

Health Care Voucher Scheme and willingness to spend on dental care among Hong Kong elders

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ABSTRACT Objectives. The Hong Kong SAR Government has planned to increase the subsidy for the elderly to use on health care, including dental services. This study aimed to collect opinions of the elderly on the proposed Health Care Voucher Scheme and their willingness to use vouchers on dental care services. **Methods.** Elders aged 70 years or above from randomly selected elderly centers were recruited. A questionnaire was designed and individual interviews were carried out to collect information on current utilization of dental care services, opinions on the scheme, and willingness to use the vouchers on dental care services. **Results.** In all, 240 elders were successfully interviewed, of whom about one third (34%) were willing to use the health care vouchers on dental care services. The elders had different opinions on the value of the vouchers, and would have liked the age of eligibility to be lower. A significantly higher percentage (45%) of the younger elderly (aged 70-74 years) were willing to use the vouchers on dental care services compared to those who were older (75-79 years and ≥ 80 years age-groups), the respective proportions being 30% and 26% ($P=0.025$). A significantly higher percentage of elders with current dental problems intended to use the vouchers on dental care services compared to those without such problems, the respective proportions being 52% and 19% ($P<0.001$). **Conclusion.** Generally the elderly welcomed the proposed scheme and thought it would be helpful in their health care. The willingness of these elderly to spend the health care vouchers on dental care services decreased with increasing age. Elders with current dental problems were more willing to spend their vouchers on dental care services than those without such problems.

Key words: Aged, dental care

Introduction

According to Population By-census 2006 conducted by

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This article was selected to receive the Oral-B Prize in Community Oral Health Project 2008 by Faculty of Dentistry, the University of Hong Kong.

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the Census and Statistics Department of Hong Kong SAR Government, there were 852 796 persons aged 65 years or above in Hong Kong, which accounts for 12.4% of the total population¹. This group has been increasing steadily from 10.1% in 1996, 11.1% in 2001, to the current figure. This surge in the elderly population presents a vital challenge to health care decision-makers with respect to social, economic, and political issues related to older adults in Hong Kong².

Currently, persons aged 65 to 69 years are entitled to apply for the Normal Old Age Allowance, while all elders aged 70 years or above receive the Higher Old



Figure 1 Boards used during the interviews

Age Allowance³. In the financial year 2008-09, the Government provides each Old Age Allowance recipient with a one-off grant of HK\$3000⁴. On top of that, under the Senior Citizen Card Scheme, all elders aged 65 years or above enjoy certain privileges offered by various organizations and companies, from both the public and private sectors⁵.

The Health Care Voucher Scheme (HCVS) was proposed in the 2007-08 Policy Address. It catered to the increasing health care needs of the elderly and as a token of appreciation for their contributions to society. The details of the proposed HCVS are as follows: "The Government will launch a trial scheme under which all citizens aged 70 or above will be given annually five health care vouchers worth \$50 each to subsidize primary medical care services they purchase from the private sector. The vouchers can be used for services provided by western and Chinese medicine practitioners, allied health professionals and dental practitioners, as well as for preventive services such as medical examination or vaccination, and therapeutic services...this initiative enables them to choose more freely various primary medical care services in the local community and therefore reduces the waiting time...The health care vouchers will cost some \$150 million annually. The three-year trial scheme will be subject to a full review. The Secretary for Food and Health will draw up details of the scheme, which is expected to be implemented in the 2008-09 financial year."⁶

Unlike our medical counterparts, the dental services available to the general public are largely offered by the private sector. Government dental clinics only offer extraction as pain relief to the general public. With the health care voucher subsidy, elderly who cannot afford

private dental services on their own are thus given an extra option. We are interested in knowing whether this freedom of choice will bring about any anticipated change to the current situation. The purpose of this study was to collect opinions of Hong Kong elders regarding the proposed HCVS and their willingness to use the proposed vouchers on dental care services. Hopefully, the data collected could interest practicing dentists and the Government.

Methods

Study population and sampling method

Hong Kong elders aged 70 years or above were selected as the target group, since subjects in this age-group are eligible for the scheme.

There are four types of elderly centers in Hong Kong: District Elderly Community Centres, Neighbourhood Elderly Centres, Social Centres for the Elderly, and Day Care Centres and Units for the Elderly. Elders from Day Care Centres and Units were excluded from this project because they suffer from moderate to severe levels of impairment; being relatively unfit they were less able to get around by themselves to go seek medical and dental services. Lists of the other three types of centers were obtained from the website of the Social Welfare Department, Hong Kong SAR Government⁷. In all there were 216 centers, from these 20 were selected randomly.

Letters were sent and phone calls made to contact the 20 selected centers. The proposed project including its aims and objectives and the draft questionnaire were sent to persons in-charge at these centers. For centers that agreed to participate, an oral hygiene instruction talk was offered as a token of appreciation. A total of five centers agreed to participate in the project.

Survey procedures and questionnaire design

A structured questionnaire was constructed and face-to-face interviews were conducted by trained interviewers. The questionnaire was formulated after a critical appraisal of previous related surveys, together with the valuable opinions gathered from the advisors of the Faculty of Dentistry at the University of Hong Kong. In the pilot test, 15 patients aged 70 years or above were interviewed at the Prince Philip Dental Hospital, and minor modifications were incorporated into the questionnaire.

The questionnaire had three parts: (1) Personal information (age, gender, receipt of Comprehensive Social Security Assistance [CSSA], medical and dental health status); (2) Information on current utilization of dental care services (frequency of dental visits, elapsed time and reasons for last dental visit, including dental treatments received in the past 5 years); and (3) Opinions regarding the proposed HCVS (distribution of vouchers in different health care services and reasons, comments concerning the HCVS such as the eligible age, total value of the vouchers and the value of each voucher, willingness to use the proposed vouchers on dental care services).

During the interviews, props such as boards (Figure) and virtual vouchers were given to the interviewees to facilitate an understanding of the questions. The boards included pictures representing various health care services that can be subsidized by the HCVS: western medicine, Chinese medicine, dental services, allied health services, or preventive services. Elders could also choose to save the vouchers for future use. Interviewees were given five virtual vouchers and asked to place the vouchers on the respective pictures to show how they would like to distribute them across different health care services.

Data analyses

Frequency distributions of background information of the participants, current utilization of dental care services, opinions on the proposed HCVS, and willingness to use the proposed vouchers on dental care services were assessed. Chi squared or Chi squared exact tests (if >20% of the cells had an expected frequency of <5) were performed to investigate the relationships between the willingness to use vouchers on dental care services and the background of the elderly. These aspects included age, gender, receipt of CSSA, as well as current medical and dental health status. The level of significance of the tests was set to be 0.05 and the data analyses were performed using the Statistical Package for the Social Sciences (SPSS) Windows version 16.0.

Results

Background information of the respondents

A total of 256 elderly were interviewed in the five elderly centers. Sixteen interviews were considered void due to inability to understand the questions. Therefore 240 interviews were successfully completed and used for the analysis. All of the percentages presented in this section were

Table 1 Background information of the interviewed elders (n=240)

	No. (%) of subjects
Age (years)	
70-74	82 (34)
75-79	78 (33)
80-84	45 (19)
85+	35 (15)
Gender	
Male	58 (24)
Female	182 (76)
Receipt of Comprehensive Social Security Assistance	67 (28)
Current dental problem(s) present	105 (44)
Toothache	43 (41)
Mobile tooth	21 (20)
Missing teeth affecting appearance	11 (11)
Missing teeth affecting chewing	33 (31)
Others	44 (42)
Current health problem(s) present	185 (77)
Service provider: Government	165 (89)
Service provider: Non-government	11 (6)
Service provider: Both	9 (5)

calculated based on the valid samples of each question.

Background information of the respondents is summarized in Table 1. Among the 240 interviewees, the ratio of female to male was 3:1, which corresponded to the gender ratio of the elderly in the enrolled centers. Most (67%) of the interviewees were aged 70 to 79 years. Twenty-eight percent were CSSA recipients. When interviewed, these elderly were asked about their perceived current dental and medical problems; 44% of whom had current dental problems, mostly missing teeth (42%) and toothache (41%). Among these interviewees, 42% had other dental problems (not specified in the questionnaire), mostly associated with dental prostheses. Regarding medical aspects, 77% had current health problems for which they undertook regular medical visits and/or long-term medication, the majority via government medical services.

Current utilization of dental care services

Information about current utilization of dental care

Table 2 Information on current utilization of dental care services

	No. (%) of subjects
Dental visit (n=240)	
Regular	13 (5)
Irregular	219 (91)
Never	8 (3)
Service provider for those who had regular or irregular dental visits (multiple answers allowed) [n=232]	
Government services for civil servants	4 (2)
Government emergency dental service—pain relief and extraction	25 (11)
Government dental service for Comprehensive Social Security Assistance recipients	12 (5)
Non-government organization	34 (15)
Private	135 (58)
Prince Philip Dental Hospital	10 (4)
Outside Hong Kong	33 (14)
Illegal	3 (1)
Others	5 (2)
Reasons for not having regular dental visit (multiple answers allowed) [n=227]	
No pain/no need/teeth were good	128 (56)
Uncertainty of cost/worry of high cost	42 (19)
No time	6 (3)
No teeth, no need to go	26 (11)
Afraid of dentist	7 (3)
Never thought about it/do not know	26 (11)
Cannot/do not know how to find a dentist	6 (3)
Teeth had minor problems only, no need	6 (3)
Others	17 (7)
Interval between visits for those who had regular dental checks (n=13)	
Less than 6 months	1 (8)
6 Months or above but less than 1 year	2 (15)
1-2 Years	9 (69)
More than 2 years	1 (8)
Last dental visit (n=232)	
Less than 1 year	67 (29)
1-3 Years	60 (26)
More than 3 years	105 (45)
Reasons for last dental visit (multiple answers allowed) [n=232]	
Regular checkup/scaling	18 (8)
Toothache	109 (47)
Mobile tooth	33 (14)
Missing teeth affecting appearance	30 (13)
Missing teeth affecting chewing	80 (34)
Others	47 (20)
Dental treatments received in the past 5 years (multiple answers allowed) [n=232]	
Checkup	88 (38)
Scaling	64 (28)
Filling	62 (27)
Extraction	100 (43)
Prosthesis	108 (47)

services is summarized in Table 2. The majority (n=219, 91%) of the interviewees attended irregularly, only 5% (n=13) were having regular dental attendances. Most of them (9/13) visited dentists every 1 to 2 years.

Among 232 subjects who had visited a dentist, 58% had received their dental treatments from a private dental service, 15% from a non-government organization, and 14% from dental services outside Hong Kong. Some elderly sought dental treatments from more than one service provider, and nearly half had had their last dental visit over 3 years earlier (Table 2).

The two most common reasons for their last dental visit were: missing teeth (47%) and toothache (47%); other reasons (20%) not specified in the questionnaire included problems with prostheses, tooth fractures, extractions, and restorations. For interviewees who had had dental treatments in the past 5 years, most were for dental prostheses (47%) and extractions (43%) [Table 2].

We also investigated the reasons why interviewees did not have regular dental visits or never went to a dentist (Table 2). The commonest reported reasons were no perceived need, perception of good dental health, and lack of pain (56%), followed by uncertainty and worry about high costs (19%).

Opinions on the proposed Health Care Voucher Scheme

Among the 240 interviewees, 27% had heard about the HCVS: 48% from television, 22% from radio, 22% from the elderly centers, and 11% from newspapers.

Opinions on the preferred total value of the vouchers and the value of each voucher were collected (Table 3). Of those interviewed, 9% were satisfied with the Government’s proposal of \$250 per year. However, 55% (n=132) felt the amount was insufficient to support the health care costs, 18% suggested their value should have amounted to \$250 to \$500, 13% felt it should have been between \$500 and \$1000, 8% felt it should have totaled more than \$1000, while 16% wanted it to be more than \$250 but could not suggest an exact value. In all, 21% of the 240 subjects were indifferent and 15% had no idea when asked to indicate an appropriate total value for the vouchers.

Regarding the value of each voucher, excluding the 154 (64%) subjects who were either satisfied with

Table 3 Opinions on the proposed Health Care Voucher Scheme (n=240)

	No. (%) of subjects
Total value of health care vouchers per year	
\$250	22 (9)
More than \$250 but no exact amount	38 (16)
\$251-\$500	44 (18)
\$501-\$1000	32 (13)
\$1000 or above	18 (8)
Do not know	36 (15)
Does not matter	50 (21)
Eligible age of health care vouchers (years)	
60 or above	37 (15)
65 or above	68 (28)
70 or above	81 (34)
75 or above	5 (2)
Do not know	49 (20)

the Government’s proposal or had no idea about the appropriate total value of the vouchers, 86 (36%) suggested the value was: \$100 (n=41, 17%), \$50 (n=34, 14%) or other values such as \$140 and \$160 (n=11, 5%).

When considering the eligible age of HCVS recipients, 34% of the elders were satisfied with the current proposal, whereas 43% suggested that elders below the age of 70 years should also be able to benefit from the scheme.

An open question was also set for interviewees to freely express their point of view on the HCVS. More than half of them welcomed the introduction of the proposed scheme and thought it would help the health care of elders. A small group stated that \$250 was not enough but better than nothing, and a few would have preferred an increase in the Old Age Allowance.

Willingness to use the proposed health care vouchers on dental care services

The anticipated use of vouchers in different health care services was investigated. Most elders (50%) would allocate at least one voucher on western medicine;

Table 4 Allocation of the five health care vouchers in different health care services intimated by the elderly (n=240) *

Health care service	0 Voucher	1 Voucher	2 Vouchers	3 Vouchers	4 Vouchers	5 Vouchers
Western medicine	119 (49.6)	17 (7.1)	36 (15.0)	25 (10.4)	7 (2.9)	36 (15.0)
Chinese medicine	175 (72.9)	19 (7.9)	29 (12.1)	6 (2.5)	1 (0.4)	10 (4.2)
Dental services	159 (66.3)	21 (8.7)	29 (12.1)	6 (2.5)	3 (1.2)	22 (9.2)
Allied health professionals	228 (95.0)	4 (1.7)	5 (2.1)	2 (0.8)	0 (0.0)	1 (0.4)
Preventive services	216 (90.0)	19 (7.9)	4 (1.7)	1 (0.4)	0 (0.0)	0 (0.0)
Save	206 (85.9)	13 (5.4)	6 (2.5)	8 (3.3)	0 (0.0)	7 (2.9)

* Data are shown as No. (%) of subjects

34% would allocate at least one voucher on dental care services, 27% on Chinese medicine, 10% on preventive care, and 5% on allied health professionals. The suggested allocation of the vouchers to these five different health care services is summarized in Table 4. In all, 13% of the interviewees would allocate three or more vouchers to have dental care services, the main reason being that dental fees were expensive, and that expenditure on other health care services were covered by CSSA. Contrarily, 66% of the interviewees did not consider using the vouchers for dental care services, most of whom (91/159) cited no perceived dental problem and a small proportion (13/159) thought dental treatments too costly and that the vouchers would be better spent on other health care services. Moreover, 14% of the elders would opt to save a portion of their vouchers and 3% would save all five of them for the future.

Twenty-six percent (n=63) of the 240 interviewees did not distribute any vouchers at all: 17% (n=40) would use vouchers depending on future needs and 9% (n=23) would not use the vouchers.

Correlation between the background of the elders and their willingness to use the proposed vouchers on dental care services was also investigated (Table 5). A significantly higher percentage (45%) of the younger elderly (aged 70-74 years) were willing to use the vouchers on dental care services compared to those who were older (29% of those aged 75-79 years and 26% of those aged ≥ 80 years; $P=0.025$). A significantly higher percentage of the elderly with current dental problems intended to use the vouchers on dental care services compared to those without such problems (52% versus 19%; $P<0.001$). No significant correlation was found with respect to other background information ($P>0.05$).

Discussion

Opinions on the proposed Health Care Voucher Scheme

Only one fourth of the interviewees had heard of HCVS, possibly because the scheme had not yet been implemented (scheduled launch in January 2009). Most had no idea on how to use the vouchers, and of those who had, nearly half heard about them from television, and fewer via radio and elderly centers; newspapers only accounted for about 10%. When the scheme is implemented, the Government needs to ensure that more elders receive the necessary information to have better use of the vouchers. The Government should carefully evaluate which channels can reach the elderly effectively. Dissemination via television, radio, and elderly centers appear the most effective.

The vouchers should be user-friendly for both the elders and enrolled health care service providers. Vouchers are to be issued and used through an electronic platform called the e-Health system, which can be accessed through computers, personal digital assistants (PDA) and mobile phones with an Internet connection. Fixed-line telephones can be used but will have restricted functions⁸. A study regarding the HCVS was conducted and released by Dr. Ka-Ki Kwok in January 2008⁹. A total of 121 dentists and 248 private physicians were successfully interviewed. Only 57% of them had computers connected to the Internet in their clinics, and 59% disagreed that the Government should offer only one method (Internet) for medical professionals to use the vouchers. Usage through fixed-line telephones should be made fully functional.

Most of the interviewees acknowledged that the HCVS was good for the elderly as most were retired, but the

Table 5 Willingness to use health care vouchers for dental care services (n=240)

	No. (%) of subjects		P value
	Yes	No	
Age (years)			
70-74	37 (45%)	45 (55%)	0.025
75-79	23 (29%)	55 (71%)	
80 or above	21 (26%)	59 (74%)	
Gender			
Male	14 (24%)	44 (76%)	0.072
Female	67 (37%)	115 (63%)	
Comprehensive Social Security Assistance recipience			
Yes	24 (36%)	43 (64%)	0.673
No	57 (33%)	116 (67%)	
Current dental problem			
Yes	55 (52%)	50 (48%)	<0.001
No	26 (19%)	109 (81%)	
Current health problem			
Yes	66 (36%)	119 (64%)	0.247
No	15 (27%)	40 (73%)	
Worry of high cost			
Yes	17 (40%)	25 (60%)	0.287
No	64 (32%)	134 (68%)	

amount of subsidy left much to be desired. Only about 10% were satisfied with \$250, while 20% felt the amount did not matter. The remainder believed that it should be higher than the proposed (i.e. \$50x5/year), which was insufficient to support health care costs in a year. The proposed amount might be just enough for the elderly to seek medical consultations once or twice. Similarly, a majority of the medical doctors and dentists felt that the value of each voucher was inadequate and should be increased by \$50 to \$100 with a total of 12 vouchers issued annually instead of five⁹. In general, the value of the vouchers was thought to be too low and inadequate to encourage elders to seek private health services. Some even suggested that the Government should cut the medical fees for the elderly by half¹⁰⁻¹³.

In April 2008, legislative councilors in the Panel on Health Services proposed that the amount of each voucher should be increased to \$100 and each elderly person should be given 10 vouchers, with a lower eligible age of 65 years¹⁰⁻¹³. If the Government subsequently sets the total subsidy per year for each elderly to \$1000,

according to our data, at least 78% of the interviewees would be satisfied. Thus, we support increasing the total subsidy from vouchers to \$1000 per year.

However, it is suggested that the scheme should be more flexible so that the subsidy can be spent at any dollar value within an upper limit. If the vouchers are to be spent in units of \$50 or \$100, both the elderly and health care professionals may encounter problems. For example, if a medical consultation costs \$120, the Government conceives that the elder might use one voucher (\$50 each) and paying \$70 cash or two vouchers and \$20 cash. Although the purpose of the scheme was not to fully subsidize the medical expenses, from a practical point of view, if the elderly subject does not want to spend that \$20, some doctors might be driven by market forces to set the fee to \$150 or \$100. Therefore, either 'over-treatment' (the \$150 consultation) or compromised treatment (the \$100 consultation) might ensue, and it is reasonable to believe that the latter would dominate. As the administration and handling of vouchers will be in a digital rather than physical format, technically it should

not be too difficult to implement.

One third of the interviewees were happy with the eligible age of 70 years or above, at which age people usually suffer from more diseases. However, 43% of the elderly thought the age limit should be set lower, e.g. 65 or 60 years, as this was the age people started to retire. According to the above survey, 74% of the medical doctors and dentists agreed that the eligible age should be changed from 70 years or above to 65 years or above⁹.

In short, this HCVS was thought to be a good way to encourage the elderly to seek medical treatment from the private sector. Providing another option for going to private clinics might help reduce waiting times for government medical services.

Willingness to use the proposed health care vouchers in dental care services

Concerning the allocation of the vouchers in different health care services, the most 'voucher-catching' health care service was western medicine; about half of the elderly would use one or more vouchers for this purpose. The second was dental services, for which about one third of elderly persons anticipated spending vouchers.

Interestingly, 9% of interviewees planned to use all five vouchers on dental care. One of the main reasons was that other health care expenses were well covered or highly subsidized by the public health care system. Other reasons included: dental fee being high and anticipation of dental problems requiring treatment. Contrarily, about two thirds of the interviewees planned to spend no voucher on dental care services, citing reasons such as no perceived dental problems, and dental services being too expensive for vouchers to be of much help. The relatively younger group (70-74 years) of elders ($P=0.025$) and those with perceived dental problems ($P<0.001$) had a higher willingness to spend the vouchers on dental care than others. This was predictable, because it is more difficult for the older age individuals to understand and accept new schemes.

In conclusion, the elderly generally welcomed the proposed scheme and thought it would be helpful in their health care. Half of the elders however were not satisfied with the total value of HCVS subsidy; \$250 per year would be too little to subsidize their health care expenditure. The elders had different opinions on an appropriate total value for each voucher. Concerning the eligible age, they would

have liked it to be lower. About one third of them were willing to use the vouchers for dental care services. The willingness to spend the vouchers on dental care services decreased with increasing age. Elderly with current dental problems were more willing to spend their vouchers on dental care services.

Acknowledgments

We would like to thank Professors Tak W. Chow and Anne S. McMillan for their support and arrangements, which facilitated our pilot test for the questionnaire. We are particularly grateful to the following elderly centers that participated in this study: Sheng Kung Hui Welfare Council Western District Elderly Community Centre; Tsim Sha Tsui District Kai-fong Welfare Association, Activities Centre for the Elderly; Ching Chung Taoist Association of Hong Kong Ltd. Rev. Hau Po Wun Social Centre for the Elderly; Hong Kong Buddhist Association Buddhist Foo Wong Hop Neighbourhood Elderly Centre; and Hong Kong Buddhist Association Buddhist Ching Hang Neighbourhood Elderly Centre.

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