

**Jockey Club Age-Friendly City Project**

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

**Baseline Assessment Report  
Southern District**

**2017**

Submitted by

**Sau Po Centre of Ageing  
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## 1. EXECUTIVE SUMMARY

Initiated and funded by The Hong Kong Jockey Club Charities Trust, the Jockey Club Age-Friendly City Project aims to move Hong Kong towards an age-friendly city. This report describes the baseline assessment work done in the Southern district from April 2017 to July 2017 as part of the project. The objective of the baseline assessment was to understand the needs of the Southern district in preparing the district to become more age-friendly. The baseline assessment comprised a quantitative survey study and a qualitative focus group study. A total of 710 questionnaire surveys were collected from the four sub-district communities of (1) Pokfulam (薄扶林); (2) Aberdeen (香港仔); (3) Ap Lei Chau (鴨脷洲); and (4) Wong Chuk Hang, Bays Area, Stanley and Shek O (黃竹坑, 海灣, 赤柱及石澳). A total of six focus group interviews were conducted.

The typical participant of the questionnaire survey was a married woman aged over 65 years who has resided in the district for 29 years, living alone or with a spouse in a privately owned apartment, using elderly centres with fair perceived health, retired with a monthly income of less than HK\$6,000 but still felt financially sufficient. The age of the building is usually over 30 years, with elevator, although residents would still need to take the stairs to go out. Majority of elderly residents in the district expected themselves to age in place in the coming 5 years. However, should their health deteriorate, the percentage of elderly residents with such expectation dropped considerably.

Participants perceived the Southern district to be age-friendly in general. Comparing the degree of perceived age-friendliness across different domains, “social participation” scored the highest while “housing” and “community support & health services” scored the lowest. The sense of community is strong particularly in terms of sense of membership, that is, the sense of belonging to the district. The older the resident, the stronger the sense of community and perceived age-friendliness. Among those aged 60 years or above, most (83.7%) used services or participated in activities provided by elderly centres. Ap Lei Chau residents reported the highest level of perceived age-friendliness and sense of community compared with those living in the other three sub-district communities. Participants living in private housing had significantly lower score in “housing”, and “social participation” domains. They also have significantly lower score in the sub-domains “affordability & accessibility”, “facilities and settings”, “social activities”, “attitude” and “civic participation” compare with the public housing group.

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

## **2. INTRODUCTION**

### **2.1 Project Background**

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

The Sau Po Centre on Ageing of The University of Hong Kong (“HKU”) received a donation from The Hong Kong Jockey Club Charities Trust in 2017 to conduct the *Jockey Club Age-Friendly City Project* (“JCAFC Project”) in the Eastern, Southern, and Wong Tai Sin districts. In all three districts, the study is implemented in two phases: from March 2017 to September 2017 (Phase 1), and from October 2017 to December 2019 (Phase 2). Phase 1 of the project consists of three parts. The first and second parts are the baseline assessment of district age-friendliness by using questionnaire surveys and focus group interviews respectively. Focus group interviews with district residents aim to gain in-depth understanding of their views on age-friendliness in their communities. A report of district-based recommendations and implementation proposals is generated based on these findings. The third part in Phase 1 is to organize an “Age-friendly City Ambassador Programme” in the districts, to familiarize ambassadors with the knowledge and methods in building an age-friendly community. Phase 2 of the project consists of collaboration with key district stakeholders and provision of professional support from the HKU team to develop, implement and evaluate district-based age-friendly city projects for enhancing district age-friendliness.

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

### **2.2 District Characteristics**

The Southern district is a diverse district mixed with commercial, industrial and residential areas. To date, the district maintains a large proportion of its natural sceneries and traditional customs. The Aberdeen Fish Market, Typhoon Shelter and

Shek O Village are unique cultural heritages in the Southern district. The Ocean Park located in Wong Chuk Hang is a world-renowned theme park which attracts over 7.7 million visitors from all over the world each year. With an area of about 4,000 hectares, the Southern district comprises 17 sub-district communities in the District Council division, namely (1) Aberdeen (香港仔), (2) Ap Lei Chau East (鴨脷洲東), (3) Ap Lei Chau North (鴨脷洲北), (4) Lei Tung I (利東 I), (5) Lei Tung II (利東 II), (6) South Horizons East (海怡東), (7) South Horizons West (海怡西), (8) Wah Kwai (華貴), (9) Wah Fu South (華富南), (10) Wah Fu North (華富北), (11) Pokfulam (薄扶林), (12) Chi Fu (置富), (13) Tin Wan (田灣), (14) Shek Yue (石漁), (15) Wong Chuk Hang (黃竹坑), (16) Bays Area (海灣), and (17) Stanley & Shek O (赤柱及石澳).

According to the Hong Kong Census and Statistics Department <sup>4</sup>, the population of the Southern district is approximately 274,994 as of 2016, which is around 3.7% of the total population of Hong Kong. The proportion of elderly population aged 65 years or above was 16.6% of the total district population. The district ranks third among other districts in its percentage of elderly population, and is higher than the Hong Kong average of 15.9%.

Table 2.1 shows the domestic household characteristics of the Southern district. According to the 2016 Hong Kong Population By-Census <sup>4</sup>, the total number of domestic households was 85,505 while the average household size was 3.0. Among these district residents, approximately 61.2% (n= 149,258) participated in the labour force. The median monthly domestic household income was HK\$30,000.

**Table 2.1** Domestic household characteristics of Southern district in 2016

Total number of domestic households	85,505
Average household size	3.0
Type of housing, Private Permanent Housing (2011) <sup>5</sup>	49.9%
Median monthly domestic household income	HK\$30,000
Median monthly domestic household rent	HK\$2,110
Median monthly domestic household mortgage payment and loan repayment	HK\$10,000

There is a mixed composition in terms of housing type in the Southern district. Approximately 49.9% of Southern district residents live in private permanent housing. <sup>5</sup> At the same time, there are a total of 8 and 9 housing estates for public rental housing (“PRH”) and home ownership scheme (“HOS”) respectively <sup>6</sup>. Accounting for all types of housing, the median monthly domestic household rent was HK\$2,110, and HK\$10,000 for mortgage payment and loan repayment. Regarding the provision of elderly centres and health care services, the district has a total of 10 elderly centres: 2 district elderly community centres (“DECCs”) <sup>7</sup> and 8 neighbourhood elderly

centres (“NECs”) <sup>8</sup>, 4 public hospital <sup>9</sup>, 3 general outpatient clinics <sup>10</sup> and 1 elderly health care centre <sup>11</sup>.

In recent years, the Southern district also saw the implementation of various large-scale projects that improved the quality of life for district residents. These include the Ap Lei Chau Wind Tower Park (鴨脷洲風之塔公園) in 2009 which offered additional outdoor areas for recreational activities <sup>12</sup>, and the commencement of the MTR South Island Line (East) on December 2016 which enhanced convenience for district commuters <sup>13</sup>.

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

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

The Southern DC actively promotes the concept of AFC in the community, as evidenced by several noteworthy initiatives. For example, The Working Group on Rehabilitation and Age-friendly Community in the Southern district (“the Working Group”) implemented the “Age-friendly City Plan” in collaboration with the Southern District Healthy & Safe Association Limited (“the Association”), and proposed a series of activities and programmes to promote the concept of AFC <sup>14</sup>.

In 2016-17 the Southern DC obtained a grant of \$53,000 from the Funding Scheme for Age-friendly Community under the Labour and Welfare Bureau and the Elderly Commission. With the above funding, the Working Group, the Southern District Healthy & Safe Association Limited and the Southern Age-friendly and Safe City Group co-organized various age-friendly related activities, including the “2016-17 Southern District Age-friendly and Safe City Plan – Community Care for Dementia” (“The Plan”). The Plan was implemented between August 2016 and January 2017, and included activities such as recruitment and training of elderly ambassadors, community inspections and sharing sessions by these elderly ambassadors. Under the Plan, a “Southern District Age-friendly” logo was awarded to government departments, management companies of residential estates, local organisations and commercial tenants in the district in recognition of their outstanding age-friendly facilities and services. Furthermore, local organisations and commercial tenants were invited to sign up for the dementia friendly list, so as to help families in search for their missing dementia-affected family members <sup>15</sup>.

To celebrate the 20th anniversary of the establishment of the Hong Kong Special Administrative (“HKSAR”) Region, the "Celebration for All" project co-

ordinated by the Home Affairs Department and implemented by NGOs was launched in the Southern district on 10 June 2017. Participating NGOs including the Hong Kong Southern District Community Association, the Aberdeen Kai-fong Welfare Association Social Services, the Caritas Community Centre - Aberdeen and the Tung Wah Group of Hospitals in Southern district, as well as different volunteer teams. The NGOs and volunteers brought love and care to the community by conducting home visits to single elderly households, and to better understand their living conditions and needs. Gift packs were also distributed to the elderly to share the joy of the 20th anniversary of the establishment of the HKSAR<sup>16</sup>.

Other NGOs in the Southern district have also actively initiated and participated in age-friendly community projects. For example, the Aberdeen Kai-fong Welfare Association Social Services advocated for improvements in transportation, roads, pavements, markets and other facilities in the district, and organized a public forum 「2013-2014 南區長者友善安全社區計劃—我想擁有的社區設施」 (translated herein “2013-2014 Elderly Friendly & Safety Scheme: My Most Desired Community Facilities in Southern District”) in February 2014 and invited members from different government departments to listen and collect views from the elderly on how to improve existing facilities in the district<sup>17</sup>.

AKA also worked with different elderly service organizations to enhance awareness among district residents of the age-friendly community concept. With sponsorship from Fu Tak Iam Foundation (傅德蔭基金) and Ho Cheung Shuk Yuen Charitable Foundation (何張淑婉慈善基金), AKA Southern District Elderly Integrated Services Office launched a 3-year project 「『智·愛同行』長者及護老者支援計劃」 from January 2016 to December 2018 to enhance the living quality for mild cognitive impairment (“MCI”) elderly, frail elderly and their caretakers; and to promote understanding and care for elderly with dementia in the Southern district<sup>18</sup>.

For the commercial sector, the HSBC Community Partnership Programme “Bringing People Together” facilitated various district-based community initiatives to foster a more inclusive and harmonious society in Hong Kong. With the funding in 2014, the Hong Kong Southern District Women's Association launched the 「學習處世道 攜手展共融」 (“Care for Others Community Project”) for residents in the Southern district. Through workshops and lectures, different groups (e.g. elderly and youngster) will learn the needs of others, thereby engendering greater tolerance and care for others, and ultimately, mutual respect and support. Community participation will further encourage participants to mutually support each other, thus building a stronger community network in their district<sup>19</sup>.

The Tung Wah Group of Hospitals also used the fund applied from HSBC in 2014 for a 「愛·綠」行動 (“I-Green Action”) Project. The project used gardening therapy as a medium to promote mental health by increasing the environmental



awareness of elders and formerly mentally-ill patients. Moreover, through helping them leverage their strengths, improve their abilities and self-confidence<sup>19</sup>.

Elderly residents in the Southern district have also made remarkable efforts in civic participation, and have been actively involved in various platforms. In particular, the Southern Elderly Concern Group (「南區長者關注小組」) holds regular meetings and collects views from district residents on various elderly-related issues, and then relays these views to various government departments and District Councillors. Over the years, representatives of this concern group had successfully advocated for more than 20 age-friendly items in the district: the installations of barrier-free ramps, covers over bus tops, and warning signs and tapes over hazardous walkways in various venues across the Southern district, to name a few.

As a result of these concerted efforts put forth by various district stakeholders, the Southern district became one of the first districts selected to participate in the 2008 Age-friendly Community Project under the Hong Kong Plan of Action on Ageing<sup>20</sup>. To foster the development of the Southern district as an “Age-friendly Community”, the Working Group and the Southern District Healthy & Safe Association Limited made an accreditation application to World Health Organisation (WHO) on 28 July 2016, and was informed on 14 September 2016 that the Southern district was successively admitted as a member of the WHO’s “Global Network for Age-friendly Cities and Communities” (“GNAFCC”), rendering it the fourth accredited community in the territory<sup>21</sup>.

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

### **3. METHODOLOGY**

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

### 3.1. Questionnaire Survey

#### 3.1.1 Participants

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

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

**Table 3.1** Sampling sub-district communities for the Southern district

Sub-district communities	Constituency Areas
Pok Fu Lam 薄扶林 (PFL)	Wah Kwai 華貴 Wah Fu (South & North) 華富 (北及南) Pokfulam 薄扶林 Chi Fu 置富
Aberdeen 香港仔 (AB)	Aberdeen 香港仔 Tin Wan 田灣 Shek Yue 石漁
Ap Lei Chau 鴨脷洲 (ALC)	Ap Lei Chau (Estate & North) 鴨脷洲 (東及北) Lei Tung (I & II) 利東(I & II) South Horizons (East & West) 海怡 (東及西)
Wong Chuk Hang, Bays Area, Stanley & Shek O 黃竹坑, 海灣, 赤柱及石澳 (WBSS)	Wong Chuk Hang 黃竹坑 Bays Area 海灣 Stanley & Shek O 赤柱及石澳

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

#### 3.1.2 Measures

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

- (i) **Sociodemographic Information**  
These included participants' age, gender, marital status, education, living arrangement, housing type, employment, and income. Self-reported health was captured using an item for assessing subjective health from the SF-12 Health Survey<sup>22</sup>.
- (ii) **Community Care**  
These included caregiving, engagement with elderly centres, use of mobility tools, and ageing-in-place expectations.
- (iii) **Perceived Age-friendliness**  
Perceived age-friendliness of the district was assessed using 61 items developed based on a local adaptation of the WHO's Age-friendly City Framework and Guidelines. Participants were asked to rate their perceived age-friendliness along eight categories, namely 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.
- (iv) **Sense of Community**  
Sense of community, including needs fulfilment, group membership, influence, and shared emotional connection were measured using the 8-item Brief Sense of Community Scale<sup>23,24</sup>.

### 3.1.3 Data Analysis

Descriptive analyses were performed to identify patterns in sociodemographics, community care, perceived age-friendliness, and sense of community across communities. Further analyses were performed to test the difference in perceived age-friendliness and sense of community among age groups and sub-district communities using linear regression method.

## 3.2. Focus Group

A total of six focus groups comprising 40 participants were conducted in the Southern district, five with elderly residents aged 60 or above, and one with district residents aged between 18 and 59. Views from participants on the perceived age-friendliness of the district were solicited following the procedure based on the WHO Age-friendly Cities Project Methodology-Vancouver Protocol<sup>25</sup>. Focus groups typically took place in DECCs, with each group comprising 6 to 7 persons and lasting approximately 1.5 to 2 hours. Two to three AFC domains pertinent to WHO's age-friendly framework were explored in each session. All focus groups interviews were audio-recorded and transcribed verbatim.

## 4. RESULTS

### 4.1. Questionnaire Survey

#### 4.1.1. Participant characteristics

A total of 710 participants were recruited. They represented residents in the sub-district communities of Pok Fu Lam (26.9 %), Aberdeen (23.4%), Ap Lei Chau (34.1%), and Wong Chuk Hang, Bays Area, Stanley & Shek O (15.6%) (Table 4.1).

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

Sub-district communities	N	%
Pok Fu Lam (PFL)	191	26.9
Aberdeen (AB)	166	23.4
Ap Lei Chau (ALC)	242	34.1
Wong Chuk Hang, Bays Area, Stanley & Shek O (WBSS)	111	15.6
<b>Total</b>	<b>710</b>	<b>100.0</b>

Participants' sociodemographic characteristics are summarized in Table 4.2. Majority (73.4%) of participants in Southern district were female and aged 65 or above (64.8%). Of all participants, half (53.9%) are married. Approximately half of the participants (50.9%) had only primary education or below. In terms of employment status and living arrangement, 62.8% are in their retirement while around one-third (35.5%) are either living alone or living with their spouse only. Another one-third (33.5%) are living with spouse & other family members. Of all participants, 15.2% are living with a domestic helper. About one in five participants is a caregiver (19.4%). Among these self-identified caregivers, 35.8% and 52.6% are providing care for children and older persons respectively. Although more than half (52.3%) of all participants had either no income or having a monthly personal income below HK\$6,000, only 15.5% reported insufficient funds to meet daily expenses.

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

	Total		PFL		AB		ALC		WBSS	
	n	%	n	%	n	%	n	%	n	%
<b>Gender</b>										
Male	189	26.6	49	25.7	39	23.5	69	28.5	32	28.2
Female	521	73.4	142	74.3	127	76.5	173	71.5	79	71.2
<b>Age Group</b>										
18-49 years	135	19.0	34	17.8	47	28.3	38	15.7	16	14.4
50-64 years	115	16.2	20	10.5	21	12.7	58	24.0	16	14.4
65-79 years	276	38.9	86	45.0	59	35.5	96	39.7	35	31.5

	Total		PFL		AB		ALC		WBSS	
	n	%	n	%	n	%	n	%	n	%
≥ 80 years	184	25.9	51	26.7	39	235.	50	20.7	44	39.6
<b>Marital Status</b>										
Never married	76	10.7	19	9.9	29	17.5	20	8.3	8	7.2
Married	383	53.9	97	50.8	82	49.4	148	61.2	56	50.5
Widowed	232	32.7	70	36.6	51	30.7	66	37.3	45	40.5
Divorced/ separated	19	2.7	5	2.6	4	2.4	8	3.3	2	1.8
<b>Education</b>										
Nil / pre-primary	180	25.4	45	23.6	50	30.1	56	23.1	29	26.1
Primary	181	25.5	58	30.4	30	18.1	62	25.6	31	27.9
Secondary (F.1-3)	87	12.3	21	11.0	24	14.5	26	10.7	16	14.4
Secondary (F.4-7)	121	12.3	34	17.8	28	16.9	46	19.0	13	11.7
Diploma	37	5.2	11	5.8	9	5.4	11	4.5	6	5.4
Associate degree	15	2.1	2	1.0	5	3.0	6	2.5	2	1.8
Bachelor degree or above	89	12.5	20	10.5	20	12.0	35	14.5	14	12.6
<b>Employment status</b>										
Working	174	24.5	42	22.0	57	34.3	56	23.2	19	17.1
Unemployed	2	0.3	0	0.0	1	0.6	1	0.4	0	0.0
Retired	445	62.8	126	66.0	91	54.8	148	61.4	80	72.1
Homemakers	80	11.3	21	11.0	16	9.6	33	13.7	10	9.0
Students	7	1.0	1	0.5	1	0.6	3	1.2	2	1.8
<b>Living arrangement</b>										
Living alone	125	17.6	45	23.6	27	16.3	33	13.6	20	18.0
With spouse only	127	17.9	45	23.6	15	9.0	51	21.1	16	14.4
Spouse & other family members	238	33.5	44	23.0	67	40.4	88	36.4	39	35.1
With children / grandchildren	147	20.7	40	20.9	29	17.5	51	21.1	27	24.3
With other family members	61	8.6	14	7.3	25	15.1	15	6.2	7	6.3
With others	12	1.7	3	1.6	3	1.8	4	1.7	2	1.8
<b>Living with domestic helper</b>	89	15.2	19	13.1	16	11.5	36	17.2	18	19.8
<b>Participant is a caregiver</b>										
Elderly†	72	52.6	21	53.8	17	47.2	28	59.6	6	40.0
People with disability†	8	5.8	5	12.8	2	5.6	0	0.0	1	6.7
Children†	49	35.8	11	28.2	14	38.9	17	36.2	7	46.7
Others†	8	5.8	2	5.1	3	8.3	2	4.3	1	6.7
<b>Finance</b>										
Very insufficient	22	3.1	9	4.7	8	4.8	1	0.4	4	3.6
Insufficient	88	12.4	25	13.1	24	14.5	26	10.7	13	11.7
Sufficient	436	61.4	120	62.8	95	57.2	142	58.7	79	71.2
More than sufficient	148	20.8	31	16.2	37	22.3	68	28.1	12	10.8
Abundant	16	2.3	6	3.1	2	1.2	5	2.1	3	2.7
<b>Monthly personal income</b>										
No income	24	3.4	3	1.6	5	3.0	13	5.4	3	2.7
HK\$1 to HK\$5,999	347	48.9	105	55.0	79	47.6	101	41.7	62	55.9

	Total		PFL		AB		ALC		WBSS	
	n	%	n	%	n	%	n	%	n	%
HK\$6,000 to HK\$9,999	81	11.4	17	8.9	15	9.0	38	15.7	11	9.9
HK\$10,000 to HK\$19,999	106	14.9	29	15.2	34	20.5	32	13.2	11	9.9
HK\$20,000 to HK\$29,999	44	6.2	5	2.6	13	7.8	20	8.3	6	5.4
HK\$30,000 to HK\$59,999	32	4.5	8	4.2	6	3.6	14	5.8	4	3.6
>HK\$60,000	76	10.7	24	12.6	14	8.4	24	9.9	14	12.6

† Multiple responses allowed

Residence characteristics of participants are summarized in Table 4.3. The average years of residence in the district was 29.0 years (SD=17.7). 47.0% of participants lived in private owned housing, and 42.3% resided in a building aged more than 31 years. In terms of residential building environment in which participants live, the average number of floors in these buildings was 26.7. Most (93.9%) of these buildings have elevators, but nearly one fifth (18.9%) of the participants are living in a building that requires the use of stairs to go out.

**Table 4.3** Residence characteristics

	Total		PFL		AB		ALC		WBSS	
	n	%	n	%	n	%	n	%	n	%
<b>Residence years (mean, SD)</b>	29.0	17.7	29.0	15.3	30.2	20.2	28.1	15.4	29.2	21.9
<b>Housing, N (%)</b>										
Public rental	306	43.1	121	63.4	77	46.4	90	37.2	18	16.2
Private, rental	41	5.8	7	3.7	13	7.8	16	6.6	5	4.5
Private, owned	334	47.0	62	32.5	76	45.8	130	53.7	66	59.5
Others	29	4.1	1	0.5	0	0.0	6	2.5	22	19.8
<b>Age of building</b>										
≤ 10 years	34	4.8	6	3.1	20	12.0	4	1.7	4	3.6
11-20 years	155	21.8	10	5.2	65	39.2	31	12.8	49	44.1
21-30 years	221	31.1	50	26.2	26	15.7	106	43.8	39	35.1
≥ 31 years	300	42.3	125	65.4	55	33.1	101	41.7	19	17.1
<b>Building environment</b>										
No. of floors (mean, SD)	26.7	11.0	25.2	8.6	29.0	9.4	30.4	9.5	17.5	14.2
With elevator	667	93.9	187	97.9	160	96.4	229	94.6	91	82.0
Need to take stairs	134	18.9	29	15.2	32	19.3	54	22.4	19	17.1

The self-reported health status of the participants is presented in Table 4.4. Half of the participants (49.5%) rated their health as good or above (mean=3.3, SD=1.1). Around one-quarter of the participants (23.1%) had to walk with assistive devices such as canes, walkers, or wheelchairs. More than one third (39.6%) of the participants have volunteered in services/activities organized by elderly centres in the past 3 months. Among those aged 60 years or above, most (83.7%) have used services or participated in activities provided by elderly centres.

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

	Total		PFL		AB		ALC		WBSS	
	n	%	n	%	n	%	n	%	n	%
<b>Self-rated health</b>										
Excellent	42	5.9	16	8.4	8	4.8	10	4.1	8	7.2
Very good	136	19.2	34	17.8	40	24.1	38	15.7	24	21.6
Good	173	24.4	46	24.1	37	22.3	63	26.0	27	24.3
Fair	298	42.0	73	38.2	69	41.6	116	47.9	40	36.0
Poor	61	8.6	22	11.5	12	7.2	15	6.2	12	10.8
Mean score (mean, SD)	3.3	1.1	3.3	1.1	3.2	1.0	3.4	1.0	3.2	1.1
<b>Walk with assistive device*</b>	164	23.1	49	25.7	37	22.3	45	18.6	33	29.7
<b>Volunteer in elderly centres</b>	281	39.6	72	37.7	68	41.0	94	38.8	47	42.3
<b>User of elderly centres†</b>	437	83.7	125	83.9	90	82.6	144	81.8	78	88.6

\*Cane, walker, or wheelchair

†Applicable only to participants aged 60 years or above

In terms of participants' ageing-in-place intention (Table 4.5), 79.7% were definitively adamant against moving into a residential care unit in the next 5 years should their health remain the same. Only a small proportion (11.0%) of participants opined at least 50% chance of having to move into a residential care unit in the next five years. However, when asked of the same ageing-in-place intention should their health worsen in the next 5 years, the proportion of participants who expected absolutely no chance of moving into a residential care unit dropped to 36.2%, and half (50.0%) of the participants expected at least 50% chance of moving.

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

	Total		PFL		AB		ALC		WBSS	
	n	%	n	%	n	%	n	%	n	%
<b>If health remains the same</b>										
0%	416	79.7	120	80.5	85	78.0	133	75.6	78	88.6
10%	25	4.8	6	4.0	8	7.3	9	5.1	2	2.3
20%	13	2.5	1	0.7	1	0.9	7	4.0	4	4.5
30%	6	1.1	1	0.7	1	0.9	4	2.3	0	0.0
40%	5	1.0	2	1.3	1	0.9	2	1.1	0	0.0
50%	28	5.4	8	5.4	5	4.6	11	6.3	4	4.5
60%	5	1.0	3	2.0	1	0.9	1	0.6	0	0.0
70%	5	1.0	0	0.0	1	0.9	4	2.3	0	0.0
80%	8	1.5	3	2.0	3	2.8	2	1.1	0	0.0
90%	1	0.2	0	0.0	0	0.0	1	0.6	0	0.0
100%	10	1.9	5	3.4	3	2.8	2	1.1	0	0.0
<b>If health worsens</b>										

	Total		PFL		AB		ALC		WBSS	
	n	%	n	%	n	%	n	%	n	%
0%	189	36.2	53	35.6	40	36.7	62	35.2	34	38.6
10%	23	4.4	9	6.0	3	2.8	3	1.7	8	9.1
20%	23	4.4	6	4.0	5	4.6	6	3.4	6	6.8
30%	18	3.4	6	4.0	2	1.8	9	5.1	1	1.1
40%	8	1.5	2	1.3	2	1.8	3	1.7	1	1.1
50%	109	20.9	27	18.1	22	20.2	38	21.6	22	25.0
60%	19	3.6	13	8.7	1	0.9	4	2.3	1	1.1
70%	29	5.6	5	3.4	5	4.6	17	9.7	2	2.3
80%	30	5.7	10	6.7	5	4.6	14	8.0	1	1.1
90%	13	2.5	1	0.7	7	6.4	3	1.7	2	2.3
100%	61	11.7	17	11.4	17	15.6	17	9.7	10	11.4

†Applicable only to participants aged 60 years or above

#### 4.1.2. Perceived Age-friendliness

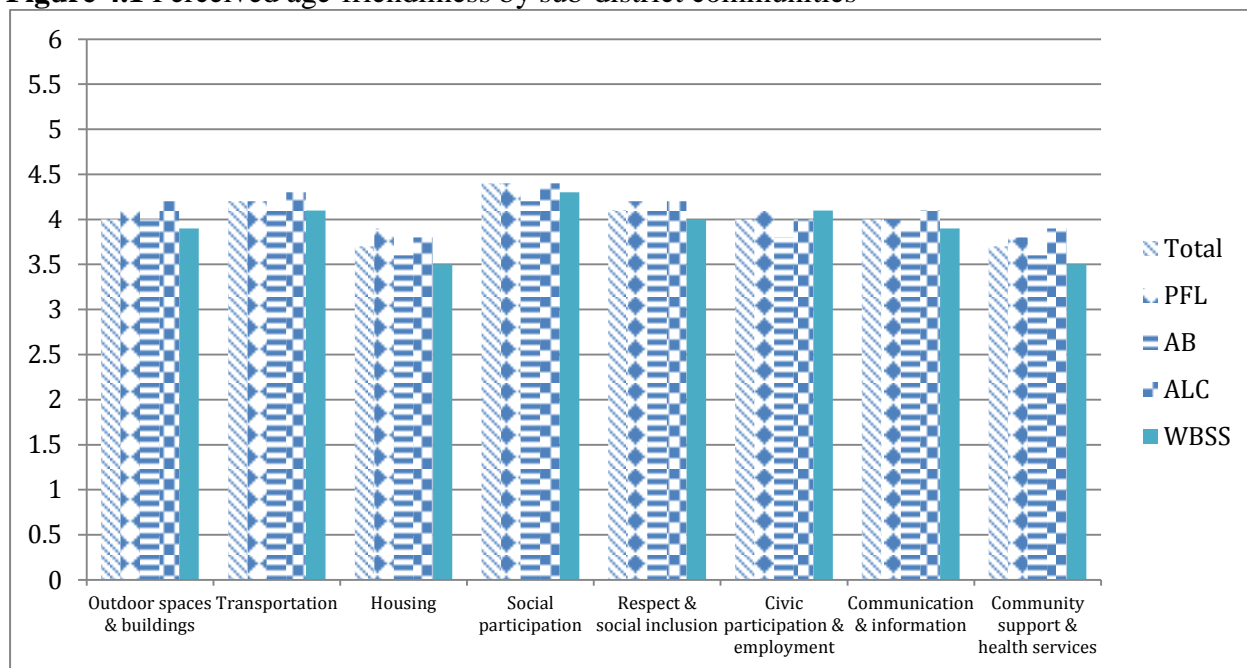
Figure 4.1 and shows the perceived age-friendliness across the eight domains in the WHO Age-friendly City Framework. Possible responses were 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree) and 6 (strongly agree).

As illustrated in Figure 4.1, participants perceived the Southern district to be age-friendly in general. Among the eight domains, the highest score was observed in “social participation” (4.4), followed by “transportation” (4.2), and “respect & social inclusion” (4.1). The domains with the lowest scores were “housing” (3.7) and “community support & health services” (3.7).

As shown in Table 4.6, perceived age-friendliness varied across subdomains: “outdoor spaces” (4.4) was rated higher than “building” (3.7) in “outdoor spaces & building” domain. “Housing” was perceived as less age-friendly than other domains, with lower scores (3.5 and 3.9 respectively) in subdomains “housing affordability & accessibility” and “environment”. Similar results were found in “transportation” as well as “civic participation & employment” domains. “Road safety & maintenance” was rated the highest (4.4) among all subdomains in “transportation” but “availability of specialized services” was rated the lowest (3.9); whereas “civic participation” was rated higher (4.3) than “employment” (3.9). “Community support & health services” have relatively polarized results within different subdomains, with “medical/social service” (4.0) scoring the highest and “burial service” (2.5) scoring the lowest. Little variances (less than 0.2) were found within subdomains in “social participation”, “respect & social inclusion” and “communication & information”. All three of these domains were perceived as age-friendly with scores varying from 3.9 to 4.4.



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



**Table 4.6** Perceived age-friendliness

	Total		PFL		AB		ALC		WBSS	
<b>Outdoor spaces &amp; buildings</b>	4.0	(0.7)	4.1	(0.8)	4.0	(0.8)	4.2	(0.7)	3.9	(0.6)
Outdoor spaces	4.4	(0.8)	4.5	(0.8)	4.1	(0.9)	4.4	(0.7)	4.4	(0.7)
Buildings	3.7	(0.9)	3.6	(1.0)	3.8	(0.8)	4.0	(0.9)	3.3	(0.8)
<b>Transportation</b>	4.2	(0.7)	4.2	(0.8)	4.1	(0.7)	4.3	(0.7)	4.1	(0.7)
Road safety & maintenance	4.4	(0.8)	4.4	(0.8)	4.2	(0.8)	4.5	(0.7)	4.4	(0.8)
Specialized services availability	3.9	(1.1)	3.8	(1.2)	3.8	(1.0)	4.1	(1.1)	3.7	(1.1)
Public transport, comfort to use	4.2	(0.8)	4.3	(0.9)	4.1	(0.8)	4.3	(0.8)	4.2	(0.7)
Public transport, accessibility	4.2	(0.8)	4.3	(0.8)	4.2	(0.8)	4.3	(0.8)	4.1	(0.8)
<b>Housing</b>	3.7	(0.9)	3.9	(0.9)	3.6	(1.0)	3.8	(1.0)	3.5	(0.8)
Affordability & accessibility	3.5	(1.0)	3.8	(1.1)	3.4	(1.1)	3.6	(1.1)	3.1	(1.0)
Environment	3.9	(1.0)	4.0	(1.0)	3.8	(1.0)	4.0	(1.0)	3.9	(0.8)
<b>Social participation</b>	4.4	(0.8)	4.4	(0.8)	4.2	(0.8)	4.4	(0.7)	4.3	(0.7)
Facilities and settings	4.4	(0.8)	4.4	(0.8)	4.3	(0.8)	4.5	(0.8)	4.2	(0.8)
Social activities	4.3	(0.8)	4.4	(0.9)	4.2	(0.8)	4.4	(0.8)	4.3	(0.8)
<b>Respect &amp; social inclusion</b>	4.1	(0.8)	4.2	(0.9)	4.1	(0.7)	4.2	(0.8)	4.0	(0.7)
Attitude	4.2	(0.8)	4.3	(0.9)	4.1	(0.8)	4.3	(0.7)	4.1	(0.7)
Social inclusion opportunities	4.0	(1.0)	4.1	(1.0)	4.0	(0.9)	4.1	(1.0)	3.5	(1.1)
<b>Civic participation &amp; employment</b>	4.0	(0.9)	4.1	(1.0)	3.8	(0.9)	4.0	(0.9)	4.1	(0.9)
Civic participation	4.3	(1.1)	4.3	(1.1)	4.1	(1.1)	4.4	(1.1)	4.2	(1.0)
Employment	3.9	(1.0)	4.0	(1.1)	3.8	(1.0)	3.9	(1.0)	4.0	(1.0)
<b>Communication &amp; information</b>	4.0	(0.8)	4.0	(0.9)	3.9	(0.7)	4.1	(0.8)	3.9	(0.7)
Information	4.1	(0.9)	4.1	(1.0)	4.0	(0.8)	4.2	(0.8)	4.0	(0.8)
Communication & digital devices	3.9	(1.0)	4.0	(1.1)	3.7	(1.0)	4.0	(1.0)	3.9	(1.0)

	Total		PFL		AB		ALC		WBSS	
<b>Community support &amp; health services</b>	3.7	(0.8)	3.8	(0.8)	3.6	(0.7)	3.9	(0.8)	3.5	(0.7)
Medical/social services	4.0	(0.9)	4.1	(0.9)	3.9	(0.8)	4.2	(0.8)	3.7	(0.9)
Emergency support	3.7	(1.2)	3.8	(1.2)	3.5	(1.1)	3.8	(1.1)	3.6	(1.2)
Burial service	2.5	(1.1)	2.5	(1.1)	2.4	(0.9)	2.5	(1.3)	2.5	(1.1)

All reported numbers are mean (SD)

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

#### 4.1.3. Sense of Community

Sense of community in the Southern district is shown in Table 4.7. The possible range of each sub-item score is between 2 and 10, and total score is between 8 and 40. A higher score means a higher sense of community. The mean sense of community score of the whole district was 29.1 (SD=4.4), ranging from 28.0 (WBSS) to 29.7 (ALC) across the four sub-district communities. Overall, “sense of membership” scored highest (7.8), followed by “emotional connectedness” (7.5), “needs fulfillment” and “sense of influence in their community” (6.9).

Among the four sub-district communities, the total score of sense of community was highest in ALC, followed by PFL, AB and WBSS. “Needs fulfillment” was found highest in ALC (7.2) but poor in WBSS (6.0). “Sense of membership” was strongest in ALC (7.9), while the “sense of influence in their community” was strongest in PFL and ALC (7.0). “Emotional connectedness” appeared similar across sub-district communities (7.5-7.6).

**Table 4.7** Sense of community

	Total		PFL		AB		ALC		WBSS	
Need fulfilment	6.9	(1.6)	6.9	(1.6)	7.0	(1.4)	7.2	(1.5)	6.0	(1.9)
Membership	7.8	(1.2)	7.8	(1.2)	7.7	(1.3)	7.9	(1.1)	7.7	(1.2)
Influence	6.9	(1.4)	7.0	(1.6)	6.7	(1.4)	7.0	(1.3)	6.8	(1.3)
Emotional connection	7.5	(1.2)	7.5	(1.3)	7.5	(1.3)	7.6	(1.2)	7.5	(1.2)
Total score	29.1	(4.4)	29.2	(4.7)	28.9	(4.3)	29.7	(4.1)	28.0	(4.1)

All reported numbers are mean (SD)

#### 4.1.4. Age Group Comparison

Table 4.8 shows the linear regression analysis to test the effect of age group on perceived age-friendliness and sense of community after adjusting for sub-district communities. Participants were divided into 4 age groups, including those aged between 18 to 49 years old, 50 to 64 years old, 65 to 79 years old, and 80 years old or above for analysis. Results showed that the older the group, the higher perceived age-friendliness. Higher scores in age-friendliness was found in the age group 50 to 64 compared with the age group 18 to 49 except for six subdomains (each level of

increase in age group predicted an increase by 0.24 to 0.47 scores in the eight domains). Such differences were more significant in the age group 65 to 79 and the age group 80 years old or above, with each level of increase in age group predicting an increase by 0.19 to 1.18 scores and 0.38 to 1.12 respectively across the eight domains except burial service.

In terms of sense of community, each level of increase in age group predicted a 1.54 to 3.85 point increase. All of the domains within these three groups were significantly different than the reference group, except for “sense of influence” in the age group 50 to 64 years old.

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

	Coefficient†		
	50 to 64	65 to 79	80 or above
<b>Perceived Age-friendliness</b>			
<b>Outdoor spaces &amp; buildings</b>			
Outdoor spaces	0.28**	0.32**	0.60**
Buildings	0.34**	0.47**	0.72**
	0.22	0.19*	0.49**
<b>Transportation</b>	0.31**	0.61**	0.83**
Road safety & maintenance	0.19	0.36**	0.48**
Specialized services availability	0.47**	0.79**	1.07**
Public transport, comfort to use	0.34**	0.62**	0.90**
Public transport, accessibility	0.29**	0.65**	0.85**
<b>Housing</b>	0.39**	0.69**	0.85**
Affordability & accessibility	0.40**	0.72**	0.89**
Environment	0.38**	0.65**	0.82**
<b>Social participation</b>	0.29**	0.73**	0.85**
Facilities and settings	0.31**	0.70**	0.81**
Social activities	0.28**	0.77**	0.88**
<b>Respect &amp; social inclusion</b>	0.27**	0.71**	0.77**
Attitude	0.33**	0.72**	0.80**
Social inclusion opportunities	0.16	0.72**	0.72**
<b>Civic participation &amp; employment</b>	0.40**	0.89**	0.93**
Civic participation	0.44**	1.18**	1.12**
Employment	0.38**	0.79**	0.87**
<b>Communication &amp; information</b>	0.24*	0.69**	0.54**
Information	0.25*	0.75**	0.65**
Communication & digital devices	0.23	0.58**	0.38**
<b>Community support &amp; health services</b>	0.29**	0.51**	0.65**
Medical/social services	0.41**	0.64**	0.78**
Emergency support	0.25	0.55**	0.66**
Burial service	-0.12	-0.07	0.12
<b>Sense of Community</b>			

	Coefficient†		
	50 to 64	65 to 79	80 or above
Need fulfilment	0.43*	0.84**	0.97**
Membership	0.53**	1.05**	0.98**
Influence	0.24	0.97**	0.85**
Emotional connection	0.35*	1.10**	1.06**
Total score	1.54**	3.96**	3.85**

† Age group 18-49 years as the reference group

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

Comparisons are adjusted for the effect of sub-district communities

#### 4.1.5. Housing Type Comparison

Table 4.9 shows the linear regression analysis to test the effect of type of housing on perceived age-friendliness and sense of community after adjusting for age and sub-district communities. Participants were divided into 2 groups - public housing and private housing for analysis. Results showed that participants living in private housing had significantly lower score in "housing", and "social participation" domains. They also have significantly lower score in the sub-domains "affordability & accessibility", "facilities and settings", "social activities", "attitude" and "civic participation" compare with the public housing group.

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

	Coefficient† Private housing
<b>Perceived Age-friendliness</b>	
<b>Outdoor spaces &amp; buildings</b>	0.06
Outdoor spaces	-0.01
Buildings	0.14
<b>Transportation</b>	-0.04
Road safety & maintenance	-0.07
Specialized services availability	-0.16
Public transport, comfort to use	-0.06
Public transport, accessibility	0.03
<b>Housing</b>	-0.19**
Affordability & accessibility	-0.35**
Environment	-0.03
<b>Social participation</b>	-0.15**
Facilities and settings	-0.15*
Social activities	-0.15*
<b>Respect &amp; social inclusion</b>	-0.11
Attitude	-0.13*
Social inclusion opportunities	-0.05
<b>Civic participation &amp; employment</b>	-0.12

	Coefficient† Private housing
Civic participation	-0.21**
Employment	-0.09
<b>Communication &amp; information</b>	-0.09
Information	-0.08
Communication & digital devices	-0.10
<b>Community support &amp; health services</b>	0.01
Medical/social services	0.04
Emergency support	-0.09
Burial service	-0.03
<b>Sense of Community</b>	
Need fulfilment	-0.07
Membership	-0.18
Influence	-0.22
Emotional connection	-0.11
Total score	-0.58

†Public housing as the reference group

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

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

#### 4.1.6. Sub-district Community Comparison

Table 4.10 shows the linear regression analysis comparing sub-district communities, after adjusting for age groups (4 groups). Compared with WBSS, higher perceived age-friendliness were found in “outdoor spaces & building”, “housing”, “respect & social inclusion” and “community support & health services” among all sub-district communities. “Transportation” and “social participation” were also perceived as more age-friendly in PFL and ALC than WBSS. ALC in particular scored higher in “community support & health services”. Furthermore, subdomain analysis showed that participants in WBSS had lower levels of age-friendliness in five areas including “buildings”, “accessibility of public transport”, “housing affordability & accessibility”, “social inclusion opportunities” and “medical/social services” compared with residents in the other three sub-district communities. Notably, ALC had significantly better perceived age-friendliness in 12 subdomains compared with WBSS, whereas PFL and AB had six.

With regard to sense of community, PFL, AB and ALC had better “sense of community” and “need fulfillment” than WBSS. No significant difference was found in other domains in sense of community, except for better “sense of membership” in ALC compared to WBSS.

**Table 4.10** Sub-district cluster comparison by linear regression analysis

	Coefficient†		
	PFL	AB	ALC
<b>Perceived Age-friendliness</b>			
<b>Outdoor spaces &amp; buildings</b>	0.24**	0.17*	0.36**
Outdoor spaces	0.16	-0.22*	0.05
Buildings	0.32**	0.56**	0.68**
<b>Transportation</b>	0.17*	0.09	0.27**
Road safety & maintenance	0.08	-0.08	0.14
Specialized services availability	0.14	0.25	0.53**
Public transport, comfort to use	0.11	0.03	0.17*
Public transport, accessibility	0.28**	0.19*	0.30**
<b>Housing</b>	0.47**	0.24*	0.39**
Affordability & accessibility	0.79**	0.44**	0.57**
Environment	0.16	0.04	0.21*
<b>Social participation</b>	0.18*	0.06	0.24**
Facilities and settings	0.25**	0.18	0.32**
Social activities	0.11	-0.04	0.16
<b>Respect &amp; social inclusion</b>	0.29**	0.23*	0.35**
Attitude	0.14	0.07	0.21*
Social inclusion opportunities	0.59**	0.55**	0.65**
<b>Civic participation &amp; employment</b>	0.02	-0.11	0.02
Civic participation	0.06	0.03	0.19
Employment	0.00	-0.15	-0.04
<b>Communication &amp; information</b>	0.10	0.01	0.21*
Information	0.13	0.08	0.29**
Communication & digital devices	0.03	-0.14	0.06
<b>Community support &amp; health services</b>	0.37**	0.23*	0.45**
Medical/social services	0.49**	0.35**	0.57**
Emergency support	0.19	0.03	0.31*
Burial service	0.08	-0.06	0.08
<b>Sense of Community</b>			
Need fulfilment	0.96**	1.10**	1.28**
Membership	0.10	0.12	0.26*
Influence	0.18	0.00	0.30
Emotional connection	-0.04	0.11	0.13
Total score	1.20*	1.32**	1.97**

†WBSS as the reference group.

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

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

## 4.2. Focus Group Study

### 4.2.1. Participant characteristics

Six focus groups were conducted to collect residents' opinions on the age-friendliness of the Southern district. A total of 40 participants were recruited. Majority (67.5%) of the participants were aged 60 years or above and have been living in the district for 33.8 years on average. Sociodemographic characteristics of the focus group participants are shown in Table 4.11.

**Table 4.11** Sociodemographic characteristics of focus group participants in the Southern district

Characteristics	N	%
<b>Gender</b>		
Male	13	32.5
Female	27	67.5
<b>Age group</b>		
18-59 years	8	32.5
≥60 years	32	67.5
<b>Education</b>		
Nil / pre-primary	6	15.0
Primary	10	25.0
Secondary (F.1-5)	15	37.5
Secondary (F.6-7)	8	20.0
Post-secondary	1	2.5
<b>Housing</b>		
Public housing	21	52.5
Home owner scheme housing	5	12.5
Private housing	9	22.5
Others	5	12.5
Residence years (mean, SD)	33.8	22.4
<b>Monthly personal income</b>		
No income	2	5.0
HK\$1 to HK\$5,999	22	55.0
HK\$6,000 to HK\$9,999	7	17.5
HK\$10,000 to HK\$19,999	6	15.0
HK\$20,000 to HK\$29,999	1	2.5
HK\$30,000 to HK\$59,999	0	0.0
≥HK\$60,000	0	0.0
Unknown/ reject	2	5.0

Findings from thematic analyses of the focus groups are presented for the eight WHO Age-Friendly City framework domains, which are further grouped into three areas, namely (1) physical environment; (2) social and cultural environment; and (3) communication, community and health services. Participants in the Southern district gave many comments and opinions to identify areas for further improvement.

#### 4.2.2. Physical Environment

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

- (i) **User-friendliness:** participants showed appreciation in the considerable number of outdoor parks in the Southern district for residents to use. Participants also saw marked improvement in recent years in the Southern district with regard to outdoor spaces. These improvements include the installation of brighter lights, ramps, bar handles, and accessible public toilets amongst parks and other shared public spaces in the district. However, they suggested the need for installing overhead covers on parts of these parks so that elderly residents can enjoy these public spaces without worrying about the weather.
- (ii) **Safety:** The wet market in Aberdeen was deemed inaccessible to some participants, who claimed that despite the installation of ramps that enabled those with walking difficulties to use, these ramps are constantly wet and slippery, which was hazardous for elderly residents to navigate. Participants from Stanley also raised concerns with the uneven and slippery steps outside of the Stanley Plaza (赤柱廣場), which they deemed were hazardous.
- (iii) **Hygiene:** Some participants from Lei Tung Estate (利東邨) noted a hygiene issue around the estate, citing that dog faeces are often left unattended and randomly littered on the streets. This has created adverse walking conditions for Lei Tung Estate residents, especially those with mobility limitations, who had to deal with bad odour and navigate around these faeces.
- (iv) **Accessibility:** because large parts of the Southern district are built on hills, participants expressed that they had some mobility difficulties in accessing some key institutions in their daily lives. These include Queen Mary (瑪麗醫院) and the Grantham Hospitals (葛量洪醫院), and the Aberdeen Jockey Club Clinic (香港仔賽馬會診所), all of which are situated on hills that require considerable walking distances. Participant also pointed out that various wet markets were inaccessible to those with mobility limitations such as the one located in Yue Fai Court (漁暉苑) which required customers to walk several flights of stairs. In addition, participants living in Lei Tung (利東邨) and Tin Wan Estates (田灣邨) also articulated the need to install more escalators as there were too many stairs, which significantly limited their mobility. Within Lei Tung Estate, participants also pointed out that they were required to go through as many as three doors before entering the Lei Tung Commercial Centre (利東商場), which was difficult to do when carrying groceries, or for people with mobility difficulties.

Overall, participants had mixed views on the outdoor space of Southern district. While participants identified areas for improvement, there were also outdoor spaces that garnered praise for their age-friendliness.



## *WHO Domain 2: Transportation*

- (i) Convenience: participants in the Southern district had mixed views when it came to transport convenience. While some alleged that the inception of the MTR has greatly enhanced their mobility (e.g. reducing travel time and avoiding aboveground congestion), others were concerned with its effects on existing aboveground transports such as minibuses and buses. Since some participants have to travel several times a week to hospitals or clinics for medical reasons, they were particularly concerned with bus routes 91, and 94 which took them directly to Queen Mary Hospital (瑪麗醫院). Participants worried that with the inception of the MTR service in the district that these crucial bus routes that enabled them to seek medical care on a daily basis will be eliminated. For instance, some participants explained that previously, there were direct minibuses that commuted from Aberdeen to Grantham Hospital (葛量洪醫院). However, the direct route to the hospital has been cut in favour of another minibus line that required passengers to transfer from the MTR station in Wong Chuk Hang (黃竹坑). Passengers then have to transfer to another minibus that takes them up to the hospital, add both physical and financial burden to elderly residents.
- (ii) Frequency: some participants living in Ap Lei Chau complained of the low frequency of several bus routes including 97A which only runs for two hours in the morning and after 4 in the afternoon. As for residents in Stanley, participants suggested that the current route for bus no.14 toward Stanley could include Ma Hang (馬坑邨) as a stop as well as increase its frequency. Participants from Stanley also noted that the frequency of buses no. 40 and 52 was insufficient to meet the demands of commuters, especially in the weekends when significant number of tourists visit Stanley.
- (iii) Accessibility: Elderly had mixed views when it came to accessibility of transport. Some found that existing transport within the district reasonably accessible. However, others highlighted the need for improving accessibility in relation to several modes of transport. First, some participants articulated the inaccessibility of MTR stations in the Southern district. They preferred using aboveground transport that takes them directly to their destination without having to walk up and down the stairs or making transfers. Second, participants also pointed out that buses are often stopped too far away from the curb when alighting passengers, creating mobility difficulties for elderly passengers, especially those who rely on these buses to take them for medical check-ups or appointments at Queen Mary Hospital. Third, participants noted that those with mobility limitations have little access to barrier-free transports. Speaking of their dependents who have mobility limitations, some participants point out that although barrier-free transport services such as rehabilitation buses are available, their limited supply can barely meet the demands of local residents. Participants also suggested for bus and MTR stations to install more seats for the elderly to

rest if needed. As for the bus stations themselves, participants suggested for the installation of covers and seats at some of the key bus stations including the Queen Mary Hospital bus stop, where many participants frequent.

- (iv) **Safety:** participants were concerned with road safety in relation to the crossing time allowed in zebra crossings. Many opined that too little time is given for pedestrians, especially elderly residents who typically walk slower, to cross the streets. In addition, some areas such as the Wong Chuk Hang Road (黃竹坑道) do not have zebra crossings that allow for safe crossings for elderly to reach the bus stops. Furthermore, some participants suggested that minibus drivers should reduce their speed to ensure the safety of passengers.
- (v) **Congestion:** participants in the Aberdeen community commented on the congested streets they had to cope with daily. They were particularly concerned with the safety of pedestrians since many observed that cars are often parked illegally on the streets, sometimes taking up parts of the pedestrian walks, which made it difficult and hazardous for them to navigate. Participants also noted that on particular streets in the Southern district including Yue Kwong Road (漁光道), and Shek Pai Wan Road (石排灣道), large tourist buses would regularly park on the sides of the streets, creating barriers for pedestrians to see oncoming traffic.

Overall, participants had mixed views on the district's transportation, in particular the relatively difficult access to public hospitals within the district. Suggestions were given to improve both software and hardware of transportation system to further enhance its age-friendliness.

### *WHO Domain 3: Housing*

- (i) **Accessibility:** most participants claimed that they have seen marked improvements in their residence buildings. For example, some participants living in the Wah Fu Estate (華富邨) praised the installation of lifts, bar handles, and additional chairs around the estate for elderly to use. Participants also appreciated the Housing Authority in its willingness to make modifications (e.g. installing ramps and bar handles in the households) for PRH residents when in need. However, participants living in Yue Kwong Chuen (漁光村) also complained of the steep slope and stairs that they had to navigate each day. Similarly, some participants, especially those who lived in private housing, also suggested that their residences do not have adequate barrier-free facilities and equipment such as handles.
- (ii) **Ownership and accountability:** Some participants also pointed out the uniqueness of having a Tenants Purchase Scheme amongst some PRH estates in the Southern district including Wah Kwai (華貴邨) and Lei Tung Estates (利東邨), where part of the flats are privately owned while the rest are rented, has

created some contention among residences when it comes to renovation and related work. For instance, while most residents would agree to install more seats around the estates, residents who had private ownership of their flats would contest to avoid making out-of-pocket payments.

Overall, participants had mixed views when it came to housing. More effort may be needed in improving the age-friendliness of housing within the district.

#### 4.2.3. Social and Cultural Environment

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

- (i) Availability and diversity: Participants showed appreciation in the wide range of social and interest classes made available to elderly residents in the Southern district, including but not limited to health, exercise, chess, magic and cooking classes. These were considered very important in providing good quality of life for participants.
- (ii) Community Centre for Shek O residents: although participants from Shek O said that they held their own regular leisure activities such as playing mah-jong, Tai Chi (太極), and swimming, they pointed out the lack of DECC or relevant NGOs in the community. Some participants had to travel to DECCs Shau Kei Wan in order to join interest classes or other group activities. Thus, they suggested for Shek O to build their own community centre where elderly and other district residents can convene and participate in various social activities irrespective of the weather.

Overall, focus group participants expressed contentment and joy in their bonds and friendships with other elderly in the Southern district. These are typically members of DECCs or NGOs or neighbours who have known each other for years and who regularly meet outside the centre to participate in various kinds of social activities and gatherings. However, participants suggested the need to further reach out to those singleton elderly who are more withdrawn or isolated from the community and who are hesitant in joining DECCs or NECs.

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

- (i) Views on social inclusion and respect were mixed among participants. While some had positive experiences with district residents such as having priority seats ceded to them on buses and MTRs and being offered help to carry their grocery bags, others recalled incidents where they felt disrespected by others. For instance, participants noted that some young people would not apologize if they accidentally bumped into an elderly, or that some district residents would

purposely push the 'close' button faster despite seeing an elderly approaching the lift.

- (ii) Navigating institutions: participants also expressed that they sometimes felt disrespected when navigating public institutions such as banking services, health care services, and taking buses. They described incidents where bank personnel or bus drivers were impatient with their questions and belittled them.
- (iii) Positive neighbour relations: most participants described their relationships with neighbours in a positive light, such that their neighbours would mutually greet each other and in times of needs, offer help and support. For example, some elderly recalled incidents where they fell sick and their neighbours volunteered to help them purchase groceries. Relatedly, neighbours were also an important source of information and communication among district residents, with participants recalling incidents where their neighbours would refer them to relevant institutions (e.g. who to call when their air conditioner broke down, etc.) in response to their daily needs.
- (iv) Intergenerational relations: while most participants espoused that they had positive neighbour relations, some participants suggested that their relationships with younger people within their district were less friendly. Some participants observed that many younger residents constantly had their heads down and eyes glued to their phones, thus reducing the amount of interactions that participants would like.

Overall, participants had both positive and negative experiences when it came to respect and social inclusion. They suggested for more public education to be conducted not only for elderly's sake but also for those who may have needs.

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

- (i) Dearth of employment opportunities: most participants contended that they had little chance in securing employment should they decide to apply for jobs in the district. However, some did mention that they would seriously consider participating in the labour force if only the job requirements are less stringent and offer more flexibility.
- (ii) Volunteer opportunities: while paid employment was considered overall unavailable in the Southern district, participants expressed that there were ample volunteer opportunities. Typically, participants volunteered for DECCs, churches, and other NGOs within the district and carry out tasks such as outreaching, home visits, and delivering meals to singleton elderlies in the community. Participants expressed that these volunteering activities added much meaning and happiness to their lives, and expressed that they were also able to learn new knowledge and skills while conducting these activities.
- (iii) Voting: elderly participants were reasonably active in exercising their civic duties of voting. However, some participants expressed that they chose not to

vote because it was difficult for them to make choices amongst numerous district candidates.

Overall, participants were active in their civic participation, especially those who are member of the Southern district Elderly Concern Group, which regularly holds meeting and relay the views of district elderly residents to various government departments and the DC.

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

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

- (i) **Accessibility:** participants noted that elderly, especially singleton elderly living by themselves, may have difficulties in accessing district-based information or services. For instance, some participants noted that it is likely that many elderly in the district would not know where to access services if their homes were in need of some modification.
- (ii) **Timeliness of accessing information:** participants from Stanley also noted that they had little access to traffic information, and recalled incidents where they were waiting endlessly for buses and minibuses to arrive, only to learn much later that some traffic accidents occurred on the road toward Stanley. They suggested for the need to improve communication amongst local residents and (mini)bus companies, especially with regard to arrival and departing times.

Overall, participants had considerably easy access to information insofar as they are active members of DECCs, NECs or NGOs. However, some concerns remain when it comes to accessing relevant district information.

##### *WHO Domain 8: Community Support & Health Services*

- (i) **Accessibility:** participants highlighted the tremendous difficulties they encountered in an attempt to make medical appointment via the telephone. They were frustrated with the automated telephone appointment system, which they deemed was very inconvenient for elderly to navigate. Those experiencing hearing difficulties or cognitive decline are especially challenged when it came to making medical appointments. Some participants resolved to physically traveling to DECCs and ask for the help of social workers to make these appointments for them, which created considerable discomfort when they fell sick. Thus, the automated telephone booking system was considered rather unfriendly for elderly.
- (ii) **Availability:** participants had considerable number of choices when it came to medical care in the Southern district. These included the Jockey Club Outpatient Clinic (賽馬會普通科門診診所), Ap Lei Chau Outpatient Clinic (鴨脷洲診所), DECCs, and two major public hospitals including the Queen Mary Hospital and the Grantham Hospital. There are also mobile health clinics supported by NGOs

such as Tung Wah Group of Hospitals that provided district residents with additional medical care service. However, most participants also noted that even if they got through the telephone automated system, they typically had to wait until the following day or even longer before there are available timeslots for them to see a doctor. As a result, many turn to private clinics within the district for not wanting to further delay their medical treatments. Participants from Shek O and Stanley had comparatively less favourable views when it came to the availability of health services in their communities. They typically had to travel further to receive medical care since the availability of medical appointments in their own respective communities is very limited. For instance, participants from Stanley shared that the Stanley General Outpatient Clinic (赤柱普通科門診診所) only opens for medical consultation in the afternoon, thus unable to respond to the medical demands of elderly residents in the district, many of whom chose to consult private doctors instead.

- (iii) Dearth of dental services: participants identified the dearth in dental care and Chinese medical services in the Southern district. For dental services, participants said that they typically travelled to dental clinics in Sai Ying Pun (西營盤) for more advanced dental care since those within the district are limited in their service provision. Some participants alleged that only private dental clinics can perform more advanced dental care services but since private dentists are typically unaffordable, some have simply left their teeth unattended despite having toothaches. Furthermore, our participants also shared that the queues for dental services within the district are longer than general medical consultation. Comparatively, participants from Stanley and Shek O have even less access to dental service since there are neither public nor private dental services available in their respective communities. Considering that toothaches very much affect the quality of life of elderly, participants were particularly dissatisfied with the lack of affordable dental care services in the Southern district.
- (iv) Dearth of residential services in Stanley and Shek O: participants from Stanley and Shek O raised concerns about the lack of Care and Attention Homes for the Elderly (residential care services) in their communities. They shared that most elderly residents in the district, including themselves, much prefer to age in place and are reluctant to leave their own communities. However, they worried that with physical and cognitive deterioration that they would have to eventually leave their communities and be housed elsewhere.
- (v) Dearth of wet markets: participants living in the Shek O and Stanley areas had no access to wet markets within any walkable distances, which created significant nuances to district residents. Although alternative stores were available for local residents to purchase food, participants preferred traditional wet markets which offered a wider variety of fresh food at affordable prices. Due to such preferences, elderly residents from Stanley and Shek O typically had to travel fairly far (e.g. Chai Wan or Shau Kei Wan) to purchase groceries,

which is considered a hassle given that they have to carry large bags of groceries while commuting.

- (vi) Dearth of banking services: participants from several PRH estates including the Wah Fu and Lei Tung Estates lamented the dwindling of banking services within the estates, where automated banking machines are now in place of actual banks. Participants who did not know how to navigate the automated banking machines said they had to commute to Aberdeen to withdraw money or their monthly Old Age Allowance, creating considerable inconvenience for them.

Overall, participants had mixed views when it comes to community support and health services. Participants from the Stanley and Shek O areas were particularly concerned with the lack of health care services made available to them in their own respective districts. Although participants living in the Aberdeen and Pokfulam areas are privy to a wider range of health service provision, they had difficulties navigating automated systems.

## **5. CONCLUSION**

The Southern district is one of the first districts in Hong Kong to become a member of the WHO age-friendliness network. It is evident that much effort has been put forth by local district residents, NOGs, DECCs, and the Southern DC over the past few years to advance the concept of AFC in the community and to improve the overall liveability of the Southern district.

Overall, our survey found that participants perceived the Southern district to be age-friendly in general. Among the eight domains, “social participation” scored the highest, followed by “transportation”, and “respect & social inclusion”. These are assets within the Southern district that can be continually optimized for district residents of all ages to enjoy. On the other hand, more resources can be allocated toward improving “community support & health services”, and “housing” to becoming more age-friendly. Consolidating findings from both quantitative and qualitative focus group interviews, we propose the following suggestions:

To improve the overall age-friendliness of “community support and health services”, focus group participants suggested for more assistance in making medical appointments. One viable method may be to train up more “health ambassadors” within the Southern district to assist those in need to make medical appointments and to accompany them to medical appointments. The wordings on medicine packages distributed by the Hospital Authority may also be enhanced to improve legibility for elderly residents.

To improve the age-friendliness of “civil participation and employment”, it is suggested that employers within the district can adopt more flexible working hours so that elderly residents capable of performing work tasks can be continually employed and engaged in the community.

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

To improve the age-friendliness of “outdoor spaces and buildings”, participants suggested for the need to reduce clutter on pedestrian walkways, which at present may be populated by parked cars, tourist buses, and commercial goods. These have created considerable barriers for pedestrians, especially those who use assistive tools such as walkers and wheelchairs.

To further improve the age-friendliness of “transportation”, participants suggested for covers to be installed at bus stations, and for mini buses to reduce their commuting speed to ensure passenger safety. These are especially needed in stations close to the major hospitals in the Southern district including Queen Mary Hospital and the Grantham Hospital. Because several locations in the Southern district are attractive tourist locations including Ocean Park, Stanley, Aberdeen, and Shek O, participants suggested for more bus and minibus routes to be implemented during weekends, where there are typically more tourists frequenting these sites. Although tourism can bring forth additional economic benefits to the district, it has also created some hassle for local elderly residents, especially those in Stanley and Shek O, who need to rely on ground transportation to reach wet markets, and public hospitals.

As participants continue to age, it was also suggested that more seminars and knowledge exchange activities be held within the Southern district to inform elderly district residents of relevant ageing-in-place information, such as home modification, health talks, and access to community resources. It was also suggested that more knowledge exchange platforms be held across districts, so that elderly residents can share and learn from what elderly residents in other districts are doing in promoting AFC.

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



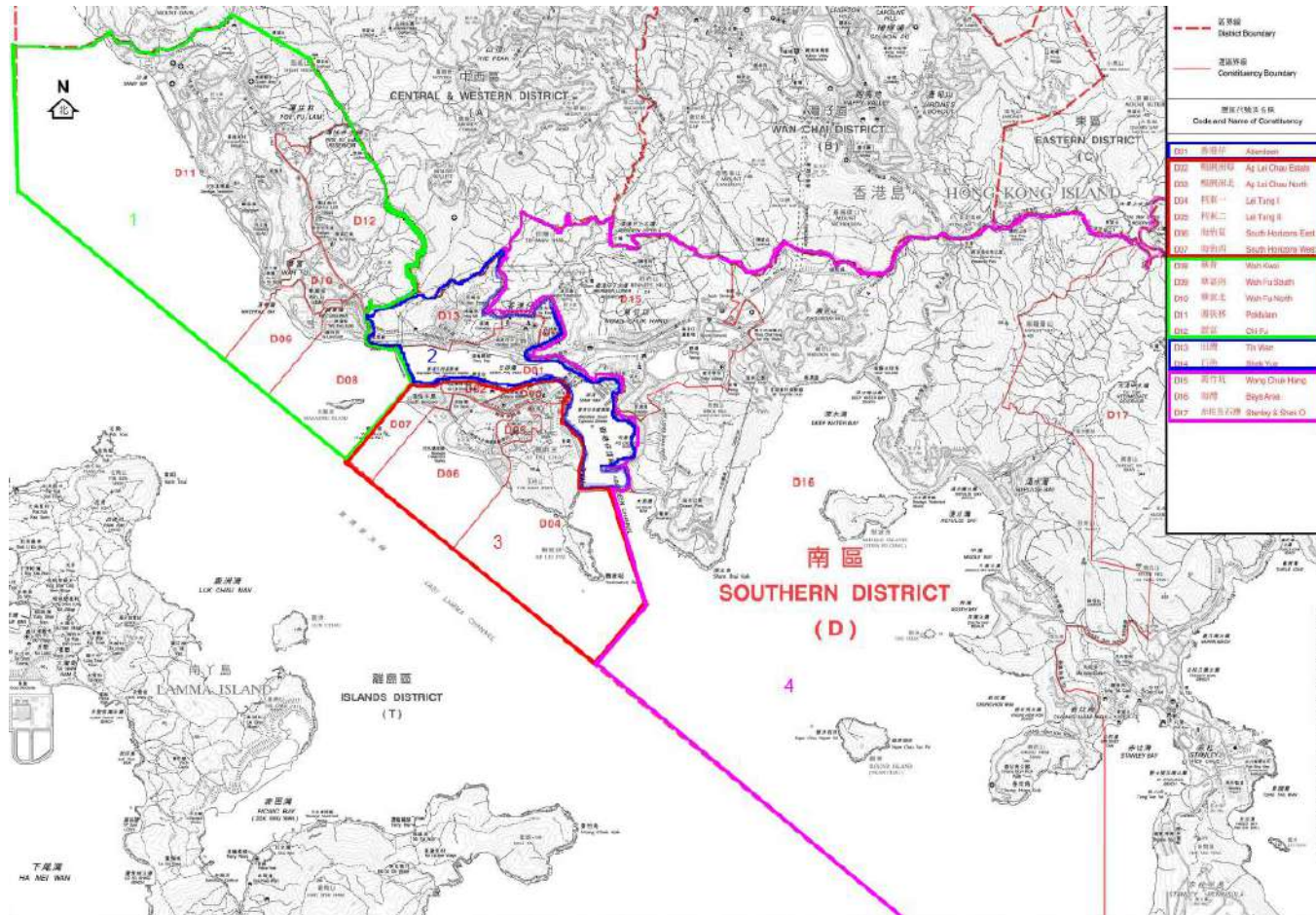
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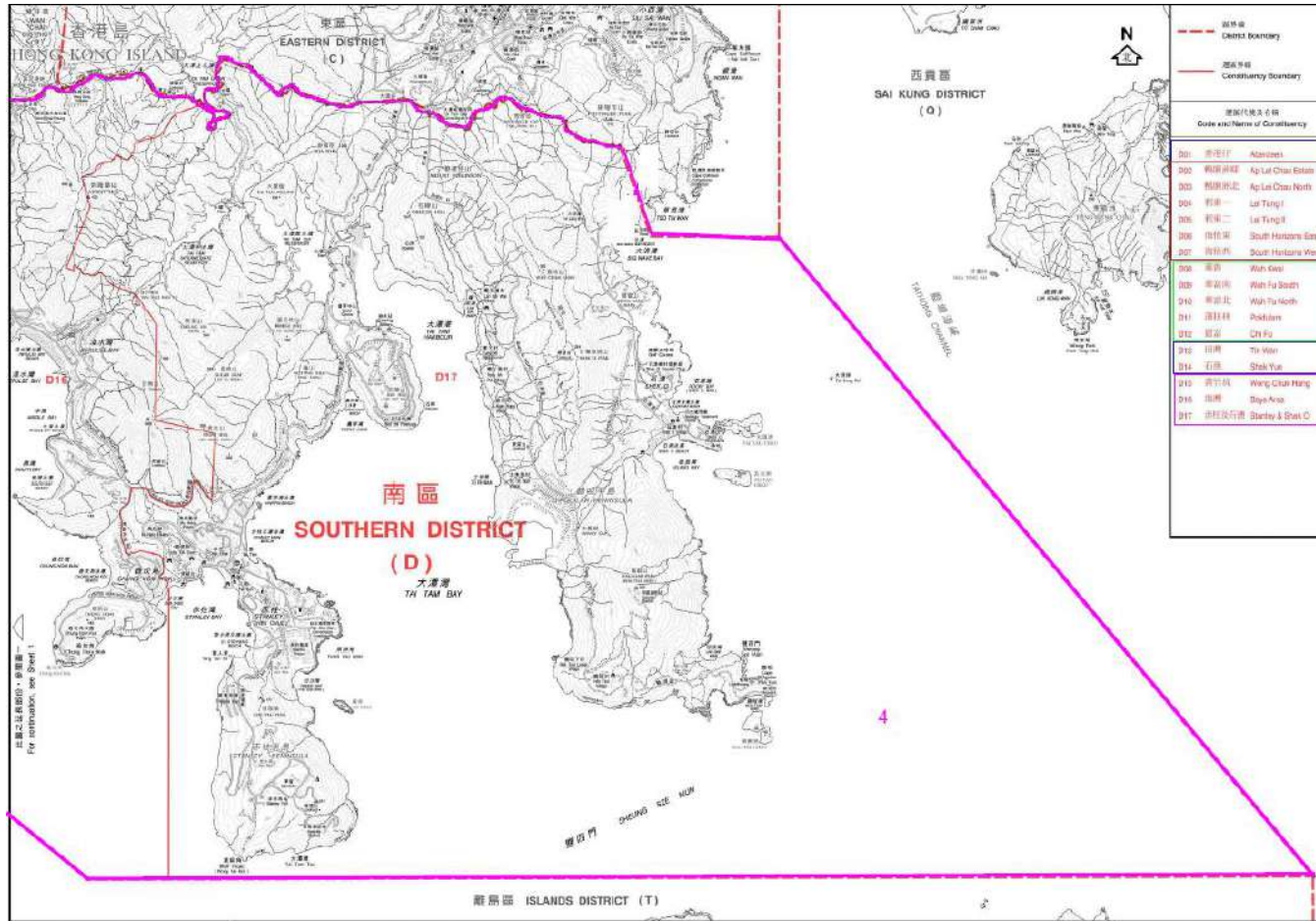
## 7. APPENDICES

### Appendix 1 District Maps



No	Sub-district communities
1	Pok Fu Lam (PFL)
2	Aberdeen (AB)
3	Ap Lei Chau (ALC)
4	Wong Chuk Hang, Bays Area, Stanley & Shek O (WBSS)

Appendix 1 District Maps (con't)



No	Sub-district communities
1	Pok Fu Lam (PFL)
2	Aberdeen (AB)
3	Ap Lei Chau (ALC)
4	Wong Chuk Hang, Bays Area, Stanley & Shek O (WBSS)

## Appendix 2 Questionnaire



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

職員專用 Southern	
參加者編號	
調查員編號	
檢查員編號	

### A. 受訪者資料

A1) 您嘅性別係：

- (1) 男  
 (2) 女

A2) 年齡：

(根據身份證上的出生日期)

若受訪者唔願意提供年齡，請揀以下最適當嘅年齡組別：

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

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

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

(1) 薄扶林

(e.g. 置富花園，薄扶林花園，貝沙灣，碧瑤灣，華富邨，華貴邨)

(2) 香港仔

(e.g. 田灣邨，香港仔中心，漁光邨，漁暉苑，石排灣邨)

(3) 鴨脷洲

(e.g. 悅海華庭，利東邨，漁安苑，鴨脷洲邨，海怡半島，南灣)

(4) 黃竹坑，海灣，赤柱及石澳

(e.g. 黃竹坑，雅濤閣，南濤閣，壽臣山，陽明山莊，淺水灣，春坎角，南灣，赤柱，鶴咀，石澳，大浪灣，紅山半島)

A4) 您喺所屬社區住左幾耐：

\_\_\_\_\_年

A5) 您嘅婚姻狀況係(一定要讀出所有選擇)：

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

- (5) 分居  
 (6) 其他(請註明)：\_\_\_\_\_

A6) 您嘅最高教育程度：

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

A7a) 您住嘅房屋類型？

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

(跳至 A8a)

A7b) 您住嘅屋邨？

南區：

- |                                     |                                   |                                     |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> (1) 漁光村    | <input type="checkbox"/> (4) 石排灣邨 | <input type="checkbox"/> (7) 田灣邨    |
| <input type="checkbox"/> (2) 鴨脷洲邨   | <input type="checkbox"/> (5) 利東邨  | <input type="checkbox"/> (8) 華富(一)邨 |
| <input type="checkbox"/> (3) 華富(二)邨 | <input type="checkbox"/> (6) 華貴邨  | <input type="checkbox"/> (9) 馬坑邨    |

A7c) 您住嘅私人住宅單位係？

- (1) 租  
 (2) 自己擁有  
 (3) 家人擁有

A8a) 您居住樓宇嘅樓齡？

\_\_\_\_\_年

如果受訪者唔知，請揀以下最適當嘅樓齡：

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



A8b) 您居住嘅大廈總共幾多層？

\_\_\_\_\_層

A8c) 您居住嘅大廈有沒有電梯？

(1) 無

(2) 有

A8d) 您從屋企出去，需要行樓梯？

(1) 唔需要 (跳至 A9a)

(2) 需要

A8e) 總共要行幾多級樓梯？

(1) 1-5 級

(2) 6-10 級

(3) 11-15 級

(4) 16-20 級

(5) 21 級或以上

A9a) 您宜家有無同人住？

(1) 無，自己一個住 (跳至 A10a)

(2) 有

A9b) 您宜家同幾多人住？

\_\_\_\_\_人

A9c) 唔包括工人，您宜家同邊個住？(可以揀多過一項)

(1) 配偶

(2) 子女

(3) 女婿 / 媳婦

(4) 孫

(5) 父母

(6) 祖父母

(7) 兄弟姐妹

(8) 其他(請註明):\_\_\_\_\_

A9d) 有無工人同您住？

(1) 無

(2) 有

A10a) 您宜家有無返工？

(1) 無 (跳至 A10b)

(2) 有 (跳至 A10c)

A10b) 您宜家係？

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

A10c) 您宜家嘅工作模式？

- (1) 全職工作
- (2) 兼職工作

A10d) 過去一星期，工作左幾多小時？

\_\_\_\_\_小時

A11a) 您有無長期照顧其他人？

- (1) 無 (跳至 A12a)
- (2) 有

A11b) 您照顧嘅人係？

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

A11c) 您同您照顧嘅人係咩關係？

- (1) 朋友
- (2) 鄰居
- (3) 家人
- (4) 親戚

A12a) 過去三個月，您有無參與加過任何義工服務/活動？

- (1) 無
- (2) 有

A12b) (只適用於 60 歲或以上人士)

過去三個月，您有無用過/參加過長者中心提供嘅服務/活動？

- (1) 無
- (2) 有



A13) 您有無足夠嘅金錢應付日常開支？

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

A14a) 您宜家拎以下邊一隻嘅政府津貼？(只可以揀一項)

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

A14b) 每月政府津貼嘅金額：

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

A15a) 您宜家主要嘅收入來源係？(不包括政府津貼)(可以揀多過一項)

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

A15b) 您宜家每月嘅收入：

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

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

A16a) 如果您出街，您需唔需要用: (可以揀多過一項)

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

A16b) 如果您嘅屋企人出街，佢哋需唔需要用: (可以揀多過一項)

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

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

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

A18a) (只適用於 60 歲或以上人士)

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

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

A18b) (只適用於 60 歲或以上人士)

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

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

## B. Age-Friendliness of a city

麻煩您講下對以下句子嘅同意程度，以 1 至 6 分代表

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

麻煩您以您居住嘅地區評分，有 \* 號嘅題目，就以全港情況評分：

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

您有幾同意宜家……

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

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

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

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

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

### C. 社群意識指數

麻煩您講下對以下句子嘅同意程度，以 1 至 5 分代表。

1	2	3	4	5
非常唔同意	唔同意	普通	同意	非常同意

麻煩您以您住嘅地區評分，您有幾同意……

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

C10) 整體嚟講，您覺得自己目前嘅生活有幾幸福？

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



#### D. 對老年人的印象和評價 1 (KAOP)

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

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

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

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



## F. 體能活動水平

以一星期(7日)計算，您係過去一個月平均做左以下嘅運動幾次？

回答下面嘅問題，麻煩：

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

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

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

- (1) 成日  
 (2) 有時  
 (3) 從來都唔會/好少

F10) 整體嚟講，您有幾滿意您宜家嘅生活？

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

### G. 標準十二題簡明健康狀況調查表 (SF-12)

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

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

G1) 整體嚟講，您認為您宜家嘅健康狀況是係：

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

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

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

- (1) 有好大限制
- (2) 有少少限制
- (3) 無任何限制

G3) 上幾層樓梯？

- (1) 有好大限制
- (2) 有少少限制
- (3) 無任何限制

以下問題係關於您身體健康狀況同日常活動嘅關係

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

- (1) 無
- (2) 有

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

- (1) 無
- (2) 有

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

- (1) 無
- (2) 有

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

- (1) 無
- (2) 有

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

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

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

G9) 過去 4 星期，您有幾多時間覺得心平氣和？

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

G10) 過去 4 星期，您有幾多時間覺精力充足？

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

G11) 過 4 星期，您有幾多時間心情唔好、覺得悶悶不樂或者沮喪？

- (1) 成日
- (2) 大部份時間
- (3) 好多時間
- (4) 間中

- (5) 偶然一次半次
- (6) 從來都無沒

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

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

問卷完成日期： \_\_\_\_\_  
( 日 / 月 / 年 )

- 「共建長者友善社區」問卷調查完成，多謝您嘅寶貴意見 -

### Appendix 3 Focus Group Discussion Demographic Questionnaire



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

職員專用 Southern	
參加者編號	
訪問員(1)	
訪問員(2)	

#### A. 受訪者資料

A1) 您嘅性別係：

- (1) 男  
 (2) 女

A2) 年齡：

\_\_\_\_\_ (根據身份證上的出生年份)

A3) 您喺所屬社區住左幾耐：

\_\_\_\_\_ 年

A4) 您嘅婚姻狀況係：

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

A5) 您嘅最高教育程度：

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

A6) 您住嘅房屋類型？

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

A7) 您宜家同邊個住？(可以揀多過一項)

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

A8) 您宜家係？

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

A9) 您宜家拎以下邊一隻嘅政府津貼？(只可以揀一項)

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

A10) 您宜家主要嘅收入來源係？(不包括政府津貼)(可以揀多過一項)

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

A11) 您宜家每月嘅收入 (包括政府津貼及其他收入來源)：

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



## Appendix 4 Focus Group Discussion Guide

香港大學秀圃老年研究中心  
「共建長者友善社區」計劃(南區)

### 聚焦小組

#### 小組簡介：

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

是次聚焦小組旨在了解你對南區居住環境的意見及有關長者的意見。

#### **Part A：[長者友善]總體指標體系的討論**

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

『長者友善』城市的八個重要指標：

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

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

Q2：哪三個指標是最實際可以改善的？為什麼？

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

Q4：針對今天的討論，還有沒有其他補充？