



賽馬會齡活城市  
Jockey Club Age-friendly City

# Jockey Club Age-Friendly City Project

## Baseline Assessment Report

KWAI TSING



Tsing Ma Bridge

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## Executive Summary

The CUHK Jockey Club Institute of Ageing has conducted a baseline assessment in Kwai Tsing District under the Jockey Club Age-friendly City Project initiated and funded by the Hong Kong Jockey Club Charities Trust. The project is aimed at understanding the age-friendliness of the district and implementing age-friendly related initiatives to make the community more age-friendly.

The assessment was conducted between April and August 2017 using the framework of eight domains (outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services) of an age-friendly city set out by the World Health Organization. It comprised of both quantitative approach of questionnaire survey of 504 residents and qualitative approach of five focus group interviews.

Questionnaire survey showed that residents in Kwai Tsing were most satisfied with the domain of transportation in the district, while there were more room for further improvement in the domains of community support and health services as well as civic participation and employment. On the latter two domains, residents participating in focus groups raised more specific issues, such as limited employment opportunity for those aged 65y and above, long waiting time for health services and inflexible home help services.

Results of the baseline assessments shed light on future directions for a more age-friendly Kwai Tsing District. Building on the well-established foundation by District Council, government departments and NGOs, it is suggested that further initiatives could be launched to promote and facilitate employment of older people as well as to strengthen the community support and health services to them. Recommendations such as providing job search information and matching services and empowering elders to better self-manage their health are set out in the report for discussion and adoption in future district-based programmes.



# 1. Background

The fast demographic change since the inception of new millennium has posed great challenges for the city. Population ageing is a critical issue for Hong Kong particularly given the high density urban living, environmental degradation, and limited provision of resources. Currently various initiatives have been launched to articulate “age-friendliness” as a future development pathway for Hong Kong. In the Policy Address 2016, the HKSAR government is committed to tackling the ageing population in five years, with the aim of promoting active ageing and age-friendly communities at district level. Efforts will be concentrated on the ways of exploring and encouraging older adults’ contributions to the community. Elderly will be provided with an easier access to pedestrians and public facilities. However, what are the opinions from the elderly towards these initiatives? How do they evaluate the age-friendliness for their own community? These important questions need to be considered before any initiative is proposed and implemented.

This report sheds light on key findings from our assessment in relation to the age-friendliness of districts in Hong Kong. Both the questionnaire survey and focus group interviews have been conducted. The report consists of four parts. First, the ageing population of Hong Kong is briefly reviewed, followed by an introduction and summary of the major characteristics of the study district. Methodologies and key findings of the study are presented in Chapter Two and Chapter Three. Relevant recommendations are made to inform the future community-based projects.

## 1.1 Ageing population in Hong Kong

Population ageing is enduring in Hong Kong. The proportion of people aged 15y and below decreased from 17% in mid-2001 to 12% in mid-2014. In contrast, the proportion of people aged 65y and above increased from 12% to 15% over the same period (Legislative Council Secretariat, 2015). By 2064, more than one-third (36%) of the overall population will be elders, approximately equivalent to 2.6 million in absolute number (Census and Statistics Department, 2015, Figure 1.1-1). Accordingly, the old age dependency ratio<sup>1</sup> has been projected to elevate from 211/1000 in 2014 to 658/1000 in 2064. The proportion of the oldest-old, i.e., aged 80y and above, is likely

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<sup>1</sup> Old age dependency ratio refers to the ratio of the non-working population who are 65y and above being supported by the working population aged 15 to 64y.

to increase by more than threefold, from 318,100 (4.6%) in 2014 to 1,144,300 (15.9%) in 2064 (Census and Statistics Department, 2015).

While the elderly themselves are ageing, they reveal some potential to be integrated with the community. The overall educational attainment of elderly in Hong Kong has been improving. The percentage of the people aged 65y and above with no schooling or only pre-primary education decreased from 31.7% in 2011 to 23.3% in 2016; whereas there was an 8.6% increase of those with secondary and higher education level over the same period (Census and Statistics Department, 2013, 2016c). It is suggested that the majority of the elderly of the next and future generations are likely become better educated and better informed (The Chief Executive of HKSAR, 2016).

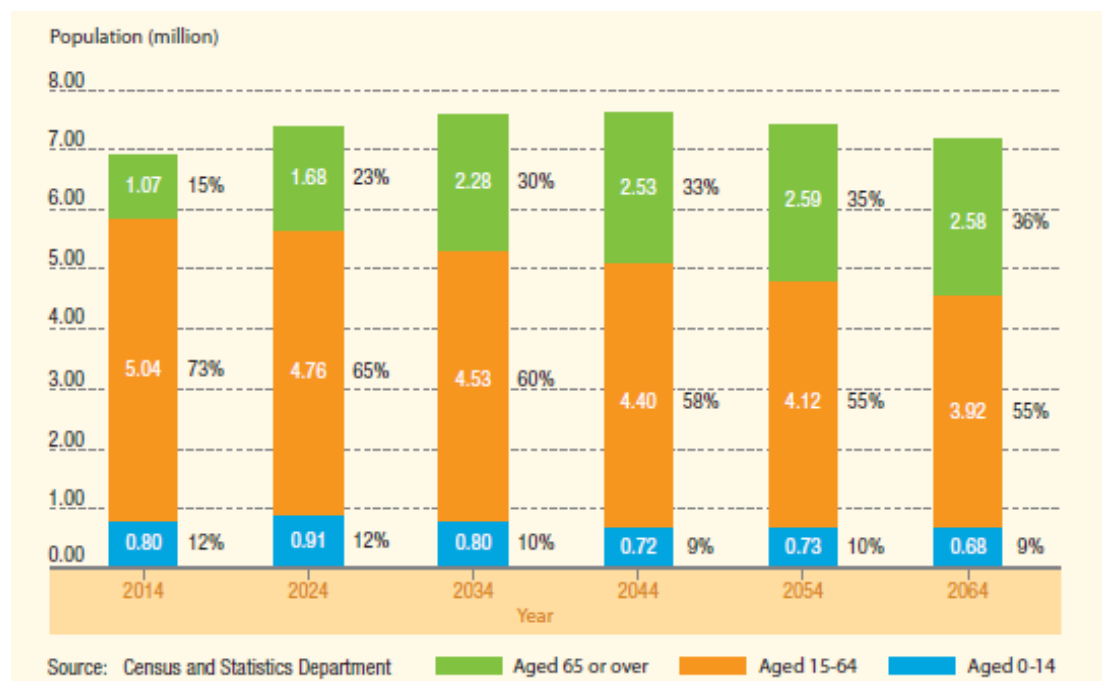


Figure 1.1-1. Population projection in Hong Kong (figures exclude foreign domestic helpers). Adapted from Public Engagement Exercise on Retirement Protection by Commission on Poverty, 2015, p.4. Copyright 2015 by Government of the Hong Kong Special Administrative Region

Geographically, the elderly population aged 65y and above is not evenly distributed in Hong Kong. In 2016, 50.9% of them resided in the New Territories, while 31.4% and 17.8% in Kowloon and on Hong Kong Island respectively (Census and Statistics Department, 2016d). Analyzed by District Council District, Wong Tai Sin and Kwun Tong had the largest proportion of elderly population (17.2%), followed by Kwai Tsing (16.7%). The districts with the smallest proportion of elderly were Tsuen Wan and Sai Kung (14.7%) (Figure 1.1-2).

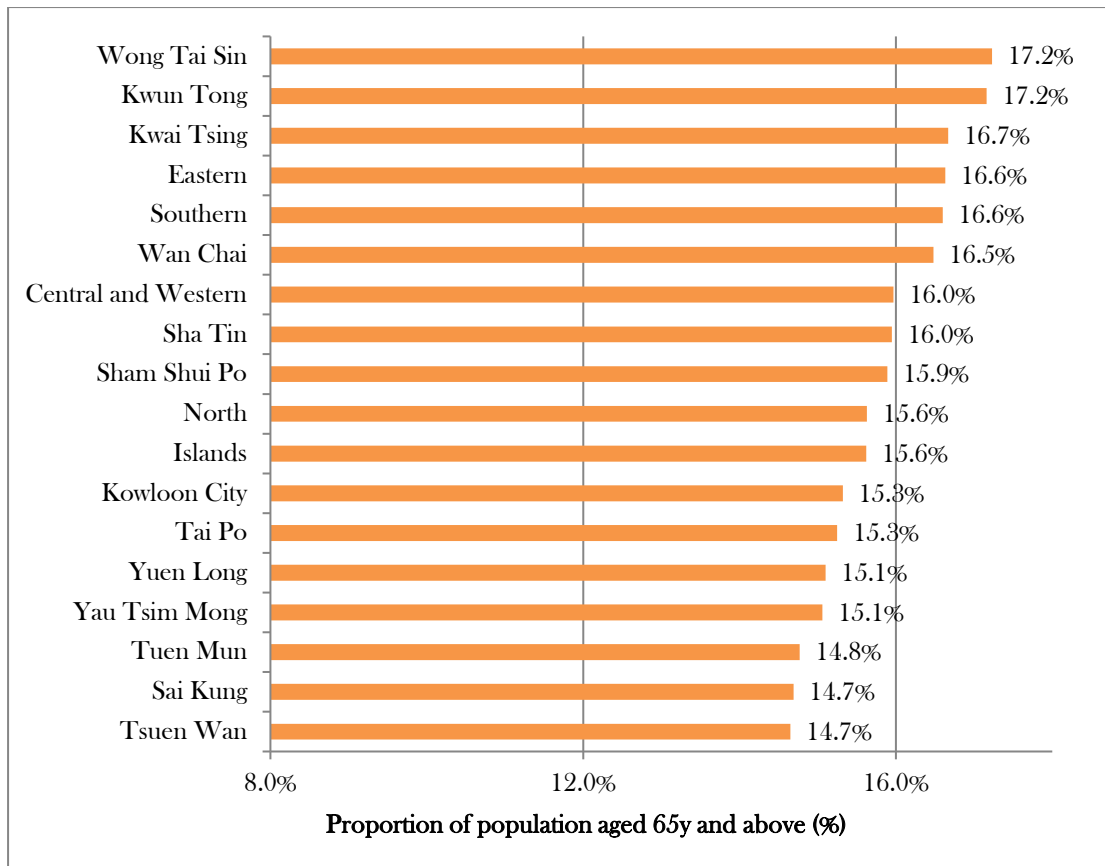


Figure 1.1-2. Proportion of Older Persons by District Council District in 2016. Adapted from Population by Sex, Age, Year and District Council District | 2016 Population By-census by Census and Statistics Department, 2017. Copyright 2015 by Government of the Hong Kong Special Administrative Region

Within our society, public perceptions on older adults are not in favor of a supportive ambience. For instance, the expressed willingness of older adults in social participation is prone to be dismissed, and this is evidenced by a previous study in Sha Tin and Tuen Mun (Wong, Chau, Cheung, Phillips, &Woo, 2015). The variation among older adults as to their commitment to different roles of a society is overlooked, such that existing initiatives for the elderly are not matched with the real needs from the ground.

The above characteristics of population ageing reveal three issues to be addressed. First, population ageing needs an in-depth study in particular with reference to different locations. Understanding context specific characteristics affecting ageing well are essential for effective elderly policies. Second, neighborhood is the primary resource the elderly use to satisfy various needs. As such, the certain attributes of neighborhood, that is, the built environment, housing, transportation, etc., should be carefully studied and evaluated. Last but not the least, pertinent policies on community must focus on the quality of home and neighborhood environment, instead of hospital care, for

elderly to improve their well-being. Elderly people play a crucial role in communities that can only be ensured if they enjoy good health and societies address their needs. These three propositions inform our study in Kwai Tsing wherein various domains of neighborhood and elderly behaviors are benchmarked with World Health Organization (WHO)'s Age-friendly Model through both quantitative and qualitative research methods.

## 1.2 Age-friendly City Project by the World Health Organization

Making cities and communities age-friendly is one of the most effective policy approaches for demographic ageing. A society with an increasing ageing population will generate additional demands different from those in general. In 2007, WHO published a document entitled *Global Age-Friendly Cities: A Guide*. According to the definition in the Guide, “an age-friendly environment fosters active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2007b). Eight domains are highlighted based on opinions of the elderly and caregivers. The eight domains are outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services (Table 1.2-1).

Community is one critical geographical scale to promote Age-friendly City (AFC), upon which public awareness and needs of older people can be enhanced, the living condition improved, and social and cultural life revitalized. The *Guide* provides a useful reference to articulate age-friendliness under the urban context. Central to this idea is to provide an enabling environment through a checklist of action points integral to the creation of health, wisdom, justice, social networks and economic well-being of older people. In 2010, WHO launched the “Global Network of Age-friendly Cities and Communities” (“WHO-GNAFCC”) in an attempt of encouraging the implementation of policy recommendations. By June 2017, the Network has included 500 participating cities and communities from 37 countries worldwide. The checklist of action points provides a useful reference for our study in designing questionnaire that encompasses the most relevant aspects.

**Table 1.2-1. WHO's Age-friendly City domains and major areas of concern. Adapted from WHO Global Age-friendly Cities: A Guide, 2007. Copyright 2007 by WHO**

AFC domains	Major areas of concern	
Outdoor spaces and buildings	<ul style="list-style-type: none"> <li>– Environment</li> <li>– Green spaces and walkways</li> <li>– Outdoor seating</li> <li>– Pavements</li> <li>– Roads</li> <li>– Traffic</li> </ul>	<ul style="list-style-type: none"> <li>– Cycle paths</li> <li>– Safety</li> <li>– Services</li> <li>– Buildings</li> <li>– Public toilets</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>– Affordability</li> <li>– Reliability and frequency</li> <li>– Travel destinations</li> <li>– Age-friendly vehicles</li> <li>– Specialized services</li> <li>– Priority seating</li> <li>– Transport drivers</li> <li>– Safety and comfort</li> </ul>	<ul style="list-style-type: none"> <li>– Transport stops and stations</li> <li>– Information</li> <li>– Community transport</li> <li>– Taxis</li> <li>– Roads</li> <li>– Driving competence</li> <li>– Parking</li> </ul>
Housing	<ul style="list-style-type: none"> <li>– Affordability</li> <li>– Essential services</li> <li>– Design</li> <li>– Modifications</li> <li>– Maintenance</li> </ul>	<ul style="list-style-type: none"> <li>– Ageing in place</li> <li>– Community integration</li> <li>– Housing options</li> <li>– Living environment</li> </ul>
Social participation	<ul style="list-style-type: none"> <li>– Accessibility of events and activities</li> <li>– Affordability</li> <li>– Range of events and activities</li> <li>– Facilities and settings</li> </ul>	<ul style="list-style-type: none"> <li>– Promotion and awareness of activities</li> <li>– Addressing isolation</li> <li>– Fostering community integration</li> </ul>
Respect and social inclusion	<ul style="list-style-type: none"> <li>– Respectful and inclusive services</li> <li>– Public images of ageing</li> <li>– Intergenerational and family interactions</li> </ul>	<ul style="list-style-type: none"> <li>– Public education</li> <li>– Community inclusion</li> <li>– Economic inclusion</li> </ul>
Civic participation and employment	<ul style="list-style-type: none"> <li>– Volunteering options</li> <li>– Employment options</li> <li>– Training</li> <li>– Accessibility</li> </ul>	<ul style="list-style-type: none"> <li>– Civic participation</li> <li>– Valued contributions</li> <li>– Entrepreneurship</li> <li>– Pay</li> </ul>
Communication and information	<ul style="list-style-type: none"> <li>– Information offer</li> <li>– Oral communication</li> <li>– Printed information</li> </ul>	<ul style="list-style-type: none"> <li>– Plain language</li> <li>– Automated communication and equipment</li> <li>– Computers and the Internet</li> </ul>
Community support and health services	<ul style="list-style-type: none"> <li>– Service accessibility</li> <li>– Offer of services</li> </ul>	<ul style="list-style-type: none"> <li>– Voluntary support</li> <li>– Emergency planning and care</li> </ul>

### 1.3 Jockey Club Age-friendly City Project

In tandem with the vision to make Hong Kong an AFC, the CUHK Jockey Club Institute of Ageing (“the Institute”) has participated in the “Jockey Club Age-friendly City Project” (“JCAFC Project”) led by the Hong Kong Jockey Club Charities Trust together with Hong Kong’s four gerontology research institutes – The Chinese University of Hong Kong Jockey Club Institute of Ageing, The University of Hong Kong Sau Po Centre on Ageing, Lingnan University Asia-Pacific Institute of Ageing Studies, and The Hong Kong Polytechnic University Institute of Active Ageing. The key objectives of the project are:

- Build the momentum in districts to develop an age-friendly community through an assessment of their respective age-friendliness;
- Recommend a framework in order that districts can undertake continual improvement for the well-being of our senior citizens; and
- Arouse public awareness and encourage community participation in building an AFC.

The Institute has conducted baseline assessment in Sha Tin, Tai Po, Kwai Tsing, North and Sai Kung districts. Based on the framework of eight domains of an AFC set out by WHO, the Institute aims to reach out to citizens and understanding their views through questionnaire survey and focus group interviews across diverse socio-demographic backgrounds, that serves as a useful reference for future initiatives.

In addition, a scheme of ambassadors for the JCAFC Project has been launched with the aim of encouraging the general public to acquire knowledge on and share the concept of AFC to the community; and encouraging the general public to participate in and promote the JCAFC Project. Residents aged 18y and above were recruited from these five districts as ambassadors. For Kwai Tsing District, ambassador training workshop on the AFC concept was conducted in September 2017. The training included an introduction to AFC concept, community visit and sharing session to deepen the understanding of ambassadors. The community visit was an outing activity where ambassadors attempted to explore and identify strengths and weaknesses of age-friendliness of the district. Ambassadors shared their observations by using the information and photos collected from the outing activity.

## 1.4 District characteristics of Kwai Tsing

Kwai Tsing is situated in the southwest of the New Territories (Figure 1.4-1), consisting of Kwai Chung and Tsing Yi Island with a land area about 2,237 hectares.



Figure 1.4-1 Locations of 18 Districts in Hong Kong

Kwai Tsing is famous for its Kwai Tsing Container Terminals, as one of the busiest container ports in the world. The main roads to the Hong Kong International Airport and the Lantau Island also pass through Kwai Tsing. A lot of industrial and business buildings are located in the district.

Kwai Tsing has a total population of 520,572 according to the 2016 population by-census (Census and Statistics Department, 2016a), recording a mild increase from 511,167 in 2011. Yet, the proportion of population aged 65y and above rose from 14.7% to 16.7% of the total district population over the same period, placing Kwai Tsing the third “oldest” among the 18 districts in terms of the proportion of elderly population (Figure 1.1-2), with a median age of 43.5 years (Census and Statistics Department, 2011, 2016a).

Regarding the educational attainment, 30.1% of the district population aged 65y and above had attained secondary or tertiary education, and yet this proportion among those aged 45-64y was 70.8% (Census and Statistics Department, 2016b).

In terms of the 174,800 domestic households by types of housing in Kwai Tsing, 58.3% (101,944) of which resided in public rental housing, 25.9% (45,218) in private permanent housing, and 15.3% (26,658) in subsidized home ownership housing (Census and Statistics Department, 2016a).

In terms of the economic characteristics, the median domestic household income was HKD 21,600 in Kwai Tsing. Approximately one-fourth of the domestic households (34.1%; 59,545) had a monthly income less than HKD 15,000. 29.8% (52,073) of all households had a monthly income between HKD 15,000 - 30,000, and the remaining 36.1% (63,182) had HKD 30,000 or more (Census and Statistics Department, 2016a).

The median individual monthly income was HKD 14,000, which was lower than the average of Hong Kong (HKD 15,500). Most of the working population in Kwai Tsing engaged in elementary occupations, accounting for approximately 22.1% of the total district workforce, followed by 19.5% (50,521) of service and sales workers (Census and Statistics Department, 2016a).

Kwai Tsing is one of the pioneer districts in Hong Kong promoting age-friendliness. Starting from 2009, the Kwai Tsing district council has been conducting various age-friendly programmes with NGOs, using a bottom-up approach inviting older people's participation. In 2014, Kwai Tsing became the first district in Hong Kong to join the WHO-GNAFCC. An investigation of the age-friendliness of Kwai Tsing was conducted in 2016 by an NGO in the district, which revealed that 36.8% of the respondents rated the age-friendliness of Kwai Tsing as "satisfactory" (Kwai Tsing District Council Steering Committee on Age-friendly City, 2016).

In 2013, the Hong Kong Government launched a Signature Project Scheme (SPS) aiming at strengthening district administration with an one-off HKD 100 million to each district. Working closely with Yan Chai Hospital and Kwai Tsing Safe Community and Healthy City Association, Kwai Tsing District Council (K&TDC) has been putting great effort in providing Kwai Tsing residents with community health care support. Eligible target groups in Kwai Tsing receive subsidized services such as dental care, optometric/ocular examination and seasonal flu vaccination. In addition to these services, the K&TDC establishes supportive environment to promote active lifestyle, by

setting up community fitness equipment and health information kiosks across the district.

To mobilize community support and encourage participation in the SPS, the K&TDC supports partnering organizations to provide preventive and referral services. Thematic health education talks are organized at different spots of Kwai Tsing to bring health awareness to their residents. Four community health centres are currently in service, providing nurse consultation, Chinese medicine clinical service, outdoor exercise class, health seminar and self-health checks. For the households in need, especially the elders living alone, households of elders without family support, and patients with chronic illnesses, outreach service is provided to these people with home help and health advices on home safety, fall prevention and medication instructions (“Kwai Tsing Signature Project Scheme,” n.d.).



## 2. Objectives and method

## 2.1 Objectives

The JCAFC Project adopts a bottom-up and district-based approach to address population ageing in Hong Kong. Using both quantitative (questionnaire survey) and qualitative (focus group interview) approaches, the baseline assessment measures the age-friendliness of districts and identifies areas of improvement.

## 2.2 Quantitative approach of baseline assessment

### 2.2.1 Sampling methods

The survey was designed using both stratified and quota sampling methods and set out to interview 500 local residents aged 18y and above from the district. The district was divided into two major geographical regions, namely Kwai Chung and Tsing Yi Island. Considering the geographical distribution of socially vulnerable groups and socio-economic status (SES), district sub-areas (i.e., District Council Constituency Areas (DCCAs/CAs) in each of the two regions were stratified according to the Social Vulnerability Index (SVI) and the predominant type of housing therein as proxy of SES.

The SVI is an assessment tool to evaluate the vulnerability level of older populations in Hong Kong, and identifies the distribution of vulnerable groups across the district sub-areas (Chau, Gusmano, Cheng, Cheung, &Woo, 2014). Using official statistics of 2011, composite scores of SVI, ranging from 0 to 10, were compiled for all CAs in Hong Kong based on seven indicators, namely population size, institutionalization, poverty, living alone, disability, communication obstacles and access to primary care. The higher scores indicate greater vulnerability of an area. Based on the SVI scores, CAs were categorized into five SVI bands with equal interval values, i.e., Band I, SVI score <2; Band II, SVI score 2-<4; Band III, SVI score 4-<6; Band IV, SVI score 6-<8; Band V, SVI score ≥8. The SVI scores of Kwai Tsing CAs correspond to values grouped under Band III to V.

For all CAs grouped under respective SVI band, we examined the predominant type of housing accommodating the largest number of population therein as proxy of SES of CAs. We sampled questionnaire respondents from three major types of housing, including public rental housing, subsidized home ownership housing and private permanent housing. Currently, they accommodate almost 99% of the Hong Kong population (Census and Statistics Department, 2011). For CAs within the same SVI band, we selected 3 different CAs with the largest population living in public rental

housing, subsidized home ownership housing and private permanent housing respectively. In cases where there were less than three CAs representing different housing characteristics in the SVI band, the only CA remaining in the band was selected and the sample was drawn in proportion to the population distribution by housing types.

Table 2.2-1 shows the selection of sampling sites for the questionnaire survey in Kwai Tsing. In total, 13 CAs were selected, with eight in Kwai Chung and five on Tsing Yi Island. In this district, we selected Kwai Chung Estate North (Kwai Chung, Public), Cheung Tsing (Tsing Yi, Public), Lai Wah (Kwai Chung, Subsidized), Ching Fat (Tsing Yi, Subsidized), Wah Lai (Kwai Chung, Private), and Greenfield (Tsing Yi, Private) in SVI band III; Shek Lei (Kwai Chung, Public), Tsing Yi South (Tsing Yi, Public & Private), Shek Yam (Kwai Ching, Subsidized), Cheung Hong (Tsing Yi, Subsidized) and Tai Pak Tin (Kwai Chung, Private) in SVI band IV; Upper Tai Wo Hau (Kwai Chung, Public) and Kwai Hing (Kwai Chung, Subsidized & Private) in SVI band V. In Kwai Tsing, reduced number of sample was collected from SVI band V due to small number of CAs in the band.

Prospective respondents were recruited from major estates and areas within the CA boundaries, with reference to the boundary description listed out by the Electoral Affairs Commission (Electoral Affairs Commission, 2014). Field surveys were organized accordingly for subject recruitment and field observations.

In each selected CA, convenience sampling was applied. To avoid over-sampling of particular demographic representation in the final sample, quotas were set on age and sex. Accordingly, five age strata were applied to the overall sample, which set to include 50 samples from 18-49y, 100 from 50-59y, 150 from 60-69y, 150 from 70-79y, and 50 from 80y and above, to reflect and examine divergent views on the neighborhood environment across ages. A sex (male-to-female) ratio of approximately to 0.88 was set to match with the overall sex ratio of the district population. By this approach, the prospective respondents would represent views and opinions from a wide spectrum of local residents, including the most vulnerable elderly and residents with different geographical, socio-economic and demographic characteristics.

**Table 2.2-1. Selection of sampling sites for the questionnaire survey in Kwai Tsing**

Region	SVI Band	Constituency areas	Type of housing		
			Public rental	Subsidized home ownership	Private permanent
Kwai Chung	III	Kwai Chung Estate North	x		
Kwai Chung	III	Lai Wah		x	
Kwai Chung	III	Wah Lai			x
Kwai Chung	IV	Shek Lei	x		
Kwai Chung	IV	Shek Yam		x	
Kwai Chung	IV	Tai Pak Tin			x
Kwai Chung	V	Upper Tai Wo Hau	x		
Kwai Chung	V	Kwai Hing		x	x
Tsing Yi	III	Cheung Ching	x		
Tsing Yi	III	Ching Fat		x	
Tsing Yi	III	Greenfield			x
Tsing Yi	IV	Tsing Yi South	x		x
Tsing Yi	IV	Cheung Hong		x	

### 2.2.2 Questionnaire respondents and recruitment strategies

All prospective respondents were community dwellers of Chinese origin, aged 18y and above, normally residing in Hong Kong and able to speak and understand Cantonese at time of participation. Foreign domestic helpers and individuals who were mentally incapable of communicating were excluded. All eligible respondents had lived in our selected sampling sites for not less than six consecutive months at time of participation in the survey.

Respondents were mostly recruited directly from the community, with a minor proportion of elders who regularly visit District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs). We tried to limit this segment of elders to 20% in our sample, close to the average of Hong Kong, since they may represent views considerably different from other community elders (HKU, 2011; Legislative Council Panel on Welfare Services, 2007).

### 2.2.3 Data and materials

A structured questionnaire was used in the survey, which consisted of two major sections. The first section sought information on the respondents' perception of the age-friendly neighborhood environments, and their sense of community (SOC); the second section collected the respondents' individual characteristics, including age, sex, marital status, educational level, type of housing, residential area, total length of residence in the neighborhood, living arrangement, economic activity status, occupation, prior experience of delivering informal care to elderly, use of elderly centre services, income, and self-rated health.

Respondents' perception of the age-friendly neighborhood environments was assessed with reference to the checklist of the essential features of AFC developed by WHO (WHO, 2007a). In the assessment, a tailor-made version of questionnaire items was developed, with reference to the original checklist. We examined and worded each of the checklist features according to Hong Kong's context, so that local residents are more familiar with the checklist items being asked about. The questionnaire consisted of 53 items across the eight domains, covering physical, social and service environments, which mapped onto outdoor spaces and buildings (9 items), transportation (12 items), housing (4 items), social participation (6 items), respect and social inclusion (6 items), civic participation and employment (4 items), communication and information (6 items), and community support and health services (6 items). On each item, respondents were asked to rate the age-friendliness of their neighborhood on a six-point Likert-type scale, ranging from "strongly disagree" (1) to "strongly agree" (6).

The SOC was measured using an 8-item Brief Sense of Community Scale (BSCS), consisting of four dimensions including needs fulfilment, group membership, influence and shared emotional connection. Each dimension contains two items. On each item, respondents were asked to rate the statement on a five-point Likert scale, ranging from "strongly disagree" (1) to "strongly agree" (5).

### 2.2.4 Procedures

Data were mainly collected by trained research assistants via face-to-face or telephone interviews; a minor proportion of the relatively literate respondents self-administered the questionnaires with assistance from trained research assistants.

The study protocol was approved by the Survey and Behavioral Research Ethics Committee (SBREC) of the Chinese University of Hong Kong (Ethical code: 070-15). All prospective respondents were fully informed of the procedures, in speech and in writing. Written informed consent was sought from respondents prior to the interview.

### 2.2.5 Quantitative data analysis

Responses to individual AFC items were averaged to produce a mean AFC domain score. Mean domain scores were calculated only if over half of the domain items had valid responses (1 to 6). Standard deviations and confidence intervals were calculated for the mean scores of AFC domains. In terms of SOC, responses to each of the four dimensions were summated to produce a component score. A total score of SOC was also calculated by summating all component scores.

Differences in mean scores of AFC domains were analyzed by respondents' individual characteristics and geographical locations, using Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) adjusting for demographic and socio-economic characteristics of the questionnaire respondents. The individual characteristics included age, sex, marital status (currently married, currently not married), educational level (primary and below, secondary, post-secondary), type of housing (public rental housing, subsidized home ownership housing, private permanent housing), total length of residence in the neighborhood, living arrangement (living alone, not living alone), economic activity status (working, not working), self-rated health (poor/fair, good/very good/excellent), prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income (insufficient, enough/abundant). Geographical variations of mean scores of AFC domains were examined at regional level, adjusting for individual characteristics. All statistical procedures were carried out using the Window-based SPSS Statistical Package (version 21.0; SPSS, Chicago, IL, USA), where a significant level at 5% was adopted for all statistical tests.

## 2.3 Qualitative approach of baseline assessment

### 2.3.1 Sampling methods

The design of the focus group methodology is based on the Vancouver Protocol, which aims to “provide rich descriptions and accounts of the experiences of older people” and “bring together and compare the discussions of the nine areas (warm up question and eight topics) across the groups in order to bring to light aspects of the community that are age-friendly (advantages), barriers and problems that show how the community is not age-friendly (barriers), and suggestions to improve the problems or barriers identified” (WHO, 2007c).

Conditions upon which a person was considered eligible as a questionnaire respondent were also applied to focus group participants. Based on the Vancouver Protocol, five focus groups were formed and interviewed in Kwai Tsing. Diverse demographic characteristics were built into the sampling of groups in order to collect opinions of four age groups and three housing types in areas with different SVI bands (Table 2.3-1). Effort was made to recruit eight to ten interviewees in each group, with similar numbers of male and female.

**Table 2.3-1. Summary of the profiles of five focus groups in Kwai Tsing**

Group	Age (Year)	Housing Type	SVI Band
1	50 to 64	Public, Subsidized	IV
2	65 and above	Public, Subsidized	IV
3	80 and above	Public	V
4	18 to 49	Subsidized, Private	III
5	65 and above	Private	III

Effort was also made to recruit participants living in the same or adjacent housing estates. Otherwise, divergent views and experiences emerging from a group might simply be due to participants living in different neighborhoods, evaluating different transport routes, or using different parks.

Similar to the Vancouver Protocol, we attempted to recruit focus group participants in different age groups. However, we are interested not only in comparing views of the old-old and young-old, but a wider range of age groups. Therefore, we recruited participants in the age groups of 18-49y, 50-64y, 65y and above. In addition, we aimed

to understand and represent the perspectives of the oldest population, hence one focus group was exclusively assigned to participants aged 80y and above. Four different age groups were interviewed.

Housing type is an important factor affecting resident perceptions of age-friendliness towards their community. Effort was made to form more groups of participants living in public and subsidized housing, corresponding to the Vancouver Protocol in recruiting participants from middle and low socio-economic levels. In addition, two groups of residents living in private housing estates were interviewed in Kwai Tsing.

We aimed to include the views from participants unable to come to the focus group interview due to frail or disabled conditions. As such, caregivers were recruited with a view to offering more comprehensive views from the elderly. Different from the Vancouver Protocol, we did not form a separate group exclusively for caregivers of the disabled elderly. Instead, we incorporated caregivers into our existing focus groups. A survey question from the demographics section was used to identify these caregivers<sup>2</sup> among questionnaire respondents.

### 2.3.2 Interview procedures and protocol

A venue accessible by participants was chosen for carrying out each focus group. A total of 1.5 to 2 hours were allocated for each group, with light refreshments offered to participants afterwards. Name tags with first name or surname only were provided to participants, interviewer, and assistants so that everybody was addressed by their names during the interview. Where possible, PowerPoint presentations were used to introduce each interview topic with appropriate photos taken from the participants' living areas. The aim was to elicit their response to age-friendliness specific to their community.

Each group began with a brief introduction of the JCAFC project, the purpose of the focus group and how participants would contribute towards the project. The use of audio and video recorders and steps for ensuring confidentiality of participants were also explained. A consent form similar to the one used with the questionnaire interview was distributed to each participant for signature after explanation by interviewer.

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<sup>2</sup> Question 10: Do you have experience taking care of elderly's aged 65y and above?

The interview consisted of three parts, including warm-up, discussion of the eight topic areas based on the WHO AFC domains, and wrap-up. In line with the Vancouver Protocol, open questions were asked so that participants were able to ‘spontaneously raise the specific areas and concerns relevant to them’ (Vancouver Protocol, p.10). More specific questions were used to prompt participants to explore additional issues once an issue has been sufficiently explored. Following the same principle adopted by the Vancouver Protocol (WHO, 2007c) when interviewing non-elderly participants (i.e. service providers and caregivers groups), the group aged 18-49y was asked to think of advantages and barriers as faced by the elderly in their community and suggestions in relation to the elderly. Interview sessions were audio-recorded using two recorders to be transcribed in full as soon as possible afterwards. Where possible, a video recorder was used with participants’ consent to help identify speakers and pick up non-verbal communication for transcription purpose.

The running of focus group was carried out by a focus group leader - also the interviewer - and two to three assistants depending on group size. The focus group leader, with experience in conducting focus group interview and familiar with the AFC project, was responsible for various duties including welcoming participants, taking questions that participants had about the project, and supervising the signing of consent forms. Assistants, who had received briefing beforehand, were mainly responsible for setting up and using the recording equipment during the interview.

### 2.3.3 Qualitative data analysis

The analysis of focus group interviews followed the guidelines of the Vancouver Protocol and aimed to highlight under the eight domains those aspects of the community that are age-friendly (advantages), problems in the community that are not age-friendly (barriers), and suggestions to improve the barriers identified, all grounded in the local participants’ response.

Since the common view, rather than individual view, was sought, advantages and barriers that elicited the greatest consensus were coded as key features. These were then compared across the five groups, leading to the identification of common advantages and barriers under the eight domains.

In addition, less commonly cited views were included if they addressed the following:

- a) a unique scheme providing a useful reference/model for other districts
- b) concerns over vulnerable groups, oldest-old (aged 80y and above), disadvantaged groups e.g. persons with disability, older people living alone, elderly marginalized for other reasons
- c) issue(s) that can be generalized and applied to other districts/regions despite few mentions e.g. perceived insufficiency of burial sites

Driven by the philosophy of the AFC which emphasizes the initiation of change from community members themselves, participants' suggestions for improving their local community were seen as important. Therefore, effort was made to include in the findings suggestions that are relevant to the eight domains whether or not they were common across all groups.



## 3. Key findings

### 3.1 Quantitative assessment

#### 3.1.1 Socio-demographic characteristics of the questionnaire survey respondents

A total of 504 completed questionnaires were collected in Kwai Tsing and included in the analysis. Of these respondents, the mean age was  $64.2 \pm 14.1$  years (range 18 to 93 years). 57.1% were aged 65y and above and 53.0% were female (Figure 3.1-1a and Figure 3.1-1b). 71.6% were married, and 59.9% had secondary education and above (Figure 3.1-1c and Figure 3.1-1d).

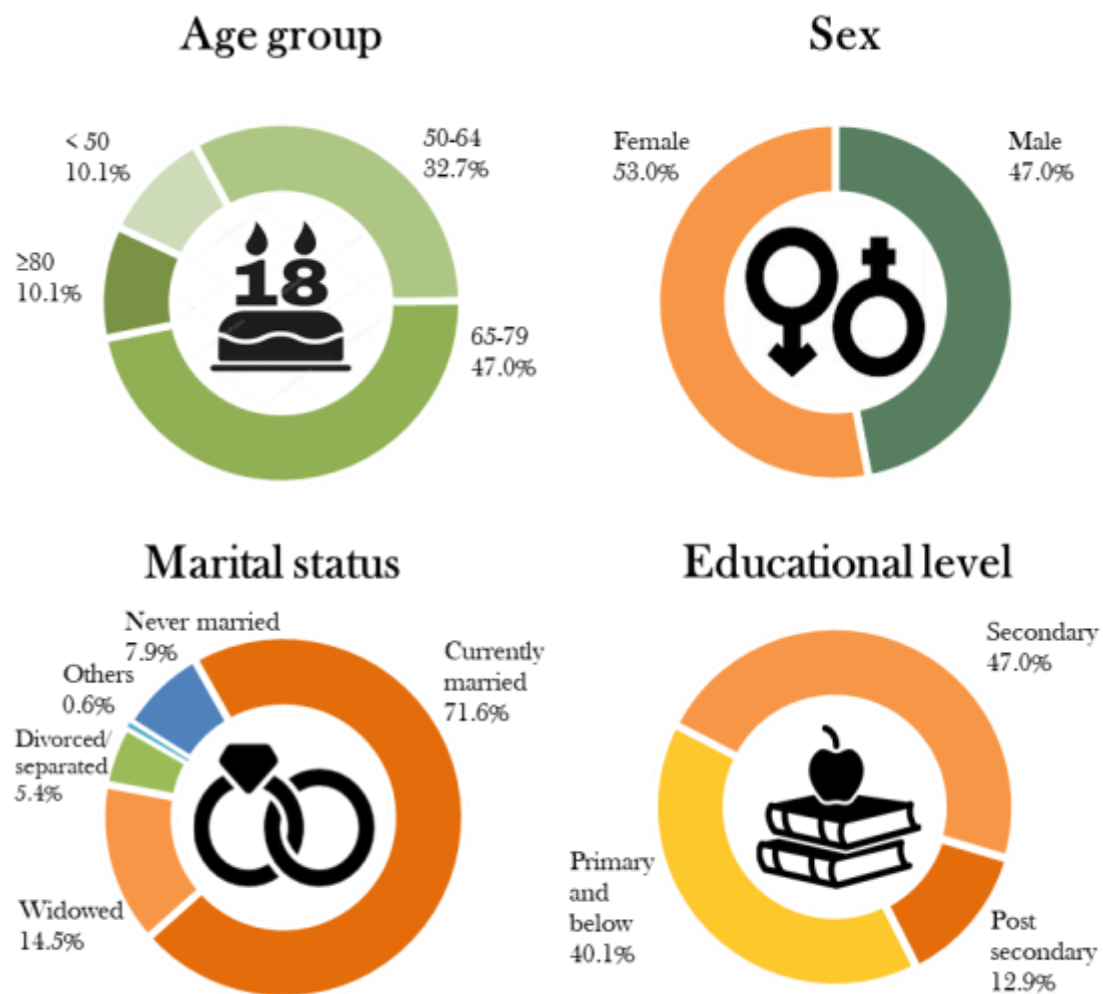


Figure 3.1-1. Distribution of questionnaire respondents by age group (Figure 3.1-1a, Upper Left), by sex (Figure 3.1-1b, Upper Right), by marital status (Figure 3.1-1c, Lower Left), by educational level (Figure 3.1-1d, Lower Right)

Over 99% of the respondents lived in public rental housing (34.1%), subsidized home ownership housing (31.3%) and private permanent housing (34.1%) (Figure 3.1-1e). Mean length of residence in the neighborhood was  $18.1 \pm 10.6$  years. 90.7% of the respondents lived with family, while 9.3% were living alone (Figure 3.1-1f).

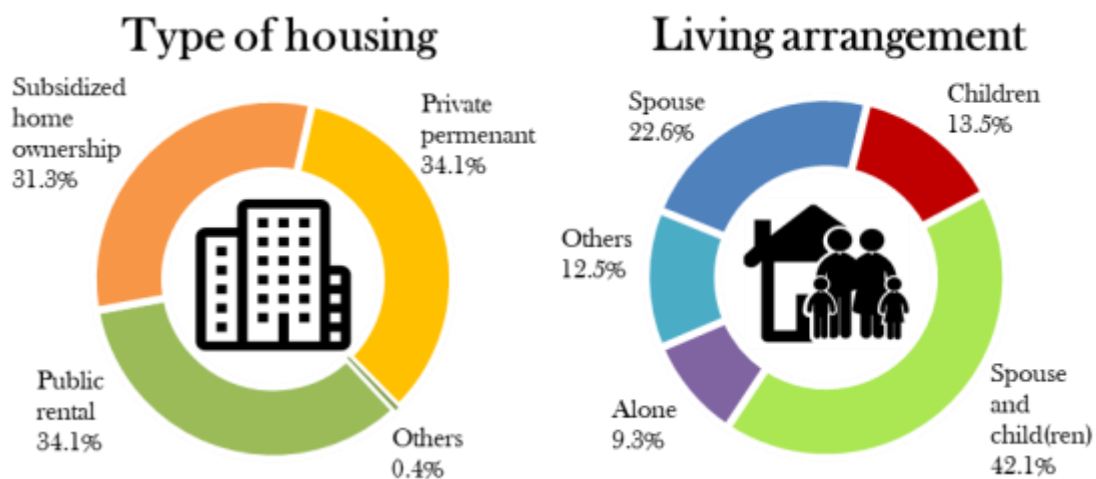


Figure 3.1-1. Distribution of questionnaire respondents by type of housing (Figure 3.1-1e, Left), by living arrangement (Figure 3.1-1f, Right)

In terms of economic activity status, 19.7% of the respondents were working full-time or part-time, while 61.0% had retired and 19.3% were economically inactive, including unemployed persons, home-makers and students (Figure 3.1-1g). Financially, 60.8% of the respondents expressed having enough fund for daily expenses (Figure 3.1-1h), yet 83.6% had a monthly personal income <HKD 15,000 (Figure 3.1-1i), whereas the median monthly income from main employment in Hong Kong was HKD 15,500 according to the 2016 by-census figures (Census and Statistics Department, 2016b).

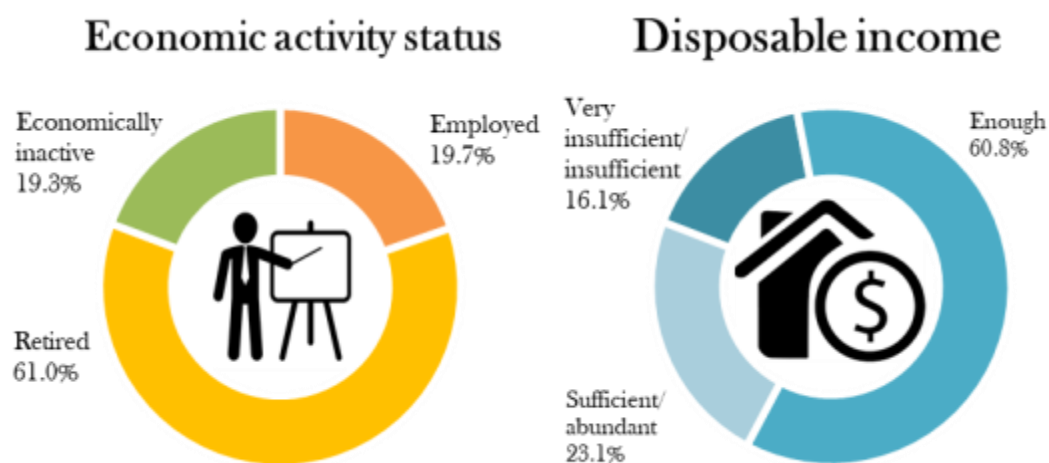


Figure 3.1-1. Distribution of questionnaire respondents by economic activity status (Figure 3.1-1g, Left), by disposable income (Figure 3.1-1h, Right)

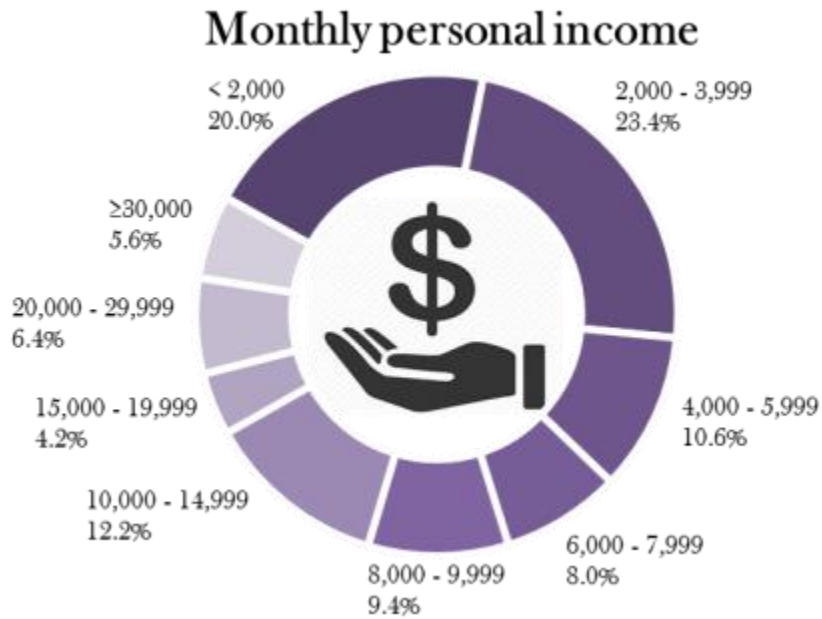


Figure 3.1-1i. Distribution of questionnaire respondents, by personal monthly income

In terms of their overall health condition, 41.2% of the respondents rated their health condition as good, very good or excellent (Figure 3.1-1j). Of all respondents, 48.3% had prior experience of delivering informal care to older persons (Figure 3.1-1k). One-fifth of them (20.4%) were members or service users of elderly community centres (Figure 3.1-1l).

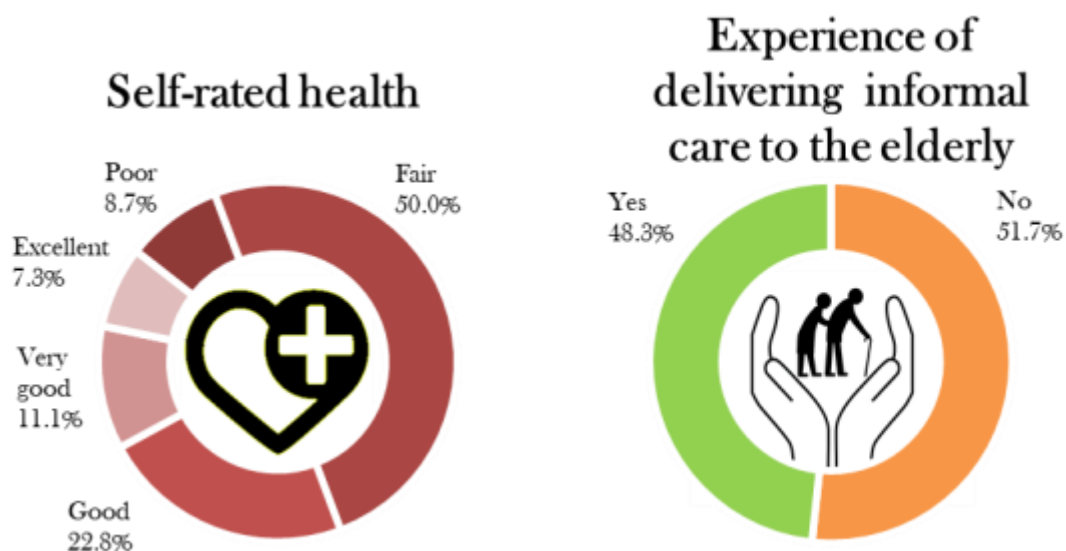


Figure 3.1-1. Distribution of questionnaire respondents by self-rated health (Figure 3.1-1j, Left), by experience of delivering informal care to the elderly (Figure 3.1-1k, Right)

## Use of elderly centres

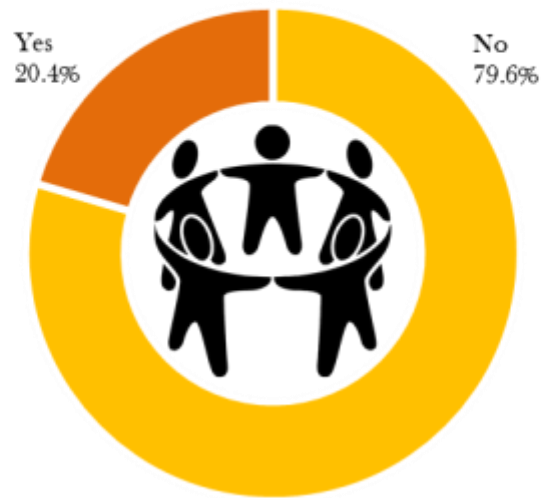


Figure 3.1-1. Distribution of questionnaire respondents by use of elderly centres (Figure 3.1-1)

### 3.1.2 Mean scores of the Age-friendly City items in Kwai Tsing

Table 3.1-1. Mean scores of the age-friendly city items and domains in Kwai Tsing

AFC items and domains	Mean	Std. Deviation	Rank of item / domain Within domain	Across domains
Item A1: Cleanliness	4.66	0.99	1	2
Item A2: Adequacy, Maintenance and Safety	4.46	1.13	2	10
Item A3: Drivers' Attitude at Pedestrian Crossings	4.18	1.18	4	18
Item A4: Cycling Lanes	2.28	1.67	9	52
Item A5: Outdoor Lighting and Safety	4.39	1.13	3	12
Item A6: Accessibility of Commercial Services	4.10	1.39	5	23
Item A7: Arrangement of Special Customer Service to Persons in Need	2.89	1.55	8	51
Item A8: Building Facilities	4.06	1.33	6	25
Item A9: Public Washrooms	3.58	1.49	7	41
<b>Domain: Outdoor Spaces and Buildings</b>	<b>3.87</b>	<b>0.78</b>	<b>..</b>	<b>5</b>
Item B10: Traffic Flow	4.53	1.00	6	8
Item B11: Public Transport Network	4.58	1.18	3	4
Item B12: Affordability of Public Transport	4.76	1.10	1	1
Item B13: Reliability of Public Transport	4.23	1.20	8	15
Item B14: Public Transport Information	4.19	1.22	9	17
Item B15: Condition of Public Transport Vehicles	4.58	1.00	4	5
Item B16: Specialized Transportation for disabled people	3.73	1.49	11	35
Item B17: Transport Stops and Stations	4.53	1.04	7	9
Item B18: Behaviour of Public Transport Drivers	4.55	1.02	5	7
Item B19: Alternative Transport in Less Accessible Areas	3.46	1.54	12	45
Item B20: Taxi	3.94	1.28	10	29
Item B21: Roads	4.64	0.99	2	3
<b>Domain: Transportation</b>	<b>4.33</b>	<b>0.74</b>	<b>..</b>	<b>1</b>
Item C22: Sufficient and Affordable Housing	3.92	1.45	2	30
Item C23: Adequacy of Interior Spaces and Level Surfaces for Movement	4.44	1.18	1	11
Item C24: Home Modification Options and Supplies	3.61	1.39	3	39
Item C25: Housing for Frail and Disabled Elders	3.40	1.46	4	48
<b>Domain: Housing</b>	<b>3.89</b>	<b>1.04</b>	<b>..</b>	<b>4</b>
Item D26: Mode of Participation	4.16	1.35	2	20
Item D27: Participation Costs	4.33	1.21	1	13
Item D28: Information about Activities and Events	4.13	1.25	3	21
Item D29: Variety of Activities	3.98	1.38	4	28
Item D30: Variety of Venues for Elders' Gatherings	3.77	1.48	5	33
Item D31: Outreach Services to Less Visible Groups	3.48	1.47	6	42
<b>Domain: Social Participation</b>	<b>3.98</b>	<b>1.09</b>	<b>..</b>	<b>3</b>
Item E32: Consultation from Different Services	3.41	1.55	5	47
Item E33: Variety of Services and Goods	3.47	1.41	4	44
Item E34: Manner of Service Staff	4.57	0.98	1	6
Item E35: School as Platform for Intergenerational Exchange	3.17	1.50	6	50
Item E36: Social Recognition	4.16	1.29	2	19
Item E37: Visibility and Media Depiction	4.08	1.11	3	24
<b>Domain: Respect and Social Inclusion</b>	<b>3.84</b>	<b>0.94</b>	<b>..</b>	<b>6</b>
Item F38: Options for Older Volunteers	3.65	1.45	2	38
Item F39: Promote Qualities of Older Employees	3.71	1.36	1	36
Item F40: Paid Opportunities for Older People	3.28	1.42	4	49
Item F41: Age discrimination	3.45	1.42	3	46
<b>Domain: Civic Participation and Employment</b>	<b>3.54</b>	<b>1.11</b>	<b>..</b>	<b>7</b>
Item G42: Effective Communication System	4.23	1.16	2	16
Item G43: Information and Broadcasts of Interest to Elders	3.71	1.41	6	37
Item G44: Information to Isolated Individuals	3.74	1.33	5	34
Item G45: Electronic Devices and Equipment	4.27	1.20	1	14
Item G46: Automated Telephone Answering Services	3.98	1.34	4	27
Item G47: Access to Computers and Internet	4.04	1.40	3	26
<b>Domain: Communication and Information</b>	<b>4.00</b>	<b>0.92</b>	<b>..</b>	<b>2</b>
Item H48: Adequacy of Health and Community Support Services	3.90	1.38	2	31
Item H49: Home Care Services	3.60	1.42	4	40
Item H50: Proximity between Old Age Homes and Services	3.79	1.39	3	32
Item H51: Economic barriers to Health and Community Support Services	4.11	1.30	1	22
Item H52: Community Emergency Planning	3.47	1.42	5	43
Item H53: Burial Sites	2.24	1.27	6	53
<b>Domain: Community Support and Health Services</b>	<b>3.53</b>	<b>0.95</b>	<b>..</b>	<b>8</b>

.. : Not applicable

Table 3.1-1 above shows the mean scores of AFC items and domains. Across all domains, the mean itemized scores varied from affordability of public transport (highest-rated item:  $4.76 \pm 1.10$ ) to burial sites (lowest-rated item:  $2.24 \pm 1.27$ ). The perception of AFC items also varied within domain. For instance, cleanliness of public spaces ( $4.66 \pm 0.99$ ), maintenance of outdoor seats and green spaces ( $4.46 \pm 1.13$ ) were rated higher scores than other features in outdoor spaces and buildings domains, such as availability of cycle path ( $2.28 \pm 1.67$ ) and arrangement of special customer services to persons in need ( $2.89 \pm 1.55$ ). In transportation, residents gave higher scores to affordability of public transport  $4.76 \pm 1.10$ , maintenance of roads ( $4.64 \pm 0.99$ ) and transport network ( $4.58 \pm 1.18$ ); whilst they expressed concerns with lower scores on voluntary transport services in less accessible areas ( $3.46 \pm 1.54$ ) and specialized transport for disabled persons ( $3.73 \pm 1.49$ ). In housing domain, rating was higher regarding space of residential unit ( $4.44 \pm 1.18$ ), whilst other items tended to have lower scores. In social participation domain, the cost of participation was outstanding ( $4.33 \pm 1.21$ ), whilst respondents also acknowledged limited outreach service to less visible groups ( $3.48 \pm 1.47$ ). Regarding respect and social inclusion, service staff was generally recognized as being courteous and helpful ( $4.57 \pm 0.98$ ), but opportunities of intergenerational exchange ( $3.17 \pm 1.50$ ) and consultation with older persons ( $3.41 \pm 1.55$ ) were less impressive. The item ratings of volunteering and paid job opportunities tended to be low (Range 3.28 to 3.71). In communication and information, electronic devices and effective communication system received good response from respondents ( $4.27 \pm 1.20$  and  $4.23 \pm 1.16$ , respectively); whilst information of interest to elders and isolated individuals scored relatively lower ( $3.71 \pm 1.41$  and  $3.74 \pm 1.33$ , respectively). Regarding community support and health services, respondent gave higher score on economic accessibility of community support and health services ( $4.11 \pm 1.30$ ), and lower scores on availability of home care services ( $3.60 \pm 1.42$ ), emergency planning ( $3.47 \pm 1.42$ ) and burial services ( $2.24 \pm 1.27$ ).

Table 3.1-2 shows the ten highest and lowest-rated AFC items. The ten highest-rated items clustered in transportation (7 items), and outdoor spaces and building (2 items). More than half of the items scored the ten highest-rated items in transportation domain. Manner of service staff (respect and social inclusion domain) were also highly rated. On the other hand, the ten lowest-rated items were distributed across 6 domains, whereby half of the items in respect and social inclusion domain (3 items) and civic participation

and employment domain (2 items) were rated as the ten lowest-rated items, compared to less than one-fourth of the items in outdoor spaces and buildings domain (2 items). The items regarding voluntary transport in less accessible areas (transportation domain), housing for frail and disabled elders (housing domain) and accessibility to burial sites (community support and health services) were also rated among the lowest.

**Table 3.1-2. Ten highest- and lowest-rated Age-friendly City items**

AFC items	Mean	Rank	Relevant domains
<b><i>Ten highest-rated items</i></b>			
Item B12: Public transportation costs are affordable and clearly displayed. The costs are consistent under bad weather, peak hours and holidays.	4.76	1	Transportation
Item A1: Public areas are clean and pleasant.	4.66	2	Outdoor spaces and buildings
Item B21: Roads are well-maintained, with good lighting.	4.64	3	Transportation
Item B11: All city areas and services are accessible by public transport, with good connections.	4.58	4	Transportation
Item B15: Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating. Passengers give the priority seats to the people who in needed.	4.58	5	Transportation
Item E34: Service staffs are courteous and helpful.	4.57	6	Respect and social inclusion
Item B18: Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.	4.55	7	Transportation
Item B10: Traffic flow is well-regulated.	4.53	8	Transportation
Item B17: Transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked, with adequate seating and shelter.	4.53	9	Transportation
Item A2: Green spaces and outdoor seating are sufficient in number, well-maintained and safe.	4.46	10	Outdoor spaces and buildings
<b><i>Ten lowest-rated items</i></b>			
Item E33: Different services and products to suit varying needs and preferences are provided.	3.47	44	Respect and social inclusion
Item B19: A voluntary transport service is available where public transportation is too limited.	3.46	45	Transportation
Item F41: Age discrimination is forbidden in the hiring, retention, promotion and training of employees.	3.45	46	Civic participation and employment
Item E32: Older people are regularly consulted by different services on how to serve them better.	3.41	47	Respect and social inclusion
Item C25: Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.	3.40	48	Housing
Item F40: A range of flexible and appropriately paid opportunities for older people to work is promoted.	3.28	49	Civic participation and employment
Item E35: Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.	3.17	50	Respect and social inclusion
Item A7: Special customer service arrangements are provided, such as separate queues or service counters for older people.	2.89	51	Outdoor spaces and buildings
Item A4: Cycle paths are separate from pavements.	2.28	52	Outdoor spaces and buildings
Item H53: There are sufficient and accessible burial sites (including niche).	2.24	53	Community support and health services

### 3.1.3 Mean scores of the Age-friendly City domains in Kwai Tsing

The mean domain scores varied across the eight domains, from (i) outdoor spaces and buildings (3.87±0.78, 95% CI: 3.80-3.94), (ii) transportation (4.33±0.74, 95% CI: 4.27-4.39), (iii) housing (3.89±1.04, 95% CI: 3.80-3.98), (iv) social participation (3.98±1.09, 95% CI: 3.88-4.08), (v) respect and social inclusion (3.84±0.94, 95% CI: 3.76-3.92), (vi) civic participation and employment (3.54±1.11, 95% CI: 3.44-3.64), (vii) communication and information (4.00±0.92, 95% CI: 3.92-4.08), to (viii) community support and health services (3.53±0.95, 95% CI: 3.45-3.61). The mean score of the domain of transportation ranked significantly higher at the top; whilst the civic participation and employment, and community support and health services domains scored the lowest in Kwai Tsing (Figure 3.1-2).

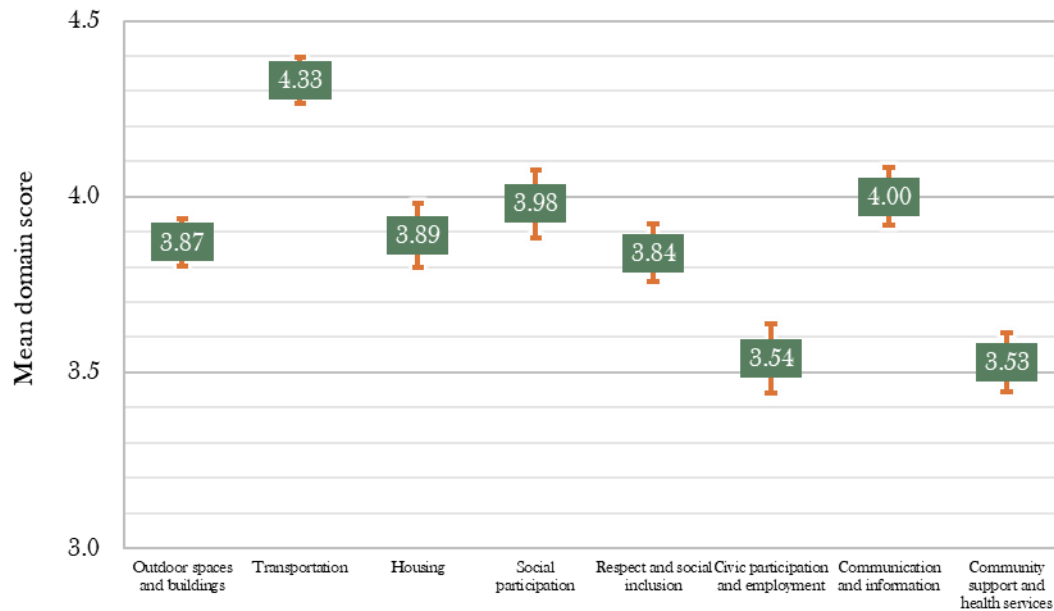


Figure 3.1-2. Mean scores and confidence intervals of the eight Age-friendly City domains.

### 3.1.4 Mean scores of the Sense of Community in Kwai Tsing

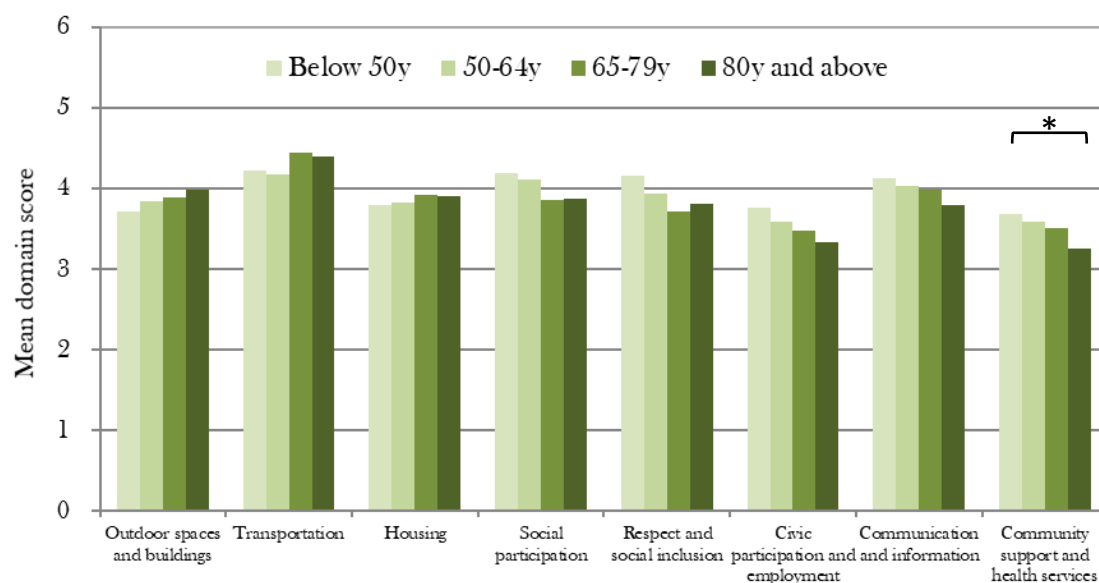
Table 3.1-3 shows the overall SOC and its four component scores in Kwai Tsing. Each component has a score ranging from 2 to 10, and the overall score ranges from 8 to 40. Kwai Tsing has a mean score of SOC of 29.32±5.50). Analyzed by component, the sense of group membership was the strongest (7.88±1.64), followed by shared emotional connection (7.73±1.55), influence (6.87±1.74) and need fulfilment (6.81±1.91).

**Table 3.1-3. Mean scores of sense of community and the major components in Kwai Tsing**

SOC dimension	Mean	Std. Deviation
Need fulfilment	6.81	1.91
Group membership	7.88	1.64
Influence	6.87	1.74
Emotional connection	7.73	1.55
Total score	29.32	5.50

### 3.1.5 Mean scores of Age-friendly City domains by individual and geographical characteristics

Figure 3.1-3a to Figure 3.1-3l show the scores of AFC domains by individual and geographical characteristics in Kwai Tsing. After controlling for other individual characteristics, respondents at younger age gave higher score on community support and health services (Figure 3.1-3a). Respondents who were not married tended to give higher scores on respect and social inclusion, and communication and information (Figure 3.1-3b).



\*P-trend values <.05, adjusted for sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

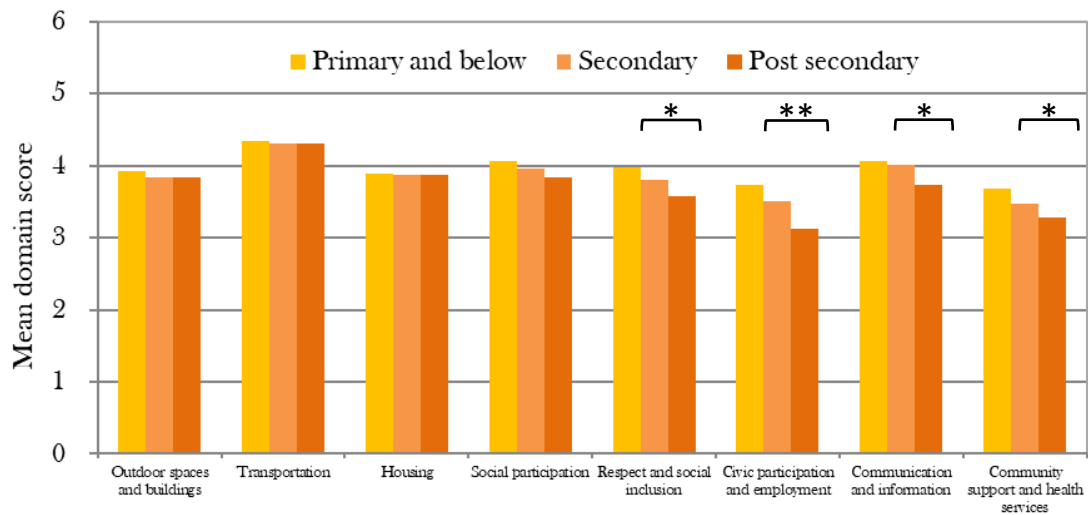
**Figure 3.1-3a. Mean scores of the eight Age-friendly City domains, by age group**



\*P values <.05; \*\*P values <.01, adjusted for age, sex, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

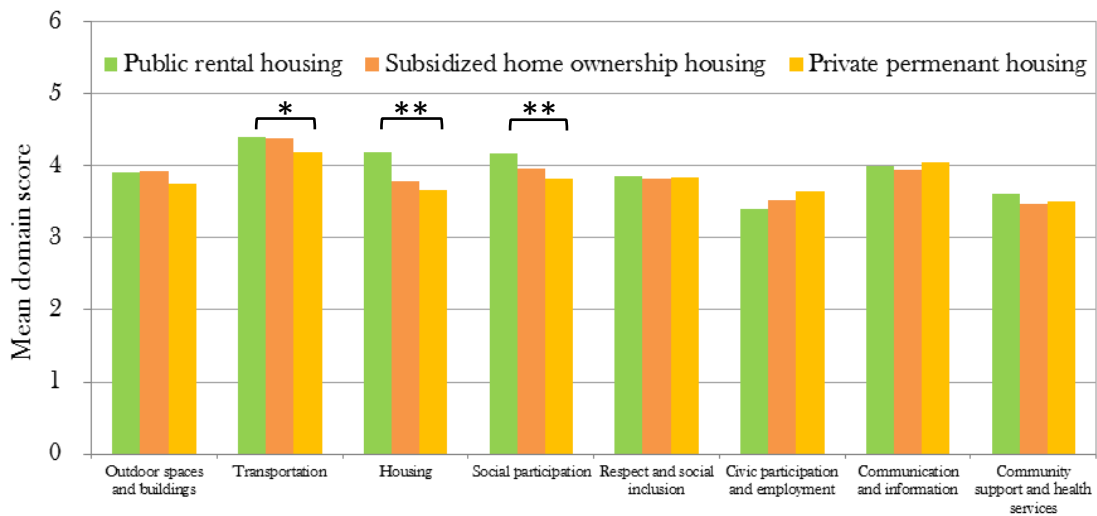
**Figure 3.1-3b. Mean scores of the eight Age-friendly City domains, by marital status**

Higher scores on respect and social inclusion, civic participation and employment, communication and information, and community support and health services were seen among respondents of lower education (Figure 3.1-3c). On transportation, housing, and social participation, higher scores were given by those living in public rental housing (Figure 3.1-3d).



\*P-trend values <.05; \*\*P-trend values <.01, adjusted for age, sex, marital status, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

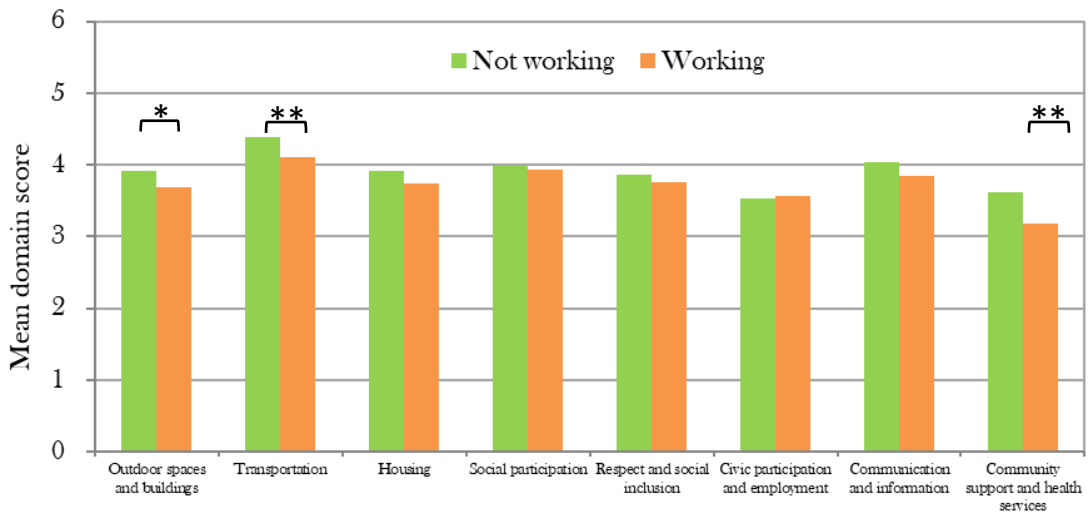
**Figure 3.1-3c. Mean scores of the eight Age-friendly City domains, by educational level**



\*P-trend values <.05; \*\*P-trend values <.01, adjusted for age, sex, marital status, educational level, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

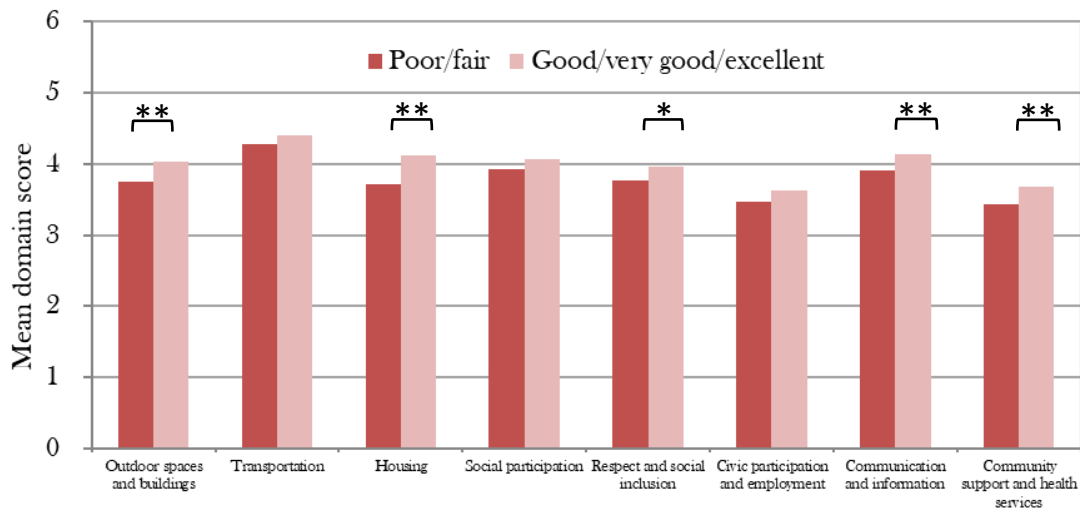
**Figure 3.1-3d. Mean scores of the eight Age-friendly City domains, by housing type**

Respondents who were not working contributed to higher scores on outdoor spaces and buildings, transportation, and community support and health services (Figure 3.1-3e). People who rated their overall health condition as good tended to give higher scores on outdoor spaces and buildings, housing, respect and social inclusion, communication and information, and community support and health services (Figure 3.1-3f).



\*P values <.05; \*\*P values <.01, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

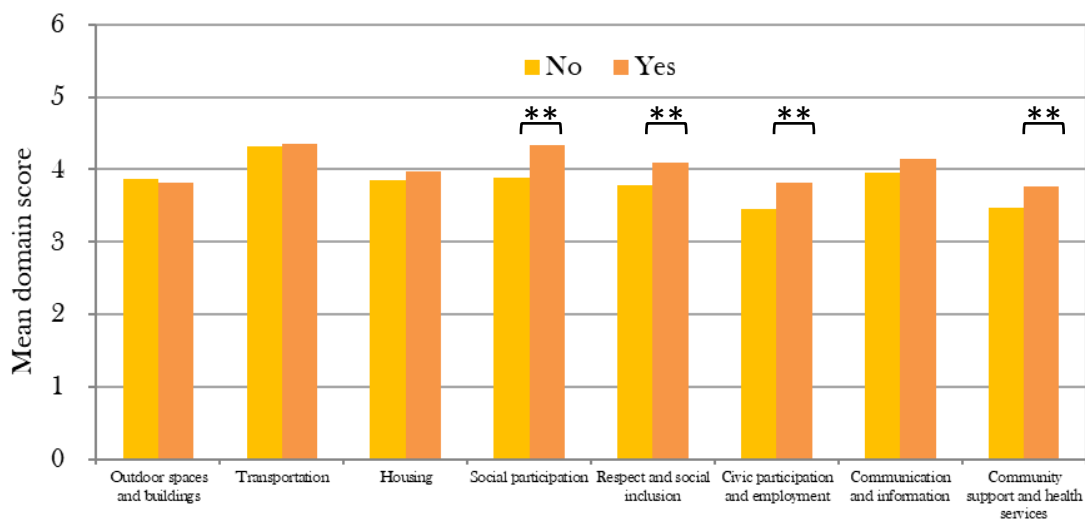
**Figure 3.1-3e. Mean scores of the eight Age-friendly City domains, by economic activity status**



\*P values <.05; \*\*P values <.01, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

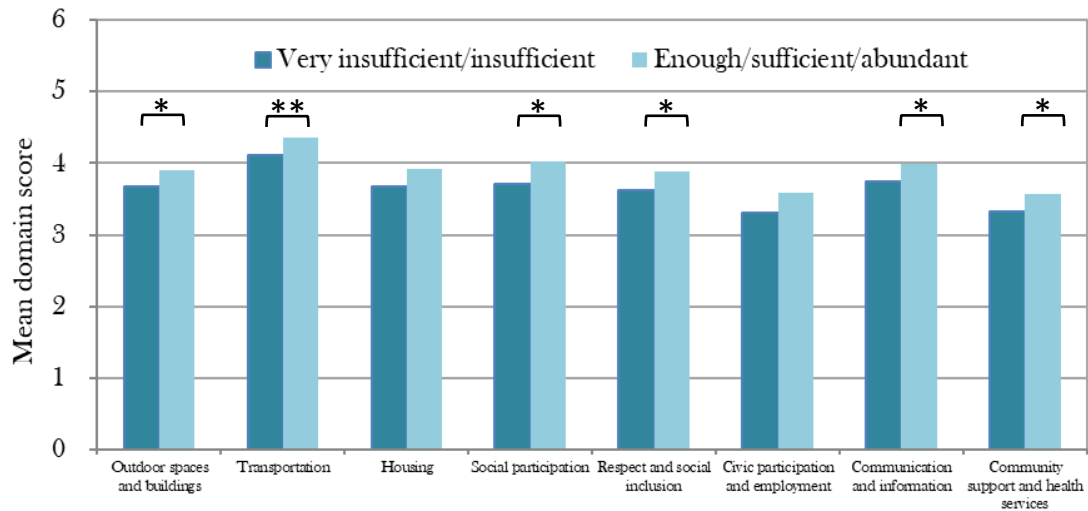
**Figure 3.1-3f. Mean scores of the eight Age-friendly City domains, by self-rated health**

Among members or service users of elderly community centres, they tended to score better towards social participation, respect and social inclusion, civic participation and employment, and community support and health services (Figure 3.1-3g). In terms of finance, those who had sufficient fund for daily expense gave higher scores on most of the age-friendly domains, except for housing, and civic participation and employment in which the difference of score was not significant compared to those having poorer financial capacity (Figure 3.1-3h).



\*\*P values <.01, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, and disposable income

**Figure 3.1-3g. Mean scores of the eight Age-friendly City domains, by use of elderly centres**



\*P values <.05; \*\*P values <.01, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, and use of elderly community centres

Figure 3.1-3h. Mean scores of the eight Age-friendly City domains, by disposable income

Other individual characteristics such as sex, living arrangement and experience of delivery informal care to elders did not show significant difference between subgroups (Figure 3.1-3i - Figure 3.1-3k).

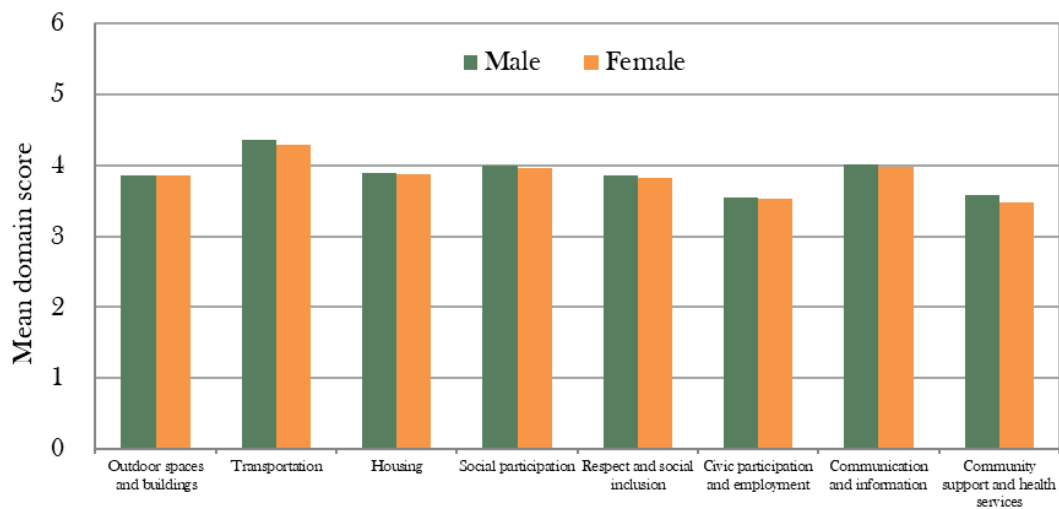


Figure 3.1-3i. Mean scores of the eight Age-friendly City domains, by sex

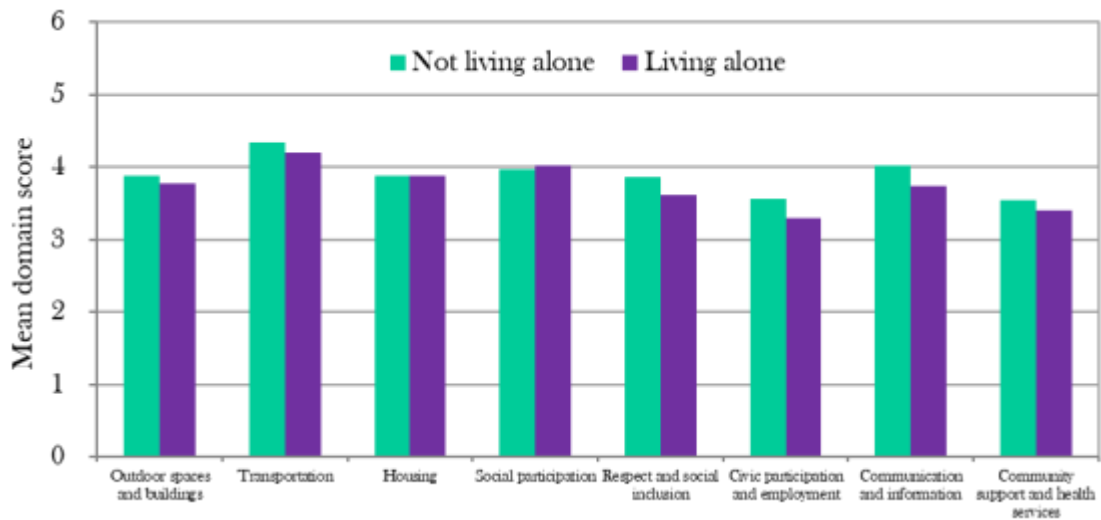


Figure 3.1-3j. Mean scores of the eight Age-friendly City domains, by living arrangement

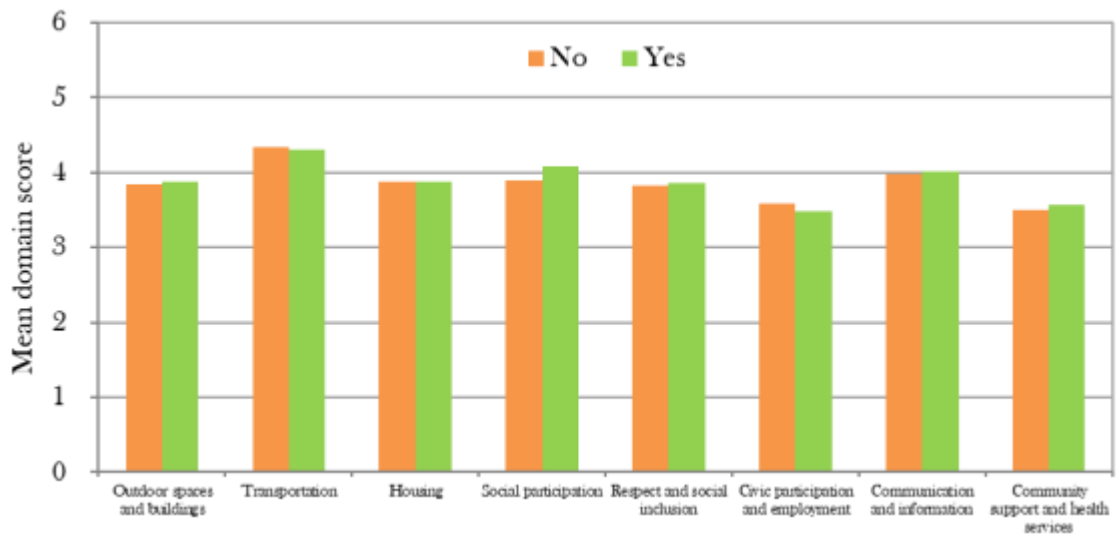
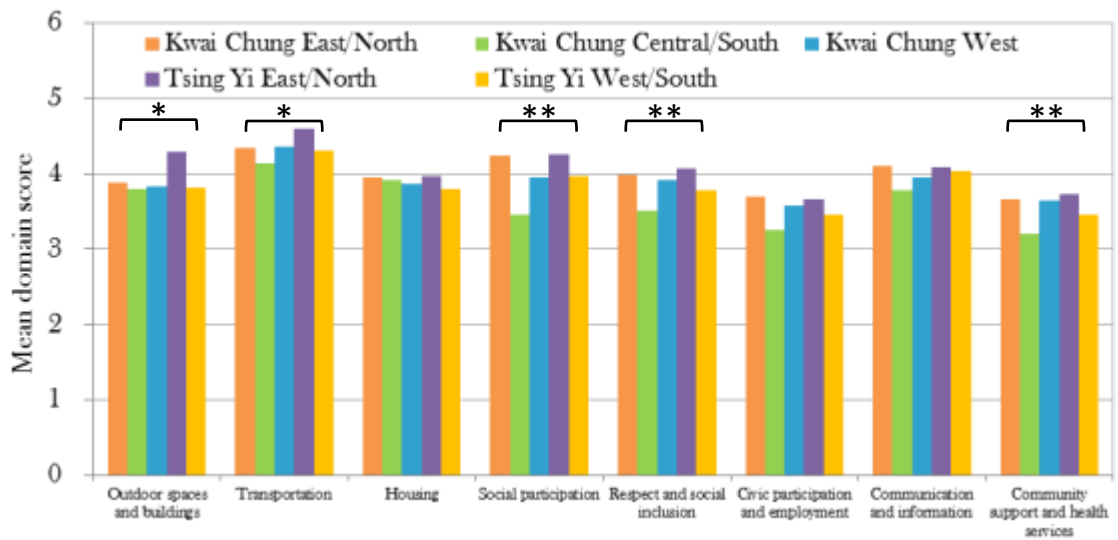


Figure 3.1-3k. Mean scores of the eight Age-friendly City domains, by experience of delivering informal care to elderly

Analyzed by region, there were significant variations of AFC scores across Kwai Tsing. Respondents from Tsing Yi East/North reported higher score on outdoor spaces and buildings than other regions, whereas residents from Kwai Chung Central/South gave lower scores on transportation, social participation, respect and social inclusion, and community support and health services (Figure 3.1-3l).



\*P values <.05; \*\*P values <.01, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

Figure 3.1-3l Mean scores of the eight Age-friendly City domains, by region

## 3.2 Qualitative assessment

### 3.2.1 Socio-demographic characteristics of the focus group participants

Five focus group interviews were arranged in Kwai Tsing between June and August. Residents of different age groups living in public, subsidized and private housing in Kwai Tsing District were recruited. Table 3.2-1 summarizes the area and group characteristics represented in the five focus groups. The focus group interviews enabled the participants to discuss and provide their views in detail on the eight domains of an AFC set out by the WHO.

**Table 3.2-1. Socio-demographic characteristics of focus groups participants**

Group	1	2	3	4	5
<b><i>Area Characteristics</i></b>					
Constituency area	長康 Cheung Hong	石蔭 Shek Yam	上大窩口 Upper Tai Wo Hau	華麗 / 荔華 Wah lai / Lai Wah	翠怡 Greenfield
SVI band	IV	IV	V	III	III
<b><i>Group characteristics</i></b>					
Group size	8	8	9	8	5
Age group, year (mean, ±SD)	50-64 (61.5, ±4.17)	≥65 (79.1, ±8.01)	≥80 (86.4, ±3.64)	18-49 (41.6, ±9.58)	≥65 (72.4, ±5.32)
Female, n (%)	4 (50.0%)	5 (62.5%)	7 (77.8%)	6 (75.0%)	2 (40.0%)
Retirees, n (%)	6 (75.0%)	7 (87.5%)	9 (100%)	0 (0.0%)	4 (80.0%)
Good self-rated health, n (%)	4 (50.0%)	3 (37.5%)	2 (22.2%)	7 (87.5%)	4 (80.0%)
Secondary education and above, n (%)	3 (37.5%)	3 (37.5%)	1 (11.1%)	8 (100%)	5 (100.0%)
Major type of housing represented	Public, subsidized	Public, subsidized	Public	Subsidized, private	Private
Owner-occupier, n (%)	1 (12.5%)	1 (12.5%)	0 (0.0%)	7 (87.5%)	5 (100.0%)
Living alone, n (%)	0 (0.0%)	2 (25.0%)	3 (33.3%)	0 (0.0%)	1 (20.0%)
Experience of delivering informal care to elderly, n (%)	6 (75.0%)	5 (62.5%)	6 (66.7%)	5 (62.5%)	3 (60.0%)

### 3.2.2 Age-friendliness of Kwai Tsing by domain

#### i. Outdoor spaces and buildings

Table 3.2-2. Advantages and barriers perceived by participants in outdoor spaces and buildings

Advantages	<ul style="list-style-type: none"><li>✓ Spaciousness of outdoor areas</li><li>✓ Adequate greening and benches in outdoor areas, especially in public housing</li></ul>
Barriers	<ul style="list-style-type: none"><li>✗ Lack of shelter in outdoor areas</li><li>✗ Inadequate barrier-free facilities</li><li>✗ Limited accessibility of outdoor spaces</li></ul>

#### Shelter in outdoor areas

Most of the participants had good comments on the outdoor spaces as there were spacious outdoor areas inside the residential areas with the Tsing Yi Promenade appreciated by Tsing Yi residents in particular. However, some participants in Kwai Chung, especially those living in private housing, such as the Lai Chi Kok Bay Garden(翠怡花園), commented that there was a lack of sheltered benches in the outdoor areas and the size of the outdoor areas was also smaller while compared to those in public housing. It limited residents to have social gathering, especially on sunny and rainy days. The participants also reported hygiene problem in the outdoor areas in Shek Yam Estates (石蔭邨) and Tai Wo Hau Estates (大窩口邨) as there were litters and mosquitoes. In addition, most of the pedestrian roads did not have shelter which posed challenges to the elderly who needed to use walking-stick or wheelchair during sunny and rainy days.

#### Barrier-free facilities

Some residential areas in Kwai Tsing were built in uphill areas, such as Cheung Hong Estates (長康邨) and Ching Wah Court (青華苑) in Tsing Yi; Tai Wo Hau Estates, Shek Yam Estates and Wonderland Villas (華景山莊) in Kwai Chung. Residents had to walk along slopes and stairs to access social activities and services. The participants claimed that the hilly landscape was challenging for the elders especially the wheelchair users, so most of them preferred staying at home. Although some elevators have been installed in the public housing areas in Tsing Yi, the participants requested to have

more elevators to connect them to the social facilities such as food markets, community halls and parks.

Accessibility of outdoor spaces

Participants living in Lai Chi Kok Bay Garden (荔灣花園) highlighted their difficulty to access the outdoor areas in their district. As the outdoor spaces and leisure facilities were limited in their private estates, the residents would go to the Lai Chi Kok Park near Mei Foo MTR. However, they had to walk through a long distance with slopes and across traffic roads. It was a challenge for the residents, not only the elderly, to enjoy the fresh air in Lai Chi Kok Park, especially there was lack of shelter along the way.

ii. Transportation

Table 3.2-3. Advantages and barriers perceived by participants in transportation

Advantages	<ul style="list-style-type: none"> <li>✓ \$2 public transport fare for elderly aged 65y and above</li> <li>✓ Diversity of the choice of transportation</li> <li>✓ Sufficient public transport network</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>✗ Lack of shelter and seats in bus stops</li> <li>✗ Inadequate connection to public transport</li> <li>✗ Pedestrian road blocked by lorries</li> </ul>

Accessibility of public transport

Most of the participants had good comments on the transportation in Kwai Tsing, especially the \$2 public transport scheme “Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities” enjoyed by the people aged above 65y. The participants were also satisfied with the choice of transportation and public transport network. They could choose to take MTR, bus or minibus to other districts. Some participants living in public housings appreciated that the bus stops were easy to reach from their buildings, which made them easy to take public transport to other districts.

### *Barrier-free facilities connecting to public transport*

The participants commented on the lack of barrier-free facilities connecting their estates to bus stops, especially for those living in uphill areas. Although there were footbridges connecting them to the bus stops in some residential areas, people had to walk up and down the steps before reaching the bus stops, which was difficult for the elders and wheelchair users. Due to the inconvenient connection, some elders would prefer going to the bus stops by jaywalking, which caused danger. The participants of Lai Chi Kok Bay Garden also pointed out that for their nearest exit to Mei Foo MTR station, the escalator only went up and the passengers could only use the sweeping staircase to descend, which was a challenge for the elderly.

### *Shelters and seats*

The participants expressed that many bus stops in Shek Yam Estates, Cheong Hong Estates and Tsing Yi Promenade did not have seats or shelters. This was challenging for the elders when they needed to wait for buses under sunny and rainy days. Some of the participants also commented that most of the pedestrian roads connecting to the MTR and bus stops were lack of shelter. This caused inconvenience for the elders when they needed to use public transports during rainy days.

### *Alternative transport in less accessible areas*

For the residents living in less accessible areas, they had to rely on minibus or taxi to access MTR station. However, the participants expressed that it was difficult to get onto the minibus due to the limited capacity and some of the minibus drivers were not willing to stop because of the steep road. Taxi drivers were not willing to provide service for these residents as the distance to the MTR station was relatively short. The inconvenience of taking public transport deprived the elderly living in the private estates in less accessible areas of the access to community services and enjoyment of social life. The participants also reported the lack of special transport services for the elders. This caused inconvenience for the elders and their family members when they needed to have medical services at hospital or health care centres.

### Road safety

Many industrial buildings and warehouses are located near the residential areas in Kwai Chung. Most of the roads are narrow with limited space for loading and unloading. The participants observed that many lorries parking on the pedestrian roads and blocking the roads with carton boxes. Pedestrians were forced to walk outside the pedestrian roads, causing danger to wheelchair users and elders. The participants of Lai Chi Kok Bay Garden living in uphill area also commented that the road safety had to be improved as the road was steep and had many bends in their areas. Many drivers sometimes overlooked the traffic lights and passed with high speed when the traffic lights had turned red. They suggested setting up some signage for the drivers to improve the road safety for the pedestrians.

### iii. Housing

**Table 3.2-4. Advantages and barriers perceived by participants in housing**

Advantages	<ul style="list-style-type: none"><li>✓ Acceptable housing conditions (public and subsidized housing)</li><li>✓ Affordable housing (public and subsidized housing)</li><li>✓ Accessible community services</li></ul>
Barriers	<ul style="list-style-type: none"><li>✗ Slow home maintenance services and complicated procedures (public housing)</li><li>✗ Lack of information and choices of home maintenances services (private housing)</li></ul>

### Housing conditions

Although most of the participants agreed that the housing in Kwai Tsing district was affordable, the views on housing conditions of residents from public and subsidized housing were different from those from private housing. Residents from public housing agreed that the housing conditions in terms of the size of living space and comfort were acceptable in view of the low rent of public housing and relatively low housing price of subsidized housing. Residents from private housing, such as Greenfield Garden, found the living space was only acceptable for small family and some of them worried that the space would be limited when they would need to hire domestic helpers to take care of the elderly.

### Home maintenance services

Residents of public housing agreed that the home maintenance services were good, as the estate management office would provide these services. However, they were discontented with the long waiting time and complicated procedures in obtaining the services, as the request involved different units of the management office. For private housing, most of the residents expressed the lack of information and choices of home maintenance services for the elderly.

### Accessibility of community services

Most of the participants agreed that it was convenient to access community services such as public libraries, markets and shops for necessary goods, except for the residents in private housing located in less accessible areas. The participants living in Lai Chi Kok Bay Garden said if they went to the town centre in Mei Foo, they had to pass through the shopping centre in Nob Hill Tower (盈暉臺) and walked along a narrow pedestrian road with slopes and stairs, which was a big challenge even for young adults. They suggested putting some seats along the way for the elderly to take rest. They also mentioned that many residents went to the shopping centre in Nob Hill Tower for necessary goods, but the only elevator in the shopping centre could not reach the level where the supermarket was. Consequently, they were forced to use the escalator to another level up for shopping, which was inconvenient for wheelchairs users and the residents who were taking heavy things. The participants living in Tsing Yi expressed that the choice of necessary goods was limited in public housing as the shopping centres were dominated by one to two large stores.

#### iv. Social participation

**Table 3.2-5. Advantages and barriers perceived by participants in social participation**

Advantages	<ul style="list-style-type: none"><li>✓ Adequate outdoor spaces for social activities</li><li>✓ Diverse and affordable social activities</li><li>✓ Accessible elderly centres</li></ul>
Barriers	<ul style="list-style-type: none"><li>✗ Insufficient indoor venue for social activities</li><li>✗ Limited availability of social activity in areas of private housing and for low mobility elders</li></ul>

### Venues for social activities

Participants agreed that the spaces for social activities were sufficient, in particular the residents in Tsing Yi enjoyed the outdoor spaces in Tsing Yi promenade for group activities such as dancing and Tai Chi. However, the indoor venues for these activities were limited. Although groups could apply for the indoor spaces in the community halls, the participants expressed that the venues could not meet the demand. Some of the participants found that the social services centres and churches in their communities provided services or venues to their members only.

### Diverse and affordable social activities

Most of the social activities were organized by community centres, elderly centres or district councilors. The participants perceived that the activities were diverse and affordable to the elderly. The most favourable activities were sport games and health talks. However, some of the participants expressed that the choice and the quota of the social activities were limited.

### Accessibility of community / elderly centres

Most of the participants perceived that the elderly centres were accessible, especially in areas of public housing. Residents in private housing expressed that there was a lack of elderly centre and community centre in their estates. They had limited social service, since most of the social activities were held in public estates. For the elders living in less accessible areas, the poor transport connection deprived them of access to elderly centre and from joining social activities easily. In view of the difficulty of setting up a social service centre in private estates due to high rental cost, the participants suggested government departments subsidizing NGOs in rental cost to encourage them to set up service centre in private estates to serve the elders.

## v. Respect and social inclusion

Table 3.2-6. Advantages and barriers perceived by participants in respect and social inclusion

Advantages	✓ Basic sense of respect towards elderly
Barriers	✗ Lack of opportunity to express their needs and views

### Sense of respect

The participants agreed that the general public showed basic sense of respect towards the elderly, reflected by their willingness of giving their seats in public transport. However, some of the participants worried that the neighbourhood relationship would get worse due to lack of communication and trust in the society. The elders considered that many young people were egocentric. The participants suggested that the society should have different intergenerational activities to encourage communication between the elderly and young people.

### Social inclusion

Although some of the participants expressed that they could talk to the district councilors about their problems or views on the community, they found that the channel to express their views was limited. The elderly found that they could only talk to the district councilors when they had views on community facilities such as barrier-free facilities. They also claimed that there was no organization consulting them directly about their views on the community.

#### vi. Civic participation and employment

Table 3.2-7. Advantages and barriers perceived by participants in civic participation and employment

Advantages	✓ Voluntary work available
Barriers	✗ Personal limitations in voluntary work and employment ✗ Limited employment opportunity for those aged 65y and above

### Voluntary work

The participants agreed that there were plenty of volunteer activities in community centres and elderly centres. Most of them enjoyed the voluntary work and interacting with members of the community. Some of the elders who were previously active in voluntary work expressed that they became unable to join due to personal limitations such as deteriorating health. The participants living in private housing such as Lai Chi Kok Bay Garden expressed that there was no NGO in their estates, so there was lack of volunteering opportunity for the residents.

## Employment

Most of the participants aged 65y and above expressed the lack of employment opportunity in the society. They could only find part-time security or cleaning works. They thought it was mainly due to the increasing insurance cost when employing staff aged 65y and above, which discouraged companies and organizations to employ the “young-old” even they still had the ability to work. Some of the participants expressed that they felt unhappy about being abandoned by the society. Some of the participants also indicated that they would not join voluntary work, considering that their skills and labour provided for the work should be paid.

### vii. Communication and information

**Table 3.2-8. Advantages and barriers perceived by participants in communication and information**

Advantages	✓ Distribution of information in different forms
Barriers	✗ Limited information received in private housing

## Distribution of information

Participants noted that community information in the district was distributed in different forms, such as posters on the notice boards of each building and outside the office of district councilors. For the elderly, person-to-person communication was the most efficient way for information distribution. Staff of elderly centres would call the elders individually about the information on activities and services provided by the elderly centres.

However, most of the participants living in private housing found that they could not access information about the community, especially about the services for the elderly. They reported that the notice boards in their buildings were small and invisible. For some of the private estates, display of posters and banners were prohibited. For the active residents who wanted to find out the activities in the community, they had to collect the information by themselves through the posters at district councilor offices or the banners in open areas. Due to the limited social activities in private housing, the participants found that many elders would stay in their flats only, making them even more difficult to receive information about the community. Therefore, neighborhood relationship played an important role in information distribution. They suggested

residents in private housing to maintain good neighborhood relationship and pay attention to the elders living around.

Platforms for communication

In view of the difficulty in obtaining information in private housing, the participants suggested improving the platforms in communication and promotion of activities and services. Information could be distributed through Facebook or Whatsapp. Some of the participants also suggested publishing a booklet to collect all useful information for the elderly in the district. Apps on smart devices can also be developed to disseminate the information. For the elders who were not capable of using smart devices, their younger family members could also obtain the information for the elderly through these digital platforms.

viii. Community support and health services

Table 3.2-9. Advantages and barriers perceived by participants in community support and health services

Advantages	<ul style="list-style-type: none"> <li>✓ Health services available in the community</li> <li>✓ Affordable health services for those aged 65y and above</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>✗ Overstretched medical resources</li> <li>✗ Limited community care services available</li> </ul>

Health services

The participants agreed that clinics were available and affordable in their nearby communities. The introduction of the elderly health care voucher scheme was appreciated by the elderly, especially when the eligible age was lowered to 65y. However, residents in Cheong Hong Estate (public housing) in Tsing Yi reported the insufficient nighttime health services in their estates where the only elevator to the clinic was also blocked for maintenance. Although the residents could find health services in their estates, the waiting time to receive treatment was long even at private clinics. The lack of community care services was also reported by the participants in Tsing Yi. The elders reported that the automated booking system for making medical appointments at Hospital Authority clinics was difficult to use. Some of the elders also complained about the small size of the queuing display boards at the outpatient clinics. They

sometimes failed to see their appointment number resulting in missing their appointment and having to wait for a longer time.

### Community support

Some of the participants reported that they have been receiving meal delivery services and health care services through elderly centres. However, getting these services was difficult as referral by medical social workers at the hospital was required. Elders who had not been in hospital were difficult to obtain the services. The quota of meal delivery service was also limited due to the limited resources of elderly centres. The participants of private housing perceived that the community support was limited. Some of them were still healthy enough to take care of themselves, they only wanted to have a part-time helper to do some housework, such as cleaning or cooking. However, they found that the information about voluntary or part-time domestic helpers was limited. The participants who were living in Greenfield Garden also pointed out the inflexibility of home help services and the domestic helpers were prohibited to clean the windows when they were living in high-rise buildings, so some of the elders were forced to clean the windows by themselves. The limited community support has become an obstacle for the elders who can stay at home and take care of themselves.



## 4. Recommendations

The baseline assessment reflected an overall satisfaction of age-friendliness in Kwai Tsing District. Among the eight AFC domains identified by WHO, the district has been doing particularly well in transportation, but less impressive in civic participation and employment, and community support and health services. The high score in transportation was contributed by the efficiency of public transportation network and the relatively low transportation cost, especially the \$2 public transport scheme enjoyed by senior citizens. The lower scores in civic participation and employment, and community support and health services reflected the increasing demand on these two aspects due to the increasing population of old age. Based on the findings of baseline assessment, recommendations to the eight domains are proposed to improve the age-friendliness of the district. It is suggested that more effort should be put on encouraging employment of senior citizens and improving the current community support and health services.

#### 4.1 Outdoor spaces and buildings

**Aim:** To create vibrant and safe outdoor spaces with age-friendly design

- Engage the elders in assessing the age-friendliness of the community, such as updating the existing community facilities, designing open spaces for social gathering, providing safe pedestrian walkways and barrier-free facilities.
- Discuss with relevant government departments on strengthening the access to Lai Chi Kok Park for residents living in less accessible areas near Mei Foo.
- Identify blackspots of illegal parking of lorries on pedestrian roads, and discuss with relevant departments on ways to tackle the situation.

**Aim:** To enhance the age-friendliness of shopping malls and community services

- Encourage local shops to provide special customer services to persons in need, e.g. priority service counters for the elders and disabled people in banks and supermarkets.
- Discuss with government departments and commercial services on strengthening barrier-free facilities connecting the residential areas to nearby social services and shopping malls, such as installing elevators for footbridges and providing shelters for major pedestrian roads.

- Engage and encourage property management of commercial services to increase the number of seats and install handrails, non-slip paving tiles and ramps in shopping centres where appropriate.

## 4.2 Transportation

Aim: To enhance accessibility of public transport services in less accessible areas

- Work with relevant departments on strengthening connection to MTR stations and bus stops by increasing the number of road crossing facilities.
- Continue providing shelters and seats at bus stops and along the way to transport services, noting the initiative of priority seats at rain-shelters by the District Council, and provide barrier-free facilities such as elevators and escalators.
- Discuss with relevant stakeholders (e.g., Government departments, service operators and residents) on the needs and means to improve transport services for residents in less accessible areas, such as increasing the frequency of existing service or providing shuttle bus service between town centre and MTR station.

Aim: To improve the transportation services for frail elders

- Explore the opportunity with relevant departments and potential operators of providing specialized transportation for elderly and disabled people to access social services, especially for the less accessible areas.

## 4.3 Housing

Aim: To enhance home modification and maintenance services for frail elders

- Liaise with Housing Department to explore means to shorten the waiting time of services and/or make applications by elders more user-friendly.
- Consider the feasibility of providing one-stop information unit on home modification options and supplies for elderly and disabled people at locality/in the district.
- Liaise with relevant stakeholders such as NGOs and companies to identify and provide affordable home safety assessment and home modification services to the elderly, especially to those living alone or in private housing.

**Aim:** To enhance accessibility of community services

- Explore the possibility of forming group purchase services among the residents living in less accessible areas.

#### **4.4 Social participation**

**Aim:** To capitalize on the existing venues for elders' activities

- Engage District Council and government departments to increase the number of spots of sheltered outdoor spaces for social activities.
- Explore ways to provide more venues of indoor spaces for elders such as rooms and halls in NGOs, schools and churches during non-peak hours.

**Aim:** To facilitate the social participation of less visible groups

- Encourage collaboration among District Council, NGOs and private housing premises to understand the activities of interest to elderly people, and provide outreach activities using the clubhouses or available areas of housing estates.

#### **4.5 Respect and social inclusion**

**Aim:** To facilitate intergenerational exchange

- Organize intergenerational activities, such as photo-taking of the community, cooking competition, etc., involving participation of all ages to promote exchange and respect across generations.
- Encourage NGOs to organize innovative intergenerational programmes in which elders can share their knowledge and experience to the youth, thus to facilitate the building of positive image of elderly and diminish age discrimination.

**Aim:** To engage the elderly in building an age-friendly city

- Encourage service providers in the district to consult and listen to the views of elderly people.
- Encourage the formation of elderly groups to enable them to express their opinions on social issues related to their daily life.

## 4.6 Civic participation and employment

Aim: To promote and facilitate employment for the elderly

- Provide support to NGOs or social enterprises to provide job search information and job matching services for senior citizens in places accessible to them.
- Explore the feasibility of setting up neighbourhood networks in which organizations and residents in the district could provide flexible job opportunities to senior citizens who are looking for jobs.

## 4.7 Communication and information

Aim: To enhance and strengthen district communication and information channels

- Encourage the setting up of notice boards in public areas of private estates to facilitate information flow to elder residents.
- Promote the use of existing social platforms (e.g., Facebook) and establish new media such as mobile app if necessary to provide age-friendly informations
- Encourage the use of simplified language, bold text and large fonts in print materials for elderly people.

## 4.8 Community support and health services

Aim: To empower old people to self-manage their health

- Encourage NGOs to understand the needs of elders and provide targeted community-based programme to enhance their physical and mental well-being, noting that District Council will further enhance the district-based primary health care services through medical-social collaboration.
- Further expand the coverage of information kiosk established under the Kwai Tsing Signature Project Scheme to educate elders in the district about health management, and provide health checking equipment such as blood pressure monitor at venues where necessary.

**Aim:** To facilitate home care services with flexibility

- Discuss with District Council and district organizations to identify areas in the district requiring community care services and part-time domestic helpers and step up provision of information to the elders in those areas.
- Encourage NGOs to provide flexible home care services in terms of the number and variety of services provided, work schedule of the helpers, etc. to meet the need of the elders.

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# Appendix



計劃夥伴 Project Partner:



策劃及捐助 Initiated and funded by:



問卷編號： \_\_\_\_\_

問卷完整性：  部分完成  整份完成

調查方式：  面談  電話訪問  自行填寫

調查日期：	調查地點：	問卷員編號：
覆檢員編號：	數據輸入員編號 (首輪)：	數據輸入員編號 (次輪)：

## 「賽馬會齡活城市計劃」問卷調查

篩選問題：

1. 年齡： \_\_\_\_\_

2. 性別：男 / 女

3. 於現址連續居住六個月或以上：是 / 否

4. 住宅地區

- (1) 油尖旺  (2) 九龍城  (3) 黃大仙  (4) 深水埗  (5) 觀塘  
 (6) 西貢  (7) 荃灣  (8) 葵青  (9) 沙田  (10) 大埔  
 (11) 元朗  (12) 屯門  (13) 北區  (14) 中西區  (15) 灣仔  
 (16) 南區  (17) 東區  (18) 離島

拒絕人次 [ ]	重覆接觸人次 [ ]	非合適受訪者 [ ]						
		年齡						
		地區						



計劃夥伴 Project Partner:



策劃及捐助 Initiated and funded by:



## 賽馬會齡活城市計劃 參加者同意書

現誠邀閣下參與香港中文大學賽馬會老年學研究所的「賽馬會齡活城市計劃」，該計劃由香港賽馬會慈善信託基金主導，聯同本地四間老年學研究單位：香港中文大學賽馬會老年學研究所、香港大學秀圃老年研究中心、嶺南大學亞太老年學研究中心、香港理工大學活齡學院，與社區不同持份者共建「齡活城市」，讓香港成為適合長者及不同年齡人士生活的地方。

### 研究目的

根據世界衛生組織的《全球長者及年齡友善城市建設指南》檢視香港各區對長者及不同年齡人士生活的方便及友善程度。

### 程序

您現只需完成一份有關長者及年齡友善社區的問卷（需時約半小時至一小時）。另外，我們亦會以聚焦小組的形式邀請閣下接受訪問（需時約一小時三十分至兩小時），而當中的對話內容會被錄音以作研究記錄用途，但卻不會作公開播放。

### 風險

是次研究並不存有已知的風險。

### 利益

當完成問卷後，您將獲得港幣伍拾圓正現金禮券。另外，當完成以聚焦小組形式訪問後，您亦會獲得港幣伍拾圓正現金禮券（即合共港幣壹佰元正）。您於問卷及聚焦小組訪問中所提供的寶貴資料，將有助研究長者及年齡友善的課題。

### 私隱

是次研究所收集的資料只供有關「賽馬會齡活城市計劃」之用，個人資料將絕對保密，除獲本研究所授權的人員外，將不會提供予其他人士。

### 參與及退出

參與純屬自願性質，您可隨時退出而不會對您造成負面影響。

如您對是項研究有任何查詢，請與汪先生聯絡（電話：3943 9294；地址：香港沙田中文大學康本國際學術園6樓602室；電郵：ioa@cuhk.edu.hk）。如您想知道更多有關研究參與者的權益，請聯絡香港中文大學調查及行為研究操守委員會（電話：3943 6777）。

如您明白以上內容，並願意參與是項研究，請簽署以下之同意書。

姓名：\_\_\_\_\_

簽署：\_\_\_\_\_

日期：\_\_\_\_\_

批准研究到期日：\_\_\_\_\_ 2018年12月份

葵青 - 葵興

<input type="checkbox"/> (801) 葵俊苑	(802) 光輝圍
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葵青 - 上大窩口

<input type="checkbox"/> (803) 大窩口邨 (部份): 富強樓 / 富國樓 / 富泰樓 / 富德樓 / 富華樓 / 富榮樓 / 富賢樓
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葵青 - 葵涌邨北

<input type="checkbox"/> (804) 葵涌邨 (部份): 曉葵樓 / 合葵樓 / 雅葵樓 / 百葵樓 / 逸葵樓 / 映葵樓 / 旭葵樓
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葵青 - 石蔭

<input type="checkbox"/> (805) 寧峰苑
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葵青 - 石籬

<input type="checkbox"/> (806) 石籬(二)邨 - 石祥樓 / 石福樓 / 石富樓 / 石禧樓 / 石廣樓 / 石偉樓 / 石榮樓 / 石欣樓 / 石怡樓 / 第 10 座 / 第 11 座
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葵青 - 大白田

<input type="checkbox"/> (807) 葵星中心	<input type="checkbox"/> (808) 葵涌花園	<input type="checkbox"/> (809) 寶星中心	<input type="checkbox"/> (810) 瑞景大廈
<input type="checkbox"/> (811) 雍雅軒	<input type="checkbox"/> (812) 怡勝花園	<input type="checkbox"/> (813) 誼發大廈	834 金祿樓
835 葵豐樓	836 葵麗大廈	837 金恆樓	838 福蔭大廈
839 志昌樓			

葵青 - 華麗

<input type="checkbox"/> (814) 嘉翠園	<input type="checkbox"/> (815) 海峰花園	<input type="checkbox"/> (816) 華景山莊
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葵青 - 荔華

<input type="checkbox"/> (817) 荔欣苑
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葵青 - 翠怡

<input type="checkbox"/> (818) 涌美老屋村	<input type="checkbox"/> (819) 海欣花園	<input type="checkbox"/> (820) 翠怡花園	<input type="checkbox"/> (821) 藍田村
<input type="checkbox"/> (822) 新屋村	<input type="checkbox"/> (823) 大王下村	<input type="checkbox"/> (824) 鹽田角村	

葵青 - 長青

<input type="checkbox"/> (825) 長青邨
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葵青 - 長康

<input type="checkbox"/> (826) 青華苑
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葵青 - 青衣南

<input type="checkbox"/> (827) 長宏邨	(828) 曉峰園	(829) 藍澄灣
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葵青 - 青發

<input type="checkbox"/> (830) 青雅苑	(831) 青泰苑	(832) 青宏苑
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北區 – 天平東

<input type="checkbox"/> (1301) 天平邨 (部份) : 天喜樓 / 天朗樓 / 天美樓	<input type="checkbox"/> (1302) 安盛苑	<input type="checkbox"/> (1303) 皇府山
<input type="checkbox"/> (1304) 綠悠軒	<input type="checkbox"/> (1305) 美景新村	<input type="checkbox"/> (1306) 馬屎埔
<input type="checkbox"/> (1308) 安國花園新邨		<input type="checkbox"/> (1307) 烏鴉落陽

北區 – 石湖墟

<input type="checkbox"/> (1309) 龍豐花園	<input type="checkbox"/> (1310) 新都廣場	<input type="checkbox"/> (1311) 海禧華庭	<input type="checkbox"/> (1312) 石湖墟
<input type="checkbox"/> (1313) 上水中心	<input type="checkbox"/> (1314) 上水名都	<input type="checkbox"/> (1315) 順欣花園	<input type="checkbox"/> (1316) 旭埔苑

北區 – 天平西

<input type="checkbox"/> (1317) 天平邨 (部份) : 天祥樓 / 天賀樓 / 天明樓 / 天怡樓
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北區 – 粉嶺市

<input type="checkbox"/> (1318) 碧湖花園	<input type="checkbox"/> (1319) 牽晴間	<input type="checkbox"/> (1320) 粉嶺樓	<input type="checkbox"/> (1321) 粉嶺中心
<input type="checkbox"/> (1322) 粉嶺圍	<input type="checkbox"/> (1323) 安樂村	<input type="checkbox"/> (1324) 掃管埔	<input type="checkbox"/> (1325) 瑞栢園
<input type="checkbox"/> (1326) 海燕花園			

北區 – 欣盛

<input type="checkbox"/> (1327) 昌盛苑	<input type="checkbox"/> (1328) 欣盛苑	<input type="checkbox"/> (1329) 雍盛苑
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北區 – 上水鄉郊

<input type="checkbox"/> (1330) 歐意花園	<input type="checkbox"/> (1331) 坑頭	<input type="checkbox"/> (1332) 河上鄉	<input type="checkbox"/> (1333) 古洞
<input type="checkbox"/> (1334) 馬草壟	<input type="checkbox"/> (1335) 大頭嶺	<input type="checkbox"/> (1336) 松柏朗	

北區 – 清河

<input type="checkbox"/> (1337) 清河邨
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北區 – 彩園

<input type="checkbox"/> (1338) 彩蒲苑
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北區 – 華明

<input type="checkbox"/> (1339) 華明邨
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北區 – 盛福

<input type="checkbox"/> (1340) 嘉盛苑	<input type="checkbox"/> (1341) 欣翠花園	<input type="checkbox"/> (1342) 蔚翠花園	<input type="checkbox"/> (1343) 百福花園
<input type="checkbox"/> (1344) 豪峰嶺	<input type="checkbox"/> (1345) 維也納花園		

北區 – 沙打

<input type="checkbox"/> (1346) 沙頭角邨	<input type="checkbox"/> (1347) 上禾坑
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西貢 - 環保

<input type="checkbox"/> (601) 清水灣半島	<input type="checkbox"/> (602) 日出康城
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西貢 - 西貢市中心

<input type="checkbox"/> (603) 對面海邨	<input type="checkbox"/> (604) 明順村	<input type="checkbox"/> (605) 翠塘花園
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西貢 - 西貢離島

<input type="checkbox"/> (606) 觀海樓	<input type="checkbox"/> (607) 甲邊朗	<input type="checkbox"/> (608) 滘西洲	<input type="checkbox"/> (609) 糧船灣
<input type="checkbox"/> (610) 南山	<input type="checkbox"/> (611) 北潭涌	<input type="checkbox"/> (612) 菠蘿嶺	<input type="checkbox"/> (613) 沙角尾
<input type="checkbox"/> (614) 大網仔	<input type="checkbox"/> (615) 躉場		

西貢 - 坑口西

<input type="checkbox"/> (616) 馬游塘	<input type="checkbox"/> (617) 茅湖仔	<input type="checkbox"/> (618) 碧水新村	<input type="checkbox"/> (619) 大埔仔
<input type="checkbox"/> (620) 井欄樹	<input type="checkbox"/> (621) 將軍澳村	<input type="checkbox"/> (622) 魷魚灣村	

西貢 - 運亨

<input type="checkbox"/> (623) 疊翠軒	<input type="checkbox"/> (624) 茵怡花園
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西貢 - 南安

<input type="checkbox"/> (625) 東港城	<input type="checkbox"/> (626) 新寶城	<input type="checkbox"/> (627) 南豐廣場
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西貢 - 富君

<input type="checkbox"/> (628) 富康花園
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西貢 - 維都

<input type="checkbox"/> (629) 都會駅	<input type="checkbox"/> (630) 維景灣畔
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西貢 - 彩健

<input type="checkbox"/> (631) 健明邨 (部份) : 健晴樓 / 健曦樓
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西貢 - 白沙灣

<input type="checkbox"/> (632) 栢麗灣別墅	<input type="checkbox"/> (633) 蠔涌	<input type="checkbox"/> (634) 匡湖居	<input type="checkbox"/> (635) 莫遮嶺
<input type="checkbox"/> (636) 南圍	<input type="checkbox"/> (637) 澳朗村	<input type="checkbox"/> (638) 北港凹	<input type="checkbox"/> (639) 打蠔墩
<input type="checkbox"/> (640) 打鼓嶺	<input type="checkbox"/> (641) 太平村	<input type="checkbox"/> (642) 窩美	

西貢 - 厚德

<input type="checkbox"/> (643) 厚德邨
------------------------------------

西貢 - 德明

<input type="checkbox"/> (644) 顯明苑	<input type="checkbox"/> (645) 和明苑	<input type="checkbox"/> (646) 煜明苑
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西貢 - 康景

<input type="checkbox"/> (647) 富麗花園	<input type="checkbox"/> (648) 旭輝臺	<input type="checkbox"/> (649) 怡心園	<input type="checkbox"/> (650) 慧安園
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西貢 - 尚德

<input type="checkbox"/> (651) 尚德邨
------------------------------------

西貢 - 廣明

<input type="checkbox"/> (652) 廣明苑	<input type="checkbox"/> (653) 寶明苑
------------------------------------	------------------------------------

以下有些句子，請回答您對這些句子的同意程度，以 1 至 6 分代表。1 分為非常不同意，2 分為不同意，3 分為有點不同意，4 分為有點同意，5 分為同意，6 分為非常同意。

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分  
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

A	室外空間及建築	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	公共地方乾淨同舒適。	1	2	3	4	5	6
2.	戶外座位同綠化空間充足，而且保養得妥善同安全。	1	2	3	4	5	6
3.	司機喺路口同行人過路處俾行人先。	1	2	3	4	5	6
4.	單車徑同行人路分開。	1	2	3	4	5	6
5.	街道有充足嘅照明，而且有警察巡邏，令戶外地方安全。	1	2	3	4	5	6
6.	商業服務 (好似購物中心、超市、銀行) 嘅地點集中同方便使用。	1	2	3	4	5	6
7.	有安排特別客戶服務俾有需要人士，例如長者專用櫃枱。	1	2	3	4	5	6
8.	建築物內外都有清晰嘅指示、足夠嘅座位、無障礙升降機、斜路、扶手同樓梯、同埋防滑地板。	1	2	3	4	5	6
9.	室外和室內地方嘅公共洗手間數量充足、乾淨同埋保養得妥善，俾唔同行動能力嘅人士使用。	1	2	3	4	5	6
B	交通						
10.	路面交通有秩序。	1	2	3	4	5	6
11.	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

以下有些句子，請回答您對這些句子的同意程度，以 1 至 6 分代表。1 分為非常不同意，2 分為不同意，3 分為有點不同意，4 分為有點同意，5 分為同意，6 分為非常同意。

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分  
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

12.	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
13.	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
14.	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
15.	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
16.	有專為殘疾人士而設嘅交通服務。	1	2	3	4	5	6
17.	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
18.	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
19.	喺公共交通唔夠嘅地方有其他接載服務。	1	2	3	4	5	6
20.	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
21.	馬路保養妥善，照明充足。	1	2	3	4	5	6
<b>C</b>	<b>住所</b>						
22.	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

以下有些句子，請回答您對這些句子的同意程度，以 1 至 6 分代表。1 分為非常不同意，2 分為不同意，3 分為有點不同意，4 分為有點同意，5 分為同意，6 分為非常同意。

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分  
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

23.	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
24.	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
25.	區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢地嘅服務。	1	2	3	4	5	6
<b>D</b>	<b>社會參與</b>						
26.	活動可以俾一個人或者同朋友一齊參加。	1	2	3	4	5	6
27.	活動同參觀景點嘅費用都可以負擔，亦都有隱藏或附加嘅收費。	1	2	3	4	5	6
28.	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
29.	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
30.	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
31.	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>E</b>	<b>尊重及社會包融</b>						
32.	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
33.	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

以下有些句子，請回答您對這些句子的同意程度，以 1 至 6 分代表。1 分為非常不同意，2 分為不同意，3 分為有點不同意，4 分為有點同意，5 分為同意，6 分為非常同意。

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分  
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

34.	服務人員有禮貌，樂於助人。	1	2	3	4	5	6
35.	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
36. *	社會認同長者嘅過去同埋目前所作出嘅貢獻。	1	2	3	4	5	6
37. *	傳媒對長者嘅描述正面同埋有成見。	1	2	3	4	5	6
<b>F</b>	<b>社區參與及就業</b>						
38.	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
39. *	長者員工嘅特質得到廣泛推崇。	1	2	3	4	5	6
40. *	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
41. *	禁止嘅僱用、留用、晉升同培訓僱員呢幾方面年齡歧視。	1	2	3	4	5	6
<b>G</b>	<b>訊息交流</b>						
42.	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
43.	定期提供長者有興趣嘅訊息同廣播。	1	2	3	4	5	6
44.	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
45. *	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
46. *	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

以下有些句子，請回答您對這些句子的同意程度，以 1 至 6 分代表。1 分為非常不同意，2 分為不同意，3 分為有點不同意，4 分為有點同意，5 分為同意，6 分為非常同意。

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分  
有些題目中會列出一些長者友善社區的條件。如各項條件並不一致，請以使用該設施/環境的整體情況評分。

您有幾同意而家……

47.	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
H	<b>社區支持與健康服務</b>						
48.	醫療同社區支援服務足夠。	1	2	3	4	5	6
49.	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
50.	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
51.	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
52.	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
53. *	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

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

1	2	3	4	5
非常不同意	不同意	普通	同意	非常同意

請就你居住的社區/屋村/屋苑（簡稱社區）評分，您有幾同意而家……

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

以下有些句子，是關於您對生活不同方面的感受的程度。以 1 至 4 分代表。1 分為從來沒有這些感受，2 分為好少有這些感受，3 分為間中有這些感受，4 分為經常有這些感受。

1	2	3	4
從來沒有	好少	間中	經常

加州洛杉磯大學寂寞感量表(三項簡短版)	從來沒有	好少	間中	經常
1. 你有幾經常覺得自己缺乏人陪伴? 係從來沒有、好少、間中、定經常?	1	2	3	4
2. 你有幾經常覺得被忽略? 係從來沒有、好少、間中、定經常?	1	2	3	4
3. 你有幾經常覺得孤獨? 係從來沒有、好少、間中、定經常?	1	2	3	4

## 受訪者資料

1. 您嘅性別係：(1)  男 (2)  女
  
2. 您嘅婚姻狀況係(一定要讀出所有選擇)：  
 (1) 從未結婚  
 (2) 現在已婚  
 (3) 喪偶  
 (4) 離婚 / 分居  
 (5) 其他(請註明)： \_\_\_\_\_
  
3. 您嘅教育程度係：  
 (1) 未受教育/學前教育(幼稚園)  (2) 小學  
 (3) 初中  (4) 高中  
 (5) 預科  (6) 專上教育：文憑/證書課程  
 (7) 專上教育：副學位課程  (8) 專上教育：學位課程或以上
  
4. 居所類型：  
 (1) 公營房屋  
     (11) 租住(如公屋、長者屋)  
     (12) 補助出售單位(如經「租者置其屋計劃」購入的公屋單位)  
 (2) 補助出售居屋單位  
     (21) 第二市場(未補地價)  
     (22) 自由市場(已補地價)  
 (3) 私人永久性房屋  
     (31) 租住(包括免租如員工宿舍)  
     (32) 自置(包括有按揭)  
 (4) 私人臨時房屋(如鐵皮屋)  
 (5) 其他(請註明)： \_\_\_\_\_ (如老人院)
  
5. 通訊地址： \_\_\_\_\_
  
6. 您喺以上住址/所屬社區住左幾耐： \_\_\_\_\_
  
7. 您的居住狀況？  
 (1) 與伴侶同住  (2) 與子女同住  
 (3) 與伴侶及子女同住  (4) 獨居  
 (5) 其他(請註明)： \_\_\_\_\_
  
8. 您而家有無返工？

(1)有 → 您而家嘅職位/工作：\_\_\_\_\_ (請註明)

(0)無 → 您係：(讀出所有選擇)

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

9. 一般來說，您說您的健康係非常好、很好、好、一般或差？

(1)差  (2) 一般  (3) 好  (4) 很好  (5) 非常好

10. 您有否照顧六十五歲或以上長者的經驗？

(0)否                       (1)有

11. 過去三個月內，您有否使用／參加過長者中心所提供的服務/活動？

(0)否                       (1)有

12. 您有無足夠嘅金錢嚟應付日常開支？

(1)非常不足夠  (2)不足夠  (3)剛足夠  (4)足夠有餘  
 (5)非常充裕

13. 您而家每個月收入係港幣幾多？

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

\* 您是否願意留下你的電話號碼以作將來聯絡之用？

\_\_\_\_\_ (先生/女士/小姐) 電話號碼：\_\_\_\_\_

\* 您是否有興趣參與聚焦小組作進一步意見分享？

(0) 否                       (1) 是                       (2) 未確定

\* MH: E / IE

\* LA: E / IE





## Jockey Club Age-friendly City Project



賽馬會齡活城市  
Jockey Club Age-friendly City

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

## CUHK Jockey Club Institute of Ageing



香港中文大學  
賽馬會老年學研究所  
CUHK Jockey Club Institute of Ageing

<http://www.ioa.cuhk.edu.hk/>