



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 2018



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

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The Hong Kong Jockey Club Charities Trust  
同心同步同進 RIDING HIGH TOGETHER

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

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 of Hong Kong in 2015; and supporting the implementation of the Jockey Club Age-friendly City Project initiated and funded by The Hong Kong Jockey Club Charities Trust.

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

## **Vision**

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

## **Mission**

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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 is a natural process. However, a rapidly ageing population such as we have in Hong Kong can bring about societal challenges. To address this issue, and to enhance the quality of life for people as they age, The Hong Kong Jockey Club Charities Trust is committed to helping Hong Kong become an age-friendly city. Indeed, the 'Elderly' is one of four strategic areas of focus for the Trust's donations, the others being 'Youth', 'Sports', and 'Arts, Culture & Heritage'.

Since 2015, the Trust has approved over HK\$190 million to implement the Jockey Club Age-friendly City Project. Initiated in partnership with Hong Kong's four gerontology research institutes, the project has adopted a bottom-up, district-based approach to promote an age-friendly culture in all 18 of Hong Kong's districts. A wide variety of district-based and public education programmes have been implemented, and as result the age-friendly movement is gaining momentum across the city. Each District Council has established a committee or working group tasked with enhancing the age-friendliness of their community. In addition, all districts have joined the World Health Organization's Global Network for Age-friendly Cities and Communities. The business sector has also been adopting age-friendly practices following the launch of the Jockey Club Age-friendly City Partnership Scheme in 2018.

Since 2014, the Trust has commissioned the CUHK Jockey Club Institute of Ageing to compile reports on the local AgeWatch Index for Hong Kong. Subsequently, the Hong Kong Elder Quality of Life Index (HKEQOL) was developed to assess the well-being of the city's elderly in a more comprehensive manner. The latest Report on HKEQOL, incorporating the AgeWatch Index for Hong Kong 2018, provides a useful reference for more effective project planning and policy formulation.

Last but not least, we are delighted to share that the Jockey Club Age-friendly City Project has been selected as one of the eight best projects to be presented in the Global Solutions Forum 2020 under United Nations' Sustainable Development Solutions Network. The Forum brings together sustainable development experts from around the world to showcase how they are implementing local initiatives that are advancing the Sustainable Development Goal.

I would like to express my sincere gratitude to the CUHK Jockey Club Institute of Ageing for their tremendous effort in preparing this report. An age-friendly city not only benefits the elderly, but citizens of all ages, helping to enhance relationships and build inter-generational harmony. I believe its findings will further enhance public awareness of the need for an age-friendly city and serve as a useful resource for the Government, non-governmental organisations, academia and the business sector, all of whom are integral to its success.

**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 2018 report represents the third 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 local older people 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 third 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 2018-19 showed a slight deterioration (0.04%) 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 anticipated that this report can arouse public awareness of the subject of the well-being of older people 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，以制定有效政策應對未來社會人口的轉變。因此，香港中文大學（中大）賽馬會老年學研究所獲香港賽馬會慈善信託基金委託，連續第三年計算出「香港長者生活質素指數」。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。新的指數內的22個指標涵蓋4個領域，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，2018-2019年「香港長者生活質素指數」輕微回落0.04%，而整體上沒有明顯的變化。

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, 2017). 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 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.

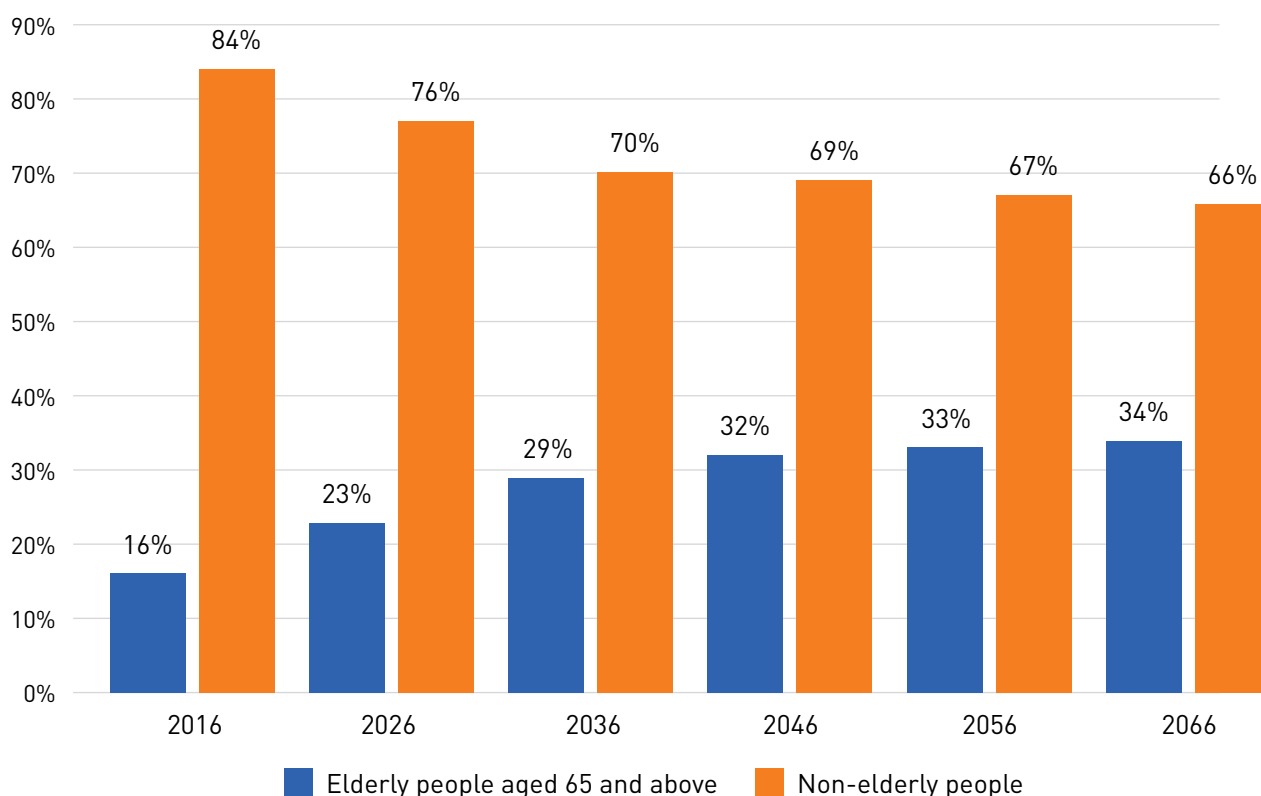
Since the release of the Policy Framework on Active Ageing, the WHO has turned its attention to the environmental and social factors that contribute to active ageing in urban settings. The concept of an "age-friendly city" was developed to encourage active ageing by optimizing opportunities for health, 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 2018*, 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 (2017)



**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 2018-2019

# Chapter 2 Hong Kong Elder Quality of Life Index 2018-2019

## 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 mid 2019) 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 1,200 respondents aged 50 and above to update the indicators. The latest telephone survey was conducted between 11 April and 10 May 2019. 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 Domain 2, 3, and 4 is 4.17.

In HKEQOL 2018-19, the score of each indicator is calculated based on the percentage change of value (i.e.,  $\text{New score} = (1 + \frac{\text{New value} - \text{Base value}}{\text{Base value}} \times \text{Weight})$ ). All indicator values are expressed as positive values, so that the higher the value, the better the outcome that the corresponding indicator represents. In other words, a few indicator values (*poverty rate, hospitalization, frailty, and mental health*), need to be reversed. (i.e.,  $\text{New score} = (1 - \frac{\text{New value} - \text{Base value}}{\text{Base value}} \times \text{Weight})$ ). The total scores of the Index and each domain are computed by summing up the score of individual indicators.

## 2.3 Results

In this section, we consider how Hong Kong older adults' quality of life has changed. The latest figure of each indicator is summarized in Table 2.1. The scores of the HKEQOL Index and its individual indicators are presented in Table 2.2. Overall the HKEQOL Index 2018-19 was 100.95, down slightly (0.04%) from the previous year. Of the various individual domains, Income Security was 25.27, Health Status was 23.85, Capability was 27.83, and Enabling Environment was 24.00. The domains Income Security and Capability improved by 0.32% and 5.30% respectively. Health Status and Enabling Environment deteriorated by 4.56% and 1.52% respectively (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	2017-18 Figures	2018-19 Figures	Source
Income Security	1.1 Pension income security <sup>(2)</sup>	% of people aged 65 and above receiving OAA, OALA & CSSA	69%	71%	Social Welfare Department
	1.2 Poverty rate in old age <sup>(1)(2)(4)</sup>	% 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	33.7%	33.4%	Census and Statistics Department
	1.3 Satisfaction with financial status <sup>(1)</sup>	% of people aged 50 and above who have enough money for usual expenses	64.3%	64.6%	Telephone survey
	1.4 Preparation for contingency expenses <sup>(1)</sup>	% of people aged 50 and above who have enough financial resources for contingency expenses	65.7%	63.8%	
Health Status	2.1 Life expectancy at 60 <sup>(2)</sup>	The average number of years a person aged 60 is expected to live	26.49	26.97	Census and Statistics Department
	2.2 Elderly hospitalization <sup>(3)(4)</sup>	Patient days of people aged 65 and above	3.65	3.76	Hospital Authority
	2.3 Self-rated health condition <sup>(3)</sup>	% of people aged 50 and above who self-rated their health as "good"	64.2%	62.1%	Telephone survey
	2.4 Frailty <sup>(3)(4)</sup>	% 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)	14.9%	16.2%	

Domain	Indicator	Definition	2017-18 Figures	2018-19 Figures	Source
Health Status	2.5 Mental health <sup>(3)(4)</sup>	Mean K6 score among people aged 50 and above [K6 consists of 6 items: nervous, hopeless, restless, depressed, effort, worthless; possible range of total score: 0–24]. A higher score means poorer mental health status	4.10	4.63	Telephone survey
	2.6 Subjective well-being: Life satisfaction <sup>(1)</sup>	Mean of the OECD life satisfaction among people aged 50 and above (possible range of total score: 0–10)	6.85	6.73	
Capability	3.1 Employment of older people <sup>(1)(2)</sup>	% of people aged 55–64 that are employed	55.9%	57.0%	Census and Statistics Department
	3.2 Educational status of older people <sup>(2)</sup>	% of people aged 60 and above with secondary or higher education	48.9%	50.2%	
	3.3 Use of information and communication technology <sup>(1)</sup>	% of people aged 50 and above who surfed the Internet and used smart devices such as smart phones or iPads over the past month	50.5%	49.5%	Telephone survey
	3.4 Social participation <sup>(1)</sup>	% of people aged 50 and above who volunteered	13.0%	14.2%	
	3.5 Civic participation <sup>(3)</sup>	% of people aged 50 and above who participated in organizations and associations (excluding volunteering)	33.7%	35.9%	
	3.6 Lifelong learning <sup>(1)</sup>	% of people aged 50 and above who attended any formal learning activities, such as courses, seminars, conferences or private lessons or instructions	24.0%	26.9%	
Enabling Environment	4.1 Housing <sup>(1)</sup>	% of people aged 50 and above satisfied with the conditions of their living place	72.3%	73.1%	Telephone survey
	4.2 Satisfaction with public transport <sup>(1)(2)</sup>	% of people aged 50 and above satisfied with the public transportation system in Hong Kong	76.6%	75.0%	
	4.3 Physical safety <sup>(1)(2)</sup>	% of people aged 50 and above who feel safe when they are walking alone at night in the area where they live	76.7%	75.8%	
	4.4 Satisfaction with leisure activities and events <sup>(3)</sup>	% of people aged 50 and above satisfied with the leisure activities and facilities in the community	53.8%	53.5%	
	4.5 Satisfaction with health services <sup>(1)</sup>	% of people aged 50 and above satisfied with access to health services in Hong Kong	62.9%	59.2%	
	4.6 Social connections <sup>(2)</sup>	% of people aged 50 and above who have relatives or friends they can count on to help when they are in trouble	75.5%	74.9%	

(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	2017-18 Score	2018-19 Score	% Change
<b>1. Income Security</b>			
1.1 Pension income security	6.25	6.43	+2.88
1.2 Poverty rate in old age	6.38	6.43	+0.78
1.3 Satisfaction with financial status	6.29	6.32	+0.48
1.4 Preparation for contingency expenses	6.27	6.09	-2.87
<b>Domain 1 Total</b>	<b>25.19</b>	<b>25.27</b>	<b>+0.32</b>
<b>2. Health Status</b>			
2.1 Life expectancy at 60	4.17	4.25	+1.92
2.2 Elderly hospitalization	4.22	4.09	-3.08
2.3 Self-rated health condition	4.08	3.94	-3.43
2.4 Frailty	4.37	4.01	-8.24
2.5 Mental health	4.02	3.50	-12.94
2.6 Subjective well-being: Life satisfaction	4.14	4.07	-1.69
<b>Domain 2 Total</b>	<b>24.99</b>	<b>23.85</b>	<b>-4.56</b>
<b>3. Capability</b>			
3.1 Employment of older people	4.23	4.31	+1.89
3.2 Educational status of older people	4.34	4.46	+2.76
3.3 Use of information and communication technology	4.06	3.97	-2.22
3.4 Social participation	4.45	4.87	+9.44
3.5 Civic participation	4.74	5.06	+6.75
3.6 Lifelong learning	4.60	5.16	+12.17
<b>Domain 3 Total</b>	<b>26.43</b>	<b>27.83</b>	<b>+5.30</b>
<b>4. Enabling Environment</b>			
4.1 Housing	3.88	3.93	+1.29
4.2 Satisfaction with public transport	3.87	3.79	-2.07
4.3 Physical safety	4.17	4.12	-1.20
4.4 Satisfaction with leisure activities and events	4.35	4.32	-0.69
4.5 Satisfaction with health services	3.83	3.60	-6.01
4.6 Social connections	4.27	4.24	-0.70
<b>Domain 4 Total</b>	<b>24.37</b>	<b>24.00</b>	<b>-1.52</b>
<b>Index Total</b>	<b>100.99</b>	<b>100.95</b>	<b>-0.04</b>

- (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

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The status of older people's income security in Hong Kong slightly improved, from 25.19 in 2017-2018 to 25.27 in 2018-2019 (an increase of 0.3%; Table 2.2). The indicator Pension Income Security increased the most in this domain, from 6.25 in 2017-2018 to 6.43 in 2018-2019 (an increase of 2.9%; Table 2.2). The improvement in this domain likely reflects the slight decline in Poverty Rate in Old Age and an improvement in Satisfaction in Financial Status. Preparation for Contingency Expenses decreased.

### Indicator 1.1: Pension Income Security

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According to the 2019 figures from the Social Welfare Department, 71% of Hong Kong's older people received a pension of some sort (Table 2.1). Specifically, 19%, 41%, 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. The score of the indicator Pension Income Security increased from 6.25 in 2017-2018 to 6.43 in 2018-2019 (an increase of 2.88%; Table 2.2).

### Indicator 1.2: Poverty Rate in Old Age

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The poverty rate for the population aged 60 and above was 33.4% in 2018-2019 (Table 2.1), a slight drop of 0.3% (33.7%; Table 2.1) on the previous year. This reflects a slight decline in the population of older people in poverty.

### Indicator 1.3: Satisfaction with Financial Status

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A total of 64.6% of adults aged 50 and above reported that they had enough money for their usual expenses (Table 2.1). The score of the indicator Satisfaction with Financial Status increased by 0.48%, from 6.29 in 2017-2018 to 6.32 in 2018-2019 (Table 2.2).

### Indicator 1.4: Preparation for Contingency Expenses

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A total of 63.8% of the population aged 50 and above prepared enough financial resources for contingency expenses (Table 2.1). However, the indicator score decreased by 2.87%, from 6.27 in 2017-2018 to 6.09 in 2018-2019 (Table 2.2).

## 2.3.2 Domain 2: Health status

### Overall Performance

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Longer life brings with it 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 2018-2019 deteriorated by 4.56% (Table 2.2). The score of health status was relatively lower than those of the three other domains.

### Indicator 2.1: Life Expectancy at 60

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The average number of the years a person aged 60 was expected to live was 26.97, an increase of 0.48 years over the 2017-2018 figures (26.49 years) (Table 2.1). The score of this indicator increased by 1.92%, from 4.17 in 2017-2018 to 4.25 in 2018-2019 (Table 2.2).

### Indicator 2.2: Elderly Hospitalization

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The number of patient days of older people aged 65 and above was 3.76 days per person in 2018-2019, up by 0.11 days on the 2017-2018 figures (3.65 days; Table 2.1). The indicator Elderly Hospitalization dropped by 3.08%, from 4.22 in 2017-2018 to 4.09 in 2018-2019 (Table 2.2).

### Indicator 2.3: Self-rated Health Condition

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The score of the indicator Self-rated Health Condition deteriorated. In 2018-2019, 62.1% of the population aged 50 and above rated their health as “good” (Table 2.1). The score of Self-rated Health Condition was 3.94 in 2018-2019, down by 3.43% from the previous year (4.08) (Table 2.2). This means that fewer older people perceived themselves to be in good health.

### Indicator 2.4: Frailty

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The score of the indicator Frailty dropped from 4.37 to 4.01 (declined by 8.24%; Table 2.2). This indicator showed the most obvious deterioration in this domain. The worsening frailty score suggests that increasing life expectancy is accompanied by increasing levels of frailty, and may reflect a lack of awareness of frailty assessments and effective interventions. The percentage of people aged 60 and above who were frail increased from 14.9% to 16.2% between 2017-2018 and 2018-2019 (Table 2.1).

### **Indicator 2.5: Mental Health**

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The mental health of older people in Hong Kong deteriorated. It was the poorest performing indicator in the domain of Health Status. The score declined from 4.02 in 2017-2018 to 3.50 in 2018-2019 (a decrease of 12.94%; Table 2.2). Compared with 2017-2018, the figure for the mental health of Hong Kong's older people worsened (based on the K6 stress score, where a higher score means poorer mental health status), increasing from 4.10 to 4.63 (Table 2.1).

### **Indicator 2.6: Subjective Well-being: Life Satisfaction**

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The score of the indicator Subjective Well-being: Life Satisfaction declined from 4.14 in 2017-2018 to 4.07 in 2018-2019 (a decrease of 1.69%; Table 2.2). The current mean score of life satisfaction among people aged 50 and above was 6.73, down slightly (0.12) from the previous year (Table 2.1).

## 2.3.3 Domain 3: Capability

### Overall Performance

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The domain of Capability in Hong Kong's older people showed a significant improvement. This domain increased more significantly than the other three domains. It rose from 26.43 in 2017-2018 to 27.83 in 2018-2019 (an increase of 5.30%; Table 2.2).

### Indicator 3.1: Employment of Older People

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A total of 57.0% of the population aged 55 to 64 were employed (Table 2.1). The score for the indicator Employment of Older People improved by 1.89%, from 4.23 in 2017-2018 to 4.31 in 2018-2019 (Table 2.2).

### Indicator 3.2: Educational Status of Older People

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The score of the indicator Educational Status of Older People improved from 4.34 to 4.46 (an increase of 2.76%; Table 2.2). The percentage of the education level of people aged 60 and above in Hong Kong increased from 48.9% in 2017-2018 to 50.2% in 2018-2019 (Table 2.1). However, while there was some improvement, more than half of the older adults in Hong Kong still had not received secondary or higher education.

### Indicator 3.3: Use of Information and Communication Technology

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In 2018-2019, 49.5% of people aged 60 and above surfed the internet and used smart devices such as smartphones or iPads (Table 2.1). The score of the indicator Use of Information and Communication Technology decreased by 2.22%, from 4.06 in 2017-2018 to 3.97 in 2018-2019 (Table 2.2).

### Indicator 3.4: Social Participation

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The score of the indicator Social Participation increased from 4.45 in 2017-2018 to 4.87 in 2018-2019 (an increase of 9.44%; Table 2.2). 14.2% of adults aged 50 and above had participated in volunteer services, according to the telephone survey (Table 2.1).

### Indicator 3.5: Civic Participation

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The score of the indicator Civic Participation increased from 4.74 to 5.06 (an increase of 6.75%; Table 2.2). 35.9% of people aged 50 and above participated in organizations and associations, according to the telephone survey (Table 2.1).

### Indicator 3.6: Lifelong Learning

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The score of the indicator Lifelong Learning increased from 4.60 to 5.16 (an increase of 12.17%; Table 2.2). 26.9% of adults aged 50 and above attended formal learning activities of lifelong learning, according to the telephone survey. This increase likely reflects the availability of more opportunities for lifelong learning.

## 2.3.4 Domain 4: Enabling environment

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### Overall Performance

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The score of the domain Enabling Environment decreased by 0.37, from 24.37 in 2017-2018 to 24.00 in 2018-2019 (a decrease of 1.52%; Table 2.2). Older people were mainly dissatisfied with health services, public transport and physical safety, whereas they were more satisfied with housing.

### Indicator 4.1: Housing

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The score of the indicator Housing increased from 3.88 to 3.93 (an increase of 1.29%; Table 2.2). 73.1% of people aged 50 and above were satisfied with the conditions of their living place, an increase of 0.8% from the previous year's figure of 72.3% (Table 2.1). Older people in Hong Kong were more satisfied with their housing environment this year.

### Indicator 4.2: Satisfaction with Public Transport

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75% of people aged 50 and above were satisfied with Hong Kong's public transportation system, down by 1.6% from the previous year (Table 2.1). The score of the indicator Satisfaction with Public Transport fell by 2.07%, from 3.87 in 2017-2018 to 3.79 in 2018-2019 (Table 2.2).

### Indicator 4.3: Physical Safety

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Despite a mild drop of 1.2% from 4.17 in 2017-2018 to 4.12 in 2018-2019 (Table 2.2), more than three-quarters (75.8%) of people aged 50 and above felt physically safe when they are walking alone in the area near to their home (Table 2.1).

### Indicator 4.4: Satisfaction with Leisure Activities and Events

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The score of the indicator Satisfaction with Leisure Activities and Events fell from 4.35 to 4.32 (a decrease of 0.69%; Table 2.2). 53.5% of people aged 50 and above were satisfied with the leisure activities and facilities in the community in 2018-2019, compared to 53.8% in 2017-2018, a decrease of 0.3% (Table 2.1).

### Indicator 4.5: Satisfaction with Health Services

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The score of the indicator Satisfaction with Health Services dropped from 3.83 in 2017-2018 to 3.60 in 2018-2019 (a decrease of 6.01%; Table 2.2). Compared to the previous year's telephone survey results, the percentage of respondents who were satisfied with access to health services in Hong Kong fell from 62.9% in 2017-2018 to 59.2% in 2018-2019 (Table 2.1).

### Indicator 4.6: Social Connections

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The score of the indicator Social Connections fell from 4.27 to 4.24 (a decrease of 0.7%; Table 2.2). In 2018-2019, 74.9% of people aged 50 and above had relatives or friends they could count on to help when they were in trouble. In the previous year, 75.5% 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 older people in Hong Kong in terms of income security, health status, capability, and enabling environment. Overall the score of the HKEQOL Index fell by 0.04 from 2017-2018 to 2018-2019, a slight decrease. In terms of the individual domains, Income Security and Capability improved by 0.32% and 5.30% respectively. Health Status and Enabling Environment decreased by 4.56% and 1.52% respectively (Table 2.2). The following section discusses the indicators with more significant changes.

### 3.1 Income Security

Income security among older adults slightly improved this year. The score of the indicator Pension Income Security rose 0.18 points to 6.43, while Preparation for Contingency Expenses fell 0.18 points to 6.09. The scores of the indicators Poverty Rate in Old Age and Satisfaction with Financial Status rose slightly, by 0.05 points and 0.03 points respectively.

#### 3.1.1 Pension income security

The proportion of older adults aged 65 and above receiving Old Age Allowance (OAA), Old Age Living Allowance (OALA), and Comprehensive Social Security Assistance (CSSA) increased from 69% in 2017-2018 to 71% in 2018-2019 (Table 1). The significant rise in the score of the indicator Pension Income Security was found to be a result of policy changes to OALA. OALA is the social security scheme with the largest local coverage, providing a regular allowance for around 550,000 older people in 2019. The asset limits for OALA, which are adjusted every February but rarely fluctuate significantly, were substantially relaxed in May 2017 from \$225,000 to \$329,000 for single older persons and from \$341,000 to \$499,000 for elderly couples (Hong Kong Government, 2017a). The effect of the relaxed asset limits became apparent in 2018 as more older people were eligible to apply for OALA. The policy change significantly expanded the coverage of OALA, thereby benefiting more older people.

#### 3.1.2 Preparation for contingency expenses

The proportion of people aged 50 or above who have enough financial resources for contingency expenses decreased from 65.7% in 2017-2018 to 63.8% in 2018-2019 (Table 2.1). The subjective evaluation on the adequacy of financial resources for contingency expenses depends on incomes, savings, and expected and recurring living expenses and its sources. If the cost of living increases, older adults' financial resources for contingency expense will fall, as most older people in Hong Kong have only limited incomes in old age. As people age, the quality of public health care services and public transport also becomes more important. The fees and charges in public hospitals were increased significantly in 2017, by between 9% and 80% (Hong Kong Government, 2017b). MTR and bus fares also increased in early 2019 (South China Morning Post, 2019; The Standard, 2019), while a large group of older adults aged under 65 were ineligible to benefit from the Government Public Transport Fare Concession Scheme of \$2 per trip or the Public Transport Fare

Subsidy Scheme because they did not spend more than \$400 on public transportation. At the same time, the age of eligibility for Comprehensive Social Security Assistance (CSSA) Scheme was raised from 60 to 65 in February 2019. Older adults who are expected to retire at the age of 60 will no longer be eligible for the CSSA scheme. This changed their perceptions of the adequacy of their financial provision for their future daily life and their assessment of whether they had enough money for contingency expenses.

With increased daily living expenses and reduced future financial resources for some older adults, preparation for contingency expense will definitely be affected among older adults who are less likely to have extra income sources for covering the increased expenditure. The decrease in the score of this indicator also revealed that extra allowance for recipients of OALA and elderly CSSA in June 2018 (Hong Kong Government, 2018b) were not effective in improving older adults' preparation for contingency expenses.

### **Box 3.1 Life annuity scheme as a financial initiative in Hong Kong**

To provide an additional and reliable retirement financial planning option to older people (aged 65 or above), HKMC Annuity Limited, a company wholly-owned by The Hong Kong Mortgage Corporation Limited, launched a life annuity scheme in July 2018. Hong Kong permanent residents aged 65 and above can buy life insurance under this scheme. After paying a single premium, the insurance purchasers will receive a guaranteed fixed monthly income for the rest of their lives (Hong Kong Monetary Authority, 2018a, 2018b).

## **3.2 Health Status**

The health status of older people worsened this year. The indicator Mental Health fell 0.52 points to 3.50 while Frailty dropped 0.36 points to 4.01. Comparatively, small decline was revealed in subjective well-being: Life satisfaction, which was 0.07 points. Only one indicator, life expectancy at 60, was found to turn upward with increase of 0.08 points in this year.

### **3.2.1 Frailty**

Frailty is a state representing decline in functional reserves and is commonly used in the context of the older people 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). In Hong Kong, there has been an increase in rate of older persons (aged 65 and over) who had chronic health conditions and the corresponding rate increased from 74.3% in 2016-17 to 78.1% in 2018-19 (Census and Statistics Department, 2019). Based on the same government report, 37.3% of older persons (aged 65 and above) had the highest doctor consultation rates during the 30 days before enumeration, while 19.2% had been admitted into hospitals during the 12 months before enumeration. Both rates were higher than those of other age groups (Census and Statistics Department, 2019).

As shown in the results for frailty, the prevalence of frailty was 16.2% (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 attributable to the growing size of the ageing population and to longer life expectancy, since frailty is not infrequent among older adults. Another possible explanation is that the community frailty screening used face-to-face interviews, while the present survey was conducted by telephone interviews, and may have included a higher proportion of frail people, who would be more likely to remain at home than those with better physical and mental health.

### 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, 2019). 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. Research studies (e.g., Radicic & Rivardo, 2019) have also found that depression was negatively correlated with meaning in life. The high suicide rate among older people (HKJC Centre for Suicide Research and Prevention, 2019) reflects the need for a more focused examination of how to improve the mental health of older people.

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 2018-2019 was 0.53 points higher than in 2017-2018 (Table 2.1). The Government has promoted mental well-being through the implementation of the Joyful@HK Campaign since 2016 (Department of Health, 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 (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, 2018). Against this background, the well-being of caregivers in an ageing population continues to give cause for concern.

Since the local population is ageing at a faster pace than in most developed economies (Wong & Yeung, 2019), the adequacy of the support provided for mental health sufferers has given rise to concern. Dementia is a mental illness that is estimated to affect almost one-tenth of Hong Kong's elderly population (Food and Health Bureau, 2017). "Dementia Concern", a public education campaign to create a more dementia-friendly environment in Hong Kong, has been funded by The Hong Kong Jockey Club since 2014, and other stakeholders are also addressing the challenges posed by dementia through programmes such as the "Dementia Friendly Community Campaign" and the "Post-diagnostic Support in Dementia Care Programme" (Social Welfare Department, 2019a, 2019b). More work could be done in this area through multi-sectoral collaboration.

#### Box 3.2 Joyful@HK Campaign

In January 2016, the HKSAR Government's Department of Health launched the Joyful@HK Campaign, a mental health promotion initiative (Department of Health, 2019). 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, 2019).

### **Box 3.3 Dementia Friendly Community Campaign**

To improve the provision of dementia community care and support services, the HKSAR Government has introduced a number of initiatives recently (Hong Kong Government, 2017c). With the aim of promoting local public awareness of dementia, the Social Welfare Department launched a 3-year “Dementia Friendly Community Campaign” in September 2018. The intention is to build a dementia friendly community for persons with dementia and their caregivers through a series of public education programmes including announcements in the public interest in television and radio, a thematic webpage, the commissioning of a specialized agency to organize internationally recognized “Dementia Friends” information sessions, television episodes on dementia, a highlight event in January 2019 and district activities organized by all district offices of the SWD (Social Welfare Department, 2019a).

## **3.3 Capability**

Capability among older people improved this year. With the exception of the indicator Use of Information and Communication Technology, which dropped 0.09 points to 3.97, the scores of all other indicators (Employment of Older People, Educational Status of Older People, Social Participation, Civic Participation, and Lifelong Learning) improved, with increases ranging from 0.08 to 0.56 points.

### **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 older people but also reduces the cost of health care, which can help to preserve the capability of the older people, 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 older people to use ICT more widely. The two-year Enriched ICT Training Programme for the Elderly 2018-19, and the Two-year ICT Outreach Programme for the Elderly 2018-19 aim to increase the opportunities for older people to access ICT, widen their social networks and become more integrated into the community (Office of the Government Chief Information Officer, 2019).

Although the HKSAR Government actively promotes the use of ICT for the elderly, such technologies may not be widely used by all older persons. As shown in Table 2.1, 49.5% used ICT products in 2018-2019, compared with 50.5% in 2017-2018. Age appears to be an important factor influencing the adoption of ICT products. The gap is also possibly caused by the rapid pace of change in the ICT world, which requires sustained efforts by older people if they are to keep their knowledge and skills up to date. Many of them, understandably, are unwilling to make the sacrifices of time and effort required for continual consumption of ICT products.

In 2018-2019, compared with 27.5% of the old-old (aged  $\geq 70$  years), 50.3% of the young-old (aged  $< 70$  years) had always used the internet. The findings show that young-old participants were eager to adopt technology, including smartphones, to contact their families and friends and to access information. By

contrast, most old-old individuals did not seem ready to use ICT and preferred face-to-face communications, partly because of eyesight or hearing difficulties and a lack of confidence in using ICT. However, a research study has found that use of ICT likely facilitates psychological well-being among older adults aged 75 or above by promoting their familial contact. This is a particularly salient consideration for frail users (Fang, Chau, Wong, Fung, & Woo, 2018).

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. Such approaches must involve simplifying ICT access and improving ICT literacy among older people.

### 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, 35.9% of older people have participated in civic activities in 2018-2019, compared to 33.7% in 2018. Growth (6.75%) was found in the corresponding score (Table 2.2). The telephone survey in 2018-2019 also found that participation in civic activities was associated with better self-rated health. 67.8% of participants rated their health as "good" or "very good", compared to only 60.1% of the inactive older adults. Civic participation is also associated with social connections. Those who participated in civic activities had better social connections. 94.8% of them received help from relatives or friends when needed, while only 89.2% of the older people 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 older people 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.

#### **Box 3.4 Jockey Club Age-friendly City Project - Safe Housing for the Elderly (Sha Tin) 2018**

The Jockey Club Age-friendly City Project implemented a district-based programme in 2018 in collaboration with the TWGHs Wilson T.S. Wang District Elderly Community Centre in Sha Tin district. Occupational therapists designed an evaluation form to assess the safety of elderly and age-friendly homes, experienced home maintenance instructors provided home assessment and improvement works, and elderly ambassadors were recruited and trained locally to share their views on elderly and age-friendly housing through regular exchange sessions as a form of civic participation (Jockey Club Age-friendly City Project, 2019).

Lifelong learning not only enhances personal development, social inclusion, and active citizenship but also improve 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. Additionally, the participation of older adults (including those typically categorized as “vulnerable”) in learning has been positively linked with their psychological wellbeing, giving them greater autonomy and a sense of fulfilment in their everyday life and, in turn, sustaining their psychological health (Narushima, Liu, & Diestelkamp, 2018). Longitudinal studies have also shown that adult learning is associated with life satisfaction (e.g., Feinstein & Hammond, 2004). Adult learning has been shown to foster a sense of identity, an ability to cope and a feeling of purpose in life (Hammond, 2004). Hong Kong has a long history of implementing learning programmes for older adults, and such programmes and models have been developing and expanding (Leung, 2016).

Among the respondents of the telephone survey in 2018-2019, over one in four (26.9%) participated in regular education or training, an increase of 12.17% over the figure for 2017-2018 (Table 2.1 & Table 2.2). 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 survey in 2018-19 revealed that lifelong learning was more prevalent 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 older people such as Elder Academies and Capacity Building Mileage Programme. Our data also suggests an increasing trend in lifelong learning participation between 2017-2018 (24.0%) and 2018-2019 (26.9%) (Table 2.1).

### **Box 3.5 Elder Academy**

A school-based Elder Academy Scheme was launched jointly by the Labour and Welfare Bureau and the Elderly Commission in 2007 in order to encourage older people to make better use of their time and to keep abreast of the times by acquiring new knowledge and skills, especially the use of information and communication technology (Labour and Welfare Bureau, 2019). Up to the end of the 2019-20 academic year, around 160 Elder Academies have been established in primary and secondary schools and post-secondary institutions in various districts of Hong Kong (Labour and Welfare Bureau, 2019). Many computer courses, smartphone application courses, and tablet computer application courses are also being provided for older people.

### **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 score of the domain Enabling environment worsened in 2018-2019. The scores of five indicators decreased, notable that of Satisfaction with Health Services, while the indicator Housing slightly improved. The indicator Satisfaction with Health Services decreased 0.23 points to 3.60. The decreases in the other indicators were relatively small, ranging from 0.03 to 0.08 points. To take the indicator Satisfaction with Public Transport as an example, decline in the score may be due to room for improvement from the perception of older people, including transportation services to be less physically and cognitively challenging, fulfillment of mobility need, enhancement of services during non-peak hours and for non-working population, etc. (Chui, et al., 2019).

### **3.4.1 Satisfaction with health services**

The proportion of respondents who were satisfied with health services decreased from 62.9% in 2017-2018 to 59.2% in 2018-2019 (Table 2.1). As the demand for health services increased, the government increased the public hospitals service charges in order to alleviate pressure on the public healthcare system. However, these increases failed to curb demand, and Hong Kong's public hospitals are still overcrowded. In early 2019, the Association of Hong Kong Nursing Staff, the Hong Kong Public Doctors' Association and the Frontline Doctors' Union complained about inadequate manpower and resources and excessive workloads (South China Morning Post, 2019c, 2019d). Satisfaction with health services was adversely affected, as waiting times for Accident and Emergency (A&E) and out-patient clinic services increased (South China Morning Post, 2019b). Hong Kong's public health services are overburdened, but most older people still rely on them. According to the Hospital Authority (2019), many new patients seeking medical treatment at specialist out-patient clinics have to wait for more than a year. Some specialties were particularly overloaded. Patients seeking specialist eye treatment at Kowloon East Hospital or specialist treatment for orthopedics and traumatology may have to wait for up to 3 years. Many serious cases of medical malpractice have also been reported in recent years (Hong Kong Government, 2018a; Hong Kong Free Press, 2018), and these incidents have seriously eroded older adults' confidence in the reliability of health services in Hong Kong.

## Chapter 4

# Way Forward

## Chapter 4 Way Forward

The findings of the third 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, some areas clearly require a closer look. The score of the indicator Mental Health, for example, dropped significantly. By contrast, Lifelong Learning improved by more than 12%. These findings are therefore an important reference for initiatives aimed at older people. 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 Income Security as Domain-specific Analysis of Well-being of Older People

The HKEQOL Index, incorporating the AgeWatch Index, provides 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 older people 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. Its fourth topical report, focusing on the domain of Income Security, will consider the perspective and importance of income security, pension income coverage, and the poverty situation 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 Hong Kong Elder Quality of Life Index incorporating AgeWatch Index for Hong Kong is a useful tool 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 2018 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 2018, the percentage of older people receiving OAA, OALA, and CSSA slightly decreased by 1% from 72% in 2014 to 71% in 2018. The poverty rate in old age also fell, from 42.8% in 2014 to 33.4% in 2018. Regarding pension income security, trends of the outcomes need to be further observed and investigated in view of the introduction by the Social Welfare Department of the Higher Old Age Living Allowance (OALA) in 2018 (Hong Kong Government, 2018c) and the further extension of the medical fee waiver for public healthcare services in 2017 (Hong Kong Government, 2018d).

In the domain of Health Status, the average number of years a person aged 60 was expected to live increased to 26.97 in 2018 figure from the 2014 figure of 26.10. It appears that in general 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, viz. Employment of Older People and Educational Status of Older People, improved in 2018. In particular, while “Percentage of older people with secondary or higher education” increased from 42.6% to 57.0% owing to a demographic shift, the “percentage of people aged 55-64 that are employed” increased from 51.1% to 57.0%. Promoting the employment of mature people aged 50 and above has recently been of increasing public concerns (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) and the Employment Programme for the Elderly and Middle-aged launched in 2018 (Labour Department, 2018), social enterprises and the business sector have provided increasing openings for mature persons.

In the domain of Enabling Environment, the scores of the indicators Satisfaction with Public Transport and Physical safety decreased by 8% (from 83.0% to 75.0%) and 11.2% (from 87.0% to 75.8%) 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 3.9%, from 71.0% to 74.9%, 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 2018**

Domain	Common Indicator <sup>1</sup>	Definition <sup>1</sup>	2014 Figures (Rank <sup>2</sup> ) <sup>3</sup>	2018 Figures
Income Security	1.1 Pension income security	% of people aged 65 and above receiving OAA, OALA & CSSA	72.0% (60th)	71.0%
	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)	33.4%
Health Status	2.1 Life expectancy at 60	The average number of years a person aged 60 is expected to live	26.10 (1st)	26.97
Capability	3.1 Employment of older people	% of people aged 55-64 that are employed	51.1% (59th)	57.0%
	3.2 Educational status of older people	% of people aged 60 and above with secondary or higher education	42.6% (47th)	57.0%
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)	75.0%
	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)	75.8%
	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)	74.9%

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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