

30th Meeting of the Elderly Commission
Summary for Press Briefing

The Elderly Commission (EC) held its 30th meeting today (4 November 2002) discussed the following items:

(1) **Utilizing Results of the 2001 Population Census and the Hong Kong Population Projections 2002-2031 on Analyzing Characteristics of Older Persons in Hong Kong**

- Census and Statistics Department briefed the EC on the key findings of the analysis of the characteristics of older persons utilizing results of the 2001 Population Census and the Hong Kong Population Projections 2002-2031.
- The key findings are:
 - (a) *Ageing of population*
 - The proportion of older persons increased from 8.7% in 1991 to 11.2% in 2001, and is projected to increase to 14.4% in 2016 and 24.3% in 2031.
 - Ageing of population is brought about by two factors: first, the increase in number of persons entering the “old-age” group; and second, the increase in expectation of life as a result of improved medical and health services.
 - (b) *Lower educational attainment for the current cohort of older persons*
 - In 2001, the proportion of older persons having attained secondary education and over was 18.4% which was much lower than the 71.1% of the whole population aged 15 and over. This may be attributed to the lower education opportunity when they were young.
 - (c) *Fewer older persons in the labour force*
 - Over the past ten years, the labour force participation rate for older persons decreased continuously and was low at 7.2% in 2001. This may be attributed to the fact that more older persons chose retired life and left the labour market.
 - (d) *Significant increase of domestic households with members being older persons*
 - The proportion of domestic households with members being older persons increased from 23.2% in 1991 to 26% in 2001. Among these households, slightly more than one quarter of them (136,298 in number) were households comprising all members being older persons.

- (e) *Change of living arrangements for older persons with growing age*
- In 2001, among older persons aged 65–74, those living with spouse (with/without child(ren)) constituted the highest proportion (61.6%). The proportion dropped to 37.4% for those aged 75-84 and further to 15.8% for those aged 85 and over. These changes reflected not only deaths of the spouse of older persons with growing age but also increasing demand for care owing to illness and disability.

(2) **Follow-up on the June 2002 Symposium cum Exhibition on “Challenges and Opportunities of an Ageing Population”**

- The EC Symposium cum Exhibition on “Challenges and Opportunities of an Ageing Population” held on 8 June 2002 and the five roving exhibitions held during June and July in various districts have made a promising start in focusing interest and generating discussions in the issues relating to population ageing.
- The symposium yielded many valuable insights. They can be broadly categorized into eight aspects under the three pillars of “Health”, “Participation” and “Security” in the World Health Organization policy framework for active ageing:
 - Health: Life-course Approach to Health Maintenance;
 - Participation: Reconstruct the image of ageing; reinvest in ageing and lifelong learning; older worker policy; voluntary work; silver market; and Universal Design; and
 - Security: Financial security of old age.
- The EC will consider setting up a task group to identify key issues for priority study and to consider how they may be applied in the local context. The proceedings of the symposium will also be published to better disseminate the messages generated from the symposium.
- Following from the June 2002 Symposium cum Exhibition, we are encouraged to note that a number of related sectors in the community, including the media, housing and retirement scheme sectors have started taking a much deeper interest in the issue of an ageing population, and are considering different actions and programmes to generate discussion on the topic.
- The EC also noted:
 - (a) a report from its Shanghai delegation on an earlier study tour, which took place in late September at the invitation of the Shanghai Working Commission on Ageing; and
 - (b) a report on the Sharing Session on Continuing Education for Elders organized by the Steering Group on Healthy Ageing in mid-October 2002.

(3) Extension of Infirmity Care Supplement to Elders receiving Subsidized Service in Private Homes under the Enhanced Bought Place Scheme

- The EC endorsed Social Welfare Department (SWD)'s proposal to extend the allocation of Infirmity Care Supplement (ICS) to frail elders receiving subsidized service in private residential care homes for the elderly (RCHEs) under the Enhanced Bought Place Scheme (EBPS).
- The EC noted that additional resources have been provided in two ways to subvented RCHEs to enable them to take better care of elders assessed to be at infirmity level. Firstly, since October 1986, 29 Infirmity Units (IUs) providing a total of 580 places for elders at infirmity level have been set up in 19 RCHEs operated by non-governmental organizations (NGOs). Secondly, since February 1996, an infirmity care supplement (ICS) has been provided in lieu of IUs to support those subvented RCHEs with residents at infirmity level. Resource available for ICS is about \$30 million a year, on top of the standard subvention for RCHEs.
- The EC further noted that in recent years, the provision of subsidized residential care service through buying places from private homes has increased significantly, particularly with the introduction of EBPS in 1998 stipulating higher standards of services in terms of space and staff. The number of EBPS places has increased from 833 in 1998 to 5,561 as at October 2002, accounting for 21% of the total supply of government subsidized RCHE places. As many EBPS homes, like their subvented counterparts, are looking after elders who are at infirmity level, EC shares the Social Welfare Department's view that it is more equitable to extend the allocation of ICS to frail elders receiving subsidized service in EBPS homes.
- The revised ICS allocation arrangements covering subsidized places in both subvented and EBPS homes will be put in place from 2003-04. SWD will invite applications from these homes shortly.

(4) Revision of fees and charges for public health care services

- The Elderly Commission discussed the revision of fees and charges for public health care services.
- The Government pointed out it has already in place an effective mechanism to assist non-CSSA patients administered by Medical Social Workers (MSWs). CSSA recipients will continue to enjoy free medical services provided by HA. The Government undertook to further strengthen and enhance this mechanism to cater for the needs arising from the fee increase.
- In the future the Government will consider the patients' income level, clinical condition and age to determine his/her eligibility for either full or partial exemption. Detailed and objective guidelines will be developed to facilitate

MSWs' assessment of the applicants.

- The Government stated clearly that it will not depart from its long-held policy that no one will be denied adequate medical care due to lack of means. The process to enhance the fee waiver mechanism will be an evolutionary one, commensurating with the gradual increase in fees and charges.

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