The Second Annual International Symposium on Aging and Old-Age in Asia-Pacific

Hongkong / Asia Joelle H. Fong Senior Lecturer, SIM University, Singapore joellefonghy@unisim.edu.sg Keywords: health; population aging; frail elderly; long-term care

Extended Abstract

The frail elderly has become a subject of increased policy and research attention in recent years, motivated in part by the emergent concern that population aging will lead to unsustainable increases in health care costs. This paper examines aspects of health among older adults in Hong Kong and other parts of Asia, drawing attention to the changed social circumstances of older persons in these economies. It also provides a review of empirical evidence on frailty and the prevalence of functional disability at older ages and discusses how governments and societies have responded to the public health challenge.

As one of the most demographically matured economies in Asia, Hong Kong currently faces significant pressure in having to address the growing aged care needs of a rapidly aging population whilst managing concerns about future caregiving and inflation in care costs. Monitoring trends in the health of older adults and their use of aged care services will become increasingly central to developing a comprehensive public-health response to population aging as the number of elderly in Hong Kong continues to rise. Two important measures of health and functioning in older age are frailty and disability.

Frailty is a state of increased vulnerability that often occurs with advancing age. Older adults who are frail are at greater risk of adverse health outcomes, such as falls, hospitalization, cognitive decline, disability, and death. Recent research on frailty in Asian populations has focused on measuring the prevalence of frailty among community-dwelling older adults using pre-established criteria. These frailty criteria involves identifying a list of component items and evaluating how each individual scores on each item using standard thresholds. For example, Woo et al. (2015) find that the prevalence of frailty among aged 65+ adults is much higher in urban communities (Hong Kong and urban Beijing) than rural communities (rural Beijing). Among Asia-Pacific countries, there have been also efforts to gather data on disability at the national level either through large-scale census or household surveys. While

such efforts typically cover all age groups, they are nonetheless useful in shedding some light on disability among the elderly in Asian populations. In Australia, for instance, the Commonwealth government has been collecting information on people with disability since the 1980s. Household surveys are similarly used in Japan to determine the prevalence of disability in the general population. In less economically developed countries like India and Bangladesh, the census-based approach is often the only mode for data collection on disability.

The new demographic reality of aging populations, in combination with social transformations such as the decline of the traditional family, poses a pressing challenge to aging economies in Asia. In the post-traditional society, governments and civil society have started to assume a greater role in eldercare. In Hong Kong, specifically, there are a number of nongovernmental organizations which provide a wide range of community and home care services to elders in need, including the Hong Kong Council of Social Service. More efforts towards monitoring and measuring frailty and disability prevalence in Asian populations will not only facilitate the future detection of groups of older persons in need of additional medical attention and at risk of high dependency, but also allow governments in the region to better shape policy responses that increase the chances for healthy and productive aging in increasingly diverse elderly populations.

References

(550 words)

Woo, J., Z. Zheng, J. Leung, and P. Chan. "Prevalence of Frailty and Contributory Factors in Three Chinese Populations with Different Socioeconomic and Healthcare Characteristics." *BMC Geriatrics* 15, no. 1 (2015a): 163. doi: 10.1186/s12877-015-0160-7.