

Achieving an age-friendly city through a 3-year citywide intervention in Hong Kong: Perspectives of older adults

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On behalf of JCAFC research team

Data were collected by Asia-Pacific Institute of Ageing Studies lead by Prof. Joshua Mok, Institute of Active Ageing lead by Dr. Bai Xue, Jockey Club Institute of Ageing lead by Prof. Jean Woo, and Sau Po Centre on Ageing lead by Prof. Terry Lum

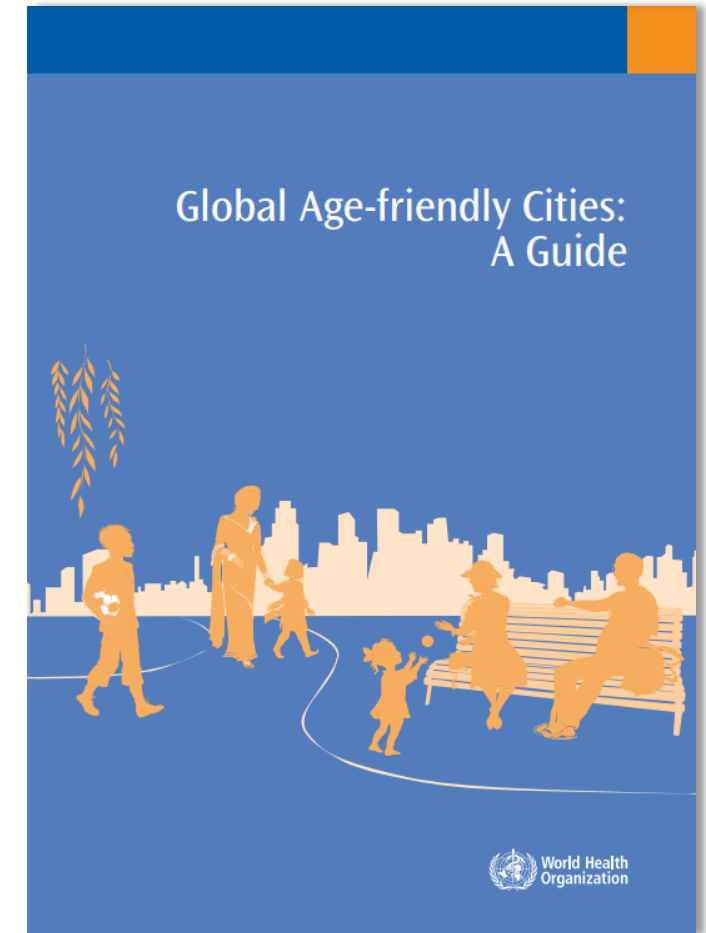
Background

- **Age-friendly Cities by WHO**

- World Health Organization (WHO) has made concerted efforts in promoting AFC since 2005
- 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” (WHO, 2007)

- **WHO Global Network for Age-friendly Cities and Networks**

- Around 1,114 cities and communities across 44 countries **worldwide** have joined by 2021
- Over 74 cities and communities across 4 countries (China, Japan, Korea, and Singapore) **in East Asia** have joined by 2021



Source: World Health Organization. (2007). *Global age-friendly cities: A guide*. Geneva: World Health Organization

Background

- **Factors conducive to building an AFC in the West:**
 - Mainly initiated and led by the government officials (e.g. City Council) in the West (Buffel et al., 2016)
 - Involvement and leadership of older adults in agenda-setting and decision-making processes (Scharlach, 2012)
 - Multi-sector collaborations (i.e., stakeholders from the municipal apparatus, political representation, and public and community organizations including older adults' associations) (Garon et al., 2014)
 - Integration of the AFC concept into existing services (Plouffe & Kalache, 2011)
- **Overwhelming emphases have been put on the involvement of older adults in decision-making processes (i.e., bottom-up participation)** (Buffel et al., 2016; Garon et al., 2014)

Buffel, T., McGarry, P., Phillipson, C., De Donder, L., Dury, S., De Witte, N., . . . Verté, D. (2016). Developing Age-Friendly Cities: Case Studies from Brussels and Manchester and Implications for Policy and Practice. In D. Sánchez-González & V. Rodríguez-Rodríguez (Eds.), *Environmental Gerontology in Europe and Latin America: Policies and Perspectives on Environment and Aging* (pp. 277-296). Springer International.

Garon, S., Paris, M., Beaulieu, M., Veil, A., & Laliberté, A. (2014). Collaborative partnership in age-friendly cities: two case studies from Quebec, Canada. *Journal of Aging & Social Policy*, 26(1-2), 73-87.

Plouffe, L., & Kalache, A. (2011). Making communities age friendly: state and municipal initiatives in Canada and other countries. *Gaceta Sanitaria*, 25, 131-137.

Scharlach, A. (2012). Creating aging-friendly communities in the United States. *Ageing International*, 37(1), 25-38.

Background

- **Unique socioeconomic characteristics, norms, and governance of East Asian societies than the West**

Older Adults	Governance model
<ul style="list-style-type: none">• Civic engagement in East Asia is low• Comparatively lower education attainment• Have fewer awareness, resources, knowledge, and desires to engage in civic activities• Mainly to participate in informal activities rooted in familial obligations (e.g. grand-parenting)	<ul style="list-style-type: none">• Policymaking processes are largely impervious to parties outside the policymaking system, and occur in a top-down manner• Limited avenues for stakeholder engagement in policymaking processes• Policymakers do not necessarily have the knowledge and skills to translate AFC concepts into effective aging-related policy actions

Research gaps & research questions

- **Research Gaps**

- Few studies have examined **how AFC interventions can improve age-friendliness** overtime (Amoah, Mok, Wen, & Li, 2019).
- There is limited understanding about **how AFC can be achieved in East Asian societies**, where older adults' education levels and civic engagement are comparatively low, and where policymaking typically occurs in a top-down manner (Chui et al., 2020; Kam, 2000; Lee et al., 2013)



Research Questions 1a:

How has this AFC intervention change the age-friendliness among community-dwelling older adults overtime?



Research Questions 1b:

Which group of older adults benefit most from the AFC intervention?



Research Questions 2:

What are the key pathways in promoting AFC in Hong Kong, a city characterized by underrepresentation of older adults in civic affairs and where policymaking processes occur primarily in a top-down manner?

Project overview

- **The Hong Kong Jockey Club Age-friendly City Project (JCAFC)**
 - Largest community-based AFC intervention in HK (2015-2021)
 - Three main goals:
 1. Assess the age-friendliness of each district and build momentum in developing an age-friendly community
 2. Recommend an AFC framework for districts to undertake continual improvement for the well-being of senior citizens
 3. Arouse public awareness and encourage community participation in building an age-friendly city
 - Project achievements (as of 1 May 2021):

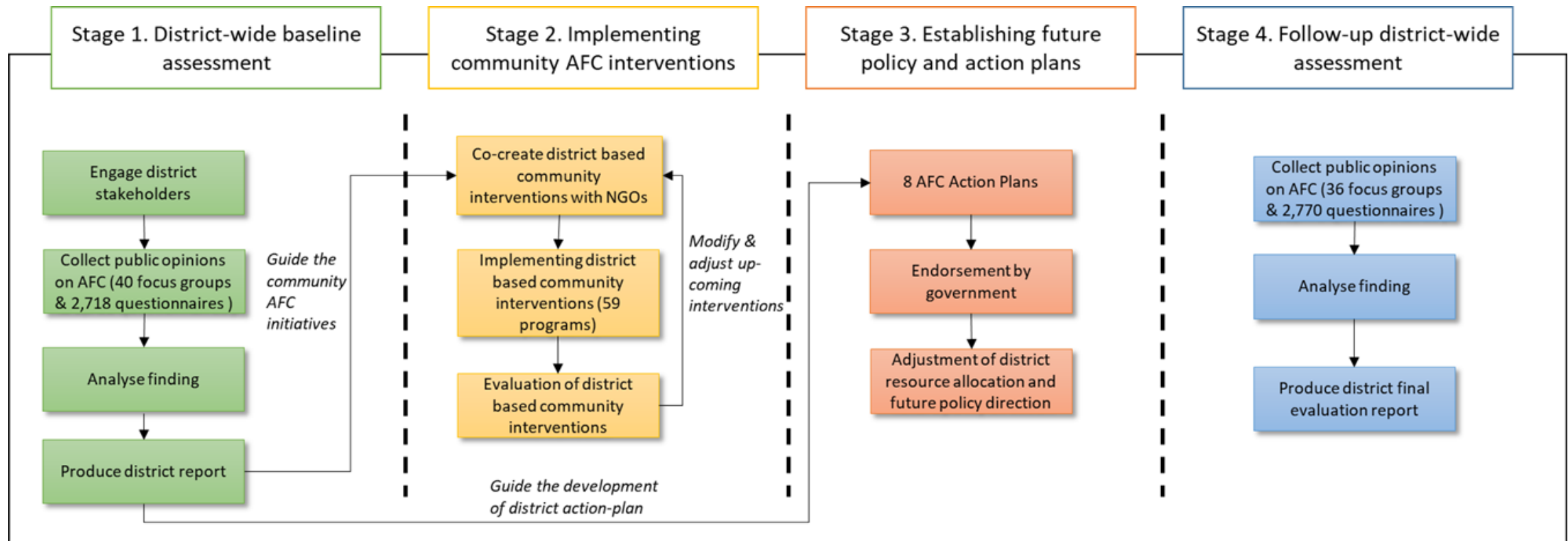
District-based programmes	Direct beneficiaries	Districts joined the WHO Global AFC Network	Ambassadors trained
140	114,600+	18	2,270+



賽馬會齡活城市
Jockey Club Age-friendly City

Project overview

- Implementation of JCAFC comprised a cyclical four-stage model



Method

- **Study districts**

- 8 districts in Hong Kong (From JCAFC Phase I)
- Central and Western, Islands, Kowloon City, Kwun Tong, Sha Tin, Tai Po, Tsuen Wan, & Wan Chai

- **Inclusion criteria**

- Aged 65 or above
- Able to understand and communicate in Cantonese
- Living in the corresponding districts

- **Mixed-method research design**

	Quantitative study	Qualitative study
Method	Multiple time-point cross-sectional survey	Focus group
Sample size	2,575 people in 2015 2,697 people in 2018	206 older adults in 2018
Data Analysis	Chi-square test/Independent sample t-test Linear regression analyses	Thematic analysis

Result

• Participants' demographic characteristics

- Mean age of participants
 - 75.6 years old ($SD=7.18$) for baseline assessment
 - 76.0 years old ($SD=7.31$) for final assessment
- Majority of both baseline and final assessment participants were
 - Women
 - Married
 - Primary education or below
 - Monthly income lower than HK\$3,999
 - Lived in their respective districts for over 30 years

Demographic characteristics of participants (N=5,272)

Description	Baseline (N=2,575) %/Mean (SD)	Final (N=2,697) %/Mean (SD)	T-test/ Chi-square
Age (years)	75.61 (7.18)	76.00 (7.31)	1.94*
Age group			7.03*
65-74	45.9	46.76	
75-84	40.89	37.97	
85+	13.2	15.28	
Gender			7.03*
Male	30.68	27.59	
Female	69.32	72.41	
Marital status			2.39
Married	55.92	53.8	
Others	44.08	46.2	
Education			5.97
No formal education	26.41	27.1	
Primary education	38.52	35.37	
Secondary education and above	35.07	37.52	
Years of residence	30.56 (18.52)	32.67 (19.11)	4.08***
Monthly income, HK\$			6.98
Less than 2,000	19.84	17.35	
2,000-3,999	38.95	38.9	
4,000-5,999	17.83	18.24	
6,000 and above	23.38	25.51	

Result (RQ1a)

- **AFC intervention significantly improves the age-friendliness among community-dwelling older adults overtime**
 - AFC mean score in the final assessment was significantly higher than in the baseline assessment (final mean = 4.21; baseline mean = 4.08)
 - AFC scores in the final assessment was significantly higher than the baseline assessment after controlling for age, gender, marital status, education, income, and years of residence
 - Similar improvement were found among all subdomains

Differences in the perception of AFC domains between baseline and final assessments (N=5,272)

AFC domains	Baseline assessment (N=2,575)		Final assessment (N=2,697)		Mean difference from baseline to final	T-Test t	Adjusted difference from baseline to final	
	Mean	SD	Mean	SD			Estimates	SE
Outdoor space and buildings	4.15	0.76	4.25	0.72	0.10	5.05***	0.11***	0.02
Transportation	4.38	0.68	4.45	0.65	0.07	3.82***	0.07***	0.02
Housing	3.80	1.00	3.90	0.96	0.09	3.48***	0.10***	0.02
Social participation	4.38	0.85	4.49	0.78	0.11	4.93***	0.10***	0.03
Respect and social inclusion	4.13	0.85	4.34	0.77	0.21	9.21***	0.20***	0.02
Civic participation and employment	3.92	0.98	4.13	0.88	0.21	8.33***	0.20***	0.02
Communication and information	4.12	0.82	4.27	0.73	0.15	7.03***	0.15***	0.03
Community support and health services	3.79	0.85	3.89	0.83	0.10	4.27***	0.10***	0.02
Overall	4.08	0.63	4.21	0.61	0.13	7.66***	0.13***	0.02

Notes: AFC = Age-friendly cities; SD = Standard Deviation; Independent-samples t-test was performed to determine whether the difference in the perception of AFC between baseline and final assessment groups is significant, as shown along with the adjusted change scores; Adjusted change scores = unstandardized coefficients in regression models controlling for the age, gender, marital status, education, income, years of residence and district-level SES. *** $p < .001$; ** $p < .01$; * $p < .05$

Result (RQ1b)

- **Older adults with lower socio-economic status benefited most from the AFC intervention**
 - Increases in **perceived age-friendliness in social participation** from baseline to final assessment were greatest among those **without formal education** compared to those with secondary education
 - Increases in **perceived overall age-friendliness** were greatest among the **lowest income group and those with low income**, compared to the high income group
 - Same patterns were found in the domains of social participation, respect and social inclusion, civic participation and employment, and community support and health services

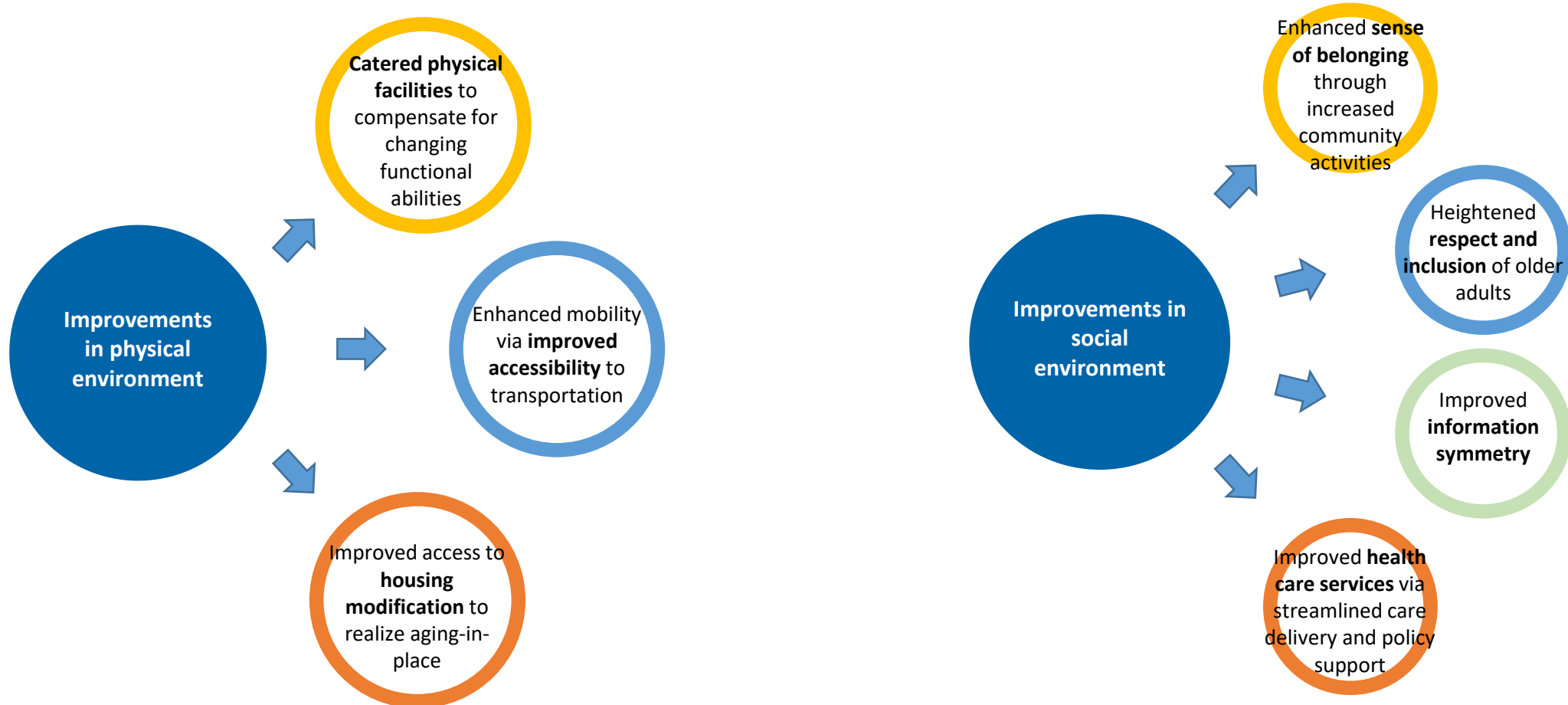
Interactions between individuals' educational level and income status and baseline/final assessment on the perception of age-friendliness (N= 5,272)

	Overall	Outdoor space and buildings	Transportation	Housing	Social participation	Respect and social inclusion	Civic participation and employment	Communication and information	Community support and health services
	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)	β (SE)
Final Assessment (ref: Baseline) X Individual Education (ref: Secondary education and above)									
Final assessment X no formal education	0.05 (0.04)	-0.02 (0.05)	-0.04 (0.05)	0.07 (0.07)	0.15** (0.06)	0.08 (0.06)	0.04 (0.07)	0.02 (0.05)	-0.04 (0.06)
Final assessment X Primary education	0.00 (0.04)	0.00 (0.05)	0.01 (0.04)	-0.02 (0.06)	0.03 (0.05)	-0.01 (0.05)	0.01 (0.06)	-0.02 (0.05)	0.02 (0.05)
Final Assessment (ref: Baseline) X monthly income levels (ref: HK\$6,000 and over)									
Final assessment X monthly income levels (Less than HK\$2,000)	0.12* (0.05)	0.06 (0.06)	0.02 (0.06)	0.16 (0.08)	0.14* (0.07)	0.12 (0.07)	0.24** (0.08)	0.02 (0.07)	0.23** (0.07)
Final assessment X monthly income levels (HK\$2,000-3,999)	0.10* (0.04)	0.01 (0.05)	-0.03 (0.05)	0.12 (0.07)	0.11* (0.06)	0.16** (0.06)	0.20** (0.07)	0.06 (0.06)	0.13* (0.06)
Final assessment X monthly income levels (HK\$4,000-5,999)	0.08 (0.05)	-0.01 (0.06)	-0.01 (0.06)	0.12 (0.08)	0.12 (0.07)	0.10 (0.07)	0.13 (0.08)	-0.01 (0.07)	0.17* (0.07)

Notes: β = unstandardized coefficients; S.E.= Standard error; *** p < .001; ** p < .01; * p < .05. The interactions were tested separately in models adjusted for age, gender, marital status, education, self-rated health, years of residence, and monthly income.

Qualitative findings (RQ1a)

- JCAFC intervention creates improvements in physical and social environment

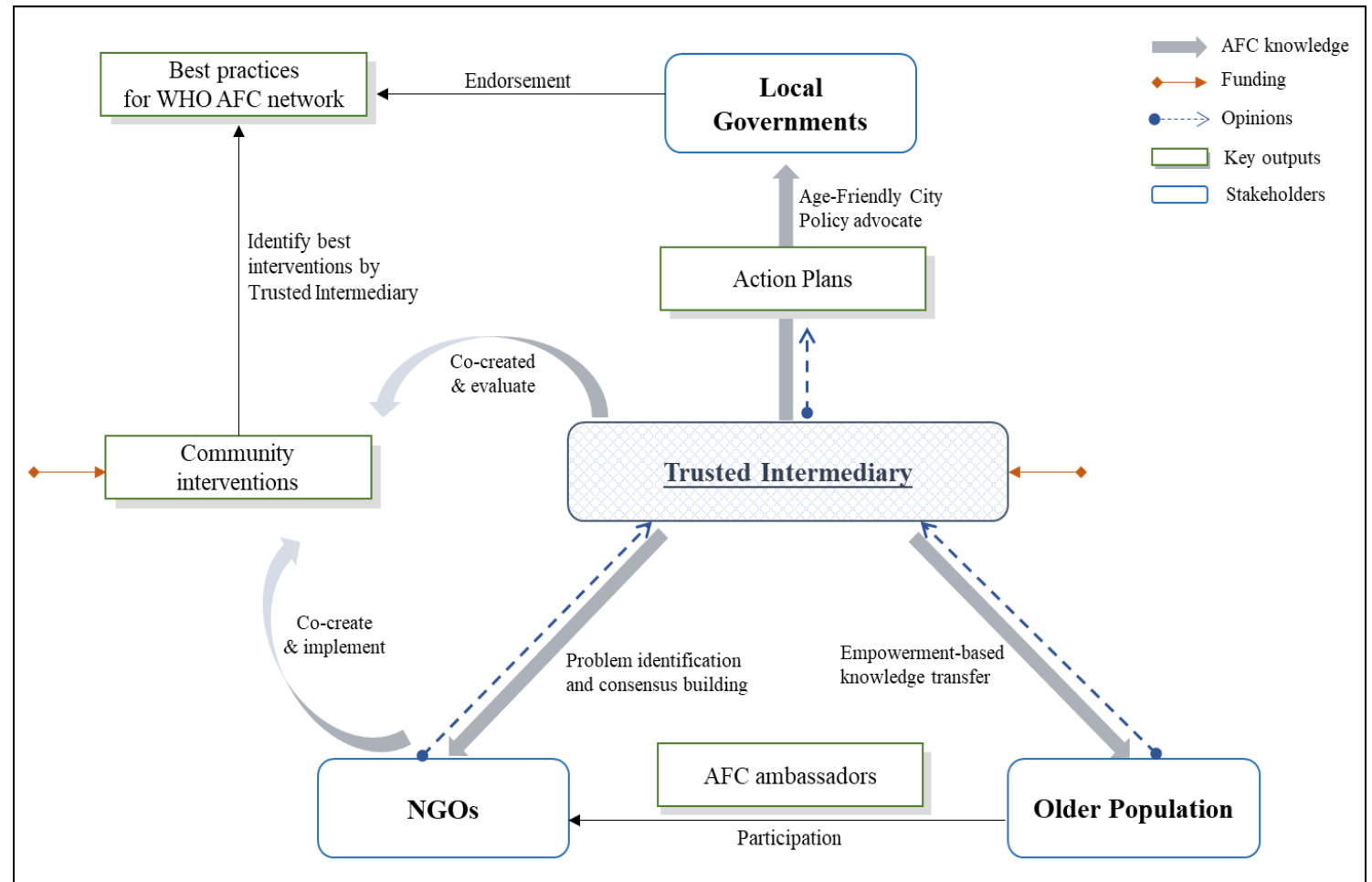


Key pathways in promoting AFC in HK (RQ2)

- **The importance of trusted intermediary to bridge stakeholder groups in the JCAFC**
 - Roles of PST as trusted intermediary to **government officials (DO & DC)**
 - Assess and consolidate districts' and older people's opinion regarding AFC to the government from baseline assessment
 - Provide intellectual support regarding AFC concept to the government by DC meeting
 - Support government to Integrate the AFC concept into existing services through action plan
 - Roles of PST as trusted intermediary to **NGOs**
 - Co-create and evaluate their community interventions (district base programs) on AFC
 - Roles of PST as trusted intermediary to **older people**
 - Breakdown information asymmetry
 - Empower older people through knowledge transfer by ambassador training
 - Build up community capacity by engaging older adults in agenda-setting and decision-making processes

Propose conceptual model of the JCAFC (RQ2)

- JCAFC model is neither purely a “top-down” or “bottom-up” approach, but a approach that strategically leveraging on a trusted intermediary to bridge stakeholder groups that would otherwise remain fragmented
- Importance of **trusted intermediary** in facilitating project implementation:
 - Breakdown information asymmetry
 - Mobilize stakeholder groups (both NGOs and local government) to participate in constructing an AFC



Conclusion & Implication

Conclusion	Implication
<ul style="list-style-type: none">• AFC intervention significantly improves the age-friendliness among community-dwelling older adults overtime• Older adults with lower socio-economic status benefited most from the AFC intervention• JCAFC is a approach that strategically leveraging on a trusted intermediary to bridge stakeholder groups that would otherwise remain fragmented	<ul style="list-style-type: none">• Community-based AFC interventions carry the potential not only to improve the overall age-friendliness in the community, but also addresses underlying inequalities experienced by older adults• Approaches toward AFC cannot be directly replicable to non-Western contexts, but leveraging on a trusted intermediary appears to be a promising approach in East Asia

Limitation

- **Purposive and snowball sampling** method that may be susceptible to biases
- This is **a repeated cross-sectional study**, whether longer-term effects resulting from the JCAFC model remains unascertained
- Improvements in overall age-friendliness **cannot be solely attributed to the success of JCAFC**
- **No NGOs and local officials** were involved in the focus group to validate the role of trusted intermediary in promoting AFC in East Asian society

Thank You