

Hong Kong Smart Ageing Survey: Analytical Report



GOLDEN AGE FOUNDATION
黃金時代基金會

INTRODUCTION

Golden Age Foundation (GAF) is a non-profit organization formed by a group of social entrepreneurs and professionals.

Vision:

- To build smart ageing cities in Asia.

Mission:

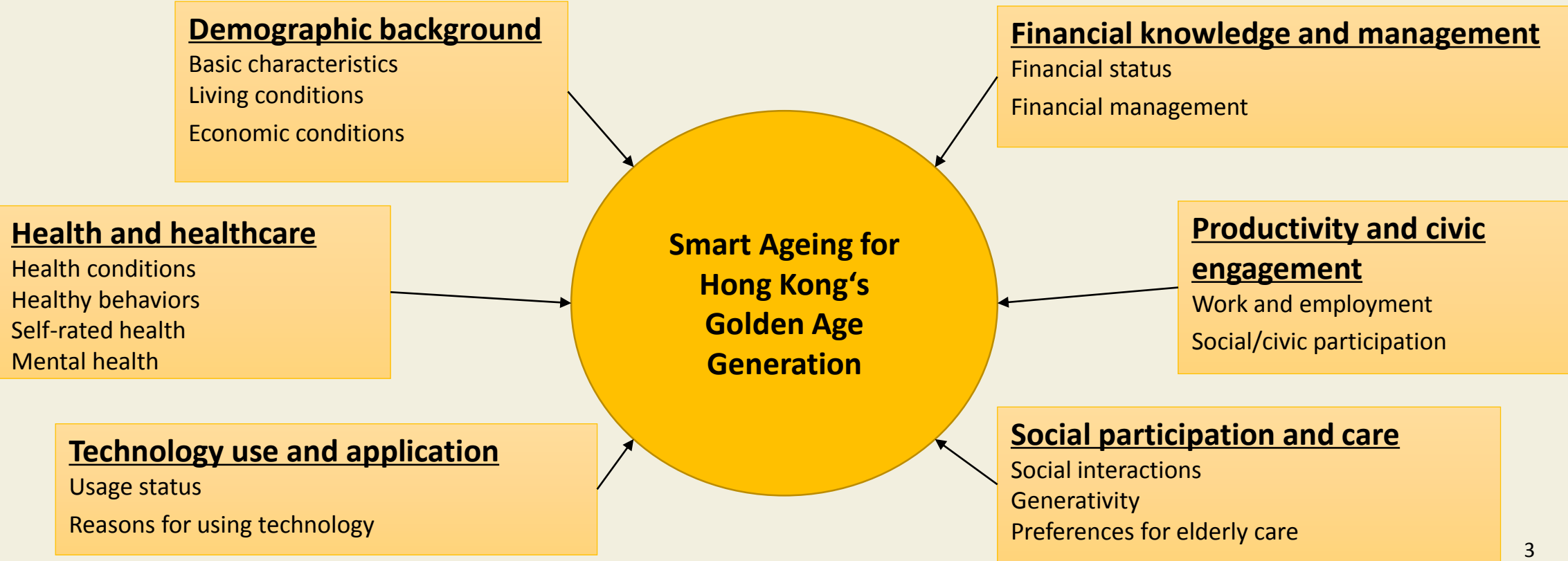
- Empower the Golden Age population aged 45+ to lead fruitful, healthy and quality lives.
- Develop the Golden Age economy.
- Build a cross-sector and cross-generational platform for collaboration and innovation.

INTRODUCTION

Hong Kong Smart Ageing Survey

A total of 1,109 golden aged people (aged 45 and older) participated in an online survey to express their views on six dimensions of smart ageing: demographic background, financial knowledge and management, health and healthcare, productive and civic engagement, technology use and application, and social participation and care.

The survey aimed to understand the circumstances of smart ageing in Hong Kong with a view of facilitating discussions about the development of smart-ageing cities.



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- 1. Demographic characteristics**
- 2. Financial knowledge and management**
- 3. Health and healthcare**
- 4. Productivity and civic engagement**
- 5. Technology use and application**
- 6. Social participation and care**
- 7. Conclusions and recommendations**

1. Demographic characteristics

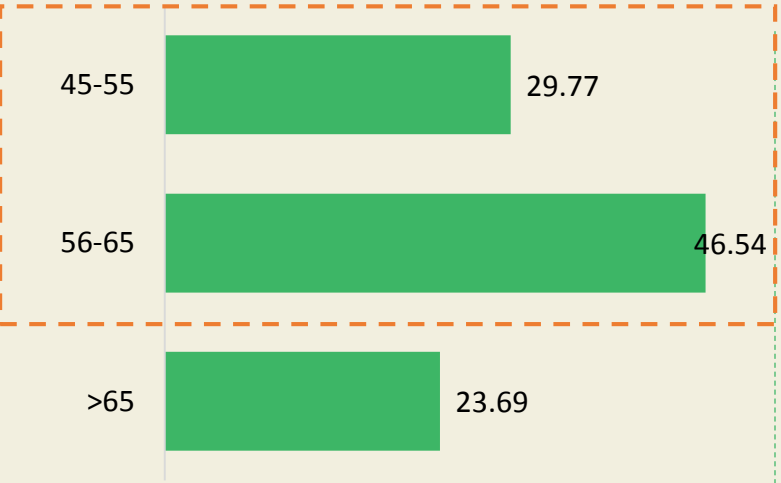


Figure 1.11 Age groups (%); N = 1,085

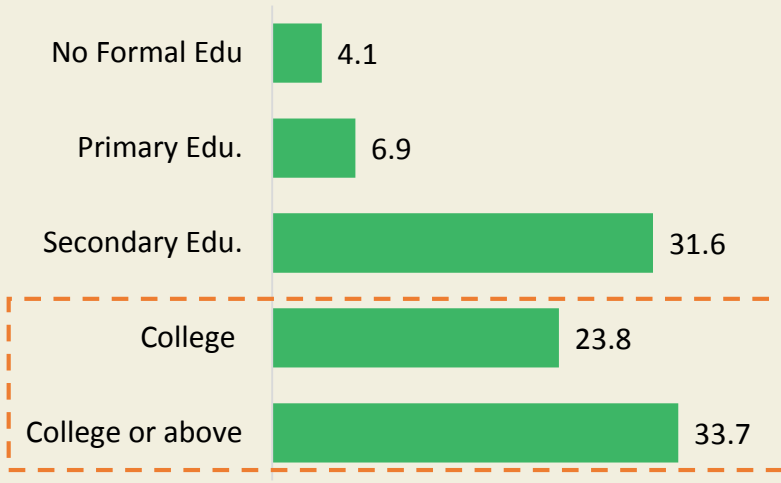


Figure 1.12 Education level (%); N = 1,109

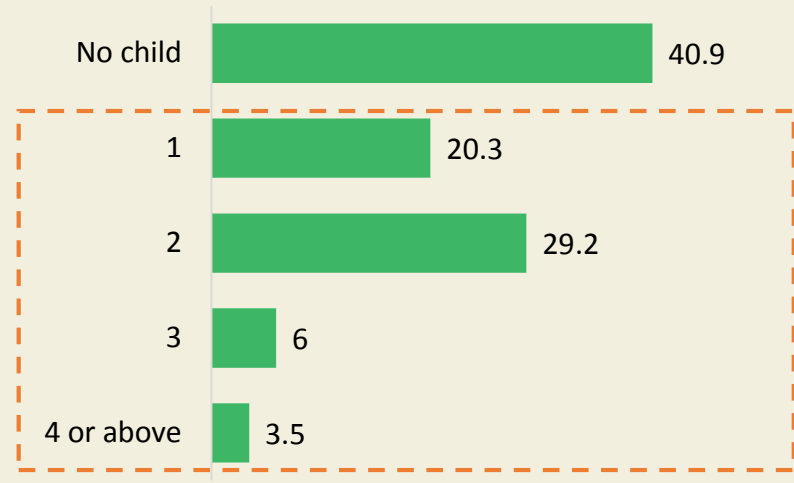


Figure 1.13 Number of children (%); N = 1,109

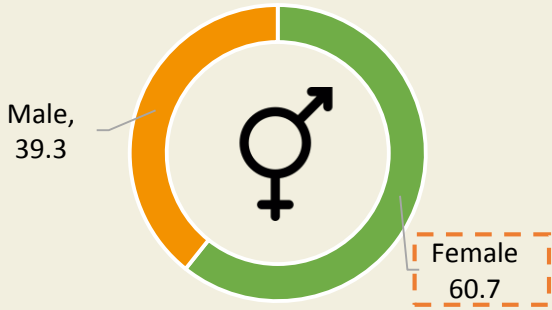


Figure 1.14 Sex (%); N = 1,109

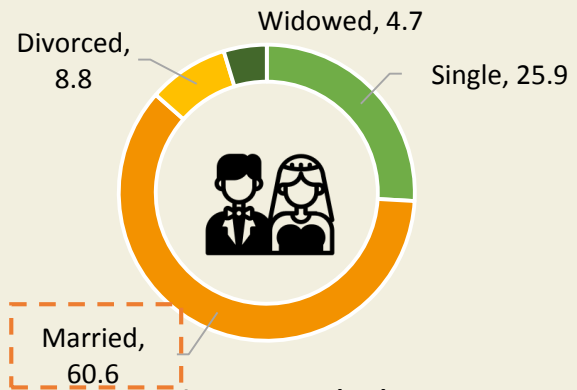


Figure 1.15 Marital status (%); N = 1,109

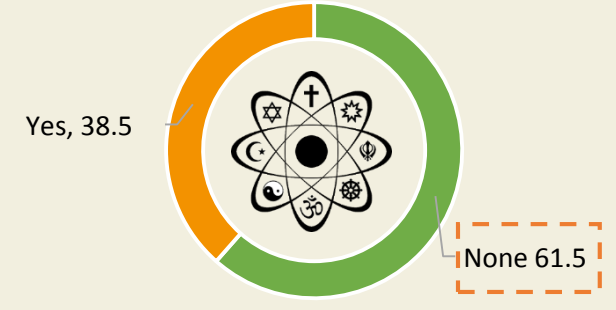


Figure 1.16 Religious beliefs (%); N = 1,109

1. Demographic characteristics

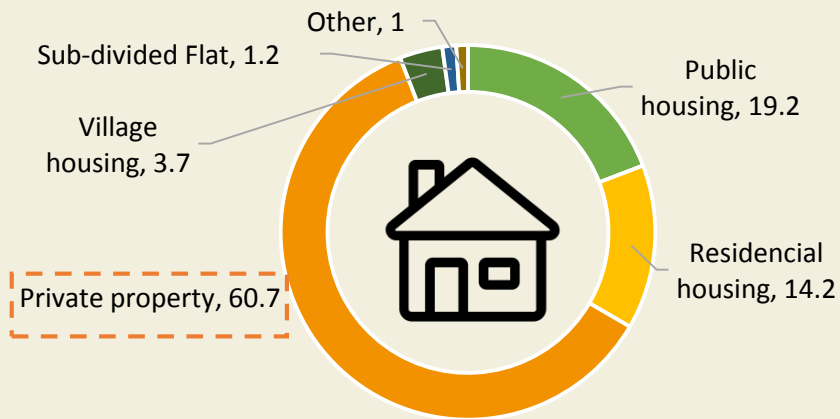


Figure 1.21 Type of residence (%); N = 1,109

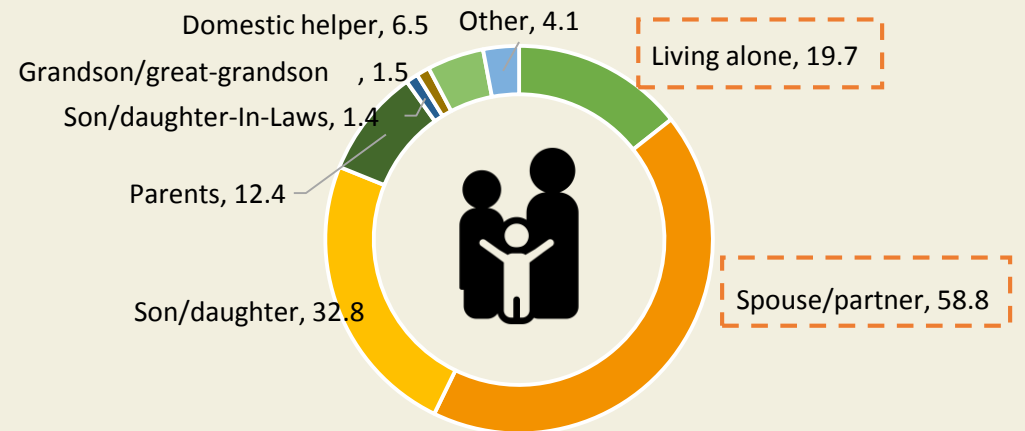


Figure 1.22 Living arrangement (%); N = 1,109

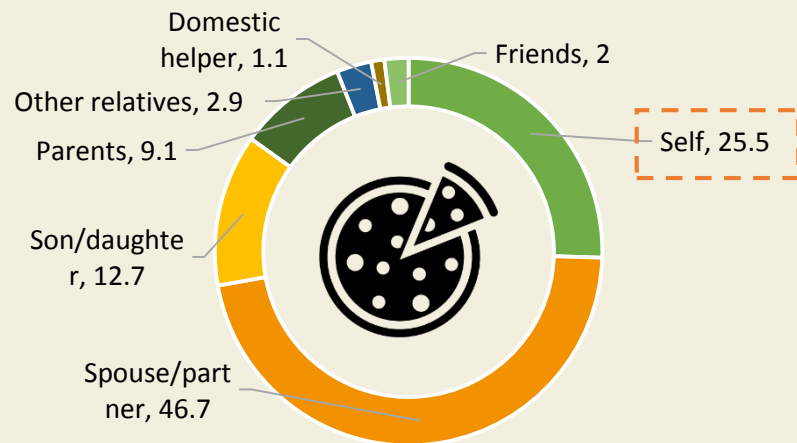


Figure 1.23 Who do you eat with (%); N = 1,109

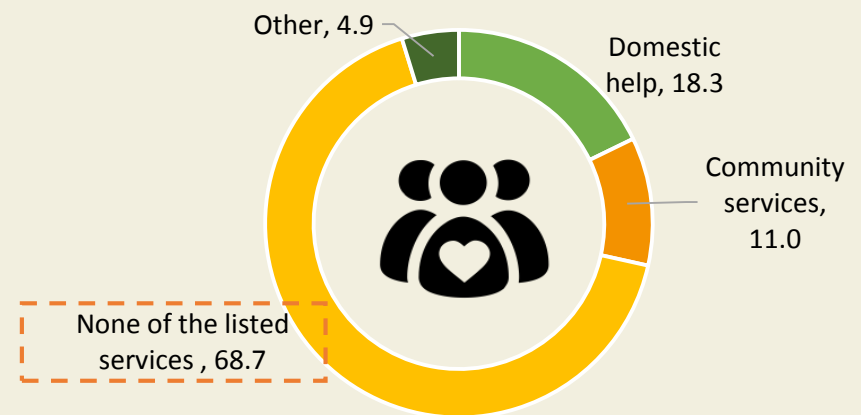


Figure 1.24 Use of services (%); N = 1,109

1. Demographic characteristics

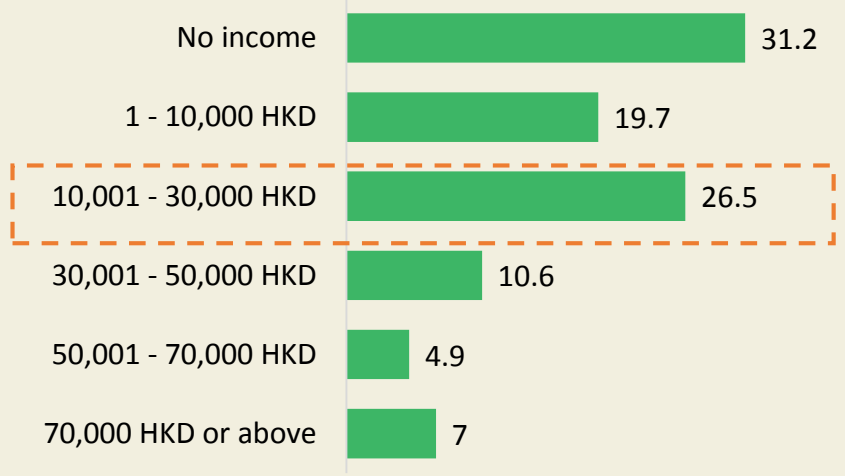


Figure 1.31 Monthly income (%); N = 1,109

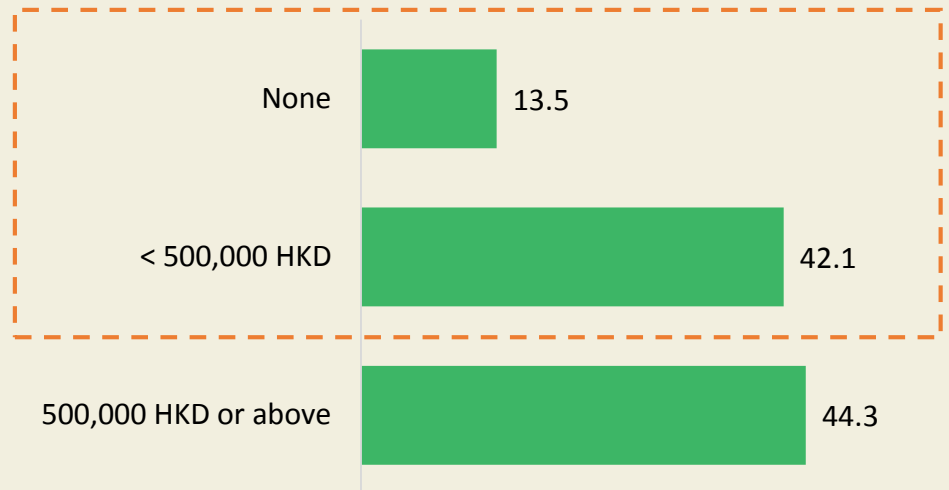


Figure 1.32 Personal liquid assets (%); N = 1,085

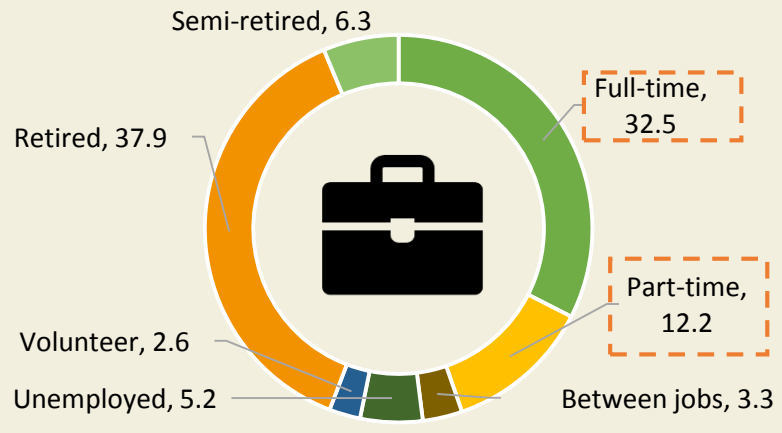


Figure 1.33 Employment status (%); N = 1,109

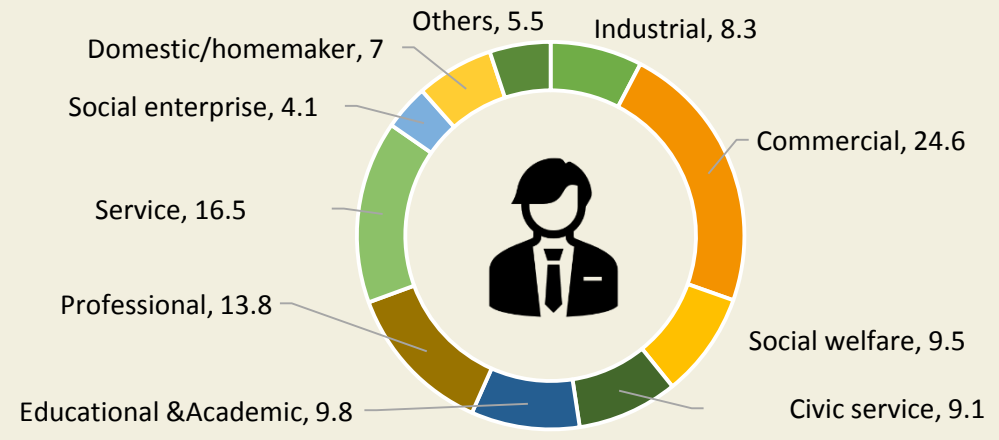


Figure 1.34 Occupational categories (%); N = 1,109; Multiple options

1. Demographic characteristics

1.1 Basic characteristics

- **More than 70% (76.31%)** of the respondents were between the ages of 45 and 65 (Figure 1.11)
- **Approximately 60%** were female (**60.7%**) (Figure 1.14), **60.6%** were married and **59.9%** had at least one child (Figure 1.13; Figure 1.15)
- **More than half (57.5%) of the respondents** had obtained a college degree or above (Figure 1.12)

1.2 Living conditions

- **Six out of ten (60.7%)** lived in a private property.
- In terms of living arrangements, 19.7% of the respondents **lived alone** (Figure 1.21; Figure 1.22)
- **Nearly a quarter (25.5%)** of respondents reported **usually eating alone** (**Figure 1.23**)
- **Nearly 70% (68.7%)** did not use community services nor services such as domestic helpers or hourly workers (Figure 1.24)

1.3 Economic conditions

- Although nearly 70% (68.7%) of the respondents reported having a monthly income, 26.5% of them were only earning between HK\$10,000 to HK\$30,000.
- About 55.6% of the respondents had less than HK\$500,000 in liquid assets, and 13.5% reported having no liquid assets (Figure 1.31; Figure 1.32)
- Nearly half (44.7%) of respondents were either working full-time (32.5%) or part-time (12.2%) (Figure 1.33)

2. Financial knowledge and management

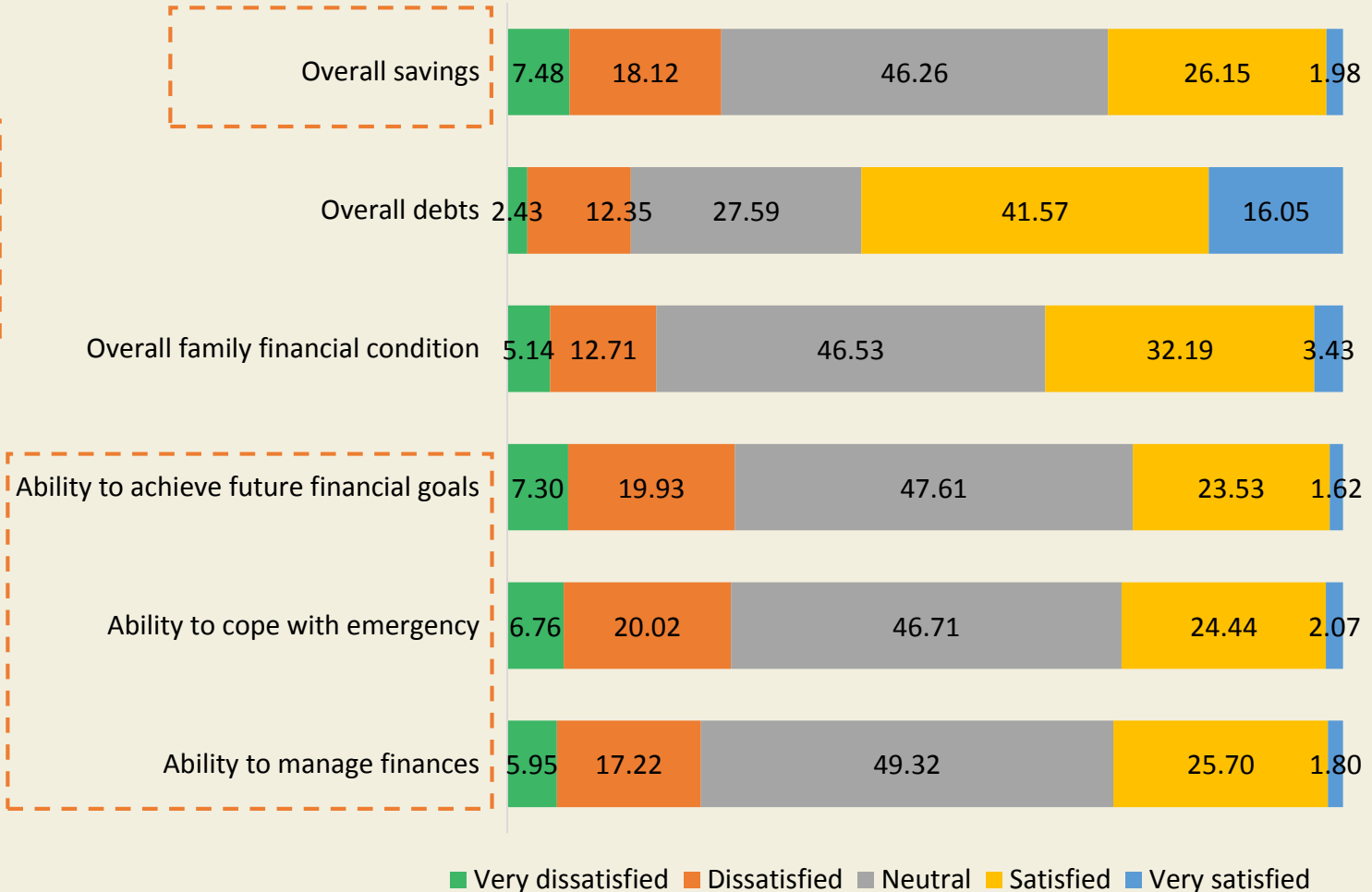
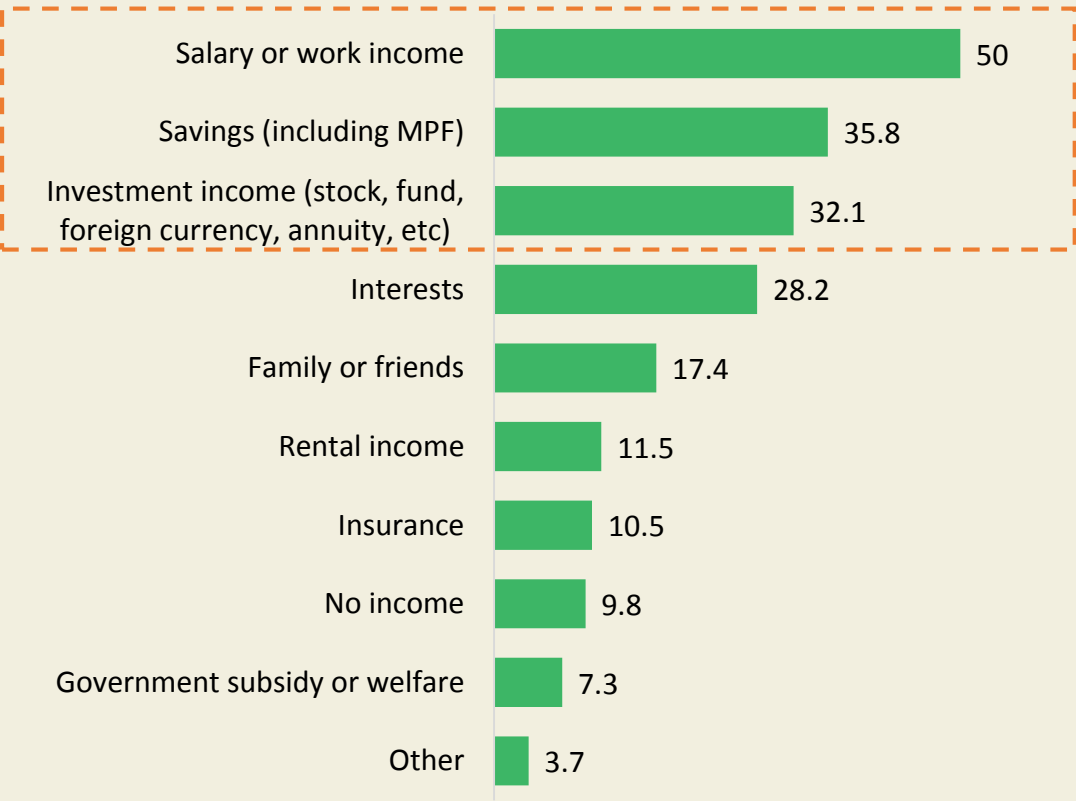
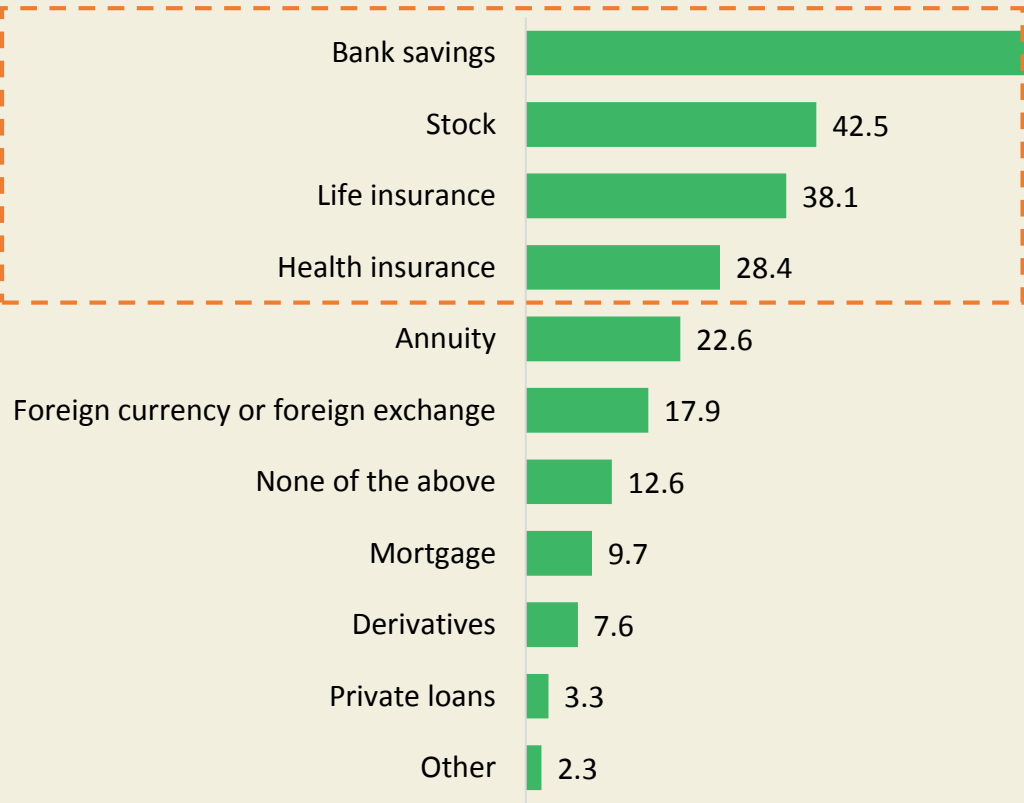


Figure 2.11 Financial sources (%); N = 1,109;
 Note: Participants could select more than one option

Figure 2.12 Financial satisfaction (%); N = 1,109

2. Financial knowledge and management



73 You don't need to borrow money when an accident incurs with additional expenses.

When facing financial challenges, you can find solutions.

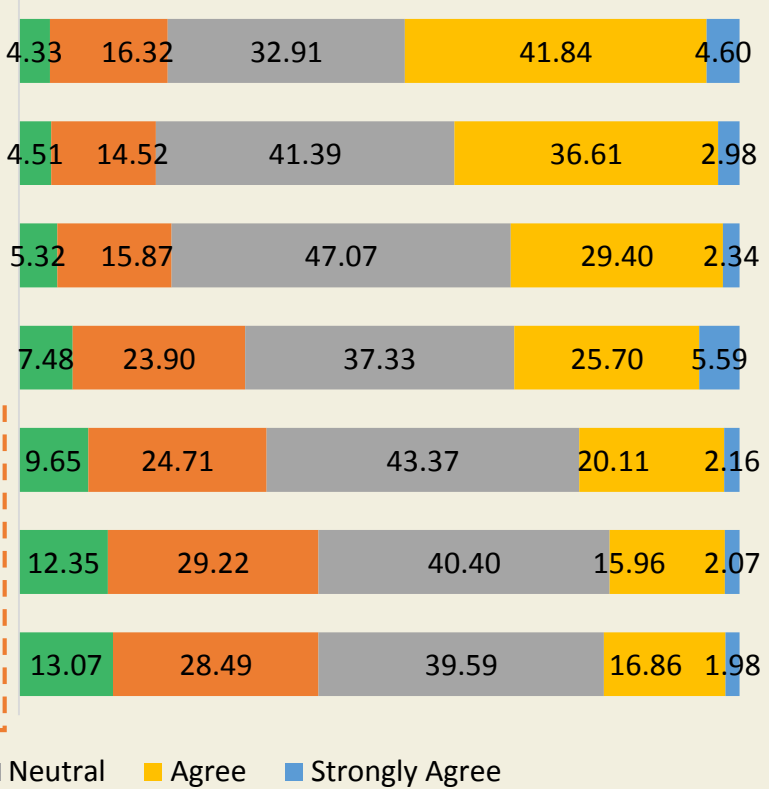
You have confidence in your financial management skills.

You estimate that your current pension or savings may not be sufficient in the future.

You are confident that your current insurance or savings will cover future medical expenses.

You are confident that your current insurance or savings will cover future expenses in long-term care.

You are confident that your current insurance or savings will cover future retirement expenses outside Hong...



Legend: Strongly Disagree (Green), Disagree (Orange), Neutral (Grey), Agree (Yellow), Strongly Agree (Blue)

Figure 2.21 Investment Tools (%); N = 1,109

Figure 2.22 Economic satisfaction (%); N = 1,109

2. Financial knowledge and management

How would you rate your financial knowledge?

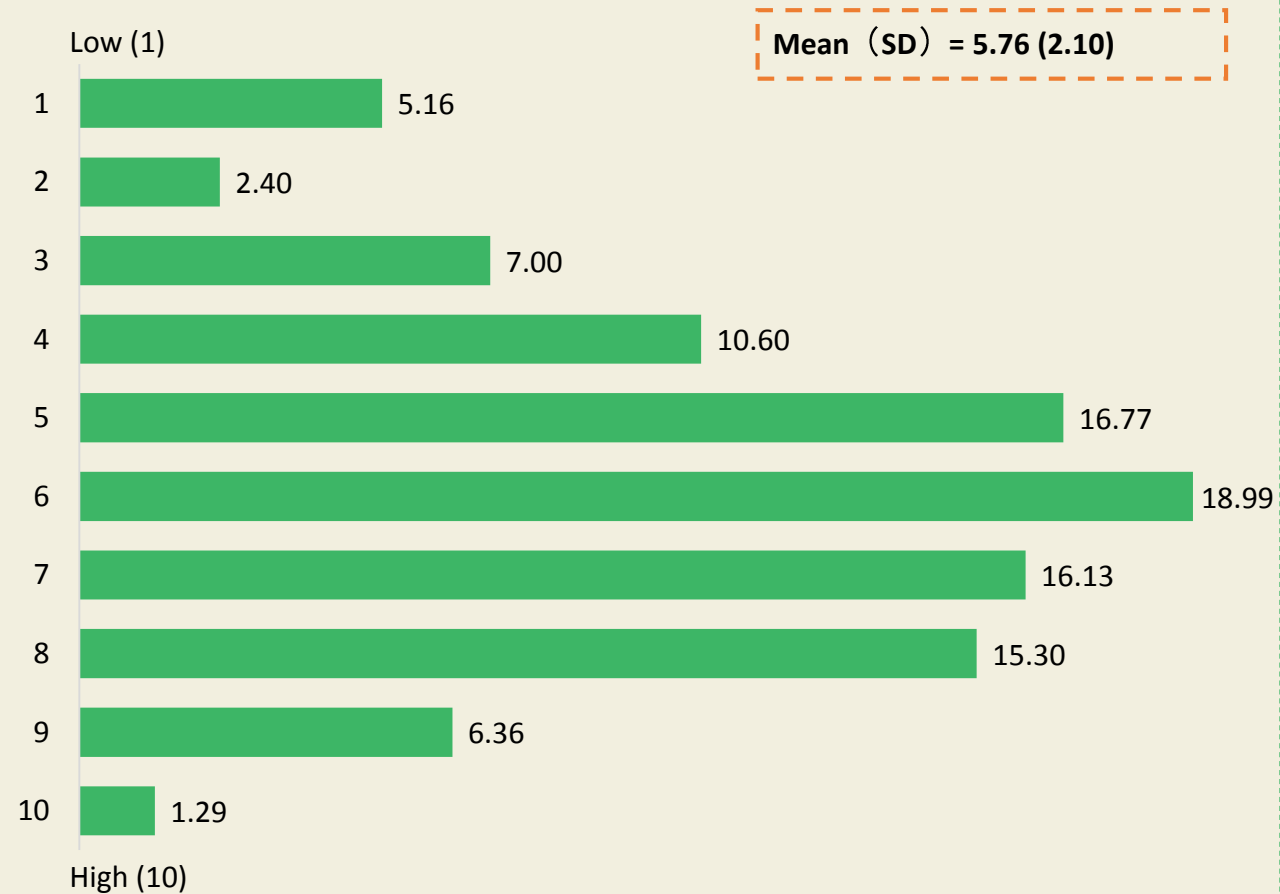


Figure 2.23 Self-rated financial knowledge (%); N = 1,085;

Do you worry about your current or future retirement life?

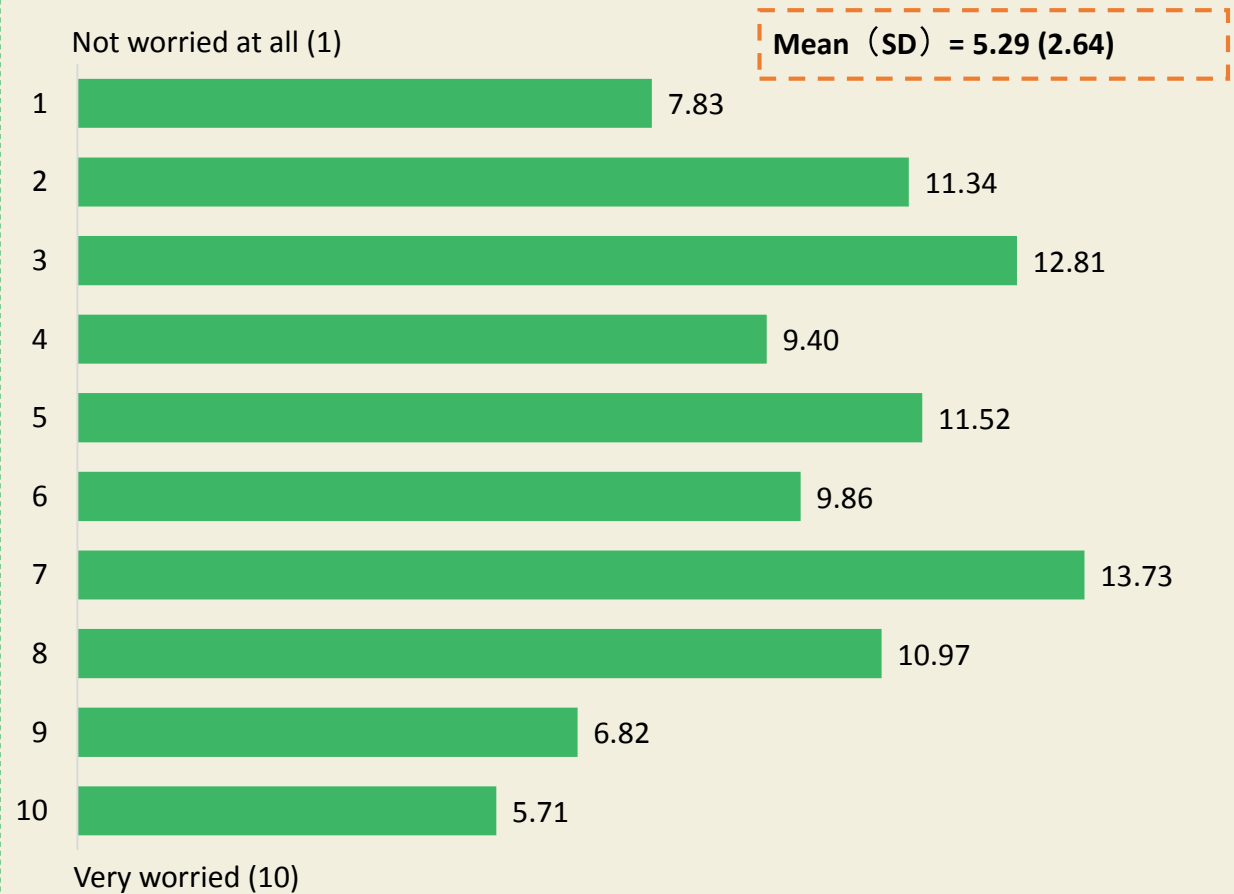


Figure 2.24 Worries about retirement (%); N = 1,085;

2. Financial knowledge and management

2.1 Financial status

- **The three main sources of income** for the respondents aged between 45 and 65 (commonly known as the sandwich generation) were **salary or work income (50%), savings (including Mandatory Provident Fund) (35.8 %) and investment income (stocks, funds, foreign currency, annuity schemes) (32.1%)** (Figure 2.11)
- In terms of financial satisfaction, **approximately 30% were relatively satisfied with their overall financial status**; the remaining 70% rated being either neutral or dissatisfied with their current savings (74.39%), future finance (74.84%), ability to cope with financial crises (73.49%), and their own financial management ability (72.49%)

2.2 Financial management

- The three major investment tools reported were bank savings/deposits (73%), insurance (66.5%) and stocks (42.5%). Insurance includes life insurance (38.1%) and health insurance (28.4%) (Figure 2.21)
- Four out of ten reported that their savings may not meet their financial needs in healthcare (34.36%), long-term care (41.57%) and retirement outside HK (41.56%) (Figure 2.22)
- On a scale of 1 to 10, respondents generally rated their financial knowledge moderately high (Mean: 5.76; SD: 2.10) (Figure 2.23).
- On a scale of 1 to 10, respondents expressed moderate worries about their retirement finances (Mean: 5.29, SD: 2.64) (Figure 2.24)

3. Health and healthcare

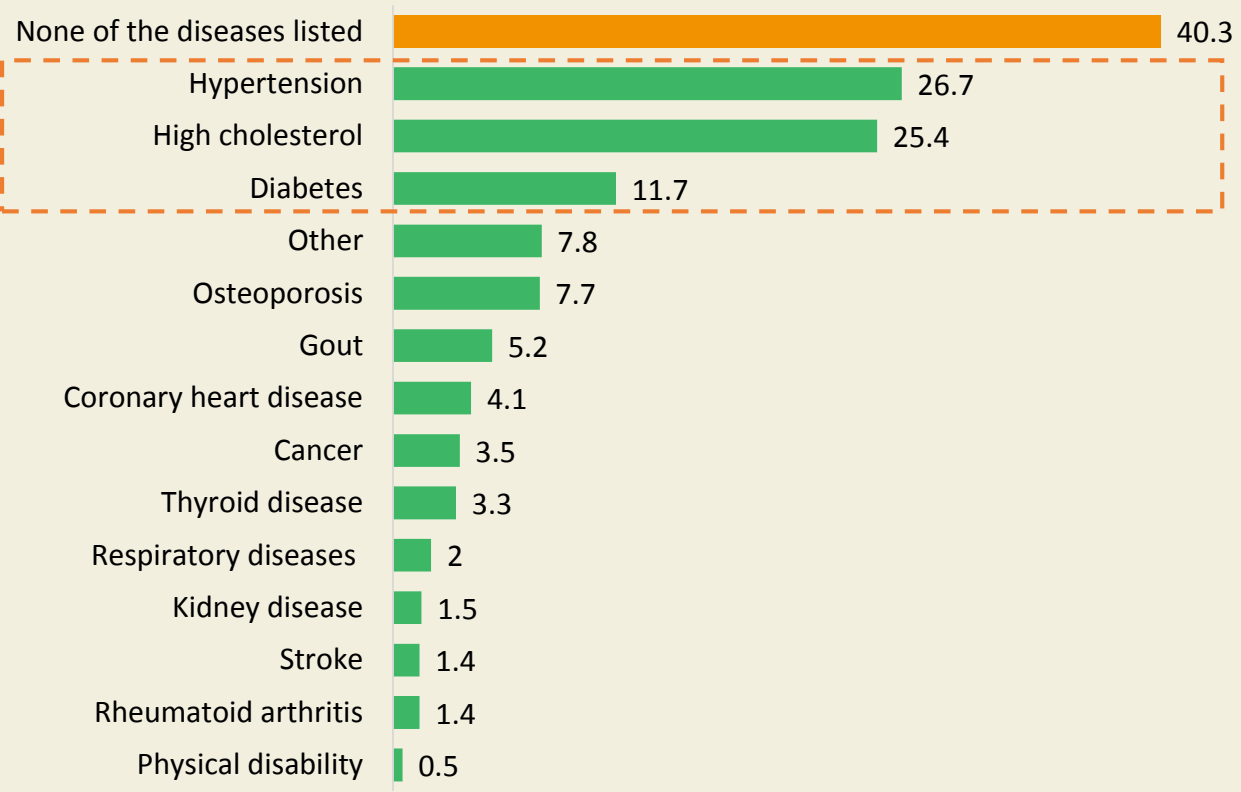


Figure 3.11 Disease types (%); N = 1,109

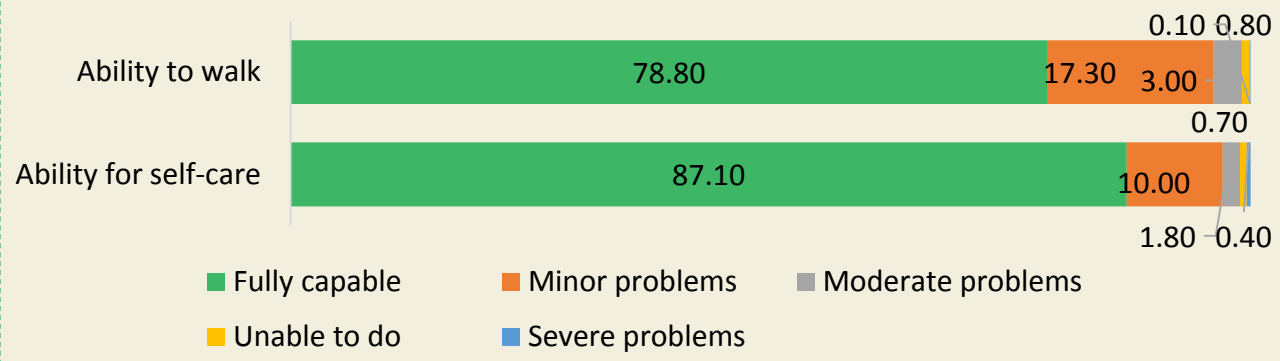


Figure 3.12 Mobility (%); N = 1,109

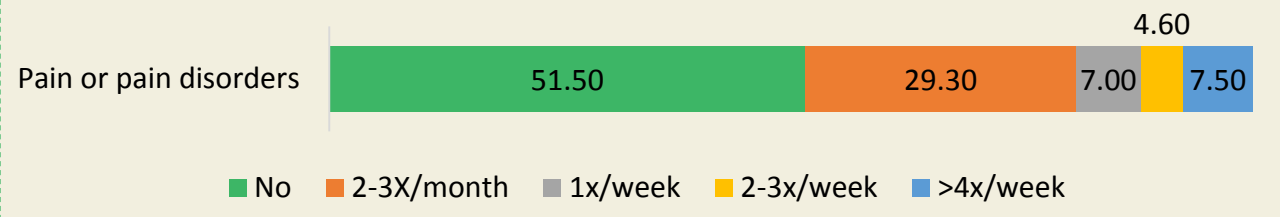


Figure 3.13 Pain or pain disorders (%); N = 1,109

3. Health and healthcare

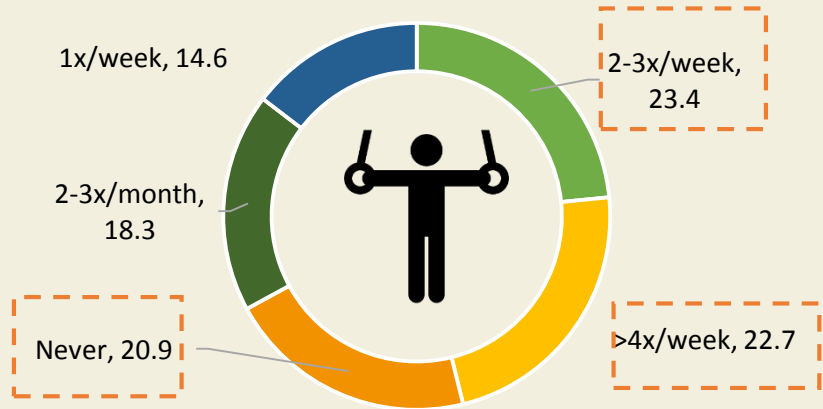


Figure 3.21 Exercises (%); N = 1,109

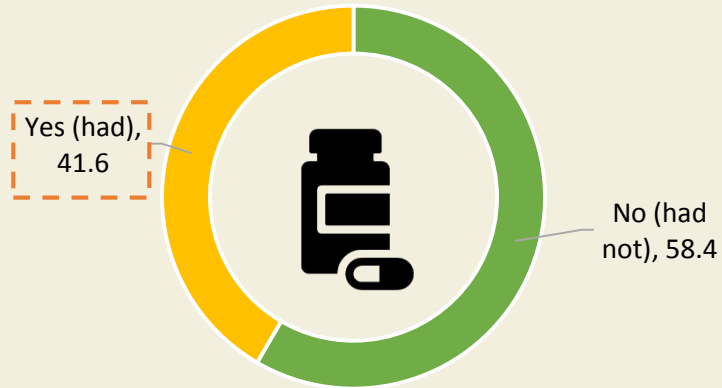


Figure 3.22 Taking health supplements (%); N = 1,109

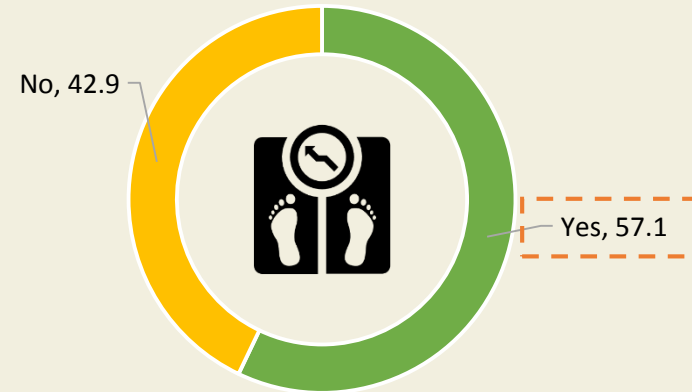


Figure 3.23 Regular health check-ups (%); N = 1,109

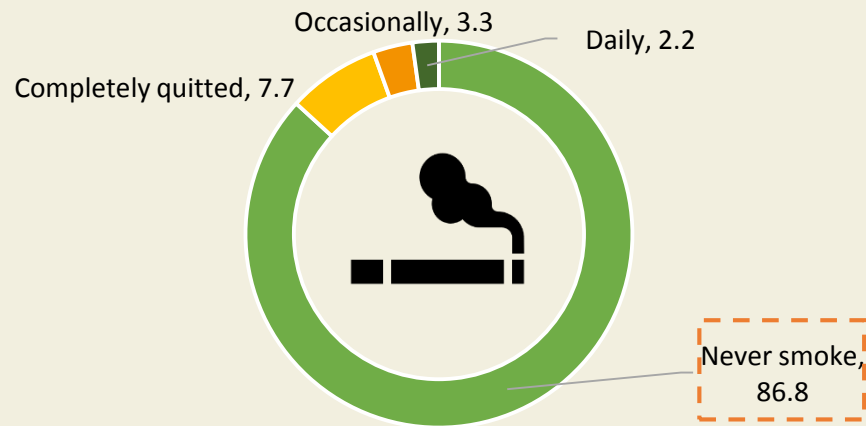


Figure 3.24 Frequency of smoking (%); N = 1,109

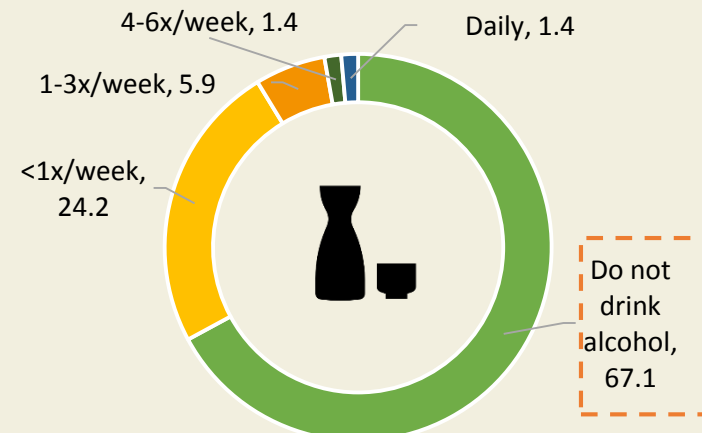


Figure 3.25 Frequency of drinking (%); N = 1,109

3. Health and healthcare

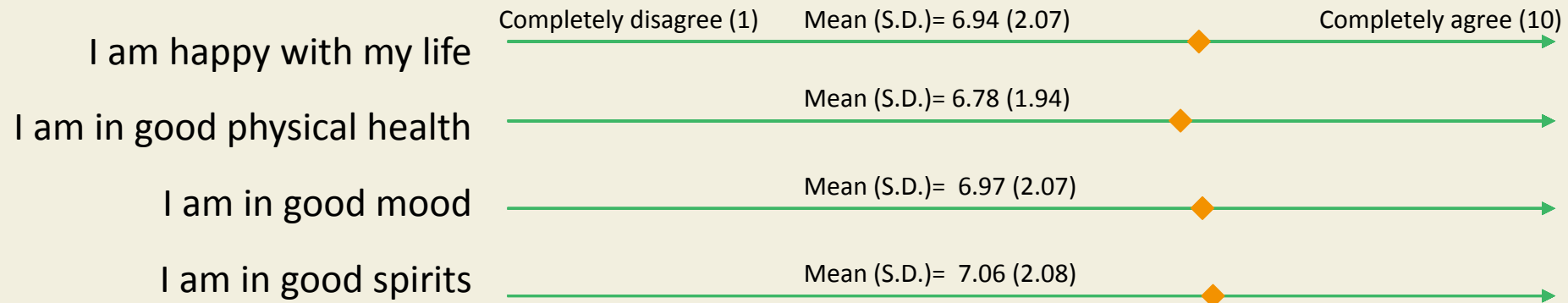


Figure 3.31 Self-rated health (%); N = 1,109

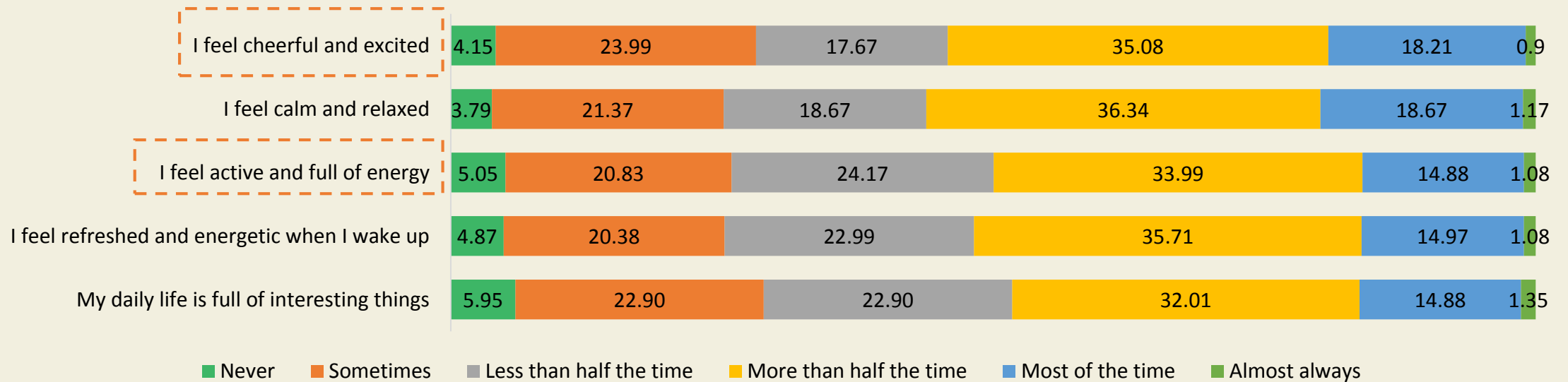


Figure 3.41 Self-rated mental health (%); N = 1,109

3. Health and healthcare

The 10 items of the Centers for Epidemiological Studies Depression Scale (CESD-10) was used to assess the mental health of the respondents.

- The CESD-10 is one of the commonly used tools for assessing depressive symptoms.
- Depressive symptoms includes low mood, worthlessness, helplessness, sleep disorders, and loss of appetite.
- Total scores can range from 0 to 30 [1], and a score ≥ 12 indicates having severe depressive symptoms.
- Over 30% (33.51%) of respondents may be at the risk of depression.
- Further analyses comparing differences in age (45-55, 55-64, 65+) and work status (employment, retirement, other) showed that those aged 45-55 and working respondents were more likely to have severe depressive symptoms, and these results were statistically significant.

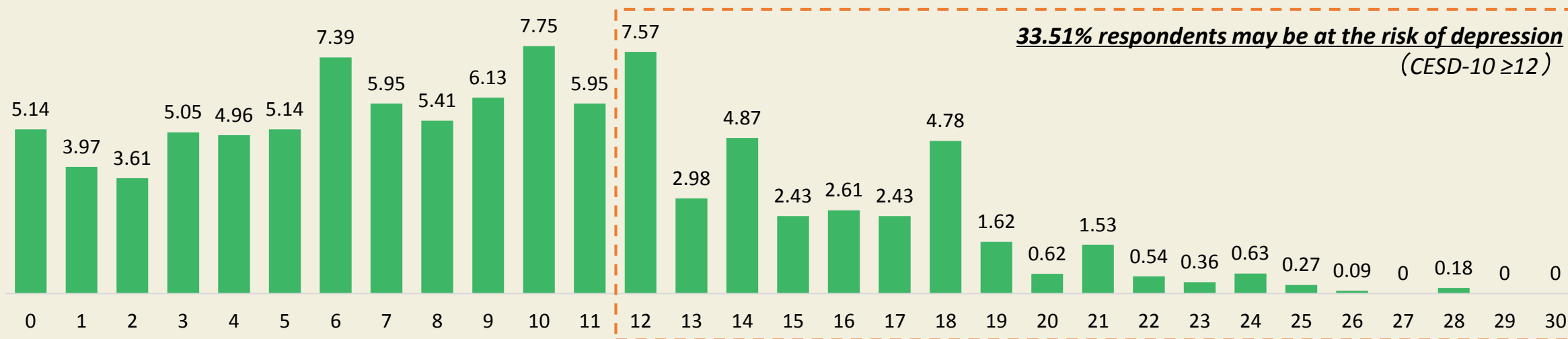


Figure 3.42 CES-D scores (%); N = 1,109

3. Health and healthcare

3.1 Health conditions

- Overall, respondents rated their health to be in good condition. 40.3% reported no major illness
- The top three chronic diseases were high blood pressure (26.7%), high cholesterol (25.4%) and diabetes (11.7%) (Figure 3.11)
- **Nearly 80% (78.8%) reported no mobility limitations, and nearly 90% (87.1%) reported being able to self-care** (Figure 3.12)

3.2 Healthy behavior

- Nearly half (46.1%) of respondents regularly exercised for 30 minutes at least 2-3 times per week, while 20.9% never exercised.
- Nearly 90% (86.8%) were non-smokers, whereas only 70% (67.1%) did not drink alcohol.
- Nearly half (57.1%) of respondents had regular health check-ups, and approximately four in ten (41.6%) reported taking health supplements (Figure 3.21-25)

3.3 Self-rated health

- Self-rated happiness (Mean: 6.94; SD: 2.07), physical health (Mean : 6.78; SD: 1.94), mental health (Mean : 6.97; SD: 2.07) and spiritual health (Mean : 7.06; SD: 2.08) were moderate to high (Figure 3.31)

3.4 Mental health

- Approximately half of respondents reported feeling active or energetic (50.05%) or that they find everyday life interesting (51.55%) **only less than half of the time** (Figure 3.41)
- The results of CESD-10 showed that **about one third of respondents were at the risk of depression** (Figure 3.42)

4. Productivity and civic engagement

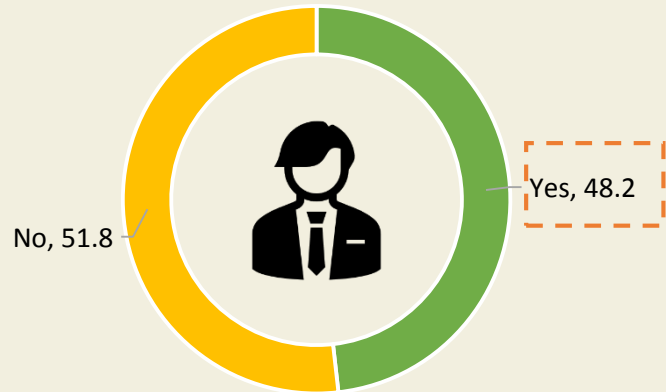


Figure 4.11 Working for pay in the past 30 days (%); N = 1,109



Figure 4.12 Looking for re-employment (%); N = 1,109

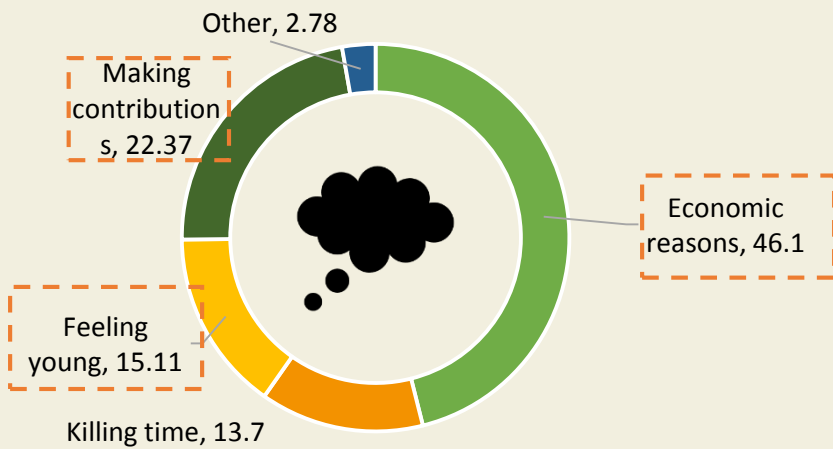


Figure 4.13 Reasons to continue working (%); N = 1,109

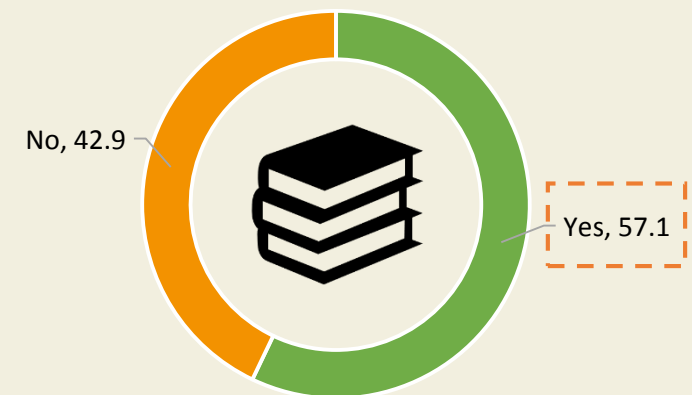


Figure 4.14 Lifelong learning (%); N = 1,109

4. Productivity and civic engagement

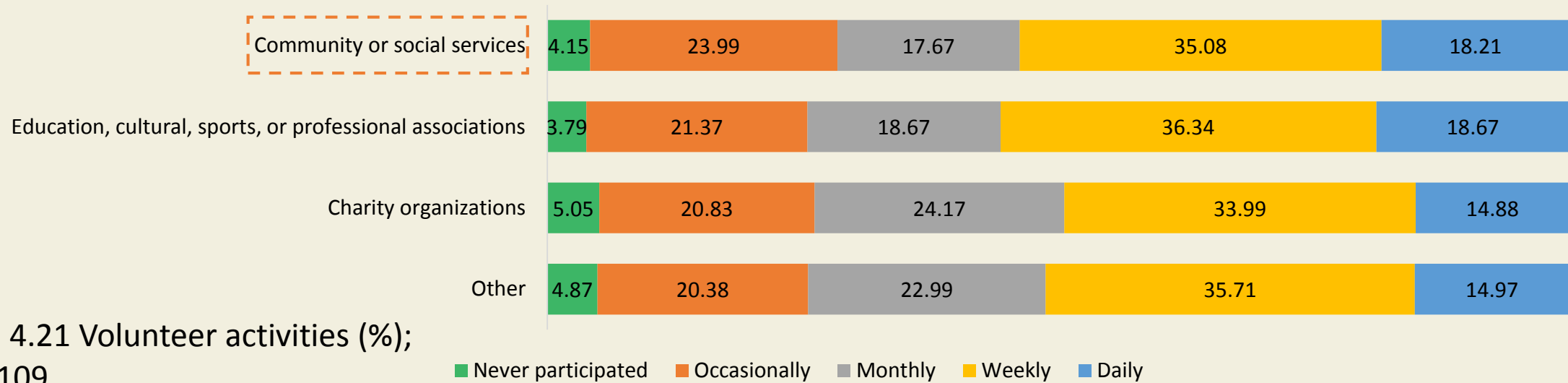


Figure 4.21 Volunteer activities (%);
N = 1,109

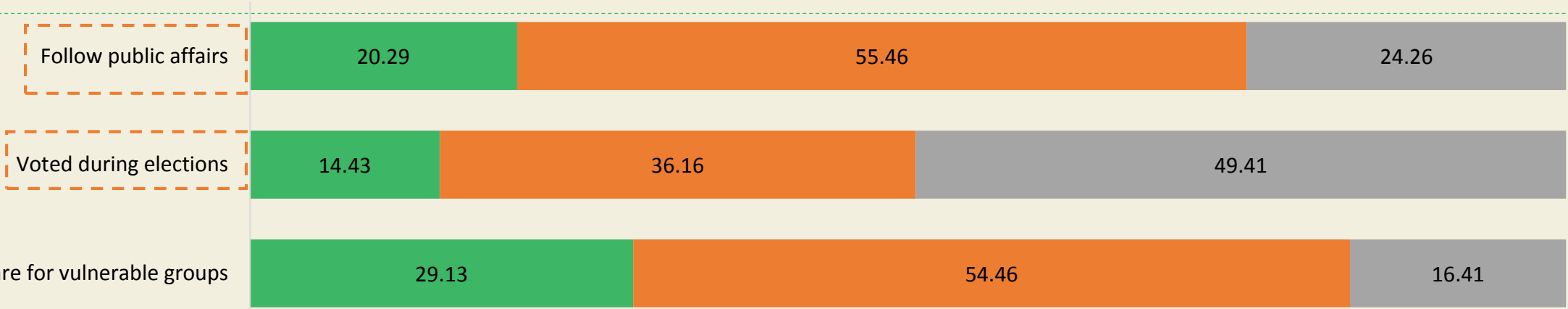


Figure 4.22 Participation in public affairs (%);
N = 1,109

4. Productivity and civic engagement

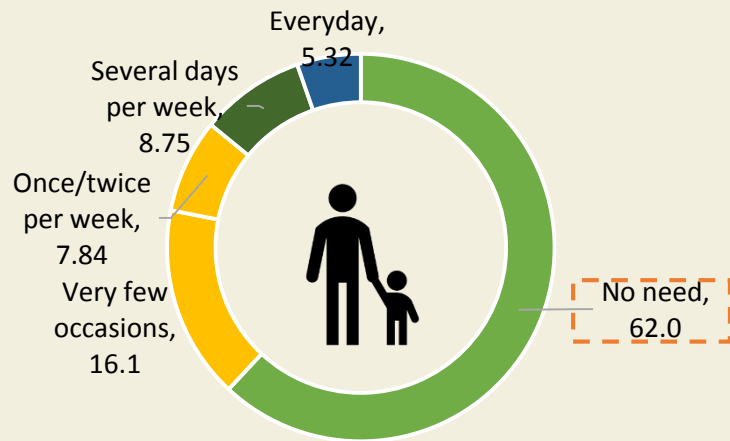


Figure 4.31 Providing care to children (%); N = 1,109

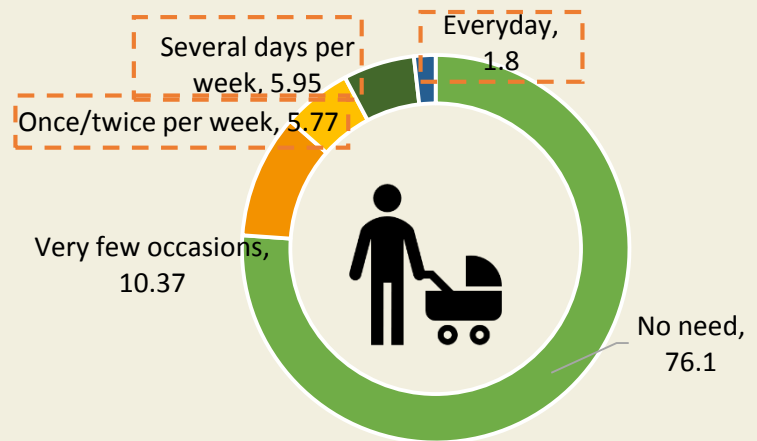


Figure 4.32 Providing care to grandchildren (%); N = 1,109

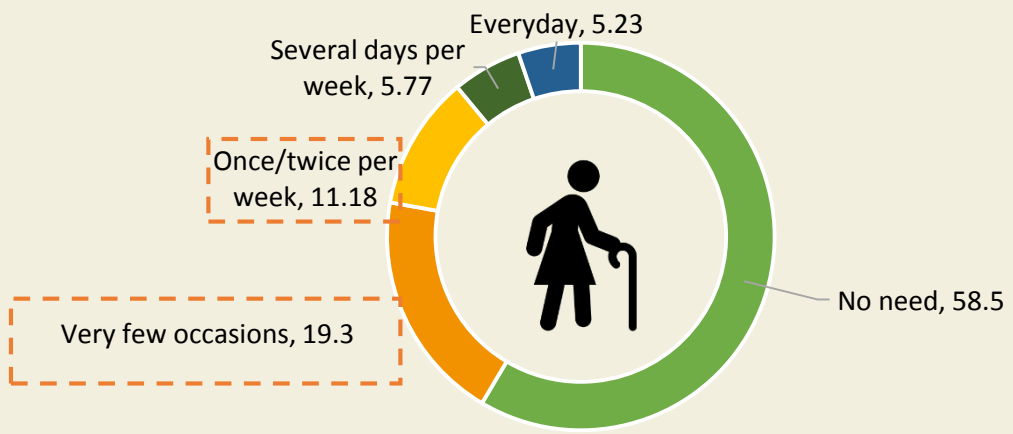


Figure 4.33 Providing care to family members (%); N = 1,109

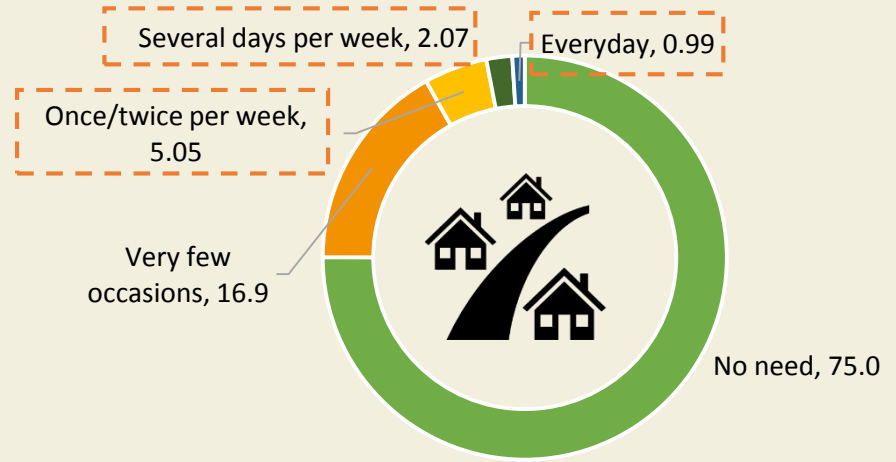


Figure 4.34 Providing care to a neighbor or friend (%); N = 1,109

4. Productivity and civic engagement

4.1 Work and employment

- Nearly half (48.2%) of the respondents reported they had work for pay in the past 30 days (Figure 4.11). Over half (53.2 %) of respondents were willing to continue working (Figure 4.12)
- In addition to economic reasons (46.07%), making contributions to the society (22.37%) and feeling young (15.11%) were the drivers of the decision to keep working.
- Six in ten (57.1%) reported engaging in lifelong learning activities (Figure 4.13 - 4.14)

4.2 Social/civic participation

- About 60% had participated in various volunteer activities in the past year. Most respondents engaged in the community and social services, with 63.93 % reported having ever participated in such an activity, and 20.65% reported that they participated at least once a month (Figure 4.21)
- About 80% respondents indicated having been involved in various activities related to public affairs in the past year (Figure 4.22)

4.3 Caregiving

- About 60% had no caregiving responsibilities. However, approximately 20% of the respondents reported needing to provide care once or twice a week. (Figure 4.31)
- For those with care duties, recipients of care were mostly either family members (22.18%) or children (21.91%). Over 10% (13.52 %) of respondents also reported needing to take care of their grandchildren (Figure 4.32 - 4.34)

5. Technology use and application

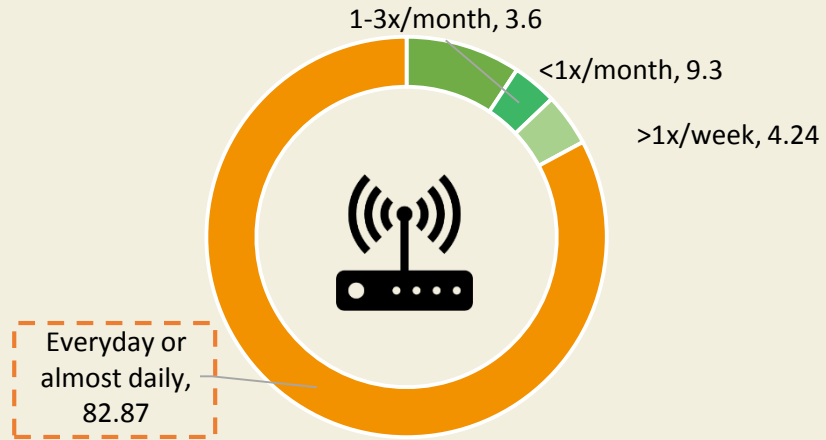


Figure 5.11 Frequency of using internet (%); N = 1,109

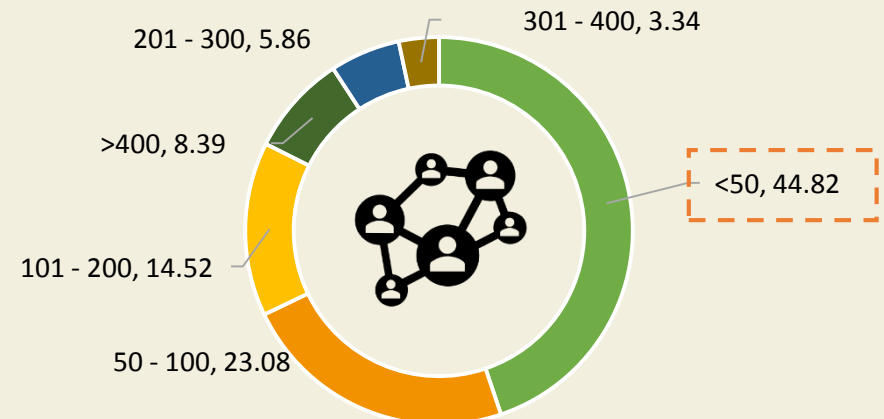


Figure 5.12 Number of friends on social media (%); N = 1,109

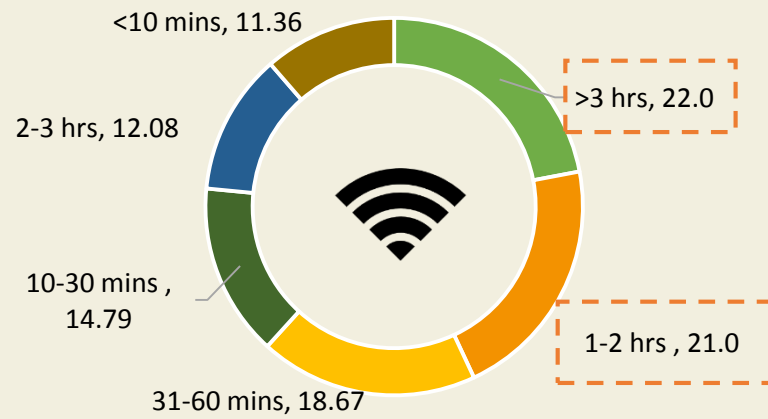


Figure 5.13 Average time spent on social media per day in the past week (%); N = 1,109

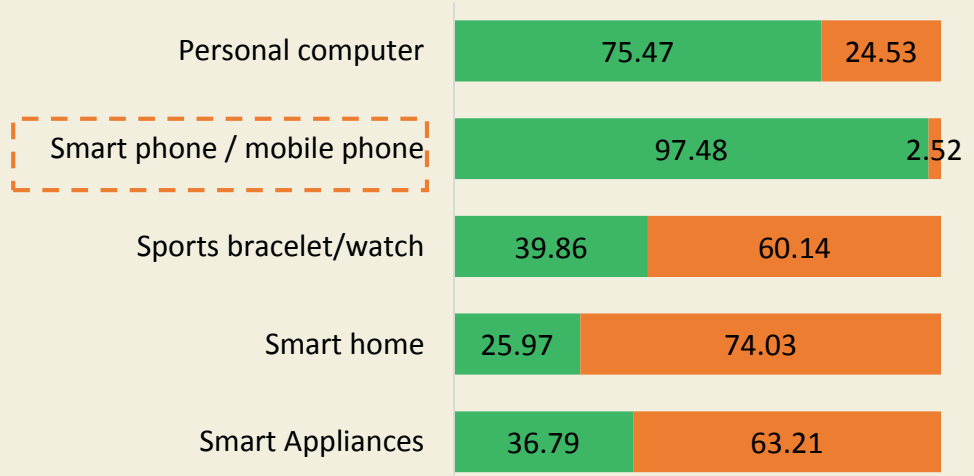


Figure 5.14 The use of technology products (%); N = 1,109

5. Technology use and application

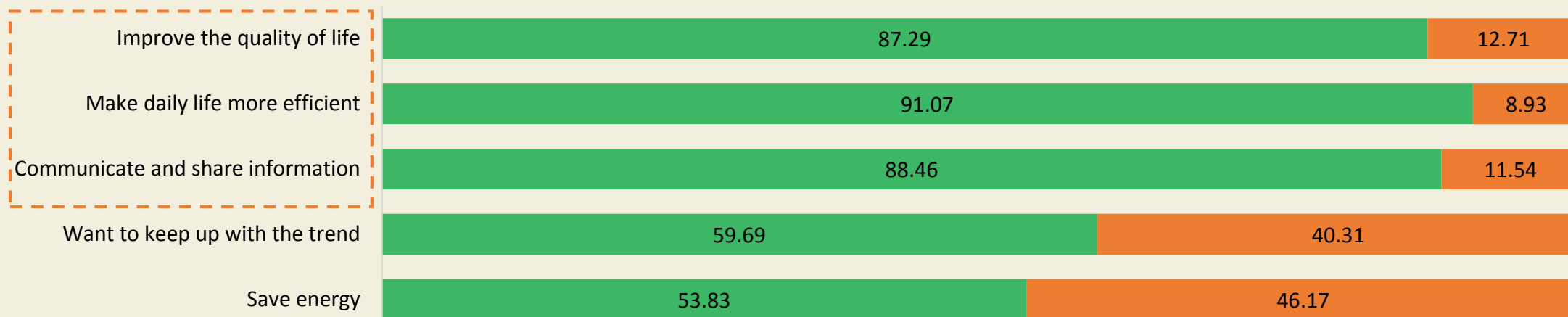


Figure 5.21 Reasons for using technology products (%); N = 1,109

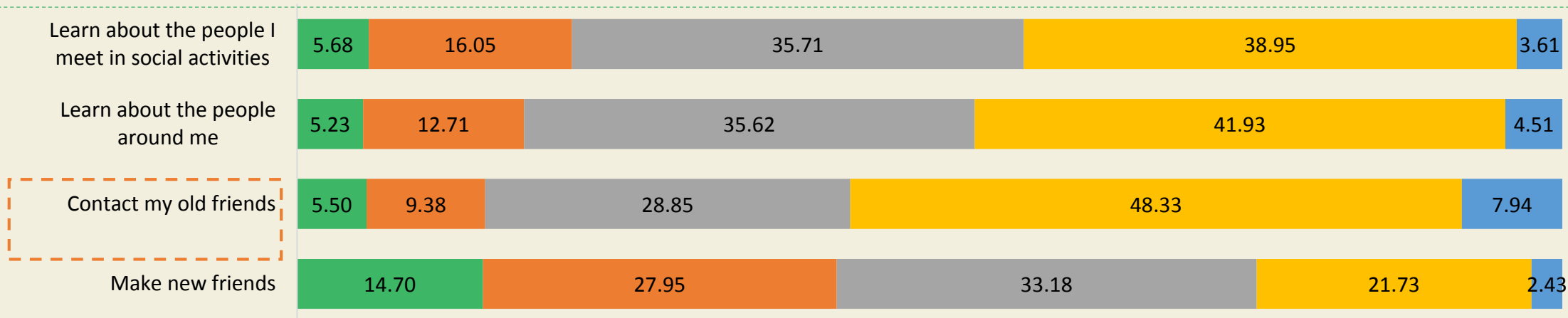


Figure 5.22 Reasons for using social media (%); N = 1,109

5. Technology use and application

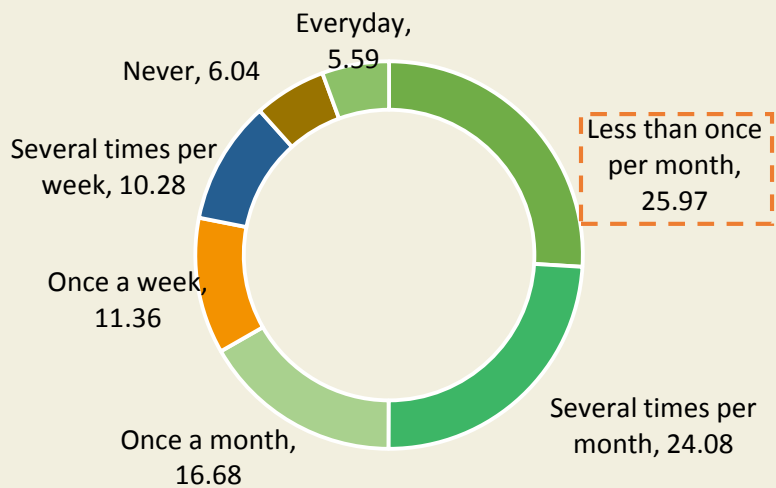
5.1 Usage status

- More than 80% (82.87%) of the respondents use the Internet every day. (Figure 5.11)
- Nearly half (43.01%) of the respondents reported spending at least an hour a day on social media, but they did not report having many friends on social media. Nearly half (44.82 %) of the respondents reported having fewer than 50 friends on social media. (Figure 5.12; Figure 5.13)
- The most frequently used technology products were smartphones (97.48%), followed by personal computers (75.47%). (Figure 5.14)

5.2 Reasons

- Commonly reported reasons for using technology products were to make daily life more efficient (91.07%), for better communication and information sharing (88.46%), and improve to respondents' quality of life (87.29%) (Figure 5.21)
- Reasons reported for using social media included getting to know and connecting with old friends and their friends in their social circle, but less so for making new friends (Figure 5.22).
- The high intensity of internet and social media usage observed may be due to work from home arrangements and social distancing practices in response to the COVID-19 pandemic.

6. Social participation and care



1. How many relatives do you see or hear from at least once a month?
2. How many relatives do you feel at ease with that you can talk about private matters?
3. How many relatives do you feel close to such that you could call on them for help?
4. How many of your friends do you see or hear from at least once a month?
5. How many friends do you feel at ease with that you can talk about private matters?
6. How many friends do you feel close to such that you could call on them for help?

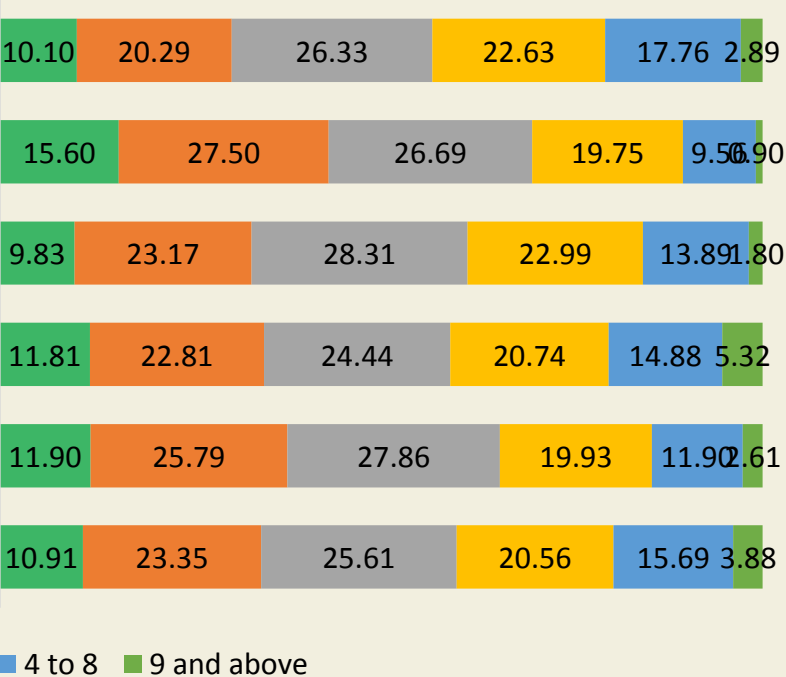


Figure 6.11 Frequency of social interactions (%); N = 1,109

Figure 6.12 Lubben Social Network Scale(%); N = 1,109

6. Social participation and care

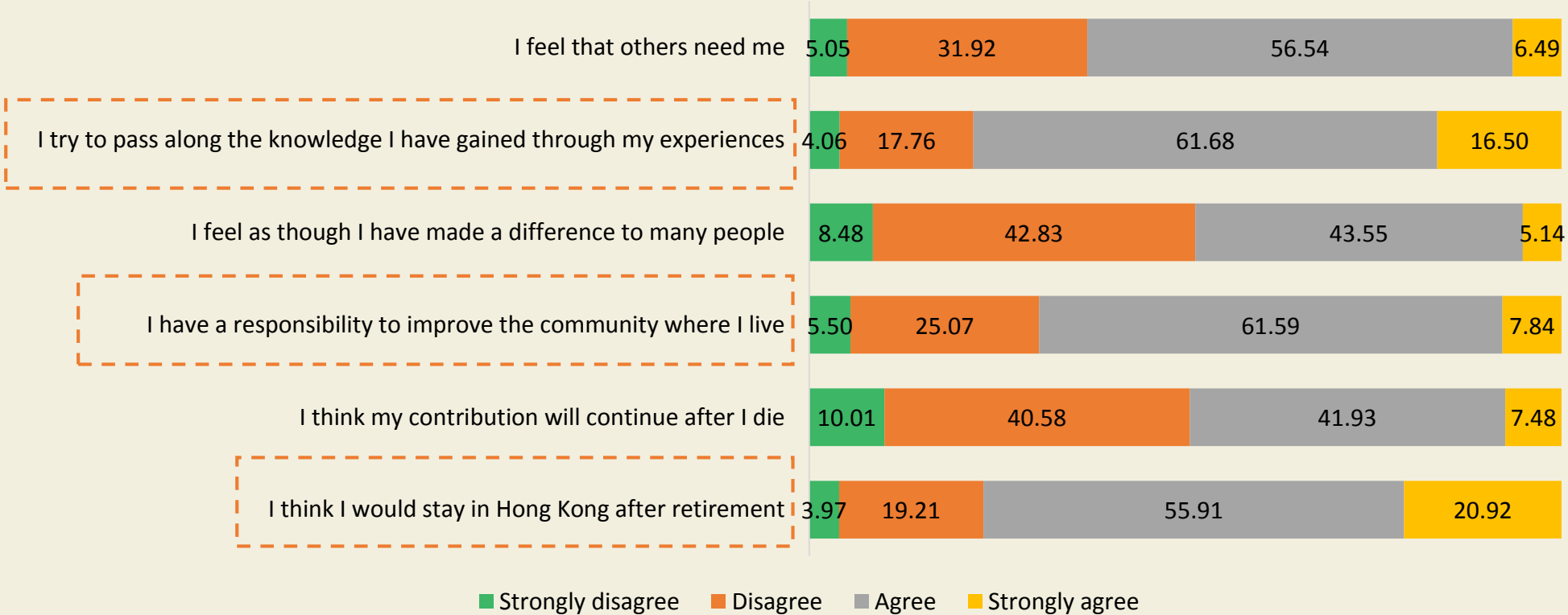


Figure 6.21 Loyola Generativity Scale(LGS) (%); N = 1,109

6. Social participation and care

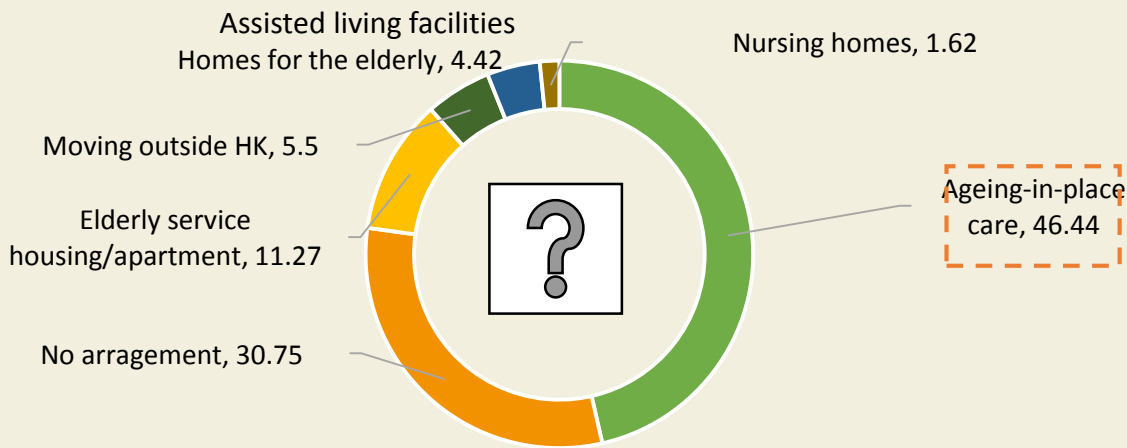
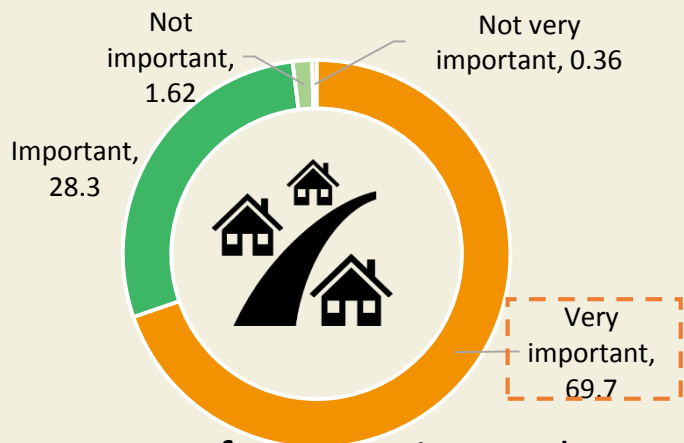


Figure 6.31 The importance of community aged care services (%); N = 1,109

Figure 6.32 Plan for elderly care (%); N = 1,109

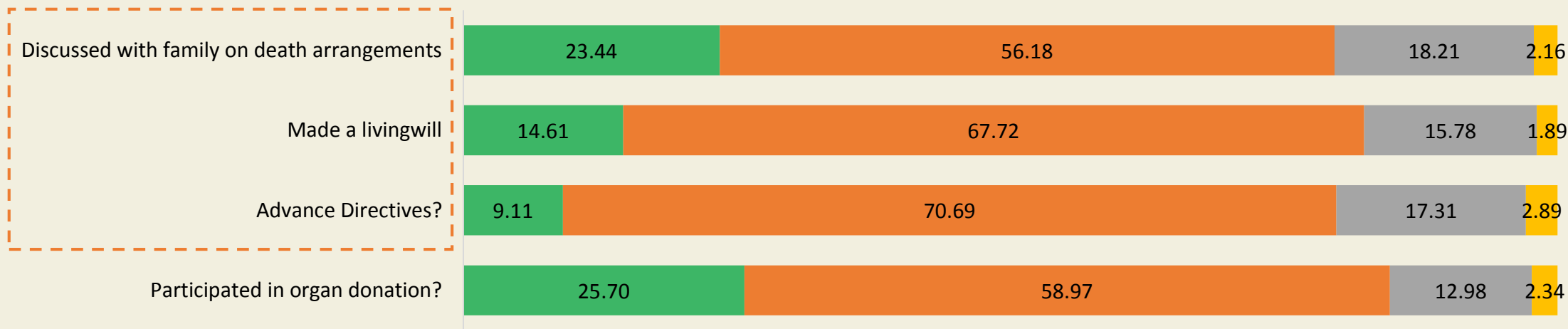


Figure 6.33 End-of-life arrangements (%); N = 1,109

Yes No Under consideration Don't know

6. Social participation and care

6.1 Social interaction status

- In terms of frequency of social contact, due to the social distancing measures, nearly half (48.69%) of respondents reported only seeing their friends or family once a month or less (Figure 6.11)
- Regarding social support, results from the Lubben's social networking scale showed that [3-4]: **More than 60% of the respondents had at least two relatives or friends** who they felt comfortable talking about private matters with or would offer help if needed (Figure 6.12)

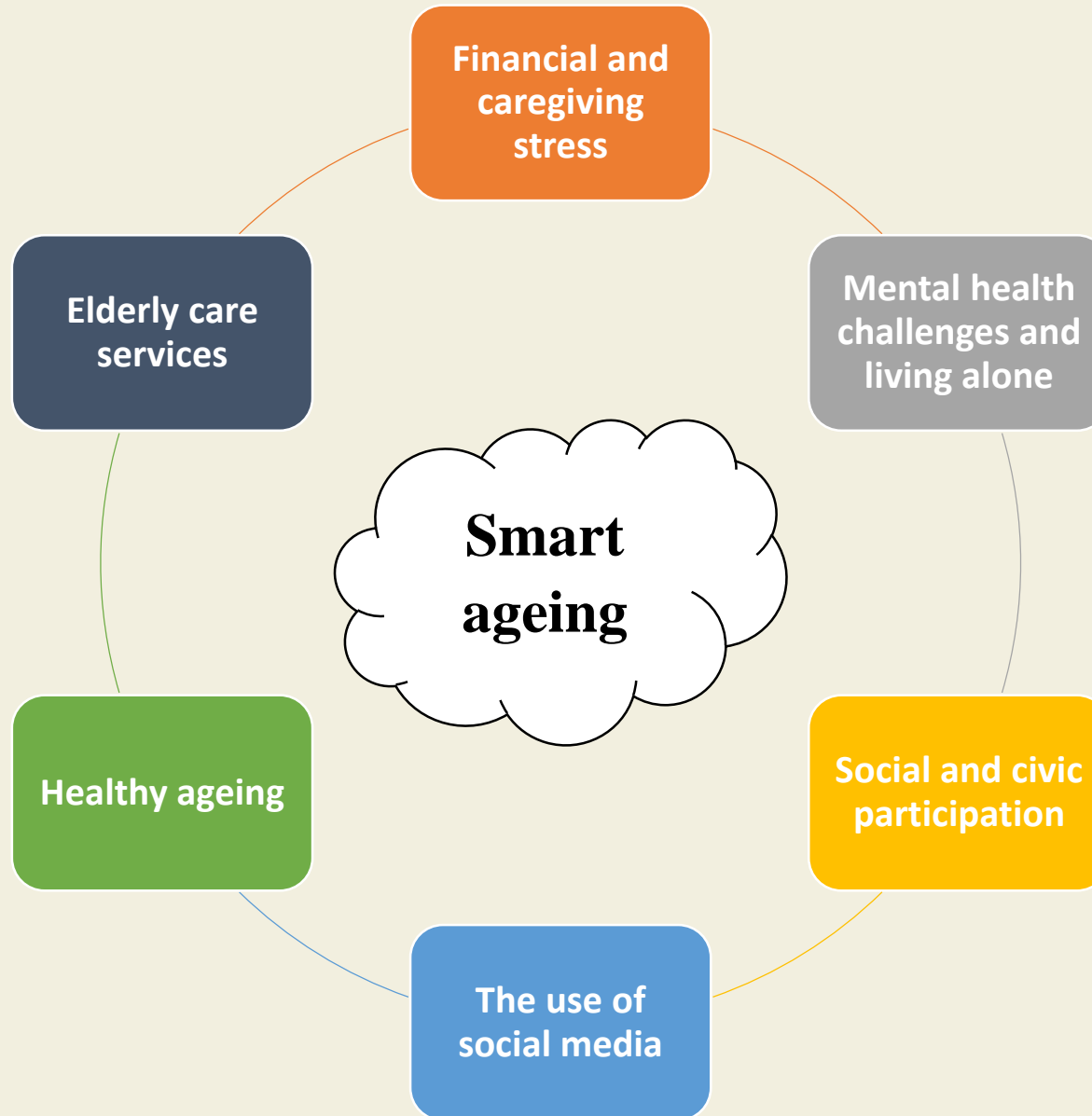
6.2 Generativity

- Analysis of the Loyola Generativity Scale (LGS) showed that about 80% (78.18%) of respondents wished to pass along their knowledge and experiences to others. Approximately 60% of the respondents felt they had a responsibility to improve the communities in which they lived (69.43%) and felt they were needed by others (64.03%) (Figure 6.21)

6.3 Choices on elderly care

- Almost all (98.01%) of the respondents affirmed the importance of community care services. Of which, only 70% indicated their choices of care, including ageing-in-place care (46.44%), service apartment (11.27%), and nursing home (4.42%) (Figure 6.31-6.32)
- **Regarding end-of-life arrangements, over half indicated that they had not discussed the following with their families:** arrangements after their deaths (56.18%), living wills (67.72%), and advance directives (70.69 %) (Figure 6.33)

7. Conclusions and recommendations



7. Conclusions and recommendations

Findings: Financial and caregiving stress

Having good financial knowledge and skills enables individuals to make sound and responsible financial decisions which, in turn, affects future financial well-being.[6] However, results of the survey indicated that:

- **There is an imbalance between the subjective and objective financial literacy scores among the golden agers (45-64 years old; or sandwich generation): subjective financial literacy scores were high, whereas scores assessing objective financial knowledge were low. In addition, respondents tended to use either more conservative investment tools, such as saving or insurance (about 70%), or more risky financial products, such as stocks (about 40%). They also indicated that circumstances surrounding their savings, financial situation, and ability to coping with financial emergency could be improved.**
- **In addition, golden agers are worried about their retirement life, and approximately 40% of respondents indicated that future expenses in health care, long-term care and plans for retirement outside Hong Kong cannot be met with their current savings.**

Studies have shown that the Golden Age Generation tends to shoulder the responsibility of family care and become primary caregivers of families. [7] The survey results showed that:

- **About 40% have caregiving responsibilities.**
- **More than 20% reported offering care to their families, children and even grandchildren at least once or twice a week.**

7. Conclusions and recommendations

Recommendations: Relieve the stress in finance and caregiving

Survey results show that the Golden Age Generation have the dual responsibility of providing care and financial support for the family. Other studies have shown that this age group experiences higher levels of stress in finances and caregiving, affecting their future wealth accumulation and putting their economic, physical, and mental health at risk.[8-9] Our recommendations related to finance and care are provided below:

- **Services to improve the financial capability of the Golden Age Generation should be provided, supporting sound financial decisions and retirement planning, so that better later-life financial health can be achieved. Examples of such services include financial education, financial coaching for setting financial goals, and tailoring financial products to different stages of life, could increase the financial knowledge, skills, and the future economic well-being of the golden aged generation. In addition, inclusive efforts should be made to make these services available and accessible to the golden aged generation across different socioeconomic backgrounds.**
- **Services to support caregiving and emotional well-being should also be offered. Such services may include: workshops related to caregiving skills and self-care, support groups, supportive services such as respite care. Efforts towards increasing the awareness of available social services from both the community and government could also be implemented to address the needs and the stress of caregiving among the golden aged generation, thereby strengthening their physical and mental health.**

7. Conclusions and recommendations

Findings: Mental health challenges and living alone

Mental health risks, living alone, and social isolation are major challenges for the Golden Age Generation .

The survey results showed that:

- **While the proportion of those living alone and eating alone increased with the age, scores reflecting closeness of social networks decreased with the age.**
- **About 50% of respondents reported feeling active and energetic less than half the time.**
- **The epidemiological depression scale showed that about 30% of respondents may be at risk of depression, but this risk varied by age and working status. Respondents between the ages 45-55 and those who were working had the highest risk of poor mental health and depression.**

Studies have shown that loneliness and isolation have physical and mental health consequences (e.g. suicide, chronic disease and higher mortality)^[10-11], issues that are pervasive in modern society. Restrictions due to the COVID-19 pandemic can also magnify loneliness and isolation. Results from our survey show that the proportion of older adults living alone is gradually increasing. Given the inevitable increases in health issues and the need for care services as individuals age, understanding and responding to the needs of people living alone requires further attention.

Risks of developing mental health problems or depression were notable in this sample of golden age adults. This may be due to the socio-economic instability, public services disruption, decreased incomes, precarious employment and social isolation caused first by the social unrest in 2019, and subsequently the COVID-19 pandemic in 2020^[12], in addition to family conflicts and added care responsibilities that may have resulted from work-from-home arrangements.

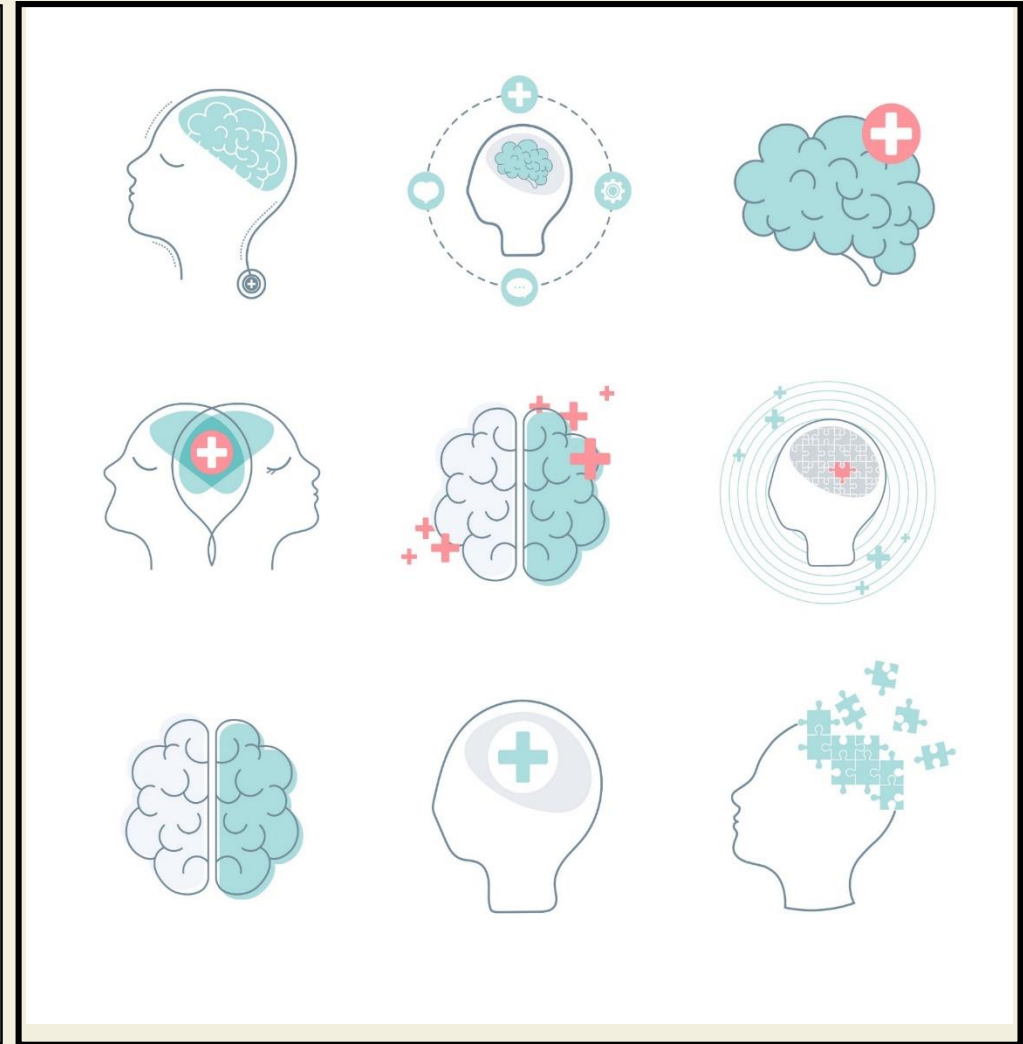
7. Conclusions and recommendations

Recommendation: Improving the mental health of the Golden Age Generation and protecting against social isolation as a result of living alone should be prioritized

Previous studies have shown that poor mental health is associated with a range of adverse physical, mental and social consequences, such as domestic violence or conflicts, loneliness, alcoholism, absenteeism, self-harm or suicide, as well as heart disease and frailty.[13]

Recommendations from this study are as follows:

- **Improving the mental health and reducing social isolation of the Golden Age Generation is an important and urgent issue. The provision of resources, such as mental health services, emotional support or care hotlines, community care activities, employee support programs, and related emergency social and economic schemes provided by the government, have the potential to help the Golden Age Generation diminish the negative consequences of poor psychological health.**



7. Conclusions and recommendations

Findings : Social and civic participation

Active social and civic participation are integral to building an inclusive, trusting and flourishing society^[14]. Our survey results show that :

- **Among respondents above the age of 45, about 50% had a job or were willing to look for another job. The top three reasons cited for their decision to continue working were economic reasons, the desire to make contributions, and to feel young. Among respondents over the age of 65, nearly 20% had a job or were willing to look for another job. Main reason for continuing to work in this group were the desire to contribute to society, followed by economic reasons.**
- **Things the Golden Age Generation are looking forward to in retirement not only include leisure activities (cited by 70% of respondents), but also being able to participate in various activities that contribute to society (cited by 50% to 70% of respondents), such as volunteering, continued work or education, and engaging in lifelong learning. Conversely, about 40% of the respondents did not report participating in any volunteering activities.**
- **The Golden Age Generation are passionate about public affairs. More than 70% of the respondents reported regularly following public affairs and voting in elections, as well as caring for vulnerable or disadvantaged groups. There is the perception that it is their responsibility to nurture the community, with 80% of the Golden Age Generation wanting to share their experiences and expertise with others.**

Midlife and older adults have been increasingly involved in productive activities such as caring and volunteering, and the economic benefits that result from their activities are undeniable^[15]. Semi-retirement and continuing to work beyond midlife is becoming a common trend observed in high-income regions of the world, and we can expect to see this phenomenon to likewise gradually become the norm for Hong Kong's labour market.^[16]

7. Conclusions and recommendations

Recommendation: To promote meaningful social and civic participation for productive ageing

Studies have shown that reciprocity, willingness to help others, and generativity are important factors in predicting participation in social affairs^[17]. However, this survey revealed a mismatch between the Golden Age Generation's attitudes and behaviours towards social participation. While many expressed the desire to contribute their expertise to society and participate in public affairs, 40% of respondents were not engaged in any voluntary or social service activities. Previous research has shown that midlife and older adults value participating in activities that: are meaningful, can provide opportunities for personal growth, help find a sense of belonging, and that allow them to contribute their knowledge and expertise, as opposed to service opportunities that only require manual labour or help with simple tasks^[18]. We recommend the following:

- **In order to address the challenges of an ageing society, the government and other sectors should monitor employment trends of midlife and older adults to inform the development of policies, such as improving the employability of older workers, establishing age-friendly working environments, reducing barriers to employment (e.g., regular anti-discrimination monitoring and protection of employment opportunities), and re-designing jobs, to allow midlife and older adults to continue contributing their knowledge, experience, and expertise [16].**
- **In terms of opportunities for social service and volunteering, plans should prioritize the development of meaningful and highly engaging activities. For example, activities can be tailored to the expertise and interests of the Golden Age Generation, with an emphasis on social interactions, self-growth, and knowledge-based activities. The aim of such an approach is to attract and encourage the participation of the Golden Age Generation in public and social affairs and promote productive ageing.**

7. Conclusions and recommendations

Findings: The use of social media

Social media and social network platforms such as YouTube, WeChat, Douyin, Facebook, etc., have changed the ways we communicate daily. This is especially relevant in the context of the COVID-19 pandemic, where many activities and services are now conducted online. This study showed that:

- **More than 80% of respondents use the Internet everyday;**
- **More than 50% use social media for at least one hour per day;**
- **In addition to connecting with old friends, participants also reported using social media to learn more about the people in their life.**

Social media, networks and other technology is increasingly accessible and user-friendly. It has not only changed day-to-day communication patterns, but it has also become an important tool for the public to obtain important information about COVID-19, including: public attitudes towards the virus, mental health resources, the trajectory of the disease, government responses, and disease prevention and treatment. ^[19-20]

However, information online may not always be correct, and can lack accuracy or transparency. Digital literacy is the ability to critically use the web or social media to search, evaluate, exchange information, and solve problems.^[21] A lack of digital literacy can place Internet users at risk of harms such as cyberbullying or poor mental health.^[19, 21]

7. Conclusions and recommendations

Recommendation: Strengthen the digital literacy for social media use

In view of the importance of digital literacy, this study provides the following recommendations:

- **Raising digital literacy levels is one of the key ingredients for smart ageing. In order to equip the Golden Age Generation with the skills to navigate social media and networks, governments and education organizations should promote training courses and workshops that teach midlife and older adults how to identify misinformation, fake news, and hate speech.**
- **An information platform for COVID-19 and related information should be established. It should be trustworthy, highly transparent, and based on sound public health and scientific knowledge, as a means to counter misinformation and its associated harms.**



7. Conclusions and recommendations

Findings: Healthy aging

With regards to the health status of the Golden Age Generation, this study found that:

- About 10-30% of respondents reported high blood pressure, high cholesterol and diabetes. Between 2001 and 2019, heart disease was the third leading cause of death in Hong Kong, and high blood pressure and high cholesterol were among the leading risk factors for heart disease. Diabetes is also ranked among the top 10 causes of death.^[22-23]
- Concerning lifestyle and health behaviors, results showed that 20% of respondents do not exercise, and 40% do not attend regular health check-ups.
- 20% of the Golden Age Generation surveyed reported their average daily screen time to be more than three hours, which may lead to the formation of sedentary habits.

Recommendation:

Promote healthy and successful aging

Many studies have shown that good lifestyle habits, such as exercise and regular health screening, can be effective in reducing the risk of disease^[24] for successful aging. We recommend:

- Initiatives to encourage the development of active hobbies among the Golden Age Generation, such as dancing, tai chi, or other activities to stay physically active;
- Incentives for regular health check-ups, such as by subsidizing or reimbursing consultation fees.
- Financial assistance can also be provided to senior centres (neighbourhood centres or activity centres) to increase capacity for the development of activities that may be of interest to older adults.

7. Conclusions and recommendations

Findings: Elderly care services

The attitudes of the Golden Age Generation towards the care and death arrangements warrants our attention. Survey findings show that:

- **98% of the respondents agreed that the community should provide care services for older adults.**
- **In terms of preferences for elderly care arrangements, most respondents indicated that they would opt for ageing-in-place (nearly 50%) or serviced apartments for the elderly (about 10%); However, about 30% of respondents had not yet considered plans for care arrangements.**
- **More than half of the respondents had not had discussions about after-death arrangements, wills, or advance directives with their families.**



7. Conclusions and recommendations

Recommendation: Improve the planning of care and death arrangements in old ages

Following the trend of ageing-in-place, many healthy midlife and older adults have opted to use home and community care services, and this is reflected in our survey findings. Studies have also shown that providing older adults with home care services while they are still healthy can reduce future expenses in nursing homes or medical expenses that may be incurred in long-term care.^[25-26]

In addition, making proper arrangements for death—especially when the disease is no longer treatable—is a way to reduce legal disputes, enhance the autonomy and self-determination of older adults, strengthen family relationships, and reduce end-of-life suffering (such as by avoiding ineffective life-sustaining or invasive treatments).^[27-28] However, this survey found that more than half of respondents had not discussed after-death arrangements with their family members nor made decisions on advance directives. This may be due to the reluctance to talk about death in Chinese culture, or alternatively, a lack of public awareness about the need for death arrangements^[29-30]. Our recommendations are:

- In terms of providing care for older adults, care services providers should increase the ratio of home and community care services, such as ageing-in-place schemes or serviced housing, to meet the future care needs of the Golden Age Generation. Understanding the perspective of those who have no plans for care services is also important, and feedback from various channels and stakeholders should be sought.
- Increased awareness about after-death arrangements can be offered to the Golden Age Generation, their family members and the public through public education, media or film resources, covering topics such as the progression of disease, prognosis, treatment options, and end-of-life planning processes. These initiatives to increase awareness may increase willingness to engage in advanced care planning and advance directives.

7. Conclusions and recommendations

“ Show care for the mental health and social isolation of the **Golden Age Generation** that are living alone ”

“ Relieve the financial and care burdens of the golden aged ”

“ Offer meaningful social and civic engagement to lead to productive engagement in later life ”

Toward a better process of smart ageing

“ Promote healthy and successful ageing ”

“ Comprehensive planning for healthcare and end-of-life care ”

“ Enhance digital literacy for informed use of social media ”

Limitations

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The survey adopted online data collection, which is not free from the self-selection bias. Respondents with greater interests in healthy ageing or with higher levels of education were more likely to participate in this survey.

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The use of quantitative, not qualitative, method could not offer in-depth information. For instance, the assessment using Lubben Social Network Scale could only offer information on the quantity, not the quality or the strength, of the social relationships that respondents have with their friends or family.

”

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The data were collected during the fourth-wave of Covid-19 outbreak in Hong Kong, which the data quality, such as mental health assessment, might be influenced by this event

”

“

As a cross-sectional study, the results of the analysis represent only correlation, not causation or long-term changes.

”

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Reference

- [1] Chen, H., & Mui, A. C. (2014). Factorial validity of the Center for Epidemiologic Studies Depression Scale short form in older population in China. *International Psychogeriatrics*, 26(1), 49-57. doi: <https://doi.org/10.1017/S1041610213001701>
- [2] Cheng, S.-T., & Chan, A. C. M. (2005). The Center for Epidemiologic Studies Depression Scale in older Chinese: thresholds for long and short forms. *International Journal of Geriatric Psychiatry*, 20, 465-470. doi: <https://doi.org/10.1002/gps.1314>
- [3] Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., Kruse, W. v. R., Beck, J. C., & Stuck, A. E. (2006). Performance of an Abbreviated Version of the Lubben Social Network Scale Among Three European Community-Dwelling Older Adult Populations. *The Gerontologist*, 46(4), 503-513. doi: <https://doi.org/10.1093/geront/46.4.503>
- [4] Chang, Q., Sha, F., Chan, C. H., & Yip, P. S. F. (2018). Validation of an abbreviated version of the Lubben Social Network Scale ("LSNS-6") and its associations with suicidality among older adults in China. *PLoS One*, 13(8), e0201612. doi: <https://doi.org/10.1371/journal.pone.0201612>
- [5] McAdams, D. P., & de St. Aubin, E. (1992). A Theory Of Generativity and Its Assessment Through Self-Report, Behavioral Acts, and Narrative Themes in Autobiography. *Journal of Personality and Social Psychology*, 62(6), 1003-1015. doi: <https://doi.org/10.1037/0022-3514.62.6.1003>
- [6] Xiao, J. J., & Porto, N. (2017). Financial education and financial satisfaction: Financial literacy, behavior, and capability as mediators. *International Journal of Bank Marketing*, 35(5), 805-817. doi: <https://doi.org/10.1108/IJBM-01-2016-0009>
- [7] Spillman, B. C., & Pezzin, L. E. (2002). Potential and Active Family Caregivers: Changing Networks and the 'Sandwich Generation'. *The Milbank Quarterly*, 78(3), 347-374. doi: <https://doi.org/10.1111/1468-0009.00177>
- [8] Wassel, J. I., & Cutler, N. E. (2016). Yet Another Boomer Challenge for Financial Professionals: The "Senior" Sandwich Generation. *Journal of Financial Service Professionals*, 70(1), 61-73.
- [9] Bogan, V. L. (2015). Household Asset Allocation, Offspring Education, and the Sandwich Generation. *American Economic Review*, 105(5), 611-615. doi: <https://doi.org/10.1257/aer.p20151115>
- [10] Valtorta, N. K., Kanaan, M., Gilbody, S., Ronzi, S., & Hanratty, B. (2016). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies *Heart*, 102(13), 1009-1016. doi: <https://doi.org/10.1136/heartjnl-2015-308790>
- [11] Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., & Stephenson, D. (2015). Loneliness and Social Isolation as Risk Factors for Mortality: A Meta-Analytic Review. *Perspectives on Psychological Science*, 10(2), 227-237. doi: <https://doi.org/10.1177/1745691614568352>
- [12] Ni, M. Y., Yao, X. I., Leung, K. S. M., Yau, C., Leung, C. M. C., Lun, P., . . . Leung, G. M. (2020). Depression and post-traumatic stress during major social unrest in Hong Kong: a 10-year prospective cohort study. *Lancet*, 395(10220), 273-284. doi: [https://doi.org/10.1016/S0140-6736\(19\)33160-5](https://doi.org/10.1016/S0140-6736(19)33160-5)
- [13] Mayo Clinic Staff. (2019). Mental illness. *Mayo Clinic*. Retrieved 4 March 2021, from <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>
- [14] Kumagai, S., & Iorio, F. (2020). Building Trust in Government through Citizen Engagement. Washington, DC: World Bank.
- [15] Reinhard, S., Feinberg, L. F., Houser, A., Choula, R., & Evans, M. (2019). Valuing the Invaluable 2019 Update: Charting a Path Forward. Washington DC: AARP Public Policy Institute.
- [16] Chan, D., & Yip, D. (2019). Elderly employment: latest developments in Hong Kong and policies in international perspective. Hong Kong: Office of the Government Economist, The Government of the Hong Kong Special Administrative Region.
- [17] Dury, S., Donder, L. D., Witte, N. D., Buffel, T., Jacquet, W., & Verté, D. (2014). To Volunteer or Not: The Influence of Individual Characteristics, Resources, and Social Factors on the Likelihood of Volunteering by Older Adults. *Nonprofit and Voluntary Sector Quarterly*, 44(6), 1107-1128. doi: <https://doi.org/10.1177/0899764014556773>
- [18] Same, A., McBride, H., Liddelow, C., Mullan, B., & Harris, C. (2020). Motivations for volunteering time with older adults: A qualitative study. *PLoS One*, 15(5), e0232718. doi: <https://doi.org/10.1371/journal.pone.0232718>
- [19] Goel, A., & Gupta, L. (2020). Social Media in the Times of COVID-19. *Journal of Clinical Rheumatology*, 26(6), 220-223. doi: <https://doi.org/10.1097/RHU.0000000000001508>
- [20] Tsao, S.-F., Chen, H., Tisseverasinghe, T., Yang, Y., Li, L., & Butt, Z. A. (2021). What social media told us in the time of COVID-19: a scoping review. *The Lancet Digital Health*, 3(3), E175-E194. doi: [https://doi.org/10.1016/S2589-7500\(20\)30315-0](https://doi.org/10.1016/S2589-7500(20)30315-0)

Reference

- [21] Gao, J., Zheng, P., Jia, Y., Chen, H., Mao, Y., Chen, S., . . . Dai, J. (2020). Mental health problems and social media exposure during COVID-19 outbreak. *PLoS One*, 15(4), e0231924. doi: <https://doi.org/10.1371/journal.pone.0231924>
- [22] 衛生署衛生防護中心. (2020). 二零零一年至二零一九年主要死因的死亡率. 香港特別行政區政府衛生署衛生防護中心. Retrieved 3 March 2021, from <https://www.chp.gov.hk/tc/statistics/data/10/27/117.html>
- [23] CDC. (2019). Know Your Risk for Heart Disease. *Centers for Disease Control and Prevention* Retrieved 7 March 2021, from https://www.cdc.gov/heartdisease/risk_factors.html
- [24] Burdorf, A., & Robroek, S. (2018). Does lifestyle matter for sickness absence? *The Lancet Public Health*, 3(11), E513-E514. doi: [https://doi.org/10.1016/S2468-2667\(18\)30211-1](https://doi.org/10.1016/S2468-2667(18)30211-1)
- [25] Chappell, N. L., Dlott, B. H., Hollander, M. J., Miller, J. A., & McWilliam, C. (2004). Comparative costs of home care and residential care. *Gerontologist*, 44(3), 389-400. doi: <https://doi.org/10.1093/geront/44.3.389>
- [26] Stuart, M., & Weinrich, M. (2001). Home- and community-based long-term care: lessons from Denmark. *Gerontologist*, 41(4), 474-480. doi: <https://doi.org/10.1093/geront/41.4.474>
- [27] HA Clinical Ethics Committee. (2019). Advance Care Planning (ACP)? Advance Directives (AD)? Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR)? Patients and families should know more! *Hospital Authority*. Retrieved 7 March 2021, from https://www.ha.org.hk/haho/ho/psrm/Public_education2.pdf
- [28] Silveira, M. J., Kim, S. Y. H., & Langa, K. M. (2010). Advance Directives and Outcomes of Surrogate Decision Making before Death. *New England Journal of Medicine*, 362(13), 1211-1218. doi: <https://doi.org/10.1056/NEJMsa0907901>
- [29] Cheng, H. W. B. (2018). Advance Care Planning in Chinese Seniors: Cultural Perspectives. *Journal of Palliative Care*, 33(4), 242-246. doi: <https://doi.org/10.1177/0825859718763644>
- [30] Lee, M. C., Hinderer, K. A., & Kehl, K. A. (2014). A Systematic Review of Advance Directives and Advance Care Planning in Chinese People From Eastern and Western Cultures. *Journal of Hospice & Palliative Nursing*, 16(2), 75-85. doi: <https://doi.org/10.1097/Njh.0000000000000024>
- [31] Alano, G. J., Pekmezaris, R., Tai, J. Y., Hussain, M. J., Jeune, J., Louis, B., . . . Wolf-Klein, G. P. (2010). Factors influencing older adults to complete advance directives. *Palliative & Supportive Care*, 8(3), 267-275. doi: <https://doi.org/10.1017/S1478951510000064>