

LCQ18: Reducing risk of unintentional injuries among elderly

Following is a question by Professor the Hon Chow Man-kong and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (April 2):

Question:

The Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong (the Action Plan) released by the Government in 2015 indicated that the number of deaths due to unintentional injuries, commonly known as accidents, accounted for 44.8 per cent of the number of registered deaths in 2013, and such injuries could also lead to premature death. There are views that it is necessary for the Government to enhance home safety for the elderly aged 65 and above, particularly those living alone, so as to reduce the risk of unintentional injuries among the elderly. In this connection, will the Government inform this Council:

(1) apart from the Injury Survey 2008 and the Report of Unintentional Injury Survey 2018 (the 2018 Report) released by the Department of Health in 2010 and 2021 respectively, whether the Government has collected data on unintentional injuries among the elderly over the past five years through various channels, such as (i) 999 Emergency Calls, (ii) the number of visits to accident and emergency departments, and (iii) the emergency call systems (e.g. Safety Bell) provided by commercial or non-commercial organisations; if so, of the details, including the numbers of elderly persons who have sought assistance through the channels in (i) to (iii) for reasons such as (a) falls, (b) sprains, and (c) being struck at home, as well as their respective percentage; if not, the reasons for that;

(2) given that a total of 16 specific actions have been proposed in the Action Plan, of the implementation of each of these specific actions by the authorities over the past 10 years;

(3) as there are views that it is only through continuous monitoring of unintentional injuries that the situation over different periods of time can be reflected, and in response to the aging population trend in Hong Kong, whether the authorities have considered changing the current practice of conducting surveys only once every 10 years, and expeditiously commissioning a research institution to launch a new round of survey based on the 2018 Report to collect information on the latest modes and trends of unintentional injuries among the elderly, particularly trends relating to home accidents, so as to facilitate the formulation of relevant preventive measures and appropriate allocation of resources to better safeguard the personal safety and well-being of the elderly; if so, of the details; if not, the reasons for that; and

(4) whether it will consider taking the initiative to install elderly

facilities (e.g. handrails and non-slippery floor tiles in bathrooms) in all public rental housing units (especially older ones) where elderly people live alone, and following the example of Singapore in launching subsidy schemes to provide owners of subsidised sale flats, including those under the Home Ownership Scheme, with subsidies for installing elderly facilities at home, thereby reducing the risk of home accidents among the elderly and better preparing Hong Kong to head towards an ageing society; if so, of the details, including whether it has assessed the expenditure involved; if not, the reasons for that?

Reply:

President,

Since 2008, the Government formulated a strategic framework to prevent and control non-communicable diseases (NCDs) and set up the Steering Committee on Prevention and Control of Non-Communicable Diseases (Steering Committee) to steer the work on NCD prevention and control. Three working groups have been established under the Steering Committee to make recommendations on specific priority areas for action, including the Working Group on Injuries established in 2012. The working group has drawn up the Action Plan to Strengthen Prevention of Unintentional Injuries in Hong Kong (Action Plan) in 2015 with an aim to reduce unintentional injuries. In response to the updates of relevant recommendations from the World Health Organization, the Government will continue to review the targets of prevention and control of NCDs set in "Towards 2025: Strategy and Action Plan to Prevent and Control Non-communicable Diseases in Hong Kong" and formulate prevention and control strategies after 2025.

The reply, in consultation with the Department of Health (DH) and the Housing Bureau, to the question raised by Professor the Hon Chow Man-kong is as follows:

(1), (2) and (3) The Action Plan was published by the DH in 2015. According to the information in the Action Plan, in 2013, the registered deaths attributed to injuries accounted for 4.3 per cent of the total deaths in Hong Kong, of which the number of deaths attributed to unintentional injuries (commonly known as accidents) accounted for 44.8 per cent of the total number of registered deaths attributed to injuries. In other words, 1.9 per cent of the total deaths were attributed to unintentional injuries.

Since the launch of the Action Plan, the DH collaborated with other Government bureaux and departments as well as social partners to implement all specific actions in the Action Plan towards the four priority areas (i.e. falls, sports injuries, domestic injuries other than falls and drowning) in phases. Specific actions include strengthening injury surveillance, improving public awareness and empowering the public's ability to make informed decisions on injury prevention to reduce the burden of injuries to Hong Kong. To raise the public awareness on injury prevention, the DH has devised intervention measures by adopting a life-course framework, covering different stages of life from early childhood through the elderly years and introduced a series of health promotion programmes targeting different age groups. The

DH has disseminated relevant information on injury prevention via different channels such as posters, pamphlets, websites and social media, including publishing an electronic handbook Domestic Safety Handbook, introducing safety precautions while using household appliances and furniture; producing relevant information related to sports injury, and promote information regarding drowning prevention to the public.

Besides, targeting the risk of unintentional injuries among elderly, the Elderly Health Service (EHS) under the DH carried out the follow actions:

(1) send Visiting Health Teams to conduct integrated assessment including the risk of fall for Residential Care Homes for the Elderly (RCHEs) throughout the city every year, to help in the planning of fall prevention programmes tailored to their needs;

(2) conduct health talks surrounding the subject of injury prevention at Elderly Health Centres, community centres and RCHEs. These talks are developed by a multi-disciplinary healthcare team including doctors, nurses, physiotherapists and occupational therapists, and tailor-made for community dwelling elders and those living in the RCHEs as well as their carers; and

(3) together with social welfare organisations, District Elderly Community Centres and Neighbourhood Elderly Centres, through the Community Carer Capacity Building Programme, to equip volunteers with knowledge and conduct home visits for elderly persons, with a view to identifying elderly with high risk of fall, carrying out environment assessment and offering environment modifications recommendations, so as to reduce the risks of fall for community dwelling elders. Elderly identified with high risk of fall will be referred to occupational therapists in the EHS for follow up.

The DH will continue to review and enhance injury surveillance and public education.

Meanwhile, District Health Centres/District Health Centre Expresses (DHCs/DHCEs) also promote fall prevention awareness, and osteoporosis and osteoporotic fracture prevention measures through health education, including promotion of calcium and vitamin D intake, weight-bearing exercise, fall prevention, and healthy lifestyles. For elderly at high risk, DHCs/DHCEs will provide muscle strength and balance training, and offer advice on mobility aids and gadgets, home safety measures and home modification according to their needs. Besides, DHCs/DHCEs will collaborate with local community organisations and healthcare providers to provide information on osteoporosis or make referrals for persons who are interested or in need.

In terms of injury surveillance, in addition to conducting the city-wide injury survey decennially, the DH also collects, analyses and publishes mortality and discharge statistics every year, enabling relevant stakeholders to understand the situation of unintentional injuries among Hong Kong residents. The proportion of unintentional injuries out of registered deaths and inpatient discharges (including deaths) in the past three years are as follows:

	Registered deaths due to unintentional injuries		Inpatient discharges (including deaths) due to unintentional injuries (Note)	
Year	Percentage of total registered deaths	Percentage of total registered deaths aged 65 or above	Percentage of total inpatient discharges	Percentage of total inpatient discharges aged 65 or above
2021	1.7 per cent	1.4 per cent	4.5 per cent	4.3 per cent
2022	1.5 per cent	1.2 per cent	4.3 per cent	4.2 per cent
2023	1.9 per cent	1.5 per cent	4.5 per cent	4.4 per cent

Note: Including Hospital Authority hospitals and private hospitals inpatients.

Data source: The DH and the Hospital Authority.

The DH does not maintain other statistics requested in the question.

(4) The Hong Kong Housing Authority (HA) always upholds the values of "Caring" and keeps abreast of the times to actively explore feasible measures to facilitate the needs of the elderly, and to create a liveable and inclusive living environment which fosters residents' greater sense of belonging based on actual need. The above aligns with the Government's ageing in place policy. The Action Group of the Housing Department, led by the Secretary for Housing, formulated the "Well-being design" guide for the development of public spaces, facilities and estate environment in future public housing projects. The guide, which was completed and launched in September 2024, is gradually applied to newly built public housing projects. The same design concepts have also been introduced to existing public estates to enhance relevant facilities. Taking into account the needs of different age groups and family compositions, the guide which covers eight well-being concepts such as "Age-Friendliness" and "Intergenerational & Inclusive Living", aim at enhancing the safety of elderly residents and promoting mutual support among family members of different ages.

In terms of the design, in fact, since 2002, the HA has adopted the "Universal Design Concept" in new public housing projects, such as subsidised sale flats including the Home Ownership Scheme. The Concept was not only applied to different common areas but also inside flats so as to provide a suitable living environment for residents of all ages. The relevant provisions include non-slip floor tiles in the kitchen and bathroom; lever-type door handles, faucets of sink units and shower heads; larger switches and doorbell buttons at reachable heights; lean benches at lift lobbies of every floor in residential buildings for use by the elderly and the needy while waiting for lifts; voice synthesisers in lifts to cater for the needs of the hearing-impaired elderly; ramps at common areas to facilitate

residents' access. In order to facilitate the needs of the elderly and residents who are physically-challenged, since 2021, the HA has provided grab bars in the shower areas of all new flat units.

The HA will continue to review and enhance the design of public housing to cater for the needs of the elderly.

As for the existing public rental housing (PRH), the HA endeavours to enhance and optimise barrier-free access and facilities in existing PRH estates to meet the needs of PRH residents, especially the needs of elderly and persons with disabilities for barrier-free access. In addition, the HA undertakes to provide home adaptations or modification works in PRH flats of eligible elderly residents in need to facilitate their daily lives. The works include, where practicable, installing a ramp at the entrance of the flat; widening the doorway of the bathroom; laying non-slip floor tiles on suitable floor surfaces; converting the bath tub to a shower area; installing grab bars in the bathroom or installing visual fire alarm systems. If a resident simply requests the installation of grab bars and installation of shower area in the bathroom or the replacement of lever-type faucets, the HA will directly arrange the related works for free under the streamlined arrangement. For other adaptation or modification works, the HA will arrange the works according to the advice from relevant professionals including doctors, physiotherapists or occupational therapists to ensure that the works meet the actual needs of individual residents.

Moreover, the HA offers subsidy for the emergency alarm system (EAS) (also known as the Safety Bell) to eligible elderly households to cater for their needs. Starting from February 2021, in addition to traditional EAS, the HA has extended the subsidy for EAS to cover mobile EAS, such as mobile phones and watches equipped with EAS, installation of dedicated EAS mobile app on smart phones, and products with fall detection function. The elderly households may purchase the said devices on their own. Successful applicants will be given a one-off subsidy of not more than \$2,500 to cover the actual expenses on a reimbursement basis.