

The Chinese University of Hong Kong  
The Nethersole School of Nursing

## Cadenza Training Programme

CTP001: Successful Ageing and Intergenerational Solidarity

### Chapter 2:

# Achieving Successful Ageing from Health, Social and Cultural Perspectives

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- Ø **1<sup>st</sup> challenge:** Physical health changes  
Strategy for overcoming: Promote good health
- Ø **2<sup>nd</sup> challenge:** Mental health changes  
Strategy for overcoming: Volunteer programmes
- Ø **3<sup>rd</sup> challenge:** Social health changes  
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## 2. Achieving successful ageing from a **social** perspective

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Strategy for overcoming: Building resilience
- Ø **2<sup>nd</sup> challenge:** Changes in socioeconomic status  
Strategy for overcoming: Flexible retirement
- Ø **3<sup>rd</sup> challenge:** Negative images of ageing  
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## 3. Achieving successful ageing from a **cultural** perspective

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Strategy for overcoming: Elder-friendly communities
- Ø **2<sup>nd</sup> challenge:** Distorted images of older people in media  
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- Ø **3<sup>rd</sup> challenge:** Lacking engagement and resources  
Strategy for overcoming: Lifelong learning

Achieving successful ageing

from a *health* perspective

1<sup>st</sup> challenge:

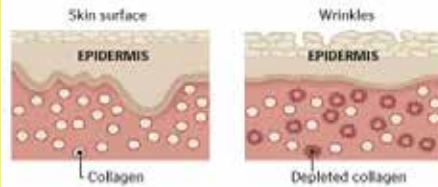
Physical Health Changes

# How Our Bodies Age, And What You Can Do About It

(<http://www.washingtonpost.com/wp-dyn/content/graphic/2006/12/04/GR2006120400761.html?referrer=emailink>)

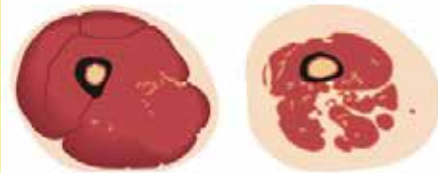
## SKIN

Changes in the connective tissue reduce the skin's strength and elasticity. As we age, two components of our skin — collagen and elastin — degenerate, setting the stage for the appearance of wrinkles, creases, folds and furrows.



## MUSCLES

As muscles age, they begin to shrink and lose mass. The number and size of muscle fibers decrease. This makes muscles less responsive in our 60s than they were in our 20s.



MUSCLE CROSS SECTION FROM A 20-YEAR-OLD

FROM A 60-YEAR-OLD

## BONES

The mineral content of bones decreases over time, making them less dense and more fragile. Osteoporosis can develop in both women and men.



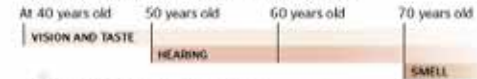
NORMAL BONE

WITH OSTEOPOROSIS

**Joint motion** becomes more restricted and flexibility decreases because of changes in tendons and ligaments.

**Cartilage**, which provides cushioning between bones, begins to break down from a lifetime of use. Joints can become inflamed and arthritic.

## Age at which your senses may change



Visual acuity begins to decline in your 40s. The number of taste buds decreases about age 40 in women and starting at 50 in men.

The sharpness (acuity) of hearing may decline slightly beginning about age 50.

The sense of smell may diminish, especially after age 70.

The heart becomes less able to pump large quantities of blood quickly throughout the body. We tire more easily and take longer to recover.

Nerve cell mass is lost and nerve cells decrease in number as we age, which may cause the spinal cord and brain to atrophy. Some nerve cells lose their coating, which can slow the speed of message transmission.

The stomach produces less acid after age 50, which makes it more difficult to absorb vitamin B12 found naturally in food.

Handgrip strength decreases, making it more difficult to accomplish routine activities such as opening a jar or turning a key.

Height progressively decreases. The average height loss is about 0.4 inches for every 10 years after age 40. In total, aging may cause a height loss of 1 to 3 inches.



SOURCES: American Academy of Dermatology, American Academy of Orthopaedic Surgeons, National Eye Institute, National Heart, Lung and Blood Institute, National Institute on Aging, National Institutes of Health, Office of Dietary Supplements, Mayo Clinic, University of Washington Medical Center, iStockphoto

# Common Age-Related Physical Changes → Health Risks

## Skin

Thinning → Prone to skin breakdown and injury

Atrophy of sweat glands → Increased risk of heat stroke

Decrease in vascularity → Frequent pruritus, dry skin



## Respiratory

Decreased elasticity of lung tissue → Reduced efficiency of ventilation

Decreased respiratory muscle strength → Prone to atelectasis and infection

## Cardiovascular

Decrease in baroreceptor sensitivity → Prone to orthostatic hypotension and falls

Decrease in number of pacemaker cells → Increased prevalence of dysrhythmias

## Genitourinary

Decreased number of functioning nephrons → Modifications in drug dosing may be required

Reduced bladder tone and capacity → Incontinence more common

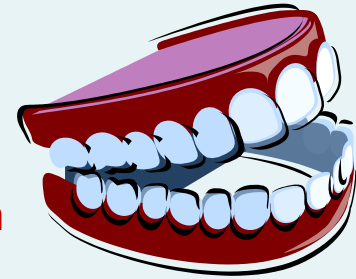
Prostate enlargement → May compromise urinary function

(Cowan et al., 2002)

# Common Age-Related Physical Changes → Health Risks

## Gastrointestinal

Dental enamel thins & gums recede → Periodontal disease  
Delay in esophageal emptying → Prone to swallowing dysfunction  
Decreased muscle tone & altered peristalsis → Prone to constipation



## Neuromuscular

Decrease in muscle mass → Decrease in muscle strength  
Decrease in bone mass → Osteoporosis increases risk of fracture  
Loss of neurons/nerve fibers → Altered sensitivity to pain, delayed reaction time



## Sensory

Decreased visual acuity, depth → May pose safety issue because of altered perception, adaptation to light changes  
Loss of auditory neurons → Hearing loss may cause limitation in activities  
Altered taste sensation → May change food preferences and intake

## Immune

Decrease in T cell function → Increased incidence of infection  
Appearance of autoantibodies → Increased prevalence of autoimmune disorders

(Cowan et al., 2002)

# Self-perceived Health Conditions in Older People

Self-perceived health conditions of older people (aged 60 and over) in domestic households compared to peers residing in care homes are as follows:

Self-perceived health condition as compared with people of same age	Much better	Better	More or less the same	Worse	Much worse	Total
Percent	6.6%	25.4%	55.4%	11.1%	1.4%	100%
No. of people	74,800	287,300	625,800	125,700	16,300	1,129,900

# Self-perceived Health Conditions in Older People

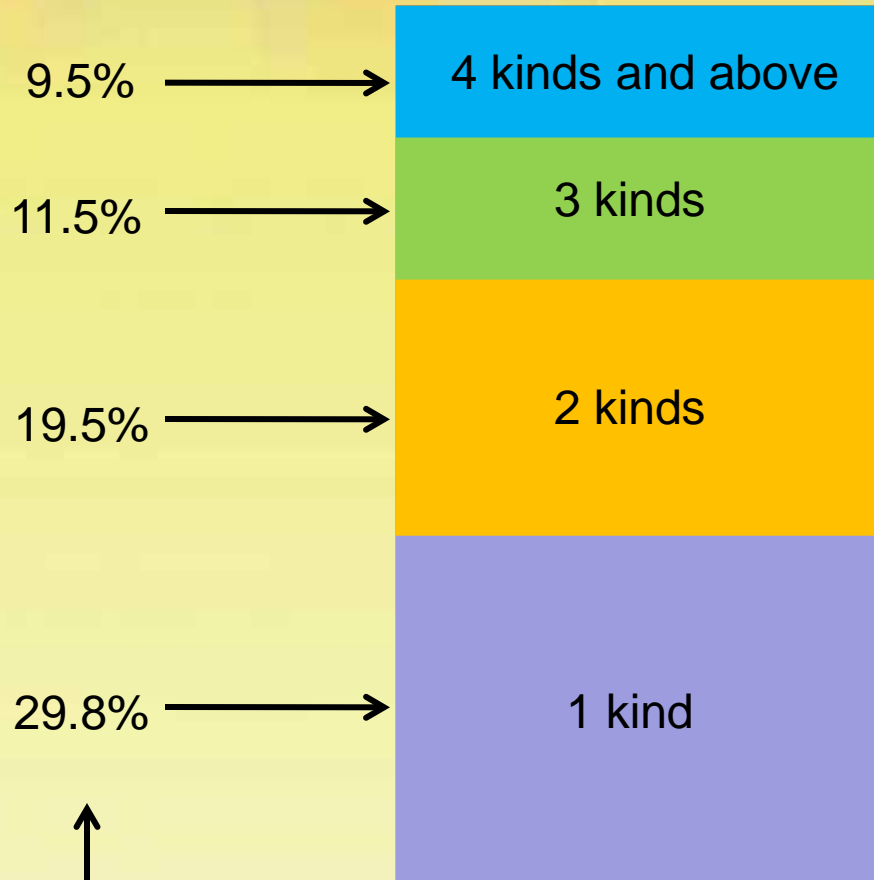
Self-perceived health condition of older people (aged 60 and over) in domestic households compared to last year are as follows:

Self-perceived health condition as compared with that during the twelve months before survey	Much better	Better	More or less the same	Worse	Much worse	Total
Percent	1.2%	4.2%	61.8%	29.9%	2.8%	100%
No. of people	13,900	47,500	698,400	338,300	31,800	1,129,900



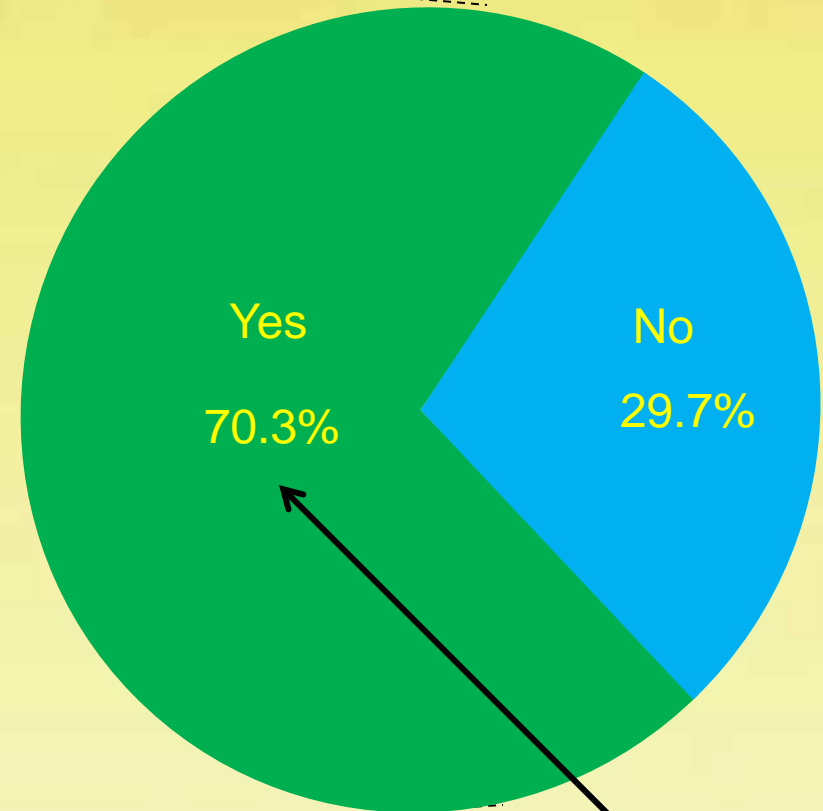
# Chronic Diseases in Older People

Number of chronic diseases



As a percentage of the total number of older persons residing in domestic households.

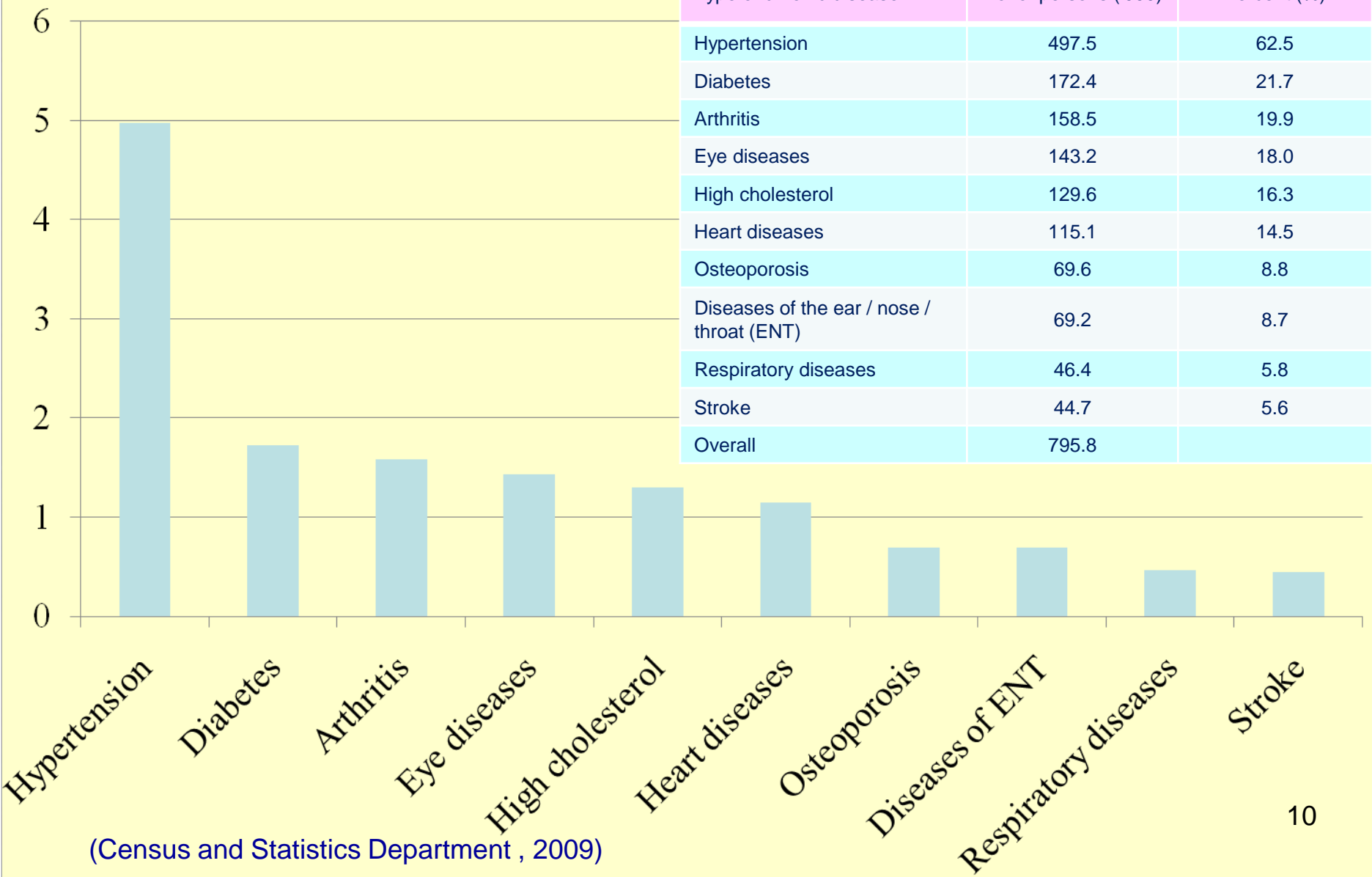
Afflicted by chronic disease



Including chronic diseases that did not require regular medical treatment.

# Chronic Diseases in Older People

100,000 person



(Census and Statistics Department , 2009)

Achieving successful ageing  
from a *health* perspective

1<sup>st</sup> Strategy:

Promoting Good Health

# Nutritional Interventions

## Malnutrition in older people:

- Lower intake of specific nutrients has been linked to older women with low incomes and education levels and who seldom ate breakfast.
- Less than adequate intake of calcium was reported by 96% of older people.
- Less than adequate intake of vitamin D was reported by 99% of older people.

## Nutritional interventions:

- Through a nutrition-based health promotion programme such as lowering cholesterol, managing weight, increasing dietary fibre and increasing the consumption of fruits and vegetables.
- A healthy diet may delay the onset of the conditions of non-insulin-dependent diabetes, coronary heart disease, atherosclerosis, stroke and cancer



(Source: Chernoff , 2001; Sharkey et al. 2002)

# Fruit Consumed by Older People

The amount of fruit consumed weekly by older people (aged 60 and over) residing in domestic households is as follows:



Amount of fruit consumed in a week (units: one fruit equals an average-sized orange or pear)	< 1	1 - 2	3 - 4	5 - 6	≥ 7	Total
Percent	3.8%	8.1%	20.4%	16.1%	51.6%	100%
No. of people	42,900	91,300	231,100	181,900	582,700	1,129,900

# Vegetables Consumed by Older People

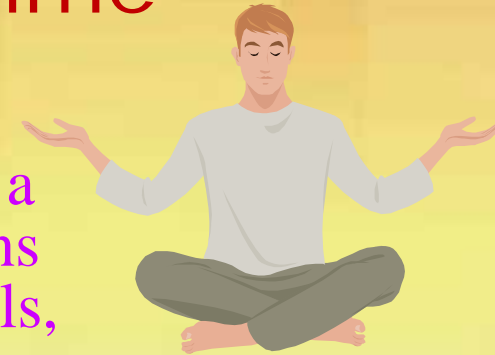
The amount of vegetables consumed daily by older people (aged 60 and over) residing in domestic households are as follows:

Amount of vegetables consumed daily	Seldom	Less than half a bowl	Half to one bowl	More than one bowl	Total
Percent	3.2%	10.3%	42.1%	44.4%	100%
No. of people	36,400	116,400	475,400	501,900	1,129,900

# Physical Activity Programme

## Physical activity programme

- Home-based physical activity: Exercise 3 to 5 times a week; information on intensity of the exercise sessions provided. Reinforcement usually used e.g., phone calls, rewards or feedback.
- Group-based physical activity: In addition to group sessions in residential or nursing homes, may also exercise individually at home. Information on benefits to health from regular exercise rarely provided; may use reinforcement, e.g., postal or phone reminders, feedback, rewards or financial incentives.
- Education : Usually consists of preventive examinations, health risk appraisals, physical activity counselling; occasionally includes risk appraisal, feedback, recommendation letters and mail delivered self-management materials.



(Van der Bij et al, 2002)

# Exercise Habits of Older People

The number of older people (aged 60 and over) in domestic households either exercising regularly or having no exercise habit are as follows:

Habitually exercise / frequency of doing exercise	Yes	Yes				No	Total
		<i>Every day</i>	<i>3 to 6 days a week</i>	<i>1 to 2 days a week</i>	<i>Less than 1 day a week</i>		
Percent	70.0%	50.4% (72.0%)	10.6% (15.2%)	7.5% (10.7%)	1.5% (2.1%)	30.0%	100%
No. of people	790,700	569,000	119,800	84,900	16,900	339,300	1,129,900



# Improving Health Habits

## Improving health habits

Cessation of smoking and weight loss → improve cardiac reserve, increase physical endurance, increase pulmonary reserve, decrease serum cholesterol (a risk factor for heart attacks), and lower blood pressure



Proper care of teeth and gums through dieting → reduce dental decay, postpones the need for false teeth and maintains the ability to eat a variety of foods



# Improving Health Habits

## Improving health habits

Avoiding exposure to the sun → decrease the likelihood of age-related skin problems, especially skin cancer, and wrinkling of the skin



Salt limitation (along with weight control) → reduces blood pressure

A diet high in protein and low in carbohydrates → improves 'glucose tolerance' which in turn decreases the risk of diabetes



# Smoking Habits of Older People

The number of older people (aged 60 and over) residing in domestic households with/without a smoking habit are as follows:

Existence of smoking habit	No. of persons ('000)	Percent (%)
Had the habit at the time of survey	129.0	11.4
<i>Every day</i>	119.6	10.6
<i>Not every day</i>	9.4	0.8
Used to smoke every day, but had quit at the time of survey	150.5	13.3
Used to smoke occasionally, but had quit at the time of survey	40.1	3.5
Never had	810.3	71.7
Total	1,129.9	100.0

# Drinking Habits of Older People

Tendency and frequency of older people (aged 60 and over) residing in domestic households to consume alcoholic drinks.

Habit of consuming alcoholic drinks	No. of persons ('000)	Percent (%)
Had the habit at the time of survey	135.5	12.0
<i>Every day</i>	46.2	4.1
<i>Four to six days a week</i>	9.5	0.8
<i>One to three days a week</i>	22.1	2.0
<i>Less than one day a week</i>	57.7	5.1
Only drink on special occasions	167.1	14.8
Used to drink, but had quit at the time of survey	99.2	8.8
Never drink	728.1	64.4
Total	1,129.9	100.0

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from a *health* perspective

2<sup>nd</sup> Challenge:

Mental Health Changes

# Mental Health Changes in Older People

## Geriatric depression in Hong Kong:

- It is understandable that older people may be at higher risk of depression as they experience more major life events, such as loss of spouse, friends or health.
- In 2005, about 5% of older people aged 65 or above were suffering from depression. In 2008, about 130,000 older people had depressive symptoms. It was estimated that about 40,000 suffered from depression.
- According to the 2006 figure provided by the Hospital Authority, only about 8,000 older people sought out psychiatric services from the HA, and even fewer older people sought psychiatric help from private medical practitioners.



# Mental Health Changes in Older People

## Geriatric anxiety in Hong Kong:

- Because anxiety disorders can take many forms, such as social anxiety disorder, panic disorder, special phobias, obsessive-compulsive disorder and post-traumatic stress disorder, it is difficult to pinpoint reasons for the global prevalence of anxiety disorders.
- The Population Health Survey (2003/04) interviewed over 7,000 community-dwelling males and females in Hong Kong face-to-face and found the proportion (%) of persons aged 55-64, 65-74, 75 and above who self-reported having anxiety disorder as diagnosed by a doctor were as follows:

	55 - 64	65 - 74	75 and above
Male	2.2	1.4	1.1
Female	3.0	1.1	4.7

- Each of these disorders has its own distinct features, but they are all bound together by the common theme of excessive irrational fear and dread.
- Anxiety disorders are chronic, relentless, and can grow progressively worse if not treated.

# Mental Health Changes in Older People

## **Dementia in Hong Kong:**

- Dementia is characterised by the development of difficulties concerning everyday tasks of daily living, personality change, and progression to a loss of capacity to act independently.
- The prevalence of dementia in people aged 60-64, above 65, and above 85 were 1.2%, 10%, and 32% respectively. The prevalence of mild, moderate, and severe dementia was 83%, 10%, and 7% respectively. Approximately 70,000 older people suffered from dementia.
- The prevalence of dementia in people aged 60 and above is expected to double every 5 years.

(HKCSS, 2008)



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2<sup>nd</sup> Strategy:

Volunteer Programmes

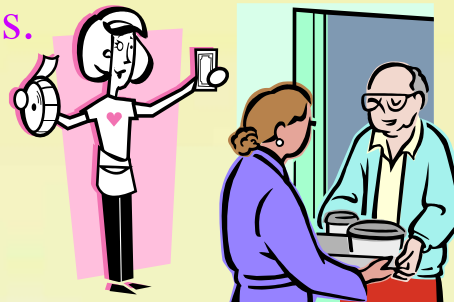
# Volunteer Programmes

## Training older volunteers in different areas:

- Training team building.
- Arranging regular meetings to problem-solve, plan and socialise.
- Requiring volunteers to walk and climb stairs throughout the programme.
- Exercising verbal & visiospatial learning, memory and problem-solving skills.

## Benefits of volunteering:

- Physical activity per week increased: 1) mean number of blocks walked, 2) stairs climbed, 3) kilocalories expended.
- Social activity increased: 1) number of people they could turn to for help, 2) number of people who could monitor their health.
- Cognitive activity: increased to 25 hours of learning activity per week in seven different types of activities.



(Fried et al, 2004)

# Achieving successful ageing from a *health* perspective

3<sup>rd</sup> Challenge:

Social Health Changes

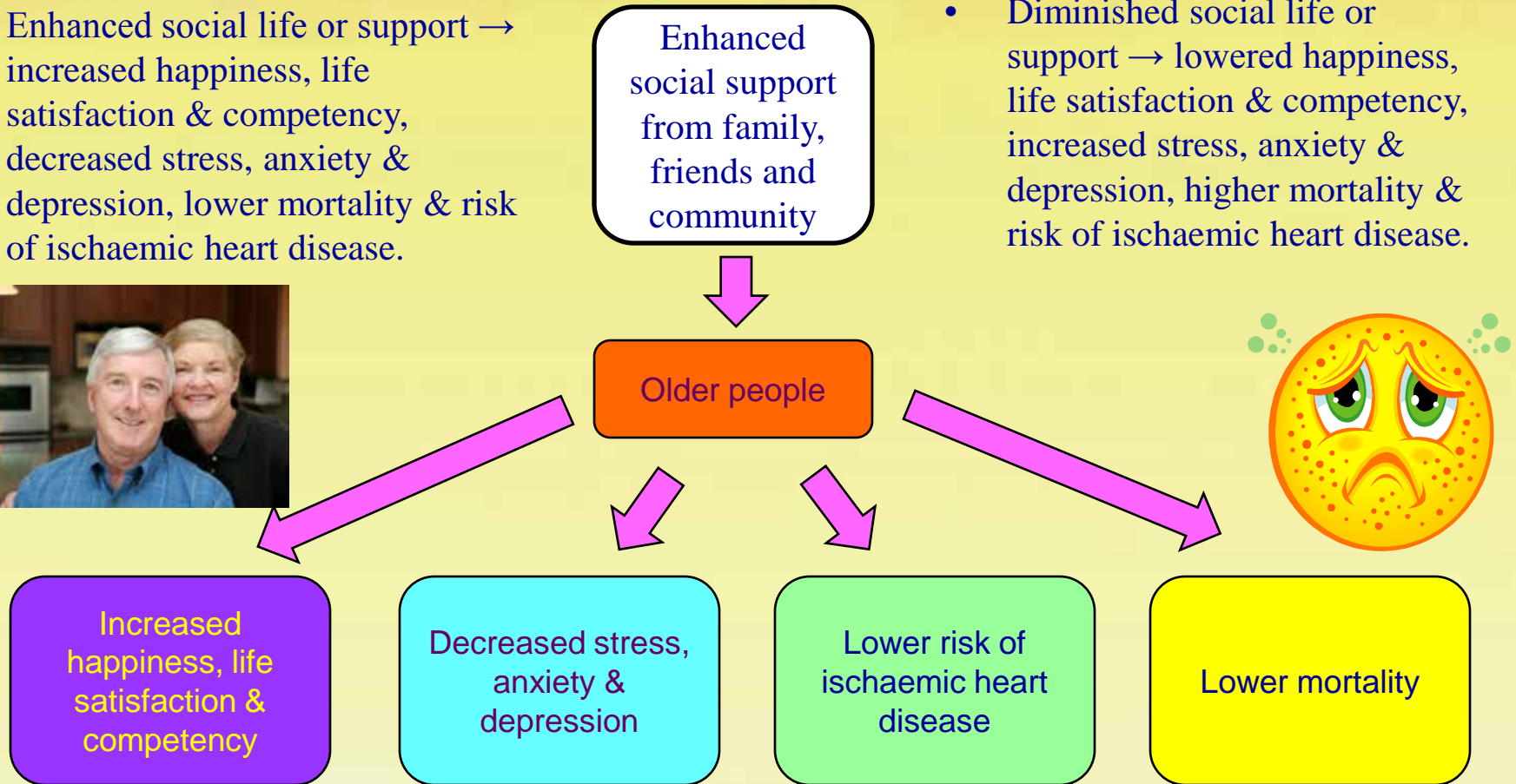
# Social Health Changes

- Psychosocial consequences depend on the nature of change in social life and support.

- Enhanced social life or support → increased happiness, life satisfaction & competency, decreased stress, anxiety & depression, lower mortality & risk of ischaemic heart disease.



- Diminished social life or support → lowered happiness, life satisfaction & competency, increased stress, anxiety & depression, higher mortality & risk of ischaemic heart disease.



- As a consequence, professionals should try to enhance social support for older people.

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3<sup>rd</sup> Strategy:

Social Engagement

# Social Engagement

## **Social participation and life satisfaction** (Ekstrom et al. 2008):

- 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, going to restaurants.
- Leisure activities include: long walks, gardening, travelling locally or abroad.
- Cultural outdoor activities include: going to the theatre, going to variety shows or concerts.



## **Benefits of social participation** (Hsu, 2007):

- Taking on paid or unpaid work in retirement could lower the risk of mortality six years later, especially for men.
- Participating in religious groups reduced the risk of mortality for women and participating in political groups reduced the risk of impaired cognitive function for men.

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1<sup>st</sup> Challenge:

Major Life Events

# Retirement

## Common reasons for stopping work:

- Reaching normal retirement age
- Accepting special early retirement programmes
- Acquiring disability
- Changing to gradual or part-time retirement
- Becoming long-term unemployed

## How different people see retirement:

- **Ageless explorers:** Personifying the new ideal for retirement, they are youthful, empowered and optimistic. With a desire to avoid boredom, live life to the fullest and participate in numerous activities, they have the financial resources to back them. Make up 27% of those aged 55 and over.
- **Comfortably content:** Want a traditional retirement focused on relaxation, travel and other recreational activities. Make up 19% of those aged 55 and over.





# Retirement

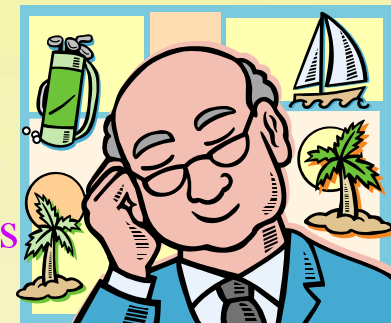
## How different people see retirement (cont'd):

- **Live for today:** Try to be active & adventurous in retirement. Dream of having time to do the things they haven't had time for earlier in life, but worry that they have not saved enough money, with just 18 years of savings under their belt. Make up 22% of those aged 55 and over.
- **Sick and tired:** Have low expectations for retirement and are pessimistic about the future. They've saved for the shortest time, 16 years on average. They are likely to be widowed or in poor health and view their retirement years as winding down. Make up 32% of those aged 55 and over.



## Psychosocial consequences of normal retirement

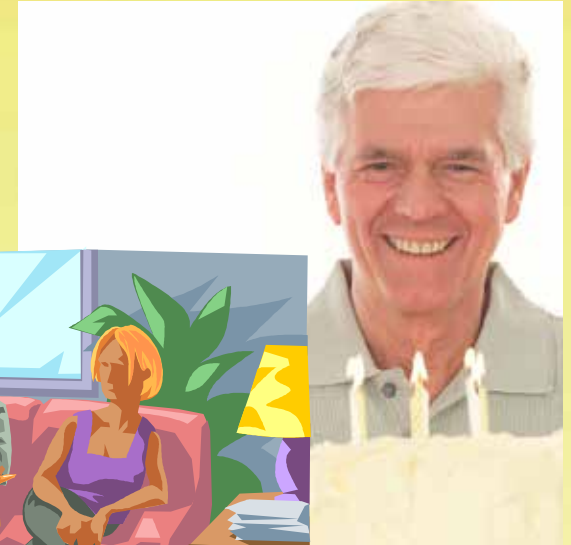
- Relieve people of the stress of a working environment
- Increase sense of personal control
- Lack of financial stability, sense of purpose & social activities
- Increased depressive and anxiety disorders



# Retirement

**Criteria for better life satisfaction after retirement:** Research shows that resource-rich individuals are less likely to experience a change in life satisfaction after retirement. Resources include:

- Adequate family support
- Occupational status and prestige
- Level of income before retirement
- Pension after retirement
- Educational attainment
- Social skills & self-direction
- Level of autonomy



(Source: Butterworth and colleagues, 2006, Drentea, 2002; Kim & Moen, 2002; Moen, 1996; Pinguart and Schindler, 2007; Scharpf & Schmidt, 2000; Taylor, 2002)

# Empty Nest Syndrome

**Empty nest syndrome** is a general feeling of loneliness that parents/guardians and relatives may feel when one or more of their children leave home. While more common in women, it can happen to both sexes. The marriage of an offspring can lead to similar feelings, with the role and influence of the parents often becoming less important compared to the new spouse.

**Consequences of empty nest:** leads to higher levels of loneliness, and decreased physical & mental health (Liu & Guo, 2007).

**Feeling of loneliness** (Source: Jylha, 2004; Liu & Guo, 2007; Routasalo et al. 2006):

- Increases with age because of increasing disability & decreasing social integration
- Negatively correlated with health condition
- Negatively associated with social support & income
- Positively associated with education level & being single

# Empty Nest Syndrome

**Coping with empty nest syndrome** (Lauer & Lauer, 1999): parents can turn their empty nest into an opportunity for growth and positive change by the following strategies:

- Restructure the parental role
- Explore avenues of personal growth
- Revitalise relationship with spouse
- Reach out to the community and enlarge the social network
- Celebrate the empty nest



# Spousal Bereavement

**Bereavement:** it refers to the loss of a relative or friend through death, and the grief reaction (i.e. distress and intense sorrow) that follows such a loss (Colman, 2001).

**Spousal bereavement & mortality** (Lichtenstein et al, 1998):

- Increased risk of widowhood mortality after spousal bereavement with the highest risk in the first week or months after the loss.
- Mortality risk is higher for young-old people (under 70 years).
- Survival after 4 years of bereavement markedly decreases the mortality risk because of psychological growth after bereavement (i.e., increased sense of mastery & competence after learning to live in new circumstances).

**Spousal bereavement & its consequences** (Ott et al. 2007):

- One out of six older bereaved spouses experienced chronic grief.
- Chronic grief associated with sudden death, low self-esteem, and high marital dependency.



# Spousal Bereavement

**Negative coping with spousal bereavement (Papineau, 2005):** There is a relationship between employing negative ways of coping (e.g., avoiding) and:

- Poor adjustment to bereavement
- Depression
- Physical health



**Positive coping with spousal bereavement (Li, 2007):** Volunteer roles adopted after spousal loss may protect against depressive symptoms. Increasing volunteer hours enhances self-efficacy. Volunteer roles include helping in:

- Churches, synagogues, or other religious organisations
- Schools or educational organisations
- Political groups or labour unions
- Senior citizen groups
- Other national or local organisations



Achieving successful ageing  
from a *social* perspective

1<sup>st</sup> Strategy:

Building Resilience

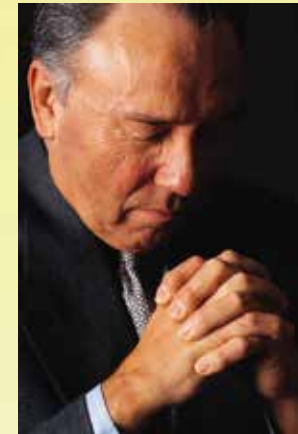
# Building Resilience

## Resilience

• is an individual's ability to rise above difficult situations, including major life events (Criss et al. 2002).

### Factors which enhance resilience:

- A sense of belonging and meaning in life;
- Self-efficacy, well-defined religious beliefs, the ability to reframe obstacles, support networks;
- Optimism, an active or adaptable coping style, the ability to elicit social support;
- Successful problem-solving skills;
- Personal control and goal orientation, adaptation and tolerance of negative actions, leadership and trust in instincts, spiritual coping.



(Source: Bachay and Cingel, 1999; Deveson, 2003; Lamond et al, 2009; Rabkin et al, 1993; )



Achieving successful ageing  
from a *social* perspective

2<sup>nd</sup> Challenge:

Changes in Socioeconomic Status

# Changes in Socioeconomic Status

Socioeconomic status and successful aging are related:

- The more money an older adult has the more likely the individual will age successfully.
- The better-off financially an older person is compared to peers and the individual's closest relative, the higher the life satisfaction.
- Due to the change in socioeconomic status in old age, some older people may have financial difficulties and this may impact their health as they age.

# Economic Activity of Older People

Economic activity of older people (aged 60 and over) residing in domestic households in Hong Kong are as follows:

Economic activity	No. of persons ('000)	Percent (%)
Economically active	154,600	13.7
Economically inactive (Retired persons) (Home-makers) (Others)	975,300 (633,200) (298,200) (43,900)	86.3 (56.0) (26.4) (3.9)
Total	1,129.9	100.0

# Financial Status of Older People

The sources of monthly personal income of older people (aged 60 and over) 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

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

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 older people in domestic households in Hong Kong have no monthly personal income.**

# Financial Status of Older People

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

<b>Monthly personal expenditure</b>	<b>\$1-\$999</b>	<b>\$1,000-\$1,999</b>	<b>\$2,000-\$2,999</b>	<b>\$3,000-\$4,999</b>	<b>\$5,000 - \$9,999</b>	<b>≥\$10,000</b>	<b>Total</b>
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

# Financial Status of Older People

The type and value of assets owned by older people (aged 60 and over) residing in domestic households in Hong Kong are as follows:

Type of assets		Cash / savings or fixed deposits	Self-occupied properties	Stocks / bonds / investment funds	Non-self-occupied properties (e.g., shops and rented housing units)	No assets
Income	Percent	82.1%	27.0%	7.8%	3.0%	13.2%
	No. of people	927,900	304,800	87,600	33,700	149,300

Value of assets		\$10,000	\$10,000-\$50,000	\$50,000-\$250,000	\$250,000-\$500,000	\$500,000-\$1,000,000	>\$1,000,000
Income	Percent	33.0%	22.8%	16.2%	4.2%	8.9%	5.5%
	No. of people	372,900	257,300	182,900	47,400	38,300	61,800

Achieving successful ageing  
from a *social* perspective

2<sup>nd</sup> Strategy:

Flexible Retirement



# Flexible Retirement

## **Working conditions of older people:**

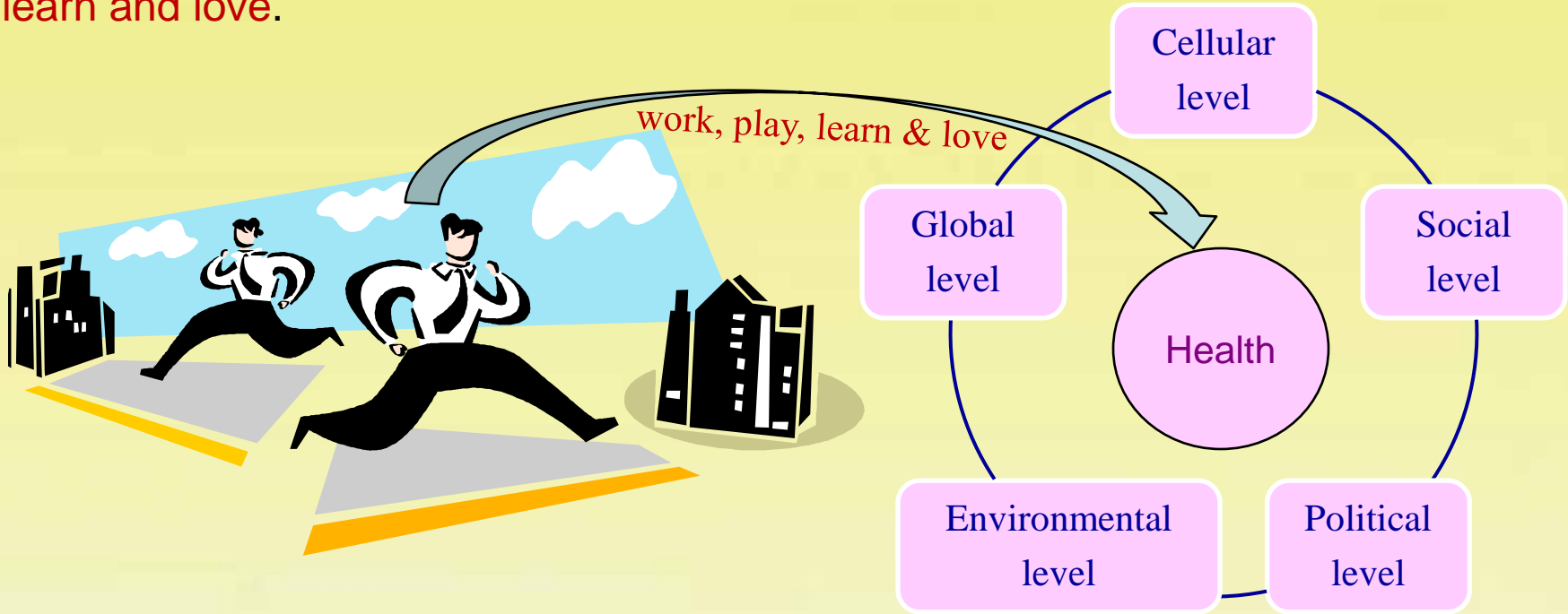
- Do not experience substantial decline with respect to physiological, sensory, cognitive, and social status until very old age.
- Have to leave the workforce when they reach retirement age.
- Many older people cannot find jobs before retirement age due to downturns in specific industries or discriminatory actions by line managers presenting an age barrier.



# Humans are Occupational Beings

## Occupation and health:

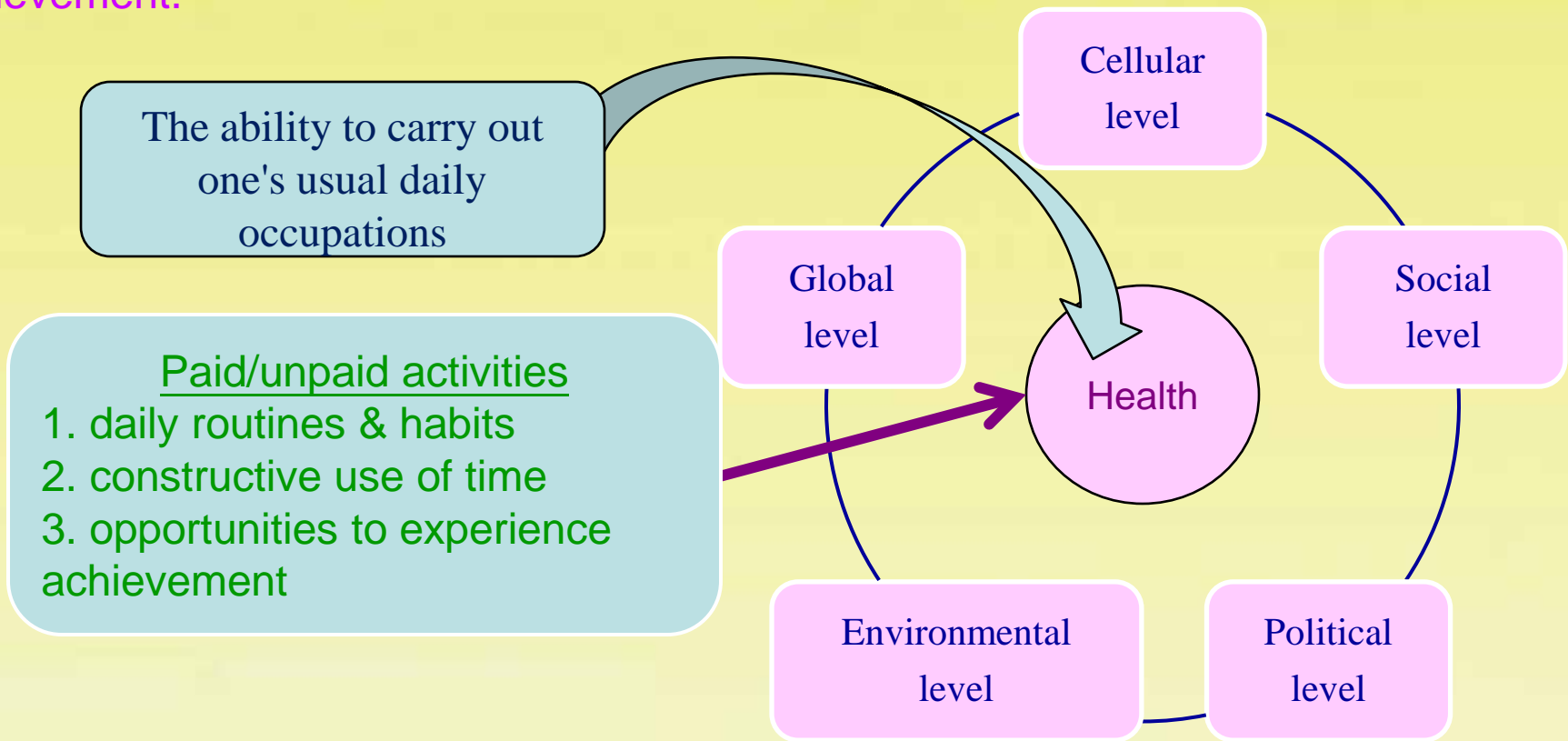
- Humans are by nature occupational beings whose daily endeavors are shaped by temporal, physical, social, and cultural contexts.
- In "doing well", humans create experiences of health at a cellular, social, political, environmental, and global level. These elements are intimately connected and capable of influencing health. Health is generated from people's daily lives as they work, play, learn and love.



(Source: Hansson et al. 1997; Kielhofner, 2002; Wilcock, 1999)

# Flexible Retirement is Good for Health

Health, therefore, can be conceptualised as "the ability to carry out one's usual daily occupations," and ill health is a loss of this ability. It is very important to health if older people can actively engage in meaningful paid or unpaid activities that offer daily routines and habits, constructive use of time, and opportunities to experience achievement.



# Benefits of Occupational Activities

Occupational factors that positively influence well-being:

## Paid/unpaid activities

1. Daily routines & habits
2. Constructive use of time
3. Opportunities to experience achievement

## Well-being

Satisfaction with occupation, choice & balance (physical, emotional, social, and rest), appropriate challenge at an individual & group level, experiences of belonging, sharing & contributing.

## Occupational indicators of health status

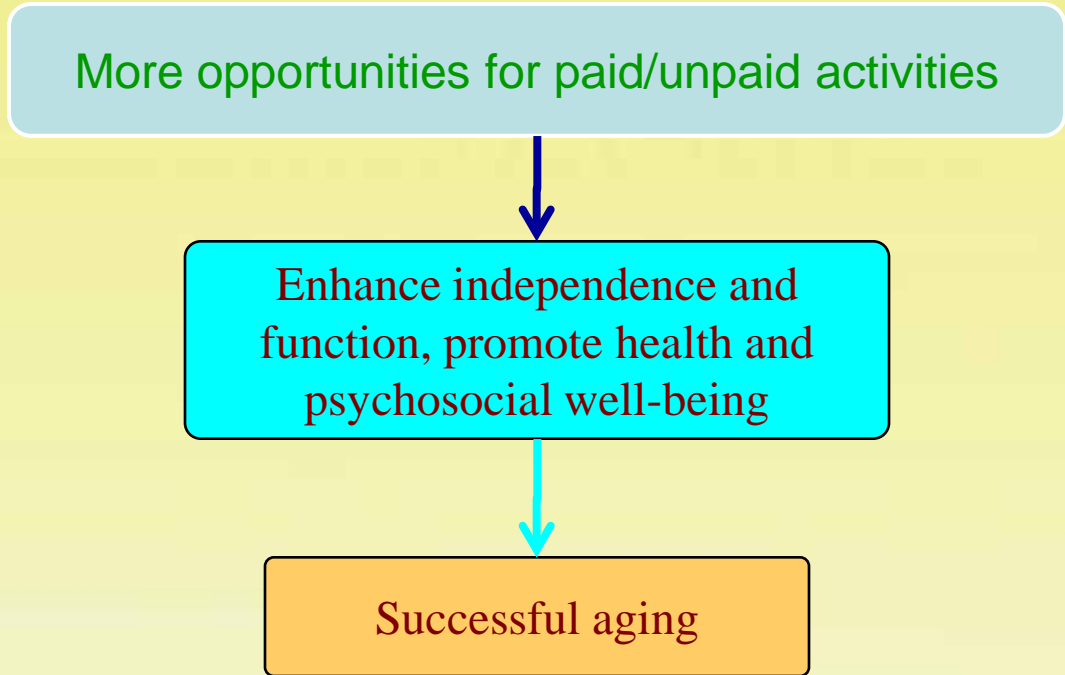
Energy & alertness, capacity for sleep or relaxation, time for others, openness to challenge, commitment to & interest in a range of activities, happiness & contentment.

## Biophysical indicators of health status

Height-weight ratio, normal blood pressure, lung function.

# Benefits of Occupational Activities

If work and retirement structures could be made more flexible – to provide more job opportunities for older people, or allowing older people to indulge in unpaid productive and meaningful occupations, such activities could enhance independence and function, promote health and psychosocial well-being and ultimately help older people to age successfully.



# Employment Status of Older People

The number of employed older people (aged 60 and over) residing in domestic households in Hong Kong are as follows:

Age group	No. of persons ('000)	Percent (%)	Rates: As a percentage of all persons in the respective age groups. For example, among all persons aged 60-64, 30.8% were employed.
60 – 64	93,000	67.1	30.8
65 – 69	29,800	21.5	13.5
70 – 74	9,600	6.9	4.2
≥75	6,200	4.5	1.6
Total	138,700	100.0	12.3

# Occupational Categories of Older People

The occupations of employed older people (aged 60 and over) residing in domestic households in Hong Kong are as follows:

Occupational category	No. of persons ('000)	Percent (%)
Elementary occupations	40,900	29.5
Service workers and shop sales workers	27,600	19.9
Managers and administrators	21,500	15.5
Craft and related workers	14,800	10.7
Professionals and associate professionals	12,500	9.0
Plant and machine operators and assemblers	12,300	8.9
Clerks	8,000	5.7
Others	1,000	0.8
<b>Total</b> (Census and Statistics Department , 2009)	138,700	<sup>55</sup> 100.0

Achieving successful ageing  
from a *social* perspective

3<sup>rd</sup> Challenge:


Negative Social Expectations of  
Ageing



# Negative Social Expectations of Ageing

**Social expectation:** People live within a structure of social expectations: of belief, awareness and apprehension of how others will react to their behaviour, respond to their actions, and play their roles in the society. These expectations clearly modify people's disposition towards ageing. (Rummel, 1975).

## Examples of Social Expectations of Ageing and Older People

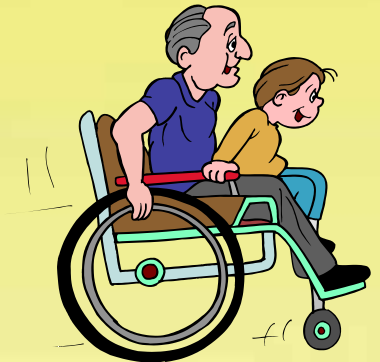
Positive Expectations	Negative Expectations
Successful coping and adjustment	A social problem
Enjoy life and satisfied with their current situation	Unproductive, incompetent, expendable, dependent, helpless, demanding
Continue their active roles in society or the workplace, and find meaningful ways to spend their time	
Look after their grandchildren	
Follow the instructions of adult offspring.	

\*(Source: Dreher, 2001 & D. Roberts in Breaux, 2002 )

# Negative Social Expectations of Ageing

**Unfavourable beliefs and values:** People in a society (including older people themselves) may hold unfavourable beliefs or values about older people. These beliefs or values may include:

- Ill-health and chronic illnesses
- No use to society
- Burden to family
- Financial cost to society in terms of medical or social services expenses
- Financially dependant
- Views and feelings considered unimportant
- Opinions are usually correct because of many years of life experience



# Negative Social Expectations of Ageing

In 2009, a local survey of 2,694 participants uncovered a pervasive negative image and a lack of knowledge towards ageing among the general public and health care professionals in Hong Kong. Part one of the result is as follows:

## Health Literacy

Questions (CADENZA & The Faculty of Social Sciences, HKU, 2009)	Age 18-49	Age 50-64	Age 65+	Healthcare Professionals
	N=1564	N=348	N=580	N=275
	Agree (%)			
Most older people are healthy.	21	21	37	17
Most older people's teeth would fall out.	70	89	95	78
If my family member becomes demented, I know how to take care of him/her.	16	25	24	43
Regarding health, only doctors can advise older people.	13	32	60	59 11

# Negative Social Expectations of Ageing

In 2009, a local survey of 2,694 participants uncovered a pervasive negative image and a lack of knowledge towards ageing among the general public and health care professionals in Hong Kong. Part two of the result is as follows:

## Living Environment

<b>Questions (CADENZA &amp; The Faculty of Social Sciences, HKU, 2009)</b>	Age 18-49	Age 50-64	Age 65+	Healthcare Professionals
	N=1564	N=348	N=580	N=275
	Agree (%)			
I am not familiar with the household aids available for older people (e.g., installing handrail at home).	70	92	96	81
Compared to younger people, older people are more likely to be hit by a car while crossing the road when the pedestrian red light is on.	70	92	96	81
When crossing the road, if the pedestrian light is about to change to red, most elderly people can get to the other side before it changes.	17	21	38	60 17

# Negative Social Expectations of Ageing

In 2009, a local survey of 2,694 participants uncovered a pervasive negative image and a lack of knowledge towards ageing among the general public and health care professionals in Hong Kong. Part three of the result is as follows:

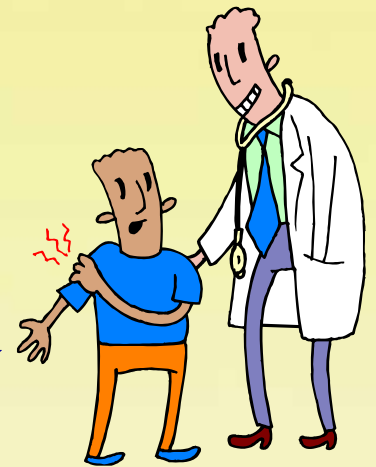
## End-of-Life Care and Legal & Financial Issues

<b>Questions</b> <b>(CADENZA &amp; The Faculty of Social Sciences, HKU, 2009)</b>	Age 18-49	Age 50-64	Age 65+	Healthcare Professionals
	N=1564	N=348	N=580	N=275
	Agree (%)			
Older people with terminal illnesses should discuss with hospital staff how to provide support to them and their family.	94	96	97	96
Resuscitation procedures in hospitals extend older people's lives.	69	81	87	56
Don't know how to look after the finances of older people (e.g., drawing money from bank account).	58	43	59	61 47

# Negative Social Expectations of Ageing

Findings from the previous survey (CADENZA & The Faculty of Social Sciences, HKU, 2009) reflecting the views of the general public and health care professionals can be summarised as follows:

- Negative perceptions about ageing
- Poor health literacy
- Dependence on others for health matters
- Lack of knowledge regarding home aids
- Unrealistic expectations of prolongation of life
- Lack of knowledge about enduring powers of attorney



Achieving successful ageing  
from a *social* perspective

3<sup>rd</sup> Strategy:

Public Education

# Public Education

Public education benefits both professionals and the general public

- Studies on small groups (i.e., less than 40) revealed that attending lectures or educational programmes about dementia, memory and aging improved knowledge about these topics by more than 25% in both nonprofessionals and professionals.
- Large-scale studies (i.e., more than 400) confirmed that symposiums and public education also increased participants' knowledge about memory and ageing.



CADENZA Training Programme



(Source: Mol et al, 2006; Troyer, 2001)



Achieving successful ageing  
from a *cultural* perspective

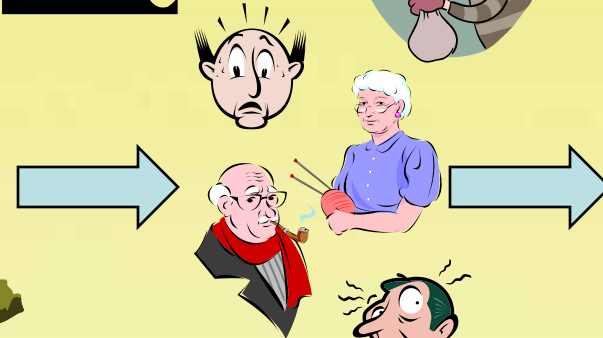
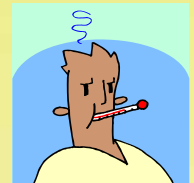
1<sup>st</sup> Challenge:

Changes in Living Conditions

# Changes in Living Conditions

The condition and environs of a house or flat directly affect health. Should older people need to change their dwelling to a house or flat with some or all of the following defects, it would have an adverse effect on their health.

- 1) cold & damp
- 2) fear & personal risk
- 3) risk of accidents relating to poor design or maintenance
- 4) noise & other environmental irritants
- 5) poor indoor & outdoor air quality,
- 6) overcrowding
- 7) discrimination & harassment



Poor health

(Ambrose, 2001)

# Household Composition of Older People

The household composition of older people (aged 60 and over) is as follows:

<b>Household composition</b>	<b>No. of persons ('000)</b>	<b>Percent (%)</b>
Living alone	143,500	12.7
Living with spouse	278,800	24.7
Living with children	223,700	19.8
Living with spouse and children	443,600	39.3
Living with persons other than spouse and children	40,300	3.6
Total	1,129.9	100.0

# Types of Housing used by Older People

The types of housing inhabited by older people (aged 60 and over) are as follows:

Type of housing	Public rental housing	Subsidised 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

Achieving successful ageing  
from a *cultural* perspective

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1<sup>st</sup> Strategy:

Elder-friendly Communities

# Elder-Friendly Communities

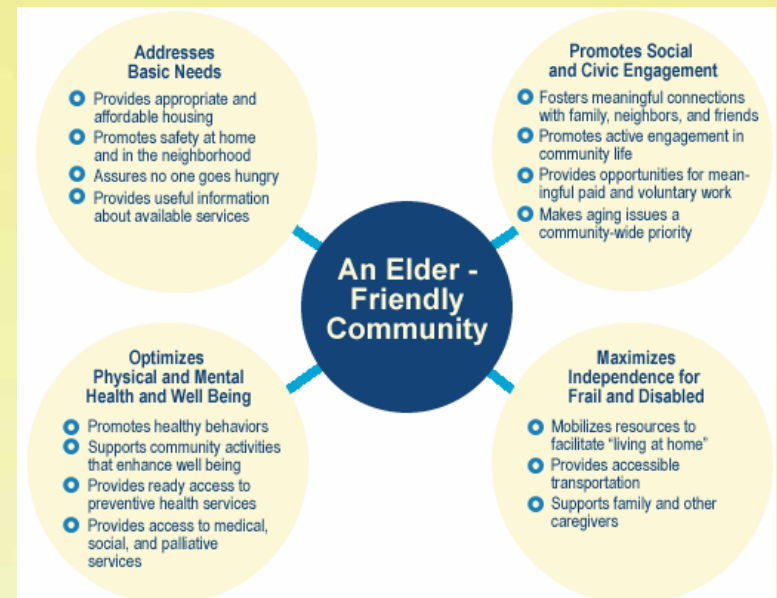
## Indicators of elder-friendly communities (Source: Knopf, 2007; Mui, 2007):

- Address older people's basic needs.
- Promote their social and civic engagement.
- Optimise their physical and mental health and well-being.
- Maximise their independence if they are frail and disabled.



## Important characteristics of an elder-friendly community (Alley et al, 2007):

- Accessible & affordable transportation
- Housing
- Health care
- Safety
- Community involvement opportunities



([http://www.nwpublichealth.org/docs/nph/f2007/knopf\\_f2007.pdf](http://www.nwpublichealth.org/docs/nph/f2007/knopf_f2007.pdf))

(Adopted from Knopf, 2007)

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Achieving successful ageing  
from a *cultural* perspective

2<sup>nd</sup> Challenge:

Distorted Images of  
Older People in the Media

# Distorted Images of Older People in the Media

- **Factors leading to distorted images of older people or ageing (D. Roberts and R. Snyder):**
  - Entertainment industry refuses to hire older writers who could craft story lines reflecting the reality of today's seniors.
  - Younger executives only focus on the limited perspectives of youth.
  - Artists and writers with limited life experiences meet deadlines by creating ads that contain caricatures and stereotypes.





# Distorted Images of Older People in the Media

**Older people are robbed of dignity and are stereotyped in print and on television by the following situations (R. N. Butler):**

- Being described as feeble, ineffective, helpless, irrelevant, unproductive, depressed, disengaged, inflexible, sexless, senile.
- Being called "greedy geezers"



# Distorted Images of Older People in the Media

## **Limited dignity and respect for older people in advertising (R. Snyder):**

- Much of current advertising has viewers believing that fun and enjoyment of life is limited to those under 40.
- Seniors are absent in many categories of advertisement, except in pharmaceutical, insurance and financial advertising.
- Inaccurate assertions include: you get old, you get sick, you lose interest in intimacy, you can't understand technology and you have no social life.
- General public and advertising people in particular are programmed to think that ageing is a bad thing, and that once a person is past 40, that person is over the hill and out of the game.

Achieving successful ageing  
from a *cultural* perspective

2<sup>nd</sup> Strategy:

Promoting Positive Images of  
Older People in the Media

# CADENZA TV Series in Hong Kong

- CADENZA and RTHK co-produced a 10-episode TV series to prepare Hong Kong for an ageing population, to promote active ageing and to project a positive public image of older people in the city.
- The TV series focuses on the second half of life and covers a wide range of topics from promoting health, quality of life, work and retirement and living environment to bereavement and dying.
- This TV series was developed to compliment the six themes of CADENZA: 1) Health Promotion & Maintenance: Optimising Mental and Physical Functions; 2) Health & Social Services in Hong Kong; 3) The Living Environment; 4) Quality of Life & Quality of Dying; 5) Legal & Financial Issues; and 6) Ageism / Disparity.



CADENZA Training Programme



(CADENZA, 2009)

Achieving successful ageing  
from a *cultural* perspective

3<sup>rd</sup> Challenge:

Lacking Social Engagement

# Lacking Social Engagement

## Hidden older people in Hong Kong:

- In 2009, there were about 70,000 to 90,000 people aged over 60 living unnoticed by society. These older people have difficulty engaging with daily life. Around 45% of them suffer from emotional problems.
- About 8% of emotionally disturbed elderly suffered from 3 or more emotional problems, for example: decreased participation in social activities, self-hatred, emotional distress.



CADENZA Training Programme



(CADENZA, 2009)<sup>78</sup>

Achieving successful ageing  
from a *cultural* perspective

3<sup>rd</sup> Strategy:

Lifelong Learning

# Lifelong Learning

## Learning characteristics of older people:

- They like to continue learning throughout life.
- They particularly enjoy learning in intergenerational situations.
- Health literacy courses increase their knowledge of healthy behaviour.

## Factors which influence older people's lifelong learning:

- For older people under age 64, the enjoyment of "knowing" influenced both active involvement and motivation.
- For older people aged 65 and above, the enjoyment of "thinking" had different effects on their active involvement and motivation depending on their level of education.
- Older people with a higher educational background reported "enjoyment of a broad variety of thinking" which occurs when relating concepts and ideas across disciplines. This tendency influenced the motivational aspect of lifelong learning.
- Older people with a high school education or less reported "enjoyment of depth and diversity of thinking," which occurred when acquiring different perspectives to their own, and relates to their active involvement in lifelong learning.



(Source: Asano, 2006; Morrow-Howell, 2007)



# Educational Level of Older People

Educational levels of older people (aged 60 and over) residing in domestic households are as follows:

Educational Attainment	No schooling / Pre-primary	Primary	Secondary / Sixth-form	Post-secondary	Total
Percent	28.8%	37.7%	26.6%	6.9%	100%
No. of people	325,900	426,000	300,300	77,700	1,129,900

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*The END*

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