Hong Kong Aging 2.1: Image, capacity, and vulnerability

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Facts on Aging: Demography & Longevity

**Demography:** growth of aging population
- US: from 34 to 77 million; China: from 220 to 400 million
- 85+ and 100+ (fastest growing segments of the population)

**Longevity:** people may live to 100+ or 120
- 3rd Age era: People may live another 20-30 years after 60
- Life priority: differences in the concept of time/life purpose

**Diversity:** Age (60-120)/education/capacity/lifestyle/health/family configurations/preference

Mission: to ensure added years are quality years (healthy & happy)
Age diversity within the aging population
Scientific Evidences of Healthy Aging
Harvard study: The secret of healthy & happy life (1938)
Healthy aging: Compressed morbidity is possible
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Nun Study: 1/3 of the Nun sample had Alzheimer brain (brain analyses after they died) but lived normally before they died.

Research attributed their high functioning to their education background, life long learning experience, healthy life style, social/spiritual support. Research showed that social support will have protective effect on deterioration of dementia.
Continuum of Care

Diverse Clientele
Interdisciplinary Practice

Wellness

Community-Based Settings
- Senior Centers/Housing
- Older Volunteer Programs
- Late Life Employment
- 3rd Age Business Consulting
- Long-Term Care Planning
- Financial Planning

Acute Care Settings
- Hospital Settings
- Clinics

Home Care Settings
- Visiting Nurse & Home Care Helpers

Long-Term Care Settings
- Day hospital/Day care
- Community/Home-based & Institutional LTC
- End-of-Life Care

Illness
The Missions of Aging Services

- Maximize health & quality of life (dignity + autonomy)
  - Enhance sense of self-worth/choice/purpose

- Healthy aging: support disease-free longevity & compressed morbidity
  - Reduce disease burden
  - Reduce family caregiving burden
  - Reduce long term care burden
  - Reduce health care cost (individual/family/society)
    (health is wealth)
WHO’s Age Friendly Cities (AFC), 2007

- Physical/ Built Environment (Hardware)
  1. Outdoor spaces and buildings
  2. Transportation
  3. Housing

- Social Environment (Software)
  4. Respect and social inclusion
  5. Social participation
  6. Civic participation and employment
  7. Community & health services
  8. Communication and information
Why aging 2.1
Age-friendly Cities/Communities: Goals

Age-friendly/livable community is defined as one that “adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.” (WHO, 2007). AFC missions is to achieve the following 4 goals:

• Address basic needs
• Optimize physical & mental health well-being
• Maximize independence
• Promote social & civic engagement
One of the barriers to accomplish age-friendly missions is ageism & discrimination because of people’s misperception & ignorance about normal aging and disease processes.
“When you hear, see or think of older people, what **images** come to your mind?”
What is the image in your mind about a 69 year old woman with visual impairment?
Images or perception about older Chinese women in New York City?
Ageism and Ageist Stereotypes in U.S.

- Most older people are depressed (13%)
- Most older people are demented (11%)
- Most older people live in nursing homes (4%)
- Disease is a normal part of aging process (NO)
- Older people are stubborn/unwilling to change (NO)
Ageism and Ageist Stereotypes in our Society

• Ageism is prejudice against individuals or groups because of their age due to lack of knowledge (ignorance and misperception) about aging.

• Ageism is a form of discrimination that downgrade people to an inferior position simply because of age (devalue them). Elders are not given their fair share in the society.

• Advocacy and gerontological education are important.
Facts: People are living longer & healthier;

Questions: how to support healthy aging and sustain quality of life?
Conceptual Frameworks: Paradigms Shift

- Human capital/strengths/ability perspective
- Empowerment (Life long learning)
  - Healthy Aging Indictors: Be Healthy in all dimensions (physical/psychological/emotional/intellectual/spiritual/social)
    - Positive aging
    - Active aging
    - Creative aging
    - Productive aging: Productive engagement in late life
- Age-friendliness: Policy/programs/practice
Negative impact of **Ageism** on elders: limited options

- Researchers found that if health care professionals believe that an older person’s range of physical and cognitive abilities is limited, there is a tendency to provide less options & lower expectation.

- If service providers/family members believe disease is part of normal aging process, then diseases may not get treated in a timely fashion.

- Older people may also internalize ageist stereotypes and they might limit themselves.

- Some people conceptualized ageism as a social disease and it can be contagious.
Education Matters

- Research showed that professionals with more training in gerontology knowledge and more interaction with elders were less likely to have ageist attitudes toward older patients.

- Gerontological Education should be infused into curriculum at all levels of the educational system and professional schools (Zeshan Foundation supports HKU)

- 1/4 to 1/3 of all students at professional schools should be specialized in aging because of the size of the aging population.
Capacity building programs:
Turning social Isolation into connectedness

Meaningful Social Engagement (Productive aging) as Health Promotion Strategies (measurable activities)

- volunteering
- caregiving
- employment
- life long learning
Opportunities for social participation & volunteering have positive effect on health

- **Strengths perspective**
- **Empowerment**
- **Social Marketing Approach**
  - Marketing public health through older volunteering activities
  - Volunteering program is conceptualized as a social model for health promotion
Aging population: Human capital perspective

People over the age of 65

- 80% functionally independent
- 90% cognitively fit
- Increasing levels of education with each generation
- Frailty and need for assistance occurs 80 years and beyond
- Baby boomers are great human capital
Older adults benefit from volunteering:
Social Learning & Intellectual Stimulation

- Training (life long learning) associated with volunteer work may encourage older adults to develop more knowledge and skills that would increase their sense of self-efficacy/self-worth/intellectual capacity.

- Older volunteers show improved physical and mental health and often gain personal fulfillment, a sense of purpose when helping people in need, an on-going meaningful social interactions with fellow volunteers, a new set of social relationships and support system.
1) Executive Service Corp of Chicago
http://www.esc-chicago.org/index.htm

- Retired managers and executives work with non-profit organizations, schools and governments.

- Volunteers work with organizations that need help with strategic planning, human resources, marketing and board development.

- A non-profit organization which charges fees to companies to provide consultation service operates this volunteer program.
2) Experience Corps: Targeting children

https://www.youtube.com/watch?v=4jc08KFMymXM

- 2,000 people 55 years+ volunteers serve as tutors and mentors to 20,000 children (one-on-one contact with the kid) in urban public schools in 19 cities.

- Tutors and mentors were trained to teach children to read and develop their confidence and skills to succeed in school.
2) Experience Corps: Targeting children

Research shows that older tutoring services produce positive outcomes:

To students
- improve student academic performance
- strengthen ties between schools and surrounding communities

To older tutors
- enhance the physical and cognitive functioning
- psychological well-being of the older volunteers
3) Across Ages: Targeting youth (9-13)

- Across Ages is a mentoring program that pairs adult mentors over age 50 with youth, ages 9 to 13 (37 States, 8300 youth)

- At least 2 hours per week in one-on-one contact with the youth (tutoring, school projects).

- The goal of the program is to enhance the resiliency of children in order to promote positive development and prevent involvement in high-risk behaviors (e.g., drugs)
3) Outcomes of Across Ages Program

Key outcomes for the youth:

- positive attitudes regarding school, the future, and older people
- higher rates of community service, and improved reactions to situations involving drug use
- improved school attendance
- Increased sense of self-worth, feelings of well-being, and social skills

Key outcomes for the older mentor:

- Physical health/cognition improved
- Life satisfaction scores improved
4) Family Friends Respite Program: Targeting Family caregivers

- The Family Friends Respite network of older volunteers provides a range of supports for families who have children with disabilities and/or chronic illnesses.

- These invaluable volunteers pay regular visits to the family and allow parents to have an opportunity to catch up on household chores or spend time with other family members, attend support groups or simply take a much-needed rest & respite.
4) Family Friends Respite Program: Targeting Family caregivers

The program recruited and trained and matched with a family in need living in their community.

Research Outcomes:
- Older volunteers reported better physical and psychological well-being
- Children’s re-hospitalization rate was reduced
- Caregiver stress was reduced
5) **Phone Angel Program: targeting family caregivers in NY’s Chinese community**

- “Phone Angels” were older Chinese volunteers. They were recruited and trained to provide telephone assurance, emotional support, information & referrals to caregivers of sick relatives in the NY Chinese community.

- Most of the Phone Angels and caregivers were first generation Chinese immigrants who came to the US at an older age. They were socially and linguistically isolated and with some depressive symptoms because of language barriers.
Evidence shows that Chinese older immigrants need health promotion

- Recent landmark research on older Chinese immigrants suggests that 40 percent of the older Chinese immigrant population in New York City was depressed.

- **Predictors of higher level depression** in this population were poor health, high levels of stress, dissatisfaction with family, perceived generation gaps, lack of social support, and feelings of social isolation.
Training Curriculum of the Program
(Targeting the need of these older Chinese volunteers)

- Public health research information
- Caregiver burden/stress
- Dynamic of family relationship
- Active listening skills
- Communication skills
- Stress management skills
- Cognitive reframing techniques (½ vs. ½)
- Community resources
Outcomes of the Phone Angel Program

Older Chinese volunteers:
- Perceived better physical health
- Felt empowered and happier
- Developed better communication skills
- Improved family relationship
- Developed a stronger sense of purpose in life
- Developed a stronger social support system/fellow volunteers

Caregivers outcomes:
- Stress/burden was reduced
- Felt less isolated
Vulnerability in old age

- Recognition of our vulnerability affirms our humanity and aging process.

- Sense of vulnerability: Feeling vulnerable
  - Being frail/harmed/violated and hurt/helpless
    - **physical** (health care access, acute onset of illness, emergency, illness, fall, accidents, unintentional injury)
    - **psychological** (loss of control/dignity, anxiety, depression, suicide, substance abuse, dementia etc.)
    - **financial** (poverty, exploitation, victimization)
    - **environmental** (living arrangements, safety)
    - **social** (isolation, helplessness, lack of support, elder abuse)
Design programs to teach older people to embrace and to deal with vulnerability in Old Age

We need to empower and educate the 3\textsuperscript{rd} age population to continue to grow with positive attitudes and to embrace difficulties with courage.

- **Self-care** (health prevention/promotion/maintenance)
- **Self-development** (life long learning)
- **Self-actualization** (productive engaged, volunteering)
- **Self-awareness** (accept limitation, courage to get help)
Directions for Aging Programs **C.H.I.N.A.**

- **C.** Capacity Development *(productively engaged/life long learning)*
- **H.** Harmonious relationship *(social connectedness/support)*
- **I.** Inclusion: *(advocacy/positive image/less ageism/age-friendliness)*
- **N.** New Ideas *(creative & innovative)*
- **A.** Asset Building *(investment/collaboration/workforce preparation)*
Thank you!

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