



賽馬會齡活城市
Jockey Club Age-friendly City

Report on AgeWatch Index for Hong Kong 2015



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



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The Hong Kong Jockey Club Charities Trust

同心同步同進 RIDING HIGH TOGETHER

Report on AgeWatch Index for Hong Kong 2015

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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 (JCAFC 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.

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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. In this regard, the Trust has taken a proactive role in addressing the challenges of a rapidly ageing population, and in seizing the opportunity to help build Hong Kong into an age-friendly city. It has made this one of its overarching strategic themes, and developed an Elderly Strategy aimed at helping older people maintain good health and extend their active years of life.

In line with the Elderly Strategy, the Trust has since 2015 partnered Hong Kong's four gerontology research institutes 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 the 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 from 2014. The Index provides useful reference for planning new projects and formulating policies that could cater for the needs of older people and make Hong Kong more age-friendly.

We believe that an age-friendly city will not only benefit elderly people, but also Hong Kong citizens of all ages. Through devising innovative solutions with different stakeholders, it is the Trust's intention to shift the role of older people from "recipients" to "participants" so that they can continue to contribute to society. In return, the community will benefit from these seniors' valuable experience and expertise, especially given the increasing education level of today's retirees.

I should like to take this opportunity to express our sincere thanks to the CUHK Jockey Club Institute of Ageing for their invaluable contribution in compiling the 2015 AgeWatch Index for Hong Kong. I hope that the findings will further arouse public awareness of what constitutes an age-friendly city and provide a useful resource for stakeholders such as the Government, non-governmental organisations, academia and the business sector in developing age-friendly initiatives and policies.

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.

The AgeWatch Index for Hong Kong 2015 is our second annual attempt to evaluate the well-being of older people in Hong Kong. This year's finding is largely consistent with last year: long life expectancy, satisfaction with transportation system and physical safety; again, 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 network among older people and enhance their psychological health.

The well-being of older people is closely tied with 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 will develop a new 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 assessment criteria core indicators into the next report.

I wish to express my gratitude to the generous support 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. With concerted efforts, I am confident that older people in Hong Kong will achieve healthy ageing.

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

Preface — Professor Asghar Zaidi

We live in a society that would be unrecognizable to visitors travelling in time from the early 20th century. They would notice the technological wonders of this age and something extraordinary which we take for granted: increasing numbers of us are living longer than ever imagined before!

One of the many aspects of longevity to celebrate is the prospect of older people living financially secure, active, engaged and healthy lives. At the same time, we know that the process of ageing exposes older people to vulnerabilities and, as a society, we cannot slack in acknowledging and responding to them.

If we don't redress our understanding of the needs and vulnerabilities of older people, the longer life will bring the risk of breeding a wider range of social and economic vulnerabilities during old age. Also, the stigma around ageing will become more embedded if our understanding of lives of older people remains tied to primitive, antiquated, largely negative paradigms of old age.

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 areas 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, the 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 city. This work has helped us appreciate what evidence exists, and what policy priorities can be identified for Hong Kong. This year's finding that more needs to be done in improving psychological well-being points to an immense vulnerability of older people.

I congratulate the research team in undertaking this excellent piece of work. They are a very competent, and modest, team and 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 in International Social Policy, University of Southampton



Executive Summary 行政摘要

To prepare for the ageing population in Hong Kong, there is a pressing need to assess the well-being of the local elderly which is instrumental to formulating effective policies to address the 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 second consecutive year as part of the Jockey Club Age-friendly City Project which aims to build the momentum of age-friendly city in Hong Kong.

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 (i.e. income security, health status, capability and enabling environment) and highlights the key aspects of older people's well-being and provides a standard for comparisons among countries.

The AgeWatch Index 2015 for Hong Kong revealed that Hong Kong ranked 19th among 97 countries or territories. In terms of domains, Hong Kong ranked 61st in income security, 10th in health status, 40th in capability, and 1st in enabling environment. On the level of indicators, Hong Kong ranked high in physical health, physical safety and access to public transport while relatively low ranking is observed in income security, psychological well-being and social connection.

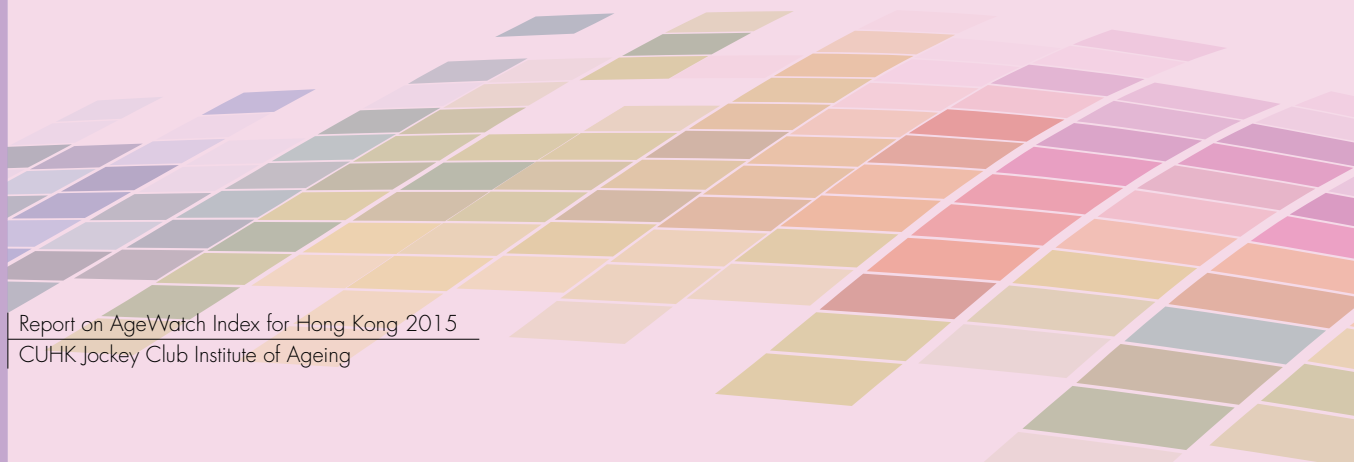
This report presented the findings of AgeWatch Index for Hong Kong 2015 and discussed the performance of Hong Kong in each domain. It serves as a reference for those who would like to understand the well-being of the elderly in Hong Kong. It is hoped that this report can arouse public awareness on the well-being of elderly in Hong Kong and provide a useful resource to consider formulate age-friendly policies in future.

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。作為推廣長者及年齡友善風氣的「賽馬會齡活城市計劃」的一部分，香港賽馬會慈善信託基金委託香港中文大學（中大）賽馬會老年學研究所，連續第二年計算出「香港長者生活關注指數」。

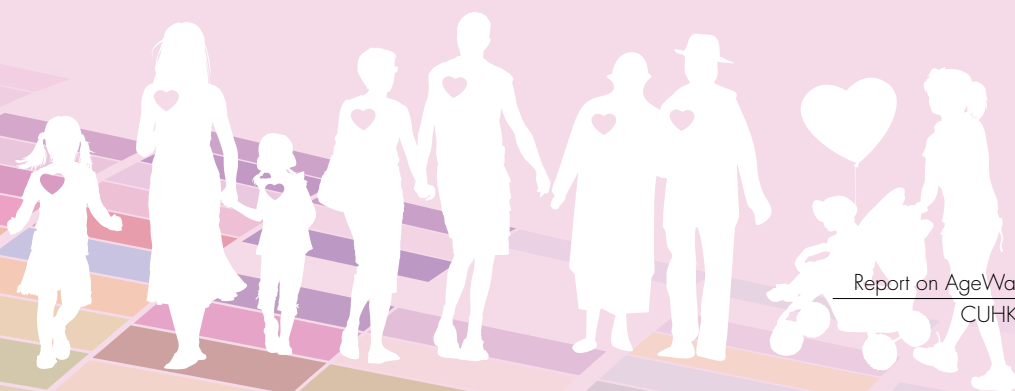
香港長者生活關注指數按照「全球長者生活關注指數」計算方法編製。「全球長者生活關注指數」每年評估 90 多個國家 / 地區老年人口在經濟和社會方面多個範疇的福祉。它由 13 個指標組成，主要分為收入保障、健康狀況、能力和有利環境四個領域，以量度各國長者於不同範疇的福祉，並為比較各國長者福祉提供基礎。

「香港長者生活關注指數 2015」結果發現香港在 2015 年於全球 97 個國家及地區中排行 19。在四個領域方面，香港的全球排名中分別排第 61（收入保障）、10（健康狀況）、40（能力）及 1 位（有利環境）。至於在各項指標方面，香港在身體健康、公共交通使用及人身安全方面表現良好，但在收入保障、心理健康和社會關係方面則有待改善。

本報告旨在發表「香港長者生活關注指數 2015」的結果及探討香港在其中各領域的表現，有助相關人士了解香港長者的福祉。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

1.1 Background

Hong Kong's population is facing an ageing population. The projection by the Census and Statistics Department of the Hong Kong Special Administrative Region Government (2015) suggested that the proportion of the population aged 65 or above will rise remarkably from 15% in 2014 to 33% in 2064, while the proportion of population aged under 15 will drop continuously from 11% in 2014 to 9% in 2064. In the absence of policy reforms and changes in behaviors, this increasing proportion and number of older people in Hong Kong will pose an unprecedented challenge to Hong Kong. Thus, a critical review of existing policies is required to respond effectively to the challenges brought. There is a pressing need to evaluate the health, economic, and social well-being of the elderly in Hong Kong and prepare for possible demographic and socioeconomic changes in the foreseeable future.

1.2 Global AgeWatch Index 2015

The Global AgeWatch Index, developed by the HelpAge International with Professor Asghar Zaidi of Southampton University as chief researcher, serves to evaluate the well-being of older people in a country and its changes over time. It also allows comparisons across countries or regions to draw experiences from different countries in implementing effective age-friendly policies. Serving as a benchmark for countries to examine various dimensions of the well-being of older people over time, the Global AgeWatch Index is a scientific tool of high practical and research values.

The Global AgeWatch Index 2015 is the third annual study published by HelpAge International (HelpAge International, 2015a). Same as in previous two years, the Global AgeWatch Index 2015 comprises of 13 indicators grouped under four key domains – income security, health status, capability and enabling environment. It ranked the well-being of older people in 96 countries, covering 91% of the world's older people. Switzerland, Norway and Sweden were ranked the top three in the Global AgeWatch Index 2015.

1.3 Jockey Club Age-friendly City Project

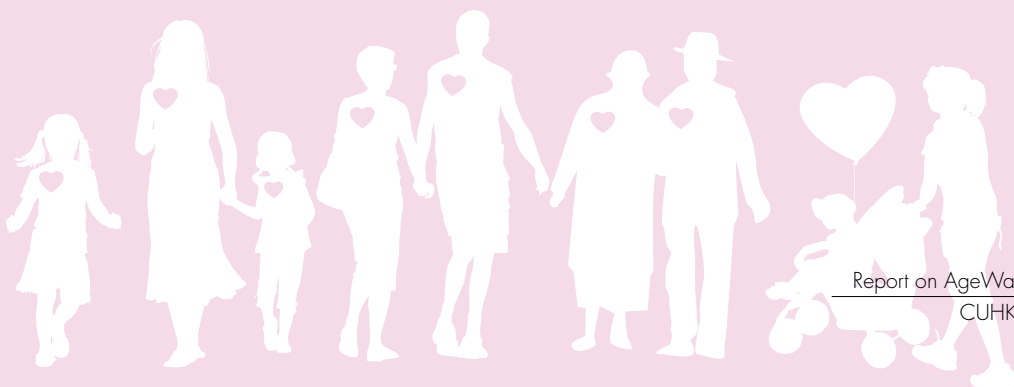
The Hong Kong Jockey Club Charities Trust (The Trust) has been taking a proactive role in tackling the challenges of ageing population, and stipulated "Care for the Elderly" as one of the overarching strategic themes, aiming to build Hong Kong into an age-friendly city in the coming three to five years. In 2015, the Trust partnered with Hong Kong's four gerontology research institutes – CUHK Jockey Club Institute of Ageing, Sau Po Centre on Ageing of The University of Hong Kong, Asia-Pacific Institute of Ageing Studies of Lingnan University, and Institute of Active Ageing of The Hong Kong Polytechnic University to implement the JCAFC Project for five and a half years.

1.4 AgeWatch Index for Hong Kong 2015

Hong Kong was not included in the Global AgeWatch Index 2015. With the support from The Hong Kong Jockey Club Charities Trust, The Chinese University of Hong Kong Jockey Club Institute of Ageing has been compiling the AgeWatch Index for Hong Kong since 2014 to enable comparison of health, economic and psychosocial well-being of older people in Hong Kong vis-a-vis other countries in the world. With the assistance from the Hong Kong Institute of Asia-Pacific Studies (HKIAPS) of The Chinese University of Hong Kong in collecting data for the indicators used in the Index, the AgeWatch Index for Hong Kong 2015 is the second consecutive year of the project to examine the health, social and economic well-being of local older people which serves as a base for evaluating existing policies for older people and planning for more age-friendly policies.

Chapter 2

Methodology



Chapter 2 Methodology

2.1 Definitions and source of indicators

Similar to AgeWatch Index for Hong Kong 2014, AgeWatch Index for Hong Kong 2015 is based on the 13 indicators grouped under 4 domains as in Global AgeWatch Index 2015. All indicators, their definitions and their sources can be found in Table 2.1. The sources of the indicators are the most relevant and updated data from HKSAR Government or the Gallup World Poll, an international survey covering more than 150 countries. For more detailed descriptions of each indicator, please refer to Chapter 2 of the *Report on AgeWatch Index for Hong Kong 2014*. 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.

For Global AgeWatch Index 2015, Gross National Income (GNI) per capita has replaced Gross Domestic Product (GDP) per capita to be indicator 1.4. As such, the indicator in the AgeWatch Index for Hong Kong 2015 has been revised accordingly. According to *Global AgeWatch Index 2015: Methodology Update* (HelpAge International, 2015b), GDP measures “the monetary value of goods and services produced in a country irrespective of how much is retained in the country” (p.4). On the other hand, GNI includes all income received by residents of a country, including international flows such as remittances and aid, but excludes income generated in the country but retained overseas. GNI is therefore a more accurate measure of the economic wealth of a country or a territory. This update reflects a technical improvement, but not a conceptual change, in measuring overall living standard of a country.

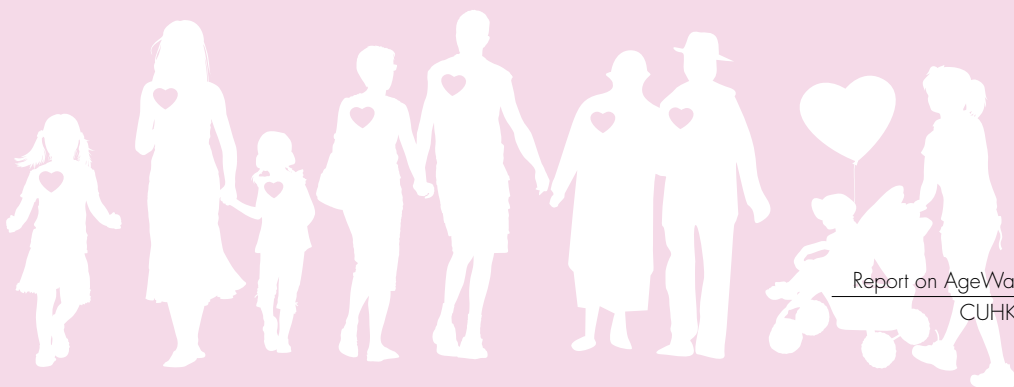
Table 2.1 Definitions and sources of indicators in the AgeWatch Index for Hong Kong 2015

Domain	Indicator	Definition of indicator	Source
1. Income Security	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
	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
	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
	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 (http://data.worldbank.org/indicator/NY.GDP.PCAP.P)

Domain	Indicator	Definition of indicator	Source
2. Health Status	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
	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 2014
	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	Gallup data used by HelpAge International
3. Capability	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
	3.2 Educational Status of Older People	Percentage of population aged 60 or above with secondary or higher education in Hong Kong	

Domain	Indicator	Definition of indicator	Source
4. Enabling Environment	4.1 Social Connections	Percentage of people aged 50 or above given 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?"	Gallup data used by HelpAge International
	4.2 Physical Safety	Percentage of people aged 50 or above given positive answers to the question "Do you feel safe walking alone at night in the city or area where you live?"	
	4.3 Civic Freedom	Percentage of people aged 50 or above given positive answers to the question "In Hong Kong, are you satisfied with your freedom to choose what you do with your life?"	
	4.4 Access to Public Transport	Percentage of people aged 50 or above given positive answers to the question "Are you satisfied with the public transportation system in Hong Kong?"	

Chapter 3 Results



Chapter 3 Results

3.1 Overall Results

Hong Kong was ranked 19th among 97 countries/territories in the AgeWatch Index 2015 (Figure 3.1) and 2nd among Asian countries, after Japan. Specifically, Hong Kong was ranked 61st in the domain of income security, 10th in the domain of health status, 40th in the domains of capability, and 1st in the domain of enabling environment. Overall, this year's findings are similar to the findings last year: Hong Kong performed well in the domain of health status and enabling environment. Excellent performance is observed in (healthy) life expectancy, physical safety and access to public transport. Improvement is needed in the areas of income security, psychological well-being and social connection.

Country/Territory	Ranking
Switzerland	1
Norway	2
Sweden	3
Germany	4
Canada	5
...	
Japan	8
...	
Australia	17
Israel	18
Hong Kong	19
Luxembourg	20
Panama	21
...	
Pakistan	93
West Bank and Gaza	94
Mozambique	95
Malawi	96
Afghanistan	97

Figure 3.1 Overall Ranking of Hong Kong in Global AgeWatch Index 2015 (adapted from the official data of Global AgeWatch Index 2015)



The rankings of Hong Kong in each domain and indicator are shown in Figure 3.2 and Figure 3.3 respectively. The value and ranking of each indicator for Hong Kong will be listed below. For indicators which used data directly from Gallup, only the rankings will be given.

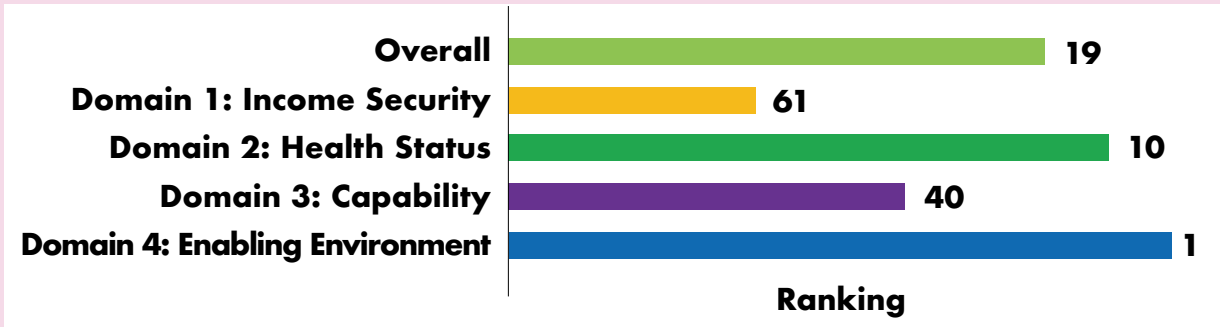


Figure 3.2 Overall and domain rankings of Hong Kong in the Global AgeWatch Index 2015 (out of 97 countries/territories)

Income Security	Pension Income Coverage	60
	Poverty Rate in Old Age	94
	Relative Welfare of Older People	87
	GNI per Capita	4
Health Status	Life Expectancy at 60	1
	Healthy Life Expectancy at 60	3
	Relative Psychological Well-being	79
Capability	Employment of Older People	59
	Educational Status of Older People	46
Enabling Environment	Social Connections	57
	Physical Safety	1
	Civic Freedom	21
	Access to Public Transport	1

Figure 3.3 Rankings of Hong Kong amongst 13 indicators of the Global AgeWatch Index 2015 (out of 97 countries/territories)

3.2 Domain 1: Income Security

Overall Performance

Among other 96 countries, Hong Kong's ranking in the domain of income security domain was 61, falling behind of many developed countries such as France (3rd), Canada (10th), United Kingdom (14th) and Japan (33rd). Hong Kong was ranked the tenth among Asian countries. As indicated by its high GNI per capita, Hong Kong has plentiful economic resources to provide better financial support to the elderly. Inadequate pension income coverage, high poverty rate in old age and relatively little welfare of older people signal financial insufficiency among general older people in Hong Kong.

Indicator 1.1: Pension Income Coverage

In 2014, OAA, OALA and CSSA were received by 19%, 38%, and 14% of the Hong Kong people aged 65 or above respectively. As a result, a total of 71% of the local older people received pension in 2014, corresponding to a ranking of 60. As quite a number of countries, such as Austria, Denmark, Finland and Norway, have 100% pension income coverage and even the figures of countries near the median of the list are around 80%, the result showed that Hong Kong lagged behind a lot in this area.

Indicator 1.2: Poverty Rate in Old Age

The poverty rate in old age was 31.6% in 2014. The ranking of Hong Kong was 94, which was only above Australia (33.4%; 95th), Venezuela (38.0%; 96th) and South Korea (48.5%; 97th). In the light of single-digit figure of countries at the top of the list, the poverty problem of local older people is quite severe compared with other countries.

Indicator 1.3: Relative Welfare of Older People

In 2014, the adjusted average monthly income in people aged under 60 and above 60 were \$14,023 and \$10,860 respectively. As a result, the relative welfare of older people in Hong Kong was 77.4% or ranked 87th among other countries. It is observed that around one-third of the countries have equal share of average income among these two cohorts of people (i.e. the relative welfare of older people was 100%). In Hong Kong, older people have relatively less financial resources than the younger cohorts; hence the issue of income inequality across age groups deserves more attention.

Indicator 1.4: GNI per Capita

The average standard of living in Hong Kong is very impressive due to its outstanding economic development. The GNI per capita for Hong Kong in 2014 was \$54,018.7 (after converting to the international dollars using purchasing power parity rates (PPP) in 2011, as at July 2016) and was ranked the fourth among other countries, after Norway (\$64,241.5; 1st), Luxembourg (\$59,241.9; 2nd) and Switzerland (\$54,762.2; 3rd).



3.3 Domain 2: Health Status

Overall Performance

Hong Kong was ranked 10th in this domain. The health status of the older people in Hong Kong is higher than Germany (12th), Norway (17th), Finland (22nd), the United States of America (26th) and United Kingdom (28th). Hong Kong was ranked 2nd after Japan among Asian countries. Older people in Hong Kong enjoy long life expectancy; however, psychological health of older people should be cared for.

Indicator 2.1: Life Expectancy at 60

Hong Kong ranked the top in this indicator and life expectancy at 60 was 26.1 years in 2014. The life expectancy at 60 for male and female were 23.8 years and 28.4 years respectively.

Indicator 2.2: Healthy Life Expectancy at 60

The same estimate of last year's was used since healthy life expectancy is rather stable within years. It is based on the methodology used by Law & Yip (2003) using data of Global AgeWatch Index 2014. The healthy life expectancy at 60 was estimated to be 19 years, which was ranked the third after Japan (20.3 years; 1st) and Switzerland (19.0 years; 2nd).

Indicator 2.3: Relative Psychological Well-being

The same last year's estimate from Gallup was used since it is the most readily available data. It was estimated to be 83.6%, ranked 79th among other countries. Hong Kong's figure did not fare up to that of other developed countries, such as Canada (100%, 7th), the United States (97.8%, 21st), Japan (87.8%, 68th) and United Kingdom (86.9%, 71st).

3.4 Domain 3: Capability

Overall Performance

In the domain of capability, the ranking of Hong Kong was 40, lagging behind other developed countries like Germany (3rd) and Canada (10th), but outperformed France (43rd) and Italy (64th). Among other Asian countries, Hong Kong was ranked the eighth. Data from the Census and Statistics Department showed a trend of more older people entering the labour market and receiving higher education. For example, percentage of land-based non-institutional population aged 60 and above with education attainment of secondary or above has increased gradually from 39.5% in 2011 to 44.0% in 2014 (see Box 3 for a more detailed analysis of trend of employment of older people in Hong Kong). It is expected that older people in the next generation will be more educated and more active in the labour market.

Indicator 3.1: Employment of Older People

A total of 52.2% of the population aged 55 to 64 was employed in 2014. Hong Kong was ranked 59th and below the median of 57.1%. Compared with the figure of other developed countries such as Norway (71.1%; 18th), Japan (66.8%; 23rd) and Australia (61.5%; 38th), Hong Kong's older people participated less actively in the labour market.

Indicator 3.2: Educational Status of Older People

A total of 44.0% of the population aged 60 or above received secondary or higher education in 2014, which makes Hong Kong ranking 46th among all countries and territories. Older people in Hong Kong is less educated than those in some developed countries such as Norway (98.3%; 3rd), United States (96.0%; 5th), Canada (84.5%; 13th), and Japan (74.1%; 22nd).



3.5 Domain 4: Enabling Environment

Overall Performance

In the domain of enabling environment, Hong Kong was ranked the top. Hong Kong's performance is excellent in physical safety, civic freedom, and access to public transport. While Hong Kong should maintain its good performance in these areas, stakeholders should pay more attention to the issue of lack of social connections in older people as revealed in the below median ranking of the indicator.

Indicator 4.1: Social Connections

Hong Kong was ranked 57th in social connections, which was below the median. Hong Kong had the poorest performance in this indicator within this domain. It highlighted the relatively weak social support to the local elderly, especially when compared with the result in other developed countries such as Canada (3rd), France (7th), Australia (10th), and Japan (22nd).

Indicator 4.2: Physical Safety

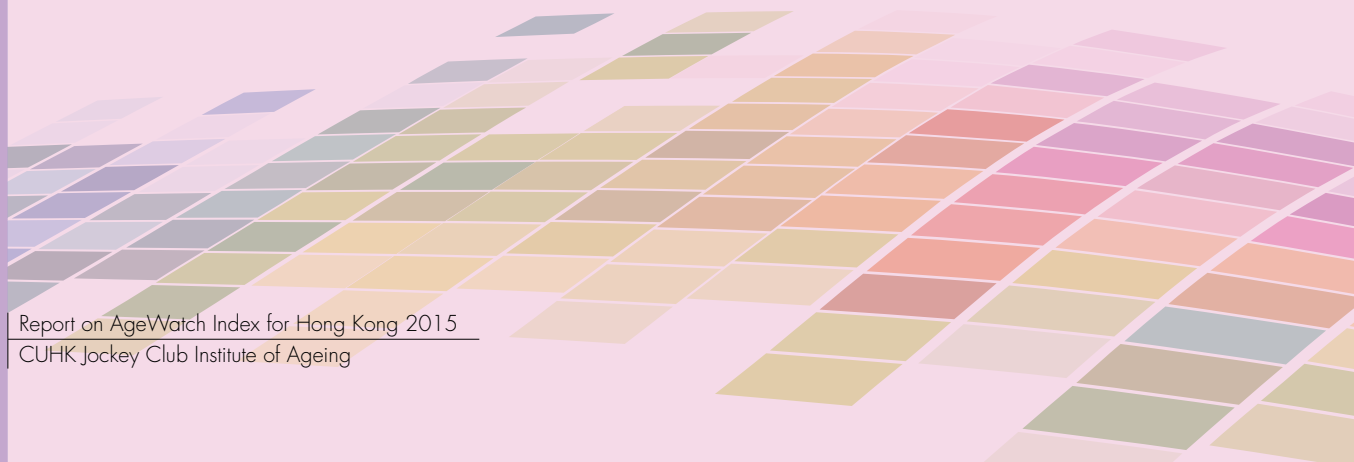
Being one of the safest cities in the world, Hong Kong was ranked the first in 2014. Among all other countries, Hong Kong's older people feel the safest in their neighborhoods.

Indicator 4.3: Civic Freedom

Hong Kong was ranked 21st in civic freedom, suggesting that the older people in Hong Kong feel they have high control over their life. Although some developed countries like Australia (5th) and Canada (10th) performed better in this indicator, Hong Kong's civic freedom was still greater than in Germany (24th), Japan (40th) and Korea (59th).

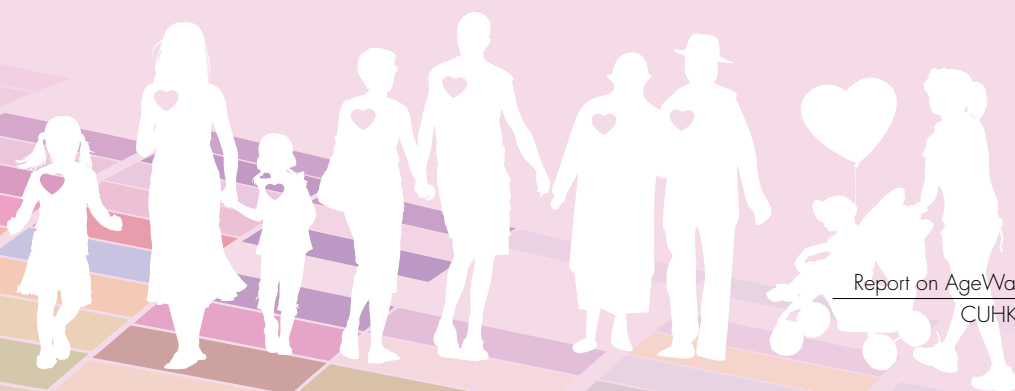
Indicator 4.4: Access to Public Transport

In 2014, Hong Kong was ranked the first in access to public transport. It showed that older people in Hong Kong are very satisfied with the accessibility of public transport system.



Chapter 4

Discussion



Chapter 4 Discussion

4.1 Domain 1: Income Security

The income security domain of the elderly in Hong Kong ranked 61 among the 97 countries. The domain results showed that Hong Kong has outstanding economic development [Indicator 1.4: GNI per Capita (\$54,018.7; 4th)], however, the elderly population may not share the benefit of economic development as much as the younger cohort [Indicator 1.3: Relative Welfare of Older People (77.4%; 87th)].

Hong Kong has developed a multiple layer social security system since 1971. The first layer is an income protection, Comprehensive Social Security Assistance (CSSA) Scheme, which was set up in 1971. The CSSA scheme provides income support for those poor people who cannot support themselves, including those elderly people living in poverty. In fact, the majority cases of CSSA are Old Age cases (cases with family member of aged 60 or above). As of September 2016, there were 145,000 (60.5%) Old Age cases among the total 239,552 CSSA cases (Social Welfare Department, HKSAR Government, 2016). In October 2016, an able-bodied/50% disabled single elderly person (age 60 or above) was eligible to receive CSSA if his/her asset was lower than HKD45,500 and his/her monthly income less than HKD3,340, the standard rate of CSSA for a single able-bodied elderly was HKD3,340 per month and the rent allowance for a single member household was HKD1,735 per month.

The second layer social security protection for the elderly people is the Old Age Living Allowance (OALA), which was set up in 2013 to supplement the living expenses of elderly people aged 65 or above who are in need of financial support. In September 2016, there were 439,030 elderly people receiving OALA (Social Welfare Department, HKSAR Government, 2016). The asset limit was HKD219,000 and the monthly income limit was HKD7,580 for single elderly people; the corresponding limit for married couple was HKD332,000 and HKD12,290. The monthly amount of OALA was HKD2,495.

The third layer social security protection is the Old Age Allowance (OAA), whose aim is to meet special needs of elderly people (aged 70 or above) arising from old age. There is no asset and income test for OAA. In September 2016, there were 230,972 elderly people receiving OAA (Social Welfare Department, HKSAR Government, 2016), and the monthly amount of OAA was HKD1,290.

Though the Government provides three layers of social security protection to the elderly, the labelling effect of CSSA prevents eligible elderly people to apply for CSSA, and the amount of OALA and/or OAA is quite low, which cannot lift the recipients out of poverty. All these factors contribute to the high poverty rate of elderly people in Hong Kong [Indicator 1.2: Poverty rate in old age (31.6%; 94th)]



Owing to the high poverty rate of the elderly and the low income security of the elderly, civil society organizations including labour, women, disabled, and elderly organizations together with some scholars proposed to set up Universal Old Age Pension Scheme since mid-2000s. Mr. C.Y. Leung, the then Chief Executive of Hong Kong, stated that Government would study the retirement protection system in his Election Manifesto. The Commission on Poverty fulfilled this promise by commissioning the team led by Professor Nelson Chow to study the future development of retirement protection in May 2013. Professor Nelson Chow's team released their research report in August 2014 and recommended the Government to set up a Demo Grant (HKD3,000 per month) for all elderly aged 65 and above without asset and income test. However, the Government responded that the subject is highly complex and controversial, which will affect all Hong Kong people and have far-reaching implications. Then, the Census and Statistics Department was requested to extend their population projection from the year 2041 to the year 2064. Based on the new projection, Government issued a consultation paper "Retirement Protection Forging Ahead" in December 2015 to consult public opinion on the issue. The basic stand of the Government in the consultation paper is to focus assistance on those elderly in economic need rather than setting up a universal retirement protection scheme. The consultation ended in June 2016 and the result of the consultation was released in December 2016. The policy debates on retirement/old age protection have already carried on for last 30 years in Hong Kong. Owing to the rapid aging population, the time left for setting up a financially sustainable scheme is very limited.

Box 1 : Working for money after retirement: Case of Auntie Wong

The current income protection for older people in Hong Kong is far from sufficient. Auntie Wong's case illustrates the struggle to earn a living at old age.

Auntie Wong is an elderly aged 88 receiving Old Age Living Allowance of HKD2,495. This allowance was only at the subsistence level and allows her to pay for the rent of the public housing, electric and water fees. She had two daughters, who were poor themselves and could not support Auntie Wong's living. Since Auntie Wong did not have any savings, she had to work part-time to support herself. She worked as a cleaner at AsiaWorld-Expo and needed to spend as long as three and a half hours on transportation to and from home at Kowloon to Chek Lap Kok.

Auntie Wong said that she worked from 8 am to 7 or 8 pm in the last few days before the interview. She could only sleep for a few hours. Her duties included sweeping floor, mopping floor, collecting refuse and hardly could get a rest in between the tasks. She complained, "I worked like a dog from sunrise to sunset, and am really exhausted". The monthly income of her cleaning job was only around HKD1,000 to HKD2,000 . It was unstable that sometimes it might be as low as a few hundreds. Unfortunately, to support her own living, Auntie Wong never refused to any work requests. She was always in contact with cleaning products at the toilet, and her right hand was extremely dry and cracked.

Case taken from Apple Daily, 15/10/2016

4.2 Domain 2: Health Status

Compared with older people in other countries, older people in Hong Kong enjoyed higher life expectancy and healthy life expectancy. While it is true that the current generation of older people in Hong Kong can live longer than those in the previous generation, whether they are healthier is not yet known. Survey data from the General Household Survey revealed that the prevalence of disability (excluding intellectual disability) in local people aged 60 or above is on a rise from 15.0% in 2000 to 21.5% in 2007 and 27.8% in 2013 (Census and Statistics Department, HKSAR Government, 2001, 2008 & 2014). The same trend is also observed in the prevalence of chronic diseases in local people aged 60 and above from 48.8% in 2000 to 59.0% in 2006 and 60.4% in 2014 (Census and Statistics Department, HKSAR Government, 2001, 2008 & 2014). The statistics suggest that older people in the current generation might not be healthier than in the previous generation. This gives important insights to the health policies in Hong Kong in supporting their needs in healthcare services.

Mental health is as important as physical health. According to the ranking of relative psychological well-being (indicator 2.3), only a relatively small proportion of the older people in Hong Kong found their life meaningful or purposeful. A meaningful life refers to a life with sense, order or coherence out of one's existence; while a purposeful life refers to a life with intentions, goals to be achieved and functions to be fulfilled (Reker, Peacock, & Wong, 1987). A meaningful and purposeful life is associated with higher satisfaction with life (Chamberlain & Zika, 1988), more happiness (Debats, van der Lubbe, & Wezeman, 1993), less suicidal ideation (Harlow, Newcomb, & Bentler, 1986) and more hope and less depressive symptoms (Mascaro & Rosen, 2005). Finding a meaning and purpose in life is crucial to both physical health and mental health in older people (e.g. Krause, 2004; Reker, 1997). Since individuals' social connections may give them meaning in life, the losses of social roles accompanying ageing, such as retirement and losses of family and friends, may explain a loss of meaning and purpose in life among older people (Pinquart, 2002; Krause, 2007). It is also found that lower meaning in life in older people is predicted by lower emotional support from family members and close friends (Krause, 2007). A loss of meaning and purpose in life is also associated with loneliness (Stillman et al., 2009), which is common at old age (see Box 2 for more details about loneliness at old age). Intervention targeting meaning in life and loneliness could enhance psychological well-being in older people.



The figures of life expectancy and healthy life expectancy at 60 also give insights on gender inequality of a country or territory. Bennett and Zaidi (2016) found that both of these indicators were associated with the Gender Inequality Index (GII) for older men and older women, suggesting a clear relationship between better health and lower levels of gender inequality. The same association is also observed in Hong Kong, where the life expectancy at 60 and health life expectancy is top among 97 countries or territories. Calculation by Women's Commission of Hong Kong (2016) revealed that the gender inequality in Hong Kong is quite low (i.e. GII in 2014: 0.088, ranked 14 out of 156 countries or territories). This finding supports efforts to reduce gender inequalities and empower women's contribution to the society, which is beneficial to both older men and older women.

Box 2 : Loneliness at old age

Loneliness refers to the individual's subjectively experienced negative emotional state regarding a lack of satisfying social relationships (Andersson, 1998; Peplau & Perlman, 1982). Loneliness has been frequently reported in older people. In United States, the prevalence of loneliness was estimated to be 12% in older men and as high as 38% in older women (Theeke, 2009). In Hong Kong, a recent telephone survey conducted by the CUHK Jockey Club Institute of Ageing found that 32.1% of the respondents aged 60 or above feel lonely moderately or much of the time and 9.3% feel lonely most or almost all the time.

Previously, loneliness was conceptualized as a component of depression. However, recent evidence indicates that loneliness separates from depression as a standalone phenomenon, which may have its own risks and outcome (Cacioppo, Hughes, Waite, Hawkley, & Thisted, 2006). Studies of loneliness in older people found that loneliness is associated with physical and mental health risks, e.g. functional disability (Theeke, 2010), stroke (Tomaka, Thompson, & Palacios, 2006), and cognitive impairment (Wilson et al., 2007). Loneliness is more likely to be found in older people who are less educated, have less income, have few social contacts, and living alone (see review by Routasalo & Pitkala, 2003; Luanaigh & Lawlor, 2008). Interventions have been designed to help alleviate loneliness in older people. Review by Cohen-Mansfield and Perach (2015) found that educational interventions focusing on social networks maintenance and enhancement have been effective in reducing loneliness in community-dwelling and institutionalized older people. Similar programmes can be organized to help older people in Hong Kong feel less lonely and enhance their well-being.

4.3 Domain 3: Capability

The Hong Kong SAR Government agreed that experienced older people staying or rejoining the workforce will alleviate the problem of shrinking labour force. Government programmes included training courses by the Employees Retraining Board to assist elderly to return to the job market; employment briefings to assist mature persons to understand current situation of the labour market; organize large-scale thematic job fairs for mature persons and experience sharing sessions on employment of mature persons for employers. The Government also set up on-the-job training allowance at 25% of the employee's monthly salary up to HKD3,000, for a period of three to six months for those job seekers aged 40 or above.

In 2015, there were 99,200 elderly workers aged 65 and above in Hong Kong, which is more than double the number 48,700 in 2010 (Research Office, Legislative Council Secretariat, HKSAR Government, 2016). The labour force participation of people aged 65 and above increased from 5.7% in 2010 to 9.4% in 2015. However, employment rate of older people in Hong Kong is lower than other Asian countries (see Box 3 for employment rate of older people in Hong Kong). In 2015, the elderly employment rate of South Korea, Singapore and Japan was 31%, 26% and 22% respectively. Most of the elderly workers in Hong Kong were employed in lower-skilled occupations (65% in 2015) such as elementary and clerical work. With continuous effort of the Government and the employers, it is hoped that the quantity and quality of the jobs available for older people can be improved to catch up with the levels in other Asian countries.

Box 3 : The trend of employment rate of older people in Hong Kong

Employment not only brings income to older people, but also other psychosocial benefits such as sense of worth, gaining life experience and establishing social networks (e.g. Aday & Kehoe, 2008; Smyer & Pitt-Catsoupes, 2007). Employment is also an integral component of active ageing and beneficial to the overall well-being of older people (e.g. the study of Active Ageing Index in the European countries by Zaidi et al., 2016).

Over the last decade, a growing trend of more older people (including all three age groups of 55-59, 60-64 and 65-74) participating in the labour market is observed (Figure 4.1). However, the inequality of employment rate between older male and female is still substantial. In 2015, the male employment rate of people aged 55 to 74 was 24.2%, which was greater than the female counterpart. Although both employment rate of older men and women are increasing over time, the difference is roughly constant at around 23% to 24%. As the coming generation of older people are more educated and abler, programmes or policies facilitating job matching such as job sharing and flexible working time may encourage older people, in particular female, to engage more actively in the labour market, which will in turn bring benefit to the older people as well as the society.

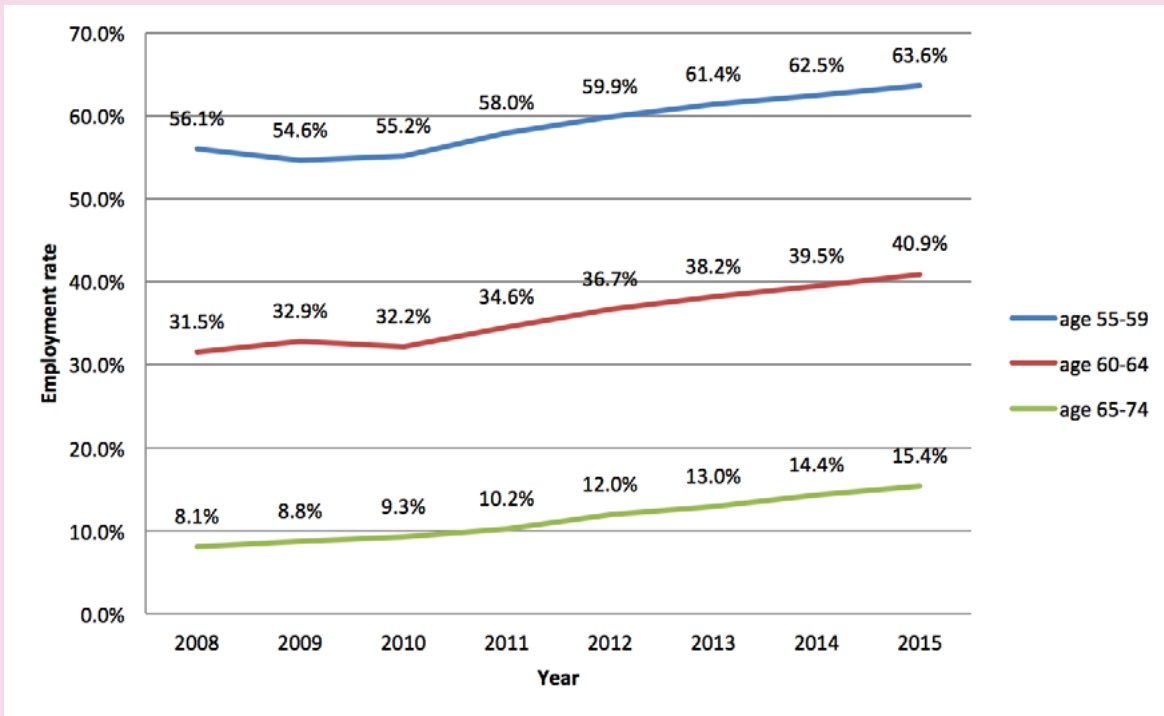


Figure 4.1 Employment rates of older people in Hong Kong by age group, 2008-2015

Source: Census and Statistics Department of Hong Kong SAR Government

4.4 Domain 4: Enabling Environment

An enabling environment for older people is an age-friendly one. An age-friendly city is a place where “older people are actively involved, valued, and supported with infrastructure and services that effectively accommodate their needs” (Alley et al, 2007, p.4). An age-friendly environment comprises of supportive physical and social environments. A recent review of international literature on features of age-friendly environment by Lui, Everingham, Warburton, Cuthill & Bartlett (2009) found that features of an age-friendly models lie along the continuum between an emphasis on physical environment and social environment. For example, the World Health Organization (WHO) (2007) suggested eight domains of age-friendliness of a city. These eight domains, including outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health service, cover a balanced emphasis of the physical and social environment of an age-friendly city. Under the framework of Global AgeWatch Index, a certain aspect of the physical environment in Hong Kong is quite good as indicated by higher ranking of access of public transport. However, the social environment needs substantial improvement as reflected by the low ranking of the indicator of social connections.

Social connections of older people can go beyond family and friends to the community. In the highly dense living environment of Hong Kong, a community is usually described as a specific housing estate (Li, 2009) or a pocket of housing estates within a district (Cheng & Mak, 2008). Support from their community, including neighbors, can help older people build up their social network, connect the community and cultivate their sense of community (see Box 4 for a case of good relationship with neighbors). Sense of community refers to individuals’ belonging to a community in regard to his or her on the experiences of community life (Hyde & Chavis, 2007). It is positively associated with social cohesion (Wilkinson, 2008), self-rated health (Kitchen, Williams, & Chowhan, 2012; Ross, 2002), and quality of life (Mak et al., 2009). Improving age-friendliness of older people’s living environment (both physical and social) can enhance the attachment of older people to the community and their sense of community.

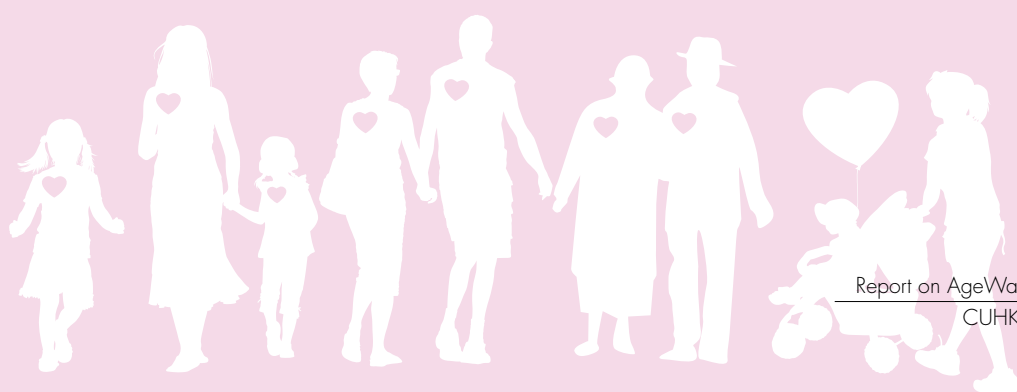
Box 4 : Good relationship with “informants”: Case of Ms Leung

Older people who live alone can also establish fruitful social connections with members in the community. Social connections can extend outside family to neighbors. Older people can receive information, social and emotional support from their neighbors, which contribute to their social and mental well-being. The case of Ms Leung fully illustrates this point.

Ms Leung is now aged 80 and lives on her own in a subsidized housing estate in Shatin. Interviewing her about her social relationships with members in the community, Ms Leung joked that she has lots of “informants” around her. These “informants” are the housewives who have been her neighbors for over twenty years. The housewives often inform Ms Leung about leisure activities organized in the community and invite her to join. Since Ms Leung’s children live far away from her, the “informants” always accompany her, talk with her and let her feel less lonely. Ms Leung thanks her neighbors very much since they always keep her informed about news in the community and help her connect to outside world. Truly, her neighbors form an irreplaceable part in her social circle.

Chapter 5

Way Forward



Chapter 5 Way Forward

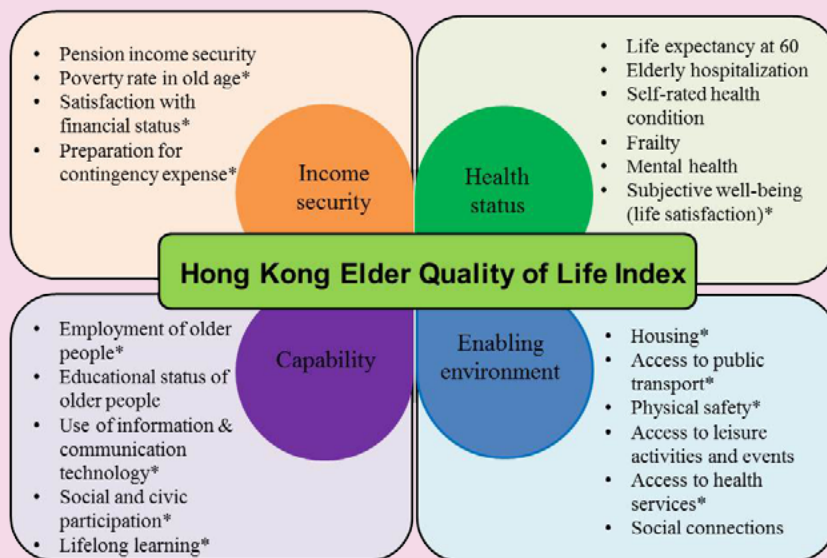
The findings of the second AgeWatch Index for Hong Kong are broadly consistent with those observed last year, both in terms of areas with good performance and areas which warrant improvement. The Institute will continue to monitor closely the trend of overall well-being of older people in Hong Kong in the following years. In addition, the Institute will pursue further developments in the following directions:

5.1 Development of the “Hong Kong Elder Quality of Life Index”

In order to assess the well-being of older people in Hong Kong more comprehensively, the CUHK Jockey Club Institute of Ageing will develop the “Hong Kong Elder Quality of Life Index” in collaboration with the Centre for Quality of Life of the Hong Kong Institute of Asia-Pacific Studies, CUHK. The features of the new index are:

- Based on the four domains (i.e. income security, health status, capability and enabling environment) in the Global AgeWatch Index to assess major aspects of well-being in older people
- New indicators are added to expand the coverage of assessing the well-being in older people specific to the context of Hong Kong
- Some of the indicators are adopted based on the latest assessment of age-friendliness of cities used by World Health Organization (2015) published in *Measuring the age-friendliness of cities: a guide to using core indicators*.

The components of the new index can be found in the Figure 5.1. The baseline data of the new index will be available in 2017, using official statistics in Hong Kong and survey data collected by the Hong Kong Institute of Asia-Pacific Studies, CUHK. The baseline data serve as a standalone benchmark for Hong Kong to monitor year-by-year change in well-being of its older people. It also provides insight of the direct impacts of local age-friendly policies or events on their well-being.



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

Figure 5.1 Framework of Hong Kong Elder Quality of Life Index

5.2 Topical report on enabling environment as domain-specific analysis of well-being of older people

The AgeWatch Index for Hong Kong provides 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 research and publish topical reports for Hong Kong based on the four domains. The first topical report will be on the domain of enabling environment, which covers discussion on conceptualization of an enabling environment in the current literature, age-friendly cities initiatives around the globe in Hong Kong. It will be a useful documentation in the area of enabling environment and its relationship with the well-being in older people.

5.3 Promoting Hong Kong as an age-friendly city 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, gerontology research institutes of four local universities conducted baseline assessments on the age-friendliness of eight pilot districts, namely Sha Tin, Tai Po, Central and Western, Wan Chai, Islands, Tsuen Wan, Kowloon City, and Kwun Tong, from July 2015 to February 2016. Based on the findings of baseline assessment, appropriate district-based programmes have been devised and are being implemented to promote and enhance the age-friendliness of districts in collaboration with District Councils and other community partners. The four universities are conducting baseline assessment studies in ten other districts of Hong Kong, namely Kwai Tsing, North, Sai Kung, Eastern, Southern, Wong Tai Sin, Tuen Mun, Yuen Long, Sham Shui Po and Yau Tsim Mong.

The AgeWatch Index for Hong Kong depicts a territory-wide sketch of the well-being of Hong Kong's elders. The AgeWatch Index, together with the findings of baseline assessment studies, provide useful information for stakeholders to develop relevant initiatives to enhance the well-being of older people in Hong Kong both at district level and territory-wide level.

References

- Aday, R. H., & Kehoe, G. (2008). Working in old age: Benefits of participation in the senior community service employment program. *Journal of Workplace Behavioral Health, 23*(1-2), 125-145.
- Alley, D., Liebig, P., Pynoos, J., Banerjee, T., & Choi, I. H. (2007). Creating elder-friendly communities: Preparations for an aging society. *Journal of Gerontological Social Work, 49*(1-2), 1-18.
- Andersson, L. (1998). Loneliness research and interventions: a review of the literature. *Aging & Mental Health, 2*(4), 264-274.
- Bennett, R., & Zaidi, A. (2016). Ageing and development: Putting gender back on the agenda. *International Journal on Ageing in Developing Countries, 1*(1), 5-19.
- Cacioppo, J. T., Hughes, M. E., Waite, L. J., Hawkley, L. C., & Thisted, R. A. (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. *Psychology and aging, 21*(1), 140.
- Census and Statistics Department, HKSAR Government. (2001). *Social Data Collected via the General Household Survey : Special Topics Report - Report No.28*. Retrieved from <http://www.statistics.gov.hk/pub/B11301282001XXXXB0100.pdf>
- Census and Statistics Department, HKSAR Government. (2008). *Social Data Collected via the General Household Survey : Special Topics Report - Report No.48*. Retrieved from <http://www.statistics.gov.hk/pub/B11301482008XXXXB0100.pdf>
- Census and Statistics Department, HKSAR Government. (2014). *Social Data Collected via the General Household Survey : Special Topics Report - Report No.62*. Retrieved from <http://www.statistics.gov.hk/pub/B11301622014XXXXB0100.pdf>
- Census and Statistic Department, HKSAR Government. (2015). *Hong Kong Population Projection: 2015-2064*. Hong Kong: Government Logistics Department.
- Chamberlain, K., & Zika, S. (1988). Religiosity, life meaning and wellbeing: Some relationships in a sample of women. *Journal for the Scientific Study of Religion, 27*(3), 411-420.
- Cheng, S. T., & Mak, W. W. (2007). Community psychology in a borrowed place with borrowed time: The case of Hong Kong. In *International Community Psychology* (pp. 200-216). Springer US.
- Cohen-Mansfield, J., & Perach, R. (2015). Interventions for alleviating loneliness among older persons: A critical review. *American Journal of Health Promotion, 29*(3), e109-e125.
- Debats, D. L., Van der Lubbe, P. M., & Wezeman, F. R. (1993). On the psychometric properties of the Life Regard Index (LRI): A measure of meaningful life: An evaluation in three independent samples based on the Dutch version. *Personality and individual differences, 14*(2), 337-345.
- Harlow, L. L., Newcomb, M. D., & Bentler, P. M. (1986). Depression, self derogation, substance use, and suicide ideation: Lack of purpose in life as a mediational factor. *Journal of clinical psychology, 42*(1), 5-21.
- HelpAge International. (2015a). *Global AgeWatch Index 2015: Insight Report*. Retrieved from <http://reports.helpage.org/global-agewatch-index-2015-insight-report.pdf>



- HelpAge International. (2015b). *Global AgeWatch Index 2015: Methodology Update*. Retrieved from <http://www.helpage.org/download/55ef26b17da48>
- Kitchen, P., Williams, A., & Chowhan, J. (2012). Sense of community belonging and health in Canada: A regional analysis. *Social Indicators Research*, 107, 103-126.
- Krause, N. (2004). Stressors arising in highly valued roles, meaning in life, and the physical health status of older adults. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 59(5), S287-S297.
- Krause, N. (2007). Evaluating the stress-buffering function of meaning in life among older people. *Journal of Aging and Health*, 19(5), 792-812.
- Hyde, M., & Chavis, D. (2007). Sense of community and community building. In R. Cnaan & C. Milofsky (Ed.), *Handbook of community movements and local organizations* (pp. 179–192.). New York, NY: Springer.
- Li, L. H. (2009). Community attachment and housing choice in Hong Kong. *Property Management*, 27(1), 42-57.
- Luanagh, C. Ó., & Lawlor, B. A. (2008). Loneliness and the health of older people. *International journal of geriatric psychiatry*, 23(12), 1213-1221.
- Lui, C. W., Everingham, J. A., Warburton, J., Cuthill, M., & Bartlett, H. (2009). What makes a community age friendly: A review of international literature. *Australasian journal on ageing*, 28(3), 116-121.
- Mak, W. W., Cheung, R. Y., & Law, L. S. (2009). Sense of community in Hong Kong: Relations with community-level characteristics and residents' well-being. *American Journal of Community Psychology*, 44(1-2), 80-92.
- Mascaro, N., & Rosen, D. H. (2005). Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of personality*, 73(4), 985-1014.
- Mathers, C. D., Stevens, G. A., Boerma, T., White, R. A., & Tobias, M. I. (2015). Causes of international increases in older age life expectancy. *The Lancet*, 385(9967), 540-548.
- Peplau, L. A., & Perlman, D. (1982). Perspectives on loneliness. In L. A. Peplau, & D. Perlman (Eds.), *Loneliness: A sourcebook of current theory, research and therapy* (pp. 1-18). Wiley New York.
- Pinquart, M. (2002). Creating and maintaining purpose in life in old age: A meta-analysis. *Ageing international*, 27(2), 90-114.
- Reker, G. T. (1997). Personal meaning, optimism, and choice: Existential predictors of depression in community and institutional elderly. *The Gerontologist*, 37(6), 709-716.
- Reker, G. T., Peacock, E. J., & Wong, P. T. (1987). Meaning and purpose in life and well-being: A life-span perspective. *Journal of Gerontology*, 42(1), 44-49.
- Research Office, Legislative Council Secretariat, HKSAR Government. (2016). *Manpower: Statistical Highlights*. Retrieved from <http://www.legco.gov.hk/research-publications/english/1617iss05-elderly-employment-20161028-e.pdf>

- Ross, N. (2002). Community belonging and health. *Health Reports*, 13(3), 33-39.
- Routasalo, P., & Pitkala, K. H. (2003). Loneliness among older people. *Reviews in Clinical Gerontology*, 13(04), 303-311.
- Smyer, M., & Pitt-Catsoupes, M. (2007). The meanings of work for older workers. *Generations*, 31(1), 23-30.
- Social Welfare Department, HKSAR. (2016). *Statistics and Figures on Social Security*. Retrieved from http://www.swd.gov.hk/en/index/site_pubsvc/page_socsecu/sub_statistics/
- Stillman, T. F., Baumeister, R. F., Lambert, N. M., Crescioni, A. W., DeWall, C. N., & Fincham, F. D. (2009). Alone and without purpose: Life loses meaning following social exclusion. *Journal of experimental social psychology*, 45(4), 686-694.
- Theeke, L. A. (2009). Predictors of loneliness in US adults over age sixty-five. *Archives of psychiatric nursing*, 23(5), 387-396.
- Theeke, L. A. (2010). Sociodemographic and health-related risks for loneliness and outcome differences by loneliness status in a sample of US older adults. *Research in Gerontological Nursing*, 3(2), 113-125.
- Tomaka, J., Thompson, S., & Palacios, R. (2006). The relation of social isolation, loneliness, and social support to disease outcomes among the elderly. *Journal of aging and health*, 18(3), 359-384.
- Wilkinson, D. (2008). Individual and community factors affecting psychological sense of community, attraction, and neighboring in rural communities. *Canadian Review of Sociology/Revue canadienne de sociologie*, 45(3), 305-329.
- Wilson, R. S., Krueger, K. R., Arnold, S. E., Schneider, J. A., Kelly, J. F., Barnes, L. L., ... & Bennett, D. A. (2007). Loneliness and risk of Alzheimer disease. *Archives of General Psychiatry*, 64(2), 234-240.
- Women's Commission, Hong Kong. (2016). Hong Kong Women in Figures 2015. Retrieved from http://www.women.gov.hk/download/research/HK_Women2015_e.pdf
- World Health Organization. (2007). *Global age-friendly cities: A guide*. Geneva: World Health Organization.
- World Health Organization. (2015). *Measuring the age-friendliness of cities: a guide to using core indicators*. Geneva: World Health Organization.
- Zaidi, A. (2013). *Global AgeWatch Index 2013: Purpose, Methodology and Results*. Study prepared for HelpAge International, Retrieved from <http://www.helpage.org/download/54130249503f9>
- Zaidi, A., K. Gasior, E. Zólyomi, A. Schmidt, R. Rodrigues & B. Marin (2016), 'Measuring active and healthy ageing in Europe', *Journal of European Social Policy*, forthcoming, retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0958928716676550>



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