

The Chinese University of Hong Kong  
The Nethersole School of Nursing  
CADENZA Training Programme

Web-based Course for Professional Social and Health Care Workers

**CTP 005: Community and Residential Care for Older People**

## Module II

# Transforming Knowledge into Practice for Older People

## Chapter 2

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香港賽馬會慈善信託基金  
The Hong Kong Jockey Club Charities Trust

# **Chapter 2**

## **Assessing the diverse needs of older people**

# Course outline

- Overview of the ageing process
- Impact of physical, psychosocial and spiritual changes
- Meeting the diverse needs of older people with existing elderly services in Hong Kong
- Future service provisions for older people

# Overview of the ageing process

# When will you become old?

I look old with wrinkles on my face.

I am old enough for retirement.

I will be old when I become a grandparent.

I am too old to carry these goods!

I am old with my painful legs!



# OLD AGE

Ageing is not important since it is inevitable, but ageing successfully *is* important.

- People hope to live healthily and lead vigorous lives for as long as possible.
- We all agree that to live without disability and diseases is the best way to age.
- Successful ageing becomes our goal in the ageing process.

# The Concept of Successful Ageing

Three components of successful ageing:

- ü avoiding disease and disability

- ü maintaining mental and physical function

- ü continuing engagement with life

(Rowe and Kahn, 1999)

# How old is old?

- Definition of 'old' varies over time, culture, and situation. It also varies in different people and different countries.

(Ferrini & Ferrini, 2008; Eyetsemitan, 2002)



# Definition of Ageing

- In developed western countries e.g., U.S.A & UK, the age 65 of is considered old.
- In under-developed countries e.g., Africa, the age of 50 is considered old.
- Today, most researchers use the age of 65 as the cutoff point for old age.
- According to WHO, the age of 65 is defined as the beginning of old age, but can differ in various countries .

(Ferrini & Ferrini, 2008; WHO, 2012)

# Ageism

- Ageism: stereotyping, prejudice and discrimination against older people.
- It contributes to negative perceptions of the ageing process.
- Each of us has a different perception of older people and growing old. Perceptions of growing old are influenced by our interaction with people, society, cultural beliefs and attitudes toward older people.

(Ferrini & Ferrini, 2008; Polan & Taylor, 2007; Novak, 2006)

# Why and how do we age?

# Ageing process

- The function of individual cells and organ systems are affected as our bodies age.
- These changes occur gradually and progress inevitably.
  
- It can be very different from person to person.
- It is also influenced by many factors.

(Polan & Taylor, 2007)

# Ageing process

- The ageing process is a biological phenomenon that no one is exempt from.
- It is a complex, continuous process that begins at maturity and continues until death.

# Ageing Theories

No one single concept can completely explain the ageing process or why we age.

- **Biological theories**
  - Attempt to explain the physical changes that accompany ageing.
- **Psychosocial theories**
  - Attempt to explain how ageing affects socialisation and life satisfaction.

(Polan & Taylor, 2007)

# ‘Compression of Morbidity’

- James Fries (1980; 1989) constructed the compression of morbidity hypothesis in which people would have fewer years of disability and chronic illness in later life until death. This could result in decreased use of medical care and services in the future.
- If we can identify and modify those variables which predict future ill health, the age of onset of disability and the age of death will be increased. For example, physical activity is perhaps the most obvious variable that might reduce overall lifetime morbidity.

(Fries, 1996; Novak, 2006)

# Influencing Factors of Ageing (1)

Ageing is a natural phenomenon. However, there are numerous factors which influence the process of ageing:

1. cellular changes
2. genetic factors
3. race and ethnicity
4. body weight and height
5. marital status

(Ferrini & Ferrini, 2008)



# Influencing Factors of Ageing (2)

6. psychological factors
7. social class: education, income and occupation
8. cultural factors
9. physical environment
10. lifestyle [healthy and unhealthy]

# Impact of physical, social, psychological and spiritual changes

# Physical Changes

# Anatomic and Physiologic Changes

System affected	Change noted	Age span (year)
Height	Average loss 2 inches	40-80
Weight: Men Women	Peaks in mid-fifties, then declines Peaks in mid-sixties, then declines	20-80
Total body water Men Women	Declines from 60% to 54% Declines from 54% to 46%	30-70
Muscle mass	30% decrease	30-70
Taste buds	70% decrease	30-70

System affected	Changed noted	Age span (year)
Maximum heart rate	195-155 beat / min	25-70
Lung vital capacity	17% decrease	30-70
Renal perfusion	Reduced by 50%	30-80
Cerebral blood flow	Reduced by 20%	30-70
Bone mineral content	Reduced by 25-30% in women, 10-15% in men	40-80
Brain weight	Reduced by 10%	20-80
Amount of light reaching retina	Diminished by 70%	20-65

(Ebersole et al., 2004)

# Memory Change

- Two types of retrieval from memory: **recall and recognition**.
- Recall is the process of searching through the large amount of information in secondary/ long term memory.
- Recognition requires less search.
- Most research found age-related deficiencies in recall, but few differences in recognition.
- Feelings of frustration and a lack of confidence in learning as a result of memory failure.

( Hooyman & Kiyak, 1988)

# Psychosocial Change

# Retirement

## What is retirement?

Separation from  
one's career

Receiving  
a pension

Exiting the labour  
force

Considering oneself  
retired

Giving a reduced  
effort

(Bosse, 2001)



# Reasons for retirement

## Health reasons

### Positive reasons:

- Ø wanting leisure time
- Ø ready
- Ø strong preference

### Negative reasons:

- Ø negative work situation
- Ø negative outside pressure
- Ø unemployment

### Compulsory / Policy

- Ø willingness
- Ø reluctance

- The success or failure of retirement depends on how people view retirement, how they plan for it, and why they retire.

(Bosse, 2001; Cui & Vaillant, 2001; Hooyman & Kiyak, 1988)

# Impact of Retirement

Loss

VS

Gain

Money

Work  
itself

Time

Role

Second  
career

People  
at work

Respect

Retirement/  
senior benefit

Schedule

Things  
happening  
around me

The feeling  
of being  
useful

New  
life

(Harris, 1990)

# Impact of Retirement






Health	<ul style="list-style-type: none"><li>• No negative effects on health, some may have improvement after retirement.</li></ul>
Income	<ul style="list-style-type: none"><li>• Reducing income.</li></ul>
Social relationships	<ul style="list-style-type: none"><li>• More chance to visit their children, visit family and friends and also participate in the society.</li><li>• Retired professionals have more social involvement than middle-status workers; semiskilled workers have the least involvement.</li></ul>
Marital relationship	<ul style="list-style-type: none"><li>• Wife has to adjust the daily routines to adapt the presence of the retired husband.</li><li>• If a husband and wife enjoy a good relationship before retirement, retirement will increase marital satisfaction.</li><li>• A couple's marital relationship before retirement is the important factor.</li></ul>

(Harris, 1990)

# Coping styles for retirement and ageing

- Reichard, Livson, and Petersen (1962) studied 87 older people in Kansas City.
- They identified three types of personality that adapted well to ageing and retirement and two types that adapted poorly.
- There is little change in personality throughout life.

(Harris, 1990)

Type	Description	Adaption
Mature	Feel that lives have been rewarding, and face ageing without regret	
Rocking chair men	Free of responsibilities, passive, dependent	
Armoured	Strongly against growing old and fight off the fear of ageing by keeping busy and staying active	
Angry men	Feel that they have failed in life and blame others for their failures	
Self-haters	Have much regret in their lives, and blame themselves instead of others for their failures and misfortunes	

(Harris, 1990)

# Bereavement / Loss of spouse

- Death of spouse or widowhood is the most stressful life event.
- The reaction to death of a spouse is known as bereavement.
- Death of a spouse represents:
  - Ø the loss of dependable financial resources
  - Ø decline in economic status
  - Ø decline in social interaction
  - Ø decline in social involvement

(Cui & Vaillant, 2001)

# Impact of widowhood

- Morgan (1976) found poor adaptation to widowhood to be associated with low income.
- The impact of widowhood can be attenuated through socio-psychological variables:
  - Ø adequacy of the social support network
  - Ø individual's characteristic way of coping with stress
  - Ø religious commitment

(Cui & Vaillant,2001; Hooyman & Kiyak,1988)



- Women have larger friendship networks than men, and have strong support from other widows.
- Many widows have no interest in remarriage.
- Widowhood can bring relief and chances to develop new interests.
- Friends may be a more important source of emotional support than adult children.
- Men have been found to experience more medical problems during the six months following their wife's death.

(Hooyman & Kiyak, 1998)

# Role Changes

- Role losses due to retirement, death of spouse and institutionalisation.
- The spiritual role of older people must be reclaimed.
- Spiritual role includes:
  - Ø storyteller/ historian to preserve history
  - Ø family/ community gatherings
  - Ø wisdom, advice, consolation and advocacy
  - Ø mentor and role models

(Best, 2001; Harris, 1990)

# Spiritual Changes

# Spiritual well-being

- Spirituality is regarded as a subjective personal phenomenon that is identified as:
  - Ø faith commitment
  - Ø behaviour consistent with beliefs
  - Ø personal transcendence
  - Ø supraconscious sensitivity
  - Ø meaningfulness
- National Interfaith Coalition on Ageing “defines spiritual well-being as affirmation of life in relationship with God, self, community and an environment that nurtures and celebrates wholeness. ”

(Moberg, 2001,p.15)

- MacKinley (1998) used the concept of spiritual tasks to interpret spiritual development in older people.
- She developed a model of Spirituality in Ageing.

(MacKinley, 2001)

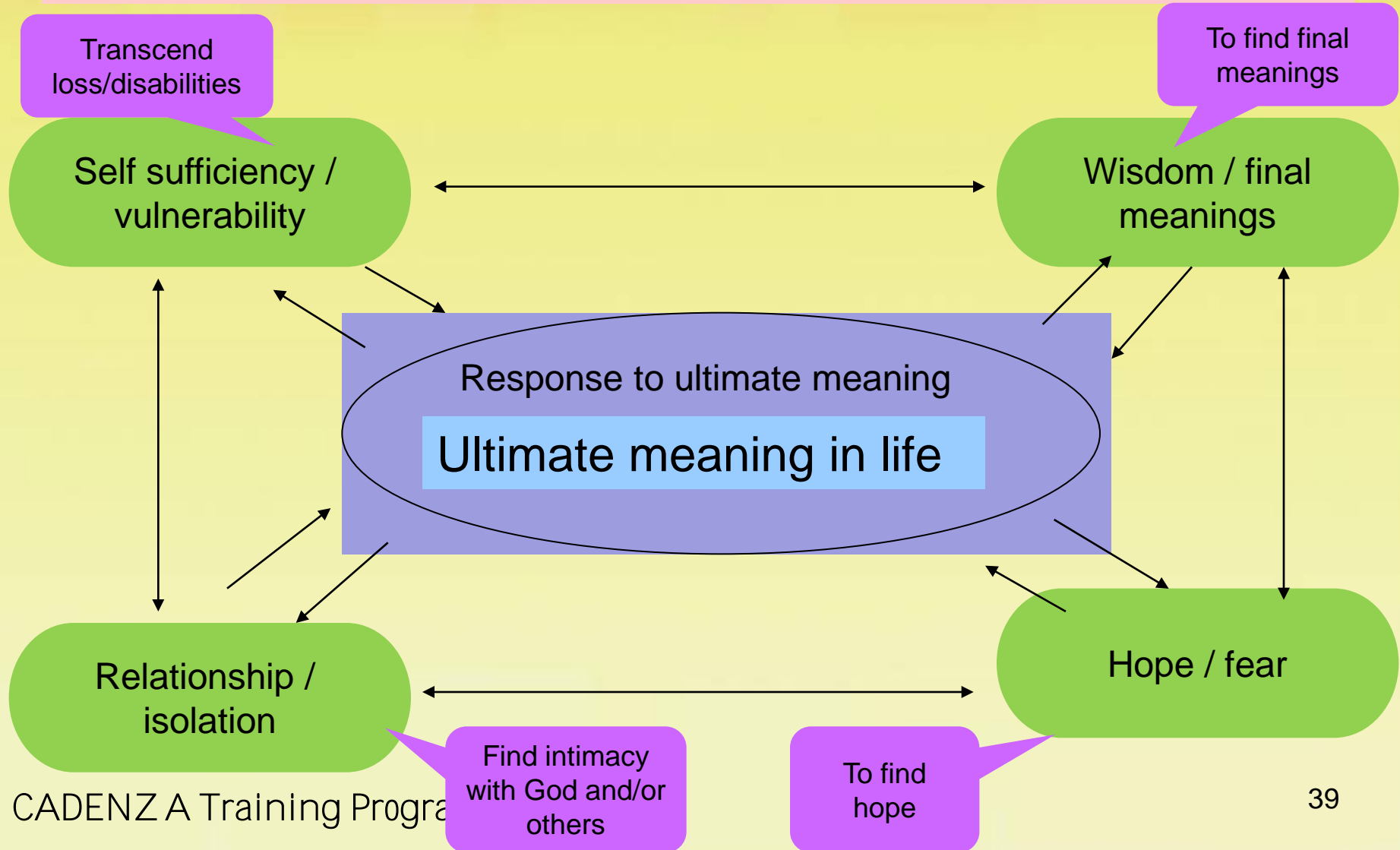
# Model of Spirituality in Ageing

- Model of spirituality in ageing was developed by MacKinlay (1998) and includes six major themes.
- Based on a **developmental approach** that there is the potential for **spiritual growth** and development across life span, even in later life.
- Spiritual tasks arise from the themes of the model. The tasks are accomplished in order to move to the **wholeness** that is the goal of all human beings.
- The tasks are of utmost importance at the end of life stage because older adults realise the approach of their own death.

(MacKinley, 2001)

# Spirituality in ageing – themes and tasks

(MacKinlay, 2001)



# Suggestions for assisting older people in working through spiritual tasks of ageing (MacKinlay, 2001)

Theme	Task	Intervention
Ultimate meanings	To identify with what brings ultimate meaning	<ul style="list-style-type: none"><li>• Helping people to clarify their centres of meaning</li><li>• Who/ what gives you greatest meaning?</li></ul>
Response to meaning	To find appropriate ways to responds	<ul style="list-style-type: none"><li>• Assisting them to respond, by worship, music, art, reading, including use of Scripture.</li><li>• Affirming links with environments.</li><li>• Affirming their use of prayer. Identifying appropriate symbols of meaning</li><li>• Facilitate relationship with family</li></ul>
Wisdom/ Final meaning	To search for final meanings	<ul style="list-style-type: none"><li>• Journeying with them, assisting to reframe memories and experiences</li></ul>

(MacKinlay, 2001)



# Suggestions for assisting older people in working through spiritual tasks of ageing (MacKinlay, 2001)

Theme	Task	Intervention
Self-sufficiency / Vulnerability	Transcending loss and difficulties	<ul style="list-style-type: none"> <li>• Dealing with pain and suffering, assisting them in the grieving process, to move beyond and take up life again</li> <li>• Accept the loss</li> <li>• Emphasis on “being” instead of doing</li> <li>• Count the blessing</li> </ul>
Relationship / isolation	To find intimacy with God and/ or others	<p>To find new intimate relationships. For example, with carers where there is no family</p> <ul style="list-style-type: none"> <li>• Reconciliation with family may be important</li> </ul>
Hope / fear	To find hope	<ul style="list-style-type: none"> <li>• In attaining final meaning in life, reviewing and reframing past issues</li> <li>• Looking into the future,</li> <li>• For Christians, the ultimate hope of eternal life</li> </ul>

(MacKinlay, 2001)

# Impact on Religion

- According to Tommy Rogers (1976), the gerontological functions are:
  - Ø to help face impending death
  - Ø to help find and maintain a sense of meaningfulness and significance in life
  - Ø to help accept the inevitable losses of old age and discover compensating values
  - Ø to meet secular social needs

( Lynn & Hipp, 2001)

# Do spirituality and religiosity increase with age?

- Most research reveals higher levels of religiousness and spirituality among ageing Americans than among young and middle-aged people.
- Weekly religious attendance is more common among older people.
- A lower levels of participation in out-of-the home religious activity among old-old.
- Although organisational forms of religiosity decrease, non-organisational spirituality such as prayer, listening to radio programmes and music, watching religious television and gaining help from religion remain high.

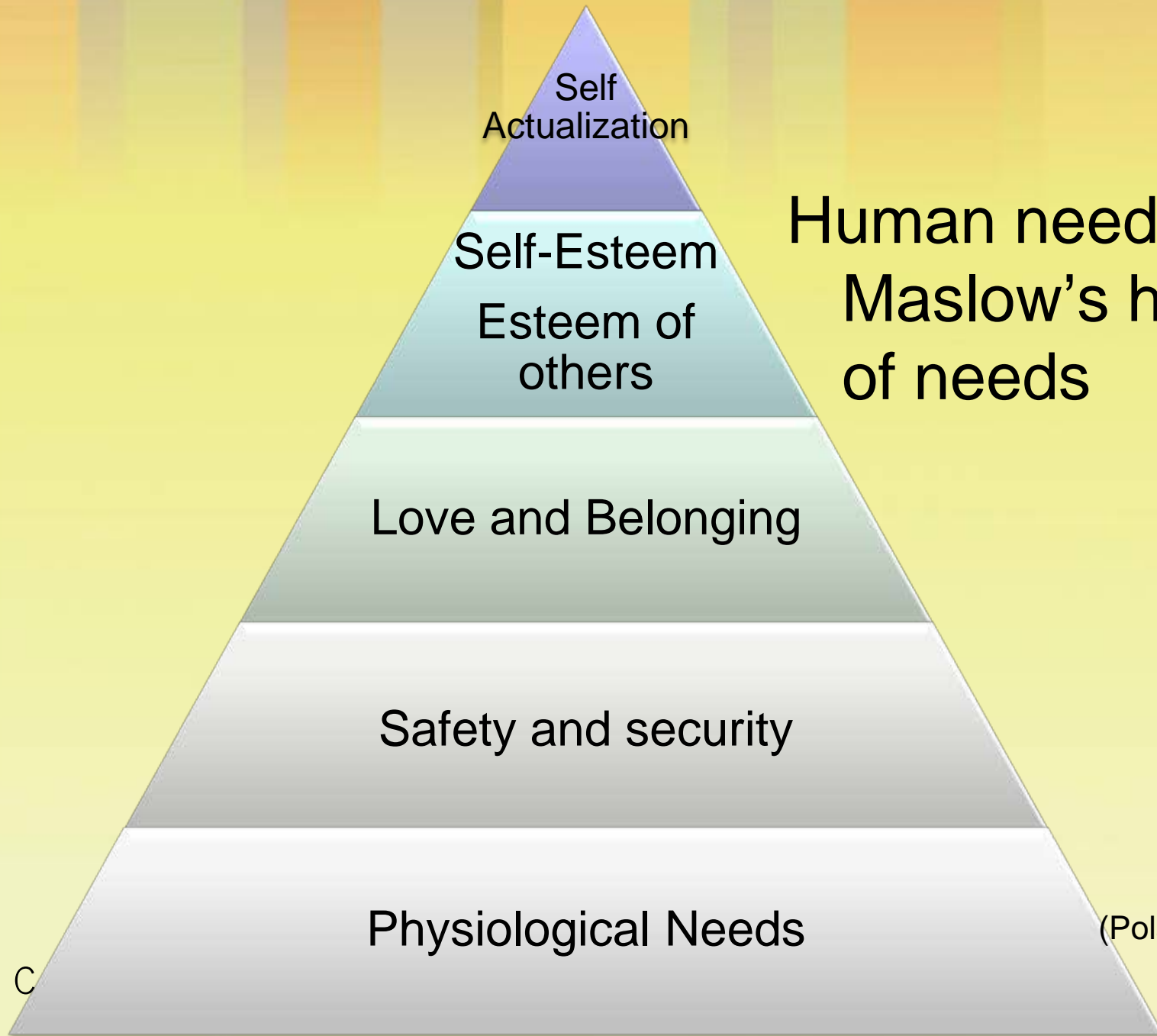
(Lynn & Lipp, 2001)

How can we meet the diverse needs of older people with existing services for the elderly in Hong Kong?

# Diverse needs of older people

- According to Maslow's hierarchy of needs, human needs are arranged hierarchically, from the most basic to the most complex.
- Human behaviour is motivated by human needs.

(Polan & Taylor, 2007)



# Human needs theory: Maslow's hierarchy of needs

(Polan & Taylor, 2007)

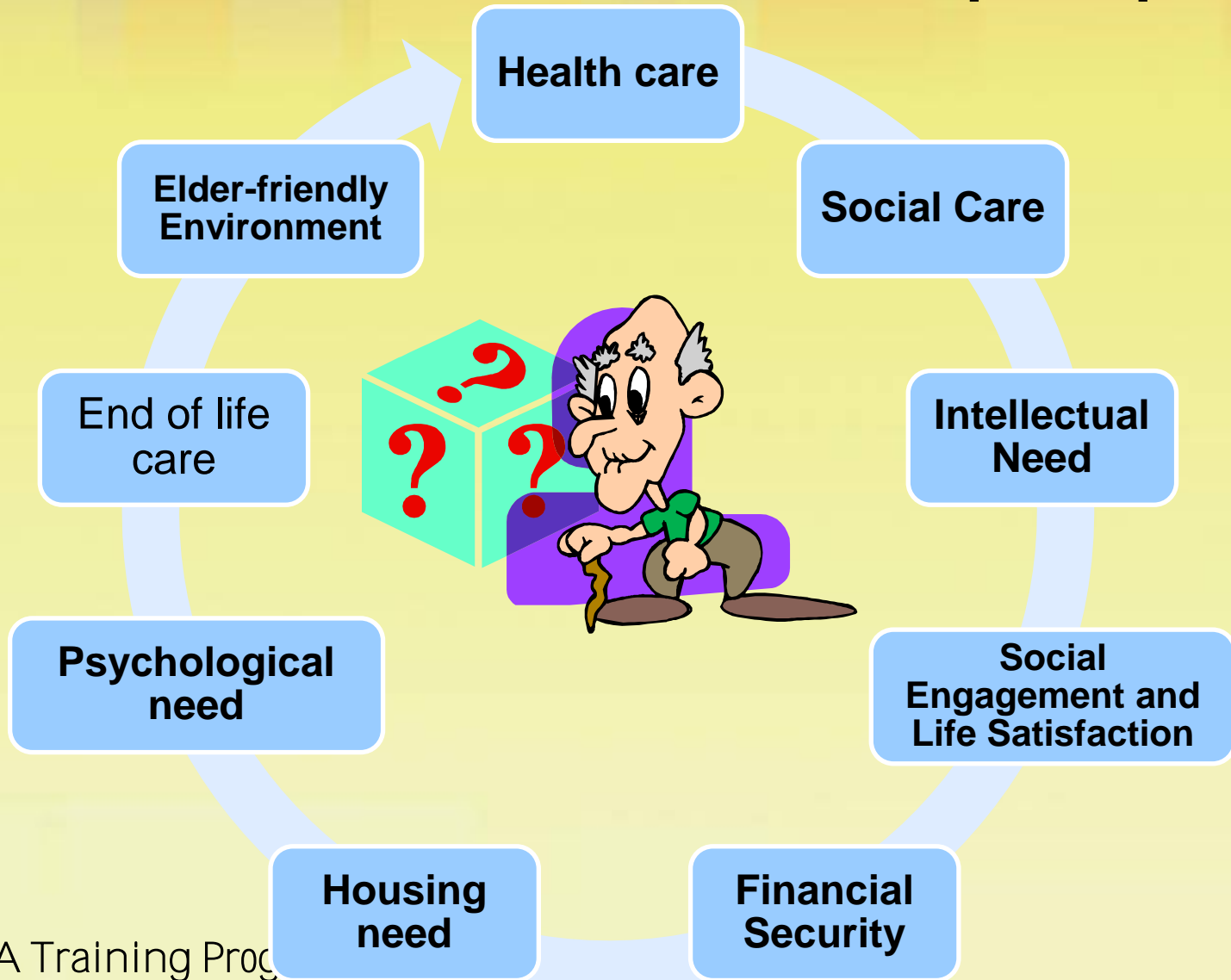
# Maslow's hierarchy of needs

- **Physiological needs:** basic needs for oxygen, food, water, air, elimination, shelter, and sexual expression.
- **Safety and security needs:** avoiding harm, maintaining comfort, physical safety, freedom, protection.
- **Needs of love and belonging:** both giving and receiving love, affection and the sense of belonging.
- **Need for esteem:** self-respect and respect from others, self-confidence and value as a person in the world.
- **Need for self-actualisation:** feeling of self-fulfillment and the realisation of his or her highest potential.

(Polan & Taylor, 2007)

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# Diverse needs of older people





# Health Care

# Health Care Needs

- As we grow old, different biological and physiological changes occur through out the ageing process. Sometimes they are associated with a decline in the number of physiological functions, resulting in symptoms such as deterioration in eyesight and hearing.
- However, the rate and degree of decline varies from person to person.

(Elderly Commission, 2001)

# Existing Health Care services

- Health services for older people include three levels:
  - primary, secondary and tertiary.
- Most of the community medical services require medical referrals.
- Multi-disciplinary approach is adopted.

# Health Care Services in Hong Kong

[Reduce negative impacts of an established disease]

Tertiary Level

Secondary Level  
[Intervention to prevent progression of disease]

Primary  
[Health promotion]

# Health Care Service Providers for Older Persons

- **Public sector:**
  - Hong Kong Government
    - Hospital Authority
    - Department of Health
  - Non-government organisations (NGOs) subsidised by the Social Welfare Department (SWD)
- **Private sector:**
  - e.g., general practitioners; private hospitals and clinics; private health care groups, etc.

# Utilisation rate of hospital admission

In a recent report from Hospital Authority (2008)

- over **50%** of acute hospital beds are occupied by people aged 65 or above.
- Examples of hospital occupancies:
  - over **70%** in Ruttonjee Hospital (RH)
  - over **75%** in Pok Oi Hospital (POH)
  - over **90%** in Buddhist hospital (BH)are occupied by older persons.

(Ming Pao, 2008)

# Social Care

# Social Services

Two main components of social services:

1. the administration and delivery of social security payments
2. intervention in personal and social problems

(Chan & Phillips,2002)



# Social Services

## 1. Social Security

- Old age allowance
- Comprehensive social security allowance
- Disability allowance

# Social Services

## 2. Personal social services

### 2.1 Community support services

- Target group: caregivers and older people.
- Provide social and recreational activities, care support programmes, home care services, day care services, counselling services, training.

### 2.2 Residential care services

- Provide residential care to frail older people who are no longer able to stay in their own homes.

[http://www.swd.gov.hk/tc/index/site\\_pubsvc/page\\_elderly](http://www.swd.gov.hk/tc/index/site_pubsvc/page_elderly)

(Social Welfare Department, 2011).

# Community Support Services

## Elderly Centres Services

- In April 2003, community support services underwent a major re-arrangement. The services were categorised as 'centre-based' and 'home-based' so as to meet the diversified needs of older persons living in the community.

## Other Community Support Services

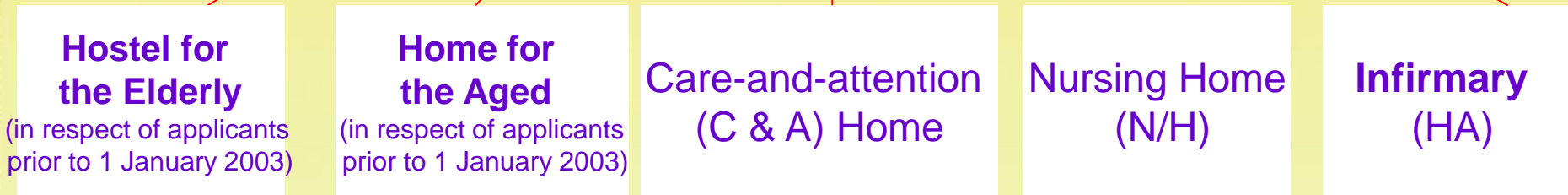
- Senior citizen card scheme
- Holiday centre for the elderly
- Opportunities for the Elderly project
- Carer support service
- Home Environment Improvement Scheme for the Elderly

# Residential Care Services

There are different types of residential care homes provided in Hong Kong:

- ***Subvented aged homes***
  - Subsidised by the government
- ***Privately run aged homes***
  - No funding from government and run by private sector.
- ***Contract homes***
  - SWD requires organisations to bid for the service and the government provides places. This combines the C&A Home and nursing home care level, subvented and private beds.
- ***Enhanced Bought Place Scheme***
  - Government bought bed places from private aged homes to alleviate the long waiting time for subvented care and attention homes.
- ***Self financing homes***
  - No funding from government and run by NGOs; non-profit making.
- ***For details, please click:***  
[http://www.swd.gov.hk/en/index/site\\_pubsvc/page\\_elderly/](http://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/)

# Different types of subvented homes



Starting from 2005-06, hostels for the elderly and homes for the aged will be gradually phased out and converted into care and attention places providing continuum of care.

Care and attention places providing continuum of care

1. Emergency places
2. Respite places

# Housing Needs

# Housing needs

- Most older people wish to remain in their homes for as long as possible, and this should be supported by better integration of housing for older people within the wider community.
- Housing interventions for older people need to be developed with services that support older people wherever they live.

(Chi & Chow, 1997).

# Housing Needs

The housing needs of older people in HK:

- growing demand for separate housing
- increasing desire for privacy
- aversion to multi-generational sharing

(Chan & Phillips,2002)



# Types of housing used by older people

Community dwelling older people (aged 60 and over) live in different types of housing in Hong Kong as shown below:

Type of housing	Public rental housing	Subsidised sale flats	Private permanent housing	Temporary housing	Total
Percent	37.7%	15.9%	46.3%	0.1%	100%
No. of people	426,300	179,200	522,800	1,600	1,129,900

(CSD, 2009)

# Housing services in HK

Two major providers: *Hong Kong Housing Authority* and *Hong Kong Housing Society*

## Hong Kong Housing Authority Scheme

Houses for families include:

- ‘Families with Elder Persons Priority Scheme’  
(special scheme for families with older persons)

Other schemes for older persons include:

- ‘Single Elderly Persons Priority Scheme’
- ‘Elderly Persons Priority Scheme’

# Housing services in HK

## Hong Kong Housing Society Scheme

- Elderly flat
  - 10 rental estates with warden services (including contracted warden by NGOs or own warden)
- SEN (Senior Citizen Residence):
  - Jolly Place (Hang Hau) run by HOHCS
  - Cheerful Court (Ngau Tau Kok) run by HKSKHWC

Details, see the video clip:

[http://www.hkhs.com/sen\\_20040903/eng/jolly\\_place/video/video.htm](http://www.hkhs.com/sen_20040903/eng/jolly_place/video/video.htm)

# Housing services in HK

## 1. Loan services

Home Renovation Loan Scheme (*interior repairs and maintenance work related to safety and hygiene*)

- Subsidy of maximum \$50,000 (interest free)
- Repayment in 36 equal monthly installments
- Subsidy of maximum \$10,000 for successful older person owner applicant
- Criteria: receiving CSSA and aged 60 or above

Building Maintenance Incentive Scheme (*repair works in common areas*)

No. of residential units	Calculation of incentive amount	
20 or below	30% of the total repair cost	Up to a ceiling of \$150,000
21-49	20% of the total repair cost	
50-400	20% of the total repair cost	Or \$3,000 per residential unit

# Housing services in HK

## 2. Grant service

### Background

- \$1billion granted in 2008-09 Budget.
- Hong Kong Housing Society appointed to administer the programme.
- Assist elderly owner-occupiers to repair and maintain their self-occupied building and to upkeep building safety.

### Building Maintenance Grant Scheme for Elderly Owners

- Began in 2008 (period of five years).
- Maximum grant \$40,000 for eligible older owners.
- Collaborate with Development Bureau.
- Applicants need to assess the income and asset limits.

For details please visit HKHS webpage:

[http://www.hkhs.com/eng/business/pm\\_bmgs.asp](http://www.hkhs.com/eng/business/pm_bmgs.asp)

# Financial security

# Financial Security

Financial security is the ability to meet daily life needs while keeping pace with daily operations. Good preparation for retirement and potential long-term care costs is mandatory for old people in their later life.

With financial security protection, older people can maintain their quality of life. In addition, it can also enhance economic vitality and quality of life for families and communities.

# Financial Security

Financial security is one of the key factors in active ageing. It supports older people in matters of:

- daily living
- social engagements
- physical and social well-being
- psychological well being

(Chau & Woo, 2010)



# Financial Security

The World Bank's three-pillar model was used as a framework for providing financial protection to older people in Hong Kong:

1. Mandatory Provident Funds (MPF) Scheme
2. Non-contributory social security system (including the Comprehensive Social Security Assistance (CSSA) Scheme and the Social Security Allowance Scheme)
3. Voluntary private savings

(Legislative Council, 2011)

# Existing Financial Security for Older People in HK

1. Social Security System:
  - old age allowance
  - comprehensive social security allowance
  - Portable Comprehensive Social Security Assistance (PCSSA) Scheme
  - disability allowance
2. Health Care Voucher Scheme
3. Mandatory Provident Fund Scheme and Voluntary Private Savings
4. Reverse Mortgage Scheme [in progress]

# Financial status of older people in Hong Kong

The sources of monthly personal income of older people (aged 60 and over) residing in domestic households are as follows:

<b>Source of income</b>		<b>Financial support from children</b>	<b>Old Age Allowance</b>	<b>Employment earnings</b>	<b>CSSA</b>	
<b>Income</b>	Percent	61.2%	50.9%	12.9%	10.4%	
	No. of people	658,800	547,500	138,700	111,700	
<b>Source of income</b>		<b>Interest from savings / fixed deposits or dividends from stocks</b>	<b>Pension</b>	<b>Financial support from other relatives</b>	<b>Disability allowance</b>	<b>Rental income</b>
<b>Income</b>	Percent	3.1%	4.8%	2.5%	2.2%	1.3%
	No. of people	33,800	52,100	26,800	23,900	13,600

# Financial status of older people in Hong Kong

The monthly personal income of older people (aged 60 and over) residing in domestic households is as follows:

Amount of monthly personal income	\$1-\$999	\$1,000-\$1,999	\$2,000-\$2,999	\$3,000-\$4,999	\$5,000-\$9,999	≥\$10,000	Total**
Percent	11.6%	8.9%	24.7%	25.2%	29.6%	9.2%	95.2%
No. of people	124,700	96,300	265,600	271,000	219,000	99,400	1,075,900

Median monthly income = HK\$3,300

**\*\* 4.8% (i.e., n=54,000) of domestic households elderly in Hong Kong have no monthly personal income.**

# Financial status of older people in Hong Kong

The monthly expenditure of older people (aged 60 and over) residing in domestic households is as follows:

Amount of monthly personal expenditure	\$1-\$999	\$1,000-\$1,999	\$2,000-\$2,999	\$3,000-\$4,999	\$5,000-\$9,999	≥\$10,000	Total
Percent	7.7%	14.3%	30.0%	27.0%	16.0%	4.9%	100%
No. of people	87,500	161,600	339,000	305,500	180,600	55,700	1,129,900

Median monthly expenditure = HK\$2,500

(CSD, 2009)

# Challenge of financial security

- Older people keep working after the mandatory retirement age of 60 because they often have to wait 5 years for Social Security Assistance.
- Most Hong Kong people believe the government should execute mandatory 'additional private savings' and raise the retirement age.

(Hong Kong Standard, 2006)

# Social Engagement and Life Satisfaction

# Social engagement

## **Social participation and life satisfaction**

- Participants in social, leisure & cultural outdoor activities reported higher levels of quality of life and life satisfaction.
- Social activities include: study groups, engagement in non-profit organisations, attending religion activities and going to restaurants.
- Leisure activities include: long walks, gardening, travelling domestically or abroad.
- Cultural outdoor activities include: going to the theatre, going to a variety show or concert.



# Life Satisfaction

## Benefits of social participation

- Having paid or unpaid work in the baseline year could lower the risk of mortality six years later, especially for men.
- For women, engaging in a religious group reduces the risk of mortality.
- For men, engaging in political groups reduces the risk of impaired cognitive function.

(Hsu, 2007)

# Intellectual Needs

# Intellectual Needs

- Older people still have many intellectual needs. Although they are advancing in years, they can grow and learn new things and have more involvement in the community around them.

(Aging Parent Authority)

# Older people can also explore new interests

- The later years can be a time for discovering new things, such as the internet.
- Many seniors are interested in computers. There are many sites especially designed for seniors.
- Examples of Hong Kong web sites for seniors:
  - Elderly [長青網] <http://www.e123.hk/>
  - The Voice [松柏之聲] <http://www.thevoice.org.hk/indexCC.htm>
  - Elderly Health Service [長者健康服務網站] <http://www.info.gov.hk/elderly/chinese/clink.htm>
  - Cyber Senior [老友網] [http://hk1001.com/Common/Reader/Version/Show.jsp?Pid=1&Version=0&Charset=big5\\_hkscs](http://hk1001.com/Common/Reader/Version/Show.jsp?Pid=1&Version=0&Charset=big5_hkscs)

# Intellectual Needs

- **Seniors can also explore new interests**
- When the intellectual and emotional needs of senior citizens are met, older people realise that they are valued members of society.
- Given the opportunity to benefit their families and communities, older people experience growth

# Elder-friendly Environment

- In an ageing population, one of the most effective policy responses to demographic ageing is to develop an age-friendly environment.
- Although some regions in HK have adopted elder-friendly environments, it is still not sufficient to meet older people's needs.
- Continuous improvement is necessary.

# Age-friendly: Public Services

- An age-friendly public transport system
- Accessible to wheel-chair bound individuals.



# End of life care

- Given an ageing population and longevity, end of life care needs become a main concern for older people.
- Death is part of the natural life cycle.
- As we live longer, death is closer to aged people.
- Older people not only experience the deaths of family and friends more often than other groups of people, but also have to face their own impending death.



# End of life care

- In Hong Kong, end of life care is usually provided to cancer patients or patients with advanced diseases.
- End of life care specifically for older people remains on the fringe of current practice in Hong Kong.
- In view of the ageing population, we should pay more attention to end of life care needs for this vulnerable group of people so that a better quality of life can be attained.

# The challenges of population ageing worldwide

The rapid ageing of populations around the world is presenting challenges for developed and developing countries. These include:

- strains on pension and social security systems
- increasing demand for health care
- greater need for healthcare workforce trained in gerontology
- increasing demand for long-term care, particularly in dealing with dementia
- the rise of pervasive ageism that denies older people the rights and opportunities available for other adults.

(WHO, 2011b).

# Ageing population in HK



With advanced technology and development in HK, people will enter the ageing process with better education, better financial resources and better health than past generations of older people.

Older people will lead active, engaged lives in their later years, and they will restructure current ideas about ageing.

# Future service provisions for older people

# Future service provisions for older people

- An integrated continuum of long-term care
- Age-friendly environments
- Availability and accessibility of effective health care
- Comprehensive pension and social security systems
- Opportunity for social participation
- Well-being of older people

# Future service provisions for older people

- Training for health professionals in gerontology care
- Education to prevent ageism
- Preventing and managing age-associated chronic diseases
- Designing sustainable policies on long term care
- Developing age-friendly services
- Developing end of life care services

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香港賽馬會慈善信託基金  
The Hong Kong Jockey Club Charities Trust