From Patients to Partners: Citizen Engagement in Hong Kong's Carescape

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Abstract

In Hong Kong, community engagement in health management has surged, particularly due to the COVID-19 pandemic. This crisis has generated a wealth of health information, reshaping cultural meanings of "good health," resilience, and community well-being. Vibrant discussions about health, both online and offline, have created a unique public health culture that often relies on word-of-mouth knowledge alongside traditional medical establishments. Amidst this evolving landscape, the Hong Kong government's Health Bureau of the HKSAR Government introduced the *Primary Healthcare Blueprint* in 2023, emphasizing a crucial shift from a treatment-oriented to a prevention-oriented mindset. This initiative aims to enhance community involvement and empower citizens in managing their health. This study employs a critical health-humanities approach to explore "citizen self-health," which includes community deliberation and sharing of health information. We conducted focus group discussions with four diverse groups—young adults, the elderly, mothers/housewives, and ethnic minorities—to examine the value, risks, and sustainability of grassroots health discourses. Our findings reveal that personal networks, especially friends and family, are vital sources of health information, though trust levels and preferred sources vary widely, from community recommendations to digital platforms. While there is appreciation for Hong Kong's public health system—highlighting personalized care for mothers, community support for ethnic minorities, affordability for the elderly, and technological advancements for youth—challenges persist, including overwhelmed providers and inequitable access. This pilot study underscores the importance of empowering individuals and communities through a citizen health approach, enhancing healthcare engagement and equity in Hong Kong.

Keywords: health discourses, citizen self-health, social care, digital cultural analytics, Hong Kong

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Introduction

In January 2023, the Hong Kong government's Health Bureau of the HKSAR Government launched the Primary Healthcare Blueprint (PHB), marking a pivotal shift in the city's healthcare landscape. Secretary of Health Prof. Chung-mau Lo emphasized the need to transition from a treatment-oriented to a prevention-oriented system (Health Bureau of the HKSAR Government, 2023a). This shift responds to the pressing challenges of an aging population and the increasing prevalence of chronic diseases burdening public hospitals.

The PHB advocates for a transformation from "institution-centric secondary/tertiary healthcare to prevention-oriented family-centric primary healthcare" (Health Bureau of the HKSAR Government, 2023b). This transition aims to empower individuals and communities, fostering a proactive rather than reactive approach to health management. By prioritizing primary healthcare, the PHB recognizes that health is a shared responsibility involving active citizen engagement.

Our project aligns with the social significance of the PHB, aiming to examine community-oriented healthcare and explore the discourse of "citizen self-health" rooted in community communication practices. The WHO defines community engagement as a process fostering relationships to address health issues and promote well-being (WHO, 2020). Lessons learned during the COVID-19 pandemic highlighted the importance of community-oriented primary healthcare and the explosion of health information shared in social spaces.

A key objective of this paper is to explore local knowledge and competencies related to health among specific population segments, examining concepts like resilience, self-care, and health literacy.

Citizen Self-Health

The growth of critical health/medical humanities emphasizes the need for interdisciplinary collaboration across medicine and social sciences (Atkinson et al., 2015; Magaña & Hsu, 2023; Riegel & Robinson, 2023; Sufian, 2020; Whitehead & Hagan, 2016). This paper aims to contribute by capturing insights into community health literacy and competencies, informing strategies for future global health crises. By focusing on "health discourses from below," we draw on Citizen Healthcare theories that emerged from family therapy and citizen health science (Doherty & Mendenhall, 2006; Metcalf & Style, 2019; Omer, 2016; Scally, 1996; Scherger, 2006; Van Eijk & De Lange, 2023).

Historically, citizen health evolved from the blend of professionalism and democracy in 19th-century medicine, aiming to mobilize underutilized community resources in addressing health challenges (Starr, 1982). This approach integrates citizens' cultural health traditions with contemporary medical practices, positioning them as "co-producers" of care.

This paper investigates dominant community discourses in both digital and offline spaces, exploring how they shape Hong Kong residents' quest for a pragmatic and self-competent approach to wellness. We examine practices of citizen self-health among four diverse groups: young adults, the elderly, housewives, and ethnic minorities, assessing the sustainability and value of grassroots health discourses.

Citizen health mobilization was notably evident during the COVID-19 crisis, where social media facilitated "risk deliberation networks" that allowed citizens to assess public health measures (Lim & Nakazato, 2020). This perspective encourages viewing citizens as co-producers of health rather than mere consumers.

"Citizen self-health" emphasizes proactive engagement in health management, allowing individuals to make culturally informed decisions about their health. Paul Farmer's perspective on medicine as social justice highlights how access to resources and systemic inequalities shape self-health practices (Marquard, 2022). In Hong Kong, many communities struggle with affordable healthcare, making the concept of citizen self-health increasingly relevant.

The COVID-19 pandemic created an "infodemic," complicating health communication. Investigating health literacy becomes essential in combating misinformation, particularly among minority and disadvantaged populations, and developing strategies to reduce healthcare inequities (McCaffery et al., 2020; Nan et al., 2021; Nielsen-Bohlman et al., 2004; Paasche-Orlow & Wolf, 2010).

Methodology

To study citizen self-health in Hong Kong, we conducted focus group discussions in the summer of 2024. We selected four stakeholder groups: young adults, mothers/housewives, the elderly, and ethnic minority residents. Each group presents different health risks, levels of self-care knowledge, and social media usage patterns. Young adults face challenges transitioning to independence and managing stress, often adopting new health technologies. Mothers and housewives, as primary caregivers, navigate limited resources while integrating self-health practices. Senior citizens provide insights into healthcare access and traditional self-care. Ethnic minorities, facing disparities in health outcomes, offer unique perspectives on cultural beliefs, language barriers, and social determinants.

This study aims to understand how these groups engage with health practices and social media, informing strategies to promote health equity within these communities.

Table 1

Composition of the Focus Groups

Focus Group	No.	Alias	Gender	Age
Elderly	1	Henry	M	78
	2	Kelly	F	68
	3	Jenny	F	50
	4	Hannah	F	67
	5	Anthony	M	72
	6	Kathy	F	60
	7	Shelly	F	60
	8	Tammy	F	68
	9	Tracy	F	71
	10	Peggy	F	66
Youth	1	Charles	M	24
	2	Hailey	F	24
	3	Suky	F	22
	4	Wendy	F	23
	5	Fred	M	26
	6	Candy	F	19
Mothers/Housewives	1	Winnie	F	48
	2	Hattie	F	56
	3	Carol	F	50
	4	Nancy	F	54
	5	Teresa	F	55
	6	Lily	F	31
	7	Larissa	F	41
Ethnic Minorities	1	Abby	F	22
	2	Kathrina	F	24
	3	Victor	M	35
	4	Alex	M	36
	5	James	M	33
	6	Danny	M	36
	7	Amy	F	34
	8	Selina	F	23
	9	Jeff	M	34

The elderly group, comprising ten members aged from 50 to 78, has a notable predominance of women. The youth group consists of six individuals aged between 19 and 26. This group is balanced in gender. The younger members, Candy (19) and Suky (22), bring fresh and dynamic perspectives, representing the voices of a generation keen on change and innovation.

The mothers/housewives group includes seven women, primarily in their 30s to 50s, with ages ranging from 31 to 56. Winnie (48) and Hattie (56) represent the older segment, while Lily (31) provides a younger viewpoint within this demographic. The mothers and housewives share insights rooted in family dynamics, societal roles, and the challenges of

balancing home life with personal aspirations. Finally, the ethnic minority group consists of nine members, predominantly men. Their ages range from 22 to 36, featuring individuals like Abby (22) and Kathrina (24) among the younger members. These focus groups represent a tapestry of experiences and viewpoints that can inform our discussions that integrate community needs and intergenerational understanding from different cultural backgrounds.

Results and Analysis

Comparing Sources of Health Information

We begin by looking at a comparative analysis of how various demographic groups seek health information to reveal diverse preferences and reliance on different sources (see Table 2). Across all groups, there is a notable reliance on personal networks—friends and family play a crucial role in shaping health-related decisions. However, the degree of trust and the sources of information vary significantly. While mothers/housewives and EMs depend on community and personal recommendations, the elderly lean towards professional healthcare advice, and youth embrace digital platforms.

Indeed, our youth informants actively seek health information online. They frequently use Google for research on health topics, particularly regarding supplements. Their reliance on social media platforms, such as Xiaohongshu, reflects a popular approach to information gathering, though the reliability of such sources remains a concern. Additionally, their interactions with peers significantly influence their health decisions, particularly in areas like sports science. In contrast, the senior citizens demonstrate a more traditional reliance on healthcare professionals for health advice. They consult doctors for issues related to nutrition and medication, showcasing a preference for authoritative sources. This group does not so much reference online health websites or engage with social media for health information, indicating a potential gap in digital literacy or access. They may benefit from targeted outreach efforts to increase their engagement with modern information sources. As for the mothers/housewives, they indicated to us that they primarily trust personal connections and local resources for health advice. They often turn to friends knowledgeable in traditional practices, such as a trusted Chinese doctor, for guidance on supplements. This group values community input, relying on shared experiences to make health decisions. In addition, they actively use health apps to stay informed and acknowledge notifications about relevant health topics. For our ethnic minority informants, community institutions play a significant role. The Islamic Center, for example, provides not only vaccination services but also vital community support. This group also relies on family and friends for health advice, particularly regarding family protection. Unlike the mothers/housewives, they do not appear to engage with health apps, indicating a preference for more community-based information sources.
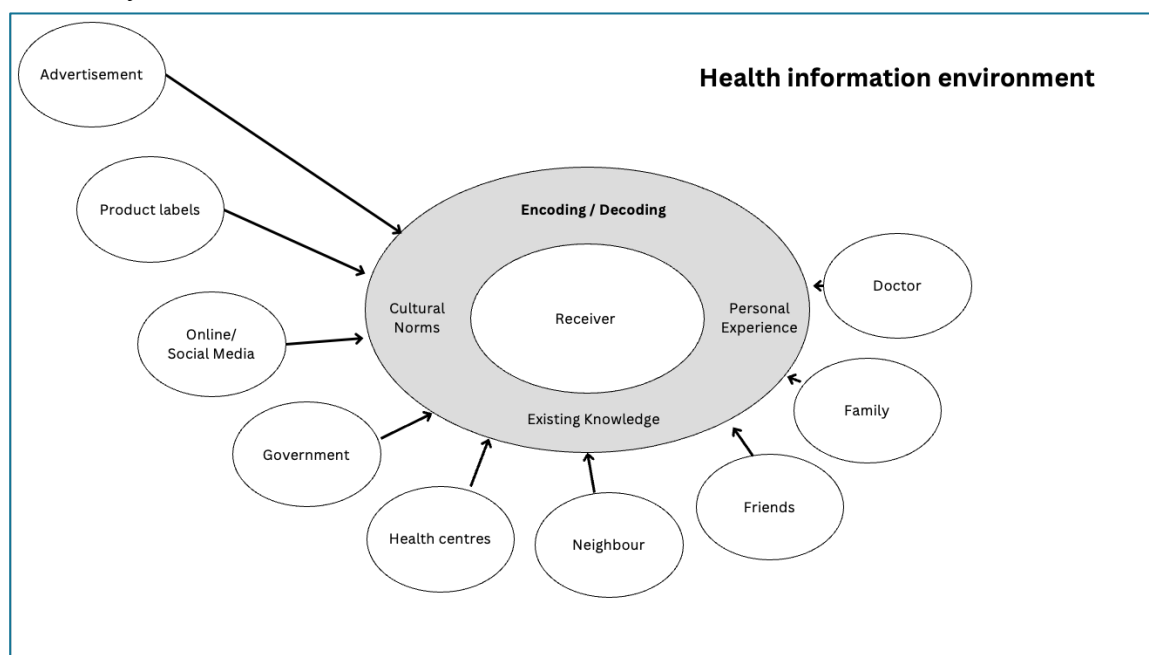
Cultural norms, existing knowledge, and personal experience are pivotal influences on health information reception, each contributing uniquely to how our four demographic groups interpret health messages (see Figure 1). For mothers/housewives, cultural norms may dictate reliance on traditional health practices and community input, shaping their beliefs about health information. Their existing knowledge, likely rooted in personal experiences and shared information from trusted sources, helps them navigate health decisions. In contrast, EMs may find that cultural norms strongly influence their trust in community institutions, such as Islamic Centers, which provide health services and support. Their existing knowledge might be limited, leading them to prioritize community advice over broader health guidelines. The elderly often rely heavily on existing knowledge gained from years of healthcare

interactions, yet personal experiences, such as adverse reactions to medications, can lead them to question established medical advice. Youth, on the other hand, frequently turn to digital platforms for health information, driven by personal experiences and peer recommendations that may override their understanding of scientific principles. For instance, Wendy (23) prioritized the positive feedback from friends about a supplement, despite knowing the general risks associated with unregulated products. In all these cases, personal experiences can strongly shape perceptions, sometimes overriding existing knowledge. For example, Larissa (42), a housewife, who has witnessed a friend's negative reaction to a vaccine became hesitant, despite having previously understood its benefits. Similarly, Suky (22) dismissed reliable health information after a personal experience where a recommended treatment did not work for her.

Table 2
Comparing Sources of Health Information

Source of Information	Mothers/Housewives	EMs	Elderly	Youth
Healthcare Professionals	Trusted friend who is a Chinese doctor for health advice.	School teachers provide information about vaccinations.	Consult doctors for nutrition and medication advice.	Influenced by personal experiences and friends knowledgeable in sports science.
Online Health Websites	Check user reviews, ingredient details, and side effects before purchasing supplements.	Health department's website is referenced for information verification.	NIL	Frequently use Google for health information and supplement research.
Social Media	Rely on peer recommendations shared by friends.	Facebook provides updates, though often negative.	Friends share information on platforms like WeChat, but reliability is questioned.	Casual scrolling on Xiaohongshu for health information.
Friends and Family	Trusted friend knowledgeable in Chinese medicine shares supplement information.	Information shared among friends and colleagues about family protection.	Friends introduce supplements, but consider personal suitability and medical advice.	Trust advice from parents and friends' experiences with supplements.
Scientific Journals and Publications	NIL	NIL	NIL	NIL
Health Apps	Notifications about health topics are acknowledged and sometimes shared.	NIL	NIL	NIL
Community Health Organizations	NIL	Islamic Center provides vaccination services and community support.	NIL	NIL
Support Groups	NIL	NIL	NIL	NIL
Books and Magazines	NIL	NIL	NIL	NIL
Other Media	NIL	News sources, especially from government health departments, are trusted for updates.	YouTube for health information and TV for COVID-related updates.	NIL

Figure 1
Health Information Environment

Besides looking at the interplay of cultural norms, prior knowledge, and personal experiences, our focus group findings also help to indicate how the sources of health information are prioritized to play critical roles in shaping how individuals make health-related decisions. Among these, medical doctors are recognized as a primary and trusted source of information. Family and friends serve as informal yet influential resources in health decision-making. Our informants shared with us how the personal relationships they have with their loved ones create a supportive network where experiences and advice are freely shared. For instance, recommendations from family members about dietary changes or treatment options can heavily influence some of our informants' choices, often rooted in personal anecdotes rather than clinical evidence. Then, health centres and neighbours come to play crucial roles in providing accessible information and services. Local health centres offer a community-oriented approach to healthcare, delivering resources and support that are often more relatable and convenient for individuals. Neighbours can share valuable insights based on shared community experiences, fostering a sense of trust and familiarity that might be absent in more formal healthcare settings. A good number of our informants stressed that such interactions can help demystify health issues and encourage community members to seek necessary care. In contrast, government health campaigns that aim to educate the public on various health issues, are taken to be of lower priority for influencing health behaviours. These campaigns often target specific health challenges, making information accessible and relevant to diverse populations. Among our informants, the influence brought by the digital landscape, while valuable for helping to seek health information, is received with scepticism because their reliability can vary significantly, leading to potential misinformation. Meanwhile**,** product labels and health product advertisement do offer the details about ingredients and health claims, are of the lowest priority for the our informants in their health information seeking behaviour.

Citizens' Views of Hong Kong's Public Healthcare System

In the focus group discussions, informants expressed both appreciative and critical views of Hong Kong's public healthcare system (see Tables 3 and 4). Appreciation varies among mothers/housewives, ethnic minorities (EMs), the elderly, and youth, each highlighting aspects relevant to their experiences.

Mothers/housewives generally value the system's accessibility and personalized care, benefiting from medication delivery for chronic conditions, which reduces hospital visits. They appreciate improved waiting times for appointments, reflecting a more efficient experience. In contrast, EMs focus on community support and the cultural relevance of healthcare services, valuing local health centers and mosques for vaccinations and fostering a sense of belonging. They appreciate the system's adaptability, especially for refugees, emphasizing a community-driven perspective. The elderly highlight cost-effectiveness and targeted support, benefiting from programs like the Elderly Health Care Voucher, which provides free consultations. Their satisfaction reflects a focus on accessibility and affordability, contrasting with mothers/housewives, who prioritize personal relationships with providers. The youth appreciate technological advancements, particularly telehealth options that emerged during the COVID-19 pandemic, valuing convenience in accessing medical advice.

Despite their appreciation, informants reported significant challenges accessing healthcare, identifying six major issues. Overwhelmed healthcare providers emerged as a concern across demographics. Mothers/housewives noted inattentiveness and rushed diagnoses, while EMs and the elderly expressed frustration with long wait times in public hospitals. Youth also reported delays, leading to perceptions of a breakdown in the system. Long waiting times were another major concern. Mothers/housewives critiqued delays in specialist appointments, often preferring private doctors for quicker service. EMs relied on emergency services for minor issues due to availability concerns, while the elderly found excessively long waits discouraging. Youth described complex procedures and delays as barriers to care. Equity in access to healthcare services was particularly concerning for EMs and the elderly. EMs highlighted vaccination access issues for refugees, feeling that inequities based on employment status favored civil servants. The elderly shared similar sentiments, raising fairness concerns that undermine trust in the system. Systemic inefficiencies also troubled mothers/housewives, who noted a shortage of medical personnel and slow response times. EMs expressed dissatisfaction with triage processes, while the elderly doubted government efforts to improve the system.

Concerns about overseas-trained doctors were prominent among housewives, who preferred local practitioners due to perceived differences in care. The elderly also expressed skepticism about bureaucratic processes associated with these doctors. Appointment challenges led to frustration across demographics. Mothers/housewives reported difficulties securing appointments, creating competition among patients. The elderly described the booking process as a race, contributing to their dissatisfaction. While EMs did not specifically mention appointment issues, frustrations resonated across all groups.

In summary, while focus group participants share common challenges—overwhelmed providers, long wait times, inequity, and systemic inefficiencies—their perspectives and experiences are unique. Recognizing these differences is crucial for developing targeted interventions to address the specific needs of each demographic group.

Table 3

Informants' Appreciation of Hong Kong's Healthcare System

Issues	Mothers/ Housewives	Ethnic Minorities	Elderly	Youth
Access to Services	Benefit from medication delivery for chronic conditions.	Community support through local health centers and mosques for vaccinations and healthcare.	Regular users express satisfaction with affordable public healthcare services.	Appreciate clinics and emergency services for urgent care.
TeleHealth Options	Online consultations provided accessible medical advice during the COVID-19 pandemic.	N/A	N/A	N/A
Personalized Care	Positive experiences with long-term doctor relationships.	N/A	General satisfaction with public healthcare and affordable services.	Favorable comparisons with healthcare systems in other countries for thorough care.
Chinese Medicine	Public services perceived as attentive with thorough examinations and flexible treatments like acupuncture.	N/A	N/A	N/A
Improvements in Appointment Wait Times	Noted improvements in reduced waiting times for scheduled appointments.	N/A	Positive experiences with appointment scheduling at certain hospitals.	N/A
Community Support	N/A	Access to local health centers and mosque provides comfort and familiarity.	Community visits to clinics foster shared experiences for those with chronic conditions.	Regular visits with peers enhance support networks.
Access to Vaccination	N/A	Solutions for refugee vaccinations via electronic cards show adaptability.	N/A	N/A
Preference for Private Care	Some prefer private doctors for quicker service, viewing it as more efficient than public hospitals.	N/A	N/A	N/A
Cost-Effectiveness	Private healthcare seen as affordable for certain services compared to public hospitals.	N/A	Public healthcare is cost-effective with low consultation fees.	N/A
Availability of Medication	Options to obtain medications from home countries or online for easier access.	N/A	N/A	N/A
Elderly Benefits	N/A	N/A	Elderly Health Care Voucher and free consultations provide additional support.	N/A

Table 4

Informants' Criticism of Hong Kong's Healthcare System

Issues	Mothers/ Housewives	Ethnic Minorities	Elderly	Youth
Overwhelmed Healthcare Providers	Perception of inattentiveness and rushed diagnoses due to limited time with patients.	Frustration with lengthy wait times in public hospitals.	Long waits for appointments and treatment, feeling system doesn't prioritize urgency.	Long wait times at public clinics and hospitals, leading to inefficiency perception.
Long Waiting Times	Criticism of long wait times for specialist appointments and diagnostic tests.	Preference for private doctors for quicker service.	Concerns about doctor availability lead to reliance on emergency services for minor issues.	Excessively long wait times and complex procedures discourage some from using public healthcare.
Inequity in Access	Civil servants have easier access to services, raising fairness concerns.	Issues with vaccination access for refugees and the need for proper identification.	Perceived inequities with civil servants having advantages in accessing healthcare.	System perceived to favor certain groups like civil servants, leading to unfair advantages.
Systemic Inefficiencies	Shortage of medical personnel and slow response times remain unaddressed.	Mixed experiences with the quality of care, leading to dependence on private healthcare.	Dissatisfaction with triage and care, feeling it doesn't effectively address needs.	Skepticism about government efforts to improve the system, with doubts about positive outcomes.
Scepticism of Overseas Doctors	Reluctance to accept doctors trained outside Hong Kong.	N/A	Perceived lack of attentiveness from Western doctors compared to holistic approach by Chinese practitioners.	Frustration with bureaucracy and administrative processes.
Appointment Challenges	Difficulties in securing appointments lead to frustration and a sense of competition among patients.	N/A	Appointment booking process described as a race, leading to frustration.	N/A

Implications

Our findings on health information-seeking preferences and views of Hong Kong's public healthcare system reveal several implications. For mothers/housewives, empowerment through trust and tradition is crucial. Encouraging their participation in healthcare decisions fosters trust in diverse medical professionals while integrating culturally familiar practices, such as Chinese medicine. Ethnic minorities (EMs) benefit from a community-driven approach to healthcare access. Leveraging community networks enhances healthcare literacy while respecting cultural preferences for traditional remedies. Bridging language gaps is essential, allowing EM communities to navigate the healthcare system effectively. Additionally, developing community-led initiatives to address economic barriers ensures that EMs can access affordable healthcare without financial strain, improving overall health outcomes. For the elderly, advocating for holistic care approaches is vital. Empowering them to seek personalized treatments that combine traditional and modern healthcare acknowledges their unique needs. Promoting affordable care options allows older citizens to engage in discussions about cost-effective solutions, safeguarding their access to necessary services. Youth engagement in health innovation is equally important. Supporting youth in navigating

healthcare systems by blending traditional wisdom with modern practices empowers them to address bureaucratic frustrations. Educating them on sustainable health choices is essential; by balancing cost and quality, they can demand transparency in healthcare pricing, leading to informed decisions and responsible consumption.

What about the policy implications? Participatory policy development is vital for all groups. Involving citizens in policy dialogues can address systemic inefficiencies, ensuring that their voices shape integrative approaches reflecting cultural values. For EMs, inclusive policy design is crucial; engaging EM communities in co-creating policies can improve language accessibility and cultural competence in healthcare services. Streamlining access processes can eliminate barriers that hinder EMs from receiving appropriate care. Collaborative healthcare planning involving elderly representatives can enhance doctor availability and improve triage systems, ensuring the healthcare system effectively serves older adults. Lastly, promoting digital health literacy and policy advocacy among youth is essential. Encouraging their participation in initiatives that simplify healthcare administration and improve information access can enhance overall system agility, leading to more effective utilization of digital health resources.

Conclusion - Reframing the Implications According to Community Organizing and Research Paradigms

This pilot study adopts a citizen health approach, focusing on empowering individuals and communities to engage in self-health practices. We reframe our major implications according to community organizing traditions and community-based participatory research, emphasizing citizen engagement and empowerment in shaping healthcare environments.

Central to our findings is the *cultivation of agency and embodied health practices*. Empowering individuals to engage in self-health fosters cultural agency through integrating traditional and contemporary health practices, allowing ownership of well-being. Strengthening communal bonds through health dialogues nurtures a sense of community and shared responsibility. *Enhancing health literacy as a form of cultural capital* is also vital. Health literacy enables individuals to navigate complex healthcare landscapes and assert their rights. By facilitating community-driven financial education, we empower participants to make informed healthcare choices, promoting equitable access to resources. We also advocate for *participatory and culturally resonant policy formation*. Engaging diverse cultural voices in policymaking is crucial for creating inclusive health systems that reflect community values. Policies that support culturally embedded self-health practices enhance the relevance of health initiatives and build community trust. *Harnessing digital narratives for self-health empowerment* is another essential aspect. Digital platforms can amplify culturally specific health narratives, fostering belonging and mutual support. Promoting access to digital health tools that respect cultural contexts enables effective health management. Finally, the community organizing framework emphasizes *resilience through cultural health practices*. Supporting community-led initiatives that foreground traditional practices strengthens community ties and enhances overall health resilience.

In summary, the five dimensions—cultivating agency, enhancing health literacy, participatory policy formation, harnessing digital narratives, and promoting resilience— contribute to a more inclusive and culturally sensitive healthcare system. As Hong Kong advances its *Primary Healthcare Blueprint* (PHB), this shift from treatment-oriented to prevention-oriented care highlights the importance of active citizen engagement. The PHB

aligns with our goals of fostering a "citizen self-health" discourse that emphasizes community-based communication. By viewing citizens as co-producers of health, we can address ongoing healthcare challenges and systemic inequalities. Understanding health literacy is vital for countering misinformation and promoting informed decision-making, particularly among minority and disadvantaged populations. Ultimately, advocating for citizen health necessitates interdisciplinary collaboration across medicine, social sciences, education, and cultural studies. By fostering a critical, humanistic perspective on public health, we can empower individuals and communities in Hong Kong to engage proactively in their health, paving the way for a resilient and equitable healthcare landscape.

Acknowledgments

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