



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

# Jockey Club Age-Friendly City Project

## Baseline Assessment Report

WONG TAI SIN



Lion Rock

策劃及捐助 Initiated and funded by:



香港賽馬會慈善信託基金  
The Hong Kong Jockey Club Charities Trust  
同心 同步 同進 RIDING HIGH TOGETHER

計劃夥伴 Project partner:



香港大學耆老研究中心  
Sau Po Centre on Ageing  
The University of Hong Kong



香港大學  
THE UNIVERSITY OF HONG KONG

**Jockey Club Age-Friendly City Project**

**Baseline Assessments and Training and Professional Support  
(Three Districts in the Second Phase)**

**Baseline Assessment Report  
Wong Tai Sin District**

**2017**

Submitted by

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

**Acknowledgement**

**Initiated and funded by The Hong Kong Jockey Club Charities Trust**

**Sau Po Centre on Ageing, The University of Hong Kong**  
2/F The Hong Kong Jockey Club Building for Interdisciplinary Research  
5 Sassoon Road, Pokfulam, Hong Kong  
Website: [ageing.hku.hk](http://ageing.hku.hk)

Tel: (852) 2831 5210  
Email: [ageing@hku.hk](mailto:ageing@hku.hk)

## Table of Contents

<b>1. EXECUTIVE SUMMARY .....</b>	<b>4</b>
<b>2. INTRODUCTION .....</b>	<b>5</b>
<b>2.1 Project Background.....</b>	<b>5</b>
<b>2.2 District Characteristics.....</b>	<b>5</b>
<b>2.3 Previous Age-friendly City Work in the District .....</b>	<b>7</b>
<b>3. METHODOLOGY.....</b>	<b>8</b>
<b>3.1. Questionnaire Survey.....</b>	<b>9</b>
3.1.1. Participants .....	9
3.1.2. Measures .....	10
3.1.3. Data Analysis.....	10
<b>3.2. Focus Group .....</b>	<b>11</b>
<b>4. RESULTS.....</b>	<b>11</b>
<b>4.1. Questionnaire Survey.....</b>	<b>11</b>
4.1.1. Participants Characteristics.....	11
4.1.2. Perceived Age-friendliness .....	18
4.1.3. Sense of Community.....	22
4.1.4. Age Group Comparison.....	22
4.1.5. Housing Type Comparison .....	23
4.1.6. Sub-district Community Comparison .....	25
<b>4.2. Focus Group Study .....</b>	<b>28</b>
4.2.1 Participant characteristics.....	28
4.2.2 Physical Environment.....	29
4.2.3 Social and Cultural Environment.....	31
<b>5. CONCLUSION.....</b>	<b>35</b>
<b>6. REFERENCE.....</b>	<b>37</b>
<b>7. APPENDICES.....</b>	<b>39</b>
Appendix 1 District Maps .....	39
Appendix 2 Questionnaire .....	40
Appendix 3 Focus Group Discussion Demographic Questionnaire .....	58
Appendix 4 Focus Group Discussion Guide.....	60

## 1. EXECUTIVE SUMMARY

The Jockey Club Age-Friendly City Project aims to move Hong Kong towards an age-friendly city. This report describes the baseline assessment study conducted in the Wong Tai Sin district from April 2017 to July 2017 as part of the Project. The objective of the baseline assessment was to understand the needs of the Wong Tai Sin district in preparing the district to become more age friendly. The baseline assessment comprised a quantitative survey study and a qualitative focus group study. A total of 576 questionnaire surveys were collected from the ten sub-district communities of (1) Choi Wan; (2) Hammer Hill; (3) Tsz Wan Shan; (4) Diamond Hill; (5) Choi Hung; (6) San Po Kong; (7) Tung Tau; (8) Upper and Lower Wong Tai Sin Estate; (9) Chuk Yuen; and (10) Wang Tau Hom. A total of five focus group interviews were conducted.

The typical participant of the questionnaire survey was a married woman aged over 65 years who has resided in the district for 26 years, living alone or with a spouse in a public rental housing, using elderly centres with fair perceived health, retired with a monthly income of less than HK\$6,000 but still felt financially sufficient. The age of the building is usually over 30 years, with elevator, although residents would still need to take the stairs to go out. Majority of older adults in the district expected themselves to age in place for the coming 5 years. However, should their health deteriorate, the percentage of older adults with such expectation dropped considerably.

Participants perceived the Wong Tai Sin district to be age-friendly in general. Comparing the degree of perceived age-friendliness across different domains, “social participation” scored the highest while “community support & health services” scored the lowest. The sense of community is strong particularly in terms of sense of membership, that is, the sense of belonging to the district. The older the resident, the stronger the sense of community and perceived age-friendliness. Among those aged 60 years or above, most (83.5%) used services or participated in activities provided by elderly centres. Tung Tau residents reported the highest level of perceived age-friendliness while the sense of community was reported to be the highest in San Po Kong compared with those living in the other nine sub-district communities. Participants residing in private housing had significantly lower score in "respect & social inclusion", but higher score in "need fulfilment" in sense of community than the public housing group

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

## 2. INTRODUCTION

### 2.1 Project Background

Hong Kong is undergoing rapid population ageing. The population aged 65 years or above is projected to increase from 15% of the total population in 2014 to 26% by 2029, and to 33% (33.1%) by 2064<sup>1</sup>. This means that by 2064, 1 in 3 people in Hong Kong will be an elderly. Population ageing is accompanied by a shrinking labour force and a growing dependency ratio. Defined as the number of persons aged ‘under 15’ and ‘65 and over’ per 1000 persons aged 15 to 64, the dependency ratio is projected to rise from 348 in 2014 to 716 in 2064<sup>2</sup>. These demographic changes carry significant implications for the demand and costs of public services. Therefore, building an age-friendly city will help meet the needs of older people, enabling them to live active, independent, and good-quality lives in the community. An age-friendly city would also facilitate the development of Hong Kong as a better society.

The Sau Po Centre on Ageing of The University of Hong Kong (“HKU”) received a donation from The Hong Kong Jockey Club Charities Trust in 2017 to conduct the *Jockey Club Age-Friendly City Project* (“JCAFC Project”) in the Eastern, Southern, and Wong Tai Sin districts. In all three districts, the study is implemented in two phases: from March 2017 to September 2017 (Phase 1), and from October 2017 to December 2020 (Phase 2). Phase 1 of the project consists of three parts. The first and second parts are the baseline assessment of district age-friendliness by using questionnaire surveys and focus group interviews respectively. Focus group interviews with district residents aim to gain in-depth understanding of their views on age-friendliness in their communities. A report of district-based recommendations and implementation proposals is generated based on these findings. The third part in Phase 1 is to organize an “Age-friendly City Ambassador Programme” in the districts, to familiarize ambassadors with the knowledge and methods in building an age-friendly community. Phase 2 of the project consists of collaboration with key district stakeholders and provision of professional support from the HKU team to develop, implement and evaluate district-based age-friendly city (“AFC”) projects for enhancing district age-friendliness.

This report presents baseline assessment findings from Phase 1. The objective of the baseline assessment was to understand the needs of the Wong Tai Sin district in preparing to become more age-friendly.

### 2.2 District Characteristics

The Wong Tai Sin district is a place steeped in Chinese tradition and culture. The District used to be a predominately rural area sparsely populated by natives of Pun U (番禺) and Hakka (客家) origin. With an area of 9.26 km<sup>2</sup><sup>3</sup>, the Wong Tai Sin district consists of 25 constituency areas, namely (1) Lung Tsui(龍趣), (2) Lung Ha(龍下), (3)

Lung Sheung(龍上), (4) Fung Wong(鳳凰), (5) Fung Tak(鳳德), (6) Lung Sing(龍星), (7) San Po Kong(新蒲崗), (8) Tung Tau(東頭), (9) Tung Mei(東美), (10) Lok Fu(樂富), (11) Wang Tau Hom(橫頭磡), (12) Tin Keung(天強), (13) Tsui Chuk & Pang Ching(翠竹及鵬程), (14) Chuk Yuen South(竹園南), (15) Chuk Yuen North(竹園北), (16) Tsz Wan West(慈雲西), (17) Ching Oi(正愛), (18) Ching On(正安), (19) Tsz Wan East(慈雲東), (20) King Fu(瓊富), (21) Choi Wan East(彩雲東), (22) Choi Wan South(彩雲南), (23) Choi Wan West(彩雲西), (24) Chi Choi(池彩), and (25) Choi Hung (彩虹).

According to the Hong Kong Census and Statistics Department <sup>4</sup>, the population of the Wong Tai Sin district is approximately 425,235, which is around 5.8% of the total population of Hong Kong. The proportion of elderly population aged 65 years or above was 17.2% of the total district population, making it the largest elderly population proportion among all 18 districts in Hong Kong <sup>4</sup>, and is considerably higher than the Hong Kong average of 15.9%.

Table 2.1 shows the domestic household characteristics of the Wong Tai Sin district. According to the 2016 Hong Kong Population By-Census <sup>5</sup>, the total number of domestic households in the Wong Tai Sin district was 145,489 while the average household size was 2.9. Among these district residents, approximately 58.8% (n= 222,910) participated in the labour force. The median monthly domestic household income was HK\$22,000.

**Table 2.1** Domestic household characteristics of Wong Tai Sin district in 2016

Total number of domestic households	145,489
Average household size	2.9
Type of housing (Public Rental Housing) <sup>6</sup>	51.8%
Median monthly domestic household income	HK\$22,000
Median monthly domestic household rent	HK\$1,750
Median monthly domestic household mortgage payment and loan repayment	HK\$7,000

There is a mixed composition in terms of housing type in the Wong Tai Sin district. Approximately 83% of Wong Tai Sin residents live in public rental housing estates or home ownership flats while 16.8% live in private permanent housing <sup>6</sup>. In total, there are 22 public rental housing estates (“PRH”), and 22 home ownership estates (“HOS”)<sup>7</sup>. Accounting for all types of housing, the median monthly domestic household rent was HK\$1,750, and HK\$7,000 for mortgage payment and loan repayment <sup>5</sup>. Regarding the provision of elderly centres and health care services, the district has a total of 18 elderly centres: 4 district elderly community centres (“DECCs”) <sup>8</sup> and 14 neighbourhood elderly centres (“NECs”) <sup>9</sup>, 3 public hospital <sup>10</sup>, 6 general outpatient clinics <sup>11</sup> and 1 elderly health care centre <sup>12</sup>.

The Wong Tai Sin district is the main transportation junction connecting Kowloon East and Kowloon West. Thus, residents in the district enjoy extensive transportation network and transport modes including the MTR, buses and minibuses. There are also considerable number of recreational facilities within the district for residents of different age groups. For example, Morse Park, Hammer Hill Park and Ngau Chi Wan Civic Centre are popular places for sports and leisure activities. This district is also a popular tourist destination, with famous monuments and sites such as the Wong Tai Sin Temple (黃大仙祠), Chi Lin Nunnery (志蓮淨苑), Nan Lian Garden (南蓮園池) and Wong Tai Sin Cultural Garden (黃大仙文化公園)<sup>13</sup>.

### 2.3 Previous Age-friendly City Work in the District

To develop an age-friendly community, the District Council (“DC”), non-governmental organizations (“NGOs”) and commercial sector in the Wong Tai Sin district have made concerted efforts in promoting the concept of AFC and in improving the community environment in response to changing needs of elderly residents. The following documented several of these initiatives.

In July 2011, the Finance Committee approved annual funding for the 「人人暢道通行」計劃<sup>14</sup> (translated herein as “Barrier-free Access and Facilities for Everybody” Project) for all districts in Hong Kong. The Wong Tai Sin DC formed a “Working Group of Barrier-Free Facilities in Wong Tai Sin” (“WGBFF”) since May 2012 to study and propose areas that need retrofitting for barrier-free access, with priority given to Choi Wan 彩雲, Tsui Chuk & Pang Ching 翠竹及鵬程<sup>15</sup>. The district is also a part of the Hong Kong territory-wide project 「起動全城香港長者友善社區」 “Age-Friendly Hong Kong” led by The Hong Kong Council of Social Service (“HKCSS”)<sup>16</sup>.

In spring 2014, The Link Community Sports Academy (the Academy) partnered with The Hong Kong Rouliqiu Association to offer rouliqiu (柔力球) classes for the first time in 13 venues including Wong Tai Sin Plaza<sup>17</sup>. Rouliqiu is a new sport that has recently become popular in Asia, which combines the essence of tai chi, tennis and badminton. It can be practiced in a small area and is a fun activity for people of all ages and abilities. The Academy also launched soccer and tennis classes for older adults aged 50 to 65 to promote a healthy lifestyle through participation in different physical activities.

Meanwhile, government and NGOs in the Wong Tai Sin district have initiated, co-organized, and implemented numerous age-friendly activities from 2015 to 2017 to enhance social and community engagement for the elderly. For example, the Social Welfare Department, Wong Tai Sin district Coordinating Committee on Promotion of Volunteer Services, Hong Kong Jockey Club, DECCs, NECs and various NGOs in the district organized the following projects:-

- 「耆藝匯聚放義彩」 promoted social inclusion of elderly through various art expressions or storytelling;
- 「耆樂相傳」義工服務計劃 paired up six secondary schools/uniform groups with elderly centers, to raise intergenerational communion, respect and understanding through volunteer services;
- 「敬老愛老樂融融 2015」聯歡活動 provided free meal for 800 elderly and their caretakers from 18 elderly centres in the District.
- 「嗇色暖意獻耆年 - 『愛·多一點長者關愛計劃』」 supported elderly couples and encouraged them to express love to each other;
- 「橫樂一家親」計劃 arranged care visit for singleton elderly living alone in the District, especially in Wang Tau Hom;
- 「賽馬會長者綠色生活項目」 a three year project providing training courses on green and healthy life to over 1,000 elderly; and
- 「黃大仙區推廣長者健康運動計劃」 to enhance elderly's health literacy as well as equip them with important skills and knowledge pertinent to physical exercises and health <sup>18</sup>.
- 「賽馬會齡活大使計劃」 Ambassador training Scheme funded by the Jockey Club Age-friendly City for the Wong Tai Sin district commenced in 2017:-
  - To encourage the general public to acquire knowledge on age-friendly city and share the concepts of age-friendly city in the community
  - To encourage the general public to participate in and promote the Jockey Club Age-friendly City Project <sup>19</sup>.

Overall, it is evident that various community stakeholders are actively pursuing projects and initiatives aimed at promoting the concept of age-friendliness and improving community environment. These initiatives formed a solid foundation upon which future age-friendly endeavors can be built.

### **3. METHODOLOGY**

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

### 3.1. Questionnaire Survey

#### 3.1.1. Participants

Participants recruited for the questionnaire survey were usual residents in the Wong Tai Sin district aged 18 years or above. Exclusion criteria were foreign domestic helpers or individuals who are mentally incapable to participate in the study.

Participants were recruited from ten meaningful sub-district communities (Table 3.1 & Appendix 1). The communities were derived *a priori* according to features and characteristics of the district, and validated by stakeholders who are familiar with the district.

**Table 3.1** Sampling sub-district communities for the Wong Tai Sin district

<b>Sub-district communities</b>	<b>Constituency Areas</b>
Choi Wan 彩雲 (CW)	King Fu 瓊富 Choi Wan (East, South & West) 彩雲 (東, 南, 西)
Hammer Hill 斧山 (HH)	King Fu 瓊富 Chi Choi 池彩
Tsz Wan Shan 慈雲山 (TWS)	Fung Tak 鳳德 Lung Sing 龍星 Tsz Wan (West & East) 慈雲 (西, 東) Ching Oi 正愛 Ching On 正安
Diamond Hill 鑽石山 (DH)	Lung Sing 龍星
Choi Hung 彩虹 (CH)	Chi Choi 池彩 Choi Hung 彩虹
San Po Kong 新蒲崗 (SPK)	San Po Kong 新蒲崗 Tung Tau 東頭
Tung Tau 東頭 (TT)	Tang Tau 東頭 Tung Mei 東美
Upper and Lower Wong Tai Sin Estate 黃大仙上下邨 (WTSE)	Lung Tsui 龍趣 Lung Ha 龍下 Lung Sheung 龍上
Chuk Yuen 竹園 (CY)	Fung Wong 鳳凰 Chuk Yuen (South & North) 竹園 (南, 北) Tsui Chuk & Pang Ching 翠竹及鵬程
Wang Tau Hom 橫頭磡 (WTH)	Lok Fu 樂富 Wang Tau Hom 橫頭磡 Tin Keung 天強

The study aimed to recruit a total of 500 participants comprising primarily elderly residents aged 60 or above, as well as some residents aged between 18 and 59. The study recruited participants from multiple sources including DECCs, NECs, relevant NGOs and advertisement and snowball referrals from stakeholders. A predetermined sample size corresponding to the population in each sub-district was set to improve overall representativeness.

### 3.1.2.Measures

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

- (i) Sociodemographic Information  
These included participants' age, gender, marital status, education, living arrangement, housing type, employment, and income. Self-reported health was captured using an item for assessing subjective health from the SF-12 Health Survey<sup>20</sup>.
- (ii) Community Care  
These included caregiving, engagement with elderly centres, use of mobility tools, and ageing-in-place expectations.
- (iii) Perceived Age-friendliness  
Perceived age-friendliness of the district was assessed using 61 items developed based on a local adaptation of the WHO's Age-friendly City Framework and Guidelines. Participants were asked to rate their perceived age-friendliness along eight categories, namely 1) outdoor spaces and buildings; 2) transportation; 3) housing; 4) social participation; 5) respect and social inclusion, 6) civic participation and employment; 7) communication and information; and 8) community support and health services. These can be further divided into 19 subdomains.
- (iv) Sense of Community  
Sense of community, including needs fulfilment, group membership, influence, and shared emotional connection were measured using the 8-item Brief Sense of Community Scale<sup>21,22</sup>.

### 3.1.3.Data Analysis

Descriptive analyses were performed to identify patterns in sociodemographics, community care, perceived age-friendliness, and sense of community across communities. Further analyses were performed to test the difference in perceived age-

friendliness and sense of community among age groups and sub-district communities using linear regression method.

### 3.2. Focus Group

A total of five focus groups comprising 32 participants were conducted in the Wong Tai Sin district, four with elderly residents aged 60 or above, and one with district residents aged between 18 and 59. Views from participants on the perceived age-friendliness of the district were solicited following the procedure based on the WHO Age-friendly Cities Project Methodology-Vancouver Protocol <sup>23</sup>. Focus groups typically took place in DECCs, with each group comprising 6 to 7 persons and lasting approximately 1.5 to 2 hours. Two to three AFC domains pertinent to WHO's age-friendly framework were explored in each session. All focus groups interviews were audio-recorded and transcribed verbatim.

## 4. RESULTS

### 4.1. Questionnaire Survey

#### 4.1.1. Participants Characteristics

A total of 576 participants were recruited. They represented residents in the 10 sub district communities of Choi Wan (10.6 %), Hammer Hill (4.7%), Tsz Wan Shan (22.4%), Diamond Hill (4.5%), Choi Hung (5.7%), San Po Kong (5.9%), Tung Tau (6.6%), Upper and Lower Wong Tai Sin Estate (14.9%), Chuk Yuen (15.1%), and Wang Tau Hom (9.5%) (Table 4.1).

**Table 4.1** Number of survey participants in the 10 sub-district communities of the Wong Tai Sin district

<b>Sub-district communities</b>	<b>N</b>	<b>%</b>
Choi Wan 彩雲 (CW)	61	10.6
Hammer Hill 斧山 (HH)	27	4.7
Tsz Wan Shan 慈雲山 (TWS)	129	22.4
Diamond Hill 鑽石山 (DH)	26	4.5
Choi Hung 彩虹 (CH)	33	5.7
San Po Kong 新蒲崗 (SPK)	34	5.9
Tung Tau 東頭 (TT)	38	6.6
Upper & Lower Wong Tai Sin Estate 黃大仙上下邨 (WTSE)	86	14.9
Chuk Yuen 竹園 (CY)	87	15.1
Wang Tau Hom 橫頭磡 (WTH)	55	9.5
<b>Total</b>	<b>576</b>	<b>100.0</b>

Participants' sociodemographic characteristics are summarized in Table 4.2. Majority (78.0%) of participants were female and aged 65 or above (74.1%). Of all participants, nearly half (46.5%) are married with only primary education level or less (63.1%). In terms of employment status and living arrangement, 60.9% are in their retirement, while more than half (52.7%) are either living alone or living with their spouse only, and 7.6% of them are living with domestic helper. About one in six participants was a caregiver (15.7%). Among these self-identified caregivers, 19.1% and 69.7% were providing care for children, and older persons respectively. Although majority (68.5%) of participants had either no income or having a monthly personal income below HK\$6,000, only 17.8% reported insufficient funds to meet daily expenses.

Residence characteristics of participants are summarized in Table 4.3. The average years of residence in the district was 26.3 years ( $SD=14.8$ ). In terms of housing type, 71.0% of participants lived in public rental housing and 38.4% resided in a building aged more than 31 years. In terms of residential building environment in which participants live, the average number of floors in these buildings is 28.8. Most (96.9%) of these buildings have elevators, but nearly one sixth (14.8%) of the participants are living in a building that require the use of the stairs to go out.

The self-reported health status of the participants is presented in Table 4.4. Nearly half of the participants (41.9%) rated their health as good or above (mean=3.5,  $SD=1.0$ ). Nearly one third of the participants (30.2%) had to walk with assistive devices such as canes, walkers, or wheelchairs. Nearly half (46.2%) of the participants have volunteered in services/activities organized by elderly centres in the past 3 months. Among those aged 60 years or above, most (83.5%) have used services or participated in activities provided by elderly centres.

In terms of participants' ageing-in-place intention (Table 4.5), 71.3% were definitively adamant against moving into a residential care unit in the next 5 years should their health remain the same. Only a small proportion (17.4%) of participants opined at least 50% chance of having to move into a residential care unit in the next five years. However, when asked of the same ageing-in-place intention should their health worsen in the next 5 years, the proportion of participants who expected absolutely no chance of moving into a residential care unit dropped to 24.1%. More than half (59.8%) of the participants expected at least 50% chance of moving, and 13.0% replied with a definite positive response.

**Table 4.2. Sociodemographic characteristics of questionnaire survey participants**

	Total		CW		HH		TWS		DH		CH		SPK		TT		WTSE		CY		WTH	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Gender</b>																						
Male	127	22.0	14	23.0	10	37.0	40	31.0	4	15.4	8	24.2	2	5.9	9	23.7	18	20.9	18	20.7	4	7.3
Female	449	78.0	47	77.0	17	63.0	89	69.0	22	84.6	25	75.8	32	94.1	29	76.3	68	79.1	69	79.3	51	92.7
<b>Age Group</b>																						
18-49 years	79	13.7	9	14.8	7	25.9	23	17.8	7	26.9	2	6.1	3	8.8	5	13.2	13	15.1	6	6.9	4	7.3
50-64 years	70	12.2	2	3.3	6	22.2	22	17.1	5	19.2	5	15.2	1	2.9	3	7.9	11	12.8	11	12.6	4	7.3
65-79 years	219	38.0	34	55.7	10	37.0	48	37.2	9	34.6	11	33.3	11	32.4	19	50.0	29	33.7	40	46.0	8	14.5
≥ 80 years	208	36.1	16	26.2	4	14.8	36	27.9	5	19.2	15	45.5	19	55.9	11	28.9	33	38.4	30	34.5	39	70.9
<b>Marital Status</b>																						
Never married	54	9.4	8	13.1	4	14.8	20	15.5	1	3.8	0	0.0	3	8.8	4	10.5	9	10.7	5	5.7	0	0.0
Married	267	46.5	36	59.0	19	70.4	56	43.4	14	53.8	18	54.5	10	29.4	17	44.7	37	44.0	45	51.7	15	27.3
Widowed	215	37.5	17	27.9	4	14.8	43	33.3	9	34.6	11	33.3	18	52.9	13	34.2	32	38.1	30	34.5	38	69.1
Divorced/ separated	38	6.7	0	0.0	0	0.0	10	7.8	2	7.6	4	12.1	3	8.8	4	10.5	6	7.2	7	8.0	2	3.6
<b>Education</b>																						
Nil / pre-primary	157	27.3	19	31.1	1	3.7	17	13.2	3	11.5	6	18.2	13	38.2	13	34.2	30	34.9	23	26.4	32	58.2
Primary	206	35.8	22	36.1	7	25.9	52	40.3	8	30.8	15	45.5	11	32.4	14	36.8	22	25.6	39	44.8	16	29.1
Secondary (F.1-3)	79	13.7	11	18.0	2	7.4	14	10.9	4	15.4	6	18.2	4	11.8	3	7.9	17	19.8	14	16.1	4	7.3
Secondary (F.4-7)	66	11.5	3	4.9	9	33.3	22	17.1	5	19.2	2	6.1	5	14.7	4	10.5	10	11.6	5	5.7	1	1.8
Diploma	13	2.3	1	1.5	2	7.4	6	4.7	1	3.8	1	3.0	0	0.0	0	0.0	1	1.2	1	1.1	0	0.0
Associate degree	7	1.2	2	3.3	0	0.0	4	3.1	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2	0	0.0	0	0.0
Bachelor degree or above	48	8.3	3	4.9	6	22.2	14	10.9	5	19.2	3	9.1	1	2.9	4	10.5	5	5.8	5	5.7	2	3.6
<b>Employment status</b>																						
Working	104	18.2	8	13.1	11	40.7	30	23.3	7	26.9	2	6.1	4	11.8	7	18.4	17	20.0	10	11.8	8	14.5
Unemployed	12	2.1	7	11.5	0	0.0	2	1.6	0	0.0	1	3.0	0	0.0	0	0.0	1	1.2	1	1.2	0	0.0
Retired	349	60.9	37	60.7	14	51.9	82	63.6	16	61.5	24	72.7	25	73.5	21	55.3	44	51.8	61	71.8	25	45.5
Homemakers	104	18.2	9	14.8	1	3.7	14	10.9	3	11.5	5	15.2	5	14.7	10	26.3	22	25.9	13	15.3	22	40.0
Students	3	0.5	0	0.0	0	0.0	1	0.8	0	0.0	1	3.0	0	0.0	0	0.0	1	1.2	0	0.0	0	0.0

	Total		CW		HH		TWS		DH		CH		SPK		TT		WTSE		CY		WTH	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Living arrangement</b>																						
Living alone	196	34.1	8	13.1	2	7.4	49	38.0	7	26.9	14	42.4	18	52.9	16	42.1	34	40.5	25	28.7	23	41.8
With spouse only	107	18.6	21	34.4	4	14.8	23	17.8	5	19.2	4	12.1	1	2.9	4	10.5	10	11.9	27	31.0	8	14.5
Spouse & other family members	124	21.6	9	14.8	14	51.9	28	21.7	9	24.6	8	24.2	4	11.8	8	21.1	20	23.8	17	19.5	7	12.7
With children / grandchildren	100	17.4	15	24.6	4	14.8	13	10.1	4	15.4	7	21.2	10	29.4	6	15.8	13	15.5	13	14.9	15	27.3
With other family members	41	7.1	7	11.5	3	11.1	14	10.9	1	3.8	0	0.0	1	2.9	4	10.5	7	8.3	4	4.6	0	0.0
With others	6	1.0	1	1.6	0	0.0	2	1.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.1	2	3.6
<b>Living with domestic helper</b>	29	7.6	1	1.9	3	12.0	8	10.0	2	10.5	4	21.1	0	0.0	2	9.1	1	1.9	2	3.2	6	18.8
<b>Participant is a caregiver</b>	90	15.7	20	32.8	4	14.8	18	14.0	2	7.7	7	21.2	5	14.7	4	10.5	10	11.6	15	17.4	5	9.1
Elderly†	62	69.7	17	85.0	2	50.0	12	66.7	0	0.0	3	42.9	3	60.0	2	50.0	5	55.6	14	93.3	4	80.0
People with disability†	1	1.1	0	0.0	0	0.0	0	0.0	0	0.0	1	14.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Children†	17	19.1	2	10.0	2	50.0	4	22.2	1	50.0	2	28.6	1	20.0	2	50.0	2	22.2	0	0.0	1	20.0
Others†	9	10.1	1	5.0	0	0.0	2	11.1	1	50.0	1	14.3	1	20.0	0	0.0	2	22.2	1	6.7	0	0.0
<b>Finance</b>																						
Very insufficient	17	3.0	4	6.6	0	0.0	1	0.8	2	7.7	3	9.1	1	2.9	1	2.6	1	1.2	4	4.6	0	0.0
Insufficient	85	14.8	15	24.6	4	14.8	12	9.3	2	7.7	6	18.2	2	5.9	5	13.2	15	17.4	19	21.8	5	9.1
Sufficient	393	68.2	34	55.7	19	70.4	90	69.8	14	53.8	22	66.7	25	73.5	26	68.4	62	72.1	55	63.2	46	83.6
More than sufficient	77	13.4	8	13.1	4	14.8	23	17.8	8	30.8	2	6.1	5	14.7	6	15.8	8	9.3	9	10.3	4	7.3
Abundant	4	0.7	0	0.0	0	0.0	3	2.3	0	0.0	0	0.0	1	2.9	0	0.0	0	0.0	0	0.0	0	0.0
<b>Monthly personal income</b>																						
No income	6	1.0	0	0.0	1	3.7	3	2.3	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2	1	1.1	0	0.0
HK\$1 to HK\$5,999	389	67.5	43	70.5	12	44.4	77	59.7	12	46.2	26	78.8	26	76.5	29	76.3	63	73.3	63	72.4	38	69.1
HK\$6,000 to HK\$9,999	56	9.7	1	1.6	3	11.1	17	13.2	3	11.5	3	9.1	2	5.9	3	7.9	6	7.0	8	9.2	10	18.2
HK\$10,000 to HK\$19,999	57	9.9	4	6.6	4	14.8	16	12.4	4	15.4	1	3.0	3	8.8	2	5.3	9	10.5	10	11.5	4	7.3
HK\$20,000 to HK\$29,999	19	3.3	3	4.9	4	14.8	4	3.1	0	0.0	0	0.0	1	2.9	1	2.6	2	2.3	2	2.3	2	3.6
HK\$30,000 to HK\$59,999	16	2.8	0	0.0	1	3.74	6	4.7	4	15.4	0	0.0	0	0.0	2	5.3	1	1.2	1	1.1	1	1.8
>HK\$60,000	33	5.7	10	16.4	2	7.4	6	4.7	3	11.5	3	9.1	2	5.9	1	2.6	4	4.7	2	2.3	0	0.0

† Multiple responses allowed

**Table 4.3** Residence characteristics

	Total		CW		HH		TWS		DH		CH		SPK		TT		WTSE		CY		WTH	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Residence years (mean, SD)</b>	26.3	14.8	26.1	10.8	13.2	10.1	24.9	14.8	21.0	11.5	29.2	20.0	34.0	16.6	27.1	16.3	25.8	17.2	27.0	8.3	31.2	15.7
<b>Housing, N (%)</b>	409	71.0	52	85.2	1	3.7	98	76.0	0	0.0	28	84.8	0	0.0	35	92.1	82	95.3	68	78.2	45	81.8
Public rental	12	2.1	0	0.0	3	11.1	2	1.6	1	3.8	2	6.1	4	11.8	0	0.0	0	0.0	0	0.0	0	0.0
Private, rental	146	25.3	9	14.8	22	81.5	28	21.7	23	88.5	1	3.0	29	85.3	3	7.9	2	2.3	19	21.8	10	18.2
Private, owned	9	1.6	0	0.0	1	3.7	1	0.8	2	7.7	2	6.1	1	2.9	0	0.0	2	2.3	0	0.0	0	0.0
Others																						
<b>Age of building</b>	23	4.0	1	1.6	11	40.7	4	3.1	1	3.8	2	6.1	0	0.0	0	0.0	4	4.7	0	0.0	0	0.0
≤10 years	143	24.8	8	13.1	9	33.3	66	51.2	8	30.8	2	6.1	2	5.9	4	10.5	32	37.2	2	2.3	10	18.2
11-20 years	189	32.8	7	11.5	3	11.1	49	38.0	14	53.8	4	12.1	4	11.8	23	60.5	28	32.6	37	42.5	20	36.4
21-30 years	221	38.4	45	73.8	4	14.8	10	7.8	3	11.5	25	75.8	28	82.4	11	28.9	22	25.6	48	55.2	25	45.5
≥31 years																						
<b>Building environment</b>	28.8	9.1	27.4	5.5	34.4	8.0	32.8	8.0	39.1	6.8	23.0	8.4	15.4	8.5	24.1	8.1	29.8	7.8	31.8	5.7	22.2	7.2
No. of floors (mean, SD)	558	96.9	59	96.7	27	100.0	129	100.0	26	100.0	33	100.0	20	58.8	38	100.0	86	100.0	86	98.9	54	98.2
With elevator	85	14.8	17	27.9	2	7.4	16	12.4	5	19.2	4	12.1	17	50.0	3	7.9	8	9.3	8	9.2	5	9.1
Need to take stairs																						

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

	Total		CW		HH		TWS		DH		CH		SPK		TT		WTSE		CY		WTH	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Self-rated health</b>																						
Excellent	24	4.2	2	3.3	1	3.7	6	4.7	0	0.0	1	3.0	3	8.8	0	0.0	6	7.0	2	2.3	3	5.5
Very good	77	13.4	4	6.6	4	14.8	23	17.8	5	19.2	5	15.2	3	8.8	7	18.4	6	7.0	12	13.8	8	14.5
Good	140	24.3	17	27.9	10	37.0	38	29.5	8	30.8	5	15.2	5	14.7	5	13.2	18	20.9	24	27.6	10	18.2
Fair	271	47.0	33	54.1	11	40.7	50	38.8	9	34.6	17	51.5	18	52.9	18	47.4	45	52.3	41	47.1	29	52.7
Poor	64	11.1	5	8.2	1	3.7	12	9.3	4	15.4	5	15.2	5	14.7	8	21.1	11	12.8	8	9.2	5	9.1
Mean score (mean, SD)	3.5	1.0	3.6	0.9	3.3	0.9	3.3	1.0	3.5	1.0	3.6	1.0	3.6	1.1	3.7	1.0	3.6	1.0	3.5	0.9	3.5	1.0
<b>Walk with assistive device*</b>	174	30.2	11	18.0	2	7.4	25	19.4	5	19.2	11	33.3	14	41.2	14	36.8	41	47.7	24	27.6	27	49.1
<b>Volunteer in elderly centres</b>	266	46.2	29	47.5	8	29.6	53	41.1	11	42.3	18	54.5	11	32.4	28	73.7	41	47.7	44	50.6	23	41.8
<b>User of elderly centres†</b>	385	83.5	43	86.0	14	73.7	81	84.4	11	68.8	21	75.0	28	90.3	28	87.5	54	83.1	68	88.3	37	78.7

\*Cane, walker, or wheelchair

†Applicable only to participants aged 60 years or above

**Table 4.5 Residential care service use expectation in 5 years<sup>†</sup>**

	Total		CW		HH		TWS		DH		CH		SPK		TT		WTSE		CY		WTH	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>If health remains the same</b>																						
0%	328	71.3	35	70.0	13	68.4	69	71.9	9	56.3	22	78.6	21	67.7	24	75.0	38	59.4	62	80.5	35	74.5
10%	18	3.9	3	6.0	0	0.0	6	6.3	0	0.0	2	7.1	0	0.0	2	6.3	3	4.7	2	2.6	0	0.0
20%	20	4.3	4	8.0	1	5.3	8	8.3	0	0.0	0	0.0	3	9.7	0	0.0	3	4.7	0	0.0	1	2.1
30%	9	2.0	2	4.0	0	0.0	4	4.2	1	6.3	0	0.0	0	0.0	2	6.3	0	0.0	0	0.0	0	0.0
40%	5	1.1	0	0.0	0	0.0	1	1.0	0	0.0	0	0.0	0	0.0	0	0.0	3	4.7	0	0.0	1	2.1
50%	37	8.0	4	8.0	3	15.8	5	5.2	0	0.0	2	7.1	3	9.7	2	6.3	7	10.9	6	7.8	5	10.6
60%	7	1.5	0	0.0	1	5.3	1	1.0	0	0.0	0	0.0	2	6.5	0	0.0	0	0.0	2	2.6	1	2.1
70%	3	0.7	0	0.0	0	0.0	1	1.0	1	6.3	1	3.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
80%	11	2.4	0	0.0	1	5.3	1	1.0	2	12.5	0	0.0	0	0.0	0	0.0	2	3.1	2	2.6	3	6.4
90%	4	0.9	0	0.0	0	0.0	0	0.0	0	0.0	1	3.6	0	0.0	0	0.0	2	3.1	0	0.0	1	2.1
100%	18	3.9	2	4.0	0	0.0	0	0.0	3	18.8	0	0.0	2	6.5	2	6.3	6	9.4	3	3.9	0	0.0
<b>If health worsens</b>																						
0%	111	24.1	11	22.0	8	42.1	28	29.2	3	18.8	6	21.4	7	22.6	6	18.8	14	21.9	18	23.4	10	21.3
10%	10	2.2	3	6.0	0	0.0	2	2.1	0	0.0	1	3.6	0	0.0	2	6.3	0	0.0	1	1.3	1	2.1
20%	19	4.1	6	12.0	0	0.0	5	5.2	0	0.0	1	3.6	0	0.0	0	0.0	3	4.7	2	2.6	2	4.3
30%	25	5.4	5	10.0	1	5.3	4	4.2	1	6.3	3	10.7	1	3.2	3	9.4	0	0.0	6	7.8	1	2.1
40%	19	4.1	1	2.0	2	10.5	7	7.3	0	0.0	0	0.0	2	6.5	0	0.0	2	3.1	2	2.6	3	6.4
50%	110	23.9	14	18.0	3	15.8	15	15.6	3	18.8	9	32.1	8	25.8	10	31.3	18	28.1	16	20.8	14	29.8
60%	25	5.4	1	2.0	1	5.3	8	8.3	0	0.0	0	0.0	1	3.2	2	6.3	3	4.7	9	11.7	0	0.0
70%	20	4.3	0	0.0	1	5.3	5	5.2	0	0.0	0	0.0	3	9.7	2	6.3	1	1.6	6	7.8	2	4.3
80%	43	9.3	5	10.0	1	5.3	8	8.3	1	6.3	1	3.6	4	12.9	3	9.4	10	15.6	5	6.5	5	10.6
90%	18	3.9	0	0.0	1	5.3	3	3.1	2	12.5	1	3.6	3	9.7	0	0.0	2	3.1	1	1.3	5	10.6
100%	60	13.0	4	8.0	1	5.3	11	11.5	6	37.5	6	21.4	2	6.5	4	12.5	11	17.2	11	14.3	4	8.5

<sup>†</sup>Applicable only to participants aged 60 years or above

#### 4.1.2. Perceived Age-friendliness

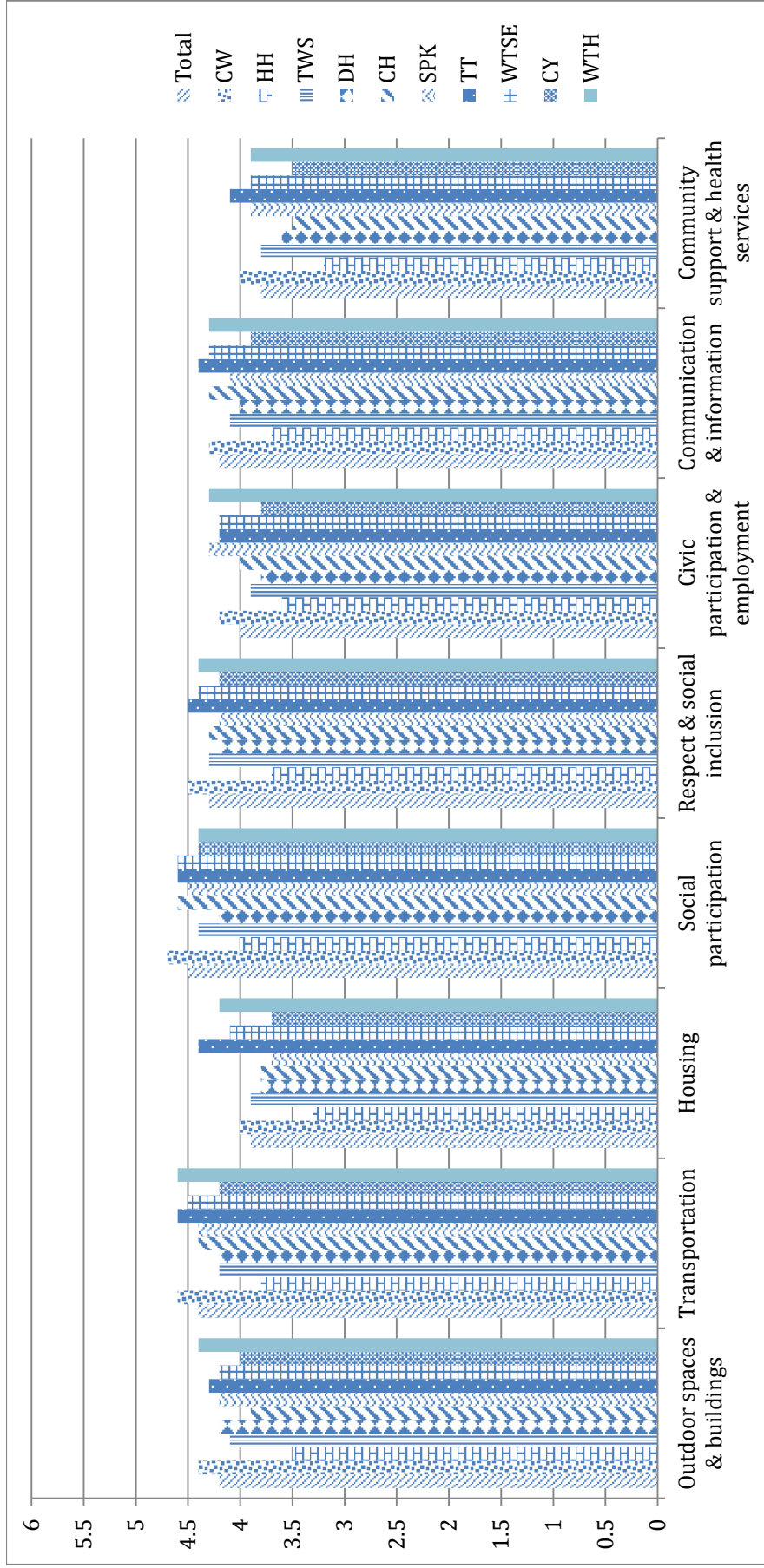
Figure 4.1 show the perceived age-friendliness across the eight domains in the WHO Age-friendly City Framework. Possible responses were 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree) and 6 (strongly agree).

As illustrated in Figure 4.1, participants perceived the Wong Tai Sin district to be age-friendly in general. Among the eight domains, the highest score was observed in the social participation domain (mean= 4.5), followed by “transportation” (4.4), “respect & social inclusion” (4.3), “outdoor spaces & buildings” (4.2), and “communication & information” (4.2). The domain with the lowest score was “community support & health services” (3.8).

As shown in Table 4.6, perceived age-friendliness varied across subdomains: “road safety & maintenance” and “accessibility of public transport” were rated the highest (4.5) among all subdomains in “transportation”, but “availability of specialized services” was rated the lowest (4.0). Noticeably, “availability of specialized services” was rated very low in district HH (2.9). Respondents perceived higher age- friendliness (4.0) in “environment” compared to “affordability & accessibility” (3.8) in “housing” domains. In terms of “respect and social inclusion”, “attitude” (4.4) was rated higher than “social inclusion opportunities” (4.1). Similar results were found in “civic participation and employment”, where “civic participation” was rated higher (4.4) than “employment” (3.9).

“Burial service” received the lowest scores (2.6) compared to other subdomains, and had considerable variances within different sub-district communities, ranging from 1.9 in HH to 3.1 in CW. However, “medical/social service” under the same domain “community support & health services” received a higher score of 4.1. Little variance was found within subdomains in “outdoor spaces & buildings”, “social participation”, and “communication & information”. All three of these domains were perceived as age-friendly with scores varying from 4.0 to 4.5.

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



**Table 4.6. Perceived age-friendliness**

	Total	CW	HH	TWS	DH	CH	SPK	TT	WTSE	CY	WTH
<b>Outdoor spaces &amp; buildings</b>	4.2 (0.7)	4.4 (0.6)	3.5 (0.8)	4.1 (0.6)	4.2 (0.5)	3.9 (0.8)	4.2 (0.7)	4.3 (0.6)	4.2 (0.8)	4.0 (0.8)	4.4 (0.5)
Outdoor spaces	4.3 (0.8)	4.4 (0.7)	4.0 (0.8)	4.3 (0.6)	4.3 (0.6)	4.3 (0.9)	4.4 (0.9)	4.5 (0.6)	4.4 (0.9)	4.1 (0.9)	4.6 (0.6)
Buildings	4.0 (0.9)	4.3 (0.8)	3.0 (1.1)	3.9 (0.7)	4.1 (0.6)	3.6 (0.9)	4.0 (0.7)	4.1 (0.8)	4.1 (0.9)	3.8 (1.0)	4.3 (0.7)
<b>Transportation</b>	4.4 (0.7)	4.6 (0.6)	3.8 (0.7)	4.2 (0.6)	4.2 (0.6)	4.4 (0.7)	4.4 (0.7)	4.6 (0.6)	4.5 (0.7)	4.2 (0.7)	4.6 (0.5)
Road safety & maintenance	4.5 (0.8)	4.7 (0.7)	4.3 (0.8)	4.4 (0.7)	4.2 (0.7)	4.6 (0.8)	4.5 (0.9)	4.7 (0.7)	4.5 (0.8)	4.4 (0.7)	4.6 (0.6)
Specialized services availability	4.0 (1.2)	4.5 (1.0)	2.9 (1.0)	3.8 (1.1)	4.0 (1.0)	4.2 (1.3)	4.0 (1.4)	4.5 (1.0)	4.2 (1.4)	3.7 (1.1)	4.3 (1.0)
Public transport, comfort to use	4.3 (0.7)	4.5 (0.7)	3.9 (0.8)	4.2 (0.7)	4.1 (0.8)	4.4 (0.8)	4.4 (0.9)	4.5 (0.6)	4.4 (0.8)	4.2 (0.7)	4.5 (0.6)
Public transport, accessibility	4.5 (0.7)	4.6 (0.7)	3.8 (0.9)	4.3 (0.7)	4.5 (0.6)	4.6 (0.8)	4.7 (0.7)	4.8 (0.6)	4.7 (0.7)	4.3 (0.8)	4.7 (0.5)
<b>Housing</b>	3.9 (0.8)	4.0 (0.9)	3.3 (0.8)	3.9 (0.8)	3.8 (0.8)	3.8 (0.9)	3.7 (0.9)	4.4 (0.7)	4.1 (0.9)	3.7 (0.8)	4.2 (0.6)
Affordability & accessibility	3.8 (1.0)	3.9 (1.1)	2.9 (1.1)	3.8 (0.9)	3.5 (0.9)	4.0 (1.0)	3.4 (1.0)	4.4 (0.9)	4.1 (1.0)	3.6 (0.9)	4.2 (0.8)
Environment	4.0 (0.9)	4.1 (0.9)	3.6 (0.8)	3.9 (0.9)	4.1 (1.0)	3.7 (1.1)	4.1 (0.9)	4.4 (0.8)	4.1 (1.1)	3.8 (0.8)	4.2 (0.7)
<b>Social participation</b>	4.5 (0.7)	4.7 (0.6)	4.0 (0.8)	4.4 (0.6)	4.2 (0.6)	4.6 (0.7)	4.5 (0.8)	4.6 (0.6)	4.6 (0.6)	4.4 (0.7)	4.4 (0.5)
Facilities and settings	4.5 (0.7)	4.8 (0.6)	4.0 (0.9)	4.5 (0.7)	4.3 (0.7)	4.5 (0.8)	4.5 (0.8)	4.6 (0.7)	4.7 (0.6)	4.5 (0.8)	4.5 (0.6)
Social activities	4.4 (0.7)	4.5 (0.7)	3.9 (0.9)	4.4 (0.7)	4.1 (0.8)	4.7 (0.7)	4.6 (0.9)	4.6 (0.7)	4.5 (0.7)	4.3 (0.8)	4.4 (0.6)
<b>Respect &amp; social inclusion</b>	4.3 (0.8)	4.5 (0.8)	3.7 (0.8)	4.3 (0.7)	4.2 (0.7)	4.3 (0.9)	4.2 (1.0)	4.5 (0.7)	4.4 (0.7)	4.2 (0.7)	4.4 (0.6)
Attitude	4.4 (0.8)	4.6 (0.7)	3.9 (0.8)	4.3 (0.7)	4.2 (0.7)	4.4 (0.9)	4.3 (0.9)	4.6 (0.7)	4.5 (0.7)	4.3 (0.7)	4.6 (0.7)
Social inclusion opportunities	4.1 (0.9)	4.3 (1.0)	3.3 (1.1)	4.1 (0.8)	4.1 (0.9)	4.0 (1.1)	4.0 (1.1)	4.2 (0.9)	4.3 (0.9)	4.2 (0.9)	4.2 (0.8)
<b>Civic participation &amp; employment</b>	4.0 (0.8)	4.2 (0.8)	3.6 (0.8)	3.9 (0.8)	3.8 (0.9)	4.0 (0.9)	4.3 (1.0)	4.2 (0.7)	4.2 (0.8)	3.8 (0.9)	4.3 (0.7)
Civic participation	4.4 (1.0)	4.4 (0.9)	3.7 (1.1)	4.3 (0.9)	4.3 (0.8)	4.7 (0.8)	4.4 (1.0)	4.6 (0.9)	4.3 (1.2)	4.4 (1.0)	4.5 (0.7)
Employment	3.9 (0.9)	4.1 (0.9)	3.5 (0.8)	3.8 (0.9)	3.7 (1.1)	3.8 (1.0)	4.3 (1.0)	4.1 (0.8)	4.1 (0.8)	3.6 (1.0)	4.2 (0.8)
<b>Communication &amp; information</b>	4.2 (0.7)	4.3 (0.7)	3.7 (0.8)	4.1 (0.7)	4.0 (0.6)	4.3 (0.7)	4.1 (0.9)	4.4 (0.6)	4.3 (0.8)	3.9 (0.7)	4.3 (0.5)
Information	4.3 (0.8)	4.4 (0.7)	3.7 (0.8)	4.2 (0.7)	4.2 (0.6)	4.4 (0.8)	4.3 (1.1)	4.6 (0.7)	4.4 (0.8)	4.1 (0.8)	4.4 (0.7)
Communication & digital devices	4.0 (0.9)	4.2 (1.0)	3.6 (0.9)	3.9 (0.9)	3.8 (0.9)	4.1 (0.9)	3.9 (0.9)	4.0 (0.9)	4.2 (1.0)	3.5 (0.9)	4.2 (0.7)

	Total	CW	HH	TWS	DH	CH	SPK	TT	WTSE	CY	WTH
<b>Community support &amp; health services</b>	3.8 (0.7)	4.0 (0.8)	3.2 (0.8)	3.8 (0.7)	3.6 (0.5)	3.5 (1.0)	3.9 (0.8)	4.1 (0.7)	3.9 (0.7)	3.5 (0.7)	3.9 (0.6)
Medical/social services	4.1 (0.8)	4.1 (0.8)	3.5 (0.8)	4.1 (0.8)	3.8 (0.5)	3.9 (1.2)	4.2 (0.8)	4.3 (0.8)	4.3 (0.7)	3.9 (0.8)	4.2 (0.6)
Emergency support	3.8 (1.2)	4.3 (1.0)	3.3 (1.1)	3.9 (1.1)	3.8 (1.0)	3.6 (1.4)	3.8 (1.4)	4.4 (1.0)	4.0 (1.1)	3.2 (1.2)	3.9 (1.1)
Burial service	2.6 (1.3)	3.1 (1.4)	1.9 (1.1)	2.6 (1.2)	2.5 (1.1)	2.0 (1.3)	2.7 (1.3)	2.7 (1.3)	2.6 (1.4)	2.3 (1.1)	2.9 (1.3)

All reported numbers are mean (SD)

The possible responses were: 1 (strong disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree), and 6 (strongly agree).

**Table 4.7** Sense of community

	Total	CW	HH	TWS	DH	CH	SPK	TT	WTSE	CY	WTH
Need fulfillment	7.2 (1.5)	6.8 (1.4)	5.7 (1.8)	7.4 (1.1)	7.3 (0.8)	7.3 (1.4)	7.8 (1.5)	7.3 (1.5)	7.3 (1.8)	6.9 (1.5)	7.5 (1.3)
Membership	8.0 (1.2)	7.6 (1.0)	7.6 (0.9)	7.8 (1.1)	7.7 (1.0)	8.5 (1.8)	8.7 (1.2)	7.9 (0.9)	8.2 (1.4)	8.0 (1.4)	8.0 (1.2)
Influence	7.0 (1.4)	6.9 (1.3)	6.4 (1.1)	6.9 (1.4)	7.0 (1.1)	7.4 (1.8)	7.4 (1.3)	7.4 (1.1)	7.0 (1.5)	6.8 (1.5)	7.3 (1.4)
Emotional connection	7.6 (1.4)	7.5 (1.2)	7.1 (0.9)	7.5 (1.2)	7.7 (1.2)	7.9 (1.9)	7.8 (1.2)	8.0 (1.0)	7.6 (1.5)	7.3 (1.6)	7.8 (1.4)
Total score	29.7 (4.3)	28.7 (3.7)	26.9 (3.1)	29.5 (3.7)	29.7 (3.0)	31.2 (5.7)	31.7 (3.9)	30.6 (3.5)	30.0 (5.2)	28.9 (4.5)	30.6 (4.4)

All reported numbers are mean (SD)

#### 4.1.3. Sense of Community

Sense of community in the Wong Tai Sin district is shown in Table 4.7. The possible range of each sub-item score is between 2 and 10, and total score is between 8 and 40. A higher score means a higher sense of community. The mean sense of community score of the whole district was 29.7 (SD=4.3), with “sense of membership” scoring highest (8.0), followed by “emotional connectedness” (7.6), “needs fulfillment” (7.2), and lastly “sense of influence in their community” (7.0). Among the ten sub-district communities, sense of community had the highest score in SPK (31.7) and lowest in HH (26.9). Similarly, “Needs fulfillment” was found highest in SPK (7.8) but poor in HH (5.7). “Sense of membership” was strongest in SPK (8.7), while the “sense of influence in their community” was strongest in CH, SPK and TT (7.4). TT had the highest level of “emotional connectedness” (8.0) compared to all other sub-district communities.

#### 4.1.4. Age Group Comparison

Table 4.8 shows the linear regression analysis to test the effect of age group on perceived age-friendliness and sense of community after adjusting for sub-district communities. Participants were divided into 4 age groups, including those aged between 18 to 49 years old, 50 to 64 years old, 65 to 79 years old, and 80 years old or above for analysis. Results showed that participants aged 65 or above had significantly higher perceived age-friendliness than the age group 18 to 49. For the age group 65 to 79, each level of increase in age group predicted an increase by 0.19 to 0.71 scores in the eight domains. Such differences were more significant in the age group 80 years old or above, with each level of increase in age group predicting an increase by 0.29 to 0.67 across the eight domains. In terms of sense of community, each level of increase in age group predicted a 1.40 to 3.62 point increase.

**Table 4.8** Age-group comparison using linear regression analysis

	Coefficient†		
	50 to 64	65 to 79	80 or above
<b>Perceived Age-friendliness</b>			
<b>Outdoor spaces &amp; buildings</b>	0.42	0.19*	0.31**
Outdoor spaces	0.10	0.36**	0.54**
Buildings	-0.02	0.02	0.08
<b>Transportation</b>	0.10	0.39**	0.51**
Road safety & maintenance	0.10	0.27**	0.38**
Specialized services availability	0.27	0.56**	0.43**
Public transport, comfort to use	0.13	0.40**	0.55**
Public transport, accessibility	-0.01	0.36**	0.54**
<b>Housing</b>	0.07	0.41**	0.44**
Affordability & accessibility	-0.12	0.29*	0.29*
Environment	0.27	0.51**	0.60**

	Coefficient†		
	50 to 64	65 to 79	80 or above
<b>Social participation</b>	0.19	0.46**	0.43**
Facilities and settings	0.23*	0.41**	0.36**
Social activities	0.15	0.51**	0.50**
<b>Respect &amp; social inclusion</b>	0.26*	0.64**	0.60**
Attitude	0.27*	0.71**	0.67**
Social inclusion opportunities	0.22	0.51**	0.46**
<b>Civic participation &amp; employment</b>	0.21	0.44**	0.47**
Civic participation	0.31*	0.65**	0.62**
Employment	0.18	0.37**	0.41**
<b>Communication &amp; information</b>	0.27*	0.48**	0.31**
Information	0.33**	0.57**	0.45**
Communication & digital devices	0.15	0.34**	0.10
<b>Community support &amp; health services</b>	0.14	0.35**	0.41**
Medical/social services	0.21	0.43**	0.52**
Emergency support	0.30	0.57**	0.58**
Burial service	-0.31	-0.23	-0.16
<b>Sense of Community</b>			
Need fulfilment	0.14	0.31	0.50**
Membership	0.39*	0.89**	1.10**
Influence	0.47*	0.72**	0.71**
Emotional connection	0.42*	1.16**	1.32**
Total score	1.40*	3.07**	3.62**

†Age group 18-49 years as the reference group

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

Comparisons are adjusted for the effect of sub-district communities

#### 4.1.5. Housing Type Comparison

Table 4.9 shows the linear regression analysis to test the effect of type of housing on perceived age-friendliness and sense of community after adjusting for age and sub-district communities. Participants were divided into 2 groups - public housing and private housing for analysis. Results showed that participants living in private housing had significantly lower score in "attitude", and "respect & social inclusion", but higher score in "need fulfilment" than the public housing group.

**Table 4.9** Housing type comparison using linear regression analysis

	Coefficient† Private housing
<b>Perceived Age-friendliness</b>	
<b>Outdoor spaces &amp; buildings</b>	-0.10
Outdoor spaces	-0.11
Buildings	-0.09
<b>Transportation</b>	-0.10
Road safety & maintenance	-0.16
Specialized services availability	-0.18
Public transport, comfort to use	-0.02
Public transport, accessibility	-0.09
<b>Housing</b>	-0.11
Affordability & accessibility	-0.23
Environment	0.02
<b>Social participation</b>	-0.03
Facilities and settings	0.02
Social activities	-0.09
<b>Respect &amp; social inclusion</b>	-0.20*
Attitude	-0.25**
Social inclusion opportunities	-0.11
<b>Civic participation &amp; employment</b>	-0.07
Civic participation	-0.13
Employment	-0.04
<b>Communication &amp; information</b>	-0.03
Information	-0.10
Communication & digital devices	0.09
<b>Community support &amp; health services</b>	-0.07
Medical/social services	-0.07
Emergency support	0.05
Burial service	-0.17
<b>Sense of Community</b>	
Need fulfilment	0.38*
Membership	-0.05
Influence	0.20
Emotional connection	0.10
Total score	0.65

†Public housing as the reference group

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

Comparisons are adjusted for the effect of age groups and sub-district communities

#### 4.1.6. Sub-district Community Comparison

Table 4.10 shows the linear regression analysis comparing sub-district communities, after adjusting for age groups (4 groups). HH had lower levels of perceived age-friendliness across all eight domains, ranging from -0.55 in “civic participation & employment” to -0.79 in “outdoor spaces & building” compared with CW. Except for “respect & social inclusion”, CY also had lower levels of perceived age-friendliness across all domains compared with CW, ranging from -0.27 in “social participation” to -0.52 in “community support & health services”. Besides these two sub-district communities, other three communities of TWS, DH and CH were found to be less age-friendly than CW in different domains. For instance, TWS was perceived as less age-friendly in “transportation” and “social participation”; DH in “social participation”; CH in “outdoor spaces & buildings”, and DH and CH in “community support & health services”. Only in “housing” domain was CW perceived less age-friendly than another sub-community (TT).

Furthermore, subdomain analysis showed that CW was perceived as more age-friendly than other sub-district communities in many areas. For example, CW is perceived to be more age-friendly than six districts in “facilities and settings” (HH, TWS, DH, SPK, CY & WTH) and “burial service” (HH, TWS, DH, CH, WTSE, & CY). Similar results were found in other subdomains, in which CW were scored higher than five districts in “building”, four districts in “road safety & maintenance” and “emergency support”. Only four subdomains had similar perceived age-friendliness compared with CW, which included “outdoor space”, “social activities”, “social inclusion opportunities” and “civic participation”.

In terms of sense of community, the overall sense of community in CH, SPK and TT were significantly better than CW. Moreover, TWS and SPK scored higher in “need fulfillment”, whereas CH, SPK and WTSE scored higher in “membership”. All sub-district communities had similar levels in “influence” and “emotional connection”.

**Table 4.10** Sub-district cluster comparison by linear regression analysis (Controlled with 4 age groups)

	Coefficient†									
	HH	TWS	DH	CH	SPK	TT	WTSE	CY	WTH	
<b>Perceived Age-friendliness</b>										
<b>Outdoor spaces &amp; buildings</b>										
Outdoor spaces	-0.79**	-0.21	-0.10	-0.45**	-0.23	-0.04	-0.14	-0.42**	0.01	
Buildings	-0.25	-0.03	0.03	-0.18	-0.05	0.12	-0.05	-0.34**	0.11	
	-1.34**	-0.39**	-0.22	-0.73**	-0.36*	-0.21	-0.21	-0.51**	-0.10	
<b>Transportation</b>										
Road safety & maintenance	-0.63**	-0.29**	-0.24	-0.14	-0.22	0.08	-0.05	-0.37**	-0.06	
Specialized services availability	-0.35*	-0.33**	-0.44*	-0.17	-0.24	-0.05	-0.19	-0.39**	-0.19	
Public transport, comfort to use	-1.40**	-0.60**	-0.32	-0.29	-0.48	0.07	-0.25	-0.75**	-0.10	
Public transport, accessibility	-0.45**	-0.25*	-0.27	-0.14	-0.17	0.03	-0.09	-0.29*	-0.07	
	-0.64**	-0.18	-0.00	-0.05	0.04	0.20	0.15	-0.29*	0.04	
<b>Housing</b>										
Affordability & accessibility	-0.62**	-0.09	-0.08	-0.16	-0.29	0.39*	0.15	-0.34*	0.18	
Environment	-0.87**	-0.00	-0.28	0.13	-0.50*	0.51**	0.31	-0.28	0.35	
	-0.37	-0.17	0.03	-0.43*	-0.05	0.26	-0.01	-0.39**	0.00	
<b>Social participation</b>										
Facilities and settings	-0.62**	-0.21*	-0.38*	-0.06	-0.14	-0.03	-0.05	-0.27*	-0.26	
Social activities	-0.70**	-0.31**	-0.47**	-0.28	-0.37*	-0.19	-0.09	-0.36**	-0.33*	
	-0.55**	-0.12	-0.30	0.14	0.00	0.12	-0.03	-0.19	-0.19	
<b>Respect &amp; social inclusion</b>										
Attitude	-0.59**	-0.12	-0.15	-0.20	-0.30	0.04	0.02	-0.22	-0.02	
Social inclusion opportunities	-0.47**	-0.15	-0.19	-0.17	-0.30	0.07	-0.02	-0.28*	-0.01	
	-0.84**	-0.09	-0.06	-0.28	-0.28	-0.03	0.09	-0.11	-0.06	
<b>Civic participation &amp; employment</b>										
Civic participation	-0.55**	-0.25	-0.29	-0.22	0.04	-0.00	-0.01	-0.41**	0.04	
Employment	-0.57**	-0.11	-0.04	0.28	-0.06	0.12	-0.13	-0.07	0.05	
	-0.54**	-0.29*	-0.37	-0.38	0.12	-0.04	0.02	-0.53**	0.04	
<b>Communication &amp; information</b>										
Information	-0.62**	-0.18	-0.23	0.01	-0.24	0.07	0.01	-0.46**	0.04	
Communication & digital devices	-0.69**	-0.17	-0.18	-0.00	-0.15	0.15	-0.03	-0.39**	-0.03	
	-0.49*	-0.21	-0.34	0.01	-0.19	-0.14	0.08	-0.61**	0.17	
<b>Community support &amp; health services</b>										
Medical/social services	-0.70**	-0.17	-0.34*	-0.47**	-0.13	0.10	-0.03	-0.52**	-0.13	
Emergency support	-0.53**	-0.05	-0.28	-0.26	-0.02	0.20	0.14	-0.31*	-0.06	
Burial service	-0.92**	-0.36*	-0.37	-0.72**	-0.50	0.08	-0.27	-1.16**	-0.40	
	-1.28**	-0.57**	-0.68*	-1.12**	-0.45	-0.44	-0.53*	-0.84**	-0.27	

	Coefficient†										
	HH	TWS	DH	CH	SPK	TT	WTSE	CY	WTH		
<b>Sense of Community</b>											
Need fulfillment	-0.99**	0.59**	0.57	0.47	0.90**	0.52	0.45	0.01	0.57		
Memberships	0.21	0.21	0.29	0.84**	0.98**	0.23	0.58**	0.30	0.22		
Influence	-0.37	0.06	0.23	0.49	0.44	0.49	0.11	-0.13	0.40		
Emotional connection	-0.16	0.11	0.44	0.38	0.18	0.46	0.10	-0.15	0.13		
Total score	-1.20	1.07	1.64	2.30**	2.61**	1.82*	1.36	0.04	1.44		

†CW as the reference group.

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

Comparisons are adjusted for the effect of age groups (4 age groups)

## 4.2. Focus Group Study

### 4.2.1 Participant characteristics

Five focus groups were conducted to collect residents' opinions on the age-friendliness of the Wong Tai Sin district. A total of 32 participants were recruited. The majority (81.3%) of them were aged 60 or above and has been living in the district for an average of 26.8 years. The sociodemographic characteristics of the focus group participants are shown in Table 4.11.

**Table 4.11** Sociodemographic characteristics of focus group participants

<b>Characteristics</b>	<b>N</b>	<b>%</b>
<b>Gender</b>		
Male	9	28.1
Female	23	71.9
<b>Age group</b>		
18-59 years	6	18.8
≥60 years	26	81.3
<b>Education</b>		
Nil / pre-primary	7	21.9
Primary	8	25.0
Secondary (F.1-3)	7	21.9
Secondary (F.4-7)	7	21.9
Post-secondary	3	9.3
<b>Housing</b>		
Public housing	27	84.4
Home owner scheme housing	4	12.5
Private housing	1	3.1
<b>Residence years (mean, SD)</b>		
	26.8	17.4
<b>Monthly personal income</b>		
No income	2	6.3
HK\$1 to HK\$5,999	20	62.5
HK\$6,000 to HK\$9,999	5	15.6
HK\$10,000 to HK\$19,999	2	6.3
HK\$20,000 to HK\$29,999	1	3.1
HK\$30,000 to HK\$59,999	1	3.1
≥HK\$60,000	0	0.0
Unknown/ reject	1	3.1

Findings from thematic analyses of the focus groups are presented for the eight WHO Age-Friendly City framework domains, which are further grouped into three areas, namely (1) physical environment; (2) social and cultural environment; and (3) communication, community and health services. Most participants were content and expressed a sense of belonging in the Wong Tai Sin district, and offered many suggestions for further improvement.

#### 4.2.2 Physical Environment

##### *WHO Domain 1: Outdoor Spaces and Buildings*

- (i) **Accessibility:** participants complemented the WTS District Counsellors for installing lifts across the district (e.g. at footbridges, malls, etc.) to enhance accessibility over the past few years. However, there are several noticeable areas that still lacked lifts, such as the Sheng Kung Hui Wong Tai Sin district Elderly Centre. Similarly, participants also noted that there were several notable footbridges in the WTS district where lifts often malfunctioned. These include the footbridges across Choi Hung Road (彩虹道), Tseuk Luk Street (爵祿街), and the one toward Tai Shing Wet market (大成街街市). Participants also shared that malfunctioned lifts often took 3 to 5 days to repair. These malfunctioning lifts significantly limited the mobility and accessibility of elderly and those with physical limitations.
- (ii) **Wet markets:** participants criticised about the dwindling number of wet markets made available to them. These wet markets gave way to new shopping malls, forcing many participants to commute to the Tai Shing Street market to purchase their daily groceries. Even though there are supermarket chain stores available in these new malls, participants preferred going to the wet market for its comparatively lower price and choices of goods.
- (iii) **Parks:** in general, participants felt there were sufficient number of parks in the WTS district for them to conduct leisure activities. However, they stated that many existing parks do not have adequate covers or exercise facilities for the elderly. They suggested for other parks in the district to model after Morse Park, where there are sufficient covered and resting areas, as well as appropriate exercise facilities for elderly.
- (iv) **Road conditions:** many participants suggested for the government to install pedestrian traffic lights in front of Tai Shing Street market as there are currently no traffic lights. Participants described how many elderly found it challenging to cross safely to and fro despite the zebra crossing, especially when carrying large bags of groceries or when the weather is poor. Furthermore, participants noted that many large lorries or trucks are parked along Tai Shing Street, blocking the views of elderly in discerning whether there are oncoming cars.

Overall, participants opined that there were sufficient and age-friendly outdoor spaces in the WTS district that enabled them to conduct their daily and leisure activities relatively easily. However, suggestions were made in view of several locations within the district that posed some risks to elderly residents.

##### *WHO Domain 2: Transportation*

- (i) **Availability:** participants commended on the extensive transportation system in WTS district. Many found both intra-district and inter-district transport very convenient. Participants were particularly pleased that bus routes are available

for them to commute to and from the four major public hospitals within the district. However, according to the opinion raised in the focus groups, there were several bus lines that were run too infrequently, including Bus 2F (to Tsz Wan Shan).

- (ii) **Accessibility:** some participants suggested that installing only one lift at the WTS MTR station was insufficient to meet the demands of passengers. Many of them have to walk extensive distances without cover in order to reach the lift. On buses however, participants showed appreciation in the accessibility ramps that enabled those with mobility limitations to navigate on and off buses easier.
- (iii) **Safety:** participants expressed that minibuses in the district are typically driven with high speed. These caused safety concerns for elderly participants, many of whom stated that they were apprehensive in taking minibuses.
- (iv) **Traffic lights:** participants identified several pedestrian crossings where light signals were deemed to change too quickly, resulting in insufficient time for elderly to cross the road. One of these locations was the crossing outside of WTS MTR station exit C2 on Ching Tak Street.

Overall, participants complemented on both intra-district and inter-district transportation in the WTS district. They viewed the existing transportation system as very convenient and one that enabled them to commute easily.

### *WHO Domain 3: Housing*

- (i) **Maintenance:** although participants noted that there are regular inspectors and maintenance workers to conduct building upkeep, the paint on the outsides of the building as well as their homes fall off regularly. Water leakages are also common occurrence for many of the participants. Participants living in public rental housing stated that while basic renovation services are available to residents, many of them have to turn to private renovation companies for more advanced work. For example, some participants said that while Housing Authority helped replaced their older toilets, additional leakages with new toilets are not covered. Consequently, participants have to pay private plumbers out of their own pockets to resolve these problems. This has added considerable financial stress to participants.
- (ii) **Accessibility:** participants appreciated additional lifts that were added to older buildings, such as Kam Hon House (金漢樓), Kam Wah House(金華樓), and Kam Pik House(金碧樓) of the Choi Hung Estate. However, participants did note that the lift installations made the lobbies of these estates very hot and stuffy. Moreover, participants noted that in many buildings in the WTS district, there are ledges in the front doors that pose considerable barriers to wheelchair users. These can be modified by installing small ramps. When asked whether they anticipate to be able to age in place even if their physical mobility deteriorate, participants were most concerned with the size of their current bathrooms. Many noted that it would be quite impossible to enter the bathrooms in wheelchairs.

- (iii) Safety: Some stated that these security guards helped them responsible and very friendly. However, participants also noted that as more and more elderly become forgetful, they worried about home safety because most homes still use gas-powered cooking stoves.
- (iv) Recreational facilities: participants found that there are sufficient 'green spaces' and recreational facilities within public rental housing estates for them to conduct leisure activities. They were particularly appreciative of the covered areas in these areas where they can meet with neighbours and friends right outside their estates without having to worry about the weather.

Overall, participants were quite satisfactory with the housing conditions in the WTS district. They were appreciative of the efforts that the government has made in modifying their houses (e.g. installing lifts) that made their housing environment more age-friendly. However, participants did point out the need for more support and information in home modifications should their needs arise as they continue to age.

#### 4.2.3 Social and Cultural Environment

##### *WHO Domain 4: Social Participation*

- (i) Availability: participants complemented on the availability of interest classes and social gatherings made available to them in the WTS district. They typically join these classes via DECCs, NECs, and NGOs. There were also ample volunteering opportunities in the WTS district.
- (ii) Diversity: participants also complemented on the diversity of interest classes for WTS elderly residents, including but not limited to singing, drawing and computer lessons. Participants also stated that they are active participants of activities organized by the Social Welfare Department and/or the WTS DC.

Overall, participants complemented the range of activities and opportunities made available to elderly residents in the WTS district to participate.

##### *WHO Domain 5: Respect and Social Inclusion*

- (i) Positive attitude: participants complemented on several district councillors on their positive attitudes and proactive manner in assisting elderly residents in their daily matters. Several elderly participants described instances where councillors responded to their enquiries very fast. Participants expressed that they felt like their needs are truly heard on the district level.
- (ii) Friendliness: participants also complimented on bus drivers within the WTS district. Some described examples where bus drivers would purposely alight the bus to assist elderly to board buses and smile while doing so. Participants expressed that they felt very respected on these occasions. Furthermore, participants, especially those living in Choi Hung Estate complimented the security guards. Many found the security guards of the Estate very responsible, helpful, and friendly.

- (iii) Priority seats: participants had mixed feelings when it came to priority seats. While some stated that younger people generally cede their priority seats to elderly residents, many participants also described instances where younger passengers would not voluntarily cede their seats to elderly passengers on the MTR or buses.
- (iv) Cultural segregation: participants noted that there are growing numbers of new arrivals from Mainland China as well as South Asian ethnic minorities residing in the WTS district. While this phenomenon is not problematic in itself, participants did note that there are trust issues among these different population groups. Participants expressed that different cultural values and practices (e.g. queuing) can sometimes lead to misunderstanding and conflict among residents. Participants also noted that newer residents in the district are comparatively less friendly. Participants suggested for centres to organize inter-cultural or intergenerational activities for district residents and neighbours to get to know each other better.
- (v) Neighbourhood cohesion: participants had positive experiences with neighbours. Since many of them have lived in the WTS district for decades, they knew their neighbours well. These positive neighbour relations are an important source of social support and comfort. Participants described how in times when they fell sick, their neighbours would voluntarily help purchase groceries for them. Some participants even gave an extra key to their trustworthy neighbours in case of emergency. However, unlike a few decades ago where people used to open their front doors, participants noted that people now, especially newcomers to the district, are much more guarded and private. Even so, participants noted that their neighbours are generally friendly and helpful.

Overall, participants were positive toward WTS's social inclusion and respect. Yet, it was suggested that more public education campaigns aimed at enhancing intergenerational harmony and promoting mutual care amongst neighbours can be implemented in the district to improve overall inclusion and respect.

#### *WHO Domain 6: Civic Participation & Employment*

- (i) Availability: participants complemented on the availability of volunteering opportunities in the WTS district. Typical volunteering activities include home visits, mail delivery, accompany other elderly to health clinics, and contacting DECC members. Some participants also note that there are volunteering opportunities for district councillors.
- (ii) Training: participants appreciated the training that was given to them prior to their volunteering activities. Training on home safety, health literacy and communication skills were to many participants very useful not only for service recipients but also for themselves. Participants therefore found these training sessions and volunteering activities beneficial to themselves.

- (iii) **Diverse platforms:** there are considerable channels to which elderly participants can express their opinions and voices in the WTS district. For example, some participants regularly attend seminars and district meetings organized by various political parties, where their opinions and views are elicited. While participants said they will attend these meetings, they are reluctant to be pulled into any political parties including registering their names and phone numbers on rosters under any one political party. Participants also approach district councillors to express their views and opinions.
- (iv) **Dearth of employment opportunities:** while elderly participants complimented on the availability of volunteer opportunities in the district, they expressed that there are very few employment activities for elderly residents in the district.

Overall, participants expressed that there are a variety of channels for civic participation and engagement. Contrarily, there are very limited employment opportunities for elderly residents.

#### 4.2.4 Communication, Community and Health Services

##### *WHO Domain 7: Communication & Information*

- (i) **Accessibility:** most participants opined that they obtain information at DECCs and NGOs via newsletters, monthly meetings, and interactions with centre social workers. However, participants commented that little is known beyond the centre itself (e.g. centre-based activities, events, etc.). They raised the need for a centralized system within WTS district where they can obtain all relevant information pertinent to elderly events, seminars, services, and activities on a daily basis.
- (ii) **Usability:** Participants also shared that much of the information leaflets and other relevant information usually require the elderly to physically go to various departments (e.g. cultural and leisure department) or centres to sign up for activities or obtain further information. This is relatively inconvenient for many participants. Participants were particularly concerned about singleton elderly in the district who are less active in the community since it is unlikely that these elderly are able to obtain information without physically leaving their residence.

Overall, information accessibility was deemed adequate in the district insofar as elderly are members of DECCs, NECs or NGOs. Participants commented that they would like a consolidation of all available district activities and on-going district affairs made available in a centralized open access platform. Interestingly, those living in PRH units were likely to access and receive more information compared with residents living in private housing units.

*WHO Domain 8: Community Support & Health Services*

- (i) **Availability:** in terms of general medical service provision, participants said that they have quite a reasonable range of choices. Enabled by the medical voucher system, they can choose from numerous private clinics. In terms of publically funded health services, participants typically go to Our Lady Maryknoll Hospital, TWGHs Wong Tai Sin Hospital, Robert Black General outpatient clinic, and Wu York Yu General outpatient clinic and the general clinic operated by Sik Sik Yuen for general outpatient medical consultation.
- (ii) **Accessibility:** participants found it very difficult to navigate the General Outpatient Clinic Telephone Appointment System when they wanted to make appointments with district-based clinics or hospitals. Participants also stated that even though they managed to navigate the telephone system, appointments are always full. As a result, many are resolved to waking up early in the morning to queue for outpatient medical service, which typically take hours before they can receive medical care.
- (iii) **A&E service provision:** elderly participants consistently lamented the lack of Accidents and Emergency Departments (A&E) among existing hospitals in WTS.
- (iv) **Affordability:** participants stated that the medical vouchers expanded their choices of medical care considerably. However, some types of medical care such as dental services remain too costly for elderly residents. Furthermore, those who are eligible to apply for subsidies from the Community Care Fund alleged that dental services rendered by dentists are rather substandard.
- (v) **Queuing time:** while NGO-run health clinics are available (e.g. Sik Sik Yuen), the queuing time was particularly long. Participants alleged that some elderly would get up as early as 4 a.m. to start queuing outside the centre in hopes to receive the soonest medical care as possible. However, they typically queue up in areas without covers or benches. As a result, many unwell elderly end up standing for hours for medical care.
- (vi) **Medical voucher:** some participants expressed concern that some elderly residents in the district do not know how to use medical vouchers. They pointed out in particular that there are some doctors in the district who purposely charged higher consultation fees to elderly with medical vouchers.
- (vii) **Banks:** participants complained about the diminishing number of banks in the district. They explained that several banks that were previously in Choi Hung Estate were all dismantled and instead replaced by ATM machines in MTR stations. Thus, participants had to go down to the MTR station to withdraw money. Furthermore, participants noted that the banks within these MTR stations always have long queues but without any seats. Therefore, to some who have mobility limitations, withdrawing cash have become a considerable challenge.

Although there were many areas identified as needing improvement, especially the lack of A&E services in the WTS district, participants also commended on the considerable range of medical health services made available to them in the district.

## 5. CONCLUSION

Wong Tai Sin is one of the oldest districts in Hong Kong, with 17.2% of residents aged 65 or older. Despite having identified areas for improvement, the district has overall achieved significant accomplishments and progress toward building an age-friendly community. In particular, the Wong Tai Sin DC, existing DECCs, NECs, and NGOs have put forth considerable efforts in enhancing the age-friendliness of the district, whether through improving its hardware (e.g. installing no-barrier lifts at footbridges, or installing ramps in buildings), or improving its software (e.g. implementing health talks to promote active ageing). These organisations and institutions have together with their elderly members participated in a wide range of age-friendly related activities that in turn, formed a solid foundation upon which future age-friendly endeavours are built.

Overall, our survey found that participants perceived the Wong Tai Sin district to be age-friendly in general. Among the eight domains, “social participation” scored the highest, followed by “transportation”, “respect & social inclusion”, and “outdoor spaces & buildings”. In line with the asset based community development approach, these are assets within the WTS district that can be continually harness and optimized for district residents of all ages to enjoy . On the other hand, more resources can be allocated toward improving “community support & health services”.

To improve the overall age-friendliness of “community support & health services”, focus group participants suggested for more assistance in making medical appointments. One viable method may be to train up more “health ambassadors” within the WTS District to assist those in need to make medical appointments and to accompany them to medical appointments. This will also help with reducing the need for elderly to physically travel to clinics in hopes to consult a doctor.

To improve the age-friendliness of “outdoor space & buildings” and “transportation”, suggestions were made in response to several ‘hazard spots’ such as the need for installing a zebra-crossing in front of Tai Shing Street market, and the need to installing more ramps in public buildings.

While access to information was regarded to be relatively easy insofar as elderly residents are members of DECCs, participants noted that there is a considerable number of singleton elderly who live by themselves, and who are socially isolated in the WTS District. They suggested for more resources to be put into outreaching initiatives to ensure the wellbeing of these elderly. Other possible methods include distributing pamphlets on relevant district or elderly information to mail boxes regardless of membership. Participants also expressed their desire for an accessible centralized platform that can provide all relevant elderly information such as health seminars, policy amendments, social events, and so forth, within the District for them to peruse.

Furthermore, because of the changing composition of the district, with increasing number of new arrivals and ethnic minorities, participants suggested for DECCs or

NGOs to organize inter-cultural or intergenerational activities for district residents and neighbours to get to know each other better.

Lastly, while participants articulated their needs enthusiastically during focus groups and ambassador training sessions, elderly residents in the Wong Tai Sin district has yet to form an organized platform (e.g. an elderly concern group) to regularly and systematically represent and communicate their needs with other stakeholders in the district. It may be beneficial for district elderly residents to do so.

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

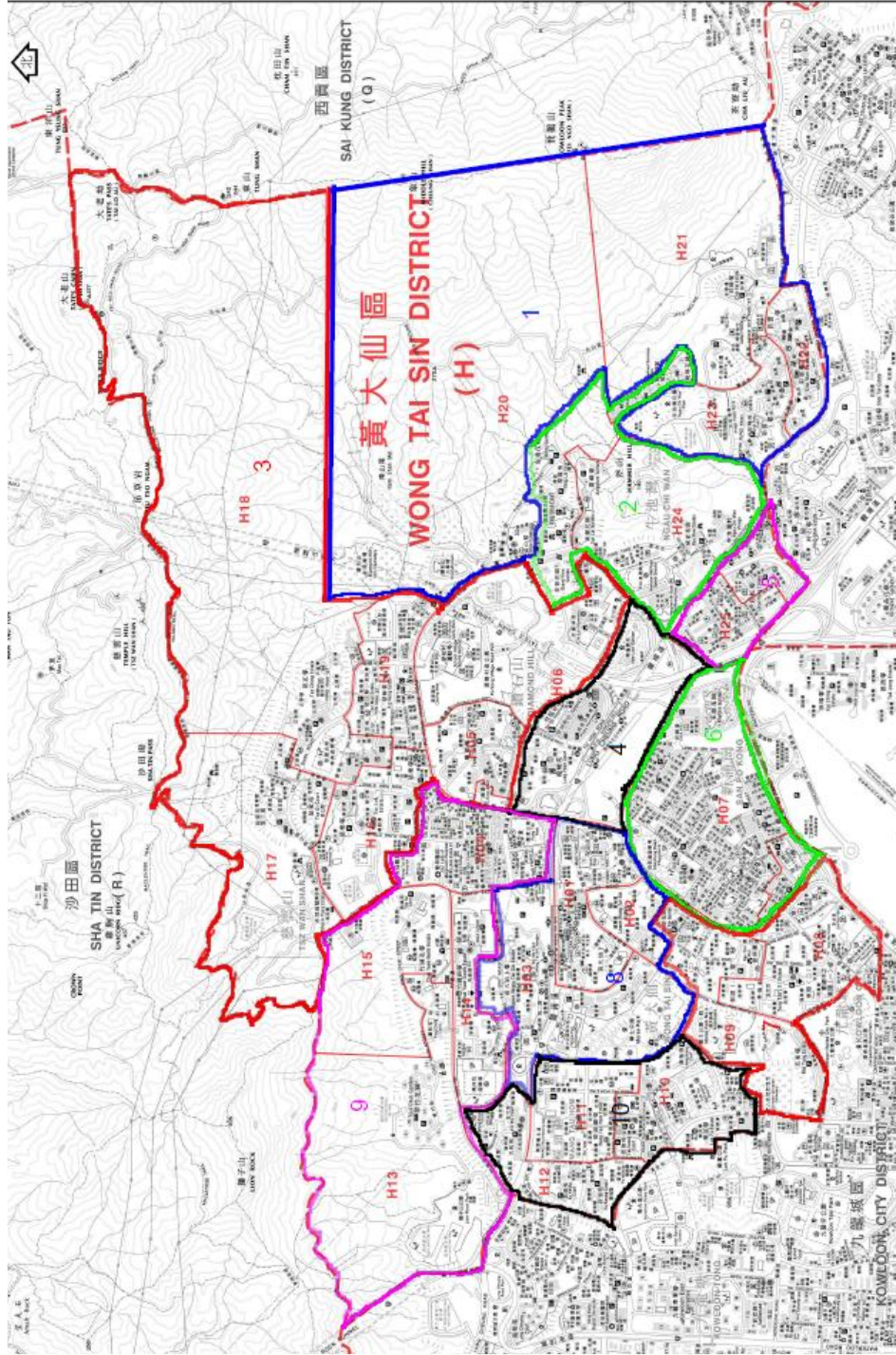
## 6. REFERENCE

- <sup>1</sup> Census and Statistics Department. Hong Kong Population Projections 2015-2064; <http://www.statistics.gov.hk/pub/B1120015062015XXXXB0100.pdf>. Accessed 8 June, 2017.
- <sup>2</sup> Census and Statistics Department. Hong Kong Population Projections 2015-2064; <http://www.statistics.gov.hk/pub/B1120015062015XXXXB0100.pdf>. Accessed 8 June, 2017.
- <sup>3</sup> Wong Tai Sin District Council. District highlights. 2017; [http://www.districtcouncils.gov.hk/wts/english/info/highlight\\_01.html](http://www.districtcouncils.gov.hk/wts/english/info/highlight_01.html). Accessed 19 June, 2017.
- <sup>4</sup> Census and Statistics Department. Population by-census 2016; <http://www.bycensus2016.gov.hk/data/16bc-summary-results.pdf>. Accessed 8 June, 2017.
- <sup>5</sup> Census and Statistics Department. Population by-census 2016; <http://www.bycensus2016.gov.hk/data/16bc-summary-results.pdf>. Accessed 8 September, 2017
- <sup>6</sup> 2011 Population Census - Fact Sheet for Wong Tai Sin district Council District; <http://www.census2011.gov.hk/en/district-profiles/wong-tai-sin.html> Accessed 6 September, 2017.
- <sup>7</sup> Hong Kong Housing Authority. Estate Locator. 2017; <http://www.housingauthority.gov.hk/en/global-elements/estate-locator/index.html>. Accessed 6 September, 2017.
- <sup>8</sup> Social Welfare Department. List of district elderly community centres. 2017; <http://www.swd.gov.hk/doc/elderly/List%20of%20DECC%2017%20Jan%202017.pdf>. Accessed 19 June, 2017.
- <sup>9</sup> Social Welfare Department. List of neighbourhood elderly centres. 2017; <http://www.swd.gov.hk/doc/elderly/List%20of%20NEC%2019%20Apr%202017.pdf>. Accessed 19 June, 2017.
- <sup>10</sup> Hospital Authority. Introduction of clusters –Kowloon Central cluster –hospitals and institutions. 2017; [http://www.ha.org.hk/visitor/ha\\_visitor\\_index.asp?Lang=ENG&Content\\_ID=100155](http://www.ha.org.hk/visitor/ha_visitor_index.asp?Lang=ENG&Content_ID=100155). Accessed 28 June, 2017
- <sup>11</sup> Hospital Authority. All general outpatient clinics in Wong Tai Sin. 2017; [http://www.ha.org.hk/visitor/ha\\_visitor\\_index.asp?Content\\_ID=10052&Lang=ENG&Dimension=100&Parent\\_ID=10042](http://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10052&Lang=ENG&Dimension=100&Parent_ID=10042). Accessed 28 June, 2017.
- <sup>12</sup> Department of Health. List of clinics and health centres – elder health centres. 2017; [http://www.dh.gov.hk/tc\\_chi/tele/tele\\_chc/tele\\_chc\\_ehc.html](http://www.dh.gov.hk/tc_chi/tele/tele_chc/tele_chc_ehc.html). Accessed 19 June, 2017.
- <sup>13</sup> Home Affairs Department. Profile-Wong Tai Sin district. 2017; [http://www.had.gov.hk/en/18\\_districts/my\\_map\\_08.htm#02](http://www.had.gov.hk/en/18_districts/my_map_08.htm#02). Accessed 21 June, 2017.
- <sup>14</sup> Finance Committee approved 上落無障礙 出入更自在 民生無小事 “人人暢道通行” 計劃 in July 2011. <http://www.legco.gov.hk/yr12-13/chinese/panels/tp/papers/tp1116cb1-184-2-c.pdf> Accessed 7 September 2017.

- <sup>15</sup> 成立黃大仙區無障礙設施工作小組 研究黃大仙區整體的無障礙設施發展 May 2012.  
[http://www.districtcouncils.gov.hk/wts/doc/2012\\_2015/common/dc\\_meetings\\_doc/382/DC\\_M5\\_C\\_056.pdf](http://www.districtcouncils.gov.hk/wts/doc/2012_2015/common/dc_meetings_doc/382/DC_M5_C_056.pdf) Accessed 7 September 2017.
- <sup>16</sup> The Hong Kong Council of Social Service. 起動全城香港長者友善社區. 2012.  
[http://hkcss.org.hk/e//cont\\_detail.asp?type\\_id=12&content\\_id=3809](http://hkcss.org.hk/e//cont_detail.asp?type_id=12&content_id=3809) Accessed 5 September 2017.
- <sup>17</sup> The Link Community Sports Academy Free Spring 2014 Courses Now Open for Enrolment: Expands to Include Seven Sports and More Participants  
[http://www.linkreit.com/EN/news/Pages/20140122\\_press.aspx](http://www.linkreit.com/EN/news/Pages/20140122_press.aspx) Accessed 6 September 2017.
- <sup>18</sup> Wong Tai Sin District Council. Discussion Paper – Social Welfare Department Wong Tai Sin and Sai Kung District Social Welfare Office 2015-17 Biennial Business Plan (Mid-year Progress Report).  
[http://www.districtcouncils.gov.hk/wts/doc/2016\\_2019/en/committee\\_meetings\\_doc/CBC/10345/CBC\\_M3\\_028.pdf](http://www.districtcouncils.gov.hk/wts/doc/2016_2019/en/committee_meetings_doc/CBC/10345/CBC_M3_028.pdf). Accessed 3 July, 2017.
- <sup>19</sup> Jockey Club Age-friendly City 賽馬會齡活大使計劃  
<http://jcafc.hk/en/project-progress/ambassador-training/ambassador-scheme>  
Accessed 8 September 2017.
- <sup>20</sup> Ware, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-item short-form health survey - Construction of scales and preliminary tests of reliability and validity. *Medical Care*, 34(3), 220-233. doi: 10.1097/00005650-199603000-00003.
- <sup>21</sup> Peterson NA, Speer PW, McMillan DW. Validation of a Brief Sense of Community Scale: Confirmation of the principal theory of sense of community. *Journal of Community Psychology*. 2008; 36(1): 61-73.
- <sup>22</sup> Huang YN, Wong H. Impacts of Sense of Community and Satisfaction with Governmental Recovery on Psychological Status of the Wenchuan Earthquake Survivors. *Social Indicators Research*. 2014; 117(2):421- 436.
- <sup>23</sup> WHO Age-friendly Cities Project Methodology-Vancouver Protocol.  
[http://www.who.int/ageing/publications/Microsoft%20Word%20-%20AFC\\_Vancouver\\_protocol.pdf](http://www.who.int/ageing/publications/Microsoft%20Word%20-%20AFC_Vancouver_protocol.pdf). Accessed 8 September, 2017.

## 7. APPENDICES

### Appendix 1 District Maps



No	Sub-district communities
1	Choi Wan (CW)
2	Hammer Hill (HH)
3	Tsz Wan Shan (TWS)
4	Diamond Hill (DH)
5	Choi Hung (CH)
6	San Po Kong (SPK)
7	Tung Tau (TT)
8	Upper and Lower Wong Tai Sin Estate (WTSE)
9	Chuk Yuen (CY)
10	Wang Tau Hom (WTH)

## Appendix 2 Questionnaire



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

職員專用 WTS	
參加者編號	
調查員編號	
檢查員編號	

### A. 受訪者資料

A1) 您嘅性別係：

- (1) 男  
 (2) 女

A2) 年齡：

(根據身份證上的出生日期)

若受訪者唔願意提供年齡，請揀以下最適當嘅年齡組別：

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

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

(\_\_\_\_\_)

(1) 彩雲

(e.g. 富山邨，彩輝邨，彩雲邨)

(2) 斧山

(e.g. 威豪花園，宏景花園，瓊山苑，瓊麗苑，海港花園，峻弦，曉暉花園，新麗花園，怡發花園，嘉豐臺，瓊軒苑，消防宿舍，紀律部隊宿舍)

(3) 慈雲山

(e.g. 沙田坳邨，慈愛苑，慈正邨，慈樂邨，慈康邨，鳳德邨，慈民邨，慈安邨，鳳禮苑，鳳鑽苑)

(4) 鑽石山

(e.g. 龍蟠苑，悅庭軒，星河明居，帝峰豪苑)

(5) 彩虹

(e.g. 彩虹邨，牛池灣邨)

(6) 新蒲崗

(e.g. 新蒲崗，采頤花園，譽港灣)

(7) 東頭

(e.g. 東頭邨，美東邨，啟德花園，匯東村)

(8) 黃大仙上下邨

(e.g. 黃大仙上邨，黃大仙下邨，現崇山，紀律部隊宿舍)

(9) 竹園

(e.g. 竹園南邨，竹園北邨，翠竹花園，鳳凰新邨，新光中心，豪苑，黃大仙消防宿舍)

(10) 橫頭磡

(e.g. 橫頭磡邨，樂富邨，德強苑，富強苑，嘉強苑，天馬苑，天宏苑)

A4)您嘅所屬社區住左幾耐：  
\_\_\_\_\_年

A5)您嘅婚姻狀況係(一定要讀出所有選擇)：

- (1) 從未結婚
- (2) 已婚
- (3) 喪偶
- (4) 離婚
- (5) 分居
- (6) 其他(請註明)：\_\_\_\_\_

A6)您嘅最高教育程度：

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

A7a) 您住嘅房屋類型？

- (1) 公共房屋 (跳至 A7b)
- (2) 居屋 (跳至 A7c)
- (3) 私人房屋 (跳至 A7c)
- (4) 分租單位：如籠屋、板間房、床位 (跳至 A8a)
- (5) 宿舍 (跳至 A8a)
- (6) 其他，請註明：\_\_\_\_\_

(跳至 A8a)

A7b) 您住嘅屋邨？

**黃大仙:**

- |  |                                    |                                      |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> (29) 黃大仙下(一)邨 | <input type="checkbox"/> (36) 樂富邨  | <input type="checkbox"/> (43) 美東邨    |
| <input type="checkbox"/> (30) 黃大仙下(二)邨 | <input type="checkbox"/> (37) 東匯邨  | <input type="checkbox"/> (44) 東頭(二)邨 |
| <input type="checkbox"/> (31) 橫頭磡邨     | <input type="checkbox"/> (38) 竹園南邨 | <input type="checkbox"/> (45) 竹園北邨   |
| <input type="checkbox"/> (32) 黃大仙上邨    | <input type="checkbox"/> (39) 鳳德邨  | <input type="checkbox"/> (46) 慈樂邨    |
| <input type="checkbox"/> (33) 沙田坳邨     | <input type="checkbox"/> (40) 慈民邨  | <input type="checkbox"/> (47) 慈康邨    |
| <input type="checkbox"/> (34) 彩雲(一)邨   | <input type="checkbox"/> (41) 富山邨  | <input type="checkbox"/> (48) 彩虹邨    |
| <input type="checkbox"/> (35) 彩雲(二)邨   | <input type="checkbox"/> (42) 慈正邨  | <input type="checkbox"/> (49) 彩輝邨    |

A7c) 您住嘅私人住宅單位係？

- (1) 租
- (2) 自己擁有
- (3) 家人擁有

A8a) 您居住樓宇嘅樓齡？  
\_\_\_\_\_年

如果受訪者唔知，請揀以下最適當嘅樓齡：

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

A8b) 您居住嘅大廈總共幾多層？  
\_\_\_\_\_層

A8c) 您居住嘅大廈有沒有電梯？

- (1) 無
- (2) 有

A8d) 您從屋企出去，需要行樓梯？

- (1) 唔需要 (跳至 A9a)
- (2) 需要

A8e) 總共要行幾多級樓梯？

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

A9a) 您宜家有無同人住？

- (1) 無，自己一個住 (跳至 A10a)
- (2) 有

A9b) 您宜家同幾多人住？  
\_\_\_\_\_人

A9c) 唔包括工人，您宜家同邊個住？(可以揀多過一項)

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> (1) 配偶      | <input type="checkbox"/> (2) 子女             |
| <input type="checkbox"/> (3) 女婿 / 媳婦 | <input type="checkbox"/> (4) 孫              |
| <input type="checkbox"/> (5) 父母      | <input type="checkbox"/> (6) 祖父母            |
| <input type="checkbox"/> (7) 兄弟姐妹    | <input type="checkbox"/> (8) 其他(請註明): _____ |

A9d) 有無工人同您住？

- (1) 無
- (2) 有

A10a) 您宜家有無返工？

- (1) 無 (跳至 A10b)
- (2) 有 (跳至 A10c)

A10b) 您宜家係？

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

A10c) 您宜家嘅工作模式？

- (1) 全職工作
- (2) 兼職工作

A10d) 過去一星期，工作左幾多小時？

\_\_\_\_\_ 小時

A11a) 您有無長期照顧其他人？

- (1) 無 (跳至 A12a)
- (2) 有

A11b) 您照顧嘅人係？

- (1) 長者
- (2) 殘疾人士
- (3) 小朋友
- (4) 其他

A11c) 您同您照顧嘅人係咩關係？

- (1) 朋友
- (2) 鄰居
- (3) 家人
- (4) 親戚
- (5) 其他

A12a) 過去三個月，您有無參與加過任何義工服務/活動？

- (1) 無
- (2) 有

A12b) (只適用於 60 歲或以上人士)

過去三個月，您有無用過/參加過長者中心提供嘅服務/活動？

- (1) 無  
 (2) 有

A13) 您有無足夠嘅金錢應付日常開支？

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

A14a) 您宜家拎以下邊一隻嘅政府津貼？(只可以揀一項)

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

A14b) 每月政府津貼嘅金額：

HK\$\_\_\_\_\_

A15a) 您宜家主要嘅收入來源係？(不包括政府津貼)(可以揀多過一項)

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

A15b) 您宜家每月嘅收入：

HK\$\_\_\_\_\_

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

A16a) 如果您出街，您需唔需要用: (可以揀多過一項)

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

A16b) 如果您嘅屋企人出街，佢哋需唔需要用: (可以揀多過一項)

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

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

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

A18a) (只適用於 60 歲或以上人士)

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

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

A18b) (只適用於 60 歲或以上人士)

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

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

## B. Age-Friendliness of a city

麻煩您講下對以下句子嘅同意程度，以 1 至 6 分代表

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

麻煩您以您居住嘅地區評分，有 \* 號嘅題目，就以全港情況評分：

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

您有幾同意宜家……

A	室外空間及建築	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-A1)	公共地方乾淨同舒適	1	2	3	4	5	6
B-A2)	戶外座位同綠化空間充足，而且保養得妥善同安全	1	2	3	4	5	6
B-A3)	司機喺路口同行人過路處俾行人先	1	2	3	4	5	6
B-A4)	單車徑同行人路分開 <input checked="" type="checkbox"/> (9) 唔適用						
B-A5)	街道有充足嘅照明，而且有警察巡邏，令戶外地方安全	1	2	3	4	5	6
B-A6)	商業服務 (好似購物中心、超市、銀行) 嘅地點集中同方便使用	1	2	3	4	5	6
B-A7)	有安排特別客戶服務俾有需要人士，例如長者專用櫃枱	1	2	3	4	5	6
B-A8)	建築物內外都有清晰嘅指示、足夠嘅座位、無障礙升降機、斜路、扶手同樓梯、同埋防滑地板	1	2	3	4	5	6
B-A9)	室外同室內地方嘅公共洗手間數量充足、乾淨同埋保養得妥善，俾唔同行動能力嘅人士使用	1	2	3	4	5	6
B-A10)	整體嚟講，呢區提供適合長者使用嘅室外空間同建築	1	2	3	4	5	6

B	交通	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-B1)	路面交通有秩序	1	2	3	4	5	6
B-B2)	交通網絡良好，透過公共交通可以去到市內所有地區同埋服務地點	1	2	3	4	5	6
B-B3)	公共交通嘅費用係可以負擔嘅，而且價錢清晰。無論係惡劣天氣、繁忙時間或假日，收費都係一致嘅	1	2	3	4	5	6
B-B4)	喺所有時間，包括喺夜晚、週末和假日，公共交通服務都係可靠同埋班次頻密	1	2	3	4	5	6
B-B5)	公共交通服務嘅路線同班次資料完整，又列出可以俾傷殘人士使用嘅班次	1	2	3	4	5	6
B-B6)	公共交通工具嘅車廂乾淨、保養良好、容易上落、唔迫、又有優先使用座位。而乘客亦會讓呢啲位俾有需要人士	1	2	3	4	5	6
B-B7)	有專為殘疾人士而設嘅交通服務	1	2	3	4	5	6
B-B8)	車站嘅位置方便、容易到達、安全、乾淨、光線充足、有清晰嘅標誌，仲有蓋，同埋有充足嘅座位	1	2	3	4	5	6
B-B9)	司機會喺指定嘅車站同緊貼住行人路停車，方便乘客上落，又會等埋乘客坐低先開車	1	2	3	4	5	6
B-B10)	喺公共交通唔夠嘅地方有其他接載服務 <input type="checkbox"/> (9) 唔適用	1	2	3	4	5	6
B-B11)	的士可以擺放輪椅同助行器，費用負擔得起。司機有禮貌，並且樂於助人	1	2	3	4	5	6
B-B12)	馬路保養妥善，照明充足	1	2	3	4	5	6
B-B13)	整體嚟講，呢區為長者提供合適嘅交通工具同服務	1	2	3	4	5	6

C	住所	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-C1)	房屋嘅數量足夠、價錢可負擔，而且地點安全，又近其他社區服務同地方	1	2	3	4	5	6
B-C2)	住所嘅所有房間同通道都有足夠嘅室內空間同平地可以自由活動	1	2	3	4	5	6
B-C3)	有可負擔嘅家居改裝選擇同物料供應，而且供應商了解長者嘅需要	1	2	3	4	5	6
B-C4)	區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢哋嘅服務	1	2	3	4	5	6
B-C5)	整體嚟講，呢區為長者提供適合嘅房屋同居住環境	1	2	3	4	5	6
D	社會參與	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-D1)	活動可以俾一個人或者同朋友一齊參加	1	2	3	4	5	6
B-D2)	活動同參觀景點嘅費用都可以負擔，亦都有隱藏或附加嘅收費	1	2	3	4	5	6
B-D3)	有完善咁提供有關活動嘅資料，包括無障礙設施同埋交通選擇	1	2	3	4	5	6
B-D4)	提供多元化嘅活動去吸引唔同喜好嘅長者參與	1	2	3	4	5	6
B-D5)	喺區內唔同場地 (好似文娛中心、學校、圖書館、社區中心同公園)內，舉行可以俾長者參與嘅聚會	1	2	3	4	5	6
B-D6)	對少接觸外界嘅人士提供可靠嘅外展支援服務	1	2	3	4	5	6
B-D7)	整體嚟講，呢區為長者提供適合嘅悠閒同文化活動	1	2	3	4	5	6

E	尊重及社會包融	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-E1)	各種服務會定期諮詢長者，為求服務得佢地更好	1	2	3	4	5	6
B-E2)	提供唔同服務同產品，去滿足唔同人士嘅需求同喜好	1	2	3	4	5	6
B-E3)	服務人員有禮貌，樂於助人	1	2	3	4	5	6
B-E4)	學校提供機會去學習有關長者同埋年老嘅知識，並有機會俾長者參與學校活動	1	2	3	4	5	6
B-E5)*	社會認同長者喺過去同埋目前所作出嘅貢獻	1	2	3	4	5	6
B-E6)*	傳媒對長者嘅描述正面同埋冇無成見	1	2	3	4	5	6
B-E7)	整體嚟講，呢區對長者有足夠嘅尊重同包容嘅	1	2	3	4	5	6
F	社區參與及就業	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-F1)	長者有彈性嘅義務工作選擇，而且得到訓練、表揚、指導同埋補償開支	1	2	3	4	5	6
B-F2)*	長者員工嘅特質得到廣泛推崇	1	2	3	4	5	6
B-F3)*	提倡各種具彈性並有合理報酬嘅工作機會俾長者	1	2	3	4	5	6
B-F4)*	禁止喺僱用、留用、晉升同培訓僱員呢幾方面年齡歧視	1	2	3	4	5	6
B-F5)	整體嚟講，呢區為長者提供適合嘅義工同就業機會	1	2	3	4	5	6

G	訊息交流	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-G1)	資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到	1	2	3	4	5	6
B-G2)	定期提供長者有興趣嘅訊息同廣播。	1	2	3	4	5	6
B-G3)	少接觸外界嘅人士可以喺佢地信任嘅人士身上，得到同佢本人有關嘅資訊	1	2	3	4	5	6
B-G4)	電子設備，好似手提電話、收音機、電視機、銀行自動櫃員機同自動售票機嘅掣夠大，同埋上面嘅字體都夠大	1	2	3	4	5	6
B-G5)	電話應答系統嘅指示緩慢同清楚，又會話俾打去嘅人聽點樣可以隨時重複內容	1	2	3	4	5	6
B-G6)	係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用	1	2	3	4	5	6
B-G7)	整體嚟講，長者係呢區容易得到佢哋需要嘅資訊	1	2	3	4	5	6
H	社區支持與健康服務	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-H1)	醫療同社區支援服務足夠	1	2	3	4	5	6
B-H2)	有提供家居護理服務，包括健康、個人照顧同家務	1	2	3	4	5	6
B-H3)	院舍服務設施同長者嘅居所都鄰近其他社區服務同地方	1	2	3	4	5	6
B-H4)	市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務	1	2	3	4	5	6
B-H5)	社區應變計劃(好似走火警)有考慮到長者嘅能力同限制	1	2	3	4	5	6
B-H6)	墓地(包括土葬同骨灰龕)嘅數量足夠同埋容易獲得	1	2	3	4	5	6
B-H7)	整體嚟講，長者係呢區容易得到適當嘅醫療、健康同支援服務	1	2	3	4	5	6

### C. 社群意識指數

麻煩您講下對以下句子嘅同意程度，以 1 至 5 分代表。

1	2	3	4	5
非常唔同意	唔同意	普通	同意	非常同意

麻煩您以您住嘅地區評分，您有幾同意……

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

C10) 整體嚟講，您覺得自己目前嘅生活有幾幸福？

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

#### D. 對老年人的印象和評價 1 (KAOP)

以下問題係關於對長者嘅印象同評價，麻煩您根據過去兩星期嘅實際情況，係六個選項（非常唔同意、唔同意、少少唔同意、同意、非常同意）中圈出適合嘅答。

例如，您對於“老年人在社會上係個負擔”呢個觀點有“少少唔同意”，就係“少少唔同意”下面嘅方格圈出答案。

	非常唔同意	唔同意	少少唔同意	少少同意	同意	非常同意
例題：老年人係社會上係個負擔	1	2	③	4	5	6

	非常唔同意	唔同意	少少唔同意	少少同意	同意	非常同意
D1) 長者應該住係安老院舍	1	2	3	4	5	6
D2) 長者成日犯錯，容易令人嬲	1	2	3	4	5	6
D3) 長者容易令人覺得唔舒服	1	2	3	4	5	6
D4) 長者成日鐘意講起佢哋嘅陳年舊事，令人好反感	1	2	3	4	5	6
D5) 長者脾氣唔好，鐘意抱怨，對人都唔友善	1	2	3	4	5	6
D6) 長者總係睇年輕人唔順眼	1	2	3	4	5	6
D7) 長者總係理其他人嘅閒事	1	2	3	4	5	6
D8) 長者嘅屋企一般係殘破不堪	1	2	3	4	5	6
D9) 長者不修邊幅，好邋邋	1	2	3	4	5	6
D10) 同其他人比，長者唔需要更多嘅關愛	1	2	3	4	5	6

**E. 步行的難易程度 (只適用 60 歲或以上人士) (Walkability)**

以下係一啲您係日常生活中可能需要經常去嘅地方，麻煩您由屋企出發，您係咪可以唔太辛苦咁行到去？(請根據受訪者嘅答案係 E20 同 E21 填下面分類嘅編號。如果受訪者答嘅地點唔適合下面講嘅任何一種類別，請填具體名稱。)			
		辛苦	唔辛苦
E1)	便利店或者報刊亭	1	2
E2)	教堂或者其他宗教場所	1	2
E3)	公園或者其他公共休憩場所 (戶外健身點)	1	2
E4)	長者地區中心、鄰舍中心、活動中心、社會服務中心、家庭服務中心	1	2
E5)	社區會堂以及其他康樂中心 (運動設施、劇院等)	1	2
E6)	診所 (中、西醫以及牙科)	1	2
E7)	藥房	1	2
E8)	酒樓	1	2
E9)	茶餐廳或者快餐店	1	2
E10)	雜貨店	1	2
E11)	街市、超級市場	1	2
E12)	圖書館	1	2
E13)	銀行	1	2
E14)	郵局	1	2
E15)	子女的家 <input type="checkbox"/>	1	2
	(9) 唔適用		
E16)	朋友的家 <input type="checkbox"/> (9)	1	2
	唔適用		
E17)	政府機構 (社會保障部、房屋署、民政署地區辦事處、勞工署職業輔導課等)	1	2
E18)	醫院 (急診、專科、日間照顧中心、康復中心等)	1	2
E19)	理髮店	1	2
E20)	過去 1 個月，您每日行路去嘅三個地方係 1) _____ 2) _____ 3) _____		
E21)	過去 1 個月，您經常坐車去嘅三個地方係 1) _____ 2) _____ 3) _____		

## F. 體能活動水平

以一星期(7日)計算，您係過去一個月平均做左以下嘅運動幾次？

回答下面嘅問題，麻煩：

- 只係計運動時間持續 10 分鐘或以上嘅運動
- 只係計餘暇時間做嘅運動 (唔計番工時間做嘅運動同家務)
- 注意：三個類別嘅主要分別係運動嘅強度

	平均頻率 (每星期次數)	平均持續時間 (分鐘)
<b>劇烈運動</b> (心跳加速、流汗) (例如跑步、緩步跑、健康舞班、高強度游泳、高強度單車)	F1) _____ 次數/ 每星期	F2) _____ 分鐘
<b>中等強度運動</b> (不疲累、輕度排汗) (如快步走、打網球、騎單車、游泳、跳民族或流行舞蹈)	F3) _____ 次數/ 每星期	F4) _____ 分鐘
<b>輕度運動</b> (輕鬆、無汗) (如步行、輕度瑜伽、草地保齡球、河邊釣魚)	F5) _____ 次數/ 每星期	F6) _____ 分鐘
<b>阻力運動</b> (增強肌力) (例如重複舉啞鈴、舉重機或阻力帶、仰臥起坐、深蹲)	F7) _____ 次數/ 每星期	F8) _____ 分鐘

F9) 平均一星期(7日)入面，您有定期係餘暇時間做中等或以上強度嘅運動(即係會出汗、心跳加速)？

- (1) 成日  
 (2) 有時  
 (3) 從來都唔會/好少

F10) 整體嚟講，您有幾滿意您宜家嘅生活？

- (1) 非常滿意  
 (2) 滿意  
 (3) 一半半  
 (4) 一半唔滿意  
 (5) 非常唔滿意

## G. 標準十二題簡明健康狀況調查表 (SF-12)

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

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

G1) 整體嚟講，您認為您宜家嘅健康狀況是係：

- (1) 非常好
- (2) 很好
- (3) 好
- (4) 一般 (不過不失)
- (5) 差

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

G2) 中等強度嘅活動，例如搬枱，用吸塵機吸塵或者洗地板，打保齡球，或者打太極拳？

- (1) 有好大限制
- (2) 有少少限制
- (3) 無任何限制

G3) 上幾層樓梯？

- (1) 有好大限制
- (2) 有少少限制
- (3) 無任何限制

以下問題係關於您身體健康狀況同日常活動嘅關係

G4) 過去 4 星期，您有無因為身體健康嘅原因，令您係工作或日常活動中，實際做完嘅野比想做嘅少？

- (1) 無
- (2) 有

G5) 過去 4 星期，係工作或日常活動中，您有無因為身體健康嘅原因，令您嘅工作或活動受到限制？

- (1) 無
- (2) 有

G6) 過去 4 星期，您有無因為情緒方面嘅原因 (例如感到沮喪或焦慮)，令您係工作或日常活動中，實際做完嘅野比想做嘅少？

- (1) 無
- (2) 有

G7) 過去 4 星期，係工作或日常活動中，您有無因為情緒方面嘅原因(例如感到沮喪或焦慮)，令您嘅工作或活動受到限制？

- (1) 無
- (2) 有

G8) 過去 4 星期，您身體上嘅疼痛對您嘅日常工作 (包括番工同做家务) 有幾大影響？

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

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

G9) 過去 4 星期，您有幾多時間覺得心平氣和？

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

G10) 過去 4 星期，您有幾多時間覺精力充足？

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

G11) 過 4 星期，您有幾多時間心情唔好、覺得悶悶不樂或者沮喪？

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

G12) 過去 4 星期，有幾多時間由於您身體健康或情緒問題而妨礙左您嘅社交活動 (比例如探親戚朋友) ?

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

問卷完成日期： \_\_\_\_\_  
( 日 / 月 / 年 )

- 「共建長者友善社區」問卷調查完成，多謝您嘅寶貴意見 -

### Appendix 3 Focus Group Discussion Demographic Questionnaire



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

職員專用 WTS	
參加者編號	
訪問員(1)	
訪問員(2)	

#### A. 受訪者資料

A1) 您嘅性別係：

- (1) 男  
 (2) 女

A2) 年齡：

\_\_\_\_\_ (根據身份證上的出生年份)

A3) 您喺所屬社區住左幾耐：

\_\_\_\_\_ 年

A4) 您嘅婚姻狀況係：

- (1) 從未結婚  
 (2) 已婚  
 (3) 喪偶  
 (4) 離婚  
 (5) 分居

A5) 您嘅最高教育程度：

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

A6) 您住嘅房屋類型？

- (1) 公共房屋  
 (2) 居屋  
 (3) 私人房屋  
 (4) 分租單位：如籠屋、板間房、床位  
 (5) 宿舍  
 (6) 其他，請註明：\_\_\_\_\_

A7) 您宜家同邊個住？(可以揀多過一項)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> (1) 配偶             | <input type="checkbox"/> (2) 子女       |
| <input type="checkbox"/> (3) 女婿 / 媳婦        | <input type="checkbox"/> (4) 孫        |
| <input type="checkbox"/> (5) 父母             | <input type="checkbox"/> (6) 祖父母      |
| <input type="checkbox"/> (7) 兄弟姐妹           | <input type="checkbox"/> (8) 工人       |
| <input type="checkbox"/> (9) 其他(請註明): _____ | <input type="checkbox"/> (10) 沒有 (獨居) |

A8) 您宜家係？

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

A9) 您宜家拎以下邊一隻嘅政府津貼？(只可以揀一項)

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

A10) 您宜家主要嘅收入來源係？(不包括政府津貼) (可以揀多過一項)

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

A11) 您宜家每月嘅收入 (包括政府津貼及其他收入來源)：

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

## Appendix 4 Focus Group Discussion Guide

### 香港大學秀圃老年研究中心 「共建長者友善社區」計劃 (黃大仙區)

#### 聚焦小組

##### 小組簡介：

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

是次聚焦小組旨在了解你對黃大仙區居住環境的意見及有關長者的意見。

#### **Part A：[長者友善]總體指標體系的討論**

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

『長者友善』城市的八個重要指標：

1. **戶外空間和房屋建築**：這個指標的目的是希望透過建設一個令人舒適的戶外空間和適合長者居住的房屋設施，以增加長者在家安老的可能性。
2. **交通**：交通的便利性會影響長者的活動範圍，一個方便使用和適合長者支付能力的交通安排，對長者能否參與社區和公民活動至關重要。
3. **房屋**：由於隨著長者年紀的增加身體活動能力的減退，長者能否居住在擁有合適設施的房屋對長者是否能獨立生活及他們的生活品質有很大的影響。
4. **社會參與**：透過參與在正式或非正式的社會活動可以保持令長者受到支持與關懷，因此參與社會、與家人和朋友交往是長者獲得生理和心理健康的保障。
5. **尊重和社會融合**：尊重長者讓他們能夠成為社會的一分子是每一個社會的基本責任，因此這一目標是讓每一個位長者在不同的社會環境下都受到尊重，包括在社會、社區、和家庭。
6. **公民參與就業**：透過社會參與和就業可以令長者繼續對社會發揮貢獻，這可以用義務工作的形式，也可以是用參與勞動力市場的形式來達致。
7. **溝通和資訊**：社會上有不同種類的服務與支援給予長者，然而要長者瞭解取得所需服務與支援，需要透過社會要加強資訊的透明度和流通性，讓長者在最有需要的時候能及時得到可靠的資訊。
8. **社區支援和健康服務**：這一目標是希望透過提升長者的健康與生活品質，以滿足長者在熟悉的社區與在家安老的理想，為此，適切的社區支援和健康服務必不可少。

Q1：就以上『長者友善』城市的八個指標，以黃大仙區目前的情況而言，哪三個指標是你最想改善的？為什麼？

Q2：哪三個指標是最實際可以改善的？為什麼？

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

Q4：針對今天的討論，還有沒有其他補充？







## Jockey Club Age-friendly City Project



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

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

## Sau Po Centre on Ageing, The University of Hong Kong



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

<http://ageing.hku.hk>