



賽馬會齡活城市
Jockey Club Age-friendly City

Report on Hong Kong Elder Quality of Life Index incorporating AgeWatch Index for Hong Kong 2017



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

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ISBN: 978-988-13333-7-7

Published in 2020

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Acknowledgement of this publication is required.



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In support of its aspiration to overcome the social challenges brought by an ageing population, the Chinese University of Hong Kong (CUHK) established The CUHK Jockey Club Institute of Ageing in 2014, with 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 for 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.

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Preface by The Hong Kong Jockey Club

Ageing population trends are a major social issue around the world. Having long been committed to enhancing senior citizens' quality of life, The Hong Kong Jockey Club Charities Trust would like to make the journey of ageing more fulfilling and colourful. In this connection, we have taken a proactive role in helping build Hong Kong into an age-friendly city, and in addressing the challenges of a rapidly ageing population. We have made "the Elderly" one of four strategic focus areas for the Trust's donations, the others being "Youth", "Sports", and "Arts, Culture & Heritage".

In line with its Elderly Strategy, the Trust has earmarked funding of over HK\$190 million since 2015 to implement the Jockey Club Age-friendly City Project, partnering with Hong Kong's four gerontology research institutes. This project adopts a bottom-up, district-based approach to promote an age-friendly culture in all 18 districts of Hong Kong.

We are pleased to note that the citywide age-friendly city movement has been gaining momentum, with a wide variety of district-based programmes being carried out across Hong Kong to promote an age-friendly culture. All 18 District Councils have assigned a committee or working group to hold regular discussions on how to enhance the age-friendliness of their local community. In addition, all districts have now joined the World Health Organization's Global Network for Age-friendly Cities and Communities.

To engage the business sector and different stakeholders of society in adopting age-friendly practices in Hong Kong, we launched the Jockey Club Age-friendly City Partnership Scheme in 2018, and are pleased to report it has received a strongly positive response and wide participation. 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. By living a healthier and more active lifestyle and being offered the opportunities for elderly re-employment and volunteering, older people can increase their longevity and contribute their valuable experience and expertise to the community.

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 six years starting from 2014. The Index provides useful reference for project planning and the formulation of policies targeting older people. A new index, the Hong Kong Elder Quality of Life (HKEQOL) Index, has also been developed to provide a more comprehensive assessment of the well-being of the city's elderly.

I would like to express our sincere gratitude to the CUHK Jockey Club Institute of Ageing for their tremendous efforts in compiling the Report on Hong Kong Elder Quality of Life Index incorporating AgeWatch Index for Hong Kong 2017. I believe that the findings will further enhance public awareness of age-friendly city concepts and serve as a useful resource for all stakeholders involved in developing age-friendly initiatives and policies, including the Government, non-governmental organisations, academia and the business sector.

Mr Leong Cheung

*Executive Director, Charities and Community
The Hong Kong Jockey Club*

Preface by CUHK Jockey Club Institute of Ageing

Since the publication of the Global Age Watch Index (GAWI) by HelpAge International in 2014, it had not been compiled further. In order to provide a benchmark for how Hong Kong is dealing with an ageing society, the GAWI 2014 for Hong Kong was compiled to rank Hong Kong with other countries. Subsequently the exercise continued using the same methodology to monitor changes within Hong Kong, rather than to provide temporal comparison with other countries.

The WHO AFC project subsequently published a list of indicators to evaluate the age-friendliness of cities. Information from government sources used for the GAWI was not regularly available. Local research also identified an increasing trend in dependency and frailty, and these indicators of healthy ageing were not included in the GAWI.

For these reasons we developed a composite indicator, the Hong Kong Elder Quality of Life Index (HKEQOL), in 2015-2016. It includes elements of the GAWI, the WHO AFC indicators, together with some indicators of frailty especially relevant to Hong Kong. This indicator has been used as a monitor to show yearly changes, in response to societal initiatives in promoting AFC, such as the HKJC territory wide AFC project, as well as government policies in response to the ageing population. The 2017 report represents the second year in which the HKEQOL was compiled, enabling a direct comparison to be made with the previous year.

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. It is an important element in the context of increasing efforts to examine and address the social determinants of health, which is referred by WHO as the conditions in which people are born, grow, live, work and age and they are shaped by the distribution of money, power and resources at global, national and local levels.

I wish to express my gratitude to the generous support given to this project by The Hong Kong Jockey Club Charities Trust.

Prof. Jean Woo, MD, FRCP, FRACP

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

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 to assist in formulating effective policies to address this socio-demographic change in Hong Kong. The Chinese University of Hong Kong Jockey Club Institute of Ageing, with funding support from The Hong Kong Jockey Club Charities Trust, has therefore compiled the Hong Kong Elder Quality of Life Index (HKEQOL) incorporating the AgeWatch Index for the second consecutive year to build the momentum of Hong Kong's progress towards becoming one of the most age-friendly cities in the world.

The report presents a detailed analysis of the contents of the latest HKEQOL Index, which includes tailor-made indicators to Hong Kong in relation to the Age-Friendly City concept proposed by the World Health Organization (WHO) and takes reference to the Global AgeWatch Index, using 22 indicators under 4 domains. The HKEQOL aims to capture locally important determinants of well-being among Hong Kong older adults and monitor and evaluate local age-friendly interventions. Overall the HKEQOL Index 2017-2018 showed a slight improvement (0.99%) on the previous year's picture. The change was not substantial, however, and sustained observation over several years will be necessary to enable long-term trends to be identified.

This report also reviews local policies targeting older adults in Hong Kong. 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 for the formulation of effective age-friendly policies in the future.

行政摘要

為了應對香港人口老化的問題，香港有迫切需要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，連續第二年計算出「香港長者生活質素指數」。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。

「香港長者生活質素指數」包含由世界衛生組織所提出的「齡活城市」概念中，與香港息息相關的指標，並參考「全球長者生活關注指數」而制訂的新指數。新的指數由22個指標涵蓋4個領域組成，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。整體而言，2017-18年「香港長者生活質素指數」輕微改善0.99%。它沒有明顯的變化，因為它是一個新的指數，所以需要花時間觀察趨勢的變化。

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

The population of Hong Kong is growing older. According to the projections of the HKSAR Government's Census and Statistics Department (C&SD), the proportion of the population aged 65 and above will rise from 16% in 2016 to 34% in 2066, while the proportion of the population aged under 65 will fall from 84% in 2016 to 66% in 2066 (Figure 1.1)(Census and Statistics Department, 2017a). This ageing of the population poses an unprecedented challenge to Hong Kong, involving a rise in the elderly dependency ratio and an increase in the medical burden. A critical review of existing policies is required to effectively address to these challenges, and prepare for possible demographic and socioeconomic changes in the foreseeable future.

However, ageing does not necessarily pose insurmountable challenges to our society. In 2002, the World Health Organization (WHO) issued a Policy Framework on Active Ageing to support local governments in developing and strengthening health and social policies in an ageing world. An active ageing policy is defined as "optimizing opportunities for health, participation and security in order to enhance quality of life as people age". It considers the biological, psychological, behavioral, economic, social, and environmental factors that operate in the life of a person 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 an "age-friendly city" was developed to encourage active ageing by optimizing opportunities for health, participation, and security, thereby improving the 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. These supportive living conditions are required to address the physical, mental and social changes older people experience as a result of biological ageing.

In Hong Kong, The Hong Kong Jockey Club Charities Trust (the Trust) partnered in 2015 with Hong Kong's four gerontology research institutes to implement the Jockey Club Age-friendly City Project. The four institutes concerned were 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.

The first task of this project was to compile the AgeWatch Index for Hong Kong, using 13 indicators within 4 key domains (income security, health status, capability, and enabling environment) that corresponded with those of the Global AgeWatch Index developed by the HelpAge International, an index which has ranked the well-being of older people in 99 countries. However, as the Global AgeWatch Index has not been updated since 2016, its rankings may not effectively reflect the up-to-date situation of health, economic and psychosocial well-being of old people in Hong Kong and are of only limited value for policy planning and evaluation. In addition, the universal indicators adopted by the Global AgeWatch Index may overlook significant factors applicable in Hong Kong, including perhaps the very concept of an "age-friendly city". There was therefore a need for a local index, containing the most relevant domains and regularly updated, to provide the necessary information to inform policy development (Woo, 2020).

In view of the limitations of the Global AgeWatch Index and the need for an Index that can effectively and specifically reflect local context, the Institute has developed the Hong Kong Elder Quality of Life (HKEQOL) Index to assess the well-being of older people in Hong Kong in a comprehensive manner, in collaboration with CUHK's Hong Kong Institute of Asia-Pacific Studies (HKIAPS), data for the indicators was collected. The index covers four domains with 22 indicators. 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 (World Health Organization, 2015) as the latest guideline in evaluating age-friendliness of cities (Figure 1.2). HKEQOL Index aims to capture locally important determinants of well-being among Hong Kong older adults, and monitor and evaluate local age-friendly interventions. Its findings provide useful reference for a wide range of stakeholders committed to improving the quality of life and well-being of Hong Kong older people.

This report, entitled *Report on Hong Kong Elder Quality of Life Index incorporating AgeWatch Index for Hong Kong 2017*, presents the relevant latest figures and comparison with these in previous year. Chapter 2 outlines the Hong Kong Elder Quality of Life Index and methodology that was used for developing the index. Chapter 3 outlines the sub indicators of the largest improvement or decrement in each domain and the major factors affecting those indicators. Chapter 4 discusses how to use the HKEQOL Index to further the development and improvement of Hong Kong as an age-friendly city.

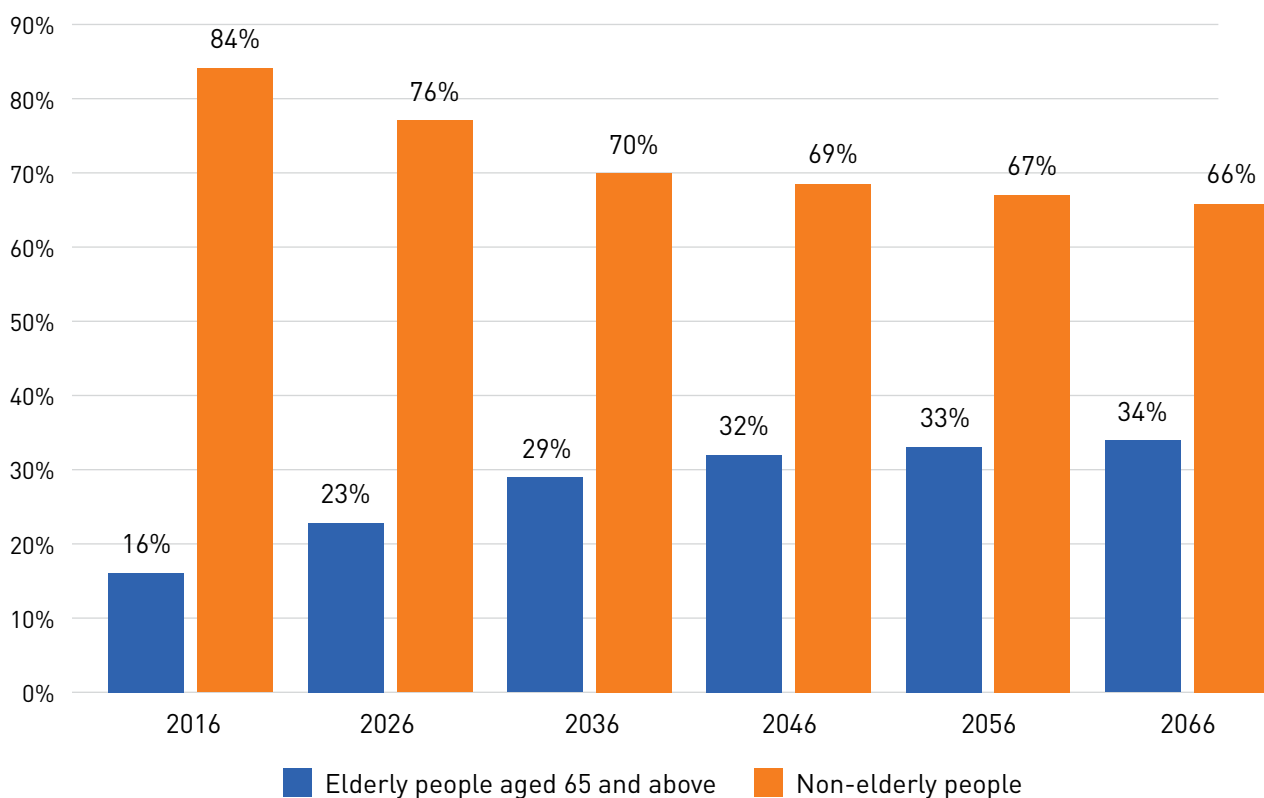


Figure 1.1 The trend of ageing population in 2016-2066

Source: Census and Statistics Department (2017a)



Figure 1.2 The eight domains of age-friendly city proposed by the WHO

Source: World Health Organization (2015)

Chapter 2

Hong Kong Elder Quality of Life Index 2017-2018

Chapter 2 Hong Kong Elder Quality of Life Index 2017-2018

2.1 Introduction

In collaboration with CUHK's Centre for Quality of Life, the Institute has developed the HKEQOL Index, which not only incorporates the AgeWatch Index but also includes indicators relating to the "Age-friendly city" concept proposed by the WHO.

The new HKEQOL Index covers four domains and consists of 22 indicators. In choosing new indicators, we have referred to *Measuring the age-friendliness of cities: A guide to using core indicators*, published by the WHO as a latest guideline in assessing age-friendliness (World Health Organization, 2015). The expert panel has also included locally significant indicators in the Index, in order to better reflect well-being among Hong Kong older adults.

The new HKEQOL Index has three objectives: (1) to capture locally important determinants of well-being among Hong Kong older adults, (2) to monitor and evaluate local age-friendly interventions, and (3) to improve the quality of life and well-being of Hong Kong older people.

2.2 Methodology

2.2.1 Data collection

The Institute collected the latest available figures (up to end March 2018) from the Social Welfare Department (SWD), the Census and Statistics Department (C&SD), and the Hospital Authority (HA). With the assistance of CUHK's Centre for Quality of Life, subjective data were collected from telephone surveys of 1,202 respondents aged 50 and above to update the indicators. The latest telephone survey was conducted between 6 April and 7 May 2018. Descriptions and data sources of each indicator are given in Table 2.1. Further information on each indicator is given in Chapter 3 of the *Report on AgeWatch Index for Hong Kong 2016 and Hong Kong Elder Quality of Life Index* (Jockey Club Age-friendly City Project, 2018).

2.2.2 Data analysis

For the base year of 2016-2017, the total score of the Index was set at 100. The weight used for each of the four domains in the overall Index was identical, so that each domain accounts for a score of 25 (Table 2.2). 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. As the number of indicators in each domain varies, the base score of the indicators in different domains may not be the same. For example, the base score of indicators in Domain 1 is 6.25, while the base score of indicators in Domains 2, 3, and 4 is 4.17.

In HKEQOL 2017-18, the score of each indicator is calculated based on the percentage change of value (i.e., $New\ score = (1 + \frac{New\ value - Base\ value}{Base\ value}) \times Weight$). All indicator values are expressed as positive values. The higher the value, the better the outcome that the corresponding indicator represents. In other words, a few indicator values (*poverty rate, hospitalization, frailty, and mental health*), need to be reversed. (i.e., $New\ score = (1 - \frac{New\ value - Base\ value}{Base\ value}) \times Weight$). The total scores of the Index and each domain are computed by summing up the score of individual indicators.

2.3 Results

In this section, we consider how the quality of life of Hong Kong older people has changed. The latest figure of each indicator is summarized in Table 2.1. Scores of the HKEQOL Index and its individual indicators are presented in Table 2.2. Overall the HKEQOL Index 2017-2018 was 100.18, a slight improvement (0.99%) on the previous year. Of the various individual domains, Income Security scored 25.19, Health Status scored 24.99, Capability scored 26.43, and Enabling Environment scored 24.37. The scores of the domains Income Security and Capability improved by 0.19 and 1.43 points respectively. Health Status remained largely unchanged, while Enabling Environment deteriorated by 0.63 points (Table 2.2). There were no obvious changes in the overall results.

Table 2.1 Definition, base data, and data source of indicators within the HKEQOL Index

| Domain | Indicator | Definition | 2016-17 Figures | 2017-18 Figures | Source |
|-----------------|---|---|--------------------|--------------------|----------------------------------|
| Income Security | 1.1 Pension income security ⁽²⁾ | % of people aged 65 and above receiving OAA, OALA & CSSA | 69% | 69% | Social Welfare Department |
| | 1.2 Poverty rate in old age ⁽¹⁾⁽²⁾⁽⁴⁾ | % 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% | 33.7% | 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% | 64.3% | Telephone survey |
| | 1.4 Preparation for contingency expenses ⁽¹⁾ | % of people aged 50 and above who have enough financial resources for contingency expenses | 65.5% | 65.7% | |
| Health Status | 2.1 Life expectancy at 60 ⁽²⁾ | The average number of years a person aged 60 is expected to live | 26.47 | 26.49 | Census and Statistics Department |
| | 2.2 Elderly hospitalization ⁽³⁾⁽⁴⁾ | Patient days of people aged 65 and above | 3.70 | 3.65 | Hospital Authority |
| | 2.3 Self-rated health condition ⁽³⁾ | % of people aged 50 and above who self-rated their health as "good" | 65.6% | 64.2% | Telephone survey |
| | 2.4 Frailty ⁽³⁾⁽⁴⁾ | % 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% | 14.9% | |

| Domain | Indicator | Definition | 2016-17 Figures | 2017-18 Figures | Source |
|----------------------|--|--|--------------------|--------------------|----------------------------------|
| Health Status | 2.5 Mental health ⁽³⁾⁽⁴⁾ | Mean K6 score among people aged 50 and above (K6 consists of 6 items: nervous, hopeless, restless, depressed, effort, worthless; status possible range of total score: 0–24). A higher score means poorer mental health status | 3.96 | 4.10 | Telephone survey |
| | 2.6 Subjective well-being: Life satisfaction ⁽¹⁾ | Mean of the OECD life satisfaction among people aged 50 and above (possible range of total score: 0-10) | 6.90 | 6.85 | |
| Capability | 3.1 Employment of older people ⁽¹⁾⁽²⁾ | % of people aged 55-64 that are employed | 55.1% | 55.9% | Census and Statistics Department |
| | 3.2 Educational status of older people ⁽²⁾ | % of people aged 60 and above with secondary or higher education | 46.9% | 48.9% | |
| | 3.3 Use of information and communication technology ⁽¹⁾ | % of people aged 50 and above who surfed the Internet and used smart devices such as smart phones or iPads over the past month | 51.9% | 50.5% | Telephone survey |
| | 3.4 Social participation ⁽¹⁾ | % of people aged 50 and above who volunteered | 12.2% | 13.0% | |
| | 3.5 Civic participation ⁽³⁾ | % of people aged 50 and above who participated in organizations and associations (excluding volunteering) | 29.6% | 33.7% | |
| | 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% | 24.0% | |
| Enabling Environment | 4.1 Housing ⁽¹⁾ | % of people aged 50 and above satisfied with the conditions of their living place | 77.6% | 72.3% | Telephone survey |
| | 4.2 Satisfaction with public transport ⁽¹⁾⁽²⁾ | % of people aged 50 and above satisfied with the public transportation system in Hong Kong | 82.4% | 76.6% | |
| | 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% | 76.7% | |
| | 4.4 Satisfaction with leisure activities and events ⁽³⁾ | % of people aged 50 and above satisfied with the leisure activities and facilities in the community | 51.5% | 53.8% | |
| | 4.5 Satisfaction with health services ⁽¹⁾ | % of people aged 50 and above satisfied with access to health services in Hong Kong | 68.4% | 62.9% | |
| | 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% | 75.5% | |

(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 (2015)*

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

(4) Values of Poverty rate, Hospitalization, Frailty, and Mental health need to be reversed in calculating scores of the HKEQOL Index

Table 2.2 Scores of indicators within the HKEQOL Index

| Domain and Indicator | 2016-17 Score | 2017-18 Score | % Change |
|---|---------------|---------------|--------------|
| 1. Income Security | | | |
| 1.1 Pension income security | 6.25 | 6.25 | 0 |
| 1.2 Poverty rate in old age | 6.25 | 6.38 | +2.08 |
| 1.3 Satisfaction with financial status | 6.25 | 6.29 | +0.64 |
| 1.4 Preparation for contingency expenses | 6.25 | 6.27 | +0.32 |
| Domain 1 Total | 25 | 25.19 | +0.76 |
| 2. Health Status | | | |
| 2.1 Life expectancy at 60 | 4.17 | 4.17 | 0 |
| 2.2 Elderly hospitalization | 4.17 | 4.22 | +1.20 |
| 2.3 Self-rated health condition | 4.17 | 4.08 | -2.16 |
| 2.4 Frailty | 4.17 | 4.37 | +4.80 |
| 2.5 Mental health | 4.17 | 4.02 | -3.60 |
| 2.6 Subjective well-being: Life satisfaction | 4.17 | 4.14 | -0.72 |
| Domain 2 Total | 25 | 24.99 | -0.04 |
| 3. Capability | | | |
| 3.1 Employment of older people | 4.17 | 4.23 | +1.44 |
| 3.2 Educational status of older people | 4.17 | 4.34 | +4.08 |
| 3.3 Use of information and communication technology | 4.17 | 4.06 | -2.64 |
| 3.4 Social participation | 4.17 | 4.45 | +6.71 |
| 3.5 Civic participation | 4.17 | 4.74 | +13.67 |
| 3.6 Lifelong learning | 4.17 | 4.60 | +10.31 |
| Domain 3 Total | 25 | 26.43 | +5.72 |
| 4. Enabling Environment | | | |
| 4.1 Housing | 4.17 | 3.88 | -6.95 |
| 4.2 Satisfaction with public transport | 4.17 | 3.87 | -7.19 |
| 4.3 Physical safety | 4.17 | 4.17 | 0 |
| 4.4 Satisfaction with leisure activities and events | 4.17 | 4.35 | +4.32 |
| 4.5 Satisfaction with health services | 4.17 | 3.83 | -8.15 |
| 4.6 Social connections | 4.17 | 4.27 | +2.40 |
| Domain 4 Total | 25 | 24.37 | -2.52 |
| Index Total | 100 | 100.99 | +0.99 |

- (1) Individual cells may not sum to total as scores are only shown to 2 decimal places.
- (2) The weight used for each of the four domains in the overall Index is identical, that is, each domain accounts for a score of 25.
- (3) The indicators within the same domain also share the same weighting. As the number of indicators in each domain varies, the base score of the indicators in different domains may not be the same. For example, the base score of indicators in Domain 1 is 6.25, while the base score of indicators in Domains 2, 3, and 4 is 4.17.

2.3.1 Domain 1: Income security

Overall Performance

The status of older people's income security in Hong Kong slightly improved. The score of the indicator Poverty Rate in Old Age increased the most in this domain, from 6.25 in 2016-2017 to 6.38 in 2017-2018 (a 2.08% increase; Table 2.2). The improvement likely reflects a decline in Poverty Rate in Old Age and an improvement in Satisfaction with Financial Status and Preparation for Contingency Expenses. No difference was found in Pension Income Security.

Indicator 1.1: Pension Income Security

According to the 2018 figures from the Social Welfare Department, 69% of Hong Kong's older people received a pension of some sort (Table 2.1). Specifically, 20%, 38%, and 11% of Hong Kong adults aged 65 and above received Old Age Allowance (OAA), Old Age Living Allowance (OALA) or Comprehensive Social Security Assistance (CSSA) respectively. There was no significant change from the previous year.

Indicator 1.2: Poverty Rate in Old Age

The poverty rate for the population aged 60 and above was 33.7% in 2017-2018, a slight drop of 0.7% (34.4%; Table 2.1) on the previous year. This reflects a slight decline in the population of elderly people in poverty.

Indicator 1.3: Satisfaction with Financial Status

A total of 64.3% of the people aged 50 and above have reported that they had enough money for their usual expenses, 0.4% more than in 2016-2017 (63.9%; Table 2.1). More older people were satisfied with their financial status.

Indicator 1.4: Preparation for Contingency Expenses

A total of 65.7% of adults aged 50 and above prepared enough financial resources for contingency expenses. However, this figure only improved by 0.2% on the previous year's result (65.5%)(Table 2.1).

2.3.2 Domain 2: Health status

Overall Performance

Longer life brings with its opportunities, not only for the elderly but also for society in general. Older people also contribute to families and communities in various ways. However, the extent of these opportunities and contributions depends to a large extent on their health (World Health Organization, 2018). In the domain of Health, the health status of Hong Kong older people in the HKEQOL Index 2017-2018 remained at the same level as in the previous year.

Indicator 2.1: Life Expectancy at 60

The average number of the years a person aged 60 was expected to live was 26.49, little change from the previous year (26.47 years; Table 2.1). The scores in both 2016-2017 and 2017-2018 were the same (4.17; Table 2.2).

Indicator 2.2: Elderly Hospitalization

The number of patient days of older people aged 65 and above was 3.65 days per person in 2017-2018, down by 0.05 days from the previous year (3.70 days; Table 2.1).

Indicator 2.3: Self-rated Health Condition

The score of the indicator Self-rated Health Condition deteriorated. In 2017-2018, 64.2% of the population aged 50 and above rated their health as “good” (Table 2.1), down by 1.4% from the previous year. This means that fewer older people perceived themselves to be in good health.

Indicator 2.4: Frailty

The frailty score of the elderly rose from 4.17 to 4.37 (increased by 4.8%; Table 2.2). This indicator showed the most obvious improvement in this domain. The percentage of people aged 60 and above who were frail fell from 15.7% to 14.9% (Table 2.1). The improvement in frailty is a good sign that may indicate new progress in interventions targeting on frailty.

Indicator 2.5: Mental Health

The mental health of the elderly in Hong Kong deteriorated. Mental Health was the poorest performing indicator in the domain of Health Status. Its score declined from 4.17 in 2016-2017 to 4.02 in 2017-2018 (a decrease of 3.6%; Table 2.2). Compared with 2017, the figure for the mental health of Hong Kong’s older people worsened (based on K6 score, where a higher score means poorer mental health status), increasing from 3.96 to 4.10 (Table 2.1).

Indicator 2.6: Subjective Well-being: Life Satisfaction

The life satisfaction score of the elderly aged 50 and above was 6.85 in 2017-18, down slightly by 0.05 points from the previous year (Table 2.1). The reduction was not significant.

2.3.3 Domain 3: Capability

Overall Performance

In the HKEQOL Index 2017-2018, the domain of Capability showed a significant improvement. The score of this domain increased more significantly than those of the other three domains, rising from 25 in 2016-2017 to 26.43 in 2017-2018 (an increase of 5.72%; Table 2.2).

Indicator 3.1: Employment of Older People

A total of 55.9% of the population aged 55 to 64 were employed. The shares for males and females were 69.9% and 42.4% respectively. Compared with 2016-2017, the employment of older people rose by 0.8% (55.1%; Table 2.1).

Indicator 3.2: Educational Status of Older People

The score of the Educational Status indicator in the HKEQOL Index 2017-2018 improved from 4.17 to 4.34 (an increase of 4.08%; Table 2.2). The percentage of the education level of people aged 60 and above in Hong Kong was 48.9% in 2017-2018. While there was some improvement (Table 2.1), it should be noted that more than half of older people in Hong Kong still had not received secondary or higher education.

Indicator 3.3: Use of Information and Communication Technology

In 2017-2018, 50.5% of people aged 60 and above had surfed the internet and used smart devices such as smartphones or iPads, a slight decrease (1.4%) from the previous year (51.9%; Table 2.1).

Indicator 3.4: Social Participation

The score of the Social Participation indicator increased from 4.17 in 2016-2017 to 4.45 in 2017-2018 (an increase of 6.71%; Table 2.2). 13% of adults aged 50 and above had participated in volunteer services, according to the telephone survey (Table 2.1).

Indicator 3.5: Civic Participation

The score of the indicator Civic Participation increased from 4.17 to 4.74 (an increase of 13.67%; Table 2.2). The civic participation rate of older people in Hong Kong improved by 4.1%. 33.7% of people aged 50 and above participated in organizations and associations, according to the telephone survey (Table 2.1).

Indicator 3.6: Lifelong Learning

The score of the indicator Lifelong Learning increased from 4.17 to 4.60 (an increase of 10.31%; Table 2.2). 24% of adults aged 50 and above had attended formal learning activities of lifelong learning, according to the telephone survey. Compared to the HKEQOL Index 2016-2017, the percentage of older people participating in activities related to lifelong learning in 2017-2018 increased by 2.3% (to 24.0%; Table 2.1). This increase likely reflects the availability of more opportunities for lifelong learning.

2.3.4 Domain 4: Enabling environment

Overall Performance

The score of the domain Enabling Environment was lower than those of the three other domains. It decreased by 0.63 from 25 in 2016-2017 to 24.37 in 2017-2018 (a decrease of 2.52%; Table 2.2). The older people were dissatisfied with health services and housing, but were more satisfied with leisure activities and events and social connections.

Indicator 4.1: Housing

The score of the indicator Housing decreased from 4.17 to 3.88 (a decrease of 6.95%; Table 2.2). 72.3% of people aged 50 and above were satisfied with the conditions of their living place, a decrease of 5.3% from the previous year's figure of 77.6% (Table 2.1). Older people in Hong Kong were less satisfied with their housing environment this year.

Indicator 4.2: Satisfaction with Public Transport

76.6% of people aged 50 and above were satisfied with Hong Kong's public transportation system, down by 5.8% from the previous year (Table 2.1).

Indicator 4.3: Physical Safety

76.7% of people aged 50 and above felt safe when they were walking alone in the area near to their home (Table 2.1). In other words, more than three-quarters of older people felt physically safe in the area near their home.

Indicator 4.4: Satisfaction with Leisure Activities and Events

Older people were more satisfied with leisure activities and events. The score of this indicator improved from 4.17 to 4.35 (an increase of 4.32%; Table 2.2). 53.8% of people aged 50 and above were satisfied with the leisure activities and facilities in the community in 2017-2018, as compared to 51.5% in 2016-2017, an increase of 2.3% (Table 2.1).

Indicator 4.5: Satisfaction with Health Services

The score of the indicator Satisfaction with Health Services dropped from 4.17 in 2016-2017 to 3.83 in 2017-2018 (decreased by 8.15%; Table 2.2). Compared to last year's telephone survey results, the percentage of respondents who were satisfied with access to health services in Hong Kong decreased by 5.5%, from 68.4% in 2016-2017 to 62.9% in 2017-2018 (Table 2.1).

Indicator 4.6: Social Connections

The score of the indicator Social Connections improved from 4.17 to 4.27 (an increase of 2.4%; Table 2.2). 75.5% of people aged 50 and above had relatives or friends they could count on to help when they are in trouble, up by 1.8% on the previous year, when 73.7% of older people mentioned that they had more close social connections (Table 2.1).

Chapter 3

Discussion

Chapter 3 Discussion

The HKEQOL Index provides a detailed and contextual analysis of the well-being trends of the elderly in Hong Kong in terms of income security, health status, capability, and enabling environment. Overall the 2017-2018 HKEQOL Index showed only a slight improvement (0.99) over 2016-2017. In terms of the individual domains, Income Security and Capability improved by 0.76% and 5.72% respectively. Health Status remained largely unchanged, while Enabling Environment decreased by 2.52% (Table 2.2). The following section discusses the indicators with more significant changes.

3.1 Income Security

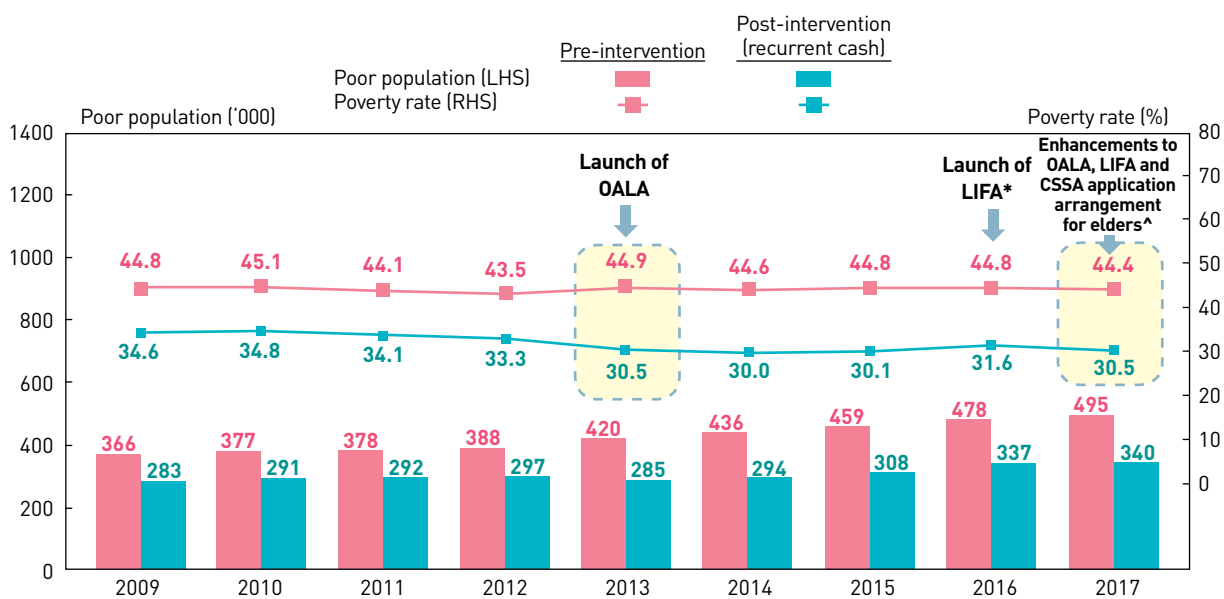
Income security among older adults improved slightly this year. All indicators in this domain improved with the exception of the indicator Pension Income Security, which remained the same. The indicator Poverty Rate in Old Age showed the greatest increase (2.08%; Table 2.2).

3.1.1 Poverty rate in old age

The subjective well-being of older people is affected by their objective living conditions, which include income and many other income-related factors, which in turn affect subjective domain evaluations, including financial management capabilities and poverty perceptions (Price, 2007). It is considered that the government's policy and actions such as recurrent cash benefit schemes and the retirement protection would contribute to the improvement in the poverty rate of older people.

Box 3.1 Recurrent Cash Benefit Schemes

Recurrent cash intervention provides financial support to reduce the poor population and reduce the poverty rate of older people. In recent years several recurring cash benefit schemes were launched, such as Comprehensive Social Security Assistance Scheme (CSSA), Old Age Living Allowance (OALA) and Working Family Allowance (WFA) Scheme (Census and Statistics Department, 2017b). As shown in Figure 3.1, the poor population of older people aged 65 and above after recurrent cash intervention declined by 31.3% from 495,000 to 340,000 persons and the poverty rate decreased by 13.9% from 44.4% to 30.5% in 2017 (Census and Statistics Department, 2018a). In May 2017, the OALA asset limits were significantly relaxed, allowing more older people to claim this benefit. In addition, the government introduced a new layer of enhanced assistance in June 2018, the Higher Old Age Living Allowance (HOALA), with a monthly payment of \$3,485 (Social Welfare Department, 2018).



Note: (*) "LIFA" refers to "Low-income Family Working Allowance", which was renamed as "Working Family Allowance" on 1 April 2018.
 (^) Starting from February 2017, SWD has abolished the arrangement for the relatives to make a declaration on whether they provide financial support to the elderly persons who apply for CSSA on their own (e.g., an elderly person who does not live with his/her children)(the so-called "bad son statement"). At present, only the elderly applicants are required to submit the information.

Figure 3.1 Poor population and poverty rate of the elderly, 2009-2017

Source: Census and Statistics Department (2018a)

3.2 Health Status

Overall, the health status of the elderly in Hong Kong remained roughly the same as in the previous year, but each indicator in this domain fluctuated slightly, notably Frailty and Mental Health.

3.2.1 Frailty

Frailty is a state representing decline in functional reserves and is commonly used in the context of elderly facing functional disabilities. Several studies have demonstrated that frail individuals are at high risk of becoming disabled, independent of the presence of co-morbid diseases (Fried, et al., 2001, 2004). WHO has emphasized prevention as a key element to counteract the problems associated with healthy ageing, especially in the area of frailty (World Health Organization, 2017). As shown in the results for frailty, the prevalence of frailty was 14.9% (Table 2.1). Using the same questionnaire and criteria for defining frailty, a previous frailty screening in a local community sample of older people aged 65 years or older reported a prevalence of 12.5% (Woo, et al., 2015). This discrepancy may be due to the difference in the survey design. Compared to face-to-face interviews adopted in the community frailty screening, the present survey adopted telephone interviews which may include a higher number of frail people who might be more likely to remain at home than those in a better state of physical and mental health.

Analysis of trends using the data obtained from the telephone survey conducted in 2017 shows that the frailty percentage decreased from 15.7% to 14.9% between 2016-2017 and 2017-2018 (Table 2.1). Further

analysis demonstrated that the percentage by age group remained stable, thus not suggesting a major drift towards the older age group within the population. However, the reduction may have resulted from the increase in education levels in the study population interviewed in 2018, compared with those interviewed in 2017 (secondary or above: 48.9% in 2018 vs. 46.9% in 2017), because a higher education level is strongly associated with physical and cognitive function, and thus frailty in old age.

The comparison between 2016-2017 and 2017-2018 also showed that the prevalence of frailty decreased largely in those aged 60-69 years (i.e., the “young-old” sub-group). This reduction may reflect improvements in community frailty prevention services (e.g., the Jockey Club Frailty Prevention Campaign and the GrandMove Programme) that might have reduced the prevalence rate of frailty among older people, particularly young-old people. The reduction in frailty observed in young-old people might also reflect that young-old people exhibit more measures of a healthy lifestyle. According to the Population Health Survey, 87.6% of people aged 55-74 met WHO recommendations of physical activity levels, while only 76.6% of people aged 75 or above met these criteria. With regard to food choices, 33.9% of people aged 55-74 ate 2 or more servings of vegetables per day, while people aged 75 or above had just 31.3% (Department of Health, 2017).

Although the percentage of frailty decreased between 2016-2017 and 2017-2018, the lower level of psychological well-being among those with frailty is still an important concern. Analysis of 2018 data revealed that frail respondents had higher K6 scores (K6 score: 6.1 for frail respondents, 5.1 for pre-frail respondents, 2.4 for robust respondents) and were less satisfied with their life (life satisfaction score: 5.9 for frail respondents, 6.7 for pre-frail respondents, 7.3 for robust respondents) than their pre-frail or robust counterparts. To effectively prevent frailty, strategies addressing wider domains (e.g., psychological and social functioning) in addition to physical functioning should be considered. Moreover, interventions to prevent frailty should be age-specific, as old-old people often consider that the community activities tend to be more appealing to young-old people and therefore are more reluctant to participate in community activities (unpublished data).

Box 3.2 Jockey Club CADENZA Hub

In order to help older adults acquire knowledge of frailty prevention, the Jockey Club CADENZA Hub, in collaboration with the Hong Kong Society for Rehabilitation and St. James' Settlement, launched a three-year Jockey Club Frailty Prevention Campaign in the 18 districts of Hong Kong in 2017 (The Hong Kong Jockey Club, 2017). To improve the awareness of anti-frailty and the exercise level of the elderly, the CADENZA Hub has held various lectures and workshops to share anti-frailty methods on diet, exercise, physiology and psychology. In April to July 2018, more than 400 people attended its events and activities (Jockey Club CADENZA Hub, 2018). Findings from a randomized controlled trial suggest that a multi-component frailty preventive intervention can reduce frailty levels and improve physical and cognitive performance as well as self-rated health in community dwelling pre-frail and frail older adults (Yu, et al., 2018).

Box 3.3 The HKU-led GrandMove Programme

The GrandMove Programme is a 3 year structured exercise project launched by the University of Hong Kong in 2015. It aims to prevent or mitigate the frailty of older people in Hong Kong, and to coach young-olds as peer coaches for the health and active ageing in older communities. Frailty reduces the reserves of energy, physical capacity and health, and leads to an increased risk of poor health. It has been demonstrated that frailty can be effectively improved if older people perform simple exercise activities (The University of Hong Kong, 2018).

3.2.2 Mental health

The mental health of older people is often affected by ageing processes such as gradual deterioration of physical function, loss of financial independence and lack of life goals after retirement (The Elderly Health Service, 2018). Poor psychological well-being not only affects the social, emotional, and physical health of older people, but also causes depression and increases their risk of suicide (HKJC Centre for Suicide Research and Prevention, 2018). As shown in the survey results on the mental health of older people, the score of the mental health status (base on the K6 stress score, where a higher score means poorer mental health status) in 2017-2018 was 0.14 points higher than in 2016-2017 (Table 2.1). This reflects the need for a more focused examination of how to improve the mental health of older people.

The Government has promoted mental well-being through the implementation of the Joyful@HK Campaign since 2016. Nevertheless, tragedies such as the killing in 2017 of a chronically ill wife by her 81-year-old husband, who was also her caregiver suffering from major depressive disorder, continue to occur (Lau, 2019). A survey conducted by the Hong Kong Council of Social Service in 2018 found that caregivers were under long-term mental pressure and a sense of helplessness. Of the 1,115 people interviewed, 58% indicated that they had spent more than 40 hours per week giving care to their sick spouse. Over 60% of the interviewees experienced a high caring burden, while 55% had symptoms of depression and 40% had poor family function (The Hong Kong Council of Social Service, 2018). According to the 2016 population by-census, 152,000 older persons over 65 years were living alone and 293,000 older persons were living only with their spouse (Census and Statistics Department, 2018b). Against this background, the well-being of caregivers in an ageing population continues to give cause for concern.

Loneliness is another important factor contributing to the poor mental well-being of older people. Studies have shown that loneliness and depression have a significant relationship among older people, and that loneliness can cause various psychiatric disorders such as depression, sleep problems and Alzheimer's disease. Therefore, appropriate intervention for lonely people is important in maintaining the mental health of the elderly (Singh & Misra, 2009; Mushtaq, Shoib, Shah, & Mushtaq, 2014). A study in Hong Kong in 2017 also found that 10.1% of respondents aged 60 or over had experienced serious loneliness. Older people who were living alone, without children or grandchildren living in Hong Kong, had poorer self-rated health, felt nervous when communicating with others, and who never used computers, smartphones or tablets, were most likely to have reported feeling serious loneliness (Sau Po Centre on Ageing, 2018). Loneliness is related to chronic diseases, physical disability, chronic use of medication, lack of hobbies, and living alone (Arslantas, Adana, Abacigil Ergin, Kayar, & Acaar, 2015), which will have negative effects on individuals, families, communities and society. Results from the telephone survey data also showed that participants who scored higher on the loneliness scale were more

likely to be frail (19.9% vs. 7.2%) than those who scored lower. Policies and programmes could be directed to improve this situation by building up and strengthening the social connections of older people in the community.

Box 3.4 Joyful@HK Campaign

In January 2016, the HKSAR Government's Department of Health launched the Joyful@HK Campaign, a mental health promotion initiative (Food and Health Bureau, 2017). This is a territory-wide 3-year mental health promotion campaign which aims to increase public participation in the promotion of mental well-being and to improve public knowledge and understanding of mental health. Since mental health problems are common, it is important to understand the risk factors and symptoms of common mental health problems and to know when to seek help and treatment (Department of Health, 2016).

3.3 Capability

The performance of capability of Hong Kong's elderly this year has improved significantly compared to the other three domains. With the exception of "Use of information and communication technology", all indicators improved in this domain, particularly "Civic participation" and "Lifelong learning".

3.3.1 Use of information and communication technology

Use of ICT can enable older people to live a more active fulfilling and quality of life (Klimova, Simonova, Poulova, Truhlarova, & Kuca, 2016). Using different tools of ICT not only promotes the living standard of the elderly but also reduces the cost of health care, which can help to preserve the capability of the elderly, to improve their body functioning and to preserve their self-reliance (Osvath, et al., 2018). In recent years, the HKSAR Government has been pursuing targeted measures to encourage the elderly to use ICT more widely. Its ICT Programmes for the Elderly aim to increase the opportunities for older people to access ICT and improve their receptiveness, knowledge and skills on the use of ICT (Office of the Government Chief Information Officer, 2018).

Although the HKSAR Government actively promotes the use of ICT for the elderly, such technologies may not be widely used by all older people. As shown in Table 2.1, 50.5% used ICT products in 2017-2018, compared with 51.9% in 2016-2017. Age appears to be an important factor influencing the adoption of ICT products. In 2017-2018, compared with 27.6% of the old-old (aged ≥ 70 years), 46.6% of the young-old (aged < 70 years) had always used the internet. The findings show that young-old participants were eager to adopt technology. They might use smartphones to contact their families and friends as well as to access information. However, some of them had raised concerns about the quality of information found on the internet. By contrast, most old-old individuals did not seem ready to use ICT and preferred face-to-face communications. Some were frustrated with their eyesight or hearing problems and lacked confidence in their own abilities to use ICT. Despite the government's efforts to promote the use of ICT, the take-up of older people on ICT is not straightforward. Therefore, the government and other organizations may need to be more proactive in encouraging older people to use ICT, and adopt tailor-made approaches to address their learning of ICT tools to improve their use of ICTs.

3.3.2 Civic participation

Civic participation is closely related to the concept of productive ageing, emphasizing individual responsibility, self-reliance and contribution (Hooyman & Kiyak, 2011). Studies have shown that civic engagement helps improve the self-rated health and dysfunction of older people, which contributes to a better quality of life (Batista & Cruz-Ledón, 2013; James, Nancy, & Philip, 2007).

As shown in Table 2.1, 33.7% of older people participated in civic activities in 2017-2018, an increase of 4.1% compared to 29.6% in 2016-2017. The telephone survey in 2017 also found that participation in civic activities was associated with better self-rated health. Among the elderly who had participated in civic activities, 70% rated their health as “good” or “very good”, compared to only 60.8% of the inactive older adults. Civic participation is also associated with social connections. Those who participated in civic activities had better social connections. 83.8% of them received help from relatives or friends when needed, while only 71.3% of the elderly who did not participate in civic activities had good social connections.

Various factors may have contributed to this improvement, but the increasing number of organizations available for elders beyond elderly centres and platforms for senior citizens to voice their opinions are doubtless significant contributory factors. The changing profile of older people who are more educated and financially better off has led to the formation of associations and networks such as Happy Retired, the Institute of Active Ageing (Hong Kong Polytechnic University) and the Network of Ageing Well for All (CUHK). It is anticipated that this trend will continue to enhance the civic participation of older people.

3.3.3 Lifelong learning

Lifelong learning not only enhances personal development, social inclusion, and active citizenship but also improves self-sustainability, as well as employability and competitiveness (Commission of the European Communities, 2006). It is not limited to specific life periods and age groups and is crucial to ageing successfully and actively. Lifelong learning has also been associated with a range of positive health outcomes for older people. Longitudinal studies have shown that adult learning is linked with smoking cessation, amount of exercise taken and life satisfaction (Feinstein & Hammond, 2004). Furthermore, it has been shown that adult learning fosters a sense of identity, an ability to cope and a feeling of purpose in life (Hammond, 2004). The data from the telephone survey 2017 suggests that lifelong learning was associated with better self-rated health. Of the participants who indicated that they had participated in regular education or training in the preceding 12 months, 72.3% reported that they had good/very good/excellent self-rated health, as opposed to only 63.6% of those who had not participated in any regular education or training. Although lifelong learning is crucial to ageing successfully, participation in learning among older people is low.

Among the respondents to the telephone survey in 2017, only one in four (24%) participated in regular education or training (Table 2.1). This was comparable to the findings reported by the Organization for Economic Co-operation and Development (OECD) that 27% of older adults aged 55 to 64 participated in formal and/or non-formal education (Organisation for Economic Co-operation and Development, 2012). In addition, analysis of the data from the telephone survey in 2017 revealed that lifelong learning was more common among those with higher education attainment. In other words, those with lower education

attainment were less likely to participate in lifelong learning. To proactively address the challenges posed by rapidly ageing populations, it is important that the engagement of older people, particular those with lower education attainment, in lifelong learning is given greater priority. The HKSAR Government and other stakeholders have been providing and enhancing the variety of learning programmes for elders such as Elder Academies and Capacity Building Mileage Programme. Our data also suggests an increasing trend in lifelong learning participation between 2016-2017 and 2017-2018 (from 21.7% in 2016-2017 to 24% in 2017-2018, Table 2.1).

Box 3.5 Elder Academy

The Elderly Commission established 25 additional Elderly Academies in Hong Kong from 2014 to June 2016 and has implemented a series of enhancements to encourage older people to make better use of their time and to remain abreast of developments by acquiring new knowledge and skills, especially the use of information and communication technology (Labour and Welfare Bureau, 2016). Up to the end of the 2018-19 academic year, around 140 Elder Academies had been established in primary and secondary schools and post-secondary institutions in various districts of Hong Kong (Elder Academy, 2018). Many computer courses, smartphone application courses and tablet computer application courses are also being provided for the elderly.

Box 3.6 Capacity Building Mileage Programme

The Capacity Building Mileage Programme (CBMP) organized by the Women's Commission offers a wide range of learning courses for women of all ages. The programme aims to encourage lifelong learning and improve personal abilities for women from different backgrounds and educational levels, and to help them develop positive thinking and internal strength so that they will be able to cope with the different challenges of life (Women's Commission, 2018).

3.4 Enabling Environment

The performance of this domain was poor in 2017-2018 compared with that of the three other domains. The indicators which saw the largest extent of increase and decrease of scores ("Housing", "Satisfaction with public transport", "Satisfaction with leisure activities and events", and "Satisfaction with health services") are discussed below.

3.4.1 Housing

Suitably designed housing can meet the individual needs of the older person, especially those with functional limitations (Center for Health Development, WHO, 2015). As there is a positive correlation between housing quality and quality of life (Illesanmi, 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 people. The Senior Citizen Home Safety Association also initiated a 3-year programme "Smart Home for Seniors Pilot Programme" in 2017. The programme pioneers a home-based elderly care platform that integrates smart home technology to empower

older people to age more independently, safely and smartly (Senior Citizen Home Safety Association, 2015).

However, older people in Hong Kong were less satisfied with their housing environment this year. In the HKEQOL Index 2017-2018, the indicator of housing in the enabling environment decreased from 4.17 to 3.88 (Table 2.2). 72.3% of people aged 50 and above were satisfied with the conditions of their living place (Table 2.1), down by 6.8% from the previous year's figure (77.6%). The survey conducted in the JCAFC programme may shed light on some of the reasons why older people expressed having difficulties in household maintenance, such as their inability to afford the maintenance costs and lack of reliable maintenance related information.

3.4.2 Satisfaction with public transport

Hong Kong has a wide range of public transport modes, including railways, buses, minibuses, taxis, ferries and trams (Transport Department, 2019a). A non-means-tested public transport fare subsidy scheme has been introduced by the Government (MTR Corporation Limited, 2019). In particular, railways run by the MTR Corporation Limited account for approximately 42% of all trips made on public transport daily. The MTR offers safe, efficient, reliable, and comfortable transport services to the majority of Hong Kong people residing in all districts. In railways, buses, ferries, and trams, priority seats and accessible facilities are offered to people in need, for example, older people with disabilities. A number of accessible facilities including wheelchair ramp and positions, super-low-floor, non-slip flooring, etc. are currently provided in franchised buses (The Kowloon Motor Bus Co. (1933) Ltd., 2016). Mobile apps enable users to estimate when they will arrive at their destinations. In order to engage older people more in community activities and services, the HKSAR government introduced the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities in 2012 (Labour and Welfare Bureau, 2017). People aged 65 or above and the disabled are eligible to enjoy designated public transport modes and services at a concessionary fare of \$2 per trip.

According to the HKEQOL Index, the rating of "satisfaction with public transport" dropped considerably from 4.17 in 2016-2017 to 3.87 in 2017-2018 (i.e., -7.19%) (Table 2.2). This may be due to a number of incidents during the data collection period which affected the subjective perception of older people. Negative coverage reported in the news included a firebomb attack at Tsim Sha Tsui MTR Station (The Government of the Hong Kong Special Administrative Region, 2017), complaints against carpark charges and services (Consumer Council, 2018), and complaints against taxi drivers (South China Morning Post, 2019). In particular, the number of complaints against taxi drivers reached a record high of 11,000 in 2018, with bad driving, longer routes, and overcharging being the major gripes. In response, the Transport Department established a committee comprising representatives from the taxi trade, the Legislative Council, academia, the Consumer Council, the Hong Kong Tourism Board and organizations of persons with disabilities, to oversee and improve taxi service quality (Transport Department, 2019b).

3.4.3 Satisfaction with leisure activities and events

Leisure activities and facilities are vital components of healthy ageing. An environment conducive to leisure activities and facilities will greatly contribute to the well-being and quality of life of older adults. Studies have shown that various types of leisure activities and facilities are significantly associated with self-rated health

and dysfunction in older people in Hong Kong (Chou, Chow, & Chi, 2004), and that increased participation in social activities is related to better physical and mental health (Fernandez-Ballesteros, Dolores-Zamarron, & Angel Ruiz, 2001; Toepoel, 2013).

In 2017-2018, 53.8% of older people were satisfied with the leisure activities and facilities, an increase of 2.3% from 51.5% in 2016-2017 (Table 2.1). The result may reflect the improvement of leisure activities and facilities available in Hong Kong. For example, in 2017-18 a range of new facilities were provided, including three sports centres in Wan Chai, Yuen Long, and Tsing Yi; a heated swimming pool in Tsing Yi; age-friendly facilities (such as elderly fitness equipment, priority seats, and the new leisure angling ancillary facilities) at Tai Po Waterfront Park promenade, and areas (e.g., Tai Kwun, a centre for heritage and arts (Tai Kwun Centre for Heritage and Arts, 2019), and XiQu, an arts venue dedicated to promoting the heritage of xiqu (West Kowloon Cultural District Authority, 2019) which might be of interest to elder people (Leisure and Cultural Services Department, 2018).

Box 3.7 Leisure facilities for the elderly

In order to promote the use of physical activity facilities for the elderly in Hong Kong, the government provides designated outdoor areas for older people. The Leisure and Cultural Services Department (LCSD) provides over 2,400 sets of fitness equipment such as rider, Tai Chi wheels, pull-down machine, twister and stepper, and about 460 outdoor leisure venues with fitness equipment suited to the needs of the elderly (Development Bureau, 2017).

Box 3.8 Leisure activities for the elderly

In addition, to celebrate the 20th anniversary of the establishment of the HKSAR, the LCSD exceptionally opened fee-charging facilities such as museums for free use to the public, such as indoor and outdoor leisure facilities, and various types of crafts at water sports centres, and free entry to public swimming pools in 2017 (Leisure and Cultural Services Department, 2018).

3.4.4 Satisfaction with 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 also been found to be associated with health status and quality of life (Pölluste, Kallikorm, Meiesaar, & Lember, 2012).

Between 2016-2017 and 2017-2018, the proportion of respondents who were satisfied with health services decreased from 68.4% to 62.9% (Table 2.1). This seems to suggest that the current health service system was failing to cope with the increasing demand of older people. However, these findings cannot indicate what areas of healthcare provision might be in need of change or improvement. Nevertheless, data from the Jockey Club Age-friendly City Project have indicated some areas where improvements could be made to health services, such as long waiting times for medical services, the unfriendly General Out-patient Clinic Telephone Appointment System, delayed medical treatment owing to long waiting times at government clinics and costly medical fees (particularly for older people aged 60-69 who are not eligible for The Elderly Health Care Voucher Scheme). This data indicates the areas of healthcare provision which are particularly in need of improvement.

Chapter 4

Way Forward

Chapter 4 Way Forward

The findings of the second HKEQOL Index are broadly consistent with those observed in the previous year. The Institute will monitor closely the trend of the overall well-being of older people in Hong Kong in the years ahead. Particular attention will be given to the areas discussed below.

4.1 Trend Analysis of the HKEQOL Index

The HKEQOL Index provides a trend analysis of the well-being outcomes of older people in four important domains: Income Security, Health Status, Capability, and Enabling Environment. While more time is still needed to generate the trends of domains and indicators for analysis, the results of the Index have illustrated some areas that require a closer look such as “satisfaction in health services”. These findings are therefore an important reference for initiatives such as the Jockey Club e-Health Community Care Project which aims to apply eHealth solutions to empower individuals in health management, and to promote elderly centres as the first point of contact for detecting and addressing the health and social needs of the elderly (The CUHK Jockey Club Institute of Ageing, 2016). Annual updating of the Index in the years ahead will generate useful data to enable strategies on how to improve the quality of life among older adults to be reviewed and developed.

4.2 Topical Report on Capability as Domain-specific Analysis of Well-being of Older People

Both AgeWatch Index for Hong Kong and the HKEQOL Index provide a broad overview of the well-being of older people in Hong Kong in different domains. To conduct more in-depth analyses of the impacts of each domain on the well-being of elders beyond numbers and rankings, the Institute will continue to research and publish topical reports for Hong Kong based on the four domains of the Index. The third topical report, focusing on the domain of Capability, will consider education, employment, information and communication technology, and social and civic participation among Hong Kong older adults.

4.3 From Indexes to Age-friendly City

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 the District Councils, have developed action plans to improve the age-friendliness of 18 districts in Hong Kong. The WHO’s eight domains of an age-friendly city cover a wide range of areas, from outdoor spaces and buildings to social inclusion and respect to community support and health services. The AgeWatch Index for Hong Kong and the HKEQOL Index are useful tools for assessing the overall age-friendliness of Hong Kong and for evaluating action plans and other age-friendly initiatives taken by the local districts, private sector and other community partners.

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Appendix

Appendix 1 - Comments on Age Watch Index components of the HKEQOL 2017 and 2014 international rankings, in relation to societal change

There are eight indicators commonly or correspondingly adopted by the Age Watch Index (AWI) and the Hong Kong Elderly Quality of Life Index (HKEQOL) among four domains. In the domain of Income Security, they are “Pension income security”, and “Poverty rate in old age”. The domain of Health Status included “Life expectancy at 60”. The domain of Capacity possesses “Employment of older people” and “Educational status of older people”. The domain of Enabling Environment consists of “Satisfaction in public transport”, “Physical safety”, and “Social connections”.

As shown in Table A, with respect to figures of Income Security between 2014 and 2017, the percentage of older people receiving OAA, OALA, and CSSA slightly decreased by 3% from 72% in 2014 to 69% in 2017. The poverty rate in old age also turned downward, from 42.8% in 2014 to 33.7% in 2017. Regarding pension income security, trends of the outcomes need to be further observed and investigated in view of a policy change whereby the fee waiver for public healthcare services was further extended in 2017 (Hong Kong Government, 2018a).

In the domain of Health Status, the average number of years a person aged 60 was expected to live increased to 26.49 in 2017 from the 2014 figure of 26.10. It appears that Hong Kong older adults have satisfactory level of health, but that their psychological well-being is a matter of concern (Woo, Yu, Yang, Wong, et al., 2018). Furthermore, although Hong Kong has the highest life expectancy in the world for men and women, it has no specific ageing policy. This may reflect a sense of complacency induced by the territory’s long-life expectancy (Woo, 2020).

Two indicators in the domain of Capacity (Employment of Older People and Educational Status of Older People) improved in 2017. In particular, while “Percentage of older people with secondary or higher education” increased from 42.6% to 48.9% owing to a demographic shift, “percentage of people aged 55-64 that are employed” increased from 51.1% to 55.9%. Public pressure for the employment of mature people aged 50 and above has been increasing recently (Legislative Council Secretariat, 2018a). Though there are still insufficient career opportunities for mature persons, the overall labour force participation rate of mature persons in Hong Kong increased significantly from 37% to 43% between 2007 and 2017 (Legislative Council Secretariat, 2018a). In addition to the measures developed by the Government, including job fairs for mature and older people organized occasionally by the Labour Department (Legislative Council Secretariat, 2018a), social enterprises and the business sector have provided more openings for mature persons.

In the domain of Enabling Environment, “Satisfaction with public transport” and “Physical safety” decreased by 6.4% (from 83.0% to 76.6%) and 10.3% (from 87.0% to 76.7%) respectively. In the light of the recent introduction of policy initiatives that may make the city more age-friendly and livable, these results will be closely monitored in future annual updates of the HKEQOL. The importance of this domain is specified in the topical report on Enabling Environment (Woo, Yu, Chau, & CUHK Jockey Club Institute of Ageing, 2017). Public transport continues to improve, and issues such as the expansion of the railway network, improvement of the pedestrian environment, better traffic conditions, and the development of a “public transport ecosystem” have been addressed in the HKSAR Government’s Policy Agenda (Hong Kong Government, 2018e). In terms of Physical Safety, walkability has been promoted and Kowloon East has been selected to implement an initiative entitled Energising Kowloon East (Hong Kong Government, 2018e). The score for Social Connections increased by 4.5%, from 71.0% to 75.5%, perhaps

reflecting efforts to strengthen the social connections of older people by promoting gerontechnology and developing communication devices which appeal to this age group (Legislative Council Secretariat, 2018b). Further efforts should be made to promote gerontechnology in Hong Kong through cross-sectoral collaboration (Mok, 2018).

Integrating societal indicators into regularly-updated statistical databases is of particular importance for an index related to ageing well in rapidly ageing societies (Woo, 2020). As the HKEQOL incorporates the AWI, a broad overview regarding the well-being of local older adults under different domains can be obtained.

Table A – Figures / rankings of common indicators shared by AWI and HKEQOL between 2014 and 2017

| Domain | Common Indicator ¹ | Definition ¹ | 2014 Figures (Rank ²) ³ | 2017 Figures |
|----------------------|--|---|--|-----------------|
| Income Security | 1.1 Pension income security | % of people aged 65 and above receiving OAA, OALA & CSSA | 72.0% (60th) | 69.0% |
| | 1.2 Poverty rate in old age | % 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 | 42.8% (95th) | 33.7% |
| Health Status | 2.1 Life expectancy at 60 | The average number of years a person aged 60 is expected to live | 26.10 (1st) | 26.49 |
| Capability | 3.1 Employment of older people | % of people aged 55-64 that are employed | 51.1% (59th) | 55.9% |
| | 3.2 Educational status of older people | % of people aged 60 and above with secondary or higher education | 42.6% (47th) | 48.9% |
| Enabling Environment | 4.2 Satisfaction with public transport | % of people aged 50 and above satisfied with the public transportation system in Hong Kong | 83.0% (2nd) | 76.6% |
| | 4.3 Physical safety | % of people aged 50 and above who feel safe when they are walking alone at night in the area where they live | 87.0% (3rd) | 76.7% |
| | 4.6 Social connections | % of people aged 50 and above who have relatives or friends they can count on to help when they are in trouble | 71.0% (73rd) | 75.5% |

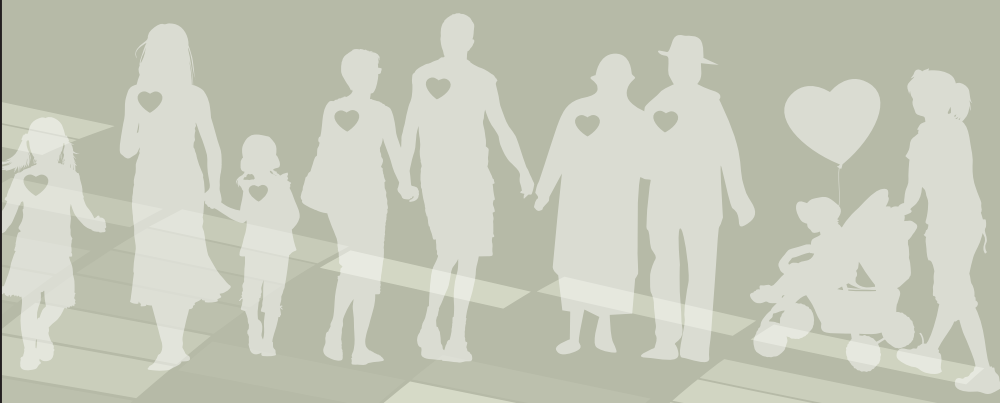
1 For details, please refer to:

Woo, J., Wong, H., Yu, R., Cheung, J., CUHK Jockey Club Institute of Ageing, & The Centre for Quality of Life, Hong Kong Institute of Asia-Pacific Studies, CUHK (2018). *Report on AgeWatch Index for Hong Kong 2016 and Hong Kong Elder Quality of Life Index*. The Hong Kong Jockey Club.

2 Rankings of Hong Kong (out of 97 countries / territories). Overall, Hong Kong ranked 24th among 97 countries/ territories in 2014.

3 For details, please refer to:

Woo, J., Wong, H., Yu, R., Chau, A., CUHK Jockey Club Institute of Ageing, & The Centre for Quality of Life, Hong Kong Institute of Asia-Pacific Studies, CUHK (2016). *Report on AgeWatch Index for Hong Kong 2014*. The Hong Kong Jockey Club.



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ISBN: 978-988-13333-7-7

