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Jean Woo *Editor*

# Aging in Hong Kong

A Comparative Perspective

 Springer

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A Comparative Perspective

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## Preface

This book addresses the theme of how Hong Kong deals with the World Health Organization's call to "aging well," in the context of a developed society and a world city. It echoes the theme of the World Health Organization's World Health Day on April 7, 2012, recommending three calls to action: promoting and living a healthy lifestyle across the life course, creating age-friendly environment and policies to engage older men and women, and making primary care more age-friendly. The book adopts an integrated medical and social approach, examining issues relating to aging from the older person's perspective. While some of the observations may pertain to the Chinese culture, some may be of universal relevance to all developed societies facing an aging population. The contributors are from diverse backgrounds, covering health care, health policy, social work, and psychological, statistical, geographical, and legal fields. It is hoped that this book will raise awareness of the diverse pressing issues facing aging societies in developed countries such that evidence-based effective responses from all societal sectors may be encouraged.

Shatin, NT, Hong Kong

Jean Woo



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# Chapter 1

## Introduction

Jean Woo

**Abstract** All countries are facing a demographic transition with increasing life expectancy, with those in developing countries aging faster than developed countries. The needs of older people have been eloquently summarized by Neuberger in “A Manifesto for Old age” (Neuberger 2010), encompassing dignity, choice (particularly at the end of life), respecting values and attitudes of older people rather than imposing a medical model on their lives, prevention of isolation, provision of activities, and dealing with pain in the broad sense (physical and mental). Services should be designed with these principles in mind, rather than from a service provider’s perspective. These principles, while familiar to most providing care to the elderly, may not be so to policy makers or managers, who tend to take overall macro views of the population as a whole and neglect this particular sector. This is not surprising since the number of older people is less than the rest of the population. As a result, this sector is often neglected by public health or primary care policies which are targeted at the general population and at specific diseases whether chronic or infectious, rather than deal with multi-morbidity, frailty, disability, cognitive impairment, and accompanying depression. Furthermore, the need for social care often accompanies the need for healthcare, raising the problem of service fragmentation.

Populations tend to congregate in cities. There are particular features of living in a large city that may pose particular problems for elderly people, with respect to isolation, neighborhood support, accessibility to various services such as health, social, transport, as well as leisure and shopping facilities. Since 2007, the importance of aging in world cities has been promoted by the World Health Organization through its Elder-Friendly World Cities Initiative (WHO 2007). The Guideline drew atten-

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tion to various characteristics that contribute to “age-friendliness”: outdoor space and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community and health services. It has been pointed out that there are few studies on the impact of population aging on health and quality of life in cities. While urban living may have advantages of better transportation and a variety of facilities, there may be disadvantages such as pollution, safety, and high cost of living. The impact of urban neighborhoods, the built environment, accessibility to health and social services, extent of social networks, and small area variations, are all areas that merit further research (Rodwin and Gusmano 2006).

Hong Kong is a densely populated city with seven million people (of whom 0.9 million are aged 65 years and above) living in an area of 1,104 square km, where accommodation tend to be “vertical,” in small flats in high rise blocks. As a city it may be comparable to other world cities such as New York or Inner London. By 2030, the number of people projected to be aged 65 years and over will be about 25% of the population, as a result of increasing life expectancy at birth and declining fertility ratios. Hong Kong already has the longest life expectancy in the world for men, and women. Health and social services are largely funded through taxation, which is currently capped at between 15 and 17%. Less than 50% of the population pays any income tax in 2004–2005. The current healthcare system consists of two pillars: public highly subsidized services (average 95% subsidy) covering mainly secondary and tertiary care, with a small component of primary care, and private unsubsidized services covering predominantly primary care, and also smaller components of secondary and tertiary care. Public health expenditure and total health expenditure represent less than 4% and approximately 5% of GDP, respectively (Leung 2006). As a former British colony, social services for the elderly follow the developments in the United Kingdom. For example, community services cover meals on wheels, home help, day care, domiciliary visits by health and social care professionals. Various types of welfare allowances depending on age, income, disability, and the need for 24-h care are available.

This book examines diverse facets of the aging population in Hong Kong with reference to other cities or countries. An overriding emphasis will be placed from the perspective of the general population as well as older people themselves. A comparison between services and health outcomes in different cities with different health and social services arrangement would be of interest. Comparative studies may contribute to the study of the association between living environment, health and social service systems for elderly, and a broad range of health outcomes. Within Hong Kong, the relationship between neighborhood characteristics and health outcomes, as well as the contribution of the living environment to small area variations in health outcomes at the population, individual, and cellular level will be examined. The social issues arising from the aging population will be reviewed, to include mandatory retirement age, perspectives from older people on retirement as a major life change, elder-friendly employment practices covering pre-retirement training and post-retirement opportunities, volunteerism, and social capital. Financial security is a key component of aging well. One chapter examines how assets belonging to elderly people who gradually become more dependent on others are managed.

The views of older people and their carers will be described, and the findings compared with Australia. The need for guidelines and public education in this area to avoid financial abuse will be discussed.

The impact of common chronic diseases on health and social services as a result of population aging will be examined by documenting trends in disease incidence, prevalence, and mortality, in order to provide more accurate estimations of disease burden and economic costs. Such information would inform service planning and healthcare financing policies. Diabetes, dementia, chronic obstructive pulmonary disease, and stroke are examined and compared with other countries.

The concept of the patient as a partner in care for chronic disabling diseases and conditions has been promoted particularly in the primary care setting (Muir-Gray 2002). A prerequisite for this approach is the parallel development of health literacy among the general public and patients to detect and overcome various misconceptions. A project supported by a philanthropic organization to promote an elder-friendly Hong Kong will be described. The project objectives include overcoming a negative perception of aging by identifying misconceptions and service needs by raising health literacy regarding aging issues through public education and training.

The number of people with chronic diseases and frailty requires a continual approach to care involving lifestyle modifications. Contact with healthcare professionals is episodic in nature, and often infrequent. Therefore, empowerment or acquiring self-management skills would be important. Such programs have been developed in the USA and tested in the UK with varying results. They have generally been applied to younger patients with single chronic diseases such as arthritis, but not to the elderly who may have multi-morbidity and varying degrees of frailty, and possibly with lower health literacy. This chapter reviews the underlying concepts of empowerment, and describes the result of a trial of chronic disease self-management program among community-living elderly people in Hong Kong, with comparisons with other countries. Service delivery models to meet the needs of older people with multi-morbidity and frailty are being developed, with international comparisons of advantages and disadvantages. Increasingly, attention has been drawn toward quality of dying as an integral component of quality of life, such that an international league table of dying well index has been compiled (Mayor 2010). Yet in Chinese culture, this issue tends to be avoided even by healthcare professionals. Although palliative care services have been well developed for cancer patients, the concept of palliative care has not been applied to those in the last stages of their chronic illnesses. The gap between palliative care for cancer and non-cancer patients is described, together with a case study of a continuous quality improvement initiative to improve the quality of end of life care in a non-acute hospital illustrating that many obstacles needed to be overcome, and an evaluation of the results of this initiative. It also describes such initiatives in the setting of residential care homes for the elderly, as well as the wishes those at their end of life regarding their preference for the place of dying.

Healthcare resource limitations are common to all countries, with a background of rapidly developing high cost medical technologies. Prioritization exists whether decisions are explicit or not. The underlying concepts regarding the issues of age

influencing prioritization is described. How users and service providers prioritize is of interest and may guide policy development. The results of a survey in Hong Kong to rank 12 different services covering neonates to elderly is described and compared with a similar survey carried out in the UK.

It is hoped that the topics covered in this volume will raise awareness of all the pressing issues confronting an aging population in a world city among policy makers, administrators, managers of health and social services, public health professionals, and all health and social care professionals to whom care of the elderly is entrusted. Such a perspective is needed in order to avoid increasing health inequalities in spite of a background of a developed and comparatively well-to-do economy with high GDP compared with the West.

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