



Comparative Perspectives on Health & Social Policies for Ageing Populations

Hong Kong Special Administrative Region

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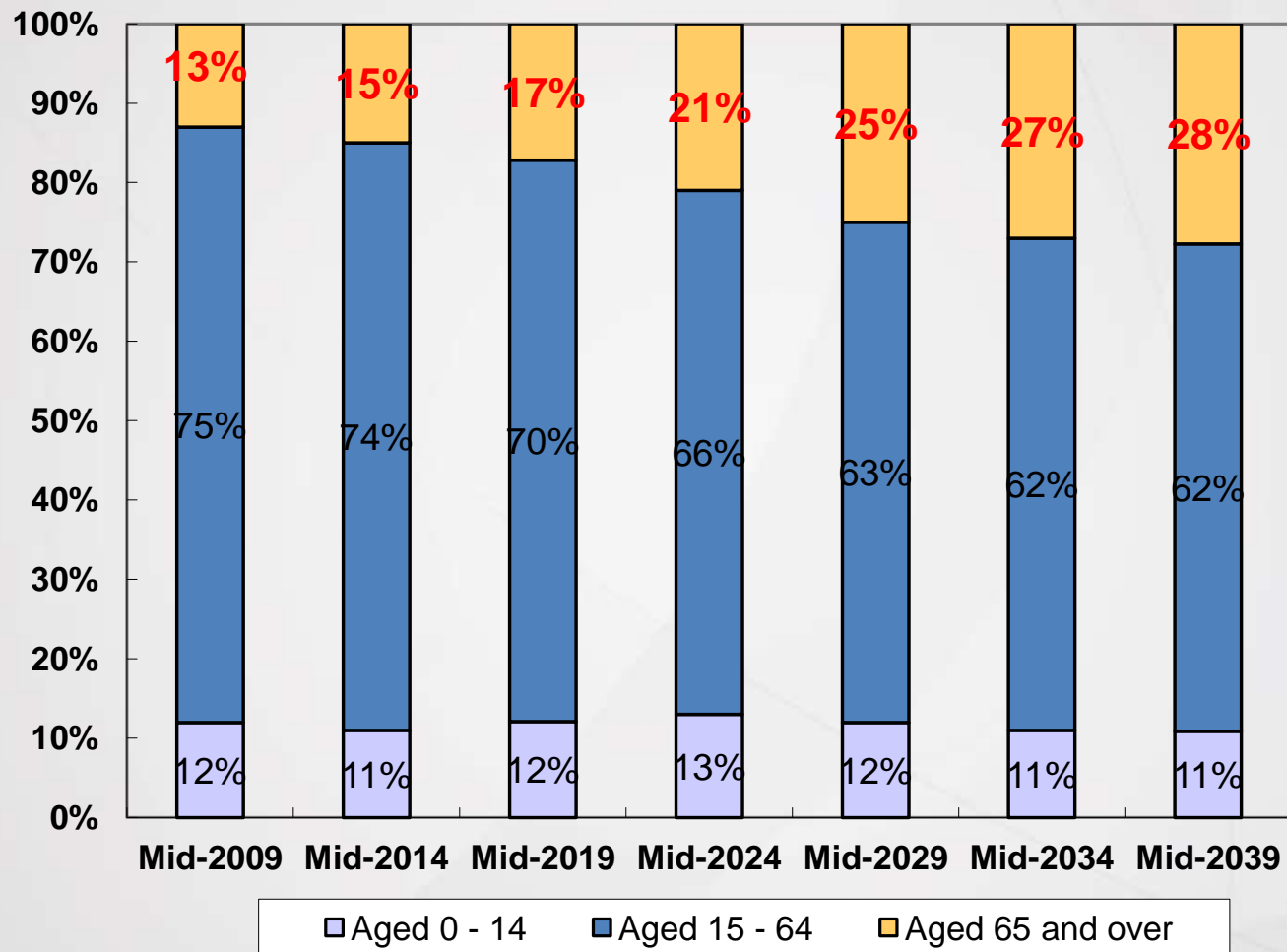
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The Chinese University of Hong Kong

Elderly Profile in Hong Kong

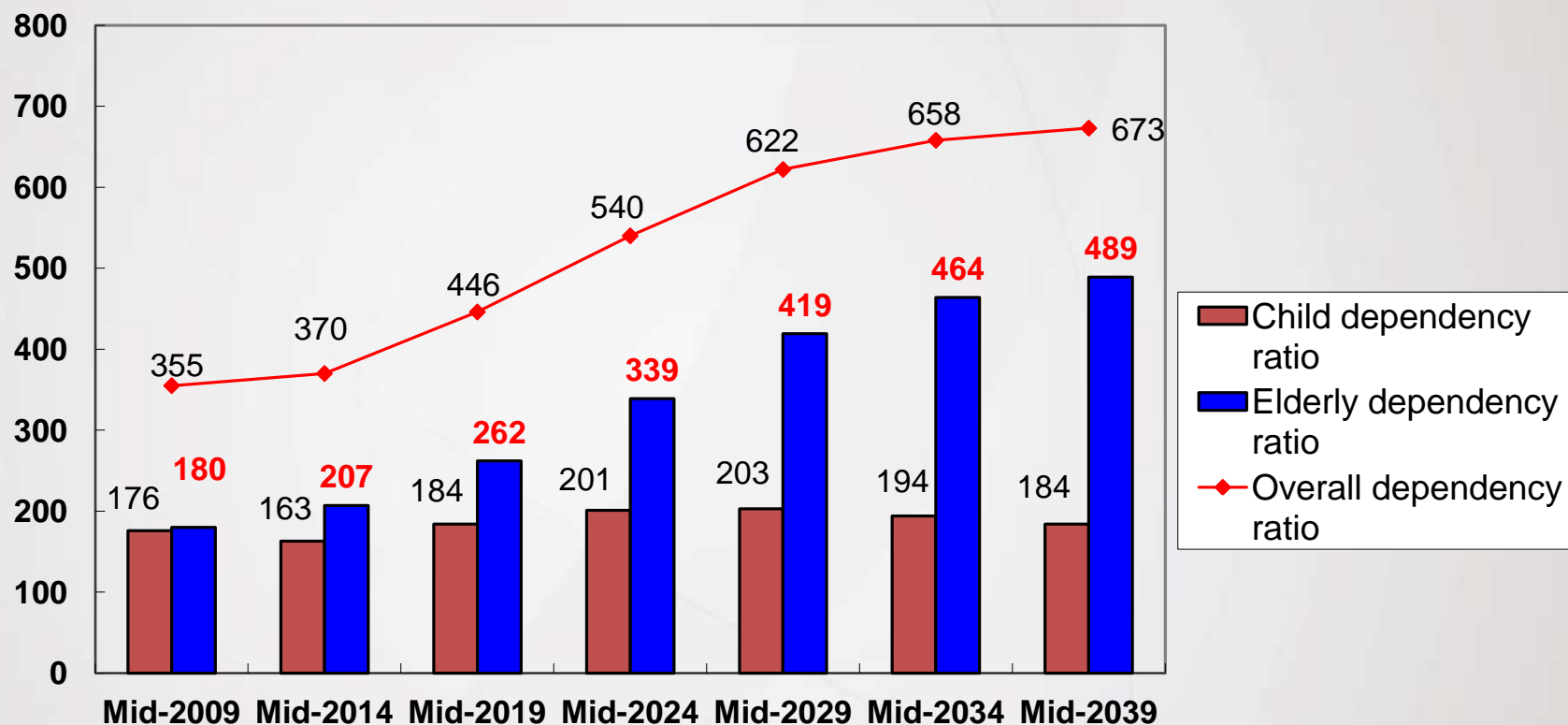
Age Distribution



6.8% of elders aged 65 or above are receiving residential care, a higher institutionalisation rate than other countries

(Elderly Commission's study on Residential Care Services for the Elderly in Dec 2009)

Dependency Ratio



Elderly dependency ratio: Number of persons aged 65 and over per 1,000 persons aged between 15 and 64

Child dependency ratio: Number of persons under 15 per 1,000 persons aged between 15 and 64

Source: Census and Statistics Department

Chronic Diseases

Among 795 800 elders aged 60 and above, **70.4% have chronic diseases**, such as hypertension, diabetes, arthritis

Thematic Household Survey on Socio-demographic Profile, Health Status and Self-care Capability of Older Persons of Census and Statistics Department (2008)

Elderly Care in Hong Kong



Key Policy Objective for Elderly Care

- Ageing in place as the core, institutional care as back-up
- Promoting a continuum of care in subsidized residential care services
- Offering assistance to most needy elderly citizens

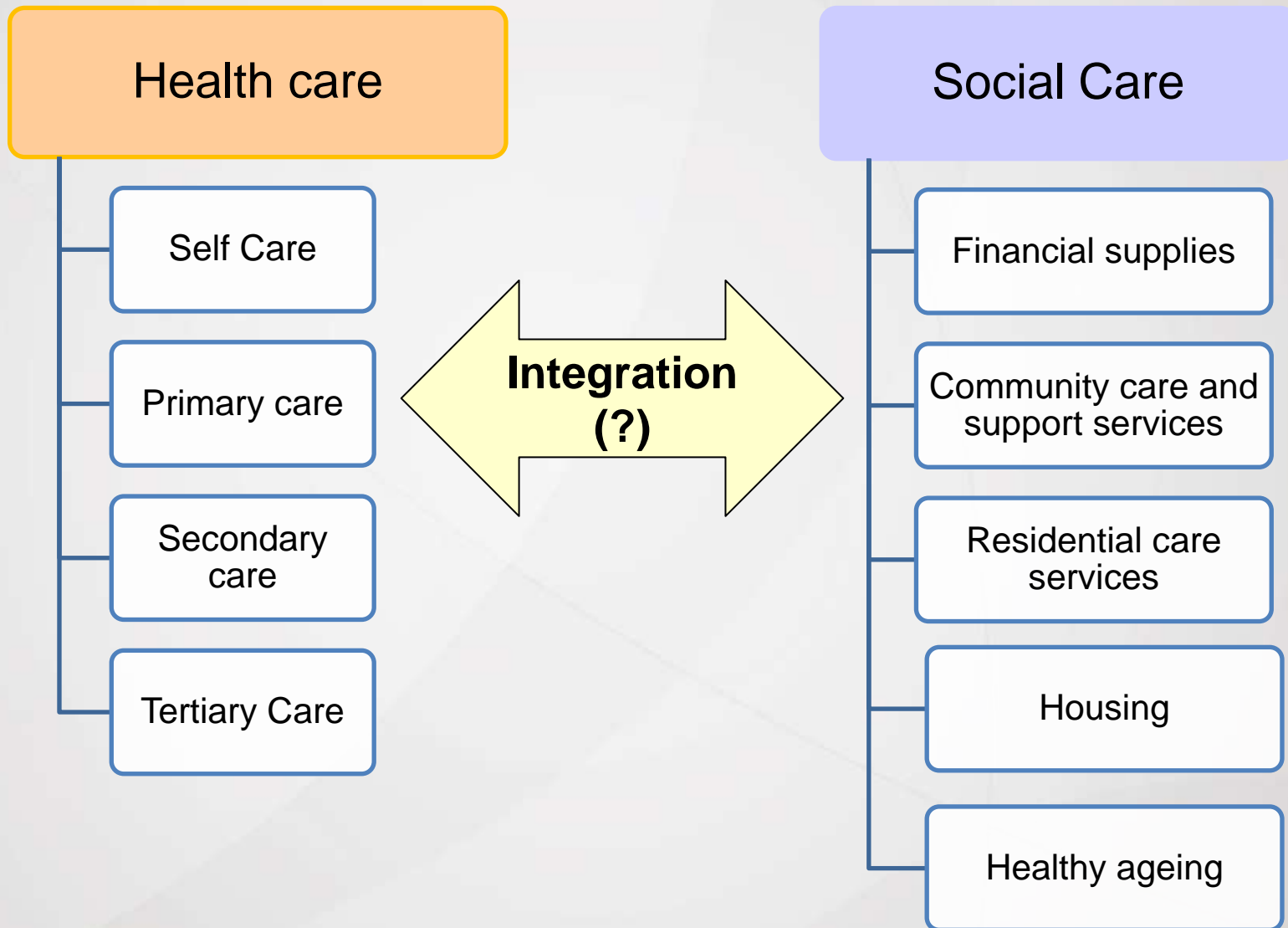
LegCo Panel on Welfare and Health Services – Joint Subcommittee on Long Term Care Policy – Long term care policy for the elderly and persons with disabilities (26 Feb 2013)



Overarching Policy for Health Services

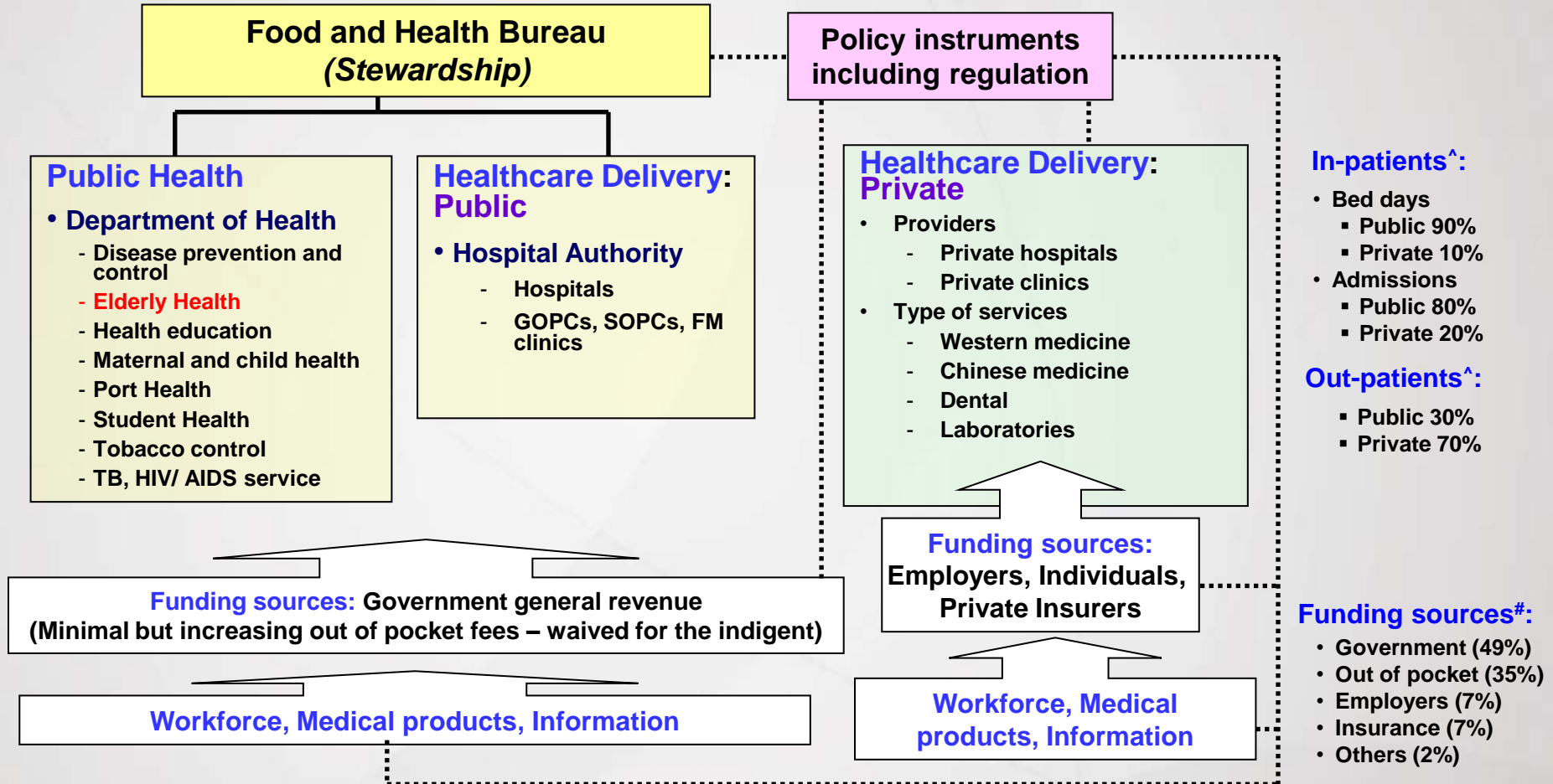
“No one is denied adequate medical treatment through lack of means”

Elderly Care in Hong Kong



Health System in Hong Kong

(A mix of public and private providers)



[^]: Thematic Household Survey, 2011

[#]: Hong Kong's Domestic Health Accounts, 2009/10

Elderly is main user of public services

- Among the older people aged 60 or above who had consulted doctors in the past one month,
 - 71% most commonly consulted government practitioners,
 - 28% consulted private practitioners of Western medicine
 - 6% consulted practitioners of Chinese medicine

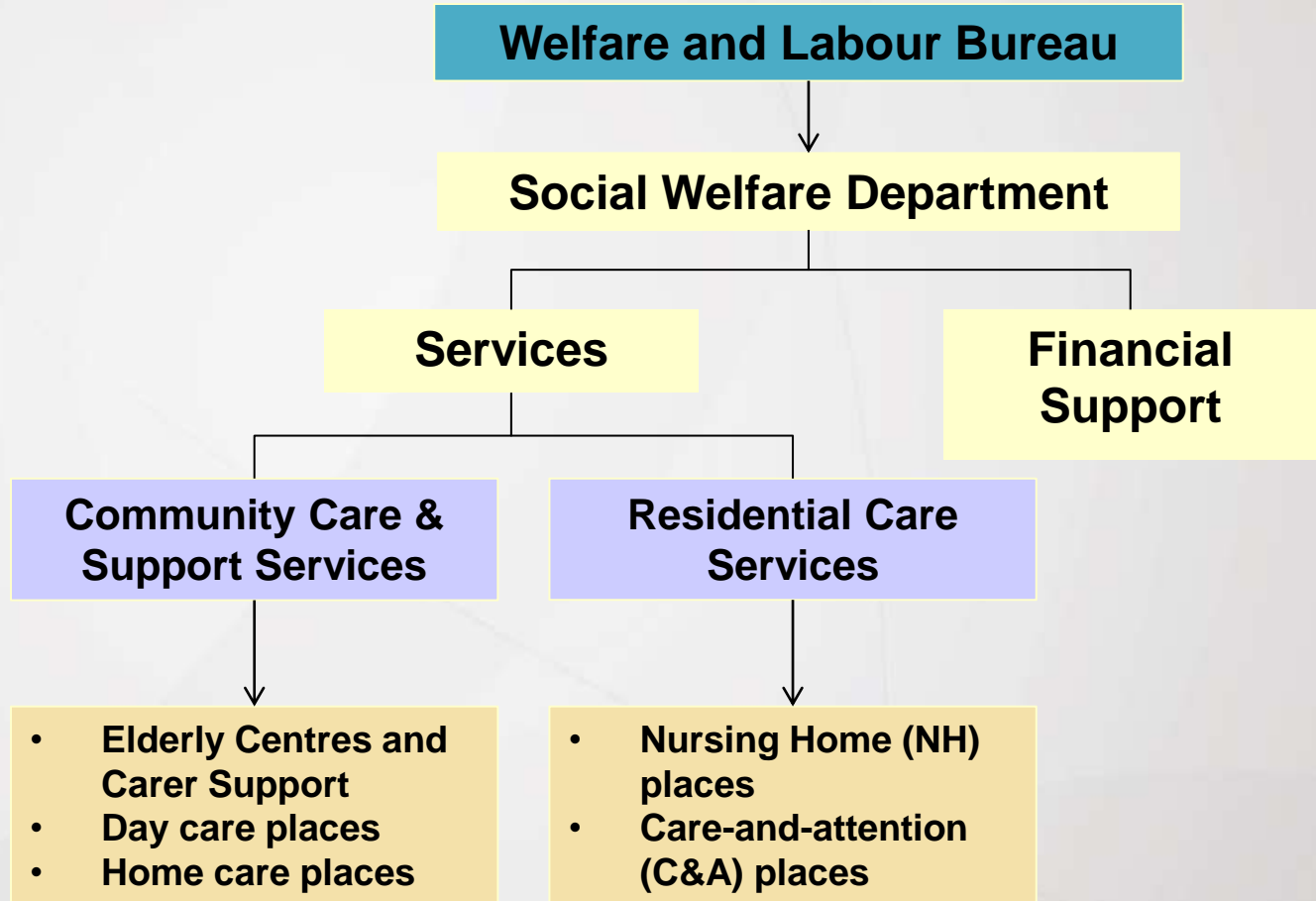
(Multiple options allowed)

Census and Statistics Department: Thematic Household Survey Report No.40, p.43;2009

Welfare System in Hong Kong

Majority of welfare services are provided by NGOs and private sector

- Financed by
- General government revenues
 - Lotteries fund
 - Charities
 - Out of pocket



Financial Support for Elderly

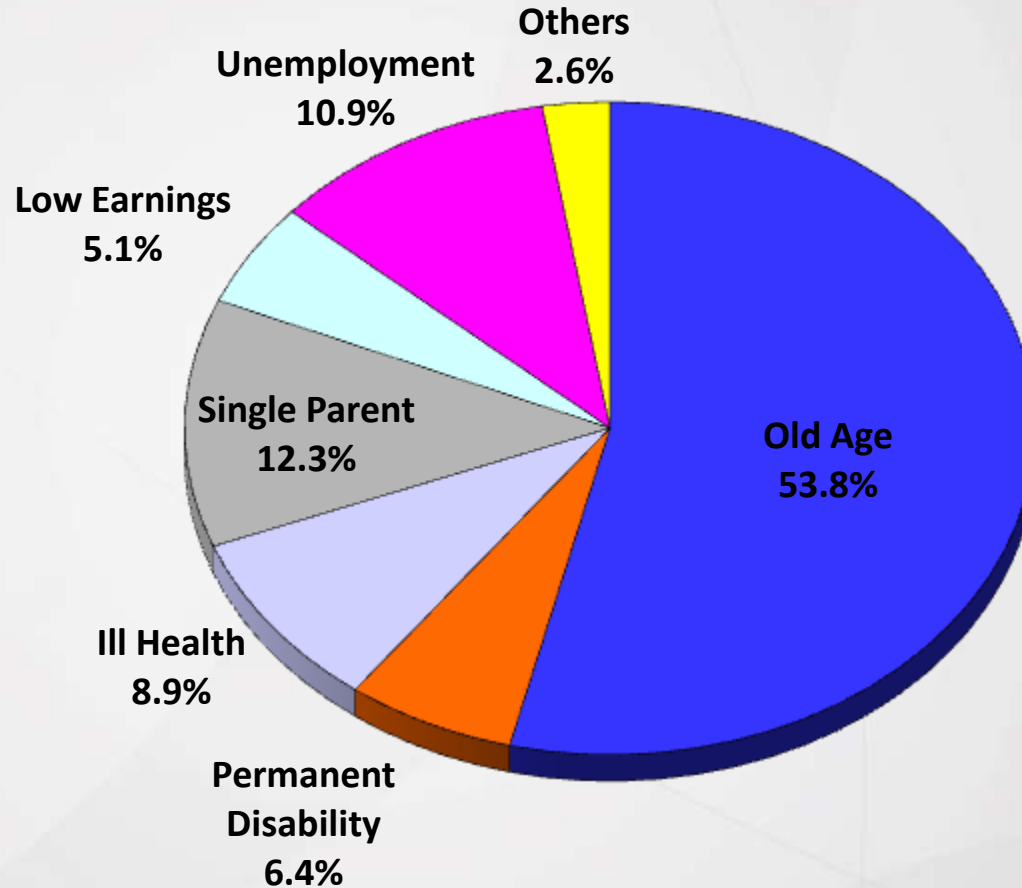
- **Social Security Network**
 - Comprehensive Social Security Assistance (CSSA) Scheme
 - Social Security Allowance Scheme
 - Old Age Allowance (non-means-tested)
 - Old Age Living Allowance (means-tested)



Percentage Distribution of CSSA Cases by Case Nature

As at September 2010

285 444 Cases



Old Age Living Allowance - Alleviating Poverty

- HK\$2,200 per month to **supplement the living expenses of elderly people aged 65 or above who are in need of financial support** (means-tested)

	Asset Limit (excluding owner-occupied property)	Monthly Income Limit (excluding contributions from family members, relatives and friends)
For a single person	\$186,000	\$6,660
For a married couple	\$281,000	\$10,520

Note: The limits will be annually adjusted according to established mechanism

- Different from existing Old Age Allowance (“Fruit money”) which is often viewed by the community as a token of appreciation for the elderly

Community Care Services

Community care services (As at Dec 12)

Day care places	<ul style="list-style-type: none">• Day care centres for the elderly (DEs)• Day care units (DCUs)	64 DEs and DCUs offering 2,609 subsidised day care places; Serving about 3,500 elderly people
Home care places	<ul style="list-style-type: none">• Integrated Home Care Services (IHCS) (Ordinary Cases)• Integrated Home Care Services (IHCS) (Frail Cases)• Enhanced Home and Community Care Services (EHCCS).	60 IHCS teams and 24 EHCCS teams providing 6,699 places to frail elders; 17,300 elderly receiving IHCS (Ordinary Cases)



Residential Care Services

Residential care services (As at Dec 12)

Nursing Home (NH) places and Care-and-Attention (C&A) Places

- Subvented residential care homes for the elderly (RCHE) run by NGOs
- Contract RCHEs and private RCHEs which participate in the Enhanced Bought Place Scheme (EBPS)
- Self financing Nursing Homes under the Nursing Home Place Purchase Scheme

127 Subvented RCHEs

20 contract RCHEs

40 self-financing RCHEs/ NHs

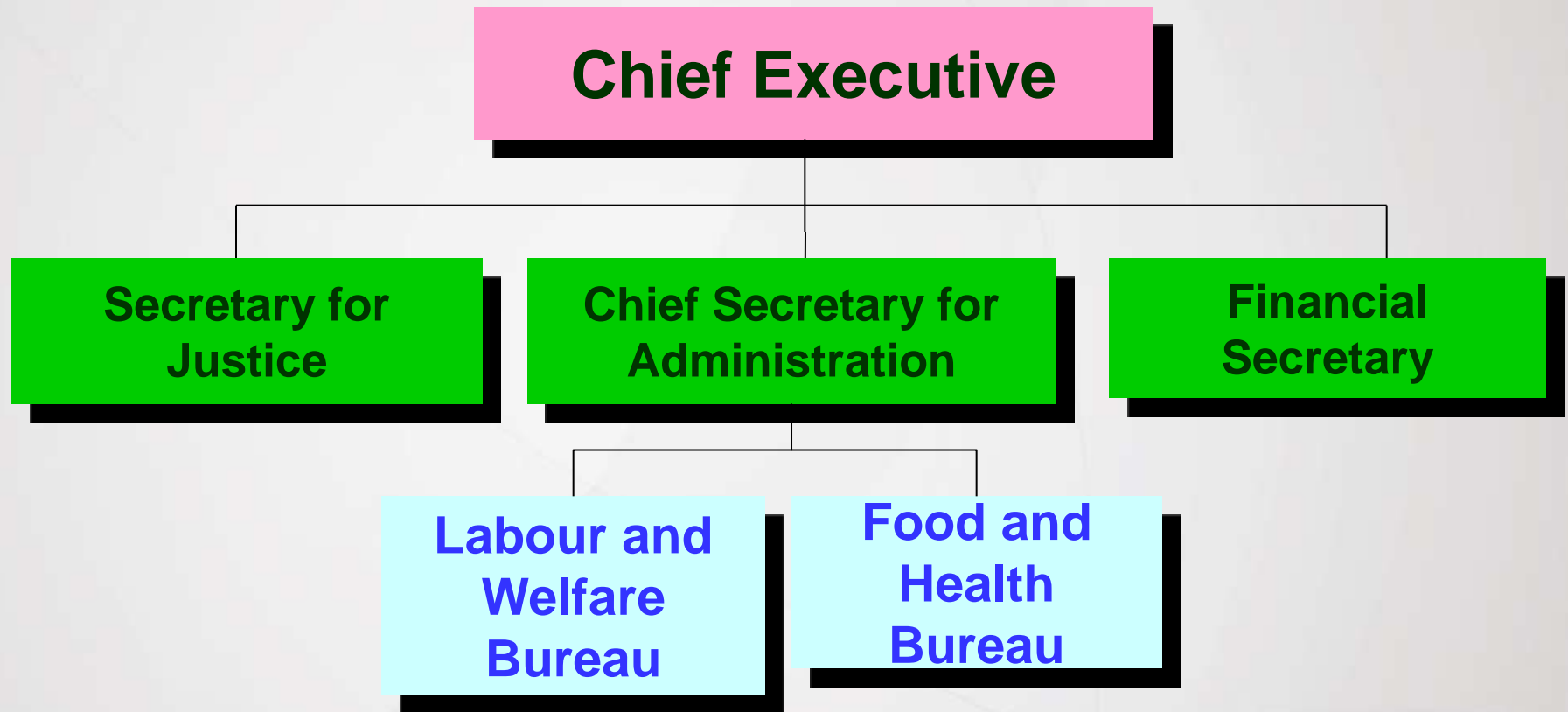
568 private RCHEs (including 135 EBPS homes)

A total of 75,257 residential care places of which about 26,000 were subsidized places, serving about 61,000 elders



- **Statutory Licensing Control** for Residential Care Homes
- Pilot Bought Place Scheme to **motivate private homes for service improvement**
- **Financial Assistance to help the private homes** to meet licensing requirement

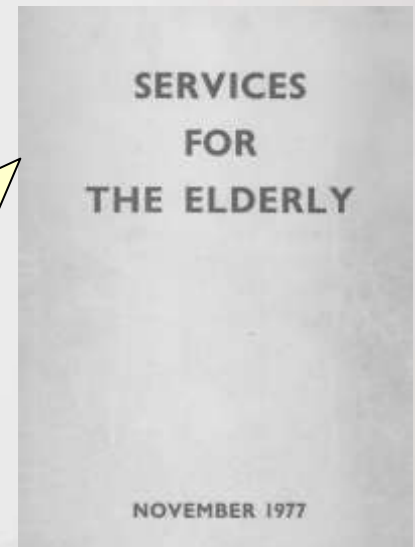
HKSAR Government's Organisation Chart



Elderly Policy in Hong Kong, 1970s – 1980s

- In **1973**, “*Report of the Working Party on the Future Needs of the Elderly*” which started to assess elderly needs and plan ahead for service provision.
- In **1977**, “*Green Paper on Services For Elderly*” & in 1979, “*White Paper on Social Welfare into the 1980s*” highlighted the policy objectives for elderly policy.

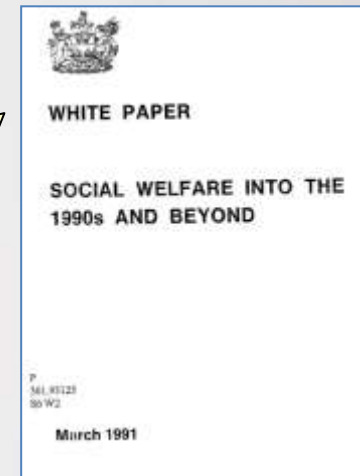
“To promote the well being of the elderly in all aspects of their living by providing services that will enable them to remain members of the community for as long as possible; and to the extent necessary, to provide residential care suited to the varying needs of the elderly.”



Elderly Policy in Hong Kong, 1990s – 2000s (1)

- In **1991**, *“White Paper on Social Welfare into the 1990s and Beyond”* highlighted

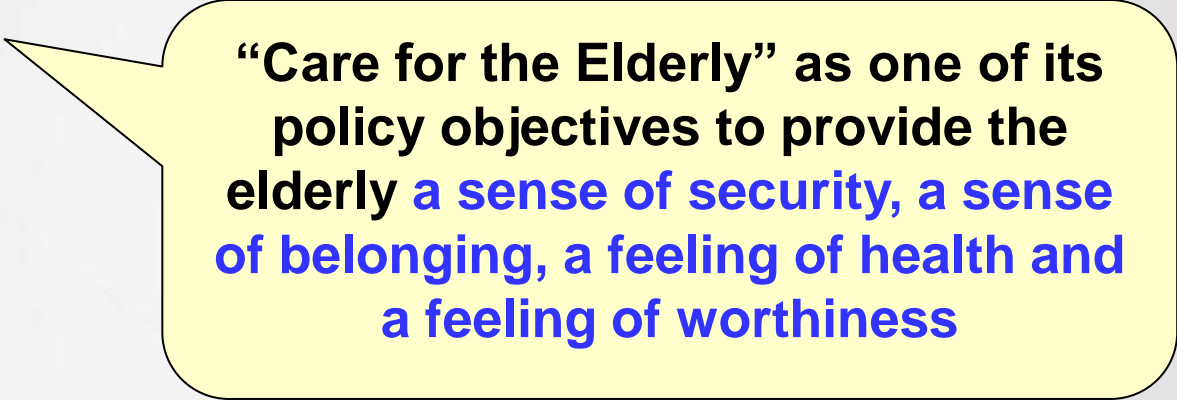
"An elderly person should be assisted to live in his own community with dignity and a spectrum of services should be provided in and by the community to facilitate his continued participation in society both socially and, if he likes, economically for as long as possible. Opportunities should be made available for elderly persons to play an active role in the community rather than treated in isolation as a class apart".



- In **1994**, *“Report of the Working Group on Care for the Elderly”* introduced concepts of dignity of older persons, aging in place, continuum of residential care, and people-based services.

Elderly Policy in Hong Kong, 1990s – 2000s (2)

- In **1997**, *“Services for the Elderly, Green Paper on Social Welfare”* reaffirmed the elderly policy in 1991, and formed the basis of current service provision.



“Care for the Elderly” as one of its policy objectives to provide the elderly a sense of security, a sense of belonging, a feeling of health and a feeling of worthiness

- In **1997**, **Elderly Commission** was formed, under the Health and Welfare Bureau to oversee, coordinate and recommend policies to the government on older persons' care.

Elderly Policy in Hong Kong, 2000s to present (1)

In 2000, Policy Address

- Provide **retirement protection** and other financial help
- Increase the supply of **housing** and encourage the development of purpose-designed housing for older persons
- Enable older persons to continue to **live at home**
- Increase the supply of **quality** residential care places under a mixed mode of service provision with more private sector participation
- Encourage older people to **lead an active life**



Care for Elders: Policy Objective for Health and Welfare Bureau (2000)

Elderly Policy in Hong Kong, 2000s to present (2)

Healthcare Reform Document

2005, “*Building a Healthy Tomorrow*”

- Reviewed and developed a service model for health care in both public and private sectors
- Proposed long-term health care financing options



Elderly, long-term & rehabilitation care services

- Strengthen on-site regular medical care in Residential Care Home for Elders
- Encourage private and social welfare sector to develop short-stay institutions for convalescent and rehabilitation services
- Train more community nurse and health care workers for geriatric care

Elderly Policy in Hong Kong, 2000s to present (3)

- Policy Address **2009-2010** on **Aging in Place**
- The Government will continue to devote resources to supporting those elderly people who live at home

2009-10 施政報告 Policy Address

羣策創新天
Breaking New Ground
Together



Policy Address 2009-2010

Elderly Policy in Hong Kong, 2000s to present (4)

Policy Address 2013

- Promoting “ageing in place as the core, institutional care as back up”
- By strengthen the community care services and residential care services.



2013 Policy Address – Policy Initiatives of the Labour and Welfare Bureau

Service Framework for Elderly Patients

Strategic Service Framework for Elderly Patients (SSFEP) – Hospital Authority 2012

1. Develop multi-disciplinary integrated elderly service across the continuum of HA care.
2. Promote patient-centred care and engage patients and their carers as active partners in their healthcare.
3. Greater collaboration with partners involved in elderly care outside of HA.
4. Enhance HA workforce capacity and engage staff.
5. Develop quality, outcomes-driven HA elderly Services.



Issues and Challenges

Major Public Policy Issues in Aging

- **Social Policy***
 - Elder poverty
 - Rebalancing long-term care
- **Health Policy**
 - Healthy Aging
 - Chronic diseases and disability burden

*Cheng ST, Lum T, Lam LCW and Fung HH. Hong Kong: Embracing a Fast Aging Society with Limited Welfare. The Gerontologistdoi: 10.1093/geront/gnt017

Elder Poverty

- A third of all elderly were living under poverty in 2010 (using 50% of the median income as the poverty line)
- High elder poverty rate due to
 - Low educational attainment
 - Lack of retirement protection (only 19% of current older cohort has retirement protection)

Hong Kong Council of Social Services (2012); Census and Statistics Department (2009)



Imbalanced Long Term Care System (1)

- Depend heavily on residential care

	Residential care	Community care
Provision (figure as at 2012)	76,000 residential care beds	7,089 community care service placements e.g. adult day care centre and meal-on-wheel service
Public monies spent (2010-11 financial year)	HK\$2,549 million	HK\$381 million

Social Welfare Department n.d.; Sau Po Centre on Ageing and Department of Social Work and Social administration (2011)

Imbalanced Long Term Care System (2)

Waiting list for residential care services



Subsidised service	No. of applicants
Homes for the aged	9
Care and attention homes	23 425
Nursing homes	6 249
Total	29 683

Waiting time

Subsidised service	Waiting time (in months) Average from the past 3 months
Subvented homes and contract homes	35
Private homes participating in the Enhanced Bought Place Scheme	8
Nursing homes	35

Social Welfare Department (Figure as at 28 Feb 2014)

Planning for Resources Required for LTC Services

- **Land**

- Purchase places from private RCHEs through EBPS and make better use of space in subvented homes for provision of more subsidized places
- Build new contract RCHEs to increase the number of subsidized places, particularly places providing higher level of nursing care
- Identify sites for new RCHEs, Des and DCUs

- **Manpower**

- In collaboration with HA, implemented the Enrolled Nurse (EN) Training Programme for the Welfare Sector since 2006
- Providing additional funding to enable NGOs and EBPS EA1 homes to offer more competitive salaries for recruitment and retention of paramedical staff or hire of such services
- Increase the student intakes of Occupational Therapists and Physiotherapists
- Offering training courses for health workers (HWs) by different training bodies
- Require EBPS homes to ensure that 75% of their Care Workers (CWs) have received training related to their duties with a view to upgrading the service standards of these private homes.

- **Financial Resources**

- Continue to allocate additional resources to increase the no. of subsidized residential and community care places for the elderly

Long Term Care Policy: Papers on Long term care policy for the elderly and persons with disabilities (26 Feb 2013), and Community care and support services for the elderly (26 Mar 2013)

Inefficiencies in Service Provision

Due to the fragmentation and compartmentalisation in the integration of care within and between health and social sector



Barriers in the Provision of Sub-Acute Care Services

- System barriers
 - Lack of care coordination between acute care and sub-acute care
 - Poor collaboration/coordination of medical and social services in the discharge planning
 - Limited availability of community health and social care resources in term of facilities and manpower

Wong ELY, Yam CHK, Chan FWK, et al. Perspective from health professionals on delivery of sub-acute care in Hong Kong: A qualitative study in a health system. Health Policy 2011; 100: 211-218

Specific Interface Programme in HK

Hospital Authority

- Integrated Discharged Support Programme for Elderly Patients

Social Welfare Department

- Pilot Scheme on Home Care Services for the Frail Elders waiting for nursing home places
- Pilot Scheme on Community Care Service Voucher for the Elderly
- Training of additional Enrolled Nurses for the welfare sector



Integrated Care

Functional integration (Macro level)

- Mainstreaming of the financing and regulation of cure, care, prevention, and social services

Organisation integration (Meso level)

- In the form of mergers, contracting or strategic alliances between health care institutions

Professional integration (Meso level)

- In the form of mergers (e.g. group practices), contracting or strategic alliances between health care professionals

Clinical integration (Micro level)

- Continuity, co-operation and coherence in the primary process of care delivery to individual patients

Health and Social Care “Integration”

Elderly policies	Government Structure Elderly Commission
Financing	Government structure
Service organization	Coordination mechanism <ul style="list-style-type: none"> • Social Welfare • Hospital Authority • Department of Health
Service delivery: Process	Liaison mechanism <ul style="list-style-type: none"> • Social Welfare • Health Authority • Department of Health
Service Delivery: Patient/Client	<ul style="list-style-type: none"> • Case management • Outreach services



Thank you!