賽馬會齡活城市
Jockey Club Age-friendly City

Jockey Club Age-friendly City Project

Final Assessment Report

Southern

Initiated and funded by:

The Hong Kong Jockey Club Charities Trust

Project partner:

香 港 大 學
THE UNIVERSITY OF HONG KONG

香港大學秀圃老年研究中心
Sau Po Centre on Ageing
The University of Hong Kong

Jockey Club Age-friendly City Project

Final Assessment Report

Southern District

2021

Submitted by

Sau Po Centre of Ageing

The University of Hong Kong

Acknowledgement

Initiated and funded by The Hong Kong Jockey Club Charities Trust

Sau Po Centre on Ageing, The University of Hong Kong
2/F The Hong Kong Jockey Club Building for Interdisciplinary Research
5 Sassoon Road, Pokfulam, Hong Kong Tel: (852) 2831 5210
Website: ageing.hku.hk Email: ageing@hku.hk

Table of Contents

Sau Po Centre on Ageing, The University of Hong Kong
2/F The Hong Kong Jockey Club Building for Interdisciplinary Research
5 Sassoon Road, Pokfulam, Hong Kong Tel: (852) 2831 5210
Website: ageing.hku.hk Email: ageing@hku.hk

1 EXECUTIVE SUMMARY

The *Jockey Club Age-friendly City Project*, jointly with various stakeholders in the community, aims to develop age-friendly communities through building momentum in districts. This report describes the baseline and final assessments conducted in the Southern District. The objective of the assessments was to understand the Southern District's age-friendliness and sense of community. The assessments consisted of a quantitative (questionnaire) and a qualitative (focus groups) study. A total of 710 participants completed the baseline assessment and 523 completed the final assessment. Participants were from the four sub-district communities, including (1) Pok Fu Lam (PFL); (2) Aberdeen (AB); (3) Ap Lei Chau (ALC); and (4) Wong Chuk Hang, Bays Area, Stanley and Shek O (WBSS). A total of six focus groups with the district residents were conducted.

A typical participant was a married woman aged over 65 years who has resided in the district for over 29 years, was living alone or with a spouse in a public rental apartment, using elderly centres with decent health, retired with a monthly income of less than HK$6,000 but remained financially secure. The building in which participants were living was usually over 30 years old, with an elevator, although only a small number of residents still needed to take the stairs to exit the building. The majority of older adults in the district expected to remain in place for the next five years. However, should their health deteriorate, the percentage of older adults with such expectations dropped considerably.

Participants perceived the Southern district to be age-friendly in general. Comparing the degree of perceived age-friendliness across different the domains, "social participation" scored the highest in both the baseline and final assessment. Yet, "community support & health services" scored the lowest in both assessments. A significant increase in the perceived age-friendliness ratings in the domains of "housing" and "respect & social inclusion" were found in all sub-district communities except WBSS. However, a significant increase in ratings in "social participation", "communication & information" and "community support & health services" were only found in PFL and AB. The sense of community was strong, particularly in terms of "sense of membership": a sense of belonging to the district. Moreover, the older the participants were, the more likely they perceived a stronger sense of community and age-friendliness in the district.

Focus group participants listed several improvements in the domain of age-friendliness. Participants agreed that there were improvements in "outdoor spaces & buildings" (e.g., installing barrier-free facilities and seating in public areas, bus stops and housing estates). They appreciated the free transport services to and from public hospitals and medical institutions, real-time bus arrival information on smartphone applications and screens at the bus stops and better driver attitudes. Participants also appreciated sufficient and wide-ranging social activities as well as opportunities to volunteer within the district. They found increasing respect towards older adults in the

community. Moreover, due to the outbreak of the COVID-19 pandemic, elderly centres provided more training workshops in new information technology, enabling older adults in the district to use new techniques to stay in touch with others and the community during lockdown. Nevertheless, participants also drew attention to some concerns with age-friendliness in the district, including hygiene issues in the estate and public toilets, disturbance of tourists in Shek O and Stanley at weekends and holidays, muted bus stop announcement systems, lack of job opportunities for older adults, a diminishing platform to express their views to the Government and limited support of health services in Shek O and Stanley.

Results from the final assessment suggested robust levels of perceived age-friendliness in the district. Future efforts to make the Southern District more age-friendly could target specific areas for improvement based on the eight domains outlined by the World Health Organization's Age-friendly City Framework.

2 INTRODUCTION

2.1 Project Background

Hong Kong is undergoing rapid population ageing. The population of those aged 65 years or above is projected to increase from 18% of the total population in 2019 to 31% by 2039 and 35% by 2069[1]. This means that by 2069, one in three people in Hong Kong will be an older adult. Population ageing is accompanied by a shrinking labour force and a growing dependency ratio. Defined as the number of persons aged under 15 years and 65 years and over per 1000 persons aged 15 to 64, the dependency ratio is projected to rise from 441 in 2019 to 853 in 2069, excluding foreign domestic helpers[1]. These demographic changes carry significant implications for the demand and costs of public services. Therefore, building an age-friendly city will help meet the needs of older adults, enabling them to live active, independent and good-quality lives in the community. 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 2017 to conduct the *Jockey Club Age-friendly City Project* ("JCAFC Project") in the Eastern, Southern and Wong Tai Sin Districts. The study has been implemented in all three districts in two phases: March 2017 to September 2017 (Phase 1); October 2017 to December 2020 (Phase 2). However, due to the outbreak of COVID-19 in January 2020, most elderly centres in Hong Kong were temporally closed and their programmes suspended. Therefore, the project period for Phase 2 has been extended to December 2021. Phase 1 of the project consisted of three parts. The first and second parts entailed the baseline assessment of district age-friendliness using questionnaires and focus groups. Focus groups with district residents aimed to gain in-depth understanding of their views on age-friendliness in their communities. A baseline report of district-based recommendations and implementation proposals was generated based on these findings. The third part entailed construction of an "Age-friendly City Ambassador Programme" in the districts to familiarise the ambassadors with the knowledge and methods for building an age-friendly community. Phase 2 of the project entailed 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.

Between January and August 2021, the Sau Po Centre on Ageing conducted the final assessment of the *Jockey Club Age-friendly City Project* for the Eastern, Southern and Wong Tai Sin Districts. It aimed to examine the 4-year change in perceived district age-friendliness between the baseline and final assessment. Similarly, the final assessment used a questionnaire and focus group design to understand change in district age-friendliness.

This report presents the baseline and final assessment findings. The objective of this final assessment report is to understand the 4-year change and current needs of the Southern District in preparation to become more age-friendly.

2.2 District Characteristics

The Southern District is diverse, with commercial, industrial and residential areas. To date, the district maintains a large proportion of its natural scenery and traditional customs. The Aberdeen Fish Market, Typhoon Shelter and Shek O Village are unique cultural heritages in the Southern District. The Ocean Park located in Wong Chuk Hang is a world-renowned theme park, attracting over 7.7 million annual worldwide visitors [2]. With an area of about 4,000 hectares[3], the Southern District comprises 17 constituency areas that can be categorised into four meaningful sub-district communities, namely (1) Pok Fu Lam (PFL), (2) Aberdeen (AB), (3) Ap Lei Chau (ALC), and (4) Wong Chuk Hang, Bays Area, Stanley & Shek O (WBSS).

According to the Hong Kong Census and Statistics Department[4], as of 2020, the population of the Southern District is approximately 260,800, around 3.5% of the total population of Hong Kong. The proportion of the older adult population aged 65 years or above was 18.0% of the total district population. The district ranks seventh among Hong Kong's districts in its percentage of older adults, higher than the Hong Kong average of 17.7%.

Table 1 shows the domestic household characteristics of the Southern District. According to the Population and Household Statistics Analysed by District Council District 2020[4], the total number of domestic households was 87,300, while the average household size was 3.0. Approximately 62.7% (n= 163,522) of the district's residents participated in the labour force. The median monthly domestic household income was HK$30,000[5].

Table 1 Domestic household characteristics of the Southern District in 2020

Total number of domestic households	87,300
Average household size	3.0
Type of housing, Private Permanent Housing (2016)[5]	50.2%
Median monthly domestic household income (2016)[5]	HK$30,000
Median monthly domestic household rent (2016)[5]	HK$2,110
Median monthly domestic household mortgage payment and loan repayment (2016)[5]	HK$10,000

Type of housing in the Southern District is mixed, with approximately 50.2% of residents living in private permanent housing[5]. There are also 8 public rented housing and 9 home ownership scheme estates[6]. Accounting for housing types, the median monthly domestic household rent was HK$2,110 and HK$10,000 for mortgage payment and loan repayment. Regarding the provision of elderly centres and health care

services, the district has a total of 10 elderly centres: two district elderly community centres ("DECCs")[7] and eight neighbourhood elderly centres ("NECs")[8], four public hospitals[9], three general out-patient clinics[10] and one elderly health care centre[11].

In recent years, the Southern District has also been implemented various large-scale projects that improved quality of life for residents. The commencement of the MTR South Island Line (East) in December 2016 aimed to enhance convenience for district commuters[3]. Moreover, under the 10-year Hospital Development Plan by the Hospital Authority, redevelopment of Queen Mary Hospital and Grantham Hospital began in 2018 to meet the healthcare and clinical demands of an ageing population[12]. Queen Mary Hospital will construct a new block to enhance emergency services, which will be completed in 2024. Grantham Hospital will be redeveloped into an academic health centre, which will be completed in 2025.

2.3 Previous Age-friendly City Work in the District

The District Council, non-governmental organisations ("NGOs"), the commercial sector and local older adult residents in the Southern District have made concerted efforts to promote the age-friendly city concept and improve the community environment in response to changing needs of older adult residents. The following sets out several of these initiatives.

The Southern District Council actively promotes the age-friendly city concept in the community. The Working Group on Rehabilitation and Age-friendly Community in the Southern District ("the Working Group") has been the designated platform for discussing age-friendly city initiatives, including issues related to membership of the World Health Organization Global Network of Age-friendly Cities and Communities and the implementation of district-based programmes. Regular meetings have been held to which district stakeholders were invited.

In 2017-2018, the Southern District Council allocated $70,000 for projects to promote the age-friendly city concept in the community[13]. With the grant, between August 2017 and January 2018, the Working Group, Southern District Healthy & Safe Association Limited, Southern Age-friendly and Safe City Group and Aberdeen Kai-fong Welfare Association Social Service ("AKA") co-organised the "2017-18 Southern District Age-friendly and Safe City Plan - Dream Queen Mary Hospital of the Elderly in the Southern District". It included activities such as recruitment and training of older adult ambassadors, community inspections and sharing sessions. The ambassadors shared their expectations for the Queen Mary Hospital redevelopment and presented their views to the hospital. In 2018-2019, $100,000 was endorsed by the Southern District Council for another round of activities promoting age-friendly city communities[14]. With the grant, between August 2018 to February 2019, the Working Group, Southern District Healthy & Safe Association Limited, Southern Age-friendly and Safe City Group and AKA co-organised the "2018-19 Southern District Age-friendly and Safe City Plan". The theme was "Southern District Senior Volunteer

Participation Factors", which aimed to promote the concept and system of incentivised volunteers in the district to provide health assessments and information technology services at elderly centres in the Southern District.

Older adult residents in the Southern District have also made remarkable efforts in civic participation and have been actively involved in various platforms. In particular, the Southern Elderly Concern Group (「南區長者關注小組」; "the Concern Group") holds regular meetings and collects views from district residents on various older-adult-related issues and then relays these views to various governmental departments and members of District Council. Over the years, representatives of the Concern Group had successfully advocated more than 20 age-friendly items in the district, including installation of barrier-free ramps, bus stop shelters and warning signs and tapes over hazardous walkways in various venues.

To foster age-friendly momentum in the districts, the Hong Kong Jockey Club Charities Trust ("the Trust") provided $1.5 million funding to each district ($500,000 for three years, 2017-2020) to support NGOs and community organisations to implement appropriate district-based programmes based on the findings of the baseline assessment.

In 2017-18, the Trust funded two district-based programmes (April 2018), totalling $500,000. With the support of the Southern District Council, two programmes were organised by the AKA, the local DECC and co-organised by NECs, Community Centres, Elderly Centres and the Concern Group. They were the "Jockey Club Age-friendly City – Ideal Transportation Blueprint in the Southern District" from May 2018 to September 2018, and the "Jockey Club Age-friendly City – 'Breakthrough' Microfilm Project" from May 2018 to October 2018. Both programmes achieved positive results and fostered good momentum in advocating the age-friendly city concept. Specifically, the programmes addressed four domains in the World Health Organization ("WHO") Age-friendly Cities Framework: "transportation", "social participation", "respect & social inclusion" and "communication & information". They also reported a significant increase in their sense of community and perceived quality of life.

In 2018-2019, the Trust awarded $500,000 to one district-based programme (January 2019), the "Jockey Club Age-friendly City – 'Breakthrough II' Community Education Project". It aimed to enhance the skills of older adults in the Southern District to independently use information and communication technology to obtain information and break the negative image of "digital illiteracy" of older adults through production of a video about community resources.

In 2019-2020, the Trust awarded $500,000 to one district-based programme (October 2019), the "Jockey Club Age-friendly City – 'Safe Household in Southern District' Community Education Project". It aimed to communicate the importance of household safety to heighten awareness. This district-based programme was extended

to 2021 due to the outbreak of COVID-19.

For the commercial sector, Hong Kong Electric has organised "CAREnJOY for the Elderly" since 2015[15], which has been supported by all four District Councils on Hong Kong Island, as well as Lamma Island (North) and (South) Rural Committees. The campaign promotes dementia prevention, shares information on electrical safety, new services and benefits for older adults through home visits and district-based talks and encourages older adults to seek help when needed.

As a result of these concerted efforts from various district stakeholders, the Southern District became one of the first districts selected to participate in the 2008 Age-friendly Community Project under the Hong Kong Plan of Action on Ageing[16]. To foster development of the Southern District as an age-friendly community, the Working Group and the Southern District Healthy & Safe Association Limited made an accreditation application to WHO on 28 July 2016. They were informed on 14 September 2016 that their application was successful and they were now members of the WHO Global Network for Age-friendly Cities and Communities[16].

Overall, it is evident that various community stakeholders are actively pursuing projects and initiatives to promote the age-friendliness concept and improve the community environment. These experiences form a solid foundation upon which future age-friendly endeavours can be built.

3 METHODOLOGY

Over a 4-year period, participants were recruited from the district using convenience sampling to complete two assessments: the baseline assessment was conducted between April and July 2017 and the final assessment was conducted between January and August 2021. The two assessments consisted of a quantitative (questionnaire) and a qualitative (focus groups) study. The questionnaire was conducted to understand the perceptions of the district on age-friendliness and the sense of community among residents of four sub-district communities in the Southern District. The focus groups were conducted to capture in-depth residents' opinions of the district's age-friendliness, with reference to the eight domains of the age-friendly city as defined by the World Health Organization. Thus, this report aims to understand the 4-year change of district age-friendliness in the Southern District.

3.1 Questionnaire

3.1.1 Participants

Participants were residents in the Southern District aged over 18 years. Exclusion criteria were as follows: foreign domestic helpers or individuals mentally incapable of participating in the study. They were recruited from four meaningful sub-district communities (see Table 2 & Appendix 1). The communities were derived *a priori*

according to features and characteristics of the district and validated by stakeholders familiar with the district.

Table 2 Sampling sub-district communities for the Southern District

Sub-District Communities	Constituency Areas
Pok Fu Lam 薄扶林 (PFL)	Wah Kwai 華貴 Wah Fu (South & North) 華富 (北及南) Pokfulam 薄扶林 Chi Fu 置富
Aberdeen 香港仔 (AB)	Aberdeen 香港仔 Tin Wan 田灣 Shek Yue 石漁
Ap Lei Chau 鴨脷洲 (ALC)	Ap Lei Chau (Estate & North) 鴨脷洲 (東及北) Lei Tung (I & II) 利東(I & II) South Horizons (East & West) 海怡 (東及西)
Wong Chuk Hang, Bays Area, Stanley & Shek O 黃竹坑, 海灣, 赤柱及石澳 (WBSS)	Wong Chuk Hang 黃竹坑 Bays Area 海灣 Stanley & Shek O 赤柱及石澳

In 2017, a total of 710 participants were recruited for the baseline assessment. The final assessment aimed to recruit a total of 500 participants comprising primarily older adult residents aged 60 or over and residents aged between 18 and 59 years. A predetermined sample size corresponding to the population in each sub-district was set to improve overall representativeness. The study recruited participants from multiple sources, including DECCs, NECs, relevant NGOs, advertisements and snowball referrals from stakeholders. 3.1.2 Measures

The questionnaire was conducted through face-to-face meetings, via telephone, online and through self-administration (a small number of cases preferred the latter mode) to cover the following areas (see Appendix 2):

(i) Sociodemographic Information

These included participants' age, gender, marital status, education, living arrangements, housing type, employment and income. Self-reported health was captured using an item for assessing subjective health from the SF-12 Health Survey[17].

(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 based on a local adaptation of the WHO Age-friendly Cities Framework and Guidelines. Participants were asked to rate their perceived age-friendliness of the district and sub-districts using eight categories, namely 1) outdoor spaces & buildings; 2) transportation; 3) housing; 4) social participation; 5) respect & social inclusion, 6) civic participation & employment; 7) communication & information; and 8) community support & health services. These can be further divided into 19 sub-domains.

(iv) Sense of Community

Sense of community, including needs fulfilment, group membership, influence and shared emotional connection, were measured using the 8-item Brief Sense of Community Scale[18, 19].

3.1.3 Data Analysis

Descriptive analyses were performed to identify patterns in sociodemographics, community care, perceived age-friendliness and sense of community across communities. Independent t-tests were performed to examine the 4-year change between the baseline and final assessment in the district and its sub-districts in perceived age-friendliness comprising eight domains and 19 sub-domains and sense of community comprising four domains.

Further, participants were divided into four age groups: 18-49 years, 50-64 years, 65-79 years and aged 80 years or over. Linear regression controlling for the sub-districts was performed to compare perceived age-friendliness and sense of community with the reference group. Similar linear regressions on perceived age-friendliness and sense of community were also performed on housing types, adjusting for age and sub-districts for participants living in public and private housing, on the sub-district communities, adjusting for age groups.

3.2 Focus Groups

Six focus groups were conducted comprising four groups of older residents aged 60 years or over and one group with district residents aged 18 to 59 years. A total of 42 participants were recruited in the Southern District, of whom 37 were older residents and five were district residents. Participants' perceptions of the age-friendliness of the district were solicited following the WHO Age-friendly Cities Project Methodology-Vancouver Protocol[20] procedure's. A focus group discussion guide was compiled (see

Appendix 4). Focus groups typically took place in DECCs, each comprising six to seven persons and lasting approximately one-and-a-half to two hours. Two to three age-friendly city domains pertinent to the WHO Age-friendly Cities Framework were explored in each session. All focus groups were audio-recorded and transcribed verbatim. The qualitative data from the focus groups were analysed using thematic analysis.

4 RESULTS

4.1 Questionnaire

4.1.1 Participants' Characteristics

710 participants were recruited in 2017 at baseline assessment and 523 were recruited between January and August 2021 at the final assessment (see Table 3). Each assessment represented residents in the sub-district communities of PFL, AB, ALC and WBSS.

Table 3 Number of survey participants in the four sub-district communities of the Southern District

Sub-District Communities	Baseline Assessment		Final Assessment	
	N	%	N	%
Pok Fu Lam 薄扶林 (PFL)	191	26.9	139	26.6
Aberdeen 香港仔 (AB)	166	23.4	115	22.0
Ap Lei Chau 鴨脷洲 (ALC)	242	34.1	165	31.5
Wong Chuk Hang, Bays Area, Stanley & Shek O 黃竹坑, 海灣, 赤柱及石澳 (WBSS)	111	15.6	104	19.9
Total	**710**	**100.0**	**523**	**100.0**

Participants' sociodemographic characteristics in the baseline and final assessment are summarised in Table 4. More than half of the participants in both the baseline and final assessment were females (baseline: 73.4%, final: 77.8%; p=0.074) and retired (baseline: 62.7%, final: 66.2%; p=0.447). The majority of the participants in the final assessment were aged 65-79 (baseline: 38.9%, final: 48.6%; p=0.001) and married (baseline: 53.9%, final: 48.6%; p=0.062). Participants in the final assessment attained significantly higher education levels than in the baseline assessment, with a change in the percentage from 25.4% to 18.9% in the nil/pre-primary school group (p=0.008) and 25.5% to 31.7% in the primary school group (p=0.016). There were significantly more people living alone (baseline: 17.6%, final: 25.4%; p=0.001) and living with spouse only (baseline: 17.9%, final: 23.5%; p=0.015), while there were significantly less people living with spouse and other family members (baseline: 33.5%, final: 21.4%; p<0.000) and domestic helpers (baseline: 15.2%, final: 8.6%; p=0.001).

Significantly more participants in the final assessment were caregivers for older adults aged 65 years or over (baseline: 52.6%, final: 79.2%; $p<0.000$). In the final assessment, significantly more participants self-reported sufficient money to meet their everyday living expenses (baseline: 61.4%, final: 67.1%; $p=0.039$). Significantly more participants in the final assessment than in the baseline assessment had no monthly personal income (baseline: 3.4%, final: 5.7%; $p=0.046$) and monthly income between HK$6,000 to HK$9,999 (baseline: 11.4%, final: 16.4%; $p=0.011$). Yet, participants with monthly personal income between HK$1 to HK$5,999 were still the largest proportion among all other monthly income ranges in both assessments (baseline: 48.9%, final: 50.3%, $p=0.624$).

Participants' residence characteristics in the baseline and final assessment are summarised in Table 5. The average years of residence were significantly longer in the final assessment than in the baseline assessment (baseline: 29.0, final: 34.4; $p<0.000$). The majority of participants lived in public housing (baseline: 43.1%, final: 56.2%; $p<0.000$), in a building more than 30 years old (baseline: 42.3%, final: 54.1%; $p<0.000$) and in a building with an elevator (baseline: 93.9%, final: 95.6%; $p=0.201$) in both assessments. The percentage of residents living in a building that required stairs showed no significant difference between both assessments (baseline: 18.9% vs. final: 16.1%; $p=0.197$).

Self-reported health status, social participation and use of community services in the baseline and final assessment are presented in Table 6. There was no difference in self-rated health ($p=0.559$). Around one-fifth of baseline (23.1%) and final assessment participants (19.3%) reported the use of assistive devices, such as a cane, walker or wheelchair ($p=0.110$). There was a significant reduction in the use of assistive devices among our sample in the final assessment of the sub-district WBSS (baseline: 29.7%, final: 13.5%; $p=0.004$). Significantly more participants in the final assessment were users of elderly centres for all districts (baseline: 83.7%, final: 89.7%; $p=0.009$).

Participants' ageing-in-place intentions in five years in the baseline and final assessment are summarised in Table 7. When asked whether they expected to move into a residential care home in the next five years if their health remained the same, the definite negative response changed from 79.7% to 78.6%. There was a similar pattern in all sub-districts, except ALC. Furthermore, the percentage of participants' rating more than a 50% chance decreased from 5.4% in the baseline assessment to 5.2% in the final assessment. There was a similar pattern in all the sub-districts, except for PFL and AB.

In addition, the percentage of participants who asserted absolutely no chance of moving into a residential care home in five years if their health worsens changed from 36.2% to 33.9%. There was a similar pattern in all the sub-districts, except PFL. Participants who rated themselves with more than a 50% chance changed from 20.9% to 19.2%. Likewise, there were similar distributions of participants' responses if their health worsened in all districts, except for PFL and ALC.

Table 4 Sociodemographic characteristics of questionnaire participants

	Total				PFL				AB				ALC				WBSS			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Gender																				
Male	189	26.6	116	22.2	**49**	**25.7**	**23**	**16.5**	39	23.5	23	20.0	69	28.5	43	26.1	32	28.2	27	26.0
Female	521	73.4	407	77.8	**142**	**74.3**	**116**	**83.5**	127	76.5	92	80.0	173	71.5	122	73.9	79	71.2	77	74.0
Age Group																				
18-49 years	135	19.0	81	15.5	34	17.8	17	12.2	47	28.3	21	18.3	38	15.7	27	16.4	16	14.4	16	15.4
50-64 years	115	16.2	71	13.6	20	10.5	23	16.5	21	12.7	12	10.4	**58**	**24.0**	**23**	**13.9**	16	14.4	13	12.5
65-79 years	**276**	**38.9**	**254**	**48.6**	86	45.0	67	48.2	**59**	**35.5**	**58**	**50.4**	96	39.7	72	43.6	**35**	**31.5**	**57**	**54.8**
≧80 years	184	25.9	117	22.4	51	26.7	32	23.0	39	23.5	24	20.9	50	20.7	43	26.1	**44**	**39.6**	**18**	**17.3**
Marital Status																				
Never married	76	10.7	71	13.6	19	9.9	19	13.7	29	17.5	23	20.0	20	8.3	17	10.3	8	7.2	12	11.5
Married	383	53.9	254	48.6	97	50.8	57	41.0	82	49.4	48	41.7	148	61.2	91	55.2	56	50.5	58	55.8
Widowed	232	32.7	176	33.7	70	36.6	56	40.3	51	30.7	40	34.8	66	37.3	51	30.9	45	40.5	29	27.9
Divorced/ separated	19	2.7	22	4.2	5	2.6	7	5.0	4	2.4	4	3.5	8	3.3	6	3.6	2	1.8	5	4.8
Education																				
Nil/pre-primary	**180**	**25.4**	**99**	**18.9**	45	23.6	27	19.4	**50**	**30.1**	**21**	**18.3**	56	23.1	37	22.4	**29**	**26.1**	**14**	**13.5**
Primary	**181**	**25.5**	**166**	**31.7**	58	30.4	54	38.8	**30**	**18.1**	**43**	**37.4**	62	25.6	47	28.5	31	27.9	22	21.2
Secondary (F.1-3)	87	12.3	76	14.5	21	11.0	16	11.5	24	14.5	14	12.2	26	10.7	22	13.3	16	14.4	24	23.1
Secondary (F.4-7)	121	17.0^	86	16.4	34	17.8	19	13.7	28	16.9	19	16.5	46	19.0	23	13.9	**13**	**11.7**	**25**	**24.0**
Diploma	37	5.2	26	5.0	11	5.8	5	3.6	9	5.4	6	5.2	11	4.5	9	5.5	6	5.4	6	5.8
Associate degree	15	2.1	5	1.0	2	1.0	2	1.4	5	3.0	3	2.6	**6**	**2.5**	**0**	**0.0**	2	1.8	0	0.0
Bachelor degree or above	89	12.5	65	12.4	20	10.5	16	11.5	20	12.0	9	7.8	35	14.5	27	16.4	14	12.6	13	12.5
Employment Status																				
Working	174	24.5	116	22.2	42	22.0	31	22.3	**57**	**34.3**	**26**	**22.6**	56^	23.1^	39	23.6	19	17.1	20	19.8
Unemployed	2	0.3	3	0.6	0	0.0	0	0.0	1	0.6	0	0.0	1	0.4	0	0.0	0	0.0	3	2.9
Retired	445	62.7^	346	66.2	126	66.0	90	64.7	91	54.8	76	66.1	148^	61.2^	110	66.7	80	72.1	70	67.3
Homemaker	80	11.3	56	10.7	21	11.0	18	12.9	16	9.6	12	10.4	33^	13.6^	15	9.1	10	9.0	11	10.6
Student	7	1.0	2	0.4	1	0.5	0	0.0	1	0.6	1	0.9	3	1.2	1	0.6	2	1.8	0	0.0
Living Arrangements																				
Living alone	**125**	**17.6**	**133**	**25.4**	45	23.6	44	31.7	**27**	**16.3**	**37**	**32.2**	33	13.6	31	18.8	20	18.0	21	20.2
With spouse only	**127**	**17.9**	**123**	**23.5**	45	23.6	23	16.5	**15**	**9.0**	**22**	**19.1**	**51**	**21.1**	**50**	**30.3**	**16**	**14.4**	**28**	**26.9**

	Total				PFL				AB				ALC				WBSS			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Spouse & other family members	**238**	**33.5**	**112**	**21.4**	44	23.0	30	21.6	**67**	**40.4**	**22**	**19.1**	**88**	**36.4**	**34**	**20.6**	39	35.1	26	25.0
With children/grandchildren	147	20.7	89	17.0	40	20.9	25	18.0	29	17.5	16	13.9	51	21.1	31	18.8	27	24.3	17	16.3
With other family members	61	8.6	57	10.9	14	7.3	14	10.1	25	15.1	16	13.9	15	6.2	16	9.7	7	6.3	11	10.6
With others	12	1.7	9	1.7	3	1.6	3	2.2	3	1.8	2	1.7	4	1.7	3	1.8	2	1.8	1	1.0
Living with Domestic Helper	**89**	**15.2**	**45**	**8.6**	19	13.1	17	12.2	**16**	**11.5**	**5**	**4.3**	**36**	**17.2**	**16**	**9.7**	**18**	**19.8**	**7**	**6.7**
Participant is a Caregiver	138	19.4	106	20.3	39	20.4	22	15.8	36	21.7	27	23.5	47	19.4	36	21.8	16	14.4	21	20.2
Older adults	**72**	**52.6**	**84**	**79.2**	**21**	**53.8**	**18**	**81.8**	**17**	**47.2**	**21**	**77.8**	**28**	**59.6**	**30**	**83.3**	6	40.0	15	71.4
Finance																				
Very insufficient	22	3.1	6	1.1	9	4.7	2	1.4	8	4.8	1	0.9	1	0.4	1	0.6	4	3.6	2	1.9
Insufficient	88	12.4	54	10.3	25	13.1	18	12.9	24	14.5	12	10.4	26	10.7	10	6.1	13	11.7	14	13.5
Sufficient	**436**	**61.4**	**351**	**67.1**	120	62.8	88	63.3	**95**	**57.2**	**80**	**69.6**	142	58.7	112	67.9	79	71.2	71	68.3
More than sufficient	148	20.8	94	18.0	31	16.2	29	20.9	37	22.3	20	17.4	68	28.1	34	20.6	12	10.8	11	10.6
Abundant	16	2.3	18	3.4	6	3.1	2	1.4	2	1.2	2	1.7	5	2.1	8	4.8	3	2.7	6	5.8
Monthly Personal Income																				
No income	**24**	**3.4**	**30**	**5.7**	3	1.6	6	4.3	5	3.0	8	7.0	13	5.4	6	3.6	**3**	**2.7**	**10**	**9.6**
HK$1 to HK$5,999	347	48.9	263	50.3	105	55.0	68	48.9	79	47.6	56	48.7	**101**	**41.7**	**83**	**53.9**	62	55.9	50	48.1
HK$6,000 to HK$9,999	**81**	**11.4**	**86**	**16.4**	**17**	**8.9**	**28**	**20.1**	15	9.0	19	16.5	38	15.7	25	15.2	11	9.9	14	13.5
HK$10,000 to HK$19,999	106	14.9	63	12.0	29	15.2	16	11.5	34	20.5	17	14.8	32	13.2	17	10.3	11	9.9	13	12.5
HK$20,000 to HK$29,999	44	6.2	21	4.0	5	2.6	7	5.0	13	7.8	3	2.6	**20**	**8.3**	**3**	**1.8**	6	5.4	8	7.7
HK$30,000 to HK$59,999	32	4.5	34	6.5	8	4.2	6	4.3	6	3.6	8	7.0	14	5.8	15	9.1	4	3.6	5	4.8
>HK$60,000	12^	1.7^	8	1.5	4^	2.1^	5	3.6	1^	0.6^	0	0.0	4^	1.7^	3	1.8	3^	2.7^	0	0.0

^Baseline figures were revised after error correction.
Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population

Table 5 Residence characteristics

	Total				PFL				AB				ALC				WBSS			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Residence Years (mean, SD)	**29**	**17.7**	**34.4**	**18.1**	**29**	**15.3**	**35.6**	**16.7**	**30.2**	**20.2**	**35.4**	**20.1**	**28.1**	**15.4**	**33.7**	**16.9**	29.2	21.9	32.7	19.5
Housing N (%)																				
Public rental	**306**	**43.1**	**294**	**56.2**	121	63.4	98	70.5	**77**	**46.4**	**77**	**67.0**	**90**	**37.2**	**102**	**61.8**	18	16.2	17	16.3
Private, rental	**41**	**5.8**	**17**	**3.3**	7	3.7	4	2.9	**13**	**7.8**	**2**	**1.7**	16	6.6	6	3.6	5	4.5	5	4.8
Private, owned	**334**	**47.0**	**199**	**38.0**	62	32.5	36	25.9	**76**	**45.8**	**36**	**31.3**	**130**	**53.7**	**56**	**33.9**	66	59.5	71	68.3
Others	29	4.1	13	2.5	1	0.5	1	0.7	0	0.0	0	0.0	6	2.5	1	0.6	22	19.8	11	10.6
Age of Building																				
≦10 years	**34**	**4.8**	**8**	**1.5**	6	3.1	1	0.7	**20**	**12.0**	**3**	**2.6**	4	1.7	2	1.2	4	3.6	2	1.9
11-20 years	**155**	**21.8**	**80**	**15.3**	10	5.2	11	7.9	65	39.2	43	37.4	**31**	**12.8**	**7**	**4.2**	**49**	**44.1**	**19**	**18.3**
21-30 years	221	31.1	152	29.1	**50**	**26.2**	**15**	**10.8**	**26**	**15.7**	**32**	**27.8**	**106**	**43.8**	**43**	**26.1**	**39**	**35.1**	**62**	**59.6**
≧ 31 years	**300**	**42.3**	**283**	**54.1**	**125**	**65.4**	**112**	**80.6**	55	33.1	37	32.2	**101**	**41.7**	**113**	**68.5**	19	17.1	21	20.2
Building Environment																				
With elevator	667	93.9	500	95.6	187	97.9	135	97.1	160	96.4	109	94.8	**229**	**94.6**	**164**	**99.4**	91	82.0	92	88.5
Need to take stairs	134	18.9	84	16.1	29	15.2	21	15.1	32	19.3	22	19.1	54	22.4	27	16.4	19	17.1	14	13.5

Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population

Table 6 Health, social participation and use of community services

	Total				PFL				AB				ALC				WBSS			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Self-rated Health																				
Excellent	42	5.9	22	4.2	16	8.4	5	3.6	8	4.8	3	2.6	10	4.1	6	3.6	8	7.2	8	7.7
Very good	136	19.2	87	16.6	34	17.8	19	13.7	40	24.1	19	16.5	38	15.7	27	16.4	24	21.6	22	21.2
Good	173	24.4	150	28.7	46	24.1	37	26.6	37	22.3	29	25.2	63	26.0	51	30.9	27	24.3	33	31.7
Fair	298	42.0	232	44.4	73	38.2	65	46.8	69	41.6	61	53.0	116	47.9	74	44.8	40	36.0	32	30.8
Poor	61	8.6	32	6.1	22	11.5	13	9.4	12	7.2	3	2.6	15	6.2	7	4.2	12	10.8	9	8.7
Mean score (mean, SD)	3.3	1.1	3.3	1.0	3.3	1.1	3.5	1.0	3.2	1.0	3.4	0.9	3.4	1.0	3.3	0.9	3.2	1.1	3.1	1.1
Walk with Assistive Device*	164	23.1	101	19.3	49	25.7	29	20.9	37	22.3	23	20.0	45	18.6	35	21.2	**33**	**29.7**	**14**	**13.5**
Volunteer in Elderly Centres	281	39.6	219	41.9	72	37.7	60	43.5	68	41.0	60	52.2	94	38.8	55	33.3	47	42.3	44	42.3
User of Elderly Centres†	**437**	**83.7**	**364**	**89.7**	125	83.9	98	89.9	90	82.6	81	92.0	144	81.8	111	88.1	78	88.6	74	89.2

*Cane, walker or wheelchair

†Applicable only to participants aged 60 years or over

Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population

Table 7 Residential care service use expectation in five years†

	Total				PFL				AB				ALC				WBSS			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
If Health Remains the Same																				
0%	416	79.7	320	78.6	120	80.5	81	73.6	85	78.0	63	71.6	133	75.6	106	84.1	78	88.6	70	84.3
10%	25	4.8	17	4.2	6	4.0	5	4.5	8	7.3	3	3.4	9	5.1	4	3.2	2	2.3	5	6.0
20%	13	2.5	9	2.2	1	0.7	3	2.7	1	0.9	3	3.4	7	4.0	1	0.8	4	4.5	2	2.4
30%	6	1.1	8	2.0	1	0.7	2	1.8	1	0.9	1	1.1	4	2.3	4	3.2	0	0.0	1	1.2
40%	5	1.0	6	1.5	2	1.3	3	2.7	1	0.9	2	2.3	2	1.1	0	0.0	0	0.0	1	1.2
50%	28	5.4	21	5.2	8	5.4	7	6.4	5	4.6	6	6.8	11	6.3	6	4.8	4	4.5	2	2.4
60%	5	1.0	8	2.0	3	2.0	4	3.6	1	0.9	3	3.4	1	0.6	0	0.0	0	0.0	1	1.2
70%	5	1.0	4	1.0	0	0.0	2	1.8	1	0.9	2	2.3	4	2.3	0	0.0	0	0.0	0	0.0
80%	8	1.5	8	2.0	3	2.0	2	1.8	3	2.8	2	2.3	2	1.1	4	3.2	0	0.0	0	0.0
90%	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0
100%	10	1.9	6	1.5	5	3.4	1	0.9	3	2.8	3	3.4	2	1.1	1	0.8	0	0.0	1	1.2
If Health Worsens																				
0%	189	36.2	138	33.9	53	35.6	40	36.4	40	36.7	28	31.8	62	35.2	40	31.7	34	38.6	30	36.1
10%	23	4.4	32	7.9	9	6.0	9	8.2	3	2.8	7	8.0	3	1.7	9	7.1	8	9.1	7	8.4
20%	23	4.4	20	4.9	6	4.0	5	4.5	5	4.6	8	9.1	6	3.4	2	1.6	6	6.8	5	6.0
30%	18	3.4	31	7.6	6	4.0	6	5.5	2	1.8	6	6.8	9	5.1	10	7.9	1	1.1	9	10.8
40%	8	1.5	14	3.4	2	1.3	1	0.9	2	1.8	5	5.7	3	1.7	3	2.4	1	1.1	5	6.0
50%	109	20.9	78	19.2	27	18.1	23	20.9	22	20.2	8	9.1	38	21.6	33	26.2	22	25.0	14	16.9
60%	19	3.6	14	3.4	13	8.7	3	2.7	1	0.9	4	4.5	4	2.3	4	3.2	1	1.1	3	3.6
70%	29	5.6	20	4.9	5	3.4	7	6.4	5	4.6	4	4.5	17	9.7	6	4.8	2	2.3	3	3.6
80%	30	5.7	22	5.4	10	6.7	7	6.4	5	4.6	8	9.1	14	8.0	5	4.0	1	1.1	2	2.4
90%	13	2.5	6	1.5	1	0.7	1	0.9	7	6.4	2	2.3	3	1.7	2	1.6	2	2.3	1	1.2
100%	61	11.7	32	7.9	17	11.4	8	7.3	17	15.6	8	9.1	17	9.7	12	9.5	10	11.4	4	4.8

†Applicable only to participants aged 60 years or over

4.1.2 Perceived Age-friendliness

Figure 1 and Table 8 present the perceived age-friendliness and its change across the eight domains and 19 sub-domains in the WHO Age-friendly Cities Framework in the baseline and final assessment of the Southern District. The possible responses were 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree) and 6 (strongly agree).

In general, participants perceived the district to be age-friendly. Among the eight domains, "social participation" had the highest mean (baseline: 4.4, final: 4.5) in both assessments, followed by "respect & social inclusion" (baseline: 4.1, final: 4.4), climbing in rank from third to second in the final assessment. The domain with the lowest mean and rank in both assessments was "community support & health services" (baseline: 3.7, final: 3.9). "Housing" climbed in rank from seventh to fifth in the final assessment. However, "transportation" dropped in rank from second to third, "outdoor spaces & buildings" and "civic participation & employment" dropped in rank from fourth to fifth. By comparing the district means between both assessments, participants gave significantly higher ratings in five domains, "housing" from 3.7 to 4.0 ($p< 0.000$), "social participation" from 4.4 to 4.5 ($p=0.001$), "respect & social inclusion" from 4.1 to 4.4 ($p<0.000$), "communication & information" from 4.0 to 4.2 ($p<0.000$) and "community support & health services" from 3.7 to 3.9 ($p<0.000$).

WHO Domain 1: Outdoor spaces & buildings

Participants perceived no change in age-friendliness in "outdoor spaces & buildings" (baseline: 4.0, final: 4.0, $p=0.974$) and the sub-domains of "outdoor spaces" (baseline: 4.4, final: 4.4, $p=0.818$) and "buildings" (baseline: 3.7, final: 4.7, $p=0.846$).

WHO Domain 2: Transportation

There was no significant difference in age-friendliness in "transportation" (baseline: 4.2, final: 4.3, $p=0.108$) and the sub-domains of "road safety & maintenance" (baseline: 4.4, final: 4.4, $p=0.682$) and "accessibility to public transport" (baseline: 4.2, final: 4.3, $p=0.517$). Significantly higher ratings were observed in the sub-domains of "specialised services availability" (baseline: 3.9, final: 4.1, $p=0.008$) and "public transport, comfort to use" (baseline: 4.2, final: 4.4, $p=0.005$).

WHO Domain 3: Housing

A significantly higher rating in "housing" was found (baseline: 3.7, final: 4.0, $p<0.000$). Significantly higher ratings were also observed in the sub-domains of "affordability & accessibility" (baseline: 3.5, final: 3.9, $p<0.000$) and "environment" (baseline: 3.9, final: 4.1, $p=0.001$).

WHO Domain 4: Social participation

Participants gave significantly higher ratings in "social participation" (baseline: 4.4, final: 4.5, p=0.001) and in the sub-domains of "facilities & settings" (baseline: 4.4, final: 4.5, p<0.000) and "social activities" (baseline: 4.3, final: 4.5, p=0.001).

WHO Domain 5: Respect & social inclusion

Significantly higher ratings were found in "respects & social inclusion" (baseline: 4.1, final: 4.4, p<0.000) and its sub-domains of "attitude" (baseline: 4.2, final: 4.5, p<0.000) and "social inclusion opportunities" (baseline: 4.0, final: 4.3, p<0.000).

WHO Domain 6: Civic participation & employment

Participants perceived no change in age-friendliness in "civic participation & employment" (baseline: 4.0, final: 4.0, p=0.573). Among the sub-domains, significantly higher ratings were observed in "civic participation" (baseline: 4.3, final: 4.4, p=0.017) but not in "employment" (baseline: 3.9, final: 3.9, p=0.836).

WHO Domain 7: Communication & information

Participants gave significantly higher ratings in "communication & information" (baseline: 4.0, final: 4.2, p<0.000) and its sub-domains of "information" (baseline: 4.1, final: 4.2, p=0.001) and "communication & digital devices" (baseline: 3.9, final: 4.0, p=0.011).

WHO Domain 8: Community support & health services

Participants gave a higher rating in "community support & health services" (baseline: 3.7, final: 3.9, p<0.000). Significantly higher ratings were also found in the sub-domains of "medical/social services" (baseline: 4.0, final: 4.2, p<0.000) and "burial service" (baseline: 2.5, final: 2.8, p<0.000). No change was observed in the sub-domain of "emergency support" (baseline: 3.7, final: 3.8, p=0.471).

Figure 1 Change and final assessment means on perceived age-friendliness by district and sub-district communities

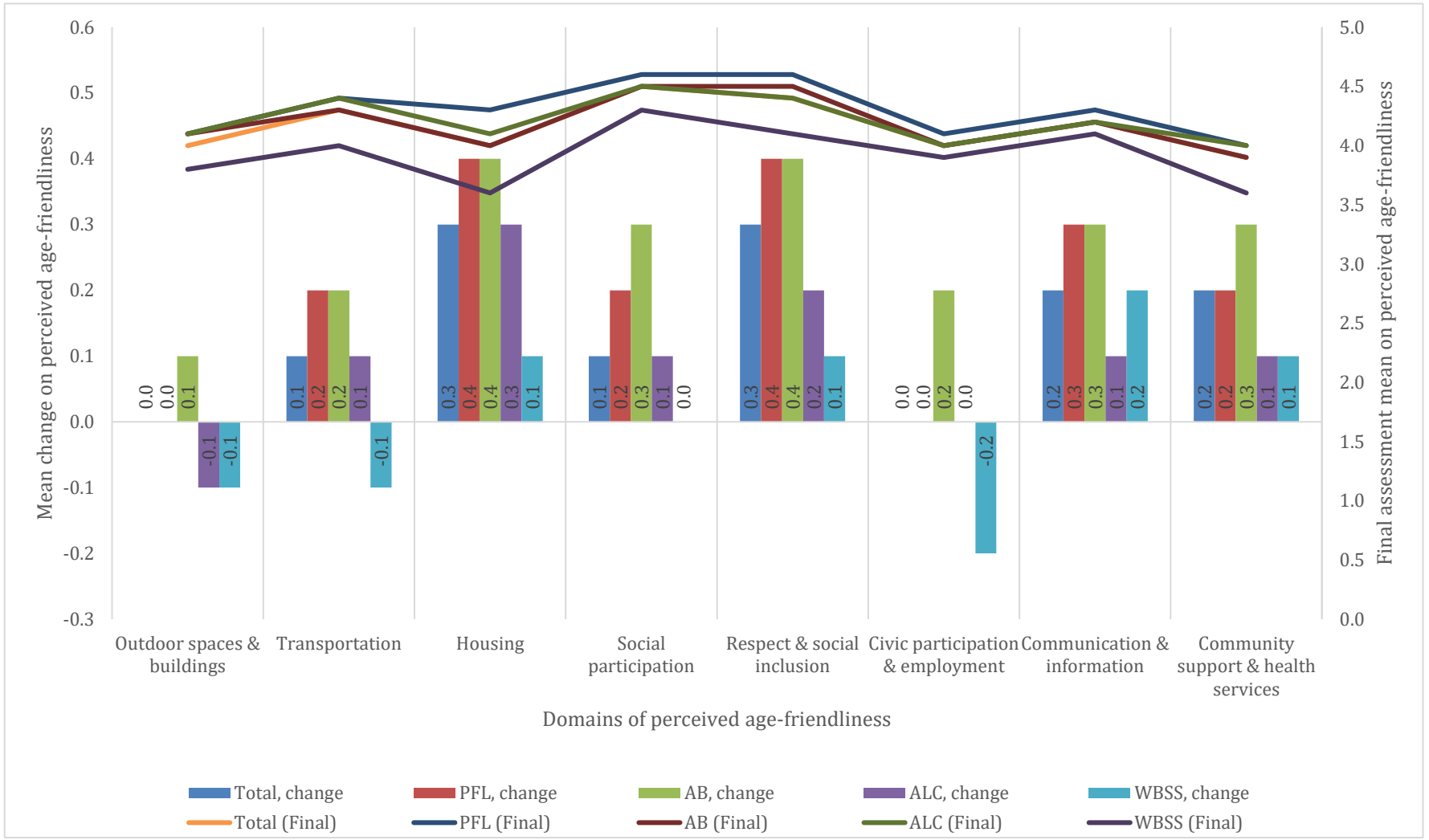


Table 8 Perceived age-friendliness

	Total				PFL		AB		ALC		WBSS	
	Baseline	Baseline rank	Final	Final Rank	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Outdoor spaces & buildings	4.0 (0.7)	4	4.0 (0.8)	5	4.1 (0.8)	4.1 (0.8)	**4.0 (0.8)**	**4.1 (0.8)**	4.2 (0.7)	4.1 (0.8)	3.9 (0.6)	3.8 (0.8)
Outdoor spaces	4.4 (0.8)		4.4 (0.8)		4.5 (0.8)	4.4 (0.8)	**4.1 (0.9)**	**4.4 (0.8)**	4.4 (0.7)	4.3 (0.8)	4.4 (0.7)	4.3 (0.8)
Buildings	3.7 (0.9)		4.7 (1.1)		3.6 (1.0)	3.8 (1.0)	3.8 (0.8)	3.9 (1.0)	4.0 (0.9)	3.9 (1.0)	3.3 (0.8)	3.3 (1.2)
Transportation	4.2 (0.7)	2	4.3 (0.8)	3	4.2 (0.8)	4.4 (0.7)	**4.1 (0.7)**	**4.3 (0.8)**	4.3 (0.7)	4.4 (0.7)	4.1 (0.7)	4.0 (0.9)
Road safety & maintenance	4.4 (0.8)		4.4 (0.9)		4.4 (0.8)	4.5 (0.8)	4.2 (0.8)	4.3 (1.0)	4.5 (0.7)	4.4 (0.8)	**4.4 (0.8)**	**4.1 (1.0)**
Specialised services availability	**3.9 (1.1)**		**4.1 (1.1)**		**3.8 (1.2)**	**4.1 (1.0)**	**3.8 (1.0)**	**4.1 (1.1)**	4.1 (1.1)	4.2 (1.0)	3.7 (1.1)	3.7 (1.3)
Public transport, comfort to use	**4.2 (0.8)**		**4.4 (0.8)**		4.3 (0.9)	4.4 (0.8)	**4.1 (0.8)**	**4.4 (0.8)**	4.3 (0.8)	4.4 (0.7)	4.2 (0.7)	4.1 (0.9)
Public transport, accessibility	4.2 (0.8)		4.3 (0.9)		4.3 (0.8)	4.4 (0.8)	4.2 (0.8)	4.3 (0.9)	4.3 (0.8)	4.4 (0.8)	4.1 (0.8)	3.9 (1.1)
Housing	**3.7 (0.9)**	7	**4.0 (1.0)**	5	**3.9 (0.9)**	**4.3 (0.9)**	**3.6 (1.0)**	**4.0 (1.1)**	**3.8 (1.0)**	**4.1 (1.1)**	3.5 (0.8)	3.6 (1.1)
Affordability & accessibility	**3.5 (1.0)**		**3.9 (1.1)**		**3.8 (1.1)**	**4.2 (0.9)**	**3.4 (1.1)**	**3.9 (1.2)**	**3.6 (1.1)**	**4.0 (1.1)**	3.1 (1.0)	3.3 (1.2)
Environment	**3.9 (1.0)**		**4.1 (1.0)**		**4.0 (1.0)**	**4.3 (0.9)**	**3.8 (1.0)**	**4.1 (1.1)**	4.0 (1.0)	4.2 (1.0)	3.9 (0.8)	3.9 (1.1)
Social participation	**4.4 (0.8)**	1	**4.5 (0.8)**	1	**4.4 (0.8)**	**4.6 (0.8)**	**4.2 (0.8)**	**4.5 (0.7)**	4.4 (0.7)	4.5 (0.8)	4.3 (0.7)	4.3 (1.0)
Facilities & settings	**4.4 (0.8)**		**4.5 (0.9)**		**4.4 (0.8)**	**4.6 (0.9)**	**4.3 (0.8)**	**4.5 (0.8)**	4.5 (0.8)	4.5 (0.8)	4.2 (0.8)	4.3 (1.0)
Social activities	**4.3 (0.8)**		**4.5 (0.8)**		**4.4 (0.9)**	**4.6 (0.8)**	**4.2 (0.8)**	**4.5 (0.8)**	4.4 (0.8)	4.5 (0.8)	4.3 (0.8)	4.3 (1.0)
Respect & social inclusion	**4.1 (0.8)**	3	**4.4 (0.8)**	2	**4.2 (0.9)**	**4.6 (0.8)**	**4.1 (0.7)**	**4.5 (0.8)**	**4.2 (0.8)**	**4.4 (0.8)**	4.0 (0.7)	4.1 (0.9)
Attitude	**4.2 (0.8)**		**4.5 (0.8)**		**4.3 (0.9)**	**4.6 (0.7)**	**4.1 (0.8)**	**4.5 (0.7)**	4.3 (0.7)	4.5 (0.8)	4.2^ (0.7)	4.2 (0.9)
Social inclusion opportunities	**4.0 (1.0)**		**4.3 (1.0)**		**4.1 (1.0)**	**4.5 (1.0)**	**4.0 (0.9)**	**4.4 (0.9)**	4.1 (1.0)	4.3 (1.0)	**3.5 (1.1)**	**3.9 (1.2)**
Civic participation & employment	4.0 (0.9)	4	4.0 (0.9)	5	4.1 (1.0)	4.1 (0.9)	3.8 (0.9)	4.0 (0.9)	4.0 (0.9)	4.0 (1.0)	4.1 (0.9)	3.9 (0.9)
Civic participation	**4.3 (1.1)**		**4.4 (1.1)**		4.3 (1.1)	4.5 (1.1)	**4.1 (1.1)**	**4.5 (1.0)**	4.4 (1.1)	4.4 (1.1)	4.2 (1.0)	4.3 (1.2)

	Total				PFL		AB		ALC		WBSS	
	Baseline	Baseline rank	Final	Final Rank	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Employment	3.9 (1.0)		3.9 (1.0)		4.0 (1.1)	4.0 (1.0)	3.7^ (1.0)	3.9 (0.9)	3.9 (1.0)	3.9 (1.1)	**4.0 (1.0)**	**3.7 (1.0)**
Communication & information	**4.0 (0.8)**	4	**4.2 (0.8)**	4	**4.0 (0.9)**	**4.3 (0.8)**	**3.9 (0.7)**	**4.2 (0.8)**	4.1 (0.8)	4.2 (0.8)	3.9 (0.7)	4.1 (0.9)
Information	**4.1 (0.9)**		**4.2 (0.9)**		**4.1 (1.0)**	**4.4 (0.8)**	**4.0 (0.8)**	**4.2 (0.9)**	4.2 (0.8)	4.2 (0.9)	4.0 (0.8)	4.2 (0.9)
Communication & digital devices	**3.9 (1.0)**		**4.0 (1.0)**		4.0 (1.1)	4.1 (0.9)	**3.7 (1.0)**	**4.1 (1.0)**	4.0 (1.0)	4.0 (0.9)	3.9 (1.0)	4.0 (1.0)
Community support & health services	**3.7 (0.8)**	7	**3.9 (0.9)**	8	**3.8 (0.8)**	**4.0 (0.8)**	**3.6 (0.7)**	**3.9 (0.8)**	**3.9 (0.8)**	**4.0 (0.8)**	3.5 (0.7)	3.6 (1.0)
Medical/social services	**4.0 (0.9)**		**4.2 (0.9)**		**4.1 (0.9)**	**4.4 (0.9)**	**3.9 (0.8)**	**4.2 (0.8)**	**4.2 (0.8)**	**4.4 (0.8)**	3.7 (0.9)	3.8 (1.1)
Emergency support	3.7 (1.2)		3.8 (1.3)		3.8 (1.2)	3.9 (1.2)	3.5 (1.1)	3.7 (1.2)	3.8 (1.1)	3.8 (1.2)	3.6 (1.2)	3.5 (1.4)
Burial service	**2.5 (1.1)**		**2.8 (1.3)**		2.5 (1.1)	2.8 (1.3)	2.4 (0.9)	2.6 (1.2)	**2.5 (1.3)**	**2.8 (1.3)**	**2.5 (1.1)**	**2.8 (1.4)**

^Baseline figures were revised after error correction.
All reported numbers are mean (SD)
The possible responses are: 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree), and 6 (strongly agree).
Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population.

4.1.3 Sense of Community

Table 9 shows the sense of community in the Southern District. The scale consists of four domains, each with a possible score ranging 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. Participants gave significantly higher ratings in the overall sense of community (baseline: 29.1, final: 29.9; p=0.002). "Membership" had the highest mean in both assessments and was also given a significantly higher rating in the final assessment (baseline: 7.8, final: 8.0; p=0.001). Participants gave significantly higher ratings in the domains of "needs fulfilment" (baseline: 6.9, final: 7.1; p=0.015) and "emotional connection" (baseline: 7.5, final: 7.7; p=0.027).

Among the four sub-district communities, the total score of sense of community ranged from 6.0 (WBSS) to 7.9 (ALC) in the baseline assessment and 6.5 (WBSS) to 8.2 (PFL) in the final assessment. Participants perceived no change in overall sense of community in AB (baseline: 28.9, final: 29.8; p=0.082), ALC (baseline: 29.7, final: 29.8; p=0.960) and WBSS (baseline: 28.0, final: 29.1; p=0.078). PFL participants gave a significantly higher total score (baseline: 29.2, final: 30.8; p=0.002). Participants in PFL (baseline: 6.9, final: 7.4; p=0.006) and WBSS (baseline: 6.0, final: 6.5; p= 0.039) gave significantly higher ratings in the domain of "need fulfilment". Participants in PFL (baseline: 7.8, final: 8.2; p=0.002) and AB (baseline: 7.7, final: 8.1; p=0.014) gave significantly higher ratings in the domain of "membership". In the domain of "emotional connection", participants in PFL (baseline: 7.5, final: 7.9; p=0.004) gave significantly higher ratings in the final assessment than in the baseline assessment.

Table 9 Sense of community

	Total		PFL		AB		ALC		WBSS	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Needs fulfilment	**6.9 (1.6)**	**7.1 (1.6)**	**6.9 (1.6)**	**7.4 (1.5)**	7.0 (1.4)	7.2 (1.5)	7.2 (1.5)	7.2 (1.4)	**6.0 (1.9)**	**6.5 (1.8)**
Membership	**7.8 (1.2)**	**8.0 (1.3)**	**7.8 (1.2)**	**8.2 (1.2)**	**7.7 (1.3)**	**8.1 (1.3)**	7.9 (1.1)	7.9 (1.3)	7.7 (1.2)	7.9 (1.3)
Influence	6.9 (1.4)	7.1 (1.5)	7.0 (1.6)	7.3 (1.4)	6.7 (1.4)	6.9 (1.5)	7.1^ (1.3)	7.1 (1.5)	6.8 (1.3)	7.0 (1.5)
Emotional connection	**7.5 (1.2)**	**7.7 (1.4)**	**7.5 (1.3)**	**7.9 (1.2)**	7.5 (1.3)	7.7 (1.4)	7.6 (1.2)	7.6 (1.4)	7.5 (1.2)	7.6 (1.5)
Total score	**29.1 (4.4)**	**29.9 (4.5)**	**29.2 (4.7)**	**30.8 (4.4)**	28.9 (4.3)	29.8 (4.3)	29.7 (4.1)	29.8 (4.6)	28.0 (4.1)	29.1 (4.7)

^Baseline figures were revised after error correction.
All reported numbers are mean (SD)
The possible responses were: 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree), and 6 (strongly agree).
Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population.

4.1.4 Age Group Comparison

Table 10 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 for both assessments. Participants were divided into four age groups for analysis, those aged between 18 to 49 years, 50 to 64 years, 65 to 79 years and 80 years or over, where age group 18 to 49 years was taken as the reference group. Results showed that participants aged 65 years or over perceived significantly higher age-friendliness than the 18-49 age group for both assessments. Such differences were more significant in the age groups 65 to 79 and 80 years or over, with each level of increase in age group predicting an increase from 0.24 to 0.83 and 0.36 to 0.94 respectively across the eight domains, except for the sub-domains of "emergency support" and "burial service". In the 50-64 age group, significance was found in all domains in the baseline assessment but only in "social participation", "respect & social inclusion" and "civic participation & employment" in the final assessment.

In terms of sense of community, each level of increase in age group predicted a 2.49 to 3.18 score increase in the total score in the final assessment. All domains within the age groups 65 to 79 and 80 years or over were significantly different than the reference group. Only the domain of "membership" in the 50-64 age group showed a significant difference in the final assessment compared to the reference group. In the 50-64 age group, a significant difference in the total score of sense of community was only found in the baseline assessment.

Table 10 Age-group comparison using linear regression analysis

	Baseline			Final		
	Coefficient†			Coefficient†		
	50 to 64	65 to 79	80 or above	50 to 64	65 to 79	80 or above
Perceived Age-friendliness						
Outdoor spaces & buildings	0.28**	0.32**	0.60**	0.04	0.24*	0.47**
Outdoor spaces	0.34**	0.47**	0.72**	0.08	0.31**	0.58**
Buildings	0.22	0.19*	0.49**	-0.01	0.17	0.36*
Transportation	0.31**	0.61**	0.83**	0.02	0.48**	0.70**
Road safety & maintenance	0.19	0.36**	0.48**	-0.22	0.32**	0.57**
Specialised services availability	0.47**	0.79**	1.07**	0.31	0.37**	0.53**
Public transport, comfort to use	0.34**	0.62**	0.90**	-0.03	0.45**	0.66**
Public transport, accessibility	0.29**	0.65**	0.85**	0.05	0.65**	0.90**
Housing	0.39**	0.69**	0.85**	0.07	0.51**	0.78**
Affordability & accessibility	0.40**	0.72**	0.89**	-0.07	0.39**	0.72**
Environment	0.38**	0.65**	0.82**	0.21	0.64**	0.85**
Social participation	0.29**	0.73**	0.85**	0.45**	0.75**	0.87**
Facilities & settings	0.31**	0.70**	0.81**	0.53**	0.83**	0.88**

	Baseline			Final		
	Coefficient†			Coefficient†		
	50 to 64	65 to 79	80 or above	50 to 64	65 to 79	80 or above
Social activities	0.28**	0.77**	0.88**	0.37**	0.67**	0.86**
Respect & social inclusion	0.27**	0.71**	0.77**	0.25*	0.65**	0.68**
Attitude	0.33**	0.72**	0.80**	0.31*	0.66**	0.69**
Social inclusion opportunities	0.16	0.72**	0.72**	0.15	0.63**	0.64**
Civic participation & employment	0.40**	0.89**	0.93**	0.36*	0.49**	0.66**
Civic participation	0.44**	1.18**	1.12**	0.61**	0.76**	0.94**
Employment	0.38**	0.79**	0.87**	0.28	0.40**	0.56**
Communication & information	0.24*	0.69**	0.54**	0.25	0.57**	0.66**
Information	0.25*	0.75**	0.65**	0.29*	0.61**	0.72**
Communication & digital devices	0.23	0.58**	0.38**	0.18	0.48**	0.55**
Community support & health services	0.29**	0.51**	0.65**	0.10	0.32**	0.55**
Medical/social services	0.41**	0.64**	0.78**	0.23	0.46**	0.70**
Emergency support	0.25	0.55**	0.66**	-0.20	0.19	0.33
Burial service	-0.12	-0.07	0.12	-0.15	-0.11	0.14
Sense of community						
Needs fulfilment	0.43*	0.84**	0.97**	0.12	0.46*	0.68**
Membership	0.53**	1.05**	0.98**	0.46*	0.71**	0.76**
Influence	0.24	0.97**	0.85**	0.37	0.43*	0.67**
Emotional connection	0.35*	1.10**	1.06**	0.31	0.89**	1.08**
Total score	1.54**	3.96**	3.85**	1.26	2.49**	3.18**

†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 Housing Type Comparison

Table 11 shows the linear regression analysis to test the effect of type of housing on perceived age-friendliness and sense of community after adjusting for age and sub-district communities for both assessments. For analysis, participants were divided into two groups, public housing and private housing, where public housing was taken as the reference group. The baseline and final assessments shared similar results. Only "housing" showed a significant difference in the baseline assessment but not in the final assessment, compared to the reference group. Participants living in private housing in the final assessment had significantly lower scores in the sub-domains of "affordability & accessibility" under "housing" and "attitude" under "respect & social inclusion". A significantly higher score was found in the sub-domain of "public transport, accessibility" in the final assessment. As per results in the baseline

assessment, no significant difference in the score of sense of community was found when comparing the public housing and private housing groups in the final assessment.

Table 11 Housing type comparison using linear regression analysis

	Baseline	Final
	Coefficient†	Coefficient†
	Private housing	Private housing
Perceived Age-friendliness		
Outdoor spaces & buildings	0.06	0.12
Outdoor spaces	-0.01	0.06
Buildings	0.14	0.19
Transportation	-0.04	0.06
Road safety & maintenance	-0.07	-0.03
Specialised services availability	-0.16	-0.06
Public transport, comfort to use	-0.06	0.03
Public transport, accessibility	0.03	0.18*
Housing	-0.19**	-0.15
Affordability & accessibility	-0.35**	-0.32**
Environment	-0.03	0.01
Social participation	-0.15**	-0.12
Facilities & settings	-0.15*	-0.14
Social activities	-0.15*	-0.10
Respect & social inclusion	-0.11	-0.12
Attitude	-0.13*	-0.19*
Social inclusion opportunities	-0.05	-0.01
Civic participation & employment	-0.12	-0.15
Civic participation	-0.21*	-0.10
Employment	-0.09	-0.17
Communication & information	-0.09	-0.07
Information	-0.08	-0.02
Communication & digital devices	-0.10	-0.17
Community support & health services	0.01	-0.05
Medical/social services	0.04	-0.06
Emergency support	-0.09	-0.13
Burial service	-0.03	0.07
Sense of community		
Needs fulfilment	-0.07	0.08
Membership	-0.18	-0.10
Influence	-0.22	-0.26
Emotional connection	-0.11	-0.25
Total score	-0.58	-0.53

†Public housing as the reference group.
Significance levels at *p<0.05 and **p<0.01
Comparisons are adjusted for the effect of age groups and sub-district communities.

4.1.6 Sub-District Community Comparison

Table 12 shows the linear regression analysis when comparing sub-district communities after adjusting for age groups (four groups) for both assessments, where WBSS was taken as the reference group. Compared with WBSS, significant differences in perceived age-friendliness were found in the domains of "outdoor spaces & building", "transportation", "housing", "respect & social inclusion" and "community support & health services" among all sub-district communities in the final assessment. "Social participation" was also perceived as more age-friendly in PFL than in WBSS in the final assessment. Participants in PFL and ALC had higher levels of age-friendliness in "civic participation & employment" in the final assessment. Furthermore, sub-domain analysis showed that participants in WBSS had lower levels of age-friendliness in "buildings", "road safety & maintenance", "specialised services availability", "public transport, comfort to use", "accessibility of public transport", "housing affordability & accessibility", "attitude", "social inclusion opportunities" and "medical/social services" compared with residents in the other three sub-district communities in the final assessment. Notably, PFL had significantly better-perceived age-friendliness in 14 sub-domains than WBSS, whereas AB and ALC had eight and 11, respectively.

PFL showed a significant difference in seven domains (except "communication & information") in the final assessment, while only showing a significant difference in six domains (except "civic participation & employment" and "communication & information") in the baseline assessment, compared with the reference group. AB showed a significant difference in "transportation" in the final assessment but not in the baseline assessment. ALC showed significant difference in "social participation" and "community support & health services" in the baseline assessment but not in the final assessment, while "civic participation & employment" was found to be significant in the final assessment but not in the baseline assessment.

Concerning sense of community, PFL, AB and ALC had better "needs fulfilment" than WBSS in both assessments. No significant difference was found in other domains and the overall total score of sense of community, except for a significantly higher total score in PFL than WBSS in the final assessment. AB and ALC showed a significant difference in the total score of sense of community in the baseline assessment but not in the final assessment.

Table 12 Sub-district cluster comparison by linear regression analysis

	Baseline			Final		
	Coefficient†			Coefficient†		
	PFL	AB	ALC	PFL	AB	ALC
Perceived Age-friendliness						
Outdoor spaces & buildings	0.24**	0.17*	0.36**	0.30**	0.35**	0.28**
Outdoor spaces	0.16	-0.22*	0.05	0.11	0.08	-0.01
Buildings	0.32**	0.56**	0.68**	0.49**	0.61**	0.57**
Transportation	0.17*	0.09	0.27**	0.39**	0.34**	0.42**
Road safety & maintenance	0.08	-0.08	0.14	0.40**	0.16	0.34**

	Baseline			Final		
	Coefficient†			Coefficient†		
	PFL	AB	ALC	PFL	AB	ALC
Specialised services availability	0.14	0.25	0.53**	0.39**	0.40**	0.42**
Public transport, comfort to use	0.11	0.03	0.17*	0.30**	0.33**	0.31**
Public transport, accessibility	0.28**	0.19^	0.30**	0.48**	0.43**	0.57**
Housing	0.47**	0.24*	0.39**	0.64*	0.37**	0.47**
Affordability & accessibility	0.79**	0.44**	0.57**	0.89**	0.54**	0.64**
Environment	0.16	0.04	0.21^	0.40**	0.21	0.30*
Social participation	0.18*	0.06	0.24**	0.29**	0.20	0.17
Facilities & settings	0.25**	0.18	0.32**	0.31**	0.21	0.20
Social activities	0.11	-0.04	0.16	0.27**	0.18	0.15
Respect & social inclusion	0.29**	0.23*	0.35**	0.44**	0.35**	0.29**
Attitude	0.14	0.07	0.21*	0.35**	0.26*	0.23*
Social inclusion opportunities	0.59**	0.55**	0.65**	0.62**	0.52**	0.41**
Civic participation & employment	0.02	-0.11	0.02	0.27*	0.19	0.14**
Civic participation	0.06	0.03	0.19	0.19	0.24	0.78
Employment	0.00	-0.15	-0.04	0.30*	0.17	0.16
Communication & information	0.10	0.01	0.21*	0.13	0.07	0.04
Information	0.13	0.08	0.29**	0.16	0.04	0.05
Communication & digital devices	0.03	-0.14	0.06	0.07	0.13	0.04
Community support & health services	0.37**	0.23*	0.45**	0.40**	0.27*	0.41**
Medical/social services	0.49**	0.35**	0.57**	0.49**	0.41**	0.53**
Emergency support	0.20^	0.03	0.31*	0.47**	0.26	0.37*
Burial service	0.08	-0.06	0.08	-0.04	-0.25	0.00
Sense of community						
Needs fulfilment	0.96**	1.10**	1.28**	0.88**	0.64**	0.66**
Membership	0.10	0.12	0.26*	0.29	0.19	0.05
Influence	0.18	0.00	0.30	0.26	-0.16	0.02
Emotional connection	-0.04	0.11	0.13	0.25	0.04	-0.07
Total score	1.20*	1.32**	1.97**	1.68**	0.71	0.66

†WBSS as the reference group.
^ Baseline figures were revised after error correction.
Significance levels at *p<0.05 and **p<0.01
Comparisons are adjusted for the effect of age groups (four age groups).

4.2 Focus Group Study

4.2.1 Participants' Characteristics

Six focus groups were conducted to collect residents' opinions on the age-friendliness of the Southern District. A total of 42 participants were recruited. The majority (88.1%) of participants were aged 60 years or over and had lived in the district for 37.8 years on average. Sociodemographic characteristics of the focus group participants are shown in Table 13.

Table 13 Sociodemographic characteristics of focus group participants in the Southern District

Characteristics	**N**	**%**
Gender		
Male	9	21.4
Female	33	78.6
Age Group		
18-49 years	2	4.8
50-64 years	9	21.4
65-79 years	27	64.3
≥80 years	4	9.5
Education		
Nil/pre-primary	6	14.3
Primary	13	31.0
Secondary (F.1-3)	7	16.7
Secondary (F.4-7)	7	16.7
Post-secondary	9	21.4
Housing		
Public housing	15	35.7
Private housing	22	52.4
Others	5	11.9
Residence Years (mean, SD)	37.8	17.3
Living Arrangement		
Living alone	10	23.8
With spouse only	11	26.2
Spouse and other family members	10	23.8
With children/grandchildren	7	16.7
With other family members	3	7.1
With others	1	2.4
Monthly Personal Income		
No income	4	9.5
HK$1 to HK$5,999	23	54.8
HK$6,000 to HK$9,999	6	14.3
HK$10,000 to HK$19,999	6	14.3
HK$20,000 to HK$29,999	0	0.0
HK$30,000 to HK$59,999	1	2.4
≥HK$60,000	0	0.0
Unknown/ reject	2	4.8

Findings from the thematic analyses are presented with reference to the eight WHO Age-friendly Cities Framework domains, which are further grouped into three areas, (1) physical environment; (2) social and cultural environment; and (3) communication, community and health services. Participants in the Southern District offered many suggestions for further improvement.

4.2.2 Physical Environment

WHO Domain 1: Outdoor spaces & buildings

Improvements

(i) Public facilities: Participants saw marked improvements in recent years in the Southern District concerning outdoor spaces. These improvements included the retrofitted barrier-free facilities for wheelchair users in Stanley and Ap Lei Chau Market (鴨脷洲西邨街市), a lift near Ap Lei Chau Wind Tower and additional outdoor seating in public areas, bus stops and housing estates.

Concerns

(i) Hygiene issues: Some participants from the Shek Pai Wan Estate (石排灣邨) and Wong Chuk Hang were aware of hygiene issues around the estate and the community, citing that some older adults spat and smoked in the public open area. Defecation in the staircase has also been noticed. Such occasional misbehaviour and hygiene problems have alarmed the residents in Shek Pai Wan and Wong Chuk Hang.

(ii) Poorly maintained public toilets: Some participants called for active maintenance and cleaning of the public toilets in the district. They found that facilities at the public toilet in the Ap Lei Chau Estate were poorly maintained, the toilet seats were broken with no flushing water and toilet paper. Some also complained about the poor hygiene of the toilets in the estate and stated they preferred to use the toilet located in Ap Lei Chau Market.

(iii) Over-crowdedness at weekends and holidays: Shek O and Stanley are famous tourist spots in Hong Kong, where people travel to at weekends and holidays. Many tourists have overloaded the local transportation system and created pollution and safety concerns during the COVID-19 pandemic. Participants living in Shek O and Stanley said they were trapped and unwilling to leave their homes during weekends and holidays because of the heavy traffic and road congestion. There have also been vehicle-pedestrian conflicts in streets, causing much inconvenience to the older adults and residents in the district.

(iv) Shop front extensions: Participants alleged that many of the shops in Aberdeen Market were relocated to the nearest streets in preparation for redevelopment of the market. However, these shops have placed their goods on the pedestrian pavement, which causes road access, safety and environmental hygiene concerns.

WHO Domain 2: Transportation

Improvements

(i) Southern District Rehab Access: Participants appreciated the services of the Southern District Rehab Access (“SDRA”), which has been implemented since July 2020. The

SDRA offers free transport services for eligible users travelling to and from public hospitals and medical institutions within the Southern District. This service can offset the impact caused by the cancellation of the minibus route connecting Aberdeen and Grantham Hospital following the opening of the MTR South Island Line. However, participants indicated that there should be more promotion of the SDRA as some older adults in the district are not well-informed about this service.

(ii) MTR facilities: Participants complimented the improved facilities in the MTR station, especially the benches and public toilets provided in the station. These facilities have largely enhanced user experience in the MTR station. For example, benches allow older adults to rest during the long walk from the platform to the exit and the toilets meet their physiological needs.

(iii) Real-time arrival information: Participants appreciated the installation of information screens at the bus stops showing upcoming bus arrival times and the widespread use of smartphone applications on bus information. This facilitated better time management. Some participants said they could arrive at the bus stop according to the estimated time shown on the smartphone application, which saved them long waiting times at the bus stop.

(iv) Attitude of minibus drivers: Participants complimented the improvement in minibus drivers' attitudes in recent years. Specifically, minibus drivers have shown patience to people with walking aids and passengers travelling to the hospital. Drivers would ensure passengers were seated before pulling away to avoid accidents.

Concerns

(i) Accessibility: Older adults had mixed views when it came to the accessibility of transport. Some found that existing transport within the district is reasonably accessible, especially after the opening of the MTR South Island Line. However, some participants articulated the inaccessibility of MTR services in the Southern District. They preferred to use aboveground transport to take them directly to their destination without walking up and down the station or making transfers. For residents in Stanley, participants suggested that the bus company consider extending Ma Hang's service for bus route 14 towards Stanley. Residents in the Ma Hang Estate (馬坑邨) have to take the bus at Stanley Market, which will cause inconvenience to older residents.

(ii) Bus stop announcement system: Participants noticed that some of the buses have muted bus stop announcement systems to make the journey quieter and more comfortable for its passengers. However, participants were worried that such an arrangement would cause problems for some older adults because they may have difficulty reading the information board on the bus due to poor eyesight or illiteracy. Older adults may have

no idea of upcoming stops without the bus stop announcement system and may not disembark appropriately.

(iii) High public transport fares: Participants complained that transportation costs (including bus, minibus and MTR fares) to and from the Southern District are higher than other districts in Hong Kong. Although older adults aged 65 or over are covered by the Government Public Transport Fare Concession Scheme, which permits travel on designated transport modes and services at HK$2 per trip, some participants pointed out that higher transportation costs in the district would create financial burdens for residents not eligible to travel at the concessionary fare.

WHO Domain 3: Housing

Participants did not find any significant improvements in the domain of "housing" in the past four years. However, they raised specific concerns regarding housing availability and maintenance.

Concerns

(i) Public housing resources allocation: Participants perceived immigrants from Mainland China as having higher priority for allocation of public rented housing provided by the Government, which lengthened the average waiting time for Hong Kong permanent residents. Some participants also called for an active inspection to verify the occupancy position of public housing tenants. Should there be any changes to family members listed on the tenancy agreement, the housing providers (i.e., Housing Authority or Housing Society) could transfer under-occupied households to a flat of a more suitable size to better utilise housing resources.

(ii) Lack of platform for home maintenance information: Participants found it difficult to acquire information about home maintenance and repair work for older private housing in the district (e.g., leakages and electrical wire replacement). It was also challenging to find a trustworthy agency to execute the work. Participants indicated that it cost them around HK$300 per inspection and more to fix the issues, which brought older adults substantial financial burdens. Participants, as a result, called for the establishment of a platform or a trustworthy organisation to provide information related to home maintenance and home repair services.

4.2.3 Social and Cultural Environment

WHO Domain 4: Social participation

Participants complimented the wide-ranging social and interest classes made available to older adults in the Southern District, including but not limited to health talks, exercise classes, micro-film production, smartphone training and cooking classes. These were considered very

important in providing better quality of life for the district's older adults. However, participants also posed specific concerns here.

Concerns

(i) Hidden older adults: Participants were concerned about the social participation of hidden older adults in the district. They suggested that it is essential to reach out to older adults who are withdrawn or isolated from the community and those hesitant to join elderly centres in the district.

(ii) Impact of COVID-19: The outbreak of COVID-19 during the past two years primarily inhibited older adults' social participation. Most elderly centres, community, sports facilities and related services were closed and suspended during the pandemic. Therefore, older adults were not able to participate in any face-to-face activities; instead, they had to join in activities via online platforms, which were primarily inhibited by the availability of related hardware and the internet, as well as poor digital literacy skills for some older adults.

(iii) Venues for activities: Shek O participants raised concerns on limited covered outdoor spaces and indoor venues for older adult residents to gather or exercise. Most would gather and exercise at Shek O Beach Car Park but this blocked traffic. Therefore, they suggested allocating space to residents at Shek O Man Sun School (文新學校) and Shek O Health Centre (石澳健康院) to fulfil their needs. Moreover, even though outreach activities were recently organised in the village by the NEC in Stanley, no suitable venue was available for regular activities. Thus, they suggested setting up their own community centre in Shek O where older adults and district residents can convene and participate in various social activities irrespective of the weather.

WHO Domain 5: Respect & social inclusion

Older participants reported a stable atmosphere of mutual respect and friendliness in the district; however, they raised specific concerns under this domain.

Concerns

(i) Lack of respect among older adults: Participants commented on the lack of respect for older adults of lower socioeconomic status and education in the district. Residents living in the Southern District have socioeconomic diversity due to the mixed distribution of properties, such as luxury apartments and public rental housing. Moreover, participants said that about 70% of residents in Aberdeen were fishermen with low or no education. Some participants found that older adults with higher socioeconomic status or higher education levels would look down on and distance themselves from other older adults. Therefore, participants were hoping for more district-based programmes on respect and social inclusion.

(ii) Priority seats: Participants had negative feelings towards seat offering under this domain. Many participants described instances where younger passengers would not voluntarily relinquish their seats to older passengers on the MTR or buses, especially when they were too fixated on their smartphones. Some participants also indicated that since the priority seats are supposed to be reserved for older adults, passengers who occupy seats other than priority seats would have lower intentions to give these to older adults.

WHO Domain 6: Civic participation & employment

Participants expressed that there were ample volunteer opportunities in the district. Typically, participants volunteered for DECCs, churches and other NGOs. They carried out tasks such as outreach, visiting homes and delivering meals to singleton older adults in the community. Participants expressed that these volunteering activities added much meaning and happiness to their lives and they were able to learn new knowledge and skills while helping others. However, participants expressed concerns regarding civic participation and employment opportunities.

Concerns

(i) Platform for civic engagement: In the past, participants would express their views and concerns to members of the District Council. However, this channel was no longer available after the mass resignation and disqualification of councillors. As a result, participants said they had lost the "bridge" for communicating with the Hong Kong Government to reflect people's needs to councillors.

(ii) Dearth of employment opportunities: Most participants felt they had little chance of securing employment if they decided to apply for jobs in the district. However, some mentioned that they would seriously consider participating in the labour force again if the job requirements were less stringent and offered more flexibility.

4.2.4 Communication, Community and Health Services

WHO Domain 7: Communication & information

Improvements

(i) Information exchange with new technology: Participants were well-informed and had good access to information via word-of-mouth promotion or announcements from the elderly centres. Moreover, the popularisation of smartphones and related applications (e.g., WhatsApp and Facebook) further facilitates information exchange among older adults. For example, participants would exchange district-related information, apply for elderly centre activities and plan for gatherings via the smartphone application. However, older adults with lower education levels or digital literacy skills and no access to the internet may not benefit from the rapid development of information technology.

Concerns

(i) Accessibility: Hidden older adults and those not members of elderly centres were disconnected in the district. Participants suggested the NGOs in the district could organise more outreach programmes to support these older adults with necessary district-related information.

WHO Domain 8: Community support & health services

Improvements

(i) Attentiveness: Participants complimented the vigilance of medical professionals in recent years. For example, a participant fell and was hospitalised at Queen Mary Hospital in March 2020. She was actively followed up by the nurse and social worker for a year after her discharge. The nurse and social worker closely monitored her situation and made necessary referrals to support her recovery, including assigning her to physiotherapy for three months. This participant highly appreciated the attentiveness and support from these health care professionals during her recovery.

(ii) Health programmes: Participants appreciated the increased number of medical care and health monitoring programmes in the Southern District provided by NGOs. For example, the Jockey Club Community eHealth Care Project monitors older adults' glucose levels and blood pressure. Nurses would follow-up with older adults once their health indicators did not match the standard levels.

(iii) Information: Participants appreciated using the Electronic Health Record Sharing System (eHealth; 醫健通), which documents older adults' lifelong health records. eHealth shares records among public and private health care providers, which enables timely and accurate diagnosis and treatment for older adults.

Concerns

(i) Insufficient medical services: Participants identified insufficient specialist medical services and public medical services in the Southern District. In terms of specialist medical services, participants suffered from long waiting times over the years. For example, participants wait two years for an ultrasound scan, Computed Tomography (CT) scan or Magnetic Resonance Imaging (MRI). This long wait hindered older adults' timely diagnosis and treatment. Regarding general out-patient services, participants indicated that Aberdeen Jockey Club General Out-patient Clinic (香港仔賽馬會普通科門診診所) and Ap Lei Chau General Out-patient Clinic (鴨脷洲普通科門診診所) were insufficient to absorb the vast medical demand in the Southern District. These two clinics were always fully booked; thus, sick participants could only rely on private clinics. Participants from Shek O and Stanley also had less favourable responses regarding the availability of health services in their communities. They typically travelled far to receive

medical care since medical appointments in their respective communities were very limited. For instance, participants from Stanley shared that Stanley General Out-patient Clinic (赤柱普通科門診診所) only opens for medical consultations in the afternoon; thus, the clinic was unable to respond to the medical demands of older residents in the district. As a result, many chose to consult private doctors instead. Shek O has no medical services and clinics in the community; therefore, residents in Shek O typically travel to Shau Kei Wan for medical consultations.

(ii) Health Care Vouchers: Participants stated that Health Care Vouchers expanded their choice of medical care considerably. However, some participants expressed concerns that some clinics in the district overcharged older adults using these Health Care Vouchers. As such, some participants wished that the Health Care Voucher coverage was expanded to other medical-related expenses, such as walking aids and the Personal Emergency Link Service (平安鐘), as these could also reduce the health risks of older adults.

(iii) Dearth of wet markets: Participants living in Shek O and Stanley had no access to wet markets within walkable distance, creating significant disgruntlement for district residents. Although alternative stores were available for residents to purchase food, they preferred traditional wet markets that offered a wider variety of fresh food at affordable prices. Due to such preferences, older residents from Stanley and Shek O typically had to travel pretty far (e.g., Chai Wan or Shau Kei Wan) to purchase groceries, which is considered a hassle given that they have to carry large bags of groceries while commuting.

5 CONCLUSION

The Southern District was one of the first districts in Hong Kong to become a member of the WHO age-friendliness network. Much effort has been advanced by residents, NGOs, DECCs and the Southern District Council over the past few years to develop the concept of an age-friendly city in the community and improve the district's overall liveability.

Overall, our survey found that participants perceived the Southern District to be generally age-friendly. Among the eight domains in the final assessment, "social participation" scored the highest, followed by "respect & social inclusion" and "transportation". These are assets within the Southern District that can be continually optimised for residents of all ages. In addition to becoming more age-friendly, more resources could be allocated for improving "community support & health services", "outdoor spaces & building", "housing" and "civic participation & employment". Consolidating findings from both the quantitative and qualitative studies, we propose the following suggestions.

To improve the overall age-friendliness of "community support & health services", focus group participants suggested expanding Health Care Voucher coverage to other medical-related expenses, such as walking aids and the Personal Emergency Link Service, as these can also reduce health risks for older adults. In addition, participants identified insufficient

provision of specialist and public medical services, having suffered from long waits for timely treatment. Participants living in Shek O and Stanley also voiced that they would like to have wet markets in their communities to save time travelling to other districts for groceries comparatively lower in price. On the other hand, they appreciated the attentiveness of medical professionals and the Electronic Health Record Sharing System.

To improve the age-friendliness of "civil participation & employment", it was suggested that they should consider rejoining the labour force only if the job requirements are less stringent and offer more flexibility. Volunteer opportunities were sufficient in these years but not job opportunities. Moreover, the channel to express their views and concerns via the District Council to the Government has been diminishing due to mass resignation and disqualification of its members.

During the COVID-19 pandemic, elderly centres continuously provided training workshops on using new technology for quick transition to online activities from centre-based face-to-face activities. However, there should be more focus on hidden older adults and those who are not members of elderly centres as they may not benefit from advancements in new information technology due to lower education levels or digital literacy skills or having no access to the internet and related hardware.

To improve the age-friendliness of "outdoor spaces & buildings", participants raised hygiene concerns in public estates regarding the misbehaviour of some older adults and poorly maintained public toilets. Residents living in Shek O and Stanley also raised concerns about the vast influx of tourists at weekends and holidays, increasing pollution and overloading the transportation system. Yet, improvements have been noted concerning the retrofitted barrier-free facilities in Ap Lei Chau and seating in public areas, bus stops and housing estates.

Participants in the Southern District appreciated the Southern District Rehab Access offering transport services for eligible users travelling to and from public hospitals and medical institutions. They also complimented the improved age-friendly facilities in the MTR station, real-time bus arrival information on smartphone applications and screens at the bus stops and better bus driver attitudes. To further improve the age-friendliness of "transportation", participants suggested the bus company should consider extending the services in Ma Hang. They also noticed that some buses have muted bus stop announcement systems to make journeys quieter and more comfortable for passengers. However, participants were worried that such an arrangement would cause problems for some older adults who may have difficulty reading the information on the bus due to poor eyesight or illiteracy.

To improve the overall age-friendliness of "housing", participants called for an active inspection to verify the occupancy position of public housing tenants. Should there be any changes to family members listed on the tenancy agreement, the Housing Authority could transfer under-occupancy households to a flat of a more suitable size to better utilise housing

resources. Participants also called for establishing a platform or trustworthy organisation to provide information on home maintenance and home repair services.

Participants in the focus group noticed the district's stable atmosphere of mutual respect and friendliness during the past four years. Still, they showed mixed responses towards seat offerings to older adults on public transport as passengers could be too fixated on their smartphones.

Participants complimented the plenitude of social and interest classes in the district organised by elderly centres and other organisations. Yet, particularly for residents in Shek O, they suggested setting up their own community centre where older adults and district residents can convene and participate in various social activities irrespective of the weather. Participants also suggested that it is important to reach hidden older adults who are withdrawn or isolated from the community and those hesitant to join elderly centres in the district.

To conclude, during the past four years, there has been an excellent general sense of community and perceived age-friendliness in the Southern District. Future work to further improve age-friendliness should leverage the sense of membership and emotional connectedness in the district, strengthen the sense of influence and needs fulfilment and include older adults when implementing age-friendly work in the specific areas of improvements outlined above.

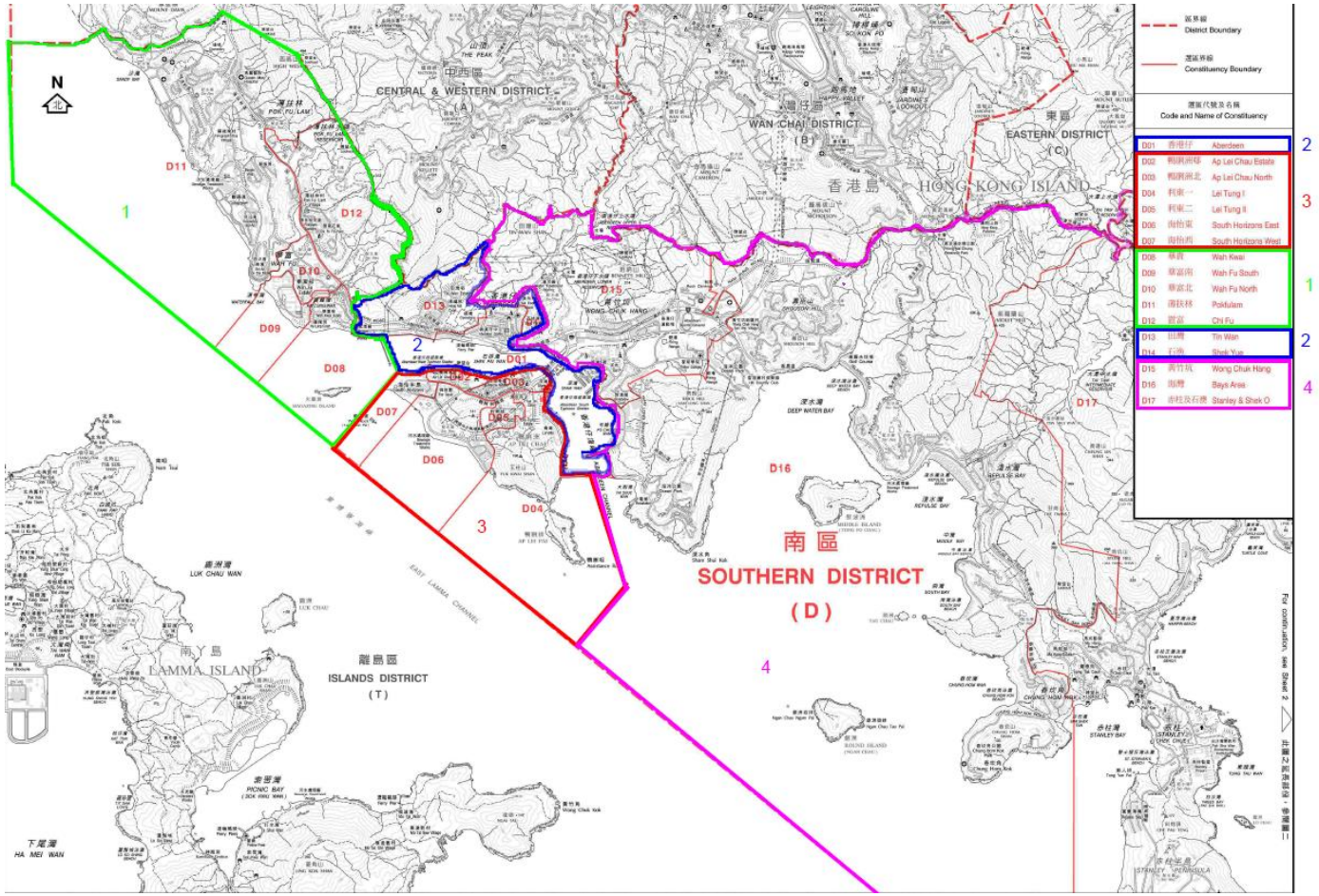
6 REFERENCES

1. Census and Statistics Department. (2020). Hong Kong Population Projections 2020-2069. https://www.censtatd.gov.hk/en/data/stat_report/product/B1120015/att/B11200150820 20XXXXB0100.pdf. Accessed 17 September 2021.
2. Ocean Park Hong Kong. (2021). General Facts. https://www.oceanpark.com.hk/en/corporate-information/general-facts.
3. Southern District Council. (2021). District Highlights. https://www.districtcouncils.gov.hk/south/english/info/highlight_01.html. Accessed 17 September 2021.
4. Census and Statistics Department. (2020). Population and Household Statistics Analysed by District Council District. https://www.censtatd.gov.hk/en/data/stat_report/product/B1130301/att/B11303012020 AN20B0100.pdf. Accessed 17 September 2021.
5. Census and Statistics Department. (2016). 2016 Population By-Census - Statistics by District Council District. https://www.bycensus2016.gov.hk/data/DC_16BC.xlsx. Accessed 17 September 2021.
6. Hong Kong Housing Authority. (2021). Estate Locator. https://www.housingauthority.gov.hk/en/global-elements/estate-locator/index.html. Accessed 17 September 2021.
7. Social Welfare Department. (2021). List of District Elderly Community Centres. https://www.swd.gov.hk/storage/asset/section/611/List_of_DECC.pdf. Accessed 17 September 2021.
8. Social Welfare Department. (2021). List of Neighbourhood Elderly Centres. https://www.swd.gov.hk/storage/asset/section/613/List_of_NEC.pdf. Accessed 17 September 2021.
9. Hospital Authority. (2021). Clusters, Hospitals & Institutions. https://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10084&Lang=ENG &Dimension=100. Accessed 17 September 2021.
10. Hospital Authority. (2021). All General Out Patient Clinics. https://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=200250&Lang=ENG &Dimension=100&Parent_ID=10052. Accessed 17 September 2021.
11. Department of Health. (2017). List of Clinics and Health Centres - Elderly Health Centres. https://www.dh.gov.hk/english/tele/tele_chc/tele_chc_ehc.html. Accessed 17 September 2021.
12. Hospital Authority. (2021). Hospital Development and Improvement Projects in Hospital Authority - 10-year Hospital Development Plan. http://www32.ha.org.hk/capitalworksprojects/en/Project.html?pinname=mapPin-redevelopment. Accessed 15 October 2021.
13. Southern District Council. (2018). Work Report on Age-friendly Community in 2017-18. https://www.districtcouncils.gov.hk/south/doc/2016_2019/en/working_groups_doc/R AWG/14783/WGRAC_2018_02_EN.pdf. Accessed 24 September 2021.
14. Southern District Council. (2019). Work Report on Age-friendly Community in 2018-19. https://www.districtcouncils.gov.hk/south/doc/2016_2019/en/working_groups_doc/R AWG/16941/WGRAC_2019_4_EN.pdf. Accessed 24 September 2021.

15. Hongkong Electric Company. (2021). CAREnJOY for the Elderly. https://www.hkelectric.com/en/sustainability/community-investment/elderly-care/carenjoy-for-the-elderly.
16. World Health Organization. WHO Global Network - Southern District, Hong Kong. https://extranet.who.int/agefriendlyworld/network/southern-district-hong-kong/. Accessed 20 February, 2020.
17. Ware, J.E., Kosinski, M., and Keller, S.D. (1996). A 12-Item Short-Form Health Survey: Construction of Scales and Preliminary Tests of Reliability and Validity. *Medical Care, 34*(3), 220-233.
18. Huang, Y., and Wong, H. (2014). Impacts of Sense of Community and Satisfaction with Governmental Recovery on Psychological Status of the Wenchuan Earthquake Survivors. *Social Indicators Research, 117*(2), 421-436. doi: 10.1007/s11205-013-0354-3
19. Peterson, N.A., Speer, P.W., and McMillan, D.W. (2008). Validation of a Brief Sense of Community Scale: Confirmation of the Principal Theory of Sense of Community. *Journal of Community Psychology, 36*(1), 61-73. doi: 10.1002/jcop.20217
20. World Health Organization. (2007). WHO Age-friendly Cities Project Methodology-Vancouver Protocol. http://www.who.int/ageing/publications/Microsoft%20Word%20-%20AFC_Vancouver_protocol.pdf

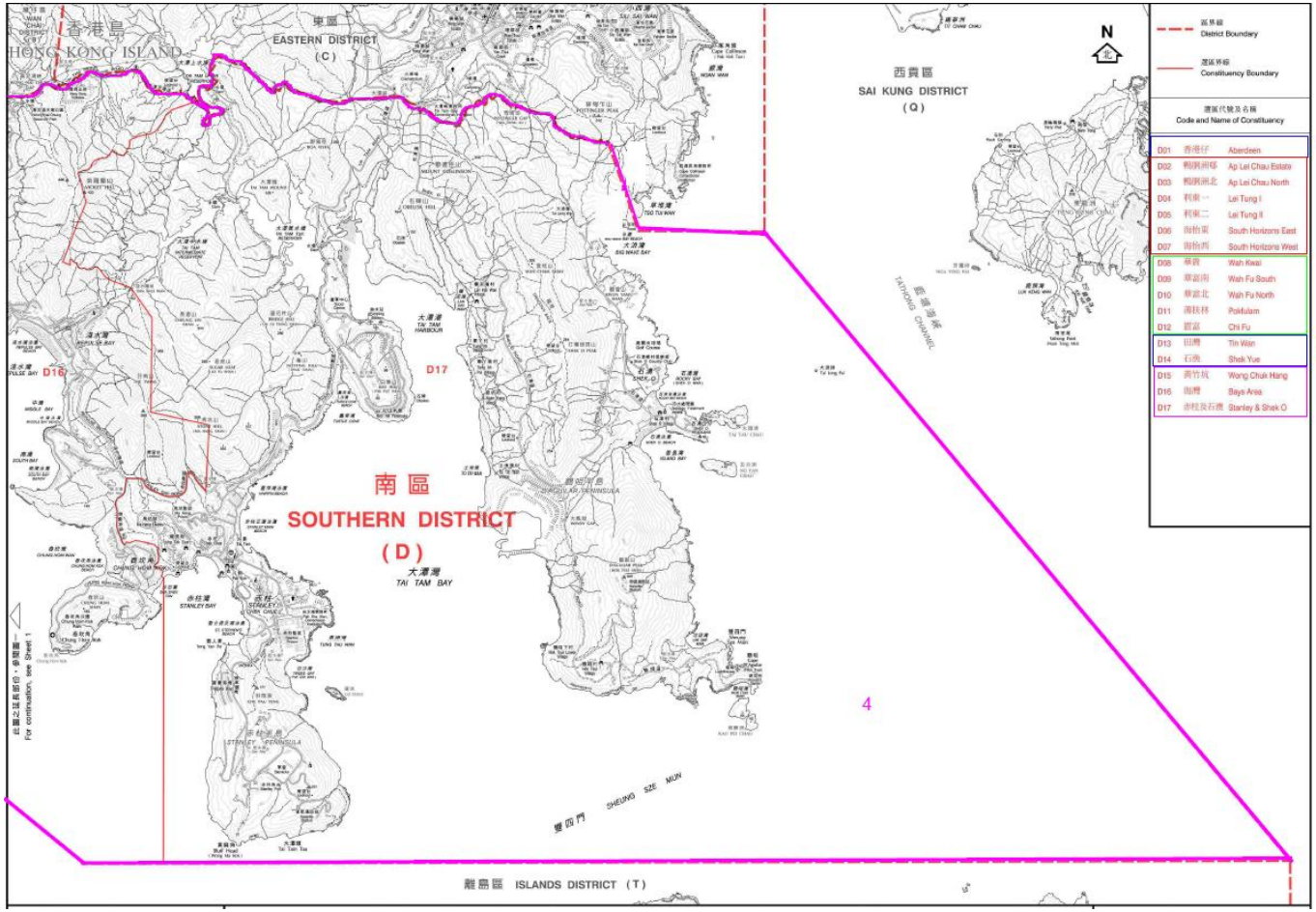
7 APPENDICES

Appendix 1 District Maps



No.	Sub-district communities
1	Pok Fu Lam (PFL)
2	Aberdeen (AB)
3	Ap Lei Chau (ALC)
4	Wong Chuk Hang, Bays Area, Stanley & Shek O (WBSS)

Appendix 1 District Maps (continued)



No.	Sub-district communities
1	Pok Fu Lam (PFL)
2	Aberdeen (AB)
3	Ap Lei Chau (ALC)
4	Wong Chuk Hang, Bays Area, Stanley & Shek O (WBSS)

Appendix 2 Questionnaire

香港大學秀圃老年研究中心
Sau Po Centre on Ageing
The University of Hong Kong

職員專用 Southern	
參加者編號	
調查員編號	
檢查員編號	

A. 受訪者資料

A1) 您嘅性別係：
☐ (1) 男
☐ (2) 女

A2)年齡：
_____ (根據身份證上的出生日期)
若受訪者唔願意提供年齡，請揀以下最適當嘅年齡組別：

☐ (1) 18-19	☐ (5) 35-39	☐ (9) 55-59	☐ (13) 75-79
☐ (2) 20-24	☐ (6) 40-44	☐ (10) 60-64	☐ (14) 80-84
☐ (3) 25-29	☐ (7) 45-49	☐ (11) 65-69	☐ (15) 85+
☐ (4) 30-34	☐ (8) 50-54	☐ (12) 70-74	

A3)您所住嘅社區：[請在以下的社區中選擇一個，或在此處註明你居住大廈/屋苑名稱，以便職員確實你居住的社區:
(_____)

☐ **(1) 薄扶林**
(e. g. 置富花園, 薄扶林花園, 貝沙灣, 碧瑤灣, 華富邨, 華貴邨)

☐ **(2) 香港仔**
(e. g. 田灣邨, 香港仔中心, 漁光邨, 漁暉苑, 石排灣邨)

☐ **(3) 鴨脷洲**
(e. g. 悅海華庭, 利東邨, 漁安苑, 鴨脷洲邨, 海怡半島, 南灣)

☐ **(4) 黃竹坑, 海灣, 赤柱及石澳**
(e. g. 黃竹坑, 雅濤閣, 南濤閣, 壽臣山, 陽明山莊, 淺水灣, 春坎角, 南灣, 赤柱, 鶴咀, 石澳, 大浪灣, 紅山半島)

A4)您喺所屬社區住左幾耐：
_____年

A5)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) 分居
☐ (6) 其他(請註明)：_____

A6)您嘅最高教育程度：
☐ (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(中四至中七)
☐ (5) 專上教育：文憑/證書課程
☐ (6) 專上教育：副學位課程
☐ (7) 專上教育：學位課程或以上

A7a) 您住嘅房屋類型？
☐ (1)公共房屋 **(跳至 A7b)**
☐ (2)居屋 **(跳至 A7c)**
☐ (3)私人房屋 **(跳至 A7c)**
☐ (4)分租單位：如籠屋、板間房、床位 **(跳至 A8a)**
☐ (5)宿舍 **(跳至 A8a)**
☐ (6)其他，請註明：_____
(跳至 A8a)

A7b) 您住嘅屋邨？
南區:
☐ (1) 漁光村　☐ (4) 石排灣邨　☐ (7) 田灣邨
☐ (2) 鴨脷洲邨　☐ (5) 利東邨　☐ (8) 華富（一）邨
☐ (3) 華富（二）邨　☐ (6) 華貴邨　☐ (9) 馬坑邨

A7c) 您住嘅私人住宅單位係？
☐ (1) 租
☐ (2) 自己擁有
☐ (3) 家人擁有

A8a) 您居住樓宇嘅樓齡？
_____年
如果受訪者唔知，請揀以下最適當嘅樓齡：
☐ (1) 0-5 年
☐ (2) 6-10 年
☐ (3) 11-20 年
☐ (4) 21-30 年

☐ (5) 30 年以上

A8b) 您居住嘅大廈總共幾多層？

_____層

A8c) 您居住嘅大廈有沒有電梯？

☐ (1) 無
☐ (2) 有

A8d) 您從屋企出去，需要行樓梯？

☐ (1) 唔需要 **(跳至 A9a)**
☐ (2) 需要

A8e) 總共要行幾多級樓梯？

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

A9a) 您宜家有無同人住？

☐ (1) 無，自己一個住 **(跳至 A10a)**
☐ (2) 有

A9b) 您宜家同幾多人住？

_____人

A9c) 唔包括工人，您宜家同邊個住？**(可以揀多過一項)**

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

A9d) 有無工人同您住？

☐ (1) 無
☐ (2) 有

A10a) 您宜家有無返工？

☐ (1) 無 **(跳至 A10b)**
☐ (2) 有 **(跳至 A10c)**

A10b) 您宜家係？
☐ (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)：_____

A10c) 您宜家嘅工作模式？
☐ (1) 全職工作
☐ (2) 兼職工作

A10d) 過去一星期，工作左幾多小時？
_____小時

A11a) 您有無長期照顧其他人？
☐ (1) 無 **(跳至 A12a)**
☐ (2) 有

A11b) 您照顧嘅人係？
☐ (1) 長者
☐ (2) 殘疾人士
☐ (3) 小朋友
☐ (4) 其他
☐ (5) 其他

A11c) 您同您照顧嘅人係咩關係？
☐ (1) 朋友
☐ (2) 鄰居
☐ (3) 家人
☐ (4) 親戚

A12a) 過去三個月，您有無參與加過任何義工服務/活動？
☐ (1) 無
☐ (2) 有

A12b) **(只適用於 60 歲或以上人士)**
過去三個月，您有無用過/參加過長者中心提供嘅服務/活動？
☐ (1) 無
☐ (2) 有

A13) 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

A14a) 您宜家拎以下邊一隻嘅政府津貼？**(只可以揀一項)**

☐ (1) 綜援 (CSSA)
$2,420 - $ 5,850 (成人:健全->殘疾)、 $3,435 - $ 5,850 (長者:健全->殘疾)
☐ (2) 普通傷殘津貼 $1,695
☐ (3) 高額傷殘津貼 $3,390
☐ (4) 高齡津貼 (生果金) $1,325
☐ (5) 長者生活津貼 (長生津) $2,565
☐ (6) 唔清楚 / 唔知道
☐ (7) 無 **(跳至 A15a)**

A14b) 每月政府津貼嘅金額：

HK$_____

A15a) 您宜家主要嘅收入來源係？**(不包括政府津貼) (可以揀多過一項)**

☐ (1)保險
☐ (2)退休金
☐ (3)家人及親友資助
☐ (4)工資
☐ (5)儲蓄
☐ (6)其他（請列明:_____）
☐ (7)無

A15b) 您宜家每月嘅收入：

HK$_____

☐ (1) 0
☐ (2) 1 - 1,999
☐ (3) 2,000 - 3,999
☐ (4) 4,000 - 5,999
☐ (5) 6,000 - 7,999
☐ (6) 8,000 - 9,999
☐ (7) 10,000 - 14,999
☐ (8) 15,000 - 19,999
☐ (9) 20,000 - 24,999
☐ (10) 25,000 - 29,999
☐ (11) 30,000 - 39,999
☐ (12) 40,000 - 59,999
☐ (13) ≥ 60,000
☐ (14) 唔想講 / 唔清楚

A16a) 如果您出街，您需唔需要用: **(可以揀多過一項)**

☐ (1) 輪椅
☐ (2) 助行架
☐ (3) 手杖
☐ (4) 全部都無

A16b) 如果您嘅屋企人出街，佢哋需唔需要用: **(可以揀多過一項)**

☐ (1) 輪椅
☐ (2) 助行架
☐ (3) 手杖
☐ (4) 全部都無

A17) 過去 3 天內，最遠一次中途唔需要休息嘅行路距離：**(如果有需要，可以用野支撐)**

☐ (1) 無行開
☐ (2) 少過 5 米
☐ (3) 介乎 5 至 49 米
☐ (4) 介乎 50 至 99 米
☐ (5) 介乎 100 至 999 米
☐ (6) 1 千米或以上

A18a) **(只適用於 60 歲或以上人士)**

未來 5 年內，假如您嘅健康狀況同現宜家一樣，您覺得您入住老人院嘅機會有幾大？**(0%=一定唔會；100%=一定會)**

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

A18b) **(只適用於 60 歲或以上人士)**

未來 5 年內，假如您嘅健康狀況差左，您覺得您入住老人院嘅機會有幾大？**(0%=一定唔會；100%=一定會)**

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

B. Age-Friendliness of a city

麻煩您講下對以下句子嘅同意程度，以 1 至 6 分代表

1	2	3	4	5	6
非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意

麻煩您以您居住嘅地區評分，有 * 號嘅題目，就以全港情況評分：

有啲題目會列出一啲長者友善社區嘅條件，如果各項條件都唔一致，麻煩您用嗰個設施/環境嘅整體情況評分

您有幾同意宜家……

A	室外空間及建築	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-A1)	公共地方乾淨同舒適	1	2	3	4	5	6
B-A2)	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
B-A3)	司機喺路口同行人過路處俾行人行先	1	2	3	4	5	6
B-A4)	單車徑同行人路分開 **☑ (9) 唔適用**						
B-A5)	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
B-A6)	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
B-A7)	有安排特別客戶服務俾有需要人士，例如長者專用櫃枱	1	2	3	4	5	6
B-A8)	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
B-A9)	室外同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
B-A10)	整體嚟講，呢區提供適合長者使用嘅室外空間同建築	1	2	3	4	5	6

B	交通	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-B1)	路面交通有秩序	1	2	3	4	5	6
B-B2)	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
B-B3)	公共交通嘅費用係可以負擔嘅，而且價錢清晰。無論喺惡劣天氣、繁忙時間或假日，收費都係一致嘅	1	2	3	4	5	6
B-B4)	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
B-B5)	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
B-B6)	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
B-B7)	有專為殘疾人士而設嘅交通服務	1	2	3	4	5	6
B-B8)	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
B-B9)	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
B-B10)	喺公共交通唔夠嘅地方有其他接載服務 □ (9) 唔適用	1	2	3	4	5	6
B-B11)	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
B-B12)	馬路保養妥善，照明充足	1	2	3	4	5	6
B-B13)	整體嚟講，呢區為長者提供合適嘅交通工具同服務	1	2	3	4	5	6

C	住所	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-C1)	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
B-C2)	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
B-C3)	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
B-C4)	區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢哋嘅服務	1	2	3	4	5	6
B-C5)	整體嚟講，呢區為長者提供適合嘅房屋同居住環境	1	2	3	4	5	6
D	**社會參與**	**非常唔同意**	**唔同意**	**有啲唔同意**	**有啲同意**	**同意**	**非常同意**
B-D1)	活動可以俾一個人或者同朋友一齊參加	1	2	3	4	5	6
B-D2)	活動同參觀景點嘅費用都可以負擔，亦都冇隱藏或附加嘅收費	1	2	3	4	5	6
B-D3)	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
B-D4)	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
B-D5)	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
B-D6)	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
B-D7)	整體嚟講，呢區為長者提供適合嘅悠閒同文化活動	1	2	3	4	5	6

E	尊重及社會包融	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-E1)	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
B-E2)	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
B-E3)	服務人員有禮貌，樂於助人	1	2	3	4	5	6
B-E4)	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
B-E5)*	社會認同長者喺過去同埋目前所作出嘅貢獻	1	2	3	4	5	6
B-E6)*	傳媒對長者嘅描述正面同埋冇無成見	1	2	3	4	5	6
B-E7)	整體嚟講，呢區對長者有足夠嘅尊重同包容嘅	1	2	3	4	5	6
F	社區參與及就業	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-F1)	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
B-F2)*	長者員工嘅特質得到廣泛推崇	1	2	3	4	5	6
B-F3)*	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
B-F4)*	禁止喺僱用、留用、晉升同培訓僱員呢幾方面年齡歧視	1	2	3	4	5	6
B-F5)	整體嚟講，呢區為長者提供適合嘅義工同就業機會	1	2	3	4	5	6

G	訊息交流	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-G1)	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
B-G2)	定期提供長者有興趣嘅訊息同廣播。	1	2	3	4	5	6
B-G3)	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
B-G4)	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
B-G5)	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
B-G6)	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
B-G7)	整體嚟講，長者係呢區容易得到佢哋需要嘅資訊	1	2	3	4	5	6
H	社區支持與健康服務	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-H1)	醫療同社區支援服務足夠	1	2	3	4	5	6
B-H2)	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
B-H3)	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
B-H4)	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
B-H5)	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
B-H6)	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
B-H7)	整體嚟講，長者係呢區容易得到適當嘅醫療、健康同支援服務	1	2	3	4	5	6

C. 社群意識指數

麻煩您講下對以下句子嘅同意程度，以 1 至 5 分代表。

1	2	3	4	5
非常唔同意	唔同意	普通	同意	非常同意

麻煩您以您住嘅地區評分，您有幾同意……

	社群意識指數	非常不同意	不同意	普通	同意	非常同意
C1)	喺呢個社區我可以得到我需要嘅東西。	1	2	3	4	5
C2)	這個社區幫助我滿足我嘅需求。	1	2	3	4	5
C3)	我覺得自己係這個社區嘅一份子。	1	2	3	4	5
C4)	我屬於這呢個社區。	1	2	3	4	5
C5)	我可以參與討論喺呢社區發生嘅事情。	1	2	3	4	5
C6)	這個社區嘅人們善於互相影響。	1	2	3	4	5
C7)	我覺得同呢個社區息息相關。	1	2	3	4	5
C8)	我同呢個社區嘅其他人有良好嘅關係。	1	2	3	4	5
C9)	我熟悉我正在居住的地區(南區)	1	2	3	4	5

C10) 整體嚟講，您覺得自己目前嘅生活有幾幸福？

☐ (1) 非常幸福
☐ (2) 幸福
☐ (3) 一半半
☐ (4) 大多數唔幸福
☐ (5) 非常唔幸福

D. 標準十二題簡明健康狀況調查表 (SF-12)

說明：呢項調查係詢問您對自己健康狀況嘅了解。呢項資料記錄您嘅自我感覺同日常生活嘅情況

麻煩您係方格內填上✓嚟答每條問題。如果您唔肯定點答，就按照您嘅理解揀最合適嘅答案

D1. 整體嚟講，您認為您宜家嘅健康狀況是係：
- ☐ (1) 非常好
- ☐ (2) 很好
- ☐ (3) 好
- ☐ (4) 一般 (不過不失)
- ☐ (5) 差

下面每項係您日常生活中可能做嘅活動。以您目前嘅健康狀況，您係做呢啲活動，有無受到限制？如果有嘅話，程度又係點？

D2. 中等強度嘅活動，例如搬枱，用吸塵機吸塵或者洗地板，打保齡球，或者打太極拳？
- ☐ (1) 有好大限制
- ☐ (2) 有少少限制
- ☐ (3) 無任何限制

D3. 上幾層樓梯？
- ☐ (1) 有好大限制
- ☐ (2) 有少少限制
- ☐ (3) 無任何限制

以下問題係關於您身體健康狀況同日常活動嘅關係

D4. 過去 4 星期，您有無因為身體健康嘅原因，令您係工作或日常活動中，實際做完嘅野比想做嘅少？
- ☐ (1) 無
- ☐ (2) 有

D5. 過去 4 星期，係工作或日常活動中，您有無因為身體健康嘅原因，令您嘅工作或活動受到限制？
- ☐ (1) 無
- ☐ (2) 有

D6. 過去 4 星期，您有無因為情緒方面嘅原因 (例如感到沮喪或焦慮) ，令您係工作或日常活動中，實際做完嘅野比想做嘅少？

☐ (1) 無
☐ (2) 有

D7. 過去 4 星期，係工作或日常活動中，您有無因為情緒方面嘅原因(例如感到沮喪或焦慮)，令您嘅工作或活動受到限制？

☐ (1) 無
☐ (2) 有

D8. 過去 4 星期，您身體上嘅疼痛對您嘅日常工作 (包括番工同做家務) 有幾大影響？

☐ (1) 完全無影響
☐ (2) 有好少影響
☐ (3) 有部分影響
☐ (4) 有較大影響
☐ (5) 有非常大影響

以下問題係有關您係過去4星期，您嘅感受同您其他嘅情況。針對每個問題，麻煩您揀一個最接近您嘅感受嘅答案

D9. 過去 4 星期，您有幾多時間覺得心平氣和？

☐ (1) 成日
☐ (2) 大部份時間
☐ (3) 好多時間
☐ (4) 間中
☐ (5) 偶然一次半次
☐ (6) 從來都無沒

D10.過去 4 星期，您有幾多時間覺精力充足？

☐ (1) 成日
☐ (2) 大部份時間
☐ (3) 好多時間
☐ (4) 間中
☐ (5) 偶然一次半次
☐ (6) 從來都無沒

D11.過 4 星期，您有幾多時間心情唔好、覺得悶悶不樂或者沮喪？

☐ (1) 成日
☐ (2) 大部份時間
☐ (3) 好多時間
☐ (4) 間中
☐ (5) 偶然一次半次
☐ (6) 從來都無沒

D12. 過去 4 星期，有幾多時間由於您身體健康或情緒問題而妨礙左您嘅社交活動 (比例如探親戚朋友) ？

☐ (1) 成日
☐ (2) 大部份時間
☐ (3) 好多時間
☐ (4) 間中
☐ (5) 偶然一次半次
☐ (6) 從來都無沒

問卷完成日期：_____

(日 / 月 / 年)

-「賽馬會齡活城市計劃」問卷調查完成，多謝您嘅寶貴意見 -

Appendix 3 Focus Group Discussion Demographic Questionnaire

香港大學秀圃老年研究中心
Sau Po Centre on Ageing
The University of Hong Kong

職員專用 Southern	
參加者編號	
訪問員(1)	
訪問員(2)	

A. 受訪者資料

A1)您嘅性別係：
☐ (1) 男
☐ (2) 女

A2)年齡：
_____ (根據身份證上的出生年份)

A3) 您喺所屬社區住左幾耐：
_____年

A4)您嘅婚姻狀況係：
☐ (1) 從未結婚
☐ (2) 已婚
☐ (3) 喪偶
☐ (4) 離婚
☐ (5) 分居

A5) 您嘅最高教育程度：
☐ (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(中四至中七)
☐ (5) 專上教育：文憑/證書課程
☐ (6) 專上教育：副學位課程
☐ (7) 專上教育：學位課程或以上

A6) 您住嘅房屋類型？
☐ (1)公共房屋
☐ (2)居屋
☐ (3)私人房屋
☐ (4)分租單位：如籠屋、板間房、床位
☐ (5)宿舍
☐ (6)其他，請註明：_____

A7) 您宜家同邊個住？**(可以揀多過一項)**

☐ (1) 配偶　☐ (2) 子女
☐ (3) 女婿 / 媳婦　☐ (4) 孫
☐ (5) 父母　☐ (6) 祖父母
☐ (7) 兄弟姐妹　☐ (8) 工人
☐ (9) 其他(請註明):_____　☐ (10) 沒有 (獨居)

A8)您宜家係？

☐ (1) 全職工作
☐ (2) 兼職工作
☐ (3) 失業人士
☐ (4) 退休人士
☐ (5) 料理家務者
☐ (6) 學生
☐ (7) 其他(請註明)：_____

A9)您宜家拎以下邊一隻嘅政府津貼？**(只可以揀一項)**

☐ (1) 綜援 (CSSA)

$2,420 - $ 5,850 (成人:健全->殘疾)、 $3,435 - $ 5,850 (長者:健全->殘疾)

☐ (2) 普通傷殘津貼 $1,695
☐ (3) 高額傷殘津貼 $3,390
☐ (4) 高齡津貼 (生果金) $1,325
☐ (5) 長者生活津貼 (長生津) $2,565
☐ (6) 唔清楚 / 唔知道
☐ (7) 無

A10) 您宜家主要嘅收入來源係？**(不包括政府津貼) (可以揀多過一項)**

☐ (1)保險
☐ (2)退休金
☐ (3)家人及親友資助
☐ (4)工資
☐ (5)儲蓄
☐ (6)其他（請列明:_____）
☐ (7)無

A11) 您宜家每月嘅收入 (包括政府津貼及其他收入來源)：

☐ (1) 0　☐ (8) 15,000 - 19,999
☐ (2) 1 - 1,999　☐ (9) 20,000 - 24,999
☐ (3) 2,000 - 3,999　☐ (10) 25,000 - 29,999
☐ (4) 4,000 - 5,999　☐ (11) 30,000 - 39,999
☐ (5) 6,000 - 7,999　☐ (12) 40,000 - 59,999
☐ (6) 8,000 - 9,999　☐ (13) ≥ 60,000
☐ (7) 10,000 - 14,999　☐ (14) 唔想講 / 唔清楚

Appendix 4 Focus Group Discussion Guide

香港大學秀圃老年研究中心

「賽馬會齡活城市」計劃 (南區)

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南區的情況。

是次聚焦小組旨在了解你對南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，以南區目前的情況而言，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？

Q3：就以上三項指標而言，如何能通過政策、設施、服務方面改善，從而提高南區在三項指標的表現？

Q4：針對今天的討論，還有沒有其他補充？

Jockey Club Age-friendly City Project

www.jcafc.hk

Sau Po Centre on Ageing,
The University of Hong Kong

http://ageing.hku.hk/