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Promoting the Health of Older Persons in Hong Kong

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Ageing of the Population

While population ageing is a worldwide phenomenon, the situation in Hong Kong is especially acute. According to the population projection of the Hong Kong Census and Statistics Department, as of September 2020, the proportion of older persons aged 65 and over is projected to rise markedly, from 18.4% in 2019 to 38.4% by 2069. Population ageing is expected to be the most rapid over the next two decades, with the proportion of people over 65 reaching 33.3% by 2039. Towards the end of the projection period, the proportion of elders will stabilise as the baby boomers gradually pass away. Meanwhile, the proportion of the population aged under 15 is projected to decrease gradually from 12.2% in 2019 to 7.6% by 2069 (Census and Statistics Department, 2020).

Apart from the increasing percentage of older adults, another indicator of the changing demographic is the shift in the median age of the population, which will rise from 45.5 in 2019 to 52.5 by 2039, and further to 57.4 by 2069. This is the consequence of two major factors: high life expectancy and low birth rates. For more than four decades, the life expectancy at birth has been steadily rising, from 72.3 years for males in 1981 to 80.3 years in 2011, reaching 82.2 years in 2019; and, for females, from 78.5 years in 1981 to 86.7 years in 2011 and 88.1 years in 2019. The total fertility rate, on the other hand, dropped significantly from 1,355 live births per 1,000 women in 1994 to the historical low of 901 per 1,000 women in 2003, and has increased only slightly to 1,051 in 2019. However, this is still lower than other similar economies like Singapore

(1,140), Norway (1,530), Germany (1,540), and Denmark (1,699) (Census and Statistics Department, 2020). Because of this continuing trend of low births, the proportion of the population aged under 15 will continue to decline, shifting the median age upwards. In fact, these two ends of the population pyramid have actually reversed in size over the past two decades, with the proportion of people over 65 (increasing from 11.1% in 2001 to 13.3% in 2011 to 20.5% in 2021) exceeding the proportion of people under 15 (decreasing from 16.5% in 2001 to 11.6% in 2011 to 10.9% in 2021) (Census and Statistics Department, 2001; 2022).

Many people view this ageing trend as a threat. Discussions about the trend tend to highlight the economic burden this might bring to society, quoting the old age dependency ratio, which is defined as the "number of persons aged 65 and over per 1,000 persons aged between 15 and 64", a figure that has been steadily increasing (from 154 in 2001 to 177 in 2011, and then to 282 in 2021) (Census and Statistics Department, 2023). Though lower than many European countries, it is higher than other Asian communities like Singapore and Taiwan. In any event, this index is on the rise worldwide, with Japan topping the list, creating much pessimism about future economies.

It is not the purpose of this chapter to discuss the economic aspects of ageing. Nonetheless, it is relevant to remind readers that this index, developed some decades ago, employs the age demarcations of "under 15" and "over 64" for defining "dependency", but this may no longer be an accurate reflection of dependency today. First, adolescents above the age of 15 today are mostly in school and economically inactive, while many adults above the age of 64 are still working, as they are enjoying much better health and functional ability than their predecessors. Moreover, it is correct to assume that nearly all under 15s depend on others, while some over 64s may have accumulated wealth over their lifetime and do not depend on others for financial support. This is especially true in countries where cultural values and family dynamics have changed, leading to a shift in the traditional practice of dependence on the younger generation in old age. In any case, it should be considered a simple index derived from demography alone and should be interpreted with caution.

Another related issue is the distorted image of "the elderly". Myths abound as to what older adults are like, and they are often pictured as invariably sick, disabled, or needing to be taken care of. Other stereotypes include that these individuals are stubborn, unable to learn, unable to change, have tremors,

require a walking stick, and live in old age homes. However, these negative images are generally only relevant to a minority, rather than most older adults.

Moreover, while many people view the ageing population as a threat, others have found reason to celebrate the trend. When discussing ageing in 1999, Gro Harlem Brundtland, the previous Director-General of the World Health Organisation, said: "Population ageing is first and foremost a success story for public health policies as well as social and economic development" (World Health Organisation, 2002, p. 6). Longevity has indeed always been one of the primary pursuits of humankind, so population ageing should be seen as an achievement rather than a threat. It should be possible to enjoy healthy elderhood instead of facing limiting stereotypes or suffering with disabilities, which is the major reason people fear growing old. Although sickness and disability are associated with ageing, they are not its invariable result but are often due to certain chronic diseases linked to a multitude of ill effects and factors accumulated over a lifetime. There is a need to distinguish between these "ill effects" due to underlying disease and "ageing effects" due to the natural course of growing older. Modern medical science has enabled us to identify and treat many diseases previously attributed to "senility". More can still be done to help prevent such diseases and their disabling consequences so that ageing can be enjoyed instead of feared.

The rest of this chapter is devoted to establishing a profile of older persons in Hong Kong in terms of their education, medical aid requirements, and common chronic diseases. Using this profile, later sections explain ways to promote the physical, mental, and social health and well-being of older adults, including suggestions for enhancing functional capacity and slowing down decline as well as policy efforts to assist the older members of the community in Hong Kong.

Profiling Older Adults in Hong Kong

It has been said that "the elderly" are the most heterogeneous of all age groups. An adult at the age of 70 might have been disabled for 10 years due to a stroke, while other 70 year olds remain free from any illness and still work full time. Likewise, one person might require a cataract operation at the age of 50, while others do not need such an operation until they are over 80. Every person goes

through life in a unique manner, and the interaction between their genetic makeup and life experiences will affect their health status in old age.

In Hong Kong, people born before the Second World War—the "older-olds"—were often from rural mainland China and migrated to Hong Kong in adulthood. Many had suffered deprivation in their early years, and women were mostly illiterate. On the other hand, the post-war and post-liberation "baby boomers"—the "younger-olds"—were often born locally and enjoyed better nutrition, educational opportunities, and preventive healthcare in childhood. Such differences in life experiences result in "cohort effects", which are not equivalent to "ageing effects". To quote an example, the fluoridation of water, which started in 1961, has led to a great decline in the incidence of tooth decay in Hong Kong (Oral Health Education Unit, n.d.). However, this advantage was not available to the more senior members of society during childhood and may have led to permanent tooth loss. Moreover, neglect of oral care and lack of dental check-ups in adulthood also added to dental problems like gingivitis and tooth decay. However, these issues are not due to ageing per se. In the 2011 Oral Health Survey conducted by the Department of Health, the percentage of adults aged 65–74 living in the community with over 20 teeth (59.5%), as expected, was higher than that of the same age cohort in the 2001 survey (49.5%) (Department of Health, 2011). There is good reason to believe that surveys on future cohorts will reveal even better dental health, noting that those aged 65–74 surveyed in 2011 were already over 15 years old in 1961. Hence, when reading statistics, care should be taken to interpret which characteristics are due to ageing and which are simply cohort effects. Keeping this in mind, we can now turn to profiling the older adults in Hong Kong.

In the *Thematic Household Survey Report No. 40* released in 2009 by the Census and Statistics Department, it was revealed that 28.8% of adults aged over 60 residing in the community had never received an education, and only 6.9% achieved post-secondary education. Many suffered from chronic diseases (70.4%). While 29.8% had only one, 19.5% had two, 11.5% had three, and 9.5% had four or more such problems. About one-seventh (13.5%) had been hospitalised during the previous 12 months. The proportion of elders who attended a doctor consultation during the previous month was higher at 41.1%. The most common chronic diseases reported include hypertension (62.5%), diabetes (21.7%), musculoskeletal problems (19.9%), eye disease (18.0%), high cholesterol (16.3%), and heart disease (14.5%). Although most did not

require assistance from others in daily living (75.5%), 62.3% needed to take medicines on a long-term basis. About half (55.4%) of the elders considered the condition of their health to be about the same as most people of their age, but 32.7% considered that their health condition was worse or much worse than during the previous 12 months. Nonetheless, the proportion of elders requiring medical care services in the previous week was relatively low at 1.9%. Most of them (93.1%) did not have an activities of daily living (ADL) impairment, and 96.3% were able to make decisions about their general affairs in daily living. However, 10.7% of elders reported memory problems and could not recall what had happened five minutes ago (Census and Statistics Department, 2009). This last finding tallies with that of another population study, in which 9.3% of community-dwelling elders aged 70 and above were found to suffer from different degrees of dementia (Chan and Ng, 2009).

From the above data, it can be noted that community-dwelling elders in Hong Kong, in general, live an independent life, although most of them (70.4%) have chronic diseases that may require continuing medical care. Those with musculoskeletal problems (19.9%) could be experiencing pain as well, affecting their quality of life. The high percentage of persons having hypertension, diabetes, high cholesterol, and heart disease echoes the global epidemic of non-communicable diseases (NCDs) that were estimated to be responsible for 74% of the world's deaths, over 40% of which were seen as premature, being under the age of 70 (World Health Organisation, 2022). The medical expenses incurred in treating these diseases and their complications like stroke, heart disease, and renal failure are enormous. Unlike communicable diseases with clearly defined causative agents, these diseases take a long time to develop, and multiple factors are involved. As behaviour and lifestyle factors like smoking, physical activity, and eating habits have a vital role to play in their formation, their prevention and control cannot be undertaken by health authorities alone, but requires long-term, sustainable, and combined efforts by the government, public and private sectors, the community, and individuals, as pointed out in the document "Promoting Health in Hong Kong, a Strategic Framework for Prevention and Control of Non-communicable Diseases", published by the Department of Health (2008). The intervention measures recommended in the document are not just focused on elders, but the health outcomes would certainly affect future elders.

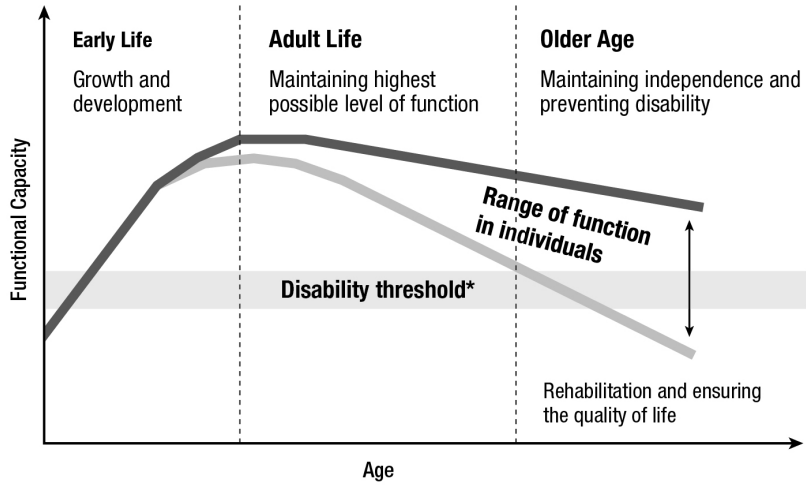
Health and Health Promotion

The World Health Organisation defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organisation, 1948), while health promotion is defined as the process of enabling people to increase control over, and to improve, their health for the prevention of diseases and the attainment of optimal physical, mental, and social health and well-being (World Health Organisation, 1986). Health is a positive concept emphasising social and personal resources, as well as physical capacities. It is a resource for everyday life, not the objective of living. Without health, it is not possible to live life to the full and reach one's greatest potentials. Hence health is not just an end but also a means.

These perspectives and definitions of health and health promotion are especially relevant to older persons, for whom maintaining optimal functional capability is often more important than the treatment of single diseases. Physiological decline, like visual and hearing impairment, greatly affects the ability to handle simple tasks in life, and a fall incident can lead to devastating consequences, for example, severely incapacitating a cognitively impaired but otherwise well elder due to the challenge of hospitalisation, not to mention other likely untoward events like femur fractures, which could lead to permanent immobility. For elders, mental and social well-being are of equal, if not greater, importance than physical ability. In fact, the World Health Organisation defines healthy ageing as the process of developing and maintaining the functional ability that enables well-being in older age. It points out that functional ability is made up of the intrinsic capacity of the individual, relevant environmental characteristics, and their interaction, and well-being is considered in the broadest sense to include such domains as happiness, satisfaction, and fulfilment (World Health Organisation, 2015).

In this framework, healthy ageing is seen as a lifelong process, starting at birth with inherited genes, the expression of which will be shaped throughout life by exposure to, and interaction with, various environmental factors, accumulating into unique personal experiences that may have positive or negative effects on health. Such interactions continue into old age; and resilience, or the functional reserves of an individual, has an important role in maintaining or improving functional ability in the face of adversity. In the document "Active Ageing: A Policy Framework" released by the World Health

Figure 1.1 Maintaining functional capacity over the life course



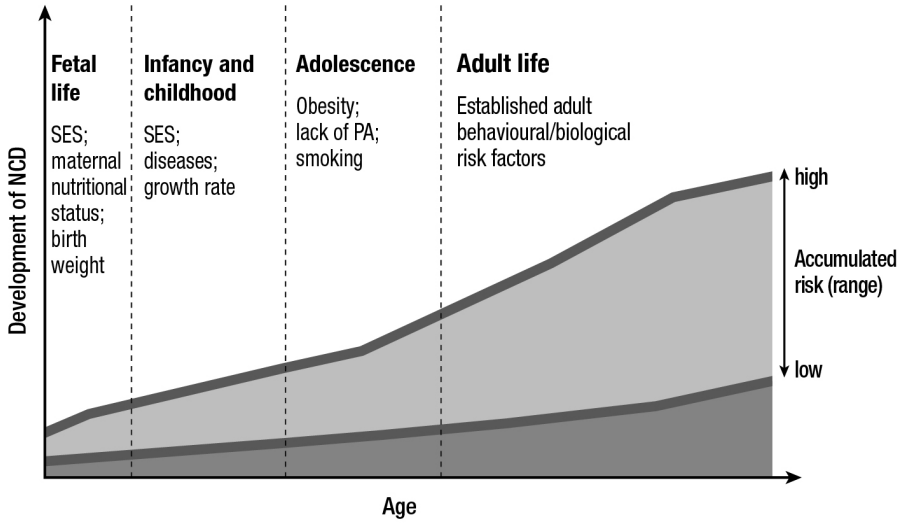
* Changes in the environment can lower the disability threshold, thus decreasing the number of people with disabilities in a given community.

Functional capacity (such as ventilatory capacity, muscular strength, and cardiovascular output) increases in childhood and peaks in early adulthood, eventually followed by a decline. The rate of decline, however, is largely determined by factors related to adult lifestyle—such as smoking, alcohol consumption, levels of physical activity, and diet—as well as external and environmental factors. The gradient of decline may become so steep as to result in premature disability. However, the acceleration in decline can be influenced and may be reversible at any age through individual and public policy measures.

Adapted from Figure 4 in "Active Ageing: A Policy Framework" (World Health Organisation, 2002; Original source: Kalache and Kickbusch, 1997).

Organisation in 2002, active ageing is defined as the process of optimising opportunities for health, participation, and security in order to enhance quality of life as people age. The focus is not just on physical, mental, and social health and well-being but also on maintaining autonomy and independence. It recommends adopting the life course approach and taking actions throughout life to reduce the accumulation of health risks while enhancing protective factors among various determinants of health. The objective is to enhance functional capacity in early life and to slow down its decline in adult life and older age (Fig. 1.1, adapted from Fig. 4 of the document), hence preventing disability and maintaining independence even in advanced age. It is also emphasised that the rate of decline can be influenced and may be reversible at any age through individual and public policy measures.

Figure 1.2 Scope for non-communicable diseases prevention: A life course approach



Adapted from Figure 7 in "Active Ageing: A Policy Framework" (World Health Organisation, 2002; Original source: Kalache and Kickbusch, 1997).
PA indicates physical activity; SES, socioeconomic status.

There is great scope for NCD prevention at any stage in life (Fig. 1.2, adapted from Fig. 7 of the document). The determinants of health include those intrinsic to the individual, like biology, genetics, cognitive capacity, and gender; those which greatly influence health-related behaviour, like culture and psychological factors; those which are related to the physical and social environment; and, of course, economic determinants and health systems and services do play an important role (World Health Organisation, 2002).

The Ottawa Charter for health promotion, drawn up in 1986, listed five main health promotion action measures: build healthy public policy; create supportive environments; strengthen community actions; develop personal skills; and reorient health services. The three key strategies are advocate, enable, and mediate (World Health Organisation, 1986). More recently, the 9th Global Conference on Health Promotion, convened in 2016 in Shanghai, reaffirmed the relevance of these directions developed 30 years ago. The theme of "Health Promotion in the United Nations Sustainable Development Goals" emphasised the link between health and economic development. It reiterated

health as a universal right and called for good governance across sectors. Governments are urged to strengthen the legislation, regulation, and taxation of unhealthy commodities, and use fiscal policies to enable investments into health and well-being, while the business sector should not compromise health for economic gains. The Healthy City approach was recommended, focusing on goals like making cities smoke free and enhancing health literacy among citizens. It was also noted that such actions require political commitment, financial investment, and inter-sectoral strategies and actions (World Health Organisation, 2016). Indeed, though prevention is never as glamorous as treatment, health is the essential resource for daily living: the universal social goal that no administration can ignore.

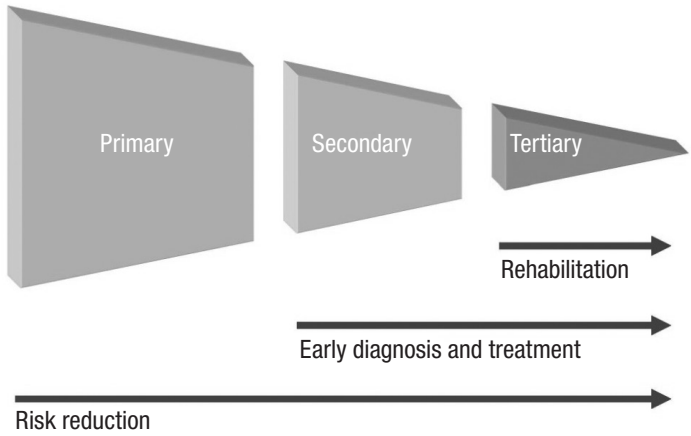
The following paragraphs describe the situation of health promotion for elders in Hong Kong, indicating how the strategies advocated in the Ottawa Charter for health promotion are being implemented, with the commitment of the government at the policy level, the development of personal skills and the re-orientation of health services, strengthening community action, and involving different sectors from both within and outside the government, while emphasising participation of the elders themselves.

The Three Levels of Prevention

In the classical model of public health prevention, there are three levels: primary, secondary, and tertiary (Fig. 1.3).

The most cost-effective approach is, of course, primary or risk reduction, which aims to prevent the occurrence of diseases altogether. The best example is the absence of smoking, as up to half of tobacco users are killed by its use (World Health Organisation, 2017), not to mention the vulnerable nonsmokers exposed to secondhand smoke. Secondary prevention refers to early detection and treatment. This may be achieved by active health screenings, necessitating special services like cervical screening, or more simply, by opportunistic blood pressure measurement during a visit to healthcare premises. It also includes the alertness of individuals to the symptoms and signs of potentially serious conditions and the timely and proper use of healthcare services to reduce medical costs and human suffering due to complications. Tertiary prevention, or rehabilitation, provides appropriate services and support to individuals with existing disease or disability to alleviate the cost of care and improve quality

Figure 1.3 The three levels of prevention: A public health approach



of life. In short, prevention is a forward-looking and proactive approach, in contrast to the remedial and passive nature of just the treatment of diseases.

Since many elders already suffer from chronic diseases, all three levels of prevention are relevant and may be applicable for the same individual at different times and at different stages of an illness. Health promotion for elders should therefore be comprehensive and holistic. While the following discussions place more emphasis on primary and secondary prevention, it should be noted that patient education (tertiary prevention) comprises an integral part of patient care and is undertaken vigorously in the medical care system.

Policy on the Care of Older Persons in Hong Kong

In 1997, the Chief Executive of the Hong Kong Special Administrative Region (HKSAR) made "Care for the Elderly" a Strategic Policy Objective of the Government of the HKSAR. The objective was to improve the quality of life of the older population and to provide them with a sense of security, a sense of belonging, and a feeling of health and worth (老有所養、老有所屬、老有所為 in Chinese). The Elderly Commission was established in the same year with the