1 - 4 | 5 | 6 - 9 | 10 – The idea method | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 2.4% | 19.3% | 28.4% | 47.7% | 2.3% | 0.027 |
| | 30-39 | 9.1% | 22.0% | 27.1% | 36.5% | 5.3% | |
| | 40-49 | 13.1% | 21.7% | 24.9% | 28.1% | 12.2% | |
| | 50-64 | 17.3% | 15.5% | 21.0% | 34.5% | 11.7% | |
| | 65 or above | 23.5% | 23.0% | 15.6% | 29.1% | 8.9% | |
| **Education level** | Primary or below | 30.1% | 17.0% | 20.0% | 22.6% | 10.1% | <0.001 |
| | Had not completed secondary | 17.7% | 29.8% | 22.6% | 24.7% | 5.3% | |
| | Completed secondary (Form 5) | 11.8% | 20.4% | 25.1% | 33.1% | 9.7% | |
| | Matriculation | 6.1% | 19.0% | 24.3% | 39.4% | 11.1% | |
| | Tertiary (non-degree) | 8.9% | 21.1% | 27.7% | 35.4% | 6.8% | |
| | Tertiary (degree or above) | 5.9% | 15.6% | 23.0% | 47.9% | 7.6% | |
| **Engaged in a job** | Yes | 9.7% | 18.6% | 23.8% | 39.5% | 8.5% | 0.001 |
| | No | 16.7% | 21.8% | 23.3% | 29.9% | 8.2% | |
| **Monthly household income** | Less than $10,000 | 19.9% | 27.4% | 19.3% | 24.8% | 8.6% | <0.001 |
| | $10,000-19,999 | 16.8% | 19.1% | 24.9% | 33.7% | 5.5% | |
| | $20,000-29,999 | 7.6% | 22.8% | 22.3% | 37.5% | 9.9% | |
| | $30,000-49,999 | 8.8% | 19.3% | 26.3% | 36.8% | 8.8% | |
| | $50,000 or above | 7.6% | 10.4% | 25.2% | 48.9% | 7.9% | |
| **Either have a chronic disease or taking regular medications** | Yes | 18.0% | 21.6% | 19.6% | 31.5% | 9.3% | 0.039 |
| | No/ Don't know/ Refuse to answer | 10.5% | 19.2% | 25.5% | 36.9% | 7.9% | |

Respondents with higher education level, working respondents and those with higher monthly household income were more likely to accept the method of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance.

Table 5.23 Level of acceptance of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance

| Variable | Level | 0 – Totally unacceptable | 1 - 4 | 5 | 6 - 9 | 10 – The idea method | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Education level** | Primary or below | 9.8% | 11.2% | 27.8% | 36.6% | 14.5% | 0.006 |
| | Had not completed secondary | 4.3% | 6.0% | 28.1% | 47.1% | 14.6% | |
| | Completed secondary (Form 5) | 3.8% | 7.4% | 22.8% | 50.0% | 16.1% | |
| | Matriculation | 6.8% | 11.8% | 15.9% | 54.0% | 11.5% | |
| | Tertiary (non-degree) | 2.7% | 11.8% | 15.9% | 59.4% | 10.2% | |
| | Tertiary (degree or above) | 2.0% | 7.6% | 15.2% | 63.2% | 12.0% | |
| **Engaged in a job** | Yes | 3.8% | 7.2% | 17.9% | 56.1% | 15.0% | <0.001 |
| | No | 5.4% | 10.2% | 24.5% | 48.1% | 11.8% | |
| **Monthly household income** | Less than $10,000 | 10.5% | 9.2% | 24.6% | 39.4% | 16.4% | <0.001 |
| | $10,000-19,999 | 2.9% | 8.9% | 29.5% | 46.2% | 12.5% | |
| | $20,000-29,999 | 2.7% | 7.8% | 20.1% | 56.8% | 12.6% | |
| | $30,000-49,999 | 3.6% | 4.7% | 18.2% | 60.7% | 12.7% | |
| | $50,000 or above | 3.1% | 7.6% | 11.1% | 63.4% | 14.8% | |

Males and respondents aged 18-29 or 65 or above were more likely to accept the method of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population.

Moreover, a high proportion of respondents aged 40-49, home-makers and those with monthly household income $20,000 - $29,999 were more likely to express that it was unacceptable.

Table 5.24 Level of acceptance of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population

| Variable | Level | 0 – Totally unacceptable | 1 - 4 | 5 | 6 - 9 | 10 – The idea method | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 15.0% | 20.0% | 20.6% | 35.4% | 8.9% | 0.039 |
| | Female | 14.9% | 20.3% | 26.7% | 30.4% | 7.7% | |
| **Age group** | 18-29 | 3.7% | 23.7% | 25.6% | 43.4% | 3.6% | <0.001 |
| | 30-39 | 19.0% | 19.5% | 25.1% | 32.6% | 3.8% | |
| | 40-49 | 20.9% | 26.1% | 20.1% | 24.9% | 8.0% | |
| | 50-64 | 18.1% | 16.4% | 22.3% | 32.7% | 10.5% | |
| | 65 or above | 8.6% | 13.2% | 28.4% | 32.5% | 17.3% | |
| **Not working status** | Student | 3.7% | 24.1% | 28.3% | 41.0% | 3.0% | 0.008 |
| | Home-maker | 21.2% | 20.2% | 26.1% | 27.9% | 4.6% | |
| | Unemployed person | 10.3% | 17.3% | 26.4% | 34.1% | 11.9% | |
| | Retired person | 13.9% | 16.3% | 23.0% | 31.2% | 15.6% | |
| **Monthly household income** | Less than $10,000 | 9.0% | 14.7% | 28.5% | 32.8% | 15.0% | <0.000 |
| | $10,000-19,999 | 14.2% | 24.3% | 19.4% | 34.3% | 7.8% | |
| | $20,000-29,999 | 15.1% | 26.3% | 27.3% | 26.7% | 4.5% | |
| | $30,000-49,999 | 14.1% | 18.2% | 21.4% | 39.0% | 7.3% | |
| | $50,000 or above | 20.2% | 15.9% | 25.1% | 33.6% | 5.2% | |

Respondents aged 18-29 or 65 or above and those who did not report suffering from a chronic disease or taking regular medication were more likely to accept the method of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses was acceptable. In addition, a higher proportion of respondents aged 30-49 expressed that it was unacceptable.

Table 5.25 Level of acceptance of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses

| Variable | Level | 0 – Totally unacceptable | 1 - 4 | 5 | 6 - 9 | 10 – The idea method | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 0.9% | 7.2% | 14.5% | 70.4% | 7.0% | 0.019 |
| | 30-39 | 9.1% | 11.1% | 13.2% | 54.2% | 12.4% | |
| | 40-49 | 9.5% | 12.3% | 15.3% | 46.5% | 16.4% | |
| | 50-64 | 7.5% | 6.6% | 17.2% | 44.9% | 23.9% | |
| | 65 or above | 5.0% | 3.0% | 16.7% | 47.9% | 27.4% | |
| **Either have a chronic disease or taking regular medications** | Yes | 7.0% | 7.8% | 14.9% | 47.4% | 22.9% | 0.046 |
| | No/ Don't know/ Refuse to answer | 6.8% | 8.5% | 15.6% | 54.8% | 14.4% | |

Respondents aged 18-29 or 65 or above were more likely to accept the method of requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above. On the other side, a higher proportion of respondents aged 40-49 expressed their view that it was unacceptable.

Table 5.26 Level of acceptance of requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above

| Variable | Level | 0 – Totally unacceptable | 1 - 4 | 5 | 6 - 9 | 10 – The idea method | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 0.9% | 13.2% | 26.0% | 58.9% | 0.9% | 0.005 |
| | 30-39 | 7.2% | 13.4% | 27.3% | 42.8% | 9.3% | |
| | 40-49 | 10.2% | 16.9% | 25.7% | 39.0% | 8.3% | |
| | 50-64 | 8.3% | 12.4% | 26.7% | 39.0% | 13.6% | |
| | 65 or above | 2.2% | 8.6% | 28.1% | 46.4% | 14.7% | |

## 5.5 Agreement with the statements about healthcare financing

### 5.5.1 Market competition and efficiency

Males, home-makers, retired persons and those with higher monthly household income were more likely to agree that that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided. In addition, respondents aged 65 or above were less likely to agree with it.

Table 5.27 Level of agreement that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 1.0% | 1.7% | 9.8% | 52.3% | 35.1% | 0.001 |
| | Female | 1.0% | 1.8% | 12.5% | 57.1% | 27.6% | |
| **Age group** | 18-29 | 0.8% | 2.6% | 10.9% | 66.9% | 18.8% | 0.003 |
| | 30-39 | 0.0% | 0.5% | 9.6% | 55.5% | 34.4% | |
| | 40-49 | 1.4% | 3.8% | 8.4% | 53.2% | 33.2% | |
| | 50-64 | 1.6% | 0.6% | 11.7% | 50.3% | 35.9% | |
| | 65 or above | 1.0% | 1.0% | 17.0% | 49.1% | 31.8% | |
| **Not working status** | Student | 2.0% | 4.2% | 15.1% | 67.3% | 11.5% | 0.001 |
| | Home-maker | 1.5% | 2.0% | 12.9% | 52.7% | 30.9% | |
| | Unemployed person | 4.0% | 1.1% | 17.0% | 47.4% | 30.5% | |
| | Retired person | 2.0% | 0.9% | 13.8% | 50.2% | 33.2% | |
| **Monthly household income** | Less than $10,000 | 4.1% | 2.1% | 13.2% | 53.7% | 27.0% | 0.001 |
| | $10,000-19,999 | 0.0% | 3.3% | 16.9% | 54.2% | 25.7% | |
| | $20,000-29,999 | 1.0% | 1.4% | 8.5% | 52.6% | 36.5% | |
| | $30,000-49,999 | 0.0% | 1.1% | 8.3% | 58.8% | 31.8% | |
| | $50,000 or above | 0.0% | 1.5% | 4.6% | 56.5% | 37.4% | |

### 5.5.2 Utilization and cost control

Respondents aged 65 or above, those with primary or below education, non-working respondents, retired persons, those with monthly household income less than $20,000 and those who claimed that their health status was worse were more likely to agree that they should not need to pay very much out of pocket when they used public healthcare services.

Table 5.28 Level of agreement that respondents should not need to pay very much out of pocket when they use public healthcare services

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 0.9% | 5.5% | 16.9% | 70.0% | 6.6% | <0.001 |
| | 30-39 | 0.5% | 7.3% | 21.8% | 52.9% | 17.5% | |
| | 40-49 | 1.5% | 6.9% | 20.8% | 45.4% | 25.5% | |
| | 50-64 | 2.4% | 3.8% | 17.4% | 45.3% | 31.1% | |
| | 65 or above | 0.9% | 4.9% | 8.6% | 49.8% | 35.8% | |
| **Education level** | Primary or below | 3.3% | 2.5% | 11.5% | 41.3% | 41.5% | <0.001 |
| | Had not completed secondary | 1.7% | 4.6% | 19.4% | 45.2% | 29.2% | |
| | Completed secondary (Form 5) | 0.0% | 6.0% | 20.3% | 50.5% | 23.2% | |
| | Matriculation | 1.2% | 6.7% | 16.5% | 61.3% | 14.2% | |
| | Tertiary (non-degree) | 2.8% | 3.2% | 18.4% | 60.7% | 15.0% | |
| | Tertiary (degree or above) | 1.0% | 8.0% | 16.9% | 56.9% | 17.2% | |
| **Engaged in a job** | Yes | 1.2% | 6.3% | 19.6% | 52.1% | 20.8% | 0.043 |
| | No | 1.5% | 4.9% | 15.2% | 52.2% | 26.3% | |
| **Not working status** | Student | 1.0% | 5.5% | 16.9% | 73.3% | 3.4% | <0.001 |
| | Home-maker | 1.0% | 6.0% | 17.1% | 48.0% | 27.9% | |
| | Unemployed person | 1.1% | 2.1% | 17.8% | 51.9% | 27.1% | |
| | Retired person | 2.2% | 4.6% | 12.1% | 46.1% | 35.0% | |
| **Monthly household income** | Less than $10,000 | 2.6% | 4.7% | 11.3% | 53.0% | 28.5% | 0.001 |
| | $10,000-19,999 | 0.7% | 6.0% | 13.4% | 54.1% | 25.8% | |
| | $20,000-29,999 | 1.2% | 5.2% | 18.6% | 51.0% | 23.9% | |
| | $30,000-49,999 | 1.0% | 5.6% | 24.8% | 51.7% | 16.9% | |
| | $50,000 or above | 1.7% | 8.2% | 18.1% | 55.1% | 16.9% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Health status** | Excellent | 4.8% | 12.6% | 17.0% | 42.8% | 22.7% | 0.014 |
| | Very good | 0.8% | 5.8% | 17.8% | 53.3% | 22.3% | |
| | Good | 2.1% | 5.4% | 18.3% | 54.5% | 19.7% | |
| | Fair | 0.8% | 5.6% | 17.7% | 51.9% | 24.0% | |
| | Poor | 1.2% | 0.0% | 13.1% | 44.2% | 41.5% | |

Females, older respondents, those with lower education level, non-working respondents, home-makers and respondents with monthly household income less than $10,000 were more likely to agree that they should not need to pay very much out of pocket when they used private healthcare services.

Table 5.29 Level of agreement that respondents should not need to pay very much out of pocket when they use private healthcare services

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 7.8% | 15.4% | 20.7% | 42.7% | 13.3% | 0.021 |
| | Female | 3.6% | 14.1% | 19.0% | 45.7% | 17.7% | |
| **Age group** | 18-29 | 3.4% | 27.9% | 21.3% | 42.8% | 4.7% | <0.001 |
| | 30-39 | 2.3% | 14.8% | 25.9% | 46.1% | 11.0% | |
| | 40-49 | 7.0% | 14.6% | 19.3% | 42.3% | 16.9% | |
| | 50-64 | 8.0% | 10.0% | 18.0% | 42.1% | 21.9% | |
| | 65 or above | 6.0% | 5.9% | 14.0% | 51.3% | 22.9% | |
| **Education level** | Primary or below | 8.1% | 6.1% | 15.9% | 38.8% | 31.1% | <0.001 |
| | Had not completed secondary | 5.5% | 9.0% | 18.1% | 47.7% | 19.7% | |
| | Completed secondary (Form 5) | 3.8% | 10.7% | 25.7% | 46.6% | 13.3% | |
| | Matriculation | 2.8% | 23.0% | 18.6% | 41.5% | 14.1% | |
| | Tertiary (non-degree) | 6.1% | 21.6% | 18.9% | 43.2% | 10.2% | |
| | Tertiary (degree or above) | 6.7% | 20.9% | 18.1% | 44.1% | 10.1% | |
| **Engaged in a job** | Yes | 6.3% | 17.6% | 21.2% | 42.0% | 12.9% | <0.001 |
| | No | 4.7% | 11.4% | 18.2% | 47.0% | 18.7% | |
| **Not working status** | Student | 2.0% | 27.5% | 21.5% | 46.9% | 2.2% | <0.001 |
| | Home-maker | 3.5% | 7.3% | 17.4% | 50.2% | 21.7% | |
| | Unemployed person | 6.2% | 5.1% | 24.4% | 49.2% | 15.2% | |
| | Retired person | 6.6% | 9.2% | 15.4% | 44.0% | 24.8% | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Monthly household income** | Less than $10,000 | 6.0% | 7.1% | 16.8% | 51.6% | 18.4% | <0.001 |
| | $10,000-19,999 | 6.1% | 13.4% | 18.8% | 44.0% | 17.7% | |
| | $20,000-29,999 | 4.2% | 19.5% | 14.9% | 44.7% | 16.7% | |
| | $30,000-49,999 | 4.5% | 18.9% | 29.2% | 36.7% | 10.8% | |
| | $50,000 or above | 9.1% | 19.6% | 18.3% | 43.7% | 9.3% | |

A smaller proportion of respondents aged 18-29, those with tertiary education (degree or above), students and those who claimed that their health status was better agreed that they should not need to wait for a long time before they received public healthcare services.

Table 5.30 Level of agreement that respondents should not need to wait for a long time before they receive public healthcare services

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 1.3% | 11.2% | 15.6% | 54.2% | 17.7% | <0.001 |
| | 30-39 | 2.5% | 4.8% | 8.6% | 49.4% | 34.7% | |
| | 40-49 | 3.0% | 5.9% | 7.0% | 47.1% | 36.9% | |
| | 50-64 | 3.0% | 2.4% | 8.6% | 38.6% | 47.3% | |
| | 65 or above | 2.7% | 2.0% | 8.8% | 41.1% | 45.4% | |
| **Education level** | Primary or below | 3.0% | 3.2% | 8.3% | 33.5% | 51.9% | <0.001 |
| | Had not completed secondary | 1.8% | 2.4% | 9.9% | 44.8% | 41.0% | |
| | Completed secondary (Form 5) | 3.4% | 5.0% | 8.8% | 44.8% | 38.0% | |
| | Matriculation | 0.6% | 6.5% | 10.5% | 53.7% | 28.6% | |
| | Tertiary (non-degree) | 1.2% | 4.1% | 7.1% | 56.8% | 30.8% | |
| | Tertiary (degree or above) | 3.2% | 8.2% | 11.3% | 47.5% | 29.8% | |
| **Not working status** | Student | 2.2% | 14.0% | 17.8% | 52.3% | 13.8% | <0.001 |
| | Home-maker | 2.0% | 2.8% | 8.7% | 40.4% | 46.2% | |
| | Unemployed person | 2.4% | 2.1% | 5.0% | 56.0% | 34.4% | |
| | Retired person | 3.5% | 3.2% | 12.0% | 36.8% | 44.4% | |
| **Health status** | Excellent | 4.2% | 3.2% | 11.6% | 37.5% | 43.5% | 0.024 |
| | Very good | 3.3% | 5.6% | 11.5% | 48.9% | 30.7% | |
| | Good | 1.3% | 6.3% | 10.2% | 47.7% | 34.5% | |
| | Fair | 2.9% | 4.8% | 8.3% | 45.6% | 38.4% | |
| | Poor | 2.5% | 3.9% | 6.8% | 35.0% | 51.8% | |

Females, respondents aged 65 or above and non-working respondents other than students were more like to agree that they should not need to wait for a long time before they received private healthcare services.

Table 5.31 Level of agreement that respondents should not need to wait for a long time before they receive private healthcare services

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 1.7% | 2.0% | 8.3% | 48.3% | 39.6% | 0.005 |
| | Female | 0.3% | 1.5% | 5.1% | 48.6% | 44.6% | |
| **Age group** | 18-29 | 0.0% | 1.4% | 8.2% | 63.1% | 27.2% | <0.001 |
| | 30-39 | 0.0% | 1.0% | 6.8% | 51.7% | 40.5% | |
| | 40-49 | 1.7% | 2.7% | 6.1% | 48.1% | 41.3% | |
| | 50-64 | 1.8% | 2.1% | 8.1% | 37.5% | 50.4% | |
| | 65 or above | 1.0% | 1.0% | 2.9% | 43.9% | 51.2% | |
| **Not working status** | Student | 0.0% | 2.2% | 9.2% | 67.3% | 21.3% | <0.001 |
| | Home-maker | 0.5% | 1.5% | 6.5% | 38.2% | 53.4% | |
| | Unemployed person | 3.0% | 2.1% | 3.9% | 56.4% | 34.6% | |
| | Retired person | 0.9% | 1.6% | 6.7% | 43.6% | 47.2% | |

### 5.5.3 Overhead Costs

Working respondents, unemployed respondents and those with monthly household income $50,000 or above were more likely to agree that administration costs should be minimized, no matter whether paid though contributions or insurance. In addition, respondents aged 18-29 and 65 or above were less likely to agree with it.

Table 5.32 Level of agreement that administration costs should be minimized, no matter whether paid though contributions or insurance

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 0.5% | 2.0% | 9.6% | 62.5% | 25.3% | <0.001 |
| | 30-39 | 0.8% | 1.3% | 4.6% | 41.0% | 52.4% | |
| | 40-49 | 1.8% | 1.4% | 5.0% | 35.1% | 56.7% | |
| | 50-64 | 1.4% | 1.9% | 6.0% | 31.7% | 59.1% | |
| | 65 or above | 1.1% | 4.3% | 9.5% | 39.4% | 45.8% | |
| **Engaged in a job** | Yes | 0.6% | 1.4% | 4.9% | 39.0% | 54.1% | <0.001 |
| | No | 1.9% | 2.7% | 8.9% | 44.4% | 42.2% | |
| **Not working status** | Student | 0.0% | 3.6% | 10.6% | 67.9% | 18.0% | <0.001 |
| | Home-maker | 3.0% | 0.0% | 10.9% | 41.4% | 44.7% | |
| | Unemployed person | 0.0% | 3.3% | 1.7% | 47.5% | 47.5% | |
| | Retired person | 2.5% | 4.4% | 8.5% | 34.4% | 50.4% | |
| **Monthly household income** | Less than $10,000 | 1.4% | 5.5% | 7.8% | 48.5% | 36.8% | 0.001 |
| | $10,000-19,999 | 1.0% | 2.4% | 9.3% | 41.4% | 45.9% | |
| | $20,000-29,999 | 1.8% | 1.6% | 5.0% | 35.5% | 56.0% | |
| | $30,000-49,999 | 0.5% | 1.4% | 6.8% | 39.9% | 51.5% | |
| | $50,000 or above | 0.5% | 0.7% | 1.9% | 43.4% | 53.6% | |

### 5.5.4 Contributions

Females, older respondents, those with lower monthly household income and those who have been admitted in a hospital within the last 12 months for any reason were more likely to agree that that they preferred an option under which they paid less. A smaller proportion of respondents with matriculation or tertiary education (degree or above) and students agreed with it.

Table 5.33 Level of agreement that respondents prefer an option under which they pay less

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 0.7% | 2.6% | 17.3% | 45.5% | 33.9% | 0.025 |
| | Female | 1.7% | 2.2% | 13.0% | 42.6% | 40.5% | |
| **Age group** | 18-29 | 0.0% | 3.7% | 21.3% | 57.6% | 17.4% | <0.000 |
| | 30-39 | 1.8% | 0.8% | 19.1% | 42.6% | 35.7% | |
| | 40-49 | 0.9% | 2.5% | 12.9% | 41.3% | 42.4% | |
| | 50-64 | 1.5% | 2.8% | 12.0% | 37.6% | 46.1% | |
| | 65 or above | 1.0% | 2.0% | 10.7% | 43.1% | 43.3% | |
| **Education level** | Primary or below | 1.0% | 1.0% | 15.0% | 32.4% | 50.5% | <0.001 |
| | Had not completed secondary | 2.0% | 0.4% | 13.0% | 40.3% | 44.3% | |
| | Completed secondary (Form 5) | 1.4% | 2.6% | 13.0% | 43.1% | 40.0% | |
| | Matriculation | 1.3% | 4.3% | 18.5% | 49.1% | 26.8% | |
| | Tertiary (non-degree) | 0.0% | 0.9% | 13.6% | 56.6% | 28.9% | |
| | Tertiary (degree or above) | 0.4% | 3.8% | 17.6% | 47.2% | 31.0% | |
| **Not working status** | Student | 0.0% | 5.5% | 23.1% | 62.9% | 8.4% | <0.001 |
| | Home-maker | 3.2% | 1.5% | 9.2% | 36.5% | 49.6% | |
| | Unemployed person | 0.0% | 1.7% | 14.1% | 54.1% | 30.1% | |
| | Retired person | 1.6% | 2.1% | 10.8% | 39.6% | 46.0% | |
| **Monthly household income** | Less than $10,000 | 0.0% | 2.0% | 12.9% | 46.6% | 38.5% | 0.035 |
| | $10,000-19,999 | 2.1% | 0.9% | 14.3% | 47.5% | 35.2% | |
| | $20,000-29,999 | 0.7% | 2.9% | 14.5% | 36.9% | 45.1% | |
| | $30,000-49,999 | 0.4% | 2.6% | 18.5% | 44.2% | 34.4% | |
| | $50,000 or above | 1.7% | 5.1% | 15.7% | 46.3% | 31.2% | |
| **Admitted to a hospital** | Yes | 0.6% | 0.0% | 11.8% | 38.6% | 49.0% | <0.001 |
| | No | 1.3% | 2.7% | 15.5% | 44.8% | 35.6% | |

Respondents aged 30-39 or 65 or above and unemployed persons were more likely to agree that an option with an employer contribution was preferred to one without.

Table 5.34 Level of agreement that an option with an employer contribution is preferred to one without

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 - 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Age group** | 18-29 | 0.4% | 7.0% | 12.4% | 62.9% | 17.4% | <0.001 |
| | 30-39 | 3.3% | 2.0% | 9.4% | 43.1% | 42.3% | |
| | 40-49 | 3.7% | 4.7% | 12.0% | 39.6% | 39.9% | |
| | 50-64 | 3.5% | 5.0% | 12.4% | 37.1% | 42.0% | |
| | 65 or above | 3.1% | 0.9% | 11.6% | 45.7% | 38.7% | |
| **Not working status** | Student | 1.0% | 9.6% | 13.8% | 65.5% | 10.2% | <0.001 |
| | Home-maker | 2.0% | 4.1% | 11.4% | 41.8% | 40.7% | |
| | Unemployed person | 1.1% | 5.1% | 8.4% | 56.7% | 28.8% | |
| | Retired person | 5.3% | 1.9% | 14.7% | 40.6% | 37.5% | |

Females, respondents aged 65 or above, respondents with tertiary education (non-degree) and those who have been admitted in a hospital within the last 12 months for any reason were more likely to agree that an option with a government contribution was preferred to one without. A smaller proportion of students agreed with it.

Table 5.35 Level of agreement that an option with government's contribution is preferred to one without.

| Variable | Level | 0 – Complete disagreement | 1 - 4 | 5 | 6 – 9 | 10 - Complete agreement | P-value Kruskal Wallis test |
|---|---|---|---|---|---|---|---|
| **Gender** | Male | 3.4% | 2.9% | 7.8% | 45.7% | 40.2% | 0.045 |
| | Female | 1.3% | 1.5% | 7.7% | 44.0% | 45.5% | |
| **Age group** | 18-29 | 1.4% | 4.7% | 7.3% | 66.1% | 20.4% | <0.001 |
| | 30-39 | 2.5% | 3.6% | 6.6% | 47.9% | 39.4% | |
| | 40-49 | 1.4% | 1.5% | 8.3% | 41.2% | 47.6% | |
| | 50-64 | 4.4% | 1.2% | 8.5% | 34.7% | 51.2% | |
| | 65 or above | 0.0% | 0.0% | 8.1% | 35.4% | 56.5% | |
| **Education level** | Primary or below | 3.0% | 0.5% | 8.3% | 26.9% | 61.3% | <0.001 |
| | Had not completed secondary | 2.2% | 0.4% | 8.2% | 35.5% | 53.6% | |
| | Completed secondary (Form 5) | 2.2% | 2.8% | 8.6% | 44.0% | 42.3% | |
| | Matriculation | 0.8% | 4.2% | 7.4% | 55.3% | 32.3% | |
| | Tertiary (non-degree) | 2.4% | 0.0% | 5.8% | 49.8% | 42.0% | |
| | Tertiary (degree or above) | 2.4% | 3.5% | 7.3% | 54.9% | 32.0% | |
| **Not working status** | Student | 2.2% | 3.4% | 11.6% | 74.9% | 8.0% | <0.001 |
| | Home-maker | 1.8% | 1.0% | 6.7% | 35.5% | 55.0% | |
| | Unemployed person | 2.9% | 1.7% | 3.9% | 56.4% | 35.1% | |
| | Retired person | 2.6% | 0.4% | 9.1% | 36.1% | 51.9% | |
| **Admitted to a hospital** | Yes | 0.8% | 1.4% | 7.8% | 38.1% | 52.0% | <0.001 |
| | No | 2.5% | 2.3% | 7.8% | 45.7% | 41.7% | |

## 5.6 Relationship between preference for alternative methods of raising extra resources and core values behind healthcare financing schemes

This section looks into whether there are any statistically significant associations between the core values and the preferences for the alternative methods of raising extra resources. Spearman's rank correlation is used in these analyses and only those associations with a correlation stronger than ±0.3[9] are presented in this section.

Table 5.36 shows that the level of acceptance of increasing current taxes, such as salaries tax and profits tax, to raise extra resources was found to have significant association with the level of agreement that if society needed to save to meet future healthcare expenditure, respondents would rather this be done through taxation and putting money in reserve rather than any contributory schemes.

Table 5.36 Preference for increasing current taxes by core value of through taxation and putting money in reserve

| | | Preference: Increasing current taxes | | | | | | | | | | | | P-value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Core value** | **Level of agreement** | **0 – Totally unaccept-able** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 – An ideal method** | **Total** | **Rank correlate-ion** |
| Meet future healthcare expenditure through taxation and putting money in reserve | 0 – Complete disagree-ment | 1.5% | 0.1% | 0.2% | 0.3% | 0.2% | 0.5% | 0.0% | 0.1% | 0.2% | 0.0% | 0.1% | 3.2% | <0.001 -------- 0.370 |
| | 1 | 0.1% | 0.1% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | |
| | 2 | 0.4% | 0.2% | 0.3% | 0.0% | 0.0% | 0.4% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 1.5% | |
| | 3 | 0.6% | 0.2% | 0.9% | 1.2% | 0.1% | 0.4% | 0.3% | 0.4% | 0.2% | 0.1% | 0.1% | 4.4% | |
| | 4 | 0.1% | 0.0% | 0.1% | 0.8% | 1.4% | 0.7% | 1.3% | 0.1% | 0.1% | 0.0% | 0.2% | 4.8% | |
| | 5 | 2.9% | 0.1% | 0.4% | 2.1% | 1.9% | 6.2% | 2.1% | 1.6% | 1.8% | 0.1% | 1.4% | 20.5% | |
| | 6 | 0.9% | 0.1% | 0.3% | 0.3% | 1.0% | 2.3% | 2.7% | 1.9% | 1.1% | 0.3% | 0.1% | 10.9% | |
| | 7 | 0.3% | 0.0% | 0.4% | 1.0% | 0.6% | 1.8% | 2.3% | 2.3% | 2.1% | 0.1% | 0.4% | 11.3% | |
| | 8 | 1.1% | 0.3% | 0.8% | 0.9% | 0.9% | 3.0% | 2.1% | 2.4% | 4.4% | 0.3% | 1.3% | 17.5% | |
| | 9 | 0.1% | 0.1% | 0.1% | 0.0% | 0.0% | 0.7% | 0.9% | 0.5% | 0.9% | 0.6% | 0.6% | 4.5% | |
| | 10 – Complete agreement | 2.1% | 0.0% | 0.2% | 0.6% | 0.2% | 3.7% | 0.8% | 3.1% | 2.8% | 0.0% | 7.5% | 21.1% | |
| | Total | 10.0% | 1.2% | 3.7% | 7.1% | 6.3% | 19.7% | 12.8% | 12.5% | 13.7% | 1.5% | 11.5% | 100.0% | |

[9] A correlation of >0.3 or <-0.3 means that about 9% of the variability is "explained" by the variability in the other variable, assuming that there is a causal link between the variables.

Table 5.37 shows that the level of acceptance of encouraging substantially more people to take out voluntary private health insurance to raise extra resources, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance was found to have significant association with the level of agreement of the following core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses; and

(ii) if respondents needed to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choice over mandatory risk-sharing.

Table 5.37 Preference for encouraging substantially more people to take out voluntary private health insurance by core values

| Core value | Level of agreement | Preference: Encouraging substantially more people to take out voluntary private health insurance | | | | | | | | | | | | P-value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **0 – Totally unaccept-able** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 –An ideal method** | **Total** | **Rank correlat e-ion** |
| Purchase private insurance in order to have some financial support for expensive treatments | 0 – Complete disagreement | 1.3% | 0.1% | 0.2% | 0.0% | 0.0% | 1.0% | 0.2% | 0.0% | 0.2% | 0.0% | 0.6% | 3.6% | |
| | 1 | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | |
| | 2 | 0.1% | 0.1% | 0.1% | 0.0% | 0.1% | 0.1% | 0.0% | 0.2% | 0.4% | 0.2% | 0.0% | 1.4% | |
| | 3 | 0.1% | 0.1% | 0.0% | 0.2% | 0.2% | 0.2% | 0.4% | 0.1% | 0.3% | 0.0% | 0.1% | 1.6% | |
| | 4 | 0.0% | 0.1% | 0.0% | 0.3% | 0.3% | 0.7% | 0.4% | 0.3% | 0.2% | 0.0% | 0.0% | 2.1% | |
| | 5 | 0.8% | 0.1% | 0.1% | 1.0% | 0.8% | 4.6% | 1.6% | 1.0% | 1.2% | 0.3% | 1.5% | 12.9% | <0.001 |
| | 6 | 0.3% | 0.0% | 0.1% | 0.1% | 0.4% | 2.1% | 1.5% | 1.5% | 1.4% | 0.2% | 0.1% | 7.8% | -------- |
| | 7 | 0.2% | 0.0% | 0.2% | 0.2% | 0.3% | 2.6% | 2.5% | 2.1% | 2.7% | 0.5% | 0.5% | 11.7% | 0.351 |
| | 8 | 0.3% | 0.0% | 0.6% | 0.2% | 1.1% | 4.9% | 4.3% | 3.8% | 7.7% | 0.7% | 1.7% | 25.4% | |
| | 9 | 0.1% | 0.0% | 0.3% | 0.4% | 0.4% | 0.7% | 0.6% | 1.4% | 2.8% | 0.9% | 0.9% | 8.6% | |
| | 10 – Complete agreement | 0.8% | 0.1% | 0.0% | 0.6% | 0.1% | 4.0% | 1.7% | 2.4% | 6.0% | 0.8% | 8.0% | 24.6% | |
| | Total | 4.2% | 0.5% | 1.5% | 2.8% | 3.7% | 21.0% | 13.3% | 12.8% | 23.0% | 3.6% | 13.5% | 100.0% | |
| Pay more to choose their own health insurance | 0 – Complete disagreement | 1.5% | 0.1% | 0.1% | 0.1% | 0.1% | 0.9% | 0.2% | 0.2% | 0.5% | 0.0% | 0.4% | 3.9% | <0.001 |
| | 1 | 0.0% | 0.0% | 0.1% | 0.0% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | -------- |
| | 2 | 0.0% | 0.0% | 0.1% | 0.0% | 0.0% | 0.3% | 0.2% | 0.3% | 0.3% | 0.0% | 0.1% | 1.3% | 0.311 |
| | 3 | 0.2% | 0.0% | 0.1% | 0.4% | 0.0% | 1.0% | 0.2% | 0.2% | 0.4% | 0.1% | 0.0% | 2.5% | |
| | 4 | 0.1% | 0.0% | 0.2% | 0.1% | 0.3% | 0.6% | 0.6% | 0.2% | 0.6% | 0.0% | 0.0% | 2.6% | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 1.0% | 0.2% | 0.2% | 0.5% | 0.5% | 6.9% | 2.6% | 1.9% | 3.4% | 0.6% | 2.6% | 20.3% |
| 6 | 0.1% | 0.1% | 0.0% | 0.3% | 0.7% | 2.5% | 2.5% | 2.0% | 2.0% | 0.3% | 0.5% | 10.9% |
| 7 | 0.0% | 0.1% | 0.0% | 0.6% | 0.7% | 2.3% | 2.9% | 2.9% | 2.7% | 0.7% | 0.5% | 13.4% |
| 8 | 0.5% | 0.1% | 0.5% | 0.5% | 0.9% | 2.5% | 3.1% | 2.7% | 7.1% | 0.5% | 1.8% | 20.1% |
| 9 | 0.0% | 0.0% | 0.1% | 0.3% | 0.0% | 1.0% | 0.7% | 1.3% | 2.7% | 0.8% | 0.3% | 7.2% |
| 10 – Complete agreement | 1.0% | 0.0% | 0.0% | 0.1% | 0.4% | 3.2% | 0.4% | 1.1% | 3.3% | 0.6% | 7.3% | 17.4% |
| Total | 4.4% | 0.5% | 1.5% | 2.9% | 3.7% | 21.1% | 13.3% | 12.8% | 22.8% | 3.6% | 13.5% | 100.0% |

Table 5.38 shows that the level of acceptance of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population was found to have significant association with the level of agreement that part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.

Table 5.38 Preference for requiring the working population to contribute according to their income for the whole population by core value of contributions should be put into a reserve for financing future healthcare of the population

| Core value | Level of agreement | Preference: Requiring the working population to contribute according to their income the whole population | | | | | | | | | | | | P-value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **0 – Totally unaccept -able** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 – An ideal method** | **Total** | **Rank correlate -ion** |
| Contributions should be put into a reserve for financing future healthcare of the population | 0 – Complete disagreement | 3.4% | 0.3% | 0.4% | 0.3% | 0.1% | 1.0% | 0.3% | 0.1% | 0.1% | 0.0% | 0.7% | 6.6% | <0.001 -------- 0.313 |
| | 1 | 0.8% | 0.1% | 0.0% | 0.1% | 0.1% | 0.0% | 0.0% | 0.1% | 0.1% | 0.0% | 0.0% | 1.3% | |
| | 2 | 0.6% | 0.1% | 0.3% | 0.4% | 0.1% | 0.3% | 0.1% | 0.2% | 0.0% | 0.3% | 0.1% | 2.5% | |
| | 3 | 0.7% | 0.2% | 0.3% | 0.8% | 0.1% | 0.9% | 0.2% | 0.2% | 0.3% | 0.1% | 0.3% | 4.0% | |
| | 4 | 0.6% | 0.3% | 0.4% | 0.5% | 0.7% | 1.3% | 0.5% | 0.3% | 0.1% | 0.0% | 0.1% | 4.7% | |
| | 5 | 3.2% | 0.1% | 0.8% | 1.8% | 1.4% | 5.8% | 1.9% | 1.1% | 1.3% | 0.1% | 1.0% | 18.5% | |
| | 6 | 0.7% | 0.3% | 0.6% | 0.7% | 1.3% | 2.6% | 3.0% | 1.8% | 0.9% | 0.1% | 0.3% | 12.2% | |
| | 7 | 0.9% | 0.2% | 0.7% | 0.8% | 1.1% | 3.0% | 1.8% | 2.5% | 1.7% | 0.1% | 0.1% | 12.9% | |
| | 8 | 1.4% | 0.0% | 0.8% | 1.5% | 1.3% | 4.5% | 2.1% | 2.9% | 2.7% | 0.5% | 1.0% | 18.5% | |
| | 9 | 0.2% | 0.1% | 0.0% | 0.0% | 0.1% | 0.8% | 0.4% | 0.1% | 0.6% | 0.2% | 0.1% | 2.7% | |
| | 10 – Complete agreement | 2.4% | 0.1% | 0.2% | 0.6% | 0.1% | 3.7% | 0.9% | 0.9% | 2.4% | 0.2% | 4.8% | 16.2% | |
| | Total | 14.8% | 1.7% | 4.3% | 7.4% | 6.5% | 24.0% | 11.1% | 10.2% | 10.1% | 1.6% | 8.4% | 100.0% | |

Table 5.39 shows that the level of acceptance of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses was found to have significant association with the level of agreement of the following core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses; and

(ii) part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare.

Table 5.39 Preference for requiring the working population to save and pay for their own future healthcare expenses by core values

| Core value | Level of agreement | Preference: Requiring the working population to save and pay for their own future healthcare expenses | | | | | | | | | | | | P-value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **0 – Totally unaccept-able** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 – An ideal method** | **Total** | **Rank correlate-ion** |
| Purchase private insurance in order to have some financial support for expensive treatments | 0 – Complete disagree-ment | 1.3% | 0.0% | 0.2% | 0.4% | 0.1% | 0.8% | 0.1% | 0.0% | 0.4% | 0.0% | 0.9% | 4.2% | |
| | 1 | 0.0% | 0.0% | 0.0% | 0.1% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.4% | |
| | 2 | 0.4% | 0.1% | 0.0% | 0.1% | 0.0% | 0.2% | 0.1% | 0.4% | 0.0% | 0.0% | 0.0% | 1.3% | |
| | 3 | 0.1% | 0.0% | 0.2% | 0.2% | 0.2% | 0.3% | 0.4% | 0.2% | 0.0% | 0.0% | 0.1% | 1.6% | |
| | 4 | 0.1% | 0.2% | 0.1% | 0.0% | 0.2% | 0.7% | 0.5% | 0.0% | 0.1% | 0.2% | 0.0% | 2.1% | <0.001 |
| | 5 | 1.5% | 0.0% | 0.3% | 0.4% | 0.4% | 3.5% | 1.2% | 1.1% | 2.3% | 0.7% | 1.6% | 13.1% | -------- |
| | 6 | 0.3% | 0.0% | 0.1% | 0.3% | 0.5% | 1.4% | 1.6% | 1.6% | 1.2% | 0.3% | 0.3% | 7.5% | 0.320 |
| | 7 | 0.3% | 0.0% | 0.4% | 0.4% | 0.3% | 1.2% | 1.7% | 2.9% | 2.5% | 0.4% | 1.4% | 11.5% | |
| | 8 | 0.3% | 0.1% | 0.5% | 0.4% | 0.3% | 3.2% | 2.6% | 4.4% | 9.8% | 1.8% | 1.8% | 25.3% | |
| | 9 | 0.7% | 0.1% | 0.0% | 0.2% | 0.4% | 1.1% | 1.0% | 1.3% | 1.6% | 1.6% | 0.5% | 8.6% | |
| | 10 – Complete agreement | 1.6% | 0.2% | 0.3% | 0.1% | 0.4% | 3.0% | 1.5% | 1.8% | 4.4% | 1.0% | 10.0% | 24.3% | |
| | Total | 6.5% | 0.7% | 2.2% | 2.5% | 2.9% | 15.6% | 10.8% | 13.7% | 22.4% | 5.9% | 16.9% | 100.0% | |
| Contributions should be saved for their own future healthcare payment | 0 – Complete disagree-ment | 1.8% | 0.0% | 0.4% | 0.1% | 0.0% | 0.3% | 0.0% | 0.1% | 0.2% | 0.0% | 0.1% | 3.2% | <0.001 -------- 0.395 |
| | 1 | 0.1% | 0.1% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.4% | |
| | 2 | 0.4% | 0.1% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.2% | 0.9% | |
| | 3 | 0.2% | 0.0% | 0.1% | 0.1% | 0.2% | 0.3% | 0.1% | 0.1% | 0.1% | 0.0% | 0.0% | 1.2% | |
| | 4 | 0.1% | 0.1% | 0.0% | 0.0% | 0.1% | 0.1% | 0.2% | 0.3% | 0.1% | 0.0% | 0.0% | 1.0% | |
| | 5 | 0.9% | 0.0% | 0.3% | 0.5% | 0.5% | 3.8% | 1.3% | 0.6% | 1.7% | 0.7% | 1.0% | 11.4% | |
| | 6 | 0.0% | 0.0% | 0.2% | 0.2% | 0.8% | 0.8% | 1.9% | 1.3% | 0.7% | 0.0% | 0.3% | 6.2% | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 7 | 0.4% | 0.2% | 0.4% | 0.7% | 0.1% | 1.9% | 1.7% | 2.7% | 2.0% | 0.6% | 0.6% | 11.3% |
| 8 | 1.0% | 0.1% | 0.1% | 0.1% | 0.5% | 3.2% | 3.1% | 4.3% | 8.8% | 1.2% | 2.5% | 24.9% |
| 9 | 0.3% | 0.2% | 0.1% | 0.3% | 0.3% | 0.5% | 0.7% | 2.0% | 2.6% | 1.7% | 0.5% | 9.3% |
| 10 – Complete agreement | 1.1% | 0.0% | 0.5% | 0.3% | 0.3% | 4.5% | 1.7% | 2.2% | 6.3% | 1.6% | 11.8% | 30.3% |
| Total | 6.4% | 0.7% | 2.2% | 2.3% | 2.9% | 15.4% | 10.7% | 13.6% | 22.6% | 5.8% | 17.2% | 100.0% |

Table 5.40 shows that the level of acceptance of requiring the working population to purchase a health insurance scheme that provides basic standard coverage at a fixed-price was found to have significant association with the level of agreement of the following core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses;

(ii) part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare; and

(iii) part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.

Table 5.40 Preference for requiring the working population to purchase a health insurance scheme by core values

| | | Reference: Requiring the working population to purchase a health insurance scheme | | | | | | | | | | | | **P-value** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Core value** | **Level of agreement** | **0 – Totally unaccept-able** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 – An ideal method** | **Total** | **Rank correlat e-ion** |
| Purchase private insurance in order to have some financial support for expensive treatments | 0 – Complete disagreement | 1.5% | 0.1% | 0.0% | 0.3% | 0.1% | 0.9% | 0.0% | 0.1% | 0.1% | 0.0% | 0.5% | 3.6% | <0.001 -------- 0.332 |
| | 1 | 0.2% | 0.0% | 0.1% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | |
| | 2 | 0.2% | 0.2% | 0.1% | 0.3% | 0.0% | 0.5% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 1.4% | |
| | 3 | 0.1% | 0.1% | 0.1% | 0.3% | 0.3% | 0.4% | 0.3% | 0.1% | 0.0% | 0.0% | 0.0% | 1.6% | |
| | 4 | 0.1% | 0.0% | 0.2% | 0.1% | 0.3% | 0.8% | 0.1% | 0.2% | 0.2% | 0.1% | 0.0% | 2.1% | |
| | 5 | 1.5% | 0.1% | 0.5% | 1.3% | 0.6% | 4.2% | 1.4% | 1.3% | 0.9% | 0.2% | 0.9% | 12.9% | |
| | 6 | 0.4% | 0.0% | 0.1% | 0.4% | 0.5% | 1.8% | 2.1% | 0.8% | 1.1% | 0.1% | 0.3% | 7.6% | |
| | 7 | 0.4% | 0.0% | 0.5% | 0.4% | 0.6% | 2.4% | 1.7% | 2.5% | 2.2% | 0.4% | 0.8% | 11.7% | |
| | 8 | 0.5% | 0.1% | 0.4% | 0.8% | 0.6% | 6.2% | 3.0% | 4.6% | 6.2% | 1.8% | 1.4% | 25.6% | |
| | 9 | 0.4% | 0.1% | 0.4% | 0.3% | 0.3% | 1.2% | 0.8% | 1.8% | 1.8% | 1.3% | 0.4% | 8.7% | |
| | 10 – Complete agreement | 1.4% | 0.0% | 0.2% | 0.4% | 0.7% | 5.6% | 1.5% | 2.8% | 4.1% | 0.6% | 6.9% | 24.3% | |
| | Total | 6.8% | 0.7% | 2.6% | 4.7% | 3.9% | 23.9% | 11.1% | 14.2% | 16.5% | 4.5% | 11.2% | 100.0% | |
| Contributions should be saved for their own future healthcare payment | 0 – Complete disagreement | 1.8% | 0.1% | 0.1% | 0.4% | 0.0% | 0.4% | 0.0% | 0.1% | 0.1% | 0.0% | 0.3% | 3.2% | <0.001 -------- 0.335 |
| | 1 | 0.1% | 0.2% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | |
| | 2 | 0.4% | 0.0% | 0.1% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.7% | |
| | 3 | 0.1% | 0.2% | 0.1% | 0.4% | 0.0% | 0.1% | 0.0% | 0.2% | 0.1% | 0.0% | 0.0% | 1.2% | |
| | 4 | 0.0% | 0.0% | 0.0% | 0.1% | 0.0% | 0.7% | 0.1% | 0.0% | 0.1% | 0.0% | 0.0% | 1.0% | |
| | 5 | 1.0% | 0.1% | 0.5% | 0.5% | 0.9% | 4.1% | 1.7% | 0.7% | 0.8% | 0.2% | 0.8% | 11.4% | |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 6 | 0.1% | 0.0% | 0.3% | 0.5% | 0.6% | 1.5% | 1.9% | 0.7% | 0.4% | 0.3% | 0.2% | 6.3% | |
| | 7 | 0.4% | 0.0% | 0.3% | 1.0% | 0.4% | 3.4% | 1.9% | 2.3% | 1.2% | 0.1% | 0.6% | 11.6% | |
| | 8 | 1.3% | 0.1% | 0.2% | 0.2% | 0.6% | 5.8% | 3.0% | 4.7% | 6.5% | 1.6% | 1.3% | 25.2% | |
| | 9 | 0.2% | 0.1% | 0.4% | 0.3% | 0.3% | 1.2% | 0.6% | 2.4% | 2.0% | 1.5% | 0.4% | 9.3% | |
| | 10 – Complete agreement | 1.3% | 0.0% | 0.6% | 1.0% | 1.1% | 6.5% | 1.7% | 3.2% | 5.8% | 0.8% | 7.8% | 29.6% | |
| | Total | 6.7% | 0.7% | 2.5% | 4.6% | 4.0% | 23.8% | 10.9% | 14.0% | 16.9% | 4.5% | 11.3% | 100.0% | |
| Core value: Contributions should be put into a reserve for financing future healthcare of the population | 0 – Complete disagreement | 2.4% | 0.1% | 0.4% | 0.4% | 0.1% | 1.2% | 0.5% | 0.1% | 0.4% | 0.1% | 1.0% | 6.7% | <0.001 -------- 0.304 |
| | 1 | 0.5% | 0.3% | 0.0% | 0.1% | 0.2% | 0.2% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% | 1.3% | |
| | 2 | 0.5% | 0.0% | 0.1% | 0.2% | 0.0% | 0.8% | 0.2% | 0.1% | 0.3% | 0.0% | 0.3% | 2.5% | |
| | 3 | 0.4% | 0.0% | 0.6% | 0.6% | 0.2% | 0.7% | 0.1% | 0.3% | 0.9% | 0.2% | 0.1% | 4.1% | |
| | 4 | 0.0% | 0.0% | 0.0% | 0.3% | 0.2% | 1.3% | 0.8% | 0.5% | 0.7% | 0.4% | 0.2% | 4.5% | |
| | 5 | 1.8% | 0.1% | 0.2% | 0.6% | 1.3% | 6.4% | 2.6% | 1.8% | 2.3% | 0.4% | 1.3% | 18.8% | |
| | 6 | 0.1% | 0.2% | 0.2% | 0.4% | 0.9% | 2.5% | 2.8% | 2.4% | 1.6% | 0.5% | 0.4% | 12.0% | |
| | 7 | 0.1% | 0.1% | 0.3% | 1.1% | 0.4% | 2.5% | 1.2% | 3.9% | 2.4% | 0.9% | 0.3% | 13.1% | |
| | 8 | 0.5% | 0.0% | 0.3% | 0.5% | 0.4% | 4.4% | 2.0% | 2.1% | 4.8% | 1.2% | 2.0% | 18.2% | |
| | 9 | 0.1% | 0.0% | 0.1% | 0.0% | 0.2% | 0.5% | 0.1% | 0.8% | 0.4% | 0.2% | 0.2% | 2.7% | |
| | 10 – Complete agreement | 0.5% | 0.0% | 0.2% | 0.4% | 0.3% | 3.2% | 0.5% | 1.9% | 3.0% | 0.5% | 5.5% | 16.0% | |
| | Total | 6.9% | 0.7% | 2.5% | 4.6% | 4.0% | 23.6% | 10.9% | 14.0% | 16.8% | 4.5% | 11.5% | 100.0% | |

Table 5.41 shows that the level of acceptance of requiring the working population to join a personal healthcare reserve scheme which is a combination of the medical savings accounts and standard health insurance was found to have significant association with the level of agreement of the following core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses;

(ii) part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare; and

(iii) part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.

Table 5.41 Preference for requiring the working population to join a personal healthcare reserve scheme by core values

| | | Preference: Requiring the working population to join a personal healthcare reserve scheme | | | | | | | | | | | | P-value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Core value** | **Level of agreement** | **0 – Totally unaccept-able** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10 – An ideal metho d** | **Total** | **Rank correlate-ion** |
| Purchase private insurance in order to have some financial support for expensive treatments | 0 – Complete disagreement | 1.5% | 0.1% | 0.2% | 0.2% | 0.0% | 1.2% | 0.2% | 0.0% | 0.1% | 0.0% | 0.5% | 4.0% | |
| | 1 | 0.2% | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | |
| | 2 | 0.2% | 0.2% | 0.2% | 0.2% | 0.1% | 0.0% | 0.1% | 0.0% | 0.4% | 0.0% | 0.0% | 1.4% | |
| | 3 | 0.2% | 0.0% | 0.1% | 0.4% | 0.3% | 0.5% | 0.0% | 0.1% | 0.1% | 0.0% | 0.0% | 1.6% | |
| | 4 | 0.0% | 0.0% | 0.1% | 0.1% | 0.3% | 1.0% | 0.4% | 0.2% | 0.0% | 0.0% | 0.0% | 2.0% | <0.001 |
| | 5 | 0.9% | 0.1% | 0.4% | 1.1% | 1.1% | 3.9% | 1.3% | 1.1% | 1.4% | 0.0% | 1.0% | 12.3% | -------- |
| | 6 | 0.3% | 0.1% | 0.0% | 0.8% | 0.4% | 1.9% | 1.7% | 1.4% | 0.9% | 0.0% | 0.2% | 7.8% | 0.302 |
| | 7 | 0.2% | 0.4% | 0.3% | 0.9% | 0.2% | 3.1% | 1.8% | 3.1% | 1.2% | 0.2% | 0.4% | 11.8% | |
| | 8 | 0.5% | 0.1% | 0.6% | 0.5% | 0.7% | 7.5% | 3.8% | 4.3% | 5.5% | 1.1% | 1.0% | 25.4% | |
| | 9 | 0.3% | 0.2% | 0.3% | 0.2% | 0.3% | 2.0% | 0.9% | 1.4% | 1.7% | 1.2% | 0.2% | 8.7% | |
| | 10 – Complete agreement | 1.9% | 0.1% | 0.3% | 1.1% | 0.4% | 5.6% | 1.3% | 3.0% | 4.5% | 0.7% | 5.7% | 24.6% | |
| | Total | 6.2% | 1.2% | 2.5% | 5.6% | 3.9% | 26.7% | 11.4% | 14.7% | 15.7% | 3.2% | 9.0% | 100.0% | |
| Contributions should be saved for their own future healthcare payment | 0 – Complete disagreement | 1.9% | 0.0% | 0.1% | 0.4% | 0.0% | 0.4% | 0.0% | 0.2% | 0.1% | 0.0% | 0.2% | 3.2% | <0.001 |
| | 1 | 0.1% | 0.3% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | -------- |
| | 2 | 0.4% | 0.1% | 0.2% | 0.0% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.9% | 0.323 |
| | 3 | 0.1% | 0.1% | 0.2% | 0.6% | 0.1% | 0.1% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% | 1.2% | |
| | 4 | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.5% | 0.2% | 0.0% | 0.3% | 0.0% | 0.0% | 1.0% | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 5 | 1.0% | 0.1% | 0.2% | 0.6% | 1.3% | 3.9% | 1.4% | 0.9% | 1.1% | 0.1% | 0.7% | 11.3% | |
| | 6 | 0.1% | 0.1% | 0.1% | 0.5% | 0.6% | 2.2% | 1.7% | 0.5% | 0.2% | 0.1% | 0.1% | 6.2% | |
| | 7 | 0.3% | 0.0% | 0.8% | 0.5% | 0.4% | 3.8% | 2.5% | 2.1% | 1.2% | 0.0% | 0.1% | 11.7% | |
| | 8 | 0.7% | 0.1% | 0.3% | 1.3% | 0.8% | 6.3% | 2.9% | 5.8% | 5.0% | 1.0% | 0.9% | 24.9% | |
| | 9 | 0.1% | 0.2% | 0.1% | 0.2% | 0.2% | 1.9% | 1.1% | 2.0% | 2.1% | 1.0% | 0.5% | 9.4% | |
| | 10 – Complete agreement | 1.4% | 0.4% | 0.6% | 1.3% | 0.6% | 7.4% | 1.6% | 3.0% | 5.8% | 1.0% | 6.6% | 29.7% | |
| | Total | 6.1% | 1.3% | 2.5% | 5.4% | 3.9% | 26.6% | 11.4% | 14.6% | 15.8% | 3.2% | 9.2% | 100.0% | |
| Contributions should be put into a reserve for financing future healthcare of the population | 0 – Complete disagreement | 2.0% | 0.0% | 0.5% | 0.5% | 0.1% | 1.4% | 0.3% | 0.3% | 0.5% | 0.1% | 0.9% | 6.6% | <0.001 -------- 0.339 |
| | 1 | 0.5% | 0.3% | 0.1% | 0.1% | 0.1% | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 1.3% | |
| | 2 | 0.5% | 0.1% | 0.1% | 0.3% | 0.1% | 0.4% | 0.1% | 0.3% | 0.5% | 0.0% | 0.1% | 2.5% | |
| | 3 | 0.4% | 0.0% | 0.4% | 0.7% | 0.4% | 0.9% | 0.1% | 0.1% | 0.7% | 0.2% | 0.1% | 4.1% | |
| | 4 | 0.2% | 0.1% | 0.1% | 0.1% | 0.3% | 1.9% | 0.7% | 0.6% | 0.5% | 0.2% | 0.0% | 4.8% | |
| | 5 | 1.2% | 0.1% | 0.4% | 1.0% | 1.2% | 7.3% | 2.0% | 2.2% | 1.6% | 0.2% | 0.9% | 18.2% | |
| | 6 | 0.1% | 0.2% | 0.5% | 0.4% | 0.6% | 3.7% | 3.1% | 2.0% | 1.2% | 0.3% | 0.2% | 12.1% | |
| | 7 | 0.1% | 0.1% | 0.2% | 1.0% | 0.6% | 2.5% | 2.1% | 4.1% | 2.0% | 0.2% | 0.1% | 13.1% | |
| | 8 | 0.3% | 0.0% | 0.0% | 0.8% | 0.2% | 4.7% | 2.2% | 3.2% | 4.6% | 1.1% | 1.3% | 18.5% | |
| | 9 | 0.0% | 0.1% | 0.0% | 0.1% | 0.1% | 0.4% | 0.3% | 0.5% | 0.8% | 0.4% | 0.1% | 2.7% | |
| | 10 – Complete agreement | 1.0% | 0.3% | 0.1% | 0.5% | 0.2% | 3.1% | 0.4% | 1.2% | 3.1% | 0.5% | 5.7% | 16.1% | |
| | Total | 6.3% | 1.3% | 2.4% | 5.5% | 3.9% | 26.5% | 11.4% | 14.6% | 15.7% | 3.1% | 9.2% | 100.0% | |

## 5.7 Relationship between preference for alternative methods of raising extra resources and statements about healthcare financing

This section looks into whether there are any statistically significant associations between the statements about the healthcare financing and the preference for the alternative methods of raising extra resources. Spearman's rank correlation is used in these analyses, and only those associations with a correlation stronger than ±0.3[10] are presented in this section.

Table 5.42 shows that the level of acceptance of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance was found to have significant association with the level of agreement that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided.

Table 5.42 Preference for encouraging people to take out approved voluntary private health insurance by agreement to the statement that private healthcare market should have more competition and be more transparent

| Statement | Level of agreement | Preference: Encouraging people to take out approved voluntary private health insurance | | | | | | | | | | | | P-value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 – Totally unaccept-able | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 –An ideal method | Total | Rank correlate-ion |
| The private healthcare market should have more competition and be more transparent | 0 – Complete disagreement | 1.7% | 0.0% | 0.1% | 0.0% | 0.2% | 0.7% | 0.0% | 0.0% | 0.1% | 0.1% | 0.3% | 3.1% | <0.001 -------- 0.299 |
| | 1 | 0.0% | 0.1% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | 0.0% | 0.0% | 0.1% | 0.4% | |
| | 2 | 0.1% | 0.0% | 0.2% | 0.0% | 0.1% | 0.2% | 0.1% | 0.1% | 0.0% | 0.1% | 0.1% | 1.1% | |
| | 3 | 0.1% | 0.1% | 0.0% | 0.1% | 0.3% | 0.2% | 0.2% | 0.2% | 0.3% | 0.1% | 0.1% | 1.6% | |
| | 4 | 0.0% | 0.0% | 0.1% | 0.0% | 0.0% | 0.3% | 0.3% | 0.1% | 0.1% | 0.0% | 0.1% | 1.0% | |
| | 5 | 1.8% | 0.1% | 0.3% | 0.1% | 0.2% | 3.4% | 0.8% | 0.8% | 1.6% | 0.9% | 1.6% | 11.5% | |
| | 6 | 0.1% | 0.0% | 0.2% | 0.3% | 0.2% | 1.2% | 1.2% | 0.8% | 1.0% | 0.2% | 0.3% | 5.6% | |
| | 7 | 0.1% | 0.0% | 0.2% | 0.5% | 0.3% | 1.6% | 1.8% | 3.3% | 1.7% | 0.5% | 1.0% | 10.9% | |
| | 8 | 0.7% | 0.1% | 0.4% | 0.5% | 0.5% | 1.9% | 3.4% | 3.4% | 6.8% | 1.3% | 0.8% | 19.9% | |
| | 9 | 0.0% | 0.0% | 0.0% | 0.1% | 0.2% | 0.6% | 1.1% | 1.7% | 2.9% | 1.5% | 0.3% | 8.5% | |
| | 10 – Complete agreement | 2.0% | 0.3% | 0.6% | 0.8% | 0.9% | 5.0% | 1.9% | 3.3% | 8.1% | 1.2% | 12.3% | 36.3% | |
| | Total | 6.5% | 0.7% | 2.2% | 2.5% | 2.9% | 15.2% | 10.8% | 13.7% | 22.6% | 5.8% | 17.0% | 100.0% | |

[10] A correlation of >0.3 or <-0.3 means that about 9% of the variability is "explained" by the variability in the other variable, assuming that there is a causal link between the variables.

Table 5.43 shows that the level of acceptance of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses was found to have significant association with the level of agreement that an option with employer's contribution is preferred to one without.

Table 5.43 Preference for requiring the working population to save and pay for their own future healthcare expenses by agreement to the statement that an option with employer's contribution is preferred to one without

| Statement | Level of agreement | Preference: Requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses. | | | | | | | | | | | | P-value |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 0 – Totally unaccept -able | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 –An ideal method | Total | Rank correlate -ion |
| An option with employer's contribution is preferred to one without. | 0 – Complete disagreement | 0.2% | 0.0% | 0.0% | 0.0% | 0.0% | 0.4% | 0.1% | 0.0% | 0.2% | 0.0% | 0.2% | 1.0% | <0.001 -------- 0.304 |
| | 1 | 0.0% | 0.0% | 0.1% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.0% | 0.1% | |
| | 2 | 0.1% | 0.0% | 0.0% | 0.0% | 0.1% | 0.1% | 0.0% | 0.1% | 0.0% | 0.1% | 0.0% | 0.5% | |
| | 3 | 0.0% | 0.1% | 0.1% | 0.1% | 0.0% | 0.1% | 0.0% | 0.2% | 0.0% | 0.0% | 0.0% | 0.5% | |
| | 4 | 0.0% | 0.1% | 0.0% | 0.1% | 0.1% | 0.0% | 0.2% | 0.1% | 0.2% | 0.0% | 0.0% | 0.7% | |
| | 5 | 0.6% | 0.2% | 0.1% | 0.5% | 0.5% | 4.9% | 2.3% | 0.3% | 0.8% | 0.0% | 0.8% | 11.0% | |
| | 6 | 0.1% | 0.0% | 0.1% | 0.2% | 0.6% | 1.1% | 1.8% | 1.4% | 1.2% | 0.2% | 0.0% | 6.7% | |
| | 7 | 0.3% | 0.0% | 0.3% | 0.3% | 0.7% | 3.3% | 2.9% | 3.5% | 1.8% | 0.4% | 0.1% | 13.5% | |
| | 8 | 0.9% | 0.0% | 0.4% | 1.0% | 0.8% | 4.2% | 3.5% | 3.1% | 10.4% | 0.9% | 1.5% | 26.8% | |
| | 9 | 0.3% | 0.0% | 0.0% | 0.1% | 0.3% | 1.3% | 0.6% | 1.9% | 2.2% | 0.8% | 0.5% | 8.0% | |
| | 10 – Complete agreement | 1.9% | 0.2% | 0.5% | 0.6% | 0.5% | 5.6% | 1.7% | 2.3% | 6.2% | 1.2% | 10.5% | 31.1% | |
| | Total | 4.3% | 0.5% | 1.6% | 2.9% | 3.7% | 21.0% | 13.2% | 12.9% | 22.8% | 3.6% | 13.6% | 100.0% | |

# Chapter Six Conclusions

This survey has collected opinions from 1,035 respondents about the healthcare reform, with particular focus on the existing financing model and the supplementary financing options. They were asked for their opinions about the perceived need for healthcare financing and reasons behind, core values behind healthcare financing, knowledge about various supplementary healthcare financing options and acceptability for alternative methods of raising extra resources.

## 6.1 Introducing other financing sources

Over three quarters of all respondents (78.5%) agreed that tax funding alone was not sufficient for maintaining and improving the current level and quality of public health care services, so that other financing sources would have to be increased or introduced in the longer term. Respondents aged 65 or above and those who were working in health or insurance related industries were more likely to agree with this.

Among those respondents who perceived a need for additional financing, the most common reason was that the population was ageing rapidly and hence needed much more healthcare (23.7%), followed by society needed better public healthcare (14.6%) and the tax base was too narrow (12.7%).

Among those respondents who perceived no need for additional financing, the most common reason was that tax funding alone was sufficient for public healthcare services (22.8%), followed by the government should make the best use of public money (17.7%) and the government could afford to spend more of its surplus on healthcare (16.3%).

## 6.2 Core values behind healthcare financing

### 6.2.1 Equity of access

Over three quarters of the respondents (78.6%) agreed that they should get the same healthcare as everyone else in the same health condition irrespective of their economic means. Respondents aged 50 or above, working respondents and respondents with monthly household income $50,000 or above were more likely to agree with this.

More than two-third of respondents (71.6%) agreed that they should get basic essential healthcare irrespective of their economic means, but others who were better off could pay more to get more and better services. There was no significant difference between respondents with different demographic and socio-economic characteristics and level of agreement that they should get basic essential healthcare irrespective of their economic means, but others who are better off can pay more to get more and better services.

### 6.2.2 Wealth re-distribution

About three quarters of respondents (74.4%) agreed that if they were better-off, they should contribute more to subsidize those less well-off. Respondents aged 18 – 29 and 65 or above, non-working respondents, those with monthly household income less than $10,000 and those who claimed that their health status was good or poor were more likely to agree with it.

About two thirds of respondents (65.0%) agreed that if they were better-off, they should pay more for the same services than someone less well-off. Older respondents (aged 65 or above), those with lower education level, non-working respondents, retired persons, those with monthly household income less than $10,000 and those who reported suffering from a chronic disease or taking regular medication were more likely to agree with it. Furthermore, a higher proportion of respondents aged below 50, those with tertiary or above education level, working respondents, students, unemployed persons, those with monthly household income $50,000 or above and those who did not report suffering from a chronic disease or taking regular medication disagreed with it.

### 6.2.3 Risk-sharing/pooling

Over three quarters of respondents (78.6%) agreed that the financial burden for healthcare should be shared out among the population, so that they would be subsidized if they required expensive treatments due to serious illnesses, and they were willing to subsidize others when they require it. Respondents aged 18-29 and 65 or above were more likely to agree with it.

Over three quarters of respondents (77.2%) agreed that if they were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive

treatments due to serious illnesses. Working respondents, students, those with higher monthly household income, those who claimed that their health status were excellent or good and those who did not report suffering from a chronic disease or taking regular medications were more likely to agree with it.

### 6.2.4 Saving for the future

Over four-fifths of respondents (82.0%) agreed that part of their contributions to financing healthcare should be saved for their own future payment of healthcare. Females, respondents aged 18-29, those with higher monthly household income were more likely to agree with it.

Less than two-thirds of respondents (62.2%) agreed that part of their contribution to financing healthcare should be put into a reserve for financing future healthcare of the population. Respondents aged 65 or above, those with primary education or below, non-working respondents and those with monthly household income less than $10,000 or less were more likely to agree with it.

### 6.2.5 Choice

Over fourth-fifths of respondents (84.9%) agreed that they should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors. Females, respondents with higher monthly household income and those who have been admitted in a hospital within the last 12 months for any reason were more likely to agree with it.

Over four-fifths of respondents (83.3%) agreed that they should be able to pay different prices to get different choices of quality of service or types of alternative services). Respondents with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was good were more likely to agree with this.

Almost two-third of respondents (69.4%) agreed that if they needed to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choices over mandatory risk-sharing. Working respondents and those

with monthly household income $50,000 or above were likely to agree with this.

More than half of respondents (53.7%) agreed that if having choice means more expensive healthcare services or higher contribution, they would rather stick with no choice at all than paying more than at present. Respondents aged 18-29 and 65 or above, those who were working in health or insurance related insurance industries, students, retired persons and those with monthly household income below $50,000 were more likely to disagree with it.

About two thirds of respondents (65.5%) agreed that if society needs to save to meet future healthcare expenditure, they would rather this be done through taxation and putting money in reserve than any contributory schemes. Males, older respondents, respondents with tertiary non-degree education, those who were not working in health or insurance related industries, unemployed persons, retired persons, those with monthly household income $50,000 or above and those who reported to having a chronic condition or being on regular medications were more likely to agree with this.

## 6.3 Knowledge about alternative methods of raising extra resources for healthcare

### 6.3.1 Introducing social health insurance

About one third of respondents (34.4%) reported that they understood the supplementary healthcare financing method of introducing social health insurance, while two-fifths of respondents (40.4%) claimed that they did not understand it. Males, respondents with tertiary education (degree or above), working respondents and those with monthly household income $50,000 or above were more likely to claim to understand it.

### 6.3.2 Increasing user fees

About half of respondents (48.0%) reported that they understood the supplementary healthcare financing method of increasing user fees, while over a quarter of respondents (28.5%) claimed that they did not understand it. Younger respondents, respondents with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was very good or good were more likely to claim to understand it.

### 6.3.3 Introducing compulsory medical savings

Over two-fifths of respondents (45.5%) reported that they understood the supplementary healthcare financing method of introducing compulsory medical savings, while less than one third of respondents (31.4%) claimed that they did not understand it. Males, respondents aged 18-39, those with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was excellent/very good were more likely to claim to understand it.

### 6.3.4 Encouraging everyone to take out voluntary private health insurance

Over three-fifths of respondents (61.7%) reported that they understood the supplementary healthcare financing method of encouraging everyone to take out voluntary private health insurance, while less than one-fifth of respondents (17.2%) claimed that they did not understand it. Males, respondents with higher education level, working respondents, those with higher monthly household income and those claimed that their health status was better were more likely to claim to understand it. Respondents aged 65 or above were less likely to understand it as well as a higher proportion of them did not understand it.

### 6.3.5 Introducing mandatory private health insurance

About two-fifths of respondents (39.2%) reported that they understood the supplementary healthcare financing method of introducing mandatory private health insurance, while about one third of respondents (34.8%) claimed that they did not understand of it. Males, respondents with higher education level, working respondents, those with higher monthly household income and those who claimed that their health status was better were more likely to claim to understand it. Respondents aged 65 or above were less likely to understand it as well as a higher proportion of them did not understand it.

### 6.3.6 Introducing Personal Healthcare Reserve

Slightly over a quarter of respondents (26.6%) reported that they understood the supplementary healthcare financing method of introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health

insurance, while about half of respondents (49.1%) claimed that they did not understand it. Males and respondents with higher education level were more likely to understand it.

### 6.4 Acceptability of the alternative methods of raising extra resources

Slightly over half of respondents (51.9%) expressed that the method of increasing current taxes such as salaries and profits taxes was acceptable, while over a quarter of respondents (28.2%) expressed that it was unacceptable. Males, respondents aged 65 or above, those with primary education or below, those not working in health or insurance related industries, retired persons, those with lower monthly household income and those who reported suffering from a chronic disease or taking regular medication were more likely to accept it. The level of acceptance of increasing current taxes to raise extra resources was found to have significant association with the level of agreement that if society needed to save to meet future healthcare expenditure, respondents would rather this be done through taxation and putting money in reserve rather than any contributory schemes.

Slightly over two-fifths of respondents (41.7%) expressed that the method of introducing new taxes e.g. GST was acceptable, while over one third of respondents (36.9%) expressed that it was unacceptable (17.3% rated 0 and 19.6% rated 1 to 4).

Slightly over a quarter of respondents (26.6%) expressed that the method of reducing government spending in other policy areas, such as education, welfare or security was acceptable, while over half of respondents (54.0%) expressed that it was unacceptable.

Over two-fifths of respondents (43.5%) expressed that the method of increasing user fees for public medical services was acceptable, while one third of respondents (33.0%) expressed that it was unacceptable. Respondents aged 18-29, those with tertiary education (degree or above), working respondents, those with monthly household income $50,000 or above and those who did not report suffering from a chronic disease or taking regular medication were more likely to accept it.

Two-thirds of respondents (66.0%) expressed that the method of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance was acceptable, while about one-seventh of respondents (13.1%) expressed that it was unacceptable. Respondents with higher education level, working respondents and those with higher monthly household income were more likely to

accept it. The level of acceptance of encouraging substantially more people to take out voluntary private health insurance to raise extra resources, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance was found to have significant association with the level of agreement of the following core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses; and

(ii) if respondents needed to pay more to choose their health insurance than to purchase mandatory health insurance, they would still value their choice over mandatory risk-sharing.

Furthermore, the level of acceptance of encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance was found to have significant association with the level of agreement that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided.

About two-fifths of respondents (41.1%) expressed that the method of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population was acceptable, while about one third of respondents (35.2%) expressed that it was unacceptable. Males and respondents aged 18-29 or 65 or above were more likely to accept it. The level of acceptance of requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population was found to be significant association with the level of agreement that part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.

Over two thirds of respondents (69.5%) expressed that the method of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses was acceptable, while about one-seventh of respondents (15.1%) expressed that it was unacceptable. Respondents aged 18-29 or 65 or above and those who did not report suffering from a chronic disease or taking regular medication were more likely to accept it. The level of acceptance of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses was found to have significant association with the level of agreement of the following

core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses; and

(ii) part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare.

Furthermore, the level of acceptance of requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses to raise extra resources was found to have significant association with the level of agreement that an option with employer's contribution is preferred to one without.

Over half of respondents (57.4%) expressed that the method of requiring the working population to purchase a health insurance scheme that provides basic standard coverage at a fixed-price was acceptable, while about one-fifth of respondents (19.0%) expressed that it was unacceptable. The level of acceptance of requiring the working population to purchase a health insurance scheme that provides basic standard coverage at a fixed-price was found to have significant association with the level of agreement of the following core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses;

(ii) part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare; and

(iii) part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.

Over half of respondents (53.7%) expressed that the method of requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above was acceptable, while about one-fifth of respondents (19.6%) expressed that it was unacceptable. Respondents aged 18-29 or 65 or above were more likely to accept it. The level of acceptance of requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance was found to have significant association with the level of agreement of the following core values behind healthcare financing:

(i) if respondents were worried that they could not afford healthcare, they could

purchase private insurance of their choice to pool the risk, so that they would have some financial support if they needed expensive treatments due to serious illnesses;

(ii) part of respondents' contribution to financing healthcare should be saved for their own future payment of healthcare; and

(iii) part of respondents' contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.

## 6.5 Agreement with the statements about healthcare financing

### 6.5.1 Market competition and efficiency

Over four-fifths of respondents (86.0%) agreed that the private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided. Males, home-makers, retired persons and those with higher monthly household income were more likely to agree with this.

### 6.5.2 Utilization and cost control

Three quarters of respondents (75.4%) agreed that they should not need to pay very much out of pocket when they used public healthcare services, while only a small proportion of respondents (7.0%) disagreed with it. Respondents aged 65 or above, those with primary or below education, non-working respondents, retired persons, those with monthly household income less than $20,000 and those who claimed that their health status was worse were more likely to agree with this.

Three-fifths of respondents (59.7%) agreed that they should not need to pay very much out of pocket when they used private healthcare services, while a quarter of respondents (20.5%) disagreed with it. Females, older respondents, those with lower education level, non-working respondents, home-makers and respondents with monthly household income less than $10,000 were more likely to agree with this.

Over four-fifths of respondents (82.6%) agreed that they should not need to wait for a long time before they received public healthcare services. A smaller proportion of respondents aged 18-29, those with tertiary education (degree or above), students and those who claimed that their health status was better agreed with this.

The majority of respondents (90.7%) agreed that they should not need to wait for a long time before they received private healthcare services. Females, respondents aged 65 or above and non-working respondents other than students were more like to agree with this.

### 6.5.3 Overhead Costs

The majority of respondents (90.2%) agreed that administration costs should be minimized, no matter whether paid though contributions or insurance. Working respondents, unemployed respondents and those with monthly household income $50,000 or above were more likely to agree with this.

### 6.5.4 Contributions

About four-fifths of respondents (81.3%) agreed that they preferred an option under which they paid less. Females, older respondents, those with lower monthly household income and those who have been admitted in a hospital within the last 12 months for any reason were more likely to agree with this.

About four-fifths of respondents (81.2%) agreed that an option with an employer contribution was preferred to one without. Respondents aged 30-39 or 65 or above and unemployed persons were more likely to agree with this.

Over four-fifths of respondents (87.7%) agreed that an option with a government contribution was preferred to one without. Females, respondents aged 65 or above, respondents with tertiary education (non-degree) and those who have been admitted in a hospital within the last 12 months for any reason were more likely to agree with this.

# Chapter Seven Non-sampling errors

1. The use of the 'Next Birthday' rule to select a respondent when there was more than one eligible respondent residing in a household at the time of the telephone contact could not cover people who were always not at home in the evening and weekends.

2. Household telephone survey excludes households without fixed line telephones and excludes institutionalized people, which might result in selection bias due to under-representation of certain segments of the population. However, the possibility of people not being interviewed for the first reason should be small as domestic fixed-line telephone coverage in Hong Kong is about 85.0%.

# Appendix : Bilingual Questionnaire

**Survey Questionnaire on Health Care Reform (September 29, 2008)**
**醫療改革問卷調查**

**Section I Introduction**
**第一部份 引言**

Hello! My name is _____, an interviewer from the Social Sciences Research Centre of the University of Hong Kong (SSRC). We are commissioned by the Food and Health Bureau to conduct a public survey on health care reform. It will only take you around ten minutes and all the information provided by you will be kept strictly confidential and for collective analysis only. If you have any queries on this survey, you can call the SSRC at phone number: 3921 2600 during office hours between 9 am and 6 pm. If you have any questions about your rights as a research participant, please contact the Human Research Ethics Committee for Non-Clinical Faculties of the University at 2241 5267.

你好，我姓 x， 係香港大學社會科學研究中心嘅訪問員。我哋受食物及衞生局委託進行一項有關醫療改革嘅調查，只需您大約十分鐘嘅時間。你所提供嘅資料係會絕對保密同埋只會作統計分析用途。如果你有任何嘅疑問，請於辦公時間早上 9 點至下午 6 點，致電 3921 2600 到香港大學社會科學研究中心查詢。如閣下想知道更多有關研究參與者嘅權益，請致電2241 5267，聯絡香港大學非臨床研究操守委員會。

**Section II Selection of Respondent**
**第二部份 揀選被訪者**

Excluding domestic helpers, how many household members aged at least 18 years are there at home right now?
請問你依家屋企有幾多位18歲或者以上一齊居住嘅家庭成員喺度呢？而家庭傭工並唔計算在內。

_____ Persons 位

Who is the one who will next have a birthday? (Interviewer: explain the "Next Birthday" rule if respondent questions)
喺呢幾位入面，邊一位係將會生日呢？麻煩請佢接聽電話。（訪問員: 如被訪者有疑問，請解釋：呢個係用生日日期嚟揀選被訪者嘅方法）

(受訪者不是第一位接電話的家庭成員: 你好，我姓 x， 係香港大學社會科學研究中心嘅訪問員。我哋受食物及衞生局委託進行一項有關醫療改革嘅調查，首先多謝你接受訪問。你所提供嘅資料係會絕對保密同埋只會作統計分析用途。）

**Section III Main Questions**
**第三部份 主要問題**

## A. Perceived need for healthcare financing and reasons behind
## 醫療融資嘅需要及其背後原因

A1. Do you agree that tax funding alone is not sufficient for maintaining and improving the current level and quality of public health care services, so that other financing sources* will have to be increased or introduced in the longer term?
您同唔同意單靠稅收係唔足夠維持同改善現有公共醫療服務嘅水平同質素，所以，長遠嚟講，係有需要增加或引入其他財政來源*？

1. Agree (Go to A2)
   同意（跳到A2）
2. Not agree (Go to A3)
   唔同意 （跳到A3）
3. Don't know / Refused (Go to Part B)
   唔知道／拒絕回答（跳到B部）

[If participants ask about "other financing sources"] Examples of "other financing sources": increase current taxes or raise new taxes, require the working population to contribute for healthcare, introduce new or expand existing health insurance etc.
[如果受訪者詢問有關"其他財政來源"] "其他財政來源"的例子：增加現有嘅稅收或開徵新稅項，要在職人口供款支付醫療開支，引入新的或擴大現有醫療保險等等．

A2. Reasons for perceiving need for additional financing (You may choose more than one response.)
因爲乜嘢理由覺得需要額外嘅財政來源呢？（可選多項）

1. Society needs better public healthcare
   社會需要更好嘅公共醫療服務
2. Population is ageing rapidly and hence needs much more healthcare
   人口急速老化所以需要更多嘅醫療服務
3. There will be new, better but more expensive medical treatment
   會有更新、更好但係更貴嘅治方法同技術
4. People's expectation and demand for healthcare will keep rising
   市民對醫療服務嘅期望同埋要求會越嚟越高

5. Health expenditure increasing faster than the economy
   醫療開支嘅增長會快過經濟增長
6. Tax rate too low
   稅率太低
7. Tax base too narrow
   稅基太狹窄
8. Fewer and fewer taxpayers relative to those needing healthcare
   需要醫療嘅人多，納稅嘅人愈來愈少
9. Others (please specify): _____
   其他 (請註明) : _____
10. Refused
    拒絕回答
    (Go to Part B) (跳到 B部)

A3. Reasons for perceiving NO need for additional financing (You may choose more than one response.)
因爲乜嘢理由覺得冇需要額外嘅財政來源呢?（可選多項）

1. The Hospital Authority can improve its efficiency
   醫管局可以改善佢哋嘅效率
2. Government can afford to spend more of its surplus on healthcare
   政府可以用更多嘅盈餘嚟支付醫療
3. Government can afford to draw from fiscal reserve for healthcare
   政府可以動用財政儲備去支付醫療
4. Government can raise tax for healthcare
   政府可以提高稅收嚟支付醫療
5. Government can spend less on other public services relative to healthcare
   政府可以使少啲喺醫療之外嘅其他公共服務
6. Health expenditure not increasing faster than economy
   醫療開支嘅增長唔會快過經濟增長
7. No need for better public healthcare
   我哋唔需要更好嘅公共醫療服務
8. Ageing population not leading to rising health expenditure
   人口老化唔會導致醫療開支上升
9. Others (please specify): _____
   其他 (請註明)
10. Refused
    拒絕回答

## B. Core values behind healthcare financing
## 醫療融資背後嘅核心價值

Assuming that Hong Kong will need additional financing for healthcare and that you will be making additional contributions for this, I would like you to tell me how much you agree with the following objectives for the financing arrangement, on a scale from 0 to 10, where 10 is complete agreement and 0 is complete disagreement.
假設香港需要爲醫療服務增加額外嘅財政來源，而因爲咁您需要額外嘅付出，我想知道你對於以下嘅目標有幾認同，請你用0至10分回答，10分代表完全同意，0分代表完全唔同意。

B1. Equity of access
公平地獲得

1. I should get the same healthcare as everyone else in the same health condition irrespective of my economic means.
無論我嘅經濟環境係點，喺同樣嘅健康狀況底下，我應該得到同其他人相同嘅醫療服務
2. I should get basic essential healthcare irrespective of my economic means, but others who are better off can pay more to get more and better services.
無論我嘅經濟環境係點，我應該得到基本必需嘅醫療服務，但係其他經濟條件好啲嘅人可以俾多啲錢攞到多啲同好啲嘅服務

B2. Wealth re-distribution
財富再分配

1. If I am better-off, I should contribute more to subsidize those less well-off.
如果我比較富裕，我應該付出多啲去資助嗰啲經濟能力差啲嘅人。
2. If I am better-off, I should pay more for the same services as someone less well-off.
如果我比較富裕，喺使用同樣嘅服務時，我應該比嗰啲經濟能力差嘅人俾多啲錢。

B3. Risk-sharing/pooling
風險匯集及分擔

1. The financial burden for healthcare should be shared out among the population, so that I will be subsidized if I require expensive treatments due to serious illnesses, and I am willing to subsidize others when they require it.
醫療服務嘅財務負擔應該由全體市民一齊分攤，咁樣，當我患重病而需要昂貴嘅治療時，我會得到資助，而我亦會願意資助其他有需要嘅人。

2. If I am worried that I cannot afford healthcare, I can purchase private insurance of my choice to pool the risk, so that I will have some financial support if I need expensive treatments due to serious illnesses.
   如果我擔心財務上唔能夠獨力負擔醫療服務，我可以透過買我自己選擇嘅私人保險去分攤風險，咁樣，當我患重病而需要昂貴嘅治療時，我會從保險獲得一部份嘅財政支援。

B4. Saving for the future 未雨綢繆

1. Part of my contribution to financing healthcare should be saved for my own future payment of healthcare.
   我爲醫療所付出嘅供款，部份應該儲起比我應付自己將來嘅醫療費用。
2. Part of my contribution to financing healthcare should be put into a reserve for financing future healthcare of the population.
   我爲醫療所付出嘅供款，部份應該放喺儲備，用嚟應付將來全民嘅醫療開支。

B5. Choice 醫療服務嘅選擇

1. I should have choice of healthcare service provider, e.g. seeing the same doctor in public hospitals or clinics, or choice of private doctors.
   我應該可以選擇醫療服務提供者，例如：喺公立醫院或診所睇番同一個醫生或者選擇私家醫生。
2. I should be able to pay different prices to get different choices of quality of service or types of alternative services.
   我應該可以俾唔同嘅費用選擇唔同質素或者唔同類型嘅服務。

B6. If I need to pay more to choose my health insurance than to purchase mandatory health insurance, I would still value my choice over mandatory risk-sharing
   如果我選擇買嘅醫療保險會比買強制醫療保險貴要俾更多錢，我仍然覺得自己嘅選擇好過強制風險分擔

B7. If having choice means more expensive healthcare services or higher contribution, I'd rather stick with no choice at all than paying more than at present.
   如果有選擇等於醫療服務費用會更貴或者要俾更多供款，我會寧願好似依家咁冇得選擇好過要俾更多錢

B8. If the society needs to save to meet future healthcare expenditure, I'd rather this be done through taxation and putting money in reserve rather than any contributory schemes.
   如果社會需要儲起啲錢去應付將來嘅醫療開支，我寧願徵稅然後放錢落儲備度，好過用任何供款嘅方案

## C. Knowledge about various supplementary healthcare financing options
## 對不同類型輔助醫療融資方案嘅認識

C1. Self-reported 自我陳述

I would like you to rate your understanding of alternative methods of raising extra resources for healthcare on a scale of 0 to 10, where 10 means complete understanding and 0 means no knowledge at all. (code 999 for Refuse to answer)
請你用0至10分評價你對於以下幾個爲醫療服務提供額外財政來源嘅方法嘅了解程度，10分代表完全了解，0分代表完全唔識。 (編碼999代表拒答)

1. Introducing social health insurance
   引入社會醫療保障
2. Increasing user fees
   提高使用者收費
3. Introducing compulsory medical savings
   引入強制醫療儲蓄
4. Encouraging everyone to take out voluntary private health insurance
   鼓勵每個人自願投保私人醫療保險
5. Introducing mandatory private health insurance
   引入強制私人醫療保險
6. Introducing a Personal Healthcare Reserve scheme, which is a combination of mandatory savings and mandatory health insurance
   引入個人康保儲備計劃，即係一個結合強制儲蓄同強制醫療保險嘅計劃

## D. Preference
## 選擇

D1. I would now like you to rate your preference for these alternative methods of raising extra resources on a scale of 0 to 10, where 10 is the ideal method and 0 is totally unacceptable. (code 999 for Don't Know/Refuse to answer)
請你用0至10分評價你對於以下幾個爲醫療服務提供額外財政來源嘅方法嘅喜歡程度，10分代表最理想嘅方法，0分代表完全唔能夠接受嘅方法 (編碼999代表唔知道/拒絕回答)。

1. Increasing current taxes, such as salaries tax and profits tax
   增加現有嘅稅收，例如：薪俸稅同利得稅
2. Introducing new taxes, e.g. GST
   引入新稅種，例如：銷售稅

3. Reducing government spending in other policy areas, such as education, welfare or security
   減少其他政策範疇嘅政府開支，例如，教育，福利或者保安
4. Increasing user fees for public medical services
   提高公共醫療服務收費
5. Encouraging substantially more people to take out voluntary private health insurance, by providing tax breaks or other financial incentives to anyone who takes out approved voluntary private health insurance.
   透過提供稅務減免或其他財政資助，鼓勵更多人購買認可嘅自願私人醫療保險
6. Requiring the working population to contribute according to their income to social health insurance to finance healthcare for the whole population.
   要求在職人士按收入供款俾社會醫療保障基金，去資助全體市民嘅醫療
7. Requiring the working population to save in their own individual accounts to pay for their own future healthcare expenses.
   要求在職人士供款入自己　個人醫療儲蓄戶口，用嚟支付自己未來嘅醫療開支
8. Requiring the working population to purchase a health insurance scheme that provides basic standard coverage and at a fixed-price.
   要求在職人士購買一份提供基本標準保障、收取定額保費嘅醫療保險計劃
9. Requiring the working population to join a personal healthcare reserve scheme, which is a combination of the medical savings accounts and standard health insurance mentioned above.
   要求在職人士參加個人康保儲備計劃，呢個計劃結合以上所提及嘅醫療儲蓄戶口同標準醫療保險計劃

D2. I would like you to tell me how much you agree with the following on a scale from 0 to 10, where 10 is the most agreed and 0 is most disagreed or Not agree at all. (code 999 for Don't Know/Refuse to answer)
   請你用0至10分評價你對於以下嘅情況嘅同意程度，10分代表完全同意，0分代表最唔同意或完全唔同意 (編碼999代表唔知道/拒絕回答)

1. Market competition and efficiency
   市場競爭同效率

1.1 The private healthcare market should have more competition and be more transparent in terms of the cost / price and quality of healthcare services provided.
   就醫療服務嘅成本、價錢同質素嚟講，私營醫療市場係應該要有多啲競爭同埋高啲嘅透明度

2. Utilization and cost control
使用率同成本控制

2.1 I should not need to pay very much out of pocket when I use **public** healthcare services.
當我使用公營醫療服務嘅時候，唔需要自己支付好多

2.2 I should not need to pay very much out of pocket when I use **private** healthcare services.
當我使用私營醫療服務嘅時候，唔需要自己支付好多

2.3 I should not need to wait for a long time before I receive **public** healthcare services.
當我接受公營醫療服務嘅時候，唔需要等一段長時間

2.4 I should not need to wait for a long time before I receive **private** healthcare services.
當我接受私營醫療服務嘅時候，唔需要等一段長時間

3. Overhead cost
經費成本

3.1 The administration costs should be minimized, no matter contributions or insurance.
無論供款定保險，都應該降低行政費用

4. Contributions 供款

4.1 I prefer an option under which I pay less.
我較喜歡我可以俾少啲錢嘅方案

4.2 An option with employer's contribution is preferred to one without.
我較喜歡有僱主參與供款嘅方案

4.3 An option with government's contribution is preferred to one without.
我較喜歡有政府參與供款嘅方案

**Section IV Personal Information**
**第四部份 個人資料**

Please tell us more about yourself in the order to facilitate our analysis. All information collected would be treated in strictest confidence.

我會問你幾條有關您嘅個人資料作爲研究用途，你所提供嘅所有資料係會絕對保密。

Q5.1 Record the gender

記錄性別

1. Male 男
2. Female 女

Q5.2 What is your age?

請問你幾多歲？

1. 18-29
2. 30-39
3. 40-49
4. 50-59
5. 60-64
6. 65-69
7. 70 or above 70 歲或以上
8. Refuse to answer 拒絕回答

Q5.3 What is your highest educational attainment? (Interview: please read out the answers one by one)

請問你最高嘅教育程度是? [訪問員: 請讀出個別答案]

1. Primary or below 小學或以下
2. Had not completed secondary 未完成中學
3. Completed secondary (Form 5) 完成中五
4. Matriculation 預科
5. Tertiary (non-degree) 專上教育(非學位)
6. Tertiary (degree or above) 專上教育(學位或以上)

999 Refuse to answer 拒絕回答

Q5.4 Are you currently engaged in a job?

你現時有工作嗎？

| | | |
|---|---|---|
| 1. | Yes | 有 |
| 2. | No (skip to Q35) | 沒有 (跳至 Q5.6) |

Q5.5 Are you working in the following health or insurance related industries?

你現時係唔係喺以下有關健康或保險行業工作呢?

| | | |
|---|---|---|
| 1. | Insurance | 保險業 |
| 2. | Health care services | 醫療護理服務 |
| 3. | Pharmaceuticals | 製藥 |
| 4. | Other healthcare related services | 其他同醫護服務有關嘅行業 |
| 5. | None of the above | 以上行業都唔係 |

(Go to Q5.7) (跳至Q5.7)

Q5.6Are you a .....? (Interviewer: read out the answers one by one)

你係 ……. ? [訪問員: 請讀出個別答案]

| | | |
|---|---|---|
| 1. | Student | 學生 |
| 2. | Home-maker | 家庭主婦 |
| 3. | Unemployed person | 失業/待業 |
| 4. | Retired person | 退休人士 |
| 5. | Others（Please specify_____） | 其它(請說明) |
| 999 | Refuse to answer | 拒絕回答 |

Q5.7 How much is your monthly household income including all the income?

你嘅每月家庭總收入係

| | | |
|---|---|---|
| 1. | Less than $5,000 | $5,000 以下 |
| 2. | $5,000-9,999 | |
| 3. | $10,000-14,999 | |
| 4. | $15,000-19,999 | |
| 5. | $20,000-24,999 | |
| 6. | $25,000-29,999 | |
| 7. | $30,000-34,999 | |
| 8. | $35,000-39,999 | |
| 9. | $40,000-44,999 | |
| 10. | $45,000-49,999 | |
| 11. | $50,000-54,999 | |

12. $55,000-59,999
13. $60,000 or above ＄60,000 或以上
14. Refuse to answer 拒絕回答

Q5.8 Have you been admitted to a hospital within the last 12 months for any reason?
喺過去12個月內，你有冇因爲任何原因而入住醫院呢？

1. Yes 有
2. No 冇

Q5.9 In general, would you say your health is: (Interviewer: Read out the answers)
一般來說，你認爲你嘅健康狀況係：(訪問員: 請讀出個別答案)

1. Excellent 極好
2. Very good 很好
3. Good 好
4. Fair 一般
5. Poor 差

Q5.10 Have you ever been told by a western medicine practitioner that you suffer from a chronic disease? e.g. high blood pressure, diabetes, heart disease, lung disease etc.?
有冇西醫曾經話你患有長期病呢? 例如高血壓、糖尿病、心臟病、肺病等等。

1. Yes 有
2. No 冇
3. Don't know / Can't remember 唔知/唔記得

Q5.11 Have you been taking regular medications prescribed by a doctor during the past 6 months?
在過去6個月,你有冇定期食醫生處方嘅藥呢？

1. Yes 有
2. No 冇

***This is the end of the survey. Thank you very much for your cooperation and time!***
**問卷已經完成。好多謝你抽時間幫我哋完成呢份問卷。**