UGCS/FDS11/H03/25

Title of Project:

(English)	Loneliness and Health Literacy in older adults: A sequential mixed methods study.
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Loneliness is a highly subjective experience of deficit between the actual and desired levels of social contact it is estimated to affect around 35% of Hong Kong older adults. Loneliness increases all-cause mortality by a quarter and is associated with increased health care expenditure. Societal measures that support equity of social participation have been suggested to reduce loneliness. Globally, low health literacy (HL) is a significant health equity issue as HL is a stronger predictor of health outcomes than race, and educational attainment. Health literacy is the cognitive and social skills to access, understand, appraise, and use information to promote and maintain one's health. Internationally, 29% to 75% of older adults have low levels of HL. Older adults' demographic information (e.g., age, gender, marital status, education attainment, income, living arrangements), health status, and social participation are consistently related to loneliness and HL. Given low HL is a global health equity challenge for older adults, conclusive empirical evidence on its relationship with loneliness, as a public health threat, is urgently required.

In this sequential mixed method study (QUANT-QUAL), we aim to examine the relationships between loneliness and HL in community-based older adults. We hypothesize that HL is inversely associated with loneliness.

The main objectives of this proposed study are:
1. To examine the associations between HL and loneliness by controlling other known individual characteristics, physical functioning, cognitive functioning, and social participation in community-dwelling older adults attending NGO social care centres in Hong Kong.
2. To describe the challenges faced by older adults with loneliness at various levels of HL.
3. To explore the meanings of loneliness through gathering narratives from older adults with various levels of HL; and
4. To develop a culturally specific tailor-made HL intervention for older people.

This study will target community dwelling older adults (aged 60 or above). In order to enhance the clinical relevance or interpretation of the association between loneliness and HL, the two variables will be analyzed as dichotomous variables. Employing a mixed methods study will allow us to quantify loneliness and HL, while those subjective feelings (e.g., shame) that may arise from low HL can be captured by qualitative methods. In phase one, quantitative survey data collection will include the use of a battery of valid and reliable measurement scales, including the 6-item Chinese version of the De Jong Gierveld Loneliness scale; Chinese version of 12 item of Short-Form Health Literacy Questionnaire (HLS SF-12), Chinese version of six items Lubben Social Network Scale, Chinese version of the 9-item Lawton Instrumental Activities of Daily Living Scale and a demographic form. In phase two, qualitative data will be collected by audio recorded individual face-to-face interview. In phase three, the findings of the quantitative and qualitative phases of the study will inform the development of a culturally specific health literacy intervention targeting loneliness to enhance well-being of older adults in Hong Kong. Addressing

this knowledge gap is merited to facilitate the provision of optimal care to older people in Hong Kong, enhancing healthy ageing.