

Note to Editors

For Immediate Release

2 September 2008

## **Can we avoid spending the last part of our lives in old age homes?**

Elderly with chronic disabling illness such as stroke, chronic lung and heart disease, or dementia living at home depend on family carers. Currently there is a long waiting list for government subvented old age home (OAH) places, although for all types of OAH overall there are vacancies. The total number of places for residential care homes for the elderly in 2008 are 23,969 in the subsidised sector and 48,886 in the private sector. What are the factors from the elder's and the carer's perspective predisposing to choice of care in OAH rather than remaining at home? Does knowledge or usage of community services affect this choice?

As part of "CADENZA: A Jockey Club Initiative for Seniors", a five-year project initiated by The Hong Kong Jockey Club Charities Trust, in collaboration with the Faculty of Medicine of The Chinese University of Hong Kong and the Faculty of Social Sciences of The University of Hong Kong, a survey was conducted to address these questions. From June 2007 to March 2008, 707 elderly people requiring care from others living at home and 705 carers in New Territories East and Hong Kong Island West regions of Hong Kong were successfully interviewed. For the purpose of this study, preference for residential care was defined as having applied OAH or planning to apply OAH in the coming year. Subjects living in residential setting, without any impairment in functional status, or having communication problems were excluded.

Results showed that education level, income and knowledge of community services of the elderly (or the care-recipient) and the carers were not significantly associated with preference for residential care. However, higher age of the elderly or the carer, and care-recipient being a male were significantly associated with greater preference for residential care. In addition, **from the elder's perspective, those with impaired functional status, depression, and more usage of community services were found to have greater preference for residential care. From the carer's perspective, those with greater carer burden, or whose care-recipients with impaired functional status, dementia, and more usage of community services, were found to have greater preference for residential care.**



Community care could be further strengthened by placing it in the context of an integrated primary care model for the elderly, underpinned by comprehensive geriatric assessment followed by individualized case management covering physical, psychological, functional and social needs. However, these initiatives may or may not affect the magnitude of demand for OAH places. Long term residential care placement needs are projected to increase if there is an increase in disability and chronic disease prevalence together with declining mortality rate in our aging population.

### ***Recommendations***

1. The structure and staffing of new OAH should be designed to cater for the more dependent residents.
2. Development of a primary care model orientated to the needs of elderly people with multiple physical and/or psychological problems based in community centres may address these needs in the following ways:
  - ✓ Geriatricians can play an important role in providing comprehensive geriatric assessment as a basis for case management, to ensure optimization of physical and cognitive function.
  - ✓ Evidence-based supportive community services for dementia that would retard decline or facilitate the caring process could be developed and carried out at such centres.
  - ✓ Psychosocial support could also be provided at such centres.
  - ✓ Carer burden could be reduced by psychosocial interventions, such as educational and supportive groups.
  - ✓ Such a model is being developed as part of the CADENZA project.

## **About CADENZA: A Jockey Club Initiative for Seniors**

CADENZA: A Jockey Club Initiative for Seniors, is a \$380 million and 5-year project initiated and funded by The Hong Kong Jockey Club Charities Trust, in light of a rapidly ageing population.. Faculty of Social Sciences, The University of Hong Kong and Faculty of Medicine, The Chinese University of Hong Kong are the project partners. It aims at creating an elder friendly community which fosters positive community attitude towards older people and continuously improves the quality of care and quality of life for Hong Kong's elderly

CADENZA is an acronym for “Celebrate their Accomplishments: Discover their Efferverscence and Never-ending Zest as they Age.” In classical music, a 'Cadenza' is an extended virtuosic section, usually near the end of a movement in a concerto. The word is used here in a figurative context to describe the apex of one's life and the celebration of a lifetime's accomplishments.

CADENZA has 6 major project components:

1. **Community Projects** are innovative and sustainable service models to cope with changing needs of seniors.
2. **Research Training Workshop** is to nurture academic leadership in social gerontology.
3. **Research** is to advance gerontological knowledge and to evaluate the outcomes of different CADENZA projects.
4. **Public Awareness** seeks to promote positive ageing and highlight important issues pertaining to elderly population, covering 6 major themes: (i) health promotion and maintenance, (ii) health and social services in Hong Kong, (iii) living environment, (iv) financial and legal issues, (v) quality of life and quality of dying, and (vi) age disparities.
5. **Symposium** is to provide a platform where the overseas and local experts can exchange new insights in the understanding of aging issues.
6. **Training** includes on-line courses, workshops and public seminars to train different levels of professional front-line workers, care givers and the general public.

致新聞編輯  
請即發放

## 我們能否避免在老人院度過晚年？

患有慢性疾病如中風、長期呼吸及心臟病，或癱呆的居家長者均需要依靠護老者的照顧。雖然綜合所有類別的老人院後尚有剩餘宿位，但仍有很多長者輪候政府資助的老人院。截至 2008 年，政府資助的安老院舍的宿位數量為 23,969 個，私營安老院的宿位則有 48,886 個。究竟是甚麼原因導致長者及護老者傾向由院舍照顧多於留在家居？對社區護理的認知或使用情況會否影響他們的選擇？

由香港賽馬會慈善信託基金主導，與香港中文大學醫學院及香港大學社會科學學院合作的五年計劃 — 「流金頌：賽馬會長者計劃新里程」，於 2007 年 6 月至 2008 年 3 月期間，成功訪問了新界東及香港西 707 名依靠別人照顧的居家長者及 705 名護老者，以了解他們選擇院舍護理的意願。就是次研究而言，選擇院舍護理的意願定義為已申請入住老人院或計劃在未來一年內遞交申請。已居於院舍、沒有功能受損或有溝通障礙的長者不會獲邀參與調查。

結果顯示，長者（或受助長者）及護老者的教育程度、收入及對社區護理的認知，與其對選擇院舍護理的意願並無顯著關係。相反，長者或護老者的年齡愈大，以及男受助長者，則與較多選擇院舍護理有顯著關係。此外，對長者而言，有功能受損、抑鬱及較多使用社區護理者，有較大機會選擇院舍護理。對護老者而言，有較大護老者負擔，或其照顧的長者有功能受損、癱呆及較多使用社區護理，亦有較大機會選擇院舍護理。

事實上，要進一步加強社區護理，可因應長者的身體、心理、功能及社交需要進行老人整全健康評估，制訂以個案管理為本的綜合基礎護理模式。然而，這些行動並不一定能改變公眾對院舍宿位的需求。現時人口正在老化，如果有更多功能障礙及長期疾病的長者，加上死亡率下降，預計對長期護理院舍宿位的需求將會上升。



**建議：**

1. 需注意安老院舍的規劃及人員配備，以便照顧依賴性較高的長者
2. 以社區中心為基礎，透過以下方法，發展照顧長者多種生理及/或心理問題的基本護理模式：
  - ✓ 老人科醫生在提供以老人整全健康評估為基礎的個案管理中扮演重要的角色，並確保長者能保持最佳身體狀況及認知功能。
  - ✓ 對於可延緩癡呆病情惡化或改善護理的實證為本的社區支援服務，應加以發展及在社區中心推行。
  - ✓ 在社區中心提供社會心理健康支援服務。
  - ✓ 透過心理社會介入療法，如教育及支援小組，減輕護老者的負擔。
  - ✓ 這項模式將由「流金頌」其中一個項目展開。

二零零八年九月二日

## 「流金頌：賽馬會長者計劃新里程」簡介

「流金頌：賽馬會長者計劃新里程」是一項由香港賽馬會慈善信託基金有見於人口老化為社會帶來的種種挑戰，主動與本地及國際知名的老人學專家研究和合作，並捐款 3.8 億港元，與香港大學社會科學學院和香港中文大學醫學院合作推行的長者計劃。計劃為期五年，主要目的為推動社會對長者的正面態度，改善香港老人的照顧，和提升長者的生活質素。

計劃的英文名 CADENZA 取自 “Celebrate their Accomplishments; Discover their Effervescence and Never-ending Zest as they Age” 之英文縮寫。同時，CADENZA 一詞亦解作協奏曲中由演奏者以超卓技藝演奏出的華彩段，而此段樂章往往出現於協奏曲中的最後部份。本計劃以此命名，中文譯作「流金頌」，寓意步入晚年正是積累成就，踏進人生高峰，奏出生命華彩讚歌的階段。

「流金頌」由六個項目組成：

- (1) **社區計劃**展示創新及可持續之服務模式，以配合轉變中的長者需要。
- (2) **科研培訓工作坊**是要培育社會老年學的學者。
- (3) **科研計劃**旨在促進老年學的知識，並評估「流金頌」中各個項目的成效。
- (4) **公眾認知計劃**旨在推廣正面的晚年生活，帶出與老年人口有關的六個重點課題：(一) 推廣及維持長者健康；(二) 香港的醫療和社會服務；(三) 長者生活環境；(四) 財政及法律事務；(五) 生活質素及臨終質素；(六) 年齡差異。
- (5) **研討會**提供了一個平台，讓本地和海外專家交流他們對人口老化的新見解。
- (6) **培訓**包括一系列的網上課程、工作坊和專題討論會，為不同層面的專業及前線工作人員、護老者和市民大眾提供訓練。