35th Meeting of the Elderly Commission <u>Summary for Press Briefing</u>

The Elderly Commission (EC) held its 35^{th} meeting today (24 Nov 2003) with the following items on the agenda: -

(1) Briefing on Latest Developments in Mandatory Provident Fund (MPF)

- One of EC's current work programmes is to promote active ageing which involves, inter alia, issues relating to retirement protection for the working population.
- The EC has invited Mrs Diana Chan, Managing Director of Mandatory Provident Fund Schemes Authority, to brief members regarding the latest development in MPF, and exchange views with members.

(2) <u>Active and Healthy Ageing – The Way Forward</u>

Members were briefed on the progress on the Healthy Ageing Campaign (HAC) and the gradual transition from HAC to the promotion of active ageing.

Progress on HAC

- HAC was fully launched in May 2001. A two-pronged approach was adopted to implement HAC: public education and publicity; and involvement of the community through the Community Partnership Scheme. HAC is supported by a \$21 million grant by Hong Kong Jockey Club Charities Trust and guided in its work by four strategic directions: promoting personal responsibility, strengthening community action, creating a supportive environment, and improving the image of ageing.
- To learn from the experience of HAC, a mid-term evaluation of the Campaign has been carried out. The evaluation assessed the strengths and weaknesses of HAC's work; and considered lessons learnt so as to improve future work of the Campaign.
- The initial observations are:
 - (a) succeeded in establishing connection and partnership with sectors previously less involved in ageing issues;
 - (b) experience from the programmes have corroborated the belief of some

project organizers that elders could learn and adapt to new things; other project organizers have learned how to work effectively with elders; and

(c) EC's sponsorship of and other assistance in the projects has been useful in seeking cooperation and assistance from third parties.

Transition from HAC to the promotion of active ageing

- In its report issued in February this year, the Task Force on Population Policy recommended that to increase the productivity, and reduce the dependency of elders on the community, efforts should be made to revisit and redefine the notion of retirement and old age; continue to develop programmes that promote active and healthy ageing; and develop a sustainable financial support system for the needy elderly.
- A Task Group on Active Ageing (TGAA) set up by EC has identified four priority topics for the promotion of active ageing:
 - (a) lifelong learning;
 - (b) financial security, retirement and work practices;
 - (c) intergenerational solidarity; and
 - (d) transportation / built environment
- TGAA will focus on networking with different related sectors to promote active ageing to a wider audience. It would also consider developing a knowledge base on international and local ageing issues to support its work in this regard.
- Members noted that promotion of active and healthy ageing is long-term work, and requires support from many sectors of the community.

(3) <u>Prevention Measures against Severe Acute Respiratory Syndrome</u> (SARS) among Elders

The EC was updated on progress of prevention measures against SARS among elders taken by the Department of Health (DH), Hospital Authority (HA) and Social Welfare Department (SWD). EC noted that the measures are in line with the recommendations of the Report of the SARS Expert Committee. They include:

• **Revision of Guidelines**: A comprehensive guideline covering infectious diseases more likely to affect residential care homes for the elderly (RCHEs) was distributed to all RCHEs in October.

- Visits to RCHEs: Between mid-August and mid-October, DH paid visits to all RCHEs to identify improvement areas in infection control for the purpose of addressing them in future training programmes. Opportunity was taken to provide on-the-spot coaching as appropriate to RCHE staff, especially on hygiene matters.
- Infection Control Officer (ICO): All RCHEs were required by SWD to designate an ICO by 1 November, who would be responsible for dealing with matters related to infection control and prevention of spread of communicable diseases in the RCHE. The objective of the ICO scheme is to achieve early detection and reporting of suspected outbreaks, so that infection control measures can be stepped up in the RCHEs concerned promptly if required. Briefing sessions and training workshops were conducted for ICOs and other staff of RCHEs. Ongoing support to ICOs is provided through on-site training by DH's Visiting Health Team and HA's Community Geriatric Assessment Teams (CGATs).
- Grants to subvented and non-subvented RCHEs: SWD has sought an allocation of \$17.8 million from the Lotteries Fund to provide grants on a reimbursement basis to 103 subvented and 639 non-subvented RCHEs for carrying out improvement works related to cohorting arrangements.
- Early Detection and Management of Outbreaks: An enhanced information exchange system has been set up since mid October among DH, HA, SWD and RCHEs (through the ICO scheme) to delineate procedures and roles of various parties.
- Visiting Medical Officer (VMO): Suitable VMOs have been appointed by HA as part-time doctors in October for a period of one year to manage residents of RCHEs with chronic stable diseases and their subacute episodic illnesses so as to reduce their incidences of hospital admission. CGAT will provide the necessary support to these VMOs who play a major role in medical surveillance and monitoring of infection control in RCHEs.
- Influenza Vaccination: DH is conducting the annual influenza vaccination programme for residents of RCHEs between 10 and 29 November. The objective of the vaccination programme is to reduce the risk of complications from influenza among RCHE residents and their admission to hospitals. Moreover, the Government is providing free influenza vaccinations for non-institutionalized elders who are at particular high risk of influenza and have financial difficulty. These refer to elders aged 65 and over who are Comprehensive Social Security Assistance recipients or with medical waivers granted by HA or SWD and being followed up at public clinics and assessed to be at higher risk of serious complications from influenza because of chronic heart or lung diseases.

- Collaboration with Community: DH has been providing training on prevention measures to staff of non-governmental organizations (NGOs) providing integrated care to frail elders in the community. Discussion continues among DH, HA, SWD and the NGOs on how to improve the information flow among the parties concerned.
- Sentinel Surveillance: DH is planning to extend its sentinel surveillance system on infectious diseases to RCHEs.

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