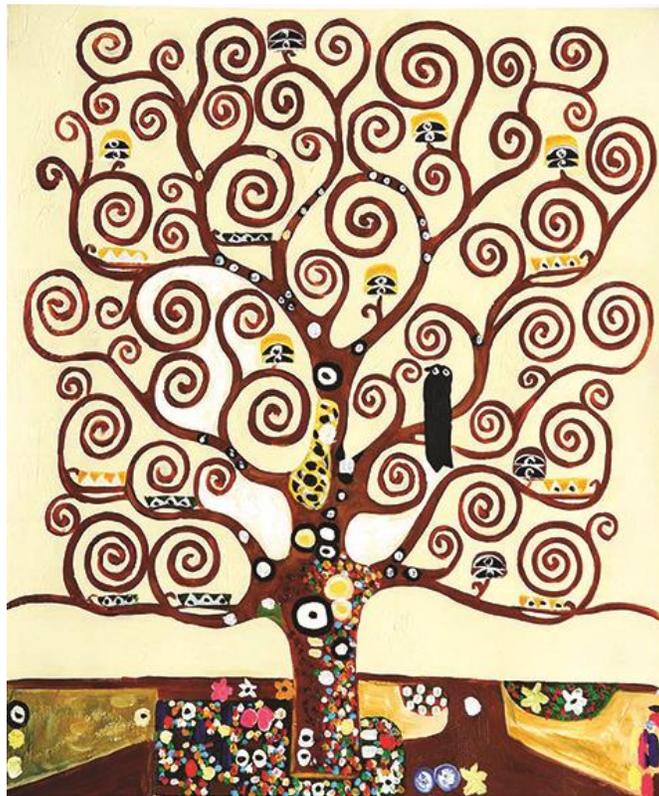


Senior Citizen Home Safety Association

Interview with Irene Leung



Based on Gustav Klimt, Tree of Life, Stoclet Frieze, Lebensbaum, 1905

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Background

The Senior Citizen Home Safety Association (The Association) is one of the largest home safety alarm providers in Hong Kong. Eighty thousand individuals currently use the safety alarm system. It includes a permanent indoor stationary unit and a mobile unit that individuals use to call for help when they leave the house. The users press a button and are connected immediately to The Association's call center.

The training that call center employees receive prepares them to answer a variety of telephone calls from the elderly. The staff members receive training in different dialects of Cantonese and Chinese. Only around ten percent of the telephone calls pertain to emergency health issues. Sometimes, individuals who are suicidal or suffer from other mental health issues call the center. The rest of the calls relate to matters such as healthcare advice and other requests for information. The Association calls the police, the ambulance service, the hospital, the user's emergency contact person, or the apartment or house manager, as needed.

The call center is open around the clock in Hong Kong. The staff receives help from volunteers. These volunteers are often retired individuals who want to stay active. As part of The Association's preventative care service, they proactively call users of the safety alarms to check up on them. Many volunteers advise the users on a range of other matters including lifestyle related queries. The proactive approach is of key importance.

According to Irene Leung, the Chief Executive Officer of The Association, there are other private organizations that offer similar services. Ms. Leung explains that private providers experience less satisfaction among their customers because they are for profit.

In the following interview, Ms. Leung describes the safety alarms and the call center service. She also explains how The Association prepares individuals for cold weather. In 1996, when The Association was founded, Hong Kong experienced a cold winter. During this time, many older people were unprepared for the cold temperatures. Some of the elderly suffered. This event prompted the founders of the organization to create the Senior Citizen Home Safety Association to help the elderly. They decided to rely on a social entrepreneurship model. This was new in Hong Kong at the time. In the beginning, the organization partly relied on private donations. Today, the organization receives funding from charities such as the Jockey Club. The Jockey Club funds project that improve the quality of life for people in Hong Kong ([Link](#)).

More than sixty percent of the users of the safety alarms pay a monthly fee of about one hundred fifteen Hong Kong dollars (fifteen US dollars). For those having financial difficulties, The Association was approved by the Social Welfare Department to sponsor people who are eligible for the Comprehensive Social Security Assistance Scheme to utilize the service. The Association itself also supports people with financial difficulties with its charitable program. Those individuals who require subsidies amount to around forty percent of the users.

Under Ms. Leung's leadership, The Association has gone through a major transformation and is being recognized in Hong Kong as a role model of social innovations. Ms. Leung was one of the early advocators of Corporate Social Responsibility in the commercial sector. With her passion in leveraging technology for social good, Irene has led projects that involved the creative use of telecommunications technologies. Mobile Link, a joint initiative of Senior Citizens Home Safety Association and CSL Limited, won eight local and international awards, including United Nation's World Summit Award Mobile in 2010. Ms. Leung's other initiatives include the world's first Concert in the Dark, a fundraising event for Dialogue in the Dark Hong Kong for the visually impaired, and other projects that addressed the needs of the hearing impaired, children of under privileged and ethnic minority families, and youth development. Ms. Leung's latest accomplishment is the establishment of the Hong Kong Jockey Club Life Journey Centre (賽馬會生命歷情』體驗館). Life Journey Centre is the first communications enabled, interactive experience center in Asia that serves to change the negative perception of old age among the young generations. Since its opening in 2013, Life Journey Centre has received over ten thousands of local and overseas visitors from schools and universities, nongovernmental, and government bodies.

Anna Riby, the Program Manager of Swecare is also present during the interview. Swecare is an organization and a platform for key players within the Swedish health care sector [Link](#). Mrs. Riby worked on a program between China and Sweden together with ACCESS Health in the spring of 2016.

About Irene Leung



Ms. Irene Leung worked in the telecommunications industry before joining the Senior Citizen Home Safety Association (長者安居協會) as the Chief Executive Officer in 2012. Prior to joining The Association, Ms. Leung was the Executive Vice President of CSL Limited, a biopharmaceutical company.

Ms. Leung has been awarded 'Hong Kong Outstanding Information and Technology and Communications Woman' by the Hong Kong Computer Society. She is currently the Vice President of Hong Kong Internet

Federation, member of the Social Enterprise Advisory Committee of HKSAR Government Home Affairs Bureau, member of the Industry Training Advisory Committee, Elderly Care Service Sector of Hong Kong Special Administrative Region Government Education Bureau, Board Member of eHealth Consortium, and a member of the Advisory Board of Institute of Active Aging of The Hong Kong Polytechnic University.

Interview

Irene Leung (IL): The Senior Citizen Home Safety Association was established in 1996 after a cold spell in Hong Kong. In that year, Hong Kong was extremely prosperous. The extent to which many seniors suffered from the cold shocked many Hong Kong people. Everyone assumed that such a prosperous city would take good care of its seniors. In the end, it did not work out. In September 1996, a group of passionate entrepreneurs, social workers, and some merchants formed The Association. They were extremely careful in choosing their approach. They did not seek funding from the government. They used the social enterprise approach. This approach was not known twenty years ago. They could generate good ideas and offer valuable services to help seniors in the community. As a charitable organization, public donations and profits would all go toward charitable purposes. The world has changed a lot. Senior citizens are energetic and interested in technology. Technology can help individuals to feel safe at home.

Our mission differs from other charitable organizations and elderly service organizations. We make use of technology to generate new support services for seniors

in the community. One hundred percent of our profit, if we manage to make profit, together with charity donations goes to our reserve. The reserve serves two purposes. One is to support our charity program. We offer free lifelong services to the beneficiaries of the charity program. The other use is service development. We do not rely on external funding to develop new services. In 2005, The Association was named the best nongovernmental organization in Asia. In 2009, we were named best social enterprise in Asia and Southeast Asia. From 2008 to 2010, we received another set of awards for our user technology. That was when I first started to engage with The Association.

I worked in the information technology and communications technology field for a number of years. I have this passion to support corporate social responsibility projects. With my team in the telecommunications company, I developed a new way to enable the core service of the organization to extend to outdoor environments. What we do is something similar to Lifeline. A machine is installed in a senior's home. When the senior needs help, he presses a button. A call goes to the call center. The center dispatches emergency services. Senior Citizen Home Safety Association redesigned this software. Our core service is not just about emergency support. We also provide overall wellbeing and comprehensive care. I will explain a bit more later on.

We developed a new service in 2008. This development extends the call function of the service to the outdoor environment. This service supports seniors who have dementia and may get lost or become otherwise disoriented. We made use of some new mobile technologies to develop a service that can locate lost seniors. It tracks a device they carry with them. This is the third generation of the device. It is called Mobile Link.

SW: It is like a small mobile telephone?

IL: Yes, but there is only one button. All the functions, including volume, are controlled centrally by the call and care center. It is easy for the seniors to use. It received a number of awards.

SW: And the first product, the one that won the safety award?

IL: It is called Personal Emergency Link.

SW: I understand there are two units to the Personal Emergency Link. There is the bigger box and the watch.

IL: Yes. This is the remote unit. It can only be used within the home area, not outside. This was the first service developed by The Association. It was not new at all. In the United Kingdom and Europe, a similar kind of service was launched in the 1980s. We think the outdoor device was the first of its kind. Then in 2014, there was a social

enterprise and accreditation program that launched in Hong Kong. Senior Citizen Home Safety Association was one of the early social enterprises to be accredited in the advanced category. The slogan of The Association is: Everything is just one button. When the user needs any kind of help, all the person needs to do is to press one button. Functions like remote triggering of an alarm when a senior gets lost still make it difficult for people, including the police, to determine a person's exact location. Apart from location tracking technology, apart from Global Positioning System (GPS) and the other mobile positioning technologies, there is this function called remote buzzer. It is triggered here. We follow a series of protocols that ensures we will not use all the power in the device while enabling the police to determine the exact location of the person. This model unit is the caregivers unit.

SW: Is this a smaller piece?

IL: Yes. If the senior exceeds a distance of ten to fifteen meters from the caregiver, the smaller unit will trigger an alarm. The alarm alerts the caregiver that the senior is wandering away. We continue to develop new platforms for end user devices, including a service that works on an Android mobile phone.

SW: Does the device also serve as a home safety alarm?

IL: This one is not for home safety. If the user is at home, they use a home unit to connect to our call center. If they are outside of their home, then they use the outdoor services. We provide a twenty four hour hotline support service. It is something like telecare service. The device that contacts the call center can be a phone that is specially customized for this purpose. It can be Mobile Link, which is specially designed for dementia. It can be a mobile application that is designed specially for the tech savvy seniors who are using smart phones. Either way, by just the press of a button, a senior can be connected to us and receive support. Less than ten percent of daily incoming requests are emergency cases. Most pertain to chats, searches for information, for government information, or to health tips.

SW: How many employees work here?

IL: The Association has around two hundred fifty full time staff. Around half of those are working in the call care center. They work in shifts to provide twenty four hour service.

SW: What kind of training do they have?

IL: They train in our elderly services and to understand different Chinese dialects. Older people tend to speak in their own dialect, especially in cases of emergency. I do not

know how many Chinese dialects there all. We must be able to understand them all. Agents are also trained to respond to suicidal intentions. Once in a while, seniors connect to tell us they want to die. They want to jump off the roof. We need to know how to handle these situations.

SW: Do you partner with hospitals or others for the complicated requests?

IL: The Association is the only nongovernmental organization to partner with the hospital authority in Hong Kong. We work together on the transmission of health profile and personal information to the emergency department of public hospitals in Hong Kong. Once a person presses the call button, we assess the situation. If it is an emergency situation that requires transport to the hospital, we first contact the user's emergency contact. Second, we come to the user. Third, we call the ambulance service. If the user cannot walk to the door, we call the fire services department and the police. We call the doorman to go and see if there is any way that he or she could help. We also need to transfer the personal profile and medical information to the emergency department.

SW: Do you have access to medical records?

IL: Yes. We do have access to medical records.

SW: Can you also enter information into the records?

IL: We can.

SW: That is an impressive integration of services.

IL: Yes. We are supported by a number of government departments. We also partner with the Hong Kong Observatory. If they forecast a cold spell, they inform us so that we can manage our manpower. We work closely with the Social Welfare Department.

SW: What extra preparation do you make in the cold periods?

IL: There is not much we do face to face. We alert our users to help them prepare.

SW: Do you call them?

IL: Yes. We also send them Interactive Voice Response messages. These are prerecorded messages that announce the cold spell is coming. We advise them to prepare, prepare winter clothes. We also advise them not to do everything by themselves. They should reach out for help. We make outgoing care calls. Care calls are sometimes made by volunteers. Most of our volunteers are senior people, as well. They can relate to the users. We have extra manpower on call. The number of emergency

cases during adverse weather increases about fifteen to twenty five percent. So we need to prepare.

SW: How many users do you have right now?

IL: We have eighty thousand active users.

SW: Are they all in Hong Kong?

IL: They are located throughout the Hong Kong territory.

SW: Are there other organizations doing the same type of work?

IL: Yes. There are commercial organizations that offer similar services. Most of them just offer Lifeline. They concentrate on emergency support services. I think the public tends to trust Senior Citizen Home Safety Association instead of trusting the others, partially because the commercial organizations work for profit. Also, they mislead the general public. They give the impression that their service is the same as that of The Association. This has generated about twenty to thirty complaints from seniors or family members. Seniors thought they were using our service. Then they pressed a button and did not receive the service they expected. They thought it was us, so they complained to The Association.

Anna Riby (AR): You said your service was free of charge, but you also generate some income. Do users pay for some services or do you receive government subsidies?

IL: Sixty percent of our users are paying users. Around forty percent of our users are subsidized by charity programs. The government also offers subsidies. It is not a direct subsidy for that service. It is a subsidy that the senior can choose to use for the basic telephone service or this kind of service.

AR: Is that part of the voucher system?

IL: No, it is not part of the voucher system.

SW: How much do you charge the users every month?

IL: The home based service is one hundred fifteen Hong Kong dollars (fifteen US dollars) per month. The outdoor service is about two hundred to three hundred Hong Kong dollars (twenty five to thirty eight US dollars). When compared to the other kind of expenses in Hong Kong, our twenty four hour support is affordable. We provide emergency support and emotional support. We have in house social workers and in house registered nurses. We also refer people to the social work department and nongovernmental organization partners. Needs are changing. Life in Hong Kong moves

at a fast pace. People use a lot of technology. In Asia, we are second only to Japan in the growth of our aging population.

SW: In twenty years, forty percent of the population in Hong Kong will be of age sixty and above. So you are the second fastest aging country or region in the world.

IL: I am not too sure where we are when compared to the rest of the world. I know we are fast in Asia. If you classify sixty years old as elderly, then within twenty years, the percentage is thirty three. In Hong Kong, we use sixty five years old as the definition of senior.

SW: Ninety percent of the elderly people live in the community?

IL: Yes. Ninety percent of senior people are living in a community. I think this percentage is pretty similar in cities around the world.

SW: Do you mean that they live at home?

IL: Yes. These individuals live at home rather than in hospitals, or residential or nursing homes. Thirteen percent are living alone. Twenty four percent are living with spouses. In Hong Kong, I think the latest number of seniors who are suffering from long term diseases is seventy four percent. These are figures from the government and hospital authority. We are ranked first in average life expectancy.

SW: You have the highest life expectancy in the world. But there is a big difference between men and women.

IL: I think that is common. The doctors told me that males, on average, will die five years earlier than females. To add to our current services, we are piloting eHealth solutions with telecare. Many countries use eHealth solutions. I think they are common in Europe, North America, Japan, Singapore, and South Korea, but not in Hong Kong. We have comparatively lower costs for medical care and higher quality of public healthcare services in Hong Kong. We are also a small city. It is relatively easy for us to go to see the doctor and go to the hospital to receive medical care. Perhaps that is why in the past eHealth and telecare solutions were not common in Hong Kong.

SW: In the Netherlands, church groups and volunteers train the elderly in the use of these technologies. How will you structure training?

AR: I read about ways to take those measurements automatically by putting something on your finger like a band aid. It can read your temperature or measure your glucose level. I cannot remember if that was in Sweden or somewhere else. That might help you spread the use.

SW: That would be the next generation of technology.

IL: A doctor from Singapore who we work with showed me a short video on this new development. We exchange information between the two cities in terms of community care and primary care for seniors in the community. I tried to find this short video so that you can look at it.

SW: That sounds great. Please keep us up-to-date on your fantastic work. Thank you for sharing all these insights.

IL: Thank you very much for visiting The Association. Welcome back.

END