

Symposium on The Future Ageing Society

Moving Forward with Health Promotion and Active Ageing in Hong Kong: Alignments of Policy Trends in Asia and the Pacific

Professor CHAN Cheung Ming Alfred
Chair Professor of Social Gerontology
Director, Asia-Pacific Institute of Ageing Studies
Lingnan University
Chairman, Elderly Commission, HKSAR
E-mail: sscmchan@Ln.edu.hk

OUTLINE

1. Overview

- *Population Trends in Asia & Characteristics*

2. Longevity & Diseases Burden

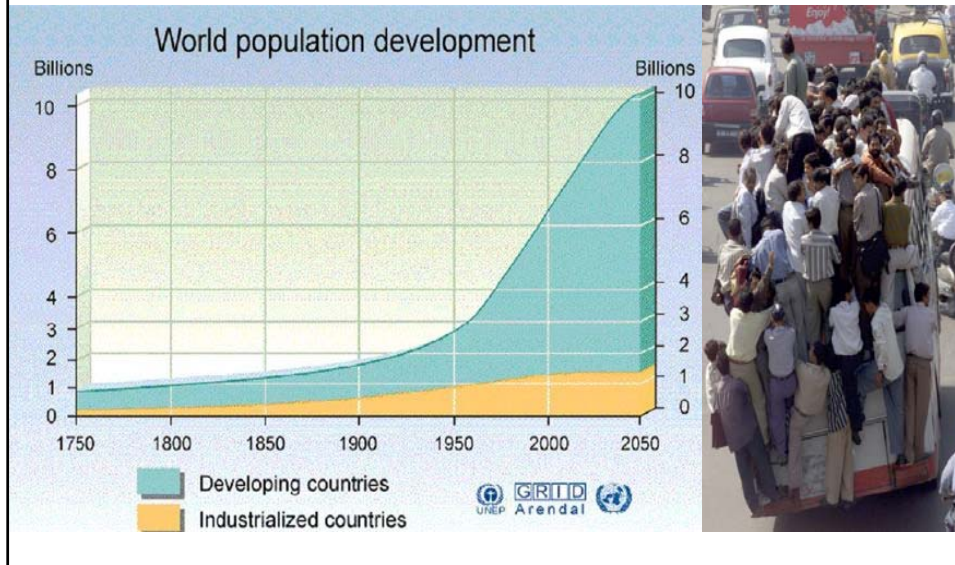
3. Rising needs for LTC

- *In search for a healthcare model*

4. Policy trends & new orientations

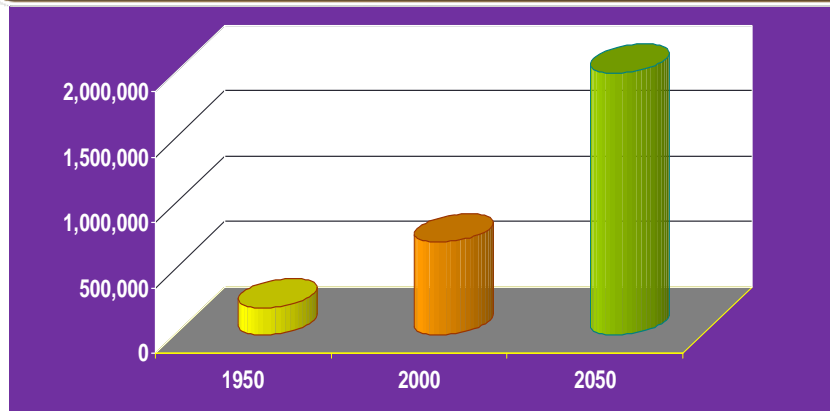
- > MIPAA/SIS & Active Ageing
- > Qualification framework

World Population Chart



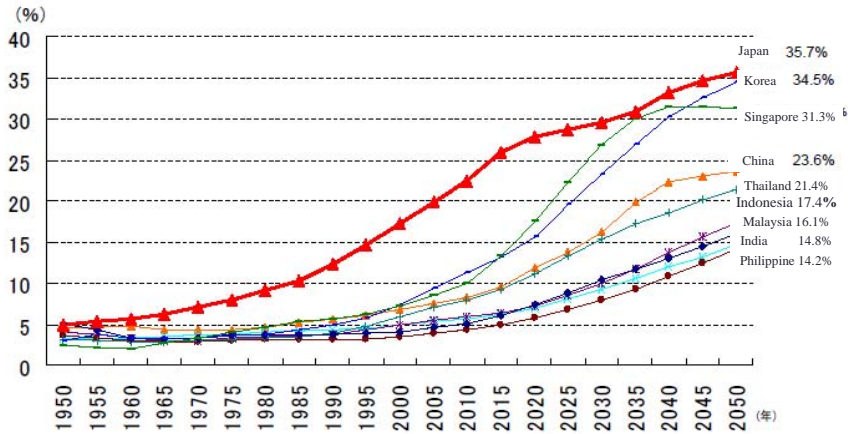
Increases in World's Aged Population (60+) 1950-2050 ('000)

Source: World Population Ageing, Population Division, 2007, UN, New York



1950: just 205 millions = 8% of total world population
2000: 705 millions = 11% of total world population AND **3.5 times increase in 50 years**
2050: 2,000 millions = 22% of total world population AND **almost 10 times increase in 100 years**

Population Ageing in Asia



UN, World Population Prospects: The 2004 Revision.

Japan Ministry of Public Management, Census.

National Institute of Population and Social Security Research, Estimated Population in Japan2002

Ageing in the Asia-Pacific: The Longevity Burden

Total Fertility Rate in the Asia-Pacific region

Macau	0.8
Hong Kong	0.9
Singapore	1.4
China	1.7
World Average	2.6

Life Expectancy in the Asia-Pacific region

Macao	80
Hong Kong	82
Singapore	79
China	71
World Average	65

Source:

UN Population Division (2005). *World Population Prospects: The 2004 Revision*

Ageing in the Asia-Pacific Region: The Longevity Burden

- In the “older” societies like Hong Kong, the very old will account for as much as one-third of the older population by 2050: **who would provide the care?**

Elderly Dependency Ratio 2010 , 2050		
	2010	2050
Macao	10	64
Singapore	14	58
Indonesia	9	29
China	11	38

Source: UN Population Division (2005). *World Population Prospects: The 2008 Revision*

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

Disease Burden in the World

Table 3. Leading causes of death and disease burden in persons aged 60 or over

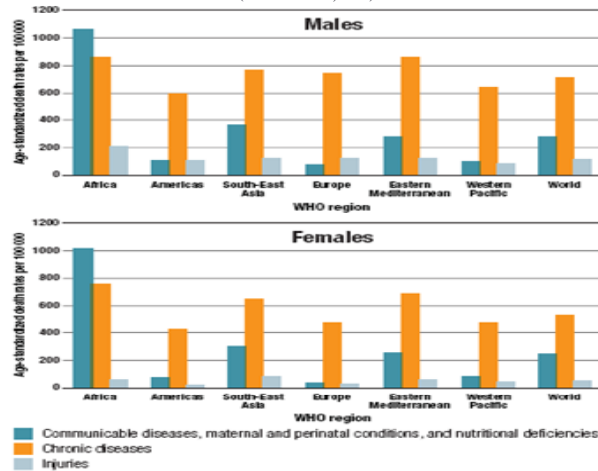
(Source: WHO, 2006)

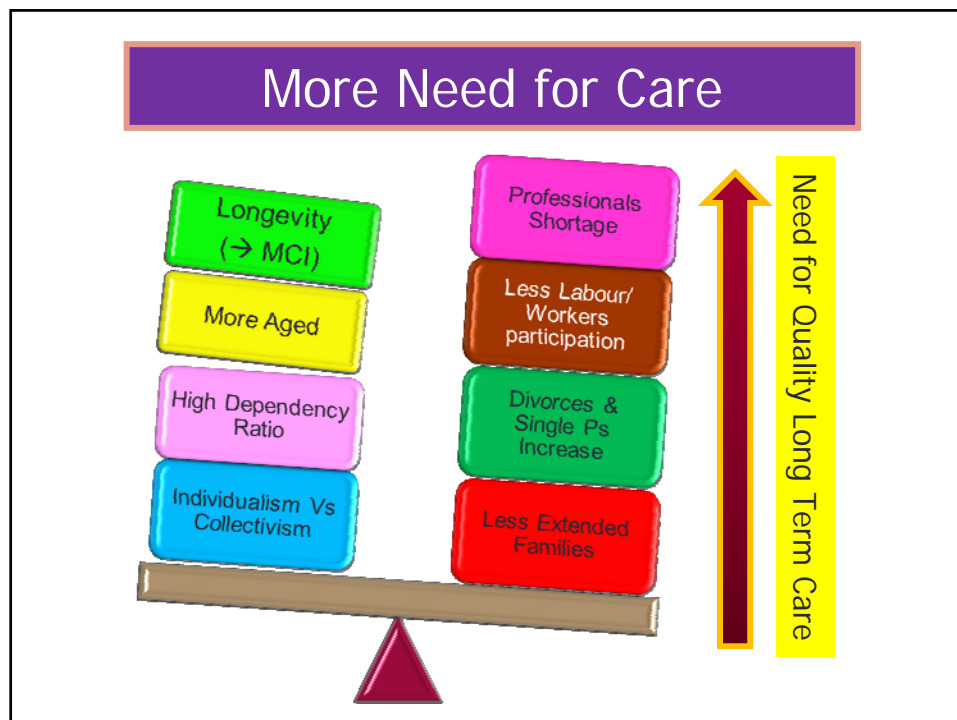
MORTALITY - ADULTS AGED 60+		
Rank	Cause	Deaths (000)
1	Ischaemic heart disease	5825
2	Cerebrovascular disease	4689
3	Chronic obstructive pulmonary disease	2399
4	Lower respiratory infections	1396
5	Trachea, bronchus, lung cancers	928
6	Diabetes mellitus	754
7	Hypertensive heart disease	735
8	Stomach cancer	605
9	Tuberculosis	495
10	Colon and rectum cancers	477

Causes of Death

Projected main causes of death by WHO region (all ages, 2005)

(Source: WHO, 2006)





Ageing in the Asia-Pacific Region: some special features

- The ageing in developing countries of the Asia-Pacific Region goes much faster than that in most developed European countries and US (80 – 150 years to rise from 7% to 14%)
 - The older population in China is expected to increase from 10% to 20% from 2000 to 2027
 - The population aged 60 or above Hong Kong SAR, China, Singapore 15% → 40% from 2006 to 2050
- Growing old before growing rich
- More in number + more oldest old → more older persons with MCI (mild Cognitive Impairment)
- More older women: housewives, no protection, may even be evicted when become a widow
- Diversities: rural Vs urban, religions, culture & politics

Social changes leading to individualism

- Agrarian to market economy: collective → individualistic competition
- Working relationships taking over family relationships: clear roles Vs diffused obligations
- We → Me, confidentiality & privacy
- Technology-self integration: survival without others
- Individual-right > collective responsibility
→ So should rely on formal care.....???

The future is patently clear: **SAVE! SAVE!SAVE!**

- Save health – to stay active
- Save money – to stay in comfort
- Save friends – to stay connected
- Shall focus on health →

In search for a model of healthcare

- Life span perspective on ageing: be prepared for healthy ageing – physical & psychosocial aspects
- Frail People: LTC – health and social care
- Able people: good health, security for daily living and social participation (WHO's active ageing framework)
- Partly self responsible but mostly a public responsibility to upkeep nation's health
- **Health care provision/system relates to socio-economic conditions**
e.g. universal health provision relates closely with nation's health
→ compromised model in less developed/wealthy countries:
Public/subsidized provision constituting a basic health-care net for the most needed and the destitute i.e. some sort of means tested mechanism in place.

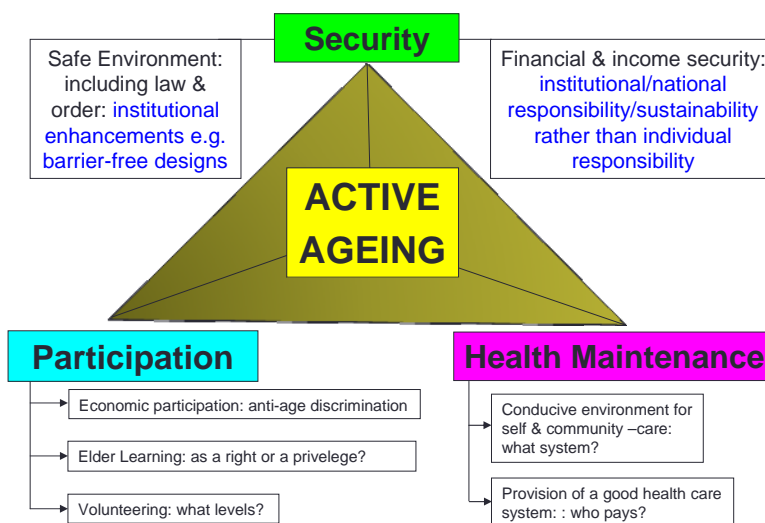
Strategies and interventions recommended by the Madrid International Plan for Action on Ageing (MIPAA) → the Shanghai Implementation Strategies (SIS)

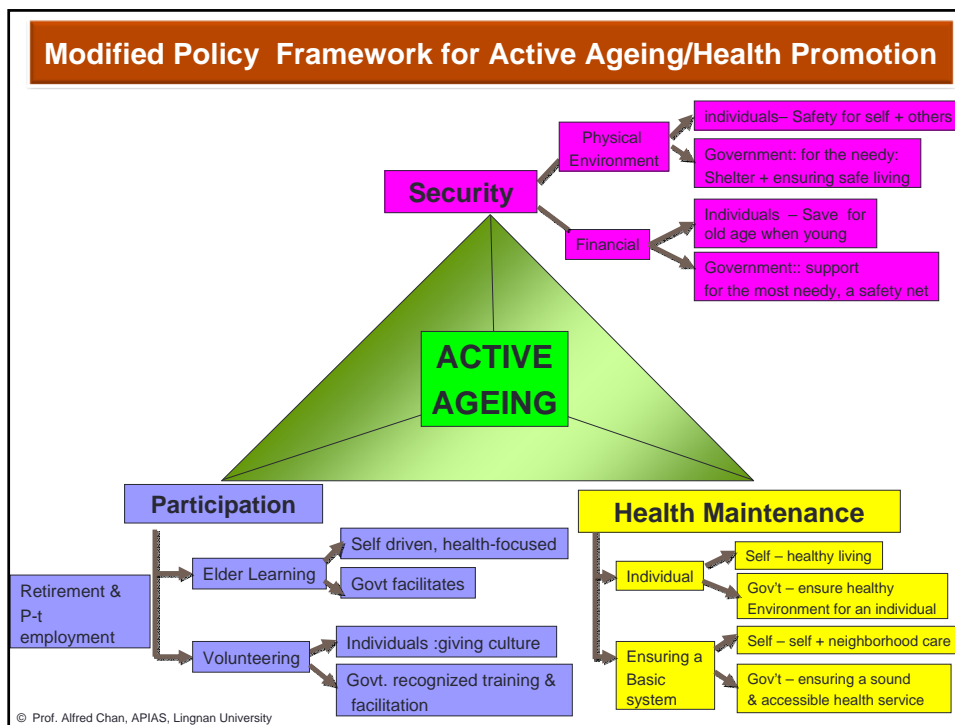
1. Promotion of healthy lifestyles and active ageing
2. Promotion of self-reliance & share of responsibilities
3. Affordable, accessible and age-friendly health and social care services for the most –in-need
4. Health promotion & bottom-up participation
5. Treatment of chronic diseases
6. Training programmes for care-givers: all ages
7. Provision of care within communities: family as main, neighbours/community as support, institutions as backups
→ more congruent in policy direction

S.I.S. 2002 (4 areas & 21 domains)

Ageing & Development	Health & Well-being	Enabling supportive Environments	Implementation & Monitoring (National Capacity)
1. The challenges & mainstreaming ageing	1. Life course perspective on ageing	1. Older Persons & the families	1. National Mechanisms
2. Protection & security	2. Quality of life at all ages	2. Social services & communities support	2. Cooperation: Government, NGOS' & other sectors
3. Poverty	3. Quality health & Long-term Care	3. Housing & Living environment	3. Regional & inter-government cooperation
4. Integration & participation	4. Health care financing	4. Non-discrimination	4. Research
5. Positive image		5. caregivers	
6. Employability & workability		6. Older consumers	
7. The concerns of older women			

Policy Framework for Active Ageing (WHO) an international benchmark for research agenda





New orientations to longevity: Health Expectancy

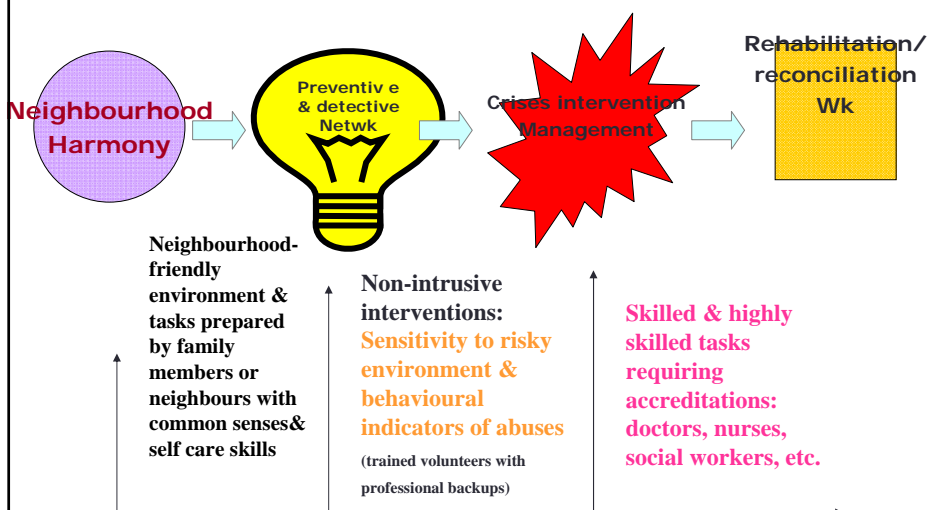
Table 1. Comparison of life expectancy and health expectancy in Asian countries (Source: Robine & Romieu, 1998)

Country	Male		Female	
	Life Expectancy (at age of 65)	Active Life Expectancy (at age of 65)	Life Expectancy (at age of 65)	Active Life Expectancy (at age of 65)
Japan	16.22	13.84	20.03	15.91
Thailand	12.95	12.10	15.58	13.89
Philippines	13.61	11.62	13.69	11.57
Indonesia	11.62	10.86	12.87	11.34
Malaysia	11.30	10.49	13.20	12.13
China	12.50	8.90	14.60	9.90
Republic of Korea	10.65	8.01	14.84	10.66

New orientations to LTC Training of care givers: The QF

- Family, neighbours and volunteers
- From informal to formal
- Continuing serving
- Recognising & matching of care-needs
- Allowing voluntary/paid work
- Good entries/exits for young workers
- All university students involved: Service-Learning

Needs-skills well matched: **don't work alone, ask for assistance**



Progressive Structure 1-7

Level	Qualifications	Definitions
7	Fellowship (FCGI)	The highest level of technological and managerial experience
6	Membership (MCGI)	At the level of Master's degree
5	Graduateship (GCGI) Associateship (ACGI), NVQ5	At the level of first degree
4	Licentiatehip (LCGI) / NVQ 4 Full Technological Diploma Full Technological Cert Advanced Technician Diploma	Demands specialist or technical expertise and the ability to undertake professional work, at the level of Master Craftsman in Europe
3	Technician Diploma,(IVQ) NVQ 3	Denotes skilled work of a complex nature and the ability to undertake a supervisory role
2	Technician Certificate (IVQ) NVQ 2	Recognises competence in a more demanding range of activities which require a degree of individual responsibility
1	Vocational Certificate (IVQ) NVQ 1	Indicates the ability to perform basic or routine activities, provide the broad foundation for progression