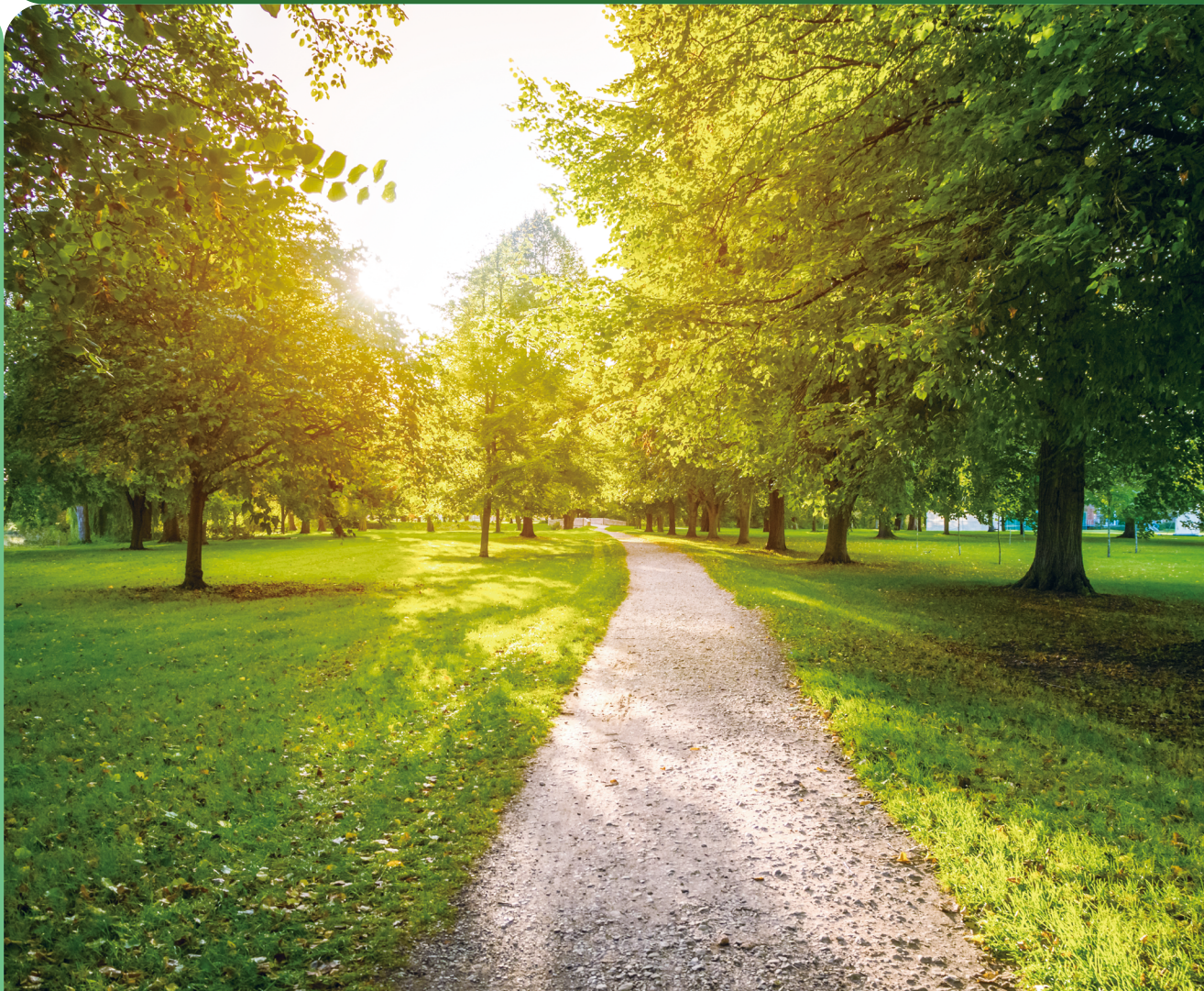




賽馬會齡活城市
Jockey Club Age-friendly City

Report on Hong Kong Elder Quality of Life Index incorporating AgeWatch Index for Hong Kong 2019



香港中文大學
The Chinese University of Hong Kong



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

Initiated and funded by



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The Hong Kong Jockey Club Charities Trust

同心同步同進 RIDING HIGH TOGETHER

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Author: CUHK Jockey Club Institute of Ageing
Publisher: The Hong Kong Jockey Club
Tel: (852) 29668111
Fax: (852) 25042903
Website of Jockey Club Age-friendly City Project: <http://www.jcafc.hk>

Project Team:

Prof. Jean Woo, Director, CUHK Jockey Club Institute of Ageing
Prof. Wong Hung, Associate Professor, Department of Social Work, CUHK
Dr. Daniel Leung, Research Associate, CUHK Jockey Club Institute of Ageing
Ms. Mandy Ng, Research Assistant, CUHK Jockey Club Institute of Ageing
Ms. Emma Lau, Research Assistant, Hong Kong Institute of Asia-Pacific Studies, CUHK
CUHK Jockey Club Institute of Ageing
The Centre for Quality of Life, Hong Kong Institute of Asia-Pacific Studies, CUHK

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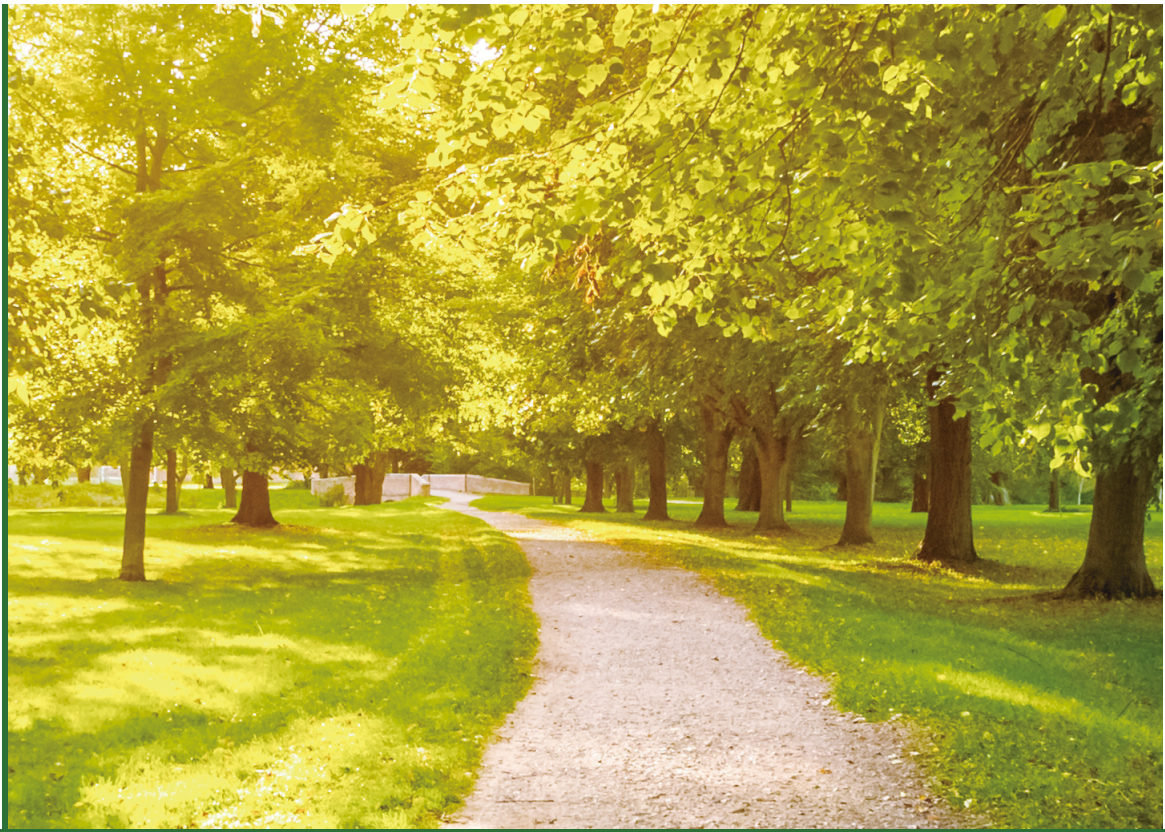
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The Chinese University of Hong Kong Jockey Club Institute of Ageing

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 research 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 research and partnership with charitable organizations, the Institute will continue to build its capacity and serve as a platform of ageing-related research, 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

Hong Kong is facing a rapidly ageing population, and the proportion of older people is expected to increase continuously in the next 15 years. To address the social changes arising from an ageing society and to enhance the quality of life for people as they age, The Hong Kong Jockey Club Charities Trust has dedicated substantial efforts to building Hong Kong into an age-friendly city. 'Elderly' is one of the four strategic focus areas of the Trust, 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 (JCAFC) Project. Partnered with Hong Kong's four major gerontology research institutes, the Project has adopted a bottom-up, district-based approach to promote an age-friendly culture in all of Hong Kong's 18 districts. Through a wide variety of district-based, public education and publicity programmes, the Age-friendly City concept and key messages have been successfully spread across the city.

With the support of the District Councils and the HKSAR government District offices, all 18 districts have successfully joined the World Health Organization's Global Network for Age-friendly Cities and Communities. More than 180 companies and organisations from various industries have participated in the Jockey Club Age-friendly City Partnership Scheme in 2019 and 2020. Good practices, products and services are being recognised and publicised to illustrate the indispensable role the business and public sectors play in supporting age-friendliness. The JCAFC project has been featured as one of the 8 outstanding initiatives globally in the United Nations Sustainable Development Solution Network (UN SDSN) annual Solutions Forum.

Since 2014, the Trust has commissioned the CUHK Jockey Club Institute of Ageing to compile annual reports on the local AgeWatch Index. Subsequently, the Hong Kong Elder Quality of Life Index (HKEQOL) was developed to assess the well-being of the city's elderly in a comprehensive manner. The latest Report on HKEQOL, incorporating the AgeWatch Index for Hong Kong 2019, provides a useful reference for more effective community strategies and policy formulation.

COVID-19 has brought huge challenge to Hong Kong in 2020. Older people, in particular, have had a difficult time due to their physical vulnerabilities. Social distancing measures have also affected their mental health and social participation. As society will gradually adjust to a 'New Normal', we hope to see the well-being of the elderly improves over time.

I would like to express my sincere gratitude to the CUHK Jockey Club Institute of Ageing for its valuable efforts in compiling this report. I believe that the findings will further enhance the public's understanding of Age-friendly City concepts and serve as a useful resource for all stakeholders involved in advancing age-friendly initiatives and policies, including the Government, non-governmental organisations, academia, the business sector and individuals.

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



Executive summary 行政摘要

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 (CUHK) Jockey Club Institute of Ageing, with funding support from The Hong Kong Jockey Club Charities Trust, has compiled the Hong Kong Elder Quality of Life (HKEQOL) Index, incorporating the AgeWatch Index, for the fourth 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 for Hong Kong in relation to the Age-friendly City concept proposed by the World Health Organization (WHO) and includes the Global AgeWatch Index, which uses 22 indicators under four domains. The HKEQOL Index 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 2019-2020 showed a deterioration (7.66%) on the previous year's picture. Although the change was obvious, 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 generate 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.

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，連續第四年計算出「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，2019-2020年「香港長者生活質素指數」回落7.66%。雖然整體上有明顯的變化，然而，為了確定長期的趨勢，持續的觀察及評估是有必要的。

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 Hong Kong 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) (C&SD, 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.

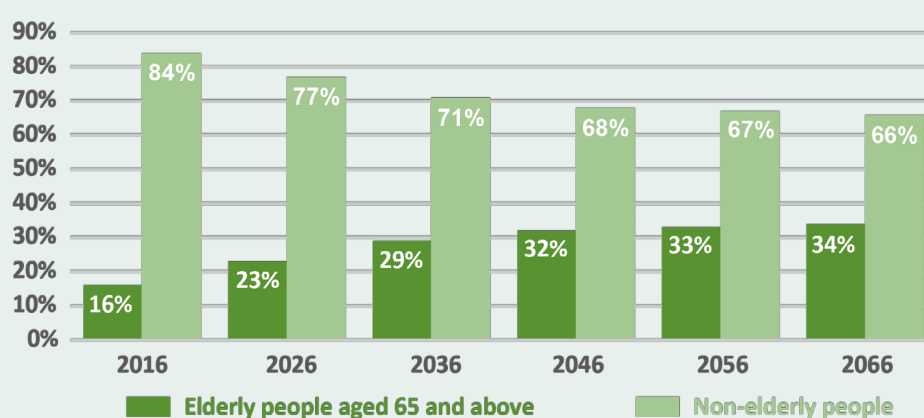


Figure 1.1 The trend of ageing population in 2016–2066 (C&SD, 2017)

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 (WHO, 2002). 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, behavioural, 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 Active Ageing framework, the WHO has turned its attention to 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 involved were the CUHK Jockey Club Institute of Ageing (the Institute), 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 four key domains (Income Security, Health Status, Capability and Enabling Environment) that corresponded with those of the Global AgeWatch Index developed by the HelpAge International, which ranks the well-being of older people in 96 countries. However, because 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 older people in Hong Kong and are of 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 the very concept of an age-friendly city. There was therefore a need for a local index containing the most relevant domains, which are 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 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, data for the indicators was collected. The index covers four domains with 22 indicators. When choosing the indicators of the new index, we referred to *Measuring the age-friendliness of cities: A guide to using core indicators* (WHO, 2015a) as the latest guideline in evaluating age-friendliness of cities (Figure 1.2). The 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 a useful reference for a wide range of stakeholders committed to improving the quality of life and well-being of Hong Kong's older people.

This report presents the relevant latest figures and compares them with the previous year's figures. Chapter 2 outlines the methodology and results of the HKEQOL Index. Chapter 3 discusses indicators with significant improvement or decrement in each domain and the major factors affecting those indicators. Chapter 4 highlights the HKEQOL Index in the development and improvement of Hong Kong as an age-friendly city.

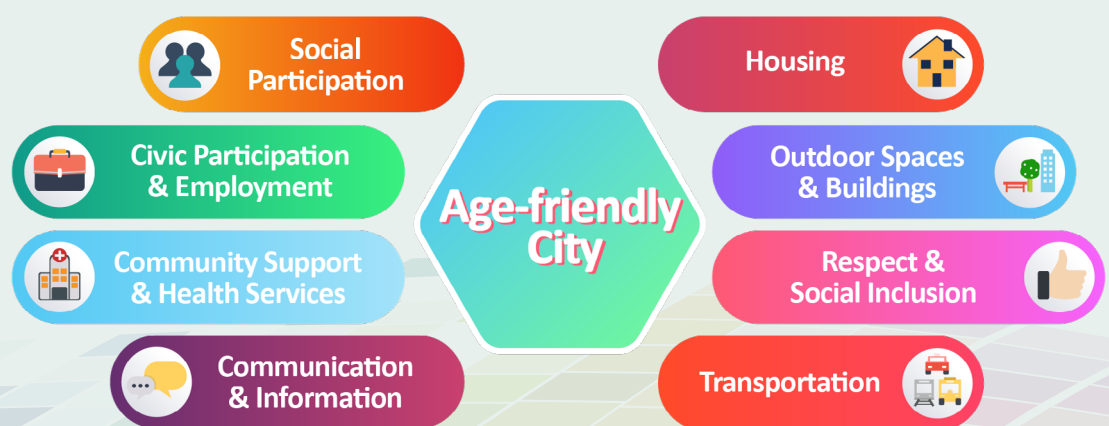


Figure 1.2 The eight domains of an age-friendly city proposed by WHO (2015a)

Chapter 2

Hong Kong Elder Quality of Life Index 2019–2020



Chapter 2 Hong Kong Elder Quality of Life Index 2019–2020

2.1 Introduction

In collaboration with CUHK's Centre for Quality of Life, the Institute has developed the HKEQOL Index, which includes the AgeWatch Index and indicators relating to the age-friendly city concept proposed by the WHO (2015a).

The HKEQOL Index covers four domains and consists of 22 indicators. When choosing the new indicators, we used *Measuring the age-friendliness of cities: A guide to using core indicators* as a guideline in assessing age-friendliness (WHO, 2015a). The expert panel also included locally significant indicators in the index to better reflect the well-being of Hong Kong's older adults.

The HKEQOL Index has three objectives: (1) to capture locally important determinants of well-being among Hong Kong's 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's older people.

2.2 Methodology

2.2.1 Data collection

The Institute collected the latest available figures (up to mid-2020) from the Social Welfare Department (SWD), C&SD, and Hospital Authority. 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 28 April and 29 May 2020. Descriptions and data sources of each indicator are given in Table 2.1. Details of each indicator can be found in the *Report on AgeWatch Index for Hong Kong 2016 and Hong Kong Elder Quality of Life Index* (Jockey Club Age-friendly City Project, 2018, chapter 3).

2.2.2 Data analysis

For the 2016–2017 base year, 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 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 2019–2020, the score of each indicator is calculated based on the percentage change of value (i.e., new score = $(1 + (\text{new value} - \text{base value}) / (\text{base value})) \times \text{weight}$). All indicator values are expressed as positive values, so that the higher the value, the better the outcome the corresponding indicator represents. In other words, some indicator values (Poverty rate, Hospitalization, Frailty and Mental health) need to be reversed (i.e., new score = $(1 - (\text{new value} - \text{base value}) / (\text{base value})) \times \text{weight}$). The total scores of the Index and each domain are calculated by adding the scores of individual indicators.



2.3 Results

In this section, we consider how the quality of life of Hong Kong's older adults 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 2019–2020 was 93.22, which represents a decrease of 7.66% from the previous year. Of the various individual domains, Income Security was 24.73, Health Status was 22.06, Capability was 22.82, and Enabling Environment was 23.61. Compared with last year, this is a decrease of 2.14%, 7.51%, 18.00% and 1.63%, respectively. The decrease of score in Domain 3 (Capability) was particularly alarming (Table 2.2).

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

Domain	Indicator	Definition	2016-17 Figures	2017-18 Figures	2018-19 Figures	2019-20 Figures	Source
Income Security	1.1 Pension income security ⁽¹⁾	% of people aged 65 and above receiving OAA, OALA and CSSA ⁽²⁾	69%	69%	71%	72%	Social Welfare Department
	1.2 Poverty rate in old age ⁽¹⁾⁽³⁾⁽⁴⁾	% of people aged 60 and above in households where the equivalised income is below the poverty line threshold of 50% of the equivalised median income	34.4%	33.7%	33.4%	33.1%	Census and Statistics Department
	1.3 Satisfaction with financial status ⁽³⁾	% of people aged 50 and above who have enough money for usual expenses	63.9%	64.3%	64.6%	60.6%	Telephone survey
	1.4 Preparation for contingency expenses ⁽³⁾	% of people aged 50 and above who have enough financial resources for contingency expenses	65.5%	65.7%	63.8%	60.7%	
Health Status	2.1 Life expectancy at 60 ⁽¹⁾	The average number of years a person aged 60 is expected to live	26.47	26.49	26.97	27.11	Census and Statistics Department
	2.2 Elderly hospitalization ⁽⁴⁾⁽⁵⁾	Patient days of people aged 65 and above	3.70	3.65	3.76	3.68	Hospital Authority
	2.3 Self-rated health condition ⁽⁵⁾	% of people aged 50 and above who self-rated their health as "good"	65.6%	64.2%	62.1%	57.5%	Telephone survey
	2.4 Frailty ⁽⁴⁾⁽⁵⁾	% 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%	16.2%	18.6%	
	2.5 Mental health ⁽⁴⁾⁽⁵⁾	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	3.96	4.10	4.63	5.66	
	2.6 Subjective well-being: Life satisfaction ⁽³⁾	Mean of the OECD life satisfaction among people aged 50 and above (possible range of total score: 0-10) ⁽²⁾	6.90	6.85	6.73	6.33	
Capability	3.1 Employment of older people ⁽¹⁾⁽³⁾	% of people aged 55-64 that are employed	55.1%	55.9%	57.0%	56.7%	Census and Statistics Department
	3.2 Educational status of older people ⁽¹⁾	% of people aged 60 and above with secondary or higher education	46.9%	48.9%	50.2%	51.6%	
	3.3 Use of information and communication technology ⁽³⁾	% 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%	49.5%	56.0%	Telephone survey
	3.4 Social participation ⁽³⁾	% of people aged 50 and above who volunteered	12.2%	13.0%	14.2%	7.4%	
	3.5 Civic participation ⁽⁵⁾	% of people aged 50 and above who participated in organizations and associations (excluding volunteering)	29.6%	33.7%	35.9%	20.1%	
	3.6 Lifelong learning ⁽³⁾	% 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%	26.9%	21.2%	



Domain	Indicator	Definition	2016-17 Figures	2017-18 Figures	2018-19 Figures	2019-20 Figures	Source
Enabling Environment	4.1 Housing ⁽³⁾	% of people aged 50 and above satisfied with the conditions of their living place	77.6%	72.3%	73.1%	70.1%	Telephone survey
	4.2 Satisfaction with public transport ⁽⁴⁾⁽³⁾	% of people aged 50 and above satisfied with the public transportation system in Hong Kong	82.4%	76.6%	75.0%	72.2%	
	4.3 Physical safety ⁽¹⁾⁽³⁾	% 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%	75.8%	68.8%	
	4.4 Satisfaction with leisure activities and events ⁽⁵⁾	% of people aged 50 and above satisfied with the leisure activities and facilities in the community	51.5%	53.8%	53.5%	53.3%	
	4.5 Satisfaction with health services ⁽³⁾	% of people aged 50 and above satisfied with access to health services in Hong Kong	68.4%	62.9%	59.2%	67.0%	
	4.6 Social connections ⁽¹⁾	% 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%	74.9%	72.0%	

Notes:

- (1) Indicators covered in *Global AgeWatch Index 2015: Methodology update* (HelpAge International, 2015).
- (2) OAA, Old Age Allowance; OALA, Old Age Living Allowance; CSSA, Comprehensive Social Security Assistance; OECD, Organization for Economic Co-operation and Development.
- (3) Indicators covered in *Measuring the age-friendliness of cities: A guide to using core indicators* (WHO, 2015a).
- (4) Values for Poverty rate, Hospitalization, Frailty, and Mental health have been reversed when calculating scores of the HKEQOL Index.
- (5) Indicators proposed by the CUHK Jockey Club Institute of Ageing and the CUHK's Centre for Quality of Life.

Table 2.2 Scores of indicators within the HKEQOL Index

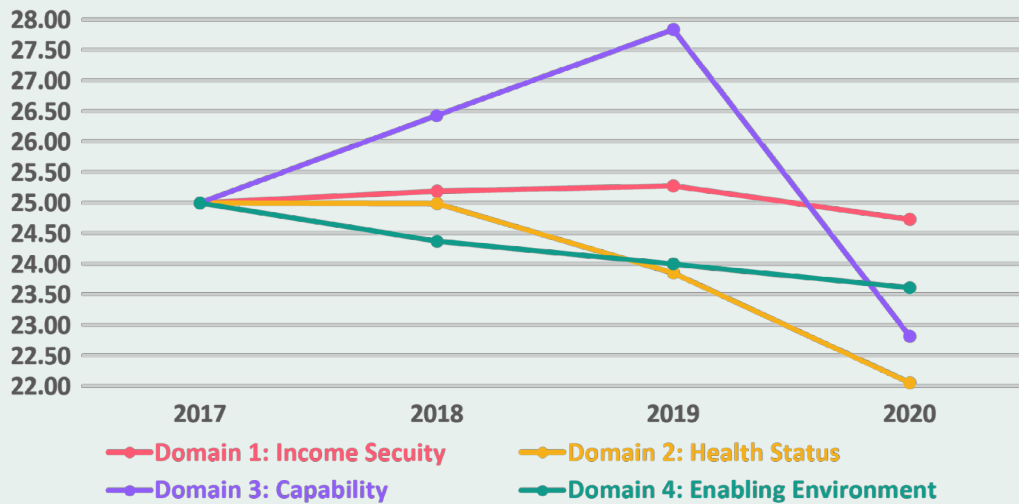
Domain	Indicator	2016-17 Score	2017-18 Score	2018-19 Score	2019-20 Score
1. Income Security	1.1 Pension income security	6.25	6.25	6.43	6.52
	1.2 Poverty rate in old age	6.25	6.38	6.43	6.49
	1.3 Satisfaction with financial status	6.25	6.29	6.32	5.92
	1.4 Preparation for contingency expenses	6.25	6.27	6.09	5.79
	Domain 1 Total	25.00	25.19	25.27	24.73
2. Health Status	2.1 Life expectancy at 60	4.17	4.17	4.25	4.27
	2.2 Elderly hospitalization	4.17	4.22	4.09	4.18
	2.3 Self-rated health condition	4.17	4.08	3.94	3.65
	2.4 Frailty	4.17	4.37	4.01	3.41
	2.5 Mental health	4.17	4.02	3.50	2.72
	2.6 Subjective well-being: Life satisfaction	4.17	4.14	4.07	3.82
Domain 2 Total	25.00	24.99	23.85	22.06	
3. Capability	3.1 Employment of older people	4.17	4.23	4.31	4.29
	3.2 Educational status of older people	4.17	4.34	4.46	4.58
	3.3 Use of information and communication technology	4.17	4.06	3.97	4.50
	3.4 Social participation	4.17	4.45	4.87	2.54
	3.5 Civic participation	4.17	4.74	5.06	2.84
	3.6 Lifelong learning	4.17	4.60	5.16	4.07
Domain 3 Total	25.00	26.43	27.83	22.82	
4. Enabling Environment	4.1 Housing	4.17	3.88	3.93	3.76
	4.2 Satisfaction with public transport	4.17	3.87	3.79	3.65
	4.3 Physical safety	4.17	4.17	4.12	3.74
	4.4 Satisfaction with leisure activities and events	4.17	4.35	4.32	4.31
	4.5 Satisfaction with health services	4.17	3.83	3.60	4.08
	4.6 Social connections	4.17	4.27	4.24	4.07
Domain 4 Total	25.00	24.37	24.00	23.61	
Index Total	100.00	100.99	100.95	93.22	

Notes:

- (1) Individual cells may not add up to the total because scores are only shown to two decimal places.
- (2) The weight used for each of the four domains in the overall index is identical, i.e., 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.



Figure 2.1 Trends in the HKEQOL domains



Overall, the scores of the four domains in 2019–2020 fell below the baseline scores. A significant change was evident in the domain of Capability, followed by Health Status, Income Security and Enabling Environment. This reflects a decline in the quality of life among older adults in 2019–2020. It is believed that the lower scores were likely influenced by several factors, including the social issues occurred in 2019 (e.g., Ni et al., 2020) and concern about the coronavirus disease (COVID-19) earlier in 2020.

Excluding the latest 2019–2020 scores, there has been an upward trend for Domain 1 (Income Security) and Domain 3 (Capability). Specifically, the capability among older adults rose markedly in 2017–2018 and 2018–2019, as reflected by an increase of 5.72% and 5.30%, respectively. Income Security also increased, although to a lesser extent.

However, Domain 2 (Health Status) and Domain 4 (Enabling Environment) showed a downward trend. It is important to highlight that Domain 2 plunged by 4.56% in 2018–2019, while Domain 4 dropped by 1.52%. Although older adults were unsatisfied with these two areas, observation over several years will be necessary to enable long-term trends to be identified.

2.3.1 Domain 1: Income Security

Overall Performance

The status of older people's income security in Hong Kong deteriorated from 25.27 in 2018–2019 to 24.73 in 2019–2020 (a decrease of 2.14%; Table 2.2). The deterioration in the Income Security domain reflects a decline in the indicators 'Satisfaction with financial status' and 'Preparation for contingency expenses'. However, the indicator 'Pension income security' increased the most in this domain, from 6.43 in 2018–2019 to 6.52 in 2019–2020 (an increase of 1.40%; Table 2.2), followed by an improvement in 'Poverty rate in old age' (an increase of 0.93%; Table 2.2).

Indicator 1.1: Pension Income Security

According to the 2019–2020 figures, 72% of Hong Kong's older people received a pension of some sort (Table 2.1). Specifically, 20%, 42% and 10% 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 6.43 in 2018–2019 to 6.52 in 2019–2020 (an increase of 1.40%; Table 2.2).

Indicator 1.2: Poverty Rate in Old Age


The poverty rate for the population aged 60 and above was 33.1% in 2019–2020 (Table 2.1), a slight drop of 0.3% (33.4%; 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

A total of 60.6% 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' decreased by 6.33%, from 6.32 in 2018–2019 to 5.92 in 2019–2020 (Table 2.2).

Indicator 1.4: Preparation for Contingency Expenses

A total of 60.7% of the population aged 50 and above prepared enough financial resources for contingency expenses (Table 2.1). However, the indicator score decreased by 4.93%, from 6.09 in 2018–2019 to 5.79 in 2019–2020 (Table 2.2).



2.3.2 Domain 2: Health Status

Overall Performance

Longer life brings 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 (WHO, 2018). In the Health Status domain, the health of Hong Kong's older people in the HKEQOL Index 2019–2020 deteriorated by 7.51% (Table 2.2).

Indicator 2.1: Life Expectancy at 60

The average number of years a person aged 60 was expected to live was 27.11 years, an increase of 0.14 years compared with the 2018–2019 figures (26.97 years; Table 2.1). The score of this indicator increased by 0.47%, from 4.25 in 2018–2019 to 4.27 in 2019–2020 (Table 2.2).

Indicator 2.2: Elderly Hospitalization

The number of patient days of older people aged 65 and above was 3.68 days per person in 2019–2020, a reduction of 0.08 day compared with the 2018–2019 figures (3.76 days; Table 2.1). The score for the indicator 'Elderly hospitalization' improved by 2.20%, from 4.09 in 2018–2019 to 4.18 in 2019–2020 (Table 2.2).

Indicator 2.3: Self-rated Health Condition

The score of 'Self-rated health condition' continued to deteriorate this year. In 2019–2020, 57.5% of the population aged 50 and above rated their health as 'good' (Table 2.1). The score of 'Self-rated health condition' was 3.65 in 2019–2020, down by 7.36% from the previous year (3.94; Table 2.2). This means that fewer older people perceived themselves to be in good health. This indicator showed a downward trend over the years.

Indicator 2.4: Frailty

The score of the indicator 'Frailty' dropped from 4.01 to 3.41 (decreased by 14.96%; Table 2.2). The percentage of people aged 60 and above who were frail increased from 16.2% to 18.6% between 2018–2019 and 2019–2020 (Table 2.1).

Indicator 2.5: Mental Health

The mental health of older people in Hong Kong continuously deteriorated. It was the poorest performing indicator in the Health Status domain. The score declined from 3.50 in 2018–2019 to 2.72 in 2019–2020 (a decrease of 22.29%; Table 2.2). As shown in Table 2.1, the mental health status of Hong Kong's older people has worsened since 2016–2017 (based on the K6 stress score, where a higher score means poorer mental health status), increasing from 3.96 to 5.66.

Indicator 2.6: Subjective Well-being: Life Satisfaction

The score of the indicator 'Subjective well-being: Life satisfaction' declined from 4.07 in 2018–2019 to 3.82 in 2019–2020 (a decrease of 6.14%; Table 2.2). The current mean score of life satisfaction among people aged 50 and above was 6.33. There has been a continuing downward trend since 2016–2017, starting from 6.90 (Table 2.1).

2.3.3 Domain 3: Capability

Overall Performance

The Capability domain in Hong Kong's older people showed a significant decline in 2019–2020, shifting from an upward trend in the last three years. This domain decreased more significantly than the other three domains. It dropped from 27.83 in 2018–2019 to 22.82 in 2019–2020 (a decrease of 18.0%; Table 2.2).

Indicator 3.1: Employment of Older People

A total of 56.7% of the population aged 55 to 64 were employed (Table 2.1). The score for the indicator 'Employment of older people' slightly deteriorated by 0.46%, from 4.31 in 2018–2019 to 4.29 in 2019–2020 (Table 2.2).

Indicator 3.2: Educational Status of Older People

The score of the indicator 'Educational status of older people' improved from 4.46 to 4.58 (an increase of 2.69%; Table 2.2), reflecting a continuing upward trend since the 2016–2017 base year, with score of 4.17. More than half of the older adults in Hong Kong received secondary or higher education. The percentage increased from 50.2% in 2018–2019 to 51.6% in 2019–2020 (Table 2.1).

Indicator 3.3: Use of Information and Communication Technology

In 2019–2020, 56.0% 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' increased by 13.35%, from 3.97 in 2018–2019 to 4.50 in 2019–2020 (Table 2.2). This was a reversal of the previous trend of decline. The latest figure was higher than that of the first year (51.9%).

Indicator 3.4: Social Participation

The score of the indicator 'Social participation' deteriorated notably from 4.87 in 2018–2019 to 2.54 in 2019–2020 (a decrease of 47.84%; Table 2.2). Compared with 14.2% in 2018–2019, 7.4% of adults aged 50 and above had participated in volunteer services in 2019–2020, according to the telephone survey (Table 2.1).

Indicator 3.5: Civic Participation

The 'Civic participation' score dropped from 5.06 in 2018–2019 to 2.84 in 2019–2020 (a decrease of 43.87%; Table 2.2). 20.1% 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' decreased from 5.16 to 4.07 (a decrease of 21.12%; Table 2.2). 21.2% of adults aged 50 and above attended formal learning activities, according to the telephone survey.



2.3.4 Domain 4: Enabling Environment

Overall Performance

The score of the Enabling Environment domain decreased by 0.39, from 24.00 in 2018–2019 to 23.61 in 2019–2020 (a decrease of 1.63%; Table 2.2). Older people were mainly dissatisfied with physical safety, social connection and housing, and more satisfied with health services.

Indicator 4.1: Housing

The score of the indicator ‘Housing’ fell from 3.93 to 3.76 (a decrease of 4.33%; Table 2.2). 70.1% of people aged 50 and above were satisfied with the conditions of their living place, a decrease of 3.0% from the previous year’s figure of 73.1% (Table 2.1). Fewer older people in Hong Kong were satisfied with their housing environment this year.

Indicator 4.2: Satisfaction with Public Transport

The score of the indicator ‘Satisfaction with public transport’ fell by 3.69%, from 3.79 in 2018–2019 to 3.65 in 2019–2020 (Table 2.2). 72.2% of people aged 50 and above were satisfied with Hong Kong’s public transportation system, down by 2.8% from the previous year (Table 2.1).

Indicator 4.3: Physical Safety

The indicator ‘Physical safety’ showed a continuing downward trend over the last two years, with a decrease of 9.2% from 4.12 in 2018–2019 to 3.74 in 2019–2020 (Table 2.2). In 2019–2020, only 68.8% of people aged 50 and above felt physically safe when they are walking alone at night in the area near their home (Table 2.1).

Indicator 4.4: Satisfaction with Leisure Activities and Events

The score of the indicator ‘Satisfaction with leisure activities and events’ fell from 4.32 to 4.31 (a decrease of 0.23%; Table 2.2). 53.3% of people aged 50 and above were satisfied with the leisure activities and facilities in the community in 2019–2020, compared to 53.5% in 2018–2019 (Table 2.1).

Indicator 4.5: Satisfaction with Health Services

The score of the indicator ‘Satisfaction with health services’ improved from 3.60 in 2018–2019 to 4.08 in 2019–2020 (an increase of 13.3%; 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 increased from 59.2% in 2018–2019 to 67.0% in 2019–2020 (Table 2.1).

Indicator 4.6: Social Connections

The ‘Social connections’ indicator score fell from 4.24 to 4.07 (a decrease of 4.0%; Table 2.2). In 2019–2020, 72.0% 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, 74.9% of older people mentioned that they had 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 7.66% from 2018–2019 to 2019–2020. In terms of the individual domains, Income Security, Health Status, Capability and Enabling Environment decreased by 2.14%, 7.51%, 18.00% and 1.63%, respectively (Table 2.2). It should be noted that a challenging situation in 2019–2020 may not be typical or representative of the directive tendency in the long run. The following section discusses the indicators with more significant changes.

3.1 Income Security

Income security among older adults deteriorated in 2019–2020. Two indicators increased while two decreased: specifically, the score of the indicator ‘Satisfaction with financial status’ fell 0.40 points to 5.92 and ‘Preparation for contingency expenses’ fell 0.30 points to 5.79. The scores of the indicators ‘Pension income security’ and ‘Poverty rate in old age’ rose slightly, by 0.09 points and 0.06 points, respectively (Table 2.2).

3.1.1 Satisfaction with financial status

The proportion of people aged 50 or above who have enough money for usual expenses decreased from 64.6% in 2018–2019 to 60.6% in 2019–2020 (Table 2.1). This indicator is based on subjective evaluation of whether income of older people can meet their basic needs for the past month. The telephone survey was conducted in April and May 2020, when the COVID-19 pandemic had become a health and economic crisis to all Hong Kong citizens. Due to declining business during the pandemic, many employers had to reduce their labour cost by reducing numbers or working hours of their employees. Many employees and self-employed, including older adults, became unemployed or were subjected to no-pay-leave. With diminished and unstable income, the ‘Satisfaction with financial status’ of the older people is expected to be affected negatively. Not only are working older adults affected, but those who are retired are also witnessing the negative economic impacts of the pandemic on their children and relatives. Financial support of retired older people from their family members may be reduced and they may experience economic insecurity and thus have less satisfaction with their financial status.

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 63.8% in 2018–2019 to 60.7% in 2019–2020 (Table 2.1). This indicator is based on subjective evaluation of the adequacy of financial resources for contingency expenses, including incomes, savings and expected and recurring living expenses. Government financial assistance is one of the common income sources of older people. Since February 2019, the eligible age of applying CSSA has increased from 60 to 65, resulting in a number of older people aged between 60 and 65 becoming ineligible for CSSA. In addition, the living costs has increased. As for the previous indicator, the contingency healthcare cost has increased due to the pandemic. Health protection expenses, such as disposable face masks, sanitizers and household hygiene products, have become a new recurring expense for the elderly. At the same time, electricity costs also increased (Low, 2019). With induced contingency expenses and reduced financial resources, older adults' preparation for contingency expense is expected to be affected negatively.

3.2 Health Status

The health status of older people worsened this year. The indicators 'Mental health' fell 0.78 points to 2.72; 'Self-rated health condition' fell 0.29 points to 3.65; 'Subjective well-being: Life satisfaction' dropped 0.25 points to 3.82; and 'Frailty' fell 0.60 points to 3.41. By contrast, there was a continued increase in 'Life expectancy at 60', which increased 0.02 points this year. 'Elderly hospitalization' was also found to turn upward with an increase of 0.09 points (Table 2.2).

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, Tangen et al., 2001; Fried, Ferrucci et al., 2004). WHO has emphasized prevention as a key element to counteract the problems associated with healthy ageing, especially in the area of frailty (WHO, 2017a). In Hong Kong, there has been an increase in the rate of older persons (aged 65 and over) who had chronic health conditions, increasing from 74.3% in 2016–2017 to 78.1% in 2018–2019 (C&SD, 2019a). 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 (C&SD, 2019a).



As shown in the results for Frailty in this study, unsurprisingly the deterioration was shown in this indicator. The prevalence of frailty was 18.6% in 2019–2020, compared with 16.2% in 2018–2019 (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). There has been increasing health promotion activities in the community relating to frailty prevention through group exercises and healthy eating. However, the COVID-19 pandemic and the preceding social unrest resulted in prolonged periods of suspension of such activities.

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 (Elderly Health Service, 2020). 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, 2020) 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 (based on the K6 stress score, where a higher score means poorer mental health status) in 2019–2020 was 1.03 points higher than in 2018–2019. The indicator has continuously worsened from 3.96 in 2016–2017 to 5.66 in 2019–2020 (Table 2.1). 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.

This score is likely attributable to the recent social event in 2019 and pandemic situation in 2020. For the former, the mental health burden among the population was identified during the event (Ni et al., 2020). The higher prevalence of mental health issues including probable depressive symptoms and suspected post-traumatic stress disorder could explain the decline of the indicator ‘Mental health’. For the latter, during the pandemic, people have experienced an invisible threat of the virus and visible public health measures, including social distancing measures, personal protection measures and restrictions on social contact, and limited community support services (Hong Kong Government, 2020a). These challenging situations and difficult personal life events have cumulatively resulted in a challenge of mental health, especially in older people living alone or socially isolated. 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 (C&SD, 2018).

Against this background, the well-being of caregivers in an ageing population continues to give cause for concern. In addition, caring work becomes more challenging for informal caregivers especially in the time of pandemics. A local survey on the impact of the pandemic on caregivers revealed an increase in caregiver stress because of the cessation of day care services, particularly for persons living with dementia at home (Jockey Club Centre for Positive Ageing, 2020). In particular, compared with before service suspension, 76% of the interviewed informal caregivers experienced higher levels of stress when caring for family members who use the Day Care Centres/Units during the pandemic, because suspended day care services and fear of infection means the informal caregivers spend increased time in caregiving for their family members with cognitive impairment at home. Moreover, many caregivers reported that the elderly encountered weakened mobility and cognition and/or deteriorated mood during day care service suspension. Building resilience of older adults and their caregivers should be imperative.

Following the Joyful@HK Campaign implemented between 2016 and 2019 (Department of Health, 2019), the government has promoted mental well-being through a new initiative entitled “Shall We Talk” in 2020 to continue promoting mental health and public education (Advisory Committee on Mental Health, 2020). In addition, dementia is a mental illness that is estimated to affect almost one-tenth of Hong Kong’s elderly population (Food and Health Bureau, 2017). The “Jockey Club Post-diagnostic Support in Dementia Care Programme”, funded by The Hong Kong Jockey Club Charities Trust, offers services to support people with mild cognitive impairment/early dementia and their caregivers (SWD, 2020a). Other stakeholders are also addressing the challenges posed by dementia through programmes such as the “Dementia Friendly Community Campaign” (SWD, 2020b). More work could be done in this area through multi-sectoral collaboration.

Box 31 “Shall We Talk” Initiative

The Advisory Committee on Mental Health launched “Shall We Talk” as a mental health promotion and public education programme in summer 2020. The initiative aims to boost public engagement in promoting mental well-being, enhance public knowledge about mental health and the importance of help-seeking and early intervention, and facilitate positive attitudes towards challenges posed by mental health problems in Hong Kong (Advisory Committee on Mental Health, 2020).



Box 3.2 Dementia Friendly Community Campaign

To improve the provision of dementia community care and support services, the HKSAR Government has introduced several initiatives recently (Hong Kong Government, 2017). 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 district offices of the SWD (SWD, 2020b).

3.3 Capability

Capability among older people fell significantly in 2019–2020. Except for the indicators ‘Use of information and communication technology’ and ‘Educational status of older people’ which rose 0.53 to 4.50 and 0.12 to 4.58, respectively, the scores of all other indicators (‘Employment of older people’, ‘Social participation’, ‘Civic participation’, and ‘Lifelong learning’) dropped, with a decrease ranging from 0.02 to 2.33 points (Table 2.2).

3.3.1 Social participation

As shown in Table 2.1, there were 7.4% of older people who volunteered, compared to 14.2% in 2018–2019 and the previously upward trend turned down in 2019–2020. The significant decline (47.84%) was also found in the corresponding score (Table 2.2). In the time of pandemic, older adults have been urged to keep social distancing and to stay at home (Hong Kong Government, 2020b). There was also limited social and public services, and temporarily closure of public facilities such as leisure venues and cultural facilities serving as platforms for older people to have social engagement (Leisure and Cultural Services Department [LCSD], 2020a, 2020b, 2020c). Some measures have been enforced by the government such as the Prevention and Control of Disease (Requirements and Directions) (Business and Premises) Regulation and the Prevention and Control of Disease (Prohibition on Group Gathering) Regulation which came into operation on 28 and 29 March 2020, respectively (Department of Justice, 2020a, 2020b). All these measures had a direct impact on social participation and group gatherings, contributing to the decline of the score in this indicator.

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 et al., 2007). As shown in Table 2.1, only 20.1% of older people have participated in civic activities in 2019–2020, compared to 35.9% in 2018–2019. A decline (43.87%) was also found in the corresponding score (Table 2.2).

There were more opportunities for older adults to have civic participation in recent years as evidenced by an increasing number of organizations available beyond elderly centres and platforms for senior citizens to voice their opinions, and 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) in response to the changing profile of older people who are more educated and financially better off. However, the outbreak of COVID-19 resulted in implementation of social distancing rules by the government (Hong Kong Government, 2020b), including limiting social and public services, which significantly reduced the availability of civic participation.

3.3.3 Lifelong learning

Lifelong learning not only enhances personal development, social inclusion and active citizenship but it 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. Additionally, the participation of older adults (including those typically categorized as “vulnerable”) in learning has been positively linked with their psychological well-being, giving them greater autonomy and a sense of fulfilment in their everyday life and, in turn, sustaining their psychological health (Narushima et al., 2018). Longitudinal studies have also shown that adult learning is associated with life satisfaction (e.g. Feinstein & Hammond, 2004; Yamashita et al., 2017). Adult learning has been revealed 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). The HKSAR Government and other stakeholders have been providing and enhancing the variety of learning programmes for older people such as Elder Academies and the Capacity Building Mileage Programme.

Among the respondents of the telephone survey in 2019–2020, over one in five (21.2%) participated in regular education or training, a decrease of 21.19% compared with the figure for 2018–2019 (Tables 2.1). The decline can be explained by the implementation of restrictions and closures of schools, non-governmental organisations (NGOs). Anti-epidemic measures also limited the learning opportunities among older learners during the period, and simultaneously, online courses for local older cohorts remain uncommon.



In addition, analysis of the data from the survey in 2019-20 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. Although it was noted that social participation can narrow the gap in participation in adult education between attainment of different educational levels (Organization for Economic Co-operation and Development, 2017), the decline of engagement in both volunteer activities and in lifelong learning was evident during the pandemic. It is suggested to use this opportunity to take advantage of information and communication technology (ICT) and promote it in adult education and make it accessible for maintaining and even boosting participation and learning. It is important that the engagement of older people, particular those with lower education attainment, in lifelong learning is given greater priority, especially under the social distancing measures.

Box 3.3 Elder Academy

A school-based Elder Academy Scheme was launched jointly by the Labour and Welfare Bureau and the Elderly Commission in 2007 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 ICT (Elder Academy, 2020). In the 2019–2020 academic year, around 170 Elder Academies have been established in primary and secondary schools and post-secondary institutions in various districts of Hong Kong (Elder Academy, 2020). Many computer, smartphone and tablet application courses are being provided for older people.

Box 3.4 Capacity Building Mileage Programme

The Capacity Building Mileage Programme 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 they will be able to cope with life's challenges (Women's Commission, 2020).

3.3.4 Use of ICT

The use of ICT can enable older people to live a more active and fulfilling life (Klimova et al., 2016). Using different ICT tools not only enhances the standard of living for older people but it also reduces the cost of health care, which can help preserve the capability and self-reliance of older people, as well as improve their body functioning (Osvath et al., 2018). In recent years, the HKSAR Government has been pursuing targeted measures to encourage older people to use ICT more widely. For example, the Office of the Government Chief Information Officer (OGCIO) launched the Outreach Programme, which was regularized from 2018–2019 onwards, and financially supported NGOs in teaching older people to use tablets and other mobile devices (OGCIO, 2020). In addition, to help more older adults learn how to use digital technology in their daily lives, such as how to use e-Government services, mobile applications and social media, 11 Elder Academies were commissioned to operate the new Enriched ICT Training Programme (Hong Kong Government, 2019).

As shown in Table 2.1, 56.0% used ICT products in 2019–2020, compared with 49.5% in 2018–2019. The current result is the highest score since 2016–2017. In addition, compared with 28.0% of the old-old (aged ≥ 70 years), 52.9% of the young-old (aged < 70 years) frequently used the Internet. Both groups were found to spend longer using ICT in 2019–2020 than the previous year (27.5% and 50.3%, respectively). Due to the advancement of technologies, as well as the promotion and support from government, the use of the Internet and smartphones has become more and more popular. Also, the pandemic situation likely stimulated older adults directly and indirectly to adopt and use ICT and smart devices. For instance, the Christian Family Service Centre, a local NGO pioneering online support for older adults in its day care service, has provided remote online day care activities and services, such as counselling, for older clients with mild and moderate dementia (Ting, 2020a).

In addition, according to the results of the survey, compared with old-old individuals, the young-old participants were eager to adopt technology, including use of Internet and smartphones, to contact their families and friends and to access information. However, a research study has found that the use of ICT likely facilitates psychological well-being among older adults aged 75 and above by promoting contact with their families. This is a particularly salient consideration for frail users (Fang et al., 2018). Despite the government's efforts to promote the use of ICT and progressive adoption of using ICT among older age groups (C&SD, 2019b), the take-up of older people using ICT is not straightforward as traditional channels of disseminating information such as TV and word of mouth are still central for older adults (e.g. Chan et al., 2017; WHO, 2017b). 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.

3.4 Enabling Environment

The score of the domain Enabling Environment worsened in 2019–2020. Of the six indicators, five indicators decreased, including 'Housing', 'Satisfaction with public transport', 'Physical safety', 'Satisfaction with leisure activities and events', and 'Social connections', ranging from 0.01 to 0.38 points, though the decline in the 'Satisfaction with leisure activities and events' was relatively small, with only a slight drop of 0.01. It should also be noted that the indicator 'Satisfaction with health services' increased 0.48 points to 4.08 (Table 2.2).



3.4.1 Physical safety

The need to be physically safe is a fundamental human need. Association between physical safety and life satisfaction has been revealed in the studies. For example, Węziak-Białowolska (2016) found that the more people satisfied with safety in a city, the higher the satisfaction with life perceived in the city. Social, civic and economic participation are also partly determined by the accessibility and safety of outdoor spaces and buildings (Flores et al., 2019). As shown in Table 2.1, there has been a downward trend for the 'Physical safety' indicator, from 76.7% of people aged 50 and above who feel safe when they are walking alone at night in the area where they live in 2016–2017 to 68.8% in 2019–2020. This downward trend continued with a noticeable drop in the latest figures.

A decline in this indicator may be due to the recent outbreak of the pandemic and the previous social unrest starting from mid-2019 until early 2020. During the latter event, there were periods of limited transport provision, including suspended and delayed services, which brought normal life to a virtual standstill in the community, causing challenges and limitations for older adults. In late 2019, numerous demonstrations and conflicts between protesters and the police that often led to unpleasant consequences, including violence or serious injuries, raised serious concerns and worry about physical safety and the psychological burden on people, including older adults (Ni et al., 2020).

3.4.2 Satisfaction with health services

The results for this indicator are different to the other indicators with the domain in that the proportion of respondents who were satisfied with health services increased from 59.2% in 2018–2019 to 67.0% in 2019–2020 (Table 2.1). The trend for this indicator has followed a U-shape based on four-year figures.

Amid the pandemic, frontline healthcare staff and professionals have provided expert and prompt responses to the public health crisis, with a slogan of “I stay at work for you, you stay home for us” (Radio Television Hong Kong, 2020). They have stood at the front line of the war against the pandemic (Cheung, 2020). Their dedication and service have provided Hong Kong people with confidence in the access to healthcare services for treatment, and they have acquired much appreciation for their efforts (Wong & Westbrook, 2020). The government has also urged people to seek medical advice promptly if feeling unwell, with provision of convenient access to the testing and healthcare services where those affected have been handled promptly (Department of Health, 2020). During the telephone survey, the local pandemic situation improved and became stable, allowing the Hospital Authority to resume their non-emergency services which were cancelled earlier (Ting, 2020b). These factors help explain the increase in score.

Chapter 4

Way Forward



Chapter 4 Way Forward

The findings of the fourth HKEQOL Index are broadly consistent with corresponding contexts and situations observed in Hong Kong. The Institute will monitor closely the trend of the overall well-being of older people in Hong Kong. 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. It should be stressed that the challenging situation in 2019-2020 may not be representative of the directive tendency in the long run, and therefore, more time is needed to generate the trends of domains and indicators for analysis. Though scores of all domains and many indicators dropped in 2019-2020, some individual indicators rose, such as 'Satisfaction with health services', 'Use of information and communication technology', 'Life expectancy at 60', etc. These findings are important references for initiatives and services aimed at older people and enable strategies on how to improve the quality of life among older adults.

It is important to formulate future pandemic policies. For instance, day care services not only offer training for older adults with cognitive impairment, but they also provide a crucial platform for caregivers, especially older caregivers, to take respite. The Jockey Club Centre for Positive Ageing (2020) showed that caregivers encountered higher levels of stress and emotional disturbance, and more difficulties. Caregivers were also concerned that the elderly might become infected in day care settings during the pandemic. In relation to this, a balance at the policy-making level should be made between infection control and the needs of the caregivers and the care recipients.

Survey and focus group data from a territory wide Age-friendly City survey (Jockey Club Age-friendly City Project, 2019) showed that although communication and information ranked fourth among eight domains (the higher the ranking of a domain, the higher the age-friendliness), there are issues that need to be addressed. For example, the enthusiastic promotion and adoption of automation and the latest information technology may risk excluding some older people who are frail with declining cognitive and physical function. Currently, usage of ICT is helpful for independent older people and caregivers of dependent older people. However, there is a predominant preference among older people for information to be disseminated via TV and word of mouth (e.g. Chan et al., 2017; WHO, 2017b). It is recommended that technology does not overlook older people with declining cognitive function, who may find it difficult to make use of devices and technology with increasing age. Alternative strategies are required.

4.2 Thematic report series on areas of the age-friendly cities

The HKEQOL Index, incorporating the AgeWatch Index, provides a broad overview of the well-being of older people in Hong Kong according to different domains. In addition to the publication of its four topical reports (Woo et al., 2017, 2018), the Institute will continue to research and publish a new series examining different areas of age-friendly cities, including Community support and health services, Outdoor spaces and buildings, Transportation and Communication and information, which will provide a wider context of the particular areas.

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, and in collaboration with district councils, has 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 HKEQOL Index 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 AgeWatch Index components of the HKEQOL 2019 and 2014 international rankings, in relation to societal change

There are eight indicators commonly or correspondingly adopted by the AgeWatch Index (AWI) and the HKEQOL Index across four domains: ‘Pension income security’ and ‘Poverty rate in old age’ in the Income Security domain; ‘Life expectancy at 60’ in the Health Status domain; ‘Employment of older people’ and ‘Educational status of older people’ in the Capability domain; and ‘Satisfaction with public transport’, ‘Physical safety’ and ‘Social connections’ in the Enabling Environment domain.

As shown in Table A, with respect to figures for Income Security between 2014 and 2019, the percentage of older people receiving OAA, OALA and CSSA reached 72%. The ‘Poverty rate in old age’ also fell considerably, from 42.8% in 2014 to 33.1% in 2019. Trends in ‘Pension income security’ need to be further observed and investigated in relation to the deteriorated economic situation (Hong Kong Government, 2020c) and the introduction of one-off relief measures, such as the Cash Payout Scheme, by the Hong Kong Government (2020d) that may influence the figures.

In the Health Status domain, the average number of extra years a person aged 60 was expected to live increased to 27.11 in 2019 compared with the 2014 figure of 26.10. It appears that, in general, Hong Kong older adults have a satisfactory level of health, but that their psychological well-being is a matter of concern (Choi et al., 2020; Woo et al., 2018). Relevant services in health and social sectors also need to be improved (Ni et al., 2020). 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 Capacity domain, ‘Employment of older people’ and ‘Educational status of older people’, improved in 2019. The “Percentage of older people with secondary or higher education” increased from 42.6% to 51.6% due to a demographic shift, and the “Percentage of people aged 55–64 that are employed” increased from 51.1% to 56.7%. Promoting the employment of mature people aged 50 and above has recently been of increasing public focus (Chan & Yip, 2019; Legislative Council Secretariat, 2018a). Though there are still insufficient career opportunities for mature persons, the overall labour force participation rate of persons aged 65 and over in Hong Kong increased progressively from 11% to 12.4% (provisional) between 2017 and 2020 (C&SD, 2020). 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, 2020), social enterprises and the business sector have provided increasing openings for mature persons.



In the Enabling Environment domain, the scores for the indicators ‘Satisfaction with public transport’ and ‘Physical safety’ decreased by 10.8% (from 83.0% to 72.2%) and 18.2% (from 87.0% to 68.8%), respectively. Despite the recent introduction of policy initiatives to make the city more age-friendly and liveable (Hong Kong Government, 2018), the current developments still likely fall short of older adults’ expectations, for example transportation services need to be less physically and cognitively challenging, mobility needs must be fulfilled, and services during non-peak hours and for the non-working population must be improved, etc. (Chui et al., 2019). It is also suggested that safe and walkable environments facilitate physical activity and contribute multiple healthy outcomes for people, including older groups (WHO, 2015b). The importance of this domain is specified in the topical report on Enabling Environment (Woo et al., 2017).

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, 2018). The score for ‘Social connections’ increased slightly by 1%, from 71.0% to 72%, 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). The use of ICT has also been further promoted during the pandemic. Additional efforts should be made to promote gerontechnology in Hong Kong through cross-sectoral collaboration (Mok, 2018).

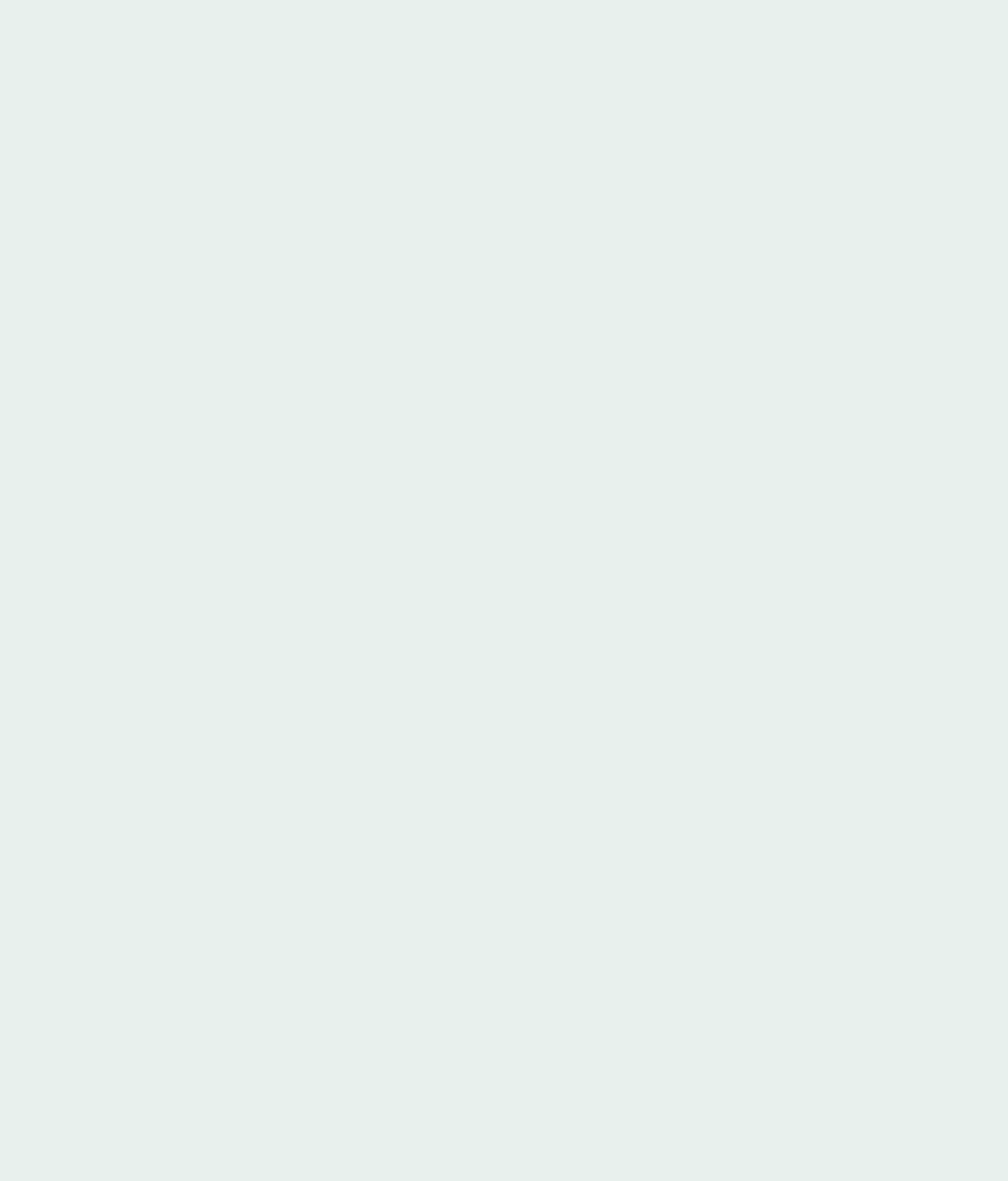
Integrating societal indicators into regularly updated statistical databases is particularly important for an index related to ageing well in rapidly ageing societies (Woo, 2020). The HKEQOL incorporating the AWI allows a broad overview to be obtained in relation to the well-being of local older adults under different domains.

Table A: Figures and rankings of common indicators shared by AWI and HKEQOL Index between 2014 and 2019

Domain	Common indicator ¹	Definition ¹	2014 Figures (rank ²) ³	2019 Figures
Income Security	1.1 Pension income security	% of people aged 65 and above receiving OAA, OALA and CSSA	72.0% (60th)	72%
	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% of the equivalised median income	42.8% (95th)	33.1%
Health Status	2.1 Life expectancy at 60	The average number of years a person aged 60 is expected to live	26.10 (1st)	27.11
Capability	3.1 Employment of older people	% of people aged 55–64 that are employed	51.1% (59th)	56.7%
	3.2 Educational status of older people	% of people aged 60 and above with secondary or higher education	42.6% (47th)	51.6%
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)	72.2%
	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)	68.8%
	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)	72.0%

Notes:

- (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.





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

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

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