



賽馬會齡活城市
Jockey Club Age-friendly City

Jockey Club Age-Friendly City Project

Baseline Assessment Report

CENTRAL AND WESTERN



The University of Hong Kong

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香港大學
THE UNIVERSITY OF HONG KONG

Jockey Club Age-friendly City Project

**Baseline Assessments and Training and Professional Support
(Pilot Phase for 2 Districts)**

**Baseline Assessment Report
Central & Western District**

2016

Submitted by

**Sau Po Centre on Ageing
The University of Hong Kong**

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1. EXECUTIVE SUMMARY

The Hong Kong Jockey Club Age Friendly City Project aims to move Hong Kong towards an age-friendly city. This report describes the baseline assessment work done in the Central and Western District as part of the project. The objective of the baseline assessment was to understand the needs of the Central & Western District in preparing the district to become age friendly. The baseline assessment consisted of a quantitative (questionnaire survey) study and a qualitative (focus group) study. A total of 547 participants were included in the questionnaire survey from four sub-district communities of Kennedy Town; Sai Wan, Shek Tong Tsui, and Sai Ying Pan; Mid-Levels; and Central and Sheung Wan. Five focus groups were conducted.

The typical participant of the questionnaire survey was a married woman aged over 65 years who has resided in the district for 30 years, living alone or with spouse in a private owned apartment, using elderly centres with fair perceived health, retired with a monthly income of less than HK\$6,000 but still felt financially sufficient. The age of the building is usually over 30 years, with elevator, although residents would still need to take the stairs to go out. Majority of older adults in the district expected themselves to age in place for the coming 5 years; however, should their health deteriorate, the percentage of older adults with such expectation dropped considerably.

The participants perceived the district to be age-friendly in general. Comparing the degree of perceived age-friendliness in different aspects, it is the highest in the area of social participation, and least in terms of housing. The sense of community is strong particularly in terms of sense of membership, that is, a sense of belonging to the district. The older the resident, the stronger the sense of community and perceived age-friendliness. Nearly half (46.4%) of the participants volunteered in services/activities in elderly centres in the past 3 months. Among those aged 60 years or above, most (82.6%) used services or participated in activities provided by elderly centres. Kennedy Town residents reported the highest level of perceived age-friendliness and sense of community compared with those living in the other three sub-district communities.

Participants of the focus groups drew attention to (1) physical environment issues: public space inaccessibility due to slopes and stairs, and high cost of housing; (2) social and cultural environmental issues: reduced social participation due to a lack of accessible gathering places; and (3) communication and services issues: the importance of elderly centre as a source of information, general availability of social and health services, and areas of improvement mainly to improve service accessibility.

Results from this baseline assessment suggested solid groundwork with a reasonably good sense of community and perceived age-friendliness in the district. Future efforts toward making the district more age-friendly should build on the existing infrastructure and network. Specific recommendations were provided for each of the eight domains in the World Health Organization's Age-friendly City framework.

2. INTRODUCTION

2.1 Project Background

The rapid population ageing in Hong Kong means rapidly increasing needs of the older population. The population aged 65 years or above is projected to increase from the current 14% of the total population to 25%, or every 1 in 4 people, by 2029; and to 32%, or every 1 in 3 people, by 2041.¹ This presents a great challenge to the society in multiple ways, including a shrinking labour force with a working age to elderly population ratio of 1.8:1 by 2041, and increasing burden and cost for public services. Building an age-friendly city will help meet the needs of older people, enabling them to live an active, independent, and good-quality life. An age-friendly city would also facilitate the development of Hong Kong as a better society.

The Sau Po Centre on Ageing of The University of Hong Kong (HKU) received a donation from The Hong Kong Jockey Club Charities Trust in 2015 to conduct the *Hong Kong Jockey Club Age-Friendly City Project* in the Central and Western District and the Wan Chai District. In both districts, the study is implemented in two phases: from September 2015 to February 2016 (Phase 1) and Phase 2 is 3 years since March 2016. Phase 1 of the project consists of three parts. The first part is a baseline assessment of district age-friendliness using a questionnaire interview design. The second part is baseline assessment of district friendliness using a focus group design with district residents and key stakeholders, to gain in-depth understanding of their views on age-friendliness in their communities. A report of district-based recommendations and implementation proposals is generated based on these findings. The third part is to organize an “Age-friendly City Ambassador Programme” in the districts, to train ambassadors in becoming familiar with the knowledge and methods in building an age-friendly community. Second phase of the project consists of collaboration with key district stakeholders and provision of professional support from the HKU team to develop, implement, and evaluate district-based age-friendly city projects for enhancing district age-friendliness.

This report presents baseline assessment findings from Phase 1. The objective of the baseline assessment was to understand the needs of the Central & Western District and the Wan Chai District in preparing to become age friendly.

2.2 District Characteristics

The Central and Western District is a diverse district mixed with modern financial centres, cultural heritage buildings, and tranquil residential areas. In this 12.4 km² district, there are 14 sub-areas excluding the Peak, that can be categorized into four meaningful sub-district communities, namely (1) Kennedy Town; (2) Sai Wan, Shek Tong Tsui, and Sai Ying Pun; (3) Mid-levels; and (4) Central and Sheung Wan (Appendix 1).

According to the Hong Kong Census and Statistics Department,² the Central and Western District currently has a population of 248,600. The number of elderly population aged 65 years or above was around 37,600, comprising 15.1% of the total district population. This can be compared with the 13.9% as reported in the 2011 Hong Kong Population Census. The district ranks the ninth among other districts in its percentage of elderly population, and is higher than the Hong Kong average of 14.0%.

Table 2.1 shows the domestic household characteristics of the district. In 2014, the total number of domestic households was 87,000, most households (27.4%) were in the size of two persons. According to the 2011 Hong Kong Population Census, the median monthly income from main employment of the working population was HK\$20,000, and the median income of economically active household was HK\$40,000. There were obvious differences in the median household income between those living in public rental housing (HK\$18,090) and private permanent housing (HK\$40,000).

Table 2.1 Domestic household characteristics of the Central and Western District

Total number of domestic households (2014)	87,000
Type of housing, private permanent (2011)	95.8%
Median monthly income (2011)	HK\$20,000
Median domestic household mortgage payment (2011)	HK\$10,000
Median domestic household rent (2011)	HK\$10,370

The predominant type of housing in the Central and Western District is private permanent housing (95.8%). Kwun Lung Lau and Sai Wan Estate are the only two public rental housing estates in the district. They were in use since 1968 and 1958, and currently comprise 2.4% and 2.5% of the domestic households in the district, respectively. Subsidized home ownership housing, one of the predominant types of housing in Hong Kong, has never been built in the Central and Western District.

Regarding the provision of elderly centres and health care services, the district has a total of 11 elderly centres (3 DECC¹⁰ and 8 NEC¹¹), 5 hospitals (2 public⁹ and 3 private⁷), 4 general clinics⁸ and 1 elderly health centre⁶.

The population density of the district is high and there is great demand for facilities and outdoor space. In recent decades, in response to the opinions of the residents and stakeholders, many new public spaces and recreational facilities were built in the

districts, such as the Sun Yat Sen Memorial Park Sports Centre and the Kennedy Town Swimming Pool. Before the recent opening of the Sai Ying Pun, HKU and Kennedy Town MTR Stations, transportation in the district was largely supported by buses, minibuses, and trams.

The district has a few successful examples of heritage conservation. The Police Married Quarters is a historic building for conservation, for instance, that has been recently transformed into a modern creative market, benefiting various stakeholders of the district. The operation of the new MTR stations in the district, while serving the community as an important transport infrastructure, may have impacts on the rental rates and commodity prices in the area.

2.3 Previous Age-friendly City Work in the District

Two main groups that have been advocating for the concept of age-friendly city in the district are the “中西區社區關注組” (translated herein as the “Central and Western District Community Concern Group”, or “Concern Group”) and the “中西區長者友善工作小組” (translated herein as “Central and Western District Age-friendly Work Group”, or “Work Group”). Both groups have received funding from the District Council to promote age-friendly city issues in the past years. The Concern Group is a collaborative platform formed in 2007 by three non-government organizations (NGOs), and has since expanded to include 10 NGOs. Social worker representatives from each NGO would become members responsible for the operation of the Concern Group. The objectives are to (1) attend to local community affairs and regularly communicate opinion to the District Council; (2) attend to the rights and benefits of the retired and older population; (3) work with other community concern groups to advocate on common topics and issues. Since 2009, advocating for an age-friendly city has become the Concern Group’s main mission. The Concern Group has invited older people from the district to participate in various activities, talks, conferences, and training courses. The goal was to empower the older adults by increasing their capability and awareness, and ultimately to encourage them to voice out their opinions, so as to create community impact and increase the community’s age-friendliness. In the past years, the Concern Group has organized and co-hosted a number of activities for older adults in the district, including community events such as the “2014 你想的西區海濱計劃聚焦小組” (translated herein as “2014 Your View on the Western Waterfront Promenade Project Focus Group”) and the “2015 長者參與康體活動問卷調查發佈會” (translated herein as “2015 Press Conference on Elders’ Participation in Sports Activities Questionnaire Survey”).

The Work Group has been in operation since 2008. It consists of an elderly centre and two community centres of the Caritas. The objective of the Work Group is to facilitate and empower older people in the community to express their opinions on ways to improve community facilities. From 2009 onward, the Work Group has started to

work on the topic of age-friendly city. A highly successful project was a 2010 scheme entitled “長者友善巴士齊共創” (translated herein as “Co-creating Age-friendly Buses”). In this project, elderly participants formed a team to make suggestions on how to make the interior environment of buses more age-friendly. With support from professional bus designers and social workers, the team completed preparation work in meetings, met with bus companies and government departments, and led to changes in the interior facilities of buses in Hong Kong. Subsequently, the team organized a forum to report their work for public discussion, and produced publications and exhibitions to wrap up the project.

The District Council and District Office, taking into account the inputs of the elderly community as well as working with various government departments and other entities (e.g. MTR), have demonstrated active engagement and good efforts in supporting or promoting age-friendliness of the District. Of note, the Working Group on Elderly Service and other relevant committees of the District Council have regularly sought and followed up on the views of stakeholders to make the district more age-friendly. A list of selected and reported projects and activities funded, organized, and/or implemented by District Council, District Office, and/or relevant government departments in recent years is shown in Appendix 4.¹²

3. METHODOLOGY

The baseline assessment consisted of a quantitative (questionnaire survey) study and a qualitative (focus group) study. The questionnaire survey was conducted to understand the sense of community and perception on age-friendliness of the district, among residents of four sub-district communities in the Central and Western District. The focus group study was conducted to capture in-depth opinions of the residents on age-friendliness of the district, with reference to the eight domains of the Age-friendly City as defined by the World Health Organization (WHO).

3.1 Questionnaire Survey

3.1.1 Participants

Participants recruited for the questionnaire survey were usual residents in the Central and Western District aged 18 years or above. Exclusion criteria were foreign domestic helpers or individuals who are mentally incapable to participate in the study.

Participants were recruited from four meaningful sub-district communities (Table 3.1). The communities were derived *a priori* according to features and characteristics of the district, and validated by stakeholders who are familiar with the district.

Table 3.1 Sampling sub-district communities for Central and Western District

Sub-district Communities	Constituency Areas
Kennedy Town (KT)	Kennedy Town & Mount Davis Kwun Lung
Sai Wan, Shek Tong Tsui, & Sai Ying Pan (SW)	Sai Wan Shek Tong Tsui Sai Ying Pan Centre Street Water Street
Mid-Levels (ML)	Mid-Levels East Castle Road University Belcher
Central and Sheung Wan (CS)	Chung Wan Sheung Wan Tung Wah

The study aimed to recruit a total of 500 participants from multiple sources including public rental housing estates, elderly centres, senior police call, and advertisement and snowball referrals from stakeholders.

3.1.2 Measures

The questionnaire survey was conducted by face-to-face interviews and self-administration (in a small number of cases who preferred the latter mode) to cover the following areas (Appendix 2):

(i) Sociodemographic Information

These included age, gender, marital status, education, living arrangement, housing type, employment, and income of the participant. Self-reported health was captured using an item for assessing subjective health from the SF-12 Health Survey.³

(ii) Community Care

These included caregiving, engagement with elderly centres, use of mobility tools, and ageing-in-place expectations.

(iii) Perceived Age-friendliness

Perceived age-friendliness of the district was assessed using 61 items developed based on a local adaptation of the WHO's Age-friendly City Framework and Guidelines. Participants are asked to rate their perceived age-friendliness along eight categories, namely outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion, civic participation and employment; communication and information; and community support and health services. These can be further divided into 19 subdomains.

(iv) Sense of Community

Sense of community, including needs fulfilment (the perception that a person's needs is met by the community), group membership (a sense of belonging to the community), influence (a sense that a person can make a difference in a community and the community can make a difference to the person), and shared emotional connection (a feeling of attachment or bonding rooted in community members' shared history, place or experience) were measured using the 8-item Brief Sense of Community Scale.^{4,5}

3.1.3 Data Analysis

Descriptive analyses by sub-district communities of the participants were performed to identify patterns in sociodemographics, community care, perceived age-friendliness, and sense of community across communities. Further analyses were performed to test the difference in perceived age-friendliness and sense of community among age groups and sub-district communities using linear regression method.

3.2 Focus Group

This study included five focus groups conducted following the procedure based on the WHO Age-friendly Cities Project Methodology-Vancouver Protocol.⁶ In this study, we have adopted the Chinese version of the protocol devised by The Hong Kong Council of Social Service. A focus group discussion guide was compiled (Appendix 3). Each focus group meeting lasted approximately 1.5 to 2 hours (including a 15-20-minute break). Each focus group consisted of 6 to 8 people. Focus group sessions were held in community locations; the discussions were audio-recorded and transcribed.

4. RESULTS

4.1 Questionnaire Survey

4.1.1 Participant Characteristics

A total of 574 participants were recruited. Participants were recruited from public rental housing estates (n=105), elderly centres (n=277), senior police call (n=73), and advertisement and snowball referrals from stakeholders (n=119). They represent residents in the sub-district communities of Sai Wan, Shek Tong Tsui, Sai Ying Pun (SW; 43.9%), Kennedy Town (KT; 28.2%), Central and Sheung wan (CS; 19.9%), and Mid-Levels (ML; 8.0%) (Table 4.1).

Sociodemographic characteristics of the participants are summarized in Table 4.2. Approximately half (52.5%) of the participants had secondary education or above and nearly half (49.6%) were married. Majority (66.4%) of the participants were older adults aged 65 years or above and retired (62.5%). Half of the participants were either living alone or living with their spouse only (50.2%). Only 8.2% were living with domestic helper. About one in five participants was a caregiver (21.9%). Among them, 19.2%, 28.0%, and 61.6% were providing care for children, adults, and older persons, respectively. In terms of financial status, only 15.9% reported insufficient fund for daily expenses, although majority (65.6%) of them had either no income or having a monthly personal income below HK\$6,000.

Table 4.1 Number of survey participants in the four sub-district communities.

Sub-district Communities	N	%
Kennedy Town (KT)	162	28.2
Kennedy Town & Mount Davis	57	9.9
Kwun Lung	105	18.3
Sai Wan, Shek Tong Tsui, Sai Ying Pun (SW)	252	43.9
Sai Wan	37	6.4
Shek Tong Tsui	65	11.3
Sai Ying Pun	125	21.8
Centre Street	18	3.1
Water Street	7	1.2
Mid-Levels (ML)	46	8.0
Mid-Levels East	20	3.5
Castle Road	8	1.4
University	14	2.4
Belcher	4	0.7
Central and Sheung Wan (CS)	114	19.9
Central	34	5.9
Sheung Wan	71	12.4
Tung Wah	9	1.6
Total	574	100.0

Table 4.2 Sociodemographics characteristics of questionnaire survey participants

	Total		KT		SW		ML		CS	
	n	%	n	%	n	%	n	%	n	%
Gender										
Male	176	30.7	55	34.0	73	29.0	13	28.3	35	30.7
Female	398	69.3	107	66.0	179	71.0	33	71.7	79	69.3
Age group										
18-49 years	104	18.1	29	17.9	50	19.8	14	30.4	11	9.6
50-64 years	89	15.5	29	17.9	33	13.1	7	15.2	20	17.5
65-79 years	223	38.9	67	41.4	99	39.3	17	37.0	40	35.1
≥80 years	158	27.5	37	22.8	70	27.8	8	17.4	43	37.7
Marital status										
Never married	93	16.2	31	19.1	42	16.7	9	19.6	11	9.6
Married	284	49.6	77	47.5	118	47.0	25	54.3	64	56.1
Widowed	170	29.7	47	29.0	81	32.3	9	19.6	33	28.9
Divorced / separated	26	4.5	7	4.3	10	4.0	3	6.5	6	5.3
Education										
Nil / pre-primary	100	17.5	23	14.2	52	20.7	4	8.7	21	18.4
Primary	172	30.0	53	32.7	69	27.5	9	19.6	41	36.0
Secondary (F.1-5)	163	28.4	49	30.2	64	25.5	16	34.8	34	29.8
Secondary (F.6-7)	20	3.5	5	3.1	8	3.2	3	6.5	4	3.5
Post-secondary	118	20.6	32	19.8	58	23.1	14	30.4	14	12.3
Employment status										
Working	87	15.3	23	14.4	42	16.7	11	23.9	11	9.7
Unemployed	8	1.4	5	3.1	1	0.4	0	0	2	1.8
Retired	356	62.5	100	62.5	162	64.5	18	39.1	76	67.3
Homemakers	80	14.0	19	11.9	28	11.2	10	21.7	23	20.4
Students	37	6.5	11	6.9	18	7.2	7	15.2	1	0.9
Others	2	0.4	2	1.3	0	0	0	0	0	0
Living arrangement										
Living alone	152	26.5	45	27.8	73	29.0	4	8.9	30	26.3
With spouse only	136	23.7	40	24.7	49	19.4	10	22.2	37	32.5
Spouse & other family members	111	19.4	28	17.3	50	19.8	14	31.1	19	16.7
With children / grandchildren	101	17.6	30	19.1	43	17.1	8	17.8	20	17.5
With other family members	73	12.7	19	11.1	37	14.7	9	20.0	8	7.0
Living with domestic helper	46	8.2	10	6.2	21	8.5	7	16.3	8	7.1
Participant is a caregiver	125	21.9	33	20.5	55	21.9	10	21.7	27	23.9
For children aged <18 years†	24	19.2	8	24.2	9	16.7	2	20.0	5	18.5
For adults aged 19-64 years†	35	28.0	8	24.2	17	31.5	5	50.0	5	18.5
For elders aged ≥65 years †	77	61.6	21	63.6	31	57.4	6	60.0	19	70.4
Finance										
Very insufficient	12	2.1	6	3.7	5	2.0	0	0	1	0.9
Insufficient	79	13.8	22	13.6	30	12.0	6	13.0	21	18.4
Sufficient	356	62.2	100	61.7	160	64.0	25	54.3	71	62.3
More than sufficient	110	19.2	27	16.7	49	19.6	14	30.4	20	17.5
Abundant	15	2.6	7	4.3	6	2.4	1	2.2	1	0.9
Monthly personal income										
No income	62	10.8	15	9.3	32	12.7	4	8.9	11	9.6
HK\$1 to HK\$5,999	314	54.8	83	51.2	137	54.4	18	40.0	76	66.7
HK\$6,000 to HK\$9,999	66	11.5	26	16.0	22	8.7	6	13.3	12	10.5
HK\$10,000 to HK\$19,999	90	15.7	28	17.3	41	16.3	10	22.2	11	9.6
HK\$20,000 to HK\$29,999	17	3.0	5	3.1	9	3.6	2	4.4	1	0.9
HK\$30,000 to HK\$59,999	16	2.8	3	1.9	8	3.2	4	8.9	1	0.9
≥HK\$60,000	8	1.4	2	1.2	3	1.2	1	2.2	2	1.8

†Multiple responses allowed.

Residence characteristics of participants are summarized in Table 4.3. The average years of residence in the district was 31.6 years (SD, 20.6 years). Majority (81.1%) of

the participants lived in private housing and 63.5% resided in a building aged more than 30 years. In terms of building environment, the average number of floors of the building in which our participants resided was 22.3; most (85.5%) of these buildings had an elevator. However, a considerable proportion (38.6%) of the participants were living in a building that requires the use of the stairs to go out.

Table 4.3 Residence characteristics

	Total		KT		SW		ML		CS	
	n	%	n	%	n	%	n	%	n	%
Residence years (mean, SD)	31.6	20.6	27.9	19.5	33.0	21.7	29.0	19.0	34.5	19.5
Housing										
Public rental	102	17.8	102	63.0	0	0	0	0	0	0
Private, rented	94	16.4	22	13.6	46	18.3	12	26.1	14	12.3
Private, owned	370	64.6	38	23.5	200	79.7	32	69.6	100	87.7
Private, unknown	2	0.3	0	0	1	0.4	1	2.2	0	0
Others	5	0.8	0	0	4	1.6	1	2.2	0	0
Age of building										
≤10 years	55	9.7	41	25.5	7	2.8	4	9.1	3	2.6
11-20 years	57	10.1	9	5.6	23	9.3	6	13.6	19	16.7
21-30 years	95	16.8	18	11.2	52	21.0	8	18.2	17	14.9
≥31 years	360	63.5	93	57.8	166	66.9	26	59.1	75	65.8
Building environment										
No. of floors (mean, SD)	22.3	10.7	29.4	11.7	19.6	8.3	20.1	7.7	19.0	10.6
With elevator	488	85.5	159	98.1	202	81.1	44	95.7	83	72.8
Need to take stairs	220	38.6	47	29.0	82	33.1	21	45.7	70	61.4

The self-reported health status of the participants is presented in Table 4.4. Half of the participants (51.0%) rated their health as good or above (mean=3.3, SD=1.0). One-fifth of the participants (21.7%) had to walk with assistive devices such as cane, walker, or wheelchair. [Nearly half (46.4%) of the participants had volunteered in services/activities organized by elderly centres in the past 3 months. Among those aged 60 years or above, most (82.6%) had used services or participated in activities provided by elderly centres.

In terms of ageing-in-place intention of the participants (Table 4.5), when asked if their health remains the same whether they expect themselves to move into a residential care unit in the next 5 years, majority (77.8%) answered with a definite negative response; only a small proportion (12.6%) of the participants expected a more than 50% chance of moving. When asked about the same if their health worsens in the next 5 years, the proportion of participants who expected absolutely no chance dropped to 33.9%, and half (51.4%) of the participants expected a more than 50% chance of moving.

Table 4.4 Health, social participation, and use of community service

	Total		KT		SW		ML		CS	
	n	%	n	%	n	%	n	%	n	%
Self-rated health										
Excellent	26	4.5	9	5.6	9	3.6	2	4.3	6	5.3
Very good	108	18.9	26	16.0	56	22.4	7	15.2	19	16.7
Good	158	27.6	46	28.4	75	30.0	10	21.7	27	23.7
Fair	241	42.1	70	43.2	98	39.2	25	54.3	48	42.1
Poor	39	6.8	11	6.8	12	4.8	2	4.3	14	12.3
Mean score (SD)	3.3	1.0	3.3	1.0	3.2	1.0	3.4	1.0	3.4	1.1
Walk with assistive device*	121	21.7	29	18.7	57	23.2	3	6.7	32	28.6
Volunteer in elderly centres	263	46.4	64	41.0	115	45.8	23	50.0	61	53.5
Use of elderly centres†	362	82.6	81	68.1	171	88.6	24	85.7	86	87.8

*Cane, walker, or wheelchair

†Applicable only to participants aged 60 years or above

Table 4.5 Residential care service use expectation in 5 years†

	Total		KT		SW		ML		CS	
	n	%	n	%	n	%	n	%	n	%
If health remains the same										
0%	339	77.8	96	80.7	150	77.7	23	85.2	70	72.2
10%	22	5.0	3	2.5	13	6.7	2	7.4	4	4.1
20%	9	2.1	2	1.7	4	2.1	1	3.7	2	2.1
30%	10	2.3	1	0.8	6	3.1	0	0	3	3.1
40%	1	0.2	0	0	0	0	0	0	1	1.0
50%	31	7.1	9	7.6	13	6.7	0	0	9	9.3
60%	4	0.9	1	0.8	1	0.5	0	0	2	2.1
70%	6	1.4	2	1.7	1	0.5	0	0	3	3.1
80%	6	1.4	3	2.5	1	0.5	0	0	2	2.1
90%	1	0.2	0	0	1	0.5	0	0	0	0
100%	7	1.6	2	1.7	3	1.6	1	3.7	1	1.0
If health deteriorates										
0%	147	33.9	47	39.5	63	33.0	9	33.3	28	29.2
10%	28	6.5	5	4.2	13	6.8	2	7.4	8	8.3
20%	10	2.3	3	2.5	4	2.1	0	0	3	3.1
30%	17	3.9	2	1.7	9	4.7	4	14.8	2	2.1
40%	8	1.8	3	2.5	3	1.6	1	3.7	1	1.0
50%	105	24.2	25	21.0	49	25.7	4	14.8	27	28.1
60%	16	3.7	3	2.5	12	6.3	0	0	1	1.0
70%	33	7.6	7	5.9	16	8.4	1	3.7	9	9.4
80%	19	4.4	8	6.7	3	1.6	1	3.7	7	7.3
90%	17	3.9	7	5.9	3	1.6	3	11.1	4	4.2
100%	33	7.6	9	7.6	16	8.4	2	7.4	6	6.3

†Applicable only to participants aged 60 years or above

4.1.2 Perceived Age-friendliness

Figure 4.1 and Table 4.6 show the perceived age-friendliness across the eight domains and 19 subdomains in the WHO Age-friendly City Framework. The possible responses are 1 (strongly disagree), 2 (disagree), 3 (a little bit disagree), 4 (a little bit agree), 5 (agree) and 6 (strongly agree).

Participants perceived the district to be age-friendly in general. Among the eight domains, the highest score was observed in the social participation domain (mean, 4.4), followed by transportation (4.3), respect and social inclusion (4.2), and communication and information (4.0). The domain with the lowest score was housing (3.5).

Perceived age-friendliness appeared to vary within certain domains: “accessibility of public transport” was rated the highest among all subdomains in transportation (4.5) whereas that for “availability of specialized services” seems to be lower (3.9). The rating of the “accessibility and availability” of housing, particularly in SW, ML, and CS, tended to be low (3.3) while that for “environment” appeared higher (3.7). Both subdomains of social participations, namely “facilities and settings” and “availability and accessibility of social activities”, were of high satisfaction (4.5 and 4.3, respectively). Within the domain of respect and social inclusion, rating in general appeared higher in the “attitude” subdomain (4.3) than that in the “social inclusion opportunities” subdomain (4.0). Participants in all sub-district communities showed a tendency to rate “civic participation” (4.2) higher than “employment” (3.8). In terms of community support and health services, participants perceived the subdomains of “burial service” and “emergency support” of relatively low age friendliness (2.4 and 3.5, respectively), while they rated “availability and affordability of medical/social services” of higher level of age friendliness (4.2).

4.1.3 Sense of Community

Sense of community in the Central and Western District is shown in Table 4.7. The possible range of each sub-item score is between 2 and 10. The possible range of the total score is between 8 and 40. A higher score means a higher sense of community. The mean sense of community score of the whole district was 30.3 (SD=4.6), ranging from 29.0 (ML) to 30.6 (KT) across the four sub-district communities. Overall, the sense of membership was highest (8.1), followed by emotional connectedness (7.8). These are followed by needs fulfilment and sense of influence in their community (both 7.2).

Among the four sub-district communities, sense of community was highest in KT, followed by CS, SW, and lowest in ML. Sense of membership was strongest in CS (8.3), while the sense of influence in their community was strongest in KT (7.4). Except for ML, emotional connectedness was similarly high across communities (7.8-7.9). Needs fulfilment appeared similar across communities.

Figure 4.1 Perceived age-friendliness by sub-district communities.

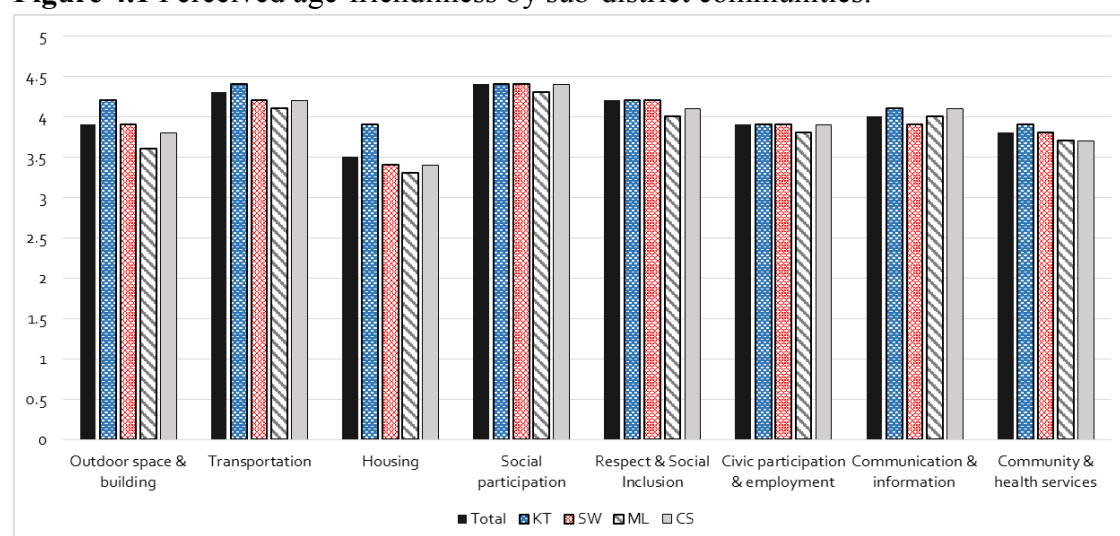


Table 4.6 Perceived age-friendliness

	Total	KT	SW	ML	CS
Outdoor spaces & buildings	3.9 (0.8)	4.2 (0.7)	3.9 (0.7)	3.6 (0.7)	3.8 (0.8)
Outdoor spaces	3.8 (0.8)	4.1 (0.8)	3.7 (0.8)	3.6 (0.8)	3.7 (0.9)
Buildings	4.0 (0.9)	4.2 (0.8)	4.0 (0.8)	3.6 (1.0)	3.9 (0.9)
Transportation	4.3 (0.7)	4.4 (0.7)	4.2 (0.7)	4.1 (0.7)	4.2 (0.7)
Road safety & maintenance	4.3 (0.9)	4.5 (0.8)	4.2 (1.0)	4.2 (0.9)	4.1 (1.0)
Specialized services availability	3.9 (1.0)	4.0 (1.1)	4.0 (0.9)	3.7 (1.1)	3.8 (1.0)
Public transport, comfort to use	4.2 (0.8)	4.3 (0.8)	4.2 (0.9)	4.1 (0.7)	4.3 (0.8)
Public transport, accessibility	4.5 (0.8)	4.6 (0.8)	4.5 (0.7)	4.1 (0.8)	4.4 (0.8)
Housing	3.5 (1.0)	3.9 (1.0)	3.4 (0.9)	3.3 (0.9)	3.4 (0.9)
Affordability & accessibility	3.3 (1.1)	3.8 (1.1)	3.2 (1.1)	2.9 (1.1)	3.1 (1.0)
Environment	3.7 (1.0)	4.0 (1.1)	3.6 (1.0)	3.6 (1.0)	3.7 (0.9)
Social participation	4.4 (0.7)	4.4 (0.8)	4.4 (0.7)	4.3 (0.7)	4.4 (0.8)
Facilities and settings	4.5 (0.8)	4.5 (0.8)	4.5 (0.7)	4.4 (0.8)	4.5 (0.7)
Social activities	4.3 (0.8)	4.3 (0.9)	4.3 (0.7)	4.2 (0.7)	4.3 (0.9)
Respect & Social Inclusion	4.2 (0.8)	4.2 (0.8)	4.2 (0.7)	4.0 (0.7)	4.1 (0.8)
Attitude	4.3 (0.7)	4.3 (0.8)	4.3 (0.7)	4.1 (0.8)	4.3 (0.8)
Social inclusion opportunities	4.0 (1.0)	4.0 (1.0)	4.0 (0.9)	3.9 (0.9)	3.8 (1.0)
Civic participation & employment	3.9 (0.9)	3.9 (0.8)	3.9 (0.9)	3.8 (0.8)	3.9 (0.9)
Civic participation	4.2 (1.0)	4.2 (1.1)	4.2 (1.0)	4.2 (0.9)	4.4 (1.0)
Employment	3.8 (0.9)	3.8 (0.8)	3.8 (1.0)	3.7 (0.9)	3.8 (1.0)
Communication & information	4.0 (0.8)	4.1 (0.8)	3.9 (0.8)	4.0 (0.7)	4.1 (0.9)
Information	4.1 (0.9)	4.2 (0.8)	4.0 (0.9)	4.1 (0.8)	4.1 (0.9)
Communication & digital devices	3.9 (1.0)	4.0 (1.0)	3.7 (1.0)	3.8 (0.9)	4.0 (1.0)
Community support & health services	3.8 (0.8)	3.9 (0.8)	3.8 (0.7)	3.7 (0.7)	3.7 (0.8)
Medical/social services	4.2 (0.8)	4.2 (0.9)	4.2 (0.8)	4.2 (0.8)	4.1 (0.9)
Emergency support	3.5 (1.2)	3.8 (1.2)	3.5 (1.2)	3.1 (1.2)	3.4 (1.4)
Burial service	2.4 (1.3)	2.4 (1.3)	2.4 (1.2)	2.4 (1.0)	2.3 (1.4)

All reported numbers are mean (SD).

The possible responses are: 1 (strong disagree), 2 (disagree), 3 (a little bit disagree), 4 (a little bit agree), 5 (agree), and 6 (strongly agree).

Table 4.7 Sense of community

	Total	KT	SW	ML	CS
Need fulfilment	7.2 (1.5)	7.2 (1.5)	7.2 (1.6)	7.2 (1.6)	7.1 (1.4)
Membership	8.1 (1.4)	8.2 (1.5)	8.1 (1.4)	7.7 (1.4)	8.3 (1.3)
Influence	7.2 (1.5)	7.4 (1.5)	7.1 (1.4)	6.6 (1.7)	7.1 (1.4)
Emotional connection	7.8 (1.4)	7.9 (1.5)	7.8 (1.3)	7.4 (1.4)	7.9 (1.2)
Total score	30.3 (4.6)	30.6 (4.9)	30.2 (4.5)	29.0 (5.2)	30.4 (4.1)

All reported numbers are mean (SD).

4.1.4 Age Group Comparison

Table 4.8 shows the linear regression analysis to test the effect of age group on perceived age-friendliness and sense of community, after adjusting for sub-district communities. Older participants had significantly higher perceived age-friendliness: each level of increase in age group predicted an increase by 0.07 to 0.19 scores in the eight domains. In terms of sense of community, each level of increase in age group predicted a 1.46-point increase.

Table 4.8 Age-group comparison using linear regression analysis

	Coefficient†
Perceived Age-friendliness	
Outdoor spaces & buildings	0.07*
Outdoor spaces	0.00
Buildings	0.07*
Transportation	0.16**
Road safety & maintenance	0.13**
Specialized services availability	0.12**
Public transport, comfort to use	0.19**
Public transport, accessibility	0.18**
Housing	0.18**
Affordability & accessibility	0.15**
Environment	0.22**
Social participation	0.19**
Facilities and settings	0.15**
Social activities	0.22**
Respect & Social Inclusion	0.16**
Attitude	0.18**
Social inclusion opportunities	0.11*
Civic participation & employment	0.15**
Civic participation	0.21**
Employment	0.15**
Communication & information	0.10**
Information	0.14**
Communication & digital devices	0.05
Community support & health services	0.09**
Medical/social services	0.18**
Emergency support	-0.03
Burial service	-0.20**
Sense of Community	
Need fulfilment	0.15*
Membership	0.51**
Influence	0.30**
Emotional connection	0.44**
Total score	1.46**

†Age group 18-49 years as the reference group.

Significance levels at *p<0.05 and **p<0.01.

Comparisons are adjusted for the effect of sub-district communities.

4.1.5 Sub-district Community Comparison

Table 4.9 shows the linear regression analysis comparing sub-district communities, after adjusting for age groups. As a comparison among sub-districts, residents in SW, ML, and CS felt their community less age-friendly in terms of outdoor spaces and buildings and housing (including all subdomains) compared with KT residents. Residents in ML and CS expressed lower perceived age-friendliness in transportation, and SW residents in communication & information, as compared with KT residents.

Table 4.9 Sub-district community comparison by linear regression analysis

	Coefficient†		
	SW	ML	CS
Perceived Age-friendliness			
Outdoor spaces & buildings	-0.35**	-0.57**	-0.39**
Outdoor spaces	-0.39**	-0.42*	-0.32*
Buildings	-0.23*	-0.61**	-0.36**
Transportation	-0.13	-0.27*	-0.21*
Road safety & maintenance	-0.34**	-0.24	-0.49**
Specialized services availability	-0.02	-0.25	-0.22
Public transport, comfort to use	-0.10	-0.15	-0.08
Public transport, accessibility	-0.13	-0.44**	-0.25*
Housing	-0.49**	-0.58**	-0.52**
Affordability & accessibility	-0.57**	-0.81**	-0.71**
Environment	-0.46**	-0.35*	-0.37**
Social participation	-0.006	-0.07	-0.08
Facilities and settings	-0.01	-0.09	-0.03
Social activities	0.01	-0.05	-0.11
Respect & Social Inclusion	-0.03	-0.15	-0.14
Attitude	-0.03	-0.16	-0.06
Social inclusion opportunities	-0.02	-0.12	-0.27*
Civic participation & employment	-0.04	-0.02	-0.04
Civic participation	-0.06	0.07	0.09
Employment	-0.01	-0.04	-0.07
Communication & information	-0.22*	-0.12	-0.05
Information	-0.21*	-0.13	-0.15
Communication & digital devices	-0.24*	-0.14	0.07
Community support & health services	-0.05	-0.15	-0.16
Medical/social services	-0.02	0.003	-0.11
Emergency support	-0.37**	-0.79**	-0.47**
Burial service	0.09	-0.02	0.01
Sense of Community			
Need fulfilment	0.01	0.05	-0.15
Membership	-0.10	-0.29	0.01
Influence	-0.26	-0.67*	-0.33
Emotional connection	-0.15	-0.39	-0.13
Total score	-0.46	-1.18	-0.60

†KT as the reference group.

Significance levels at *p<0.05 and **p<0.01.

Comparisons are adjusted for the effect of age groups.

Subdomain analysis showed that residents in KT perceived higher age-friendliness in “road safety and maintenance” than SW and CS residents, in “accessibility of public transport” than ML and CS residents, in “social inclusion opportunity” than CS residents, and in “emergency support” than residents in all other three communities. Residents in SW had a lower rating in “information” and “communication & digital

devices” than KT residents. All four communities had similar levels of sense of community, except that ML showed significantly lower sense of influence compared with KT.

4.2 Focus Group Study

4.2.1 Participant Characteristics

Five focus groups were conducted to collect residents’ opinions on the age-friendliness of the Central & Western District. A total of 37 residents participated. Among them, 14 (37.8%) resided in KT, 11 (29.7%) in SW, 6 (16.2%) in ML, and 6 (16.2%) in CS. Over half of the participants were aged 65 years or above and have been living in the district for 26.6 years on average. Sociodemographic characteristics of the focus group participants are shown in Table 4.10.

Table 4.10 Sociodemographic characteristics of focus group participants

Characteristics	n	%
Gender		
Male	7	18.9
Female	30	81.1
Age group		
18-49 years	7	18.9
50-64 years	5	13.5
65-79 years	19	51.4
≥80 years	6	16.2
Education		
Nil / pre-primary	3	8.3
Primary	12	33.3
Secondary (F.1-5)	11	30.6
Secondary (F.6-7)	1	2.8
Post-secondary	9	25.0
Housing		
Public rental	10	27.8
Private, rental	3	8.3
Private, owned	23	63.9
Residence years (mean, SD)	26.6	18.9
Living arrangement		
Living alone	6	16.7
With spouse only	4	11.1
Spouse and other family members	4	11.1
With children / grandchildren	15	41.7
With other family members	7	19.4
Monthly household income		
No income	11	29.7
HK\$1 to HK\$5,999	17	45.9
HK\$6,000 to HK\$9,999	2	5.4
HK\$10,000 to HK\$19,999	4	10.8
HK\$20,000 to HK\$29,999	2	5.4
HK\$30,000 to HK\$59,999	1	2.7
≥HK\$60,000	0	0

Findings from thematic analyses of the focus groups are presented for the eight WHO Age-Friendly City framework domains, which are further grouped into three areas, namely (1) physical environment; (2) social and cultural environment; and (3) communication, community and health services. Most participants expressed a sense of belonging and care for the Central and Western District, and offered many comments to identify areas for further improvement. It is noted that some of the reported areas for further improvement are territory-wide issues while others are district-specific ones, and that some of the suggestions are being addressed by ongoing or planned initiatives of the District Council, District Office and/or other relevant government departments, as indicated in Appendix 4.

4.2.2 Physical Environment

WHO Domain 1: Outdoor Spaces and Buildings

- (i) **Stairs & Slopes:** Slopes in the district was a reported concern that can be challenging for older adults with reduced mobility. Participants noted many streets along a slope with steps in the CS community, such as the Ladder Street (樓梯街). Older adults often need to catch their breath after walking uphill. Similarly, participants reported the slopes in the ML community to be challenging. That there are no handrails along some of the stairs and the slopes further increases the levels of difficulties, making the route unfriendly to older people.
- (ii) **Escalators & Elevators:** Participants noted escalators and elevators that facilitated travel from sea-level streets up to the hills to be improvements in recent years, and expressed desire for more similar infrastructures. These included the Centre Street Escalator Link, elevators in Westwood, and the HKU MTR station. Improvement in maintenance work was suggested. For example, the Central-Mid-Levels Escalators have frequent maintenance work in the daytime, making it difficult for older people to go out during the day, sometimes carrying heavy grocery. A nighttime maintenance schedule was suggested. Participants also reported frequent breakdown of the Centre Street Escalator Link.
- (iii) **Accessibility of Outdoor Public Space:** Participants noted availability of outdoor public space and parks for gathering and exercising among older residents. However, accessibility is an issue, as many are located on a slope (e.g., near Hill Road), or too crowded (e.g., Belcher Bay Park was critiqued to be too small given the many number of visitors). In particular, the Sun Yat Sen Memorial Park, a large outdoor area for exercise and activities for older people, is noted to be less accessible for older people with walking problems or disability. Although the bus line 5X passes by the Park, there is no stop and residents have to take the bus line 5B or the tram and walk from the Queen Street, making it challenging for frail elders.
- (iv) **Fitness Equipment in Parks:** Participants reported that most parks in the district have no or very few fitness equipment for older people (e.g. fitness equipment for pulling strings up and down with their hands, or for exercising the rotator cuff), thus requiring a considerable wait (e.g. in Belcher Bay Park). Many expressed a

wish to have more fitness equipment in more parks and more timely maintenance for the existing fitness equipment.

- (v) **Walking Path:** Participants highlighted the ongoing advocacy for expanding the Central and Western District Promenade (中西區海濱長廊) from Kennedy Town to Shun Tak Centre in Sheung Wan. The expansion was described to be important for providing a long, nice path for older people to take leisure walks, thus improving their physical fitness. Paths with such quality was reported to be unavailable in the Western District at present. According to the participants, although walking paths are available in Belcher Bay Park (卑路乍灣公園), they are too short and too crowded.
- (vi) **Pets on Pavements:** Street hygiene and obstructions due to pet walking and uncollected pet excreta were reported to undermine the quality of outdoor space. For example, participants from ML reported pet excreta on Caine Road and on Bonham Road near St. Stephen's Church, despite availability of dog excreta collection boxes. Some participants also reported concerns over foreign domestic helpers sometimes walking four to five dogs at the same time, blocking the space for pedestrians of all ages.
- (vii) **Road Maintenance:** Uneven pavements in the district were reported to be a safety hazard for many older people. Participants from different communities reported tiles that stick out (e.g. on Bonham Road, in Sun Yat Sen Memorial Park) especially after rainy days, small and not highly visible blocks on the pavements that are slippery, and sewage drain covers that are not level with the road surface. Some participants reported incidents when they were tripped or fell as a result, causing injuries and hospitalization.

WHO Domain 2: Transportation

- (i) **Road Safety:** Traffic violation by pedestrians and drivers was described to be a hazard that puts older people at risk for accidents. Participants noted pedestrian jaywalking causing danger, which was attributed to insufficient zebra crossings along streets used by many pedestrians. Older participants noted the need for more zebra crossings in particular locations (e.g. near bus stops) to facilitate safe road crossing. Cars violating traffic laws were reported to put older people at risk of accidents. The need for stricter law enforcement by the police was expressed by some participants.
- (ii) **Public Transport Accessibility:** The reduced flat fare of \$2 for senior citizens for all kinds of public transportation except trams was acknowledged and appreciated by older participants. Many participants reported that the reduced fare makes transportation affordable and allowed them to travel to different places and enhance their social participation. Overall, participants found public transportation in the district to be satisfactory.
- (iii) **Public Transport, Comfort to Use:** Participants had mixed comments depending on the type of transportation. Trams were liked and used by older people as they can get on and off easily with many stops. However, the turnstiles in the entrance

of the older trams were reported to be a safety hazard. Specifically, many older people using a cane and carrying shopping bags can easily get tangled in the turnstile. The participants remarked that the newer style trams have better designed push-open doors and were considered more age-friendly. Bus and mini-buses were also felt to be friendly for older people. However, participants found some routes to run infrequently especially since MTR became available in the district, thus requiring a longer wait. MTR was considered less age friendly, in view of very long walks from the train platform to the exits on the street level; no seats or handrails along the walks, signage with small characters that is confusing or inadequate for older people (especially those who are illiterate), and transferring within MTR was considered challenging for some older people. Some stations do nevertheless provide accessible elevators that are more age-friendly (e.g., the Kennedy Town Station for Kwun Lung Lau residents), and some participants acknowledged that MTR allowed travelling further and faster.

- (iv) **Traffic Routes:** Specific suggestions were made to increase the accessibility of particular venues for older people, thus increasing their social participation and access to community services. These included increasing direct public transportation options to go to elderly centre; and expanding the service of cross-harbour bus lines to the Western District.

WHO Domain 3: Housing

- (i) **Tenement Houses:** Many residents of tenement houses are older people, and the participants noted a number of concerns. First, renovation (e.g., installation of sprinkler system) is difficult and unaffordable for many older people, and support (informational and financial) would be needed. Second, the demolition of tenement houses for redevelopment brings uncertainties. Some participants expressed a concern over receiving adequate monetary compensation for their housing properties, to allow relocation to a comparable housing unit in the same district. Relocation to another district was considered undesirable by these residents, many of whom have lived in the district for decades with strong sense of attachment and belonging to the district.
- (ii) **High Rent:** Residents in public housing estate expressed concern over rental increase, which was too high and too difficult to afford for some older people.

4.2.3 Social and Cultural Environment

WHO Domain 4: Social Participation

- (i) **Elderly Centres:** Participants reported the availability of activities offered by District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs) in the district. However, some older people perceived the membership rules as restrictive and inflexible.
- (ii) **Lack of Indoor Gathering Places:** There is a reported lack of multipurpose building that provides appropriate and friendly indoor gathering venue for older adults in KT and SW. The nearest venues of this kind are the Sai Ying Pun

Community Complex located (西營盤/高街社區綜合大樓社區會堂) on High Street, and the Kennedy Town Community Complex (堅尼地城社區綜合大樓) on Rockhill Street in KT. The former has good and age-friendly facilities, but was reported to be inaccessible by residents from KT due to location and transport issues. The latter is near, but was reported to be unsuitable for recreation; rather it mainly provides meeting and conference rooms. Some older people preferred to gather in fast food shops as these venues allow flexibility and long hours of use. Participants suggested the development of well-located gathering hubs (e.g., Chong Yip Shopping Centre near Whitty Street) for older people in the Western District. High accessibility (e.g., along the tram line) was mentioned as a key consideration.

- (iii) Outreach Services: Participants noted a need for more outreach services for older people living alone in tenement houses, who may need help but currently be unknown to elderly services providers.

WHO Domain 5: Respect and Social Inclusion

- (i) Respect: Older participants reported an atmosphere of mutual respect and friendliness in the district. For example, residents were reported to greet each other in their community, and be offered seats on public transportations. However, these positive experiences were not shared by all, and some older participants reported incidents when younger people using smartphones and mainlanders who failed to give up the priority seats they have occupied on MTR trains.

WHO Domain 6: Civic Participation & Employment

- (i) Volunteer Activities: Participants reported the availability of volunteer activities, including volunteer opportunities in elderly centres, civic organizations, and churches, although the information and rules may not always be clear or readily available to older people. Of note, active participation in civic organizations that target age-friendly city issues was mentioned by some participants, with regular meetings to advocate for age-friendliness of the district and of Hong Kong.

4.2.4 Communication, Community and Health Services

WHO Domain 7: Communication & Information

- (i) Sources of Information: Participants reported having good access to information via word-of-mouth or announcements from elderly centres. In particular, elderly centres were reported to be an important source of information, and older people who go to centres tended to be more informed. On the other hand, those who are non-members of elderly centres were described as being more scattered and disconnected. Neighborhood relations, except within a housing estate such as in Kwun Lung Lau, were described as poor. Participants highlighted the need for strengthening connectedness and improving the spread of information in the community as an area for improvement.

WHO Domain 8: Community Support & Health Services

- (i) Community Care Services: Meal delivery and home help services for older people were reported to be available from elderly centres. For example, in Kwun Lung Lau, such services were available from a DECC and an NEC. The number of elderly centres in the district was reported to be adequate; however, some participants perceived that there is insufficient promotion and outreach. They suggested increasing outreach services and consolidating resources of community centres to enable better use of existing resources.
- (ii) Health Services: Participants regarded health services to be available from public clinics and hospitals, such as the Kennedy Town Jockey Club General Outpatient Clinic (堅尼地城賽馬會診所), Tsan Yuk Hospital in Sai Ying Ping, and the Queen Mary Hospital, which are accessible by public transportation. However, participants also noted very long wait time, unfriendly hotline system for making appointments with difficult-to-follow instructions, and unavailability of walk-in appointments. While participants acknowledged and welcomed the availability and helpfulness of certain free dental services, the minimum age limit for such services (aged 80 years or above) was considered too high, delaying timely dental work that could prevent more serious consequences and complications.

5. CONCLUSIONS

Although the Central and Western District is a relatively old district in Hong Kong with more than 15% residents aged 65 years or older, it has made significant progress toward age-friendliness. Since 2008, the district has two resident groups, including the Central and Western District Age-friendly Work Group (中西區長者友善工作小組) and the Central and Western District Community Concern Group (中西區社區關注組), working toward making the district more age-friendly. These two groups include members from almost all elderly centres in the District. These two groups together have more than a hundred active members spreading through the district. Over the years, they have organized many forums and discussions, met with key stakeholders, and published reports. Through these activities, they have developed a firm foundation for making the district age friendly. Additionally, the District Council and District Office, taking into account the inputs of the elderly community as well as working with various government departments and other entities (e.g. MTR), have demonstrated active engagement and good efforts in supporting or promoting age-friendliness of the District over the years.

Our survey found that participants perceived the district to be age-friendly in general, particularly in the domains of social participation (mean=4.4), transportation (4.3), respect and social inclusion (4.2), and less so in housing (3.5). When looking into subdomains, the district scored high in accessibility of public transportation (4.5), road safety and maintenance, and comfort (4.2) in the transportation domain; facilities and settings (4.5) and social activities (4.3) in the social participation domain; attitude (4.3) in the respect and social inclusion domain; and civic participation (4.2) in the civic participation and employment domain. However, the district scored lowest in burial service (2.4) and emergency support (3.5) in the community support and health services domain; and affordability and accessibility (3.3) in the housing domain. When look into sub-district communities, KT in general has higher age-friendliness than the other three sub-district communities.

The high scores in the social participation domain and the respect and social inclusion domain likely reflect the cumulative efforts district stakeholders have put into the district to make it age friendly over the last decade. Future efforts toward making the district more age-friendly should build on the existing infrastructure and network. The low scores in burial service is not district specific and is not amendable in district level.

Focus group findings highlight participants' views on areas for further improvement to make the district more age-friendly. To improve the age friendliness in the outdoor spaces and buildings domain, the district can focus on improving the outdoor spaces. Our focus group participants made some suggestions which can be used as reference for further improvement work. These include (1) adding handrails along

the stairs and slopes; (2) building more escalators and elevators, better maintenance of existing escalators and elevators and keeping the maintenance work in the evening; (3) improving the accessibility of outdoor parks and exercise spaces; (4) adding fitness equipment in parks and ensuring timely maintenance of existing equipment; (5) expanding the Central and Western District Promenade; (6) improving street hygiene and reducing street obstructions; and (7) improving pavement maintenance.

To improve the age friendliness in the transportation domain, the district can focus on improving existing transportation services and infrastructure as well as providing more specialized services. Suggested further improvement work include (1) adding more zebra crossings and making law enforcement stricter to reduce traffic violation; (2) improving particular design features of trams; increasing the frequency of certain bus and minibus routes, and improving designs of MTR stations, platform, and signage; and (3) adding public transportation options to increase the accessibility of older people's favourite venues.

To improve the age friendliness in the housing domain, the district can focus on increasing support to older tenants of tenement houses. Specific suggestions made by focus group participants included (1) increasing guidance to tenants for handling renovation requests and providing adequate monetary compensation to enable satisfactory same-district relocation in the future; and (2) mechanisms to control rent increase in public housing estate to ensure affordability by older adults.

To improve the age friendliness in the social participation domain, the district can focus on (1) developing well-located indoor gathering hubs with high accessibility, especially along the tram line; (2) consider more flexible membership rules of elderly centres; and (3) increasing outreach services to older people living alone in tenement houses.

To improve the age friendliness in the respect and social inclusion domain, the district can focus on further promoting the atmosphere of mutual respect and friendliness, with younger people and mainlanders on public transportation as potential targets.

To improve the age friendliness in the civic participation domain, the district can focus on elderly employment, which was not mentioned to be available by focus group participants. Creating flexible and meaningful job opportunities to older people would be an important area for improvement.

To improve the age friendliness in the communication and information domain, suggestions included (1) improving the reach of information outside of elderly centres; and (2) developing programmes for strengthening connectedness among district residents. The use of digital devices is a method worth exploring for improving communication among older people in the district.

To improve the age friendliness in the community support and health services domain, suggestions included (1) increasing promotion and outreach of community care services; (2) reducing wait time of health services; (3) improving particular features of the telephone hotline system; (4) providing walk-in health appointments by public clinics and hospitals; and (5) lowering the minimum age for free dental services eligibility.

To conclude, there is a good general sense of community and perceived age-friendliness in the Central and Western District as found in this baseline assessment. Future work to move the district to become more age-friendly should leverage on the sense of membership and emotional connectedness in the district, strengthen the sense of influence and need fulfilment, to include older adults in implementing age-friendly work in the specific areas of improvements as outlined above.

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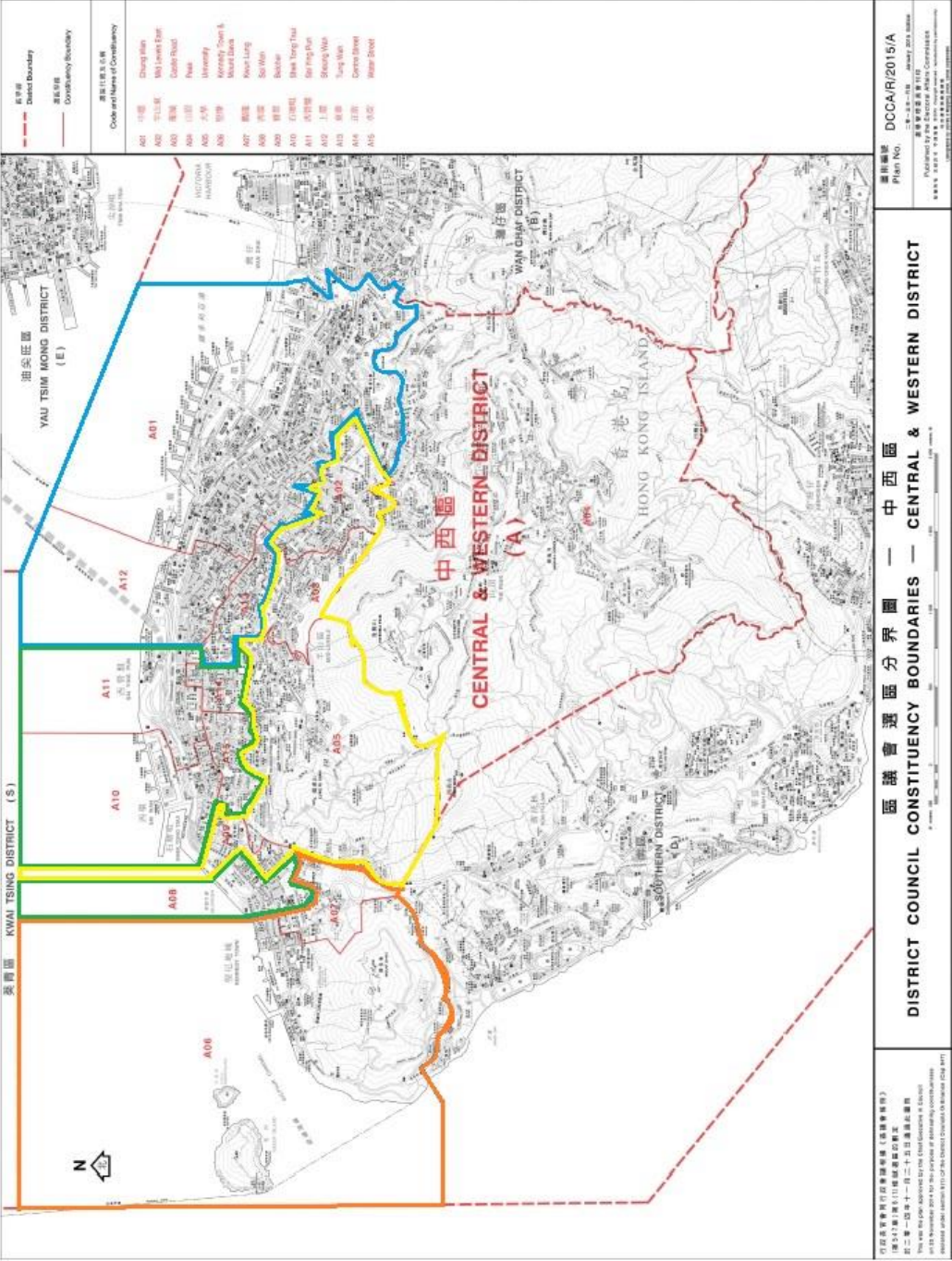
Appendix 1. District Map

Appendix 2. Questionnaire Survey

Appendix 3. Focus Group Discussion Guide

**Appendix 4. Selected age-friendly city projects and activities funded, organized,
and/or implemented by District Council, District Office, and/or
relevant government departments**

Appendix 1. District Map



Appendix 2. Questionnaire

共建長者友善社區(中西區及灣仔區)

問卷調查

A. 受訪者資料 (請在選擇的格內填 ☒)

1. 您嘅性別係：☐ (1)男 ☐ (2)女
2. a. 年齡：_____ (根據身份證上的出生日期)
b. 或揀選幾下屬於你的年齡組別：
- ☐ (1) 18-19 ☐ (2) 20-24 ☐ (3) 25-29 ☐ (4) 30-34 ☐ (5) 35-39
☐ (6) 40-44 ☐ (7) 45-49 ☐ (8) 50-54 ☐ (9) 55-59 ☐ (10) 60-64
☐ (11) 65-69 ☐ (12) 70-74 ☐ (13) 75-79 ☐ (14) 80-84 ☐ (15) 85+
3. 您居住的社區：[以下 1 至 28 個社區，請只選擇一個，或請在此處註明你居住大廈/屋苑的名稱，以便職員確實你居住的社區：_____]

中西區： - 堅尼地城

<input type="checkbox"/> (1)堅尼地城及摩星嶺	<input type="checkbox"/> (2)觀龍
--------------------------------------	--------------------------------

- 西環、石塘咀及西營盤

<input type="checkbox"/> (3)西環	<input type="checkbox"/> (4)石塘咀	<input type="checkbox"/> (5)西營盤	<input type="checkbox"/> (6)正街	<input type="checkbox"/> (7)水街
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- 半山

<input type="checkbox"/> (8)半山東	<input type="checkbox"/> (9)衛城	<input type="checkbox"/> (10)大學	<input type="checkbox"/> (11)寶翠
---------------------------------	--------------------------------	---------------------------------	---------------------------------

- 中環及上環

<input type="checkbox"/> (12)中環	<input type="checkbox"/> (13)上環	<input type="checkbox"/> (14)東華
---------------------------------	---------------------------------	---------------------------------

灣仔區： - 銅鑼灣

<input type="checkbox"/> (15)維園	<input type="checkbox"/> (16)天后	<input type="checkbox"/> (17)銅鑼灣
---------------------------------	---------------------------------	----------------------------------

- 灣仔

<input type="checkbox"/> (18)軒尼詩	<input type="checkbox"/> (19)愛群	<input type="checkbox"/> (20)修頓	<input type="checkbox"/> (21)大佛口	<input type="checkbox"/> (22)司徒拔道
----------------------------------	---------------------------------	---------------------------------	----------------------------------	-----------------------------------

- 跑馬地

<input type="checkbox"/> (23)渣甸山	<input type="checkbox"/> (24)樂活	<input type="checkbox"/> (25)跑馬地
----------------------------------	---------------------------------	----------------------------------

- 鵝頸

<input type="checkbox"/> (26)鵝頸

- 大坑

<input type="checkbox"/> (27)大坑	<input type="checkbox"/> (28)勵德
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4. 您於所屬社區已居住多久：_____年_____月

5. 您嘅婚姻狀況係(一定要讀出所有選擇)：

- ☐ (1)從未結婚
- ☐ (2)已婚
- ☐ (3)喪偶
- ☐ (4)離婚
- ☐ (5)分
- ☐ (6)其他(請註明)：_____

6. 已完成的最高教育程度：

- ☐ (1)未受教育/學前教育(幼稚園)
- ☐ (2)小學
- ☐ (3)初中(中一至中三)
- ☐ (4)高中(中四至中五)
- ☐ (5)預科(中六至中七)
- ☐ (6)專上教育：文憑/證書課程
- ☐ (7)專上教育：副學位課程
- ☐ (8)專上教育：學位課程或以上

7. 以下的問題是有關你居住的地方：

(A) 你是否在公屋居住？

- ☐ (0)否
- ☐ (1)是(如答「是」直接跳至問題 8a)

(B) 你是否住私人住宅單位？

- ☐ (0)否
- ☐ (1)是(如答「是」直接跳至問題 8b)

(C) 你是否住非住宅用屋宇單位？

- ☐ (0)否
- ☐ (1)是(如答「是」直接跳至問題 8c)

(D) 你是否住臨時屋宇單位？

- ☐ (0)否
- ☐ (1)是(如答「是」直接跳至問題 9)

(E) 如以上皆不是你居住的房屋類型，那麼你居住的地方是什麼類型的屋宇？_____

_____(請註明)(回答後直接跳至問題 9)

8. a. 你住的屋邨是？(回答後直接跳至問題 9)

☐ (1)西環邨 ☐ (2)觀龍樓 ☐ (3)勵德邨

b. 你住的私人住宅單位是買還是租的？

☐ (1)買 (如答「買」直接跳至問題 8b.i(I))

☐ (2)租 (如答「租」直接跳至問題 8b.ii(I))

8b.i(I) 你買的自置私人住宅單位有沒有做過按揭供款或借貸還款？

☐ (0)沒有 (如答「沒有」直接跳至問題 9)

☐ (1)有

8b.i(II) 你的按揭供款或借貸還款現時是否已結束？(回答後跳至問題 9)

☐ (1)已結束 ☐ (2)未結束

8b.ii(I) 你租的單位是否大學學生宿舍？

☐ (0)否 ☐ (1)是 (如答「是」直接跳至問題 9)

8b.ii(II) 你租的私人住宅單位是全租、合租、免租、還是劏房/板間房？

☐ (1)全租 ☐ (2)合租 ☐ (3)免租 ☐ (4)劏房/板間房

8b.ii(III) 你租的私人住宅單位的業主是？

☐ (1)屬牟利公司、單位或相關人士 (如選(1)，跳至問題 9)

☐ (2)非牟利機構或單位 (如東華三院、大學、警務處等等)

8b.ii(IV) 你租的單位是否大學宿舍？

☐ (0)否 (如答「否」直接跳至問題 9) ☐ (1)是

8b.ii(V) 你租住的大學宿舍單位是哪一類型？(回答後跳至問題 9)

☐ (1)教職員住所

☐ (2)其他：_____ (請註明)

c. 你住的非住宅用屋宇單位是否工廠大廈？

☐ (0)否

☐ (1)是 (如答「是」直接跳至問題 9)

8c.i) 你住的非住宅用屋宇單位屬於什麼類型的大廈？

_____ (請註明)

9. 以下的問題是關於您居住的樓宇：

I. 您居住的樓宇的樓齡有幾多年？

- ☐ (1) 0-5 年 ☐ (2) 6-10 年 ☐ (3) 11-20 年
☐ (4) 21-30 年 ☐ (5) 30 年以上

II. 您居住的大廈總共幾多層？_____層

III. 您居住的大廈有沒有電梯？☐ (0) 沒有 ☐ (1) 有

IV. 您從您居住的單位外出時，需要行樓梯嗎？

- ☐ (0) 不需要(如答「不需要」直接跳至問題 10) ☐ (1) 需要

V. 如果需要，總共要行多少級樓梯？

- ☐ (1) 1-5 級 ☐ (2) 6-10 級 ☐ (3) 11-15 級
☐ (4) 16-20 級 ☐ (5) 21 級或以上

10. a.) 您現與誰同住？(傭人不計算在內)(可選多於一項)

- ☐ (1) 獨居 ☐ (6) 父母
☐ (2) 配偶 ☐ (7) 祖父母
☐ (3) 子女 ☐ (8) 兄弟姐妹
☐ (4) 女婿 / 媳婦 ☐ (9) 其他(請註明): _____
☐ (5) 孫

b.) 有傭人與您同住嗎？

- ☐ (1) 沒有 ☐ (2) 有

11. 您現時有無返工？

☐ (1) 有 ➔ 您現時嘅職位/工作係以下哪項？

- ☐ (1) 經理及行政級人員(請註明) _____
☐ (2) 專業人員(請註明) _____
☐ (3) 輔助專業人員(請註明) _____
☐ (4) 文書支援人員(請註明) _____
☐ (5) 服務工作及銷售人員(請註明) _____
☐ (6) 工藝及有關人員(請註明) _____
☐ (7) 機台及機器操作員及裝配員(請註明) _____
☐ (8) 非技術工人(請註明) _____
☐ (9) 漁農業熟練工人及不能分類的職業(請註明) _____

☐ (0) 無 ➔ 您現在是：(讀出所有選擇)

- ☐ (1) 失業人士
☐ (2) 退休人士
☐ (3) 料理家務者
☐ (4) 學生
☐ (5) 其他(請註明)： _____

12. a.) 你是否一個照顧者？

☐ (0)否 ☐ (1)是

b.) 被你照顧的人的年齡？(可選多於一項)

☐ (0) 18歲或以下 ☐ (1) 19 - 64歲 ☐ (2) 65歲或以上

13. a.) 過去三個月內，您有否於長者中心參與過任何義工服務/活動？

☐ (0)否 ☐ (1)有

b.) (只適用於60歲或以上人士)

過去三個月內，您有否使用/參加過長者中心所提供的服務/活動？

☐ (0)否 ☐ (1)有

14. 您有無足夠嘅金錢應付日常開支？

☐ (1)非常不足夠 ☐ (2)不足夠 ☐ (3)剛足夠 ☐ (4)足夠有餘

☐ (5)非常充裕

15. 您現在的每月收入是多少港幣？

- | | |
|--|---|
| <input type="checkbox"/> (1) 0 | <input type="checkbox"/> (8) 15,000 - 19,999 |
| <input type="checkbox"/> (2) 1 - 1,999 | <input type="checkbox"/> (9) 20,000 - 24,999 |
| <input type="checkbox"/> (3) 2,000 - 3,999 | <input type="checkbox"/> (10) 25,000 - 29,999 |
| <input type="checkbox"/> (4) 4,000 - 5,999 | <input type="checkbox"/> (11) 30,000 - 39,999 |
| <input type="checkbox"/> (5) 6,000 - 7,999 | <input type="checkbox"/> (12) 40,000 - 59,999 |
| <input type="checkbox"/> (6) 8,000 - 9,999 | <input type="checkbox"/> (13) ≥ 60,000 |
| <input type="checkbox"/> (7) 10,000 - 14,999 | |

16. 您或與您同住的家人有使用以下任何輔助工具嗎？

	您本人	同住的家人
a) 手杖	<input type="checkbox"/> (0)沒有 <input type="checkbox"/> (1)有	<input type="checkbox"/> (0)沒有 <input type="checkbox"/> (1)有
b) 助行器	<input type="checkbox"/> (0)沒有 <input type="checkbox"/> (1)有	<input type="checkbox"/> (0)沒有 <input type="checkbox"/> (1)有
c) 輪椅	<input type="checkbox"/> (0)沒有 <input type="checkbox"/> (1)有	<input type="checkbox"/> (0)沒有 <input type="checkbox"/> (1)有

17. a.) (只適用於60歲或以上人士)在未來五年內，假如你的健康狀況與現時一樣，你覺得你入住老人院的機會有多大？(0%=一定不會；100%=一定會)

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

b.) (只適用於60歲或以上人士)在未來五年內，假如你的健康狀況變差，你覺得你入住老人院的機會有多大？(0%=一定不會；100%=一定會)

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
----	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

B. 社區的友善程度 (請圈起你所選擇的分數)

以下有些句子，請回答您對這些句子的同意程度，以 1 至 6 分代表。

1 分為非常不同意，2 分為不同意，3 分為有點不同意，4 分為有點同意，5 分為同意，6 分為非常同意。

1	2	3	4	5	6
非常不同意	不同意	有點不同意	有點同意	同意	非常同意

請就你居住的地區評分，有 * 號題目，可就全港情況評分；

有些題目中會列出一些長者友善社區的條件，如各項條件並不一致，請以使用該設施/環境的整體情況評分，

您有幾同意而家……

A	室外空間及建築	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	公共地方乾淨同舒適。	1	2	3	4	5	6
2.	戶外座位同綠化空間充足，而且保養得妥善同安全。	1	2	3	4	5	6
3.	司機喺路口同行人過路處俾行人行先。	1	2	3	4	5	6
4.	單車徑同行人路分開。	1	2	3	4	5	6
5.	街道有充足嘅照明，而且有警察巡邏，令戶外地方安全。	1	2	3	4	5	6
6.	商業服務 (好似購物中心、超市、銀行) 嘅地點集中同方便使用。	1	2	3	4	5	6
7.	有安排特別客戶服務俾有需要人士，例如長者專用櫃檯。	1	2	3	4	5	6
8.	建築物內外都有清晰嘅指示、足夠嘅座位、無障礙升降機、斜路、扶手同樓梯、同埋防滑地板。	1	2	3	4	5	6
9.	室外和室內地方嘅公共洗手間數量充足、乾淨同埋保養得妥善，俾唔同行動能力嘅人士使用。	1	2	3	4	5	6
10.	整體來說，這區提供適合長者使用的室外空間和建築。	1	2	3	4	5	6

B	交通	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	路面交通有秩序。	1	2	3	4	5	6
2.	交通網絡良好，透過公共交通可以去到市內所有地區同埋服務地點。	1	2	3	4	5	6
3.	公共交通嘅費用係可以負擔嘅，而且價錢清晰。無論係惡劣天氣、繁忙時間或假日，收費都係一致嘅。	1	2	3	4	5	6
4.	喺所有時間，包括喺夜晚、週末和假日，公共交通服務都係可靠同埋班次頻密。	1	2	3	4	5	6
5.	公共交通服務嘅路線同班次資料完整，又列出可以俾傷殘人士使用嘅班次。	1	2	3	4	5	6
6.	公共交通工具嘅車廂乾淨、保養良好、容易上落、唔迫、又有優先使用座位。而乘客亦會讓呢啲位俾有需要人士。	1	2	3	4	5	6
7.	有專為殘疾人士而設嘅交通服務。	1	2	3	4	5	6
8.	車站嘅位置方便、容易到達、安全、乾淨、光線充足、有清晰嘅標誌，仲有蓋，同埋有充足嘅座位。	1	2	3	4	5	6
9.	司機會喺指定嘅車站同緊貼住行人路停車，方便乘客上落，又會等埋乘客坐低先開車。	1	2	3	4	5	6
10.	喺公共交通唔夠嘅地方有其他接載服務。	1	2	3	4	5	6
11.	的士可以擺放輪椅同助行器，費用負擔得起。司機有禮貌，並且樂於助人。	1	2	3	4	5	6
12.	馬路保養妥善，照明充足。	1	2	3	4	5	6
13.	整體來說，這區為長者提供合適的交通工具和服務。	1	2	3	4	5	6

C	住所	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
		1	2	3	4	5	6
1.	房屋嘅數量足夠、價錢可負擔，而且地點安全，又近其他社區服務同地方。	1	2	3	4	5	6
2.	住所嘅所有房間同通道都有足夠嘅室內空間同平地可以自由活動。	1	2	3	4	5	6
3.	有可負擔嘅家居改裝選擇同物料供應，而且供應商了解長者嘅需要。	1	2	3	4	5	6
4.	區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢地嘅服務。	1	2	3	4	5	6
5.	整體來說，這區為長者提供適合的房屋和居住環境。	1	2	3	4	5	6
D	社會參與						
1.	活動可以俾一個人或者同朋友一齊參加。	1	2	3	4	5	6
2.	活動同參觀景點嘅費用都可以負擔，亦都有隱藏或附加嘅收費。	1	2	3	4	5	6
3.	有完善咁提供有關活動嘅資料，包括無障礙設施同埋交通選擇。	1	2	3	4	5	6
4.	提供多元化嘅活動去吸引唔同喜好嘅長者參與。	1	2	3	4	5	6
5.	喺區內唔同場地 (好似文娛中心、學校、圖書館、社區中心同公園)內，舉行可以俾長者參與嘅聚會。	1	2	3	4	5	6
6.	對少接觸外界嘅人士提供可靠嘅外展支援服務。	1	2	3	4	5	6
7.	整體來說，這區為長者提供適合的悠閒及文化活動。	1	2	3	4	5	6

E	尊重及社會包融	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
		1	2	3	4	5	6
1.	各種服務會定期諮詢長者，為求服務得佢地更好。	1	2	3	4	5	6
2.	提供唔同服務同產品，去滿足唔同人士嘅需求同喜好。	1	2	3	4	5	6
3.	服務人員有禮貌，樂於助人。	1	2	3	4	5	6
4.	學校提供機會去學習有關長者同埋年老嘅知識，並有機會俾長者參與學校活動。	1	2	3	4	5	6
5. *	社會認同長者嘅過去同埋目前所作出嘅貢獻。	1	2	3	4	5	6
6. *	傳媒對長者嘅描述正面同埋冇成見。	1	2	3	4	5	6
7.	整體來說，這區對長者有足夠的尊重和包容的。	1	2	3	4	5	6
F	社區參與及就業						
1.	長者有彈性嘅義務工作選擇，而且得到訓練、表揚、指導同埋補償開支。	1	2	3	4	5	6
2. *	長者員工嘅特質得到廣泛推崇。	1	2	3	4	5	6
3. *	提倡各種具彈性並有合理報酬嘅工作機會俾長者。	1	2	3	4	5	6
4. *	禁止嘅僱用、留用、晉升同培訓僱員呢幾方面年齡歧視。	1	2	3	4	5	6
5.	整體來說，這區為長者提供適合的義工和就業機會。	1	2	3	4	5	6

G	訊息交流	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到。	1	2	3	4	5	6
2.	定期提供長者有興趣嘅訊息同廣播。	1	2	3	4	5	6
3.	少接觸外界嘅人士可以喺佢地信任嘅人士身上，得到同佢本人有關嘅資訊。	1	2	3	4	5	6
4. *	電子設備，好似手提電話、收音機、電視機、銀行自動櫃員機同自動售票機嘅掣夠大，同埋上面嘅字體都夠大。	1	2	3	4	5	6
5. *	電話應答系統嘅指示緩慢同清楚，又會話俾打去嘅人聽點樣可以隨時重複內容。	1	2	3	4	5	6
6.	係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用。	1	2	3	4	5	6
7.	整體來說，長者在這區容易得到他們需要的資訊。	1	2	3	4	5	6
H	社區支持與健康服務						
1.	醫療同社區支援服務足夠。	1	2	3	4	5	6
2.	有提供家居護理服務，包括健康、個人照顧同家務。	1	2	3	4	5	6
3.	院舍服務設施同長者的居所都鄰近其他社區服務同地方。	1	2	3	4	5	6
4.	市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務。	1	2	3	4	5	6
5.	社區應變計劃(好似走火警)有考慮到長者嘅能力同限制。	1	2	3	4	5	6
6. *	墓地(包括土葬同骨灰龕) 嘅數量足夠同埋容易獲得。	1	2	3	4	5	6
7.	整體來說，長者在這區容易得到適當的醫療、健康及支援服務。	1	2	3	4	5	6

C. 社群意識指數 (請圈起你所選擇的分數)

以下有些句子，請回答您對這些句子的同意程度，以 1 至 5 分代表。1 分為非常不同意，2 分為不同意，3 分為普通，4 分為同意，5 分為非常同意。

1	2	3	4	5
非常不同意	不同意	普通	同意	非常同意

請就你居住的地區評分，您有幾同意而家.....

	社群意識指數	非常不同意	不同意	普通	同意	非常同意
1.	喺呢個社區我可以得到我需要嘅東西。	1	2	3	4	5
2.	這個社區幫助我滿足我嘅需求。	1	2	3	4	5
3.	我覺得自己係這個社區嘅一份子。	1	2	3	4	5
4.	我屬於這呢個社區。	1	2	3	4	5
5.	我可以參與討論喺呢社區發生嘅事情。	1	2	3	4	5
6.	這個社區嘅人們善於互相影響。	1	2	3	4	5
7.	我覺得同呢個社區息息相關。	1	2	3	4	5
8.	我同呢個社區嘅其他人有良好嘅關係。	1	2	3	4	5
9.	我熟悉我正在居住的地區(中西區/灣仔區)	1	2	3	4	5

10. 總體來說，你感到自己目前的生活有多幸福？

- ☐ (1)非常幸福 ☐ (2)幸福 ☐ (3)一半
☐ (4)不幸福 ☐ (5)非常不幸福

60 歲或以上人士，請直接跳至 E 部份

D. 對老年人的印象和評價 (只問 59 歲或以下人士，60 歲或以上人士不用回答)

以下問題是關於對老年人的印象及評價，請您根據在過去兩個星期的實際情況，在六個選項（非常不同意、不同意、少少不同意、同意、非常同意）中選擇適合的答案，在適當的方框內加上剔號☑。

例如，您對於“老年人在社會上是個負擔”這個觀點有“少少不同意”，就請在“少少不同意”下面的方框內加上剔號☑。

	非常不同意	不同意	少少不同意	少少同意	同意	非常同意
例題：老年人在社會上是個負擔	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		非常不同意 (1)	不同意 (2)	少少不同意 (3)	少少同意 (4)	同意 (5)	非常同意 (6)
1	老年人應該居住在安老院舍。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	老年人常常犯錯，容易惹人生氣。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	老年人容易讓人感覺不舒服。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	老年人總愛說起他們的陳年往事，這讓人很反感。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	老年人脾氣不好，愛抱怨，對人也不友善。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	老年人總看年輕人不順眼。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	老年人總是多管別人的閒事。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	老年人的家一般是殘破不堪的。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	老年人不修邊幅，很邋邋。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	與其他人比，老年人不需要更多的關愛。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

59 歲或以下人士，請直接跳至 F 部份

E. 步行的難易程度 (只問 60 歲或以上人士，59 歲或以下人士不用回答)
(請在選擇的格內填 ☒)

以下是一些您在日常生活中可能需要經常去的地方，請問從您居住的地方出發，您是不是可以不太費力地步行抵達？[請根據受訪者的回答在 20 以及 21 填入下列分類的編號。如受訪者回答的地點不適合下述任何一種類別，請填入具體名稱。]			
		是(1)	否(0)
1	便利店或者報刊亭	<input type="checkbox"/>	<input type="checkbox"/>
2	教堂或者其他宗教場所	<input type="checkbox"/>	<input type="checkbox"/>
3	公園或者其他公共休憩場所（戶外健身點）	<input type="checkbox"/>	<input type="checkbox"/>
4	長者地區中心、鄰舍中心、活動中心、社會服務中心、家庭服務中心	<input type="checkbox"/>	<input type="checkbox"/>
5	社區會堂以及其他康樂中心（運動設施、劇院等）	<input type="checkbox"/>	<input type="checkbox"/>
6	診所（中、西醫以及牙科）	<input type="checkbox"/>	<input type="checkbox"/>
7	藥房	<input type="checkbox"/>	<input type="checkbox"/>
8	酒樓	<input type="checkbox"/>	<input type="checkbox"/>
9	茶餐廳或者快餐店	<input type="checkbox"/>	<input type="checkbox"/>
10	雜貨店	<input type="checkbox"/>	<input type="checkbox"/>
11	街市、超級市場	<input type="checkbox"/>	<input type="checkbox"/>
12	圖書館	<input type="checkbox"/>	<input type="checkbox"/>
13	銀行	<input type="checkbox"/>	<input type="checkbox"/>
14	郵局	<input type="checkbox"/>	<input type="checkbox"/>
15	子女的家 <input type="checkbox"/> 不適用	<input type="checkbox"/>	<input type="checkbox"/>
16	朋友的家 <input type="checkbox"/> 不適用	<input type="checkbox"/>	<input type="checkbox"/>
17	政府機構（社會保障部、房屋署、民政署地區辦事處、勞工署職業輔導課等）	<input type="checkbox"/>	<input type="checkbox"/>
18	醫院（急診、專科、日間照顧中心、康復中心等）	<input type="checkbox"/>	<input type="checkbox"/>
19	理髮店	<input type="checkbox"/>	<input type="checkbox"/>
20	在過去 1 個月，你每天走路去的三個地方是 1) _____ 2) _____ 3) _____		
21	在過去 1 個月，你經常坐車去的三個地方是 1) _____ 2) _____ 3) _____		

F. 體能活動水平 (請在選擇的格內填 ☒)

1. 以一週 (7 天)作計算單位，你在過去一個月平均做了以下運動多少次？

➤ 回答下列問題時，請：

- ✧ 只計算運動時間持續 10 分鐘或以上的運動
- ✧ 只計算在餘暇時間的運動 (即不計算工作時的運動及家務)
- ✧ 注意，這三個類別的主要區別是運動的強度

	平均頻率 (每週次數)	平均持續時間 (分鐘)
a. 劇烈運動 (心跳加速、流汗) (如跑步、緩步跑、健康舞班、 高強度游泳、高強度單車)	_____ 次數/週	_____ 分鐘
b. 中等強度運動 (不疲累、輕度排汗) (如快步走、打網球、騎單車、 游泳、跳民族或流行舞蹈)	_____ 次數/週	_____ 分鐘
c. 輕度運動 (輕鬆、無汗) (如步行、輕度瑜伽、草地保齡 球、河邊釣魚)	_____ 次數/週	_____ 分鐘
d. 阻力運動 (增強肌力) (例如重複舉啞鈴、舉重 機或阻力帶、仰臥起坐、 深蹲)	_____ 次數/週	_____ 分鐘

2. 在平均一週(7 天)裡，你有定期在餘暇時間做中等或以上強度的運動(即會排汗、心跳加速)嗎？

- ☐ (1)經常 ☐ (2)有時 ☐ (3)從不/很少

3. 總體來說，你有幾滿意你目前的生活？

- ☐ (1)非常滿意 ☐ (2)滿意 ☐ (3)一半
☐ (4)不滿意 ☐ (5)非常不滿意

G. 標準十二題簡明健康狀況調查表 (SF-12) (請在選擇的格內填 ☒)

說明：這項調查是詢問你對自己健康狀況的了解。此項資料記錄你的自我感覺和日常生活的情況。

如果你不肯定怎樣回答，請按照你的理解選擇最合適的答案。

- 1) 總括來說，您認為您現時的健康狀況是
- ☐ (1)非常好 ☐ (2)很好 ☐ (3)好
- ☐ (4)一般(不過不失) ☐ (5)差

以下各項是您日常生活中可能進行的活動。以您目前的健康狀況，您在進行這些活動時，有沒有受到限制？如果有的話，程度如何？

- 2) 中等強度的活動，例如搬桌子，用吸塵機吸塵或清潔地板，打保齡球，或打太極拳？
- ☐ (1)有好大限制 ☐ (2)有一點限制 ☐ (3)沒有任何限制
- 3) 上幾層樓梯？
- ☐ (1)有好大限制 ☐ (2)有一點限制 ☐ (3)沒有任何限制

以下問題是關於您身體健康狀況和日常活動的關係。

在過去四星期裏，你在工作或其他日常活動中，會不會因為身體健康的原因而遇到下列的問題？

- 4) 實際做完/完成的比想做的少？
- ☐ (1)會 ☐ (2)不會
- 5) 工作或其他活動的種類受到限制？
- ☐ (1)會 ☐ (2)不會

在過去四星期裏，你在工作或其他日常活動中，會不會由於情緒方面的原因(例如感到沮喪或焦慮)而遇到下列的問題？

- 6) 實際做完/完成的比想做的少？
- ☐ (1)會 ☐ (2)不會
- 7) 工作時或從事活動時不如往常細心了？
- ☐ (1)會 ☐ (2)不會

- 8) 在過去四個星期裡，您身體上的疼痛對您的日常工作（包括上班和家務）有多大影響？

☐ (1)完全沒有影響 ☐ (2)有很少影響 ☐ (3)有一些影響
☐ (4)有較大影響 ☐ (5)有非常大的影響

以下問題是有關您在過去四個星期裡您的感覺怎樣和您其他的情況。針對每一個問題，請選擇一個最接近您的感覺的答案。

- 9) 在過去四個星期裡，您有多少時間感到心平氣和？

☐ (1)常常 ☐ (2)大部份時間 ☐ (3)很多時間
☐ (4)間中 ☐ (5)偶然一次半次 ☐ (6)從來沒有

- 10) 在過去四個星期裡，您有多少時間感到精力充足？

☐ (1)常常 ☐ (2)大部份時間 ☐ (3)很多時間
☐ (4)間中 ☐ (5)偶然一次半次 ☐ (6)從來沒有

- 11) 在過去四個星期裡，您有多少時間覺得心情不好，悶悶不樂或沮喪？

☐ (1)常常 ☐ (2)大部份時間 ☐ (3)很多時間
☐ (4)間中 ☐ (5)偶然一次半次 ☐ (6)從來沒有

- 12) 在過去四個星期裡，有多少時間由於您身體健康或情緒問題而妨礙了您的社交活動（比如探親、訪友等）？

☐ (1)常常 ☐ (2)大部份時間 ☐ (3)很多時間
☐ (4)間中 ☐ (5)偶然一次半次 ☐ (6)從來沒有

問卷完成日期：_____

(日 / 月 / 年)

Appendix 3. Focus Group Discussion Guide

Sau Po Centre on Ageing
The University of Hong Kong

香港大學秀圃老年研究中心

「共建長者友善社區」計劃 (中西區及灣仔區)

聚焦小組

小組簡介：

『長者友善』是世界衛生組織在 2002 年提出的概念，它建基於積極老齡化的理論框架，認為長者是社會的資源和財富，每一位長者都有權利參與到社會及從身體健康、社會參與、或人生安全保障等各方面去獲得最大限度的生活質素，而營造一個「長者友善」的城市更是社會上每一個人的責任。香港現時的人口老化迅速，為了推動香港邁向『長者友善』城市之路來迎接老齡化和城市化的挑戰，是次研究會根據世界衛生組織所定下的『長者友善』城市的八個指標來探討中西區 / 灣仔區的情況。

是次聚焦小組旨在了解你對中西區 / 灣仔區居住環境的意見及有關長者的意見。

Part A：[長者友善]總體指標體系的討論

世界衛生組織提倡的『長者友善』城市主要由八個重要指標所以組成，它們涵蓋了包括城市建設、環境、服務與政策等三大範疇，反映一個城市是否能夠達致『積極老齡化』，具體有八個方面，包括戶外空間和房屋建築、交通、房屋、社會參與、尊重和社會融合、公民參與與就業、溝通和資訊、社區支援和健康服務。

『長者友善』城市的八個重要指標：

- 1. 戶外空間和房屋建築：**這個指標的目的是希望透過建設一個令人舒適的戶外空間和適合長者居住的房屋設施，以增加長者在
家安老的可能性。
- 2. 交通：**交通的便利性會影響長者的活動範圍，一個方便使用和適合長者支付能力的交通安排，對長者能否參與社區和公民活動至關重要。
- 3. 房屋：**由於隨著長者年紀的增加身體活動能力的減退，長者能否居住在擁有合適設施的房屋對長者是否能獨立生活及他們的生活品質有很大的影響。

4. **社會參與：**透過參與在正式或非正式的社會活動可以保持令長者受到支持與關懷，因此參與社會、與家人和朋友交往是長者獲得生理和心理健康的**有效保障**。
5. **尊重和社會融合：**尊重長者讓他們能夠成為社會的一分子是每一個社會的基本責任，因此這一目標是讓每一個位長者在不同的社會環境下都受到尊重，包括在社會、社區、和家庭。
6. **公民參與就業：**透過社會參與和就業可以令長者繼續對社會發揮貢獻，這可以是用義務工作的形式，也可以是用參與勞動力市場的形式來達致。
7. **溝通和資訊：**社會上有不同種類的服務與支援給予長者，然而要長者瞭解取得所需服務與支援，需要透過社會要加強資訊的透明度和流通性，讓長者在最有需要的時候能及時得到可靠的資訊。
8. **社區支援和健康服務：**這一目標是希望透過提升長者的健康與生活品質，以滿足長者在熟悉的社區與在家安老的理想，為此，適切的社區支援和健康服務必不可少。

Q1：就以上『長者友善』城市的八個指標，以中西區/灣仔區目前的情況而言，哪三個指標是你最想改善的？為什麼？

Q2：哪三個指標是最實際可以改善的？為什麼？

Appendix 4. Selected age-friendly city projects and activities funded, organized and/or implemented by District Council, District Office, and/or relevant government departments

**中西區區議會
長者友善項目及措施**

A. 2015至2016年度中西區區議會撥款舉辦的長者友善活動

	活動名稱	主辦/合辦機構	撥款
1.	兒童愛心健康大使	圓玄軒婦女中心	\$11,990
2.	「耆智樂」大腦健康社區推廣計劃	通善壇	\$17,860
3.	2015-16 年度「我好『叻』」社區健康推廣計劃	聖雅各福群會持續照顧中西區長者地區中心	\$10,000
4.	健康快活人—長者全人健康計劃 2015-2016	聖雅各福群會持續照顧中西區長者地區中心	\$46,000
5.	第二屆「共建長者友善中西區」社區論壇	明愛莫張瑞勤社區中心	\$16,000
6.	巡迴探訪區內各長者服務單位 2015	長者服務工作小組	\$35,000
7.	動感耆技薈萃	香港聖公會中西區長者日間護理中心	\$10,833
8.	護老凝聚社區情	香港西區婦女福利會松鶴老人中心	\$10,833
9.	耆樂數多酷	香港聖公會聖馬太長者鄰舍中心	\$4,308
10.	漫遊中西區 Tour Around C & W	香港聖公會聖馬太長者鄰舍中心	\$8,658
11.	「曙光行動」鄰舍互助關愛計劃 2015-16	鄰舍輔導會雅研社鄰里康齡中心	\$9,023
12.	耆青交流樂融融	香港聖公會聖路加福群會長者鄰舍中心	\$7,001
13.	家 Fun 健樂行	香港聖公會聖路加福群會綜合家居照顧服務隊	\$10,833
14.	魔幻「耆」緣	香港聖公會西環長者綜合服務中心	\$10,833
15.	「義仁同行」計劃	香港聖公會西環長者綜合服務中心	\$10,833
16.	關懷中西區獨居長者行動 2015	香港聖公會西環長者綜合服務中心	\$70,000
17.	耆義兩心知 2015	聖雅各福群會中西區長者地區中心	\$9,433
18.	去舊迎新 大掃除	聖雅各福群會中西區長者地區中心	\$8,658
19.	長者友善社區計劃 2015	聖雅各福群會中西區長者地區中心	\$25,633

	活動名稱	主辦/合辦機構	撥款
20.	創藝展耆能	聖雅各福群會持續照顧中西區長者地區中心	\$10,833
21.	唔止運動咁簡單	聖雅各福群會持續照顧中西區長者地區中心	\$10,833
22.	漫步人生路	香港西區浸信會長者鄰里中心	\$9,093
23.	恬靜人生	香港基督教女青年會西環松柏中心	\$8,658
24.	「愛」伴同行	明愛中區長者中心	\$9,175
25.	長青共融揚愛心	香港交通安全會	\$6,483
26.	長者友善空間	明愛莫張瑞勤社區中心	\$10,833
27.	鄰里關懷遍社區	明愛堅道社區中心	\$7,828
28.	齊來動起來	香港婦女基金會有限公司	\$10,833
29.	2015「通善敬老粵劇欣賞會」	通善壇	\$65,000
30.	親親長者日	中環及半山分區委員會	\$65,000
31.	頌親恩敬耆老表愛心	中西區賢毅社	\$2,595
32.	「身體 KEEP 得好 開心活到老」健康日(身體檢查、贈醫助藥)	中區街坊福利會有限公司	\$21,355
33.	老友學堂 2015	圓玄軒婦女中心	\$25,160
34.	長者通識寶貝	明愛堅道社區中心	\$11,980
35.	耆年樂學展關愛	明愛中區長者中心	\$17,919
36.	護老同遊立法會	香港西區浸信會長者鄰里中心	\$4,080
37.	關愛傳千里	英皇書院同學會小學第二校	\$7,700
38.	「同行義」社區參與計劃	明愛莫張瑞勤社區中心	\$37,000
39.	家庭護老樂聚遊	香港基督教女青年會觀龍樓社區工作辦事處	\$12,265
40.	動感生活 Go Go Go	香港聖公會西環長者綜合服務中心	\$30,000
41.	眼睛想旅行	聖雅各福群會中西區長者地區中心	\$14,821
42.	80X 學習無疆界	聖雅各福群會中西區長者地區中心	\$20,000
43.	來吧！關懷人多一點！	聖雅各福群會持續照顧中西區長者地區中心	\$20,000
44.	『醒男站』男士服務	聖雅各福群會持續照顧中西區長者地區中心	\$8,000
45.	中西區老人中心探訪日	中西區防火委員會	\$7,200
46.	2015-16 年度西區警區常青滅罪大使計劃	中西區撲滅罪行委員會	\$25,000

	活動名稱	主辦/合辦機構	撥款
47.	2015 「暖意情深獻真心」	通善壇	\$4,000
48.	社區印記・青年攝影義工隊計劃	明愛莫張瑞勤社區中心	\$10,000
49.	環保生活添樂趣	香港基督教女青年會西環松柏中心	\$14,660
50.	觀鄰義聚獻關懷	香港基督教女青年會觀龍樓社區工作辦事處	\$2,120
總額			\$844,153

B. 長者友善地區小型工程項目(已完成)

	項目	撥款年份
<u>長者設施</u>		
1.	卑路乍灣公園改建部份健體設施為長者健體園地	2015
2.	中山紀念公園增加長者健身設施	2013
3.	增加西寧街花園長者健身設施	2013
4.	玫瑰里兒童遊樂場加設老人健身設施	2011
<u>其他設施</u>		
5.	加列山道近明德醫院小巴站避雨亭設置工程	2015
6.	夏力道避雨亭設置工程	2014
7.	永樂街休憩處設置工程	2014

C. 2012-2015年度中西區區議會交通及運輸委員會曾討論有關長者友善設施的議題

會議日期	議題
2012年6月7日	促請當局加快落實長者及合資格殘疾人士兩元乘搭公共交通優惠計劃
2013年6月20日	關注長者使用過路設施及交通安全指引
2014年6月19日	要求在醫院道西營盤分科診療所對開位置設過路設施
2015年6月11日	建議在港鐵西港島線各站連接出口與大堂的通道內增設座椅
2015年7月30日	爭取半山中環行人電梯尋找空間加設升降機，令半山居民於電梯明年開始進行“更新”工程的

會議日期	議題
	六年時間，可以有全條電梯上落半山中環

D. 區議會巡迴探訪區內長者服務單位

中西區區議會每年會探訪區內 20 多個長者服務單位，包括長者鄰舍中心、社區中心、長者日間護理中心、護理安老院等，以聽取長者對長者服務及地區事務的意見，並將意見轉交相關部門及作其他跟進。在 2015 年的探訪中，區內長者曾對下列地區事務表達意見。政府部門已就相關意見向中西區區議會作出回應及進行跟進。

食物環境衛生及工務	<ul style="list-style-type: none"> - 垃圾、蚊患及鼠患問題 - 流浪動物及動物糞便問題 - 街市、食肆及環境衛生管理 - 環境質素、街道路面及工務管理 - 樹木及其他
文化康樂及社會事務	<ul style="list-style-type: none"> - 文化活動及康樂設施 - 醫療服務 - 長者及社會福利 - 教育及社會服務
交通及運輸	<ul style="list-style-type: none"> - 交通管理 - 行人及道路設施 - 公共交通 - 其他交通問題
地區設施管理	<ul style="list-style-type: none"> - 地區設施管理 - 小型工程建議

E. 「人人暢道通行」計劃

政府多年來一直為公共行人通道（即行人天橋、高架行人路及隧道）加設無障礙通道設施，並於 2012 年優化原有計劃，推行「人人暢道通行」的新政策，在行人通道設置無障礙通道設施時，改變以往一向以斜道作為優先考慮的做法，把設置升降機與斜道看齊，並就擴展計劃下的項目諮詢區議會。現時正在中西區推行的相關項目如下。

	項目
1.	橫跨紅棉路的行人隧道

2.	沿干諾道中近港景街的行人天橋
3.	沿干諾道中近林士街的行人天橋
4.	在民寶街近統一碼頭道的行人天橋
5.	橫跨干諾道中近信德中心與西港城的行人天橋
6.	橫跨干諾道西近中景街的行人天橋
7.	橫跨干諾道中近砵典乍街的行人天橋
8.	沿添美道近中信大廈的行人天橋
9.	橫跨水坑口街近摩羅下街的行人天橋
10.	沿閣麟街近敦和里的行人天橋
11.	橫跨干諾道西至中山紀念公園的行人天橋

政府於 2016 施政報告中提出會請各區議會由 2016 年第 4 季開始，選出不多於 3 條現有行人通道作為第二批推展項目，當中可供考慮的行人通道在符合若干條件下，將不再局限於由路政署負責維修及保養的公共行人通道。

F. 公眾休憩空間

中西區區議會、中西區民政事務處及各政府部門積極推動在區內海濱地段增設休憩空間(包括長者設施)供居民及長者使用。現正推行或計劃的公眾休憩空間如下。

1. 西區副食品批發市場臨海地段

區議會現正推行社區重點項目「美化及活化西區副食品批發市場的臨海地段」，將位於西營盤的批發市場海濱地段(尤其是毗連的 4 個閒置的碼頭)開放和活化作公眾休憩用地。工程於 2016 年年初展開，預期在 2017 年年底左右完工及開放設施，當中包括長者健體設施。

2. 豐物道附近海傍地段

區議會中西區海濱工作小組已提交建議書，透過地區小型工程改建豐物道附近海傍地段作休憩用地。

3. 西區公眾貨物裝卸區

海事處早前宣布按中西區居民及區議會的要求，釋放西區公眾貨物裝卸區的 1 號、2 號及 3 號停泊位作其他適當發展。政府現正考慮將該地發展為休憩用地。

Jockey Club Age-friendly City Project



賽馬會齡活城市
Jockey Club Age-friendly City

<http://www.jcafc.hk/>

Sau Po Centre on Ageing, The University of Hong Kong



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