

JOCKEY CLUB COMMUNITY EHEALTH CARE PROJECT



賽馬會「e健康」電子健康管理計劃
Jockey Club Community eHealth Care Project

Jockey Club Community eHealth Care Project

Are you out of breath when climbing stairs? Do you feel tired all the time? Has your memory been deteriorating? Many think these are just signs of ageing, but they could be symptoms of underlying health problems. You may think that you can always go to the hospital when anything happens, but as a social worker said in an interview: “Even if one survives, one may suffer from all sorts of complications.” In the face of an ageing population, there is an urgent need to step up the promotion of community-based primary health care services.

The benefits of primary health care services are numerous as it focuses on early detection, intervention and prevention. The Hong Kong Jockey Club Charities Trust has earmarked HK\$138 million to conduct a three-year Jockey Club Community eHealth Care Project (“JC eHealth Project”) between 2016 and 2019, involving eighty elderly centres. The JC eHealth

Project helps elderly people in the community to measure their blood pressure, blood glucose, weight and body temperature. Nurses and social workers can monitor the conditions of the elderly participants through data and health reports collected, and to detect early symptoms of health problem the elderly may be facing. They can then intervene by providing health advice and by encouraging them to exercise appropriately along with choosing the right diet as a preventive measure.

The key goal of the Project is to encourage the participants to “manage their own health” by increasing their awareness and encouraging them to practice healthy habits. This will not only improve their quality of life, but will also allow them to remain active as they grow older, so that the pressure on local health care and social welfare services in terms of manpower and waiting time can be eased.

CONTENT

01-02 Jockey Club Community eHealth Care Project
 03-06 Early Detection and timely Intervention
 07-08 Telecare Service

09-10 **Leong Cheung: Innovation is Needed to Improve Elderly Health Support Service**

11-12 **Jockey Club Community eHealth Care Project Resource Map**

13-16 Identifying High-Risk Elderly People

17-20 Enhancing Health Management Awareness

21-22 Helping the Elderly Build Social Networks

23-24 Ageing in Place with Community Support

25-26 Enhancing Health Awareness of the Old and Young

27-28 Using Resources Efficiently and Effectively to Promote Community Health

29-30 Enhancing the Health Knowledge of Social Workers

31-32 **Professor Kelvin K. F. Tsoi: Big Data and Sarcopenia**

33-38 **Professor Jean Woo: The JC eHealth Project is Effective in Health Protection**

Improvement in Blood Pressure and Blood Glucose Control

Importance of Symptoms of Frailty

Improvement in Subjective Well-being and Quality of Life

39-40 Data Analytics

41-44 **Professor Samuel Y.S. Wong: Multi-disciplinary Collaboration in Primary Health Care**

45-47 **Dr.Ching-choi Lam: Connecting District Health Centres**

48-50 Elderly Centres Participating in the Jockey Club Community eHealth Care Project



WHAT IS JOCKEY CLUB COMMUNITY EHEALTH CARE PROJECT

Jockey Club Community eHealth Care Project Service Flow:

Early Detection and Timely Intervention

Extended Service: Medical Consultation Roadmap

Apart from analysing data and conducting the questionnaire survey, the CUHK Jockey Club Institute of Ageing distributes leaflets on medical consultation roadmaps for different diseases to the elderly participants so that those in need may seek help as soon as possible. Prince of Wales Hospital also provides free early tests for diagnosing heart failure for participants suspected of having heart problems.

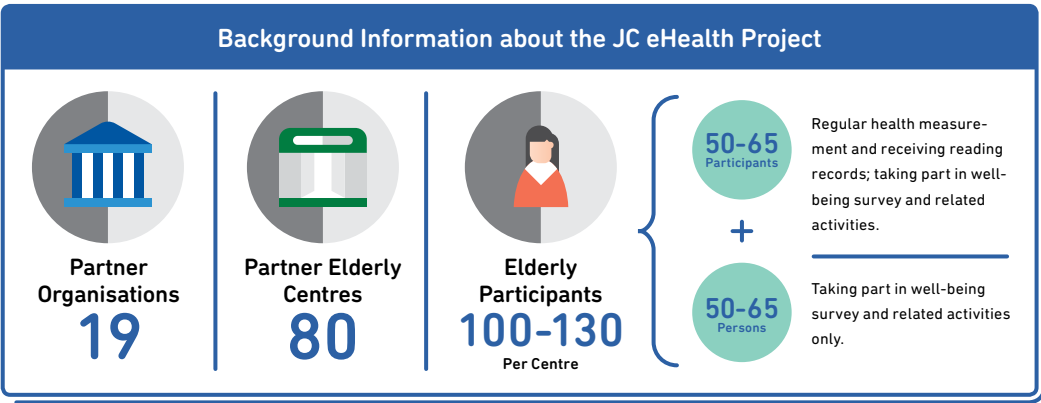
The JC eHealth Project has earmarked funds for the installation of digital blood pressure meters, blood glucose meters, body temperature monitors and weighing scales in elderly centres. Participants take their health measurements one to three times per week by logging in with their smart cards at eHealth stations. The data is then transferred to the Senior Citizen Home Safety Association ("SCHSA") by cloud technology for monitoring and follow-up by project nurses.

When an anomaly is detected in the health readings of an elderly person, a nurse will call them immediately to enquire about their physical condition and to find out the reason for the discrepancy. If necessary, the nurse would encourage the elderly person to go to the Accident and Emergency Department immediately. At the centre, participants, social workers can consult the nurses about the elderly person's physical condition, and if required, the social workers can call an ambulance to take them to the hospital to address any immediate health risks.

Not only does the Project help the elderly detect critical health issues, It also helps them identify potential chronic issues, such as risk of falling and problems with chewing. It can even indicate whether they would be prone to accidents or falls by analysing the health readings and the

data collected by the Chinese University of Hong Kong Jockey Club Institute of Ageing ("IoA") through well-being survey on the quality of their health needs. Armed with the relevant information, the social workers can then organise activities and plan services targeting the problems identified by the data and findings.

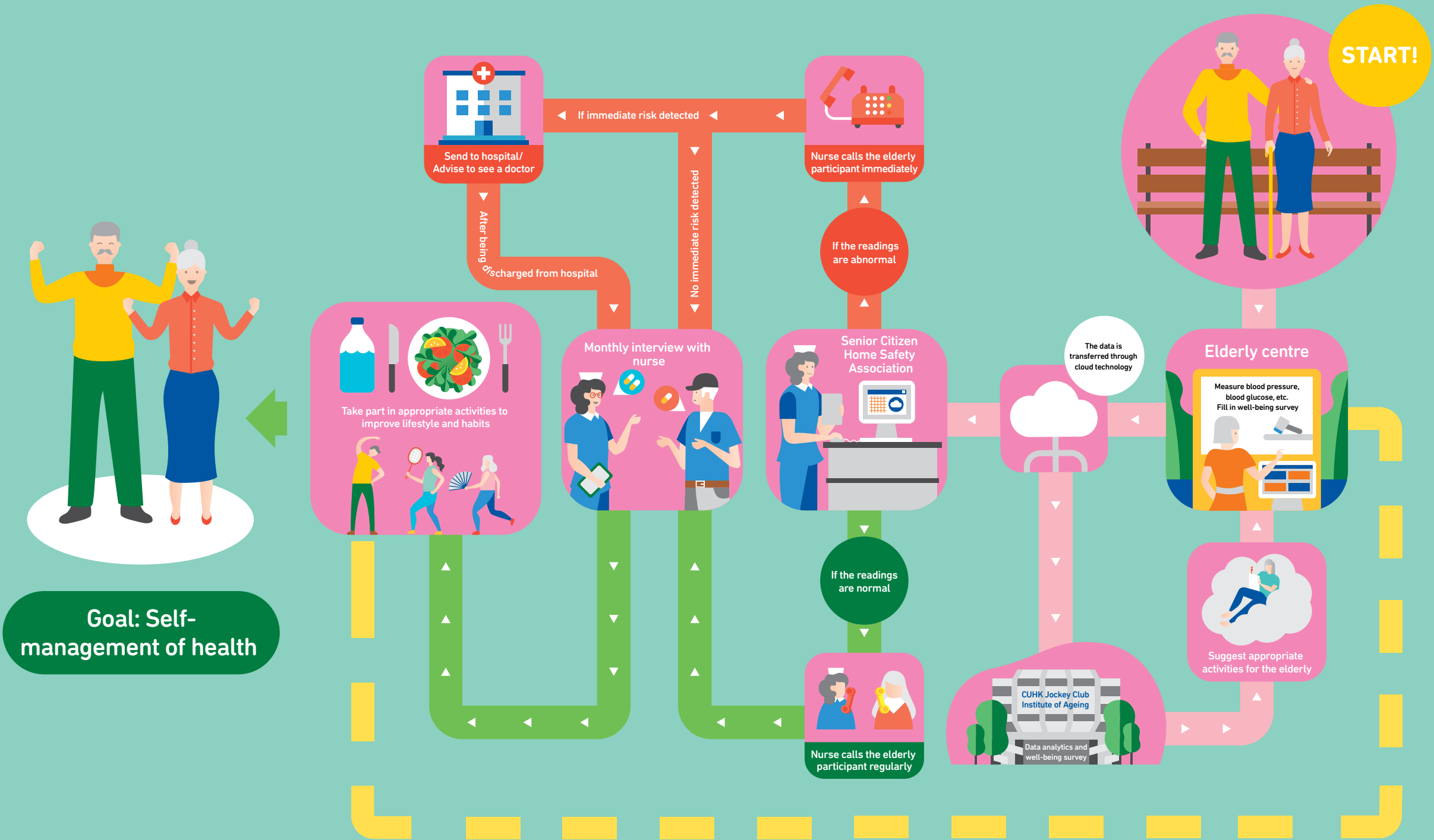
The primary health care service focuses on disease prevention at a community level, it requires participants to collaborate with friends, family and peers, along with the staff of elderly centres. For the Project to be effective, it is crucial that "one manages one's own health". Elderly participants of the Project will be given monthly records of their own health readings. Based on this information, nurses will guide them on how to improve their lifestyle and habits, and encourage them to put into practice what they



learn from their activities. The elderly will be able to "see" continual improvement in their health. Like teachers giving out monthly report cards to students, social workers will keep track of the participants' progress and encourage them to learn to manage their well-being to prevent

major illnesses. In the long run, the Project aims to stem the deterioration associated with ageing and help the elderly continue to remain active in the community and at home as they get older. The elderly people can also bring their "health reports" to their doctors in follow-up consultations.





WHAT IS JOCKEY CLUB COMMUNITY EHEALTH CARE PROJECT

Jockey Club Community eHealth Care Project Service Flow:

Telecare Service



"The nurses are the ones who follow up on the health conditions of the elderly participants. From being strangers, the nurses and the elderly people grow close gradually. For instance, when nurses go on maternity leave, the elderly people will want to know how they are doing. Or, if a colleague quits her job to take care of her infant child, she would look forward to returning to her post soon because she wants to work with the same group of elderly people. This is because they have bonded with each other." According to Cheryl C. H. Fung, Head of Operations of SCHSA, the JC eHealth Project is a project with compassion.

One of the main focal points of the Project is to encourage the participants to visit elderly centres regularly to measure their blood pressure, blood glucose and weight, etc. The data is then transferred to "SCHSA" by cloud technology and monitored by a team of nurses.

"For example, when an elderly person's blood pressure is found to be too low or too high, the nurse will first find out if the measurement has been conducted properly. If it is, the nurse will determine in accordance with a guideline whether the elderly person should see a doctor immediately. If there is no such need, the nurse will provide the elderly person with health care advice and lifestyle tips depending on the latter's

conditions. Even if the reading is normal, we will follow up with them regularly to encourage them to continue to learn how to better manage their health," said Fung.

Enhancing Rapport with the Elderly People

A nurse serves four elderly centres on a regular basis. The nurses engage with the participants through regular caring calls and face-to-face interviews, so they can keep track of the changes in the health of the elderly participants while gradually building rapport. "The extent on how the elderly participants follow the advice of the nurse varies. Some follow their advice immediately while others refuse to listen even

after meeting with the nurse time after time. However, as long as the nurse continues to follow up and persuade them, even those who have refused to listen will eventually follow the advice of the nurse." Fung admits that it is a lot of work for the nurse. However, the nurse also gains a sense of accomplishment when she witnesses a change in the attitude of the elderly who eventually learns to manage their own health.

Some elderly people who have become close with the nurses may even share their personal problems. "A couple may be fighting and quarreling at home all the time because they are not able to communicate properly. When the nurse learns of such a case, the elderly couple will be referred to counselling. Not only are we concerned about the physical health of the elderly, their mental health is our concern too," says Fung.

From Feeling Annoyed to Heaping Praises

83-year old Chu Kor Lau is a beneficiary of the telecare service. When she first took part in the Project, she often complained to the social worker that "the nurse kept calling her, which could be a bit annoying". Chu suffers from hypertension and heart disease but she used to have dimsum

breakfast with her husband every morning, and she rarely exercised. The nurse went into great lengths to explain to her why she needed to change her lifestyle and eating habits. After she started to make the recommended changes to her daily life, she found that the readings of her blood pressure and blood glucose gradually improved. Now Chu eats oatmeal and eggs for breakfast, and takes a 40-minute walk every day after dinner.

Chu's blood pressure is now back to normal and she is full of praise for the nurse who continues to follow up on her conditions by phone. "The nurse is very concerned about me. She is really nice." Chu has also become an "ambassador" for the Project. "I've become aware of the importance of our health after taking part in the Project. Paying attention to our diet and exercising helps." Chu is also very eager to share her experience with other elderly people.



Executive Director of Charities & Community
at The Hong Kong Jockey Club
Leong Cheung



"Innovation is Needed to Improve Elderly Health Support Service"

— Leong Cheung

When faced with health problems, most elderly people seek help from clinics, public or private hospitals. However, with an ageing population, elderly health care service should be developed at the community level. Mr. Leong Cheung, Executive Director of Charities & Community at The Hong Kong Jockey Club, says he hopes that the Project will create an innovative model of community health care service.

The elderly population aged 65 or above is close to 1.2 million, 70% of whom suffer from at least one chronic disease. Thirty percent of the population will be aged 65 or over by 2039. "As the ageing population grows, the number of elderly people suffering from chronic diseases will also increase, adding pressure to both the public and private health care services. In the long run, the problem cannot be tackled by simply increasing the carrying capacity of the healthcare system," says Cheung. As a means to address the anticipated healthcare and social burden, Cheung thinks that a common consensus must be reached by society on adopting a dual approach of prevention and support, as soon as possible.

Assistance should be provided to the elderly in the community to maintain their physical and mental health, while improving their health awareness.

Providing Targeted Support Services

In view of the above, The Hong Kong Jockey Club Charities Trust ("The Trust") has chosen to work with "conventional" elderly centres to launch the Jockey Club Community eHealth Care Project. The aim is to promote community support services that emphasise disease prevention and elderly care through digital health management technology, innovative thinking and cross-sector collaboration. But the Project has a wider objective. "We also want to gain a better and more

systematic understanding of the health status and health trend of Hong Kong's elderly population through big data analysis," says Cheung. This will help the Project to ascertain which targeted support services should be provided in the future. Elderly centres can also draw on the big data to find out how to improve their services.

Effective in the Control of Blood Pressure

The Project was launched in November 2016. Cheung says he is satisfied with the outcome of the Project, particularly in regards to blood pressure control of elderly participants. "We have found that the blood pressure of the elderly participants stabilise gradually after a year and the readings of the systolic blood pressure have gone down significantly." He is also pleased that the nurses have found that the elderly are showing progress in managing their own health. The most significant improvement is the stronger link fostered between the elderly people and the community, and the adoption of a healthier diet.

The Trust has commissioned the IoA to design a well-being survey to better understand the needs of the elderly people, and make sure that the elderly centres are on the frontline when

collecting information about the health status and social needs of the elderly. The survey will collate data about the quality of health of the elderly population, and will be conducted on an annual basis. According to Cheung, one of the findings of the survey is that "the conditions of half of the participants, who said they suffered from mental health problems, have improved after a year."

By November 2018, The Jockey Club Community eHealth Care Project reached out to 80 elderly centres in 18 districts of Hong Kong, just two years after it was launched. During that time, about 5,000 elderly persons have taken part, regularly taking health measurements while receiving support from nurses and social workers. Cheung anticipates that more elderly people will benefit from the Project in the future. He hopes that the Project will also strengthen the collaboration between different support services in the community by providing more professional health support to the elderly and enhance their life quality. In the long run, he hopes that the Project will ease the social burden maybe brought about by an ageing population.

The Jockey Club Community eHealth Care Project aims to help the elderly manage their own health. The Project collaborates with 80 District Elderly Community Centres, Neighbourhood Elderly Centres and other types of self-financing elderly facilities in 18 districts around Hong Kong.

On Hong Kong Island alone, 19 elderly centres participate the JC eHealth Project. There are 27 participating elderly centres in Kowloon, 31 in the New Territories, and 3 on outlying islands.

For details, please read the list on P.49 to P.50

We visited 7 elderly centres in various districts which have taken part in the JC eHealth Project. According to the centre-in-charge and social workers we interviewed, the Project has enhanced the elderly participants' awareness and capacity to manage their own health. It has also improved their quality of life and enabled them to expand their social networks which helps them gain more self-confidence. In addition, the Chinese University of Hong Kong Jockey Club Institute of Ageing provides regular health reports and data analysis to the centres so that they can gain a better understanding of the general health conditions of the elderly in their designated districts. The centres then design services which can better meet the needs of the elderly. A few social workers have told us that they used to rely mostly on their experience when they planned activities and fought for funds. Now that they have better data support, their proposals to solicit further resources are more convincing.

New Territories
31

Kowloon
27

Hong Kong Island
19

Outlying Islands
3

Jockey Club

Community eHealth Care Project

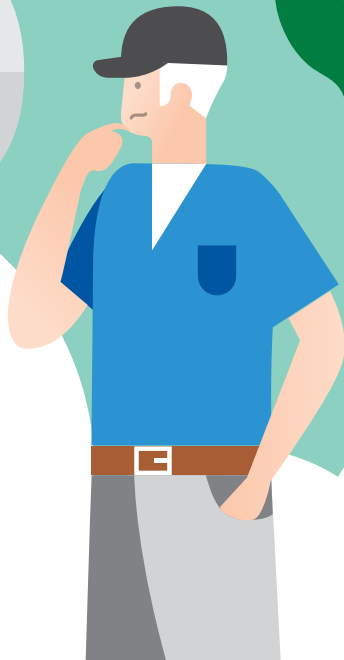
Resource Map

1

Identifying High-Risk Elderly People

Pok Oi Hospital

Uncle Qin came to Hong Kong about 10 years ago and he only understood a little Cantonese. He did not like visiting doctors. He found the procedures for doctor visits in the public hospitals complicated and had some unpleasant experiences. After he took part in the JC eHealth Project, he discovered that his blood pressure was too high. Fortunately, the social-worker accompanied him to the doctor, which helped him gain back some confidence in the public health care system.



Service Manager,
Pok Oi Hospital Mr. Kwok Hing Kwan
Neighbourhood Elderly Centre
Olive S.K. Sin



Participants of the JC eHealth Project
Mr. and Mrs. Qin

Uncle Qin, who is 81 years old, was a singer and a movie star in Hubei before he retired. His three children lived in Hong Kong, so after retirement, he and his wife migrated to Hong Kong. A few years ago, his wife was diagnosed with dementia and he became her primary care-giver. Since they did not speak or understand Cantonese very well, they rarely took part in the community centre's activities, and refused all forms of home care service. Uncle Qin also turned down the social worker's suggestion to help his wife apply for admission into an elderly home. They never went to the clinic unless they were seriously ill. "Seeing the doctor in the hospital involves so many procedures and traveling. We didn't know how to do it and we didn't understand what they said," says Uncle Qin.

One of the main reasons Uncle Qin was hesitant about seeing the doctor was because of a previous experience. Many years ago, Uncle Qin went to see the doctor in the public hospital because his skin and the white of his eyes had turned yellow and he had lost weight. The doctor told him that it could be bile duct cancer and he might need surgery. With the help of a friend, he consulted another doctor

who diagnosed him with gallstones but not cancer. In the end, he had surgery to remove the bile duct and he recovered.

Targeting the Elderly who have high blood pressure, high blood glucose and high cholesterol

Uncle Qin rarely cooked as he had to take care of his wife. "I would only buy a lunch box, and my wife and I shared it together," he said. The take-out food they ate was high in salt, oil and fat. When the nurse from the JC eHealth Project measured their blood pressure, Uncle Qin's systolic pressure was as high as 190, and his wife's exceeded 140. The nurse asked them more questions and she found out that the couple had been also mixing up with their medications. They are often confused with the number of pills they had to take. Only after a lot of persuasion from the social worker, did the old couple finally go to see the doctor at a public hospital's general out-patient clinic. Since they now have company, Uncle Qin is no longer hesitant when they need to visit the doctor. "The centre staff brings us there and helps us with the procedures. I also understand the words of the doctor now". Healthier food is delivered to them at



home every day through meal delivery service and their blood pressure readings have returned to normal.

Olive S.K. Sin is an experienced social worker and Service Manager of the Pok Oi Hospital Mr. Kwok Hing Kwan Neighbourhood Elderly Centre. She says the Project has been very effective in identifying high risk elderly. "The Project prioritises those who have Three Highs (high triglycerides level, high blood pressure and high blood glucose level) among elderly individuals or couples who live on their own, and also among the hidden elderly. Mr. and Mrs. Qin's health readings helped us identify their issues. The nurse and the university analysed the readings of their blood pressure and found out that they were at risk, so we brought them to the clinic. If not, they might suffer from a stroke or a heart attack which could be very detrimental," she said.

"The social workers here are my benefactors. I am very grateful to them. They are very concerned about us and care about us all the time. They accompany us to see the doctor too." Since he joined the JC eHealth Project, Uncle Qin takes his wife to the centre nearly every other day to socialize with others. He feels an increasing sense

of belonging. He has grown to trust the social workers and would follow their advice. He has applied for day care service for his wife to alleviate some of the pressure he faces when taking care of her in the daytime.

Gone are the Days of Bread and Circuses

"There are early symptoms in diseases, (such as dementia, stroke and heart disease), common to the elderly. Middle and late stage symptoms of these diseases do not appear all of a sudden. If these diseases are discovered at an early stage, the deterioration can be slowed down with medication and physical exercise. If not, an elderly person may already have lost their ability to walk or eat by themselves, when they are found to be sick. They may then have to be admitted into elderly homes. Another problem is that there is a very long waiting list." Sin would be very concerned whenever the issue of ageing is raised. So, when she learnt about the JC eHealth Project launched by the Jockey Club, she immediately applied for her centre to participate.

"Health" was only one of the themes in the programmes of the Mr. Kwok Hing Kwan Neighbourhood Elderly Centre. "In the old



days, health talks were often about the same old subjects and they were often one-way communication. The elderly attended the talks as a favour to the social workers. They did not feel that the talks had anything to do with them. Sometimes when the elderly person's blood pressure was measured at the centre and found to be too high, we would keep a record of the readings but the elderly were only reminded to keep an eye on the figures. There was no follow up at all." Sin says that the centre has about 900 members and more than a hundred elderly people come to the centre every day. "(Lacking in manpower) it is impossible to closely on the health situation of the numbers. The JC eHealth Project has provided us funding to employ a staff member. The centre staff now calls the elderly people to invite them to come to the centre, organise activities and follow up cases." To support the Project, some social activities have been replaced by fitness training classes. The elderly participants are obviously more concerned about their health than before. "The days of bread and circuses are gone. Now elderly centres must take a step forward and address their health issues as well."

The fifty-five elderly persons who took

part in the Project conducted their health measurement regularly at the centre. They were recruited because they were suffered from "Three Highs". However, except for Uncle Qin and his wife, not many of them needed to see the doctor immediately. Among this group, six of them had emotional issues. One of the participants did not show up for a long period of time after his spouse was hospitalized. The nurse called him on the phone and found out he had symptoms of emotional distress. This case has now been followed up by the social worker. "By preventing serious illnesses from getting out of control, the Project not only eases the burden of medical and social services but also improves the elderly person's quality of life. What the elderly need is not merely longevity."

2

Enhancing Health Management Awareness

Caritas Hong Kong – Services for the Elderly

Siu-bing is an instructor in Cantonese opera, make-up and cooking. She is a very energetic 86-year old. But when she took part in the JC eHealth Project, she found out that three of her arteries were blocked. She had a coronary angioplasty and made changes to her unhealthy diet. "Now I no longer feel sick in my chest when I walk up a long flight of stairs or when I walk fast."

Siu-bing is the chairperson of the executive committee of the Caritas Kwun Tong and Ngai Tau Kok Elderly Centre. She is also active in other communities and centres. She returned to Hong Kong from Brazil with her two daughters more than 20 years ago. Her younger daughter, who suffers from mild mental disability, lives in a residential home. Siu-bing started living on her own after her older daughter moved out. She became negligent with her health and indulged



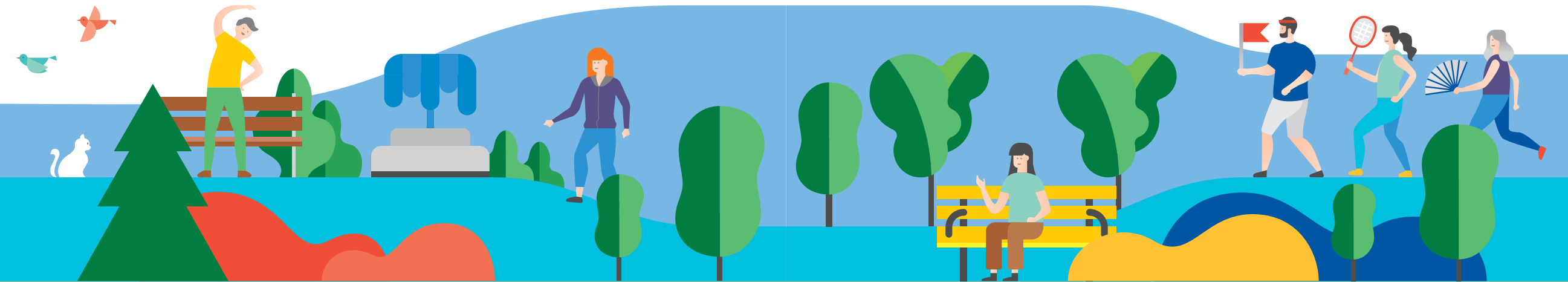
Participant of the
JC eHealth Project
Siu-bing

in unhealthy eating habits. Her health began to suffer. She admits that her diet was "very bad". "I used to eat ice cream for my meals. I didn't eat proper meals. I had family-size ice cream tubs at home which I would eat every day. I could finish one bucket of ice cream in three days. I don't like rice, and I like chicken butt."

She had been eating like this for 40 years. Four years ago, she went to the public hospital for a checkup because she had an uncomfortable

feeling in her chest. She was told that there were problems with the arteries in her heart and was told to follow up with a second examination. She ignored the advice because she thought "the waiting list was too long and I had no problem walking or chasing the bus." She did not see the doctor nor did she measure her blood pressure, and she continued to eat whatever she liked.





Prompt Support from the Nurse

In 2017, the social worker at the elderly centre invited Siu-bing to join the JC eHealth Project because she lived alone and her diet was of concern. "What I like most is that I can measure my blood glucose. That's because I like sweet food so much. I drink milk tea with four teaspoons of sugar!" She had imagined that she might suffer from diabetes instead of heart disease. After she joined the Project, Siu-bing initially would go to the centre regularly to measure her blood glucose and blood pressure, etc. She also saw the nurse at least once a month. But she only agreed to go

for a thorough check-up at the hospital after a lot of persuasion from the nurse and social worker. She had delayed the check-up for three years. The doctor told her three arteries in her heart were blocked and she needed a coronary angioplasty.

The surgery unblocked one of the arteries however Siu-bing needed to take medicine regularly as well. Now she feels much fitter. "I used to feel very tired when I walked fast. I could not run at all. To go home I have to climb a staircase of 50 steps. I used to be out of breath before I finished the stairs and I would get a sick feeling in my chest. Now I'm okay." Siu-bing was keen to improve her diet after she discovered the advantages of being healthy. She no longer eats ice cream and limits the amount of sugar she takes. "Now I am happier and more energetic," she says.

Thirteen Caritas elderly centres take part in the Project. A total of 26 elderly persons, including Siu-bing, have been referred to the hospital. There are 3 to 4 people whom the social workers follow up with regularly on a long-term basis. Workers from the centres accompany them when they go to see the doctor and also provide them with counselling services.

"The elderly participants have become more aware of the need to manage their own health after they joined the JC eHealth Project. They have acquired the habit of measuring their health. They are also more proactive now," says Wilson W.Y. Chui, Senior Social Work Supervisor Caritas Elderly Centre - Tung Tau. Initially there were some obstacles. "The Project is supported by a team of nurses. Whenever they discover any problem with the health readings of any elderly person, they will immediately phone them to enquire about their condition. In the beginning some elderly people felt it might be a bit too much. Now everyone, including the children of the elderly, feels secure because of the nurses."

the responses he hears most are "these activities are for youngsters and not for us". To help the elderly participants gain self-confidence, he tells them to walk together inside the public estate. The distance they walk is increased gradually. By the time activities are held in the park, the elderly are happy to join. "They used to think that to improve their health, they have to rely on medication. Now they know that they can also exercise and eat a healthy diet. Being happy also helps," says Chui.

Building Self-confidence with Exercise

The JC eHealth Project transfers the health data it collects to IoA for analysis. According to IoA's report, most elderly participants suffer from frailty which leads to a lack of physical endurance and muscular strength. To address this problem, the centres organise more fitness classes and outdoor activities in which the elderly are encouraged to take part. However, Lin Kwok Leung, Social Work Supervisor of one of the centres, says



3

Helping the Elderly Build Social Networks



Service Director,
Hong Kong
Sheng Kung Hui
Welfare Council
Wai-ming Tam

Hong Kong Sheng Kung Hui Welfare Council

Uncle Wong met someone who spoke the same non-Cantonese dialect as he did after he joined the JC eHealth Project. As this person could help him communicate, he was more willing to take part in the centre's activities. He has become more cheerful and has joined the centre's volunteer group. He feels his life is more fulfilling.

Uncle Wong speaks neither Cantonese nor Putonghua. The language barrier made it difficult for him to socialize, so he never went to the elderly centre nor did he take part in any activities. He was alone all the time. The social worker had invited Uncle Wong to join the JC eHealth Project since he fulfilled the criteria for participation. He went to the centre every week to conduct his health measurement, and at the centre, he befriended another participant who spoke his dialect. He had found someone who could translate for him, which meant he could communicate better with the staff, the nurses and the other elderly people at the centre. He is now more cheerful and takes part in the centre's activities with his friends regularly. He volunteers by helping other participants use the Project equipment and by manning booths at the centre's major events.

Reducing Loneliness by Helping Each Other

Even though the JC eHealth Project targets the health of the elderly, its impact goes beyond health management. "Nowadays most people don't live with their parents. The Project has shown that social interaction among the elderly



is very important," says Wai-ming Tam, Service Director of Hong Kong Sheng Kung Hui Welfare Council. The participants are expected to conduct health measurements at the centre three times a week. They are also given priority to take part in activities such as fitness classes which gives them many opportunities to interact with others at the centre.

"They have the opportunity to know each other better. Since all of them have the problem of eating a diet high in salt, oil and fat, they have formed a support group in which they share their concern for each other and exchange their views," says Tam. Social life "has eased the loneliness and enhanced the quality of life" of Uncle Wong.

Providing Care for the Elderly by Integrating Resources

Tam supervises three Neighbourhood Elderly Centres located in Central, Western district and Shaukeiwan. Some of the elderly are more resistant than others to the idea of health management. Apart from nursing support and a project staff provided by the JC eHealth Project, a team of nurses employed by the centres have joined in to encourage the elderly people to

manage their health. Volunteers also accompany them during visits to the doctor.

IoA has designed a medical consultation roadmap for the centres to strengthen the support given to participants. However, Tam says that "the elderly people use the roadmap only in an emergency situation and it is easier to motivate them to see the doctor by providing volunteer escort service." She emphasises that centres "should make use of the opportunity to enhance the collaboration between social workers and medical personnel by integrating the centre's own resources and services." Her centres also plan activities for elderly people in the neighbourhood who are not participating in the Project by drawing on the health data analysis provided by the IoA.

4

Ageing in Place with Community Support



Senior Service Manageress (Elderly Service)
Aberdeen Kai-fong Welfare Association Social Service
Tammy B.T. Leung

Aberdeen Kaifong Welfare Association Social Service

While Grandma Chun was taking health measurement at the centre, she felt very tired. She would keep saying that she wanted to go home to take a nap. They discovered that her heart rate was only 30-odd beats per minute, and the centre immediately sent her to the hospital. She and her family are grateful that they identified her health problem "just in time". Her daughter says that community support has alleviated the pressure of caring for her mother.

As a participant of the JC eHealth Project, Grandma Chun was not resistant to health management but she did not pay much attention to the health readings. One day, she went to the centre as usual to measure her blood pressure. She kept complaining that she was "very tired and sleepy" while the measurements were being taken. The social worker found her heart rate and blood pressure readings too low to even be uploaded to the cloud. She stopped her from leaving and consulted the nurse of the SCHSA. The social worker immediately sent her to Queen Mary Hospital when she learnt that Grandma Chun's condition was critical.

Grandma Chun was discharged after three days in hospital where she received treatment for her stomach problems and was given medication to adjust her blood pressure. After leaving the hospital, she went back to the centre with her daughter to thank the social worker. "If we had let her go home then, she may not have woken up again. Even if one survives, one may suffer from all sorts of complications," says Tammy B.T. Leung, Senior Service Manageress (Elderly Services) Aberdeen Kai-fong Welfare Association Social Services.



Alleviating the Pressure of the Families of the Elderly

The incident made Grandma Chun realise the importance of health management. She goes to the centre more often now for check-ups. Her daughter also feels reassured because the Project monitors her mother's health. "When the stress of the family in caring for the elderly is relieved, the family members would feel much more comfortable and ready to have their elderly family members age at home," says Leung.

The centres monitor the health of the elderly, but more importantly the JC eHealth Project helps to raise the participant's awareness and capacity to manage their own health. "The elderly themselves have to learn to build up their capacity when they are healthy. When early symptoms of illnesses are detected, they should know how to seek help and manage their emotions. The aim is to enable elderly people to expand their active years and to maintain their quality of life. The public will appreciate more of the engagement of the elderly in the community and not see them as a burden on social services and resources," said Leung.

The Primary Care Role of the Centres

The neighbourhood elderly centres also aim to facilitate the relationship between elderly people and their neighbours. With an ageing population, Leung thinks that the role of the centre in health care is more important than before. "In the past, the focus was more on providing remedial services to the elderly after they fall sick. Now the focus is on prevention."

The centre holds a variety of activities to target the main health problems encountered by the elderly. They include exercises for the lower limbs, stretching as well as talks hosted by physiotherapists or fitness coaches on preventing falls. "Many elderly in the Southern District were fishermen and used to eat a lot of dried fish or salty food. Frequent reminder on the importance of healthy diet is very much needed," says Leung.

5

Enhancing of Health Awareness of the Old and Young

The Hong Kong Society for the Aged



Programme Assistant
The Hong Kong Society for the Aged
Boyie Lam



Grandma Chan used to be a loner, but that changed with her participation in the JC eHealth Project. She was also keener to join because of the new activities offered. She has become more aware of health issues and is in a better mood nowadays.

Grandma Chan, who is over 70 years old, enjoys being physically active. But in the past she rarely took part in the activities provided by the local elderly centre, aside from playing cricket. When she first participated in the JC eHealth Project, she just went to the centre to take health measurement. After she found out that the centre had introduced new activities, such as curling and mölkky, she registered to join right away.

She has made new friends and goes to the centre for regular meetings. “Grandma Chan is more concerned about her health now and is willing to try other activities,” says Boyie Lam, Programme Assistant of the centre

Activities More Targeted than Before

“In the past, the subjects of our talks were very superficial, such as food pyramid, and there weren’t any talks on fitness training. At most, there might be something on how to prevent falling,” says Lam. Most of the participants of the JC eHealth Project suffer from frailty, high blood pressure and memory loss. To help them manage their health, the centre has introduced new activities, including stretching, aquatics, and brain exercises, such as square stepping exercises. Fitness day camps are also organised. “For the square stepping exercise, one has to remember the step patterns which trains their four limbs and brain coordination. Aquatics allows the elderly to make movements in the water, which they normally cannot make, such as standing on their toes. Apart from improving their fitness, the exercises enhance their self-confidence too.”

Many elderly people have problems with chewing

or dental issues, so the centre also helps them register to take part in the Oral Health Day. The event held by University of Hong Kong Faculty of Dentistry provides free annual dental check-ups and teeth cleaning. “The public service waiting list is very long and private service is very expensive. Many elderly in need prefer not to deal with the problem,” Lam says. The new service addresses some of their issues.

Have you made an appointment with the nurse?

Both the elderly and the staff of the centre have increased their awareness about health management since participating in the Project. According to Lam, even the staff would occasionally take health measurement for themselves. When the staff meet the elderly participants, instead of the customary greeting of asking whether they have eaten, they ask whether they have made an appointment with the nurse or joined related activities. The elderly participants compare their health readings amongst themselves to find out who has the best results and remind each other to eat a healthier diet. On a whole, the atmosphere at the centre is encouraging and enthusiastic.



6

Using Resources Efficiently and Effectively to Promote Community Health

Jockey Club Cadenza Hub



Deputy Manager,
Jockey Club
Cadenza Hub
Kwan-mei Chiu



Yee-han's always had normal blood pressure and blood glucose levels, but there was a brief period when she felt a numbness on one side of her body. She thought it was because she was too tired, and she did not look into it any further. Fortunately, she joined the JC eHealth Project and had a thorough check-up after she was advised to do so by the nurse and the social worker. She found out that she had suffered a minor stroke.



72-year old Yee-han lives with her family, but she rarely discussed her health with them even when she felt the numbness, because she did not want them to worry. After she took part in the Project, she went to Jockey Club Cadenza Hub ("Cadenza Hub") regularly for her various health measurements. She was advised to see a doctor immediately by the social worker, the centre's nurse and the staff of IoA, once they learnt of her condition.

Yee-han understood the urgency of her situation and was admitted to the Prince of Wales Hospital with the help of the IoA. She was checked for early symptoms of heart failure and they found out that she had previously had a minor stroke. The doctor also prescribed her with anticoagulants. Since then she has become much more aware of the importance of health management. She often takes the initiative to learn about the precautions needed for the medicines she takes, and is now doing less strenuous exercises. In short, she has learnt to take care of herself.

Emphasis on Mutual Support in the Neighbourhood

According to Wing-yi Wong, a Programme and Activity Officer of Cadenza Hub, some health

problems cannot be detected from just reading measurements like blood pressure. The problems of the elderly participants can only be accurately understood after they communicate their health problems with the social worker and nurse. This is why it is better to have them measure their health at the centre.

Kwan-mei Chiu, registered social worker and Deputy Manager of Cadenza Hub, says that the Project encourages mutual support in the neighbourhood. The centre works with three public estates and home ownership scheme owners corporations. Elderly people who live in the neighbourhood but who are not members of any elderly centres were recruited. "The Project builds bridges between the elderly and their communities by creating social networks for them. Besides seeing the doctor for help, they can also talk to other people when they encounter any problem," says Chiu.

Tracking Elderly Needs with the Data

Cadenza Hub promotes primary health service emphasising disease prevention. Its philosophy is similar to that of the JC eHealth Project which has conducted a detailed well-being survey on the health needs of the elderly. It also provides the

elderly participants with monthly overall health reports. Through the Project, the centre gains a more precise and better understanding of the needs of the elderly.

Chiu explains that the centre used to collect data only on how much salt, oil and fat the elderly participants take. For the rest, they relied on observations. The well-being survey has validated the centre's own presumptions about the health problems of the elderly. Chiu says one particular aspect was unexpected as she, "never thought that bad memory was an issue in the self-assessment of 70% of the elderly, because they usually did not admit or were not aware of their problems." She thinks that "this is good because if the elderly people admit the problem, it means they would willingly take part in memory trainings and not feel embarrassed or refuse to face the problem."

Chiu thinks that the design of the well-being survey meets its purpose. "The questions are very detailed. When we sent our staff to other centres to promote disease prevention, we conducted another questionnaire survey that is modeled on the well-being survey. We are planning to make use of the data to design a programme for the mental wellbeing of the elderly in Tai Po."

7

Enhancing the Health Knowledge of Social Workers

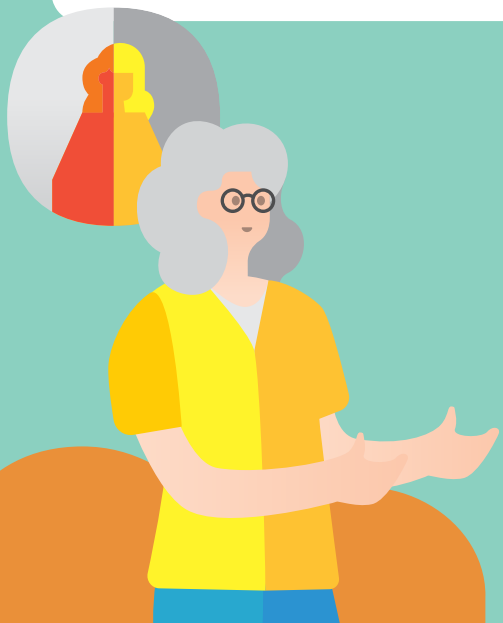
Hong Kong YWCA



Social Work Supervisor,
Hong Kong YWCA
Kenneth W.T. Chow



Grandma Ho had never consulted a doctor despite suffering from hypertension. But after she joined the JC eHealth Project, not only is she willing to take medicine, she also exercises at home, measures her blood pressure regularly and pays attention to her diet. Six months after she started her healthier lifestyle, the readings of her blood pressure have gone down from more than 150 to 130.



Grandma Ho is an elderly person who has always been concerned about health issues. However, she did not eat a proper diet nor did she exercise. After joining the JC eHealth Project, she took regular blood pressure measurement and found that the readings were high all the time. She began to take part in fitness classes and learnt to manage her health. Since then, she measured her blood pressure at home every day and exercised. The nurse and the social worker also managed to persuade her to see a doctor for her hypertension. Now she is taking medicine regularly.

Kenneth W.T. Chow, Social Worker Supervisor of Ellen Li District Elderly Community Centre, says that the centre has adopted a more systematic approach to the care of geriatric health. The centre now provides a one-stop service from health check-ups to fitness classes and other activities. It also helps the participants gain a better understanding of their health conditions while teaching them how to stay healthy.

Creating an Upward Cycle

“The JC eHealth Project is effective in raising elderly people’s health awareness. An upward cycle has been created. When they see that their

health readings have improved, they gain a sense of achievement and are more motivated to take part in related activities. They also pay more attention to their diet. As a result, the readings continue to improve,” he says. The Project has other positive impacts as well. “The project equipment is located on the second floor right next to the exercise room. Now more elderly people gather on this floor. Their relationship with the centre and with other people has improved and they have a more active social life.” Chow says he is often delighted when he hears elderly people saying that they “can get help from the centre” and that “they are happy because they can exercise when chatting with friends”.

Expanding the Support Network of the Centre

Ellen Li District Elderly Community Centre is the only elderly centre in the Northern District. It has over 3,000 members. Chow says that the one of the key contribution of the JC eHealth Project is that it enhances the knowledge of social workers and their capacity to deal with related health problems. “In the past the staff did not know how to deal with the health issues

of the elderly. They would inform the carers of the elderly and remind them to tell the doctor about the issues, but they would not know what would actually happen afterwards. The role of the social worker was very passive. Now when the social worker encounters any problem with the health service or medication, they can ask the nurse immediately. The activities that they design are also supported by data provided by the Project. They are, therefore, more confident now,” says Chow.

Thanks to the JC eHealth Project, the support network of the centre has expanded. Occupational therapists, physiotherapists and other professionals have been invited to give talks. A fun day has also been organised with another elderly centre in Eastern District of Hong Kong Island to promote health management through competition, collaboration and sharing.



CUHK Jockey Club Institute of Ageing
Prof. Kelvin K. F. Tsoi

Big Data and Sarcopenia

— Professor Kelvin K. F. Tsoi

The data collected by the JC eHealth Project is transferred to the Jockey Club Institute of Ageing of CUHK for analysis. A study of the data compiled over the last two years from a thousand elderly people aged 60 or above and a questionnaire survey, found that there is a significant correlation between sarcopenia and frailty.

Most people are concerned when their blood-pressure is found to be too high or too low as it could lead to heart and cardiovascular diseases and the occurrence of strokes. However, few realise that there is also a high correlation between the amplitude and frequency of BP variability and health risks. For example, compared to those with stable blood pressure, people whose blood pressure readings fluctuate frequently have a higher risk of falling sick and being admitted to hospital. So which diseases are associated with frequent and extreme blood pressure fluctuations? Kelvin K. F. Tsoi, Associate Professor of the Jockey Club Institute of Ageing of CUHK says that the answer can be found by

analysing the health data collected, and then tracking big data trends.

The data is collated and stored in the cloud. The 3-year Project aims to gather the data of more than 5,000 elderly persons aged 60 or above. Currently, the blood pressure readings of 1,095 elderly people who took part in the first year of the Project serve as the basis of analysis, along with the results of the well-being survey taken in 2016 and 2017.

Blood Pressure Variability and Sarcopenia

As expected, analysis of the outcome of the survey proves that the higher the level of blood pressure variability, the higher the risk of strokes

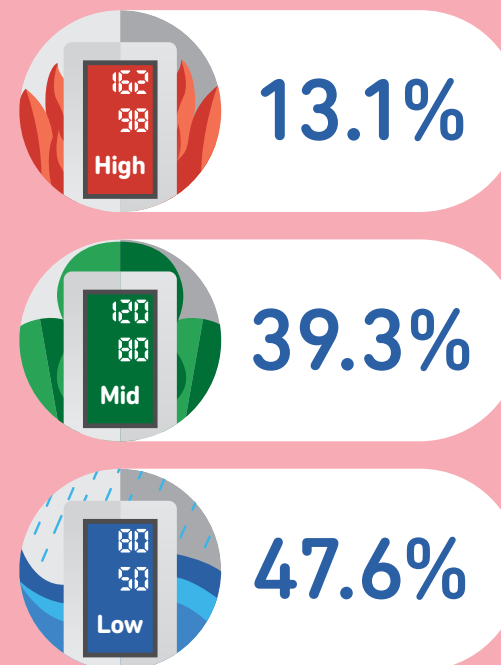


and heart diseases. But the results also indicated that there is a strong correlation between blood pressure variability and sarcopenia, as well as frailty. “These two were less commonly known, especially sarcopenia. It can be described as a new discovery,” says Prof. Tsoi. Adding that further studies are needed to understand the reasons and the pathological correlations.

Prof. Tsoi emphasises that the findings confirm the importance of regular measurement of blood pressure, but moving forward the medical sector should also pay more attention to blood pressure variability. “The trend can be revealed through the analysis of big data. One can have a rough picture of one’s BP variability by having the data of 60 readings that are taken regularly.” Among the 1,095 elderly persons who took part in the first stage of the Project, about 13% suffer from a high level of BP variability and around 39% have a medium level of BP variability.

The profile of elderly people with a higher risk of hospitalization include those who have any one or a combination of the following issues: Those who have high or medium level of BP variability or take multiple medicines, or they exhibit any kind of symptoms of frailty.

Data on Blood Pressure Variability Collected by the JC eHealth Project



Note 1: There is a high correlation between BP variability and strokes and heart disease.

Note 2: The data is based on blood pressure readings of the 1,095 participants in the Project.



Director, CUHK Jockey Club Institute of Ageing
Prof. Jean Woo

The JC eHealth Project is Effective in Health Protection

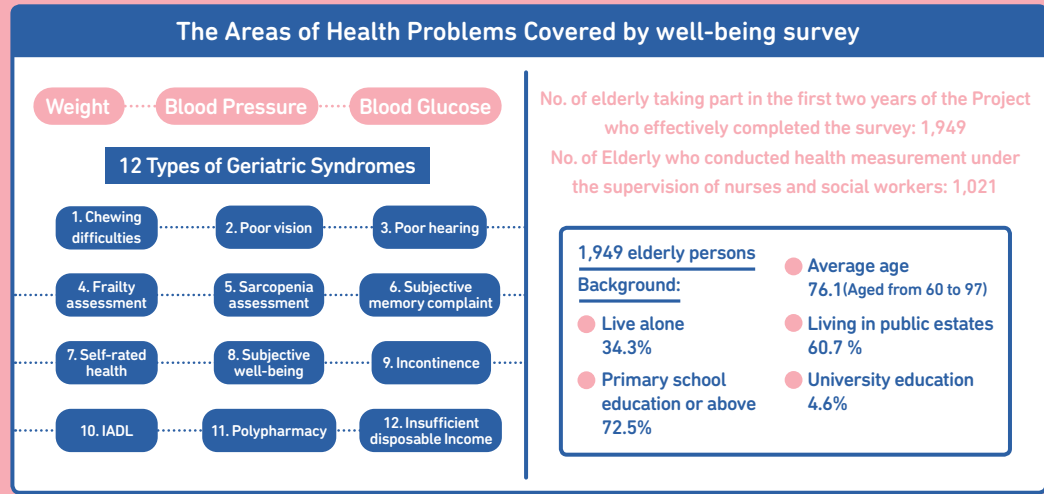
— Professor Jean Woo

The CUHK Jockey Club Institute of Ageing has designed a well-being survey for the JC eHealth Project. It aims to find out the overall health needs of the elderly in 18 districts around Hong Kong.

The results of the well-being survey confirmed that the most common risks are cognitive degeneration and frailty. However, it also showed the average readings of the participants' blood pressure dropped a year after the Project began. It's indicated that the elderly participants have become more proactive in managing their health.

"The elderly participants have become more aware of health issues and visit the doctors more often. For example, they go to the doctor when

they find that the medicine prescribed for their blood pressure is not suitable or their blood pressure is too high. Which means, "the burden on medical services has not been alleviated" immediately. However, if they saw the doctor and received treatment at an early stage, the deterioration of their health would slow down. They would not have to go to the Accident and Emergency Department because they fainted or had an attack," says Prof. Woo, the director of CUHK Jockey Club Institute of Ageing.



1 BLOOD PRESSURE AND BLOOD GLUCOSE

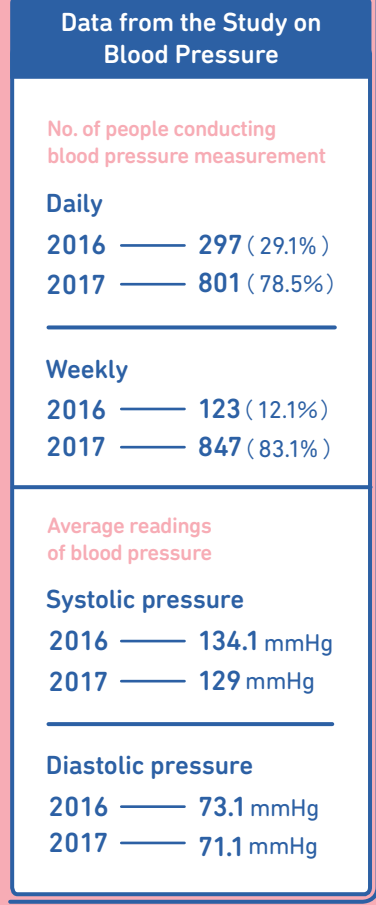
Effectiveness of the JC eHealth Project in Health Protection

Improvement in Blood Pressure and Blood Glucose Control

The well-being survey aims to find out the medical history or physical conditions of the elderly through well-being survey. Apart from using assessment tools for dementia, the elderly participants are also asked to assess their own health.

Among the 1,949 elderly who took part in the first stage of the survey, 296 had assumed that their blood pressure was normal, but the Project found that the blood pressure of 68 of these elderly was too high. The readings of the blood glucose of six people also fell outside the normal range. It proved that some of the elderly people were not aware of their own health status. This could be due to the fact that they did not measure their blood pressure or blood glucose regularly, and that their general awareness of their health is low.

About half (1,021) of the project participants went to the elderly centres every week to measure their blood pressure, blood glucose, body temperature and weight with electronic devices. The study found that most of the participants' blood pressure and blood glucose improved a year after the Project was launched. The number of elderly people who measured their blood pressure at home daily or every week also increased. It showed that the Project gave them a better understanding on how to manage their own health. The survey also found that the improvement in blood pressure readings were most significant among elderly people classified as low-income and with a low education level. But further study is required to find out the reasons for the correlation.



2 SYMPTOMS OF AGEING

Effectiveness of the JC eHealth Project in Health Promotion

Importance of Symptoms of Frailty

Apart from blood pressure, blood glucose and weight, the well-being survey also covers 12 symptoms of geriatric syndromes. Prof. Woo says that geriatric syndromes have a profound and lasting impact on the health of the elderly, including deteriorating mental health and memory. The former can cripple one's brain and physical health, while the latter is a warning of the risk of developing dementia.

Prof. Woo is particularly concerned about frailty. "Many people think that ageing is normal. For example, many people think that it is normal for elderly people to walk slowly, rest while walking up the stairs, and suffer from fatigue or memory loss, etc. The fact is some ageing symptoms, such as sarcopenia can be reversed by exercising. Memory can also be maintained through training. There are a lot of things that one can start doing early," she says.

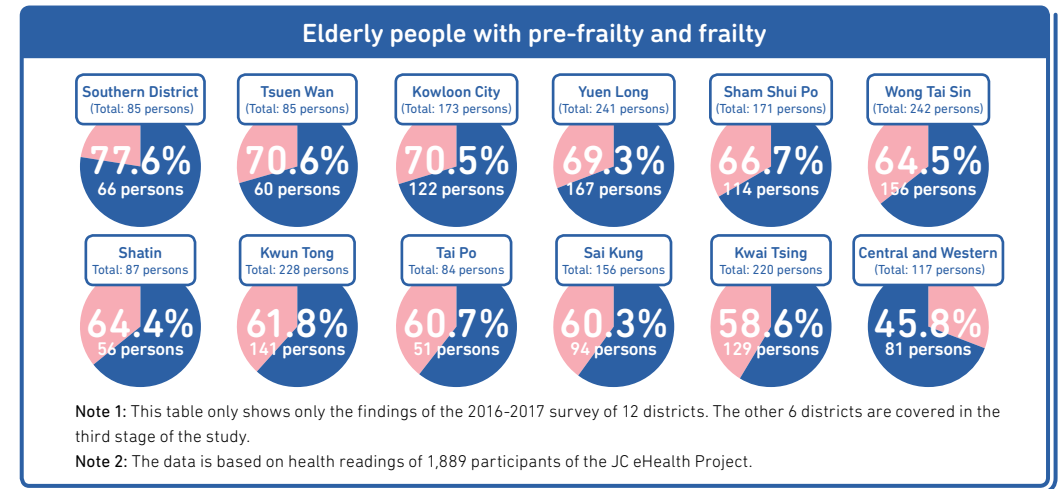
The survey conducted in the first year of the JC eHealth Project revealed that a large majority of the elderly participants suffered from early

symptoms of frailty, the highest percentage of whom live in the Southern District.

Symptoms of Frailty can be Reversed by Physical Activity

Physical and mental frailty can be prevented or even reversed by exercise and through training. "There are many elderly centres and community centres in Hong Kong. They are everywhere. We should put these centres to good use by improving their staff and social workers' capacity for health management, and by having them organise related activities for the elderly. There are initiatives to prevent diseases and the government should allocate resources for these initiatives," says Prof. Woo.

Prof. Woo and her colleagues have designed a series of exercises aimed at preventing frailty. The exercises have been implemented in some centres and found to be very effective. She explains that the service mode of the JC eHealth Project is not only found to have an impact on the control of blood pressure and blood glucose. The Project also recognises the potential of centres as entry points for primary health care and the promotion of early intervention and prevention of frailty. It



also emphasizes the importance of enhancing the social life of elderly people in order to maintain their mental wellbeing and foster a sense of belonging to the community. This would improve their physical and mental health.

Empowering the Centre and the Social worker

In order to reach the aforementioned goals, Prof. Woo believes that the first step is to expand the capacity of social workers and the centres. The JC eHealth Project provides the centres with a roadmap on how and where to seek help for various issues. It can be used by staff as a reference to determine and connect the elderly people with the services they may need.

We should put these centres to good use by improving their staff and social workers' capacity for health management



3 QUALITY OF LIFE

Effectiveness of the JC eHealth Project in Health Protection

Improvement in Subjective Well-Being and Quality of Life

Those who analysed the results of the well-being survey found it encouraging that just one year after joining the Project, there was an improvement in the conditions of half of the elderly participants who said they were suffering from mental distress.

The objective of the Project is to monitor and manage the health of the elderly participants by analysing the data of their health measurement. In identifying the area with the most significant results, Prof. Woo agrees that “the most obvious improvement can be observed in their mental health which is an unexpected but positive outcome of the Project.”

The survey found that 20% of the estimated 2,000 elderly participants were not satisfied with their quality of life. At the start of the Project, they said that they were unhappy and could not find meaning in their life. But a year later, half of the participants said that most of their problems were solved. The index for happiness and fulfillment rose to “satisfactory” level. Prof. Woo believes that community care, which is associated with

the Project, is the main factor contributing to the improvement of the elderly’s mental health.

Care and Concern is What the Elderly Need

Prof. Woo points out that physical health indicators, for example monitoring the health of the elderly by measuring blood pressure, blood glucose, weight and body temperature, is only one of many aspects of the Project. It can also serve as an entry point to help the elderly understand what the Project is about and to encourage them to take part. The social worker will follow up on their health problems and refer them to other service units, chat with them regularly and help them build a relationship with their neighbours. This is also why the Project is powerful. In the long run, the Project bolsters the physical and mental wellbeing of the elderly.

Prof. Woo believes that together with other parts of the Project, personal care and interaction are very important for the elderly which leads to significant improvement in their mental health. In the Project, the social worker regularly finds out how the elderly participants are doing. “If they feel unwell, they don’t have to brood over it day in and day out. They can talk to the social workers, and

No. of participants who suffered from mental distress decreased by half

Parameters for self-assessment of mental wellbeing	2016	2017	Decreased by (%)
Not satisfied with daily life	178 (9.1%)	127 (6.5%)	51 (-28.7%)
Unhappy	55 (2.8%)	31 (1.6%)	24 (-43.6%)
No purpose or meaning in life	306 (15.7%)	131 (6.7%)	175 (-57.2%)
Conscious that quality of life is poor	399 (20.5%)	204 (10.5%)	195 (-48.9%)

No. of respondents: 1,949 JC eHealth Care Project participants whose health data are monitored by nurses and social workers.

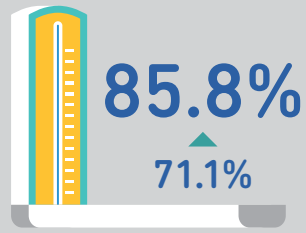
depending on their condition, the social workers or project nurses would advise them on what they should do. If the elderly person must see a doctor, someone would accompany them,” she says. Elderly people who visit the centre often make friends with those living in the same area. They take part in activities together and are keen to be included in their friends’ activities too. Prof. Woo says that activities, interaction and communication with others are beneficial to both physical and brain health.

Impact of Mental Well-being on Physical Health

Society has often ignored the importance of mental well-being. “If one suffers from mental distress, one’s brain health will suffer directly and one’s body will be more susceptible to all sorts of ailments, such as dementia. In recent years, studies have shown that loneliness is as harmful to our body as smoking 15 cigarettes a day. The Project shows precisely that community care improves the mental wellbeing of the elderly.”



Preliminary Impact of the Jockey Club Community eHealth Care Project



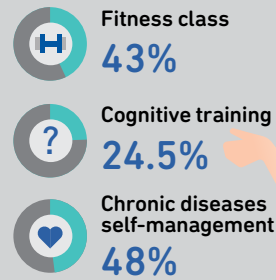
1 A year after taking part in the Project, the percentage of participants suffering from hypertension who managed to control their systolic pressure rose from 71.1% to 85.8%.

Individual level
Fostering self health management

2 Participants gained a better understanding of their health conditions and received information about hypertension and diabetes.

3 20% of the participants were more willing to take part in regular health check-ups; 37% used the service of the elderly centres more often.

4 Participants took part more often in health-related activities:

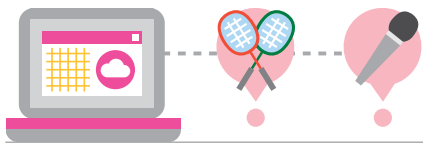


1 The centres gained better understanding of the health conditions and needs of the elderly. New measures were taken to encourage elderly to live a healthy lifestyle.

NEW INITIATIVES



2 Elderly centres designed a variety of activities by integrating more resources.



DIVERSIFIED ACTIVITIES

3 NGO staff gained confidence and were more willing to support members' health management.

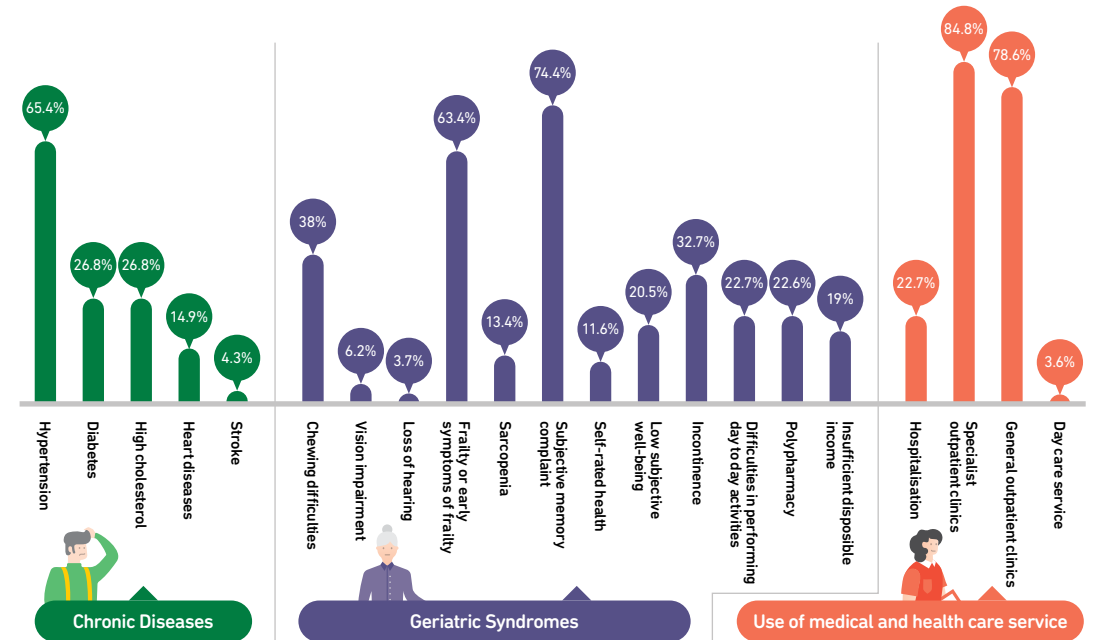
NGO SUPPORT



Community Level:
Transforming the role of elderly centres—encouraging elderly to live a more active and healthy life in old age.



Data Analytics on Elderly Health status of the Jockey Club Community eHealth Care Project



Reasons for District Variation in Subjective Well-being of Elderly

Findings



- 1 Elderly from different districts had different levels of subjective well-being improvement
- 2 In the follow-up survey, the percentage of less educated participants who said their subjective well-being was raised is 1.7 times higher than the average.
- 3 In the follow-up survey, among the participants who did not have sufficient disposable income, the percentage of subjective well-being is 3.6 times higher than the average.

Reasons



Elderly in the disadvantaged groups (less educated, low-income) were more involved in the Project and therefore benefited more from the Project.

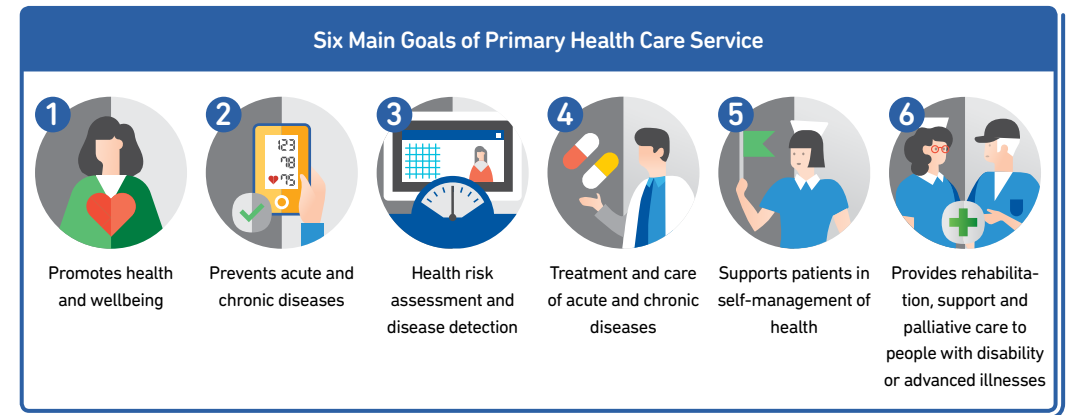
Impact



Interventions in the conditions of disadvantaged elderly groups should be prioritised to improve their health and subjective efforts should be made to bridge the gap between different social groups.



Associate Director
(Undergraduate Education),
The CUHK Jockey Club
School of Public Health and
Primary Care, and Head of
Division of Family Medicine
and Primary Health Care
Prof. Samuel Y.S. Wong



Multi-disciplinary Collaboration in Primary Health Care

— Professor Samuel Y.S. Wong

The JC eHealth Project brings together different sectors to support the elderly in the community through early detection, intervention and prevention of diseases. It is effective in helping general medical practitioners fulfil their vision of primary health care and could become the blueprint for the development of a primary health care system.



According to Prof. Samuel Y.S. Wong, Associate Dean (Education) of The Jockey Club School of Public Health and Primary Care and Head of Division of Family Medicine and Primary Healthcare of the Chinese University of Hong Kong, the patient may not follow the doctor’s advice to measure their blood pressure regularly. There is nothing the doctor can do once the patient has left the clinic. Yet, for a lot of chronic diseases, the patient must make an effort in their daily life to stabilise or improve their conditions. “Although the family physician is the first line of defence for public health protection, they cannot take on too many tasks outside of their specific role. That is why the trend now is to form multi-disciplinary teams in primary health care, and the main responsibility of the family physician is to treat patients. Countries such as Canada are already moving towards this direction,” says Prof. Wong. He thinks that the JC eHealth Project is a successful example of a local endeavour.

Prof. Wong says different people require different types of services. The family physician cannot meet all their needs. “If the patient has to improve their exercise habits, they need an instructor. If the patient suffers from dementia, they need cognitive training. These requirements

cannot be met by the doctor. Cognitive training needs to be handled by the occupational therapist. As for strengthening the patient’s social network and alleviating their loneliness, we have to rely on the support of volunteers.”

The family physician would remind the patient to “measure their blood pressure regularly, exercise and take their medicine regularly”, he says. The doctor’s words could be very convincing but the patient may still forget their advice when they are back at home. They may have no idea where to find help and how to do the relevant exercises. “It is important that someone (in the community) gives them support and keeps reminding them. For example, when the elderly person has symptoms of dementia, someone should be able to tell them which exercises would help them. What is more important is that there must be someone they can talk to and who can encourage them.”

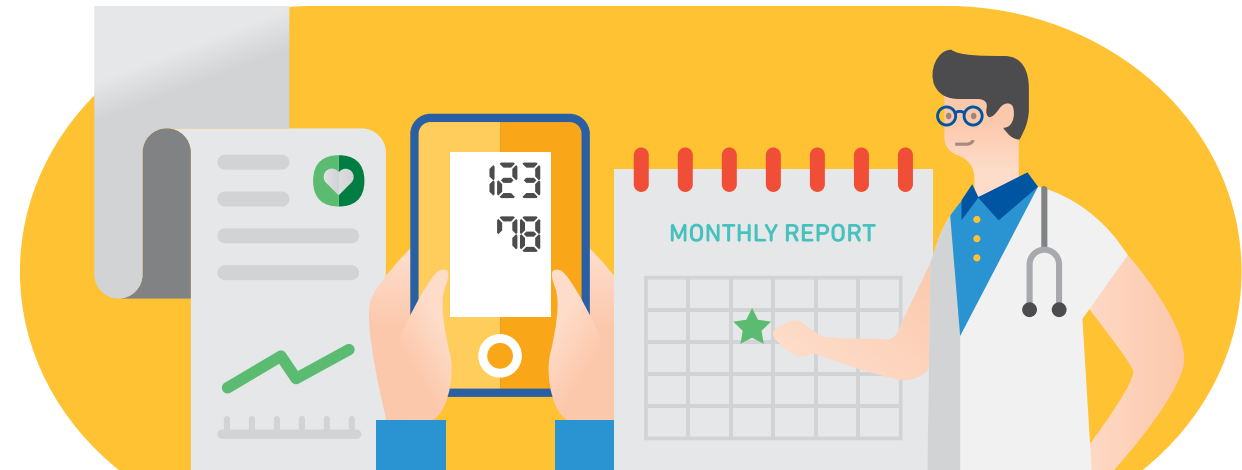
The Role of the Nurse in the Community

Olive S.K. Sin, a social worker at Pok Oi Hospital and Caritas social worker Wilson W.Y. Chui both agree that “the role of the nurse is very important.” Their centres are both participating



in the JC eHealth Project. By bringing in nursing support to the centre, the Project has introduced “many services that the elderly need but were not provided by the centre before”, such as measuring blood glucose and answering queries about the medicine the elderly use.

Prof. Wong admits that although the social worker can remind the elderly to take medicine according to the instruction on the label, they are not familiar with the names and the nature of the drugs. There are certain queries they are not equipped to handle. “For example, when the patient asks: ‘Why must I take the medicine (before or after meals)?’ The social worker would not have



the answer. Some patients always ask: ‘Can I take my medicine later this evening? Can I take my medicine with a longer time interval? Can I take Chinese herbal medicine at the same time?’ The nurse can answer these questions more precisely. Since the nurse knows what the medicines are for, they can identify the medical conditions of the elderly person. For example, if someone taking hypertensive drugs feels dizzy, the nurse can check the medicine.” He emphasises that a community service team can still provide services without the nurse, but the scope of the assistance they can offer will be narrowed.

Blood Pressure Data Useful for Diagnosis and Treatment

Being a family physician, Prof. Wong thinks that the Project’s practice of measuring and recording the elderly’s blood pressure, etc. is very useful for diagnosis and treatment. “The blood pressure readings we get at clinics have their limits, because the patient may be anxious when they come to the clinic. I usually tell the patient to measure and write down the readings of their blood pressure at home, but sometimes they do not know how to do it or fail to buy the monitor.

Sometimes they are not certain if their monitors meet the specifications or not. Thanks to the Project, the elderly participants can measure their blood pressure regularly with the same blood pressure monitors which meet the required specifications. All the staff of the centres have received training. The data collected is, therefore, reliable and the doctor can provide more accurate diagnosis and assessment of the drug efficacy.” Social worker Olive S.K. Sin adds that some elderly participants bring their monthly health reports to the doctor for their reference during follow-up consultations.

As a family physician, Prof. Wong practices multi-disciplinary primary health care by providing follow-up services for the elderly who take part in the Project. “One of the referral pathways is our centre at Lek Yuen Estate. It is a pilot project which is supervised by myself and run by the nurse.” Free meditation sessions are given to those who need it. Those suffering from frailty receive muscle exercise training and while others who display early symptoms of dementia receive cognitive training. In the future, drug re-assessment service will also be provided.



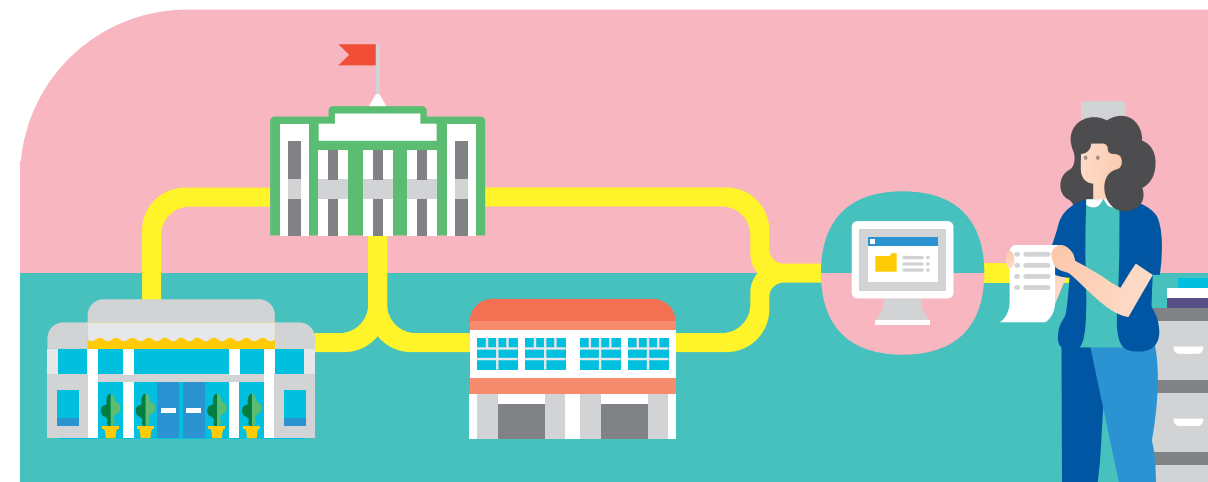


Chairman, Elderly Commission
Dr. Ching-choi Lam

Connecting District Health Centres

— Dr. Ching-choi Lam

The government will soon be setting up District Health Centres to strengthen primary health care. Dr. Ching-choi Lam, the Chairman of the Elderly Commission, says that the JC eHealth Project is a positive service model, especially the part of the Project that encourages the elderly to manage their own health. This will play a crucial role when determining the measures needed to address the ageing population in the future.



To provide care at a community level, the government plans to set up the first District Health Centre ("DHC") at Kwai Tsing District which will serve elderly people who suffer from issues related to blood pressure and blood glucose, etc. The purpose of the DHC is to provide community-based, early detection and intervention, and disease prevention services, reflecting the philosophy of the JC eHealth Project. According to Dr. Lam, the government has looked at the mode of operation of the JC eHealth Project and is particularly impressed with the connection the Project has built between various service units at the community level. The DHC may work with the Project in the future. "The cases of the JC eHealth Project could all be transferred to the DHC. We may also build another electronic health management system by taking reference from the Project to connect the elderly, DHC and the Hospital Authority. We are not sure yet but these are some possibilities."

Health Self-Management Cycle

The JC eHealth Project has installed the eHealth station in 80 elderly centres. The health readings are monitored by nurses using cloud

technology. If any health problems are detected, the nurse will follow up immediately by caring calls. Based on the needs of the elderly, the centres organise health activities to nurture their awareness and capacity for health management. After joining the Project, some elderly people started exercising at home and began paying more attention to their diet. "Elderly centres are where most of the elderly people can be contacted. That is why the centres should be empowered to address their health needs. The JC eHealth Project is an excellent example: the elderly conduct health measurement in the centres which monitor their health readings, give advice and organise activities that nurture the capacity of the elderly to manage their own health by improving their daily habits. When the elderly experience the improvement in their physical conditions, they are delighted and are more motivated to manage their health. In this way, a beneficial cycle is formed," says Dr. Lam.

He points out that chronic diseases are the biggest problem currently faced by modern medicine and are closely connected with our daily habits. That is why self-management of health is very important to alleviate pressure on



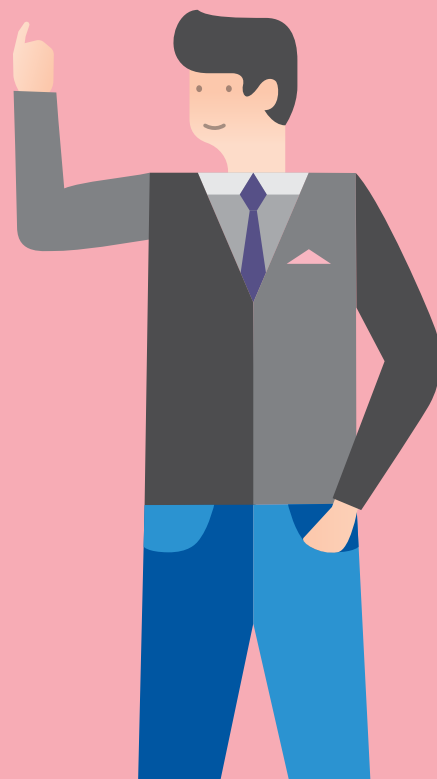
the health care system as well as for personal wellbeing. "People used to go to see the doctor when they were sick. This attitude must be changed now."

Undermining Conventional Beliefs with the Use of Technology

Dr. Lam thinks that District Health Centres should also learn from the JC eHealth Project in the use of electronic technology. "Use of technology can undermine the conventional modes of health management. JC eHealth Project enables elderly people to gain knowledge of their health conditions from their health readings. In addition, thanks to the overall service model, elderly people whose blood pressure is only a bit high can stabilise their blood pressure without seeing the doctor at all. In other words, the elderly can be "treated" without seeing the doctor which undermines the conventional beliefs that you must see the doctor when you have high blood pressure," says Dr. Lam.

"Primary health care service cannot rely on the family physician. The population is ageing too fast. The support of charity organisations is indispensable. The government should learn from the new models of pilot projects such as the

Jockey Club Community eHealth Care Project," says Dr. Lam.



Kowloon

Sham Shui Po District

Yan Chai Hospital Tang Bik Wan Memorial Neighbourhood Elderly Centre
 South Kwai Chung Social Service Fu Cheong Centre
 Caritas Cheng Shing Fung District Elderly Centre (Sham Shui Po)
 Caritas Elderly Centre – Lai Kok
 Hong Kong Sheng Kung Hui Kei Oi Neighbourhood Elderly Centre
 Hong Kong Young Women Christian's Association Chi Po Neighbourhood Elderly Centre
 Pok Oi Hospital Mr Kwok Hing Kwan Neighbourhood Elderly Centre
 Pok Oi Hospital Mei Foo Lai Wan Kaifong Association Mr. and Mrs. Leung Chi Chim Elderly Health Support and Learning Centre
 Sik Sik Yuen Ho Kin District Community Centre for Senior Citizens
 The Neighbourhood Advice-Action Council Sham Shui Po District Elderly Community Centre

Kowloon City District

Hong Kong Family Welfare Society Senior Citizen Centre (Kowloon City)
 The Peninsula Lions Club Jubilee Lutheran Centre for The Elderly
 Ma Tau Wai Lutheran Centre for The Elderly
 Hong Kong Sheng Kung Hui Holy Carpenter Church District Elderly Community Centre
 Hong Kong Sheng Kung Hui Lok Man Alice Kwok Integrated Service Centre

Yau Tsim Mong District

Sik Sik Yuen Ho Wong Neighbourhood Centre for Senior Citizens

Kwun Tong District

Caritas Elderly Centre - Kwun Tong
 The Hong Kong Society for the Aged Ho Sang Neighbourhood Elderly Centre
 Sai Cho Wan Lutheran Centre for The Elderly
 Hong Kong Family Welfare Society Viva - Shun Lee Centre
 The Neighbourhood Advice-Action Council Sau Mau Ping Social Centre for the Elderly
 Caritas Elderly Centre - Ngau Tau Kok

Wong Tai Sin District

Hong Kong Sheng Kung Hui Chuk Yuen Canon Martin District Elderly Community Centre
 Caritas Elderly Centre - Tung Tau
 Hong Kong Sheng Kung Hui Kindly Light Church Social Service Centre Neighbourhood Elderly Centre
 Hong Kong Sheng Kung Hui Wong Tai Sin District Elderly Community Centre
 Sik Sik Yuen Ho Fu Neighbourhood Centre for Senior Citizens

New Territories

Tuen Mun District

Yan Chai Hospital Mrs Tsang Wing Neighbourhood Elderly Centre
 Pok Oi Hospital Wong Muk Fung Memorial Elderly Health Support and Learning Centre
 Yau On Lutheran Centre for the Elderly
 The Neighbourhood Advice-Action Council Tuen Mun District Integrated Services Centre for the Elderly
 The Neighbourhood Advice-Action Council Fu Tai Neighbourhood Elderly Centre

Shatin District

Caritas Elderly Centre - Shatin
 The Hong Kong Society for the Aged Mr Wong Wha San Memorial Neighbourhood Elderly Centre
 Sun Chui Lutheran Centre for The Elderly
 Sha Tin Rhenish Neighbourhood Elderly Centre
 The Neighbourhood Advice-Action Council Ma On Shan Neighbourhood Elderly Centre

Northern District

Hong Kong Young Women Christian's Association Ellen Li District Elderly Community Centre

Tsuen Wan District

The Hong Kong Society for the Aged Tsuen Wan District Elderly Community Centre
 Caritas Elderly Centre - Lei Muk Shue
 Yan Chai Hospital Fong Yock Yee Neighbourhood Elderly Centre

Kwai Tsing District

South Kwai Chung Social Service Shek Lei Centre
 South Kwai Chung Social Service On King Centre
 South Kwai Chung Social Service Cho Yiu Centre
 The Hong Kong Society for the Aged Chan Tseng Hsi Kwai Chung District Elderly Community Centre
 Hong Kong Sheng Kung Hui Lady Macle hose Centre
 Dr Lam Chik-suen District Elderly Community Centre
 Hong Kong Young Women Christian's Association Cheung Ching Neighbourhood Elderly Centre

Yuen Long District

Caritas District Elderly Centre - Yuen Long
 Caritas Elderly Centre - Tin Yuet
 Caritas District Elderly Centre - Yuen Long (Tin Chak Centre)
 Pok Oi Hospital Mrs Wong Tung Yuen District Elderly Community Centre
 Pok Oi Hospital Chan Ping Memorial Neighbourhood Elderly Centre
 The Neighbourhood Advice-Action Council Tin Shui Neighbourhood Elderly Centre

Sai Kung District

Caritas Elderly Centre - Sai Kung
 Hong Kong Sheng Kung Hui Tseung Kwan O Aged Care Complex - Jockey Club District Elderly Community Centre cum Day Care Unit
 Haven of Hope District Elderly Community Service - Kin Ming Centre

Tai Po District

Hong Kong Sheng Kung Hui Tai Wo Neighbourhood Elderly Centre
 Jockey Club Cadenza Hub

Outlying Islands

Islands District

The Neighbourhood Advice-Action Council Tung Chung Integrated Services Centre
 Hong Kong Sheng Kung Hui Tung Chung Integrated Services - The Lodge
 Pok Oi Hospital Chan Shi Sau Memorial Social Service Centre

Hong Kong Island

Central & Western District

Hong Kong Sheng Kung Hui Western District Elderly Community Centre
 Caritas Elderly Centre - Central District
 Hong Kong Sheng Kung Hui St. Matthew's Neighbourhood Elderly Centre
 Hong Kong Sheng Kung Hui St. Luke's Settlement Neighbourhood Elderly Centre
 Hong Kong Young Women Christian's Association Sai Wan Social Centre for the Elderly
 St. James' Settlement Central and Western District Elderly Community Centre
 The Neighbourhood Advice-Action Council Nga Yin Association Neighbourhood Centre

Eastern District

Hong Kong Sheng Kung Hui Holy Nativity Church Neighbourhood Elderly Centre
 Hong Kong Young Women Christian's Association Ming Yue District Elderly Community Centre
 Harmony Garden Lutheran Centre for the Elderly

Southern District

Caritas Elderly Centre - Aberdeen
 Aberdeen Kai-fong Welfare Association Fong Wong Wun Tei Neighbourhood Elderly Centre
 Aberdeen Kai-fong Welfare Association Lam Ying Wah Neighbourhood Elderly Centre
 Aberdeen Kai-fong Welfare Association Jockey Club Wong Chi Keung District Elderly Community Centre
 Aberdeen Kai-fong Welfare Association Southern District Elderly Community Centre
 Mrs Mann Tai Po Rhenish Neighbourhood Elderly Centre
 The Neighbourhood Advice-Action Council Lei Tung Neighbourhood Elderly Centre

Wanchai District

St. James' Settlement Wan Chai District Elderly Community Centre
 St. James' Settlement Wun Sha Centre for the Elderly

Elderly Centres Participating in the Jockey Club Community eHealth Care Project

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Under the Jockey Club Community eHealth Care Project, eHealth station is set up to help elderly people in the community to measure their blood pressure, blood glucose, weight and body temperature. Nurses and social workers can monitor the conditions of the elderly participants through data and analytical reports collected, and to detect early symptoms of health problem the elderly may be facing. They can then intervene by providing advice and by encouraging them to exercise appropriately, along with choosing the right diet as a preventive measure.



Initiated and
Funded by



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

同心 同步 同進 RIDING HIGH TOGETHER



賽馬會「e健樂」電子健康管理計劃
Jockey Club Community eHealth Care Project