Jockey Club
Age-Friendly City Project
Baseline Assessment Report

SAI KUNG

Hong Kong Velodrome Park

Content

Acknowledgement

Executive Summary

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

The assessment was conducted between July and September 2017 using the framework of eight domains (outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, and community support and health services) of an age-friendly city set out by the World Health Organization. It comprised of both quantitative approach of questionnaire survey of 509 residents and qualitative approach of five focus group interviews.

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

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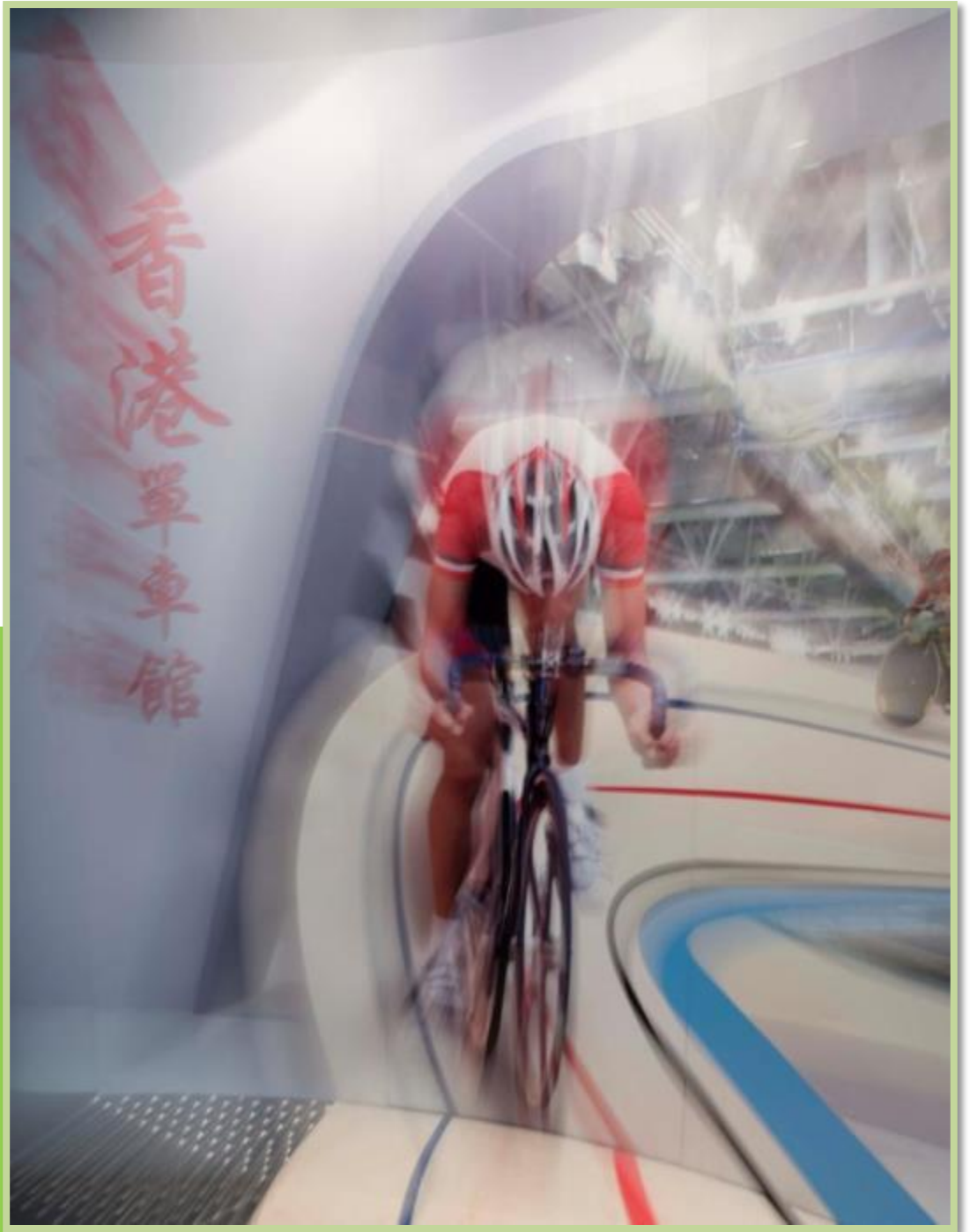
1. Background

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

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

1.1   Ageing population in Hong Kong

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

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

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

While the elderly themselves are ageing, they reveal some potential to be integrated with the community. The overall educational attainment of elderly in Hong Kong has been improving. The percentage of the people aged 65y and above with no schooling or only pre-primary education decreased from 31.7% in 2011 to 23.3% in 2016; whereas there was an 8.6% increase of those with secondary and higher education level over the same period (Census and Statistics Department, 2013, 2016). It is suggested that the majority of the elderly of the next and future generations are likely become better educated and better informed (The Chief Executive of HKSAR, 2016).
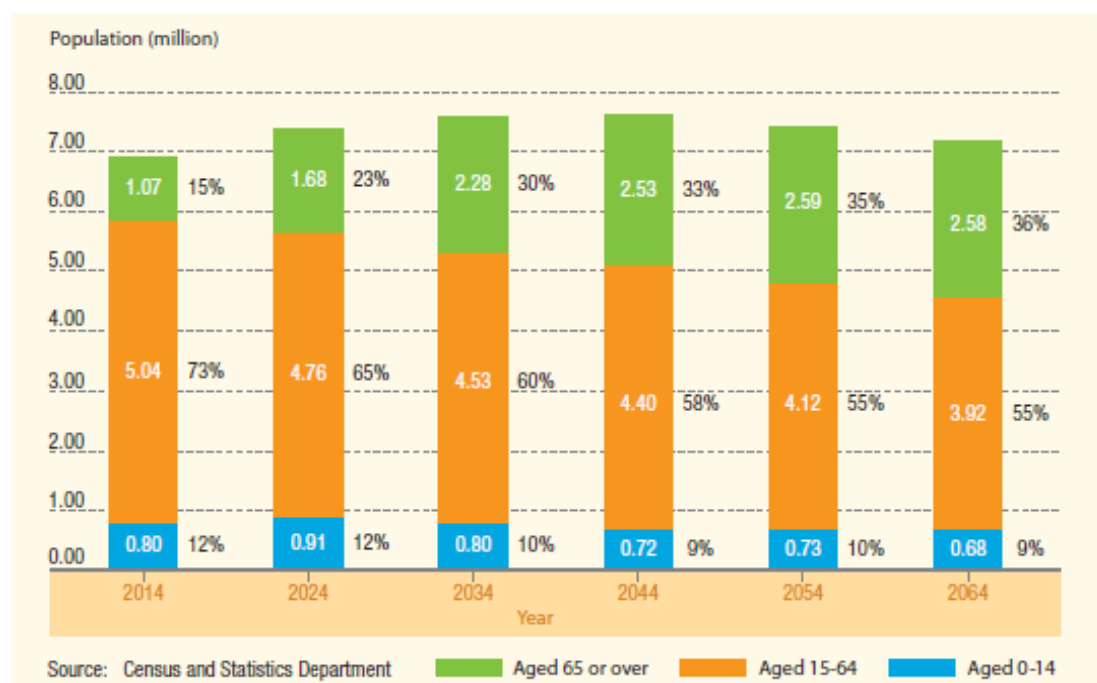
Figure 1.1-1. Population projection in Hong Kong (figures exclude foreign domestic helpers). Adapted from Public Engagement Exercise on Retirement Protection by Commission on Poverty, 2015, p.4. Copyright 2015 by Government of the Hong Kong Special Administrative Region

Geographically, the elderly population aged 65y and above is not evenly distributed in Hong Kong. In 2016, 50.9% of them resided in the New Territories, while 31.4% and 17.8% in Kowloon and on Hong Kong Island (Census and Statistics Department, 2016). Analyzed by District Council district, Wong Tai Sin and Kwun Tong had the largest proportion of elderly population (17.2%), followed by Kwai Tsing (16.7%). The districts with the smallest proportion of elderly were Tsuen Wan and Sai Kung (14.7%) (Figure 1.1-2).
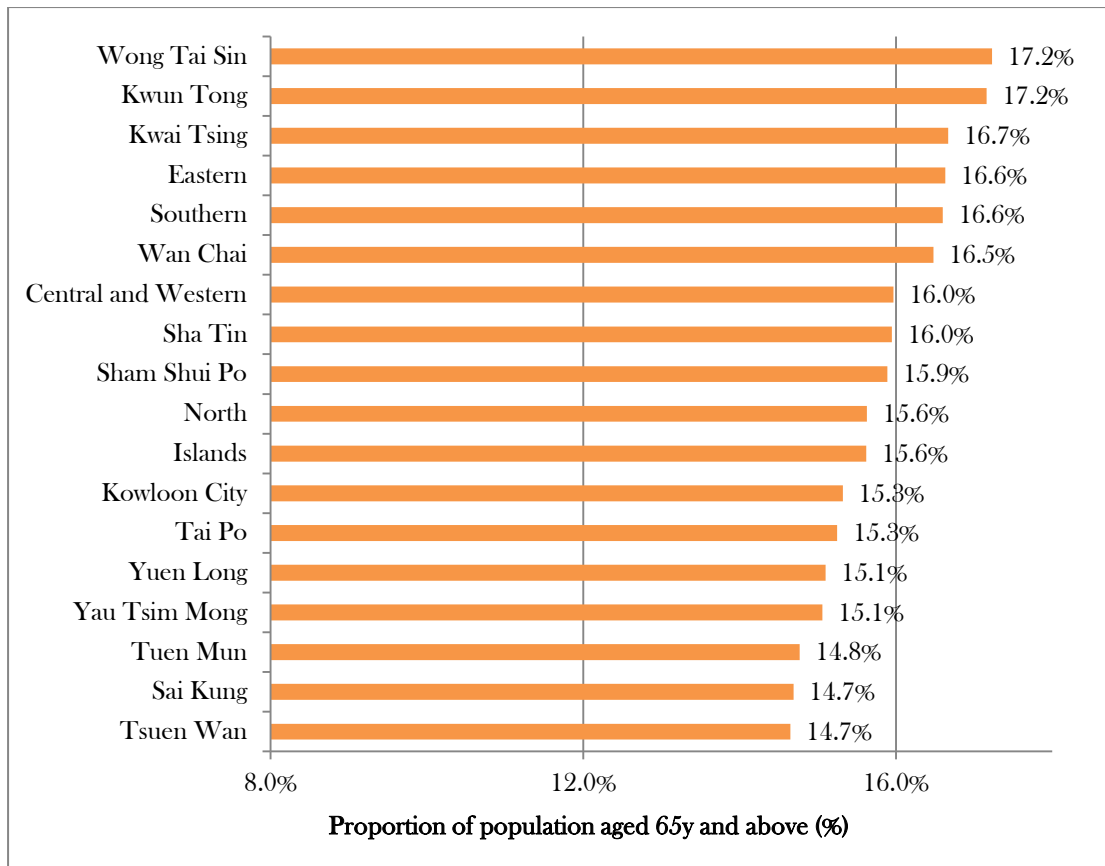
Figure 1.1-2. Proportion of Older Persons by District Council District in 2016. Adapted from *Population by Sex, Age, Year and District Council District | 2016 Population By-census* by Census and Statistics Department, 2016b. Copyright 2015 by Government of the Hong Kong Special Administrative Region

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

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

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

1.2 Age-friendly City Project by the World Health Organization

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

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

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

AFC domains	Major areas of concern	
Outdoor spaces and buildings	– Environment – Green spaces and walkways – Outdoor seating – Pavements – Roads – Traffic	– Cycle paths – Safety – Services – Buildings – Public toilets
Transportation	– Affordability – Reliability and frequency – Travel destinations – Age-friendly vehicles – Specialized services – Priority seating – Transport drivers – Safety and comfort	– Transport stops and stations – Information – Community transport – Taxis – Roads – Driving competence – Parking
Housing	– Affordability – Essential services – Design – Modifications – Maintenance	– Ageing in place – Community integration – Housing options – Living environment
Social participation	– Accessibility of events and activities – Affordability – Range of events and activities – Facilities and settings	– Promotion and awareness of activities – Addressing isolation – Fostering community integration
Respect and social inclusion	– Respectful and inclusive services – Public images of ageing – Intergenerational and family interactions	– Public education – Community inclusion – Economic inclusion
Civic participation and employment	– Volunteering options – Employment options – Training – Accessibility	– Civic participation – Valued contributions – Entrepreneurship – Pay
Communication and information	– Information offer – Oral communication – Printed information	– Plain language – Automated communication and equipment – Computers and the Internet
Community support and health services	– Service accessibility – Offer of services	– Voluntary support – Emergency planning and care

1.3   Jockey Club Age-friendly City Project

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

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

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

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

1.4   District characteristics of Sai Kung

Sai Kung is located at the southeastern part of the New Territories (Figure 1.4-1), consisting of Sai Kung, Tseung Kwan O and Hang Hau rural area. The land area of the district is about 13,632 hectares (Sai Kung District Council, 2017).

Figure 1.4 -1 Locations of 18 Districts in Hong Kong

Sai Kung comprises over 70 islands and has been known as the "back garden of Hong Kong". Sai Kung has been popular for sightseeing among tourists as well as local residents over the past few decades, as there are many country parks and recreational centres, namely Sai Kung Country Park, Clear Water Bay Country Park, Sai Kung Outdoor Recreation Centre. The economic transformation in 1970s led to resettlement of former fishermen to public housing estates, such as the Tui Min Hoi Chuen in Sai Kung (Sai Kung District Council, 2017). Given the large land area, residents living in remote rural areas have to spend more than half an hour to get to the town centre. On the other hand, Tseung Kwan O is one of the latest and most rapidly developing new towns in Hong Kong, connecting Sai Kung Peninsula to the Kowloon urban areas. It has now been developed with tall buildings and large mansions. The urban development has led to a rapid population growth in Sai Kung, with an increase of population from 436,627 in 2011 to 461,864 in 2016. (Census and Statistics Department, 2011, 2016).

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With reference to the 2016 population by-census, the total population in Sai Kung is 461,864. Among the total population, the proportion of elderly population aged 65y and above accounted for 14.7%, increased significantly from 9% in 2011 (Census and Statistics Department, 2011, 2016).

Regarding the educational attainment, 45.3% of the population aged 65y and above had attained secondary or tertiary education. Yet, the corresponding proportion for those aged 45-64y was 79.0% (Census and Statistics Department, 2016).

Among the 147,945 domestic households residing in Sai Kung, 20.6% of them lived in public rental housing whereas 30.2% in subsidized home ownership housing and 48.7% in private permanent housing. The proportions of those living in non-domestic housing and temporary housing were 0.3% and 0.2% respectively (Census and Statistics Department, 2016).

Labour force participation rate in Sai Kung was 62.8% in 2016. In terms of economic characteristics, the median domestic household income was HKD 32,470 in Sai Kung. Of all domestic households, 23.6% had a monthly income less than HKD 15,000; and 22.2% had a monthly income HKD 15,000 – HKD 30,000 (Census and Statistics Department, 2016).

The median individual monthly income, excluding foreign domestic helpers, was HKD 18,000, which was slightly higher than the average of Hong Kong (HKD 15,500). The income characteristics might be associated with the types of occupation. Most of the working population in Sai Kung were associated professionals, accounting for approximately 23.3% of the total district workforce, followed by the 19.2% of elementary career and 14.8% of clerical support workers (Census and Statistics Department, 2016).

The rapid economic and urban development in Sai Kung, especially in Tseung Kwan O has caught the attention of different concern groups in the district. Several concern groups have been formed with an aim of improving the community facilities and services in different dimensions. One of the concern groups is Tseung Kwan O Elderly

Livelihood Concern Group which was established in 2009 and supported by Sheng Kung Hui Tseung Kwan O Aged Care Complex. Over the past years, it has been giving suggestions on the age-friendliness of facilities to the District Council, such as pedestrian crossing on major road, and rain shelters at a local hiking spot. Recently, they have released a paper on improving the community health services (Legislative Council Secretariat, 2010).

There is another concern group in Tseung Kwan O which is formed by the members of Po Leung Kuk Vicwood K.T. Chong Neighbourhood Elderly Centre. They have regular meetings to gather the views of the elderly living in the community and reflect opinions to District Council to improve the community facilities.

In addition to the momentum of concern groups, the Sai Kung District Council has also been putting effort to promote age friendliness in Sai Kung, by launching the "Tseung Kwan O - Healthy City" project in collaboration with various voluntary organizations in 1999 to arouse social concern over healthy living in order to build Tseung Kwan O into a health city. The scheme has made significant progress in creating and improving physical and social environments in Tseung Kwan O. Nearly 30 organizations including elderly centers, government departments and other district stakeholders have formed a working committee to deal with district affairs. For instance, the committee has established a database of elderly profile in Sai Kung District so as to better grasp the needs of the elderly and plan further interventions (Shiann Kuen &Shiann Far, n.d.). A new initiative "智齡滙聚" has also established with the support of Sai Kung District Office in 2017 which aimed to form a social network for the retired persons through different activities and trainings. The vision of the initiative is to engage the retired persons in the district affairs through partnership with District Office. Sai Kung was also among the first batch of districts in Hong Kong to join the WHO-GNAFCC.

2. Objectives

and method

2.1   Objectives

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

2.2   Quantitative approach of baseline assessment

2.2.1   Sampling methods

The survey was designed using both stratified and quota sampling methods and set out to interview 500 local residents aged 18y and above from the district. The district consists of three major geographical regions, namely Sai Kung, Hang Hau and Tseung Kwan O. 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 the older populations in Hong Kong, and identifies the distribution of vulnerable groups across the district sub-areas (Chau, Gusmano, Cheng, Cheung, &Woo, 2014). Using official statistics of 2011, composite scores of SVI, ranging from 0 to 10, were compiled for all CAs in Hong Kong based on seven indicators, namely population size, institutionalization, poverty, living alone, disability, communication obstacles and access to primary care. The higher scores indicate greater vulnerability of an area. Based on the SVI scores, CAs were categorized into five SVI bands with equal interval values, i.e., Band I, SVI score <2; Band II, SVI score 2-<4; Band III, SVI score 4-<6; Band IV, SVI score 6-<8; Band V, SVI score ≥8. The SVI scores of Sai Kung CAs correspond to values grouped under Band I to III.

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

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

Table 2.2-1 shows the selection of sampling sites for the questionnaire survey in Sai Kung. In total, 15 CAs were selected, with three in Sai Kung, one in Hang Hau and 11 in Tseung Kwan O. In this district, we selected Wan Po (Tseung Kwan O, Private) in SVI band I; Choi Kin (Tseung Kwan O, Public), Wan Hang (Tseung Kwan O, Public & Subsidized), Fu Kwan (Tseung Kwan O, Subsidized), Nam On (Tseung Kwan O, Private), Wai Do (Tseung Kwan O, Private), Sai Kung Central (Sai Kung, Public & Subsidized), Sai Kung Islands (Sai Kung, Private) and Hang Hau West (Hang Hau, Private) in SVI band II; Hau Tak (Tseung Kwan O, Public), Sheung Tak (Tseung Kwan O, Public), Tak Ming (Tseung Kwan O, Subsidized), Kwong Ming (Tseung Kwan O, Subsidized), Hong King (Tseung Kwan O, Private) and Pak Sha Wan (Sai Kung, Private) in SVI band III. In Sai Kung, reduced number of sample was collected from SVI band I due to small number of CAs in the band.

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

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

Table 2.2-1. Selection of sampling sites for the questionnaire survey in Sai Kung

Region	SVI Band	Constituency areas	Type of housing		
			Public rental	Subsidized home ownership	Private permanent
Tsueng Kwan O	I	Wan Po			x
Tsueng Kwan O	II	Choi Kin	x		
Tsueng Kwan O	II	Wan Hang	x	x	
Tsueng Kwan O	II	Fu Kwan		x	
Tsueng Kwan O	II	Nam On			x
Tsueng Kwan O	II	Wai Do			x
Sai Kung	II	Sai Kung Central	x	x	
Sai Kung	II	Sai Kung Islands			x
Hang Hau	II	Hang Hau West			x
Tsueng Kwan O	III	Hau Tak	x		
Tsueng Kwan O	III	Sheung Tak	x		
Tsueng Kwan O	III	Tak Ming		x	
Tsueng Kwan O	III	Kwong Ming		x	
Tsueng Kwan O	III	Hong King			x
Sai Kung	III	Pak Sha Wan			x

2.2.2 Questionnaire respondents and recruitment strategies

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

Respondents were mostly recruited directly from the community, with a minor proportion of elders who regularly visit District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs). We tried to limit this segment of elders to 20% in our sample, close to the average of Hong Kong, since they may represent

views considerably different from other community elders (HKU, 2011; Legislative Council Panel on Welfare Services, 2007).

2.2.3   Data and materials

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

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

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

2.2.4 Procedures

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

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

2.2.5 Quantitative data analysis

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

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

2.3 Qualitative approach of baseline assessment

2.3.1 Sampling methods

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

Conditions upon which a person was considered eligible as a questionnaire respondent were also applied to focus group participants. Based on the Vancouver Protocol, five focus groups were formed and interviewed in Sai Kung. 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 from different SVI bands (Table 2.3-1). Effort was made to recruit eight to ten interviewees in each group, with similar numbers of male and female.

Table 2.3-1. Summary of the profiles of five focus groups in Sai Kung

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

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

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

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

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

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[2] among questionnaire respondents.

In addition to the five focus groups designed according to the Vancouver Protocol, two semi-structured interviews were conducted to cover views from the members of Tseung Kwan O elderly livelihood concern group, stroke patients and their carers, as well as those from non-local residents, to reflect the concerns over an age-friendly community from diverse socio-demographic backgrounds.

2.3.2   Interview procedures and protocol

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

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[2] Question 10: Do you have experience taking care of elderly's aged 65y 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 18-49y was asked to think of advantages and barriers as faced by the elderly in their community and suggestions in relation to the elderly. Interview sessions were audio-recorded using two recorders to be transcribed in full as soon as possible afterwards. Where possible, a video recorder was used with participants' consent to help identify speakers and pick up non-verbal communication for transcription purpose.

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

2.3.3   Qualitative data analysis

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

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

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

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

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

3.Key findings

3.1 Quantitative assessment

3.1.1 Socio-demographic characteristics of the questionnaire survey respondents

A total of 509 completed questionnaires were collected in Sai Kung and included in the analysis. Of these respondents, the mean age was 64.3±16.1 years (range 18 to 99 years). 59.7% were aged 65y and above and 59.5% were female (Figure 3.1-1a and Figure 3.1-1b). 61.3% were married, and 57.6% had secondary education and above (Figure 3.1-1c and Figure 3.1-1d).
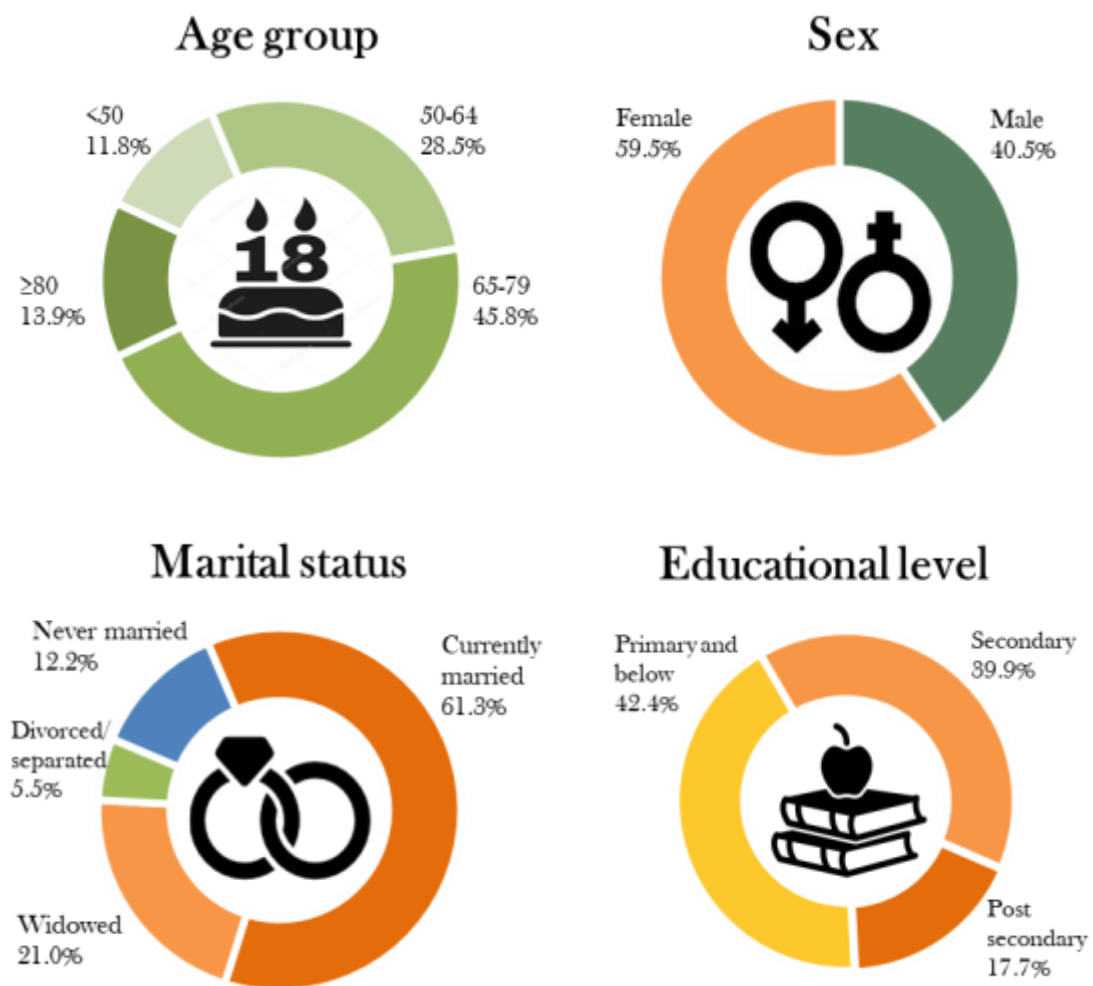
Figure 3.1-1. Distribution of questionnaire respondents by age group (Figure 3.1-1a, Upper Left), by sex (Figure 3.1-1b, Upper Right), by marital status (Figure 3.1-1c, Lower Left), by educational level (Figure 3.1-1d, Lower Right)

Over 99% of the respondents lived in public rental housing (35.4%), subsidized home ownership housing (36.7%) and private permanent housing (27.5%) (Figure 3.1-1e). Mean length of residence in the neighborhood was 17.7±12.4 years. 84.3% of the respondents lived with family, while 15.7% were living alone (Figure 3.1-1f).

Type of housing

Private permenant housing 27.5%

Others 0.4%

Subsidised home ownership housing 36.7%

Public rental housing 35.4%

Living arrangement

Spouse 19.3%

Children 18.3%

Others 12.2%
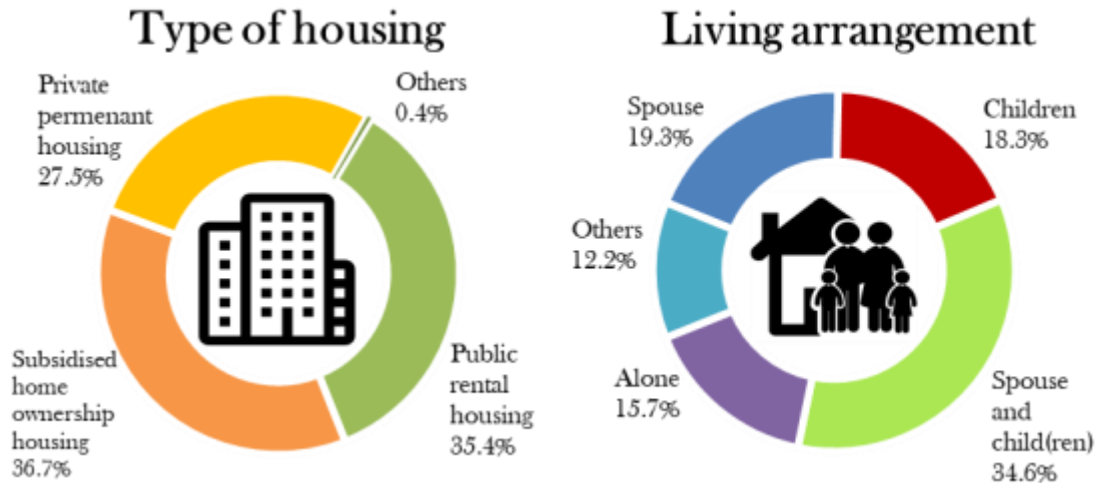
Alone 15.7%

Spouse and child(ren) 34.6%

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

In terms of economic activity status, 18.8% of the respondents were working full-time or part-time, while 59.7% had retired and 21.5% were economically inactive, including unemployed persons, home-makers and students (Figure 3.1-1g). Financially, 64.8% of the respondents expressed having enough fund for daily expenses (Figure 3.1-1h), yet 84.5% had a monthly personal income <HKD 15,000 (Figure 3.1-1i), whereas the median monthly income from main employment in Hong Kong was HKD 15,500 according to the 2016 by-census figures (Census and Statistics Department, 2016).

Economic activity status

Economically inactive 21.5%

Employed 18.8%

Retired 59.7%

Disposable income

Very insufficient/ insufficient 16.7%

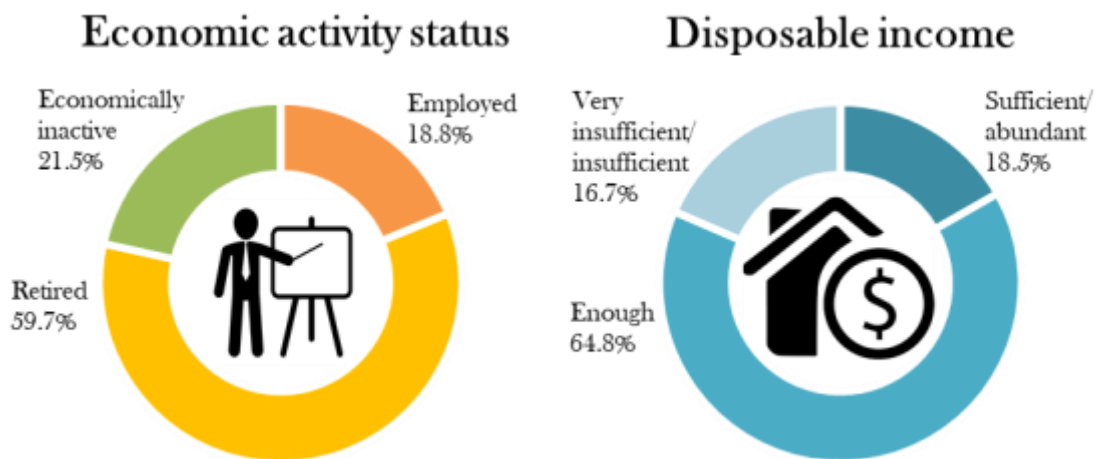Sufficient/ abundant 18.5%

Enough 64.8%

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

Monthly personal income

< 2,000
19.6%

2,000 - 3,999
28.7%

≥30,000
3.6%

20,000 - 29,999
6.3%

15,000 - 19,999
5.7%

4,000 - 5,999
11.9%

10,000 - 14,999
9.3%

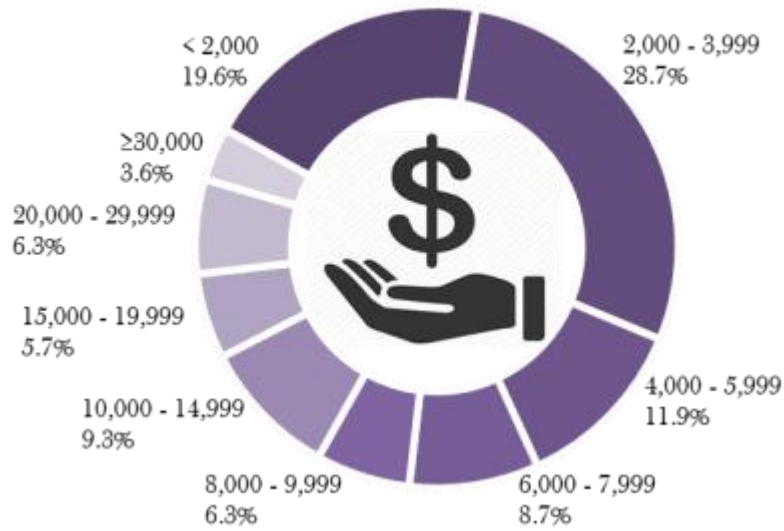8,000 - 9,999
6.3%

6,000 - 7,999
8.7%

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

In terms of their overall health condition, 48.9% of the respondents rated their health condition as good, very good or excellent (Figure 3.1-1j). Of all respondents, 49.8% had prior experience of delivering informal care to older persons (Figure 3.1-1k). 29% of them were members or service users of elderly community centres (Figure 3.1-1l).

Self-rated health

Poor
8.9%

Excellent
5.3%

Fair
42.2%

Very
good
15.6%

Good
28.0%

Experience of delivering informal care to the elderly
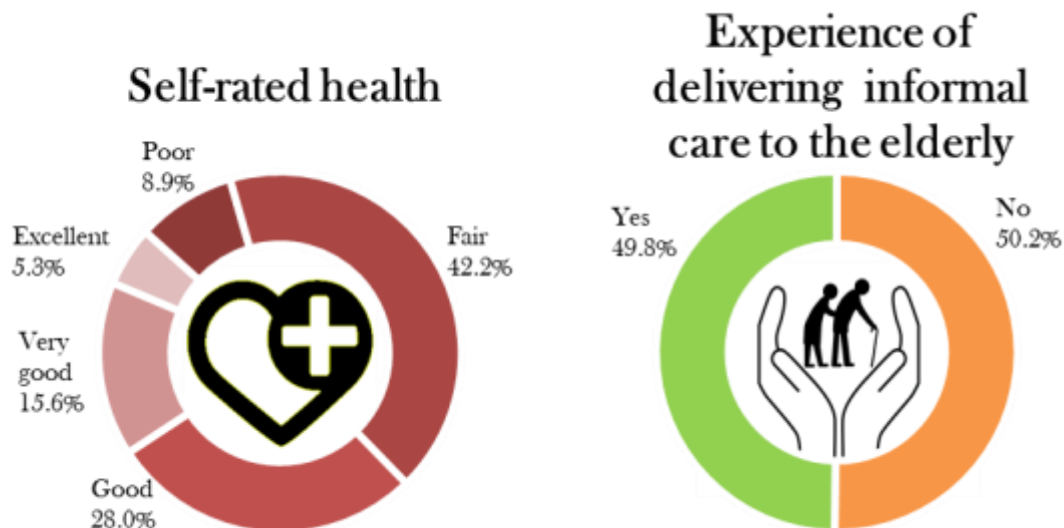
Yes
49.8%

No
50.2%

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

Use of elderly centres
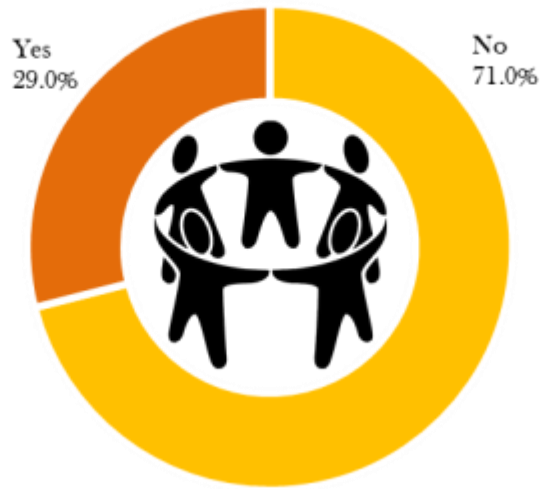

Yes
29.0%

No
71.0%

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

3.1.2 Mean scores of the Age-friendly City items in Sai Kung

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

AFC items and domains	Mean	Std. Deviation	Rank of item / domain Within domain	Across domains
Item A1: Cleanliness	4.51	0.91	1	2
Item A2: Adequacy, Maintenance and Safety	4.34	1.04	3	11
Item A3: Drivers' Attitude at Pedestrian Crossings	4.09	1.09	6	20
Item A4: Cycling Lanes	4.09	1.37	5	19
Item A5: Outdoor Lighting and Safety	4.24	1.07	4	14
Item A6: Accessibility of Commercial Services	4.37	1.30	2	10
Item A7: Arrangement of Special Customer Service to Persons in Need	3.08	1.36	9	52
Item A8: Building Facilities	3.87	1.25	8	30
Item A9: Public Washrooms	4.00	1.28	7	23
Domain: Outdoor Spaces and Buildings	*4.07*	*0.66*	*..*	*2*
Item B10: Traffic Flow	4.43	1.00	5	7
Item B11: Public Transport Network	4.50	1.13	2	3
Item B12: Affordability of Public Transport	4.50	1.19	3	4
Item B13: Reliability of Public Transport	4.12	1.10	8	17
Item B14: Public Transport Information	3.91	1.23	10	28
Item B15: Condition of Public Transport Vehicles	4.45	0.96	4	6
Item B16: Specialized Transportation for disabled people	3.72	1.33	11	36
Item B17: Transport Stops and Stations	4.43	1.07	6	8
Item B18: Behaviour of Public Transport Drivers	4.38	1.02	7	9
Item B19: Alternative Transport in Less Accessible Areas	3.50	1.33	12	44
Item B20: Taxi	3.92	1.15	9	27
Item B21: Roads	4.56	0.94	1	1
Domain: Transportation	*4.22*	*0.71*	*..*	*1*
Item C22: Sufficient and Affordable Housing	3.63	1.38	2	41
Item C23: Adequacy of Interior Spaces and Level Surfaces for Movement	4.31	1.12	1	12
Item C24: Home Modification Options and Supplies	3.52	1.35	3	43
Item C25: Housing for Frail and Disabled Elders	3.29	1.32	4	48
Domain: Housing	*3.72*	*0.93*	*..*	*6*
Item D26: Mode of Participation	4.14	1.23	2	16
Item D27: Participation Costs	4.14	1.13	1	15
Item D28: Information about Activities and Events	3.99	1.15	3	25
Item D29: Variety of Activities	3.87	1.31	5	31
Item D30: Variety of Venues for Elders' Gatherings	3.88	1.33	4	29
Item D31: Outreach Services to Less Visible Groups	3.53	1.39	6	42
Domain: Social Participation	*3.93*	*0.99*	*..*	*4*
Item E32: Consultation from Different Services	3.43	1.34	5	47
Item E33: Variety of Services and Goods	3.66	1.24	4	40
Item E34: Manner of Service Staff	4.46	1.00	1	5
Item E35: School as Platform for Intergenerational Exchange	3.27	1.38	6	49
Item E36: Social Recognition	4.03	1.15	3	22
Item E37: Visibility and Media Depiction	4.08	1.02	2	21
Domain: Respect and Social Inclusion	*3.83*	*0.82*	*..*	*5*
Item F38: Options for Older Volunteers	3.87	1.22	1	32
Item F39: Promote Qualities of Older Employees	3.69	1.19	2	39
Item F40: Paid Opportunities for Older People	3.21	1.24	4	50
Item F41: Age discrimination	3.46	1.26	3	45
Domain: Civic Participation and Employment	*3.58*	*0.95*	*..*	*7*
Item G42: Effective Communication System	4.10	1.09	2	18
Item G43: Information and Broadcasts of Interest to Elders	3.77	1.21	4	34
Item G44: Information to Isolated Individuals	3.74	1.16	5	35
Item G45: Electronic Devices and Equipment	4.28	1.08	1	13
Item G46: Automated Telephone Answering Services	3.72	1.39	6	37
Item G47: Access to Computers and Internet	3.92	1.25	3	26
Domain: Communication and Information	*3.94*	*0.81*	*..*	*3*
Item H48: Adequacy of Health and Community Support Services	3.84	1.34	2	33
Item H49: Home Care Services	3.45	1.38	4	46
Item H50: Proximity between Old Age Homes and Services	3.70	1.31	3	38
Item H51: Economic barriers to Health and Community Support Services	3.99	1.20	1	24
Item H52: Community Emergency Planning	3.09	1.29	5	51
Item H53: Burial Sites	2.28	1.24	6	53
Domain: Community Support and Health Services	*3.42*	*0.85*	*..*	*8*

.. : Not applicable

Table 3.1-1 above shows the mean scores of AFC items and domains. Across all domains, the mean itemized scores varied from maintenance and lighting of roads (highest rated item: 4.56±0.94) to burial sites (lowest rated item: 2.28±1.24). The perception of AFC items also varied within domain. For instance, cleanliness of public spaces (4.51±0.91), accessibility to commercial services (4.37±1.30) and maintenance of outdoor seats and green spaces (4.34±1.04) were rated higher scores than other features in outdoor spaces and buildings domains, such as arrangement of special customer services to persons in need (3.08±1.36). In transportation, residents gave higher scores maintenance and lighting of roads (4.56±0.94), transport network (4.50±1.13) and affordability of public transport (4.50±1.19); whilst they expressed concerns with lower scores on voluntary transport services in less accessible areas (3.50±1.33) and specialized transport for disabled persons (3.72±1.33). In housing domain, rating was higher regarding space of residential unit (4.31±1.12), whilst other items tended to have lower scores. In social participation domain, the cost of participation and mode of participation were outstanding (4.14±1.13 and 4.14±1.23 respectively), whilst respondents also acknowledged limited outreach service to less visible groups (3.53±1.39). Regarding respect and social inclusion, service staff was generally recognized as being courteous and helpful (4.46±1.00), but opportunities of intergenerational exchange (3.27±1.38) and consultation with older persons (3.43±1.34) were less impressive. The item ratings of volunteering and paid job opportunities tended to be low (Range 3.21 to 3.87). Respondents generally acknowledged options available for older volunteers (3.87±1.22), yet they also felt limited paid job opportunities to older persons (3.21±1.24) and age discrimination over employment opportunities (3.46±1.26). In communication and information, electronic devices and effective communication system received good response from respondents (4.28±1.08 and 4.10±1.09, respectively); whilst automated telephone answering system scored low in this domain (3.72±1.39). Repondents also expressed limited information available to isolated individuals (3.74±1.16). Regarding community support and health services, respondents gave higher score on economic accessibility of community support and health services (3.99±1.20), and lower scores on availability of home care services (3.45±1.38), emergency planning (3.09±1.29) and burial services (2.28±1.24).

Table 3.1-2 shows the ten highest and lowest rated AFC items. The ten highest rated items clustered in transportation (7 items), and outdoor spaces and building (2 items).

More than half of the items scored the ten highest-rated items in transportation domain. Manner of service staff (respect and social inclusion domain) were also highly rated.

On the other hand, the ten lowest rated items were distributed across six domains, whereby half of the items in community support and health services domain (3 items), and civic participation and employment domain (2 items), and one-third of the items in respect and social inclusion domain (2 items) were rated among the ten lowest rated items. The items regarding arrangement of special customer services to persons in need (outdoor spaces and buildings), voluntary transport in less accessible areas (transportation domain) and housing for frail and disabled elders (housing domain) were also rated among the lowest.

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

AFC items	Mean	Rank	Relevant domains
Ten highest-rated items			
Item B21: Roads are well-maintained, with good lighting.	4.56	1	Transportation
Item A1: Public areas are clean and pleasant.	4.51	2	Outdoor spaces and buildings
Item B11: All city areas and services are accessible by public transport, with good connections.	4.50	3	Transportation
Item B12: Public transportation costs are affordable and clearly displayed. The costs are consistent under bad weather, peak hours and holidays.	4.50	4	Transportation
Item E34: Service staffs are courteous and helpful.	4.46	5	Respect and social inclusion
Item B15: Vehicles are clean, well-maintained, accessible, not overcrowded and have priority seating. Passengers give the priority seats to the people who in needed.	4.45	6	Transportation
Item B10: Traffic Flow is well regulated.	4.43	7	Transportation
Item B17: Transport stops and stations are conveniently located, accessible, safe, clean, well-lit and well-marked, with adequate seating and shelter.	4.43	8	Transportation
Item B18: Drivers stop at designated stops and beside the curb to facilitate boarding and wait for passengers to be seated before driving off.	4.38	9	Transportation
Item A6: Commercial services (e.g. shopping mall, supermarket and bank) are situated together and are accessible.	4.37	10	Outdoor spaces and buildings
Ten lowest-rated items			
Item B19: A voluntary transport service is available where public transportation is too limited.	3.50	44	Transportation
Item F41: Age discrimination is forbidden in the hiring, retention, promotion and training of employees.	3.46	45	Civic participation and employment
Item H49: Home care services, including health and personal care and housekeeping, are available.	3.45	46	Community support and health services
Item E32: Older people are regularly consulted by different services on how to serve them better.	3.43	47	Respect and social inclusion
Item C25: Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.	3.29	48	Housing
Item E35: Schools provide opportunities to learn about ageing and older people, and involve older people in school activities.	3.27	49	Respect and social inclusion
Item F40: A range of flexible and appropriately paid opportunities for older people to work is promoted.	3.21	50	Civic participation and employment
Item H52: Community emergency planning takes into account the vulnerabilities and capacities of older people.	3.09	51	Community support and health services
Item A7: Special customer service arrangements are provided, such as separate queues or service counters for older people.	3.08	52	Outdoor spaces and buildings
Item H53: There are sufficient and accessible burial sites (including niche).	2.28	53	Community support and health services

3.1.3 Mean scores of the Age-friendly City domains in Sai Kung

The mean domain scores varied across the eight domains, from (i) outdoor spaces and buildings (4.07±0.66, 95% CI: 4.01-4.13), (ii) transportation (4.22±0.71, 95% CI: 4.16-4.28), (iii) housing (3.72±0.93, 95% CI: 3.64-3.80), (iv) social participation (3.93±0.99, 95% CI: 3.85-4.02), (v) respect and social inclusion (3.83±0.82, 95% CI: 3.76-3.91), (vi) civic participation and employment (3.58±0.95, 95% CI:3.49-3.66), (vii) communication and information (3.94±0.81, 95% CI: 3.87-4.01), to (viii) community support and health services (3.42±0.85, 95% CI: 3.35-3.50). The mean score of the domain of transportation ranked significantly higher at the top; whilst the civic participation and employment, and community support and health services domains scored the lowest in Sai Kung (Figure 3.1-2).

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

### 3.1.4 Mean scores of the Sense of Community in Sai Kung

Table 3.1-3 shows the overall SOC and its four component scores in Sai Kung. Each component has a score ranging from 2 to 10, and the overall score ranges from 8 to 40. Sai Kung has a mean score of SOC of 29.14±5.09). Analyzed by component, the sense of group membership was the strongest (7.92±1.61), followed by shared emotional connection (7.60±1.49), need fulfilment (6.95±1.69) and influence (6.68±1.69).

Table 3.1-3. Mean scores of sense of community and the major components in Sai Kung

| SOC dimension	Mean	Std. Deviation
Need fulfilment	6.95	1.69
Group membership	7.92	1.61
Influence	6.68	1.69
Emotional connection	7.60	1.49
Total score	29.14	5.09

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

Figure 3.1-3a to Figure 3.1-3l show the scores of AFC domains by individual and geographical characteristics in Sai Kung. After controlling for other individual characteristics, respondents at older age and those who were not married tended to give higher score on outdoor spaces and buildings, and transportation (Figure 3.1-3a & Figure 3.1-3b).
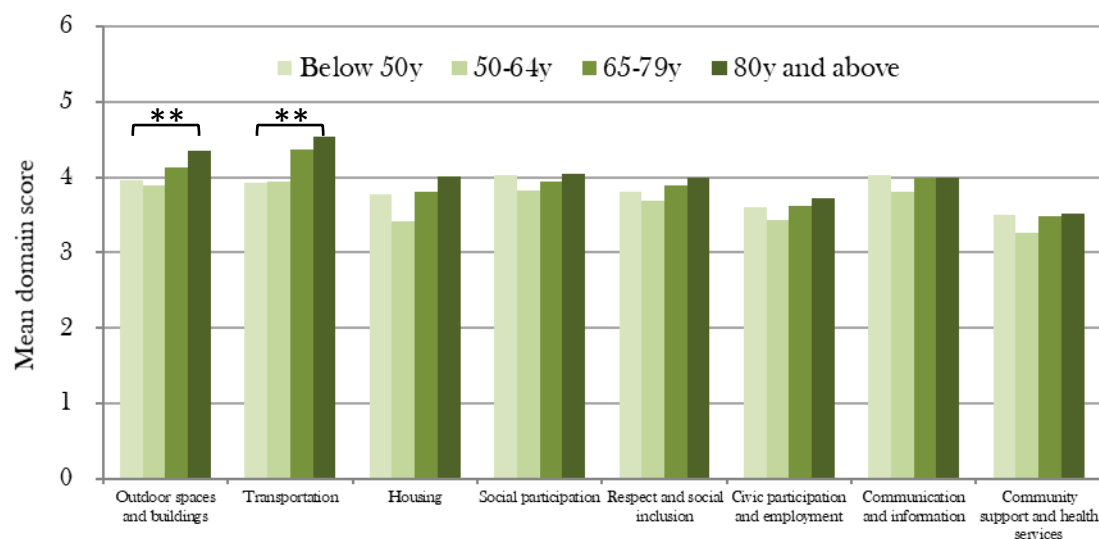
**P-trend values <.01, adjusted for sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income
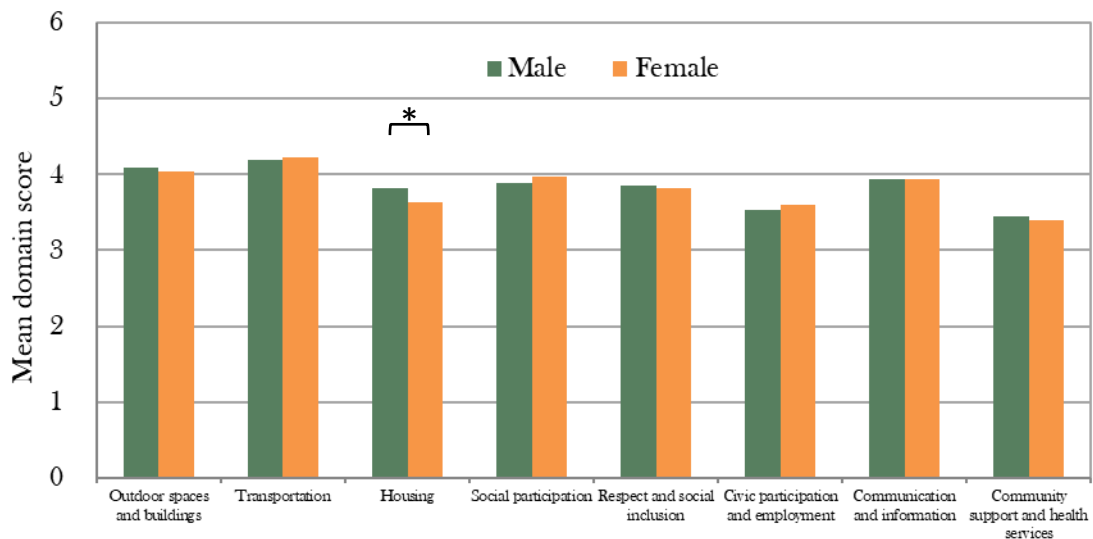
Figure 3.1-3a. Mean scores of the eight Age-friendly City domains, by age group
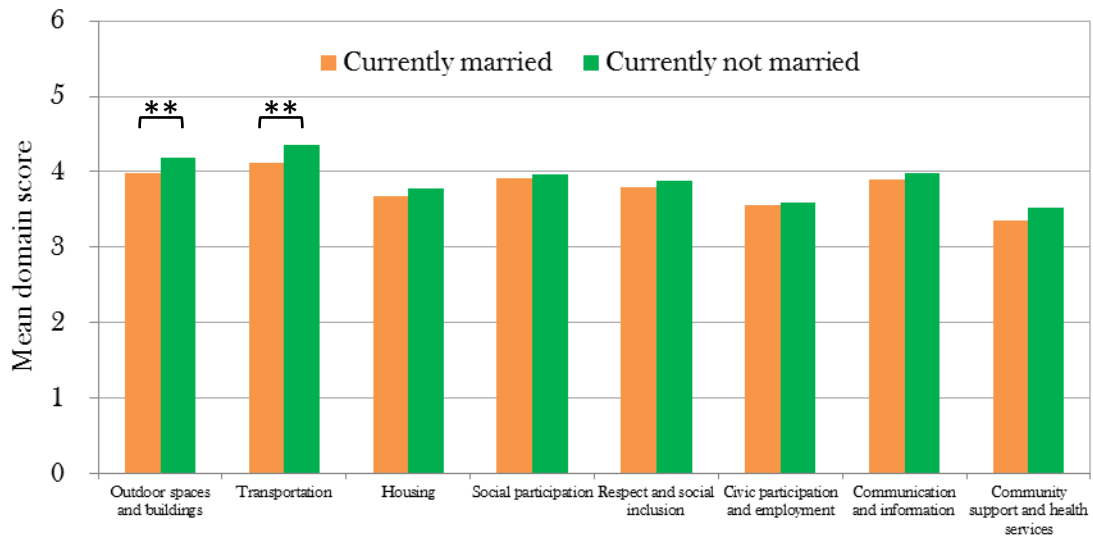
**P values <.01, adjusted for age, sex, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income
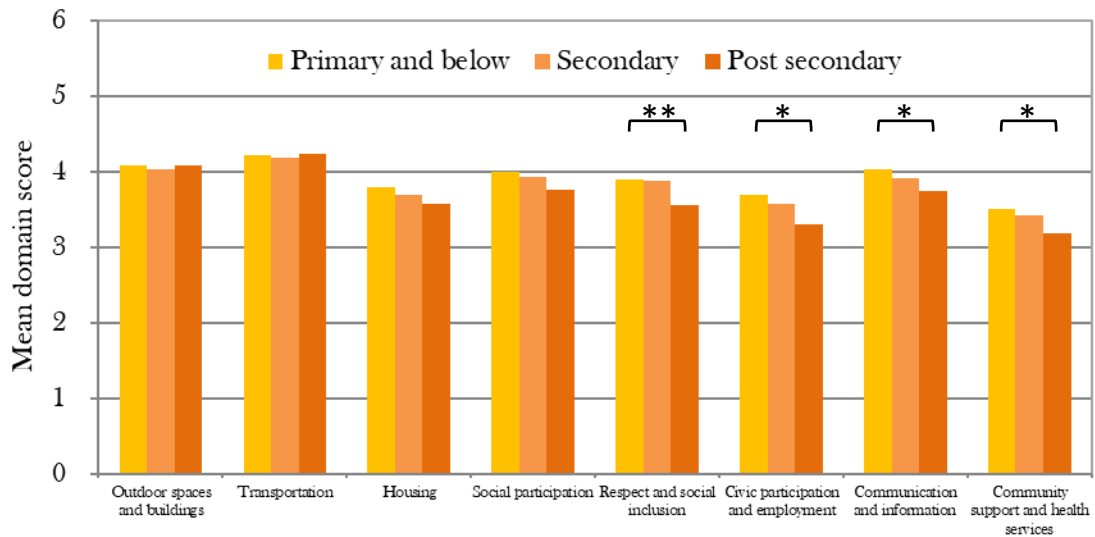
Figure 3.1-3b. Mean scores of the eight Age-friendly City domains, by marital status

Male respondents reported higher score on housing than their female counterparts (Figure 3.1-3c). Higher scores on respect and social inclusion, civic participation and employment, communication and information, and community support and health services were seen among respondents of lower education (Figure 3.1-3d).

*P values <.05, adjusted for age, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income
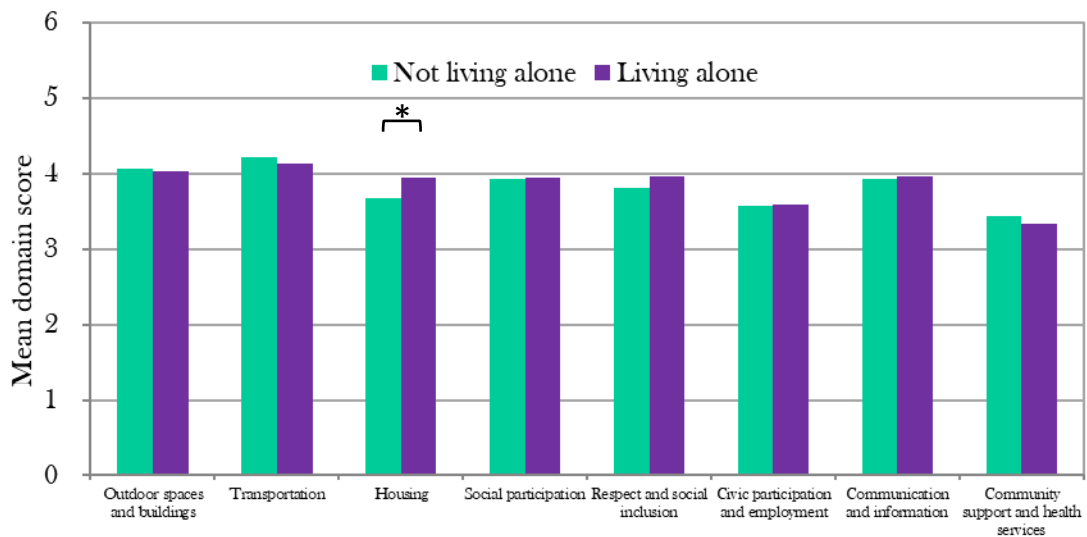
Figure 3.1-3c. Mean scores of the eight Age-friendly City domains, by sex

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

Respondents who lived alone contributed to higher scores on housing (Figure 3.1-3e). People who rated their overall health condition as good tended to give higher scores on outdoor spaces and buildings, respect and social inclusion, civic participation and employment, and community support and health services (Figure 3.1-3f).
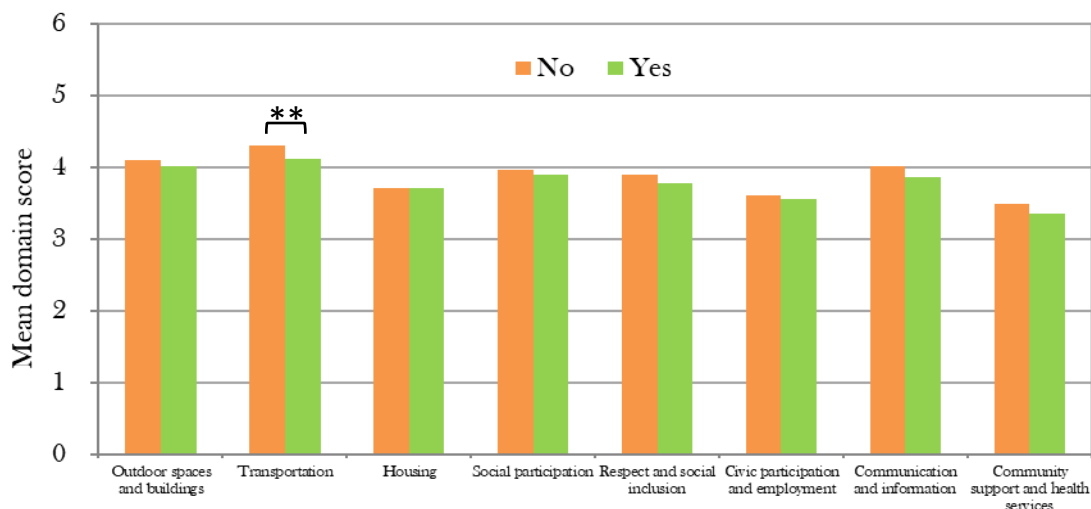
Figure 3.1-3e. Mean scores of the eight Age-friendly City domains, by living arrangement
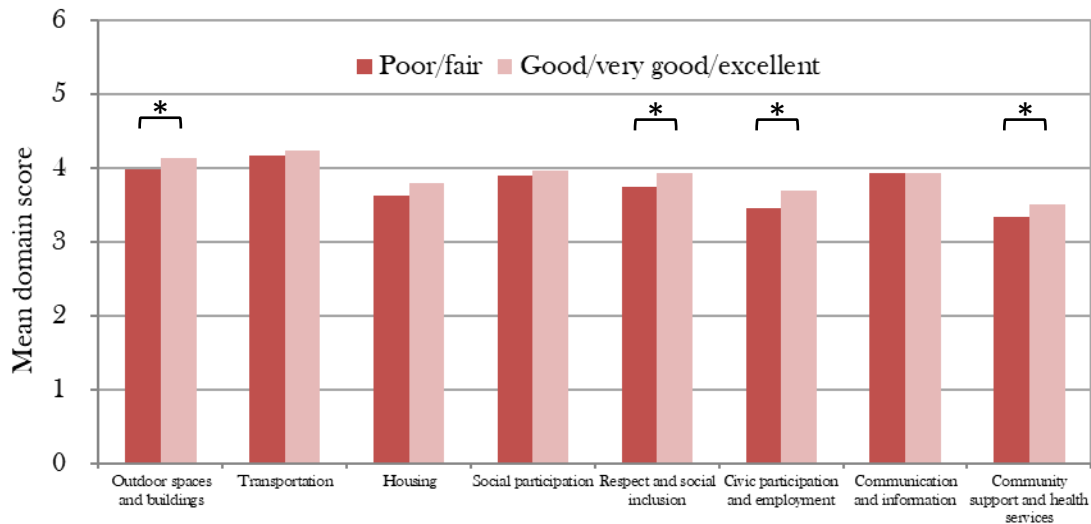
*P values <.05, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income
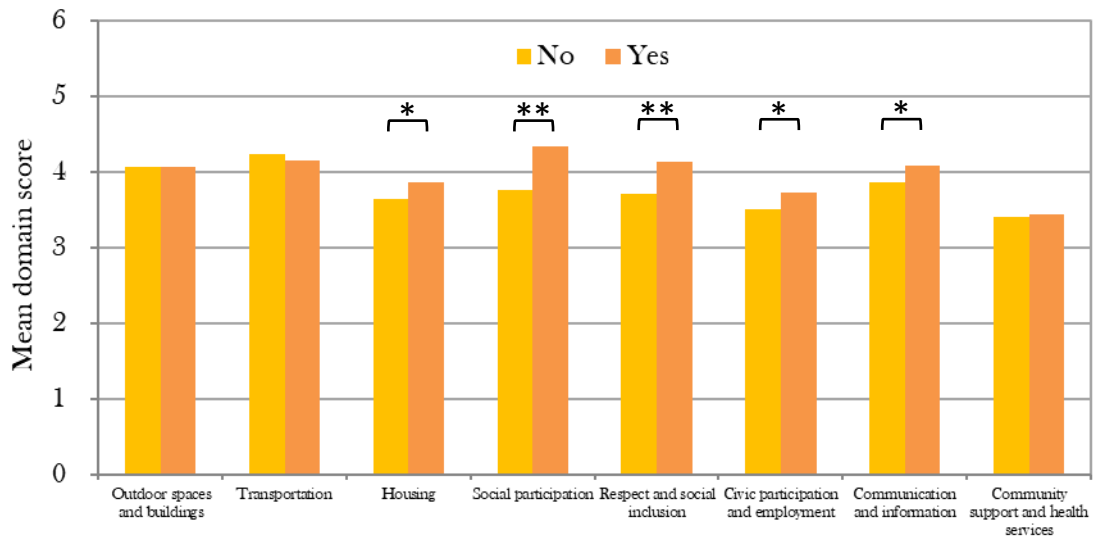
Figure 3.1-3f. Mean scores of the eight Age-friendly City domains, by self-rated health

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

**P values <.01, adjusted for age, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, use of elderly community centres, and disposable income

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

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

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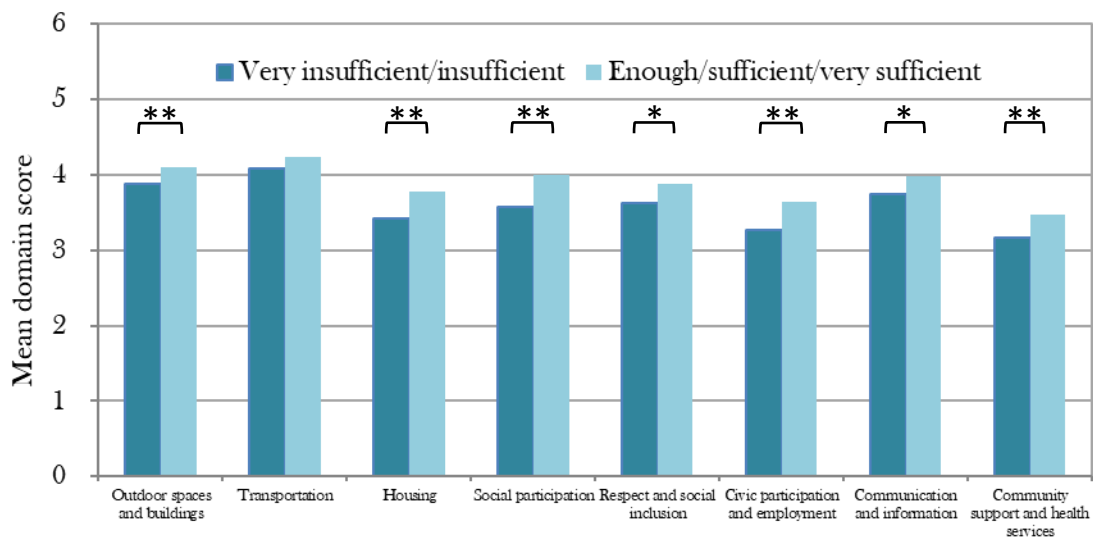

*P values <.05; **P values <.01, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, and use of elderly community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

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

Other individual characteristics such as type of housing and economic activity status did not show significant difference between subgroups (Figure 3.1-3j – Figure 3.1-3k).
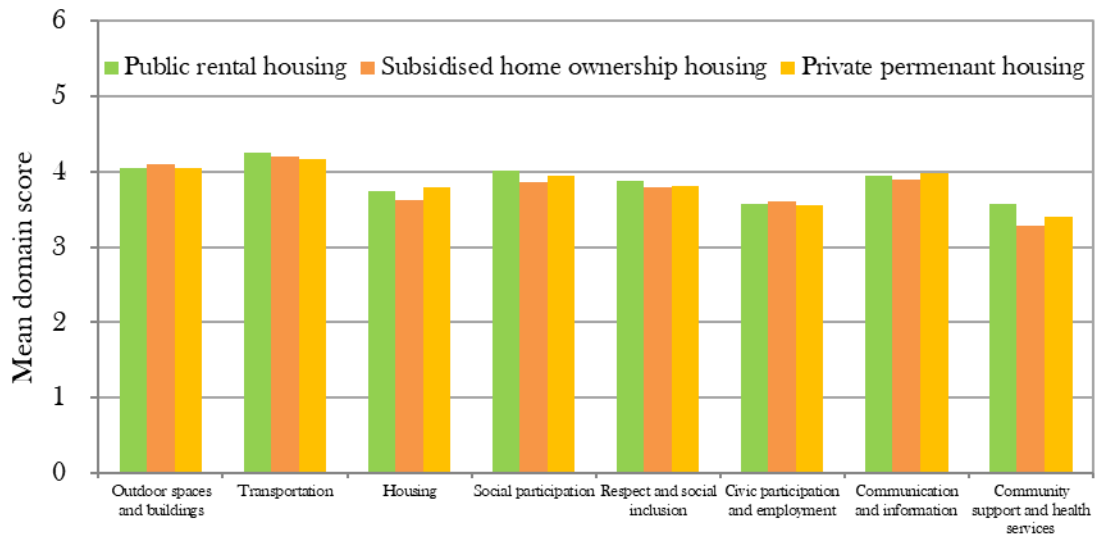
Figure 3.1-3j. Mean scores of the eight Age-friendly City domains, by housing type
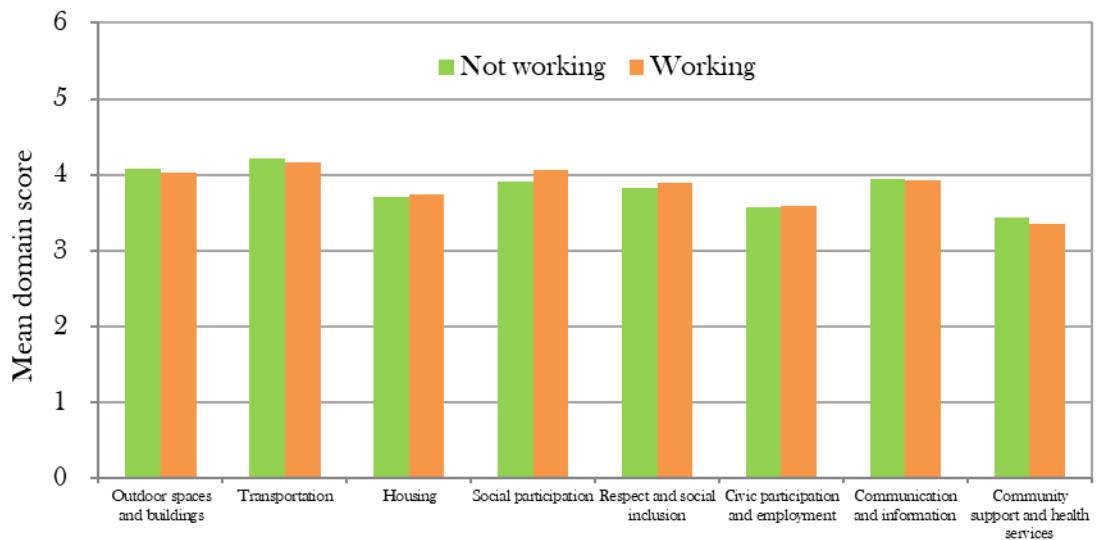
Figure 3.1-3j. Mean scores of the eight Age-friendly City domains, by economic activity status

Analyzed by region, there were significant variations of AFC scores across Sai Kung. Respondents from Tseung Kwan O reported higher score on outdoor spaces and buildings than those living in Sai Kung, whereas residents from Sai Kung also reported lower scores on transportation than those living in Hang Hau and Tseung Kwan O (Figure 3.1-3l).
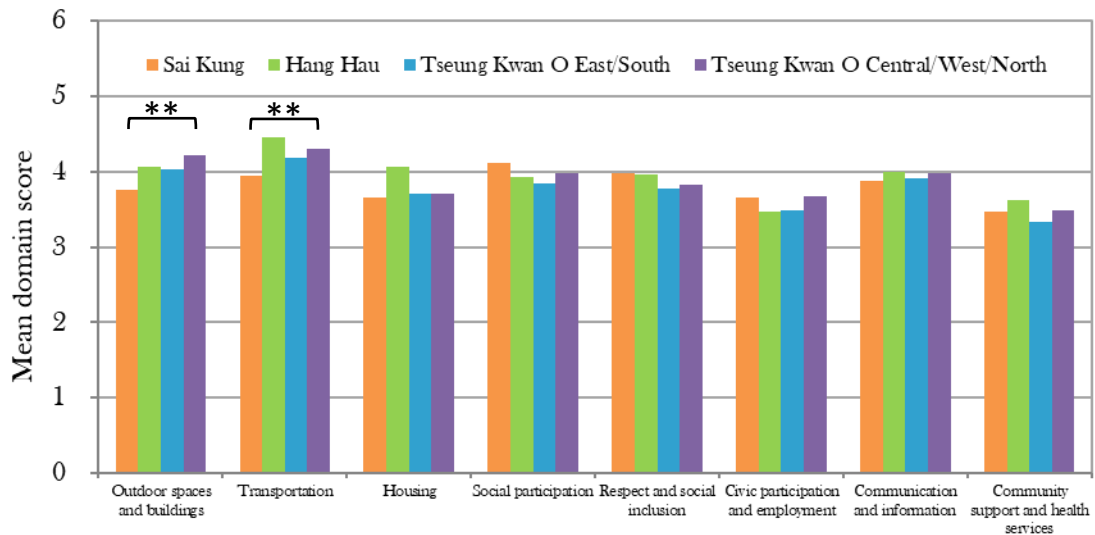
**P values <.01, adjusted for age, sex, marital status, educational level, type of housing, total length of residence in the neighborhood, living arrangement, economic activity status, self-rated health, prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income

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

3.2   Qualitative assessment

3.2.1   Socio-demographic characteristics of the focus groups participants

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

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

Group	1	2	3	4	5
Area Characteristics	尚德及廣明	厚德及德明	坑口西	環保	西貢市中心
Constituency area	Sheung Tak & Kwong Ming	Hau Tak & Tak Ming	Hang Hau West	Wan Po	Sai Kung Town
SVI band	III	III	II	I	II
Group characteristics					
Group size	12	6	10	8	11
Age group, year (mean, ±SD)	≥65 (76.6, ±5.52)	≥80 (84.3, ±3.67)	50-64 (58.5, ±4.22)	18-49 (43.3, ±9.97)	≥65 (76.3, ±5.06)
Female, n (%)	7 (58.3%)	6 (100.0%)	8 (80.0%)	5 (62.5%)	11 (100.0%)
Retirees, n (%)	10 (83.3%)	6 (100.0%)	2 (20.0%)	1 (12.5%)	11 (100.0%)
Good self-rated health, n (%)	3 (25.0%)	1 (16.7%)	6 (60.0%)	4 (50.0%)	1 (9.1%)
Secondary education and above, n (%)	7 (58.3%)	0 (0.0%)	6 (60.0%)	8 (100.0%)	2 (18.2%)
Major type of housing represented	Public and subsidized	Public	Private	Private	Public and subsidized
Owner-occupier, n (%)	6 (50.0%)	0 (0.0%)	9 (90.0%)	7 (87.5%)	5 (45.5%)
Living alone, n (%)	3 (25.0%)	6 (100.0%)	0 (0.0%)	0 (0.0%)	6 (54.5%)
Experience of delivering informal care to elderly, n (%)	1 (8.3%)	1 (16.7%)	3 (30.0%)	5 (62.5%)	8 (72.7%)

3.2.2 Age-friendliness of Sai Kung by domain

i. Outdoor spaces and buildings

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

Advantages	✓ Spaciousness of outdoor areas with good air quality and greening
	✓ Adequate barrier-free facilities in buildings
Barriers	✘ Inadequate facilities for social gathering in outdoor areas
	✘ Connection to public transport and community services not age-friendly enough

Facilities in outdoor areas and buildings

Well known as the "Back Garden of Hong Kong", the participants perceived that the outdoor areas in Sai Kung were spacious with good air quality and greening. Although some of the participants, especially those living in rural villages indicated the problem of mosquitoes and littering in their areas, they all agreed that the overall quality of outdoor areas was good with adequate shelters in the open spaces and along major pedestrian roads. However, the participants expressed that there was still room for improvement regarding outdoor facilities, with comments as follows:

- Many of the participants living in Sheung Tak Estates, Hau Tak Estates and Tui Min Hoi Chuen (對面海村) commented that the sheltered seats were not enough in their estates. As many elderly people loved to chit chat with their neighbors while enjoying the fresh air and breezes, insufficient sheltered seats in the outdoor areas deprived them of social gathering despite the spacious outdoor areas in their estates.

- The participants of Lohas Park also enjoyed the outdoor areas in The Park (日出公園) and waterfront promenade, but they were discontented with the insufficient fitness facility along the waterfront promenade and lack of lighting in The Park at night.

- Many elderly participants showed their concerns on the provision of public washroom in the outdoor areas. The elders living in **Sheung Tak Estate** and **Hau Tak Estate** raised the problem of insufficient public washroom as most of the washrooms were located inside the shopping centres, which was not convenient for the elders who took rest in the outdoor areas.

Pedestrian connection to public transport and community services

Most of the participants agreed that the pedestrian connection to public transport and community services was good and many pedestrian roads were covered with shelters and the residential areas were connected to the MTR stations and shopping centres by sheltered footbridges. However, the participants observed the following issues at several spots:

- The participants raised their concerns on the construction progress of the footbridge connecting between **Sheung Tak Estates** and **Tseung Kwan O MTR** station, which, upon completion, would be essentially a direct connection between Sheung Tak Estates and the MTR station with shelter. The residents could expand their activity zone to the shopping centres around the MTR station such as PopCorn and Park Central even in rainy days. The participants emphasized that the footbridge was very important but the progress of the construction was very slow.

- The participants of **Lohas Park** commented that the footbridge connecting their premises and the MTR station was not age-friendly with too much slopes along the way, which was an obstacle for the elders who needed to take **MTR**. Although the property management had arranged some security guards to patrol at both ends of the footbridge, it was not very helpful if the elders fell down in between.

- For the participants living in the **Tseung Kwan O Village** in Hang Hau West, they requested for more rain shelters and seats along the pedestrian road between their village and the shopping centres or bus stations, since they needed to commute between these areas daily and the distance was long. It would be difficult for the elders if lack of rain shelters and seats for taking rest. They also expressed that the road crossing facility in their village was insufficient, which caused danger to the elders and kids.

- The participants of **Sai Kung Town** commented that the traffic light near the pedestrian crossing to the wet market changed quickly and there was not enough time for the elders to cross the roads.

- In the informal meeting, some of the participants from Tseung Kwan O elderly livelihood concern group raised that there were problems of cycle tracks in Po Lam. They observed that many bicycles were riding on the footpath while many pedestrians also walked on the bicycles tracks, which could be dangerous for both cyclists and pedestrians. Stroke patients in the group also pointed out that many footbridges in Po Lam were without elevators. The traffic light for pedestrian at Po Lam Road North outside Jockey Club General Outpatient Clinic changed quickly and did not give sufficient time for elders to cross the road.

Barrier-free facilities

Most of participants appreciated that the barrier-free facilities had been improving in the district, as reflected by the increasing number of ramps, handrails and non-slip paving tiles installed at parks and shopping centres. However, for the old residential areas developed several decades ago, the barrier-free facilities could be improved. Residents in rural villages such as **Tseung Kwan O Village** and **Tui Min Hoi Chuen** perceived that the barrier-free facility was not enough. For **Tseung Kwan O Village**, as there was lack of ramp for wheelchair users, the elders living on hillside of the Tseung Kwan O Village had to climb up the steps slowly to get to their home.   For **Tui Min Hoi Chuen**, there was no elevator in their premises. It was challenging for the residents as they had to climb over 40 steps if they lived on the fourth or fifth floor, as well as discouraging the elderly from going out.

Maintenance of public spaces

The participants living in **Hau Tak Estate** reported inadequate maintenance of public spaces around the Estate. They pointed out that the maintenance of paving of the open spaces was insufficient and some of the pavements were damaged by the roadside tree roots. The elders might trip easily if they did not pay attention to the uneven pavement. Some of the participants living in **Tseung Kwan O Village** and **Sai Kung Town** also pointed out the cleanliness problem in the public spaces. The residents in **Tseung Kwan O Village** expressed that as the garbage collection boxes in their village were not enough, they were all full after evening and the public spaces would become smelly and even attract mice. The participants of **Sai Kung Town** were discontented with the dog mess on the street, especially near the minibus terminus.

ii.   Transportation

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

Advantages	✓ $2 public transport fare for elderly aged 65y and above
	✓ Sufficient public transport network in urban areas
Barriers	✗ Expensive fares for passenger aged 60-64y
	✗ Insufficient public transport services in areas without MTR
	✗ Inadequate alternative transport services for frail elders

Public transport accessibility

Most of the participants aged above 65y appreciated the $2 public transport scheme "Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities". The participants living in the urban areas such as **Sheung Tak Estate** and **Hau Tak Estate** agreed that the public transport network was satisfactory as they could take MTR to other districts. For the areas in the vicinity of MTR stations, residents were required to take bus or minibus to the nearest MTR station and even other districts. However, the participants raised their concerns on the public transport services as follows:

- Some of the participants perceived that the waiting time for bus and minibus services was too long. Since many elders preferred to travel by bus due to its point-to-point and comfortable services, the relatively long waiting time for bus services deprived them of travelling to other districts.

- The participants of **Lohas Park** also expressed that the transport connection to MTR station was insufficient. They pointed out that MTR was the major means of transport for the residents and the choice of bus and minibus services was limited. For the residents living far from the MTR station, such as those living in the **Beaumount (峻瀅)** and **Le Prestige (領都)**, they had to walk for about 10 minutes to the MTR station without shuttle service or transport connection between these areas. It was not age-friendly for the elders who had problem with walking.

- Besides MTR, there was limited transport service between **Lohas Park** and other areas in Tseung Kwan O such as Po Lam and Hang Hau, it was very inconvenient for the residents due to low service frequency of MTR between the Lohas Park and other stations and they also needed to transit at Tseung Kwan O station. The participants claimed that many elders had already moved out already due to the insufficient transport and they strongly requested for direct bus services to Po Lam and Hang Hau for accessing community services.

- For the participants aged below 65y who were not yet eligible for the $2 public transport scheme, they expressed that the transportation cost was expensive, especially for those requiring to take bus or minibus services before taking MTR

to other districts.   It deprived the retired population aged 60y-64y of travelling to other districts.

Alternative transport in less accessible areas

In spite of the extensive public transport network enjoyed by most of the residents in urban area, some of the participants in less accessible areas perceived that the transportation in these areas should be improved. They observed the following issues about public transport services at several spots:

- The participants of **Tseung Kwan O Village** reported that they had to rely on the minibus service as most of the villages in Hang Hau West could not be reached by MTR and bus service was limited due to the small population. They perceived that the minibus service was insufficient as the minibuses only stopped near Po Lam Estates where the elders had to walk for about 10 minutes to the village. Although there was a special minibus service between the village and Po Lam MTR, it only operated from 7 to 9 am on weekdays.

- The participants of **Sai Kung Town** indicated that the public transport service to other districts was limited as the elders could only take bus route No. 92 or minibuses to Choi Hung and Kowloon Bay if they wanted to enjoy the $2 public transport scheme to Kowloon. The elders also expressed that they had hesitation to take minibuses as the gates were too high for them and the speed was also too fast that some of the elders had fallen down from the seats before. This further restricted the choice of public transport service for the elderly.

- The problem of traffic congestion in **Sai Kung Town** was considered serious during weekends and public holidays.   The participants expressed that they needed to wait for almost half an hour for minibuses as the road was blocked by the vehicles of tourists.

All these limitations deprived the elders living in less accessible areas of travelling if no alternative transport could be provided. Some of the participants suggested installing digital display panels to show the arrival time of next bus at the bus station in these less accessible areas, since many elders did not know how to check the bus schedule on mobile phone app.

Transportation for the frail elders

The participants perceived that the public transport to the elderly health care services in the district was insufficient. The participants living in **Sheung Tak Estate** reported that there was only one bus service to the Tseung Kwan O Elderly Health Centre in Po Lam operating every 30 minutes. It was challenging for the elders as there was lack of seat at the bus stops. Some of the participants said they would rather walk or ride a bicycle due to the long waiting time of bus services. For those with reduced mobility, they could only take taxi and pay for the expensive taxi fares. Many participants also expressed that the barrier-free facilities in MTR stations were inadequate although most of the residents in Tseung Kwan O relied on MTR as means of public transport. The residents in **Lohas Park** remarked that at exit C of the MTR station, which was the major exit for the residents, there was only one elevator and the escalators only went upwards. As a result, many elders had to walk downstairs for several floors.

iii.   Housing

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

Advantages	✓ Affordable housing (public and subsidized housing) ✓ Adequate interior space for movement ✓ Adequate maintenance service (public housing)
Barriers	✗ Lack of information and choice of home maintenances service (private housing) ✗ Limited services for housing in less accessible areas

Housing conditions and home maintenance services

Most of the participants perceived that the housing conditions of the flats in Sai Kung District were acceptable in terms of the size of living space and comfort, in particular the participants from the rural villages in **Tseung Kwan O Village** and **Sai Kung Town**. The participants from public and subsidized housing also perceived that the housing was acceptable in view of the good maintenance and design of the housing. For the maintenance services, the participants from public housing agreed that the services were outstanding as they were free of charge and the management office would conduct

assessment for home maintenance service for the elderly residents. For residents from private housing, most of them were discontented with the maintenance services as the management office only provided services by request and they were expensive.

Accessibility of community services

Most of the participants living in the public and subsidized housing in Tseung Kwan O agreed that it was convenient to access community services such as public libraries, sport centres and shops for necessary goods. However, participants from **Lohas Park** and rural villages in Hang Hau West and Sai Kung expressed that there was lack of community service such as supermarket and bank in their areas. Participants from **Tseung Kwan O Village** and **Tui Min Hoi Chuen** said they had to walk or travel for a long distance to reach the nearest market and it was inconvenient for the elders.   The residents from **Lohas Park** also expressed that there were insufficient bank service and restaurants in their community for which they had to travel to Po Lam or Hang Hau.

iv.   Social participation

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

Advantages	✓ Adequate outdoor spaces and indoor venue for social activities ✓ Diverse and affordable social activities
Barriers	✖ Limited availability of social activity in areas of private housing and for low mobility elders

Diverse and affordable social activities

Most of the participants agreed that social activities in Sai Kung District were sufficient as different estates in the district had been providing many outdoor and indoor venues for activities. Community centres, district councilors, churches and some schools also organized different activities such as outings, health talks, exercise classes, etc. for the elders and most of these activities were free of charge. For participants who were members of elderly centres, they said they would also play card games and read newspaper in these centres. For the participants from **Lohas Park**, they expressed that although there was a large park and waterfront promenade in their community, no elders would gather in these areas for activity as there was neither seat nor shelter. They also perceived that the activities for the elders were limited in their community. Quota was limited and fees were expensive. Consequently, the elders would have their

own activities or join the activities organized by the community centres in other neighborhoods such as Sheung Tak Estates or Hau Tak Estates. The participants also reported that most of the activities in Lohas Park were for young families. From an informal interview with a foreign resident living in a rural village in Sai Kung, the participant expressed that it was difficult for the foreign residents to join elderly activities organized by local NGOs, as the number of activities and relevant information were scarce. Most of them preferred to have social gatherings with friends, rather than joining the centre-based elderly activities.

Accessibility of community / elderly centres

Some of the participants expressed that their estates only had social service centres for the youth or family but limited activities for the elders, elders had to join activities organized by elderly centres in other estates, making it difficult for elders with reduced mobility. Participants from **Lohas Park** preferred to stay home due to lack of elderly centre in the community. For the participants from **Tseung Kwan O Village** where there was no elderly centre in their community, they expressed that they did not need to join social activities as they had good neighborhood relationship and had social gathering among themselves very often.

v.   Respect and social inclusion

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

Advantages	✓ Basic sense of respect towards the elderly
	✓ Strong sense of community (public housing and rural villages)
Barriers	✗ Lack of opportunity to express their needs and views

Sense of respect

The participants agreed that the general public showed basic sense of respect towards the elderly, as reflected by their willingness of offering their seats on public transport and helping wheelchair users by holding the elevator and opening the doors for them. The participants living in public housing and rural villages also perceived that the SOC was good as they all knew their neighbors and would help the elder neighbors to purchase food and take bulky packages for them. The participants from **Tsueng Kwan O Village** emphasized that their sense of respect was very good as the elders were their

relatives and they had been organizing banquet for the elders aged above 70y every year. Participants from **Sai Kung Town** reported that schools in Sai Kung regularly organized intergenerational activities in which students could talk to the elders and organize workshops for them. They all had good comments on the manner of the students. Nonetheless, the participants still perceived that some of the people in the community were impolite and inconsiderate, especially towards the elders using wheelchairs. They reported that some of the people would push the wheelchair users while taking elevator or the taxi drivers were reluctant to take wheelchair users. Participants from **Lohas Park** also agreed that some of the residents would not help the elders proactively, they might just be too busy to pay attention to the needs of the elderly. The participants suggested that the sense of respect could be improved through education or intergenerational programmes to encourage mutual understanding. Commercial sector could also provide free services to the elders occasionally such as free entry to theme parks or free transport to promote sense of respect in the society.

Social inclusion

The participants expressed that they did not feel that the culture of consultation about the elderly services was widespread in community nor the general public would consider their needs although they could still talk to the district councilors and social workers about their problems or views on the community. The participants from **Tseung Kwan O Village** reported that if they had any problems or views on the village, they would solve the problems by themselves or seek help from the village head. For the participants from **Lohas Park**, they found difficult to express their views on the community since there was no district councilor office in their community.

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

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

Voluntary work

The participants agreed that there were plenty of volunteering activities in community centres and elderly centres. Most of them enjoyed the voluntary work and interacting with members of the community such as talking to other elders during home visits to understand the life and living environment of other elders in different communities. In addition, although they did not receive any allowance, they could join some activities organized by the elderly centre free of charge as reward or recognition after volunteering.   On the other hand, although the voluntary works arranged by the elderly centres were very simple, the participants expressed that physical fitness was the major concern for joining voluntary work. The participants from **Lohas Park** expressed that no volunteering activity had been organized since there was no community centre in their estate. As a result, most of the elders stayed at home or had their own activities.

Employment

All the participants perceived that the employment opportunity for the elders aged above 65y was limited. Some of the participants knew that some young-olds still continued to work as cleaners or waiters after reaching retirement age. However, if they quitted their jobs due to retirement and wanted to do part-time job after a period, opportunity was limited. Some participants also expressed that they would not consider finding jobs as they were even busier with housework after retirement. The participants from **Sai Kung Town** reported that they tried to operate a snack shop in the community centre during summer holiday several years ago for fun and earning some pocket money. However, the workload was too heavy for them, so they all quitted after that summer.

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

Advantages	✓ Distribution of information through different channels in public and subsidized housing
Barriers	✘ Limited information received in private housing

Distribution of information

The participants living in public and subsidized housing agreed that they could obtain information of their community easily from the notice boards of their premises. Staff of elderly centres would inform the elders about the activities and services provided by the elderly centres through monthly meeting. District councilors would also spread the information about the community through Whatsapp. For the participants from **Sai Kung Town**, they perceived that the most efficient way of getting information was person-to-person communication. As many residents in the rural villages in Sai Kung were former fishermen, their level of education was lower and some of them were illiterate. They would tend to collect information from their neighbors and friends.

Platforms for communication

The participants from private housing such as **Lohas Park** perceived that information circulation was very difficult in their community as the notice boards of the premises were too small to attract the residents. People from outside were prohibited to distribute leaflet in their community. Therefore most of the residents would share information about the community through digital platforms such as Facebook and Whatsapp. For those elders who were not active in the community or did not use digital platform, they received limited information.

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

Advantages	✓ Health services available in the community
	✓ Affordable health services for those aged 65y or above
	✓ Community support through elderly centres
Barriers	✗ Overstretched medical resources
	✗ Limited community care services available in less accessible areas

Health services

Most of the participants agreed that clinics were available and affordable in their nearby communities. Besides the general out-patient clinics, Chinese medicine mobile clinic services were also provided by NGOs in some residential areas. The introduction of elderly health care vouchers was appreciated by the elderly, especially when the age limit was lowered to age 65y. The concerns on health services from the participants were summarized as follows:

- Most of the participants perceived that the waiting time to receive treatment was long. They reported that they could only receive treatment in out-patient clinic the next day after making appointment through the automated booking system. In case of emergency, they would attend the Accident and Emergency Depertmetn at Tseung Kwan O Hospital or private clinics accepting the elderly health care vouchers. However, the participants remarked that the amount of vouchers could not fully cover the cost of dental services or dispensing spectacles.

- The participants in **Lohas Park** and in less accessible areas such as **Tseung Kwan O Village** reported that health services in their community were insufficient. For Lohas Park, there were only three private clinics in the community with total population over 36,000. In addition, they could only buy medicine at supermarket or Mannings as there was no pharmacy in the community. The residents in Tseung Kwan O Village also indicated that their nearest clinic was in Po Lam Estates, with 15-minute walk distance.

- From the informal meeting at Sheng Kung Hui Tseung Kwan O Aged Care Complex, a group of carers showed their concerns on the health services for dementia patient. They commented on the long waiting time involved in

diagnosiss, which usually resulted in delayed treatment. They suggested that government departments should provide more training on dementia to doctors in order to speed up the time for treatment. Government departments should also provide more resources to the elderly centres to provide support and services for the demented elders. In addition, they should also educate the public about dementia to raise awareness towards this group of people.

Community support

The participants reported that paid community support services such as cleaning and meal delivery services were available through elderly centres. However, some of the participants commented that the services were not very helpful as the helpers could come only for one hour per month, so they preferred doing the cleaning by themselves. Participants from **Tseung Kwan O Village** expressed that they could receive community support services through referral by medical social workers, but the elders in their village did not like to get help from people outside their families, so most of the participants would do the cleaning jobs or purchase food for the elders or seek helps from their neighbors.

4. Recommendations

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

4.1   Outdoor spaces and buildings

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

- Engage the elders in assessing the age-friendliness of the community, such as updating the existing community facilities, designing open spaces for social gathering and revisiting the location of public washroom.
- Discuss with relevant stakeholders (e.g. government departments, District Council and residents) on the needs and means to improve the barrier-free facilities in rural villages, such as provision of ramps and handrails along the footpaths.

Aim: To enhance the connection between residential areas, shopping malls and community services

- Liaise with government departments and commercial services to strengthen barrier-free facilities connecting the residential areas to nearby shopping mall and social service, such as providing shelters and seats on major pedestrian roads and installing handrails and non-slip paving for footbridges with slopes.

4.2   Transportation

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

- Discuss with relevant stakeholders (e.g., Government departments, service operators and residents) on the needs and means to improve transport services for residents in less accessible areas, such as increasing the frequency of existing service between town centre and MTR stations.

Aim: To improve the transportation services for frail elders

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

4.3   Housing

Aim: To enhance home modification and maintenance services in private housing

- Liaise with relevant stakeholders such as NGOs and companies to identify and provide affordable home safety assessment and home modification services to the elders, especially those living alone or in private housing.

Aim: To improve accessibility of community services in less accessible areas

- Explore the possibility of forming group purchase services among the residents living in less accessible areas.
- Discuss with NGOs to provide workshops on the use of internet and digital platforms, in order to facilitate the elders to access e-banking, e-library, etc.

4.4   Social participation

Aim: To facilitate the social participation of less visible groups

- Encourage collaboration among District Council, NGOs, private housing premises and village representatives to understand the activities of interest to elderly, and provide outreach activities using clubhouses, village committee offices or other areas available in housing estates and villages.
- Encourage NGOs to identify the elders in the community where elderly centre was insufficient, to share the information of the activities with the elderly using different means and invite them to join activities.

4.5   Respect and social inclusion

Aim: To facilitate intergenerational exchange

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

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

- Encourage service providers in the district to consult and listen to the views of the elders.
- Encourage the formation and development of elderly group to understand and express their opinions on social issues related to their daily life.

4.6   Civic participation and employment

Aim: To promote voluntary work to the elders in less accessible areas

- Discuss with NGOs on providing incentives to encourage the elders to join volunteering activities, such as giving them the priority in joining popular activities with limited quotas. This may encourage the elders, especially those "hidden elders" in remote areas to maintain their relationship with the community.

Aim: To promote and facilitate employment for the elderly

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

4.7　Communication and information

Aim: To enhance and strengthen district communication and information channels

- Encourage the setting up of notice boards in public areas of private estates to facilitate information flow to elder residents.
- Explore the feasibility of using the existing social platforms (e.g. Whatsapp, Facebook) or developing mobile app to provide age-friendly information to both elders and their family members, so that the elders living in rural villages can also receive information through their family members, relatives and neighbors.
- Discuss with NGOs on providing workshop on using internet and digital platforms, in order to facilitate the elders to receive information through wider channels (also refer to section 4.3).

4.8　Community support and health services

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

- Encourage NGOs to understand the needs of elders and provide targeted community-based programmes to enhance their physical and mental well-being
- Explore the feasibility of expanding the existing health care services in rural villages provided by NGOs, such as increasing the frequency of health check services or expanding the regular health care services to the rural villages where clinic is not accessible.
- Explore the feasibility of expanding the Chinese medicine mobile clinic to the rural village in Sai Kung and Hang Hau West.

Aim: To facilitate home care services through community networks

- Encourage NGOs to provide training on home care services to the young-old and housewives where community care services are not available (e.g. in rural villages), in order to facilitate home care services through community networks.

- Encourage NGOs to provide flexible home care services in terms of the number and variety of services , work schedule of the helpers, etc. to meet the need of the elders

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計劃夥伴 Project Partner:　　　　　　　　　　　　　　策劃及捐助 Initiated and funded by:

香港中文大學
The Chinese University of Hong Kong

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

賽馬會齡活城市
Jockey Club Age-friendly City

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

問卷編號：＿＿＿＿＿＿＿＿＿＿＿＿

問卷完整性：☐ 部分完成　　☐ 整份完成

調查方式：☐ 面談　☐ 電話訪問　☐ 自行填寫

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

「賽馬會齡活城市計劃」問卷調查

篩選問題：

1.　年齡：＿＿＿＿＿＿＿＿＿＿＿＿

2.　性別：男 / 女

3.　於現址連續居住六個月或以上：是 / 否

4.　住宅地區

☐ (1)　油尖旺　☐ (2)　九龍城　☐ (3)　黃大仙　☐ (4)　深水埗　☐ (5)　觀塘

☐ (6)　西貢　　☐ (7)　荃灣　　☐ (8)　葵青　　☐ (9)　沙田　　☐ (10) 大埔

☐ (11) 元朗　　☐ (12) 屯門　　☐ (13) 北區　　☐ (14) 中西區　☐ (15) 灣仔

☐ (16) 南區　　☐ (17) 東區　　☐ (18) 離島

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

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賽馬會齡活城市
Jockey Club Age-friendly City

賽馬會齡活城市計劃
參加者同意書

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

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

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

風險
是次研究並不存有已知的風險。

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

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

參與及退出
參與純屬自願性質，您可隨時退出而不會對您造成負面影響。

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

如您明白以上內容，並願意參與是項研究，請簽署以下之同意書。

姓名：

簽署：

日期：

批准研究到期日：　　2018 年 12 月份

葵青 - 葵興

□ (801) 葵俊苑	(802) 光輝圍

葵青 - 上大窩口

□ (803) 大窩口邨 (部份)：富強樓 / 富國樓 / 富泰樓 / 富德樓 / 富華樓 / 富榮樓 / 富賢樓

葵青 - 葵涌邨北

□ (804) 葵涌邨 (部份)：曉葵樓 / 合葵樓 / 雅葵樓 / 百葵樓 / 逸葵樓 / 映葵樓 /旭葵樓

葵青 - 石蔭

□ (805) 寧峰苑

葵青 - 石籬

□ (806) 石籬(二)邨 - 石祥樓 / 石福樓 / 石富樓 / 石禧樓 / 石廣樓 / 石偉樓 / 石榮樓 / 石欣樓 / 石怡樓 / 第 10 座 / 第 11 座

葵青 - 大白田

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

葵青 - 華麗

□ (814) 嘉翠園	□ (815) 海峰花園	□ (816) 華景山莊

葵青 - 荔華

□ (817) 荔欣苑

葵青 - 翠怡

□ (818) 涌美老屋村	□ (819) 海欣花園	□ (820) 翠怡花園	□ (821) 藍田村
□ (822) 新屋村	□ (823) 大王下村	□ (824) 鹽田角村	

葵青 - 長青

□ (825) 長青邨

葵青 - 長康

□ (826) 青華苑

葵青 - 青衣南

□ (827) 長宏邨	(828) 曉峰園	(829) 藍澄灣

葵青 – 青發

□ (830) 青雅苑	(831) 青泰苑	(832) 青宏苑

北區 – 天平東

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

北區 – 石湖墟

□ (1309) 龍豐花園	□ (1310) 新都廣場	□ (1311) 海禧華庭	□ (1312) 石湖墟
□ (1313) 上水中心	□ (1314) 上水名都	□ (1315) 順欣花園	□ (1316) 旭埔苑

北區 – 天平西

□ (1317) 天平邨 (部份) : 天祥樓 / 天賀樓 / 天明樓 / 天怡樓

北區 – 粉嶺市

□ (1318) 碧湖花園	□ (1319) 牽晴間	□ (1320) 粉嶺樓	□ (1321) 粉嶺中心
□ (1322) 粉嶺圍	□ (1323) 安樂村	□ (1324) 掃管埔	□ (1325) 瑞栢園
□ (1326) 海燕花園			

北區 – 欣盛

□ (1327) 昌盛苑	□ (1328) 欣盛苑	□ (1329) 雍盛苑

北區 – 上水鄉郊

□ (1330) 歐意花園	□ (1331) 坑頭	□ (1332) 河上鄉	□ (1333) 古洞
□ (1334) 馬草壟	□ (1335) 大頭嶺	□ (1336) 松柏朗	

北區 – 清河

□ (1337) 清河邨

北區 – 彩園

□ (1338) 彩蒲苑

北區 – 華明

□ (1339) 華明邨

北區 – 盛福

□ (1340) 嘉盛苑	□ (1341) 欣翠花園	□ (1342) 蔚翠花園	□ (1343) 百福花園
□ (1344) 豪峰嶺	□ (1345) 維也納花園		

北區 – 沙打

□ (1346) 沙頭角邨	□ (1347) 上禾坑

西貢 -環保

☐ (601) 清水灣半島	☐ (602) 日出康城

西貢-西貢市中心

☐ (603) 對面海邨	☐ (604) 明順村	☐ (605) 翠塘花園

西貢-西貢離島

☐ (606) 觀海樓	☐ (607) 甲邊朗	☐ (608) 滘西洲	☐ (609) 糧船灣
☐ (610) 南山	☐ (611) 北潭涌	☐ (612) 菠蘿峯	☐ (613) 沙角尾
☐ (614) 大網仔	☐ (615) 薑場		

西貢-坑口西

☐ (616) 馬游塘	☐ (617) 茅湖仔	☐ (618) 碧水新村	☐ (619) 大埔仔
☐ (620) 井欄樹	☐ (621) 將軍澳村	☐ (622) 魷魚灣村	

西貢-運亨

☐ (623) 叠翠軒	☐ (624) 茵怡花園

西貢-南安

☐ (625) 東港城	☐ (626) 新寶城	☐ (627) 南豐廣場

西貢-富君

☐ (628) 富康花園

西貢-維都

☐ (629) 都會駅	☐ (630) 維景灣畔

西貢-彩健

☐ (631) 健明邨 (部份)：健晴樓 / 健曦樓

西貢-白沙灣

☐ (632) 栢麗灣別墅	☐ (633) 蠔涌	☐ (634) 匡湖居	☐ (635) 莫遮峯
☐ (636) 南圍	☐ (637) 澳朗村	☐ (638) 北港凹	☐ (639) 打蠔墩
☐ (640) 打鼓嶺	☐ (641) 太平村	☐ (642) 窩美	

西貢-厚德

☐ (643) 厚德邨

西貢-德明

☐ (644) 顯明苑	☐ (645) 和明苑	☐ (646) 煜明苑

西貢-康景

☐ (647) 富麗花園	☐ (648) 旭輝臺	☐ (649) 怡心園	☐ (650) 慧安園

西貢-尚德

☐ (651) 尚德邨

西貢-廣明

☐ (652) 廣明苑	☐ (653) 寶明苑

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

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

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

您有幾同意而家………

A	室外空間及建築	非常不同意	不同意	有點不同意	有點同意	同意	非常同意
1.	公共地方乾淨同舒適。	1	2	3	4	5	6
2.	戶外座位同綠化空間充足，而且保養得妥善同安全。	1	2	3	4	5	6
3.	司機喺路口同行人過路處俾行人行先。	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。無論喺惡劣天氣、繁忙時間或假日，收費都係一致嘅。	1	2	3	4	5	6
13.	喺所有時間，包括喺夜晚、週末和假日，公共交通服務都係可靠同埋班次頻密。	1	2	3	4	5	6
14.	公共交通服務嘅路線同班次資料完整，又列出可以俾傷殘人士使用嘅班次。	1	2	3	4	5	6
15.	公共交通工具嘅車廂乾淨、保養良好、容易上落、唔迫、又有優先使用座位。而乘客亦會讓呢啲位俾有需要人士。	1	2	3	4	5	6
16.	有專為殘疾人士而設嘅交通服務。	1	2	3	4	5	6
17.	車站嘅位置方便、容易到達、安全、乾淨、光線充足、有清晰嘅標誌，仲有蓋，同埋有充足嘅座位。	1	2	3	4	5	6
18.	司機會喺指定嘅車站同緊貼住行人路停車，方便乘客上落，又會等埋乘客坐低先開車。	1	2	3	4	5	6
19.	喺公共交通唔夠嘅地方有其他接載服務。	1	2	3	4	5	6
20.	的士可以擺放輪椅同助行器，費用負擔得起。司機有禮貌，並且樂於助人。	1	2	3	4	5	6
21.	馬路保養妥善，照明充足。	1	2	3	4	5	6
C	住所						
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
D	**社會參與**						
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，亦都冇隱藏或附加嘅收費。	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
E	**尊重及社會包融**						
32.	各種服務會定期諮詢長者，為求服務得佢地更好。	1	2	3	4	5	6
33.	提供唔同服務同產品，去滿足唔同人士嘅需求同喜好。	1	2	3	4	5	6

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

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

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

您有幾同意而家………

34.	服務人員有禮貌，樂於助人。	1	2	3	4	5	6
35.	學校提供機會去學習有關長者同埋年老嘅知識，並有機會俾長者參與學校活動。	1	2	3	4	5	6
36. ＊	社會認同長者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
F	**社區參與及就業**						
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
G	**訊息交流**						
42.	資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到。	1	2	3	4	5	6
43.	定期提供長者有興趣嘅訊息同廣播。	1	2	3	4	5	6
44.	少接觸外界嘅人士可以喺佢地信任嘅人士身上，得到同佢本人有關嘅資訊。	1	2	3	4	5	6
45. ＊	電子設備，好似手提電話、收音機、電視機、銀行自動櫃員機同自動售票機嘅掣夠大，同埋上面嘅字體都夠大。	1	2	3	4	5	6
46. ＊	電話應答系統嘅指示緩慢同清楚，又會話俾打去嘅人聽點樣可以隨時重複內容。	1	2	3	4	5	6

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

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

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

您有幾同意而家………

47.	係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用。	1	2	3	4	5	6
H	**社區支持與健康服務**						
48.	醫療同社區支援服務足夠。	1	2	3	4	5	6
49.	有提供家居護理服務，包括健康、個人照顧同家務。	1	2	3	4	5	6
50.	院舍服務設施同長者的居所都鄰近其他社區服務同地方。	1	2	3	4	5	6
51.	市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務。	1	2	3	4	5	6
52.	社區應變計劃(好似走火警)有考慮到長者嘅能力同限制。	1	2	3	4	5	6
53. ＊	墓地(包括土葬同骨灰龕) 嘅數量足夠同埋容易獲得。	1	2	3	4	5	6

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

1	2	3	4	5
非常不同意	不同意	普通	同意	非常同意

請就你居住的社區/屋村/屋苑（簡稱社區）評分，您有幾同意而家………

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

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

1	2	3	4
從來沒有	好少	間中	經常

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

受訪者資料

1.　　您嘅性別係：(1) ☐ 男　(2) ☐ 女

2.　　您嘅婚姻狀況係(*一定要讀出所有選擇*)：
　　　☐ (1) 從未結婚
　　　☐ (2) 現在已婚
　　　☐ (3) 喪偶
　　　☐ (4) 離婚 / 分居
　　　☐ (5) 其他(請註明)：_____

3.　　您嘅教育程度係：
　　　☐ (1) 未受教育/學前教育(幼稚園)　☐ (2) 小學
　　　☐ (3) 初中　　　　　　　　　　　☐ (4) 高中
　　　☐ (5) 預科　　　　　　　　　　　☐ (6) 專上教育：文憑/證書課程
　　　☐ (7) 專上教育：副學位課程　　　☐ (8) 專上教育：學位課程或以上

4.　　居所類型：
　　　☐ (1) 公營房屋
　　　　　☐ (11) 租住(如公屋、長者屋)
　　　　　☐ (12) 補助出售單位(如經「租者置其屋計劃」購入的公屋單位)
　　　☐ (2) 補助出售居屋單位
　　　　　☐ (21) 第二市場 (未補地價)
　　　　　☐ (22) 自由市場 (已補地價)
　　☐ (3) 私人永久性房屋
　　　　　☐ (31) 租住 (包括免租如員工宿舍)
　　　　☐ (32) 自置 (包括有按揭)
　　　☐ (4) 私人臨時房屋(如鐵皮屋)
　　　☐ (5) 其他(請註明)：_____ (如老人院)

5.　　通訊地址：_____

6.　　您喺以上住址/所屬社區住左幾耐：_____

7.　　您的居住狀況?
　　　☐ (1) 與伴侶同住　　　　　☐ (2) 與子女同住
　　　☐ (3) 與伴侶及子女同住　　☐ (4) 獨居
　　　☐ (5) 其他(請註明):_____

8.　　您而家有無返工？
　　　☐ (1)有 ➜ 您而家嘅職位/工作：_____(請註明)

□ (0)無 ➜ 您係：*(讀出所有選擇)*
　　□ (1) 失業人士　　　　□ (2) 退休人士
　　□ (3) 料理家務者　　　　□ (4) 學生
　　□ (5) 其他(請註明)：_____

9. 一般來說，您說您的健康係非常好、很好、 好 、一 般 或 差？
　　□ (1)差 □ (2) 一 般 □ (3) 好 □ (4) 很好 □ (5) 非常好

10. 您有否照顧六十五歲或以上長者的經驗？
　　□ (0)否　　　　　　□ (1)有

11. 過去三個月內，您有否使用／參加過長者中心所提供的服務/活動？
　　□ (0)否　　　　　　□ (1)有

12. 您有無足夠嘅金錢嚟應付日常開支？
　　□ (1)非常不足夠 □ (2)不足夠 □ (3)剛足夠 □ (4)足夠有餘
　　□ (5)非常充裕

13. 您而家每個月收入係港幣幾多？
　　□ (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

http://www.jcafc.hk/

CUHK Jockey Club Institute of Ageing

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