

Jockey Club Age-Friendly City Project

Baseline Assessments and Training and Professional Support

Baseline Assessment Report

Eastern District

2017

Submitted by

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1. EXECUTIVE SUMMARY

Initiated and funded by The Hong Kong Jockey Club Charities Trust, the Hong Kong 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 Eastern 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 Eastern 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 591 questionnaire surveys were collected from the four sub-district communities of (1) North Point, Quarry Bay; (2) Tai Koo; (3) Shau Kei Wan; and (4) Heng Fa Chuen and Chai Wan. A total of five focus groups were conducted.

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

Participants perceived the Eastern district to be age-friendly in general. Comparing the degree of perceived age-friendliness across different domains, “social participation” scored the highest while “community support & health services” scored the lowest. The sense of community is strong particularly in terms of sense of membership, that is, the sense of belonging to the district. The older the resident, the stronger the sense of community and perceived age-friendliness. Among those aged 60 years or above, most (86.2%) used services or participated in activities provided by elderly centres. Tai Koo residents reported the highest level of perceived age-friendliness and sense of community compared to those living in the other three sub-district communities. Participants residing in private housing had significantly lower score in “affordability & accessibility” in housing domain, but higher score in “need fulfilment” than the public housing group.

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

2. INTRODUCTION

2.1 Project Background

Hong Kong is undergoing rapid population ageing. The population aged 65 years or above is projected to increase from 15% of the total population in 2014 to 26% by 2029, and to 33% (33.1%) by 2064¹. 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 2064². These demographic changes carry significant implications for the demand and costs of public services. Therefore, building an age-friendly city will help meet the needs of older people, enabling them to live active, independent, and good-quality lives in the community. An age-friendly city (“AFC”) would also facilitate the development of Hong Kong as a better society.

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

2.2 District Characteristics

The Eastern district is a diverse district mixed with commercial buildings and residential areas. With an area of 1,900 hectares³, the Eastern district comprises 32 sub-areas that can be categorized into four meaningful sub-district communities,

namely (1) North Point and Quarry Bay 北角及鰂魚涌; (2) Tai Koo 太古; (3) Shau Kei Wan 筲箕灣; and (4) Heng Fa Chuen and Chai Wan 杏花邨及柴灣.

According to the Hong Kong Census and Statistics Department ⁴, the population of the Eastern district is approximately 555,034, which is around 7.6% of the total population of Hong Kong and making it the fourth densest district in the city. 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 Eastern district. According to the 2016 Hong Kong Population By-Census ⁵, the total number of domestic households in the Eastern district was 187,134 while the average household size was 2.9. Among these district residents, approximately 62.6% (n= 309,155) participated in the labour force. The median monthly domestic household income was HK\$29,830.

Table 2.1 Domestic household characteristics of Eastern district in 2016

Total number of domestic households	187,134
Average household size	2.9
Type of housing, Private Permanent Housing (2011) ⁶	64.2%
Median monthly domestic household income	HK\$29,830
Median monthly domestic household rent	HK\$3,000
Median monthly domestic household mortgage and loan repayment	HK\$11,500

There is a mixed composition in terms of housing type in the Eastern district. 64.2% of Eastern district residents live in private permanent housing ⁶. At the same time, there are a total of 16 and 24 housing estates for public rental housing (“PRH”) and home ownership scheme (“HOS”) respectively ⁷. Accounting for all types of housing, the median monthly domestic household rent was HK\$3,000, and HK\$11,500 for mortgage payment and loan repayment. Regarding the provision of elderly centres and health care services, the district has a total of 16 elderly centres: 4 district elderly community centres (“DECCs”) ⁸ and 12 neighbourhood elderly centres (“NECs”) ⁹, 1 public hospital ¹⁰, 5 general outpatient clinics ¹¹ and 1 elderly health care centre ¹².

Overall, the Eastern district has reasonably good services and facilities provision for district residents. For medical provision, Pamela Youde Nethersole Eastern Hospital under the Hong Kong East cluster of Hospital Authority is the major hospital serving residents in Eastern district. The well-established transportation network in the district, including MTR, buses, trams and minibuses, made it convenient for residents to commute. The district also contains sports grounds, large shopping arcades, youth development centres, and recreational facilities, all of which fulfil different needs of Eastern district residents.

2.3 Previous Age-friendly City Work 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 Eastern district have made concerted efforts in promoting the concept of AFC and in improving the community environment in response to the changing needs of elderly residents. The following documents several of these initiatives.

Eastern district participated in the 「起動全城香港長者友善社區」 (“Age-Friendly Hong Kong”) project which was led by The Hong Kong Council of Social Service (“HKCSS”) since 2012¹³. Under HK Electric Centenary Trust’s encouragement of lifelong learning and volunteerism among the local retired population, and the promotion of AFC concept by HKCSS, a concern group 「港島東區長者友善社區關注組」¹⁴ (translated herein as the “Concern Group for Elderly Friendly Community in the Eastern district” or “The Concern Group”) was formed by four NGOs and around 20 elderly residents in the Eastern district in November 2013. The Concern Group meets on a regular basis to discuss items pertinent to age-friendliness of the district and had 18 meetings since 2013. They reviewed the district environment, hygiene, facilities, bus and tram services and arranged eight sessions to collect opinions directly from the residents. The Concern Group used the data collected to write up several position papers and met with District Councillors recurrently to reflect their opinions and proposed suggestions to the Eastern DC.

The Concern Group also sent letters to related public transportation service providers (e.g. Citibus) and the Food and Environmental Hygiene Department to reflect the district’s concern and request on developing age-friendly transportation facilities and environment in the community.

NGOs in Eastern district are also actively initiating and implementing a number of programmes and projects aimed to enhance the district’s age-friendliness. These include the 「讚 東區長者友善社區」計劃 (“Like Age Friendly Community Hong Kong East” Project), and the 「耆鄰友善享頤年計劃」 (translated herein as “Neighbourhood Support for The Elderly”) organized by the Hong Kong Young Women’s Christian Association (“YWCA”); and 「愛·無牆世界」 (“Love without Barrier”) organized by the Tung Wah Group of Hospitals with the support of HSBC Community Partnership Programme - Bringing People Together. The YWCA also mobilized volunteers to conduct home modification services for district elderly residents whose homes are subpar. These projects aimed to enhance elderly’s technological skills, and to bring both elderly and young people together to promote respect and care to the elderly in the district, and to improve intergenerational harmony¹⁵.

Similarly, the Tung Wah Group of Hospitals Fong Shu Chuen District Elderly Community Centre has been organizing various volunteer development and

community education programmes for elderly residents in Eastern district. These programs aim to empower local senior volunteers to serve in the community as well as to promote understanding, acceptance and respect to the elders. With the aim to make Eastern district the first dementia friendly district in Hong Kong, the Tung Wah Group of Hospitals implemented a 3-year program, the 「認知導航在東區」計劃 (“Dementia Friendly Everywhere!” Project) from September 2015 to enhance understanding and care for dementia elderly, and provide training and support for the caretaker¹⁶.

In February 2017, the Hong Kong Society for the Aged Eastern district Elderly Community Centre also started 「智友醫社同行」 (“Dementia Community Support Scheme”), a two-year pilot scheme funded by Community Care Fund to enhance support services for elderly with mild to moderate dementia or cognitive impairment. The project adopts the medical-social collaboration model, and involved social workers, nurses, occupational therapists and physiotherapists. A series of training will be provided to the participants to enhance their cognitive and functional level, improve quality of life, and to relieve caretaker’s burden and stress¹⁷.

Overall, it is evident that NGOs, elderly district residents, and the DC in the Eastern district are actively pursuing projects and initiatives aimed at promoting the concept of age-friendliness and improving community environment. The vitality of “bottom-up” approaches is duly noted. The cooperation between NGOs, and district residents play an important role in facilitating the Eastern district to become more age-friendly.

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 Eastern district. The focus group study was conducted to capture residents’ in-depth opinions of the district’s age-friendliness, with reference to the eight domains of the age-friendly city as defined by the World Health Organization (“WHO”).

3.1. Questionnaire Survey

3.1.1. Participants

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

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

Table 3.1 Sampling sub-district communities for Eastern district

Sub-district communities	Constituency Areas
North Point, Quarry Bay 北角，鰂魚涌 (NQ)	Braemar Hill 寶馬山 Fortress Hill 炮台山 City Garden 城市花園 Provident 和富 Fort Street 堡壘 Kam Ping 錦屏 Tanner 丹拿 Healthy Village 健康村
Tai Koo 太古(TK)	Tai Koo Shing (East & West) 太古城 (東及西) Lei King Wan 鯉景灣 Mount Parker 柏架山 Quarry Bay 鰂魚涌 Nam Fung 南豐 Kornhill 康怡 Kornhill Garden 康山 Hing Tung 興東
Shau Kei Wan 筲箕灣 (SKW)	Aldrich Bay 愛秩序灣 Shau kei wan 筲箕灣 A Kung Ngam 阿公岩 Sai Wan Ho 西灣河 Yiu Tung (Lower & Upper) 耀東 (上及下)
Heng Fa Chuen, Chai Wan 杏花邨及柴灣 (HC)	Heng Fa Chuen 杏花村 Tsui Wan 翠灣 Yan Lam 欣藍 Siu Sai Wan 小西灣 King Yee 景怡 Wan Tsui 環翠 Fei Tsui 翡翠 Hing Man 興民

Lok Hong 樂康
Tsui Tak 翠德
Yue Wan 漁灣
Kai Hiu 佳曉

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, 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 Survey¹⁸.

(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^{19,20}.

3.1.3. Data Analysis

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

3.2. Focus Group

A total of five focus groups comprising 34 participants were conducted in the Eastern district, four with elderly residents aged 60 or above, and one with district residents aged between 18 and 59. Views from participants on the perceived age-friendliness of the district were solicited following the procedure based on the WHO Age-friendly Cities Project Methodology-Vancouver Protocol ²¹. 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 group interviews were audio-recorded and transcribed verbatim.

4. RESULTS

4.1. Questionnaire Survey

4.1.1. Participants Characteristics

A total of 591 participants were recruited. They represented residents in the sub-district communities of North Point and Quarry Bay (22.2 %), Tai Koo (25.2%), Shau Kei Wan (18.8%), and Heng Fa Chuen and Chai Wan (33.8%) (Table 4.1).

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

Sub-district communities	N	%
North Point, Quarry Bay 北角，鰂魚涌 (NQ)	131	22.2
Tai Koo 太古 (TK)	149	25.2
Shau Kei Wan 筲箕灣 (SKW)	111	18.8
Heng Fa Chuen, Chai Wan 杏花邨及柴灣 (HC)	200	33.8
Total	591	100.0

Participants' sociodemographic characteristics are summarized in Table 4.2. Majority (74.8%) of participants were female and aged 65 or above (75.0%). Of all participants, nearly half (46.9%) are married with secondary education or above

(58.8%). In terms of employment status and living arrangement, 58.7% are in their retirement while nearly half are either living alone or living with their spouse only (47.1%), and 13.8% of them are living with domestic helper. About one in six participants was a caregiver (16.8%). Among these self-identified caregivers, 17.3%, and 63.3% were providing care for children, and older persons respectively. Although majority (54.3%) of them had either no income or having a monthly personal income below HK\$6,000, only 15.3% reported insufficient funds to meet daily expenses.

Table 4.2 Sociodemographic characteristics of questionnaire survey participants

	Total		NQ		TK		SKW		HC	
	n	%	n	%	n	%	n	%	n	%
Gender										
Male	149	25.2	41	31.3	37	24.8	25	22.5	46	23.0
Female	442	74.8	90	68.7	112	75.2	86	77.5	154	77.0
Age Group										
18-49 years	89	15.1	15	11.5	29	19.5	17	15.3	28	14.0
50-64 years	59	10.0	20	15.3	17	11.4	9	8.1	13	6.5
65-79 years	263	44.5	71	54.2	66	44.3	51	45.9	75	37.5
≥ 80 years	180	30.5	25	19.1	37	24.8	34	30.6	84	42.0
Marital Status										
Never married	89	15.1	18	13.7	24	16.1	18	16.2	29	14.5
Married	277	46.9	66	50.4	82	55.0	41	36.9	88	44.0
Widowed	197	33.3	37	28.2	36	24.2	46	14.1	78	39.0
Divorced/ separated	28	4.7	10	7.7	7	4.7	6	5.4	5	2.5
Education										
Nil / pre-primary	115	19.5	8	6.1	17	11.4	23	20.7	67	33.5
Primary	128	21.7	24	18.3	29	19.5	23	20.7	52	26.0
Secondary (F.1-3)	87	14.7	20	15.3	25	16.8	15	13.5	27	13.5
Secondary (F.4-7)	102	17.3	32	24.4	32	21.5	19	17.1	19	9.5
Diploma	47	8.0	14	10.7	9	6.0	13	11.7	11	5.5
Associate degree	8	1.4	1	0.8	2	1.3	3	2.7	2	1.0
Bachelor degree or above	104	17.6	32	24.4	35	23.5	15	13.5	22	11.0
Employment status										
Working	109	18.5	20	15.5	35	23.5	18	16.2	36	18.1
Unemployed	9	1.5	3	2.3	2	1.3	2	1.8	2	1.0
Retired	345	58.7	87	67.4	87	58.4	68	61.3	103	51.8
Homemakers	116	19.7	17	13.2	22	14.8	21	18.9	56	28.1
Students	9	1.5	2	1.6	3	2.0	2	1.8	2	1.0
Living arrangement										
Living alone	146	24.7	28	21.4	26	17.4	35	31.5	57	28.6
With spouse only	132	22.4	31	23.7	36	24.2	22	19.8	43	21.6
Spouse & other family members	121	20.5	30	22.9	41	27.5	17	15.3	33	16.6
With children / grandchildren	108	18.3	22	16.8	23	15.4	20	18.0	43	21.6
With other family members	74	12.5	17	13.0	21	14.1	14	12.6	22	11.1

	Total		NQ		TK		SKW		HC	
	n	%	n	%	n	%	n	%	n	%
With others	9	1.5	3	2.3	2	1.3	3	2.7	1	0.5
Living with domestic helper	61	13.8	23	22.3	24	19.5	5	6.7	9	6.3
Participant is a caregiver	99	16.8	23	17.6	27	18.1	17	15.3	32	16.0
Elderly†	62	63.3	18	78.3	16	59.3	11	64.7	17	54.8
People with disability†	3	3.1	0	0.0	1	3.7	0	0.0	2	6.5
Children†	17	17.3	3	13.0	4	14.8	2	11.8	8	25.8
Others†	16	16.3	2	8.7	6	22.2	4	23.5	4	12.9
Finance										
Very insufficient	11	1.9	3	2.3	2	1.3	1	0.9	5	2.5
Insufficient	79	13.4	8	6.1	11	7.4	13	11.7	47	23.6
Sufficient	341	57.8	63	48.1	87	58.4	74	66.7	117	58.6
More than sufficient	141	23.9	49	37.4	43	28.9	22	19.8	27	13.6
Abundant	18	3.1	8	6.1	6	4.0	1	0.9	3	1.5
Monthly personal income										
No income	22	3.7	10	7.6	5	3.4	2	1.8	5	2.5
HK\$1 to HK\$5,999	299	50.6	47	35.9	62	41.6	65	58.6	125	62.5
HK\$6,000 to HK\$9,999	58	9.8	21	16.0	13	8.7	7	6.3	17	8.5
HK\$10,000 to HK\$19,999	82	13.9	23	17.6	25	16.8	14	12.6	20	10.0
HK\$20,000 to HK\$29,999	33	5.6	6	4.6	11	7.4	6	5.4	10	5.0
HK\$30,000 to HK\$59,999	25	4.2	8	6.1	9	6.0	3	2.7	5	2.5
>HK\$60,000	72	12.2	16	12.2	24	16.1	14	12.6	18	9.0

† Multiple responses allowed

Residence characteristics of participants are summarized in Table 4.3. The average years of residence in the district was 26 years (SD=14.2). In terms of housing type, 61.8% of participants lived in private housing and 53.6% resided in a building aged more than 31 years. In terms of residential building environment in which participants live, the average number of floors in these buildings is 25.7. Most (95.8%) of these buildings have elevators, but nearly one-quarter (24.2%) of the participants are living in a building that requires the use of stairs to go out.

Table 4.3 Residence characteristics

	Total		NQ		TK		SKW		HC	
	n	%	n	%	n	%	n	%	n	%
Residence years (mean, SD)	26.0	14.2	29.0	15.3	24.2	11.0	25.7	16.6	25.6	14.0
Housing, N (%)										
Public rental	185	31.3	2	1.5	23	15.4	40	36.0	120	60.0
Private, rental	23	3.9	8	6.1	5	3.4	5	4.5	5	2.5
Private, owned	365	61.8	117	89.3	119	79.9	56	50.5	73	36.5
Others	18	3.0	4	3.1	2	1.3	10	9.0	2	1.0
Age of building										

	Total		NQ		TK		SKW		HC	
	n	%	n	%	n	%	n	%	n	%
≤ 10 years	24	4.1	4	3.1	3	2.0	3	2.7	14	7.0
11-20 years	116	19.7	6	4.6	26	17.4	43	38.7	41	20.6
21-30 years	134	22.7	18	13.7	37	24.8	27	24.3	52	26.1
≥ 31 years	316	53.6	103	78.6	83	55.7	38	34.2	92	46.2
Building environment										
No. of floors (mean, SD)	25.7	10.4	22.7	8.1	27.2	9.6	24.6	11.3	27.1	11.3
With elevator	566	95.8	127	96.9	146	98.0	94	84.7	199	99.5
Need to take stairs	143	24.2	43	32.8	34	22.8	34	30.6	32	16.0

The self-reported health status of the participants is presented in Table 4.4. Half of the participants (50.3%) rated their health as good or above (mean=3.3, SD=1.0). Around one-quarter of the participants (24.7%) had to walk with assistive devices such as canes, walkers, or wheelchairs. Nearly half (47.0%) 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 (86.2%) have used services or participated in activities provided by elderly centres.

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

	Total		NQ		TK		SKW		HC	
	n	%	n	%	n	%	n	%	n	%
Self-rated health										
Excellent	25	4.2	6	4.6	3	2.0	5	4.5	11	5.5
Very good	112	19.0	30	22.9	25	16.8	14	12.6	43	21.5
Good	160	27.1	31	23.7	52	34.9	37	33.3	40	20.0
Fair	245	41.5	56	42.7	60	40.3	41	36.9	88	44.0
Poor	49	8.3	8	6.1	9	6.0	14	12.6	18	9.0
Mean score (mean, SD)	3.3	1.0	3.2	1.0	3.3	0.9	3.4	1.0	3.3	1.1
Walk with assistive device*	146	24.7	16	12.2	29	19.5	35	31.5	66	33.0
Volunteer in elderly centres	278	47.0	85	64.9	68	45.6	54	48.6	71	35.5
User of elderly centres†	406	86.2	101	95.3	92	83.6	79	88.8	134	80.7

*Cane, walker, or wheelchair

†Applicable only to participants aged 60 years or above

In terms of participants' ageing-in-place intention (Table 4.5), 77.4% 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 (12.3%) 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 29.1%, 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†

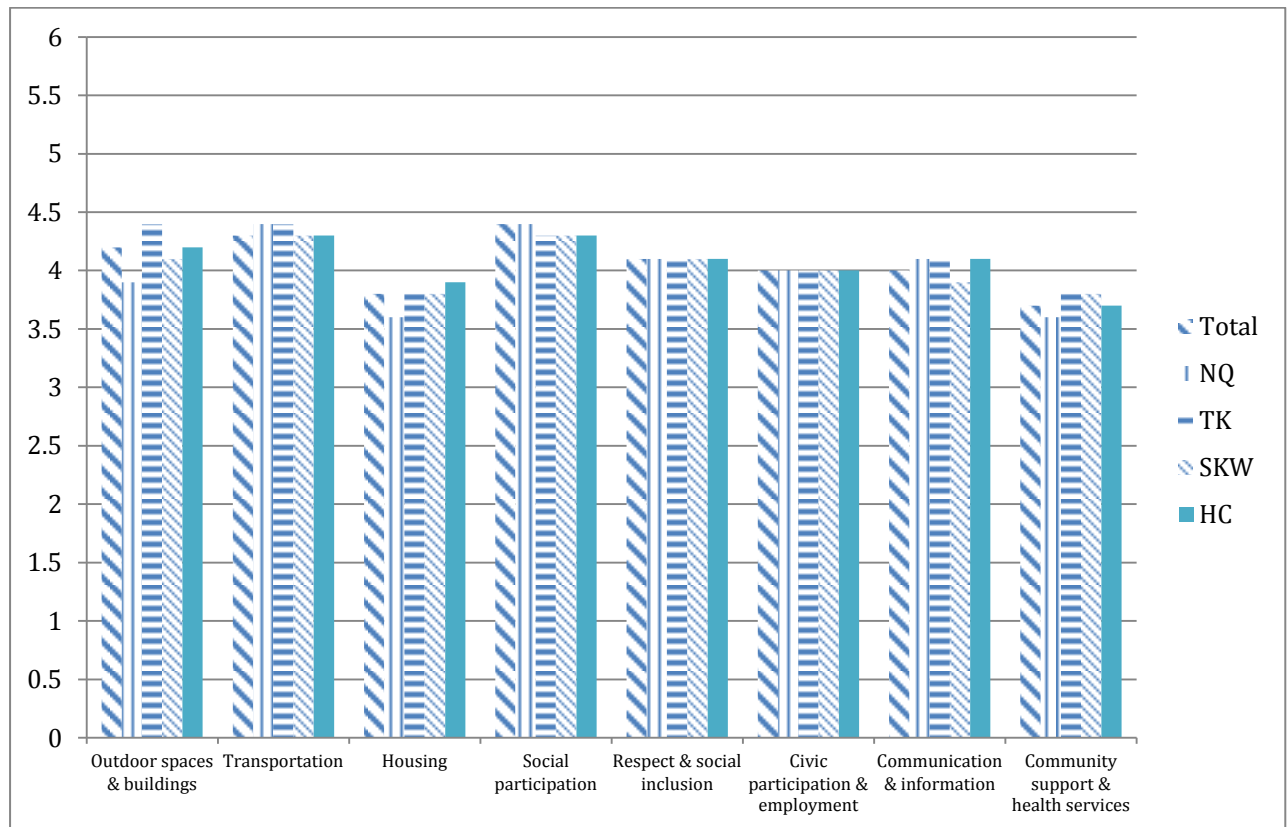
	Total		NQ		TK		SKW		HC	
	n	%	n	%	n	%	n	%	n	%
If health remains the same										
0%	364	77.4	84	80.0	80	72.7	67	75.3	133	80.1
10%	16	3.4	4	3.8	2	1.8	2	2.2	8	4.8
20%	11	2.3	2	1.9	3	2.7	4	4.5	2	1.2
30%	16	3.4	2	1.9	6	5.5	2	2.2	6	3.6
40%	6	1.3	2	1.9	2	1.8	0	0.0	2	1.2
50%	28	6.0	8	7.6	10	9.1	5	5.6	5	3.0
60%	4	0.9	1	1.0	1	0.9	1	1.1	1	0.6
70%	6	1.3	1	1.0	2	1.8	2	2.2	1	0.6
80%	4	0.9	0	0.0	0	0.0	2	2.2	1	0.6
90%	8	1.7	0	0.0	1	0.9	3	3.4	4	2.4
100%	7	1.5	1	1.0	3	2.7	1	1.1	2	1.2
If health worsens										
0%	136	29.1	38	36.5	30	27.5	19	21.3	49	29.5
10%	33	7.1	10	9.6	7	6.4	5	5.6	11	6.6
20%	22	4.7	7	6.7	5	4.6	2	2.2	8	4.8
30%	29	6.2	4	3.8	3	2.8	3	3.4	19	11.4
40%	14	3.0	4	3.8	1	0.9	5	5.6	4	2.4
50%	115	24.6	26	25.0	33	30.3	20	22.5	36	21.7
60%	14	3.0	0	0.0	6	5.5	6	6.7	2	1.2
70%	27	5.8	4	3.8	6	5.5	10	11.2	7	4.2
80%	24	5.1	4	3.8	4	3.7	5	5.6	11	6.6
90%	17	3.6	2	1.9	5	4.6	6	6.7	4	2.4
100%	37	7.9	5	4.8	9	8.3	8	9.0	15	9.0

†Applicable only to participants aged 60 years or above

4.1.2. Perceived Age-friendliness

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

Figure 4.1 Perceived age-friendliness by sub-district communities



As illustrated in Figure 4.1, participants perceived the Eastern district to be age-friendly in general. Among the eight domains, the highest score was observed in the “social participation” domain (mean= 4.4), followed by “transportation” (4.3), “outdoor spaces & buildings” (4.2), and “respect & social inclusion” (4.1). The domain with the lowest score was “community support & health services” (3.7).

As shown in Table 4.6, perceived age-friendliness varied across subdomains: “road safety & maintenance” and “accessibility of public transport” were rated the highest among all subdomains in “transportation” (4.5) but “availability of specialized services” was rated the lowest (3.9). “Housing” was perceived as less age-friendly than other domains, with lower scores (3.6 and 3.9 respectively) in subdomains “housing affordability & accessibility” and “environment”. In terms of “respect and social inclusion”, “attitude” (4.2) was rated higher than “social inclusion opportunities” (3.9). Similar results were found in “civic participation and employment”, where “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” (4.1) scoring the highest and “burial service” (2.5) scoring the lowest. Few variances were found within subdomains in “outdoor spaces & buildings”, “social participation”, and “communication & information”. All three of these domains were perceived as age-friendly with scores varying from 4.0 to 4.4.

Table 4.6 Perceived age-friendliness across subdomains

	Total		NQ		TK		SKW		HC	
Outdoor spaces & buildings	4.2	(0.7)	3.9	(0.7)	4.4	(0.7)	4.1	(0.6)	4.2	(0.8)
Outdoor spaces	4.3	(0.8)	3.9	(0.8)	4.5	(0.8)	4.3	(0.7)	4.4	(0.8)
Buildings	4.1	(0.8)	3.9	(0.8)	4.2	(0.7)	3.9	(0.7)	4.0	(0.9)
Transportation	4.3	(0.6)	4.4	(0.6)	4.4	(0.6)	4.3	(0.5)	4.3	(0.7)
Road safety & maintenance	4.5	(0.8)	4.4	(0.8)	4.6	(0.8)	4.6	(0.7)	4.5	(0.8)
Specialized services availability	3.9	(1.1)	3.8	(1.1)	3.8	(1.1)	4.0	(1.0)	4.0	(1.1)
Public transport, comfort to use	4.3	(0.8)	4.2	(0.8)	4.3	(0.7)	4.3	(0.6)	4.2	(0.8)
Public transport, accessibility	4.5	(0.7)	4.6	(0.7)	4.6	(0.6)	4.6	(0.6)	4.4	(0.8)
Housing	3.8	(1.0)	3.6	(0.9)	3.8	(0.9)	3.8	(1.0)	3.9	(1.0)
Affordability & accessibility	3.6	(1.1)	3.2	(1.1)	3.5	(1.1)	3.8	(1.2)	3.8	(1.1)
Environment	3.9	(1.0)	3.9	(1.0)	4.0	(0.9)	3.9	(1.0)	3.9	(1.0)
Social participation	4.4	(0.8)	4.4	(0.7)	4.3	(0.8)	4.3	(0.7)	4.3	(0.8)
Facilities and settings	4.4	(0.8)	4.5	(0.8)	4.4	(0.8)	4.4	(0.7)	4.5	(0.8)
Social activities	4.3	(0.8)	4.4	(0.8)	4.2	(0.8)	4.3	(0.7)	4.2	(0.9)
Respect & social inclusion	4.1	(0.8)	4.1	(0.9)	4.1	(0.8)	4.1	(0.8)	4.1	(0.8)
Attitude	4.2	(0.8)	4.2	(0.9)	4.2	(0.8)	4.2	(0.8)	4.2	(0.8)
Social inclusion opportunities	3.9	(1.0)	3.9	(1.1)	3.9	(1.1)	3.8	(0.9)	4.0	(1.0)
Civic participation & employment	4.0	(0.9)	4.0	(1.0)	4.0	(0.8)	4.0	(0.8)	4.0	(0.8)
Civic participation	4.3	(1.0)	4.4	(1.1)	4.2	(1.0)	4.3	(0.9)	4.3	(1.0)
Employment	3.9	(0.9)	3.8	(1.1)	4.0	(0.9)	4.0	(0.9)	3.9	(0.9)
Communication & information	4.0	(0.8)	4.1	(0.8)	4.1	(0.7)	3.9	(0.8)	4.1	(0.8)
Information	4.1	(0.9)	4.2	(0.9)	4.1	(0.8)	4.0	(0.9)	4.1	(0.8)
Communication & digital devices	4.0	(1.0)	4.1	(0.9)	4.0	(0.9)	3.9	(1.0)	3.9	(1.0)
Community support & health services	3.7	(0.8)	3.6	(0.8)	3.8	(0.8)	3.8	(0.7)	3.7	(0.8)
Medical/social services	4.1	(0.9)	4.0	(0.9)	4.1	(0.9)	4.2	(0.8)	4.0	(0.9)
Emergency support	3.7	(1.2)	3.6	(1.3)	3.7	(1.2)	3.6	(1.2)	3.8	(1.2)
Burial service	2.5	(1.2)	2.2	(1.1)	2.7	(1.2)	2.3	(1.0)	2.6	(1.2)

All reported numbers are mean (SD)

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

4.1.3. Sense of Community

Sense of community in the Eastern 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 29.4 (SD=4.3), ranging from 29.0 (SKW) to 29.7 (TK)

across the four sub-district communities. Overall, “the sense of membership” scored highest (7.8), followed by “emotional connectedness” (7.4), “needs fulfillment” (7.3), and lastly “sense of influence in their community” (6.8).

Among the four sub-district communities, the total score of sense of community was highest in TK, followed by NQ, HC and lowest in SKW. “Needs fulfillment” was found highest in NQ and TK (7.5) but poor in SKW (7.1). “Sense of membership” was strongest in NQ and TK (7.9), while the “sense of influence in their community” was strongest in TK and HC (6.9). “Emotional connectedness” appeared similar across all sub-district communities (7.4-7.5).

Table 4.7 Sense of community

	Total		NQ		TK		SKW		HC	
Need fulfillment	7.3	(1.4)	7.5	(1.3)	7.5	(1.3)	7.1	(1.4)	7.2	(1.5)
Membership	7.8	(1.3)	7.9	(1.0)	7.9	(1.3)	7.7	(1.3)	7.7	(1.4)
Influence	6.8	(1.4)	6.7	(1.4)	6.9	(1.4)	6.8	(1.3)	6.9	(1.4)
Emotional connection	7.4	(1.3)	7.5	(1.2)	7.4	(1.3)	7.4	(1.3)	7.4	(1.4)
Total score	29.4	(4.3)	29.6	(3.9)	29.7	(4.2)	29.0	(4.2)	29.2	(4.6)

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 participants aged 65 or above had significantly higher perceived age-friendliness than the age group 18 to 49. For the age group 65 to 79, each level of increase in age group predicted an increase by 0.29 to 0.90 scores in the eight domains. Such differences were more significant in the age group 80 years old or above, with each level of increase in age group predicting an increase by 0.43 to 0.90 across the eight domains. In terms of sense of community, each level of increase in age group predicted a 2.13 to 4.21 point increase.

Table 4.8 Age-group comparison using linear regression analysis

	Coefficient†		
	50 to 64	65 to 79	80 or above
Perceived Age-friendliness			
Outdoor spaces & buildings			
Outdoor spaces	-0.1	0.31**	0.55**
Buildings	0.0	0.34**	0.63**
	-0.2	0.29**	0.47**
Transportation	-0.6	0.45**	0.59**
Road safety & maintenance	-0.19	0.29**	0.43**
Specialized services availability	0.36	0.43**	0.43**
Public transport, comfort to use	0.32	0.49**	0.71**
Public transport, accessibility	-0.17	0.50**	0.61**
Housing	0.12	0.59**	0.86**
Affordability & accessibility	-0.45	0.60**	0.81**
Environment	0.28	0.59**	0.90**
Social participation	0.70	0.72**	0.72**
Facilities and settings	0.13	0.70**	0.72**
Social activities	0.01	0.73**	0.73**
Respect & social inclusion	-0.5	0.67**	0.64**
Attitude	-0.31	0.64**	0.64**
Social inclusion opportunities	-0.8	0.73**	0.65**
Civic participation & employment	0.31*	0.78**	0.84**
Civic participation	0.27	0.90**	0.82**
Employment	0.33*	0.74**	0.84**
Communication & information	0.18	0.67**	0.57**
Information	0.45	0.68**	0.57**
Communication & digital devices	0.45*	0.65**	0.59**
Community support & health services	0.04	0.37**	0.55**
Medical/social services	0.25	0.40**	0.52**
Emergency support	0.05	0.59**	0.89**
Burial service	0.02	-0.36	0.19
Sense of Community			
Need fulfillment	0.29	0.76**	0.82**
Membership	0.55*	1.08**	1.06**
Influence	0.55*	1.01**	0.92**
Emotional connection	0.67**	1.27**	1.41**
Total score	2.13*	4.11**	4.21**

† 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 "affordability & accessibility" in housing domain, but higher score in "need fulfilment" than the public housing group.

Table 4.9 Housing type comparison using linear regression analysis

	Coefficient† Private housing
Perceived Age-friendliness	
Outdoor spaces & buildings	0.06
Outdoor spaces	-0.01
Buildings	0.12
Transportation	0.03
Road safety & maintenance	-0.04
Specialized services availability	0.18
Public transport, comfort to use	-0.02
Public transport, accessibility	0.08
Housing	-0.12
Affordability & accessibility	-0.31**
Environment	0.07
Social participation	-0.08
Facilities and settings	-0.09
Social activities	-0.07
Respect & social inclusion	-0.11
Attitude	-0.10
Social inclusion opportunities	-0.13
Civic participation & employment	0.09
Civic participation	-0.08
Employment	0.15
Communication & information	0.01
Information	0.02
Communication & digital devices	-0.01
Community support & health services	-0.04
Medical/social services	-0.06
Emergency support	-0.20
Burial service	0.07
Sense of Community	
Need fulfilment	0.32*
Membership	0.22
Influence	0.05
Emotional connection	0.08
Total score	0.67

†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). Significant difference was found in “outdoor spaces and building” within the 8 domains of age-friendliness. Participants in TK and HC had higher levels of perceived age-friendliness in this area than people living in NQ. Furthermore, subdomain analysis showed that participants in NQ had lower levels of age-friendliness in “outdoor spaces” and “housing affordability and accessibility” compared with residents in the other three districts. NQ also had lower levels of perceived age-friendliness in “buildings” compared to TK, and “burial service” compared to TK and HC. However, NQ was perceived as more age-friendly in “public transport accessibility” and “social activities” than HC.

All four districts had similar level of sense of community except for the lower scores in “need fulfillment” in SKW and HC compared with NQ.

Table 4.10 Sub-district cluster comparison by linear regression analysis

	Coefficient†		
	TK	SKW	HC
Perceived Age-friendliness			
Outdoor spaces & buildings	0.42**	0.16	0.19*
Outdoor spaces	0.51**	0.35**	0.35**
Buildings	0.33**	-0.03	0.02
Transportation	0.01	0.01	-0.12
Road safety & maintenance	0.13	0.13	0.01
Specialized services availability	-0.06	0.10	0.09
Public transport, comfort to use	0.05	0.01	-0.08
Public transport, accessibility	-.04	-0.08	-0.24**
Housing	0.18	0.20	0.20
Affordability & accessibility	0.26*	0.47**	0.43**
Environment	0.09	-0.08	-0.05
Social participation	-0.08	-0.12	-0.14
Facilities and settings	-0.07	-0.16	-0.11
Social activities	-0.10	-0.08	-0.19*
Respect & social inclusion	-0.02	-0.09	-0.03
Attitude	-0.02	-0.07	-0.08
Social inclusion opportunities	-0.02	-0.13	0.06
Civic participation & employment	0.10	0.04	-0.02
Civic participation	-0.10	-0.09	-0.08
Employment	0.17	0.09	0.00
Communication & information	-0.03	-0.19	-0.08
Information	-0.06	-0.21	-0.06
Communication & digital devices	-0.03	-0.19	-0.17
Community support & health services	0.14	0.13	0.00
Medical/social services	0.06	0.17	-0.13

	Coefficient†		
	TK	SKW	HC
Emergency support	0.13	-0.05	0.07
Burial service	0.42**	0.06	0.33*
Sense of Community			
Need fulfillment	0.07	-0.42*	-0.35*
Membership	0.09	-0.12	-0.14
Influence	0.23	0.10	0.14
Emotional connection	0.00	-0.11	-0.13
Total score	0.34	-0.60	-0.49

†NQ 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. Participants characteristics

Five focus groups were conducted to collect residents' opinions on the age-friendliness of the Eastern district. A total of 34 participants were recruited. The majority of them were aged 60 or above and has been living in the district for an average of 36.7 years. The sociodemographic characteristics of the focus group participants are shown in Table 4.11.

Table 4.11 Sociodemographic characteristics of focus group participants

Characteristics	N	%
Gender		
Male	9	26.5
Female	25	73.5
Age group		
18-69 years	6	17.6
≥60 years	28	82.4
Education		
Nil / pre-primary	3	8.8
Primary	7	20.6
Secondary (F.1-5)	6	17.6
Secondary (F.6-7)	8	23.5
Post-secondary	10	29.4
Housing		
Public housing	2	5.9
Home owner scheme housing	6	17.6
Private housing	23	67.6
Others	3	8.8
Residence years (mean, SD)	36.7	17.4
Monthly personal income		
No income	4	11.8
HK\$1 to HK\$5,999	19	55.9
HK\$6,000 to HK\$9,999	4	11.8
HK\$10,000 to HK\$19,999	3	8.8
HK\$20,000 to HK\$29,999	1	2.9
HK\$30,000 to HK\$59,999	0	0.0
≥HK\$60,000	1	2.9
Unknown/ reject	2	5.9

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

4.2.2. Physical Environment

WHO Domain 1: Outdoor Spaces and Buildings

- (i) **Accessibility:** most participants commended on the reasonably accessible transportation in the Eastern district. However, some streets, such as Ming Yuen Western Street (明園西街), were identified to be inaccessible to many elderly

participants due to the steepness. Those who rely on walking assistive tools or wheelchairs found these streets to be almost impossible to navigate. Likewise, the staircase on Holy Cross Path outside the Holy Cross Church (聖十字架堂) in Sai Wan Ho was identified as a ‘black spot’ for elderly, many of whom have fallen there. Considerable risks were identified for elderly living in Tung Yan Court (東欣苑), especially those carrying bags of groceries or those with mobility limitations. In contrast, several locations were identified as being barrier free and very easy to access. These include the Sai Wan Ho Civic Centre, where participants can simply take the escalator up from the MTR station. Even those who rely on wheelchairs to commute found it quite easy to access.

- (ii) Uneven road surfaces: many participants expressed that the bricks typically used for pedestrian walkways are uneven and slippery. Many have had experiences of falling and tripping over these bricks. Participants preferred pedestrian walkways made out of cement. Some locations such as Chai Wan Road opposite of Heung Yan Gardens (香苑大廈) is particularly steep for the elderly, many of whom have said they have fallen there before, especially on rainy days.
- (iii) Aboveground congestion: participants identified several areas that are regularly populated by illegally parked cars, including Hoi Foo Street (海富街), King’s Road (英皇道) and Sai Wan Ho Street (西灣河街). Participants also alleged that many of the shops on these streets also place their merchandise on the pedestrian walkway, making it difficult for elderly and those with mobility difficulties to navigate. Since there are also numerous bus stops on these streets, elderly participants found it difficult to walk on the narrowed and crowded walkways.
- (iv) Parks: participants who lived in several sub-districts such as Shau Kei Wan and North Point contended that there are no parks for residents to conduct leisure activities and other exercise whereas those living in other sub-districts like Sai Wan Ho praised the sporting and recreational facilities. Overall, participants opined that there are sufficient parks in the Eastern district.
- (v) Public toilets: participants expressed that there is insufficient number of public toilets for district residents to use. Many elderly resort to using the toilets in restaurants like McDonald’s, but would prefer proper and clean public toilets instead.
- (vi) Underutilization of footbridges: some of the footbridges in North Point are underutilized due to the lack of lifts. As a result, some participants found that these bridges are instead used by homeless people or crowded with boxes or garbage.
- (vii) Wet markets: some participants alleged that the wet market on Kam Wa Street (金華街) in Shau Kei Wan is quite dirty and unhygienic whereas those who purchased their groceries from the Sai Wan Ho wet market praised its accessibility (e.g. close to the MTR station), cleanliness, and air conditioning.

Overall, participants had mixed views on the outdoor space of Eastern district. While participants identified areas for improvement, there were also outdoor spaces that garnered praise for their age-friendliness, such as Aldrich Bay Park (愛秩序灣公園), Aldrich Bay Promenade (愛秩序灣海濱花園), Heng Fa Chuen Playground and Promenade (杏花村遊樂場和海濱長廊) and the Chai Wan Park (柴灣公園).

WHO Domain 2: Transportation

- (i) **Accessibility:** overall, participants opined that there was sufficient transport in the Eastern district. In particular, they found the wheelchair ramps on buses very useful in assisting those with disability to alight easily. Participants also praised some of the bus drivers for their patience in assisting elderly on and off buses. However, they complained of long waiting time for transportation.
- (ii) **Bus stations:** Participants also identified several bus stations in the Eastern district that need improvements. For example, the bus stop on Shau Kei Wan Road (where Harmony Place 樂融軒 is) does not have a cover. Participants articulated that many elderly queue at that bus stop to commute to the Eastern hospital. The queues and waiting time are typically long, and many elderly found it challenging to stand for extended periods of time without shelter or seats. Similarly, there are no covers at the bus stops outside Tung Yan Court (東欣苑). Contrastingly, some bus stations such as the one outside Tai On Building (太安樓) in Sai Wan Ho provided elderly with suitable cover, and many participants found this to be important and age-friendly.
- (iii) **Usability:** Many participants found the wordings on the bus station signs indicating the bus stops and corresponding timetables too small to read. These signs are also typically elevated at a level too high for participants to see clearly.
- (iv) **Safety:** although some participants praised some of the mini or bus drivers for their friendliness, others expressed that some mini bus drivers within the Eastern district do not wait until they are seated before driving off. Some mini bus drivers were also identified as frequently driving over the speed limit. This created considerable anxiety to elderly residents, many of them worried about their own safety when taking mini buses.
- (v) **Availability:** participants were content regarding intra-district transport. They complemented on the considerable availability of trams, MTRs, mini buses and buses made available to them within Eastern district. However, there were mixed views when it came to inter-district transport. For example, several participants expressed the need to add another bus route to Tung Wah Eastern Hospital, where many elderly in the district attend their medical appointments. At the moment, participants are required to change bus routes or walk an extensive distance once they alight in Causeway Bay to reach the hospital. Participants suggested to have a direct bus route that can transport passengers

from the Eastern district to the Tung Wah Eastern hospital. (Note: bus route 8H has been in service from the Eastern district to the Tung Wah Eastern hospital after the data collection period).

- (vi) **Affordability:** participants praised the \$2 concessionary fee that elderly are able to enjoy. Although most participants conduct their daily activities within the Eastern district, the concessionary fee enabled several others to travel longer distances for leisure.

Overall, participants had considerably positive view on the district's transportation. At the same time, views were given to improve both software and hardware of transportation system to further enhance its age-friendliness.

WHO Domain 3: Housing

- (i) **Home modification:** Most participants alleged that if they were to modify their flats to become more age-friendly, they would have to rely on themselves. There is little resource or platforms in the community where they can find relevant information when it came to home modification. For example, one participant had no clue as to who to approach when her air conditioner broke down. However, those living in public rental house units may find it easier to request for home modification services whereas those living in private residential flats may find it more difficult. Participants suggested to have leaflets or seminars/talks on home modification to improve their knowledge and access to relevant resources.
- (ii) **Subdivided flats:** participants articulated concern over the subdivided units rampant on Chun Yeung Street (春秧街). Participants alleged that some singleton elderly live in these units. They fear for their safety and hygiene since the building safety code of these units may be subpar.
- (iii) **Accessibility:** many old buildings do not have lifts. Participants pointed out that residential blocks on Chun Yeung Street (春秧街) are especially old and many do not have lifts. Residents on Chun Yeung Street also mentioned that even though some buildings do have lifts, they are prone to malfunction, and many elderly who have mobility limitations have difficulties in leaving and entering their own building.
- (iv) **Residential areas:** one participant strongly urged the need for decongestion on Tsat Tsz Mui Road 七姊妹道 (cross street Kam Hong Street 琴行街). This participant noted that many elderly living on Tsat Tsz Mui Road found it difficult to navigate around on a daily basis since the road is typically congested with many illegally parked cars. Furthermore, another participant pointed out that there are typically long queues of people waiting to collect their children from the kindergarten on Tsat Tsz Mui Road. Together with the parked cars, participants felt that this has created considerable nuisance for elderly residents;

they also noted that this may pose a hazard risk because ambulances or fire trucks may not be able to access the street easily. Same patterns have been observed on Fort Street (保壘街).

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:** most participants contended that there were sufficient opportunities and platforms for social activities (e.g. interest classes, lessons, talks, seminars, etc.) in the Eastern district. They primarily engaged in such activities via DECCs, NECs, other NGOs, as well as the Leisure and Cultural Services Department of the Eastern district.
- (ii) **Diversity:** participants also commended the wide range of social activities made available to elderly in the Eastern district, including but not limited to singing, dancing, art lessons, and language courses. However, some participants noted that some of the existing activities for elderly in DECCs and NECs may need to be adjusted to cater toward an increasingly educated elderly population. For some participants, existing interest classes are already beneath their level (e.g. teaching elderly how to turn on/off computers). This suggests a dearth in more cognitively stimulating activities for elderly residents in the Eastern district.
- (iii) **Venues:** participants complemented the availability of venues for conducting social or other leisure activities in the Eastern district, including the Siu Sai Wan Sports Ground (小西灣運動場), swimming pools, and cultural centres. These venues enabled participants to assemble and conduct social activities.

Overall, focus group participants expressed contentment and joy in their bonds and friendships with other elderly in the Eastern district. These are typically members of DECCs or NGOs 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) **Priority seats:** most participants see the need for further public education on the issue of priority seats. Participants noted that younger passengers always played with their mobile phones while seated in these priority seats. As a result, some

elderly are forced to stand when taking transportation, for they are reluctant to request for younger passengers to cede their seats to them. Overall, however, participants felt that there have been improvements when it came to ceding priority seats to those in need. Interestingly, elderly participants also observed that most passengers who cede their seats to the elderly are young-olds, rather than students or young adults.

- (ii) Store keepers and servers: participants articulated that some store keepers in the Eastern district were impatient toward elderly. Similarly, participants noted that there were some waiters or waitresses in restaurant purposely avoid serving elderly patrons and instead prefer serving young people. Participants felt that this was because young people may spend more money on food and also place orders more easily and efficiently. Some elderly felt discriminated and disrespected as a result.
- (iii) Drivers: Several participants noted that the attitudes of some bus drivers and mini bus drivers displayed rude attitudes toward elderly. Similarly, some participants noted that taxi drivers would purposely ignore elderly when they are waving them down. These behaviours result in some indignation among elderly participants.

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 elderly opined that it was almost impossible for them to find part-time or full-time employment in the district. Some worried about their own work ability, although some said they would consider part-time employment if there was some form of placement agency in assisting them to find jobs.
- (ii) Public consultation: elderly participants complemented on the MTR in conducting public consultations with district residents to identify areas of improvements, and for its responsiveness. For example, one participant described how the MTR installed a much needed lift in the Shau Kei Wan station after they reflected their views to MTR in one of these consultation sessions. Participants suggested that similar consultations could be adapted by the District Council.
- (iii) Mismatch in catchment areas: some participants expressed that even though they were active in reflecting their views to district councillors, some councillors would state that the issue raised does not belong to his or her respective catchment area. An example was illustrated by one participant, who explained that she had tried contacting various district councillors to reflect her

views on a particular bus station. However, the councillor had turned her away to another district councillor that is supposedly in charge of that catchment area. This created some confusion for participants as they do not necessarily know who to approach or which department to approach when they wanted to express their views.

Overall, in terms of civic participation, participants had a relatively strong civic spirit and participated in a number of district-based activities including voting for district councillors, meeting with specific district counsellors, and reflecting their views to the Concern Group. Some participants were members of the 港島東區長者友善社區關注組” (translated herein as “Concern Group for Elderly Friendly Community in the Eastern district”). The Group has been very active in raising awareness on issues pertinent to elderly and to AFC. However, participants also contended that aside from focus group participants who are typically more active in the district, civic participation of other elderly in the community remains quite low. Participants alleged that there is a considerable number of singleton elderly living alone in the Eastern district who remain reclusive from society.

4.2.4. Communication, Community and Health Services

WHO Domain 7: Communication & Information

- (i) **Accessibility:** participants articulated that they are able to keep up to date with the issues and events in the Eastern district through various channels, including leaflets and notifications via DECCs, NECs and NGOs, as well as on notification boards typically posted in the lobbies of public rental housing estates. Interestingly, they expressed that elderly in private estates may have poorer access to such information since notifications are not allowed to be posted up on private areas.
- (ii) **Social capital:** participants opined that elderly who were already members of DECCs or other NGOs would find it quite easy to obtain relevant information either from centre social workers or from fellow members. For examples, participants typically share information regarding health services, interest classes and other social activities. This network made available via membership is particularly important to elderly who are illiterate.
- (iii) **Technology:** some participants were quite tech-savvy and many used their mobile phones to communicate with each other, or browsed websites to obtain relevant information. However, they also note that a large number of elderly in the Eastern district have minimal technological skills and therefore may have poorer access to information, creating some form of asymmetrical information.
- (iv) **Obsolete information:** several participants pointed out that posters and banners in the Eastern district are sometimes left unattended long after their advertising date, sometimes leading to miscommunication. For example, one participant

described how she went to the Eastern Leisure and Cultural Services Department to sign up after seeing a poster advertising an activity, only to find out that it had ended 6 months ago. These posters and banners created some confusion for the elderly.

Overall, participants agreed that obtaining information is relatively easy insofar as they are DECC or NGO members. However, concerns were raised when it comes to elderly who are not members of these organisations and who are more withdrawn. Participants also suggested for DECCs, NECs and NGOs in the Eastern district to create a centralized platform where information (e.g. elderly-relevant events, talks, seminars, etc.) can be obtained from one source, rather than having to go to different elderly centres, or websites to obtain such information on a piecemeal basis.

WHO Domain 8: Community Support & Health Services

- (i) Lack of dental service: Most elderly from focus groups indicate that there is a dearth of dental services in the Eastern district. Participants alleged that this has significantly affected their quality of life. Publicly funded dental clinics provide limited services such as cleaning, filling and extraction, and only private and expensive dental clinics provide more advanced dental services such as dental implanting, and bridging. Private dental clinics are often unaffordable for elderly, even for those eligible to use medical vouchers as the pricing of dental services can be in the thousands. Moreover, participants indicated that due to scarcity of dental clinics in the Eastern district, many travel to the Central and Western district instead to receive dental service.
- (ii) Accessibility: Elderly participants also unanimously agreed that it was very difficult for them to navigate the automated telephone appointment booking system. Most found it difficult to follow the instructions given by the automated machine. This is particularly poignant for those who are older, or who have hearing difficulties and/or reduced cognitive function. Consequently, participants are resolved to rising up early in the morning (some as early as 4 a.m.) to queue for outpatient medical appointments. These queues typically last a few hours. Relatedly, the queuing time for consulting specialists, especially ophthalmologists, is considered too long for most elderly participants.
- (iii) Affordability: most elderly found the medical vouchers very useful in alleviating their financial pressure. However, some community services such as rehabilitation in private clinics remain too costly to most elderly (e.g. \$150 to \$800/hour). And while public-based rehabilitation services are available, such as the one operated by Tung Wah Group of Hospitals, the availability of such services are limited compared to its high demand. Similarly, the price for specialist consultation is also unaffordable.

- (iv) Availability: enabled by the medical vouchers, elderly appreciated the expanded choices they had in choosing their doctors. However, they also cautioned that some private doctors in the community take advantage of their medical voucher and charge higher prices.
- (v) Usability: The wordings on medicine packaging are often difficult to discern to elderly, not only for their medical jargon, but also for their small font sizes and use of English language. Some elderly suggested using icons to remind elderly of the appropriate time and dosage when taking the medication.
- (vi) Follow-up services: some participants praised some of the private doctors in the Eastern district for their thoroughness in following up with participants. For example, one participant described how he received calls from a clinic enquiring his health and reminding him to take medication. This was very useful for participants.

Although there were many areas identified as needing improvement, participants also commended on several aspects pertinent to health services in the Eastern district. For example, some praised the clinic sponsored by the Jockey Club on 8 Chai Wan Road for its quality of service. Yet, they found a gap in the system where their health records are not shared between hospitals in the district. As a result, some elderly who had prior hospital visits must collect all their health records from the hospital and submit them to the clinic, and vice versa. This has caused considerable hassle for the elderly. Some elderly also appreciated regular health talks and seminars held by DECCs or hospitals. These were informative and helpful in enhancing their health literacy and in illness prevention. Last, some elderly also contended the need to expand the applicability of medical vouchers to other health services such as Chinese medicine clinics.

5. CONCLUSION

The Eastern district is the third oldest and fourth densest district in Hong Kong. Various efforts have been put forth by local elderly district residents, NGOs, DECCs and the Eastern district council over the past few years to advance the concept of AFC in the community and to improve the overall liveability of the Eastern district.

Overall, our survey found that participants perceived the Eastern district to be age-friendly in general. Among the eight domains, “social participation” scored the highest, followed by transportation, outdoor spaces & buildings, and respect & social inclusion. These are assets within the Eastern 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 to becoming more age-friendly. Consolidating findings from both quantitative surveys and qualitative focus group interviews, we propose the following suggestions:

To improve the overall age-friendliness of community 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 Eastern 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.

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 Eastern 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, participants suggested for the need to reduce clutter on pedestrian walkways, which at present may be populated by parked cars, and commercial goods. These have created considerable barriers for pedestrians, especially those who use assistive tools such as walkers and wheelchairs. Because Eastern district is relatively old, many buildings built previously are not age-friendly. Participants suggested for wheelchair-friendly ramps to be pragmatically installed in these buildings to allow for ageing-in-place.

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. As participants continue to age, it was also suggested that more seminars and knowledge exchange activities be held within the Eastern district to inform elderly district residents of relevant ageing-in-place information, such as home modification, health talks, and access to community resources.

To conclude, there is a good general sense of community and perceived age-friendliness in the Eastern 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.

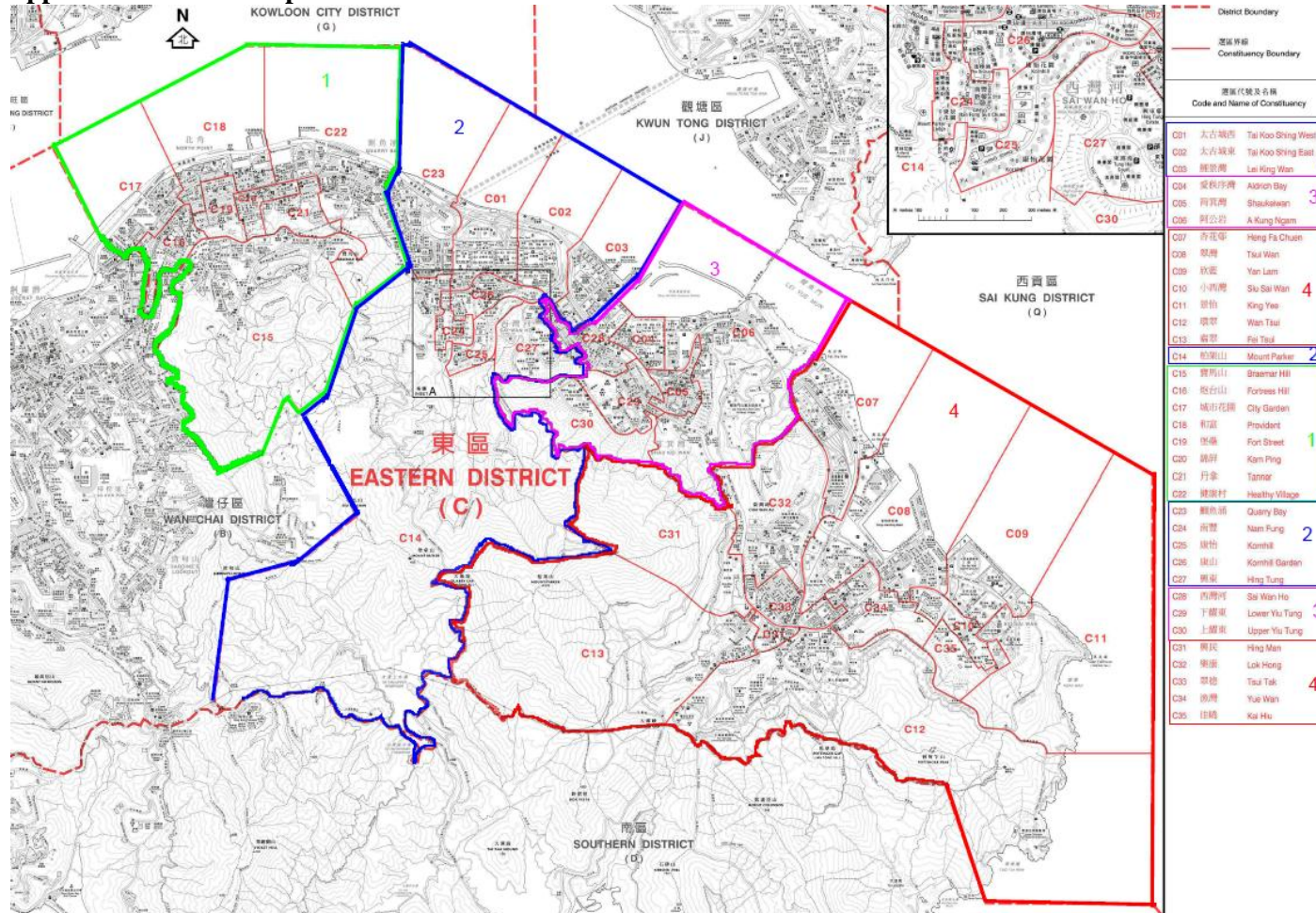
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7. APPENDICES

Appendix 1 District Maps



No	Sub-district communities
1	North Point, Quarry Bay (NQ)
2	Tai Koo (TK)
3	Shau Kei Wan (SKW)
4	Heng Fa Chuen, Chai Wan (HC)

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 Eastern	
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)

若受訪者不願提供年齡，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) 北角，鰂魚涌

(寶馬山，賽西湖，雲景台，雅景臺，峰景，富麗園，萬德閣，富澤花園，康澤花園，豪庭峰，城市花園，海峰園，和富中心，楓林花園，明園大廈，丹拿花園，健威花園，百福花園，健康村，吉祥大廈)

(2) 太古城

(太古城，鯉景灣，嘉亨灣，興東邨，東熹苑，康怡花園，康山花園，惠安苑，柏惠苑，南豐新邨，康景花園，新威園，華蘭花園)

(3) 筲箕灣

(東旭苑，東濤苑，逸濤灣，欣景花園，耀東邨，愛東邨，愛蝶灣，峻峰花園，明華大廈)

(4) 杏花邨，柴灣

(杏花邨，澤鑾閣，康翠臺，樂翠臺，高威閣，翠灣邨，杏翠苑，藍灣半島，富欣花園，富怡花園，富景花園，佳翠苑，小西灣邨，曉翠苑，樂軒臺，環翠邨，興華(一)邨，興華(二)邨，峰華邨)

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？

東區：

- | | | |
|--------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> (10) 健康村 | <input type="checkbox"/> (17) 模範邨 | <input type="checkbox"/> (23) 明華大廈 |
| <input type="checkbox"/> (11) 耀東邨 | <input type="checkbox"/> (18) 興東邨 | <input type="checkbox"/> (24) 康東邨 |
| <input type="checkbox"/> (12) 愛東邨 | <input type="checkbox"/> (19) 柴灣邨 | <input type="checkbox"/> (25) 興民邨 |
| <input type="checkbox"/> (13) 興華(一)邨 | <input type="checkbox"/> (20) 漁灣邨 | <input type="checkbox"/> (26) 環翠邨 |
| <input type="checkbox"/> (14) 興華(二)邨 | <input type="checkbox"/> (21) 翠灣邨 | <input type="checkbox"/> (27) 小西灣邨 |
| <input type="checkbox"/> (15) 峰華邨 | <input type="checkbox"/> (22) 翠樂邨 | <input type="checkbox"/> (28) 華廈邨 |
| <input type="checkbox"/> (16) 環翠邨 | | |

A7c) 您住嘅私人住宅單位係？

- (1) 租
- (2) 自己擁有
- (3) 家人擁有

A8a) 您居住樓宇嘅樓齡？

_____年

如果受訪者唔知，請揀以下最適當嘅樓齡：

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

A8b) 您居住嘅大廈總共幾多層？

_____層

A8c) 您居住嘅大廈有沒有電梯？

- (1) 無
- (2) 有

A8d) 您從屋企出去，需要行樓梯？

- (1) 唔需要 (跳至 A9a)
- (2) 需要

A8e) 總共要行幾多級樓梯？

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

A9a) 您宜家有無同人住？

- (1) 無，自己一個住 (跳至 A10a)
- (2) 有

A9b) 您宜家同幾多人住？

_____人

A9c) 唔包括工人，您宜家同邊個住？(可以揀多過一項)

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

A9d) 有無工人同您住？

- (1) 無
- (2) 有

A10a) 您宜家有無返工？

- (1) 無 (跳至 A10b)
- (2) 有 (跳至 A10c)

A10b) 您宜家係？

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

A10c) 您宜家嘅工作模式？

- (1) 全職工作
- (2) 兼職工作

A10d) 過去一星期，工作左幾多小時？

_____小時

A11a) 您有無長期照顧其他人？

- (1) 無 (跳至 A12a)
- (2) 有

A11b) 您照顧嘅人係？

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

A11c) 您同您照顧嘅人係咩關係？

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

A12a) 過去三個月，您有無參與加過任何義工服務/活動？

- (1) 無
- (2) 有

A12b) (只適用於 60 歲或以上人士)

過去三個月，您有無用過/參加過長者中心提供嘅服務/活動？

- (1) 無
- (2) 有

A13) 您有無足夠嘅金錢應付日常開支？

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

A14a) 您宜家拎以下邊一隻嘅政府津貼？(只可以揀一項)

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

A14b) 每月政府津貼嘅金額：

HK\$ _____

A15a) 您宜家主要嘅收入來源係？(不包括政府津貼)(可以揀多過一項)

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

A15b) 您宜家每月嘅收入：

HK\$ _____

- | | |
|--|---|
| <input type="checkbox"/> (1) 0 | <input type="checkbox"/> (8) 15,000 - 19,999 |
| <input type="checkbox"/> (2) 1 - 1,999 | <input type="checkbox"/> (9) 20,000 - 24,999 |
| <input type="checkbox"/> (3) 2,000 - 3,999 | <input type="checkbox"/> (10) 25,000 - 29,999 |
| <input type="checkbox"/> (4) 4,000 - 5,999 | <input type="checkbox"/> (11) 30,000 - 39,999 |
| <input type="checkbox"/> (5) 6,000 - 7,999 | <input type="checkbox"/> (12) 40,000 - 59,999 |
| <input type="checkbox"/> (6) 8,000 - 9,999 | <input type="checkbox"/> (13) \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%
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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%
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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冇無成見	1	2	3	4	5	6
B-E7)	整體嚟講，呢區對長者有足夠嘅尊重同包容嘅	1	2	3	4	5	6
F	社區參與及就業	非常唔同意	唔同意	有啲唔同意	有啲同意	同意	非常同意
B-F1)	長者有彈性嘅義務工作選擇，而且得到訓練、表揚、指導同埋補償開支	1	2	3	4	5	6
B-F2)*	長者員工嘅特質得到廣泛推崇	1	2	3	4	5	6
B-F3)*	提倡各種具彈性並有合理報酬嘅工作機會俾長者	1	2	3	4	5	6
B-F4)*	禁止嘅僱用、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 (東區)	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多次？

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)
劇烈運動 (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
中等強度運動 (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
輕度運動 (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
阻力運動 (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 Eastern	
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

港大學秀圃老年研究中心 「共建長者友善社區」計劃 (東區)

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東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的社會活動可以保持令長者受到支持與關懷，因此參與社會、與家人和朋友交往是長者獲得生理和心理健康的保障。
5. **尊重和社會融合**：尊重長者讓他們能夠成為社會的一分子是每一個社會的基本責任，因此這一目標是讓每一個位長者在不同的社會環境下都受到尊重，包括在社會、社區、和家庭。
6. **公民參與就業**：透過社會參與和就業可以令長者繼續對社會發揮貢獻，這可以用義務工作的形式，也可以是用參與勞動力市場的形式來達致。
7. **溝通和資訊**：社會上有不同種類的服務與支援給予長者，然而要長者瞭解取得所需服務與支援，需要透過社會要加強資訊的透明度和流通性，讓長者在最有需要的時候能及時得到可靠的資訊。
8. **社區支援和健康服務**：這一目標是希望透過提升長者的健康與生活品質，以滿足長者在熟悉的社區與在家安老的理想，為此，適切的社區支援和健康服務必不可少。

Q1：就以上『長者友善』城市的八個指標，以東區目前的情況而言，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，從而提高東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？