

# HOSPITAL AUTHORITY CONVENTION 2013

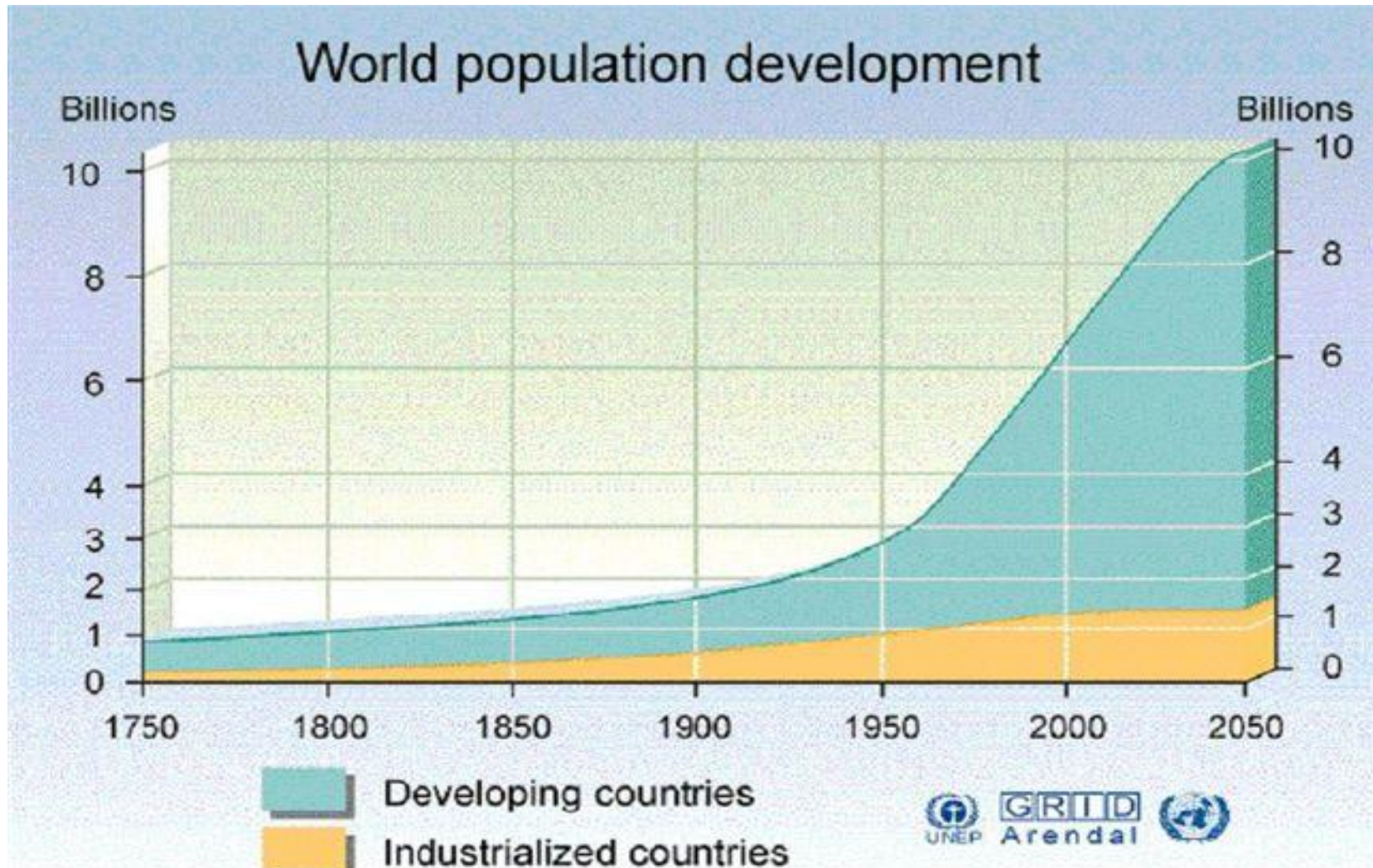
---

Symposium 5: Impact of an Ageing  
Population: Way Forward for Health and  
Social Care

Professor CHAN Cheung Ming Alfred  
Chairman, Elderly Commission, HKSAR  
Director, Asia-Pacific Institute of Ageing Studies, Lingnan University

16 May 2013

# World Population Development 1750-2050

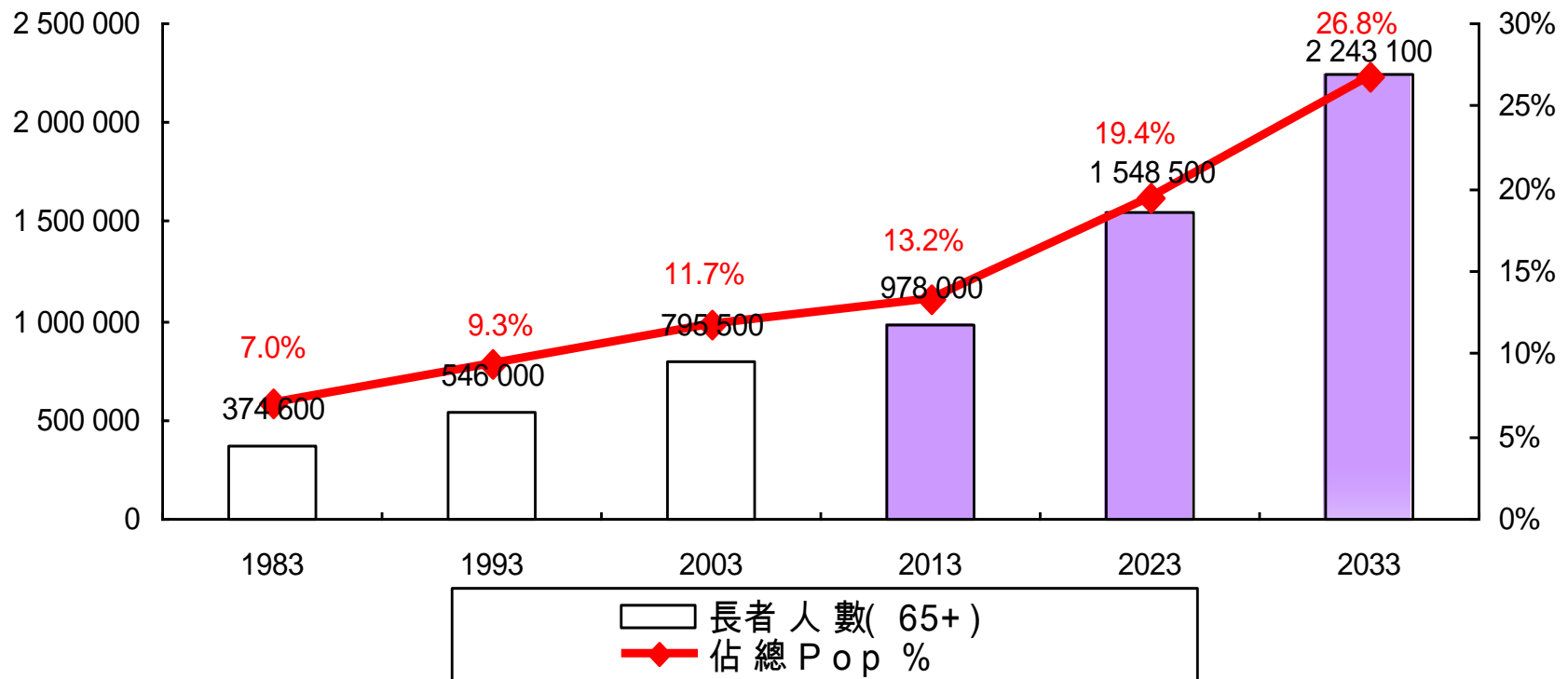


# Percentage of 60+: Asian Trends

國家／地區	2000 (%)	2025 (%)	2050 (%)
日本 Japan	23.3	36	44.2
韓國 Korea	11.2	27.1	40.8
新加坡 Singapore	10.6	31.7	39.6
泰國 Thailand	9.6	19.1	26.4
印尼 Indonesia	7.7	13.7	24.8
中國內地 Mainland China	10	19.6	31.1
香港 HK	14.8	30.8	39.5
澳門 Macao	9.7	27	43.6

資料來源：United Nation Economic and Social Commission for Asia and the Pacific (2002)

# Ageing trends: number & rates



每年增長 +5%/year (65+)

# Fertility & Longevity in Asia Pacific

<b>Total Fertility Rate in the Asia-Pacific region</b>	
Macao	1.02
Hong Kong	0.99
Singapore	1.25
China	1.64
<b>World Average</b>	<b>2.52</b>

<b>Life Expectancy in the Asia-Pacific region</b>	
Macao	80.03
Hong Kong	81.61
Singapore	80.60
China	72.71
<b>World Average</b>	<b>67.88</b>

Source:

UN Population Division (2011). *World Population Prospects: The 2010 Revision*

# Ageing Challenges in Asia for the Future

**Getting old while getting rich**

**Large older population increasing rapidly**

**Longest living → dementia etc.**

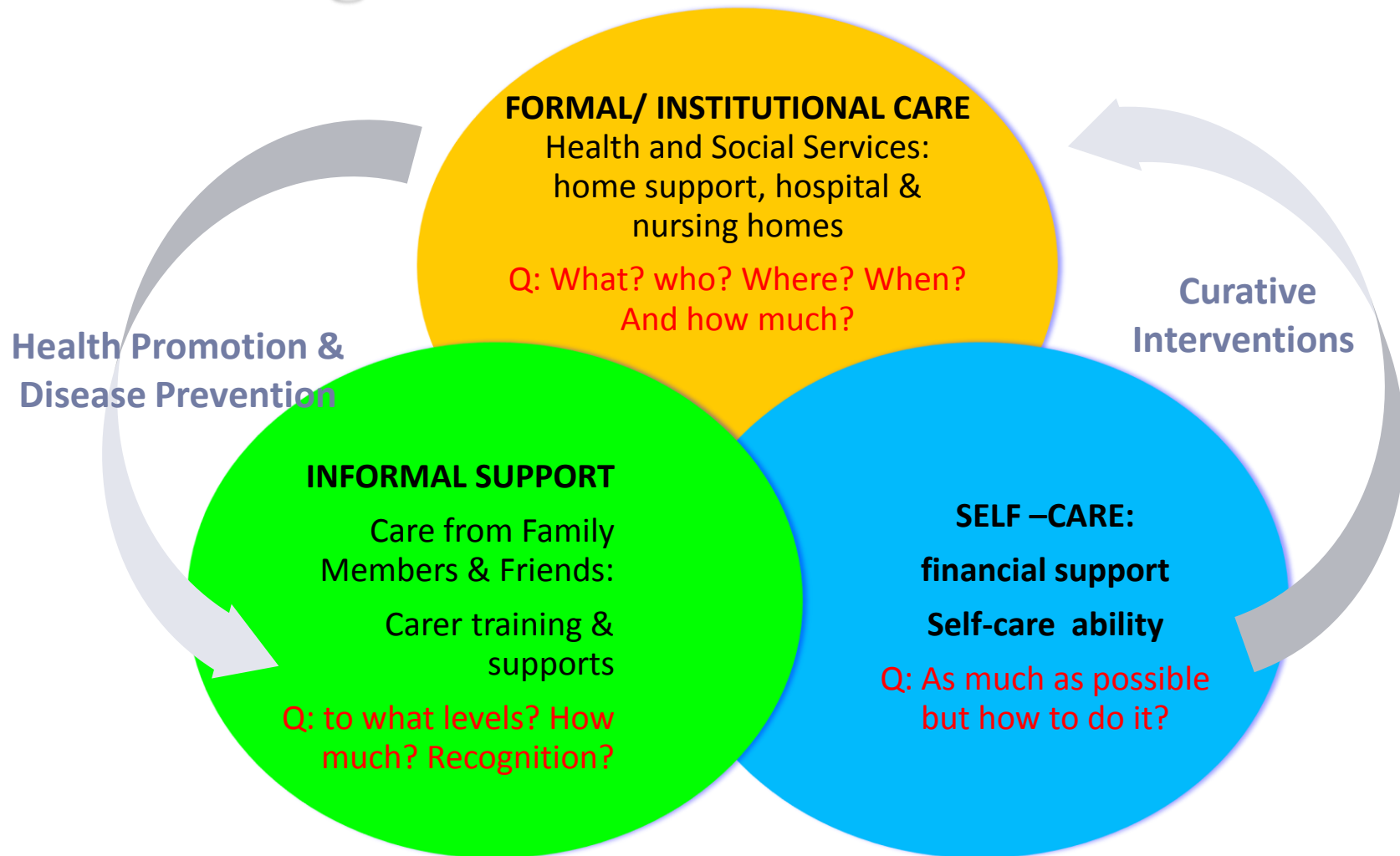
**Women outlive men for 4-5 years in Asia**

**Shrinking of the younger population : some 10 - 20% →  
need to involve all ages, old & young**

**Broken traditional values & technology divide : highly individualized life  
style, loose family care, high divorce rates, dependent on public care**

**Sustainability issues : funding, partnerships & training  
considerations**

# Key Challenges of an Ageing Population: Providing LTC



# What we have:

## Health & social services in Hong Kong

**Health care:** Health promotion, OPDs, SOPDs, Hospitals (CGATs)  
(almost free at the point of entry)

**Financial supports:**

OAA, OALA, CSSA

**Community services:**

- Multi-service centres for the elderly
- Support team for the elderly
- Social centres for the elderly
- Day care centre for the elderly
- Home help service
- Home care service (integrated home care, HC & enhanced home care)
- Home Visit Nursing Service
- Home Visit Rehabilitation Service
- Home Visit Medical advice

} 23,300 places

**Institutional care**

- Self-care hostel (upgrading/conversion)
- Home for the aged (upgrading/conversion)
- Care and attention home (more places in private homes)
- Nursing home
- Infirmary
- Geriatric/rehab. Beds in Hospitals

} 75,000 places



# Problems of present health & social services

- Health services: waiting time, (drugs formulary), NCDs
- Service-driven, not user-focused: time, places & types
- Boundaries-conscious: services segregation
- Second order effect: service-substitutions
- Almost free at point of entry, no room for private market
- Easily accessible with reasonable quality
- Heavily loaded on public/NGO sides
- No product differentiations: little choice for mid-income earners
- Shortage of staff: all levels
- Fair share of responsibilities/costs? Public Vs Private
- → long term sustainability?

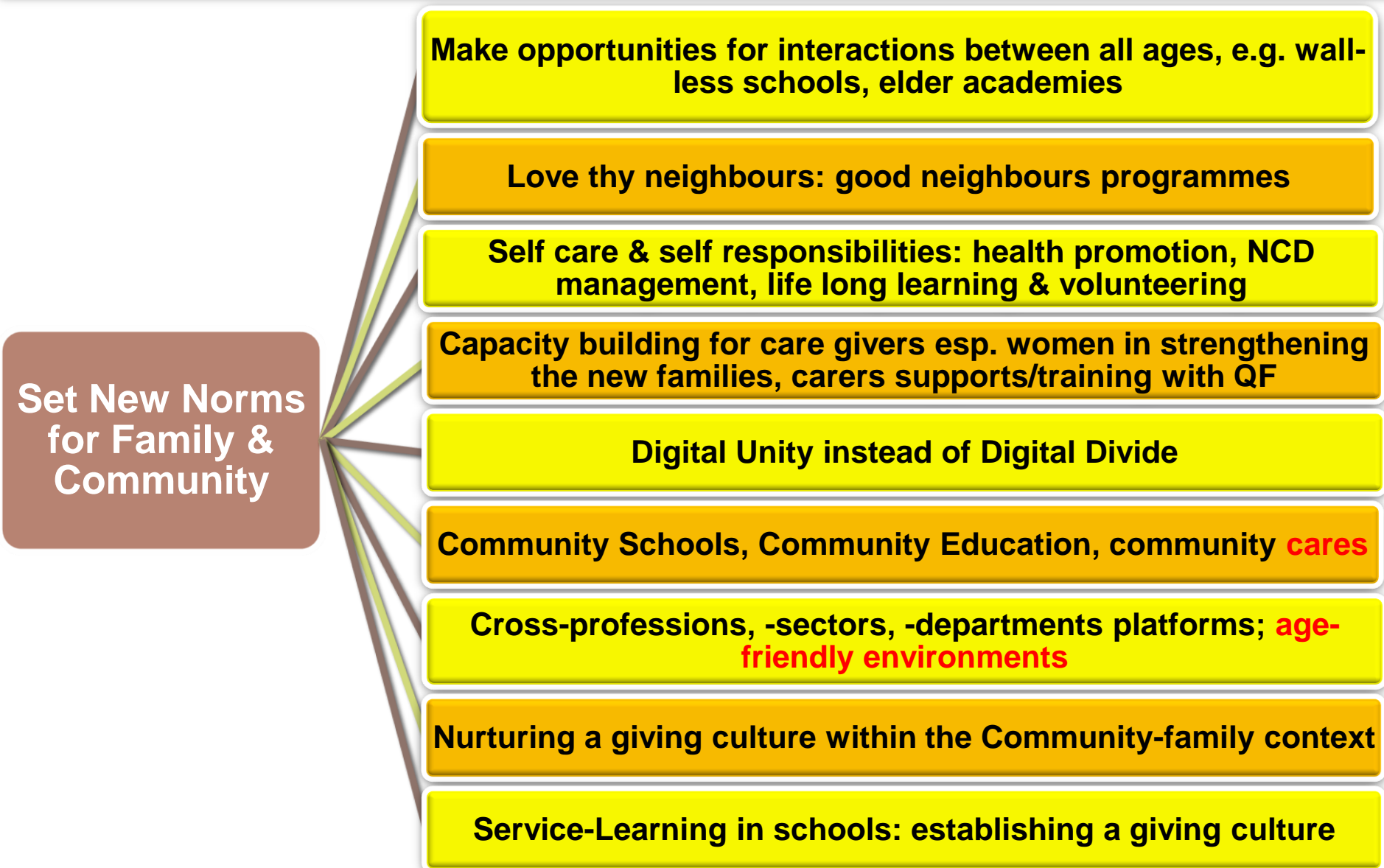
# Policy resolutions proposed

- ‘Think-out-of-the box’ policy-making → pilots in health & social services
- Public awareness & mind set change: preparation for the coming of the age, with a positive mind
- Intergenerational solidarity building (as opposed to intergenerational conflicts)
- Training of young workers for LTC care: QF
- Ageing in place with adequate supports (supply on-demand, 24-hours round the clock)
- Best value for quality service: **A**ffordability, **A**ccessibility, **A**vailability (choices) and **A**ppropriateness

# Setting over-riding principles

- Family as Core, institutional care as Supplement
  - strengthen family care till last moments
  - keep institutional care as short as possible (say the last 12-18 months)
- Neighbours as support
  - neighbourhood mutual supports (e.g. reporting abuses)
  - attendance care (i.e. watch out for friends, elder sitters)
  - routine visits & mutual support (e.g. health ambassadors)

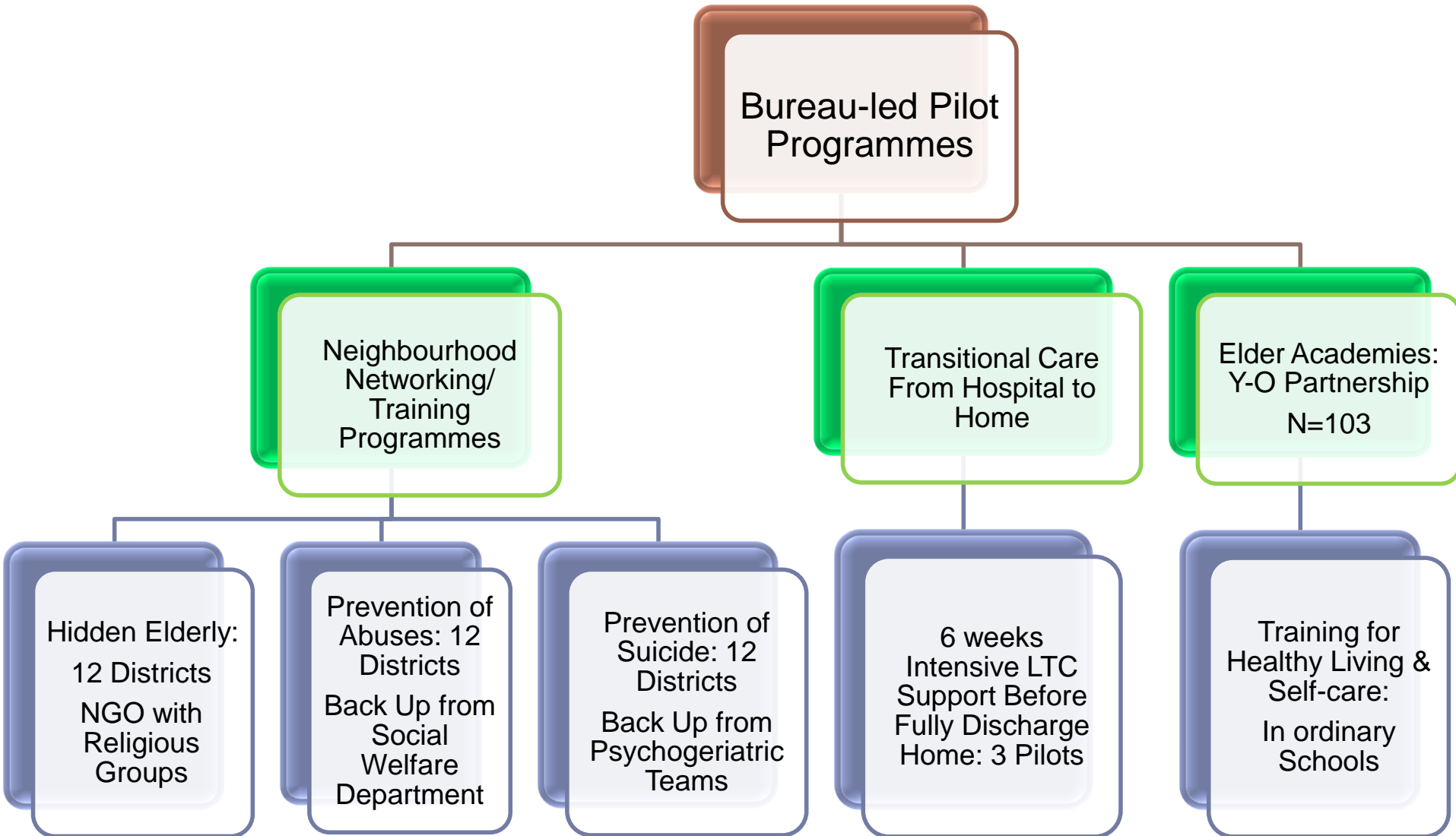
# Rolling out programmes at a glance



**Caring for the aged through promoting  
intergenerational supports**

**Nurturing a caring community**

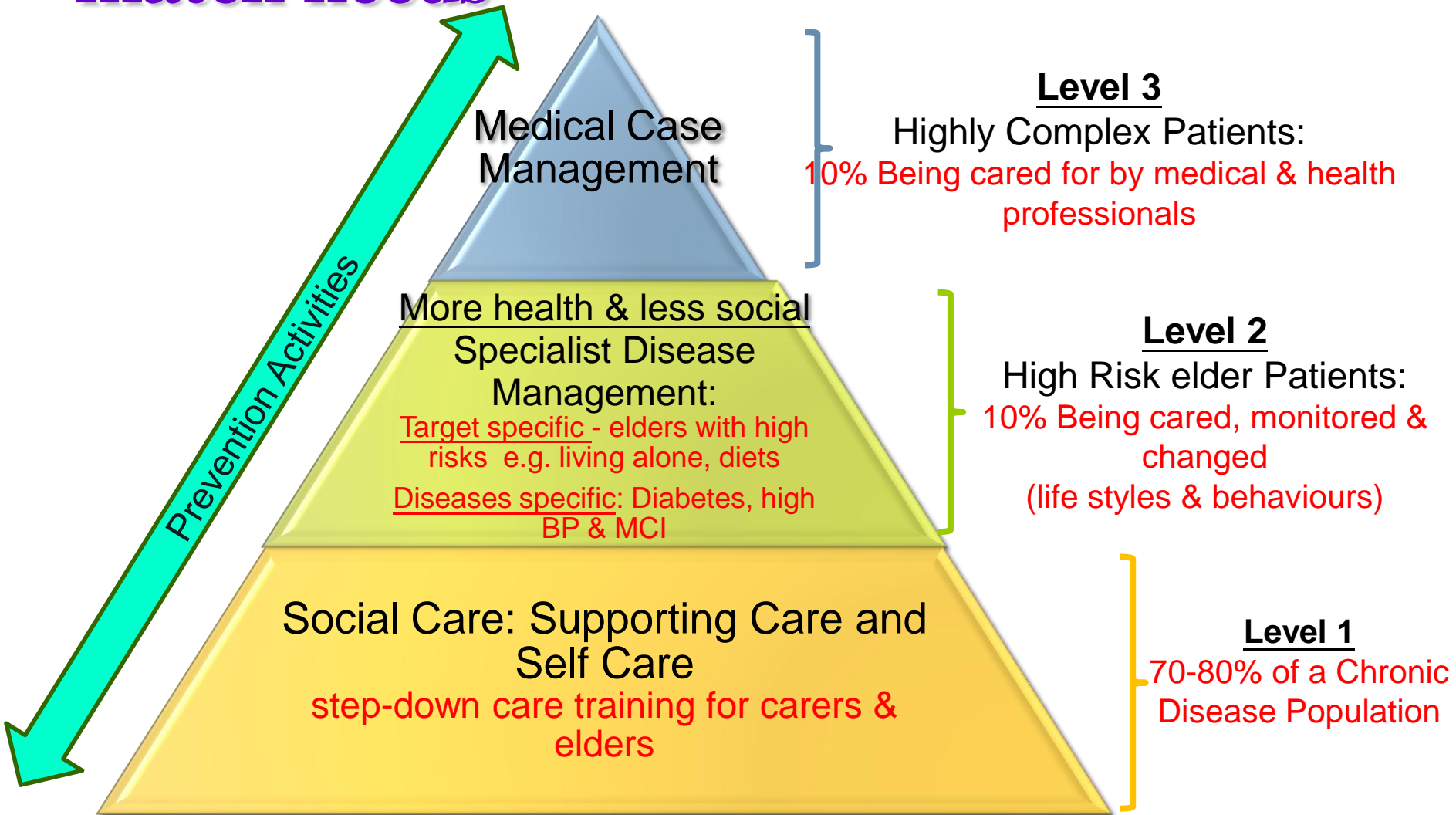
# EC initiated pilots :



# **Training and recognizing aged care workers**

## **The Qualification Framework Pilot**

# Training people for LTC: care levels to match needs





# Qualification Framework (QF) with a career

## HK QF Graded levels

1. 初級 (Level 1) = Amah & care workers
2. 中級 (Level 2-3) = PCWs & Hwkers
3. 高級 (Level 3+) = multi-skilled wkrs

↓ + academic qualifications

接駁大學 / 專業訓練

(formal tertiary or professional training)

Pilot : 100 school leaves/drop-outs

to be recruited to work as PCWs

to be trained for higher qualifications while working x1 yr

Joint pilot : NGO (Yuen Yuen), OUHK, EdB (QF), LWB(VTC),  
Private Homes, EC

# Building capacities and enhancing choices

## Money-follow-the elderly:

- Customer decide
- Huge sum released into the market
  - (1.2b/yr)
- Stimulate constructive market competition → more choices

# Elderly Health Care Voucher Pilot Scheme

- Launched since 2009, and extended up to 2014
- Starting from Jan 2012, annual voucher amount increased from \$250 to \$500 for each eligible elderly aged 70 or above
- Increased to \$1,000/yr, allowing accumulation to \$3,000 or for 3 years



# Elderly Vaccination Subsidy Scheme

- Launched since October 2009
- Subsidies provided to elderly aged 65 or above to receive seasonal influenza vaccination and pneumococcal vaccination from private medical practitioners
- Subsidies level (for 2011/12) –
  - seasonal influenza vaccination: \$130 per dose
  - pneumococcal vaccination : \$190 per dose

# Money-follow-elderly initiatives: housing (internal facilities improvements)

- \$5,000/household
- Any items to improve living e.g. rice cookers or grip bars
- Older person → Centre (SE) → SWD
- Enable QoL and encourage social enterprises

# Money-follow-elderly initiatives: social care

- Community care services vouchers Pilot in October 2013, 1,000 places on waiting list for moderate frailty persons
- \$5,000 voucher value, for day and home care
- Guided with a care management initiative
- Allows co-payments
- New means test scheme:  
if accept co-payment of \$2500, no means test.

Pilot: 8+2 districts

with an initial start-up grant

# 綜援長者自願回廣東省由或福建省養老計劃

## The portable CSSA Scheme

Possibilities of extending the bought-places schemes in and near Guangdong Provinces? E.g. Yim Tin (Rehab. Aid) and Zhaoqing (Helping Hands) Homes?



- For those qualified for CSSA & want to return to live in Guangdong or Fujen Provinces in Mainland
- Must be 60+, as a resident for 7 years and continuously in receipt of CSSA for a year
- Cash benefits include standard rate & supplements

# Creating a conducive environment

**Making a WHO versioned  
“ Age-Friendly City”**



# Adopting WHO Age-friendly Cities

Figure 6. Age-friendly city topic areas



A Global Age-friendly Cities Guide (<http://www.who.int/ageing/publications>)

**As a last word of advice for those young and able**

**Don't rely all on your Government – no government in the world can be relied on for your old age protection!!!**

**Rely on YOURSELF:**

**Please SAVE as early as possible:  
money,  
Health, &  
Younger friends**