



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

# Jockey Club

# Age-friendly City Project

## Final Assessment Report

Sha Tin



Initiated and funded by:



The Hong Kong Jockey Club Charities Trust

Project partner:



香港中文大學  
The Chinese University of Hong Kong



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



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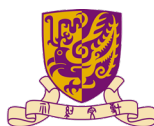
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香港賽馬會慈善信託基金  
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同心同步同進 RIDING HIGH TOGETHER



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## Introduction

### **Jockey Club Age-friendly City Project**

The Hong Kong Jockey Club Charities Trust (“The Trust”) has developed the Elderly Strategy in order to proactively tackle the challenges of an ageing population. The Trust believes that it is necessary to shift towards a more preventative approach by promoting active ageing, focusing on physical and mental wellness, employment and volunteering, as well as social relationships.

In 2015, the Trust officially launched the Jockey Club Age-friendly City Project (“JCAFC Project”) in partnership with Hong Kong’s four gerontology research institutes – CUHK Jockey Club Institute of Ageing, Sau Po Centre on Ageing of The University of Hong Kong, Asia-Pacific Institute of Ageing Studies of Lingnan University, and Institute of Active Ageing of The Hong Kong Polytechnic University.

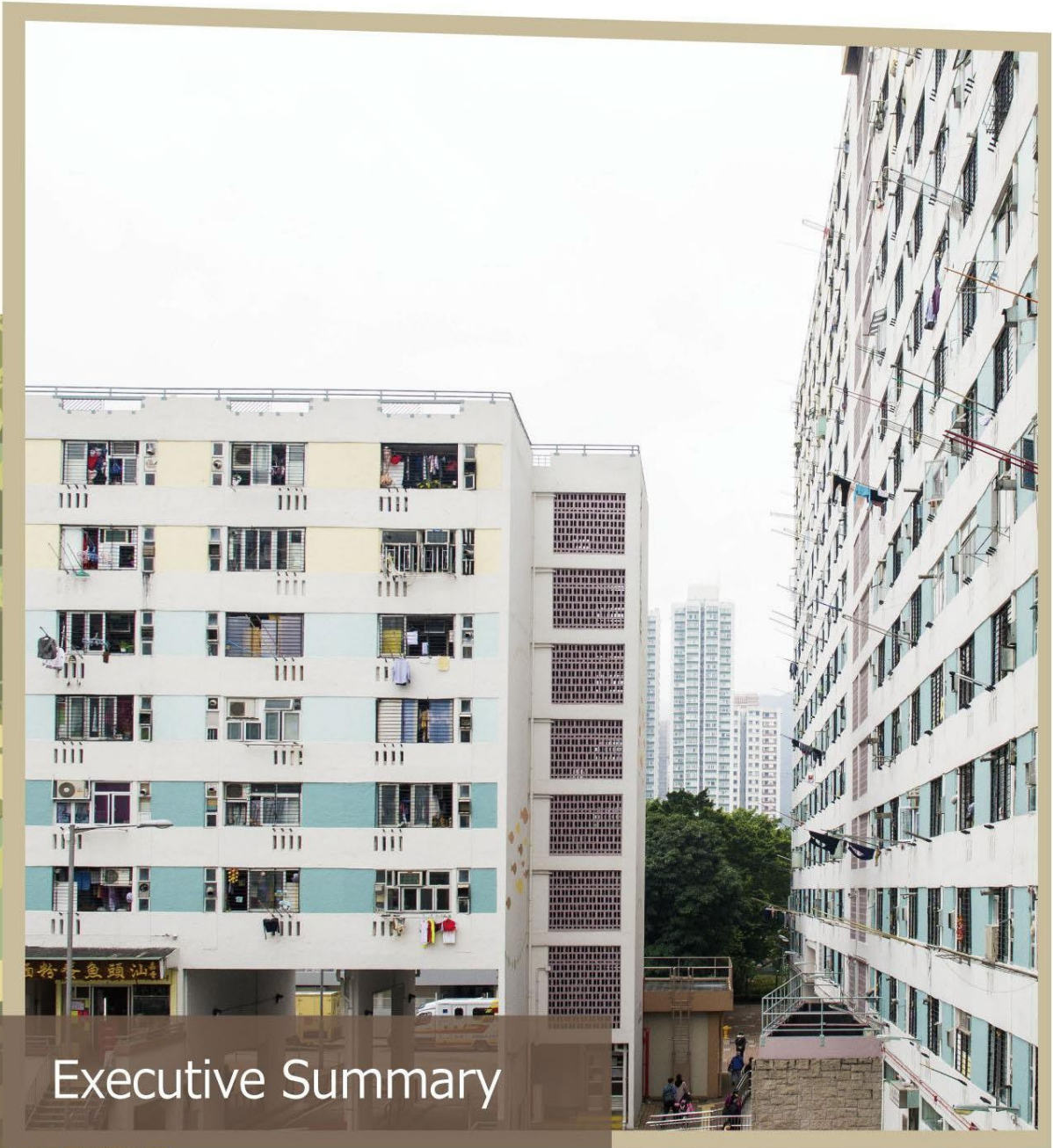
With the aim of building Hong Kong into an age-friendly city which can cater for the needs of all ages, the JCAFC Project adopts a bottom-up and district-based approach to address the issues of an ageing population. The three key components of the Project include 1) the AgeWatch Index for Hong Kong assessing the social and economic well-being of older people; 2) Comprehensive Support Scheme for Districts which covers baseline and final assessments on the eight domains of an age-friendly city identified by the World Health Organization, and district-based programmes backed up by professional teams formed by the four gerontology research institutes of local universities; and 3) Publicity and Public Education to raise public awareness on building an age-friendly city.

### **CUHK Jockey Club Institute of Ageing**

The CUHK Jockey Club Institute of Ageing was established in 2014 with support from The Hong Kong Jockey Club Charities Trust to meet the challenges brought by Hong Kong’s ageing population. With the vision to make Hong Kong an age-friendly city in the world, the Institute will synergise the research personnel and efforts on ageing across disciplines to promote and implement holistic strategies for active ageing through research, policy advice, community outreach and knowledge transfer.

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# Executive Summary

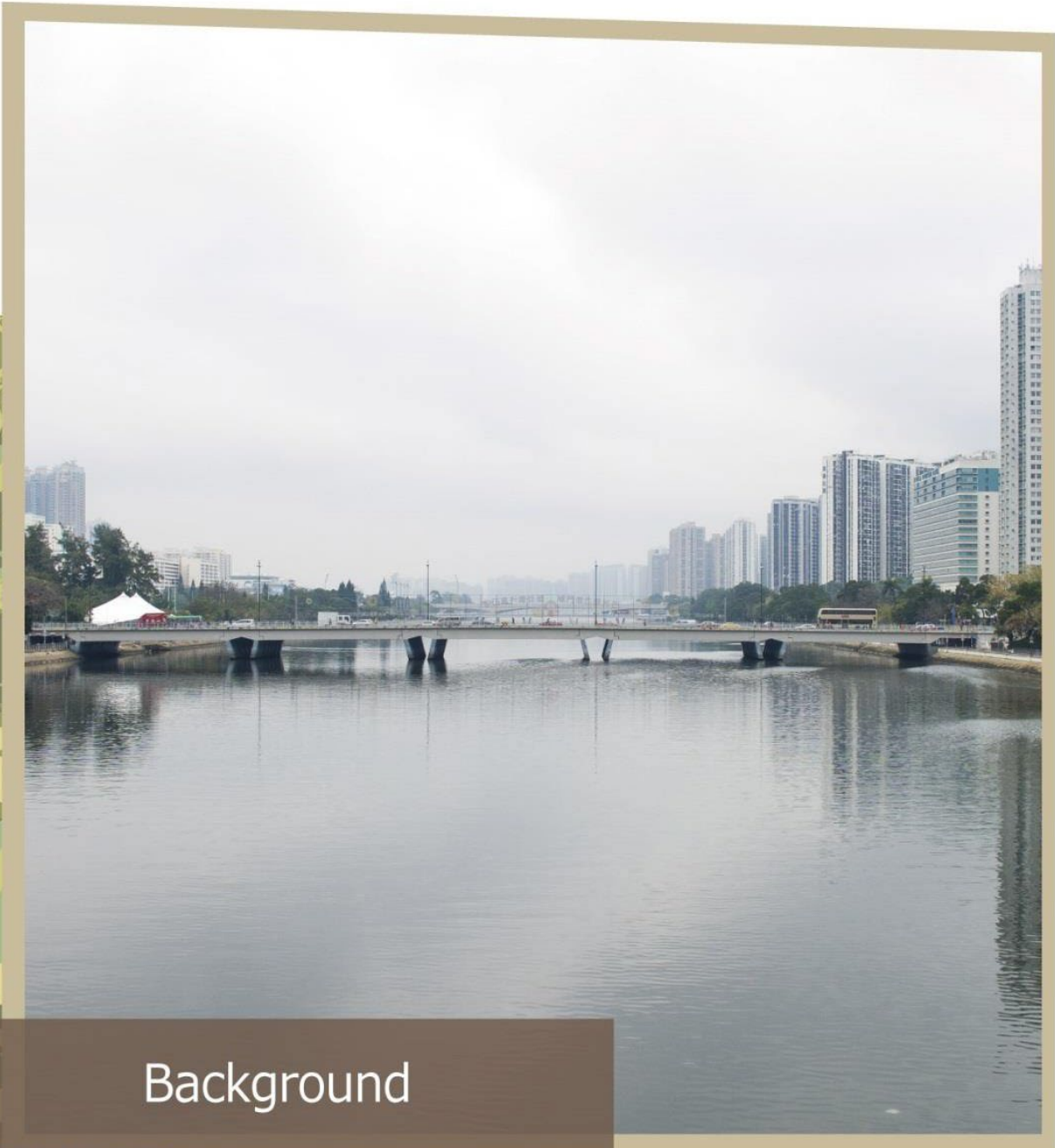
## Executive summary

The CUHK Jockey Club Institute of Ageing has conducted baseline and final assessments in the Sha Tin District under the Jockey Club Age-friendly City Project initiated and funded by The Hong Kong Jockey Club Charities Trust. The project aims to understand the age-friendliness of the district and to implement age-friendly related initiatives to make the community more age-friendly.

The final assessment was conducted from June to November 2018 using the framework of eight domains (including Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services) of an age-friendly city set out by the World Health Organization. It comprises both quantitative approach of survey questionnaire from 515 residents (from June to October 2018) and qualitative approach of five focus groups (from August to November 2018). With the findings, the report write-up was prepared from December 2018 to January 2019.

Questionnaire results showed that residents in Sha Tin were most satisfied with the domains of Transportation as well as Outdoor spaces and buildings in the district. At the same time, the results revealed that domains of Housing and Community support and health services had more room for improvement. Residents participating in focus groups raised more specific issues in these domains, such as negative experiences with household maintenance, poor estate management, insufficient community support services, and discontent with the fee and charges of medical services.

Results of the final assessment shed light on future directions to make Sha Tin District a more age-friendly community. In order to enhance liveability for the elderly, more efforts and resources must be put into the city planning by the Planning Department. Enhancement works in public spaces and buildings are necessary to ensure the safety of the elderly and their views should be collected regularly and submitted to District Councils for follow-up. In the Transportation domain, a progressive fare reduction should be explored to motivate retirees aged 60-64 to participate in community activities. Moreover, a long-term scheme in housing maintenance should be implemented to subsidise the elderly in more estates. A territory-wide campaign including inter-generational activities can be carried out to nurture respect for and social inclusion of the elderly. As for employment, provision of jobs with flexible working hours and job duties together would create a favourable environment for older people to remain active in the society. More strategic information dissemination through elderly centres and public spaces is recommended. The set-up of the pilot Kwai Tsing District Health Centre is a step in the right direction to ease the heavy workload of public hospitals. Another way to enable older people to live well is to utilise community initiatives, such as the Jockey Club Community eHealth Care Project, to empower them in health self-management and establish elderly centres as the first point of contact for addressing their needs.



Background



## 1. Background

Drastic demographic changes have posed immense challenges for Hong Kong and population ageing remains a critical issue for the city particularly due to the highly dense urban living, environmental degradation, and limited provision of resources. Currently various initiatives have been launched to articulate “age-friendliness” as a future development pathway for Hong Kong. The Hong Kong Special Administrative Region Government stated in the Policy Address 2018 that it would continue to adopt the approach of according priority to the provision of home care and community care, supplemented by residential care. Furthermore, it will, within 2019, provide an additional 2,000 service quota under the Enhanced Home and Community Care Services. To boost the supply of day care services, it will implement a new scheme to set up day care units for the elderly at qualified private and self-financing Residential Care Homes for the Elderly (RCHes) (The Chief Executive of HKSAR, 2018). However, will these policies truly meet the needs of the elderly and what are their opinions towards them? How do they view the current age-friendliness of their own community? These important questions need to be answered before any initiative is proposed and implemented.

This report sheds light on key findings from our research in relation to the age-friendliness of Sha Tin District in Hong Kong. Both questionnaire survey and interviews of focus groups have been conducted. The report consists of four parts. Initially the ageing population of Hong Kong will be briefly reviewed. This is followed by an introduction of the study area. Some major characteristics will be summarised. Methodology and key findings of questionnaire survey and focus group will be presented in Chapter Two and Chapter Three. Relevant recommendations will be made in the final chapter to serve as a reference for future community-based projects.

### 1.1 Ageing population in Hong Kong

Population ageing is a persistent issue posing huge challenges for Hong Kong. It is expected to continue and it will accelerate notably in the coming two decades, with the most rapid acceleration taking place in the next 10 years. The elderly population is projected to increase by about 1.2 million in the next 20 years (2016-2036), far more than the increase of some 0.5 million over the past 20 years (1996-2016). With post-war baby boomers entering old age, the number of elderly persons aged 65 and over is projected to increase sharply by 57% from 1.16 million (17% of the total population) in 2016 to 1.82 million (25%) in 2026. It will further increase by 30% to 2.37 million (31%) in 2036. By that time, there will be 1 elderly person in every 3 persons. The elderly population is projected to remain at over 2.3 million for at least 30 years. In 2066, the number of elderly persons is projected to reach 2.59 million (37%). On the other hand, due to the persistently low fertility rate, the proportion of the population aged under 15 is projected to decrease gradually from 12% in 2016 to 9% in 2066 (Figure 1.1)

Population ageing can be reflected by the overall dependency ratio which is defined as the number of persons aged under 15 and those aged 65 and over per 1,000 persons aged 15-64.

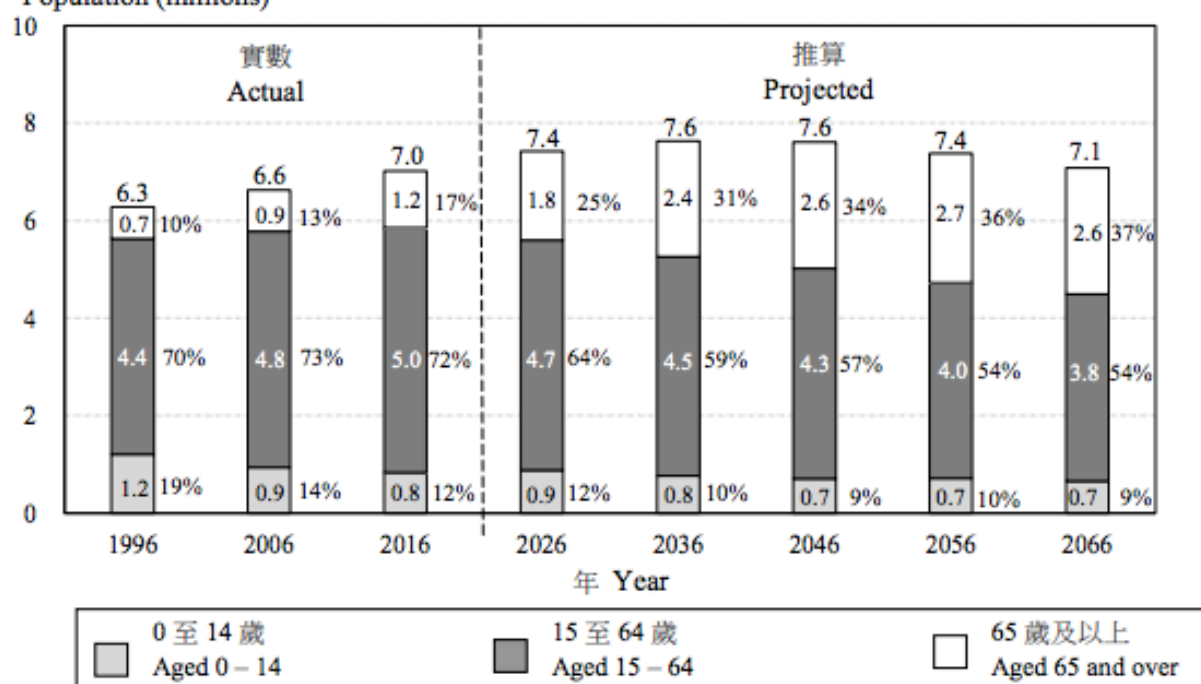
The ratio is projected to rise continuously from 397 in 2016 to 574 in 2026 and 697 in 2036, and further to 844 in 2066. In other words, in 2016, every 5 persons at the working age had to support 2 children and elderly persons on average, which will increase to 3 and 3.5 children and elderly persons respectively in 10 and 20 years' time. In 2066, every 5 persons at the working age will have to support 4 children and elderly persons on average. The ageing trend is also revealed by the increasing median age of the population, which will rise from 44.3 in 2016 to 47.7 in 2026 and 50.9 in 2036, and further to 54.5 in 2066 (Census and Statistics Department, HKSAR Government, 2017a).

### 人口數目及年齡結構（不包括外籍家庭傭工）

### Population size and age structure (excluding foreign domestic helpers)

人口（百萬人）

Population (millions)



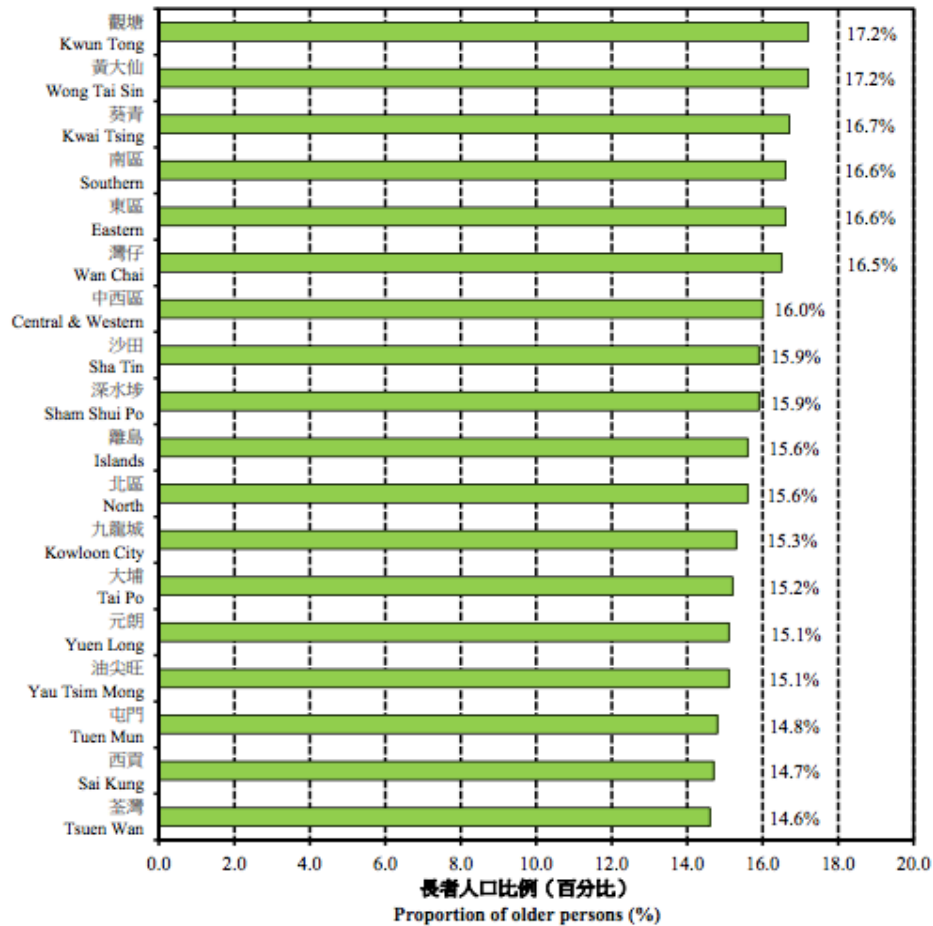
**Figure 1.1 Population Ageing in Hong Kong**

Source: Census and Statistics Department, HKSAR (2017, Chart 2)

One point to note is that the overall educational attainment of elderly in Hong Kong has been improving. The proportion of older people with secondary or higher education increased drastically from 25.0% in 2006 to 39.6% in 2016. Furthermore, the proportion of older people with post-secondary education also increased from 6.6% in 2006 to 9.5% in 2016 (Census and Statistics Department, HKSAR Government, 2018a). It suggests that the majority of elderly of the next and future generations are likely to be better educated and informed than previous generations and new ways for them to be socially included can be explored.

Geographically, older population is not evenly distributed in Hong Kong and there was a considerable geographical redistribution of older persons during the past ten years. In 2016,

50.9% of older population resided in the New Territories, while 31.4% and 17.8% in Kowloon and Hong Kong Island (Census and Statistics Department, HKSAR Government, 2018a). As to the proportion of the older people by District Council districts, Kwun Tong was the largest, followed by Wong Tai Sin and Kwai Tsing (Figure 1.2).



**Figure 1.2 Proportion of Older People by District Council Districts, 2016**  
 Source: Census and Statistics Department, HKSAR Government (2018, p. 79)

The above characteristics of population ageing reveal three issues to be addressed. First, population ageing needs an in-depth study in particular with reference to different locations. Understanding context specific characteristics affecting ageing well is essential for effective elderly policies. Second, neighbourhood is the primary resource the elderly use to satisfy various needs. As such, certain attributes of neighbourhood, that is, the built environment, housing, transportation, etc., should be carefully studied and evaluated. Last but not least, pertinent policies on community must focus on the quality of home and neighbourhood environment, instead of hospital care, for the elderly to improve their well-being. Older people play a crucial role in communities that can only be ensured if they enjoy good health and if society addresses their needs. These three propositions inform our study in Sha Tin wherein various domains of neighbourhood and elderly behaviours are benchmarked with the World Health Organization (WHO)’s Age-friendly Model through quantitative and qualitative research methods.

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

Making cities and communities age-friendly is one of the most effective policy approaches for demographic ageing. A society with an increasing ageing population will generate additional demands different from those in general. In 2007, WHO published *Global Age-friendly Cities: A Guide*. According to the definition, “an age-friendly environment fosters active ageing by optimising opportunities for health, participation and security in order to enhance quality of life as people age” (WHO, 2007a, p.1). Eight domains were highlighted based on opinions of the elderly and caregivers. The eight domains include Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services (Table 1.1).

Community is one critical geographical scale to promote Age-friendly City (AFC), upon which public awareness of older people and needs can be enhanced, the living condition improved, and social and cultural life revitalised. The *Guide* provides a useful reference to articulate age-friendliness under the urban context. Central to this idea is to provide an enabling environment through a checklist of action points integral to the creation of health, wisdom, justice, social networks and economic wellbeing of older people. In 2010, WHO launched the “Global Network for Age-friendly Cities and Communities” in an attempt of encouraging the implementation of policy recommendations. By December 2018, 750 cities and communities in 39 countries are part of the Network, covering over 210 million people worldwide. The points of action provide a useful reference for our study in designing questionnaire that encompasses the most relevant aspects.

**Table 1.1 WHO's Age-friendly City domains and major areas of concern**

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

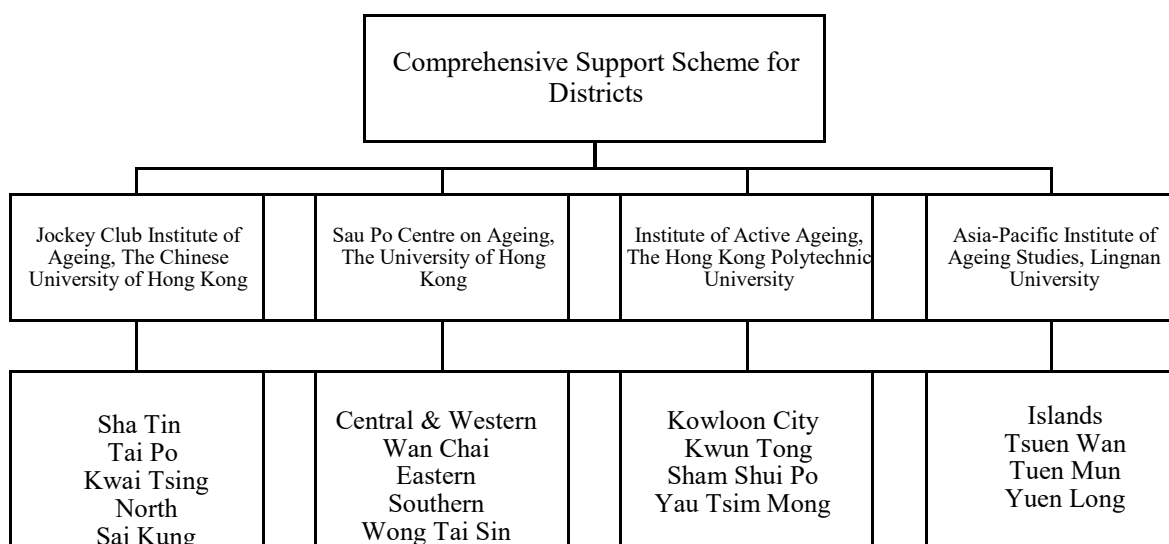
Source: WHO Global Age-friendly Cities: A Guide (2007b)

### 1.3 Jockey Club Age-friendly City Project

In tandem with the vision of the CUHK Jockey Club Institute of Ageing to make Hong Kong an age-friendly city, the Institute has participated in the “Jockey Club Age-friendly City Project” (JCAFC) initiated and funded by The Hong Kong Jockey Club Charities Trust together with the other three gerontology research institutes in Hong Kong –Sau Po Centre on Ageing of The University of Hong Kong, Asia–Pacific Institute of Ageing Studies of Lingnan University, and Institute of Active Ageing of The Hong Kong Polytechnic University (Figure 1.3). The key objectives of the project are:

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

The pilot study is confined to the eight districts, namely Sha Tin, Tai Po, Central and Western, Wan Chai, Kowloon City, Kwun Tong, Islands and Tsuen Wan. Our Institute has conducted baseline and final assessments in Sha Tin and Tai Po Districts. Based on the framework of the eight domains of an age-friendly city set out by the WHO, the Institute aims to reach out and understand the views from citizens through questionnaires and focus groups in different age groups (including elders and their caregivers) which serve as a useful reference for future initiatives.



**Figure 1.3 Jockey Club Age-friendly City Project**

In addition, a scheme of ambassadors for the JCAFC Project has been launched in Sha Tin and Tai Po Districts, with the aim of encouraging the general public to acquire knowledge on an age-friendly city and share the AFC concept to the community; and encouraging the general public to participate in and promote the JCAFC Project. Residents aged 18 and above have been recruited from Sha Tin and Tai Po Districts as ambassadors.

For Sha Tin District, ambassador training workshop on the AFC concept was conducted in December 2015. A total of 36 ambassadors completed the training. From January to March 2016, a number of activities including community visit, poster making, sharing session, and exhibition were organised to deepen the understanding of ambassadors on the subject. The community visit was an outing activity where ambassadors attempted to explore and identify strengths and barriers of age-friendliness of the district. An exhibition was held to showcase the hand-made posters to promote the AFC message to the community.

The trained Ambassadors continued to participate over the 3 years of the JCAFC Project. They actively participated in the district-based programmes in Sha Tin organised by agencies in the district. In addition, they had a significant role in supporting different promotional events organised at district or societal level by The Hong Kong Jockey Club Charities Trust. They effectively spread the message of age-friendliness in the community. They also helped to conduct interviews for data collection with the questionnaires in the final assessment, with their strengths of positive attributes, strong social network and in-depth understanding of the district.

#### 1.4 District characteristics of Sha Tin

Sha Tin is located in the eastern part of the New Territories to the north of Kowloon, with land area of 6,940 hectares (Figure 1.4). It is one of the oldest new towns in Hong Kong since 1973. Historically, this area was mainly farmlands with rural population of 30,000 people. The population began to expand when the first public rental housing estate, Lek Yuen Estate, was completed in 1976. Currently Sha Tin is home to some 660,000 population<sup>1</sup>. Over 30% of local residents live in public housing. Economically, Sha Tin has a good profile in Hong Kong. The share of retailing in total GDP is quite significant. Residents enjoy a relatively better economic condition as compared to its neighbouring districts, in particular in terms of the labour force participation<sup>2</sup> and monthly income<sup>3</sup>.



**Figure 1.4 Locations of 18 Districts in Hong Kong**

<sup>1</sup>2016 Population By-census.

<sup>2</sup>Labour force participation rate was 60.3% and 60.8% for Sha Tin and average Hong Kong respectively in the year 2016.

<sup>3</sup>The median monthly income from main employment of working population was HKD17,000 and HKD15,500 in Sha Tin and the average Hong Kong respectively.

Among all districts in the New Territories, Sha Tin has the second largest proportion of ageing population (aged 65 and above, 16%) after Kwai Tsing (16.7%).

The potential support ratio (PSR)<sup>4</sup>, based on 2016 census data, was 4.6 – this was slightly higher than the general rate of Hong Kong (4.59). Population aged 65 and above witnessed a profound increase from 72,285 in 2011 to 105,219 by 2016, with the number of elders aged 65 and above living alone increasing from 7,270 in 2011 to 12,183 by 2016 in the district. Compared with 2011, more elders aged 65 and above in 2016 had completed secondary and post-secondary education (from 30.4% to 33.9%) and were under employment (from 6.6% in 2011 to 9.9% by 2016). Detailed demographic characteristics of Sha Tin district in 2011 and 2016 are at [Annex 1](#).

In terms of geographical characteristics and land use of Sha Tin, the Sha Tin New Town is a linear-shaped, cellular development concentrated along the natural valleys of the Shing Mun River. “Smart growth” concept was applied to facilitate living and working and to form a balanced community with reasonable self-containment. Currently, lands for residential use account for the largest proportion, and are supplemented with commercial, industrial and open space to form a mixed-use development pattern. In order to satisfy working and living, community facilities have been planned, including parks, recreational grounds, sports complexes, swimming pools, public libraries, and community halls. Transportation networks in Sha Tin are well-established both within and across the district, connecting Sha Tin with neighbouring new towns. Various means of public transportation are available, i.e., The Mass Transit Railway (MTR) and bus. Ferry service is available to some places. Besides, cycling is very common. The first cycle track in Sha Tin was opened to public in the 1980s. The cycling tracks link Sha Tin with Tai Po and Sai Kung since then.

Apart from a wide range of cultural, recreational and sport facilities, Sha Tin Town Hall and Hong Kong Heritage Museum have been set up to make Sha Tin a culturally rich community. There are more than 100 declared monuments and historic buildings. Symbolic events like the dragon boat race are held every year. Besides, Sha Tin has healthcare service facilities including public hospitals, out-patient clinics, and private hospitals.

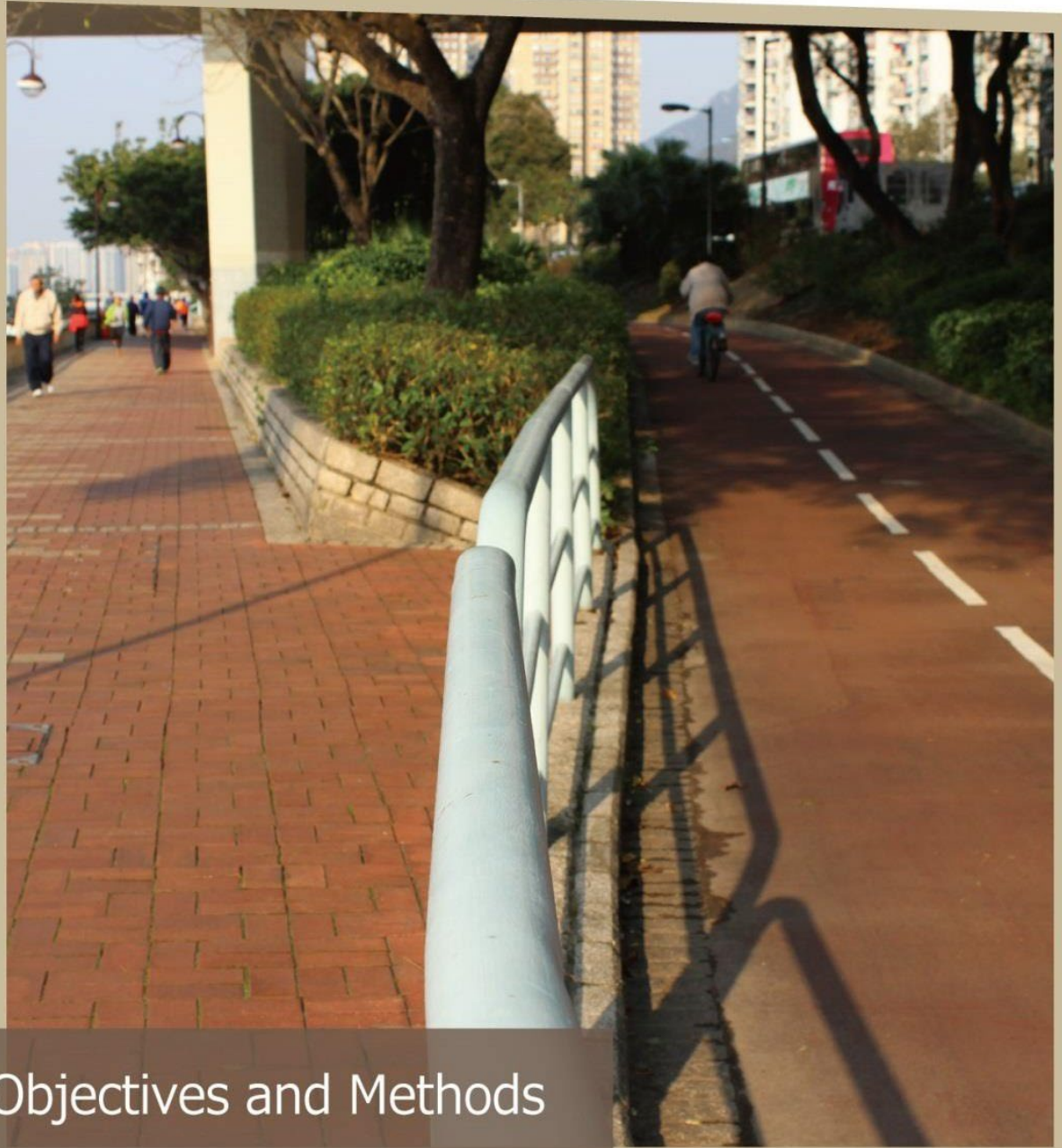
## **1.5 District-based Programmes in Sha Tin**

There were seven district-based programmes under the JCAFC Project with the aim to enhance the eight AFC domains. These programmes were organised by neighbourhood centres, district community centres, district elderly centres and youth groups. The number of direct beneficiaries of the seven programmes was about 6,000. Programme details are at [Annex 2](#).

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<sup>4</sup>PSR refers to the number of persons aged 15 to 64 per one older person aged 65 and above.





## Objectives and Methods

## 2. Objectives and methods

### 2.1 Objectives

The JCAFC Project adopts a bottom-up and district-based approach to address population ageing in Hong Kong. Using both quantitative (questionnaire survey) and qualitative (focus group interview) approaches, the final assessment measures the age-friendliness of districts in 2018 and compares to that from the baseline assessment conducted three years ago.

### 2.2 Quantitative approach of final assessment

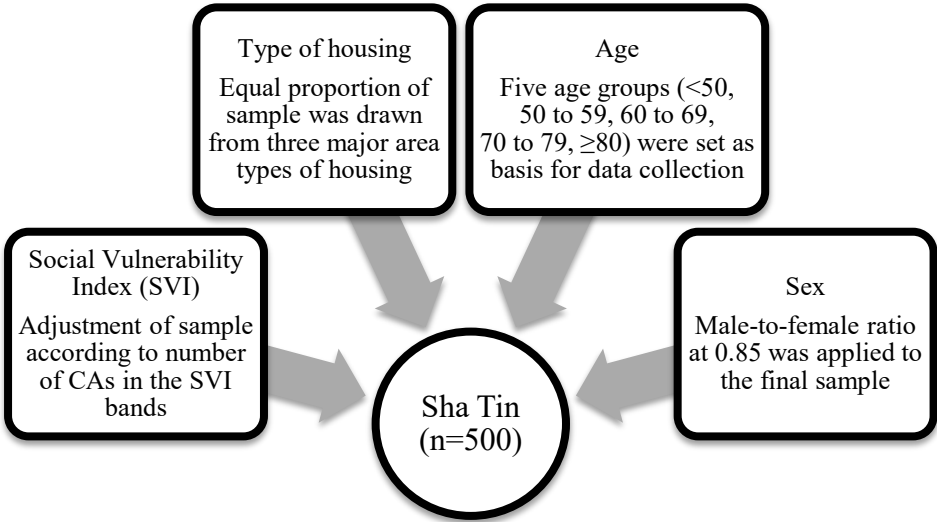
#### 2.2.1 Sampling methods

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

The SVI is an assessment tool to evaluate the vulnerability level of older populations in Hong Kong, and identifies the distribution of vulnerable groups across the district sub-areas (Chau, Gusmano, Cheng, Cheung, & Woo, 2014). Using official statistics of 2016, composite scores of SVI, ranging from 0 to 10, were compiled for all CAs in Hong Kong based on seven indicators, namely population size, institutionalisation, poverty, living alone, disability, communication obstacles and access to primary care. The higher scores indicate greater vulnerability of an area. Based on the SVI scores, CAs were categorised into five SVI bands with equal interval values, i.e., Band I, SVI score  $<2$ ; Band II, SVI score  $2-<4$ ; Band III, SVI score  $4-<6$ ; Band IV, SVI score  $6-<8$ ; Band V, SVI score  $\geq 8$ . The SVI scores of Sha Tin CAs fall under Band I to IV.

For all CAs grouped under respective SVI band, we examined the predominant type of housing accommodating the largest number of population therein as proxy of SES of CAs. We sampled questionnaire respondents from three major types of housing, including public rental housing, subsidized home ownership housing and private permanent housing. Currently, they accommodate almost 99% of the Hong Kong domestic households (Census and Statistics Department, 2016). For CAs within the same SVI band, we selected 3 different CAs with the largest population living in public rental housing, subsidized home ownership housing and private permanent housing respectively. Public housing residents living in units under Tenant Purchase Scheme (TPS) were excluded. In cases where there were less than three CAs representing different housing characteristics in the SVI band, the only CA remaining in the band was selected and the sample was drawn in proportion to the population distribution by housing types.

Table 2.2-1 shows the selection of sampling sites for the questionnaire survey in Sha Tin. In total, 18 CAs were selected, with seven in Sha Tin, six in Ma On Shan, and five in Tai Wai. In this district, we selected Chun Ma (Sha Tin, Private) and Wu Kai Sha (Ma On Shan, Private) in SVI band I; Bik Woo (Sha Tin, Public), Lee on (Ma On Shan, Public), Yu Yan (Sha Tin, Subsidised), On Tai (Ma On Shan, Subsidised), Hin Ka (Tai Wai, Subsidised), Fo Tan (Sha Tin, Private), Ma On Shan Town Centre (Ma On Shan, Private), and Lower Shing Mun (Tai Wai, Public and Private) in SVI band II; Yat Min (Sha Tin, Public), Tai Shui Hang (Ma On Shan, Public), Tin Sum (Tai Wai, Public), Kwong Hong (Subsidised, Sha Tin), Sha Tin Town Centre (Sha Tin, Private), Kam To (Ma On Shan, Subsidised and Private), and Wan Shing (Tai Wai, Subsidised and Private) in SVI band III; Keng Hau (Tai Wai, Public, Subsidized and Private) in SVI band IV. In Sha Tin, reduced number of sample was collected from SVI band I and IV due to small number of CAs in the band, more samples were collected from SVI band II and III due to large number of CAs in the band.



**Figure 2.1 Selection criteria of data sampling in Sha Tin**

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

In each selected CA, convenience sampling was applied. To avoid over-sampling of particular demographic representation in the final sample, quotas were set on age and sex. Accordingly, five age strata were applied to the overall sample, which set to include 50 samples from 18-49, 100 from 50-59, 150 from 60-69, 150 from 70-79, and 50 from 80 and above, to reflect and examine divergent views on the neighbourhood environment across ages. A sex (male-to-female) ratio of approximately 0.85 was set to match with the overall sex ratio of the general population. Along with the selection by region, SVI and housing type, this approach would reflect views and opinions from a wide spectrum of local residents, including the most vulnerable elderly and residents with different geographical, socio-economic and demographic characteristics.

**Table 2.2-1. Selection of sampling sites for the questionnaire survey in Sha Tin**

Region	SVI Band	Constituency areas	Type of housing		
			Public rental	Subsidized home ownership	Private permanent
Sha Tin	I	Chun Ma			x
Sha Tin	II	Bik Woo	x		
Sha Tin	II	Yu Yan		x	
Sha Tin	II	Fo Tan			x
Sha Tin	III	Yat Min	x		
Sha Tin	III	Kwong Hong		x	
Sha Tin	III	Sha Tin Town Centre			x
Ma On Shan	I	Wu Kai Sha			x
Ma On Shan	II	Lee On	x		
Ma On Shan	II	On Tai		x	
Ma On Shan	II	Ma On Shan Town Centre			x
Ma On Shan	III	Tai Shui Hang	x		
Ma On Shan	III	Kam To		x	x
Tai Wai	II	Hin Ka		x	
Tai Wai	II	Lower Shing Mun	x		x
Tai Wai	III	Tin Sum	x		
Tai Wai	III	Wan Shing		x	x
Tai Wai	IV	Keng Hau	x	x	x

### 2.2.2 Questionnaire respondents and recruitment strategies

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

Respondents were mostly recruited directly from the community, among which a minor proportion of elders regularly visited District Elderly Community Centres (DECCs) and

Neighbourhood Elderly Centres (NECs). We tried to limit this segment of elders to 20% in our sample, close to the average of Hong Kong, since they may represent views considerably different from other community elders (HKU, 2011; Legislative Council Panel on Welfare Services, 2007). We also reached out to respondents who previously participated in the baseline survey and those with interest in the current exercise were followed up.

### 2.2.3 Data and materials

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

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

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

### 2.2.4 Procedures

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

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

### 2.2.5 Quantitative data analysis

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

Differences in mean scores of AFC domains were analysed by respondents' individual characteristics and geographical locations, using Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) adjusting for demographic and socio-economic characteristics of the questionnaire respondents. The individual characteristics included age, sex, marital status (currently married, currently not married), educational level (primary and below, secondary, post-secondary), type of housing (public rental housing, subsidised home ownership housing, private permanent housing), total length of residence in the neighbourhood, living arrangement (living alone, not living alone), economic activity status (working, not working), self-rated health (poor/fair, good/very good/excellent), prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income (insufficient, enough/abundant). Geographical variations of mean scores of AFC domains were examined at regional level, adjusting for individual characteristics. Temporal change was examined by comparing the mean scores of the AFC domains in the final assessment to that of the baseline assessment conducted three years ago, using ANOVA and ANCOVA with adjustment for individual characteristics. All statistical procedures were carried out using the Window-based SPSS Statistical Package (version 24.0; SPSS, Chicago, IL, USA), where a significant level at 5% was adopted for all statistical tests.

## 2.3 Qualitative approach of final assessment

### 2.3.1 Sampling methods

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

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

Group	Age Group (Year)	Housing Type	SVI Band
1	18-49	Private permanent	I & II
2	50-64	Public rental / Subsidised home ownership	III
3	> = 65	Private permanent	I & II
4	> = 65	Public rental / Subsidised home ownership	III
5	> = 80	Public rental / Subsidised home ownership	IV

**Table 2.3-1 Summary of the profiles of five focus groups in Sha Tin**

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

Similar to the Vancouver Protocol, we attempted to recruit focus group participants in different age groups. However, we are interested not only in comparing views of the old-old and young-old, but a wider range of age groups. Therefore, we recruited participants in the age groups of 18-49, 50-64, 65 and above. In addition, we aimed to understand and represent the perspectives of the oldest population, hence one focus group was exclusively assigned to participants aged 80 and above. Four different age groups were interviewed.

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

We aimed to include the views from participants unable to come to the focus group interview due to frail or disabled conditions. As such, caregivers were recruited with a view to offering more comprehensive views from the elderly. Different from the Vancouver Protocol, we did not form a separate group exclusively for caregivers of the disabled elderly. Instead, we incorporated caregivers into our existing focus groups. A survey question from the demographics section was used to identify these caregivers<sup>1</sup> among questionnaire respondents.

### 2.3.2 Interview procedures and protocol

A venue accessible to participants was chosen for carrying out each focus group. A total of 1.5 to 2 hours were allocated for each group, with light refreshments offered to participants afterwards. Participants were identified by a number assigned to them, yet they were addressed by their names during the interview. Before the interview, an introductory note and a short presentation were given to participants to introduce each interview topic. The aim was to elicit their response to age-friendliness specific to their community.

<sup>1</sup> Question 10: Do you have experience taking care of elderly's aged 65 and above?

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

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

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

### 2.3.3 Qualitative data analysis

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

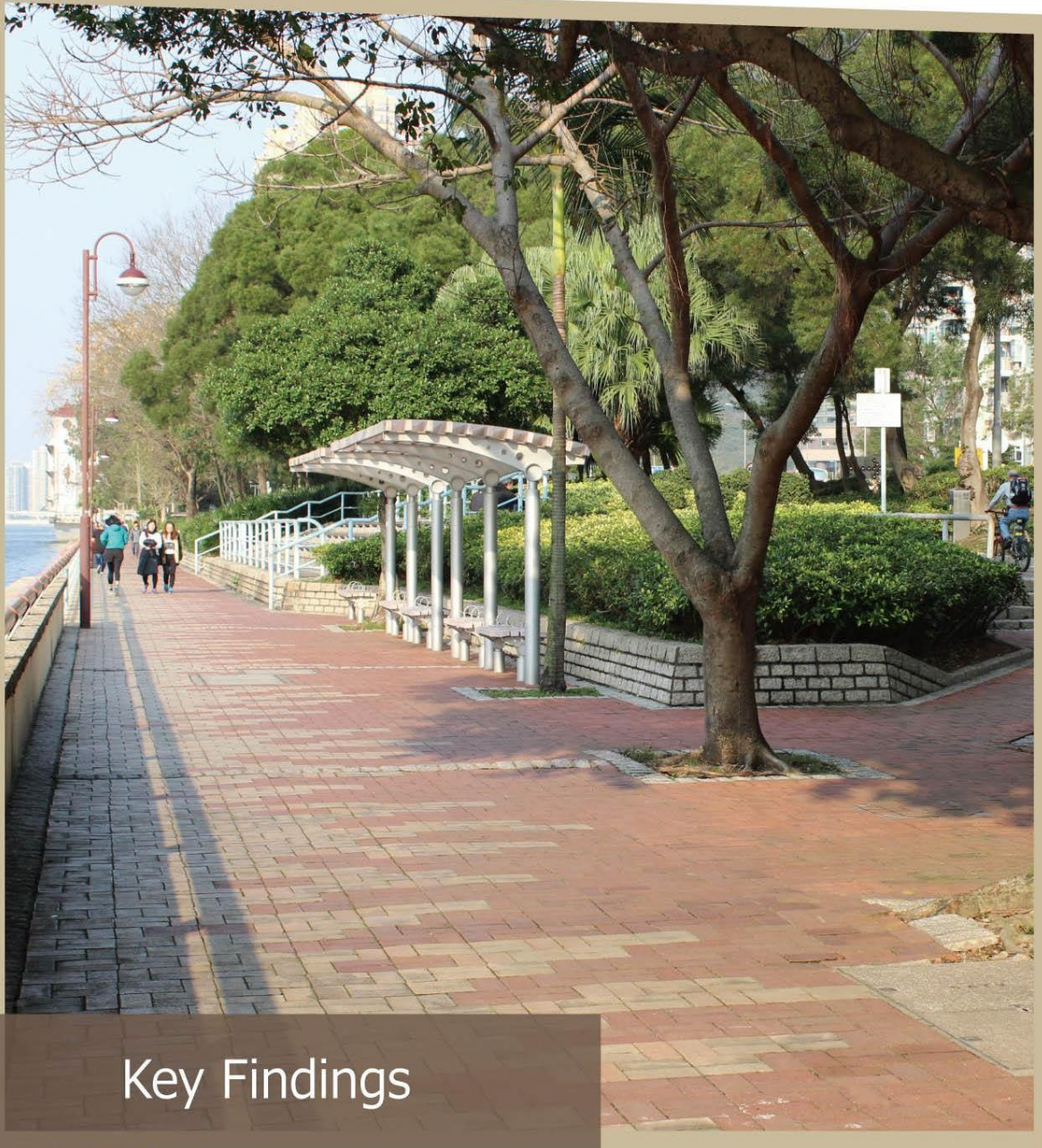
Since the common view, rather than individual view, was sought, advantages and barriers that elicited the greatest consensus were coded as key features. These were then compared across the five groups, leading to the identification of common advantages and barriers under the eight domains.

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

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



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



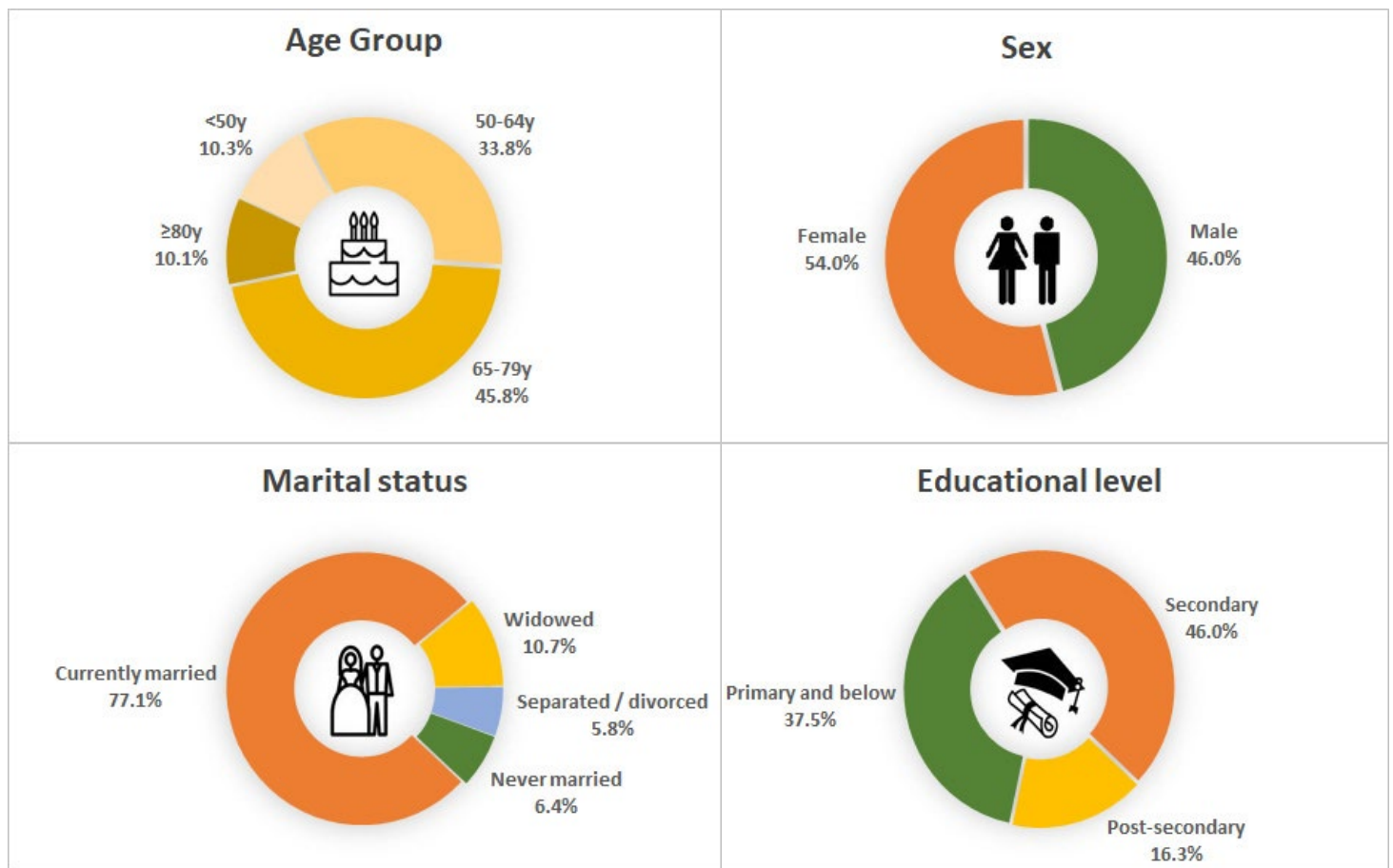
## Key Findings

### 3. Key findings

#### 3.1 Quantitative assessment

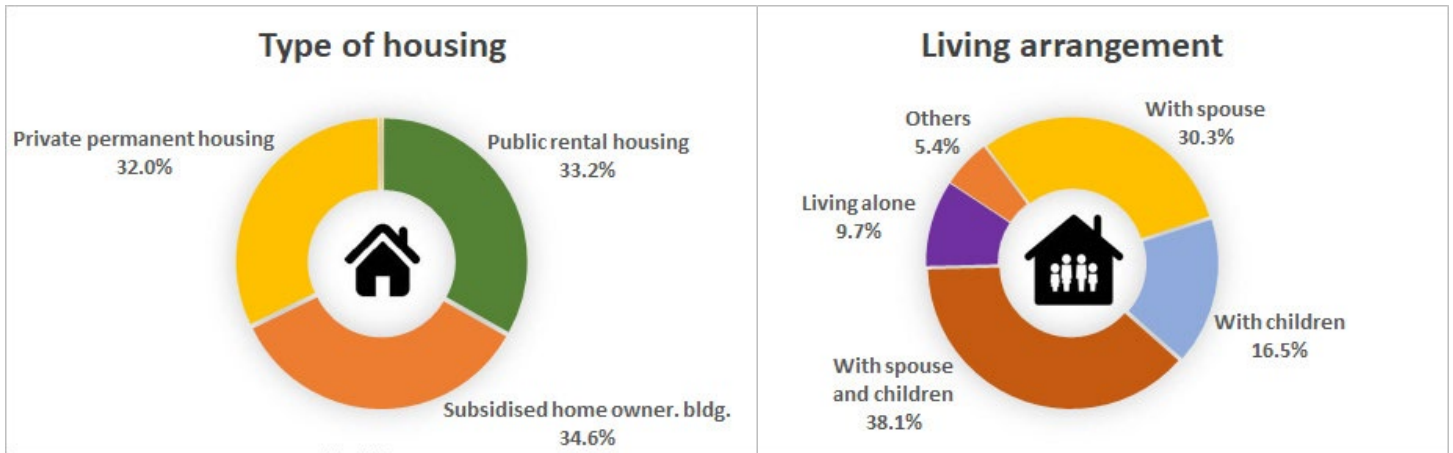
##### 3.1.1 Socio-demographic characteristics of the questionnaire survey respondents

A total of 515 completed questionnaires were collected and included in the analysis of Sha Tin. Of the respondents in Sha Tin, 55.9% were aged 65 and above and 54% were female (Figure 3.1a and 3.1b). 77.1% were married, and 62.3% had secondary education and above (Figure 3.1c and 3.1d).



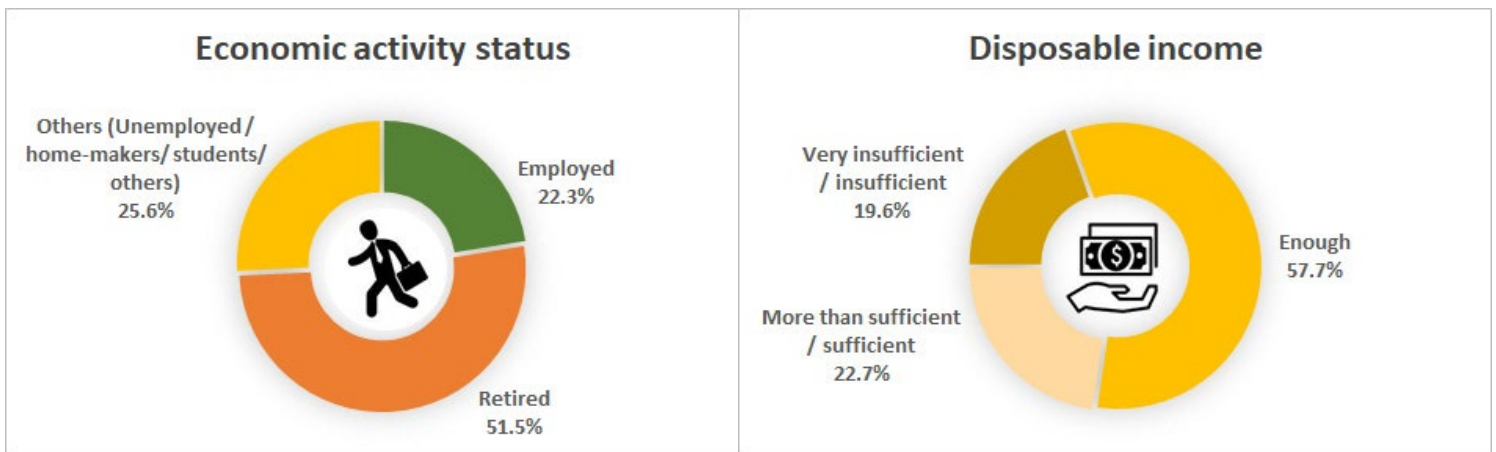
**Distribution of questionnaire respondents by age groups (Figure 3.1a, upper left), by sex (Figure 3.1b, upper right), by marital status (Figure 3.1c, lower left), by educational level (Figure 3.1d, lower right)**

For Sha Tin, reduced number of sample was collected from SVI band I and band IV (9.7% and 5.8% respectively) due to small population. Approximately equal proportions of respondents came from SVI band II (42.1%) and III (42.3%), 67.8% of whom lived in public rental or subsidised home ownership housing (Figure 3.1e). Mean length of stay in the neighbourhood was 16.3 years (SD=10.2 years). 84.9% of the respondents lived with spouse and/or children, while 9.7% were living alone (Figure 3.1f).

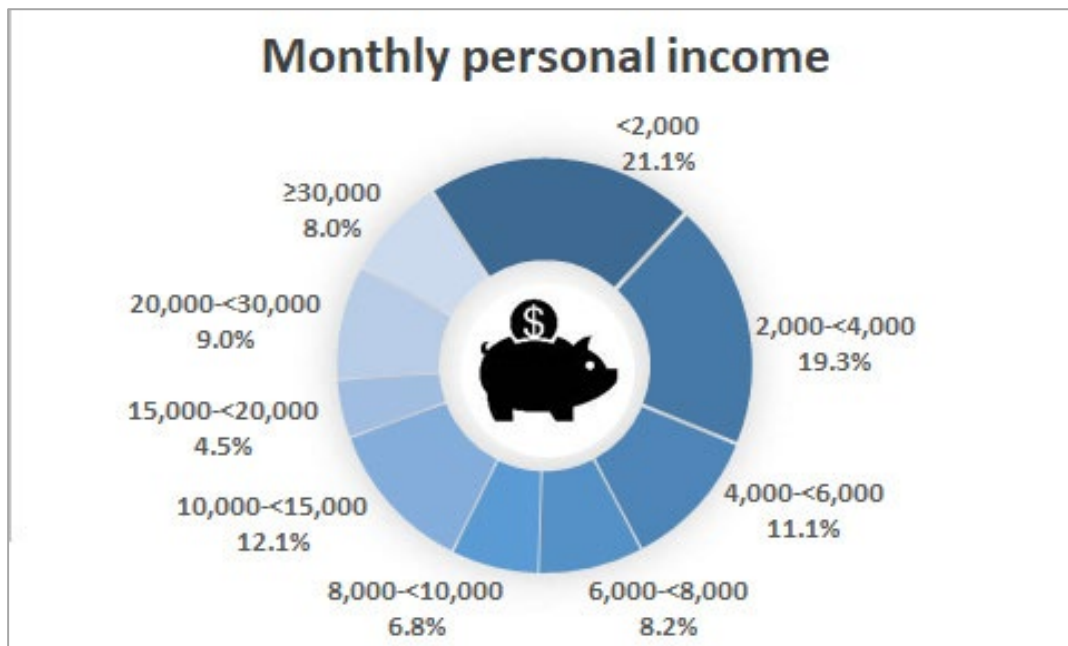


**Distribution of questionnaire respondents by type of housing (Figure 3.1e, left), by living arrangement (Figure 3.1f, right)**

In terms of economic activity status, 22.3% of the respondents were working full-time or part-time, while 51.5% had retired and 25.6% were economically inactive, such as unemployed persons, home-makers and students (Figure 3.1g). Of all respondents, 57.7% expressed that their money to use in everyday life was just enough (Figure 3.1h), and 78.6% had a personal monthly income less than \$15,000 (Figure 3.1i), less than the median personal income from main employment of Hong Kong of \$16,800 in May-June 2017 (Census and Statistics Department, HKSAR Government, 2017b).

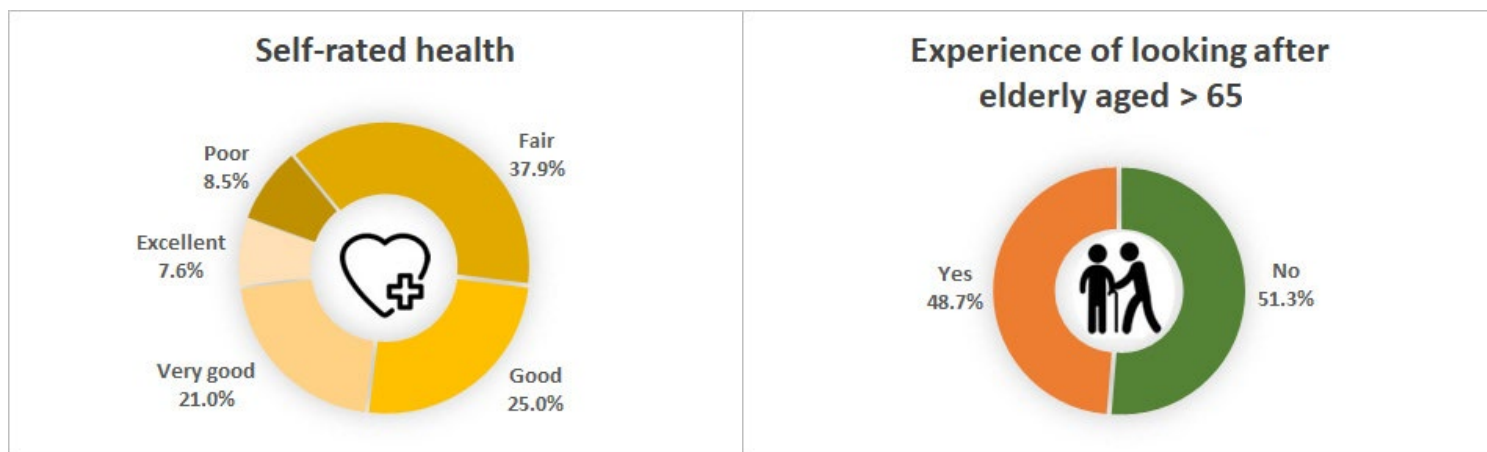


**Distribution of questionnaire respondents by economic activity status (Figure 3.1g, left), by disposable income (Figure 3.1h, right)**



**Figure 3.1i Distribution of questionnaire respondents by monthly personal income**

In terms of their own health, 53.6% of the respondents rated their health condition as good, very good or excellent (Figure 3.1j). Of all respondents, 48.7% had experience of looking after elderly aged 65 and above (Figure 3.1k).



**Distribution of questionnaire respondents by self-rated health (Figure 3.1j, left), by experience of looking after elderly aged  $\geq 65$  (Figure 3.1k, right)**

### 3.1.2 Mean scores of the AFC items and domains in Sha Tin

Table 3.1 Mean scores of the AFC items and domains in Sha Tin

AFC item and domain	Mean	SD	Rank of item	
			Within domain	Across domains
<b>Domain: Outdoor Spaces and Buildings</b>	<b>4.10</b>	<b>0.62</b>	..	..
Item A1: Cleanliness	4.51	0.85	1	4
Item A2: Adequacy, Maintenance and Safety	4.42	0.98	2	9
Item A3: Drivers' Attitude at Pedestrian Crossings	4.11	1.03	5	19
Item A4: Cycling Lanes	4.42	1.04	3	10
Item A5: Outdoor Lighting and Safety	4.32	1.03	4	13
Item A6: Accessibility of Commercial Services	4.00	1.20	7	25
Item A7: Arrangement of Special Customer Service to Persons in Needs	3.21	1.22	9	52
Item A8: Building Facilities	4.04	1.12	6	23
Item A9: Public Washrooms	3.85	1.19	8	35
<b>Domain: Transportation</b>	<b>4.28</b>	<b>0.61</b>	..	..
Item B10: Traffic Flow	4.46	0.82	5	6
Item B11: Coverage of Public Transport Network	4.56	0.92	2	2
Item B12: Affordability of Public Transport	4.61	0.98	1	1
Item B13: Reliability of Public Transport	4.18	1.01	8	16
Item B14: Public Transport Information	4.06	1.11	9	21
Item B15: Condition of Public Transport Vehicles	4.46	0.86	6	7
Item B16: Specialized Transportation for disabled people	3.95	1.15	10	29
Item B17: Transport Stops and Stations	4.48	0.93	4	5
Item B18: Behavior of Public Transport Drivers	4.39	0.89	7	11
Item B19: Alternative Transport in Less Accessible Areas	3.77	1.17	12	38
Item B20: Taxi	3.83	1.06	11	36
Item B21: Roads	4.53	0.83	3	3
<b>Domain: Housing</b>	<b>3.74</b>	<b>0.84</b>	..	..
Item C22: Sufficient and Affordable Housing	3.49	1.32	3	47
Item C23: Interior Spaces and Level Surfaces of Housing	4.36	1.03	1	12
Item C24: Home Modification Options and Supplies	3.63	1.13	2	45
Item C25: Housing for Frail and Disabled Elders	3.42	1.19	4	51
<b>Domain: Social Participation</b>	<b>3.97</b>	<b>0.88</b>	..	..
Item D26: Mode of Participation	4.17	1.08	1	17
Item D27: Participation Costs	4.14	1.03	2	18
Item D28: Information about Activities and Events	3.93	1.06	4	30
Item D29: Variety of Activities	3.99	1.15	3	27
Item D30: Variety of Venues for Elders' Gatherings	3.86	1.21	5	33
Item D31: Outreach Services to People at Risk of Social Isolation	3.63	1.17	6	44
<b>Domain: Respect and Social Inclusion</b>	<b>3.90</b>	<b>0.75</b>	..	..
Item E32: Consultation from Different Services	3.55	1.23	5	46
Item E33: Variety of Services and Goods	3.71	1.10	4	39
Item E34: Manner of Service Staff	4.43	0.90	1	8
Item E35: School as Platform for Intergeneration Exchange	3.46	1.18	6	49
Item E36: Social Recognition	4.09	1.05	2	20
Item E37: Visibility and Media Depiction	4.06	1.01	3	22
<b>Domain: Civic Participation and Employment</b>	<b>3.73</b>	<b>0.88</b>	..	..
Item F38: Options for Older Volunteers	3.86	1.11	1	32
Item F39: Promote Qualities of Older Employees	3.85	1.06	2	34
Item F40: Paid Work Opportunities for Older People	3.47	1.13	4	48
Item F41: Age discrimination	3.69	1.14	3	40
<b>Domain: Communication and Information</b>	<b>4.02</b>	<b>0.74</b>	..	..
Item G42: Effective Communication System	4.18	0.99	2	15
Item G43: Information and Broadcasts of Interest to Elders	3.90	1.10	5	31
Item G44: Information to Isolated Individuals	3.78	1.02	6	37
Item G45: Electronic Devices and Equipment	4.24	1.00	1	14
Item G46: Automated Telephone Answering Services	3.97	1.14	4	28
Item G47: Access to Computers and Internet	3.99	1.25	3	26
<b>Domain: Community Support and Health Services</b>	<b>3.47</b>	<b>0.86</b>	..	..
Item H48: Adequacy of Health and Community Support Services	3.69	1.26	2	41
Item H49: Home Care Services	3.63	1.23	4	43
Item H50: Proximity between Old Age Homes and Services	3.69	1.23	3	42
Item H51: Economic barriers to Health and Community Support Services	4.00	1.23	1	24
Item H52: Community Emergency Planning	3.45	1.23	5	50
Item H53: Burial Sites	2.30	1.16	6	53

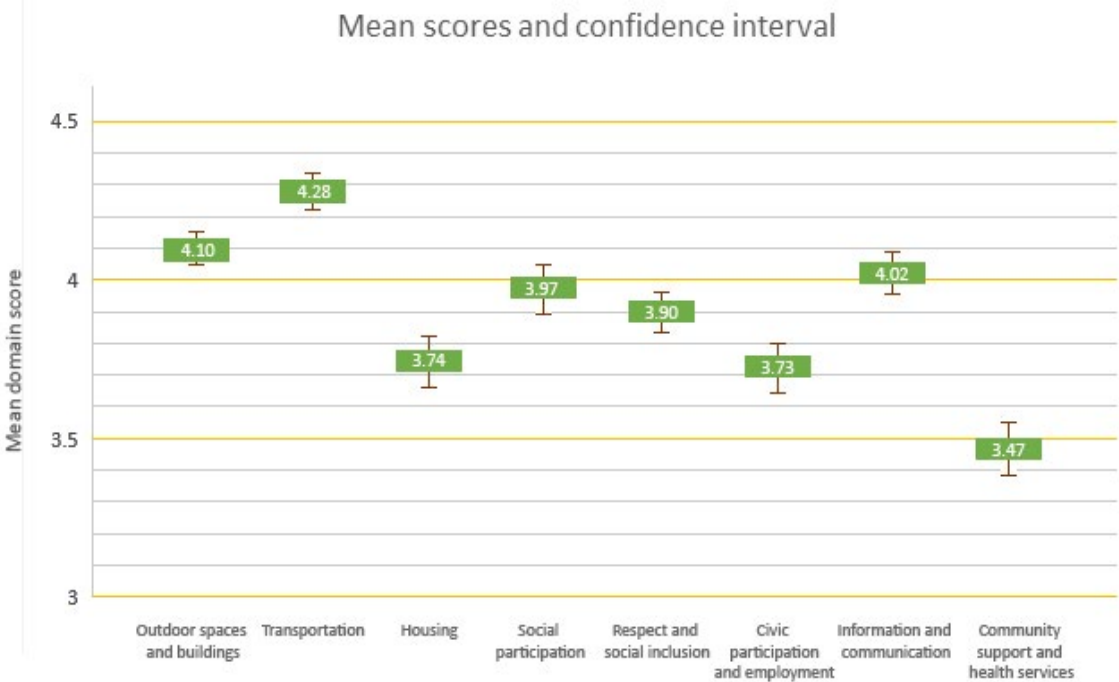
Remarks: ..Not applicable

Table 3.1 shows the mean scores by age-friendly item and domain. The mean itemised scores varied from the affordability of public transport (highest rated item:  $4.61 \pm 0.98$ ) to burial sites (lowest rated item:  $2.30 \pm 1.16$ ). Analysed by rank of items, the ten highest rated items clustered in Transportation (6 items). In Transportation domain, half of the items were rated as the ten highest rated items, compared to one third of the items in Outdoor spaces and buildings. Manner of service staff (Respect and social inclusion domain) was also highly rated.

On the other hand, the ten lowest rated items were distributed across six domains (except Transportation and Communication and information). More than half of the items in Housing domain (3 items) were rated as the ten lowest rated items, compared to one third of the items in Respect and social inclusion domain (2 items) and Community support and health services domain (2 items) and one-fourth in Civic participation and employment domain (1 item). The items regarding the arrangement of special customer services to persons in need (Outdoor spaces and buildings domain) and outreach services to people at risk of social isolation (Social participation) were also rated among the lowest.

### 3.1.3 Mean scores of the AFC domains in Sha Tin

The mean domain scores in Sha Tin varied across the eight AFC domains, from (i) Outdoor spaces and buildings ( $4.10 \pm 0.62$ , 95% CI: 4.05-4.15), (ii) Transportation ( $4.28 \pm 0.61$ , 95% CI: 4.23-4.33), (iii) Housing ( $3.74 \pm 0.84$ , 95% CI: 3.67-3.82), (iv) Social participation ( $3.97 \pm 0.88$ , 95% CI: 3.90-4.05), (v) Respect and social inclusion ( $3.90 \pm 0.75$ , 95% CI: 3.84-3.96), (vi) Civic participation and employment ( $3.73 \pm 0.88$ , 95% CI: 3.65-3.80), (vii) Communication and information ( $4.02 \pm 0.74$ , 95% CI: 3.96-4.09), to (viii) Community support and health services ( $3.47 \pm 0.86$ , 95% CI: 3.39-3.54). Figure 3.2 shows the mean scores and confidence intervals of the eight Age-friendly City domains.



**Figure 3.2 Mean scores and confidence intervals of the eight Age-friendly City domains**

Analysed by **age group**, Transportation remained as the top-ranked domain among those aged 50 and above, followed by Outdoor spaces and buildings domain across all age groups. Public perceptions on Community support and health services, in particular among those aged 50 and below and those aged 65 and above, were very negative, as reflected by the lowest domain score in these age groups. Overall evaluation on Civic participation and employment among those aged 65 and above was far from satisfactory, as another low-rated domain. Significant trend differences were observed across the age groups for Outdoor spaces and buildings, Transportation and Housing. Figure 3.3a shows the mean scores of AFC domains by age group.



**Figure 3.3a Mean scores of the eight Age-friendly City domains by age groups**

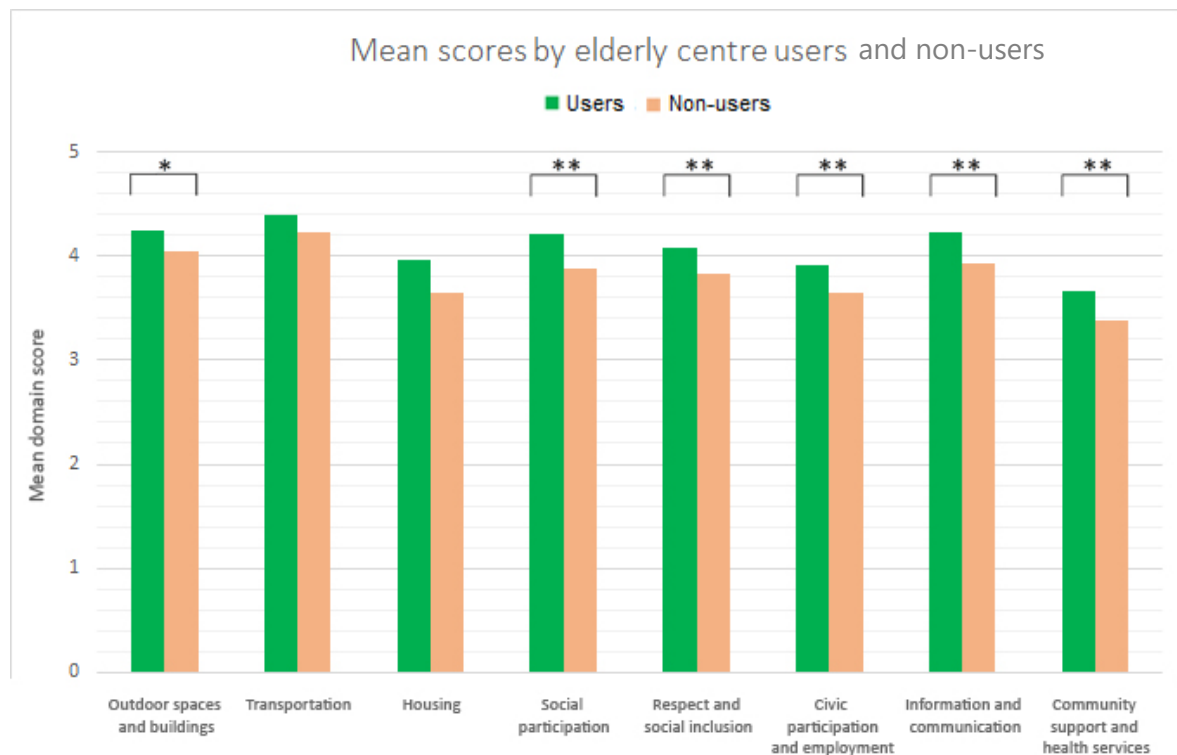
Analysed by **type of housing** where the respondents lived, those residing in private permanent housing ranked all AFC domains the lowest. Figure 3.3b shows the mean scores of AFC domains by type of housing.





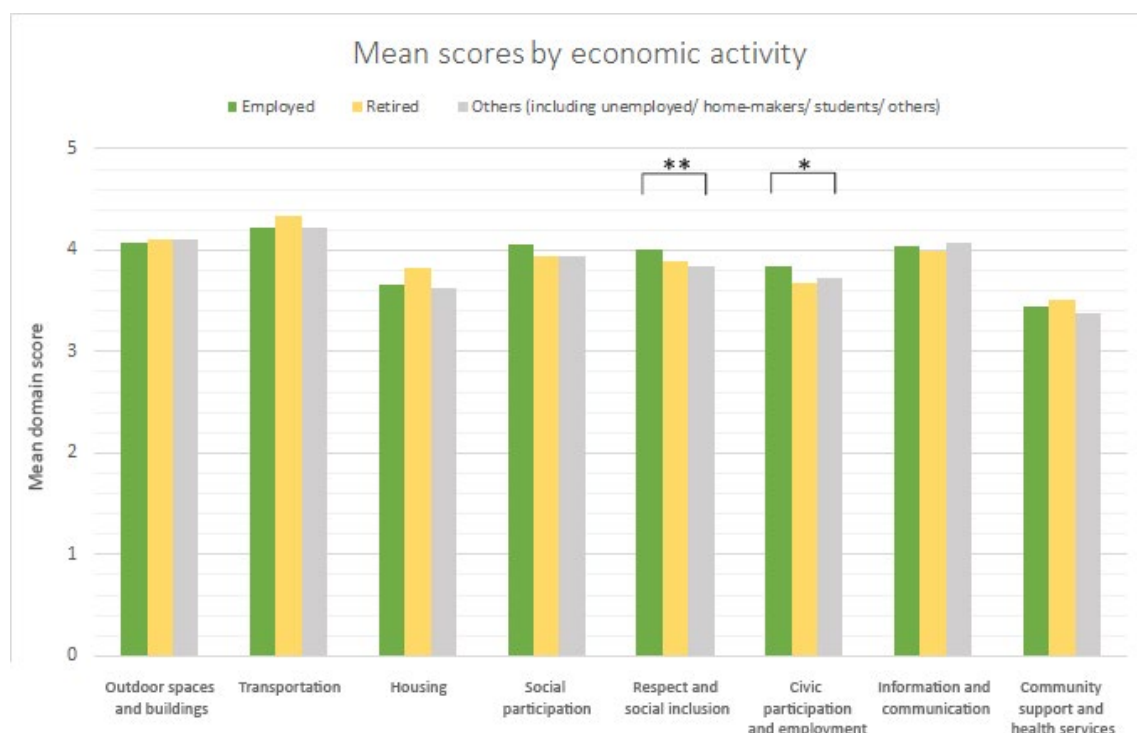
**Figure 3.3b Mean scores of the eight Age-friendly City domains by type of housing**

Analysed by **elderly centre users**, respondents who go to the centre regularly ranked all the eight domains higher than non-users. Significant trend differences in mean scores by elderly centre users were observed in Outdoor spaces and buildings, Social participation, Respect and social inclusion, Communication and information, and Community support and health services. Figure 3.3c shows the mean scores of AFC domains by elderly centre users.



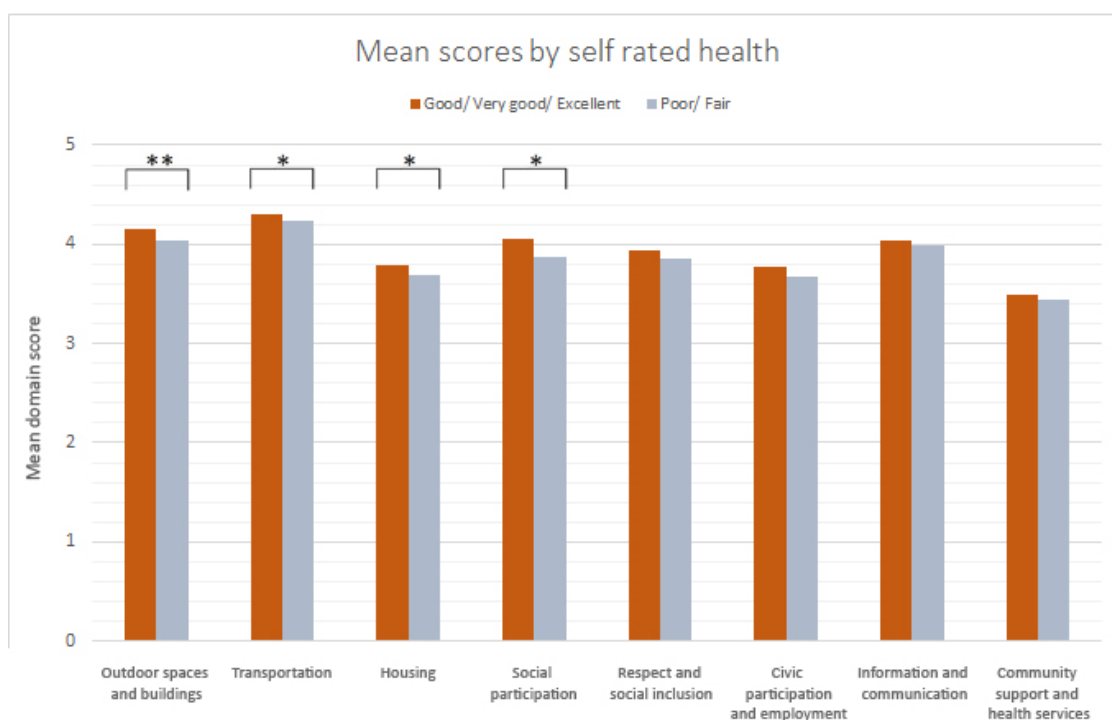
**Figure 3.3c Mean scores of the eight Age-friendly City domains by elderly centre users and non-users**

Analysed by **economic activity**, significant trend differences were observed for Respect and social inclusion, and Civic participation and employment. Figure 3.3d shows the mean scores of AFC domains by economic activity.



**Figure 3.3d Mean scores of the eight Age-friendly City domains by economic activity**

Analysed by **self-rated health**, respondents who rated their health as good/very good/excellent ranked all the eight domains higher than those who rated their health as poor/fair. Figure 3.3e shows the mean scores of AFC domains by self-rated health.



**Figure 3.3e Mean scores of the eight Age-friendly City domains by self-rated health**

## 3.2 Qualitative assessment

### 3.2.1 Socio-demographic profiles of the focus groups in Sha Tin

**Table 3.1 Sha Tin group profiles according to group size, age range, gender ratio, housing type, social vulnerability index**

Group	1	2	3	4	5
<b>N</b>	3	7	5	8	9*
<b>Age range (years)</b>	18 to 49	50 to 64	65 and above	65 and above	80 and above
<b>Gender Ratio (M:F)</b>	1:2	1:6	1:4	8	1:8
<b>Housing Type</b>	Private permanent	Public, subsidised	Private permanent	Public, subsidised	Public, subsidised
<b>Social Vulnerability Index</b>	Least vulnerable (SVI Band = I)	Average (SVI Band = III)	Less vulnerable (SVI Band = II)	Mild (SVI Band = III)	Average (SVI Band = IV)

\*Group participants primarily from elderly community centres

### 3.2.2 Age-friendliness of Sha Tin by domain

#### 3.2.2.1 Outdoor spaces and buildings

*“There is a big park and greening work is not bad. There is also the promenade near Tolo Harbour. The air there is clean without factories in the area. As Ma On Shan is a new town, barrier-free facilities are quite well-established. Sunshine City is fully equipped with barrier-free access for the visually-impaired. This area has many sheltered places, such as the shopping mall and MOSTown which has been refurbished recently. Now there are many more benches for people to rest. There are also more benches on the route connecting Saddle Ridge Garden and Kam Ying Court.”*

– Group 3, aged 65 and above, private permanent

*“The road outside Yan On Estate is extremely dangerous. There is no traffic light nor zebra crossing. It is an issue during the rush hour in the morning.”*

– Group 2, aged 50 to 64, public rental / subsidised home ownership

*“Elderly women have nowhere to sit so they have to sit on planters. Actually, there are many benches, but they are not sheltered. I can’t find a seat on rainy days. There is not a single bench in shopping malls. Sometimes I walk and become very tired, but I can’t find anywhere to sit. When we walk to the lift, we become tired and want to rest our legs, but we can’t as there is no bench.”*

– Group 5, aged 80 and above, public rental / subsidised home ownership

*“There should be one more elevator connecting to Kam Ying Court. Fu Fai Garden is at the foot of the mountain and there are two long staircases connecting to Kam Ying Court and Saddle Ridge Garden. At Saddle Ridge Garden, there is an ageing issue and there are even more older people at Kam Ying Court. Facilities like elevators can benefit the elderly so that they won’t have to walk the stairs when out doing grocery shopping.”*

– Group 3, aged 65 and above, private permanent

**Table 3.2 Advantages and barriers perceived by participants and suggestions in Outdoor spaces and buildings**

Advantages	<ul style="list-style-type: none"> <li>• Parks, green spaces and spacious outdoor spaces are available</li> <li>• Age-friendly and barrier-free facilities are available</li> <li>• Safe and clean environment</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Inadequate age-friendly and community facilities</li> <li>• Unsafe pedestrian walkways</li> <li>• Difficult to access certain services in the community</li> <li>• Unpleasant environment because of poor hygiene and noise and air pollution</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Improve community facilities in terms of quantity and age-friendliness</li> </ul>

In Sha Tin, **the availability of parks, green spaces and spacious outdoors** was perceived by participants across the groups as an age-friendly advantage since they serve as venues for leisure, recreational and social activities as well as exercise purposes. In addition, such spaces allow users to enjoy clean and fresh air, green environment, the harbour view and gardens, such as Tolo Harbour and Ma On Shan Park. **Age-friendly and barrier-free facilities** were perceived as a positive aspect for elderly people. They expressed that there were seats, benches and shelters available for them to gather and socialise in public spaces and that escalators, elevators and footbridges aided the elderly having trouble walking long distances. Moreover, they stated exercise facilities specifically for older people and other facilities, such as swimming facilities, jogging trail, ramps and handles, were age-friendly and removed obstacles to exercising. **Safe and clean environment** was perceived as an advantage and participants mentioned that public toilets in shopping malls were clean.

**Inadequate age-friendly and community facilities** were perceived as a barrier to age-friendliness in Sha Tin. Elderly people mentioned insufficient benches for them to rest and no shelters above walkway and benches so they were not protected from the sun and rain. Participants also mentioned there were insufficient exercise facilities and community services, including elderly centres and community centres. **Unsafe pedestrian walkways** were also perceived as an obstacle to age-friendliness in Sha Tin. Participants mentioned examples, such as uneven pavement surfaces, narrow roads and insufficient lighting. Sometimes, pathways become so congested that they have to walk on the bicycle tracks. They also mentioned insufficient pedestrian crossing lights and therefore they have to walk longer distances to cross the road. **Difficulty to access certain services in the community** was seen as another barrier and such services include banking (not enough bank branches) and daily necessity shopping. **Unpleasant environment because of poor hygiene and noise and air pollution** was perceived as the last barrier. Poor hygiene is caused by the persistent failure to control pests, such as mosquitoes and rats while noise and air pollution are prevalent in Hong Kong.

**Improvement of community facilities in terms of quantity and age-friendliness** was suggested across the groups. This included public toilets, escalators and elevators for footbridges and uphill areas to connect key facilities and buildings and community centres.

### 3.2.2.2 Transportation

*“Bus drivers will get off the bus and get the ramp ready for those in wheelchair. Nowadays, the bus drivers are helpful and kind ones will help push the wheelchair in the bus compartment. They will not start driving immediately until the elderly have settled themselves in the seat.”*

– Group 4, aged 65 and above, public rental / subsidised home ownership

*“Route 85K is very infrequent.”*

– Group 2, aged 50-64, public rental / subsidised home ownership

*“Route 86c and 82X are quite infrequent, running every 20 minutes only.”*

– Group 3, aged 65 and above, private permanent

*“I have to wait a long time for Route 813 (Prince of Wales Hospital).”*

– Group 5, aged 80 and above, public rental / subsidised home ownership

*“Many people retire at 60. If we have discounted fare at \$2 when we turn 60, we will go out more often.”*

– Group 2, aged 50-64, public rental / subsidised home ownership

**Table 3.3 Advantages and barriers perceived by participants and suggestions in Transportation**

Advantages	<ul style="list-style-type: none"> <li>• Good transport network connecting key destinations and neighbouring places</li> <li>• Affordable transport fares due to the government’s Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities</li> <li>• Public transport are friendly to older people and persons with disabilities</li> <li>• Some transport stops and stations are age-friendly</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Public transport stops and stations are not age-friendly enough</li> <li>• Long waiting time caused by infrequent and unreliable transport services</li> <li>• Insufficient transport connections for some areas (mainly in Fo Tan and Chun Ma)</li> <li>• Some transport drivers are inconsiderate to passengers in need and exhibit risky driving behavior</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Improve transport affordability</li> <li>• Improve the age-friendliness of transport vehicles, stops and stations and services of the drivers</li> <li>• Improve the effectiveness of bus routes</li> </ul>

In Sha Tin, **good transport network connecting key destinations and neighbouring places** was greatly appreciated across the groups. Participants perceived having **affordable transport fares due to government’s Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities** as an age-friendly advantage. In addition, **public transport is friendly to older people and persons with disabilities** as participants mentioned the use of

priority seats and availability of space for wheelchair. Some participants also mentioned that public transport drivers had a friendly attitude towards older people and disabled persons by offering help when necessary. Lastly, **some transport stops and stations are perceived as age-friendly**. Some participants reflected that the bus terminals had age-friendly facilities, such as seats and information display boards.

However, **public transport stops and stations** were perceived as **not age-friendly** enough. Participants expressed that there was a lack of shelters and seats at bus stops and waiting areas of public transport as well as lack of information display panels. **Long waiting time caused by infrequent and unreliable public transport services and insufficient transport connections for some areas (mainly in Fo Tan and Chun Ma)** were seen as barriers to age-friendliness in transportation. **Some inconsiderate transport drivers towards passengers in need and risky driving behavior** were perceived as another barrier. Participants cited driving at high speed and not stopping close to the road kerb on the part of public transport drivers. Some also mentioned that taxi drivers had personal preferences while picking up passengers and thus refused certain passengers.

Participants suggested that **affordable transport fares** should be made more widespread, including the installation of more MTR fare savers, the extension of Public Transport Fare Concession Scheme for the Elderly to older people aged 60-64 and half price discounts for them. **Improving the age-friendliness of transport vehicles, stops and stations and services of the drivers** was suggested by elderly participants. That includes the installation of elevators at MTR stations and information display panels at bus stations. Drivers were also suggested to stop close to the road kerb for the elderly to get off more easily. **The effectiveness of bus routes** was suggested to be improved, such as the development of circular routes within the district and education of the elderly to commute on appropriate routes.

### 3.2.2.3 Housing

*“Neighbours will greet each other. When I suffer pain in my legs and cannot go out to buy food, they will help me get it. Before a typhoon comes, they will help me put masking tapes on my windows.”*

– Group 5, aged 80 and above, public rental / subsidised home ownership

*“There are vendors offering household maintenance services in this district, but they are costly. They repaired the draining water pipe of my washing machine. It’s not even fixing the machine, but it still costs \$500. The screwing screws even cost \$200.”*

– Group 2, aged 50-64, public rental / subsidised home ownership

*“It’s difficult for us the elderly to find vendors to help us repair trivial household matters. They are unwilling to do so.”*

– Group 5, aged 80 and above, public rental / subsidised home ownership

*“For household maintenance services, maybe when you ask the property management office, they can make some recommendations to you.”*

– Group 1, aged 18-49, private permanent

*“Living in this area feels quite pleasant and comfortable. At least there would not be noise of people playing mahjong after midnight. It’s quiet during the day too. I’ve rarely heard of robbery crimes around here. Sometimes we are out and come home late at night but rarely hear of people getting mugged.”*

– Group 3, aged 65 and above, public housing

**Table 3.4 Advantages and barriers perceived by participants and suggestions in Housing**

Advantages	<ul style="list-style-type: none"> <li>• Comfortable living environment</li> <li>• Good neighbourhood</li> <li>• Availability of options of household maintenance in the community</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Negative experiences with maintenance issues</li> <li>• Poor estate management in some cases</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Improve household maintenance services</li> </ul>

Under the domain of Housing, **comfortable living environment** and **good neighbourhood** were appreciated by participants. Some participants also mentioned that the interior of the housing allowed flexibility to adjust to cater to the changing physical needs of the elderly. **Options of household maintenance in the community** were also perceived as an advantage in this domain.

**Negative experiences with maintenance issues** were expressed by some participants. They cited limited resources or information on household maintenance services and they mentioned high maintenance costs. **Poor estate management** was found to be a barrier to age-friendliness in the Housing domain. For example, keeping pet dogs is prohibited in public estates, but some households still do so.

**Improving household maintenance services** was suggested by participants to overcome barriers identified in housing.

### 3.2.2.4 Social participation

*“Lady MacLehose Centre, Shatin Women’s Association, voluntary groups, women’s groups, District Council members and Kai-fong welfare association also organise activities.”*

– Group 3, aged 65 and above, private permanent

*“I like joining concerts in town halls to listen to Cantonese opera and that’s my favourite activity. I will join whenever I have a ticket. It’s free.”*

– Group 4, aged 65 and above, public rental / subsidised home ownership

**Table 3.5 Advantages and barriers perceived by participants in Social participation**

Advantages	<ul style="list-style-type: none"><li>• Diverse opportunities for social participation</li><li>• Affordable community and social activities</li></ul>
Barriers	<ul style="list-style-type: none"><li>• Inadequate social activities</li></ul>

Participants perceived Sha Tin to have **diverse opportunities for social participation**. They mentioned these activities were organised by elderly centres, community centres in public housing estates, government departments like the Leisure and Cultural Services Department and District Council members. They also expressed that there were different types of social activities available. They also perceived **affordable community and social activities** as an advantage in the Social participation domain.

Across the groups, there was a general consensus that there were **inadequate social activities** and they expressed that the activities were not targeting the elderly in some communities.

### 3.2.2.5 Respect and social inclusion

*“People are quite friendly towards the elderly and whenever we go out, we see familiar faces. People in the district are willing to help others. For example, security guards will remind us to take our time walking. The general public are respectful towards older people. When you exit the lift, they will press the door open button and ask you to take your time.”*

– Group 4, aged 65 and above, public rental / subsidised home ownership

*“Activities are not too family-friendly. We may not sign up as they are not appealing for the whole family. Say there are 4 members in the household and the fee for outings for each person is about \$150. Then it adds up to about \$600, which is too expensive.”*

– Group 3, aged 65 and above, private permanent



**Table 3.6 Advantages and barriers perceived by participants and suggestions in Respect and social inclusion**

Advantages	<ul style="list-style-type: none"> <li>• Sense of respect and community inclusion</li> <li>• Sense of respect as the elderly can express opinions through different channels</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Insufficient opportunities for inter-generational interaction between older and younger members of the community and family</li> <li>• Lack of initiatives that facilitate the general public to better understand elderly needs</li> <li>• Lack of respect and friendliness</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Initiate public and school education to cultivate the culture of respect and inclusion towards older people</li> <li>• Promote a positive image of active and healthy ageing</li> <li>• Facilitate better inter-generational and inter-cultural understanding</li> </ul>

In Sha Tin, **sense of respect and community inclusion** was perceived by participants as an advantage. They expressed community members showed care to them and offered help when necessary. They mentioned that people would offer seats to them, deliver meals to their table in fast food chains and greet them in the neighbourhood. Participants also felt **sense of respect** since they could express their opinions through different channels, such as regular meetings in elderly centres with government departments and District Councilors.

**Insufficient opportunities for inter-generational interaction between older and younger members of the community and family** were perceived as a barrier to age-friendliness in the domain of Respect and social inclusion. **Lack of initiatives that facilitate the general public to better understand elderly needs** was also perceived as a barrier. Participants perceived **lack of respect and friendliness**, citing ill treatment from restaurant staff as an example.

The elderly suggested that **public and school education** should be initiated to cultivate the culture of respect and inclusion towards them. **A positive image of active and healthy ageing** should be promoted while better **inter-generational and inter-cultural understanding** should be facilitated.

### 3.2.2.6 Civic participation and employment

*“District Councilor leads us to do voluntary work and we are more than willing to do. If the task is beneficial to the whole estate and is sensible, we will do it and the District Councilor fights for many benefits for us.”*

– Group 2, aged 50-64, public rental / subsidised home ownership

*“There are jobs available in the neighbourhood, like cleaning and dish washing. However, they may not hire men to wash dishes. Labour jobs like these are easier to get. There are fewer job types after the manufacturing industry has died down. Back then, my mother’s generation could cut off the fabric thread to make a living and the industry benefited many people. Now that people are either in F&B or financial sector and there is no place for the elderly in these two industries, right? How can we work in finance when everyone has to use the computer? Even young people like you have to catch up, so it is even worse for us.”*

– Group 3, aged 65 and above, private permanent

*“I seem to be in pretty good physical shape, right? I may still get hired to be a server in Chinese dim sum restaurants for four hours, but that will hurt my joints.”*

– Group 3, aged 65 and above, private permanent

*“Older people may still be able to get a job, but it depends on what field they worked in. Or if they are professionals, they will not work as security guards and they can still land a job as their field needs people like them. In my company, we will extend their retirement age as we do need them. However, if the job can be performed by young people, older people cannot compete with them. That’s why it is hard to generalise.”*

– Group 1, aged 18-49, private permanent

*“It depends on what field they are in. If they are doctors or lawyers, the older they get, the better their chances.”*

– Group 1, aged 18-49, private permanent

*“From the perspective of a company, they put in resources to train an employee, so a young person can do the job for more years than older people. Consequently, when they promote a younger employee, the company will have one less thing to consider and it is not because you are older that they do not give you the opportunity.”*

– Group 1, aged 18-49, private permanent

**Table 3.7 Advantages and barriers perceived by participants and suggestions in Civic participation and employment**

Advantages	<ul style="list-style-type: none"> <li>• Voluntary work available</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Limited job opportunities available for older people</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Provide more employment opportunities for older people</li> </ul>

The **availability of voluntary work** was appreciated by participants engaged in it. They mentioned there was a wide range of volunteering options and platforms, including elderly centres, civic organisations, churches and community centres, and they appreciated the flexible volunteering time. They expressed engaging in voluntary work gave them positive experiences and a sense of empowerment.

Participants expressed that **limited job opportunities were available for older people** and mainly labour jobs such as security guards, cleaners and dishwashers, were available to them. They mentioned deteriorating health and physical fitness and low educational qualifications could be the main culprits for them failing to get a job. In addition, the lack of comprehensive labour insurance for older employees and perceived age discrimination were cited as barriers to employment. Working environment or job nature deemed unfavourable could be another reason why the elderly find it harder to get employment.

Participants suggested **more employment opportunities be provided for older people**. Proposed measures include offering part-time work or more flexible hours and allocating specific job tasks that are suited to their ability. The work experience of older employees should be recognised as an asset in a company. That should counteract the perception that older employees are not as competitive as younger staff members.

### 3.2.2.7 Communication and information

*“Person-to-person communications are the best. Some older people are illiterate. To make sure they get the info, staff from elderly centres will give them a call.”*

– Group 4, aged 65 and above, public rental /subsidised home ownership

*“Sometimes, I call to make a medical appointment, but they may not have any available time slot because of full booking. Then they will help me locate another clinic.”*

– Group 2, aged 50-64, public rental /subsidised home ownership

*“I heard from many older people that their phone calls don’t get through. I do not make telephone booking and tell them to be patient by pressing redialing. That means they do not have to key in the number over and over again, which is quicker.”*

– Group 2, aged 50-64, public rental /subsidised home ownership

**Table 3.8 Advantages and barriers perceived by participants and suggestions in Communication and information**

Advantages	<ul style="list-style-type: none"> <li>• Access information through different channels</li> <li>• Oral communication and person-to-person communication as a way for the elderly to receive information</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Inconvenient and time-consuming automated telephone booking system</li> <li>• Inconvenient bank services due to heavy reliance on ATM</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Provide alternatives for making appointments</li> <li>• Maintain friendly neighbourhoods and communities nearby for the dissemination of information</li> <li>• Provide elderly-related and up-to-date information and improve the accessibility of such information</li> </ul>

**Access information through different channels** was perceived as an advantage by participants in the domain of Communication and information. Participants can gain access to information through the following means: announcements of elderly centres, notice boards at community halls, public housing estates as well as District Council offices, mass media and social media. **Oral communication and person-to-person communication** was perceived as another advantage. Participants mentioned receiving information from friends, neighbours and staff at elderly centres. This is particularly useful for illiterate older people.

In terms of barriers in Communication and information, participants observed **inconvenient and time-consuming automated telephone booking system**. They reflected that their phone calls took a long time to get through and they may not understand the instructions. Even if they can get through, they cannot make a medical appointment because of full booking. **Inconvenient bank services due to heavy reliance on ATM** was also cited as a barrier to age-friendliness in this domain.

Participants suggested **alternatives for making appointments** be provided, including the set-up of direct hotlines, in-person booking and online booking. In addition, **friendly neighbourhoods and communities nearby** were suggested to be nurtured for the dissemination of information. This will be particularly useful for singleton elderly or those who do not go to district elderly centres. More attention should be paid to these groups of people. **Elderly-related and up-to-date information should be provided and accessibility of such information should be improved**. For instance, bus arrival times can be indicated at bus stops and LCD monitors can be installed at public areas of residential buildings to display elderly-related information.

#### 3.2.2.8 Community support and health services

*“I use health care vouchers when I see a private doctor and it is useful. I can also use the vouchers for dental services, including check up and cleaning.”*

– Group 4, aged 65 and above, public rental / subsidised home ownership

*“Public hospitals are not too bad. There are so many people, so longer waiting time is understandable.”*

– Group 4, aged 65 and above, public rental / subsidised home ownership

*“They charge more if I use the health care vouchers.”*

– Group 4, aged 65 and above, public rental / subsidised home ownership

*“They should indicate the fee for each item, such as consultation and prescribed medicine for the number of days. That way, doctors will not charge more than they should.”*

– Group 2, aged 50-64, public rental / subsidised home ownership

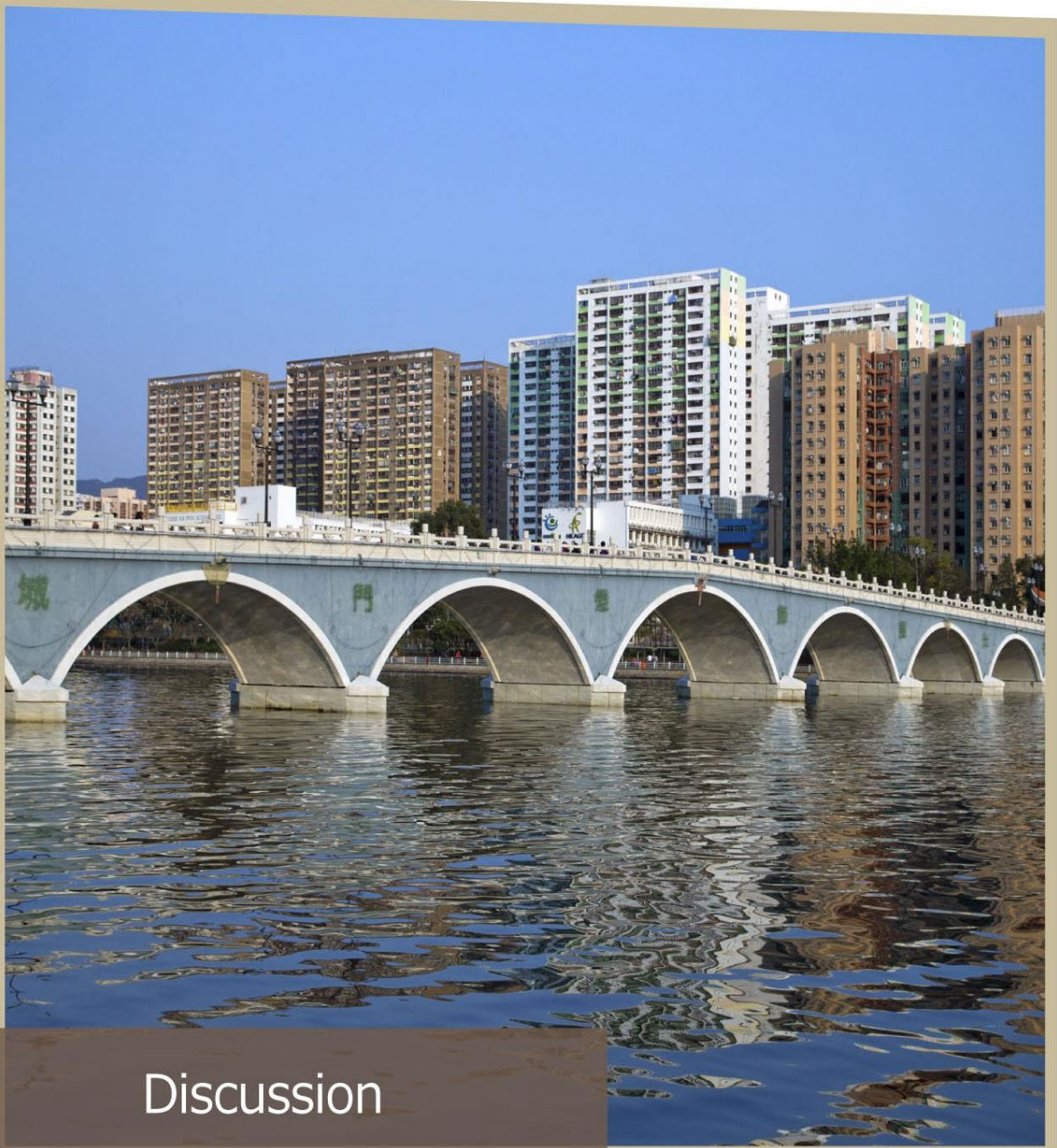
**Table 3.9 Advantages and barriers perceived by participants and suggestions in Community support and health services**

Advantages	<ul style="list-style-type: none"> <li>• Affordable medical and health services, especially for people aged over 70</li> <li>• Generally available and accessible medical and health services</li> <li>• Community support services provided by elderly centres</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Insufficient community support services in some old estates</li> <li>• Limitations of medical and health services</li> <li>• Discontent with the costs and charges of medical services</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Enhance the scheme of health care vouchers</li> </ul>

Participants of Sha Tin groups found **affordable medical and health services**, especially for people aged over 70, an advantage in the domain of Community support and health services. They appreciated the provision of health care vouchers as a form of government support and found them easy to use. In addition, they found **medical and health services generally available and accessible**. They mentioned Chinese medical practitioners, physicians and elderly health clinics were available in the community. **Community support services provided by elderly centres** were also perceived as an advantage. Such services include meal delivery, home-help services, home visits, referral services and escort services when they need to attend a medical appointment.

**Insufficient community support services in some old estates** were observed by participants in Sha Tin. They also found **limitations of medical and health services**, one of them being long waiting time for clinics and hospitals. Participants were **discontent with the costs and charges of medical services** as the fees of consultation and other items in private hospitals are not transparent. Furthermore, some private doctors take advantage of the health care voucher scheme and charge higher prices than normal. The elderly expressed that the amount of vouchers was not adequate to cover dental and general medical expenses.

Participants suggested **the scheme of health care vouchers be enhanced**. For example, the fees for each item, including consultation and prescribed medicine, should be clearly indicated so as to prevent private doctors from taking advantage of the scheme and charging more than normal.



## Discussion

## 4. Discussion and recommendations

### 4.1 Comparisons between baseline and final assessments

Table 4.1 shows the mean score and rank differences between the baseline assessment and the final assessment for Sha Tin carried out in 2015 and 2018 respectively. A higher score was observed for Respect and social inclusion, Civic participation and employment, and Communication and information. A lower mean score was observed for Outdoor spaces and buildings, Transportation, Housing, Social participation, and Community support and health services.

**Table 4.1 Comparisons of mean scores and ranks in baseline and final assessments**

AFC domains	Baseline mean	Baseline rank	Final mean	Final rank	Mean difference (Final – Baseline)	Rank difference (Final – Baseline)	Sig. of mean difference
Outdoor spaces and buildings	4.27	2	4.10	2	(0.17)	--	*
Transportation	4.35	1	4.28	1	(0.07)	--	
Housing	3.76	6	3.74	6	(0.02)	--	
Social participation	4.12	3	3.97	4	(0.15)	-1	*
Respect and social inclusion	3.88	5	3.90	5	0.02	--	
Civic participation and employment	3.64	7	3.73	7	0.08	--	
Communication and information	3.97	4	4.02	3	0.05	+1	
Community support and health services	3.62	8	3.47	8	(0.15)	--	*

### 4.2 Recommendations

In the following section, recommendations regarding the eight AFC domains are presented based on the observations from both questionnaire survey and focus groups.

#### 4.2.1 Outdoor spaces and buildings

Outdoor spaces and buildings was the second highest ranked domain in Sha Tin. Residents were generally satisfied with the cleanliness of public areas and sufficiency of green spaces and outdoor seating, except that some older respondents expressed that the environment was unpleasant because of poor hygiene and noise and air pollution. Moreover, focus group interviews revealed that the elderly had difficulty accessing certain services in the community and the pedestrian walkways were not safe. One participant said that the roads were dangerous due to the lack of traffic lights and zebra crossings.

With the ageing population projected to accelerate rapidly in the next two decades, particularly in the following ten years, there needs to be an on-going effort to safeguard this domain. The Planning Department sets out with the mission to make Hong Kong a better place to live and work in so that it will remain a livable, competitive and sustainable “Asia World City”. However, in its comprehensive strategy study on the territorial development strategy titled “Hong Kong 2030+: Towards a Planning Vision and Strategy Transcending 2030” (Planning Department, HKSAR Government, 2016), little, if not none, emphasis of strategic city planning is placed on specific demographic changes and ageing trends although it recognises the issues of the ageing population facing the territory regarding land uses (such as housing, community facilities, open spaces and hospitals). In order to enhance liveability for the Hong Kong population in the long run, more efforts and resources must be put into the city planning for the elderly.

Based on the findings of this report, enhancement works in Outdoor spaces and buildings are necessary to ensure the safety of the elderly. For example, there should be sufficient lighting, smoother and safer road surfaces, more ramps instead of staircases and prominent signs with bigger font size to help them navigate both indoors and outdoors. Some participants also expressed that the installation of elevators and escalators was imminent in some estates in Ma On Shan because there were more and more elderly residents. In addition, outdoor spaces serve as a gathering spot for older people and more sheltered seats and areas are therefore essential for them to maintain a social life, regardless of the weather.

In order to meet the elderly’s specific needs and gauge the effectiveness of enhanced works, civic participation is crucial and their views have to be collected regularly and submitted to the District Councils which are mandated to advise the Government on matters affecting the well-being of people in the district and the use of public funds allocated to the district for local public works and community activities. Under the supervision of Home Affairs Bureau, District Councils initiate and endorse minor works projects to improve local facilities, living environment and hygienic conditions with funding of the District Minor Works programme fully launched in the 18 districts in January 2008. The programme covers minor building works, fitting out works and minor alterations, additions and improvement works including furniture and equipment replacement incidental to such works, and slope inspections and minor slope improvement works in respect of district facilities under the purview of the District Councils.

#### 4.2.2 Transportation

Sha Tin residents ranked this domain the highest. Respondents aged 65 and above rated transportation significantly higher than other age groups probably because they can enjoy the public transport concessionary fare of \$2 per trip. In light of the fact that many people retire at 60, the feasibility of a fare reduction can be explored in order for retirees aged 60-64 to pay half fare or better still, \$2 per trip. The reduced fare can motivate this age group most likely to be still reasonably fit and active to participate in community activities in other districts, which also fulfils the aim of the public transport fare concession scheme.



One participant of the focus groups stated that he would go out more often if he had to pay \$2 only for each public transport ride.

### 4.2.3 Housing

In terms of age-friendliness of housing, this domain was ranked the 6<sup>th</sup>, which leaves much room for improvement. In general, residents were satisfied with the comfortable living environment and good neighbourhood. Household maintenance is the top issue that has to be addressed in order to make the living environment safe for the elderly and some focus group respondents expressed negative experiences with household maintenance issues. Some measures are particularly crucial to meet the needs of the ageing elderly, including the installation of bathroom grab bar, fitting of non-slip floor and brighter lighting. These enhancement works undoubtedly involves expenses. However, some older people cannot afford it while some are not inclined to spend money on such enhancement works. The Hong Kong Housing Society (HKHS) set up the Elderly Resources Centre (ERC) in 2005 to promote the concept of “age-friendly home” so that “ageing in place” can be achieved.

In 2012, it launched the Ageing-in-Place (AIP) Scheme covering five domains of service, with one being home safety. For this particular domain, home environment assessments were conducted and home modification and remodeling were carried out where necessary with occupational therapists. In 2015-2017, the scheme was extended to all 20 of the HKHS rental estates and more than 2,000 home modification assessments were carried out. Therefore, the government should consider scaling up the good practice of home modification to all estates, especially private old buildings where many older people are residing. In fact, the Comprehensive Study on the Housing Needs of the Elderly in Hong Kong (Hong Kong Housing Society, HKSAR Government, 2015) points out that elderly people of low-middle income may be the most deprived group of elderly people under the current housing policies. Their assets exceed the limit for them to be allocated public rental housing, but they cannot afford decent private accommodation. They live in poor quality property where domestic accidents and injuries might happen to them. A collaborative engagement model can be explored – for instance, the government would identify elderly households through existing database, partners would provide funding and NGOs would conduct professional home assessments tapping on its own home-help services and contractors to provide home modification work. Consulting from architecture faculties in universities and building institutes can be sought when necessary.

A long-term scheme should be implemented to subsidise older people aged 60 and above for household maintenance, whether they live alone or with the other half. Existing schemes, such as elderly support and empowerment programmes run by community centres under Community Investment and Inclusion Fund and other projects funded by HSBC, are operated on a project-to-project basis and therefore do not ensure that older people aged 60 and above are eligible for partial or full household maintenance subsidies. On the other hand, the government can consider funding social enterprises that set out to operate home modification services for older people to work out a self-sustaining business

model to support long-term needs. Collaboration with Construction Industry Council to recruit retired construction workers with license on technical skills can provide home modification works for the elderly while fostering employment of young-olds.

For older people who live alone or with their other half, they may not be able to fix faulty electrical appliances or change their own light bulbs. Some home modification companies dismiss these tasks as trivial and will not take them on. Some unscrupulous companies may even charge the elderly higher prices than normal. A logo award scheme can be established to recognise companies providing reputable and reliable home modification services for the elderly. Consequently, the elderly can look for the logo when finding a service provider. A district directory listing the awarded companies and those offering reliable services in the neighbourhood can be compiled to provide handy information for the elderly and their family.

#### 4.2.4 Social participation

Social participation was ranked the 4<sup>th</sup> by Sha Tin residents. Respondents living in public housing, living alone and those who self-rated themselves as relatively healthy, use the elderly centres regularly and have sufficient finances rated this domain significantly higher. Interestingly, when examining this domain in greater detail, a significant difference in the social participation scores by elderly centre users and non-users was found. More resources should therefore be funneled to target non-users to boost their social participation. Table 4.2 shows the scores by these two groups.

		N	Mean (SD)
Use of elderly community centres in the past 3 months	No	359	3.89 ( $\pm 0.89$ )***
	Yes	152	4.21 ( $\pm 0.79$ )***

\*\*\*p<.001

**Table 4.2 Mean scores of Social participation by elderly centre users and non-users**

Given the fact that the elderly these days are better educated than the previous generations, the scope and type of community activities they can engage in should be re-evaluated and developed so that their knowledge, skills and ability can be utilised. Some older people can participate in mentorship programmes to share their work experience and life wisdom with young people. They can also take on more challenging and meaningful voluntary work to expand their social participation and involvement. It is important to take note of the sampling method of this study that collects views of the elderly from three major types of housing, instead of collecting questionnaires in elderly centres solely. The findings therefore portray a more representative picture of the real situation facing older people in the city. It has been observed that promotion of community activities is in fact not adequate in private housing. Different promotion strategies are recommended to spread such information to the elderly and social media platforms can be employed to keep older people abreast of the latest happenings in the district.

#### 4.2.5 Respect and social inclusion

In terms of age-friendliness of Respect and social inclusion, this domain is ranked the 5<sup>th</sup>. Elderly living in public housing, elderly centre users and those who are financially sufficient rated this domain significantly higher. As older people are generally viewed as physically feeble, vulnerable and sometimes a ‘burden’ on families and society as a whole, this deep-seated negative misperception has to be eradicated in order for respect for the elderly to be engendered. One participant expressed that they received average services in banks and Chinese restaurants and some participants mentioned there were not enough inter-generational activities. Some participants said that their children had grown up and had their own social lives.

The Social Welfare Department launched the “Opportunities for the Elderly Project” (OEP) in 1998-1999. Since 2003, the project has been subsidising various social service organisations, district organisations, and educational institutes, etc. to provide opportunities for the elderly to get involved to cultivate a sense of worthiness. Since 2012, a specific theme is designated for the project and the theme for 2018-20 is “Neighbourhood support warms the heart Generational ties please the soul”. It aims to foster mutual care and support in the neighbourhood, promote the development of an age-friendly community and build an inclusive and caring society as part of their ongoing efforts. On top of these thematic- and district-based campaigns, understanding, mutual respect and acceptance of different generations should be nurtured on a societal level. A long-term territory-wide campaign is therefore recommended to foster more respect and social inclusion of the elderly.

In addition, the elderly’s contributions to Hong Kong need to be recognised and publicised through creative means to bridge the gap between them and young people. Such an initiative can nurture a positive view of ageing in the community. As the educational level of the elderly is higher than previous generations and so their knowledge, skills and life experience can be put to good use for younger generations. For example, they can become tutors for school children and take on administrative tasks at NGOs or institutions. Social programmes can also be set up to empower them with skills in using digital technology so as to narrow the generation gap.

#### 4.2.6 Civic participation and employment

In terms of age-friendliness of Civic participation and employment, this domain is ranked the 7<sup>th</sup>. In view of the ageing population and low birth rate in Hong Kong, elderly employment needs to be addressed. Otherwise, it will pose a huge challenge on both social and financial support of society. Some participants of the focus groups expressed that mainly labour jobs, such as dishwashing and cleaning, were available and one participant said he would not do this kind of jobs. Some participants said that they experienced age discrimination when it comes to employment mainly due to poorer appearance and

physical conditions than young people. Job opportunities that offer flexibility in working hours and job duties will help the elderly continue contributing to society and to feel valued. As many older people are reasonably healthy and active, they can continue to participate in the workforce for longer period of time. Retirement age can thus be extended to 65 and insurance policies can be evaluated and modified to cater to this need.

More widespread promotion of the Employment Programme for the Elderly and Middle-aged can be carried out to encourage employers to hire job seekers aged 60 and above where they can get up to \$4000 per month as an on-the-job training allowance. On the other hand, for certain self-employed jobs, such as home helpers and maternity helpers aged 60 and above, current insurance policies do not cover them and block their employment opportunities. Insurance policies should be revised to accommodate the trend.

The feasibility of an incentive scheme can be explored to encourage companies to hire elderly staff as their work experience and skills can serve as great assets. The scheme will recognise companies and organisations that put consistent efforts into demonstrating good corporate social responsibility and creating a more inclusive society.

As for civic participation, a similar scheme to the Member Self-recommendation Scheme for Youth (MSSY) can be implemented for the elderly. MSSY was initiated in October 2017 to encourage participation of young people in policy discussion and debate. People aged 18-35 can self-nominate to become members of the specified government advisory committees through the scheme. MSSY rolls out twice every year and includes boards and committees covering a wide spectrum of policy areas. If a similar scheme is in place for the elderly, they can then express their views and enhance elderly policies.

#### 4.2.7 Communication and information

In terms of communication and information, Sha Tin residents living in public housing and having sufficient finances and elderly centre users rated it significantly higher. According to the Census and Statistics Department (Census and Statistics Department, HKSAR Government, 2018b), the rate of having knowledge of using PC increased remarkably in 2016 and 2017 for persons aged 55-64 (from 77.0% to 81.5%) and for those aged 65 and above (from 34.5% to 37.4%). More people were using smartphone and the increase was particularly remarkable among the elderly. The rate of having smartphone for persons aged 65 and above was 52.1%. About one in two persons aged 65 and over had smartphone in 2017, compared to only around two in five persons aged 65 and over in 2016. A remarkable increase was also observed for the use of Internet during the 12 months before enumeration among persons aged 55-64 (from 87.7% to 92.5%) and those aged 65 and over (44.0% to 51.2%). In view of the drastic increase in the use of PC, smartphone and Internet among the elderly, the Hong Kong Government should follow the example of other countries to operate courses to empower the elderly on the correct use of social media and smartphone. In addition, it can explore partnering with telecommunications companies to launch phones and services customised for people over 65 years old. In South Korea, redesigned

smartphones have simpler main screen interface, reduced sensitivity of the touchscreen and emergency call function that will automatically contact a preset list of numbers, such as close family and friends, if the device is not used for either 12 or 24 hours.

Information related to community matters is often disseminated via printed materials, such as posters and leaflets, and thus the effectiveness of communicating such information is highly dependent on age, level of literacy, community bondage, and membership of elderly centres of NGOs. More strategic information dissemination is recommended so that community matters can reach older people more effectively. In addition, collaboration with District Elderly Community Centre (DECC), Neighbourhood Elderly Centre (NEC) and Integrated Home Care Services (IHCS) should be strengthened since their social workers and other staff members can become effective agents to spread important information via face-to-face interactions with the elderly. Notice boards can be put up at venues where the elderly frequently visit, such as wet markets, supermarkets and parks. Moreover, security guards of each housing block could assist in distributing essential community information since they come into direct contact with the elderly and they may even be familiar with the needs of older residents through daily interactions. This will be particularly useful if there are restrictions regarding posting announcements and distributing leaflets in the estate.

#### 4.2.8 Community support and health services

Community support and health services domain was the lowest ranked AFC domain in Sha Tin. Those living in public housing and are financially sufficient, and elderly centre users rated this domain significantly higher. Undoubtedly, with the ageing population, demand for public healthcare services will keep rising and there is the imminent need to enhance the provision of the services. The current primary care is far from satisfactory and has to be overhauled immediately. There are extremely long queues at general out-patient clinics (GOPC) every day. Waiting time for first specialist out-patient clinics (SOPC) consultation can take months and even years. To ease the burden on overstretched public hospitals, a pilot District Health Centre (DHC) in Kwai Tsing District will be carried out by the third quarter in 2019 (Legislative Council, 2018). The centre will focus on four types of services: health promotion, assessment, chronic disease management and community rehabilitation. A flat-rate subsidy for each medical consultation will be offered, but it will be left to the discretion of the doctors to decide whether to charge patients extra for medications. There will be a cap on fees paid by patients for other health services, such as those offered by physiotherapists and occupational therapists. Setting up the pilot District Health Centre is a step in the right direction and fees should be kept at an affordable level.

Better triage can be achieved through simplification and modification of GOPC telephone appointment system that are found complicated for use by some elderly. More extensive promotion of relevant projects such as Jockey Club Community eHealth Care Project, the first territory-wide elderly care support integrating health technology, community care and professional support, is suggested so as to empower individuals in health self-management and establish elderly centres as the first point of contact for detecting and addressing the

health and social needs of the elderly. As dental conditions are of paramount importance to an individual's health and many older people have issues with their teeth, the current Elderly Health Care Voucher Scheme is recommended to be re-examined to cover a wider-range of dental services.

### **4.3 Conclusion**

With the initiation and funding by the Trust, the JCAFC Project has helped build momentum in the district to arouse public awareness and encourage community participation in building an age-friendly city in Hong Kong. However, enhancing the age-friendliness of the eight domains needs to be an on-going and long-term effort. In addition to the bottom-up approach adopted in the community, we believe that top-down support with corresponding policies, guidelines and resources will help boost AFC momentum on the societal level.

The baseline assessment conducted three years ago has provided crucial pointers on the barriers to age-friendliness in each domain and district programmes have been set up for the elderly. However, not all domains have observed improvement in the mean scores. One of the possible reasons is that the interviewees who took part in both quantitative and qualitative assessments were not participants of the district-based programmes. Although the district-based programmes reached more than 6,800 direct beneficiaries over the past three years, the number is still very small compared to the whole population of Sha Tin. More resources therefore have to be channeled in the eight domains, particularly in the lowest-ranked domains. In addition, more preventive measures have to be conceived to tackle the various challenges of the ageing population.

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## Demographic Characteristics of Sha Tin District in 2011 and 2016

Population characteristics	Sha Tin District							
	2016				2011			
	55-64		≥65		55-64		≥65	
	n	(%)	n	(%)	n	(%)	n	(%)
<b>Population size</b>	98614	--	105219	--	92172	--	72285	--
<b>Marital status</b>								
Never married	6722	(6.8%)	2316	(2.2%)	3889	(4.2%)	1426	(2.0%)
Ever married <sup>(1)</sup>	91472	(93.2%)	102903	(97.8%)	88283	(95.8%)	70859	(98.0%)
<b>Educational level</b>								
Primary and below	39818	(40.3%)	69488	(66.0%)	40003	(43.4%)	50310	(69.6%)
Secondary	42204	(42.7%)	26666	(25.3%)	42171	(45.8%)	16614	(23.0%)
Post-secondary	16792	(17.0%)	9065	(8.6%)	9998	(10.8%)	5361	(7.4%)
<b>Economic activity status</b>								
Employed	51841	(52.6%)	10368	(9.9%)	43125	(46.8%)	4806	(6.6%)
Home-makers	13341	(13.5%)	3885	(3.7%)	14376	(15.6%)	3257	(4.5%)
Retired persons	23539	(23.9%)	82813	(78.7%)	26601	(28.9%)	57781	(79.9%)
Others	9893	(10.0%)	8153	(7.7%)	8070	(8.8%)	6441	(8.9%)
<b>Monthly employment earnings (HK\$)</b>								
<10,000	11752	(22.6%)	4332	(41.4%)	19047	(44.2%)	2856	(59.4%)
10,000-29,999	29631	(56.9%)	4287	(40.9%)	17639	(40.9%)	1220	(25.4%)
≥30,000	10 700	(20.5%)	1856	(17.7%)	6439	(14.9%)	730	(15.2%)
<b>Domestic household size <sup>(2)</sup></b>								
1	6797	(7.1%)	12183	(12.1%)	5254	(5.8%)	7270	(10.7%)
2-3	53435	(55.9%)	63423	(63.2%)	48155	(53.5%)	40793	(60.1%)
≥4	35424	(37.0%)	24736	(24.7%)	36607	(40.7%)	19808	(29.2%)
<b>Place of work <sup>(3)</sup></b>								
In Sha Tin	10103	(31.8%)	1680	(27.1%)	10693	(30.5%)	1052	(27.4%)
In other districts	21685	(68.2%)	4511	(72.9%)	24324	(69.5%)	2794	(72.6%)
<b>Internal migration <sup>(4)</sup></b>					45-64		≥65	
Internally migrated <sup>(5)</sup>	N.A	--	N.A	--	21004	(10.0%)	5453	(7.5%)
Internally not migrated <sup>(6)</sup>	N.A	--	N.A	--	189331	(90.0%)	66832	(92.5%)
Notes:								
The 2016 By-census does not cover marine population. Unless otherwise specified, the figures include persons living in institutions.								
The 2011 Population Census does not cover marine population. Unless otherwise specified, the figures include persons living in institutions.								
Unless otherwise specified, population aged 55 and above residing in Sha Tin is included.								
Owing to rounding of figures, there may be slight discrepancy between the sum of individual items and the total.								
(1) Including those married, widowed and divorced/separated.								
(2) Excluding mobile residents and persons living in institutions.								
(3) Figures refer to working population resided in Sha Tin by place of work.								
(4) Figures refer to population resided in Sha Tin by whether internally migrated over the past 5 years. Internal migration refers to internal movement of residence								
(5) Internally migrated refers to change of area of residence over to past 5 years from Hong Kong Island, Kowloon, New Towns or other areas in the New Territories to their current residence in Sha Tin.								
(6) Internally not migrated refers to no change of area of residence over the past 5 years. The figures consist of persons who remained in the same address, moved home within the same area, and lived outside Hong Kong 5 years ago.								
Remarks:								
N.A. Not available								
-- Percentages not computed								
Sources: Census and Statistics Department								

## Summary of District-based Programmes in Sha Tin

## Annex 2

<b>BATCH I</b>					
<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Programme content</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct beneficiaries</b>
Jockey Club Age-friendly City Project - Cross-Generation Fun with Ageing (Jockey Club Centre for Positive Ageing)	<ul style="list-style-type: none"> <li>To encourage teenagers to care for the elderly in the district and promote cross generational integration</li> <li>To encourage elderly to actively participate in the community</li> </ul>	<ul style="list-style-type: none"> <li>Training sessions to students on communication with dementia elderly</li> <li>Training sessions to students on music and 1 training on play therapy</li> <li>Student practicum on music therapy</li> <li>Student practicum on play therapy</li> <li>Sharing ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Social participation</li> <li>Respect and social inclusion</li> <li>Community support and health services</li> <li>Communication and information</li> </ul>	\$150,000	200
Jockey Club Age-friendly City Project – Smart Healthy Exercise Programme (Sik Sik Yuen Ho Tai Neighbourhood Centre for Senior Citizens)	To encourage exercise by elders to prevent physical and cognitive decline	<ul style="list-style-type: none"> <li>Training workshop (Smart Eight Style and Smart Yoga)</li> <li>Pre- and post-assessment tests on health (including personal data, lifestyle, frailty, self-assessment on health status, life satisfaction, cognitive assessment, physical and fitness tests)</li> <li>Promotion events in elderly centres and in schools (Smart Eight Style and Smart Yoga)</li> <li>Talks</li> <li>Activity day</li> </ul>	<ul style="list-style-type: none"> <li>Social participation</li> <li>Respect and social inclusion</li> </ul>	\$350,000	1,500
<b>BATCH II</b>					
<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Activities</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct beneficiaries</b>
Jockey Club Age-friendly City Project – Experience Never Gets Old: Second Career in NGO (ELCHK Shatin District Community Centre for the Golden-Aged)	<ul style="list-style-type: none"> <li>To promote active ageing through participation in community and employment</li> <li>To promote good health and positive attitude of life</li> <li>To support elderly in need</li> </ul>	<ul style="list-style-type: none"> <li>Pre-service training, including knowledge of dementia, skills in caring elder with dementia &amp; visitation</li> <li>Placement in elderly care services</li> <li>Mid-term evaluation meeting</li> <li>Award &amp; sharing ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Civic participation and employment</li> <li>Community support and health services</li> <li>Civic participation and employment</li> </ul>	\$260,769	2,716

Jockey Club Age friendly City Project – Fun With Elderly and Youth (Hong Kong Children and Youth Services)	<ul style="list-style-type: none"> <li>To nurture young people's understanding of elderly</li> <li>To demonstrate the abilities and potentials of young old</li> <li>To broaden social life of retired elderly</li> </ul>	<ul style="list-style-type: none"> <li>Mentorship training workshop for the elderly</li> <li>Volunteer training camp</li> <li>Intergeneration volunteer training in three aspects, home modification group, dog training group &amp; hair cutting group</li> <li>Direct service to elderly in need in 22 sessions</li> <li>Award and sharing ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Social participation</li> <li>Respect and social inclusion</li> </ul>	\$214,500	191
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### BATCH III

Programme (Organiser)	Objectives	Activities	AFC domains	Approved funds	No. of direct beneficiaries
Jockey Club Age-friendly City Project – Life • Healthy - An Integrative Body-Mind-Spirit Intervention for Building Friendship between the Elderly and Youth (The Hong Kong Federation of Youth Groups Lung Hang Youth S.P.O.T)	<ul style="list-style-type: none"> <li>To demonstrate the abilities and potentials of elderly in the community</li> <li>To promote cross generational integration</li> <li>To increase the knowledge and awareness of mental health in community</li> </ul>	<ul style="list-style-type: none"> <li>“Life • Healthy Body-Mind-Spirit” Talk</li> <li>Different workshops for promoting message of respect and social inclusion</li> <li>Snap experience (自拍體驗館)</li> <li>“Life • Healthy Body-Mind-Spirit” Exhibition in schools and community</li> </ul>	<ul style="list-style-type: none"> <li>Social participation</li> <li>Respect and social inclusion</li> </ul>	\$99,300	555
Jockey Club Age-friendly City Project – Safety Housing for Elderly (Sha Tin) 2018 (Tung Wah Group of Hospitals Wilson T.S. Wang District Elderly Community Centre)	<ul style="list-style-type: none"> <li>To promote active ageing through participation as volunteers</li> <li>To support elderly in need of home modification</li> </ul>	<ul style="list-style-type: none"> <li>Train home modification ambassadors as volunteers (including AFC ambassadors) with practicum</li> <li>Age-friendly housing promotion with public talks and ambassadors training</li> <li>Home modification for the elderly in need</li> <li>Sharing and award ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Housing</li> </ul>	\$264,500	320
Jockey Club Age-friendly City Project – Love and Care Team (Yan Oi Tong HK Toi Shan Association Neighbourhood Elderly Centre)	<ul style="list-style-type: none"> <li>To enable the young old to have knowledge and skills in supporting service for the elderly in the community</li> <li>To support elderly in need, especially those with dementia and their carers</li> </ul>	<ul style="list-style-type: none"> <li>Physiotherapy training to young-old volunteers</li> <li>Occupational therapy training to young-old volunteers</li> <li>Cognitive training and exercise with elderly in need</li> <li>Tour guide training and service</li> <li>Production of walking trails map</li> <li>Sharing and closing ceremony</li> </ul>	<ul style="list-style-type: none"> <li>Social participation</li> <li>Respect and social inclusion</li> <li>Community support and health services</li> </ul>	\$135,581.5	406



計劃夥伴 Project Partner:



香港中文大學  
The Chinese University of Hong Kong



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

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The Hong Kong Jockey Club Charities Trust  
同心·同步·同進 RIDING HIGH TOGETHER

問卷編號： \_\_\_\_\_

問卷完整性：  部分完成  整份完成

調查方式：  面談  電話訪問  自行填寫

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

## 「賽馬會齡活城市計劃」問卷調查

篩選問題：

1. 年齡： \_\_\_\_\_
2. 性別：男 / 女
3. 於現址連續居住六個月或以上：是 / 否
4. 住宅地區

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

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



計劃夥伴 Project Partner:



策劃及捐助 Initiated and funded by:



## 賽馬會齡活城市計劃 參加者同意書

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

### 研究目的

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

### 程序

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

### 風險

是次研究並不存有已知的風險。

### 利益

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

### 私隱

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

### 參與及退出

參與純屬自願性質，您可隨時退出而不會對您造成負面影響。

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

如您明白以上內容，並願意參與是項研究，請簽署以下之同意書。

姓名： \_\_\_\_\_  
簽署： \_\_\_\_\_  
日期： \_\_\_\_\_  
批准研究到期日： \_\_\_\_\_ 2018年 12月份

主要屋苑包括:

大埔 - 大埔滘

<input type="checkbox"/> (1001) 美援新村	<input type="checkbox"/> (1002) 雍怡雅苑	<input type="checkbox"/> (1003) 滌濤山	<input type="checkbox"/> (1004) 鹿茵山莊
<input type="checkbox"/> (1005) 大埔寶馬山	<input type="checkbox"/> (1006) 天賦海灣	<input type="checkbox"/> (1007) 溢玥.天賦海灣	<input type="checkbox"/> (1008) 翡翠花園
<input type="checkbox"/> (1009) 海景山莊	<input type="checkbox"/> (1010) 上碗窩	<input type="checkbox"/> (1011) 承峰	<input type="checkbox"/> (1012) 海鑽.天賦海灣
<input type="checkbox"/> (1013) 皇御山	<input type="checkbox"/> (1014) 悠然山莊	<input type="checkbox"/> (1015) 盈峰翠邸	<input type="checkbox"/> (1016) 桃源洞
<input type="checkbox"/> (1017) 新翠山莊	<input type="checkbox"/> (1018) 康城花園	<input type="checkbox"/> (1019) 庭峰居	<input type="checkbox"/> (1020) 龍城堡
<input type="checkbox"/> (1021) 雍怡小築	<input type="checkbox"/> (1022) 疊翠豪庭	<input type="checkbox"/> (1023) 逸龍灣	<input type="checkbox"/> (1024) 怡翠山莊
<input type="checkbox"/> (1025) 皇悅居	<input type="checkbox"/> (1026) 豪成半山花園	<input type="checkbox"/> (1027) 新麗花園	<input type="checkbox"/> (1028) 山頂花園
<input type="checkbox"/> (1029) 偉景臺	<input type="checkbox"/> (1030) 興康臺	<input type="checkbox"/> (1031) 蔚海山莊	<input type="checkbox"/> (1032) 逍遙雋岸
<input type="checkbox"/> (1033) 南苑	<input type="checkbox"/> (1034) 松苑	<input type="checkbox"/> (1035) 黃宜坳	<input type="checkbox"/> (1036) 大埔滘其他

大埔 - 林村谷

<input type="checkbox"/> (1037) 林村谷	<input type="checkbox"/> (1038) 梅樹坑	<input type="checkbox"/> (1039) 帝欣苑	<input type="checkbox"/> (1040) 泰亨
<input type="checkbox"/> (1041) 泰亨豪園	<input type="checkbox"/> (1042) 大埔花園	<input type="checkbox"/> (1043) 林村谷其他	

大埔 - 運頭塘

<input type="checkbox"/> (1044) 景雅苑	<input type="checkbox"/> (1045) 德雅苑	<input type="checkbox"/> (1046) 運頭塘邨	<input type="checkbox"/> (1047) 逸雅苑
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大埔 - 康樂園

<input type="checkbox"/> (1048) 鳳園	<input type="checkbox"/> (1049) 下坑	<input type="checkbox"/> (1050) 康樂園	<input type="checkbox"/> (1051) 九龍坑
<input type="checkbox"/> (1052) 樂賢居	<input type="checkbox"/> (1053) 新圍仔	<input type="checkbox"/> (1054) 大埔頭水圍	<input type="checkbox"/> (1055) 大窩
<input type="checkbox"/> (1056) 華樂豪庭	<input type="checkbox"/> (1057) 元嶺	<input type="checkbox"/> (1058) 康樂園其他	

大埔 - 大元

<input type="checkbox"/> (1059) 大元邨
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大埔 - 宏福

<input type="checkbox"/> (1060) 廣福邨(部分): 廣禮樓 / 廣仁樓 / 廣義樓	(1061) 宏福苑
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大埔 - 大埔墟

<input type="checkbox"/> (1062) 翠河花園	<input type="checkbox"/> (1063) 山景閣	<input type="checkbox"/> (1064) 大埔墟其他
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大埔 - 寶雅

<input type="checkbox"/> (1065) 太和邨(部分): 麗和樓 / 安和樓 / 翠和樓	(1066) 寶雅苑
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大埔 - 舊墟及太湖

<input type="checkbox"/> (1067) 美豐花園	<input type="checkbox"/> (1068) 翠林閣	<input type="checkbox"/> (1069) 富善花園	<input type="checkbox"/> (1070) 富萊花園
<input type="checkbox"/> (1071) 翠怡花園	<input type="checkbox"/> (1072) 菁泉雅居	<input type="checkbox"/> (1073) 太湖花園	<input type="checkbox"/> (1074) 太湖中心
<input type="checkbox"/> (1075) 舊墟及太湖其他			

大埔 - 船灣

<input type="checkbox"/> (1076) 淺月灣	<input type="checkbox"/> (1077) 倚龍山莊	<input type="checkbox"/> (1078) 雅景花園	<input type="checkbox"/> (1079) 映月灣
<input type="checkbox"/> (1080) 美督南岸	<input type="checkbox"/> (1081) 嘉豐花園	<input type="checkbox"/> (1082) 比華利山別墅	<input type="checkbox"/> (1083) 江庫花園
<input type="checkbox"/> (1084) 江庫花園	<input type="checkbox"/> (1085) 聚豪天下	<input type="checkbox"/> (1086) 船灣其他	

主要屋苑包括:

大埔 - 怡富

<input type="checkbox"/> (1087) 怡雅苑	<input type="checkbox"/> (1088) 富善閣 (部分): 善景樓 / 善美樓 / 善雅樓 / 善翠樓
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大埔 - 廣福及寶湖

<input type="checkbox"/> (1089) 廣福邨 (部分): 廣智樓 / 廣平樓 / 廣崇樓 / 廣惠樓 / 廣祐樓
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**主要屋苑包括:**

沙田 - 沙田市中心

<input type="checkbox"/> (901) 希爾頓中心	<input type="checkbox"/> (902) 好運中心	<input type="checkbox"/> (903) 文禮閣	<input type="checkbox"/> (904) 新城市廣場
<input type="checkbox"/> (905) 曉翠山莊	<input type="checkbox"/> (906) 蔚景園	<input type="checkbox"/> (907) 沙田中心	<input type="checkbox"/> (908) 沙田廣場
<input type="checkbox"/> (909) 偉華中心	<input type="checkbox"/> (910) 嘉御山	<input type="checkbox"/> (911) 沙田市中心其他	

沙田 - 駿馬

<input type="checkbox"/> (912) 赤泥坪	<input type="checkbox"/> (913) 駿景園	<input type="checkbox"/> (914) 寶柏苑	<input type="checkbox"/> (915) 駿馬其他
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沙田 - 火炭

<input type="checkbox"/> (916) 銀禧花園	<input type="checkbox"/> (917) 九肚	<input type="checkbox"/> (918) 落路下	<input type="checkbox"/> (919) 馬屎
<input type="checkbox"/> (920) 晉名峰	<input type="checkbox"/> (921) 御龍山	<input type="checkbox"/> (922) 黃竹洋	<input type="checkbox"/> (923) 火炭其他

沙田 - 碧湖

<input type="checkbox"/> (924) 碩門邨
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沙田 - 愉欣

<input type="checkbox"/> (925) 愉翠苑
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沙田 - 廣康

<input type="checkbox"/> (926) 康林苑	<input type="checkbox"/> (927) 廣林苑
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沙田 - 乙明

<input type="checkbox"/> (928) 乙明邨	<input type="checkbox"/> (929) 水泉澳邨第一期
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沙田 - 利安

<input type="checkbox"/> (930) 利安邨
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沙田 - 馬鞍山市中心

<input type="checkbox"/> (931) 海柏花園	<input type="checkbox"/> (932) 馬鞍山中心	<input type="checkbox"/> (933) 新港城第四期	<input type="checkbox"/> (934) 海濤居
<input type="checkbox"/> (935) 海典居	<input type="checkbox"/> (936) 馬鞍山市中心其他		

沙田 - 錦濤

<input type="checkbox"/> (937) 錦豐苑	<input type="checkbox"/> (938) 迎濤灣	<input type="checkbox"/> (939) 雅濤居
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沙田 - 鞍泰

<input type="checkbox"/> (940) 錦泰苑
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沙田 - 烏溪沙

<input type="checkbox"/> (941) 迎海	<input type="checkbox"/> (942) 銀湖天峰	<input type="checkbox"/> (943) 烏溪沙村	<input type="checkbox"/> (944) 雅典居
<input type="checkbox"/> (945) 烏溪沙其他			

沙田 - 大水坑

<input type="checkbox"/> (946) 欣安邨
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沙田 - 下城門

<input type="checkbox"/> (947) 美田邨(部分): 美致樓 / 美景樓 / 美麗樓 / 美樂樓 / 美滿樓 / 美秀樓 / 美庭樓	<input type="checkbox"/> (948) 翠嶺山莊		
<input type="checkbox"/> (949) 湖景花園	<input type="checkbox"/> (950) 沙田花園	<input type="checkbox"/> (951) 桃花源	<input type="checkbox"/> (952) 桂園
<input type="checkbox"/> (953) 大圍新村	<input type="checkbox"/> (954) 下城門其他		



主要屋苑包括:

沙田 - 顯嘉

<input type="checkbox"/> (955) 嘉田苑
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沙田 - 雲城

<input type="checkbox"/> (956) 雲疊花園	<input type="checkbox"/> (957) 名城	<input type="checkbox"/> (958) 盛薈	<input type="checkbox"/> (959) 盛世
<input type="checkbox"/> (960) 海福花園	<input type="checkbox"/> (961) 雲城其他		

沙田 - 田心

<input type="checkbox"/> (962) 隆亨邨
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沙田 - 徑口

<input type="checkbox"/> (963) 顯徑邨(部分): 顯慶樓 / 顯沛樓 / 顯德樓 / 顯揚樓	<input type="checkbox"/> (964) 下徑口	<input type="checkbox"/> (965) 名家匯	
<input type="checkbox"/> (966) 顯田	<input type="checkbox"/> (967) 顯耀邨	<input type="checkbox"/> (968) 瑞峰花園	<input type="checkbox"/> (969) 嘉徑苑
<input type="checkbox"/> (970) 聚龍居	<input type="checkbox"/> (971) 上徑口	<input type="checkbox"/> (972) 徑口其他	

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

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分

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

您有幾同意而家……

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

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

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分

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

您有幾同意而家……

12.	公共交通嘅費用係可以負擔嘅，而且價錢清晰。無論係惡劣天氣、繁忙時間或假日，收費都係一致嘅。	1	2	3	4	5	6
13.	喺所有時間，包括喺夜晚、週末和假日，公共交通服務都係可靠同埋班次頻密。	1	2	3	4	5	6
14.	公共交通服務嘅路線同班次資料完整，又列出可以俾傷殘人士使用嘅班次。	1	2	3	4	5	6
15.	公共交通工具嘅車廂乾淨、保養良好、容易上落、唔迫、又有優先使用座位。而乘客亦會讓呢啲位俾有需要人士。	1	2	3	4	5	6
16.	有專為殘疾人士而設嘅交通服務。	1	2	3	4	5	6
17.	車站嘅位置方便、容易到達、安全、乾淨、光線充足、有清晰嘅標誌，仲有蓋，同埋有充足嘅座位。	1	2	3	4	5	6
18.	司機會喺指定嘅車站同緊貼住行人路停車，方便乘客上落，又會等埋乘客坐低先開車。	1	2	3	4	5	6
19.	喺公共交通唔夠嘅地方有其他接載服務。	1	2	3	4	5	6
20.	的士可以擺放輪椅同助行器，費用負擔得起。司機有禮貌，並且樂於助人。	1	2	3	4	5	6
21.	馬路保養妥善，照明充足。	1	2	3	4	5	6
<b>C</b>	<b>住所</b>						
22.	房屋嘅數量足夠、價錢可負擔，而且地點安全，又近其他社區服務同地方。	1	2	3	4	5	6

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

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分

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

您有幾同意而家……

23.	住所嘅所有房間同通道都有足夠嘅室內空間同平地可以自由活動。	1	2	3	4	5	6
24.	有可負擔嘅家居改裝選擇同物料供應，而且供應商了解長者嘅需要。	1	2	3	4	5	6
25.	區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢地嘅服務。	1	2	3	4	5	6
<b>D</b>	<b>社會參與</b>						
26.	活動可以俾一個人或者同朋友一齊參加。	1	2	3	4	5	6
27.	活動同參觀景點嘅費用都可以負擔，亦都有隱藏或附加嘅收費。	1	2	3	4	5	6
28.	有完善咁提供有關活動嘅資料，包括無障礙設施同埋交通選擇。	1	2	3	4	5	6
29.	提供多元化嘅活動去吸引唔同喜好嘅長者參與。	1	2	3	4	5	6
30.	喺區內唔同場地 (好似文娛中心、學校、圖書館、社區中心同公園)內，舉行可以俾長者參與嘅聚會。	1	2	3	4	5	6
31.	對少接觸外界嘅人士提供可靠嘅外展支援服務。	1	2	3	4	5	6
<b>E</b>	<b>尊重及社會包融</b>						
32.	各種服務會定期諮詢長者，為求服務得佢地更好。	1	2	3	4	5	6
33.	提供唔同服務同產品，去滿足唔同人士嘅需求同喜好。	1	2	3	4	5	6
34.	服務人員有禮貌，樂於助人。	1	2	3	4	5	6

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

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分

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

您有幾同意而家……

35.	學校提供機會去學習有關長者同埋年老嘅知識，並有機會俾長者參與學校活動。	1	2	3	4	5	6
36. *	社會認同長者喺過去同埋目前所作出嘅貢獻。	1	2	3	4	5	6
37. *	傳媒對長者嘅描述正面同埋冇成見。	1	2	3	4	5	6
<b>F</b>	<b>社區參與及就業</b>						
38.	長者有彈性嘅義務工作選擇，而且得到訓練、表揚、指導同埋補償開支。	1	2	3	4	5	6
39. *	長者員工嘅特質得到廣泛推崇。	1	2	3	4	5	6
40. *	提倡各種具彈性並有合理報酬嘅工作機會俾長者。	1	2	3	4	5	6
41. *	禁止喺僱用、留用、晉升同培訓僱員呢幾方面年齡歧視。	1	2	3	4	5	6
<b>G</b>	<b>訊息交流</b>						
42.	資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到。	1	2	3	4	5	6
43.	定期提供長者有興趣嘅訊息同廣播。	1	2	3	4	5	6
44.	少接觸外界嘅人士可以喺佢地信任嘅人士身上，得到同佢本人有關嘅資訊。	1	2	3	4	5	6
45. *	電子設備，好似手提電話、收音機、電視機、銀行自動櫃員機同自動售票機嘅掣夠大，同埋上面嘅字體都夠大。	1	2	3	4	5	6
46. *	電話應答系統嘅指示緩慢同清楚，又會話俾打去嘅人聽點樣可以隨時重複內容。	1	2	3	4	5	6
47.	係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用。	1	2	3	4	5	6
<b>H</b>	<b>社區支持與健康服務</b>						

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

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

請就你居住的地區評分，有 \* 號題目，可就全港情況評分

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

您有幾同意而家……

48.	醫療同社區支援服務足夠。	1	2	3	4	5	6
49.	有提供家居護理服務，包括健康、個人照顧同家務。	1	2	3	4	5	6
50.	院舍服務設施同長者的居所都鄰近其他社區服務同地方。	1	2	3	4	5	6
51.	市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務。	1	2	3	4	5	6
52.	社區應變計劃(好似走火警)有考慮到長者嘅能力同限制。	1	2	3	4	5	6
53. *	墓地(包括土葬同骨灰龕) 嘅數量足夠同埋容易獲得。	1	2	3	4	5	6

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

1	2	3	4	5
非常不同意	不同意	普通	同意	非常同意

請就你居住的社區/屋村/屋苑（簡稱社區）評分，您有幾同意而家……

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

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

1	2	3	4
從來沒有	好少	間中	經常

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



## 受訪者資料

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

8. 您而家有無返工？  
 (1)有 → 您而家嘅職位/工作：\_\_\_\_\_ (請註明)  
 (0)無 → 您係：(讀出所有選擇)  
 (1) 失業人士                       (2) 退休人士  
 (3) 料理家務者                       (4) 學生  
 (5) 其他(請註明)：\_\_\_\_\_
9. 一般來說，您說您的健康係非常好、很好、好、一般或差？  
 (1)差  (2) 一般  (3) 好  (4) 很好  (5) 非常好
10. 您有否照顧六十五歲或以上長者的經驗？  
 (0)否                       (1)有
11. 過去三個月內，您有否使用／參加過長者中心所提供的服務/活動？  
 (0)否                       (1)有
12. 您有無足夠嘅金錢嚟應付日常開支？  
 (1)非常不足夠  (2)不足夠  (3)剛足夠  (4)足夠有餘  
 (5)非常充裕
13. 您而家每個月收入係港幣幾多？  
 (1) < 2,000     (7) 15,000 - 19,999  
 (2) 2,000 - 3,999     (8) 20,000 - 24,999  
 (3) 4,000 - 5,999     (9) 25,000 - 29,999  
 (4) 6,000 - 7,999     (10) 30,000 - 39,999  
 (5) 8,000 - 9,999     (11) 40,000 - 59,999  
 (6) 10,000 - 14,999     (12) ≥ 60,000

\* 您是否願意留下你的電話號碼以作將來聯絡之用？

\_\_\_\_\_ (先生/女士/小姐) 電話號碼：\_\_\_\_\_

\* 您是否有興趣參與聚焦小組作進一步意見分享？

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

\* MH: E / IE

\* LA: E / IE

## Jockey Club Age-friendly City Project



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

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

## CUHK Jockey Club Institute of Ageing



香港中文大學  
賽馬會老年學研究所  
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