



賽馬會齡活城市  
Jockey Club Age-friendly City

# Report on AgeWatch Index for Hong Kong 2016 and

# Hong Kong Elder Quality of Life Index



香港中文大學  
The Chinese University of Hong Kong



香港中文大學  
賽馬會老年學研究所  
CUHK Jockey Club Institute of Ageing

Initiated and funded by



香港賽馬會慈善信託基金  
The Hong Kong Jockey Club Charities Trust

同心同步同進 RIDING HIGH TOGETHER

# Report on AgeWatch Index for Hong Kong 2016 and Hong Kong Elder Quality of Life Index

Author: CUHK Jockey Club Institute of Ageing

Publisher: The Hong Kong Jockey Club

Tel: (852) 2966 8111

Fax: (852) 2504 2903

Website of Jockey Club Age-friendly City Project: <http://www.jcafc.hk>

---

## Project Team:

Prof. Jean Woo, Director, CUHK Jockey Club Institute of Ageing

Prof. Wong Hung, Associate Professor, Department of Social Work, CUHK

Dr. Ruby Yu, Research Fellow, CUHK Jockey Club Institute of Ageing

Mr. Johnny Cheung, Research Assistant, CUHK Jockey Club Institute of Ageing

CUHK Jockey Club Institute of Ageing

The Centre for Quality of Life, Hong Kong Institute of Asia-Pacific Studies, CUHK

---

ISBN: 978-988-13333-3-9

Published in 2018

The copyright of this report belongs to the original authors and The Hong Kong Jockey Club. Interested parties are welcome to reproduce any part of this publication for non-commercial use. Acknowledgement of this publication is required.



賽馬會齡活城市  
Jockey Club Age-friendly City

# Report on AgeWatch Index for Hong Kong 2016 and Hong Kong Elder Quality of Life Index



CUHK Jockey Club Institute of Ageing



香港中文大學  
The Chinese University of Hong Kong



香港中文大學  
賽馬會老年學研究所  
CUHK Jockey Club Institute of Ageing

Initiated and funded by



香港賽馬會慈善信託基金  
The Hong Kong Jockey Club Charities Trust  
同心同步同進 RIDING HIGH TOGETHER

# The Chinese University of Hong Kong Jockey Club Institute of Ageing

In support of the Chinese University of Hong Kong's (CUHK) aspiration to overcome the challenges brought by the ageing population to society, CUHK has established The CUHK Jockey Club Institute of Ageing in 2014 with the generous support from The Hong Kong Jockey Club Charities Trust.

Since its establishment, the Institute has embarked on collaborative researches in gerontechnology, healthy ageing and community intervention programmes for health promotion and prevention of frailty. Efforts to promote messages of active ageing have been made through a dedicated series of TV programmes; announcing the results of the first multi-dimensional AgeWatch Index of Hong Kong in 2015; and supporting the implementation of the Jockey Club Age-friendly City Project initiated and funded by The Hong Kong Jockey Club Charities Trust.

Building on the University's long-standing efforts of ageing researches and partnership with charitable organizations, the Institute will continue to build its capacity and serve as a platform of ageing-related researches, training and community outreach programmes.

## **Vision**

To make Hong Kong an age-friendly city in the world.

## **Mission**

To synergize the research personnel and efforts on ageing across disciplines to promote and implement holistic strategies for active ageing through research, policy advice, community outreach and knowledge transfer.

# Content

Preface by The Hong Kong Jockey Club .....	P. 4
Preface by the CUHK Jockey Club Institute of Ageing .....	P. 5
Preface by Professor Asghar Zaidi .....	P. 6
Executive Summary .....	P. 7
Chapter 1 Introduction .....	P. 9
Chapter 2 AgeWatch Index for Hong Kong 2016 .....	P.12
Chapter 3 Hong Kong Elder Quality of Life Index .....	P.21
Chapter 4 Review of Hong Kong current situation and policies .....	P.35
Chapter 5 Way Forward .....	P.45
References .....	P.47

## Preface — The Hong Kong Jockey Club

Ageing is a normal and natural process that everyone must undergo, and The Hong Kong Jockey Club Charities Trust would like to make the journey more fulfilling and colourful. The Trust also wants to shift the perception of older people from being recipients to becoming active participants in society. In this connection, the Trust has taken a proactive role in tackling the challenges of a rapidly ageing population, and in seizing the opportunity to help build Hong Kong into an age-friendly city. We have made “Elderly” one of four strategic focus areas for the Trust’s donations, the others being “Youth”, “Sports”, and “Arts, Culture & Heritage”.

In line with this, the Trust has earmarked funding of over HK\$190 million and partnered with Hong Kong’s four gerontology research institutes since 2015 to implement the Jockey Club Age-friendly City Project. This project adopts a bottom-up, district-based approach to promoting an age-friendly culture in all 18 districts of Hong Kong. As part of this project, the Trust has commissioned the CUHK Jockey Club Institute of Ageing to develop a local AgeWatch Index for Hong Kong and publicise annual results for five years starting from 2014. The Index provides useful reference for project planning and formulation of policies targeting older people.

We are pleased to note that the citywide age-friendly city movement has been gaining momentum. All 18 District Councils have assigned a committee or working group to hold regular discussions on how they can contribute to an age-friendly city. Twelve of the districts have already joined the World Health Organization’s Global Network of Age-friendly Cities and Communities, demonstrating their commitment to continuous enhancement of the age-friendliness of their local community. The remaining six districts are also preparing to join the Network.

We believe that an age-friendly city will not only benefit elderly people, but also Hong Kong citizens of all ages, as it will enhance social relationships and inter-generational harmony. Through living a healthier and more active lifestyle and being offered the opportunities of elderly re-employment and volunteering, older people can increase their longevity and contribute their valuable experience and expertise to the community.

I would like to take this opportunity to express our sincere gratitude to the CUHK Jockey Club Institute of Ageing for their tremendous effort in compiling Hong Kong’s AgeWatch Index report for the third consecutive year. I believe that the findings will help further enhance public awareness of age-friendly city concepts and serve as a useful resource for stakeholders such as the Government, non-governmental organisations, academia and the business sector in developing age-friendly initiatives and policies for the community.

Mr Leong Cheung  
Executive Director, Charities and Community  
The Hong Kong Jockey Club



# Preface — CUHK Jockey Club Institute of Ageing

Ageing well is a common goal for all older people. In facing the challenges brought by the ageing population, we wish our city to be an age-friendly place for older people to age well. To better understand how well older people live in Hong Kong, we have compiled the AgeWatch Index for Hong Kong to learn more about different aspects of their well-being.

This report is our third annual attempt to evaluate the well-being of older people in Hong Kong. This year's findings are largely consistent with last year's: long life expectancy, satisfaction with transportation systems and physical safety; but again the financial status, psychological well-being and social connectedness of older people in Hong Kong could be improved on. The findings highlight the need to build up social networks among older people and enhance their psychological health.

The well-being of older people is closely tied to the age-friendliness of their communities. To this end, The Hong Kong Jockey Club Charities Trust initiated and funded the Jockey Club Age-friendly City Project in 2015 with the aim of improving the age-friendliness of Hong Kong. While the AgeWatch Index for Hong Kong is instrumental in providing an overarching direction to complement the assessment results of the age-friendliness in districts, we have developed a new index – the Hong Kong Elder Quality of Life Index, taking into account the factors in Hong Kong to assess the well-being of older people in Hong Kong incorporating the World Health Organization age-friendly city core indicators into the next report.

I wish to express my gratitude to the generous support given to this project by The Hong Kong Jockey Club Charities Trust. I would also like to thank Professor Asghar Zaidi, the principal investigator of the Global AgeWatch Index, for his insightful advice and support to our compilation of the Index.

Prof. Jean Woo, MD, FRCP, FRACP  
Director, CUHK Jockey Club Institute of Ageing  
The Chinese University of Hong Kong



# Preface — Professor Asghar Zaidi

Population ageing is a truly global phenomenon, which is happening in all countries. The Asia-Pacific region is the most populous and among the fastest ageing region of the world. It comprises a diverse range of country circumstances, from developed countries like Australia and Japan, to transitional Commonwealth of Independent States (CIS) countries. While life expectancy in countries like Japan and Australia is high at over 80, other countries such as India, Pakistan and Afghanistan lag significantly behind, with life expectancies under 70. It includes countries with the world's largest population, such as China, Indonesia, India and Pakistan, with an estimated 60% of the global older population residing in this region.

The region is undergoing dramatic transformation, encompassing some of the world's fastest-growing economies. These changes are having dramatic impacts in terms of age structure as well as public age-related expenditures.

The societies in this fast-changing region and elsewhere in the world must make use of a metric that can capture meaningfully the wellbeing aspects of older population. The availability and analysis of data on old age has started to enhance our understanding of the lives of older people. A good example of such analytical work is the Global AgeWatch Index, which I developed in a close collaboration with HelpAge International London. Since its inaugural launch in October 2013, the Index has provided comparative information on the wellbeing of older people across the globe.

The Index includes information in four domains to give a fuller picture of wellbeing of older people, by analyzing income security, health status, employment and education of older people and age-friendly enabling environment in which older people live. The evidence generated by the Index has helped us identify the policy contexts in which older people fare better.

To gain a better understanding of lives of older people in Hong Kong, CUHK Jockey Club Institute of Ageing has been compiling the AgeWatch Index for Hong Kong. This work has become a shining example of how a global piece of work can be translated to serve the needs of a specific country. This work has helped us appreciate what evidence exists, and what policy priorities can be identified for Hong Kong. This year's results give us a possibility to investigate deeply the trends in different aspects of wellbeing of older population in Hong Kong.

I congratulate the research team in undertaking this excellent piece of work. They are a very dedicated and competent team and they deserve all encouragement and support to continue with their work in the cause of older people in Hong Kong. I am confident that the research carried out at the CUHK Jockey Club Institute of Ageing will help improve ageing experiences of current and future generations of older people.

Prof. Asghar Zaidi

Adjunct Professor, CUHK Jockey Club Institute of Ageing

Professor, Centre for Analysis of Social Exclusion, London School of Economics and Political Science, London





# Executive summary

To prepare for the continued ageing of the population in Hong Kong, there is a pressing need to assess the well-being of the local elderly. This will be instrumental in formulating effective policies to address this socio-demographic change in Hong Kong. In light of this, the Chinese University of Hong Kong Jockey Club Institute of Ageing, with funding support from The Hong Kong Jockey Club Charities Trust, has compiled the AgeWatch Index for the third consecutive year as part of the Jockey Club Age-friendly City Project which aims to build the momentum of Hong Kong's progress towards becoming one of the most age-friendly cities in the world.

The AgeWatch Index for Hong Kong was compiled based on the methodology of the Global AgeWatch Index, a multi-dimensional index to assess the economic and social well-being of the elderly in more than 90 countries/territories. It consists of 13 indicators in 4 domains (namely income security, health status, capability and enabling environment) and highlights the key aspects of older people's well-being. It also provides a standard for comparison among countries or territories. The AgeWatch Index 2016 for Hong Kong revealed that Hong Kong ranked 21st among 97 countries or territories. In terms of domains, Hong Kong ranked 62nd in income security, 11st in health status, 36th in capability, and 8th in enabling environment.

The Institute of Ageing has developed a new Index, the Hong Kong Elder Quality of Life (HKEQOL) Index, an extension of the Global AgeWatch Index to include indicators relating to the Age-Friendly City concept proposed by the World Health Organization. This is particularly relevant to the territory-wide Age-friendly City initiative supported by the Hong Kong Jockey Club Charities Trust. The new HKEQOL Index aims to capture locally important determinants of well-being among Hong Kong older adults and monitor and evaluate local age-friendly interventions.

It is hoped that this report can arouse public awareness of the subject of the well-being of the elderly in Hong Kong and provide a useful resource to help formulate effective age-friendly policies in future.

## 行政摘要

為了應對香港人口老化的問題，香港需盡快評估本地長者的生活質素，以制定有效政策以應付未來社會人口的轉變。因此，香港中文大學（中大）賽馬會老年學研究所獲香港賽馬會慈善信託基金委託，連續第三年計算出「香港長者生活關注指數」。該指數亦是推廣長者及年齡友善風氣的「賽馬會齡活城市計劃」其中一個組成部分。

香港長者生活關注指數按照「全球長者生活關注指數」計算方法編製。「全球長者生活關注指數」每年評估 90 多個國家 / 地區老年人口在經濟和社會方面多個範疇的福祉。它由 13 個指標組成，主要分為收入保障、健康狀況、能力和有利環境四個領域，以量度各國長者於不同範疇的福祉，並為比較各國長者福祉提供基礎。「香港長者生活關注指數 2016」結果發現香港在 2016 年於全球 97 個國家及地區中排行 21。在四個領域方面，香港的全球排名中分別排第 62（收入保障）、11（健康狀況）、36（能力）8 位（有利環境）。

此外，研究所編製了一個新的指數 - 「香港長者生活質素指數」。該指數是「全球長者生活關注指數」的延伸，包括由世界衛生組織所提出的「齡活城市」概念的指標，與香港賽馬會慈善信託基金支持的「賽馬會齡活城市計劃」息息相關。新的指數旨在了解香港本地長者福祉的重要因素，以便監察和評估本地長者友善的措施。本報告盼能提高大眾對本地長者生活狀況的認識，並作為未來制定長者及年齡友善政策的一份具參考價值的文獻。

# Chapter 1

# Introduction



# Chapter 1 Introduction

Hong Kong's population is ageing. The projection by the Census and Statistics Department of the HKSAR government suggests that the proportion of the population aged 65 and above will rise remarkably from 15% in 2014 to 33% in 2064, while the proportion of the population aged under 15 will drop from 11% in 2014 to 9% in 2064. This ageing of the population poses an unprecedented challenge to Hong Kong, which in the absence of policy reforms it may fail to rise to. A critical review of existing policies is required to respond effectively to these challenges, and prepare for possible demographic and socioeconomic changes in the foreseeable future.

Ageing, however, does not necessarily pose insurmountable challenges to our society. To support local governments in developing and strengthening health and social policies in an ageing world, the World Health Organization (WHO) released a Policy Framework on Active Ageing in 2002. Active ageing policy is defined as “optimizing opportunities for health, participation and security in order to enhance quality of life as people age”. The active ageing approach is grounded in the United Nations-recognized principles of independence, participation, dignity, care and self-fulfilment. It takes into account the biological, psychological, behavioural, economic, social and environmental factors that operate over the course of a person's life to determine health and well-being in later years.

Since the release of the Policy Framework on Active Ageing, the WHO has turned its attention to the environmental and social factors that contribute to active ageing in urban settings. The concept of “age-friendly city” was developed to encourage active ageing by optimizing opportunities for health, participation and security, which result in improvement of quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities. Going beyond the health sector, aspects of the natural and built environment, social services and programmes, cultural attitudes, social capital, equity and inclusion, all influence the degree to which older people can function and participate in society. These supportive living conditions are required to respond to the physical, mental and social changes older people experience as a result of biological ageing.

The Hong Kong Jockey Club Charities Trust (the Trust) has been taking a proactive role in tackling the challenges of, and creating opportunities for, the ageing population in Hong Kong. In 2015, the Trust partnered with Hong Kong's four gerontology research institutes: the Chinese University of Hong Kong Jockey Club Institute of Ageing (IOA), the Sau Po Centre on Ageing of the University of Hong Kong, the Asia-Pacific Institute of Ageing Studies of Lingnan University, and the Institute of Active Ageing of the Hong Kong Polytechnic University, to implement the Jockey Club Age-friendly City Project.



One of the components of the Jockey Club Age-friendly City Project is supporting the IOA in compiling the AgeWatch Index for Hong Kong. The Index is derived from the Global AgeWatch Index developed by HelpAge International with Professor Asghar Zaidi of Southampton University as the chief researcher. The AgeWatch Index is comprised of 13 indicators measuring the well-being of older people. The indicators were categorized into 4 key domains – income security, health status, capability and enabling environment. Using these 13 indicators within the 4 domains, the index is able to rank the well-being of older people in 96 countries, covering 91% of the world’s older people.

With the assistance of the Hong Kong Institute of Asia-Pacific Studies (HKIAPS) of the Chinese University of Hong Kong in collecting data for the indicators, the AgeWatch Index for Hong Kong 2016 is the third consecutive year of the project to enable comparison of the well-being of older people in Hong Kong vis-a-vis other countries in the world. It serves as a base for evaluating existing policies for older people and implementing more effective age-friendly interventions.

In order to assess the well-being of older people in Hong Kong more comprehensively, we should look into more aspects important to older people. Therefore, a new index named the Hong Kong Elder Quality of Life Index, with wider coverage of important aspects of older people’s well-being, has been developed. The new index covers the same four domains as in the Global AgeWatch Index. In choosing the indicators of the new index, we have referred to the *Measuring the age-friendliness of cities: a guide to using core indicators* published by the WHO as the latest guideline in assessing age-friendliness of cities.

In this report, Chapter 2 will focus on the 4 key domains highlighted in the AgeWatch Index for Hong Kong 2016 and the rankings of the domains and indicators of Hong Kong. Chapter 3 will introduce the new Hong Kong Elder Quality of Life Index as well as its data collection and analysis procedures. Chapter 4 will discuss policies and initiatives implemented by the Hong Kong Special Administrative Region (HKSAR) government and other community organizations for improving quality of life and facilitating active and healthy ageing in Hong Kong.

# Chapter 2

## AgeWatch Index for Hong Kong 2016



# Chapter 2 AgeWatch Index for Hong Kong 2016

## 2.1 Introduction

The AgeWatch Index for Hong Kong 2016 is the third consecutive year of the project to enable comparison of health, economic and psychosocial well-being of older people in Hong Kong vis-a-vis other countries in the world. Serving as a benchmark for countries to examine various dimensions of the well-being of older people over time, the AgeWatch Index is a scientific tool of high practical and research value. It serves as a base for evaluating existing policies for older people and implementing more effective age-friendly policies.

## 2.2 Methodology and Results

The AgeWatch Index for Hong Kong 2016 is based on the 13 indicators grouped under 4 domains as in Global AgeWatch Index 2015. Definitions, sources and rankings of domains and indicators in the AgeWatch Index can be found in Table 2.1. The sources of the indicators are the most relevant and updated data from governmental sources and telephone surveys. Interested readers can also refer to Global AgeWatch Index 2013: Purpose, Methodology and Result (Zaidi, 2013) or Global AgeWatch Index 2015: Methodology Update (HelpAge International, 2015b) for a detailed account of the selection of indicators in the Global AgeWatch Index.

Overall, Hong Kong was ranked 21<sup>st</sup> among 97 countries or regions in the AgeWatch Index for Hong Kong 2016 (Table 2.1) and 2<sup>nd</sup> among Asian countries or regions, after Japan. Specifically, Hong Kong was ranked 62<sup>nd</sup> in the domain of income security, 11<sup>th</sup> in the domain of health status, 36<sup>th</sup> in the domain of capability, and 8<sup>th</sup> in the domain of enabling environment. Hong Kong performed relatively well in the domain of health status and enabling environment (Table 2.2). Excellent performance is observed in life expectancy at 60 and access to public transport. Improvement is needed in the area of income security, psychological well-being and social connection.



Table 2.1 Overall Ranking (adapted from the official data of Global AgeWatch Index 2015)

Ranking	Country/ Region
1	Switzerland
2	Norway
3	Sweden
4	Germany
5	Canada
.....	
8	Japan
.....	
21	Hong Kong
.....	
53	China
.....	
93	Pakistan
94	West Bank and Gaza
95	Mozambique
96	Malawi
97	Afghanistan

Table 2.2 Definitions, sources and rankings of domains and indicators in the AgeWatch Index for Hong Kong 2016 and 2015

Domain/ Indicator	Definition of indicators	Source	2016 Ranking	2015 Ranking
<b>1. Income security</b>			62	61
1.1 Pension income coverage	Percentage of Hong Kong people over 65 receiving a fixed sum of Government Assistance or Allowance to be paid regularly to the elderly, including Comprehensive Social Security Assistance (CSSA), Old Age Allowance (OAA), and Old Age Living Allowance (OALA)	Social Welfare Department, HKSAR Government	60	60
1.2 Poverty rate in old age	Percentage of Hong Kong people aged 60 or above in households where the monthly equivalised income is below the poverty line threshold of 50 percent of the monthly equivalised median income (equivalising factor is the square root of household size)	Census and Statistics Department, HKSAR Government	94	94
1.3 Relative welfare of older people	Average income of Hong Kong people aged 60 or above as a share of average income for the rest of society	Social Welfare Department & Census and Statistics Department, HKSAR Government	83	87
1.4 Gross National Income (GNI) per capita	GNI per capita in Hong Kong converted to constant 2011 international dollars using purchasing power parity rates	World Bank	4	4

Domain/ Indicator	Definition of indicators	Source	2016 Ranking	2015 Ranking
<b>2. Health status</b>			11	10
2.1 Life expectancy at 60	The average number of years that a person aged 60 can expect to live, if they pass through life exposed to the sex- and age-specific death rates prevailing at the time they are aged 60, for a specific year	Census and Statistics Department, HKSAR Government	1	1
2.2 Healthy life expectancy at 60	The average number of years that a person aged 60 can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury	Projection based on the methodology used by Law & Yip (2003) using data of Global AgeWatch Index 2015	1	3
2.3 Psychological well-being	Percentage of positive answer by Hong Kong people aged 50 or above to the question "Do you feel your life has an important purpose or meaning" divided by the percentage of positive answer by people aged from 35 to 49	HKIAPS telephone survey	86	79
<b>3. Capability</b>			36	40
3.1 Employment of older people	Percentage of the population aged 55-64 that are employed in Hong Kong	Census and Statistics Department, HKSAR Government	56	59
3.2 Educational status of older people	Percentage of population aged 60 and above with secondary or higher education in Hong Kong		44	46



4. Enabling environment		8	1	
4.1 Social Connections	Percentage of people aged 50 or above giving positive answers to the question "If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them, or not?"	HKIAPS telephone survey	70	57
4.2 Physical safety	Percentage of people aged 50 or above giving positive answers to the question "Do you feel safe walking alone at night in the city or area where you live?"		18	1
4.3 Civic freedom	Percentage of people aged 50 or above giving positive answers to the question "In Hong Kong, are you satisfied with your freedom to choose what you do with your life?"		25	21
4.4 Access to public transport	Percentage of people aged 50 or above giving positive answers to the question "Are you satisfied with the public transportation system in Hong Kong?"		1	1

## 2.3 Discussion

### 2.3.1 Domain 1: Income Security

Hong Kong's income security domain was ranked 62nd among the 97 countries or regions. Although Hong Kong has outstanding economic development and high capita income in terms of GNI, local older people may not be able to enjoy this economic prosperity.

Thanks to the broad-based global economic upturn, the Hong Kong economy grew by 2.4% in terms of Gross Domestic Product (GDP) in 2015, following the 2.6% growth in 2014 (Hong Kong Economy, 2016a). The exports of goods to Asian markets outperformed those in the other regions (Hong Kong Economy, 2016b). Trading and manufacturing activities were vibrant due to the rapid Mainland economy growth. The average monthly salary in Hong Kong has increased from HKD12,169 in 1999 to HKD14,877 in 2015 (Trading Economics, 2017).

Despite the booming economy and increasing government expenditure and coverage of social security schemes such as CSSA and OALA (Census and Statistics Department, 2016), there are still older people living in poverty. In part this may be because some older people refuse to rely on social security assistance because of the stigma attached, and are not supported by anyone (Chan, Ma, & Richman, 2008). In addition, unemployment is another prominent reason. According to the data available from the Census and Statistics Department, the poverty rates of unemployed (69.9%), economically inactive (58.2%) and elderly households (47.0%) continued to be the highest among all socio-economic groups in 2015 (Economic Analysis Division Economic Analysis and Business Facilitation Unity Financial Secretary's Office, 2016). According to findings of the focus group studies conducted by IOA, common barriers to elderly employment included limited stamina with increasing age, low education attainment, employee insurance and the stigmatization. Education and employment status among older people will be discussed in details in Section 2.3.3.

### 2.3.2 Domain 2: Health Status

Hong Kong's was ranked 11st among the 97 countries or regions in the health status domain. This year's ranking reflected the fact that old people in Hong Kong enjoyed good physical health but not good psychological health.

On the one hand, physical health in Hong Kong's older people in terms of life expectancy is excellent, compared with the rest of the world. According to the data available from the World Bank, the average life expectancies at birth and age 60 of the global population were 71.4 and 15.3 years respectively in 2015, while those of the Hong Kong population were 84.3 and 26.5 years (The World Bank, 2015), making it the best in the world. The significant decline in mortality and rise in life expectancy can be attributable to sustained economic development, improvements in education, nutrition and sanitation, as well as advances in medical and health care (McMichael, McKee, Shkolnikov, & Valkonen, 2004; Moser, Shkolnikov, & Leon, 2005). It is estimated that one-third of the Hong Kong population will be aged 65 or above in 2064 (Census and Statistics Department, 2015). The ageing process, however, can contribute to a higher risk



of chronic diseases including diabetes and cardiovascular diseases. More importantly, older age is also characterized by the emergence of several complex health states known as geriatric syndromes. They are often the consequences of multiple underlying factors and include frailty, urinary incontinence, falls, delirium and pressure ulcers (World Health Organization, 2015).

On the other hand, psychological health in terms of meaning in life among the older people living in Hong Kong is unsatisfactory. As a concept of positive psychology, meaning in life typically involves having a goal or a sense of usefulness (García-Alandete, 2015). There are decades of research supporting the idea that meaning in life is an important predictor of physical health (Jim & Andersen, 2007), psychological well-being and quality of life (Fillion et al., 2009; Ho, Cheung, & Cheung, 2010; Melton & Schulenberg, 2008). In Hong Kong, nonetheless, the importance of promoting positive psychology has not been widely recognized (Collins et al., 2006). Until recent years, few mental health promotion campaigns were implemented by the HKSAR Government, such as the Joyful@HK Campaign launched in 2016 (Food and Health Bureau, 2017).

### 2.3.3 Domain 3: Capability

Hong Kong's capability domain was ranked 36th among the 97 countries or regions. The overall performance of Hong Kong in this domain is fairly satisfactory.

The education level of elderly people in Hong Kong is relatively low. Hong Kong was occupied by the Japanese between 1941 and 1945, but British rule was restored after the Japanese surrender in 1945. Between 1945 and 1949, large parts of mainland China were disrupted by the civil war between the Nationalists and Communists (Revolv, 2000). This prompted a large influx of refugees, who usually had a low education level, from the mainland to Hong Kong, leading to a huge surge in population growth. These refugees form the largest part of Hong Kong's elderly population nowadays. In response to the greater demand for education, the British colonial government proposed to build new primary schools in every district of Hong Kong (Community Project Workshop, 2015). Subsequently, 9-year compulsory education was launched in the 1974 White paper. The 9-year compulsory education in Hong Kong compared favourably with the duration of compulsory schooling in most Asian and Western countries. As a result, the education level of the Hong Kong population keeps rising.

As with education attainment, employment opportunities for Hong Kong older people keep rising but still remain low. According to the data available from the Census and Statistics Department, the employment rate has been rising from 47.9% in 2011 to 55.1% in 2016 among those aged 55 to 64. Through a range of labour empowerment programmes among older people and extension of the retirement age, more and more older people can be employed on a full-time or part-time basis. However, the unemployment rate was still high as mentioned in 2.3.1. In later life, people reduce their working hours or stop working because of retirement age limits or health issues (Department of Economic and Social Affairs programme on ageing, 2015). Even when they are employed, they can only earn lower wages from low-skilled jobs, due to their low education and skill levels. The bias against older employees makes training or retraining rare in developed countries in Asia (Chan et al., 2008).

### 2.3.4 Domain 4: Enabling Environment

Hong Kong's enabling environment domain was ranked 8th among the 97 countries or regions. Compared with other regions, older people in Hong Kong tended to have weaker social connections, whereas they were more satisfied with access to public transport.

There is relatively weak social support to elders in Hong Kong. Compared with other Asian and Western countries, older people living in Hong Kong had fewer relatives and friends that they could count on when they were in trouble. According to the information available from the Elderly Health Service of the Department of Health, older people who are socially isolated tend to be disengaged from others and have a worse quality of life (Elderly Health Service, 2016). Prolonged social isolation not only affects social life, but also increases the risk of physical and psychological problems. Features including social participation, helpfulness of neighbours and sense of belonging were positively associated with self-rated health, whereas mutual trust, helpfulness of neighbours and sense of belonging were negatively associated with depression (Norstrand, Glicksman, Lubben, & Kleban, 2012). To further improve the age-friendliness of Hong Kong, efforts should be made to provide opportunities to local older elders to establish their social networks through enhancing their involvement in the community.

At the same time, Hong Kong outperformed all other countries in the indicator of public transportation. This is echoed with a local study suggesting a generally high satisfaction among older people with public transportation, especially in terms of the walking distance to stations or stops, and travel time and reliability (Wong, Szeto, Yang, Li, & Wong, 2017). Moreover, the \$2 transport fare concession scheme for the elderly might also contribute to the satisfactory perception of the performance of public transportation in Hong Kong. By 2015, the coverage of the scheme was extended to almost all transport modes including MTR, bus, ferry and green minibus (Transport Department, 2017). It is estimated that the amount of revenue forgone to be reimbursed to the public transport operators concerned would be around \$400 million in 2013-14 when the Scheme is fully implemented (Labour and Welfare Bureau, 2012). With better access to public transportation, older people can continue to engage in civic, social and community life, stay connected to communities and social networks and improve their health and well-being (Julien et al., 2015).

## 2.4 Limitations of the findings

While the ranking can enable comparison of well-being among 97 countries and regions, there has been no further update of the Index by the HelpAge International since 2016. The rankings presented above may not reflect the current situation of Hong Kong compared with the other 96 countries. Nevertheless, comparison of the rankings between 2016 and 2015 may be used as an indicator of change compared with the findings in the previous year. In addition, the universal indicators adopted by the Global AgeWatch Index may lack significant factors applicable in Hong Kong. A new Index consisting of more localized indicators with updated data sources is necessary to capture the quality of life of the Hong Kong older people.



# Chapter 3

## Hong Kong Elder Quality of Life Index



# Chapter 3 Hong Kong Elder Quality of Life Index

## 3.1 Introduction

In view of the limitations of the AgeWatch Index, the Chinese University of Hong Kong Jockey Club Institute of Ageing in collaboration with the Centre for Quality of Life of the Chinese University of Hong Kong has developed a new Index, the Hong Kong Elder Quality of Life (HKEQOL) Index, an extension of the Global AgeWatch Index to include indicators relating to Age-Friendly City concept proposed by the WHO. This is particularly relevant to the territory-wide Age-friendly City initiative supported by the Hong Kong Jockey Club Charities Trust.

The new HKEQOL Index covers the same four domains as in the Global AgeWatch Index but consists of more indicators. In choosing new indicators, we have referred to the Measuring the age-friendliness of cities: a guide to using core indicators published by the WHO as a latest guideline in assessing age-friendliness. Several quality of life indicators specifically relating to Hong Kong local context were also included in the new index.

### 3.1.1 Objective

The new HKEQOL Index has three objectives:

1) Capture locally important determinants of well-being among Hong Kong older adults

The conceptual ground of the HKEQOL Index builds on the ideas and methodologies of multidimensional AgeWatch Index, which responds to the needs of older people. Through adding age-friendly city indicators detailed in *Measuring the age-friendliness of cities: a guide to using core indicators* according to local situations of Hong Kong (please see details in 3.1.3 and 3.1.4), the Index can better assess the well-being of older people and the age-friendliness in Hong Kong more comprehensively and specifically.

2) Monitor and evaluate local age-friendly interventions

Since the data of the chosen indicators is readily available from governmental sources and telephone surveys, the HKEQOL Index enables trend analysis of the well-being of the elderly annually, in terms of income security, health status, capability and enabling environment. More importantly, the Index helps keep track of the outcomes and impacts of the local age-friendly interventions and strategies.

3) Improve quality of life and well-being of the Hong Kong older people

The result of the trend analysis can stimulate debate among the public and policymakers. By highlighting indicators with progress and regression, the HKEQOL Index provides them with a reference tool for reviewing and revising strategies for the quality of life among older adults.



### 3.1.2 Construction process of the HKEQOL Index

A panel of experts from geriatric medicine, social work, and public health constructed the HKEQOL Index with steps as follows (Figure 3.1):

#### Step 1: Retain domains of AgeWatch Index, but remove inappropriate indicators

The HKEQOL Index contains the same four domains (income security, health status, capability, and enabling environment) as the AgeWatch Index. Meanwhile, several indicators were removed, including *Relative welfare of older people*, *GNI per capita*, *Healthy Life expectancy at 60*, *Psychological well-being*, and *Civic freedom*, for two reasons: (1) data sources are not readily available from governmental sources and telephone surveys of older adults; and (2) the indicators are not adaptable to the Hong Kong local context.

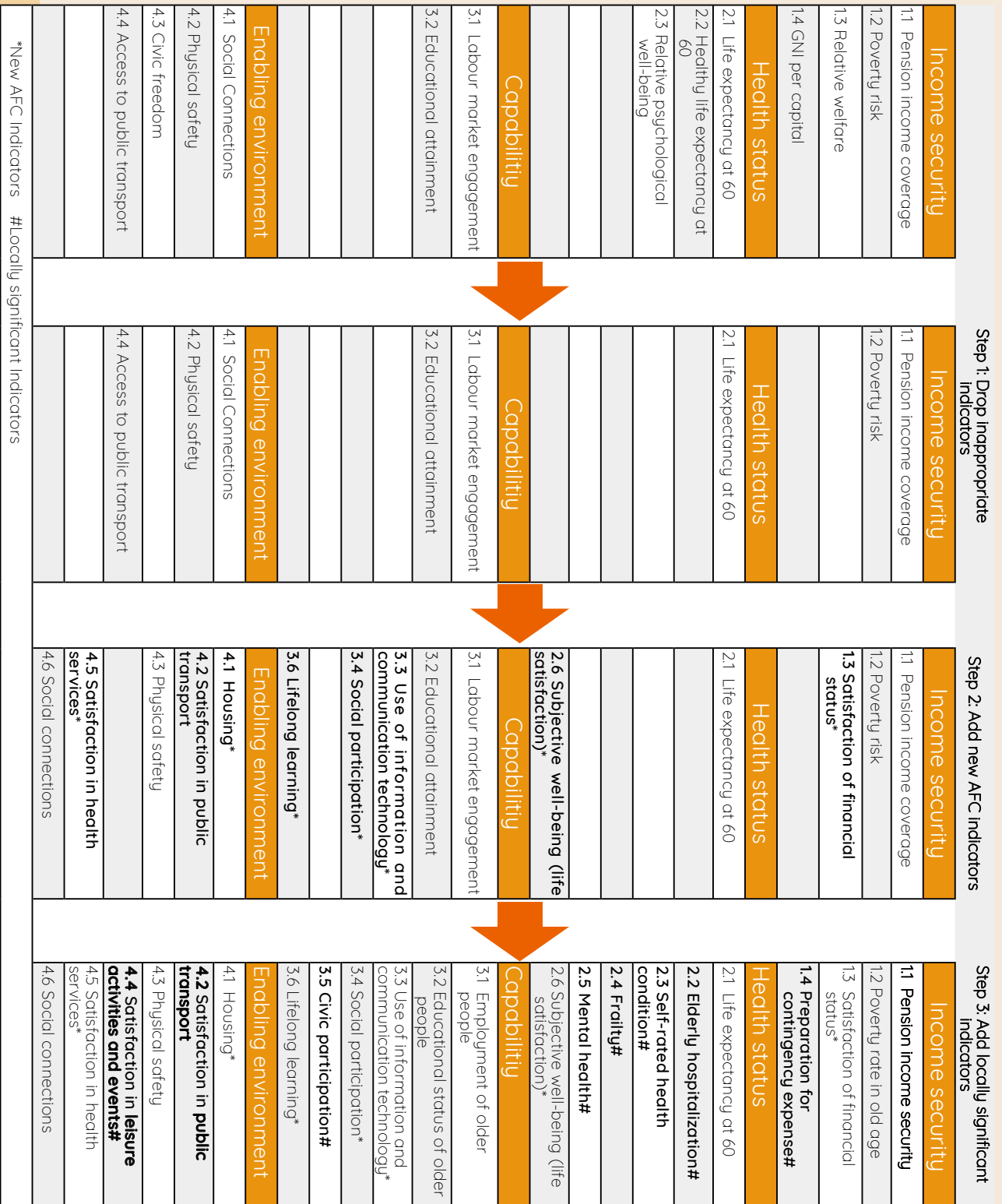
#### Step 2: Select new indicators for assessing age-friendliness

The WHO Kobe Center recommends a series of core and supplementary indicators for measuring age-friendliness of a city in the *Measuring the age-friendliness of cities: A guide to using core indicators* (please see details in 3.1.3). The guide enables flexible selection of indicators to be adapted to the local context (e.g. sociocultural context, level of resources, needs and priorities, specific goals and interventions adopted by the city). Through including local indicators, the new HKEQOL Index can evaluate the effectiveness of age-friendly interventions in Hong Kong. Indicators extracted from the guide include *Satisfaction of financial status*, *Subjective well-being (life satisfaction)*, *Use of information and communication technology*, *Social participation*, *Lifelong learning*, *Housing*, and *Access to health services* (please see details in 3.1.4).

#### Step 3: Add other locally significant indicators for measuring quality of life in older adults

The expert panel further adds locally significant indicators into the Index, in order to better reflect well-being among Hong Kong older adults. Indicators include *Preparation for contingency expense*, *Elderly hospitalization*, *Self-rated health condition*, *Frailty*, *Mental health*, *Civic participation*, and *Access to leisure activities and events* (please see details in 3.1.4).

Figure 3.1 Constructing process of HKEQOL Index



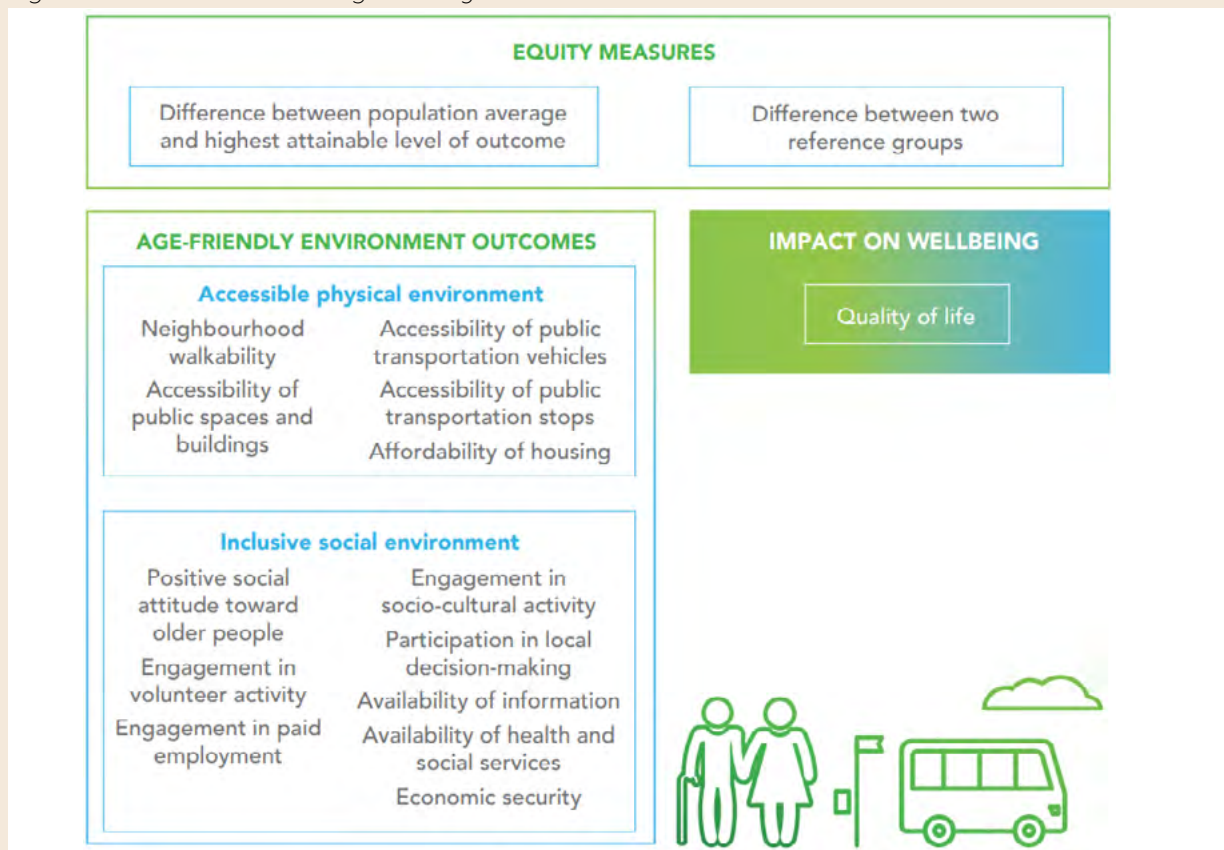


### 3.1.3 Measuring the age-friendliness of cities: A guide to using core indicators

Older citizens require supportive living conditions to respond to the decline of physical, mental and social well-being they experience as a result of biological ageing (Center for Health Development, 2015). WHO therefore proposes the concept of “age-friendly city”, an inclusive and accessible community environment that optimizes opportunities for health, participation and security for all people, in order that quality of life and dignity are ensured as they age. Characteristic features of the age-friendliness go beyond the health sector and include various aspects of physical and social urban environment, which assist citizens with active ageing.

*Measuring the age-friendliness of cities: A guide to using core indicators* sets forth a framework and a set of core and supplementary indicators to inform the selection of a local indicator set, aiming at monitoring and evaluating the progress in age-friendliness of urban environments. (Center for Health Development, 2015). These indicators are outcome and impact indicators rather than input and output ones (Figure 3.2). This is because age-friendly city initiatives, regardless of context, share similar goals and objectives for improving the age-friendliness of the domains of the urban environment (i.e. outcomes) in order to ensure quality of life in older adults (i.e. impact), whereas the resources they use (i.e. inputs) and the interventions they implement (i.e. outputs) can vary substantially depending on the local context.

Figure 3.2 Core Indicators of Age-friendly Cities



WHO Kobe Centre for Health Development (2015)

### 3.1.4 New Indicators added in the HKEQOL Index

This section will discuss (1) linkage of the indicators to quality of life among older adults and (2) their appropriateness or adaptability in the Hong Kong local context.

#### Income security

##### Satisfaction with financial status

Financial status is an important aspect of quality of life among older adults. The objective and subjective conceptualization of financial status have been discussed for decades. Singh and Pandey (1990) pointed out the importance of the psychological facet of poverty stating that “although poverty exists in objective terms, it is also differentially perceived by individuals” (p. 534) (Singh & Pandey, 1990). For many older adults, the objective facet does not sufficiently reflect income security as high income is not the same as adequacy of income (George, 1993). The argument was also supported by local studies in which older adults in Hong Kong with subjective financial hardship were found to have poorer self-rated health, health-related quality of life and happiness (Chan, Wong, & Yip, 2017; Ma & McGhee, 2013). Therefore, it is important to measure older adults’ subjective self perception of their financial status so as to have a more comprehensive understanding of their well-being.

This indicator refers to the age-friendly city indicator *Economic security* recommended in the WHO Kobe Center guide. The guide suggests a survey of older residents for measuring the proportion of older people who report having had enough income to meet their basic needs over the previous 12 months. The indicator *Satisfaction of financial status* with similar definition is adopted in the HKEQOL Index.

##### Preparation for contingency expense

Preparing for the contingency expenses such as medical and funeral expenses is another dimension of income security among older adults. In Hong Kong, since most of them are retired persons without waged income or retirement pensions, they may be completely reliant on their own savings or their families (Cheng, Chi, Boey, Ko, & Chou, 2002). Therefore, a question about preparation for contingency expense is added to distinguish older adults with low income but high savings that provide them with a better sense of security.

#### Health status

##### Elderly hospitalization

Elderly hospitalization patient days can be a proxy indicator of health status. Studies have shown that hospitalization among older adults is associated with numerous conditions, including immobility, incontinence, malnutrition, depression, comorbidities, cognitive decline, deterioration of functional capacity and mortality (Freedman, Martin, Schoeni, & Cornman,



2008; Sager et al., 1996). Preventing hospitalizations is thus a critical quality of life issue among older adults (Marques, Montilla, de Almeida, & de Andrade, 2014). In Hong Kong, where 80% of inpatient service users are aged 65 and above (Yuen, 2017), this indicator can be a sensitive indicator of improvement in health status.

### **Self-rated health condition**

Self-rated health is a single-item measure of overall subjective health status. It is a simple but powerful indicator, predicting various physical and psychological health conditions among older adults (Li et al., 2006b; Manor, Matthews, & Power, 2001; Mavaddat, Valderas, van der Linde, Khaw, & Kinmonth, 2014). It is suggested that capturing population data of self-rated health might be just as good as collecting biomedical data for the purposes of research and public health monitoring (Singh-Manoux et al., 2007). This indicator is therefore widely used to assess health status among older people worldwide (Haddock et al., 2006; Manor et al., 2001) and in Hong Kong (Li et al., 2006a). Including it in our HKEQOL Index seems appropriate for assessing overall health status.

### **Frailty**

Frailty represents a state of diminishing reserve in the capacity to respond to various environmental challenges as a result of the ageing process (Woo, 2016). It in turn confers a high risk of adverse health outcomes, including mortality, institutionalization, falls, hospitalization and poor quality of life (Speechley & Tinetti, 1991). In view of the importance of frailty, the HKEQOL Index adopts the five-item FRAIL scale (fatigue, resistance, ambulation, illnesses, and loss of weight), which identify individuals as frail (3–5), pre-frail (1–2), or robust (0) status (Fried et al., 2001). Among a range of assessment tools, the FRAIL scale is chosen because it is found to be useful for frailty screening in community-dwelling older adults in Hong Kong and allows targeted intervention to retard functional decline (Woo et al., 2015).

### **Mental health**

In addition to physical health, mental health is also essential to the overall quality of life in older adults. It is found that older adults in Hong Kong experience relatively high levels of psychological distress, contributing to a relatively high suicide rate (Boey & Chiu, 2005). In view of an increased risk of mental health problems in old age, the Kessler 6 (K6), a valid and reliable screening tool of psychological distress in Hong Kong (Lee et al., 2012) and among older adults (Min & Lee, 2015), is included in the HKEQOL Index. The scale helps facilitate the prompt recognition and treatment of mental health problems in older adults (Min & Lee, 2015).



### Life satisfaction

Life satisfaction, the cognitive component of well-being, refers to an individual's evaluation of their life (Pavot & Diener, 1993). Among older Chinese living in Hong Kong, life satisfaction is associated with physical health, income security, and family/relative support (Ho et al., 1995). In order to capture cognitive aspect of quality of life, the single-item Organisation for Economic Co-operation and Development (OECD) Life satisfaction scale is chosen since it is not only easily measurable but also provides a personal evaluation of an individual's health, education, income, personal fulfilment and social conditions (OECD, 2018).

This indicator refers to the age-friendly city indicator **Quality of life** recommended in the WHO Kobe Center guide. The guide suggests that subjective well-being can be a possible measure of Quality of Life, which indicates "an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectation, standards and concerns" (Center for Health Development, 2015). **Life satisfaction**, one of the subjective well-being variables, is thus adopted in the HKEQOL Index.

## Capability

### Use of information and communication technology

Information and communication technologies are widely used by not only adolescents but also older adults. In later life, using innovative technologies is found to facilitate social relationships, leisure and entertainment opportunities, life-long learning, and access to services and care (WHO, 2012). A local study also reveals a significant association between the use of information and communication technology and the psychological well-being of those aged 75 and above (Fang, Chau, Wong, Fung, & Woo, 2017). Given the rapid rise in the use of internet and new technologies in Hong Kong (Census and Statistics Department, 2017), it is important to include this for assessing quality of life in our older adults.

This indicator refers to the age-friendly city indicator **Internet access** recommended in the WHO Kobe Center guide. The guide suggests carrying out a survey of older residents in order to measure the proportion of older people who report having access to the internet at home. Apart from internet use, the indicator **Use of information and communication technology** further measures the use of innovative products such as smart phones in order to evaluate whether older adults catch up with the latest technological trends.

### Social participation

Social participation represented by volunteering is another crucial aspect of capability empowerment. It is found that fully retired older adults in Hong Kong put in more volunteer hours than those who work part-time in retirement and those who are not retired (Alice Ming



Lin, Tina Louisa, & Susu, 2013). And their participation in volunteering associated with positive ageing, illustrated by three outcomes, namely good health, caring engagement with significant others, and productive engagement in the community (Alice Ming Lin et al., 2013). In addition, volunteering also predicts better psychological well-being and lower levels of depression (Ho, You, & Fung, 2012). Therefore, including this indicator in the HKEQOL Index enables the Index to reflect quality of life better.

This indicator refers to the age-friendly city indicator **Engagement in volunteering** activity recommended in the WHO Kobe Center guide. The guide suggests conducting a survey of older residents to measure the proportion of older people who report engaging in volunteer activity in the last month on at least one occasion. This indicator, named **Social participation** and with a similar definition is thus adopted in the HKEQOL Index.

#### **Civic participation**

Civic participation is closely related to the concept of productive ageing, emphasizing individual responsibility, self-reliance and contribution (Hooyman & Kiyak 2011). It includes a range of activities, including community leadership and political activism (Martinson & Minkler, 2006). Studies show that civic engagement helps improve older adults' self-rated health and functional impairment, therefore aiding in providing a better quality of life (Batista & Cruz-Ledón, 2013; James, Nancy, & Philip, 2007). A local study also reveals that engagement in these productive activities can increase expected longevity among the older adults in Hong Kong (Lum, Tang, Wong, & Lau, 2016). Hence, assessing the pattern of civic participation of our older adults is needed.

#### **Lifelong learning**

Lifelong learning helps older adults to develop the skills and knowledge to make informed choices about their lives, especially during periods of crisis and transition (Tuckett, 2005). A study provides evidence for the association of lifelong learning with quality of life as well as self-efficacy in older adults living in Hong Kong (Leung & Liu, 2011). However, a local interview survey and document study suggest that Hong Kong is a relative latecomer as far as the promotion of lifelong learning is concerned (Hui, 2005). In order to evaluate the effectiveness of local interventions regarding lifelong learning, this indicator should be included in HKEQOL Index.

This indicator refers to the age-friendly city indicator **Engagement in life-long learning** recommended in the WHO Kobe Center guide. The guide suggests a survey of older residents for measuring the proportion of older people who report being enrolled in education or training, either formal or non-formal, in the past year. This indicator named **Lifelong learning**, with a similar definition is thus adopted in the HKEQOL Index.

## Enabling environment

### Housing

Suitably designed housing can cater for the individual needs of older adults, especially those with functional limitations (Center for Health Development, 2015). Given a positive association of housing quality with quality of life (Ilesanmi, 2012), the Hong Kong Housing Authority has adopted a universal design in newly-built public rental housing units to cater for the needs of older adults. The Buildings Department also issued the Design Manual: Barrier Free Access which provides guidelines on barrier-free access. To evaluate these local “ageing in place” interventions, the HKEQOL Index measures older adults’ satisfaction with their housing environment. The indicator is related not only to objective characteristics of their housing, but also to their subjective perceptions of the environment’s potential to fulfil their cognitive, aspirational and emotional needs (Kaspar, Oswald, Wahl, Voss, & Wettstein, 2015).

This indicator refers to the age-friendly city indicator *Accessibility of housing* recommended in the WHO Kobe Center guide. The guide suggests conducting a survey of older residents for measuring the proportion of older people who report that their house is adapted, or can be adapted, to their needs to facilitate ageing at home. In our HKEQOL Index, this indicator named *Housing* captures overall satisfaction with the housing environment in a single question for simplicity.

### Satisfaction in leisure activities and events

Leisure activities are vitally important for healthy ageing. A cross-sectional survey reveals that various types of leisure activities are significantly correlated with self-rated health and functional impairment in older adults in Hong Kong (Chou, Chow, & Chi, 2004). This is because many leisure activities have social outcomes either as the main goal (e.g. taking part with friends or relatives) or as a byproduct of some other goal (e.g. participating in physical activity), and social activities are associated with better physical and mental health (Fernández-Ballesteros, Dolores ZamarrÓN, & Angel Ruíz, 2001; Toepoel, 2013). An environment enabling access to leisure activities and events is therefore necessary for a good quality of life. Determining the accessibility level of leisure activities can help evaluate the social and health aspect of well-being of older adults.



### **Satisfaction in health service**

Apart from improving health status per se, facilitating access to health services helps older adults preserve or improve their health (Martin et al., 2002). Patients' satisfaction with accessibility has been found to be associated with health status and quality of life (Iluste, Kallikorm, Meesaar, & Lember, 2012). This indicator is particularly important for older adults in Hong Kong, since the majority of them cannot afford private healthcare services and are forced to use the public healthcare service, which has longer waiting times (Woo, Mak, & Yeung, 2013). Evaluating satisfaction with the access to health services in the HKEQOL Index can track improvement in both age-friendliness of health services and health status.

This indicator refers to the age-friendly city indicator *Availability of social and health services* recommended in the WHO Kobe Center guide. The guide suggests carrying out a survey of older residents to measure the proportion of older people who report having their personal care or assistance needs met in their home or community through the use of formal (public or private) services. This indicator named Satisfaction in health service captures overall satisfaction with health service accessibility in a single question for simplicity.

## **3.2 Methodology**

### Data collection

With assistance from the Centre for Quality of Life, Hong Kong Institute of Asia-Pacific Studies (HKIAPS) of CUHK, IOA collects data from government departments and telephone surveys of the general population aged 50 and above to compile the value of the indicators every year. The definition and data source of each indicator is summarized in Table 3.1.

Table 3.1 Definition, base data, and data source of indicators within HKEQOL Index

Domain	Indicator	Definition	Latest figures	Source
Income Security	1.1 Pension income security(2)	% of people aged 65 and above receiving OAA, OALA & CSSA	69%	Social Welfare Department
	1.2 Poverty rate in old age(1)(2)	% of people aged 60 and above in households where the equivalised income is below the poverty line threshold of 50 percent of the equivalised median income	34.4%	Census and Statistics Department
	1.3 Satisfaction with financial status(1)	% of people aged 50 and above who have enough money for usual expenses	63.9%	Telephone survey
	1.4 Preparation for contingency expense(1)	% of people aged 50 and above who have enough financial resources for contingency expenses	65.5%	Telephone survey
Health Status	2.1 Life expectancy at 60(2)	The average number of years a person aged 60 is expected to live	26.5	Census and Statistics Department
	2.2 Elderly hospitalization(3)	Patient days of people aged 65 and above	3.70	Hospital Authority
	2.3 Self-rated health condition(3)	% of people aged 50 and above who indicated "good" in terms of self-rated health	65.6%	Telephone survey
	2.4 Frailty(3)	% of people aged 60 and above who are frail (at least 3 out of the following 5 symptoms: fatigue, resistance, ambulation, illnesses, loss of weight)	15.7%	Telephone survey
	2.5 Mental health(3)	Mean K6 score among people aged 50 and above (K6 consists of 6 items: nervous, hopeless, restless, depressed, effort, worthless; range of score in each item is 1 to 5)	3.96	Telephone survey
	2.6 Subjective well-being: life satisfaction(1)	Mean of the OCED life satisfaction among people aged 50 and above (range of score: 1 - 10)	6.90	Telephone survey
Capability	3.1 Employment of older people(1)(2)	% of people aged 55 - 64 that are employed	55.1%	Census and Statistics Department
	3.2 Educational status of older people(2)	% of people aged 60 and above who with secondary or higher education	46.9%	Census and Statistics Department
	3.3 Use of information and communication technology(1)	% of people aged 50 and above who surfed the Internet over the AND used smart devices such as smart phones or iPad over the past month	51.9%	Telephone survey
	3.4 Social participation(1)	% of people aged 50 and above who volunteered	12.2%	Telephone survey
	3.5 Civic participation(3)	% of people aged 50 and above who participated in organizations and associations	29.6%	Telephone survey
	3.6 Lifelong learning(1)	% of people aged 50 and above who attended any formal learning activities, such as courses, seminars, conferences or private lessons or instructions	21.7%	Telephone survey

Enabling Environment	4.1 Housing(1)	% of people aged 50 and above satisfied with the conditions of their living place	77.6%	Telephone survey
	4.2 Satisfaction in public transport(1)(2)	% of people aged 50 and above satisfied with the public transportation system in Hong Kong	82.4%	Telephone survey
	4.3 Physical safety(1)(2)	% of people aged 50 and above who feel safe when they are walking alone at night in the area where they live	76.7%	Telephone survey
	4.4 Satisfaction in leisure activities and events(3)	% of people aged 50 and above satisfied with the leisure activities and facilities in the community	51.5%	Telephone survey
	4.5 Satisfaction in health services(1)	% of people aged 50 and above satisfied with access to health services in Hong Kong	68.4%	Telephone survey
	4.6 Social connections(2)	% of people aged 50 and above who have relatives or friends they can count on to help when they are in trouble	73.7%	Telephone survey

(1) Indicators covered in Measuring the age-friendliness of cities: A guide to using core indicators (WHO, 2015)

(2) Indicators covered in Global AgeWatch Index, HelpAge International

(3) Indicators proposed by the CUHK Jockey Club Institute of Ageing & CUHK Center for Quality of Life

### Data analysis and latest results

The methodology can be divided into the following two steps:

First of all, the total baseline score of the Index is set at 100. The weight used for each of the four domains to reach the overall Index is the same, which means each domain accounts for a score of 25 (see Table 3.2). The indicators within the same domain also share the same weighting. This equal weight assumption is justified on the grounds of avoiding our subjective judgement of the relative importance of any one domain or indicator.

For the upcoming years, the score of each indicator would be calculated based on percentage change of value (i.e.  $\text{New score} = (1 + (\text{New value} - \text{Base value})/(\text{Base value})) \times \text{Weight}$ ). All indicator values are expressed as positive values, so that the higher the value, the better the outcome that the corresponding indicator represents. In other words, a few indicators values need to be reversed, including poverty rate, hospitalization, frailty, and mental health. (i.e.  $\text{New score} = (1 - (\text{New value} - \text{Base value})/(\text{Base value})) \times \text{Weight}$ ). The total scores of the Index and each domain are computed by summing the score of individual indicators.

Table 3.2 Weighting and score of indicators within HKEQOL Index

Domain and Indicator	Item weighting within individual domain	Item weighting within overall Index	Individual item score within overall Index
<b>1. Income security</b>			
1.1 Pension income security	25%	6.25%	6.25
1.2 Poverty rate in old age	25%	6.25%	6.25
1.3 Satisfaction of financial status	25%	6.25%	6.25
1.4 Preparation for contingency expense	25%	6.25%	6.25
Domain 1 Total	100%	25%	25
<b>2. Health Status</b>			
2.1 Life expectancy at 60	16.67%	4.17%	4.17
2.2 Elderly hospitalization	16.67%	4.17%	4.17
2.3 Self-rated health condition	16.67%	4.17%	4.17
2.4 Frailty	16.67%	4.17%	4.17
2.5 Mental health	16.67%	4.17%	4.17
2.6 Subjective well-being (life satisfaction)	16.67%	4.17%	4.17
Domain 2 Total	100%	25%	25
<b>3. Capability</b>			
3.1 Employment of older people	16.67%	4.17%	4.17
3.2 Educational status of older people	16.67%	4.17%	4.17
3.3 Use of information and communication technology	16.67%	4.17%	4.17
3.4 Social participation	16.67%	4.17%	4.17
3.5 Civic participation	16.67%	4.17%	4.17
3.6 Lifelong learning	16.67%	4.17%	4.17
Domain 3 Total	100%	25%	25
<b>4. Enabling environment</b>			
4.1 Housing	16.67%	4.17%	4.17
4.2 Access to public transport	16.67%	4.17%	4.17
4.3 Physical safety	16.67%	4.17%	4.17
4.4 Access to leisure activities and events	16.67%	4.17%	4.17
4.5 Access to health services	16.67%	4.17%	4.17
4.6 Social connections	16.67%	4.17%	4.17
Domain 4 Total	100%	25%	25
Index Total	-	100%	100



# Chapter 4

## Review of Hong Kong current situation and policies



# Chapter 4 Review of Hong Kong current situation and policies

This chapter reviews policies and initiatives implemented by the HKSAR government and other community organizations for improving the quality of life and turning Hong Kong into an age-friendly city. The four domains, income security, health status, capability and enabling environment, are discussed one by one.

## 4.1 Income security

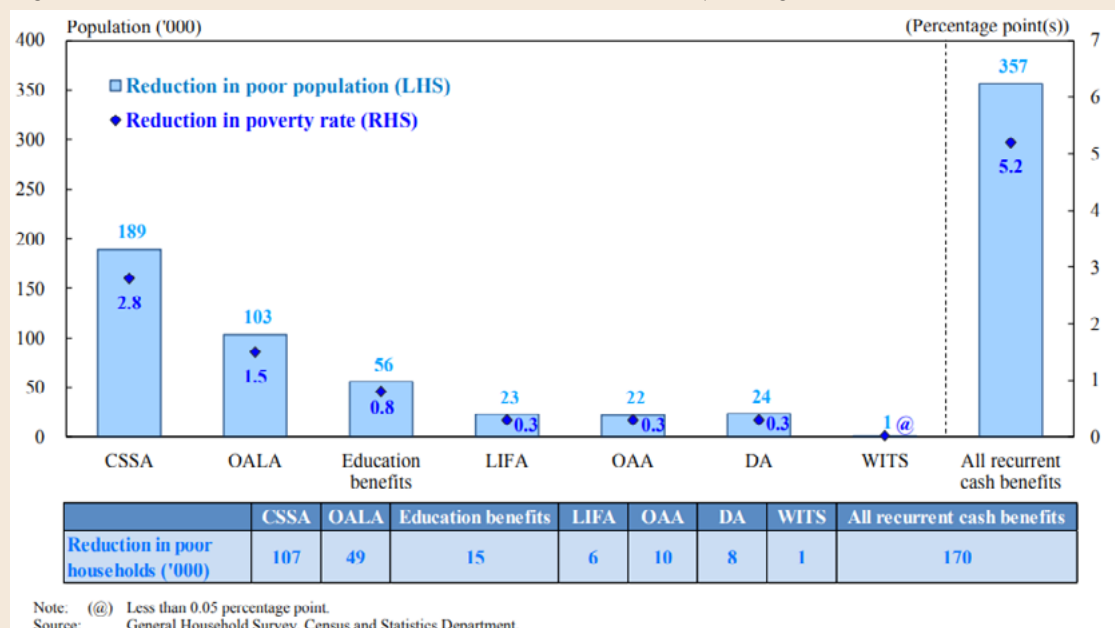
### Poverty line establishment

The Commission on Poverty adopted the relative poverty concept to set up the first official poverty line of Hong Kong in September 2013 (HKSAR Government, 2017). The poverty line was set at 50% of the median monthly household income before policy intervention. Those individuals with household income lower than the poverty line are considered as poor. The elderly poverty rate is defined as the ratio of the number of poor elderly (aged 65 and above) to the number of all elderly, expressed as a percentage. The elderly poverty rate represents the percentage of elderly living in poverty and experiencing low-income and low living standards. Poverty line analysis has helped the Government formulate the following directions and strategies for poverty alleviation, including rendering support to poor elders (HKSAR Government, 2017).

### Recurrent cash

As shown in Figure 4.1, Comprehensive Social Security Assistance (CSSA) and Old Age Living Allowance (OALA) are the two most effectiveness recurrent cash benefits, in terms of reduction of the poor population (axis on left-hand side (LHS)) and reduction in poverty rate (axis on right-hand side (RHS)). Implemented fully in 2013, OALA is aimed at supplementing the living expenses of older adults aged 65 or above who are in need of financial support. The current monthly OALA payment has increased to \$2,600 (Social Welfare Department, 2018). In addition, the HKSAR Government has improved CSSA application arrangements for older adults. Starting in February 2017, while preserving the requirement that CSSA applicants must apply on a household basis, the Social Welfare Department has abolished the requirement for the relatives to make a declaration on whether they provide financial support to the elderly persons who apply for CSSA on their own (HKSAR Government, 2017).

Figure 4.1 Effectiveness of selected recurrent cash benefits in poverty alleviation, 2016





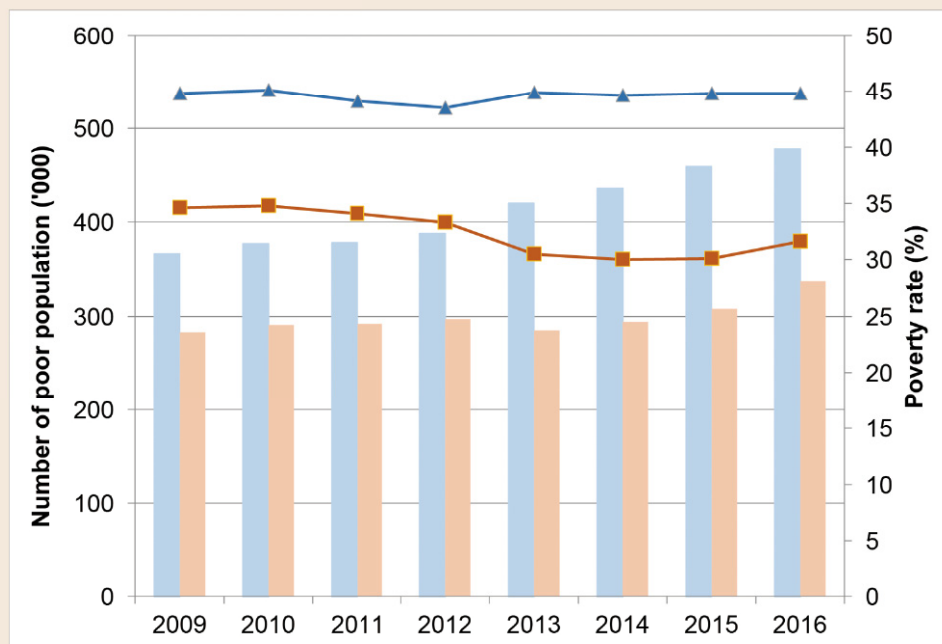
Recurrent cash intervention was implemented to provide financial support to older adults in Hong Kong. Excluding the intervention effect, the number of poor elderly increased by 30.7% from 366,000 in 2009 to 478,400 in 2016, while the poverty rate remained stable at 44.8% during the same period (Table 4.1 and Figure 4.2). Including the intervention effect of CSSA, OALA, and other SSA, the number of poor elderly increased by 19.2% from 283,000 in 2009 to 337,400 in 2016, and the poverty rate decreased by 3%. Although the poverty rate shows a decreasing trend, the number of poor elders is on the rise before and after policy intervention alongside population ageing (HKSAR Government, 2017). To provide more support for older adults in need who were not included in the intervention, the asset limits for OALA have been relaxed since May 2017, and the proposed Higher Old Age Living Allowance (HOALA) will also be implemented in mid-2018.

Table 4.1 Pre- and post-intervention poor population, poverty rates and their annual changes by age, 2016

	Poor population ('000)				Poverty rate (%)			
	2015	2016	Annual change <sup>(@)</sup>	Change compared with 2009 <sup>(@)</sup>	2015	2016	Annual change (% point(s))	Change compared with 2009 (% point(s))
<b>Pre-intervention</b>								
Below 18	235.1	229.5	-5.7	-54.3	23.2	23.0	-0.2	-2.4
18-64	650.8	644.6	-6.2	-53.6	13.6	13.6	#	-1.6
65 and above	459.0	478.4	+19.3	+111.9	44.8	44.8	#	#
<b>Overall</b>	<b>1 345.0</b>	<b>1 352.5</b>	<b>+7.5</b>	<b>+4.1</b>	<b>19.7</b>	<b>19.9</b>	<b>+0.2</b>	<b>-0.7</b>
<b>Post-intervention (recurrent cash)</b>								
Below 18	182.3	171.6	-10.7	-50.8	18.0	17.2	-0.8	-2.7
18-64	480.7	486.8	+6.2	-51.2	10.1	10.3	+0.2	-1.4
65 and above	308.5	337.4	+28.9	+54.5	30.1	31.6	+1.5	-3.0
<b>Overall</b>	<b>971.4</b>	<b>995.8</b>	<b>+24.4</b>	<b>-47.5</b>	<b>14.3</b>	<b>14.7</b>	<b>+0.4</b>	<b>-1.3</b>

Notes: <sup>(@)</sup> Changes in the size of the poor population are computed based on unrounded figures.  
<sup>(#)</sup> Changes are less than 0.05 percentage point.  
Source: General Household Survey, Census and Statistics Department.

Figure 4.2 Poor population and poverty rate among elders aged 65 and above, 2009-2016  
(Source: General Household Survey, Census and Statistics Department.)



Red represents pre-intervention  
Blue represents post-intervention (recurrent cash)

### Retirement protection

Retirement protection is crucial for the income security of older adults. In Hong Kong, the major retirement protection system is the Mandatory Provident Fund (MPF) schemes, which are mandatory and privately managed contribution schemes enacted in 1995. The mandatory contribution rates for employer and employee are 5% of the income of the employees, who can receive the MPS at the age of 65 for retirement. The MPF System was set up as a Pillar 2 system of retirement income protection in Hong Kong under the multi-pillar framework advocated by the World Bank. Before the MPF System was implemented, only about one-third (1.1 million) of Hong Kong's employed population were covered by an occupational retirement protection scheme. As at 31 March 2016, 85% (3.2 million) of Hong Kong's employed population were covered by the MPF System or some other form of retirement scheme. The total net asset value of all MPF schemes as at 31 March 2016 was \$593 billion. The annualized rate of return since the System's inception, after fees and charges, was 2.6% as at 31 March 2016, while the average annual inflation rate over the same period was 1.9%, which indicates a moderate real return on the contributions.



## 4.2 Health status

A longer life brings with it opportunities, not only for older people but also for our whole society. The extent of these opportunities and contributions, however, depends heavily on a single factor – health (WHO, 2015).

### Physical health

Evidence suggests that older people in Hong Kong are experiencing their later years in poor health in terms of multi-morbidity and disability (Yu et al., 2016), which imposes a heavy burden on the health care system. According to the Hospital Authority (HA), the hospitalization rate of those aged 65 or above is four times that of those aged below 65, while the rate further increases as the age advances (Research Office, 2015). It is estimated that an additional 8,800 hospital beds will be needed in the public sector alone in the next 20 years.

In response to the growing health needs of the ageing population, the Department of Health (DH) and HA launched several public-private partnership (PPP) programmes. Through providing the older adults with financial incentives to utilize more primary care services in the private sector, the heavy demand for the hospital services of the public sector can be mitigated (Food and Health Bureau, 2010). One of the examples of the PPP is the Elderly Health Care Voucher Scheme, which since 2014 has provided older people with an annual voucher valued at HK\$2,000. The eligibility age of voucher recipients was also lowered from 70 to 65 in July 2017 (Department of Health, 2017a). Another example of PPP is the General Outpatient Clinic Public Private Partnership Programme, which has been launched in 11 districts of Hong Kong by 2016/17 (Hospital Authority, 2015). Clinically stable patients with hypertension and/or diabetes mellitus can receive private outpatient services with fee and waiver arrangements the same as those for the HA's services (Department of Health, 2017b).

Medical community collaboration was another approach to reducing the avoidable use of hospital services. For instance, a two-year pilot scheme namely “Dementia Community Support Scheme” was launched in February 2017 in Kwan Tung, Sha Tin and Tseung Kwan O (Legislative Council Panel on Health Services, 2017). Run by the HA and Social Welfare Department (SWD), this scheme aims to provide support services to the elderly aged 60 and above with mild or moderate dementia at the community level. Healthcare professionals such as nurses, occupational therapists, physiotherapists and social welfare staff will provide support to elderly persons with dementia at the District Elderly Community Centres. Moreover, carers will be provided with knowledge of care, stress management training, counselling services and other support. The scheme is expected to benefit about 2,000 elderly persons as well as their carers in the community.

In addition to cognitive impairment and dementia, frailty is another geriatric syndrome commonly found in Hong Kong older adults. In order to help older adults acquire knowledge of frailty prevention, the Jockey Club CADENZA Hub has worked with The Hong Kong Society for Rehabilitation and St. James' Settlement to launch a three-year Jockey Club Frailty Prevention Campaign in each district of Hong Kong (The Hong Kong Jockey Club, 2017b). The campaign consists of four parts: (1) frailty screening and consultation of 9,000 citizens aged 50 and above; (2) anti-frailty workshops to help older people and the soon-to-be old proactively practise healthy living for the rest of their lives; (3) anti-frailty education talks to enhance their knowledge; and (4) comprehensive anti-frailty physical and cognitive training courses.

### **Mental health**

Apart from physical health, mental health problems commonly occur among the old. According to a study, about 10% of the elderly population in Hong Kong have depressive symptoms (Chi et al., 2005). Factors such as stress, health problems and a lack of social engagement usually contribute to the vulnerability of older people and cause higher risks of elderly depression and suicidal thoughts (Yip, Chi, & Chiu, 2013).

The Psychogeriatric Team Outreach Services of HA started the Elderly Suicide Prevention Program in 2002 through public education of the public and community involvement of NGOs for early detection of depression, assessment and intervention on a home basis (Lui, Au, Tsue, & Ho, 2007). This suicide prevention program adopts a clinical case management approach through a multidisciplinary team of mental health professionals. The Suicide Prevention Nurses make follow-up phone calls to clients within 2 days of case acceptance and a home visit within 7 working days to provide a comprehensive assessment of social and mental condition, physical health, activities of daily living and functional impairment (Hospital Authority, 2011). The referral will be made to a Fast Track Clinic while peer review and individual care plans are conducted regularly. This program has so far provided 37,391 attendances at fast-track clinics. Their depressive symptoms and suicidal thoughts improved in a half-year follow-up (Hospital Authority, 2011).

Moreover, the Hong Kong Jockey Club Charities Trust approved funding to initiate the three-year project the Jockey Club Holistic Support Project for Elderly Mental Wellness" (JC JoyAge). Collaborating with the University of Hong Kong, Caritas-Hong Kong, Christian Family Service Centre, Haven of Hope Christian Services, Hong Kong Sheng Kung Hui Lady MacLehose Centre, the Mental Health Association of Hong Kong, and the New Life Psychiatric Rehabilitation Association, JC JoyAge is piloting a community-based supporting network for our senior citizens to enhance their resilience in facing the challenges in later life (The Hong Kong Jockey Club, 2017a). The project is being implemented in four districts including Kwai Chung, Kwun Tong, Sham Shui Po and Tseung Kwan O, with four major components. First, capacity building





programmes are implemented for mental health service providers. Second, a medical-community collaboration model is adopted to reduce the risk of depression among older people or to relieve their depressive symptoms through outreach engagements, prevention, and early intervention programmes. Third, a “Peer Supporters” initiative has been launched to train older people as the peer leaders who are able to identify and support other vulnerable older people in need. Fourth, public education activities are being organized to improve mental health literacy and enhance social support in the community.

### 4.3 Capability

Education and employment are two major domains of capability among older people. According to the data retrieved from the Census and Statistics Department, the proportion of Hong Kong older people aged above 60 who had secondary and post-secondary level educational attainment has increased from 39.5% in 2011 to 46.9% in 2016, while the employment rate of those aged 55 to 64 has increased from 47.9% to 55.1%.

#### Lifelong learning and information technology use

The HKSAR government strives to enhance capability among older people and promote active ageing through lifelong learning. A total of 25 new Elderly Academies have been established in 2014, aiming at encouraging older people to make better use of their time and to keep pace with the times through acquiring new knowledge and skills, especially information communication and technology use. The Labour and Welfare Bureau and the Elderly Commission proactively offer computer courses, smartphone application courses, and tablet computer application courses to elderly persons (Labour and Welfare Bureau, 2016). Similarly, the Women’s Commission organizes the “Capacity Building Mileage Programme”, which offers a wide range of learning courses including “Learning Computers for Fun” and “Internet Surfing”.

Lifelong learning for information technology is also promoted to those who cannot actively participate in the community. The Office of the Government Chief Information Officer launched two rounds of “ICT Outreach Programmes for the Elderly” in 2014 and 2015. Visits were paid to institutionalised, “hidden” elderly persons and those receiving day care or home care services. The programme aims to teach them how to use tablet computers so as to stimulate their interests in information and communications technology. These two rounds of programmes benefited more than 2,900 elderly persons (Labour and Welfare Bureau, 2016).

## Continuous employment and reemployment

The Labour Department holds district-based job fairs on part-time employment at job centres to meet the needs of some mature persons who are more interested in taking up part-time jobs (Labour and Welfare Bureau, 2016). In addition, the Labour Department takes an active role in encouraging employers to adopt age-friendly employment practices. A wide range of educational and promotional activities were organized, including organizing thematic seminars, placing advertisements in the public transport network and periodicals of major employers' associations, broadcasting Announcements in the Public Interest through both television and radio, as well as disseminating relevant messages through regular meetings and exchanges with business executives and human resources managers.

The HKSAR government has also raised the retirement age and has introduced a policy to re-employ retired civil servants, in order to extend their working life. The retirement age of the new recruits joining the civil service on or after 1 June 2015 was extended to 65 for civilian grades and 60 for disciplined services grades. In addition, the Civil Service Bureau (CSB) has introduced the Post-retirement Service Contract Scheme, under which bureaux/departments may employ retired and retiring civil servants on contract terms to undertake ad hoc, time-limited, seasonal or part-time tasks that require specific civil service expertise/experience. Similarly, other bureaux have followed the Government's practice in extending employees' working life. For example, the HA has adopted a higher retirement age of 65 for new recruits with employment commencing on or after 1 June 2015 and has implemented a special re-employment scheme to re-hire suitable serving clinical doctors, nurses, allied health and care-related supporting grades staff upon their retirement or completion of contract at the normal retirement age of 60 in 2015-16 and 2016-17.

To help retirees re-enter the workforce and mitigate the shrinking proportion of those of prime working age, the Jockey Club also provided over HK\$5 million to the Hong Kong Society for the Aged (SAGE) in 2014 to extend the Elder-Friendly Employment Practice (EFEP) project for three years (The Hong Kong Jockey Club, 2014). This comes after The Hong Kong Jockey Club Charities Trust's initial funding for SAGE to launch the EFEP in 2008, and follows on the success of the programme, which has attracted strong support from both corporate and elderly beneficiaries. A key element of the project is the annual EFEP Job Expo where organisations offer more job vacancies to those aged 50 or above. The EFEP project also provides career counselling services, training programmes and volunteer services to empower those aged 50 or above to re-enter the job market or serve the community. In addition, an online platform is available for job matching between employers and retired professionals, which in turn will help encourage employers to consider the capabilities of the retirees and maintain a stable workforce.





## 4.4 Enabling environment

An enabling environment for older people is highly related to the concept of the age-friendly city. It is defined as an inclusive and accessible community environment that optimizes opportunities for health, participation and security for all people, in order that quality of life and dignity are ensured as they age (Center for Health Development, 2015). Characteristic features of age-friendliness cover eight domains of physical and social urban environment, namely outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services (Center for Health Development, 2015). Local studies have shown that these eight domains are significantly associated with self-rated health and life satisfaction among older people (Au et al., 2017; Wong, Yu, & Woo, 2017).

### Transport

In 2012, the HKSAR Government launched the Public Transport Fare Concession Scheme for the Elderly, targeting those aged 65 or above. Elderly people could travel on designated public transport modes and services anytime at a concessionary fare of \$2 per trip. If the original fare for a journey is below \$2, beneficiaries only need to pay the original fare. The Scheme covers different transport modes, and included MTR, franchised buses, ferries, and green minibuses by March 2015. The Scheme aims to help build a caring and inclusive society by encouraging older people to participate more in community activities. Nevertheless, disabled or frail elderly people may still face transport service problems in attending medical consultations or rehabilitation services. They find it difficult to utilize the existing public transport facilities, and taxis may ignore their requests for rides. Currently, dedicated services such as Rehabu are provided to these people by the Hong Kong Society for Rehabilitation. However, booking this service is difficult as demand for it has far outpaced the service provision. Diamond cab, provided by a social enterprise, offers point-to-point transportation services with wheelchair storage, but it is relatively expensive which may pose difficulty for many elderly. It is important to review the physical accessibility of public transportation, and the financial accessibility of other transportation services for frail older people.

### Housing

The Senior Citizen Home Safety Association (SCHSA) has initiated the Smart Home For Seniors Pilot Programme in 2017, aiming at pioneering a platform for home-based elderly care that integrates smart home technology (Senior Citizen Home Safety Association, 2015). The first phase is to establish the Smart Home for Seniors Test Lab at SCHSA headquarters in Homantin for technical testing and to showcase the service concept to the public. For example, with support from the Call and Care Centre, the Pilot Programme can minimise home accidents for the elderly that involve wet bathrooms or fires from unattended cooking. Moreover, workshops and health talks focussed on the needs of the

elderly were arranged in the comprehensive programme plan. During this 3-year pilot programme, a total of 1,000 eligible elderly will be invited to participate as pilot users in a free trial in their home. The ultimate objective is to empower older people to age more independently, safely and smartly.

### **Outdoor spaces and buildings**

The HKSAR government also designs outdoor areas for promoting physical activity among older people. To meet the needs of elderly people for fitness equipment, the Leisure and Cultural Services Department (LCSD) provides about 2,280 sets of fitness equipment including the Rider, Tai Chi Wheels, Pull-down Machine, Twister and Stepper, Ring Walk, Upper Back Stretch, Calf Stretch, Climbing Shoulder Stretch, Back Stretch and Push-ups, Bicycle Stepper, Up and Down Station, etc. in over 440 outdoor leisure venues (such as parks and playgrounds) for the enjoyment of elderly people (Labour and Welfare Bureau, 2016). While the Hong Kong Planning Standards and Guidelines do not set out standards for the provision of fitness equipment for elderly persons based on the ratio of equipment to the elderly population, LCSD provides fitness equipment for elderly persons in its venues having regard to factors such as users' needs in various districts, venue sizes and the views of the District Councils concerned. In 2017/18, LCSD further provided about 150 sets of new fitness equipment for the elderly persons in the outdoor leisure venues in all 18 districts.

### **Social inclusion**

The SWD has launched the Opportunities for the Elderly Project and Neighbourhood Active Ageing Project to promote a sense of worthiness among older people, through subsidising various social service organisations, district organisations, and educational institutes to carry out a wide range of programmes. The theme of the 2016-2018 project is "Embrace the caring neighbourhood – Engage your Silver Age with vitality", which aims to encourage elderly people to participate actively in the development of neighbourhood support networks and an age-friendly community (Opportunities for the Elderly Project Office, 2018). The elderly people may "age in place" with a caring neighbourhood and support from the society. Meanwhile, the elderly people continue to draw on their expertise to serve society, impart wisdom and experience, and embrace their "silver age" through active community engagement.

### **Community support and health service**

The SWD launched the First Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly from September 2013 to August 2017 (Social Welfare Department, 2017). Adopting a new funding model, namely the 'money-following-the-user' approach, elderly persons who have financial needs and are in a waiting list for elderly homes may choose community care services that suit their individual needs with voucher use.

# Chapter 5

## Way Forward



# Chapter 5 Way Forward

IOA will continuously monitor the trend of overall well-being of older people in Hong Kong in the following years. Further developments will be pursued in the following directions:

## 5.1 Continuous compilation of AgeWatch Index for Hong Kong

While the Global AgeWatch Index by the HelpAge International has not yet been updated since 2016, comparison of the rankings across years may be used as an indicator of change compared with the findings in the previous year and may thus draw meaningful implications. Hence, the Institute will continue to compile the AgeWatch Index for Hong Kong 2017.

## 5.2 Trend analysis of the HKEQOL Index

The data collection and analysis described in Chapter 3 will be conducted for compiling the HKEQOL Index starting from mid-2018. With the annual update, the Index provides trend analysis of the outcomes regarding income security, health status, capability and enabling environment of Hong Kong. The Index would also enable more in-depth analysis of indicators, such as disaggregated analysis by gender and age, to shed light on disparities of well-being among older people in Hong Kong.

## 5.3 Topical report on health status as domain-specific analysis of well-being of older people

Both AgeWatch Index for Hong Kong and HKEQOL Index provide a broad overview of the well-being of older people in Hong Kong under different domains. To conduct more in-depth analyses of the impacts of each domain on their well-being, the Institute will continue to research and publish topical reports for Hong Kong based on the four domains of the Index. The second topical report, focusing on the domain of health status, will cover discussion on physical and mental health in older adults and health policy initiatives in Hong Kong.

## 5.4 Improve well-being among older adults via Jockey Club Age-friendly City Project

Under the Jockey Club Age-friendly City Project initiated and funded by the Hong Kong Jockey Club Charities Trust, the gerontology research institutes of four local universities, in collaboration with District Councils, will develop action plans to improve the age-friendliness of districts in Hong Kong. The action plans set out directions and action items for continually enhancing the age-friendliness of districts with the concerted efforts of the District Councils and other community stakeholders.

Starting from January 2017, the Jockey Club Age-friendly City Project has been extended to all 18 districts. The analyses of the AgeWatch Index for Hong Kong and the HKEQOL Index can help assess the overall age-friendliness and evaluate the action plans of the "Jockey Club Age-friendly City Project" as well as other age-friendly initiatives taken by the local government, private sectors and other community partners.

# Reference



- Alice Ming Lin, C., Tina Louisa, R., & Susu, L. (2013). Volunteerism and Positive Aging in Hong Kong: A Cultural Perspective. *The International Journal of Aging and Human Development*, 77(3), 211-231. doi: 10.2190/AG.77.3.c
- Au, A. M. L., Chan, S. C. Y., Yip, H. M., Kwok, J. Y. C., Lai, K. Y., Leung, K. M., . . . Lai, S. M. K. (2017). Age-Friendliness and Life Satisfaction of Young-Old and Old-Old in Hong Kong. *Current Gerontology and Geriatrics Research*, 2017, 10. doi: 10.1155/2017/6215917
- Batista, L. C., & Cruz-Ledón, A. M. (2013). The relationship between civic engagement and health among older adults.
- Boey, K. W., & Chiu, H. F. K. (2005). Life strain and psychological distress of older women and older men in Hong Kong. *Aging Ment Health*, 9(6), 555-562. doi: 10.1080/13607860500193351
- Census and Statistics Department, HKSAR Government. (2015). *Hong Kong Population Projections 2015-2064*.
- Census and Statistics Department, HKSAR Government. (2016). *Women and Men in Hong Kong: Key Statistics*.
- Census and Statistics Department, HKSAR Government. (2017). *Thematic Household Survey Report - Report No. 62 - Information technology usage and penetration*.
- Center for Health Development, World Health Organization. (2015). *Measuring the age-friendliness of cities: a guide to using core indicators*. Kobe, Japan: WHO Kobe Centre.
- Chan, C. H., Wong, H. K., & Yip, P. S. F. (2017). Associations of relative income deprivation with perceived happiness and self-rated health among the Hong Kong Chinese population. *Int J Public Health*, 62(6), 697-707. doi: 10.1007/s00038-017-0953-x
- Chan, C. M. A., Ma, H. K. C., & Richman, J. (2008). A gender responsive social protection-health security with reference to older women in Hong Kong.
- Cheng, Y. H., Chi, I., Boey, K. W., Ko, L. S. F., & Chou, K. L. (2002). Self-rated economic condition and the health of elderly persons in Hong Kong. *Social Science & Medicine*, 55(8), 1415-1424. doi: [https://doi.org/10.1016/S0277-9536\(01\)00271-4](https://doi.org/10.1016/S0277-9536(01)00271-4)
- Chi, I., Yip, P. S. F., Chiu, H. F. K., Chou, K. L., Chan, K. S., Kwan, C. W., . . . Caine, E. (2005). Prevalence of Depression and Its Correlates in Hong Kong's Chinese Older Adults. *The American Journal of Geriatric Psychiatry*, 13(5), 409-416. doi: <https://doi.org/10.1097/00019442-200505000-00010>
- Chou, K.-L., Chow, N. W. S., & Chi, I. (2004). Leisure participation amongst Hong Kong Chinese older adults. *Ageing and Society*, 24(4), 617-629. doi: 10.1017/S0144686X04001813
- Collins, R. A., Johnston, J. M., Tang, A. M. y., Fung, A. Y. k., Kwan, P. K. I., Lo, S. v., . . . Li, R. (2006). Government-funded Mental Health Research in Hong Kong: A Descriptive Analysis. *Journal of Psychology in Chinese Societies*, 7(1), 29-43.
- Commission on Poverty, HKSAR Government. (2017). *Hong Kong Poverty Situation Report 2016*.
- Community Project Workshop, Faculty of Architecture, the University of Hong Kong. (2015). *Value and Impact: History of School Design in Hong Kong*.
- Department of Economic and Social Affairs programme on ageing. (2015). *Income Poverty in Old Age: An Emerging Development Priority*. from <http://www.un.org/esa/socdev/ageing/documents/PovertyIssuePaperAgeing.pdf>
- Department of Health, HKSAR Government. (2017a). *Background of Elderly Health Care Voucher Scheme*. from [http://www.hcv.gov.hk/eng/pub\\_background.htm](http://www.hcv.gov.hk/eng/pub_background.htm)
- Department of Health, HKSAR Government. (2017b). *Hospital Authority Projects*. from <http://www.pco.gov.hk/english/initiatives/projects.html>
- Economic Analysis Division Economic Analysis and Business Facilitation Unity Financial Secretary's Office, Census and Statistic Department, HKSAR Government. (2016). *Hong Kong Poverty Situation Report 2015*.
- Elderly Health Service, Department of Health, HKSAR Government. (2016). *Social Isolation*. from [http://www.elderly.gov.hk/english/healthy\\_ageing/relationship/](http://www.elderly.gov.hk/english/healthy_ageing/relationship/)





socialisolation.html

- Fang, Y., Chau, A. K. C., Wong, A., Fung, H. H., & Woo, J. (2017). Information and communicative technology use enhances psychological well-being of older adults: the roles of age, social connectedness, and frailty status. *Aging Ment Health*, 1-9. doi: 10.1080/13607863.2017.1358354
- Fernández-Ballesteros, R., Dolores Zamarrón, M., & Angel RufZ, M. (2001). The contribution of socio-demographic and psychosocial factors to life satisfaction. *Ageing and Society*, 21(1), 25-43. doi: 10.1017/S0144686X01008078
- Fillion, L., Duval, S., Dumont, S., Gagnon, P., Tremblay, I., Bairati, I., & Breitbart, W. S. (2009). Impact of a meaning-centered intervention on job satisfaction and on quality of life among palliative care nurses. *Psycho-Oncology*, 18(12), 1300-1310. doi: 10.1002/pon.1513
- Food and Health Bureau, HKSAR Government. (2010). *My Health My Choice*.
- Food and Health Bureau, HKSAR Government. (2017). *Mental Health Review Report*.
- Freedman, V. A., Martin, L. G., Schoeni, R. F., & Cornman, J. C. (2008). Declines in late-life disability: the role of early- and mid-life factors. *Social science & medicine* (1982), 66(7), 1588-1602. doi: 10.1016/j.socscimed.2007.11.037
- Fried, L. P., Tangen, C. M., Walston, J., Newman, A. B., Hirsch, C., Gottdiener, J., . . . McBurnie, M. A. (2001). Frailty in older adults: evidence for a phenotype. *J Gerontol A Biol Sci Med Sci*, 56(3), M146-156.
- García-Alandete, J. (2015). Does Meaning in Life Predict Psychological Well-Being? *The European Journal of Counselling Psychology*, 3(2), 10. doi: 10.5964/ejcop.v3i2.27
- George, L. K. (1993). *Financial security in later life: The subjective side*. Boettner Institute of Financial Gerontology, University of Pennsylvania.
- Haddock, C. K., Poston, W. S., Pyle, S. A., Klesges, R. C., Vander Weg, M. W., Peterson, A., & Debon, M. (2006). The validity of self-rated health as a measure of health status among young military personnel: evidence from a cross-sectional survey. *Health and Quality of Life Outcomes*, 4(1), 57. doi: 10.1186/1477-7525-4-57
- Ho, M. Y., Cheung, F. M., & Cheung, S. F. (2010). The role of meaning in life and optimism in promoting well-being. *Personality and Individual Differences*, 48(5), 658-663. doi: <https://doi.org/10.1016/j.paid.2010.01.008>
- Ho, S. C., Woo, J., Lau, J., Chan, S. G., Yuen, Y. K., Chan, Y. K., & Chi, I. (1995). Life Satisfaction and Associated Factors in Older Hong Kong Chinese. *Journal of the American Geriatrics Society*, 43(3), 252-255. doi: 10.1111/j.1532-5415.1995.tb07331.x
- Ho, Y. W., You, J., & Fung, H. H. (2012). The moderating role of age in the relationship between volunteering motives and well-being. *European Journal of Ageing*, 9(4), 319-327. doi: 10.1007/s10433-012-0245-5
- Hong Kong Economy, HKSAR Government. (2016a). *2015 Economic Background and 2016 Prospects*.
- Hong Kong Economy, HKSAR Government. (2016b). *Hong Kong Economic Report 2016*.
- Hooyman, R. N., & Kiyak, H. A. (2011). *Social Gerontology: A Multidisciplinary Perspective* (9th Edition) (9 ed.).
- Hospital Authority. (2011). *Hospital Authority Mental Health Service Plan For Adults 2010-15*.
- Hospital Authority. (2015). *General Outpatient Clinic Public Private Partnership Programme (GOPC PPP)*. from <https://www3.ha.org.hk/ppp/gopcphp.aspx?lang=eng>
- Hui, S. S. (2005). *Lifelong learning for older persons in Hong Kong*.
- Ilesanmi, A. (2012). Housing, neighbourhood quality and quality of life in public housing in Lagos, Nigeria. *International Journal for Housing Science and Its Applications*, 36(4), 231.
- James, E. H., Nancy, M.-H., & Philip, A. R. (2007). Productive Engagement and Late Life Physical and Mental Health: Findings from a Nationally Representative Panel Study. *Research on Aging*, 29(4), 348-370. doi: 10.1177/0164027507300806
- Julien, D., Richard, L., Gauvin, L., Fournier, M., Kestens, Y., Shatenstein, B., . . . Payette, H. (2015). Transit use and walking as potential mediators of the association between

- accessibility to services and amenities and social participation among urban-dwelling older adults: Insights from the VoisiNuAge study. *Journal of Transport & Health*, 2(1), 35-43. doi: <https://doi.org/10.1016/j.jth.2014.09.007>
- Kaspar, R., Oswald, F., Wahl, H. W., Voss, E., & Wettstein, M. (2015). Daily mood and out-of-home mobility in older adults: does cognitive impairment matter? *J Appl Gerontol*, 34(1), 26-47. doi: 10.1177/0733464812466290
- Labour and Welfare Bureau, HKSAR Government. (2012). LCQ19: Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities. from [http://www.lwb.gov.hk/eng/legco/24102012\\_1.htm](http://www.lwb.gov.hk/eng/legco/24102012_1.htm)
- Labour and Welfare Bureau, HKSAR Government. (2016). Replies to LegCo Questions - LCQ21: Promoting active ageing for the elderly. from [http://www.lwb.gov.hk/eng/legco/29062016\\_3.htm](http://www.lwb.gov.hk/eng/legco/29062016_3.htm)
- Lee, S., Tsang, A., Ng, K. L., Ma, Y. L., Guo, W., Mak, A., & Kwok, K. (2012). Performance of the 6-item Kessler scale for measuring serious mental illness in Hong Kong. *Compr Psychiatry*, 53(5), 584-592. doi: 10.1016/j.comppsy.2011.10.001
- Legislative Council Panel on Health Services. (2017). Review on Mental Health.
- Leung, D. S. Y., & Liu, B. C. P. (2011). Lifelong Education, Quality of Life and Self-Efficacy of Chinese Older Adults. *Educational Gerontology*, 37(11), 967-981. doi: 10.1080/03601277.2010.492732
- Li, Z. B., Lam, T. H., Ho, S. Y., Chan, W. M., Ho, K. S., Li, M. P., . . . Fielding, R. (2006a). Age-versus time-comparative self-rated health in Hong Kong Chinese older adults. *Int J Geriatr Psychiatry*, 21(8), 729-739. doi: 10.1002/gps.1553
- Li, Z. B., Lam, T. H., Ho, S. Y., Chan, W. M., Ho, K. S., Li, M. P., . . . Fielding, R. (2006b). Age-versus time-comparative self-rated health in Hong Kong Chinese older adults. *International Journal of Geriatric Psychiatry*, 21(8), 729-739. doi: 10.1002/gps.1553
- Iluste, K., Kallikorm, R., Meiesaar, K., & Lember, M. (2012). Satisfaction with Access to Health Services: The Perspective of Estonian Patients with Rheumatoid Arthritis. *The Scientific World Journal*, 2012, 10. doi: 10.1100/2012/257569
- Lui, S. F., Au, L. M., Tsue, Y. L., & Ho, Y. K. (2007). Community Psychogeriatric Services in Hong Kong East Cluster - Elderly Suicide Prevention Program (ESPP) Symposium on Community Engagement, Hong Kong East Cluster, Hospital Authority. Psychogeriatric Team Outreaching Service, Department of Psychiatry, Pamela Youde Nethersole Eastern Hospital.
- Lum, T., Tang, Y., Wong, G., & Lau, M. (2016). Expected longevity and productive ageing involvement among older Chinese in Hong Kong. Paper presented at the The 4th International Conference on Evidence-based Policy in Long-term Care, London, UK.
- Ma, X., & McGhee, S. M. (2013). A cross-sectional study on socioeconomic status and health-related quality of life among elderly Chinese. *BMJ Open*, 3(2). doi: 10.1136/bmjopen-2012-002418
- Manor, O., Matthews, S., & Power, C. (2001). Self-rated health and limiting longstanding illness: inter-relationships with morbidity in early adulthood. *Int J Epidemiol*, 30(3), 600-607.
- Marques, A. P., Montilla, D. E. R., de Almeida, W. d. S., & de Andrade, C. L. T. (2014). Hospitalization of older adults due to ambulatory care sensitive conditions. *Revista de Saúde Pública*, 48(5), 817-826. doi: 10.1590/S0034-8910.2014048005133
- Martin, G., Jose, F.-M., Myfanwy, M., David, H., Barry, G., Roger, B., & Meryl, H. (2002). What does 'access to health care' mean? *Journal of Health Services Research & Policy*, 7(3), 186-188. doi: 10.1258/135581902760082517
- Martinson, M., & Minkler, M. (2006). Civic Engagement and Older Adults: A Critical Perspective. *The Gerontologist*, 46(3), 318-324. doi: 10.1093/geront/46.3.318
- Mavaddat, N., Valderas, J. M., van der Linde, R., Khaw, K. T., & Kinmonth, A. L. (2014). Association of self-rated health with multimorbidity, chronic disease and psychosocial factors in a large middle-aged and older cohort from general





- practice: a cross-sectional study. *BMC Family Practice*, 15(1), 185. doi: 10.1186/s12875-014-0185-6
- McMichael, A. J., McKee, M., Shkolnikov, V., & Valkonen, T. (2004). Mortality trends and setbacks: global convergence or divergence? *The Lancet*, 363(9415), 1155-1159. doi: [https://doi.org/10.1016/S0140-6736\(04\)15902-3](https://doi.org/10.1016/S0140-6736(04)15902-3)
- Melton, A. M. A., & Schulenberg, S. E. (2008). On the measurement of meaning: Logotherapy's empirical contributions to humanistic psychology. *The Humanistic Psychologist*, 36(1), 31-44. doi: 10.1080/08873260701828870
- Min, J. W., & Lee, S. H. (2015). Validation of the K6/K10 Scales of Psychological Distress and Their Optimal Cutoff Scores for Older Koreans. *Int J Aging Hum Dev*, 80(3), 264-282. doi: 10.1177/0091415015590316
- Moser, K., Shkolnikov, V., & Leon, D. A. (2005). World mortality 1950-2000: divergence replaces convergence from the late 1980s. *Bulletin of the World Health Organization*, 83, 202-209.
- Norstrand, J. A., Glicksman, A., Lubben, J., & Kleban, M. (2012). The Role of the Social Environment on Physical and Mental Health of Older Adults. *Journal of Housing For the Elderly*, 26(1-3), 290-307. doi: 10.1080/02763893.2012.651382
- Organisation for Economic Co-operation and Development. (2018). Life satisfaction from [www.oecd.org/sdd/37964668.pdf](http://www.oecd.org/sdd/37964668.pdf)
- Opportunities for the Elderly Project Office. (2018). Opportunities for the Elderly Project.
- Pavot, W., & Diener, E. (1993). Review of the Satisfaction With Life Scale. *Psychological Assessment*, 5(2), 164-172. doi: 10.1037/1040-3590.5.2.164
- Research Office, Legislative Council Secretariat (2015). Challenges of population ageing. from <http://www.legco.gov.hk/research-publications/english/1516rb01-challenges-of-population-ageing-20151215-e.pdf>
- Revolv. (2000). 1950s in Hong Kong. from <https://revolv.com/main/index.php?s=1950s%20in%20Hong%20Kong>
- Sager, M. A., Franke, T., Inouye, S. K., Landefeld, C. S., Morgan, T. M., Rudberg, M. A., . . . Winograd, C. H. (1996). Functional outcomes of acute medical illness and hospitalization in older persons. *Arch Intern Med*, 156(6), 645-652.
- Senior Citizen Home Safety Association. (2015). Smart Home for Seniors Pilot Programme. from [https://www.schsa.org.hk/en/services/smart\\_home/index.html](https://www.schsa.org.hk/en/services/smart_home/index.html)
- Singh-Manoux, A., Guéguen, A., Martikainen, P., Ferrie, J., Marmot, M., & Shipley, M. (2007). Self-rated health and mortality: short- and long-term associations in the Whitehall II study. *Psychosomatic Medicine*, 69(2), 138-143. doi: 10.1097/PSY.0b013e318030483a
- Singh, A. K., & Pandey, J. (1990). Social support as a moderator of the relationship between poverty and coping behaviors. *The Journal of social psychology*, 130(4), 533-541.
- Social Welfare Department, HKSAR Government. (2017). Second Phase of the Pilot Scheme on Community Care Service Voucher for the Elderly (Pilot Scheme) from [https://www.swd.gov.hk/en/index/site\\_pubsvc/page\\_elderly/sub\\_csselderly/id\\_pscsv/](https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_pscsv/)
- Social Welfare Department, HKSAR Government. (2018). Old Age Living Allowance. from [https://www.swd.gov.hk/oala/index\\_e.html](https://www.swd.gov.hk/oala/index_e.html)
- Speechley, M., & Tinetti, M. (1991). Falls and Injuries in Frail and Vigorous Community Elderly Persons. *Journal of the American Geriatrics Society*, 39(1), 46-52. doi: 10.1111/j.1532-5415.1991.tb05905.x
- The Hong Kong Jockey Club. (2014). Elderly Job Expo. from <http://charities.hkjc.com/charities/english/community-contributions/hkjc-130-story-elderly-jobexpo.aspx>
- The Hong Kong Jockey Club. (2017a). JC JoyAge: Jockey Club Holistic Support Project for Elderly Mental Wellness. from <http://charities.hkjc.com/charities/english/charities-trust/trust-initiated-projects/jc-joyage.aspx>
- The Hong Kong Jockey Club. (2017b). Jockey Club Frailty Prevention Campaign launched to help older people avert or delay frailty. from [http://charities.hkjc.com/charities/english/community-contributions/activities/article.aspx?in\\_](http://charities.hkjc.com/charities/english/community-contributions/activities/article.aspx?in_)

- file=charities\_2017112201117.html&current\_category=4
- The World Bank. (2015). Life expectancy at birth, total (years). from [https://data.worldbank.org/indicator/SP.DYN.LE00.IN?year\\_high\\_desc=true](https://data.worldbank.org/indicator/SP.DYN.LE00.IN?year_high_desc=true)
- Toepoel, V. (2013). Ageing, Leisure, and Social Connectedness: How could Leisure Help Reduce Social Isolation of Older People? *Social Indicators Research*, 113(1), 355-372. doi: 10.1007/s11205-012-0097-6
- Trading Economics. (2017). Hong Kong Average Monthly Salaries. from <https://tradingeconomics.com/hong-kong/wages>
- Transport Department, HKSAR Government. (2017). Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities. from [http://www.td.gov.hk/en/gov\\_public\\_transport\\_fare\\_concession/index.html](http://www.td.gov.hk/en/gov_public_transport_fare_concession/index.html)
- Tuckett, A. (2005). Demography and Older Learners: Approaches to a New Policy Challenge, A NIACE Policy Discussion Paper.
- Wong, M., Yu, R., & Woo, J. (2017). Effects of Perceived Neighbourhood Environments on Self-Rated Health among Community-Dwelling Older Chinese. *International Journal of Environmental Research and Public Health*, 14(6), 614. doi: 10.3390/ijerph14060614
- Wong, R. C. P., Szeto, W. Y., Yang, L. C., Li, Y. C., & Wong, S. C. (2017). Elderly users' level of satisfaction with public transport services in a high-density and transit-oriented city. *Journal of Transport & Health*, 7(Part B), 209-217. doi: <https://doi.org/10.1016/j.jth.2017.10.004>
- Woo, J. (2016). Putting frailty into practice: perspectives from Hong Kong.
- Woo, J., Mak, B., & Yeung, F. (2013). Age-Friendly Primary Health Care: An Assessment of Current Service Provision for Older Adults in Hong Kong. *Health Services Insights*, 6, 69-77. doi: 10.4137/HSI.S12434
- Woo, J., Yu, R., Wong, M., Yeung, F., Wong, M., & Lum, C. (2015). Frailty Screening in the Community Using the FRAIL Scale. *J Am Med Dir Assoc*, 16(5), 412-419. doi: 10.1016/j.jamda.2015.01.087
- World Health Organization. (2007). *Global Age-friendly Cities: A Guide*.
- World Health Organization. (2012). Connecting and caring: innovations for healthy ageing. *Bulletin of the World Health Organization*, 90(3), 162-163. doi: 10.2471/BLT.12.020312
- World Health Organization. (2015). Ageing and health. from <http://www.who.int/mediacentre/factsheets/fs404/en/>
- Yip, P., Chi, I., & Chiu, H. (2013). A Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong
- Yu, R., Wong, M., Chang, B., Lai, X., Lum, C. M., Auyeung, T. W., . . . Woo, J. (2016). Trends in activities of daily living disability in a large sample of community-dwelling Chinese older adults in Hong Kong: an age-period-cohort analysis. *BMJ Open*, 6(12), e013259. doi: 10.1136/bmjopen-2016-013259
- Yuen, R. (2017). The Challenges of an Ageing Society from a Health Care Perspective.





**The Chinese University of Hong Kong  
CUHK Jockey Club Institute of Ageing**

Tel: (852) 3943 9450    Email: [ioa@cuhk.edu.hk](mailto:ioa@cuhk.edu.hk)  
Website: <http://www.ioa.cuhk.edu.hk>

ISBN 978-988-13333-3-9

