



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

# Jockey Club Age-friendly City Project Final Assessment Report

North



North District Park

Initiated and funded by:



The Hong Kong Jockey Club Charities Trust

Project partner:



香港中文大學  
The Chinese University of Hong Kong



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



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# Jockey Club

## Age-friendly City Project

### Final Assessment Report

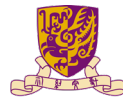
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## **Acknowledgement**

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## Executive Summary

The CUHK Jockey Club Institute of Ageing has conducted baseline and final assessments in the North District under the Jockey Club Age-friendly City Project initiated and funded by The Hong Kong Jockey Club Charities Trust. The project aims to evaluate the age-friendliness of different districts and to implement age-friendly related initiatives to build an age-friendly Hong Kong.

The final assessment was conducted between May 2020 and August 2021 using the framework of eight domains (i.e., Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services) of an age-friendly city set out by the World Health Organization. It comprised both quantitative (i.e., questionnaire survey on 539 residents) and qualitative approaches (i.e., five focus group interviews).

The questionnaire survey showed that residents in the North District were most satisfied with the domain of Transportation while there was more room for further improvement in the domains of Community support and health services as well as Housing. On the latter two domains, residents who participated in focus groups raised more specific issues, such as insufficient health services and home modification services in the district.

Results of the final assessment shed light on future directions for a more age-friendly North District. Building on the well-established foundation by government departments, NGOs and district stakeholders, it is suggested that several initiatives could be launched to enhance the home modification services and strengthen the community support for older people in the district. Recommendations such as providing information on home modification options available in the community to older people and empowering elders to better self-manage their health are set out in the report for discussion and adoption in building an age-friendly city.





# 1. Background

Drastic demographic changes have posed immense challenges for Hong Kong and population ageing remains a critical issue for the city, particularly due to the highly dense urban living, environmental degradation, and limited provision of resources. Various initiatives have been launched to continue articulating “age-friendliness” as a future development pathway for Hong Kong.

In the Policy Address 2016, the HKSAR government was committed to tackling the ageing population in the next five years, with the aim of promoting active ageing and age-friendly communities at the district level. Efforts have been focused on exploring and encouraging older adults’ contributions to the community, as well as providing easier access to pedestrians and public facilities for older adults. Fast forward to five years later, have these policies met the needs of the elderly and what are their opinions towards them? How do they view the current age-friendliness of their own community? These important questions need to be answered before any initiative is proposed and implemented.

Despite the continuous collaborative effort in developing an age-friendly city over the past few years, Hong Kong has been under the great impact of local social unrest since 2019 and the global pandemic of COVID-19 since 2020. Hence, this study serves to illustrate the current state of age-friendliness of the North District in Hong Kong amidst the aforementioned challenges. Both questionnaire survey and focus group interviews have been conducted. The report consists of four sections:

1. Overview of the ageing population in Hong Kong, the current project, and the major characteristics of the district
2. Objectives and methodologies
3. Key findings
4. Relevant recommendations for future policy-making processes and community-based projects

## **1.1 Ageing population in Hong Kong**

Population ageing is persistently posing enormous challenges for Hong Kong. It is expected to continue and it will accelerate notably in the coming two decades, with the most rapid acceleration taking place in the next 10 years. The elderly population is projected to increase by about 1.2 million in the next 20 years (2019-2039), far more than the increase of 0.61 million over the past 20 years (1999-2019). With post-war baby

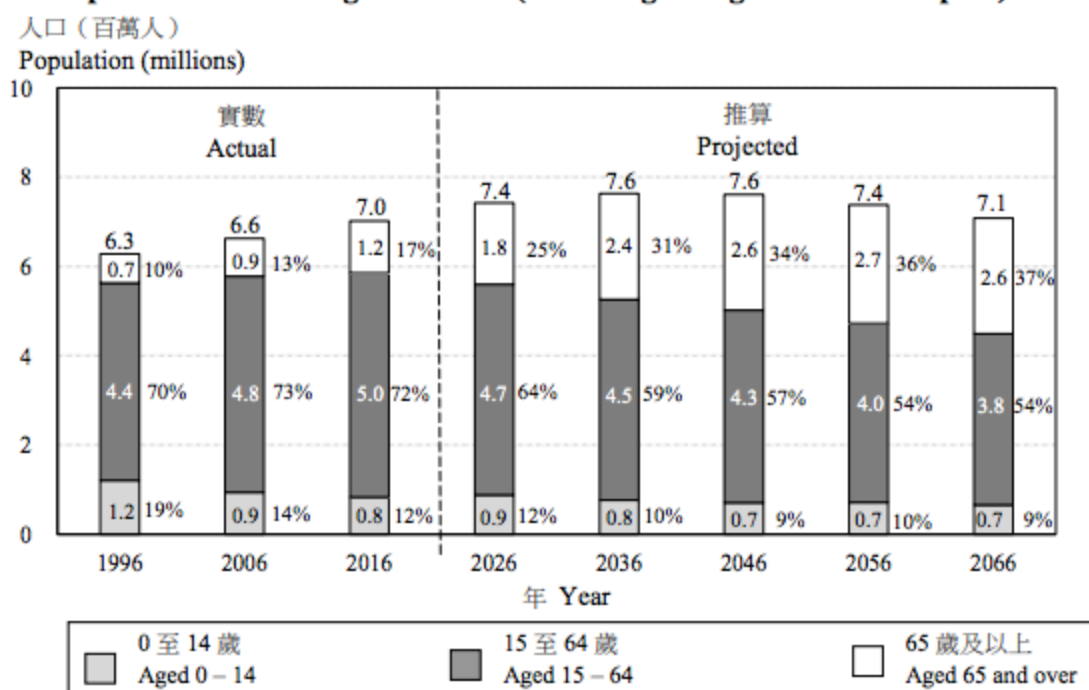
boomers entering old age, the number of elderly persons aged 65 and over is projected to increase sharply by 57% from 1.32 million (18% of the total population) in 2019 to 2.07 million (26%) in 2029. It will further increase to 2.52 million (33.3%) in 2039. The elderly population is projected to remain at over 2.5 million for at least 30 years. In 2069, the number of elderly persons is projected to reach 2.58 million (38.4%). On the other hand, due to the persistently low fertility rate, the proportion of the population aged under 15 is projected to decrease gradually from 12.2% in 2019 to 7.6% in 2069 (Figure 1.1).

Population ageing can be reflected by the elderly dependency ratio which is defined as the number of persons aged 65 and over per 1,000 persons aged 15-64. The ratio is projected to rise continuously from 249 in 2019 to 408 in 2029 and 508 in 2039, and further to 606 in 2069. In other words, in 2019, every 5 persons of working age had to support 1 elderly person on average, which will increase to 2 and 2.5 elderly persons respectively in 10 and 20 years' time. In 2069, every 5 persons of working age will have to support 3 elderly persons on average. The ageing trend is also revealed by the increasing median age of the population, which will rise from 44.6 in 2019 to 47.7 in 2029 and further to 54.2 in 2069 (Census and Statistics Department, HKSAR Government, 2020).



## 人口數目及年齡結構（不包括外籍家庭傭工）

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

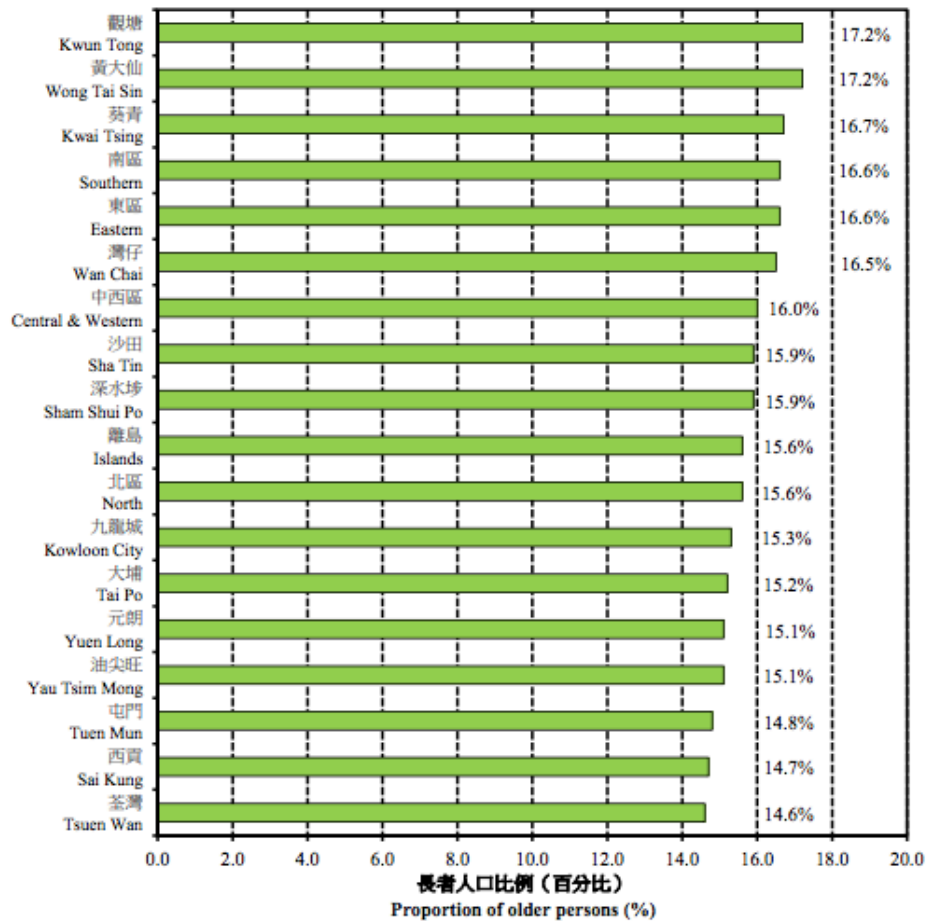


**Figure 1.1 Population Ageing in Hong Kong**

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

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

Geographically, the older population is not evenly distributed in Hong Kong and there was a considerable geographical redistribution of older persons during the past ten years. In 2016, 50.9% of the older population resided in the New Territories, while 31.4% and 17.8% in Kowloon and Hong Kong Island (Census and Statistics Department, HKSAR Government, 2018a). According to the proportion of the elderly by District Council districts, Kwun Tong was the largest, followed by Wong Tai Sin and Kwai Tsing (Figure 1.2).



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

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

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

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

Community is one critical geographical scale to promote an Age-friendly City (AFC), upon which public awareness of older people and needs can be enhanced, the living condition improved, and social and cultural life revitalised. The *Guide* provides a useful reference to articulate age-friendliness under the urban context. Central to this idea is to provide an enabling environment through a checklist of action points integral to the creation of health, wisdom, justice, social networks and economic wellbeing of older people. In 2010, WHO launched the “Global Network for Age-friendly Cities and Communities” in an attempt of encouraging the implementation of policy recommendations. By March 2021, 1,114 cities and communities in 44 countries are part of the Network, covering over 262 million people worldwide. The points of action provide a useful reference for our study in designing a questionnaire that encompasses the most relevant aspects.

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

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

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

### 1.3 Jockey Club Age-friendly City Project

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

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

The study is confined to the eighteen districts in Hong Kong. The Institute has conducted baseline and final assessments in Sha Tin, Tai Po, Kwai Tsing, North, and Sai Kung districts. Based on the framework of eight domains of an AFC set out by WHO, the Institute aims to reach out and understand the views from citizens of different age groups and socio-demographic backgrounds through the questionnaire survey and focus groups interviews, which serve as a useful reference for future initiatives.

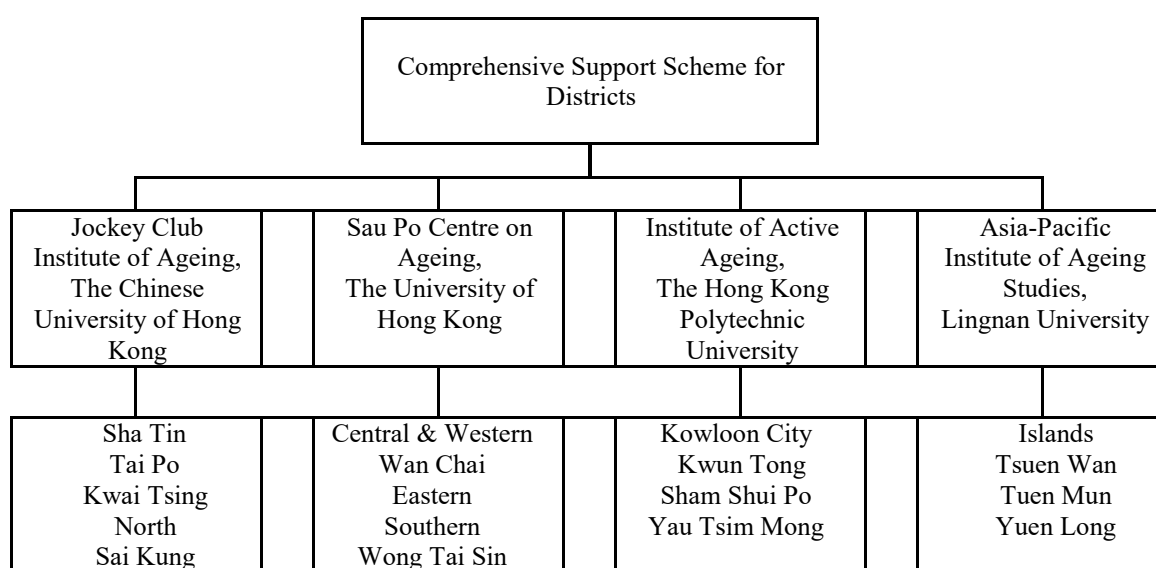


Figure 1.3 Jockey Club Age-friendly City Project



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

#### 1.4 District characteristics of North District

North District is located in the northern part of the New Territories, with its boundary connecting to Shenzhen. The district consists of four major geographical areas, namely Sheung Shui, Fanling, Sha Tau Kok, and Ta Kwu Ling, with a land area of about 13,670 hectares (North District Council, 2017).



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

With reference to the 2016 population by-census, the total population in the North District was 315,270. Among this number, the proportion of the elderly population aged 65 and above accounted for 15.6%, increased significantly from 10.7% in 2011 (Census and Statistics Department, 2011a, 2016a).

Regarding educational attainment, 32.5% of the district population aged 65 and above had attended secondary or tertiary education, and yet this proportion among those aged 45-64 was 73.9% (Census and Statistics Department, 2016b).

Among the 106,483 domestic households residing in the North District, 21.7% lived in public rental housing whereas 26.2% in subsidised home ownership housing. The proportion of domestic households in private permanent housing was 46.8% (Census and Statistics Department, 2016a).

The labour force participation rate in the North District was 58.9% in 2016. In terms of economic characteristics, the median household income was HKD21,500 in the North District. Of all domestic households, approximately 34.1% had a monthly income less than HKD15,000; and approximately 28% had a monthly income between HKD15,000 – HKD30,000 (Census and Statistics Department, 2016a).

The median individual monthly income in the North District was HKD15,000, which was slightly lower than the average of Hong Kong (HKD15,500). The income characteristics might be associated with the types of occupation. Most of the working populations in the North District were associate professionals, accounting for approximately 21% of the total district workforce, followed by 18.9% of service and sales workers, and 18.4% of elementary occupations (Census and Statistics Department, 2016a).

The increasing ageing population in the North District has caught the attention of the North District Council. It has been collaborated closely with the NGOs and other district stakeholders to collect the citizens' opinions on community facilities and services. Since 2016, North District has been working on a four-year working plan to improve the community facilities and public areas in the district. Giving credit to these efforts, the North District has been accepted as a network member of the Global Network for Age-friendly Cities and Communities by the WHO (North District Council Secretariat, 2017b).

## **1.5 District-based Programmes in the North District**

There were nine district-based programmes under the JCAFC Project with the aim to enhance the eight AFC domains. These programmes were organised by district elderly centres, NGOs and the professional support team of the JCAFC Project. The number of direct beneficiaries of the programmes was about 4,000. Programme details are in Appendix 2.



## 2. Objectives and methods

## **2.1 Objectives**

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

## **2.2 Quantitative approach of final assessment**

### **2.2.1 Sampling methods**

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

Respondents were mostly recruited directly from the community, with a minor proportion of elders who regularly visit District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs).

Approximately 22% of the questionnaires were conducted on a face-to-face basis with participants recruited directly from the community. Nevertheless, face-to-face interviews were later called to a halt due to the outbreak of the COVID-19 pandemic and social distancing measures. As a contingency measure, online and telephone questionnaire surveys were conducted instead.

Sampling sites were distributed across diverse communities in different regions of the North District. We sampled questionnaire respondents from three major types of housing, including public rental housing, subsidised home ownership housing, and private permanent housing. Currently, they accommodate almost 99% of the Hong Kong population (Census and Statistics Department, 2011).

To avoid over-sampling of particular demographic representation in the final sample, convenience sampling was applied to set quotas on age and sex. Accordingly, five age strata were applied to the overall sample, which were set to include 50 samples from 18-49, 160 from 50-64, 230 from 65-79, and 60 from 80 and above, to reflect and

examine divergent views on the neighbourhood environment across ages. A sex (male-to-female) ratio of approximately 0.88 was set to match with the overall sex ratio of the district population. With this approach, the prospective respondents would represent views and opinions from a wide spectrum of local residents, including the most vulnerable elderly and residents with different geographical, socio-economic and demographic characteristics.

### **2.2.2 Data and materials**

A structured questionnaire (Appendix 1) was used in the survey, which consisted of two major sections. The first section sought information on the respondents' perception of the age-friendly neighbourhood environments, and their sense of community (SOC). The second section collected the respondents' individual characteristics, including age, sex, marital status, educational level, type of housing, residential area, total length of residence in the neighbourhood, living arrangement, economic activity status, occupation, prior experience of delivering informal care to elderly, use of elderly centre services, income, and self-rated health.

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

The SOC was measured using an 8-item Brief Sense of Community Scale (BSCS), consisting of four dimensions including needs fulfilment, group membership, influence, and shared emotional connection. Each dimension contains two items. On each item,



respondents were asked to rate the statement on a five-point Likert scale, ranging from “strongly disagree” (1) to “strongly agree” (5).

### **2.2.3 Procedures**

Data were mainly collected by trained research assistants via face-to-face or telephone interviews. Online questionnaire surveys were self-administered with telephone assistance from trained research assistants when required.

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

### **2.2.4 Quantitative data analysis**

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

Differences in mean scores of AFC domains were analysed by respondents’ individual characteristics and geographical locations, using Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) adjusting for demographic and socio-economic characteristics of the questionnaire respondents. The individual characteristics included age, sex, marital status (currently married, currently not married), educational level (primary and below, secondary, post-secondary), type of housing (public rental housing, subsidised home ownership housing, private permanent housing), total length of residence in the neighbourhood, living arrangement (living alone, not living alone), economic activity status (working, not working), self-rated health (poor/fair, good/very good/excellent), prior experience of delivering informal care to elderly, use of elderly community centres, and disposable income (insufficient, enough/abundant). Geographical variations of mean scores of AFC domains were examined at the regional level, adjusting for individual characteristics. All statistical procedures were carried out

using the Window-based SPSS Statistical Package (version 26.0; SPSS, Chicago, IL, USA), where a significance level at 5% was adopted for all statistical tests.

## 2.3 Qualitative approach of final assessment

### 2.3.1 Sampling methods

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

Conditions upon which a person was considered eligible as a questionnaire respondent were also applied to focus group participants. Based on the Vancouver Protocol, five focus groups were formed and interviewed in the North District. Diverse demographic characteristics were built into the sampling of groups in order to collect opinions of three age groups and three housing types (Table 2.3-1). An effort has been made to recruit four to six interviewees in each group to comply with COVID-19 social distancing measures, with a similar number of males and females.

**Table 2.3-1. Summary of the profiles of five focus groups in the North District**

Group	Age (Year)	Housing Type
1	50 to 64	Public, Subsidised, Private
2	65 and above	Public, Subsidised
3	65 and above	Public, Subsidised
4	65 and above	Subsidised, Private
5	18 to 49	Public, Subsidised, Private

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

Similar to the Vancouver Protocol, we attempted to recruit focus group participants in different age groups. However, we are interested not only in comparing views of the

old-old and young-old but a wider range of age groups. Therefore, we recruited participants in the age groups of 18-49, 50-64, 65 and above.

Housing type is an important factor affecting residents' perceptions of age-friendliness towards their community. An effort has been made to form more groups of participants living in public and subsidised housing, corresponding to the Vancouver Protocol in recruiting participants from middle and low socio-economic levels.

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

### **2.3.2 Interview procedures and protocol**

A venue accessible by participants was chosen for carrying out each focus group, with a total of approximately 1.5 hours allocated for each group. Participants were identified by a number assigned to them, yet they were addressed by their names during the interview.

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

The interview consisted of three parts, including warm-up, discussion of the eight topic areas based on the WHO AFC domains, and wrap-up. In line with the Vancouver Protocol, open questions were used so that participants were able to “spontaneously raise the specific areas and concerns relevant to them” (Vancouver Protocol, p.10). Further questions were used to prompt participants to explore additional issues once an

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

issue has been sufficiently explored. Participants were also asked to provide specific examples to illustrate their views. During the final wrap-up, participants were invited to share how the age-friendliness of the district has changed over the past few years (i.e., since baseline assessment in 2017).

Following the same principle adopted by the Vancouver Protocol (WHO, 2007c) when interviewing non-elderly participants (i.e. service providers and caregivers groups), the group aged 18-49 was asked to think of advantages and barriers as faced by the elderly in their community and suggestions in relation to the elderly. Interview sessions were audio-recorded using two recorders to be transcribed in full as soon as possible afterwards.

The focus group was administered by a focus group facilitator and two assistants. The focus group facilitator, with experience in conducting focus group interviews and was familiar with the JCAFC Project, was responsible for various duties including welcoming participants, taking questions that participants had about the project, and supervising the signing of consent forms. Assistants, who had received briefing beforehand, were mainly responsible for setting up and using the recording equipment during the interview, as well as taking brief notes to ease the transcription process.

### **2.3.3 Qualitative data analysis**

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

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

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

- a) a unique scheme providing a useful reference/model for other districts

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

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





### 3. Key findings

### 3.1 Quantitative assessment

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

A total of 539 completed questionnaires were collected in the North District and included in the analysis. Of these respondents, the mean age was  $62.0 \pm 16.3$  years (range 18 to 97 years). 58.6% were aged 65 and above and 62.7% were female (Figure 3.1-1a and Figure 3.1-1b). 66.4% were married, and 66.0% had secondary education and above (Figure 3.1-1c and Figure 3.1-1d).

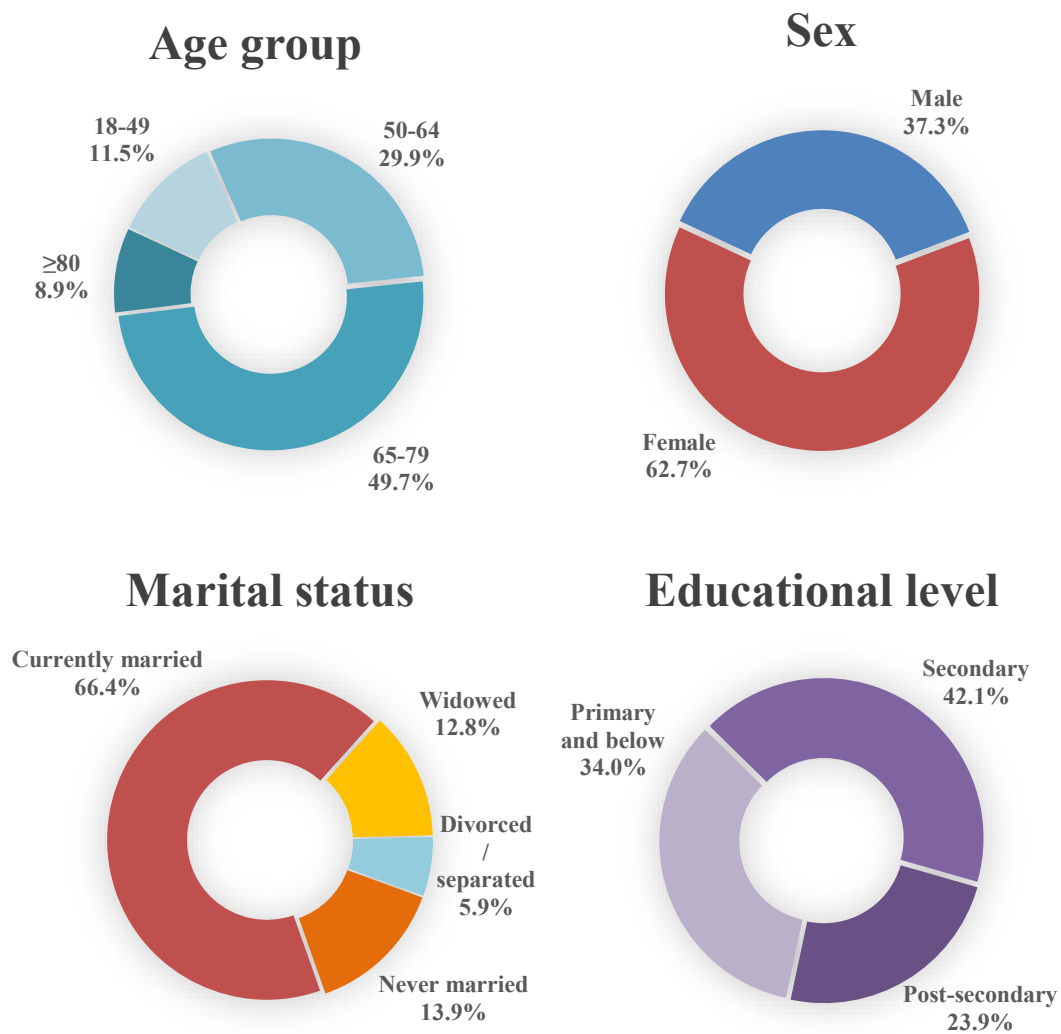
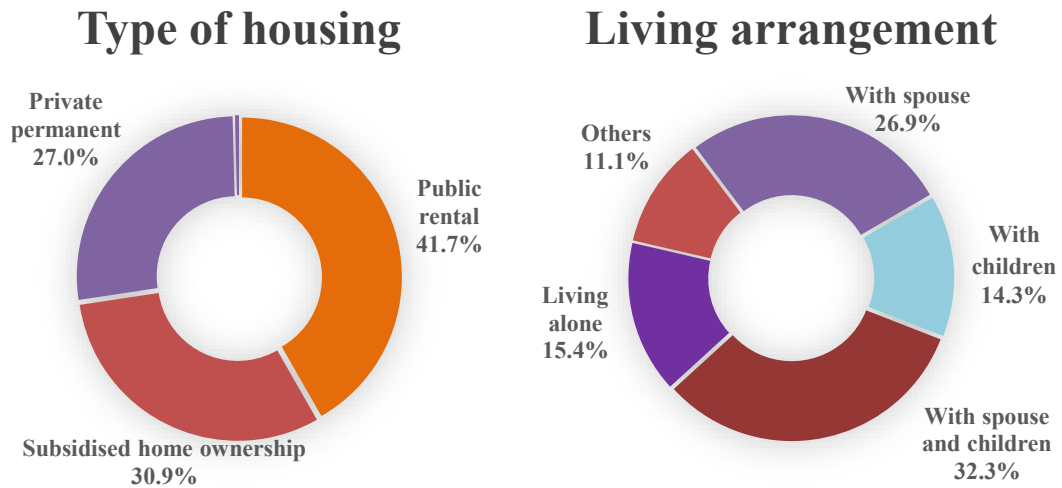


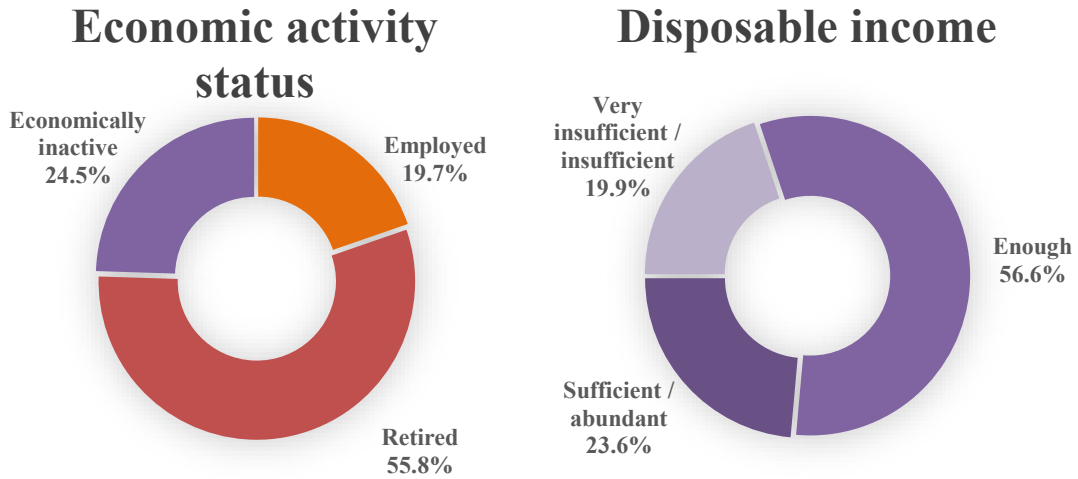
Figure 3.1-1. Distribution of questionnaire respondents by age group (Figure 3.1-1a, upper left), by sex (Figure 3.1-1b, upper right), by marital status (Figure 3.1-1c, lower left), by educational level (Figure 3.1-1d, lower right)

Over 99% of the respondents lived in public rental housing (41.7%), subsidised home ownership housing (30.9%) and private permanent housing (27.0%) (Figure 3.1-1e). The mean length of residence in the neighbourhood was  $21.7 \pm 11.6$  years. 84.6% of the respondents lived with family or others, while 15.4% were living alone (Figure 3.1-1f).



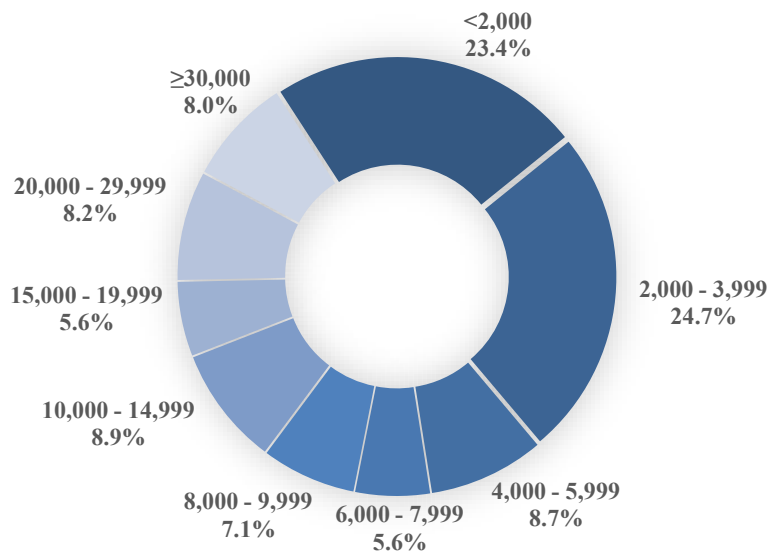
**Figure 3.1-1. Distribution of questionnaire respondents by type of housing (Figure 3.1-1e, left), by living arrangement (Figure 3.1-1f, right)**

In terms of economic activity status, 19.7% of the respondents were working full-time or part-time, while 55.8% had retired and 24.5% were economically inactive, including unemployed persons, home-makers and students (Figure 3.1-1g). Financially, 56.6% of the respondents expressed having enough funds for daily expenses (Figure 3.1-1h), yet 78.4% had a monthly personal income below HKD15,000 (Figure 3.1-1i), whereas the median monthly income from main employment in Hong Kong was HKD15,500 according to the 2016 by-census figures (Census and Statistics Department, 2016b).



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

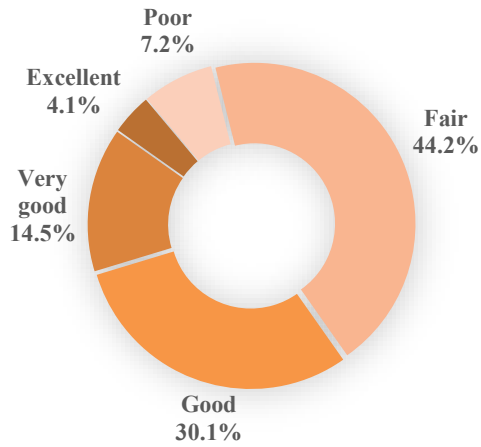
### Monthly personal income



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

In terms of their overall health condition, 48.6% of the respondents rated their health condition as good, very good or excellent (Figure 3.1-1j). Of all respondents, 49.0% had prior experience of delivering informal care to older persons (Figure 3.1-1k). Approximately one-third of them (32.3%) were members or service users of elderly community centres (Figure 3.1-1l).

### Self-rated health



### Experience of delivering informal care to the elderly

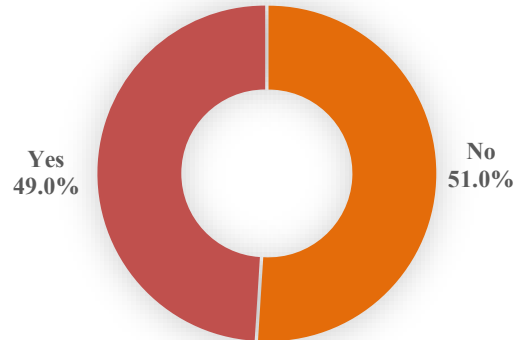


Figure 3.1-1. Distribution of questionnaire respondents by self-rated health (Figure 3.1-1j, left), by experience of delivering informal care to the elderly (Figure 3.1-1k, right)

### Use of elderly centres in the past 3 months

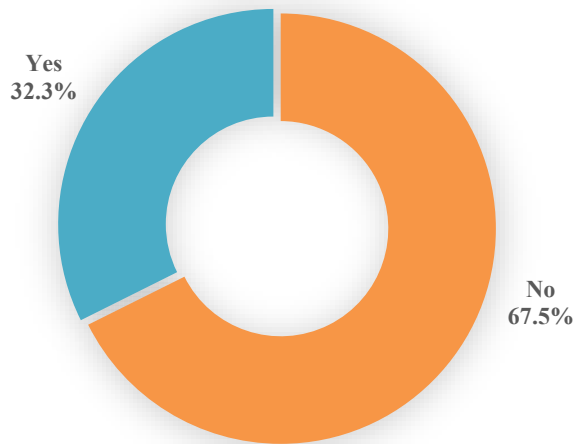
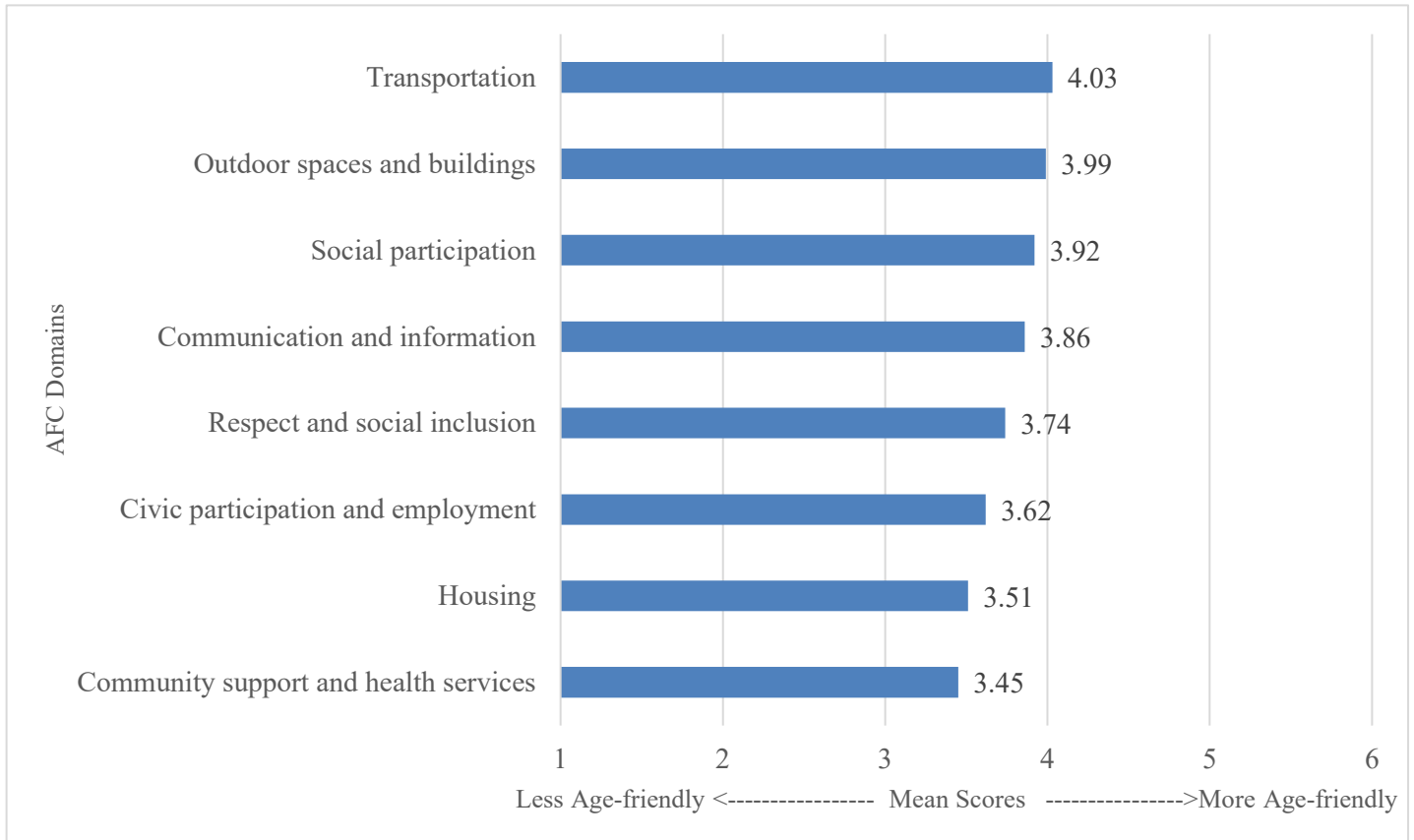


Figure 3.1-1. Distribution of questionnaire respondents by use of elderly centres (Figure 3.1-1l)

### 3.1.2 Mean scores of the Age-friendly City domains in the North District

The mean score of the domain of Transportation ranked significantly higher at the top; whilst the Housing, and Community support and health services domains scored the lowest in the North District (Figure 3.1-2).



**Figure 3.1-2. Mean scores of the eight Age-friendly City domains**



**Table 3.1-1. Mean scores of the age-friendly city items and domains in the North District**

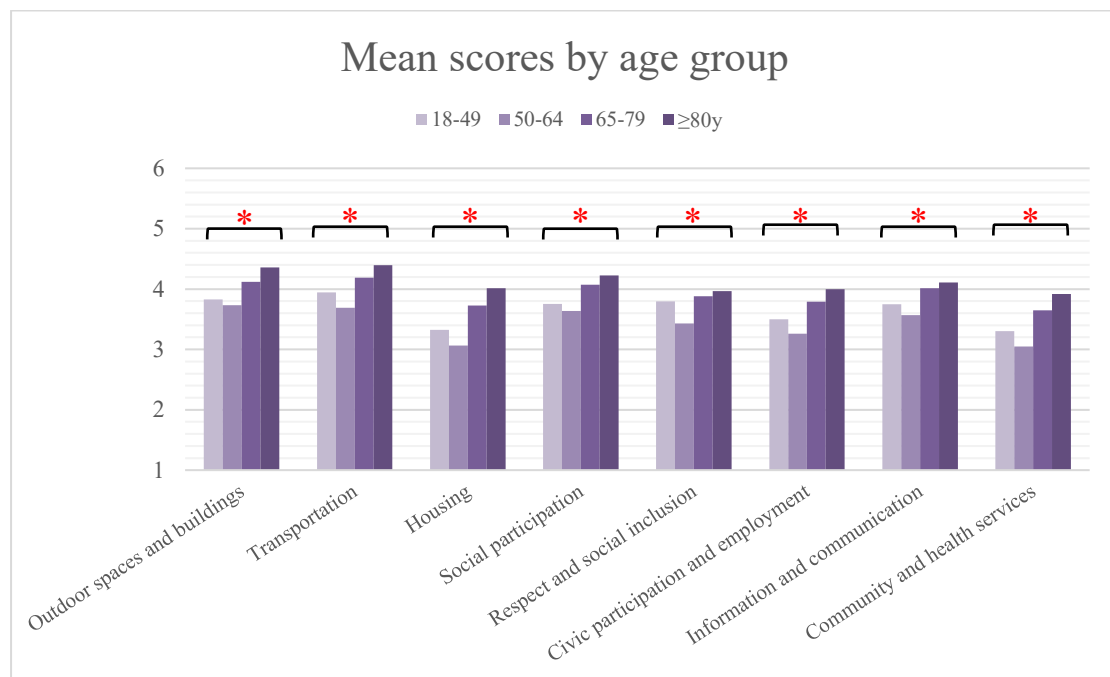
AFC items and domains	Mean	Std. Deviation	Rank of item / domain	
			Within domain	Across domains
<b>Domain: Outdoor Spaces and Buildings</b>	<b>3.99</b>	<b>0.80</b>	..	<b>2</b>
Item A1: Cleanliness	4.15	1.10	2	7
Item A2: Adequacy, Maintenance and Safety	4.15	1.08	3	8
Item A3: Drivers' Attitude at Pedestrian Crossings	3.85	1.19	6	24
Item A4: Cycling Lanes	3.98	1.27	5	16
Item A5: Outdoor Lighting and Safety	3.95	1.20	5	18
Item A6: Accessibility of Commercial Services	4.33	1.14	1	1
Item A7: Arrangement of Special Customer Service to Persons in Need	3.56	1.29	7	44
Item A8: Building Facilities	4.06	1.11	4	14
Item A9: Public Washrooms	3.88	1.19	5	20
<b>Domain: Transportation</b>	<b>4.03</b>	<b>0.81</b>	..	<b>1</b>
Item B10: Traffic Flow	4.22	1.04	4	5
Item B11: Public Transport Network	4.27	1.17	3	4
Item B12: Affordability of Public Transport	4.30	1.13	1	2
Item B13: Reliability of Public Transport	3.90	1.19	8	19
Item B14: Public Transport Information	3.76	1.20	11	33
Item B15: Condition of Public Transport Vehicles	4.10	1.08	6	12
Item B16: Specialised Transportation for disabled people	3.80	1.18	10	30
Item B17: Transport Stops and Stations	4.11	1.04	5	11
Item B18: Behaviour of Public Transport Drivers	4.06	1.09	7	13
Item B19: Alternative Transport in Less Accessible Areas	3.67	1.14	12	39
Item B20: Taxi	3.84	1.09	9	25
Item B21: Roads	4.28	.97	2	3
<b>Domain: Housing</b>	<b>3.51</b>	<b>1.07</b>	..	<b>7</b>
Item C22: Sufficient and Affordable Housing	3.35	1.41	4	52
Item C23: Adequacy of Interior Spaces and Level Surfaces for Movement	3.84	1.27	1	26
Item C24: Home Modification Options and Supplies	3.45	1.15	2	49
Item C25: Housing for Frail and Disabled Elders	3.35	1.24	3	50
<b>Domain: Social Participation</b>	<b>3.92</b>	<b>0.93</b>	..	<b>3</b>
Item D26: Mode of Participation	4.14	1.06	2	10
Item D27: Participation Costs	4.18	1.05	1	6
Item D28: Information about Activities and Events	3.87	1.07	5	23
Item D29: Variety of Activities	3.87	1.17	4	22
Item D30: Variety of Venues for Elders' Gatherings	3.88	1.20	3	21
Item D31: Outreach Services to Less Visible Groups	3.59	1.19	6	41
<b>Domain: Respect and Social Inclusion</b>	<b>3.74</b>	<b>0.92</b>	..	<b>5</b>
Item E32: Consultation from Different Services	3.53	1.26	6	47
Item E33: Variety of Services and Goods	3.62	1.18	4	40
Item E34: Manner of Service Staff	4.14	1.05	1	9
Item E35: School as Platform for Intergenerational Exchange	3.57	1.26	5	43
Item E36: Social Recognition	3.80	1.13	2	29
Item E37: Visibility and Media Depiction	3.78	1.08	3	31
<b>Domain: Civic Participation and Employment</b>	<b>3.62</b>	<b>0.99</b>	..	<b>6</b>
Item F38: Options for Older Volunteers	3.72	1.19	1	37
Item F39: Promote Qualities of Older Employees	3.56	1.17	3	45
Item F40: Paid Opportunities for Older People	3.48	1.23	4	48
Item F41: Age discrimination	3.68	1.15	2	38
<b>Domain: Communication and Information</b>	<b>3.86</b>	<b>0.92</b>	..	<b>4</b>
Item G42: Effective Communication System	3.80	1.20	4	28
Item G43: Information and Broadcasts of Interest to Elders	3.75	1.24	6	36
Item G44: Information to Isolated Individuals	3.83	1.09	3	27
Item G45: Electronic Devices and Equipment	3.96	1.18	2	17
Item G46: Automated Telephone Answering Services	3.78	1.19	5	32
Item G47: Access to Computers and Internet	4.03	1.11	1	15
<b>Domain: Community Support and Health Services</b>	<b>3.45</b>	<b>0.97</b>	..	<b>8</b>
Item H48: Adequacy of Health and Community Support Services	3.55	1.33	4	46
Item H49: Home Care Services	3.59	1.20	3	42
Item H50: Proximity between Old Age Homes and Services	3.76	1.20	1	34
Item H51: Economic barriers to Health and Community Support Services	3.75	1.24	2	35
Item H52: Community Emergency Planning	3.35	1.20	5	51
Item H53: Burial Sites	2.69	1.28	6	53

.. : Not applicable

Table 3.1-3 shows the mean scores by age-friendly item and domain. The mean item scores varied from the accessibility of commercial services (highest-rated item:  $4.33 \pm 1.14$ ) to burial sites (lowest-rated item:  $2.69 \pm 1.28$ ). Analysed by rank of items, the ten highest rated items clustered in Transportation (4 items). In the Transportation domain, one-third of the items were rated as the ten highest rated items. On the other hand, the ten lowest-rated items were distributed across various domains.

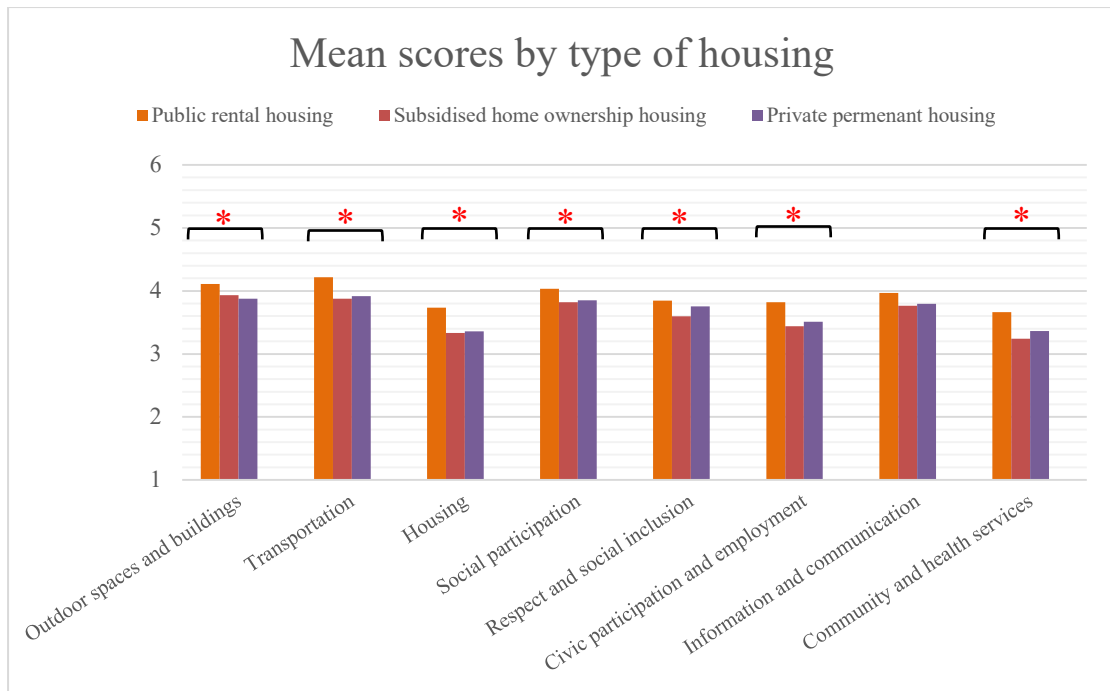
### 3.1.3 Mean scores of Age-friendly City domains by individual and geographical characteristics

Analysed by age group, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains. Figure 3.1-3a shows the mean scores of AFC domains by age group.



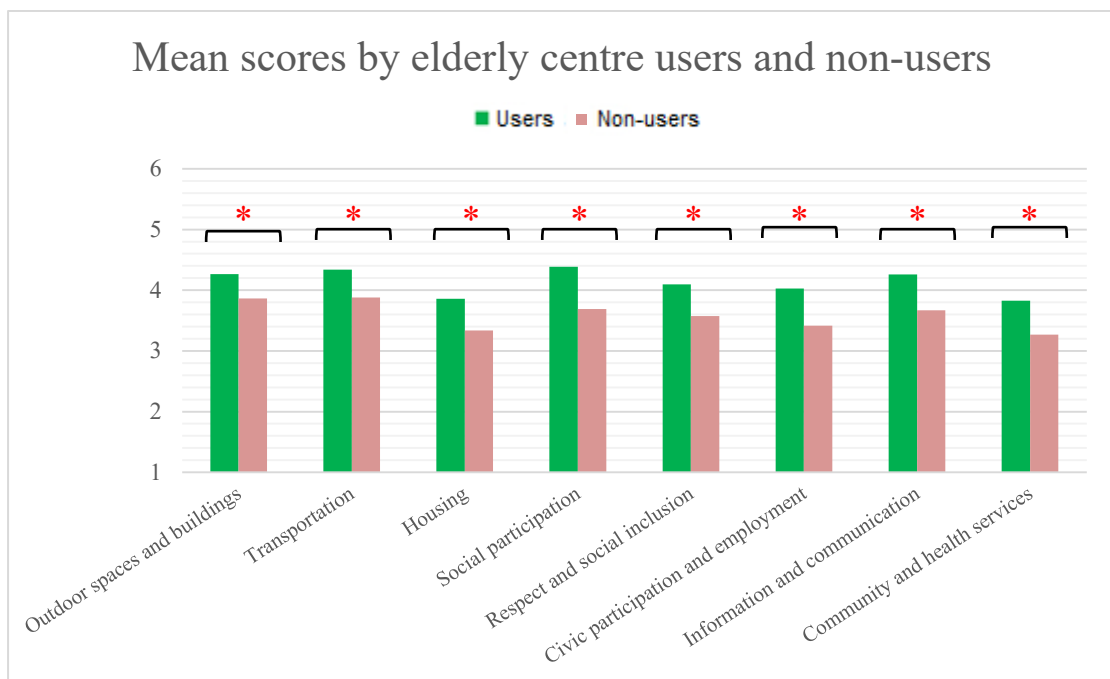
**Figure 3.1-3a. Mean scores of the eight Age-friendly City domains, by age group**

Analysed by type of housing, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains, apart from Communication and information. Figure 3.1-3b shows the mean scores of AFC domains by type of housing.



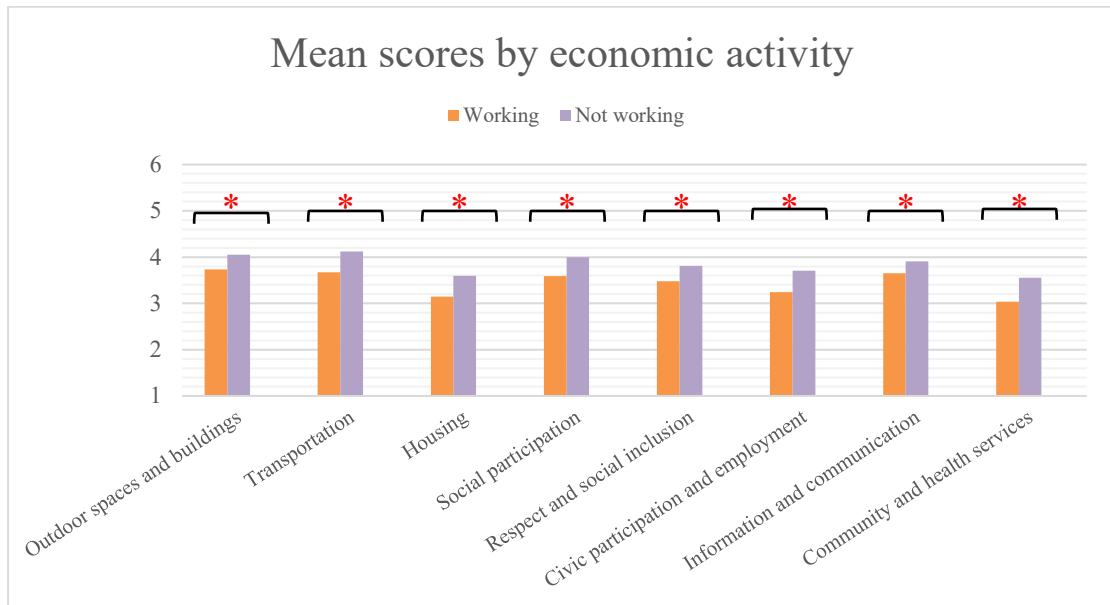
**Figure 3.1-3b. Mean scores of the eight Age-friendly City domains, by housing type**

Analysed by use of elderly centres, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains. Figure 3.1-3c shows the mean scores of AFC domains by use of elderly centres.



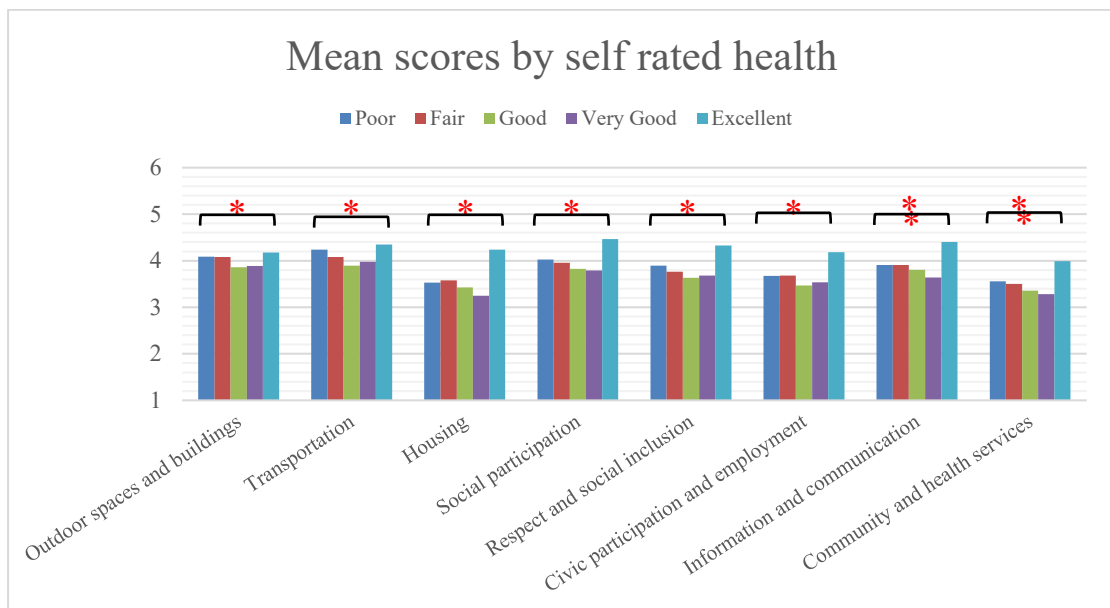
**Figure 3.1-3c. Mean scores of the eight Age-friendly City domains, by use of elderly centres**

Analysed by economic activity, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains. Figure 3.1-3d shows the mean scores of AFC domains by economic activity.



**Figure 3.1-3d. Mean scores of the eight Age-friendly City domains, by economic activity status**

Analysed by self-rated health, significant trend differences ( $p \leq .05$ ) were observed across the groups for all AFC domains. Figure 3.1-3e shows the mean scores of AFC domains by self-rated health.



**Figure 3.1-3e. Mean scores of the eight Age-friendly City domains, by self-rated health**

Analysed by sex, significant trend differences ( $p \leq .05$ ) were observed across the groups for Civic participation and employment. Figure 3.1-3f shows the mean scores of AFC domains by sex.

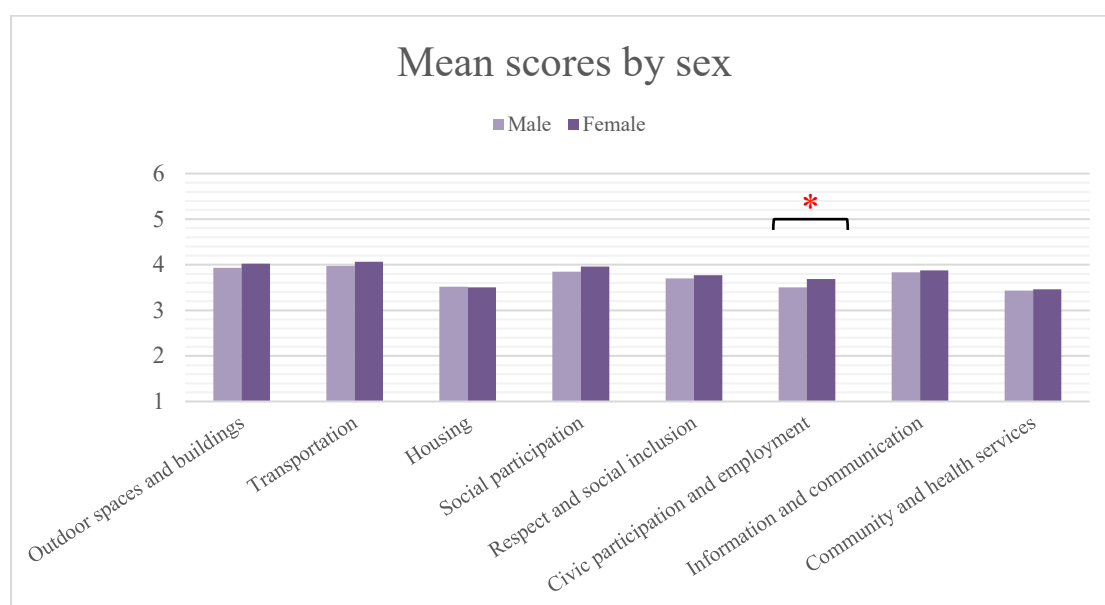


Figure 3.1-3f. Mean scores of the eight Age-friendly City domains, by sex

## 3.2 Qualitative assessment

### 3.2.1 Socio-demographic characteristics of the focus group participants

Table 3.1 Socio-demographic characteristics of focus groups participants

Group	1	2	3	4	5
<b>Number of participants</b>	7	7	7	7	5
<b>Age range (years)</b>	50-64	65 and above	65 and above	65 and above	18-49
<b>Gender Ratio (M:F)</b>	1:6	1:6	3:4	3:4	2:3
<b>Housing Type</b>	Public, subsidised, private	Public, subsidised	Public, subsidised	Private, subsidised	Public, subsidised, private

### 3.2.2 Age-friendliness of North District by domains

#### i Outdoor spaces and buildings

**Table 3.2 Advantage and barriers perceived by participants and suggestion in Outdoor spaces and buildings**

Advantage	<ul style="list-style-type: none"><li>• Improved walkability, hygiene and safety in outdoor spaces</li></ul>
Barriers	<ul style="list-style-type: none"><li>• Inadequate age-friendly and barrier-free facilities in outdoor spaces and shopping centres</li><li>• Unsafe pedestrian walkways</li><li>• Disconnected cycle tracks</li></ul>
Suggestion	<ul style="list-style-type: none"><li>• Increase fitness facilities, shelters and seats in outdoor spaces</li></ul>

The participants perceived **the improved walkability, hygiene and safety in outdoor spaces** as an age-friendly advantage. The major improvement was the widening of the pedestrian walkway to Fanling MTR Station, more shelters were also provided along the walkway. These allowed a pleasant walking experience for the residents. They also appreciated the improvement of lightings and barrier-free facilities, such as the elevators installed at footbridges. The walkability in the North District was also improved as the number of travellers were reduced due to the COVID-19 pandemic.

The participants commented on the **inadequate age-friendly and barrier-free facilities in outdoor spaces and shopping centres**, one of them being the insufficient fitness facilities for older people in outdoor spaces, the number of shelters, seats and public toilets in the outdoor spaces were also not enough. For the shopping centres in the North District, the participants perceived the insufficient provision of elevators as the obstacles for wheelchair users. Comments on the cycle tracks in the North District were also collected across the groups. The participants pointed out that the main pedestrian walkways to the MTR stations, especially to the Sheung Shui Station were very crowded. Since half of the walkways were used for cycle tracks, it was **unsafe when the pedestrians had to walk on the cycle tracks due to the crowdedness**. The participants also commented on the **disconnected cycle tracks** at the residential area at Fanling South. It forced the bikers to ride on the pedestrian walkways, which was not safe for older people. The participants expressed that the **uneven paving of pedestrian walkways** may cause danger to older people as well.

The participants suggested more age-friendly facilities such as fitness facilities for older people, shelters and seats should be provided in outdoor spaces. Since the number of



older people has been increased and they became more active, more facilities should be provided to encourage them to conduct outdoor activities.

## ii Transportation

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

Advantages	<ul style="list-style-type: none"> <li>• Adequate age-friendly facilities at transport stops and stations</li> <li>• Improved public transport network to urban areas</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Unreliable public transport services, especially in remote areas</li> <li>• Poor maintenance of information display panels at bus stops</li> <li>• Inconvenient public transport services to hospital</li> </ul>

The participants appreciated the **improved age-friendly facilities at transport stops and stations in the North District**. More shelters had been set up at bus stops and the number of information display panels at bus terminals and bus stops also increased to show the bus arrival time. The **public transport network also improved** by increasing the bus routes to Kowloon and Hong Kong Island, this provided convenient public transport services for older people as they preferred to take buses than other means of transport.

The participants perceived the **unreliable public transport services** as an age-friendly barrier. They commented that the frequency of intra-district bus service was not enough and the travelling time was long. For the areas that were far from the MTR station, such as Luen Wo Hui, the residents had to take buses or mini-buses to the MTR station, and there was a lack of direct bus services to other districts. Residents who lived in these areas had to spend extra time travelling. The participants also commented on the unreliable mini-bus services in remote areas, they expressed that the mini-bus services did not follow the timetable and were infrequent. The **poor maintenance of information display panels at bus stops** was also perceived as an age-friendly barrier as the residents could not receive information about the bus arrival time at the bus stops. The participants also commented on the **inconvenient public transport services to hospitals**. Since many older people had to attend medical appointments at Prince of Wales Hospital at Sha Tin, but the direct public transport service between North District and the Hospital was limited.

### iii Housing

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

Advantages	<ul style="list-style-type: none"><li>• Adequate interior space for movement</li><li>• Improved community facilities in certain residential housing estates</li></ul>
Barriers	<ul style="list-style-type: none"><li>• Lack of public library and bank services in neighbourhoods</li><li>• Complicated process to apply home maintenance services for tenants of public housing estates</li></ul>
Suggestion	<ul style="list-style-type: none"><li>• Provide one-stop information on home modification services for older people</li></ul>

The participants perceived the **spacious living areas in their flats** as an age-friendly advantage in the North District. They appreciated that the living environment was good while compared to urban areas due to the low density. The participants who lived in Fanling South indicated that the **community facilities were improved** since a shopping complex has been re-opened after refurbishment in Ming Wah Estate. It provided a better shopping environment for the residents with improved hygiene and air-conditioning.

However, for most of the participants living in other areas in the North District, they commented that **the community facilities such as public library and bank services were insufficient in their neighbourhoods**. So they had to travel or walk to other estates to access the services. For the bank services, since most of the branches were moved to a few big shopping centres, the locations were inconvenient for most of the older people, the waiting time was also long as the number of service counters was limited. Some participants living in public housing estates also commented on the **complicated process to apply home maintenance services**. They claimed that they had to contact different government departments to conduct assessments and the repairing works, which was challenging to older people. One of the participants shared the experience of applying to repair water pipe leakage. The residents had to contact Housing Department, Food and Environmental Hygiene Department, Water Supplies Department, etc. to complete the application. For the participants living in private housing estates, they even had no idea where to find the information on home maintenance and the quality of the maintenance services were also unsatisfactory.

The participants suggested more information on home modification services should be provided for older people, such as the options on home modification and the choices of reliable contractors.

#### iv Social participation

**Table 3.5 Advantage and barriers perceived by participants and suggestion in Social participation**

Advantage	<ul style="list-style-type: none"> <li>• Diverse and affordable social activities</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Limited availability of social activities</li> <li>• Negative experiences in joining social activities</li> </ul>
Suggestion	<ul style="list-style-type: none"> <li>• Build a big community centre which has all the facilities for different age groups and organise intergenerational activities</li> </ul>

The participants agreed that **many different social activities were organised for older people, and most of these activities were free**. It encouraged them to join different social activities and remain active in the community.

The **limited availability of social activities for older people** was perceived as an age-friendly barrier by the participants. They commented on the lack of promotion of the activities, only members of the elderly centres and the residents living near the elderly centres and community halls can receive the information on activities. The number of participants were also limited for the activities. They expressed that the development of elderly centres could not catch up with the increasing number of older people in the North District, so that the resources of these centres (manpower and venue for activities) were insufficient to meet the demand of elderly services. The problem was worse under the COVID-19 pandemic while the number of participants and venue of social activities was limited. As a result, many older people formed groups to conduct gambling activities in the open spaces of public housing estates as they had nothing to do. Some of the participants expressed that they would not join elderly centres. They shared their **unpleasant experience while joined activities at the elderly centres**. They complained that the staff was not helpful when they applied for the membership. They also commented that the attitude of staff changed after completing volunteering activities, they felt that they were exploited by the elderly centres to do volunteering work only. So they were disappointed and decided not to join any activity of elderly centres.

Due to the limited venue to organise social activities for older people, the government can build a big community centre which contains all the facilities for different age groups and organise intergenerational activities for residents of North District.

## v Respect and social inclusion

**Table 3.6 Advantage and barriers perceived by participants and suggestion in Respect and social inclusion**

Advantage	<ul style="list-style-type: none"> <li>• Basic sense of respect towards older people</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Lack of friendliness in public transport and services</li> <li>• Insufficient opportunities for intergenerational interaction</li> </ul>
Suggestion	<ul style="list-style-type: none"> <li>• Facilitate better intergenerational understanding</li> </ul>

The participants agreed **that the sense of respect towards older people of the community members was good** in general. For example, more people were willing to offer their seats to older people in public transports.

However, the participants expressed that **the attitude of the community members in public transport and community services had to improve**. As many older people used public library services quite often, they pointed out that the staff of public library were not friendly, they became impatient when older people asked many questions. Some of older people expressed that the young people were not willing to give their seats to older people in public transport, especially when they focused on their mobile phones. On the other hand, most of the participants commented on the **lack of intergenerational activities**, so there were not enough opportunities for communication between different generations.

The society should facilitate better intergenerational understanding by providing opportunities for communication. The participants suggested that an opportunity to enable chatting between older people and young people could help.

## vi Civic participation and employment

**Table 3.7 Advantages and barrier perceived by participants and suggestion in Civic participation and employment**

Advantages	<ul style="list-style-type: none"> <li>• Increased employment options due to the introduction of re-employment schemes and retraining programmes</li> <li>• Voluntary works with training programmes available</li> </ul>
Barrier	<ul style="list-style-type: none"> <li>• Limited employment opportunities for the older people</li> </ul>
Suggestion	<ul style="list-style-type: none"> <li>• Raise the mandatory retirement age to 65</li> </ul>

The participants appreciated that **increased employment options were provided in the community due to the re-employment schemes of government departments, NGOs and the private sector.** These organisations provided job opportunities for retired persons with flexible working hours. Some of the participants also joined the retraining programmes organised by the Employees Retraining Board and NGOs. These programmes encouraged older people to re-enter the job market or study continuously after retirement. Some of the participants shared their experience in doing freelance jobs as instructors in NGOs, some of them were re-employed by their previous companies on a part-time basis. They agreed that these job opportunities provided job satisfaction to retired persons and encouraged them to maintain their connection with the society. Some participants also admired that **elderly centres provided training programmes for them when they joined the volunteering programmes,** so that they could benefit by obtaining new knowledge and skills besides volunteering.

The participants commented that although more re-employment schemes were available, the **job opportunities for retired persons were limited to jobs with low education levels** such as cleaners, security guards or workers for recycling carton boxes. As these jobs required a high level of physical strength, many older people would quit when they could not afford the workload. Some of the participants worried that they would become an obstacle to the career development of young people, so they preferred to retire although they can still work.

The participants suggested the retirement age should be raised to 65, as these people can still work and contribute to the society.

## vii Communication and information

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

Advantage	<ul style="list-style-type: none"> <li>• Diverse channels for older people to receive information</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• Limitation of information dissemination through posters</li> <li>• Difficult to use online platforms for communication and information dissemination</li> </ul>
Suggestions	<ul style="list-style-type: none"> <li>• Provide free wifi or subsidise internet fees for older people</li> <li>• Organise training classes on using online platforms</li> </ul>

The **diverse channels to receive information** was perceived as an advantage by the participants in the domain of Communication and information. The participants appreciated that elderly centres disseminated information through WhatsApp groups very often, it was convenient if older people knew how to use WhatsApp. Many elderly centres also organised training courses to help older people use WhatsApp. Many older people also formed WhatsApp groups themselves to disseminate information among neighbours and friends, communication was easier and more convenient. Besides, neighbours and the security guard of the premises would disseminate information of the housing estates, such as the time of water suspension, outreach health services by NGOs, etc. to older people in the neighbourhoods.

Some of the participants expressed that many older people still prefer to receive information through posters and newsletters, but there were many **limitations for information dissemination in paper form**. For example, many NGOs posted the activities information outside the centres only, older people had to go to the centres and find out the information by themselves. The participants also commented that the information on the posters was not clear enough, older people had to ask the staff for more details. In addition, the property management usually disseminates information about the housing estates through the posters on the notice board at lift lobby. However, the font sizes on the posters were not big enough. Also, there were too many posters on the notice board which required a lot of time to find out the updated information. The participants also expressed that since more information was disseminated through online platforms such as WhatsApp, websites and emails, it was getting **difficult for older people to receive information about community activities and social welfare, if they were not used to access the internet or use smart phones**, especially those hidden elders who were not active or did not join elderly centres.

The participants suggest the government should provide free wifi or subsidise the internet fees for older people, so that they can access online services and communicate through online platforms easier. They also suggested the NGOs should train more young-olds to help older people to use smart phones. Since young people have the knowledge to use technology but usually do not know how to teach older people, young-olds are more capable to provide the training.



## viii Community support and health services

**Table 3.9 Advantage and barrier perceived by participants and suggestion in community support and health services**

Advantage	<ul style="list-style-type: none"><li>• Health Care Vouchers available</li></ul>
Barrier	<ul style="list-style-type: none"><li>• Limitation of medical and health services</li></ul>
Suggestion	<ul style="list-style-type: none"><li>• Improve the health services of North District Hospital</li></ul>

The participants agreed that the **Health Care Vouchers (HCV) for older people** could subsidise the cost to use private clinics when they had minor health problems, especially when the bookings of General Out-patient Clinics (GOPC) were difficult to make. However, some participants expressed that they preferred to use the medical services of GOPC, since **the private clinics charged them higher prices if they used HCV**. They also complained about the limited support of dental care services. Many of them had dental problems since they were getting old, but the service charge of dental care service was high, the amount of HCV was not enough to cover when they visited the dentist several times.

The participants complained the **lack of Specialist Out-patient Clinics (SOPC) in the North District**. Many older people had to travel to other districts to use the services, such as Tai Po and Sha Tin. The waiting time at the SOPC was also long. The participants indicated that a new public health centre had been opened in the North District, but the location was very inconvenient and most of the older people did not know how to go there by public transport.

The participants suggested improving the health services of the North District Hospital, so that the residents in the North District do not require to receive health services in other districts.



## 4. Recommendations

## 4.1 Comparisons between baseline and final assessments

Table 4.1 shows the mean score and rank differences between the baseline assessment and final assessment for North District carried out in 2017 and 2020/2021 respectively. A statistically significant decrease in mean score was observed for Transportation, Housing, Social participation, Respect and social inclusion, and Community support and health services.

**Table 4.1 Comparisons of mean scores and ranks by assessment**

AFC domains	Baseline mean	Baseline rank	Final mean	Final rank	Mean difference (Final – Baseline)	Rank difference (Final – Baseline)	Statistical significance of mean difference
Outdoor spaces and buildings	4.01	3	3.99	2	-0.02	+1	No
Transportation	4.24	1	4.03	1	-0.21	--	Yes
Housing	3.75	6	3.51	7	-0.24	-1	Yes
Social participation	4.03	2	3.92	3	-0.11	-1	Yes
Respect and social inclusion	3.84	5	3.74	5	-0.1	--	Yes
Civic participation and employment	3.63	7	3.62	6	-0.01	+1	No
Communication and information	3.93	4	3.86	4	-0.07	--	No
Community support and health services	3.56	8	3.45	8	-0.11	--	Yes

## 4.2 Recommendations

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

### 4.2.1 Outdoor spaces and buildings

Outdoor spaces and buildings was the second-highest-ranked domain in the North District. Different initiatives have been carried out by government departments to improve the age-friendliness of outdoor spaces and buildings recently, such as the Universal Accessibility Programme by Highways Department, and Consultancy Study on Enhancing Walkability in Hong Kong by Transport Department. Architectural

Services Department also published the Elderly-friendly Design Guidelines for professionals in designing age-friendly buildings. From the result of questionnaire interviews, residents were generally satisfied with the accessibility of commercial services, the cleanliness and sufficiency of green spaces, the sufficiency of outdoor seating and the safety of outdoor spaces. Nevertheless, the residents were dissatisfied with the driver's attitude at pedestrian crossings and the arrangement of special customer service to people in need. The findings from focus group interviews also observed the concern of residents on unsafe pedestrian walkways in the North District. Interestingly, although residents were satisfied with the accessibility of commercial services, focus group interviews revealed the inadequate age-friendly and barrier-free facilities in outdoor spaces and shopping centres, in particular the access for wheelchair users.

Recommendations to improve the age-friendliness of the Outdoor spaces and buildings domain were proposed as follows:

*Aim: To enhance the safety of outdoor spaces with age-friendly designs*

- Engage older people in assessing the age-friendliness of the community, such as the need for shelters, seats and fitness facilities in outdoor areas, as well as the areas where improvements on pedestrian safety are required.
- Discuss with relevant departments to improve the walkability in the major pedestrian walkways in the North District, such as providing safe pedestrian walkways separated from cycle tracks in the town centre and housing estates.

*Aim: To enhance the age-friendliness of shopping malls and community services*

- Encourage local shops to provide special customer services to persons in need, such as priority service counters for older people and disabled people in banks and supermarkets.
- Encourage commercial services to strengthen the barrier-free facilities in the shopping malls, such as elevators for wheelchair users.

#### **4.2.2 Transportation**

Transportation was the highest-ranked domain in the North District. Residents were generally satisfied with the affordable public transport fare especially when the public transport concessionary fare of \$2 per trip will be extended to the young-olds aged 60

to 64 in 2022. Besides, the residents were also satisfied with the road maintenance, public transport network and traffic flow. Nonetheless, the residents were dissatisfied with the specialised transportation for disabled people, the information on public transport and the alternative transport in less accessible areas. From the focus group interviews, the respondents appreciated the improved public transport network and the age-friendly facilities of public transport, but they were dissatisfied with the maintenance of information display panels at transport stops and unreliable transport services in the remote areas and inside the district, the transport service to the hospital was also limited.

Recommendations to improve the age-friendliness of the domain of Transportation were proposed as follows:

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

- Discuss with relevant departments to supervise the maintenance of information display panels in transport stops and maintain the accuracy of the transport information, in order to reduce the waiting time of passengers.
- Promote the HKeMobility developed by Transport Department and other mobile apps developed by public transport operators to older people. Training classes for older people on using these mobile apps can be provided by NGOs. So older people in less accessible areas can know the arrival time of the buses and mini-buses through these mobile apps, then they do not need to wait at the transport stations for a long time.
- Discuss with relevant departments regarding the need to improve or restructure the public transport services between MTR stations, town centres and residential areas.

*Aim: To improve the transport services for frail elders*

- Explore the possibility with relevant departments and potential operators on providing specialised transportation for elderly and disabled people to social services and health services, especially transport services to Alice Ho Miu Ling Nethersole Hospital in Tai Po and Prince of Wales Hospital in Sha Tin.

### 4.2.3 Housing

Housing ranked the 7<sup>th</sup> by residents of North District. A significant decrease of the mean score from baseline assessment is observed, which leaves much room for improvement. In general, the residents were satisfied with the living environment. Besides, sufficient and affordable housing, home modification options and suppliers, and housing for frail and disabled elders obtain a low mean score. Respondents at an older age and those who rated their health as excellent gave higher scores on this domain. From the focus group interviews, the respondents appreciated the improved community facilities in certain residential housing estates, but they were dissatisfied with the insufficient public library and bank services in their neighbourhoods. They also pointed out the complicated process to apply home maintenance services for public housing estates.

Recommendations to improve the age-friendliness of the domain of Housing were proposed as follows:

*Aim: To enhance the availability of community services in the local community*

- Engage older people to identify the areas that required improvements in community services, such as library and bank services.
- Explore the possibility with relevant departments and service providers on providing community services in the communities with greater demand.

*Aim: To enhance home modification and maintenance services for older people*

- Different organisations had set up resources centres on home modification, such as the Elderly Resources Centre operated by Hong Kong Housing Society and Jockey Club “age at home” Gerontech Education and Rental Service organised by The Hong Kong Council of Social Service. These resources centres can extend their promotion to a wider community, so that more people can obtain information on home modification services.
- Discuss with relevant departments to simplify the application process of home maintenance services for the elderly.

### 4.2.4 Social participation

Social participation ranked the 3<sup>rd</sup> by residents of North District. The residents were satisfied with the mode and affordability of social activities in the community but were dissatisfied with the availability of outreach services to less visible groups.



Interestingly, the elderly centre users and the respondents who rated their health as excellent gave much higher scores on this domain. The focus group interviews revealed the limited availability of social activities, especially under the COVID-19 pandemic.

Recommendations to improve the age-friendliness of the Social participation domain were proposed as follows:

*Aim: To facilitate social participation of older people with different backgrounds*

- Encourage NGOs to identify the areas where elderly activities were in demand and to expand elderly service coverage where appropriate.
- To explore the possibilities to set up a venue that can provide the facilities and organise activities for different age groups.
- Relevant departments can provide training and technical support to activity organisers, so that they can utilise the communication technology to enrich the experience of elders who participate in social activities under circumstances of social gathering restriction.

#### **4.2.5 Respect and social inclusion**

In terms of age-friendliness of Respect and social inclusion, this domain is ranked the 5<sup>th</sup>. The respondents agreed that the sense of respect was good in the community, but platforms for intergeneration exchange were limited. They also reported that the providers of services and products had not consulted their views. In addition, the participants of focus groups commented that the attitude of the community members in public transport and community services had to improve.

Recommendations to improve the age-friendliness of the domain of Respect and social inclusion were proposed as follows:

*Aim: To facilitate intergenerational exchanges*

- Organise intergenerational activities, such as training classes on smart phones, so that the young people can have more opportunities to communicate with older people when teaching them to use smart phones.

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

- Encourage service providers in the district to consult and listen to the views of elderly people.

#### **4.2.6 Civic participation and employment**

Civic participation and employment ranked the 6<sup>th</sup> by residents of North District. Older people were satisfied with the options for volunteering, but dissatisfied with the paid opportunities for older people and promotion of quality of older employees. In spite of the limited employment opportunities for older people, the focus group participants observed that employment options for retired persons increased due to the introduction of re-employment schemes and retraining programmes.

Recommendations to improve the age-friendliness of the domain of Civic participation and employment were proposed as follows:

*Aim: To promote and facilitate employment for the elderly*

- Many private and social enterprises had implemented re-employment programmes for their retired staff. These programmes should be promoted to the wider society to encourage elderly employment.
- Many elders shared their experiences of doing freelance jobs with NGOs after retirement. Relevant departments can encourage elderly employment by providing support to NGOs and small companies that are willing to employ retired persons, such as allowance or subsidies on insurance.

#### **4.2.7 Communication and information**

The domain of Communication and information ranked the 4<sup>th</sup> in terms of age-friendliness. The respondents were satisfied with the access to computers and the internet in public areas as well as the font size and buttons on electronic devices and equipment. On the other hand, they were dissatisfied with the automated telephone answering system as well as the information and broadcasts of interest to elders. The focus group interviews revealed that diverse channels were available for the elders to receive information, but the online platforms for information dissemination were difficult for them. The respondents also indicated that although information dissemination through online platforms was more common, many of them still preferred to receive information through posters and newsletters.

Recommendations to improve the age-friendliness of the domain of Communication and information were proposed as follows:

*Aim: To enhance and strengthen district communication and information channels*

- Further improve the existing online services to meet the needs of older people, consultation of the elders on the development of online services and mobile apps can enhance the experience of the elderly users.
- Encourage NGOs to organise more training classes on using online platforms for older people. The provision of free WiFi or subsidies on internet fees for older people can be considered.
- Encourage information dissemination through newsletters and setting up notice boards in public areas to facilitate information flow to elder residents.

#### **4.2.8 Community support and health services**

Community support and health services was the lowest-ranked domain in the North District. Residents were dissatisfied with the availability of burial sites and community emergency planning, although they were satisfied with the availability of old ages home and services, and the availability of health and community support services without economic barriers. The focus group interviews revealed the insufficient health services in the North District. Many older people had to travel to other districts to obtain health services, the location of health centres in the North District was also inconvenient.

Recommendations to improve the age-friendliness of the domain of Community support and health services were proposed as follows:

*Aim: To empower the elders to self-manage their health*

- Promote the services of District Health Centre Express at Sheung Shui, so that more elders can obtain medical consultation services and join health programmes at a convenient location.
- Various health management programmes have been carried out by different organisations, these programmes can be organised continuously in the community to promote the concept of health management, then the physical and mental well-being of the elders can be enhanced.

- As more elders learned to use online platforms, health information can be disseminated more efficiently. Organisations can produce online videos and disseminate health information through online platforms such as YouTube and Facebook.

### **4.3 Conclusion**

With the initiation and funding by The Trust, the JCAFC Project has helped build momentum in the district to arouse public awareness and encourage community participation in building an age-friendly city in Hong Kong. The final assessment helped identify the advantages and barriers of age-friendliness in the North District. Although the scores of many domains were decreased, the participants of the focus group interviews agreed that the age-friendliness of the community has been improved. Since the awareness on age-friendly city of the general public has been aroused, many people found that there is room for improvement. It is observed that many initiatives have been carried out to improve the age-friendliness of the community, but many older people commented that the elderly services seldom considered the need of residents living in less accessible areas or with special needs. They also commented on the lack of consultation when developing online services and mobile apps. These resulted in complicated interfaces of online services and mobile apps which discouraged older people to access community services. Engagement of older people in the design process of products and services is encouraged to ensure the age-friendliness of these initiatives.

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## Appendix 1

### Questionnaire (Chinese version only)



計劃夥伴 Project Partner:



策劃及捐助 Initiated and funded by:



問卷編號： \_\_\_\_\_

問卷完整性：  部分完成  整份完成

調查方式：  面談  電話訪問  自行填寫

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

## 「賽馬會齡活城市計劃」問卷調查

篩選問題：

1. 年齡： \_\_\_\_\_

2. 性別：男 / 女

3. 於現址連續居住六個月或以上：是 / 否

4. 住宅地區

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

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

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

(16) 南區  (17) 東區  (18) 離島

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

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

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

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

您有幾同意而家……

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

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

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

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

您有幾同意而家……

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



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

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

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

您有幾同意而家……

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

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

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

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

您有幾同意而家……

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

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

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

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

您有幾同意而家……

1.	係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用。	1	2	3	4	5	6
<b>H</b>	<b>社區支持與健康服務</b>						
2.	醫療同社區支援服務足夠。	1	2	3	4	5	6
3.	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
4.	院舍服務設施同長者的居所都鄰近其他社區服務同地方。	1	2	3	4	5	6
5.	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
6.	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
7. *	墓地(包括土葬同骨灰龕)嘅數量足夠同埋容易獲得。	1	2	3	4	5	6

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
非常不同意	不同意	普通	同意	非常同意

請就你居住的社區/屋村/屋苑（簡稱社區）評分，您有幾同意而家.....

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

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

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
從來沒有	好少	間中	經常

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

## 受訪者資料

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

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

\* 您是否願意留下你的電話號碼以作將來聯絡之用？

\_\_\_\_\_ (先生/女士/小姐) 電話號碼：\_\_\_\_\_

\* 您是否有興趣參與聚焦小組作進一步意見分享？

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

\* MH: E / IE

\* LA: E / IE

## Appendix 2

### Summary of District-based Programmes in North District

<b>BATCH I</b>					
<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Programme content</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct beneficiaries</b>
Jockey Club Age-friendly City Project – Healthy North District (Cheer Lutheran Centre)	<ul style="list-style-type: none"> <li>To maintain personal health by providing cost-effective health check service and information on community health services</li> <li>To promote social inclusion by recruiting volunteers from underprivileged groups and different age groups</li> <li>To support health services for older people in rural villages</li> </ul>	<ul style="list-style-type: none"> <li>Community health information days and health check services</li> <li>Outreach services to rural villages, health checks and hair cut services were provided</li> <li>Workshop to promote healthy lifestyle</li> </ul>	<ul style="list-style-type: none"> <li>Community Support and health services</li> </ul>	\$340,900	379
Jockey Club Age-friendly City Project – Age-friendly North (New Home Association)	<ul style="list-style-type: none"> <li>To promote age-friendly city and good health</li> <li>To encourage elder employment</li> <li>To provide home assessment and modification for elderly in need</li> </ul>	<ul style="list-style-type: none"> <li>Health checks and talks, health information booths and home visits in rural villages</li> <li>Employment workshops and job expos</li> <li>Establish recruitment platform</li> <li>Home modifications for older people</li> <li>Volunteer training</li> </ul>	<ul style="list-style-type: none"> <li>Community support and health services</li> <li>Housing</li> <li>Communication and information</li> <li>Civic participation and employment</li> <li>Respect and social inclusion</li> </ul>	\$158,960	1,134
Jockey Club Age-friendly City Project - Active Ageing Programme (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> <li>To empower older adults to develop a healthy lifestyle and voice opinions on communal amenities for active ageing</li> </ul>	<ul style="list-style-type: none"> <li>Exercise class (12 hrs. in total) focusing on strength training &amp; basics of nutrition for elderly</li> <li>Workshop in AFC concept &amp; place audit skills</li> <li>Outdoor exercising &amp; place audit practical</li> <li>Information Day</li> </ul>	<ul style="list-style-type: none"> <li>Community support and health services</li> </ul>	\$247,038	371



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**BATCH II**

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<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Programme content</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct Beneficiaries</b>
Jockey Club Age-friendly City Project – Healthy North District 2.0 Programme (Cheer Lutheran Centre)	<ul style="list-style-type: none"><li>• To support health services for older people in rural villages</li><li>• To maintain personal health by providing fitness training, nurse consultation and health check service</li><li>• To promote social inclusion by recruiting volunteers from underprivileged groups and older people</li></ul>	<ul style="list-style-type: none"><li>• Ambassador training programme</li><li>• Visits to elderly centres, health talks and health check services were provided</li><li>• 10 outreach services to rural villages, health talks, health checks, exercises and hair cut services were provided</li></ul>	<ul style="list-style-type: none"><li>• Community support and health services</li><li>• Respect and social inclusion</li><li>• Information and communication</li></ul>	\$213,150	831
Jockey Club Age-friendly City Project – Age-friendly Housing in the North District (HKYWCA Ellen Li District Elderly Community Centre)	<ul style="list-style-type: none"><li>• To promote age-friendly housing to the community</li><li>• To provide ambassador training on age-friendly housing</li><li>• To provide home assessment and modification for older people living alone</li></ul>	<ul style="list-style-type: none"><li>• Project promotion and recruitment of ambassadors</li><li>• 4 series of workshops for ambassadors training (9 sessions)</li><li>• 2 home assessment workshops and 10 home visits for assessment</li><li>• Home modification for 50 frail elders</li><li>• Distribution of leaflets about home safety</li><li>• 1 reunion of ambassadors</li></ul>	<ul style="list-style-type: none"><li>• Housing</li><li>• Communication and information</li></ul>	\$286,850	100
Jockey Club Age-friendly City Project - Active Ageing Programme (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"><li>• To equip senior participants to become a group of District Health Ambassadors (DHAs) promoting in the community the concept of elderly taking charge of own health through exercising and healthy diet.</li></ul>	<ul style="list-style-type: none"><li>• Exercise training classes</li><li>• Nutrition and healthy cooking classes</li><li>• Outdoor exercising and place audit at community parks</li><li>• Health talk for seniors</li><li>• Moments of various AAP activities were captured in mini-movies</li><li>• Focus group discussion</li></ul>	<ul style="list-style-type: none"><li>• Community support and health services</li><li>• Outdoor spaces and buildings</li><li>• Respect and social inclusion</li><li>• Social participation</li><li>• Civic participation and employment</li></ul>	\$247,038	460

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<b>BATCH III</b>					
<b>Programme (Organiser)</b>	<b>Objectives</b>	<b>Programme content</b>	<b>AFC domains</b>	<b>Approved funds</b>	<b>No. of direct Beneficiaries</b>
Jockey Club Age-friendly City Project – Age-friendly Living in the North District (HKYWCA Ellen Li District Elderly Community Centre)	<ul style="list-style-type: none"> <li>To enhance the trained ambassadors' knowledge on age-friendly housing</li> <li>To increase the awareness of the secondary school students on age-friendly housing and their respect towards older people</li> <li>To improve the knowledge of community members on age-friendly housing</li> </ul>	<ul style="list-style-type: none"> <li>Workshops for ambassadors training (12 sessions)</li> <li>Introduce AFC and age-friendly housing and interior design</li> <li>Visit of age-friendly home</li> <li>Workshops on age-friendly home design for secondary school students and ambassadors</li> <li>Production of booklets on age-friendly housing</li> <li>Sharing session of ambassadors</li> </ul>	<ul style="list-style-type: none"> <li>Housing</li> <li>Communication and information</li> </ul>	\$267,880	370
Jockey Club Age-friendly City Project – Healthy North District 3.0 (Cheer Lutheran Centre)	<ul style="list-style-type: none"> <li>To support health services for older people in rural villages</li> <li>To maintain personal health by providing fitness training, nurse consultation and health check service</li> </ul>	<ul style="list-style-type: none"> <li>Health talks, exhibitions, health checks, etc. to older people living in rural villages</li> <li>Ambassador training on health checks and community supporting services</li> </ul>	<ul style="list-style-type: none"> <li>Community support and health services</li> <li>Communication and information</li> </ul>	\$232,000	350
Jockey Club Age-friendly City Project - Active Ageing Programme 2020 (CUHK Jockey Club Institute of Ageing)	<ul style="list-style-type: none"> <li>To promote the concept of elderly taking charge of own health through exercising and healthy diet through proper exercise training and video aids, so that they can form a habit of regular exercising and eating healthy</li> </ul>	<ul style="list-style-type: none"> <li>Video aids on exercise and cooking for elderly</li> <li>Health talk on pain problems</li> </ul>	<ul style="list-style-type: none"> <li>Community support and health services</li> </ul>	\$249,785	100

## Jockey Club Age-friendly City Project



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

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## CUHK Jockey Club Institute of Ageing



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