



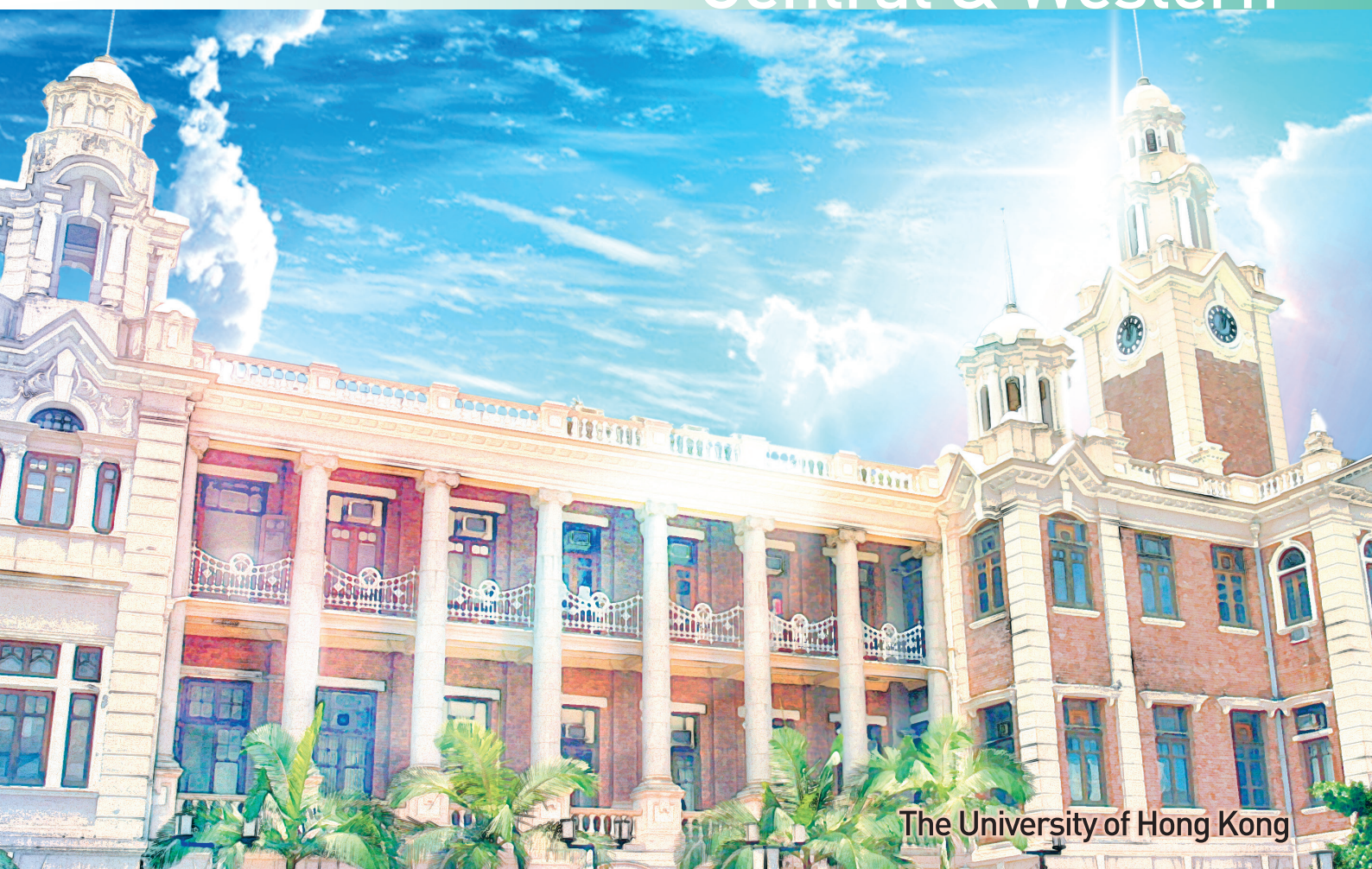
賽馬會齡活城市  
Jockey Club Age-friendly City

# Jockey Club

# Age-friendly City Project

## Final Assessment Report

### Central & Western



The University of Hong Kong

Initiated and funded by:



The Hong Kong Jockey Club Charities Trust

Project partner:



香港大學  
THE UNIVERSITY OF HONG KONG



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

**Jockey Club Age-friendly City Project**

**Final Assessment Report  
Central & Western District**

**2019**

Submitted by

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

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## 1. EXECUTIVE SUMMARY

The Jockey Club Age-friendly City Project has an overall aim to build momentum in districts to develop an age-friendly community, in joint hands with various stakeholders in the community. This report describes the baseline and final assessments conducted in the Central and Western District as part of the project. The objective of the assessments was to understand the age-friendliness and sense of community of the Central & Western District. The assessments consisted of a quantitative (questionnaire survey) study and a qualitative (focus group) study. A total of 574 and 546 participants completed the questionnaire survey in baseline and final assessments, respectively. The participants were from four sub-district communities, including Kennedy Town (KT); Sai Wan, Shek Tong Tsui, and Sai Ying Pun (SW); Mid-Levels (ML); and Central and Sheung Wan (CS). Five focus groups were conducted with residents in the district.

A typical participant of the baseline and final assessments was a married woman aged over 65 years who has resided in the district for 30 years. The age of the building that participants were living in was usually over 30 years, with elevator, although around one-third of the residents would still need to take the stairs to go out. Over 80% of the older adults (aged 60 years or above) expected themselves to age in place in the coming 5 years; however, the percentage of older adults with such expectation dropped to 37.7% if their health condition deteriorated. The percentage of definite negative response (perceived 0% likelihood of moving into a residential care unit) increased from baseline to final assessment, implying a lowering of their expectation to use residential care services when encountering health deterioration.

Participants perceived the district to be age-friendly in general, particularly in the social participation and transportation domains. They perceived significantly higher ratings between baseline and final assessments in five domains, namely Outdoor spaces & buildings, Transportation, Respect & social inclusion, Civic participation & employment, and Communication & information. There was significantly higher rating on needs fulfilment of sense of community, particularly in KT and CS. Moreover, the older the participants, the more likely they perceived stronger sense of community and age-friendliness in the district.

Participants of the focus groups listed out a number of improvements in outdoor spaces and buildings (e.g. the installation of escalators & elevators; handrail & seats, and; better hygiene) in the district within these three years. Accessibility of public transportation services have improved as evident from the addition of bus route and bus stop. Participants valued the sufficient opportunities for social participation and appreciated the increasing respect towards elderly in society. They also drew attention to (1) physical environment issues: uneven pavements create safety hazard for older people, and infrequent minibuss service between Kennedy Town and Grantham Hospital; (2) social and cultural environmental issues: a lack of accessible gathering places, and

(2) social and cultural environmental issues: a lack of accessible gathering places, and few available job opportunities; and (3) communication and services issues: poor information accessibility among elderly not affiliated to elderly centres and insufficient dental services.

Results from this final assessment report suggested a reasonably high and improved sense of community and perceived age-friendliness among residents in the district. Future efforts to make Central and Western District more age-friendly can target specific areas for improvement based on the eight domains outlined by the World Health Organization's Age-friendly City framework.

## 2. INTRODUCTION

### 2.1 Project Background

The rapid population ageing in Hong Kong means rapidly increasing needs of the older population. The population aged 65 years or above is projected to increase from the current 14% of the total population to 26%, or every 1 in 4 people, by 2029; and to 32%, or every 1 in 3 people, by 2041.<sup>1</sup> This presents a great challenge to the society in multiple ways, including a shrinking labour force with a working age to elderly population ratio of 1.8:1 by 2041, and increasing burden on and cost for public services. Building an age-friendly city will help meet the needs of older people and enable them to live an active, independent, and good-quality life.

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

Between July and October 2018, the Sau Po Centre on Ageing conducted the final assessment of the *Jockey Club Age-friendly City Project* in the Central and Western District and Wan Chai District. It aimed to examine the 3-year change in perceived district age-friendliness between baseline and final assessments. Similarly, the final assessment used a questionnaire interview design and a focus group design to understand the change in district age-friendliness.

This report presents the baseline and final assessment findings. The objective of this report is to understand the 3-year change and current needs of the Central & Western District in preparing to become an age-friendly city.

## 2.2 District Characteristics

The Central and Western District is a diverse district mixed with modern financial centres, cultural heritage buildings, and tranquil residential areas. In this 12.4 km<sup>2</sup> district, there are 15 sub-areas, that can be categorized into four meaningful sub-district communities, namely (1) Kennedy Town; (2) Sai Wan, Shek Tong Tsui, and Sai Ying Pun; (3) Mid-levels; and (4) Central and Sheung Wan (Appendix 1).

According to the Hong Kong Census and Statistics Department,<sup>2</sup> the Central and Western District currently has a population of 243,266. The number of elderly people aged 65 years or above was around 38,848, comprising 16% of the total district population. This can be compared with the 13.9% as reported in the 2011 Hong Kong Population Census. The district ranks the seventh among all districts in its percentage of elderly population, and is higher than the Hong Kong average of 15.9%.

Table 2.1 shows the changes of domestic household characteristics in the district. The total number of domestic households increased from 87,000 in 2014 to 87,057 in 2016. Most households (31.7%) were composed of couple and unmarried children. According to the 2016 Hong Kong Population Census, the median monthly income from main employment of the working population increased from HK\$20,000 in 2011 to HK\$36,000 in 2016. The median domestic household mortgage payment increased from HK\$10,000 in 2011 to HK\$14,680 in 2016, while the median domestic household rent also increased from HK\$10,370 in 2011 to HK\$14,000 in 2016.

**Table 2.1** Domestic household characteristics of Central and Western District

Domestic household characteristics	2014	2016
Total number of domestic households	87,000	87,057
Type of housing, private permanent	95.8%	94.4%
Median monthly income	HK\$20,000 (2011)	HK\$36,000
Median domestic household mortgage payment	HK\$10,000 (2011)	HK\$14,680
Median domestic household rent	HK\$10,370 (2011)	HK\$14,000

The predominant type of housing in the Central and Western District is private permanent housing (94.4%). Kwun Lung Lau<sup>3</sup> and Sai Wan Estate<sup>4</sup> are the only two public rental housing estates in the district. They were in use since 1968 and 1958, and currently comprise 2.5% and 0.9% of the domestic households in the district, respectively. Subsidized home ownership housing, one of the predominant types of housing in Hong Kong, has never been built in the Central and Western District.

Regarding the provision of elderly centres and health care services, the district has a total of 10 elderly centres (2 DECC<sup>5</sup> and 8 NEC<sup>6</sup>), 5 hospitals (2 public<sup>7</sup> and 3 private<sup>8</sup>), 5 general clinics<sup>9</sup> and 1 elderly health centre.<sup>10</sup>

The population density of the district is very high and there is great demand for facilities, outdoor space and transportation. In recent decades, in response to the opinions of the



residents and stakeholders, improvements of outdoor spaces, recreational facilities and transportation were made in the district. For instance, all rest seats in all the playgrounds and parks in the district were renewed; rain shelters were built in Harlech Road and Mount Kellett Road; and the refurbishment of the Central to Mid-Levels Escalator and Walkway System has started in March 2018. Before the opening of the Sai Ying Pun, HKU and Kennedy Town MTR Stations, transportation in the district was largely supported by buses, minibuses, and trams. After the operation of the three new MTR stations, traffic is still heavy in the main roads. In order to alleviate traffic congestion on major roads in the Central, Sheung Wan, Admiralty and Wan Chai areas, the Central-Wan Chai Bypass (CWB) is commissioned on January 20, 2019.

The district has a few successful examples of heritage conservation. The former Central Police Station is a historic building that has been recently redeveloped into the Tai Kwun Centre for Heritage and Arts.<sup>11</sup> Operated since May 2018, it offers unique heritage and arts experiences to the public.

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

The “中西區社區關注組” (translated herein as the “Central and Western District Community Concern Group”, or “Concern Group”) and the “中西區長者友善工作小組” (translated herein as “Central and Western District Age-friendly Work Group”, or “Work Group”) are the two main groups that have been advocating for the concept of age-friendly city in the district. Both groups have received funding from the District Council to promote age-friendly city issues in the past years. The Concern Group is a collaborative platform formed in 2007 by three non-governmental organizations (NGOs), and has since expanded to include 9 NGOs. Social worker representatives from each NGO are members responsible for the operation of the Concern Group. The objectives are to (1) attend to local community affairs and regularly communicate opinion to the District Council; (2) attend to the rights and benefits of the retired and older population; (3) work with other community concern groups to advocate on common topics and issues. Since 2009, advocating for an age-friendly city has become the Concern Group’s main mission. The Concern Group has invited older people from the district to participate in various activities, talks, conferences, and training courses. The goal was to empower older adults by increasing their capability and awareness, and ultimately to encourage them to voice out their opinions, so as to create community impact and increase the community’s age-friendliness. In the past years, the Concern Group has organized and co-hosted a number of activities to enhance age-friendliness and raise concerns for older adults in the district, including community care activities such as the “2018 關懷中西區獨居長者”<sup>12</sup> (translated herein as “2018 Caring Elderly who Live Alone in Central and Western District”), the “耆義兩心知 2018”<sup>13</sup> (translated herein as “The Elders and Volunteers Bring Love 2018”), and the “「曙光行動」鄰舍互助關愛計劃 2018-19”<sup>14</sup> (translated herein as “Sunshine Action Neighbourhood Caring Project 2018-19”).

The Work Group has been in operation since 2008. It was formed by an elderly centre and two community centres of the Caritas Hong Kong. The objective of the Work Group is to enhance age-friendliness and empower older people in the community to express their opinions on ways to improve community facilities. From 2009 onward, the Work Group has started to work on the topic of age-friendly city. The highly considerable projects were the “巡迴探訪區內各長者服務單位 2018”<sup>15</sup> (translated herein as “Visits to Local Elderly Service Units 2018”), “中西區長者友善資訊網站更新及維護”<sup>16</sup> (translated herein as “Updating and maintaining the Central and Western District age-friendly information website”), and “長者維港樂悠遊 2018”<sup>17</sup> (translated herein as “Harbour Cruise for Elderly 2018”).

The District Council and District Office, taking into account the inputs of the elderly community as well as working with various government departments and stakeholders such as New World First Bus and Citybus, have demonstrated active engagement and good efforts in supporting and promoting age-friendliness of the district. Of note, the Working Group on Elderly Service and other relevant committees of the District Council have regularly sought and followed up on the views of stakeholders to make the district more age-friendly.

Since 2015, The Hong Kong Jockey Club Charities Trust has launched the Jockey Club Age-friendly City Project and joint hands with various stakeholders including the District Council, NGOs, and the Sau Po Centre on Ageing to build Central and Western District into an age-friendly community. Over the past 3.5 years, the Project has trained 34 Age-friendly City Ambassadors to enhance their understanding of age-friendly city concepts and supported 9 district-based programmes that helped build up the momentum of age-friendly city at community level. With the support of the Project, the Central and Western District officially joined the World Health Organization (WHO) Global Network for Age-friendly Cities and Communities. It is a recognition of the district’s commitment to become an age-friendly community.

### 3. METHODOLOGY

Participants were recruited by convenience sampling in the district within 3 years to complete two assessments: baseline assessment conducted between September 2015 and February 2016, and final assessment conducted between July and October 2018. The two assessments consisted of a quantitative study and a qualitative study. The quantitative study used a questionnaire survey to understand the sociodemographic characteristics, the sense of community and perception on age-friendliness of the district, among residents of four sub-district communities in the Central and Western District. The qualitative study used focus group to capture in-depth opinions of the residents on age-friendliness of the district, with reference to the eight domains of the Age-friendly City as defined by the World Health Organization (WHO). This report aims to understand the 3-year change of age-friendliness in the Central and Western District.

#### 3.1 Questionnaire Survey

##### 3.1.1 Participants

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

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

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

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

A total of 574 participants were recruited in the baseline assessment in 2016. The final assessment aimed to recruit a total of 500 participants from multiple sources including

public rental housing estates, elderly centres, community centres, and advertisement and snowball referrals from stakeholders.

### 3.1.2 Measures

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

(i) Sociodemographic Information

These included age, gender, marital status, education, living arrangement, housing type, employment, and income of the participant. Self-reported health was captured using an item for assessing subjective health from the SF-12 Health Survey.<sup>19</sup>

(ii) Community Care

These included caregiving, use of assistive device, use of elderly centres, 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 domains, namely outdoor spaces and buildings; transportation; housing; social participation; respect and social inclusion, civic participation and employment; communication and information; and community support and health services. These can be further divided into 19 subdomains.

(iv) Sense of Community

Sense of community, including needs fulfilment (the perception that a person's needs is met by the community), group membership (a sense of belonging to the community), influence (a sense that a person can make a difference in a community and the community can make a difference to the person), and shared emotional connection (a feeling of attachment or bonding rooted in community members' shared history, place or experience) were measured using the 8-item Brief Sense of Community Scale.<sup>20, 21</sup>

### 3.1.3 Data Analysis

Descriptive analyses were performed by the Central and Western District and its four sub-districts to identify patterns in sociodemographic, community care, perceived age-friendliness, and sense of community in both baseline and final assessments. Independent t-tests were performed to examine the 3-year change between baseline and final assessments in the district and its sub-districts in perceived age-friendliness that consists of eight domains and 19 sub-domains, and sense of community that consists of 4 domains.

Further, participants were divided into two age groups: younger participants (aged 18-49), and older participants (aged 50 or above). Independent t-tests were performed in each age group to examine the 3-year change in district and its sub-districts between

baseline and final assessments in perceived age-friendliness and sense of community.

### **3.2 Focus Group**

There were five focus groups conducted in the final assessment, with one non-elderly focus group recruited by convenience sampling and four elderly focus groups recruited by the community support services in the district. The focus groups conducted following the procedure based on the WHO Age-friendly Cities Project Methodology-Vancouver Protocol. In this study, we have adopted the Chinese version of the protocol devised by The Hong Kong Council of Social Service. A focus group discussion guide was compiled (Appendix 3). The participants in the focus groups were asked about their perceived changes concerning the eight domains of age-friendliness in the district over the last 3 years. Each focus group meeting lasted approximately 1 to 1.5 hours. Each focus group consisted of 6 to 8 people. Focus group sessions were held in community locations; the discussions were audio-recorded and transcribed.

## 4. RESULTS

### 4.1 Questionnaire Survey

#### 4.1.1 Participant Characteristics

The baseline assessment recruited a total of 574 participants in 2016, while the final assessment recruited 546 participants between July and October 2018 (Table 4.1). The participants represent the four sub-district communities of Kennedy Town (KT), Sai Wan, Shek Tong Tsui, Sai Ying Pun (SW), Mid-Levels (ML), and Central and Sheung Wan (CS) in Central and Western district.

We recruited the participants according to the population distribution in the four sub-districts. In the sub-district of KT, the percentage of participants increased from 28.2% in baseline assessment to 34.6% in final assessment. The percentage of participants in the ML sub-district increased from 8% in baseline assessment to 14.3% in final assessment. The proportion of participants in other sub-districts decreased from baseline assessment to final assessment (SW: 43.9% to 31.3%; CS: 19.9% to 19.8%).

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

Sub-district communities	Baseline assessment		Final assessment	
	N	%	N	%
<b>Kennedy Town (KT)</b>	<b>162</b>	<b>28.2</b>	<b>189</b>	<b>34.6</b>
Kennedy Town & Mount Davis	57	9.9	35	6.4
Kwun Lung	105	18.3	154	28.2
<b>Sai Wan, Shek Tong Tsui, Sai Ying Pun (SW)</b>	<b>252</b>	<b>43.9</b>	<b>171</b>	<b>31.3</b>
Sai Wan	37	6.4	41	7.5
Shek Tong Tsui	65	11.3	40	7.3
Sai Ying Pun	125	21.8	40	7.3
Centre Street	18	3.1	23	4.2
Water Street	7	1.2	27	4.9
<b>Mid-Levels (ML)</b>	<b>46</b>	<b>8.0</b>	<b>78</b>	<b>14.3</b>
Mid-Levels East	20	3.5	8	1.5
Castle Road	8	1.4	17	3.1
University	14	2.4	13	2.4
Belcher	4	0.7	37	6.8
The Peak	0	0.0	20	3.7
<b>Central and Sheung Wan (CS)</b>	<b>114</b>	<b>19.9</b>	<b>108</b>	<b>19.8</b>
Central	34	5.9	65	11.9
Sheung Wan	71	12.4	23	4.2
Tung Wah	9	1.6	3	0.5
<b>Total</b>	<b>574</b>	<b>100.0</b>	<b>546</b>	<b>100.0</b>

Sociodemographic characteristics of the participants in baseline and final assessments are summarized in Table 4.2. Several basic characteristics showed similar pattern between baseline and final assessments. More than half of the participants were older adults aged 65 years or above (baseline: 66.4% vs. final: 67.2%;  $p=0.341$ ) and had secondary education or above (baseline: 52.5% vs. final: 57.9%;  $p=0.535$ ). There was

no significant change in the proportion of participants either living alone or living with their spouse only (baseline: 50.2% vs. final: 45.2%;  $p=0.184$ ) and participants being a caregiver (baseline: 20.0% vs. final: 21.9%;  $p=0.430$ ). Majority of participants in baseline (65.6%) and final assessment (65.1%) reported to have no income or a monthly personal income below HK\$6,000 ( $p=0.099$ ).

There were more female participants in final assessment than in baseline assessment (baseline: 69.3% vs. final: 76.2%;  $p=0.010$ ), particularly in KT sub-district ( $p=0.015$ ). More participants self-reported to be widowed and divorced/separated (baseline: 34.2% vs. final: 39.6%,  $p=0.048$ ), either working or retired (baseline: 77.8 vs. final: 84.7%;  $p<0.001$ ), and were living with domestic helper (baseline: 8.2% vs. final: 11.7%;  $p=0.047$ ). In terms of fund sufficiency, there was a significant change in the proportion of participants who self-reported to have very insufficient or insufficient fund for daily expenses (baseline: 15.9% vs. final: 11.5%;  $p=0.016$ ).

Residence characteristics of participants in baseline and final assessments are summarized in Table 4.3. The average years of residence were significantly longer in final assessment than in baseline assessment (baseline: 31.6 years vs. final: 35.8 years;  $p<0.001$ ). Majority of the participants lived in privately owned housing (baseline: 64.6% vs. final: 71.2%;  $p=0.415$ ), in a building aged more than 30 years (baseline: 63.5% vs. final: 66.3%;  $p=0.147$ ), and in a building with elevator (baseline: 85.5% vs. final: 91.4%;  $p=0.002$ ). The average number of floors of the building that participants resided in were significantly more in final assessment than in baseline assessment (baseline: 22.3 vs. final: 24.5;  $p=0.001$ ). The percentage of residents living in a building that requires the use of stairs had no significant change (baseline: 38.6% vs. final: 33.9%;  $p=0.102$ ).

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

	Total				KT				SW				ML				CS				
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<b>Gender</b>																					
Male	176	30.7	130	23.8	55	34.0	42	22.2	73	29.0	44	25.7	13	28.3	20	25.6	35	30.7	24	22.2	
Female	398	69.3	416	76.2	107	66.0	147	77.8	179	71.0	127	74.3	33	71.7	58	74.4	79	69.3	84	77.8	
<b>Age group</b>																					
18-49 years	104	18.1	83	15.2	29	17.9	25	13.2	50	19.8	29	17.0	14	3.4	16	20.5	11	9.6	13	12.0	
50-64 years	89	15.5	96	17.6	29	17.9	35	18.5	33	13.1	22	12.9	7	15.2	25	32.1	20	17.5	14	13.0	
65-79 years	223	38.9	205	37.5	67	41.4	74	39.2	99	39.3	61	35.7	17	37.0	20	25.6	40	35.1	50	46.3	
≥80 years	158	27.5	162	29.7	37	22.8	55	29.1	70	27.8	59	34.7	8	17.4	17	21.8	43	37.7	31	28.7	
<b>Marital status</b>																					
Never married	93	16.2	69	12.6	31	19.1	24	12.7	42	16.7	18	10.5	50	19.8	12	15.4	11	9.6	15	13.9	
Married	284	49.6	261	47.8	77	47.5	91	48.1	118	47.0	80	46.8	33	13.1	41	52.6	64	56.1	49	45.4	
Widowed	170	29.7	191	35.0	47	29.0	67	35.4	81	32.3	65	38.0	99	39.3	22	28.2	33	28.9	37	34.3	
Divorced / separated	26	4.5	25	4.6	7	4.3	7	3.7	10	4.0	8	4.7	70	27.8	3	3.8	6	5.3	7	6.5	
<b>Education</b>																					
Nil / pre-primary	100	17.5	124	22.7	23	14.2	51	27.0	52	20.7	38	22.2	4	8.7	10	12.8	21	18.4	25	23.1	
Primary	172	30.0	105	19.2	53	32.7	43	22.8	69	27.5	30	17.5	9	19.6	7	6.7	41	36.0	25	23.1	
Secondary (F.1-3)	81	14.1	69	12.6	28	17.3	30	15.9	31	12.4	22	12.9	5	10.9	4	5.1	17	14.9	13	12.0	
Secondary (F.4-7)	102	17.8	128	23.4	26	16.0	38	20.1	41	16.3	42	24.6	14	30.4	20	25.6	21	18.4	28	25.9	
Diploma	25	4.4	33	6.0	9	5.6	6	3.2	9	3.6	10	5.8	1	2.2	13	16.7	6	5.3	4	3.7	
Associate degree	2	0.3	6	1.1	1	0.6	1	0.5	0	0.0	4	2.3	0	0.0	0	0.0	1	0.9	1	0.9	
Bachelor degree or above	91	15.9	81	14.8	22	13.6	20	10.6	49	19.5	25	14.6	13	28.3	24	30.8	7	6.1	12	11.1	
<b>Employment status</b>																					
Working	87	15.3	117	21.8	23	14.4	43	23.1	42	16.7	32	19.2	11	23.9	25	32.1	11	9.7	17	16.0	
Unemployed	8	1.4	4	0.7	5	3.1	1	0.5	1	0.4	0	0.0	0	0.0	1	1.3	2	1.8	2	1.9	
Retired	356	62.5	338	62.9	100	62.5	114	61.3	162	64.5	113	67.7	18	39.1	41	52.6	76	67.3	70	66.0	
Homemakers	80	14.0	69	12.8	19	11.9	27	14.5	28	11.2	18	10.8	10	21.7	8	10.3	23	20.4	16	15.1	
Students	37	6.5	9	1.7	11	6.9	1	0.5	18	7.2	4	2.4	7	15.2	3	3.8	1	0.9	1	0.9	
Others	2	0.4	0	0.0	2	1.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
<b>Living arrangement</b>																					
Living alone	152	26.5	134	24.5	45	27.8	48	25.4	73	29.0	41	24.0	4	8.9	15	19.2	30	26.3	30	27.8	
With spouse only	136	23.7	113	20.7	40	24.7	31	16.4	49	19.4	41	24.0	10	22.2	17	21.8	37	32.5	24	22.2	
Spouse & other family members	111	19.4	129	23.6	28	17.3	54	28.6	50	19.8	34	19.9	14	31.1	20	25.6	19	16.7	21	19.4	
With children / grandchildren	101	17.6	101	18.5	30	19.1	38	20.1	43	17.1	30	17.5	8	17.8	13	16.7	20	17.5	20	18.5	
With other family members	73	12.7	45	8.2	19	11.1	13	6.9	37	14.7	12	7.0	9	20.0	12	15.4	8	7.0	8	7.4	
With others	0	0.0	24	4.4	0	0.0	5	2.6	0	0.0	13	7.6	0	0.0	1	1.3	0	0.0	5	4.6	
<b>Living with domestic helper</b>	46	8.2	64	11.7	10	6.2	14	7.4	21	8.5	18	10.5	7	16.3	25	32.1	8	7.1	7	6.5	
<b>Participant is a caregiver</b>	125	21.9	108	20.0	33	20.5	38	20.3	55	21.9	38	22.4	10	21.7	14	18.2	27	23.9	18	16.8	
Caregiver for elderly	77	62.1	69	63.3	21	63.6	27	69.2	31	57.4	18	47.4	6	60.0	10	71.4	19	70.4	14	77.8	



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

	Total				KT				SW				ML				CS				
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<b>Finance</b>																					
Very insufficient	<b>12</b>	<b>2.1</b>	<b>9</b>	<b>1.6</b>	6	3.7	7	3.7	5	2.0	1	0.6	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	1	0.9	1	0.9	
Insufficient	<b>79</b>	<b>13.8</b>	<b>54</b>	<b>9.9</b>	22	13.6	21	11.1	30	12.0	20	11.7	<b>6</b>	<b>13.0</b>	<b>5</b>	<b>6.4</b>	21	18.4	8	7.4	
Sufficient	<b>356</b>	<b>62.2</b>	<b>339</b>	<b>62.1</b>	100	61.7	126	66.7	160	64.0	101	59.1	<b>25</b>	<b>54.3</b>	<b>39</b>	<b>50.0</b>	71	62.3	73	67.6	
More than sufficient	<b>110</b>	<b>19.2</b>	<b>124</b>	<b>22.7</b>	27	16.7	35	18.5	49	19.6	40	23.4	<b>14</b>	<b>30.4</b>	<b>24</b>	<b>30.8</b>	20	17.5	25	23.1	
Abundant	<b>15</b>	<b>2.6</b>	<b>20</b>	<b>3.7</b>	7	4.3	0	0.0	6	2.4	9	5.3	<b>1</b>	<b>2.2</b>	<b>10</b>	<b>12.8</b>	1	0.9	1	0.9	
<b>Monthly personal income</b>																					
No income	62	10.8	38	7.8	15	9.3	9	5.2	32	12.7	13	8.4	4	8.9	7	11.7	11	9.6	9	9.2	
HK\$1 to HK\$5,999	314	54.8	278	57.3	83	51.2	101	58.7	137	54.4	92	59.4	18	40.0	24	40.0	76	66.7	61	62.2	
HK\$6,000 to HK\$9,999	66	11.5	64	13.2	26	16.0	29	16.9	22	8.7	17	11.0	6	13.3	6	10.0	12	10.5	12	12.2	
HK\$10,000 to HK\$19,999	90	15.7	44	9.1	28	17.3	17	9.9	41	16.3	18	11.6	10	22.2	4	6.7	11	9.6	5	5.1	
HK\$20,000 to HK\$29,999	17	3.0	22	4.5	5	3.1	5	2.9	9	3.6	6	3.9	2	4.4	6	10.0	1	0.9	5	5.1	
HK\$30,000 to HK\$59,999	16	2.8	21	4.3	3	1.9	7	4.1	8	3.2	6	3.9	4	8.9	5	8.3	1	0.9	3	3.1	
≥HK\$60,000	8	1.4	18	3.7	2	1.2	4	2.3	2	1.2	3	1.9	1	2.2	8	13.3	2	1.8	3	3.1	

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

**Table 4.3** Residence characteristics

	Total				KT				SW				ML				CS			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
<b>Residence years (mean, SD)</b>	<b>31.6</b>	<b>20.6</b>	<b>35.8</b>	<b>19.7</b>	<b>28.0</b>	<b>19.5</b>	<b>35.6</b>	<b>19.8</b>	<b>33.0</b>	<b>21.7</b>	<b>37.0</b>	<b>18.8</b>	29.0	19.0	29.9	18.7	34.5	19.5	38.8	21.0
<b>Housing, N (%)</b>																				
Public rental	102	17.8	117	21.4	102	63.0	117	61.9	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>	0	0.0	0	0.0	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>
Private, rental	94	16.4	32	5.9	22	13.6	5	2.6	<b>46</b>	<b>18.3</b>	<b>11</b>	<b>6.4</b>	12	26.1	9	11.5	<b>14</b>	<b>12.3</b>	<b>7</b>	<b>6.5</b>
Private, owned	370	64.6	389	71.2	38	23.5	65	34.4	<b>200</b>	<b>79.7</b>	<b>160</b>	<b>93.6</b>	32	69.6	68	87.2	<b>100</b>	<b>87.7</b>	<b>96</b>	<b>88.9</b>
Private, unknown	2	0.3	0	0.0	0	0.0	0	0.0	<b>1</b>	<b>0.4</b>	<b>0</b>	<b>0.0</b>	1	2.2	0	0.0	<b>0</b>	<b>0.0</b>	<b>0</b>	<b>0.0</b>
Others	5	0.9	8	1.5	0	0.0	2	1.1	<b>4</b>	<b>1.6</b>	<b>0</b>	<b>0.0</b>	1	2.2	1	1.3	<b>0</b>	<b>0.0</b>	<b>5</b>	<b>4.6</b>
<b>Age of building</b>																				
≤10 years	55	9.7	43	7.9	<b>41</b>	<b>25.5</b>	<b>32</b>	<b>16.9</b>	7	2.8	6	3.5	4	9.1	1	1.3	3	2.6	4	3.7
11-20 years	57	10.8	44	8.1	<b>9</b>	<b>5.6</b>	<b>11</b>	<b>5.8</b>	23	9.3	6	3.5	6	13.6	7	9.0	19	16.7	20	18.5
21-30 years	95	16.8	97	17.8	<b>18</b>	<b>11.2</b>	<b>15</b>	<b>7.9</b>	52	21.0	32	18.7	8	18.2	31	39.7	17	14.9	19	17.6
≥31 years	360	63.5	362	66.3	<b>93</b>	<b>57.8</b>	<b>131</b>	<b>69.3</b>	166	66.9	127	74.3	26	59.1	39	50.0	75	65.8	65	60.2
<b>Building environment</b>																				
No. of floors (mean, SD)	<b>22.3</b>	<b>(10.7)</b>	<b>24.5</b>	<b>(11.1)</b>	29.4	(11.7)	27.4	(10.6)	19.6	(8.3)	20.5	(8.4)	<b>20.1</b>	<b>(7.7)</b>	<b>27.7</b>	<b>(9.7)</b>	<b>19.0</b>	<b>(10.6)</b>	<b>23.3</b>	<b>(14.1)</b>
With elevator	<b>448</b>	<b>85.5</b>	<b>498</b>	<b>91.4</b>	159	98.1	188	99.5	202	81.1	148	86.5	44	95.7	78	100.0	83	72.8	84	78.5
Need to take stairs	220	38.6	184	33.9	<b>47</b>	<b>29.0</b>	<b>34</b>	<b>18.2</b>	82	33.1	57	33.5	21	45.7	33	42.3	70	61.4	60	55.6

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

The self-reported health status, social participation and use of community services in baseline and final assessments are presented in Table 4.4. There was no difference in average self-rated health ( $p=0.320$ ) or in the proportion of participants rating their health as good, very good, or excellent ( $p=0.319$ ) between the two surveys. Around one-fifth of baseline participants (21.7%) and one-fourth of the final assessment participants (25.5%) reported the use of assistive devices, such as cane, walker, or wheelchair ( $p=0.140$ ). There was a significant difference in the use of assistive device among elderly in KT (baseline: 18.7% vs. final: 28.0%;  $p=0.041$ ) and in ML (baseline: 6.7% vs. final: 21.8%,  $p=0.013$ ). Among those aged 60 years or above, the majority of participants were users of elderly centres (baseline: 82.6% vs. final: 78.0%;  $p=0.087$ ).

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

	Total				KT				SW				ML				CS				
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<b>Self-rated health</b>																					
Excellent	26	4.5	32	5.9	9	5.6	13	6.9	9	3.6	8	1.5	2	4.3	3	3.8	6	5.3	8	1.5	
Very good	108	18.9	105	19.2	26	16	33	31.4	56	22.4	30	17.5	7	15.2	23	29.5	19	16.7	19	17.6	
Good	158	27.6	158	28.9	46	46	58	30.7	75	30.0	50	29.2	10	21.7	20	25.6	27	23.7	30	19.0	
Fair	241	42.1	214	39.2	70	70	73	38.6	98	39.2	68	39.8	25	54.3	30	38.5	48	42.1	43	20.1	
Poor	39	6.8	37	6.8	11	11	12	6.3	12	4.8	15	40.5	2	4.3	2	2.6	14	12.3	8	7.4	
Mean score (SD)	3.3	(1.0)	3.2	(1.0)	3.3	(1.0)	3.2	(1.0)	3.2	(1.0)	3.3	(1.0)	3.4	(1.0)	3.1	(1.0)	3.4	(1.1)	3.2	(1.1)	
<b>Assistive device use among elderly*</b>	121	21.7	139	25.5	<b>29</b>	<b>18.7</b>	<b>53</b>	<b>28.0</b>	57	23.2	44	25.7	<b>3</b>	<b>6.7</b>	<b>17</b>	<b>21.8</b>	32	28.6	25	23.1	
<b>User of elderly centres†</b>	362	82.6	322	78.0	81	68.1	103	71.5	171	88.6	112	83.6	24	85.7	36	73.5	86	87.8	71	82.6	

\*Cane, walker, or wheelchair

†Applicable only to participants aged 60 years or above

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

Participants' ageing-in-place intention in 5 years in baseline and final assessments are summarized in Table 4.5. When asked about whether they expect to move into a residential care home in the next 5 years if their health remains the same, the definite negative response changed from 77.8% to 83.8%. The percentage of participants rated with more than 50% chance also changed from 12.6% in baseline to 9.7% in final assessment. There was similar pattern in all the sub-districts, except SW.

In addition, the percentage of participants who asserted absolutely no chance to move into a residential care home in 5 years if their health worsens changed from 33.9% to 37.7%. Participants who rated themselves with more than 50% changed from 51.4% to 43.8%. Likewise, there was similar distribution of participants' response if health worsens in all districts, except KT.

**Table 4.5 Residential care service use expectation in 5 years†**

	Total				KT				SW				ML				CS				
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
<b>If health remains the same</b>																					
0%	339	77.8	347	83.8	96	80.7	123	85.4	150	77.7	104	77.6	23	85.2	43	87.8	70	72.2	77	88.5	
10%	22	5.0	12	2.9	3	2.5	1	0.7	13	6.7	7	5.2	2	7.4	2	4.1	4	4.1	2	2.3	
20%	9	2.1	2	0.5	2	1.7	0	0.0	4	2.1	2	1.5	1	3.7	0	0.0	2	2.1	0	0.0	
30%	10	2.3	8	1.9	1	0.8	3	2.1	6	3.1	3	2.2	0	0.0	1	2.0	3	3.1	1	1.1	
40%	1	0.2	5	1.2	0	0.0	3	2.1	0	0.0	2	1.5	0	0.0	0	0.0	1	1.0	0	0.0	
50%	31	7.1	26	6.3	9	7.6	10	6.9	13	6.7	10	7.5	0	0.0	1	2.0	9	9.3	5	5.7	
60%	4	0.9	3	0.7	1	0.8	0	0.0	1	0.5	3	2.2	0	0.0	0	0.0	2	2.1	0	0.0	
70%	6	1.4	2	0.5	2	1.7	2	1.4	1	0.5	0	0.0	0	0.0	0	0.0	3	3.1	0	0.0	
80%	6	1.4	0	0.0	3	2.5	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	2	2.1	0	0.0	
90%	1	0.2	2	0.5	0	0.0	1	0.7	1	0.5	0	0.0	0	0.0	1	2.0	0	0.0	0	0.0	
100%	7	1.6	7	1.7	2	1.7	1	0.7	3	1.6	3	2.2	1	3.7	1	2.0	1	1.0	2	2.3	
<b>If health worsens</b>																					
0%	147	33.9	156	37.7	47	39.5	50	34.7	63	33.0	52	38.8	9	33.3	24	49.0	28	29.2	30	34.5	
10%	28	6.5	12	2.9	5	4.2	6	4.2	13	6.8	3	2.2	2	7.4	0	0.0	8	8.3	3	3.4	
20%	10	2.3	26	6.3	3	2.5	14	9.7	4	2.1	4	3.0	0	0.0	2	4.1	3	3.1	6	6.9	
30%	17	3.9	24	5.8	2	1.7	8	5.6	9	4.7	10	7.5	4	14.8	0	0.0	2	2.1	6	6.9	
40%	8	1.8	15	3.6	3	2.5	4	2.8	3	1.6	6	4.5	1	3.7	3	6.1	1	1.0	2	2.3	
50%	105	24.2	89	21.5	25	21.0	31	21.5	49	25.7	23	17.2	4	14.8	8	16.3	27	28.1	27	31.0	
60%	16	3.7	12	2.9	3	2.5	7	4.9	12	6.3	3	2.2	0	0.0	2	4.1	1	1.0	0	0.0	
70%	33	7.6	11	2.7	7	5.9	6	4.2	16	8.4	1	0.7	1	3.7	3	6.1	9	9.4	1	1.1	
80%	19	4.4	24	5.8	8	6.7	4	2.8	3	1.6	11	8.2	1	3.7	4	8.2	7	7.3	5	5.7	
90%	17	3.9	14	3.4	7	5.9	5	3.5	3	1.6	8	6.0	3	11.1	1	2.0	4	4.2	0	0.0	
100%	33	7.6	31	7.5	9	7.6	9	6.3	16	8.4	13	9.7	2	7.4	2	4.1	6	6.3	7	8.0	

†Applicable only to participants aged 60 years or above

#### 4.1.2 Perceived Age-friendliness

Figure 4.1 and Table 4.6 present the perceived age-friendliness and its change across the eight domains and 19 sub-domains in the WHO Age-friendly City Framework in baseline and final assessments of the Central and Western District. The possible response ranges from 1 (strongly disagree) to 6 (strongly agree).

Participants perceived the district to be age-friendly in general. Among the eight domains in baseline and final assessments, the “social participation” had the highest mean (baseline: 4.4 and final: 4.4), followed by “respect and social inclusion” (baseline: 4.3 and final: 4.4). The domain with the lowest mean and rank in both assessments was “housing” (baseline: 3.5 and final: 3.7). “Outdoor spaces & buildings” climbed in rank from sixth to fourth and “transportation” also moved from second to the top rank. However, “communication and information” dropped in rank from fourth to fifth. By comparing the district mean between baseline and final assessment, participants gave significantly higher ratings in five domains, namely “outdoor spaces & building” from 3.9 to 4.2 ( $p<0.001$ ), “transportation” from 4.3 to 4.4 ( $p<0.001$ ), “respect & social inclusion” from 4.2 to 4.3 ( $p<0.001$ ), “civic participation & employment” from 3.9 to 4.1 ( $p<0.001$ ), and “communication & information” from 4.0 to 4.1 ( $p=0.004$ ).

##### *Domain 1: Outdoor spaces & buildings*

Participants gave significantly higher rating in “outdoor spaces & buildings” (baseline: 3.9, final: 4.2,  $p<0.001$ ). Among the sub-domains, significantly higher ratings were also observed in “outdoor spaces” (baseline: 3.8, final: 4.3,  $p<0.001$ ) and “buildings” (baseline: 4.0, final: 4.2,  $p=0.001$ ) sub-domains.

##### *Domain 2: Transportation*

Participants gave significantly higher rating in “transportation” (baseline: 4.3, final: 4.4,  $p<0.001$ ). Significantly higher ratings were also observed in “road safety & maintenance” (baseline: 4.3, final: 4.5,  $p<0.001$ ), “public transport, comfort to use” (baseline: 4.2, final: 4.4,  $p=0.001$ ), and “accessibility to public transport” (baseline: 4.5, final: 4.6,  $p=0.042$ ) sub-domains.

##### *Domain 3: Housing*

Participants gave a higher rating in “housing” (baseline: 3.5, final: 3.7,  $p=0.066$ ). A significantly higher rating was observed in “environment” sub-domain (baseline: 3.7, final: 4.1,  $p<0.001$ ).

##### *Domain 4: Social participation*

Participants perceived no change in age-friendliness in “social participation” (baseline: 4.4, final: 4.4,  $p=0.393$ ) and the sub-domain of “facilities and settings” (baseline: 4.5, final: 4.5,  $p=0.739$ ). Higher rating was observed in “social activities” (baseline: 4.3, final: 4.4,  $p=0.124$ ) sub-domain.

#### *Domain 5: Respect & social inclusion*

Participants gave a significantly higher rating in “respect & social inclusion” (baseline: 4.2, final: 4.3,  $p<0.001$ ). Significantly higher ratings were also observed in “attitude” (baseline: 4.3, final: 4.4,  $p<0.001$ ) and “social inclusion opportunities” (baseline: 4.0, final: 4.1,  $p=0.017$ ) sub-domains.

#### *Domain 6: Civic participation & employment*

Participants gave a significantly higher rating in “civic participation & employment” (baseline: 3.9, final: 4.1,  $p<0.001$ ). Among the sub-domains, significantly higher ratings were observed in “civic participation” (baseline: 4.2, final: 4.4,  $p=0.049$ ) and “employment” (baseline: 3.8, final: 4.0,  $p<0.001$ ).

#### *Domain 7: Communication & information*

Participants gave a significantly higher rating in “communication & information” (baseline: 4.0, final: 4.1,  $p=0.004$ ). Significantly higher rating was also observed in “information” (baseline: 4.1, final: 4.2,  $p=0.009$ ) sub-domain.

#### *Domain 8: Community support & health services*

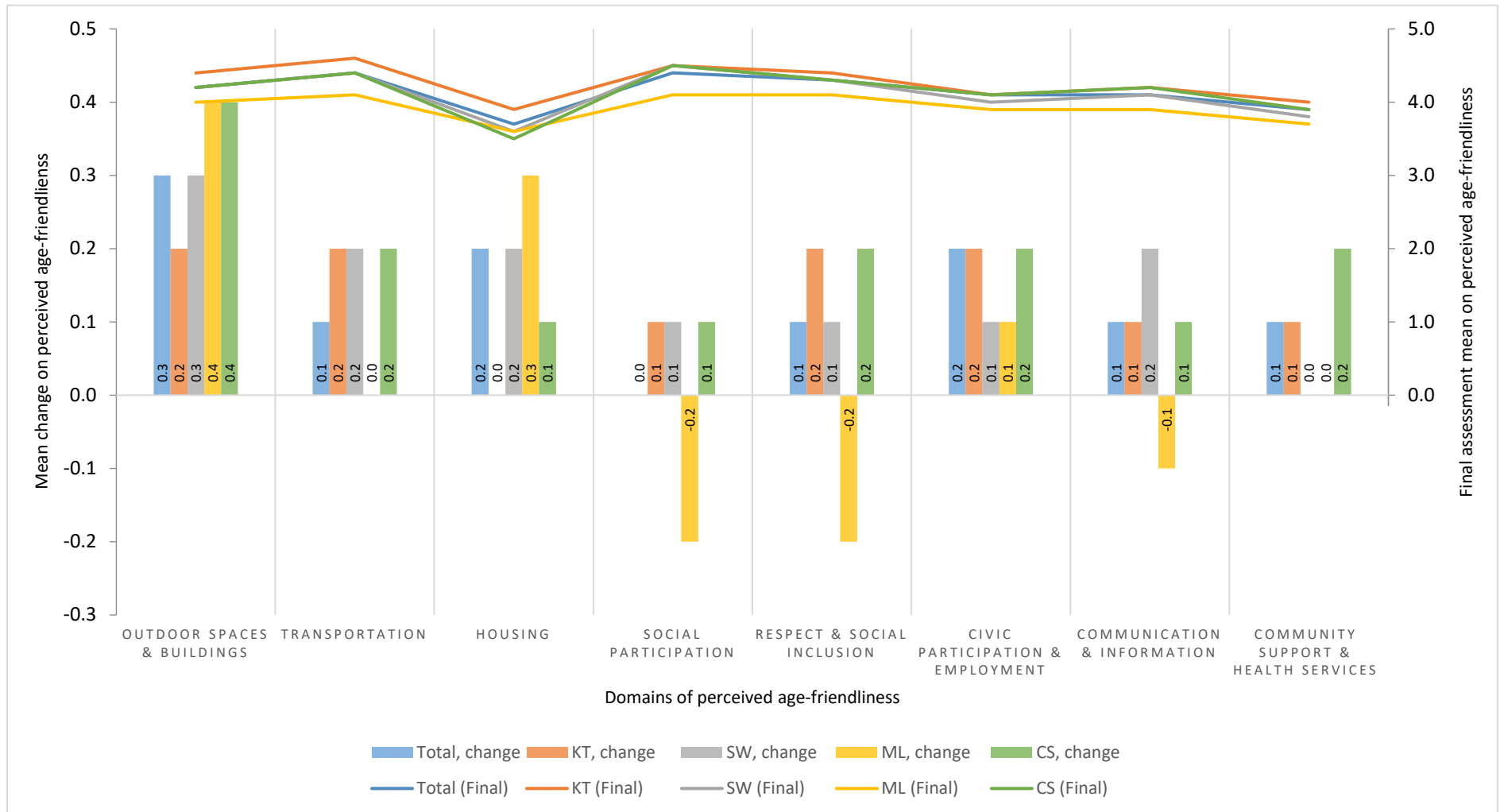
Participants gave a higher rating in “community support & health services” (baseline: 3.8, final: 3.9,  $p=0.062$ ). Significantly higher ratings were found in the sub-domains of “medical/social services” (baseline: 4.2, final: 4.3,  $p=0.040$ ) and “emergency support” (baseline: 3.5, final: 3.8,  $p=0.002$ ). No change was found in the sub-domain of “burial service” (baseline: 2.4, final: 2.4,  $p=0.669$ ).

#### 4.1.3 Sense of community

Table 4.7 shows the sense of community in the baseline and final assessments. The scale consists of 4 domains, each with a possible score ranges from 2 to 10. The possible range of the total score is between 8 and 40. A higher score means a higher sense of community. District participants perceived no change in the overall sense of community (baseline: 30.3, final: 30.3,  $p=0.804$ ). Among the four domains, sense of membership had the highest mean in both assessments (baseline: 8.1, final: 8.1). Participants gave a significantly higher rating in the needs fulfilment domain (baseline: 7.2, final: 7.6,  $p<0.001$ ) between the two assessments.

In the four sub-district communities, the total score ranged from 29.0 (ML) to 30.6 (KT) in baseline and 28.4 (ML) to 31.2 (KT) in the final assessment. Participants perceived no change in overall sense of community in SW (baseline: 30.2, final: 30.2,  $p=0.976$ ) and CS (baseline: 30.4, final: 30.4,  $p=0.990$ ). KT participants gave a higher total score (baseline: 30.6, final: 31.2;  $p=0.190$ ), while ML participants gave a lower total score (baseline: 29.0, final: 28.4,  $p=0.518$ ). Participants in KT (baseline: 7.2, final: 7.8,  $p<0.001$ ) and CS (baseline: 7.1, final: 7.5,  $p=0.015$ ) gave a significantly higher rating in the needs fulfilment domain.

**Figure 4.1** Change and final assessment mean on perceived age-friendliness by domains and sub-district communities



**Table 4.6** Perceived age-friendliness

	Total				KT		SW		ML		CS	
	Baseline	Baseline rank	Final	Final rank	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
<b>Outdoor spaces &amp; buildings</b>	<b>3.9 (0.8)</b>	6	<b>4.2 (0.7)</b>	4	<b>4.2 (0.7)</b>	<b>4.4 (0.7)</b>	<b>3.9 (0.7)</b>	<b>4.2 (0.7)</b>	<b>3.6 (0.7)</b>	<b>4.0 (0.9)</b>	<b>3.8 (0.8)</b>	<b>4.2 (0.7)</b>
Outdoor spaces	<b>3.8 (0.8)</b>		<b>4.3 (0.8)</b>		<b>4.1 (0.8)</b>	<b>4.5 (0.8)</b>	<b>3.7 (0.8)</b>	<b>4.3 (0.8)</b>	<b>3.6 (0.8)</b>	<b>4.2 (1.0)</b>	<b>3.7 (0.9)</b>	<b>4.2 (0.7)</b>
Buildings	<b>4.0 (0.9)</b>		<b>4.2 (0.8)</b>		4.2 (0.8)	4.3 (0.7)	4.0 (0.8)	4.1 (0.7)	3.6 (1.0)	3.8 (1.0)	<b>3.9 (0.9)</b>	<b>4.2 (0.8)</b>
<b>Transportation</b>	<b>4.3 (0.7)</b>	2	<b>4.4 (0.7)</b>	1	<b>4.4 (0.7)</b>	<b>4.6 (0.6)</b>	<b>4.2 (0.7)</b>	<b>4.4 (0.6)</b>	4.1 (0.7)	4.1 (0.8)	4.2 (0.7)	4.4 (0.7)
Road safety & maintenance	<b>4.3 (0.9)</b>		<b>4.5 (0.8)</b>		4.5 (0.8)	4.7 (0.7)	<b>4.2 (1.0)</b>	<b>4.4 (0.8)</b>	4.2 (0.9)	4.2 (1.0)	<b>4.1 (1.0)</b>	<b>4.4 (0.9)</b>
Specialized services availability	3.9 (1.0)		3.9 (0.9)		4.0 (1.1)	4.0 (0.9)	4.0 (0.9)	3.9 (0.9)	3.7 (1.1)	3.4 (1.0)	3.8 (1.0)	3.9 (0.8)
Public transport, comfort to use	<b>4.2 (0.8)</b>		<b>4.4 (0.8)</b>		<b>4.3 (0.8)</b>	<b>4.5 (0.7)</b>	<b>4.2 (0.9)</b>	<b>4.3 (0.7)</b>	4.1 (0.7)	4.1 (0.9)	4.3 (0.8)	4.4 (0.8)
Public transport, accessibility	<b>4.5 (0.8)</b>		<b>4.6 (0.7)</b>		4.6 (0.8)	4.7 (0.7)	4.5 (0.7)	4.6 (0.7)	4.1 (0.8)	4.2 (0.8)	4.4 (0.8)	4.6 (0.7)
<b>Housing</b>	3.5 (1.0)	8	3.7 (0.9)	8	3.9 (1.0)	3.9 (1.0)	3.4 (0.9)	3.6 (0.9)	3.3 (0.9)	3.6 (1.0)	3.4 (0.9)	3.5 (0.9)
Affordability & accessibility	3.3 (1.1)		3.2 (1.2)		<b>3.8 (1.1)</b>	<b>3.4 (1.2)</b>	3.2 (1.1)	3.1 (1.1)	2.9 (1.1)	3.1 (1.2)	3.1 (1.0)	3.1 (1.2)
Environment	<b>3.7 (1.0)</b>		<b>4.1 (1.0)</b>		<b>4.0 (1.1)</b>	<b>4.3 (1.0)</b>	<b>3.6 (1.0)</b>	<b>4.0 (0.9)</b>	3.6 (1.0)	4.0 (1.2)	3.7 (0.9)	3.9 (1.0)
<b>Social participation</b>	4.4 (0.7)	1	4.4 (0.7)	1	4.4 (0.8)	4.5 (0.7)	4.4 (0.7)	4.5 (0.6)	4.3 (0.7)	4.1 (1.0)	4.4 (0.8)	4.5 (0.7)
Facilities and settings	4.5 (0.8)		4.5 (0.8)		4.5 (0.8)	4.6 (0.8)	4.5 (0.7)	4.5 (0.7)	4.4 (0.8)	4.2 (1.0)	4.5 (0.7)	4.5 (0.8)
Social activities	4.3 (0.8)		4.4 (0.8)		4.3 (0.9)	4.5 (0.7)	4.4 (0.8)	4.4 (0.6)	4.2 (0.7)	4.1 (1.0)	4.3 (0.9)	4.5 (0.8)
<b>Respect &amp; social inclusion</b>	<b>4.2 (0.8)</b>	3	<b>4.3 (0.7)</b>	3	<b>4.2 (0.8)</b>	<b>4.4 (0.7)</b>	<b>4.2 (0.7)</b>	<b>4.3 (0.6)</b>	4.3 (0.7)	4.1 (0.9)	4.1 (0.8)	4.3 (0.8)
Attitude	<b>4.3 (0.8)</b>		<b>4.4 (0.7)</b>		<b>4.3 (0.8)</b>	<b>4.5 (0.7)</b>	<b>4.3 (0.7)</b>	<b>4.4 (0.6)</b>	4.1 (0.8)	4.3 (0.9)	4.3 (0.8)	4.4 (0.8)
Social inclusion opportunities	<b>4.0 (1.0)</b>		<b>4.1 (1.0)</b>		4.0 (1.0)	4.2 (0.9)	4.0 (0.9)	4.2 (0.9)	3.9 (0.9)	3.8 (1.0)	<b>3.8 (1.0)</b>	<b>4.1 (1.1)</b>
<b>Civic participation &amp; employment</b>	<b>3.9 (0.9)</b>	5	<b>4.1 (0.8)</b>	5	<b>3.9 (0.8)</b>	<b>4.1 (0.8)</b>	<b>3.9 (0.9)</b>	<b>4.0 (0.7)</b>	3.8 (0.8)	3.9 (1.0)	3.9 (0.9)	4.1 (0.9)
Civic participation	<b>4.2 (1.0)</b>		<b>4.4 (1.0)</b>		4.2 (1.1)	4.4 (1.0)	<b>4.2 (1.0)</b>	<b>4.4 (0.9)</b>	4.2 (0.9)	4.1 (1.1)	4.4 (1.0)	4.3 (1.1)
Employment	<b>3.8 (0.9)</b>		<b>4.0 (0.9)</b>		<b>3.8 (0.8)</b>	<b>4.0 (0.9)</b>	3.8 (1.0)	3.9 (0.8)	3.7 (0.9)	3.8 (1.0)	<b>3.8 (1.0)</b>	<b>4.1 (0.9)</b>
<b>Communication &amp; information</b>	<b>4.0 (0.8)</b>	4	<b>4.1 (0.7)</b>	5	4.1 (0.8)	4.2 (0.7)	<b>3.9 (0.8)</b>	<b>4.1 (0.6)</b>	4.0 (0.7)	3.9 (0.9)	4.1 (0.9)	4.2 (0.7)
Information	<b>4.1 (0.9)</b>		<b>4.2 (0.8)</b>		4.2 (0.8)	4.3 (0.8)	<b>4.0 (0.9)</b>	<b>4.2 (0.7)</b>	4.1 (0.8)	4.0 (0.9)	4.1 (0.9)	4.4 (0.8)
Communication & digital devices	3.9 (1.0)		4.0 (0.9)		4.0 (1.0)	4.0 (0.9)	<b>3.7 (1.0)</b>	<b>4.0 (0.8)</b>	3.8 (0.9)	3.8 (1.1)	4.0 (1.0)	4.1 (0.9)
<b>Community support &amp; health services</b>	3.8 (0.8)	7	3.9 (0.7)	7	<b>3.9 (0.8)</b>	<b>4.0 (0.7)</b>	3.8 (0.7)	3.8 (0.6)	3.7 (0.7)	3.7 (0.8)	3.7 (0.8)	3.9 (0.8)
Medical/social services	<b>4.2 (0.8)</b>		<b>4.3 (0.8)</b>		<b>4.2 (0.9)</b>	<b>4.4 (0.7)</b>	4.2 (0.8)	4.3 (0.7)	4.2 (0.8)	4.0 (0.9)	4.1 (0.9)	4.3 (0.8)
Emergency support	<b>3.5 (1.2)</b>		<b>3.8 (1.1)</b>		3.9 (1.2)	4.0 (1.2)	3.5 (1.2)	3.6 (1.1)	<b>3.1 (1.2)</b>	<b>3.6 (1.1)</b>	<b>3.4 (1.4)</b>	<b>3.7 (1.2)</b>
Burial service	2.4 (1.3)		2.4 (1.2)		2.4 (1.3)	2.5 (1.2)	<b>2.5 (1.2)</b>	<b>2.2 (1.0)</b>	2.4 (1.0)	2.2 (1.1)	2.3 (1.4)	2.5 (1.4)

All reported numbers are mean (SD)

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

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

**Table 4.7** Sense of community

	Total		KT		SW		ML		CS	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Needs fulfilment	<b>7.2 (1.5)</b>	<b>7.6 (1.3)</b>	<b>7.2 (1.5)</b>	<b>7.8 (1.3)</b>	7.3 (1.5)	7.5 (1.4)	7.2 (1.6)	7.2 (1.4)	<b>7.1 (1.4)</b>	<b>7.5 (1.2)</b>
Membership	8.1 (1.4)	8.1 (1.3)	8.2 (1.5)	8.2 (1.2)	8.1 (1.4)	8.2 (1.2)	7.7 (1.4)	7.5 (1.5)	8.3 (1.3)	8.1 (1.1)
Influence	7.2 (1.5)	7.1 (1.4)	7.4 (1.5)	7.3 (1.3)	7.1 (1.4)	6.9 (1.4)	6.6 (1.7)	6.5 (1.5)	7.1 (1.4)	7.2 (1.5)
Emotional connection	7.8 (1.4)	7.6 (1.3)	7.9 (1.5)	7.9 (1.2)	7.8 (1.3)	7.6 (1.3)	7.4 (1.4)	7.1 (1.6)	7.9 (1.2)	7.6 (1.1)
Total score	30.3 (4.6)	30.3 (4.3)	30.6 (4.9)	31.2 (3.9)	30.2 (4.5)	30.2 (4.2)	29.0 (5.2)	28.4 (5.2)	30.4 (4.1)	30.4 (4.0)

The possible score ranges from 2 to 10.

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



#### 4.1.4 Sub-district Community Comparison by Age Groups

Table 4.8 and Table 4.9 presents the change in perceived age-friendliness and sense of community by age groups in both district and sub-district levels, respectively. Younger participants represent aged 18-49 and older participants represent aged 50 or above.

##### *Perceived age-friendliness*

In general, older participants perceived higher level of age-friendliness across the eight domains than younger participants. In the baseline assessment, older participants gave significantly higher ratings than younger participants in six of the eight domains, namely “transportation” (younger: 4.1, older: 4.3,  $p=0.002$ ), “housing” (younger: 3.2, older: 3.6,  $p<0.001$ ), “social participation” (younger: 4.0, older: 4.5,  $p<0.001$ ), “respect & social inclusion” (younger: 3.9, older: 4.2,  $p<0.001$ ), “civic participation & employment” (younger: 3.6, older: 4.0,  $p<0.001$ ), and “communication & information” (younger: 3.7, older: 4.1,  $p<0.001$ ). In the final assessment, older participants gave significantly higher ratings than younger participants in all domains, including “outdoor spaces & buildings” (younger: 3.8, older: 4.3,  $p<0.001$ ), “transportation” (younger: 4.1, older: 4.5,  $p<0.001$ ), “housing” (younger: 3.2, older: 3.7,  $p<0.001$ ), “social participation” (younger: 4.0, older: 4.5,  $p<0.001$ ), “respect & social inclusion” (younger: 3.9, older: 4.4,  $p<0.001$ ), “civic participation & employment” (younger: 3.7, older: 4.1,  $p<0.001$ ), “communication & information” (younger: 3.8, older: 4.2,  $p<0.001$ ), and “community support & health services” (younger: 3.7, older: 3.9,  $p=0.006$ ).

Between the baseline and final assessments, older participants gave significantly higher ratings in perceived age-friendliness in six domains, including “outdoor spaces & buildings” (baseline: 4.0, final: 4.3,  $p<0.001$ ), “transportation” (baseline: 4.3, final: 4.5,  $p<0.001$ ), “respect & social inclusion” (baseline: 4.2, final: 4.4,  $p<0.001$ ), “civic participation & employment” (baseline: 4.0, final: 4.1,  $p<0.001$ ), “communication & information” (baseline: 4.1, final: 4.2,  $p=0.014$ ), and “community support & health services” (baseline: 3.8, final: 3.9,  $p=0.037$ ). Younger participants perceived no significant change in any age-friendliness domains.

Among the sub-district communities, there was significantly higher ratings in “outdoor spaces & buildings” across all sub-districts (KT,  $p=0.003$ ; SW,  $p<0.001$ ; ML,  $p=0.005$ ; CS,  $p=0.002$ ), “transportation” in KT ( $p=0.029$ ) and SW ( $p=0.044$ ), “respect and social inclusion” in KT ( $p=0.010$ ) and CS ( $p=0.026$ ), “civic participation & employment” in KT ( $p=0.013$ ) and CS ( $p=0.050$ ), “communication & information” in SW ( $p=0.018$ ), and “community support & health services” in KT ( $p=0.047$ ).

### *Sense of community*

Compared with younger participants, older participants reported greater sense of community. In the baseline assessment, older participants had a significantly higher total score (younger: 27.1, older: 31.0,  $p<0.001$ ) and sub-scale scores in three out of four domains, including membership (younger: 7.0, older: 8.4,  $p<0.001$ ), influence (younger: 6.4, older: 7.3,  $p<0.001$ ), emotional connection (younger: 6.8, older: 8.0,  $p<0.001$ ). In the final assessment, older participants gave significantly higher ratings than younger participants in the total score (younger: 27.2, older: 30.9,  $p<0.001$ ) and all domains, including needs fulfilment (younger: 6.7, older: 7.7,  $p<0.001$ ), membership (younger: 7.4, older: 8.2,  $p<0.001$ ), influence (younger: 6.3, older: 7.2,  $p<0.001$ ), and emotional connection (younger: 6.8, older: 7.8,  $p<0.001$ ).

Older participants perceived a lower level of sense of community between baseline and final assessments (baseline: 31.0, final: 30.9,  $p=0.771$ ). Among the domains, older participants gave significantly higher ratings in needs fulfilment (baseline: 7.3, final: 7.7,  $p<0.001$ ) and influence (baseline: 7.1, final 7.2,  $p=0.478$ ) but gave significantly lower ratings in sense of membership (baseline: 8.4, final: 8.2,  $p=0.016$ ) and emotional connection (baseline: 8.0, final: 7.8,  $p=0.009$ ). Younger participants perceived no significant change in overall sense of community (baseline: 27.1, final: 27.2,  $p=0.931$ ) and its domains, including needs fulfilment (baseline: 7.1, final: 6.7,  $p=0.061$ ), membership (baseline: 7.0, final: 7.4,  $p=0.091$ ), influence (baseline: 6.4, final: 6.3,  $p=0.849$ ), and emotional connection (baseline: 6.8, final: 6.8,  $p=0.903$ ).

Between baseline and final assessments, older participants gave a higher overall score in KT (baseline: 31.5, final: 31.6,  $p=0.689$ ), in ML (baseline: 29.1, final: 29.4,  $p=0.778$ ) and in CS (baseline: 30.6, final: 30.8,  $p=0.774$ ) but not in SW (baseline: 31.2, final: 30.8,  $p=0.419$ ). Younger participants reported a higher overall score in KT (baseline: 26.7, final: 28.6,  $p=0.189$ ) and SW (baseline: 26.5, final: 27.2,  $p=0.532$ ) but gave a lower overall score in ML (baseline: 28.7, final: 24.3,  $p=0.051$ ) and CS (baseline: 29.0, final: 28.1,  $p=0.663$ ).

**Table 4.8** Age group comparison in perceived age-friendliness

		Total		KT		SW		ML		CS	
		Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
<b>Outdoor spaces &amp; buildings</b>	<b>18-49</b>	3.9 (0.8)	3.8 (0.8)	4.1 (0.9)	3.9 (0.6)	3.8 (0.6)	3.9 (0.8)	3.6 (0.9)	3.5 (1.1)	3.7 (0.7)	4.1 (0.8)
	<b>≥50</b>	<b>4.0 (0.8)</b>	<b>4.3 (0.7)</b>	<b>4.2 (0.7)</b>	<b>4.5 (0.6)</b>	<b>3.9 (0.7)</b>	<b>4.2 (0.6)</b>	<b>3.6 (0.7)</b>	<b>4.1 (0.8)</b>	<b>3.9 (0.8)</b>	<b>4.2 (0.6)</b>
<b>Transportation</b>	<b>18-49</b>	4.1 (0.8)	4.1 (0.8)	4.1 (0.9)	4.3 (0.6)	4.0 (0.8)	4.1 (0.7)	4.2 (0.9)	3.6 (0.9)	3.9 (0.6)	4.0 (1.0)
	<b>≥50</b>	<b>4.3 (0.7)</b>	<b>4.5 (0.6)</b>	<b>4.4 (0.7)</b>	<b>4.6 (0.6)</b>	<b>4.3 (0.7)</b>	<b>4.4 (0.6)</b>	4.0 (0.6)	4.2 (0.7)	4.3 (0.7)	4.4 (0.6)
<b>Housing</b>	<b>18-49</b>	3.2 (1.0)	3.2 (1.0)	3.5 (1.1)	3.2 (1.1)	3.1 (0.9)	3.4 (0.9)	3.0 (1.1)	3.0 (1.1)	3.3 (1.0)	3.3 (0.9)
	<b>≥50</b>	3.6 (0.9)	3.7 (0.9)	4.0 (1.0)	3.9 (0.9)	3.5 (0.9)	3.6 (0.9)	3.4 (0.8)	3.7 (1.0)	3.5 (0.8)	3.5 (0.9)
<b>Social participation</b>	<b>18-49</b>	4.0 (0.8)	4.0 (0.9)	4.1 (1.0)	4.3 (0.8)	4.0 (0.6)	4.2 (0.7)	4.0 (0.8)	3.3 (1.3)	3.8 (1.1)	4.1 (0.9)
	<b>≥50</b>	4.5 (0.7)	4.5 (0.7)	4.5 (0.7)	4.6 (0.7)	4.5 (0.7)	4.5 (0.6)	4.4 (0.6)	4.3 (0.8)	4.5 (0.7)	4.5 (0.7)
<b>Respect &amp; social inclusion</b>	<b>18-49</b>	3.9 (0.7)	3.9 (0.8)	4.1 (0.9)	4.1 (0.8)	3.8 (0.6)	4.0 (0.6)	3.8 (0.7)	3.7 (1.1)	3.8 (0.9)	3.7 (1.1)
	<b>≥50</b>	<b>4.2 (0.8)</b>	<b>4.4 (0.7)</b>	<b>4.2 (0.8)</b>	<b>4.5 (0.7)</b>	4.3 (0.7)	4.4 (0.6)	4.1 (0.7)	4.3 (0.8)	<b>4.2 (0.8)</b>	<b>4.4 (0.7)</b>
<b>Civic participation &amp; employment</b>	<b>18-49</b>	3.6 (0.8)	3.7 (1.0)	3.7 (0.9)	3.9 (0.9)	3.4 (0.8)	3.7 (0.8)	3.7 (0.4)	3.1 (1.2)	3.8 (1.0)	3.8 (0.8)
	<b>≥50</b>	<b>4.0 (0.9)</b>	<b>4.1 (0.8)</b>	<b>3.9 (0.8)</b>	<b>4.2 (0.8)</b>	4.0 (0.9)	4.1 (0.7)	3.9 (1.0)	4.1 (0.8)	<b>3.9 (0.9)</b>	<b>4.2 (0.9)</b>
<b>Communication &amp; information</b>	<b>18-49</b>	3.7 (0.8)	3.8 (0.9)	3.9 (0.9)	4.1 (0.7)	3.6 (0.8)	3.9 (0.6)	3.7 (0.7)	3.3 (1.3)	3.9 (0.8)	3.9 (0.8)
	<b>≥50</b>	<b>4.1 (0.8)</b>	<b>4.2 (0.7)</b>	4.2 (0.7)	4.2 (0.7)	<b>4.0 (0.8)</b>	<b>4.2 (0.6)</b>	4.1 (0.7)	4.1 (0.8)	4.1 (0.9)	4.3 (0.7)
<b>Community support &amp; health services</b>	<b>18-49</b>	3.7 (0.8)	3.7 (0.8)	3.8 (0.9)	3.9 (0.7)	3.7 (0.8)	3.7 (0.6)	3.6 (0.6)	3.3 (1.2)	3.7 (0.7)	3.5 (0.9)
	<b>≥50</b>	<b>3.8 (0.8)</b>	<b>3.9 (0.7)</b>	<b>3.9 (0.8)</b>	<b>4.1 (0.7)</b>	3.8 (0.7)	3.8 (0.6)	3.7 (0.8)	3.7 (0.7)	3.7 (0.9)	3.9 (0.8)

All reported numbers are mean (SD)

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

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

**Table 4.9** Age group comparison in the sense of community

		Total		KT		SW		ML		CS	
		Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Needs fulfilment	<b>18-49</b>	7.1 (1.5)	6.7 (1.4)	7.1 (1.7)	7.2 (1.4)	7.1 (1.5)	6.6 (1.5)	<b>7.4 (1.5)</b>	<b>6.2 (1.4)</b>	7.2 (1.1)	6.8 (1.4)
	<b>≥50</b>	<b>7.3 (1.5)</b>	<b>7.7 (1.3)</b>	7.3 (1.5)	7.9 (1.2)	<b>7.3 (1.6)</b>	<b>7.7 (1.3)</b>	7.2 (1.6)	7.5 (1.2)	<b>7.1 (1.4)</b>	<b>7.6 (1.1)</b>
Membership	<b>18-49</b>	7.0 (1.7)	7.4 (1.6)	6.9 (1.9)	7.6 (1.1)	<b>6.7 (1.5)</b>	<b>7.5 (1.6)</b>	7.5 (1.6)	6.4 (1.9)	7.5 (1.8)	7.9 (1.7)
	<b>≥50</b>	<b>8.4 (1.2)</b>	<b>8.2 (1.1)</b>	8.4 (1.2)	8.3 (1.1)	8.4 (1.2)	8.4 (1.1)	7.8 (1.4)	7.8 (1.3)	8.4 (.2)	8.1 (1.0)
Influence	<b>18-49</b>	6.4 (1.7)	6.3 (1.5)	6.4 (1.8)	6.8 (1.1)	6.2 (1.6)	6.2 (1.4)	6.7 (2.0)	5.6 (1.5)	7.0 (1.7)	6.5 (1.9)
	<b>≥50</b>	7.3 (1.4)	7.2 (1.4)	7.6 (1.4)	7.4 (1.3)	<b>7.4 (1.3)</b>	<b>7.0 (1.4)</b>	6.6 (1.6)	6.8 (1.4)	7.2 (1.3)	7.3 (1.4)
Emotional connection	<b>18-49</b>	6.8 (1.7)	6.8 (1.4)	6.6 (1.8)	6.9 (1.2)	6.7 (1.5)	6.8 (1.5)	7.1 (1.8)	6.2 (1.6)	7.4 (1.8)	7.0 (1.4)
	<b>≥50</b>	<b>8.0 (1.2)</b>	<b>7.8 (1.2)</b>	8.2 (1.2)	8.1 (1.1)	<b>8.0 (1.1)</b>	<b>7.8 (1.2)</b>	7.5 (1.3)	7.3 (1.5)	7.9 (1.1)	7.7 (1.1)
Total score	<b>18-49</b>	27.1 (5.4)	27.2 (5.0)	26.7 (6.2)	28.6 (3.7)	26.5 (4.7)	27.2 (4.9)	28.7 (5.9)	24.3 (5.8)	29.0 (5.1)	28.1 (5.1)
	<b>≥50</b>	31.0 (4.1)	30.9 (4.0)	31.5 (4.1)	31.6 (3.8)	31.2 (4.0)	30.8 (3.8)	29.1 (5.0)	29.4 (4.5)	30.6 (3.9)	30.8 (3.7)

The possible score ranges from 2 to 10.

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

## 4.2 Focus Group Study

### 4.2.1 Participant Characteristics

We conducted five focus groups to collect residents' opinions on the age-friendliness of the Central and Western District. A total of 44 residents participated. Majority of the participants were aged 65 years or above (70.5%) and had been living in the district for 38.9 years on average. Sociodemographic characteristics of the focus group participants are shown in Table 4.10.

**Table 4.10** Sociodemographic characteristics of focus group participants

Characteristics	n	%
<b>Gender</b>		
Male	9	20.5
Female	35	79.5
<b>Age group</b>		
18-49 years	5	11.4
50-64 years	8	18.2
65-79 years	22	50.0
≥80 years	9	20.5
<b>Education</b>		
Nil / pre-primary	6	13.6
Primary	13	29.5
Secondary (F.1-3)	8	18.2
Secondary (F.4-7)	9	20.5
Post-secondary	8	18.1
<b>Housing</b>		
Public housing	13	29.5
Private housing	28	63.7
Other	3	6.8
<b>Residence years (mean, SD)</b>	<b>38.9</b>	<b>22.1</b>
<b>Living arrangement</b>		
Living alone	15	34.1
With spouse only	11	25.0
Spouse and other family members	8	18.2
With children / grandchildren	8	18.2
With other family members	1	2.3
With others	1	2.3
<b>Monthly household income</b>		
No income	4	9.1
HK\$1 to HK\$5,999	27	61.4
HK\$6,000 to HK\$9,999	4	9.1
HK\$10,000 to HK\$19,999	3	6.8
HK\$20,000 to HK\$29,999	1	2.3
HK\$30,000 to HK\$59,999	2	4.5
Unknown/ refused to answer	3	6.8

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 highlighted the changes in the past 3 years in the Central and Western District and offered many suggestions for further improvement.

## 4.2.2 Physical Environment

### *WHO Domain 1: Outdoor spaces and buildings*

#### *Improvements:*

- (i) Street hygiene and environment: The overall street hygiene is improved around Kwun Lung Lau area as the streets get cleaned and washed more frequently. The issue of the rodents is resolved after the replacement of uneven pavements by the new, flat pavements as they are less likely to have food and rubbish hidden in crevices. Respondents also appreciated the enhancement of environment in Ki Ling Lane through wall art.
- (ii) Escalators and elevators: Participants noted the newly installed elevators in the Shun Tak Centre (Sheng Wan), and the under construction one in Sun Yat Sen Memorial Park could facilitate their travel. Participants indicated that the new elevator saved older people from climbing up the stairs. However, timely maintenance is required as one of the new elevators in Shun Tak Centre is already out of service.
- (iii) Handrail and seats: Participants acknowledged the growing number of seats provided in the bus stops in Bonham Road, High Street, Water Street, Rock Hill Street, HKU station, and the bus station in Queen's Road Central. The installation of handrails and seating along the Hill Road also improved the age friendliness in that area. However, some participants expressed a wish to have seats covering more bus stops (such as Caine Road) and some expressed their concern of the close proximity of seats to roadside might create health problem for older people with the poor air quality.
- (iv) Outdoor public space and facilities: Whitty Street Tram Depot has installed fitness equipment for older people to improve their physical fitness. The revitalisation of the Central and Western District Promenade (中西區海濱長廊) provides a long, nice path for leisure walks.
- (v) Swimming pool: Participants were happy with the new heated swimming pools located in the Belcher Bay Park. They appreciated that the swimming pool was bigger and provided a more comfortable swimming environment. The heated swimming pool allows them to swim without worrying of getting cold.

#### *Concerns:*

- (i) Bars and restaurants: Participants reported that the increasing number of bars and restaurants in Kennedy Town, High Street and Third Street led to noise pollution and hygiene problem. The noise created by the bar patrons disrupted participants' life at night even after 11 pm. And these bars and restaurants created different levels of hygiene problems due to food waste, fumes, and waste water. Participants stated that such environmental issues were quite serious in High Street.
- (ii) Loss of traditional family stores: There are more and more chain stores replacing traditional family stores in the district. The new restaurants appeals to the younger

customers than older ones. Participants said they had fewer choices comparing with the past, and they needed to travel greater distance to get what they wanted. Moreover, some participants felt financially strained by the increasing prices in retail shops and restaurants.

- (iii) **Park and facilities:** Participants were concerned about the insufficient number of parks in Sai Wan district, and some indicated that domestic helpers occupied most of the parks in the Central and Western District during Sundays and public holidays. The over-crowdedness reduces older people's motivation to go to park during public holiday. Some participants also expressed a wish to have more fitness equipment and covered areas in parks, so that they could remain active irrespective of the weather conditions.
- (iv) **Hygiene and lighting:** Quite a number of participants were concerned about hygiene problems in the main entrance area of Kwun Lung Lau and the Kennedy Town MTR station. They often met people smoking and eating in that area, which led to hygiene problems. Other participants expressed the needs for more streetlights in the district, so they would feel safe when going out at night.
- (v) **Road condition and safety:** Uneven pavements in the district were reported to be a safety hazard for many older people. Although improvement program is undergoing, participants reported tiles that stick out on Bonham Road especially after rainy days, small and not highly visible blocks on the pavements that are slippery, and sewage drain covers that are not level with the road surface. Some participants reported incidents of falls that caused injuries. Few participants were also concerned about the overcrowded condition in Forbes Street and exit C of the Kennedy Town MTR station resulted from the large number of commuters.
- (vi) **Escalators and elevators:** Participants indicated that the escalator connecting to Conduit Road is a one-way escalator, the direction of escalator switches in different time. Older people can only take the escalator in specific time only.

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

### ***Improvement:***

- (i) **Traffic routes:** Participants appreciated the addition of a bus stop for bus route 5X at Sun Yat Sen Memorial Park. It allows older people to access the park more easily. A participant said she swam more often in the swimming pool located in the park because of the new bus stop.
- (ii) **Traffic routes:** Specific suggestions were made to increase the accessibility of Grantham Hospital. Since the Eye clinic was relocated from Queen Mary Hospital to Grantham Hospital in the Southern District in 2016, a minibus route 59X travelling between Kennedy Town and Grantham Hospital commenced service in November 2018. Participants highly appreciated the new services, but it failed to meet their demand because only one minibus departs at 8:20am every week-day. Participants said they had to travel to Wong Chuk Hang MTR station and Aberdeen Centre to take the minibus to the hospital, and the 30-minute time interval between buses was too long to wait. Participants pressed for a direct and

frequent bus route that would be safer when they had to dilate their pupils for examination in the hospital.

**Concerns:**

- (i) Road safety: Violation of traffic regulations by pedestrians and drivers was described to put older people at risk for accidents. Participants noted pedestrian jaywalking was partly attributed to insufficient zebra crossings along busy streets. Older participants suggested more zebra crossings and traffic lights especially in Belcher's Street and Aberdeen Street to facilitate safe road crossing. Cars violating traffic laws were reported to put older people at risk for accidents. Some participants expressed the need for stricter law enforcement by the police.
- (ii) One way escalators: The one-way moving walkways in HKU MTR station and Sai Ying Pun MTR station were described to be not age-friendly enough. The one-way moving walkways benefit older people who have to take a long walk from the train platform to the exits but not others who walk in another direction. It is also a great challenge for people with reduced mobility and disability.

**WHO Domain 3: Housing**

Participants residing in Kwun Long Lau reported adequate support of home modification and maintenance for their flats, even the work takes a long time to complete. Other participants also raised some concerns under this topic.

**Concerns:**

- (i) High rent: Participants expressed concern over property price and rental increase due to development and redevelopment of the new residential buildings in the district. Some older people may not be able to afford the high rent.
- (ii) Renovation and maintenance: Concerns over home renovation and maintenance for private housing were raised. Older people often need minor in-house renovation and maintenance, such as the replacement of light bulbs and repairing broken windows. Generally, the workers charge a certain amount (e.g., few hundred dollars) for checking and charge more for materials, which are unaffordable for many older people. Participants expressed the need to have a platform with information on financial support and affordable, reliable contractors for minor maintenance and renovation works.
- (iii) Environmental concern: Participants also had concern on the air ventilation impacts and air pollution caused by the new development of high-rise buildings in the Western District such as in Catchick Street and Sands Street areas.

**4.2.3 Social and Cultural Environment**

**WHO Domain 4: Social participation**

Participants appreciated the sufficient and wide range of social activities opportunities in the district. They primarily engaged in these activities via District Elderly Community Centres (DECCs), Neighbourhood Elderly Centres (NECs), other NGOs,



as well as the Leisure and Cultural Services Department of the district. Although participants had sufficient opportunities to enhance social participation, they posted some concerns under this topic.

**Concerns:**

- (i) Elderly centres: Participants appreciated the availability of a wide range of activities offered by DECCs and NECs in the district. However, some older people found the space of these centres not sufficient, thus limiting the number of participants and activities. Some participants wished the centre could open for seven days a week so that they could participate in the centre activities even during the holiday.
- (ii) Lack of indoor gathering places: There is a reported lack of multipurpose building that provides appropriate and friendly indoor gathering venue for older people. Therefore, most of them would stay in DECCs or NECs when they have time. Some participants would visit public libraries for leisure, but the Shek Tong Tsui Public Library was too small. City Hall Public Library is an alternative but far from the Western district. Participants reported the lack of facilities for cultural activities and events in Western district. Participants often needed to travel to Sheung Wan Civic Centre and Hong Kong City Hall for musical and drama performance. Participants suggested the development of a multipurpose complex that included facilities such as playground, theatre, and library in the Western District.

**WHO Domain 5: Respect and social inclusion**

- (i) Respect: Older participants reported an advance of the culture of mutual respect and friendliness in the district. For example, some participants were offered seats on public transport, though not all shared similar positive experiences. Some older participants reported incidents when passengers focused on their smartphones and failed giving up priority seats to people who needed them. Participants also said the culture was also shown in staff delivering food directly to older people in fast food restaurants.

**WHO Domain 6: Civic participation & employment**

Participants reported sufficient volunteer opportunities offered by elderly centres and other organisations in the district. Some of them visited homes -and shared information with older people who lived alone. Some respondents also reported their active engagement with District Council members to share their opinions regarding the district issues. Although participants have sufficient civic participation opportunities, they posted some concerns under this topic.

**Concerns:**

- (i) Volunteer activities: Plenty of volunteer opportunities are provided in the district by elderly centres and civic organisations. However, participants opined that volunteer work should provide some incentive or compensation to attract more

- people to participate in, as well as to compensate their expense due to volunteer work (e.g., traveling cost, gifts, etc.)
- (ii) Job opportunity: Participants recognised that very few job opportunities for older people were available in Hong Kong. They said the current insurance system that does not cover employees aged over 65 years old made employer hesitate to hire older adults.
  - (iii) Platform for civic engagement: Older people proposed the development of a communication platform with District Council members and government offices for voicing their opinions regarding district issues related to them.

#### **4.2.4 Communication, Community and Health Services**

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

###### ***Improvement:***

- (i) The use of smartphone application: Participants learned to use messaging and social networking applications in mobile phone (e.g., WhatsApp) from the elderly centres and reported the applications improved information sharing and exchange. They could deliver and receive district-related and centre-related information easily than in the past.

###### ***Concerns:***

- (i) Source of information: Participant had good access to information via word-of-mouth promotion or announcements from elderly centres. Compare to members of elderly centres, non-members were described as being more disconnected from others. Such situation could be even worse if the non-members are living in private housing where limited public information is available.

##### ***WHO Domain 8: Community support & health services***

###### ***Improvement:***

- (i) The automated telephone system: Although some of the participants found the automated telephone system for general out-patient clinic difficult to navigate, the system improved by allowing direct voice input of HKID number and age other than typing. Participants thought it was more convenient for older people as it was quite hard for them to perform several tasks at the same time.
- (ii) Health care services: The number of private clinics increases in Shek Tong Tsui and the Westwood and most of them accept health care voucher. Participants found it easier to get medical services in SW area.

###### ***Concerns:***

- (i) Health care services: Participants had concern on the limited dental health services in the district. Most of the dental clinics that accept health care voucher are located in Central, except one in the Westwood (Shek Tong Tsui). Participants expressed their wish for more dental clinics in the Western District covered by health care voucher. On the other hand, participant showed insufficient

knowledge about the coverage of health care voucher and clinics under the scheme. Extra support to the older people is required in order to help them obtain health care voucher related information. Participants also noted the long waiting time for medical services in the general out-patient clinics. They said that they had to call several days to make an appointment in general out-patient clinic, so they could not receive timely treatment when needed. Furthermore, participants also look for more out-patient escort services in the district.

## 5. CONCLUSIONS

The Central and Western District is one of the ageing districts in Hong Kong, with over 16% residents aged 65 years or above. In the past three years, local residents, NGOs, DECCs and the Central and Western District Council have put forth various efforts to make the district more age-friendly and to improve the overall liveability of the district.

Results from the baseline and final assessments indicated that participants perceived the district to be age-friendly in general. Social participation ranked the highest among the eight perceived age-friendliness domains, followed by transportation and respect & social inclusion. The lowest rank was housing. Participants perceived significantly higher ratings in five domains from baseline assessment to final assessment, namely outdoor spaces & buildings (from 3.9 to 4.2), transportation (from 4.3 to 4.4), respect & social inclusion (from 4.2 to 4.3), civic participation & employment (from 3.9 to 4.1), and communication & information (from 4.0 to 4.1). When comparing the sub-district communities, ML appeared to have a lower score in all eight domains of perceived age-friendliness. The age-friendliness in ML dropped slightly in social participation (from 4.3 to 4.1), respect & social inclusion (from 4.3 to 4.1), and communication and information (from 4.0 to 3.9).

The significantly improved age-friendliness in the outdoor spaces & buildings and transportation domains likely reflect the enhanced accessibility with improved infrastructure and services. The improvement in respect & social inclusion and communication & information domains likely reflect the cumulative efforts of the local district stakeholders that have put into the district to improve access to information through smart devices and social media.

Focus group findings highlighted participants' views on improved areas during the past three years, and also highlighted some areas for further improvement. In terms of outdoor spaces and buildings, participants found a noticeable improvement in the street hygiene and hardware (e.g., the installation of escalators and elevators, handrails and seats, as well as exercise facilities) within the district. They also suggested to (1) have a better control and regulation of the garbage and noise pollution created by the bars and restaurants; (2) add fitness equipment and overhead covers in parks and ensuring timely maintenance of existing equipment; (3) improve street hygiene near Kwun Lung Lau area, and (4) improve pavement maintenance.

With regard to transportation, the new stop of bus route 5X at Sun Yat Sen Memorial Park increases participants' accessibility to leisure facilities and swimming pool located in the park. However, further improvements are needed including (1) providing a regular minibus route traveling between Kennedy Town and Grantham Hospital; (2) adding more zebra crossings and strictly enforcing traffic regulations, and (3) improving designs of MTR stations, especially the one-way escalators and walkways.

To improve the age-friendliness in the housing domain, participants suggested the district to focus on increasing support to older tenants of private housing, especially increasing guidance to tenants for handling renovation requests and providing adequate monetary compensation to residents affected by redevelopment of residential buildings.

Participants showed great appreciation to the different types of social activities organised by various bodies. They further suggested to (1) develop a multipurpose building to provide an indoor gathering place, and both physical and social activities to older people in the Western district, and ; (2) consider to extend the service hours of elderly centres so as to further enhance their social participation during public holidays.

Participants reported an atmosphere of mutual respect and friendliness in the district especially found in transportation and restaurants. They suggested to promote the atmosphere of mutual respect and kindness, with younger people and visitors on public transportations as potential targets.

To improve the age-friendliness in the civic participation and employment domain, the district can focus on promoting elderly employment and compensatory volunteering. Focus group participants suggested to (1) create flexible and meaningful job opportunities to older people; and to (2) provide volunteering opportunity with incentive or compensation.

Regarding the domain of communication and information, a growing number of the older population communicate and receive information through smartphones and instant messaging applications. Focus group participants suggested to improve the access of information for older people who are not members of elderly centres and living in private housing.

With regard to community support and health services, participants reported increased accessibility of health services as evident from the improved automated telephone system and increasing number of private clinics in Shek Tong Tsui and the Westwood. To further improve the age-friendliness in the domain, participants suggested to (1) increase the number of dental service providers accepting health care voucher in the Western district; (2) reduce the waiting time for health services; and (3) provide walk-in health appointments by public clinics and hospitals.

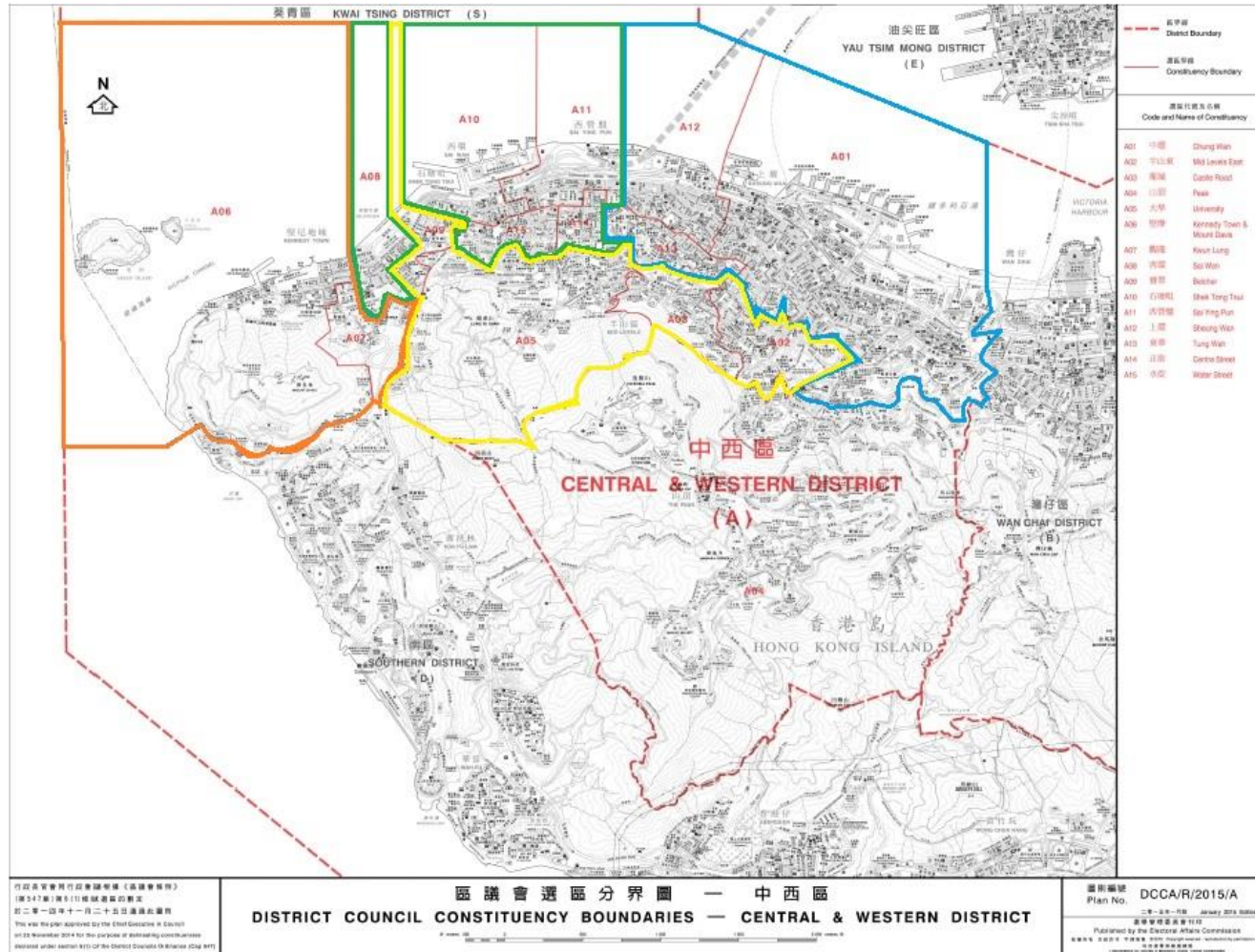
To conclude, there is a noticeable improvement in age-friendliness in the district during the past three years. Residents also have a good general sense of community and perceived age-friendliness in the Central and Western District as found in both baseline assessment and final assessment. Future work to move the district to become more age-friendly should leverage on the sense of membership and emotional connectedness in the district, strengthen the sense of influence and need fulfilment, to include older adults

in implementing age-friendly work in the specific areas of improvements as outlined above.

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# Appendix 1. District Map



## Legend

The border of each cluster is marked by a particular colour:

- Kennedy Town (Orange)
- Sai Wan, Shek Tong Tsui, and Sai Ying Pun (Green)
- Mid-levels (Yellow)
- Central and Sheung Wan (Blue)



## Appendix 2: Questionnaire (Chinese version only)



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 CW & WC	
參加者編號	
調查員編號	
檢查員編號	
非活躍個案	Y / N

### 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：

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

#### 中西區:

##### 堅尼地城

- (19) 堅尼地城及摩星嶺  
 (20) 觀龍

##### 西環、石塘咀及西營盤

- (21) 西環  
 (22) 石塘咀  
 (23) 西營盤  
 (24) 正街  
 (25) 水街

##### 半山

- (26) 半山東  
 (27) 衛城  
 (28) 大學  
 (29) 寶翠

##### 中環及上環

- (30) 中環  
 (31) 上環  
 (32) 東華

##### 山頂

- (47) 山頂

#### 灣仔區:

##### 銅鑼灣

- (33) 維園  
 (34) 天后  
 (35) 銅鑼灣

##### 灣仔

- (36) 軒尼詩  
 (37) 愛群  
 (38) 修頓  
 (39) 大佛口  
 (40) 司徒拔道

##### 跑馬地

- (41) 渣甸山  
 (42) 樂活  
 (43) 跑馬地

##### 鵝頸

- (44) 鵝頸

##### 大坑

- (45) 大坑  
 (46) 勵德

A4)您喺所屬社區住左幾耐：  
\_\_\_\_\_年

A5)您嘅婚姻狀況係(一定要讀出所有選擇)：

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

A6)您嘅最高教育程度：

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

A7a) 您住嘅房屋類型？

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

A7b) 您住嘅屋邨？(完成後跳至 A8a)

中西區：

- (50) 西環邨
- (51) 觀龍樓

灣仔區：

- (52) 勵德邨

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) 您宜家冇返工？

- (1) 無 (跳至 A10b)
- (2) 有 (跳至 A10c)

A10b) 您宜家係？(完成後跳至 A11a)

- (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)  
\$2,455 - \$ 5,930 (成人:健全->殘疾)、 \$3,485 - \$ 5,930 (長者:健全->殘疾)
- (2) 普通傷殘津貼 \$1,720
- (3) 高額傷殘津貼 \$3,440
- (4) 高齡津貼 (生果金) \$1,345
- (5) 長者生活津貼 (長生津) \$2,600
- (6) 唔清楚 / 唔知道
- (7) 無 (跳至 A15a)
- (8) 高額長者生活津貼 (高額外生津) \$3,485

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		非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-A1)	公共地方乾淨同舒適	1	2	3	4	5	6
B-A2)	戶外座位同綠化空間充足，而且保養得妥善同安全	1	2	3	4	5	6
B-A3)	司機喺路口同行人過路處俾行人行先	1	2	3	4	5	6
B-A4)	單車徑同行人路分開 <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，例如長者專用櫃檯	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)*	社會認同長者嘅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有無成見	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)*	禁止嘅僱用、留用、晉升同培訓僱員呢幾方面年齡歧視	1	2	3	4	5	6
B-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	非常唔同意	唔同意	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	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

### C. 鄰里關係

麻煩您講下對以下句子嘅同意程度，以 1 至 4 分代表。

1	2	3	4
非常唔同意	唔同意	同意	非常同意

對以下的問題，選擇與你情況相符合的選項。

	社群意識指數	非常唔同意	唔同意	同意	非常同意
C11)	你與鄰居的關係緊密	1	2	3	4
C12)	當你或你的家庭有重要事情時，你的鄰居們會表示很大的關心	1	2	3	4
C13)	鄰居們相互信任	1	2	3	4
C14)	這附近的人們很願意幫助他們的鄰居。	1	2	3	4

#### D. 對老年人的印象和評價 (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，容易令人髒	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)

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"/> (9) 唔適用	1	2
E16)	朋友的家 <input type="checkbox"/> (9) 唔適用	1	2
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)，令您工作時或從事活動時不如往常細心了？

- (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 Guide (Chinese version only)

Sau Po Centre on Ageing  
The University of Hong Kong

香港大學秀圃老年研究中心  
「共建長者友善社區」計劃 (中西區及灣仔區)

### 聚焦小組

#### 小組簡介：

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

是次聚焦小組旨在了解你對中西區及灣仔區居住環境的意見及有關長者的意見。

## Part A：長者友善總體指標體系的討論

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

『長者友善』城市的八個重要指標：

1. **戶外空間和房屋建築**：這個指標的目的是希望透過建設一個令人舒適的戶外空間和適合長者居住的房屋設施，以增加長者在家安老的可能性。
2. **交通**：交通的便利性會影響長者的活動範圍，一個方便使用和適合長者支付能力的交通安排，對長者能否參與社區和公民活動至關重要。
3. **房屋**：由於隨著長者年紀的增加身體活動能力的減退，長者能否居住在擁有合適設施的房屋對長者是否能獨立生活及他們的生活品質有很大的影響。
4. **社會參與**：透過參與在正式或非正式的社會活動可以保持令長者受到支持與關懷，因此參與社會、與家人和朋友交往是長者獲得生理和心理健康的保障。
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，以中西區/灣仔區目前的情況而言，八個指標當中哪三個指標這三年有明顯改善？為什麼（有哪些表現）？

Q2：哪三個指標仍然有待改善？為什麼（有哪些表現）？

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？

Q4：就『長者友善』城市的發展，你還有什麼意見？

## Jockey Club Age-friendly City Project



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

[www.jcafc.hk](http://www.jcafc.hk)

Sau Po Centre on Ageing,  
The University of Hong Kong



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