



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

# Jockey Club Age-Friendly City Project

## Cross-district Report on Baseline Assessment (Pilot Districts)



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## **EXECUTIVE SUMMARY**

The Jockey Club Age-friendly City Project aims to build Hong Kong into an age-friendly city for promoting active ageing and enhancing quality of life. As part of the Project, a baseline assessment study was conducted to measure the current age-friendliness of Hong Kong and to identify areas of improvement. Piloting in eight districts, the study consisted of a questionnaire survey and focus group interviews to gauge the views of participants on age-friendliness in respect of the eight domains of an age-friendly city as suggested by the World Health Organization, namely Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services.

A total of 4,274 successful questionnaires were collected and 40 focus groups (n=347) were completed from July 2015 to February 2016.

Findings of questionnaire survey showed that participants gave higher ratings to Social participation domain and Transportation domain. The available opportunities for social participation in the community, the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities, as well as good connectivity and age-friendly facilities of public transport were the appreciating areas often cited by the focus group participants.

Survey results also revealed that participants perceived Community support and health services domain and Housing domain as less age-friendly as they received lower ratings. In particular, burial service, affordability and accessibility of housing, and emergency support were the bottom three areas with the lowest ratings. Focus group participants raised more specific issues in these two domains, such as the concerns of older people about housing maintenance and affordability, ageing in place, insufficient community support services and health and medical services, as well as difficulty of using the General Out-patient Clinic Telephone Appointment System for making medical appointments.

The results of the baseline assessment study provided valuable information on the current age-friendliness of Hong Kong. The study was also useful in identifying specific areas in the community yielding room for improvement and offering insight for the directions of action for district-based programmes and territory-wide initiatives in the next implementation phase of the Project.



# **1 Introduction**

This cross-district report contains the overall results and observations of a baseline assessment piloted in eight districts under the Jockey Club Age-friendly City Project (“JCAFC Project”). This report was drawn on information on the characteristics of districts and data of baseline assessment. The report enables readers to understand the age-friendliness of Hong Kong, and sheds light on directions for action to facilitate the building of a more age-friendly Hong Kong. The report consists of six sections. Section 1 introduces the background of the baseline assessment and the concept of age-friendly city. Section 2 describes the district characteristics to provide background information for understanding of the study areas and facilitating subsequent discussions in ensuing sections. Methodology and findings of the study are presented in Section 3 and Section 4 respectively. Section 5 discusses the findings and corresponding recommendations, and finally, a conclusion is drawn in Section 6.

## **1.1 Background**

Similar to many cities in the world, Hong Kong is facing a trend of ageing population. In 2015, Hong Kong had a total population of 7.3 million, among which elderly population accounted for about 1.12 million, indicating that approximately one in seven people is an elderly person aged 65 or above. By 2040, Hong Kong’s population was estimated to reach 8.2 million, of which almost one out of three people (about 2.5 million) will be aged 65 or above.

In response to the city’s ageing population trend, The Hong Kong Jockey Club Charities Trust (“The Trust”) has adopted a bottom-up and district-based approach to addressing ageing related issues. In 2015, the Trust launched the JCAFC Project with dedicated funding of over HK\$190 million with the aim of building Hong Kong into an age-friendly city for promoting active ageing and enhancing quality of life of older people.

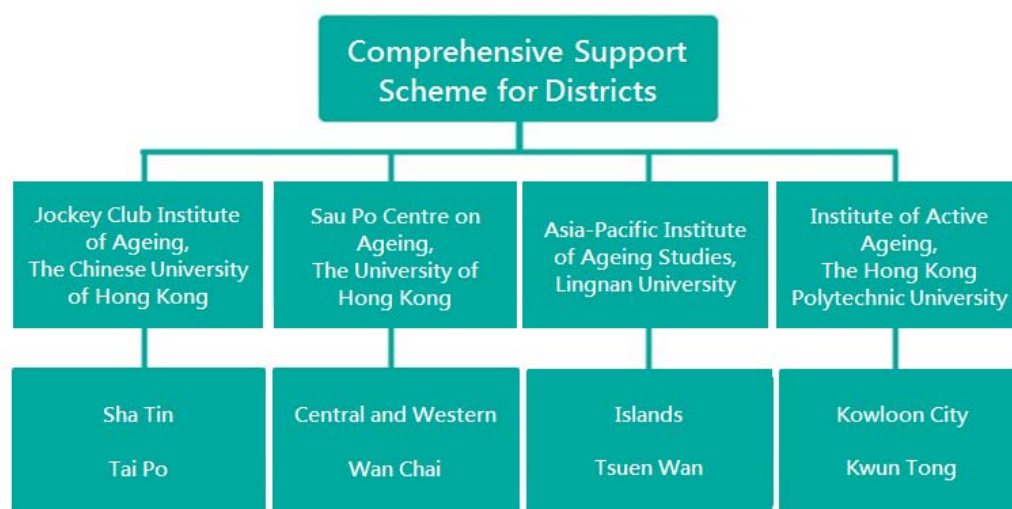
As part of the Comprehensive Support Scheme for Districts under the JCAFC Project, a baseline assessment, in form of questionnaire survey and focus group interviews, was carried out in partnership with Hong Kong’s four gerontology research institutes, namely Jockey Club Institute of Ageing of The Chinese University of 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.

The baseline assessment aimed to assess the current age-friendliness of Hong Kong in eight domains as suggested by the World Health Organization (“WHO”) and identify potential areas for improvement and appropriate directions of action at both territory and community levels.

The study was piloted in eight districts, namely Sha Tin, Tai Po, Central and Western, Wan Chai, Islands, Tsuen Wan, Kowloon City, and Kwun Tong.

The four gerontology research institutes have formed professional support teams (“PST”) to conduct the baseline assessment and prepare a baseline assessment report for each district under purview (see Figure 1.1). This cross-district report contains the overall results and observations of the baseline assessment of the eight pilot districts.

**Figure 1.1 Four gerontology research institutes and eight pilot districts of baseline assessment**



## 1.2 Concept of age-friendly city

The idea of “age-friendly city” was initiated by the WHO in 2005. A focus group research project with participation of 33 cities from 22 countries worldwide was started in 2006 to understand the characteristics of an age-friendly city. Based on the opinions collected from the research, features of an age-friendly city were identified and summarised into eight domains covering (1) Outdoor spaces and buildings; (2) Transportation; (3) Housing; (4) Social participation; (5) Respect and social inclusion; (6) Civic participation and employment; (7) Communication and information; and (8) Community support and health services.



## 2 Characteristics of districts

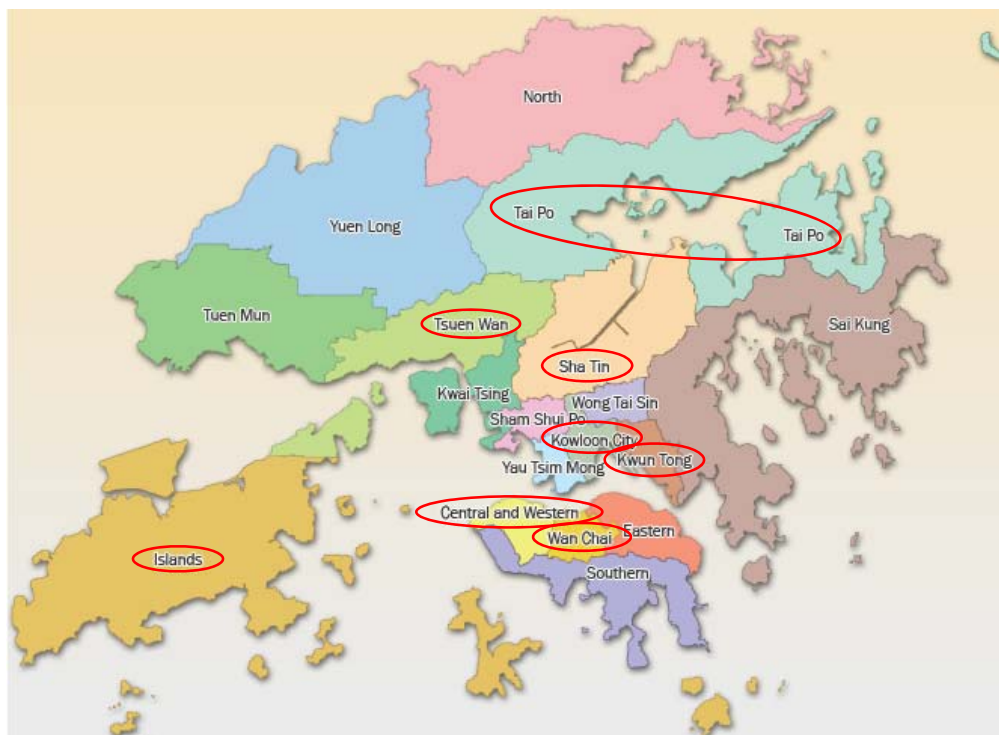
The eight pilot districts in this study span over Hong Kong Island, Kowloon and New Territories, namely Sha Tin, Tai Po, Central and Western, Wan Chai, Islands, Tsuen Wan, Kowloon City, and Kwun Tong (as indicated in red circle in Figure 2.1 below). The presentation of district characteristics in this section aims at providing background information for better understanding of the study areas and facilitating subsequent discussions.

Desktop research was mainly used to collect secondary data and information to present the characteristics of districts, which were described in terms of geography, demographic and socio-economic features of population, housing and household characteristics, and social environment of the community facilities.

### 2.1 Geographical characteristics

The locations of the eight pilot districts (in red circle) and the respective major sub-areas within the districts are presented in Figure 2.1 and Table 2.1 respectively.

**Figure 2.1** Map of 18 districts in Hong Kong and locations of the eight pilot districts



Source: <http://www.census2011.gov.hk/en/constituency-area.html>

**Table 2.1 Major sub-areas in the eight pilot districts**

<b>Sha Tin</b>	<b>Tai Po</b>	<b>Central and Western</b>	<b>Wan Chai</b>
Sha Tin Tai Wai Fo Tan Ma On Shan	Tai Po North Tai Po South Tai Po outer ring and remote areas	Kennedy Town Sai Wan Shek Tong Shui Sai Ying Pan Mid-Levels Central Sheung Wan	Causeway Bay Wan Chai Happy Valley Canal Road Tai Hang
<b>Islands</b>	<b>Tsuen Wan</b>	<b>Kowloon City</b>	<b>Kwun Tong</b>
Lantau Yat Tung Tung Chung New Town Tai O Discovery Bay Peng Chau & Hei Ling Chau Lamma & Po Toi Cheung Chau	Tsuen Wan Downtown Tsuen Wan Rural Clague Garden, Lai To and Tsuen Wan West Cheung Shek and Lei Muk Shue Yeung Uk Road and Hoi Bun	Ho Man Tin Hung Hom Old Kai Tak Airport Kowloon Tong Ma Tau Wai To Kwa Wan Whampoa Garden Kowloon City	Ngau Tau Kok Kowloon Bay Kwun Tong Town Centre Shun Lee Sau Mau Ping Lam Tin Yau Tong

## **2.2 Demographic, socio-economic and housing characteristics**

According to the latest figures from the Hong Kong Census and Statistics Department, Table 2.2 describes the demographic and socio-economic of population as well as the housing and household characteristics of the eight pilot districts.

Kwun Tong is the most densely populated district among the eight districts.

In terms of age group, Kwun Tong (17.4%), Wan Chai (17.1%) and Kowloon City (16.1%) have larger proportion of elderly population aged 65 or above than the Hong Kong average of 14.6%.

On gender, the eight districts share similar pattern in the sense that more than half of the district population are female, ranging from 53.6% to 55.7%.

Among the eight districts, people in Central and Western and Wan Chai are comparatively better educated (with post-secondary education attainment at 48.9% and 51.5% respectively) and earn higher income (with median monthly household income of HK\$35,000 and HK\$40,000 respectively).

Higher labour force participation rate for those aged 55 or above are observed in Tai Po, Central and Western, Wan Chai and Islands (each of them has a rate of over one-third).

The predominant type of housing in Central and Western and Wan Chai is private housing (95.8% and 99.5% respectively). Central and Western does not have subsidised home ownership housing. No public rental housing or subsidised home ownership housing is available in Wan Chai. On the contrary, public rental housing (56.1 %) is the most common type of housing in Kwun Tong. For Islands, Tsuen Wan and Kowloon City, their major type of housing is private housing (62.7%, 75.7% and 81.2% respectively) followed by public rental housing (30.8%, 22.3% and 16.4% respectively). For Sha Tin and Tai Po, the major housing type is private housing (42.2% and 52.3% respectively), followed by public rental housing (29.1% and 19.5% respectively) and subsidised housing (28.0% and 26.7% respectively). Some temporary housing can be found in Tai Po and Islands.

## **2.3 Social environment characteristics**

To understand the social aspects of the districts, the information of key community facilities, including hospitals, general out-patient clinics, elderly health centres, elderly centres, community halls/ community centres, parks and gardens, sports centres, swimming pools, sports grounds and libraries, are summarised in Table 2.3.

More information on district's characteristics can be found in respective baseline assessment reports compiled by four universities at **Annex 1(A-H)**.



<b>Table 2.2 Demographic, socio-economic and housing characteristics of the eight pilot districts</b>								
	<b>Sha Tin</b>	<b>Tai Po</b>	<b>Central &amp; Western</b>	<b>Wan Chai</b>	<b>Islands</b>	<b>Tsuen Wan</b>	<b>Kowloon City</b>	<b>Kwun Tong</b>
Total population	660 200	307 100	246 600	150 900	146 900	303 600	405 400	641 100
Population density (number of persons per km <sup>2</sup> ) (from Census 2011)	9 173	2 181	20 057	15 477	807	4 918	37 660	55 204
Age Group								
0-14	11.0%	10.3%	13.4%	11.0%	14.2%	12.5%	11.9%	11.2%
15-24	10.6%	11.2%	10.2%	9.2%	13.5%	10.2%	10.6%	11.4%
25-64	64.5%	66.6%	62.4%	62.7%	61.1%	62.9%	61.4%	60.0%
65+	14.0%	11.9%	14.0%	17.1%	11.2%	14.4%	16.1%	17.4%
Median age	42	41	40	42	39	42	42	44
Gender								
Male	46.4%	46.4%	44.8%	44.3%	46.4%	45.9%	45.9%	46.4%
Female	53.6%	53.6%	55.2%	55.7%	53.6%	54.1%	54.1%	53.6%
Sex Ratio (number of males per 1 000 females)	866	865	814	796	868	849	848	866
Education attainment (of population aged 15 and over)								
Primary and below	18.8%	18.8%	11.7%	8.5%	16.7%	15.7%	15.1%	23.9%
Lower Secondary	13.8%	15.2%	7.9%	7.1%	11.3%	13.9%	14.0%	18.6%
Upper Secondary	34.3%	36.3%	31.4%	32.9%	35.4%	36.6%	34.2%	34.1%
Post-secondary	33.1%	29.8%	48.9%	51.5%	36.7%	33.9%	36.7%	23.3%
Non-degree	8.3%	7.8%	5.8%	5.3%	7.6%	8.2%	7.7%	7.8%
Degree	24.8%	22.0%	43.1%	46.2%	29.1%	25.7%	29.0%	15.5%
Labour force participation rate (%) (excluding foreign domestic helpers)	59.7	60.6	60.3	60.3	60.7	59.7	57.1	57.0
Labour force participation rate for those aged 55 or above (%) (excluding foreign domestic helpers)	31.9	37.3	35.4	33.4	35.6	31.3	30.7	29.6
Type of housing (from Census 2011)								
Public rental housing	29.1%	19.5%	2.4%	#	30.8%	22.3%	16.4%	56.1%
Subsidised home ownership housing	28.0%	26.7%	-	-	4.8%	1.0%	1.9%	14.9%
Private permanent housing	42.2%	52.3%	95.8%	99.5%	62.7%	75.7%	81.2%	28.8%
Non-domestic housing	0.4%	0.1%	1.7%	0.4%	0.3%	0.1%	0.2%	*
Temporary housing	0.3%	1.4%	0.1%	0.1%	1.4%	0.8%	0.3%	0.2%
Total number of domestic households (from Census 2011)	207 094	94 481	89 529	54 887	47 611	102 570	124 218	214 300
Median monthly household income (HK\$)	27,500	28,000	35,000	40,000	26,000	28,000	24,200	20,000

Remarks:

\* Less than 0.05%

# Lai Tak Tsuen (勵德邨) was counted in Eastern in the 2011 Population Census. Since the transfer of two constituency areas – Tin Hau and Victoria Park – from Eastern to Wan Chai in January 2016, Lai Tak Tsuen is now the only public rental housing estate in Wan Chai.

Source: Population and Household Statistics Analysed by District Council District 2015 published by Census and Statistics Department, HKSAR Government in March 2016

Table 2.3 Community facilities in the eight pilot districts								
	Sha Tin	Tai Po	Central & Western	Wan Chai	Islands	Tsuen Wan	Kowloon City	Kwun Tong
Hospitals	5	2	4	6	2	2	5	1
Public	4 (1) Bradbury Hospice (2) Cheshire Home, Shatin (3) Prince of Wales Hospital (4) Sha Tin Hospital	2 (1) Alice Ho Miu Ling Nethersole Hospital (2) Tai Po Hospital	2 (1) Tsan Yuk Hospital (2) Tung Wah Hospital	3 (1) Ruttonjee Hospital (2) Tang Shiu Kin Hospital (3) Tung Wah Eastern Hospital	2 (1) North Lantau Hospital (2) St. John Hospital	1 (1) Yan Chai Hospital	2 (1) Kowloon Hospital (2) Hong Kong Eye Hospital	1 (1) United Christian Hospital
Private	1 (1) Union Hospital	---	2 (1) Canossa Hospital (Caritas) (2) Matilda & War Memorial Hospital	3 (1) Hong Kong Adventist Hospital - Stubbs Road (2) Hong Kong Sanatorium & Hospital Limited (3) St. Paul's Hospital	---	1 (1) Hong Kong Adventist Hospital - Tsuen Wan	3 (1) Evangel Hospital (2) Hong Kong Baptist Hospital (3) St. Teresa's Hospital	---
General out-patient clinics	4	2	4	2	7	2	4	5
Elderly health centres	1	1	1	1	1	1	1	1
Elderly centres	16	8	10	5	5	8	12	25
District Elderly Community Centres (DECC)	3	1	2	2	1	1	3	4
Neighbourhood Elderly Centres (NEC)	13	7	8	3	4	7	9	21
Community halls / community centres	12	7	4	2	2	3	2	9
Parks and gardens managed by the Leisure and Cultural Services Department	38	15	42	25	13	32	43	34
Major parks	(1) Ma On Shan Park (2) Ma On Shan Promenade (3) Sha Tin Park	(1) Tai Po Waterfront Park	(1) Hong Kong Park (2) Hong Kong Zoological and Botanical Garden (3) Sun Yat Sen Memorial Park (4) Tamar Park	(1) Victoria Park	(1) Tung Chung North Park	(1) Shing Mun Valley Park (2) Tsuen Wan Park (3) Tsuen Wan Riviera Park	(1) Kai Tak Cruise Terminal Park (2) Kowloon Tsai Park (3) Kowloon Walled City Park	(1) Jordan Valley Park (2) Kwun Tong Promenade
Sports centres	6	5	6	3	5	4	5	8
Public swimming pools	3	1	2	3	2	2	3	3
Sports grounds	2	1	---	2	1	1	2	1
Libraries	3	1	3	3	7	2	4	6

Source: Department of Health, Home Affairs Department, Leisure and Cultural Services Department, Social Welfare Department of HKSAR Government; Hospital Authority

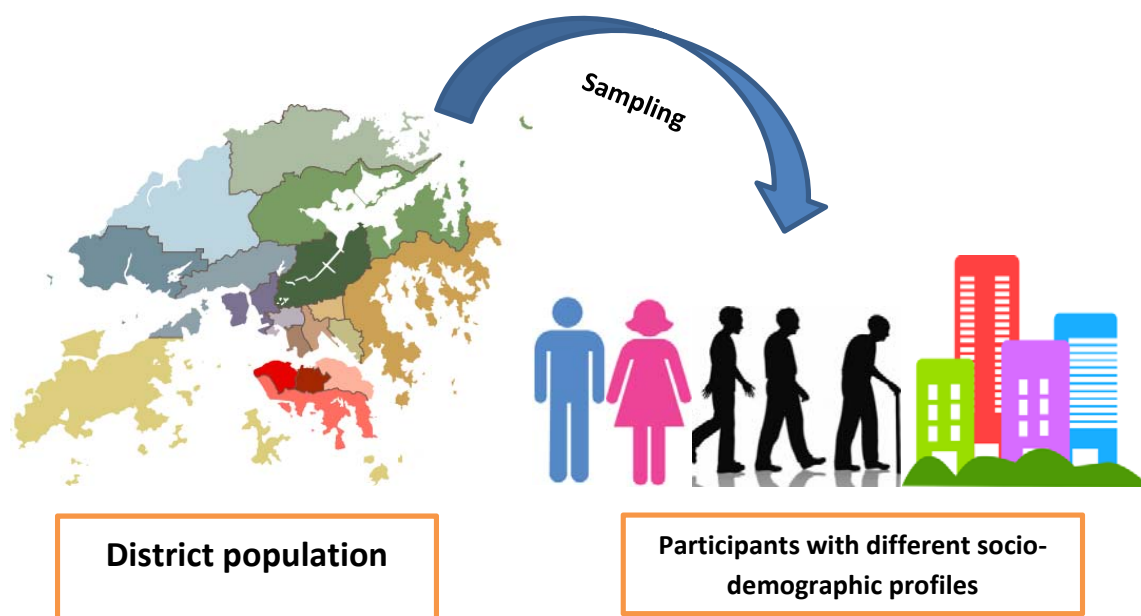
### 3 Methodology

Data for the baseline assessment were collected by both quantitative approach (questionnaire survey) and qualitative approach (focus group interviews). PSTs conducted the studies to collect the data of respective districts between July 2015 and February 2016.

#### 3.1 Data collection

##### 3.1.1 Questionnaire survey

The questionnaire survey aimed to measure the perception of participants on the age-friendliness of the eight pilot districts. A minimum of 500 completed questionnaires were collected from each district. Convenience sampling was employed in this study. Individuals of different socio-demographic profiles covering, for example, gender, age groups, and housing types were invited to participate in the survey with an aim of collecting views of different groups of people. Participants were recruited from multiple sources, which included elderly centres, community centres, non-governmental organisations (“NGO”), referrals from stakeholders and local agencies, recruitment advertisements in housing estates, university campus, and through online platform, snowball referrals from participants and community members, etc.



A structured questionnaire was developed based on the WHO's checklist of the essential features of an age-friendly city. The questionnaire consisted of 53 items covering eight age-friendly city ("AFC") domains, namely:

<ul style="list-style-type: none"> <li>• Outdoor spaces and buildings</li> <li>• Transportation</li> <li>• Housing</li> </ul>	<b>Physical Environment</b>
<ul style="list-style-type: none"> <li>• Social participation</li> <li>• Respect and social inclusion</li> <li>• Civic participation and employment</li> <li>• Communication and information</li> <li>• Community support and health services</li> </ul>	<b>Social Environment</b>

Survey participants were asked to rate the 53 items on a 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree) to indicate the extent to which they perceive age-friendly features in the district they live. The higher the score, the higher the perceived level of age-friendliness on the item(s) being measured (e.g. 'Pavements are well lit and patrolled by the police, increasing safety in outdoor areas'). The sense of community was also measured in this study using the 8-item Brief Sense of Community Scale (Peterson, Speer & McMillan, 2008). Participants were asked to rate their sense of community on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), in respect of the dimensions of needs fulfilment, group membership, influence, and emotional connection. The questionnaire items on AFC and sense of community index are listed at **Annex 2**.

The following socio-demographic information of survey participants was also collected in the questionnaire.

- Age
- Gender
- Marital status
- Education level
- Sub-district in which the respondent lives
- Type of housing
- Living arrangement
- Length of residence in the community
- Employment status
- Monthly personal income
- Sufficiency of disposable income for daily expenses
- Self-rated health
- Experience of looking after older people aged 65 and above
- Use of elderly community centre by people aged 60 and above in the past three months

### **3.1.2 Focus group interviews**

The purpose of conducting focus group interviews was to gauge in-depth views on advantages and barriers of the community on age-friendliness which could supplement the survey data.

Five focus group interviews were conducted in each district. Male and female participants across four age groups of 18-49, 50-64, 65-79, and 80 or above were invited with a view to capturing the opinions, needs and experiences of different groups of people, covering oldest-old people, retired people, working adults, and younger adults (including caregivers).

The focus group procedures and discussion topics were designed based on the WHO Age-friendly Cities Project Methodology – Vancouver Protocol (WHO, 2007c). The interviewer led group participants through the eight domains of age-friendliness and invited them to identify age-friendly aspects (advantages) and age-unfriendly aspects (barriers) of the community and share any suggestions for improvement.



## 3.2 Data analysis

### 3.2.1 Quantitative data analysis

To have a better understanding of the age-friendliness of various aspects under each domain, the questionnaire items were grouped into 19 sub-domains. The classifications of the eight domains and 19 sub-domains are shown in Table 3.1.

**Table 3.1**      **Eight domains and 19 sub-domains of age-friendliness**

<b>Outdoor spaces and buildings</b>
1.1 Outdoor spaces
1.2 Buildings
<b>Transportation</b>
2.1 Road safety and maintenance
2.2 Availability of specialised services
2.3 Comfort to use public transport
2.4 Accessibility of public transport
<b>Housing</b>
3.1 Affordability and accessibility
3.2 Environment
<b>Social participation</b>
4.1 Facilities and settings
4.2 Availability and accessibility of social activities
<b>Respect and social inclusion</b>
5.1 Attitude
5.2 Opportunities for social inclusion
<b>Civic participation and employment</b>
6.1 Civic participation
6.2 Employment
<b>Communication and information</b>
7.1 Information
7.2 Use of communication and digital devices
<b>Community support and health services</b>
8.1 Availability and affordability of medical/social services
8.2 Emergency support
8.3 Burial service

Statistical analyses were performed to address the following questions:

- i. How are the eight domains of age-friendly features rated across the districts?
- ii. Are there significant patterns among subgroups in terms of their ratings of age-friendliness? If so, what are the patterns observed?

To address the first question, a mean score was calculated for each of the eight domains and the 19 sub-domains. The mean scores were calculated by the average scores of all items under each domain/ sub-domain. A simple ranking of mean scores of the eight domains and the 19 sub-domains was conducted to identify areas which are better performed and poorly performed in the community in relation to age-friendliness.

To address the second question, Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) were employed to analyse the differences in domain mean scores by subgroups. The difference in age-friendliness of each domain between subgroups were compared, using ANCOVA, adjusting for age, gender, marital status, education level, housing type, living arrangement, length of residence in the community, employment status, personal monthly income, self-rated health, experience of looking after older people aged 65 and above, use of elderly community centre, and sense of community. The subgroups and their groupings for analyses were set out in Table 3.2. All statistical analyses were carried out using SPSS, where a significant level at 5% (i.e.  $p < 0.05$ ) was adopted for all statistical tests.

**Table 3.2 Subgroups and their groupings for analyses**

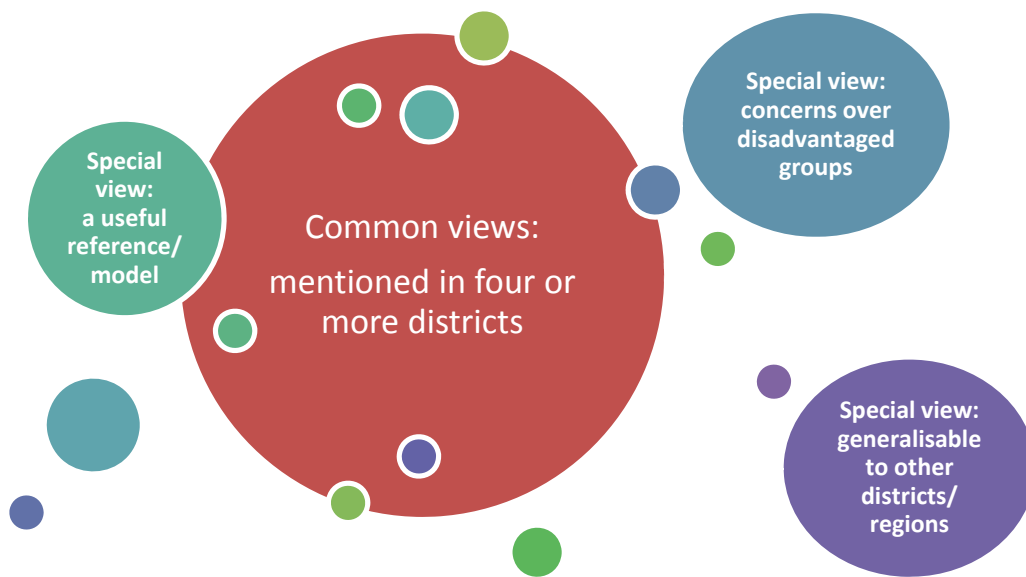
<b><i>Age group (year)</i></b>	<b><i>Gender</i></b>
18-49	Male
50-64	Female
65-79	
≥80	
<b><i>Marital status</i></b>	<b><i>Education level</i></b>
Currently married	Primary and below
Never married/ widowed/ divorced/ separated	Secondary
Others*	Post-secondary
<b><i>Type of housing</i></b>	<b><i>Living arrangement</i></b>
Public rental	Living alone
Subsidised home ownership	Living with family members and others
Private rental	Living with others
Private self-owned	
Others*	

<b><i>Length of residence in the community (year)</i></b>	<b><i>Employment status</i></b>
<1 1-<5 5-<10 10-<15 15-<25 ≥25	Working Retired Unemployed/Homemakers/Students Others*
<b><i>Monthly personal income</i></b>	<b><i>Self-rated health</i></b>
Below \$4,000 \$4,000 - <\$10,000 \$10,000 - <\$30,000 \$30,000 and above	Poor Fair Good Very good Excellent
<b><i>Experience of looking after older people aged 65 and above</i></b>	<b><i>Use of elderly community centre by people aged 60 and above in the past three months</i></b>
Yes No	Yes No
<b><i>Sense of community (by quartile)</i></b>	
≤28 29-31 32-33 ≥34	
* "Others" were excluded from ANOVA and ANCOVA.	

### 3.2.2 Qualitative data analysis

The richness of the data generated from 40 focus groups allowed for plenty of observations to be made across the districts. Participants' opinions mentioned in four or more districts were classified as **common views**. For those opinions mentioned in less than four districts but touched any one of the following that worth attention, they were also sorted out as **special views**.

- (a) the views touch on a unique scheme or project providing useful reference or model for other districts
- (b) the views involve concerns over disadvantaged groups e.g. wheelchair users, persons with disabilities, older people living alone, older people marginalised for other reasons
- (c) the views touch on issue(s) that can be generalised and applied to other districts/regions e.g. issue of burial place, urban areas sharing certain common advantages or barriers



The following question was addressed by analysis of focus group data:

- i. What are the advantages and barriers found across districts in relation to eight domains of age-friendliness in their communities?

The focus group data on advantages, barriers and suggestions for improvement were analysed and grouped into different meaningful topics under each domain with reference to the WHO's checklist of the essential features of an age-friendly city. In addition, focus group data were analysed to identify reasons that may explain or enrich the survey findings, which will be discussed in Section 5.

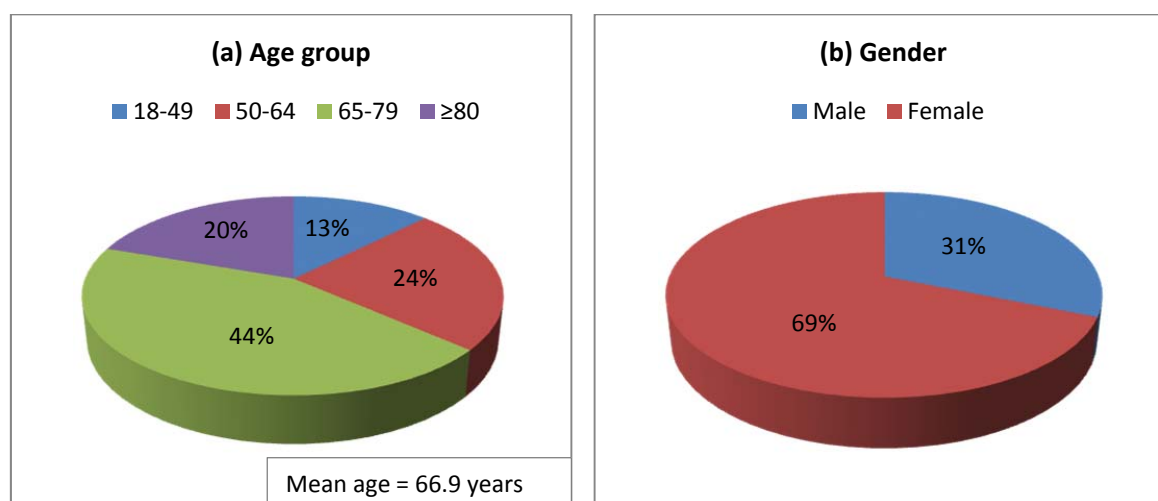
## 4 Key findings

### 4.1 Questionnaire survey

#### 4.1.1 Participant characteristics

A total of 4,274 completed questionnaires were collected from the eight pilot districts. The socio-demographic characteristics of the survey participants are shown in Figure 4.1(a-m)<sup>1</sup> below.

**Figure 4.1** Socio-demographic characteristics of survey participants

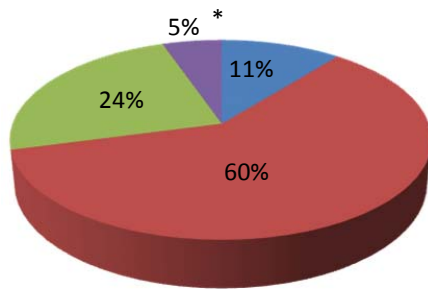


<sup>1</sup> The percentages may not add up to 100 due to rounding.



**(c) Marital status**

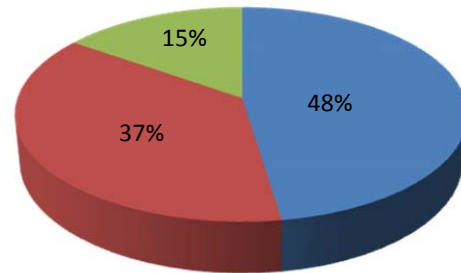
- Never married
- Currently married
- Widowed
- Divorced/Separated
- Others



\* Less than 0.5%

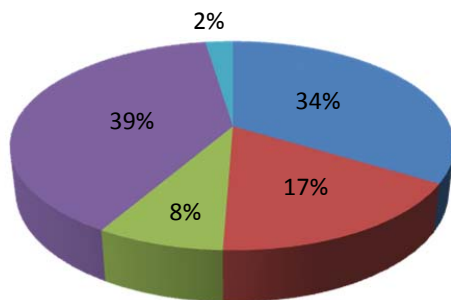
**(d) Education level**

- Primary and below
- Secondary
- Post-secondary



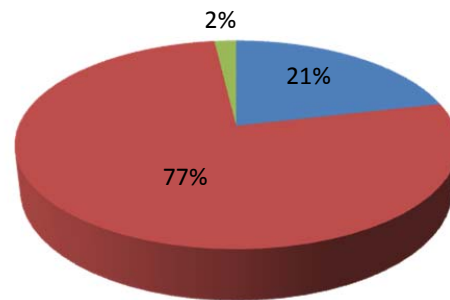
**(e) Housing type**

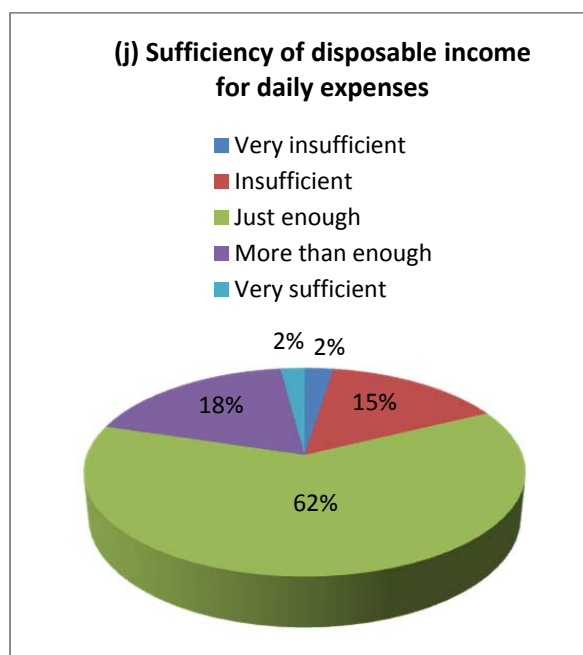
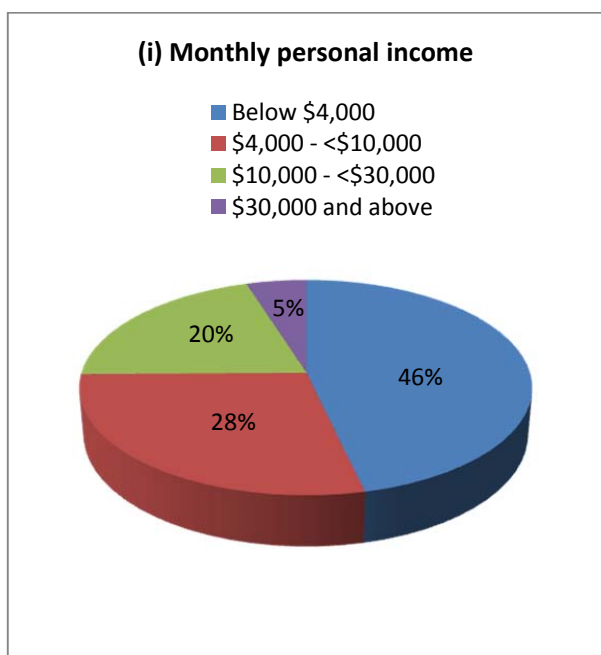
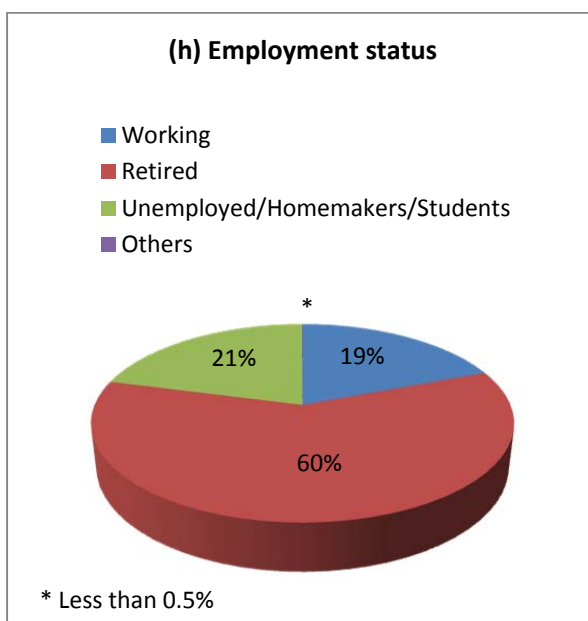
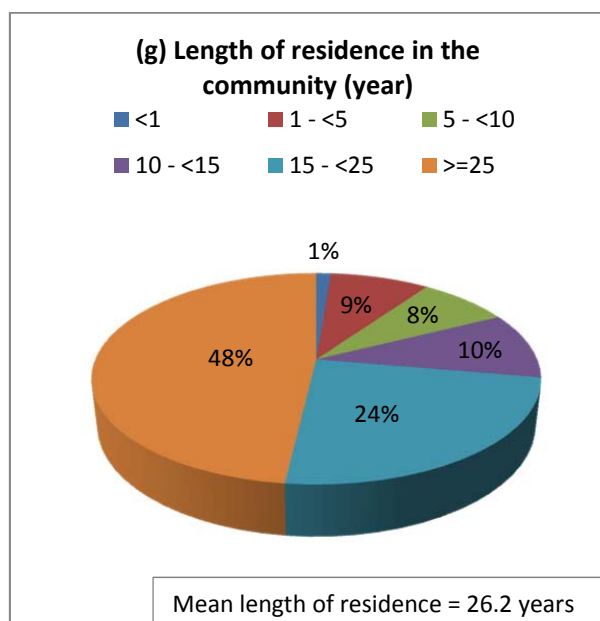
- Public rental
- Subsidised home ownership
- Private rental
- Private self-owned
- Others (e.g. temporary housing, nursing home)



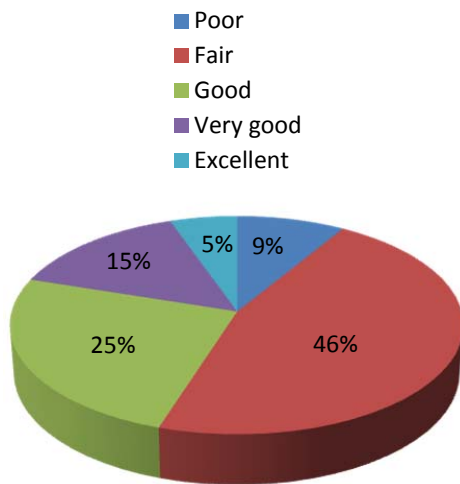
**(f) Living arrangement**

- Living alone
- Living with family members and others
- Living with others

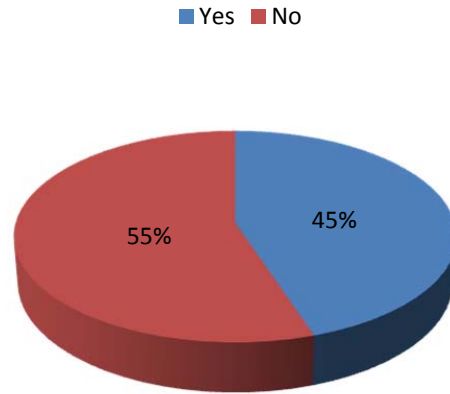




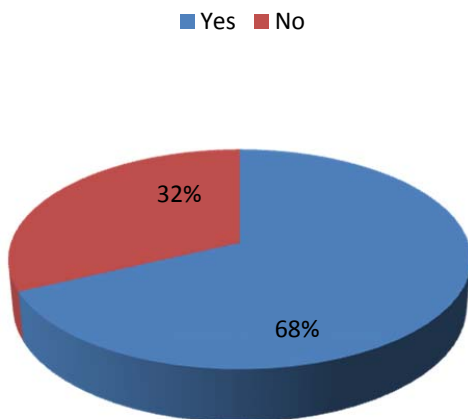
**(k) Self-rated Health**



**(l) Experience of looking after older people aged 65 and above**



**(m) Use of elderly community centre by people aged 60 and above in the past three months**



#### 4.1.2 Mean scores of AFC domains and sub-domains

The mean scores of the eight domains ranged from 3.69 to 4.30 (see Table 4.1). The top two domains with higher ratings were **Social participation** (mean score=4.30) and **Transportation** (mean score=4.24). The bottom two domains were **Housing** (mean score=3.69) and **Community support and health services** (mean score=3.71). Table 4.2 shows the ranking of mean scores of eight domains by districts.

**Table 4.1** Mean scores of eight domains

Eight Domains of AFC	N	Mean score	SD
Social participation	4227	4.30	0.86
Transportation	4263	4.24	0.75
Respect and social inclusion	4255	4.06	0.86
Communication and information	4233	4.05	0.84
Outdoor spaces and buildings	4271	4.03	0.79
Civic participation and employment	4170	3.82	1.00
Community support and health services	4246	3.71	0.86
Housing	4253	3.69	1.02

Note: The responses are 1 (strongly disagree), 2 (disagree), 3 (slightly disagree), 4 (slightly agree), 5 (agree), and 6 (strongly agree).

**Table 4.2 Ranking of mean scores of eight domains by districts**

District	Ranking							
	Highest							Lowest
Sha Tin	Transport	Outdoor	Social	Inform	Respect	Housing	CivicEmp	SuppHealth
Tai Po	Transport	Outdoor	Social	Inform	Respect	Housing	CivicEmp	SuppHealth
Central & Western	Social	Transport	Respect	Inform	Outdoor	CivicEmp	SuppHealth	Housing
Wan Chai	Social	Transport	Respect	Inform	Outdoor	CivicEmp	SuppHealth	Housing
Islands	Social	Respect	Inform	Transport	Outdoor	CivicEmp	SuppHealth	Housing
Tsuen Wan	Social	Transport	Inform	Respect	Outdoor	CivicEmp	Housing	SuppHealth
Kowloon City	Social	Transport	Respect	Inform	Outdoor	CivicEmp	SuppHealth	Housing
Kwun Tong	Social	Transport	Respect	Inform	Outdoor	CivicEmp	Housing	SuppHealth

Note: Outdoor = Outdoor spaces and buildings ; Transport = Transportation ; Social = Social participation ;  
 Respect = Respect and social inclusion ; CivicEmp = Civic participation and employment ;  
 Inform = Communication and information ; SuppHealth = Community support and health services

By further subdividing eight domains into 19 sub-domains, more specific areas that were given higher and lower ratings were identified.

The mean scores of the 19 sub-domains ranged from 2.49 and 4.38 (see Table 4.3). The top three sub-domains received higher ratings were **2.1 Road safety and maintenance** (mean score=4.38), **4.1 Facilities and settings** under Social participation domain (mean score=4.36), and **2.4 Accessibility of public transport** (mean score=4.35). These three sub-domains all received a mean score above 4.3.

The bottom three areas that received lower ratings were **8.3 Burial service** (mean score=2.49), **3.1 Affordability and accessibility of housing** (mean score=3.54), and **8.2 Emergency support** (mean score=3.55). Among the 19 sub-domains, the lowest rating sub-domain was 8.3 Burial service which only had a mean score of below 3.



**Table 4.3 Mean scores of 19 sub-domains**

19 Sub-domains of AFC	N	Mean score	SD
2.1 Road safety and maintenance	4271	4.38	0.91
4.1 Facilities and settings (Social participation)	4227	4.36	0.93
2.4 Accessibility of public transport	4262	4.35	0.88
2.3 Comfort to use public transport	4265	4.28	0.85
4.2 Availability and accessibility of social activities	4187	4.24	0.94
5.1 Attitude	4257	4.18	0.84
6.1 Civic participation	4115	4.12	1.24
1.1 Outdoor spaces	4271	4.12	0.86
7.1 Information	4234	4.09	0.91
8.1 Availability and affordability of medical/social services	4247	4.04	0.93
7.2 Use of communication and digital devices	4200	3.96	1.04
1.2 Buildings	4270	3.92	0.95
3.2 Environment of housing	4267	3.85	1.11
5.2 Opportunities for social inclusion	4233	3.82	1.14
2.2 Availability of specialised services (Transport)	4212	3.79	1.15
6.2 Employment	4100	3.72	1.06
8.2 Emergency support	4058	3.55	1.37
3.1 Affordability and accessibility of housing	4243	3.54	1.20
8.3 Burial service	4063	2.49	1.35

Note: The responses are 1 (strongly disagree), 2 (disagree), 3 (slightly disagree), 4 (slightly agree), 5 (agree), and 6 (strongly agree).

#### 4.1.3 Sense of community index score

The total score for the 8-item sense of community index on a 5-point scale is 40. The possible range of the total score is between 8 and 40. The higher the score, the stronger the sense of community. The average sense of community index score in this study was 30.4 and the percentage of responses by quartile is outlined below:

Sense of community (by quartile)	
≤28	30%
29-31	27%
32-33	22%
≥34	21%
<b>Average</b>	<b>30.4</b>

#### 4.1.4 Subgroup differences in domain mean scores

The key observations from subgroup analyses are summarised in Table 4.4 below. Detailed results of statistical analyses are at **Annex 3**. The results of Analysis of Covariance (ANCOVA) showed that subgroups of age, gender, marital status, education level, type of housing, living arrangement, length of residence in the community, employment status, monthly personal income, self-rated health, use of elderly community centre by people aged 60 and above in the past three months, and sense of community all displayed significant differences in the adjusted mean scores in one or more AFC domain ( $p < 0.05$ ), except the subgroup of experience of looking after older people aged 65 and above, where no significant difference was observed.

**Table 4.4 Summary of observations of subgroup analyses**

Subgroups	Observations
<b>Age</b>	Overall, the older the participants, the higher scores they rated the domains under <b>physical environment</b> <sup>2</sup> .
<b>Gender</b>	Female participants rated <b>Social participation, Respect and social inclusion, and Civic participation and employment</b> more positively than male.
<b>Marital status</b>	Participants who are currently married rated <b>Community support and health services</b> more negatively than those who were never married, widowed, divorced or separated.
<b>Education level</b>	Overall, the lower the participants' education level, the more positively they rated <b>Outdoor spaces and buildings, Transportation, Respect and social inclusion, Civic participation and employment, and Community support and health services</b> .
<b>Type of housing</b>	Residents of different types of housing rated all eight domains significantly differently:  a) Residents of public rental housing rated most positively in 7 domains, including the five domains under <b>social environment</b> <sup>3</sup> , <b>Outdoor spaces and buildings</b> , and <b>Housing</b> . b) Residents of private housing rated most negatively in 6 domains, including the three domains under <b>physical environment, Social participation, Communication and Information, and Community support and health services</b> .

<sup>2</sup> Physical environment denotes a collection of the following three domains: Outdoor spaces and buildings, Transportation, and Housing.

<sup>3</sup> Social environment denotes a collection of the following five domains: Social participation, Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services.

Subgroups	Observations
	c) Residents of subsidised home ownership housing rated most negatively in <b>Respect and social inclusion</b> and <b>Civic participation and employment</b> .
<b>Living arrangement</b>	Participants living alone rated <b>Outdoor spaces and buildings</b> more negatively than those who living with family members and others.
<b>Length of residence in the community</b>	Participants who differed in length of residence rated the <b>physical environment</b> domains differently. A significant pattern was observed in <b>Outdoor spaces and buildings</b> , where the longer the length of residence, the lower the rating was given by the participants.
<b>Employment status</b>	Retired participants rated <b>Respect and social inclusion</b> more negatively than those who were working / unemployed/ homemakers/ students.
<b>Monthly personal income</b>	1) Participants who earned less than \$4,000 a month rated <b>Civic participation and employment</b> most negatively, but most positively for <b>Transportation</b> .  2) Participants with monthly earning of \$30,000 and above rated most positively in <b>Outdoor spaces and buildings</b> .
<b>Self-rated health</b>	In general, the better the self-rated health, the more positively the participants rated the <b>physical environment</b> domains and also <b>Social participation, Respect and social inclusion</b> , and <b>Community support and health services</b> .
<b>Experience of looking after older people aged 65 and above</b>	Participant's experience of looking after older people was not associated with AFC domain scores.
<b>Use of elderly community centre (ECC) by people aged 60 and above in the past three months</b>	1) Participants who used ECC in the past three months rated <b>Housing</b> and the <b>social environment</b> domains more positively than those who did not.  2) Participants who did not use ECC in the past three months rated <b>Outdoor spaces and buildings</b> more positively than those who did.
<b>Sense of community</b>	Overall, participants with higher sense of community rated more positively in all 8 domains than those with lower sense of community.

From the above summary, those subgroups associated with lower ratings of domains in physical and social environments were summarised in Table 4.5.

**Table 4.5 Subgroups associated with lower ratings in physical and social environment domains**

<b>Subgroups</b>	<b>Lower ratings in PHYSICAL ENVIRONMENT domains</b>
Younger in age	• <b>All</b> three domains under physical environment
Higher education level	• Outdoor spaces and buildings domain • Transportation domain
Living in private housing	• <b>All</b> three domains under physical environment
Living alone	• Outdoor spaces and buildings domain
Longer length of residence in the community	• Outdoor spaces and buildings domain
Poorer self-rated health	• <b>All</b> three domains under physical environment
Used elderly community centre in the past three months	• Outdoor spaces and buildings domain
Did not use elderly community centre in the past three months	• Housing domain
Lower sense of community	• <b>All</b> three domains under physical environment
<b>Subgroups</b>	<b>Lower ratings in SOCIAL ENVIRONMENT domains</b>
Men	• Social participation domain • Respect and social inclusion domain • Civic participation and employment domain
Currently married	• Community support and health services domain
Higher education level	• Respect and social inclusion domain • Civic participation and employment domain • Community support and health services domain
Living in private housing	• Social participation domain • Communication and information domain • Community support and health services domain
Living in subsidised home ownership housing	• Respect and social inclusion domain • Civic participation and employment domain
Retirees	• Respect and social inclusion domain
Earning below \$4,000 a month	• Civic participation and employment domain
Poorer self-rated health	• Social participation domain • Respect and social inclusion domain • Community support and health services domain
Did not use elderly community centre in the past three months	• <b>All</b> five domains under social environment
Lower sense of community	• <b>All</b> five domains under social environment

The survey results offered clues on the characteristics of subgroups that could be incorporated into future initiatives and programmes on age-friendliness as possible change agents, since they are shown to be associated with the ratings in AFC domains. Possible reasons behind their associations could be obtained from focus group findings which will be discussed in Section 5.

## 4.2 Focus group

### 4.2.1 Group profile

40 focus groups were conducted with a total of 347 participants. The number of participants and percentages of male and female participants for each district are shown in Table 4.7.

**Table 4.7** Number of focus group participants and their gender characteristics of eight pilot districts

	Sha Tin	Tai Po	Central & Western	Wan Chai	Islands	Tsuen Wan	Kowloon City	Kwun Tong
<b>No. of Participants</b>	45	50	37	35	40	37	51	52
<b>Male</b>	35.6%	48.0%	18.9%	5.7%	22.5%	21.6%	43.1%	38.5%
<b>Female</b>	64.4%	52.0%	81.1%	94.3%	77.5%	78.4%	56.9%	61.5%

### 4.2.2 Views on advantages and barriers to age-friendliness of the community

Key findings from focus group data on advantages and barriers to age-friendliness of the community in eight domains are presented in Table 4.8(a-h). Both common views (with mentions in four or more districts) and special views (with mentions in less than four districts but worth attention) were identified. Special views were indicated with an asterisk (\*) in the tables.

**Table 4.8 Advantages and barriers to age-friendliness in eight domains**

**(a) Outdoor spaces and buildings**

<b>Advantages</b>		
<b>1.</b>	<b>Parks and green spaces are available</b> <ul style="list-style-type: none"> <li>for recreational, social and sports purposes (e.g. jogging and cycling); and for enjoying clean air, green environment, harbour view, gardens</li> <li>e.g. Ma On Shan Park, Tai Po Waterfront Park, Tsuen Wan Riviera Park, Wan Chai Park, Shing Mun River, Tolo Harbour</li> </ul>	<b>(8)<sup>4</sup></b>
<b>2. (*)</b>	<b>Spacious outdoor areas are friendly to older people and wheelchair users</b>	<b>(1)</b>
<b>Barriers</b>		
<b>1.</b>	<b>Community facilities are insufficient</b> (e.g. direction signage, shelters, seating/ benches in parks and shopping malls, exercise facilities for older people) <b>and not age-friendly</b> (e.g. push-doors at shopping malls are too heavy, exercise facilities lack maintenance)	<b>(8)</b>
<b>2.</b>	<b>Pedestrian pavements are unsafe to older people</b> <ul style="list-style-type: none"> <li>e.g. obstruction of pavements by goods, uneven pavements, too many staircases and slopes</li> </ul>	<b>(6)</b>
<b>3.</b>	<b>Unpleasant environment due to hygiene problem</b> (e.g. pet excreta, bird feces, fleas, mosquitoes) <b>and noise/air pollution</b>	<b>(6)</b>
<b>4. (*)</b>	<b>Narrow roads with overcrowding pedestrians are not suitable for wheelchair users</b>	<b>(1)</b>

<sup>4</sup> The bracketed number denotes the number of districts (eight in total) that have put forward the corresponding view as a consensual view shared by the majority of the district's focus group participants.

(b) Transportation *(One of top two domains in survey findings)*

Advantages		
1.	<b>The Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities</b> (i.e. the \$2 concession scheme) <b>provides affordable fare</b>	<b>(7)</b>
2.	<b>Public transport is available to connect key destinations and neighbouring places</b>	<b>(6)</b>
3.	<b>Public transport such as tram, bus and MTR are friendly to older people and persons with disability</b> (e.g. installation of wheelchair area and wheelchair ramps; bus drivers take care of elderly passengers and wheelchair users)	<b>(5)</b>
Barriers		
1.	<b>Infrequent bus and minibus services cause long waiting time</b>	<b>(7)</b>
2.	<b>Public transport stops and stations are not age-friendly enough</b> <ul style="list-style-type: none"> <li>• <b>Bus, minibus and tram stops/waiting areas of public transport:</b> lack of shelters and seats, lack of an elevated island in some tram stops, inconvenient location</li> <li>• <b>MTR stations:</b> long walks to exits; no seats or handrails along the walks; inadequate or poorly designed signage; challenges in transferring within MTR; lifts are inadequate or poorly located, inconvenient location of station</li> </ul>	<b>(7)</b>
3.	<b>Public transport vehicles are not age-friendly enough</b> <ul style="list-style-type: none"> <li>• <b>Trams:</b> The turnstiles cause older people to easily get tangled; push-doors are too difficult for older people to use; bench seats on lower deck are too low for older people to sit down and stand up</li> <li>• <b>Bus and minibus:</b> difficult for older people and persons with disabilities to get on/off the vehicle</li> </ul>	<b>(5)</b>
4.	<b>People aged below 65 cannot enjoy the \$2 concession scheme and need to pay higher transport cost</b>	<b>(4)</b>
5.	<b>Insufficient transport connections for remote areas</b> (e.g. uphill areas, peripheral residential communities, rural villages)	<b>(4)</b>

(c) Housing (*One of bottom two domains in survey findings*)

Advantages		
1.	The living environment is familiar to older people, safe and easily accessible to services (e.g. wet market, bus stops)	(5)
Barriers		
1.	<b>Older people have negative experience with several maintenance issues</b> <ul style="list-style-type: none"> <li>• <b>Not accessible:</b> they find housing maintenance services difficult to access</li> <li>• <b>Slow:</b> they find the processing time for maintenance too long; some participants attributed it to bureaucracy</li> <li>• <b>Costly:</b> they worry about high maintenance costs</li> </ul>	(7)
2.	<b>Older people worry about feasibility of “ageing in place”</b> (e.g. uncertainties over the availability of suitable housing due to redevelopment; lack of housing units that specifically address the needs of older people; uncertain possibility of living with or close to their children when getting old and frail)	(4)
3.	<b>High rent</b> (public housing and private flats) and <b>high property prices</b> affect housing affordability	(4)
4. (*)	<b>Housing design lacks barrier-free facilities</b> (e.g. wheelchair ramps, lifts)	(3)

(d) Social participation (*One of top two domains in survey findings*)

Advantages		
1.	<b>Opportunities for social participation and community integration are available to older people</b> <ul style="list-style-type: none"> <li>• <b>Variety:</b> a wide variety of activities are available to satisfy the needs of older people and foster community integration</li> <li>• <b>Multiple channels:</b> activities are available through different channels (e.g. through formally organised activities at elderly/community centres and through informal groups)</li> </ul>	(8)
Barriers		
1.	<b>Venues and spaces for activities are insufficient, both outdoor and sheltered areas</b>	(7)
2.	<b>Activities are not accessible</b> <ul style="list-style-type: none"> <li>• <b>Insufficient quota:</b> too many applicants per place</li> <li>• <b>Remote location:</b> activities are not accessible to geographically remote areas</li> </ul>	(7)
3.	<b>Certain groups of people have fewer opportunities for social participation</b> <ul style="list-style-type: none"> <li>• <b>Physical limitation:</b> diminishing physical ability prevents older people from participation</li> <li>• <b>Social limitation:</b> those who are living alone or are caregivers are less likely to participate</li> <li>• <b>Type of housing estate:</b> private housing estates offer fewer opportunities for social participation than public and subsidised housing estates</li> </ul>	(6)



(e) **Respect and social inclusion**

Advantages		
1.	<b>People are generally respectful and friendly towards older people</b> (e.g. older people are offered seats and are served by helpful staff)	(7)
2.	<b>There is a sense of community inclusion among older people</b> <ul style="list-style-type: none"> <li>• <b>Voicing-out:</b> channels are available for older people to express opinions</li> <li>• <b>Good relationships:</b> close neighbourhood relationships and strong sense of community among older people are formed, newcomers taking up village traditions that value the elderly</li> <li>• <b>Inclusive services:</b> discounts and priority services tailored for older people are available</li> </ul>	(6)
Barrier		
1.	<b>Lack of respect on older people is still observed</b> (e.g. some people do not offer their seats, wet market vendors and restaurant staff are inconsiderate to older people)	(7)

(f) **Civic participation and employment**

Advantages		
1.	<b>Volunteering opportunities are available</b> <ul style="list-style-type: none"> <li>• <b>Multiple channels:</b> opportunities are found at elderly centres, civic organisations, churches, community centres</li> <li>• <b>Variety:</b> a range of volunteering options are available</li> <li>• <b>Positive experience:</b> volunteering gives older people a positive experience and a sense of empowerment</li> </ul>	(6)
2.	<b>Civic participation opportunities are available</b> (e.g. regular meetings in civic organisations, voting, expressing views to District Council members)	(4)
Barriers		
1.	<b>Limited job opportunities for older people which may be attributed by multiple factors</b> <ul style="list-style-type: none"> <li>• <b>Poor health:</b> deteriorating health and physical fitness pose a barrier</li> <li>• <b>Low education level:</b> low education qualification and illiteracy pose a barrier</li> <li>• <b>Unfriendly / ageist policies:</b> the lack of comprehensive labour insurance for older employees and employment discrimination greatly influence older people's chances of employment</li> </ul>	(7)
2.	<b>Some older people encounter barriers to civic participation</b> <ul style="list-style-type: none"> <li>• <b>Perception and attitude:</b> perceive a lack of opportunities, having little faith in local politicians, discouraged by social and gender norms</li> <li>• <b>Inaccessible channels :</b> civic participation opportunities are in the form of email and formal meetings which older people found intimidating to participate</li> </ul>	(4)

(g) Communication and information

Advantages		
1.	<b>Multiple channels are available for older people to access information</b> <ul style="list-style-type: none"> <li>• <b>Community</b> (e.g. announcements of elderly centres, notice boards of community halls/sports halls/public housing estates)</li> <li>• <b>Media and digital devices</b> (e.g. mass media, the internet, smartphones, computers)</li> </ul>	(7)
2.	<b>Sharing of information through “person-to-person” oral communication is effective for older people</b> (e.g. with friends, neighbours and community centre staff)	(6)
Barriers		
1.	<b>Multiple factors make information less accessible to some groups of people</b> <ul style="list-style-type: none"> <li>• <b>Social connection:</b> the less connected in the community (e.g. non-members of local centres, distant from neighbours) have little access to information</li> <li>• <b>Housing committee:</b> posting of announcements is prohibited by some housing committees</li> <li>• <b>Age-unfriendly services:</b> announcements on broadcast spoken too fast for some older people, mobile network coverage is poor in remote areas</li> </ul>	(6)
2. (*)	<b>Older people may receive false rumours shared via Whatsapp</b>	(1)

(h) Community support and health services *(One of bottom two domains in survey findings)*

Advantages		
1.	<b>Health and medical services are affordable</b> (e.g. older people appreciate the Elderly Health Care Voucher Scheme as a good government support that is easy to use)	(7)
2.	<b>Health and medical services are available and accessible</b>	(5)
3.	<b>Community support services are available</b> (e.g. meal delivery, home-help services, home visits, referral services)	(4)
4. (*)	<b>Special services are provided</b> (e.g. more advanced care services from Alice Ho Miu Ling Nethersole Hospital and CADENZA Hub, special consultation fee and reserved quota for older people offered by some private doctors, elderly priority policy for out-patient service in North Lantau Community Health Centre)	(3)
Barriers		
1.	<b>Community support services are insufficient</b> (e.g. outreach services, community care services, services of accompanying older people to attend medical appointments, residential care places, insufficient services for those living in remote areas) <b>or in poor quality</b> (e.g. home-help services)	(8)
2.	<b>Health and medical services are not meeting demands of ageing population</b> (e.g. long waiting time for medical appointments at clinics and hospitals, limited availability of specialists)	(7)
3.	<b>General Out-patient Clinic Telephone Appointment System is not convenient nor time-efficient</b>	(6)
4.	<b>Medical cost considered to be high for two groups of people</b> <ul style="list-style-type: none"> <li><b>Ineligible to Health Care Voucher / free dental services:</b> the under-70's are not yet eligible for Health Care Voucher but facing deteriorating health; the age limit (aged 80 or above) for free dental services is considered too high</li> <li><b>Seeking private medical services:</b> a costly option for many older people</li> </ul>	(4)
5. (*)	<b>Burial considered a barrier</b> <ul style="list-style-type: none"> <li><b>Availability:</b> inadequate graves and columbarium spaces</li> <li><b>Cost:</b> burial service considered to be a financial burden</li> </ul>	(3)

### 4.2.3 Views on suggestions for improving age-friendliness

Some suggestions for improving age-friendliness in the community raised by focus group participants are grouped according to eight domains in Table 4.9(a-h).

**Table 4.9      Suggestions for improving age-friendliness in eight domains**

**(a)      Outdoor spaces and buildings**

1.	Improve facilities by increasing <b>sheltered seating</b> in outdoor areas and <b>exercise facilities</b> in parks, installing <b>lifts, escalators and elevators</b> , and adding <b>handrails</b> along stairs and slopes
2.	Improve <b>pavement safety</b> (e.g. carry out enforcement actions against shop front extensions and enhance pavement maintenance)
3.	Conduct <b>regular cleaning of streets and outdoor areas</b> to maintain hygiene
4.	<b>Reduce rent</b> for wet market shops to attract more local stores

**(b)      Transportation**

1.	Enhance <b>transport connections and frequency</b> (e.g. by reviewing existing routings, providing more routes/transport options, providing free shuttle bus services, offering more bus services at peak hours)
2.	Improve <b>affordability</b> (e.g. by installing more MTR fare savers, providing more section fares for bus services, extending fare concession to older people aged 60-64)
3.	Improve <b>road safety</b> (e.g. increase zebra crossings and introduce stricter law enforcement, erect barriers along roadsides in order to abstain pedestrians from crossing the road at inappropriate places, review city planning, introduce measures to reduce traffic congestion)
4.	Improve <b>transport vehicles and facilities</b> (e.g. install lifts at every exit in MTR stations, provide route information, add sheltered seats at transport stops)

**(c) Housing**

1.	Enhance <b>living environment</b> (e.g. more supervision on sub-divided flats, flat allocation based on household size, raise community's awareness on self-discipline and public conduct through public education campaign)
2.	Introduce <b>age-friendly housing designs for older people</b> (e.g. add wheelchair ramps, add exercise facilities for older people)
3.	<b>Shorten the waiting time</b> for application of public housing flats (e.g. spend more resources to build public housing estates and expedite the application procedures)
4.	Provide support for <b>housing maintenance services</b>
5.	Set up <b>mechanism of controlling property prices and rent</b>

**(d) Social participation**

1.	Increase <b>accessibility and availability</b> for social participation (e.g. organise large-scale social activities, more flexible rules for membership of elderly centres as well as for booking of community hall/room, more suitable and accessible venues for social gathering and activities)
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**(e) Respect and social inclusion**

1.	Initiate <b>public education</b> to promote the culture of respect and inclusion towards older people, intergenerational understanding and neighborhood cohesion
2.	Provide <b>customised banking services</b> to older people and preserve <b>old-style small shops</b>

**(f) Civic participation and employment**

1.	<p>Provide more <b>employment opportunities</b> for older people</p> <ul style="list-style-type: none"><li>- by creating more jobs through the government and social enterprises</li><li>- by providing part-time work</li><li>- by changing job role (e.g. becoming consultants, trainers and instructors)</li></ul>
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**(g) Communication and information**

1.	Provide <b>training courses and support services</b> (e.g. extending the coverage of free Wi-Fi, offering discount to use the internet) to enable older people to use computers and smart devices
2.	Provide <b>updated elderly-related information</b> (e.g. community facilities, local events) and improve the <b>accessibility of information</b> (e.g. through the use of digital devices and lobby areas of housing estates, enhancing promotion of events organised by District Councils, reaching out households with older people and sending information to them regularly)

**(h) Community support and health services**

1.	Improve <b>service accessibility</b> (e.g. increase capacity of outpatient and specialist services, provide subsidies for medical and healthcare services, provide more night clinics and geriatric day hospitals and outreach services, reduce waiting time for medical appointments, provide service information to family members / caregivers, convert vacant buildings into residential care spaces)
2.	Improve <b>service quality</b> (e.g. train more medical professionals, provide assistance services to older people attending medical appointments)
3.	Support older people to take <b>preventive measures</b> (e.g. implement active ageing policies to help older people to sustain healthy condition, increase exercise equipment in public spaces and in community centres, promote body checks at reasonable price)
4.	Enhance the <b>Elderly Health Care Voucher Scheme</b> and <b>free dental services for older people</b> (e.g. increase voucher amount, lower the age eligibility)
5.	Provide <b>alternative methods of booking medical appointments</b> , such as direct hotline, queuing in person, online booking

## **5 Discussions and recommendations**

The analyses of survey and focus group data from the eight pilot districts have enabled this study to address the following questions:

- i. How are the eight domains of age-friendly features rated across the districts?
- ii. Are there significant patterns among subgroups in terms of their ratings of age-friendliness? If so, what are the patterns observed?
- iii. What are the advantages and barriers found across districts in relation to eight domains of age-friendliness in their communities?

Discussions and recommendations based on the findings are presented below in order of the eight AFC domains, followed by the linkage of participants' self-rated health, sense of community and the role of community engagement with the building of an age-friendly city. Summary of discussions and recommendations of individual districts can be found at **Annex 4(A-H)**.

### **5.1 AFC domains**

#### **5.1.1 Outdoor spaces and buildings**

This domain was ranked in the middle among the eight domains with a score of 4.03 out of 6 in questionnaire survey. This domain received lower ratings from those younger in age, with higher education level, living in private housing, living alone and with longer length of residence in the community. Lower ratings are also related to poorer self-rated health, use of elderly community centre and lower sense of community.

Focus group findings suggested that parks and green spaces were available in all eight districts, but hygiene problem could cause unpleasantness. On the other hand, age-friendly community facilities such as shelters, seats and exercising facilities for older people were insufficient. Pedestrian pavements were also found to be unsafe to older people due to blockage by goods, unevenness or too many stairs and slopes.

Therefore, to improve the age-friendliness in the Outdoor spaces and buildings domain, it is recommended that the outdoor environment could receive more regular cleaning and maintenance. Age-friendly facilities should also be more prevalent. Consequently, increased use of outdoor spaces for exercising and leisure may improve both health and sense of community. Also, the problem of shop front extensions creating blockage on pavements could cause

inconvenience and safety concerns for pedestrians, which warrants attention from local authorities.

### **5.1.2 Transportation**

This domain was ranked second highest of all domains. Transportation performed quite well, especially on areas of road safety and maintenance, accessibility of public transport and comfort to use public transport, except the availability of specialised services.

This domain received lower ratings from those younger in age, with higher education level and living in private housing. Lower ratings were also related to poorer self-rated health and lower sense of community.

Focus group findings suggested that the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities (\$2 concession scheme) for those aged 65 and above was widely popular but transportation could still be costly for people aged below 65. Also, people were satisfied with public transport services on the whole, but those living in more remote locations such as uphill areas and rural villages encountered more difficulties with transportation. This partly explains why participants of Islands district gave lower ratings to this domain as compared with other districts. Lastly, participants found that age-friendly features were not sufficient at public transport stops, stations, and on the vehicles themselves.

Therefore, to further improve the age-friendliness in the Transportation domain, policy makers could consider extending the \$2 concession scheme to older people below the age of 65, that transport connections be improved, especially for those who need to travel on a regular basis for daily necessities. In view of the interrelatedness of the eight domains, accessible and affordable public transport could facilitate older people to engage in social activities, civic participation, employment, and community and health services. Age-friendly facilities, such as lifts, clear route information, seating at public transport stops and stations, as well as age-friendly public transport vehicles, are recommended. Provision of specialised transport services for people with disabilities is also suggested.



### **5.1.3 Housing**

This domain was ranked the lowest of all domains. Affordability and accessibility of housing was among the bottom three sub-domains. Older people were worried about residence as they age. Inaccessible and costly housing maintenance services and lack of barrier-free facilities in housing design were the barriers found in this domain.

This domain received lower ratings from the younger in age and living in private housing. Lower ratings were also related to poorer self-rated health, not using elderly community centre and lower sense of community.

One factor, housing type, has emerged to be significantly influential on ratings of Housing as an age-friendly domain. Compared to other housing types, participants living in public rental housing gave the highest score. Conversely, participants living in private housing gave the lowest score. Firstly, it may be inferred that participants of public housing found housing to be more affordable compared to those living in other housing types. More importantly, focus group findings suggested that older people appreciated a living environment that is familiar to them, safe, and easily accessible to services such as wet markets and bus stops, and these features are commonly found in public housing estates.

To improve the age-friendliness in the Housing domain, the focus could be on supporting ageing in place. Specific suggestions made by the focus group participants included more supervision on sub-divided flats, shortening the waiting time for application of public housing residence, introducing more barrier-free housing designs for older people, and more information on housing repair services made available to residents.

### **5.1.4 Social participation**

This domain was ranked the highest of all domains. Older people appreciated the wide variety of activities available and multiple channels in the community to access social activities.

This domain received lower ratings from men and those living in private housing. Lower ratings were also related to not using elderly community centre, poorer self-rated health and lower sense of community.

Although this domain performed well compared to other domains, there is still room for further improvement. Focus group findings suggested that venues and activity quotas at community centres or sports halls were insufficient, while certain groups of people reported fewer opportunities for social participation due to limited mobility, such as those living alone, being a

carer, and living in private housing which was not in close proximity to community centres. These are people who typically visit community centres less often or not visit at all.

To enhance social participation of older people, it is recommended to increase the accessibility and availability of venues and activities to those finding them insufficient, e.g. having a more flexible rule for community hall/room booking, converting vacant premises into community activity spaces. Additionally, groups with lower rate of social participation should warrant more attention from service providers, especially those who are not regular users of elderly community centre.

### **5.1.5 Respect and social inclusion**

This domain was ranked in the middle among the eight domains with a score of 4.06 out of 6 in questionnaire survey. This domain received lower ratings from men, those living in subsidised home ownership housing, retirees, and higher in education level. Lower ratings were also related to not using elderly community centre, poorer self-rated health, and lower sense of community.

Focus group findings suggested that older people generally felt respect and friendliness towards them and a sense of community inclusion where there were good relationships and inclusive services in the community. Particularly, community centres in public housing estates and strong neighbourhood networks in indigenous villages emerged to be influential to older people's feeling of being respected and included. Nevertheless, lack of respect for older people was still observed in the community, e.g. people did not offer their seats to older people, ill treatment from wet market vendors and restaurant staff.

To improve respect and social inclusion for the elderly, it is recommended to initiate public education to promote the culture of respect and inclusion towards older people, active ageing and healthy image of elderly people, and to increase intergenerational understanding as well as neighborhood harmony. Businesses could also be encouraged to take age-friendly pledges to offer customised services to older customers.

### **5.1.6 Civic participation and employment**

This domain was among the bottom three domains with a score of 3.82 out of 6 in questionnaire survey. Within this domain, the rating of employment was lower than that of civic participation. This domain received lower ratings from men, those with higher education level, living in subsidised home ownership housing and earning below \$4,000 a month. Lower ratings were also related to not using elderly community centre and lower sense of community.

Findings from focus groups showed that retirement could cause older people to feel less useful and financially less well-off. Many expressed that they wished to continue employment but encountered barriers such as poor health condition and less willingness of employers to hire older people. Those who participated in volunteering activities, typically at local community centres, reported feeling happier and a better use of their time after retirement. Civic participation, on the other hand, was more varied among older people, from those encountering barriers to others being more active in civic organisations and voting.

To improve the age-friendliness in the Civic participation and employment domain, employers are encouraged to offer more opportunities for part-time work and consultant roles suitable to older people, as well as with customised employment arrangement to meet the needs of older people. The government should address the problem of lack of comprehensive labour insurance for older employees and also review the current policies and measures to support elderly employment. Voluntary work and civic participation may be made more accessible to retired people, for example, by making the mode of participation more friendly to older people and providing more channels for participation of older people including non-users of elderly centres.

### **5.1.7 Communication and information**

This domain ranked in the middle among the eight domains with a score of 4.05 out of 6 in questionnaire survey. This domain received lower ratings from those living in private housing, not using elderly community centre and with lower sense of community.

Findings from focus groups showed that person-to-person communication remained popular and was an effective way of giving and receiving information among older people. Also, multiple channels were available for older people to access information. While important channels were the community centres and notice boards in housing estates, those who were less connected in the community, or living in buildings where the housing committee prohibits posting of announcements, reported barriers instead.

To improve communication and information for the elderly, it is recommended that training courses and support services be provided to older people to enable them to use computers and smart devices with a view to enhancing person-to-person communication. It is also suggested that elderly-related information be updated regularly and made more accessible by targeting older people households.

### **5.1.8 Community support and health services**

This domain was ranked the second lowest of all domains. It received lower ratings from the currently married, those living in private housing and higher in education level. Lower ratings were also related to poorer self-rated health, not using elderly community centre and lower sense of community.

Emergency support was among the three lowest sub-domains in the survey findings; however it was rarely mentioned in focus group interviews, which reflects that people were less aware on the area of emergency support, hence it needs further highlighting and addressing. For burial service, it was the lowest rating sub-domain, and was the only sub-domain with a mean score below 3. Focus group findings suggested that availability and cost were considered to be the greatest barriers in this purview. Health services and other community support services were discussed in greater length in focus group interviews, with older people on the whole finding basic services available, affordable and accessible but not sufficient to meet the growing demands. The General Out-patient Clinic Telephone Appointment System was perceived by older people as a prevalent and serious barrier to booking medical appointments.

To improve the age-friendliness of the Community support and health services domain, it is recommended that service accessibility and quality be improved on the one hand, and older people be supported to take preventive measures on the other hand, such as increasing capacity for exercising in public spaces or community centres, and promoting body checks at reasonable price. It is also recommended that alternative methods for booking medical appointments be offered, such as reintroducing queueing in person, and opening up direct hotlines and online booking options. Finally, it is suggested that the Elderly Health Care Voucher Scheme and the free dental services for older people be expanded, for example, by lowering age eligibility.

## 5.2 Wider Benefits of AFC

Self-rated health and sense of community were found to be closely related to the ratings of an age-friendly environment. Although it was not possible to determine the causal relationship between them in a cross-sectional study, the underlying assumption of the WHO framework is that an age-friendly city will have a positive impact on older people's health and quality of life, which includes physical health, mental and social well-beings. These elements are encompassed by the measurement of self-rated health and sense of community in this study.

### 5.2.1 AFC and self-rated health

In general, the more positively the participants rated the domains of Outdoor spaces and buildings, Transportation, Housing, Social participation, Respect and social inclusion, and Community support and health services, the better their self-rated health.

Self-rated Health and Physical Environment	Self-rated Health and Social Environment
<p>Focus group participants associated pleasant and well-equipped outdoor areas with increased opportunities for walking and exercising.</p> <p>Additionally, some focus group participants were worried about the lack of barrier-free designs where they lived, such as wheelchair ramps and lifts.</p>	<p>Focus group participants found availability and accessibility of community venues and activity quotas limited, leading to fewer opportunities for social participation (e.g. group exercise classes) that may have adverse impact on health. At the same time, those with physical and/or social vulnerabilities were less likely to participate in social activities, and more likely to be socially excluded, which may lead to negative perceptions towards social participation and respect and social inclusion in the community.</p> <p>Some focus group participants found medical services limited, such as having long waiting time and limited availability of specialists. Some reported illnesses turning to complications as a result of delayed treatment.</p>

Therefore, it is expected that making both the physical and social environments more age-friendly may prevent health decline in older people and improve their quality of life.

## 5.2.2 AFC and sense of community

Overall, the more positively the participants rated the domains under physical and social environments (i.e. all eight domains), the higher they rated sense of community.

Sense of Community and Physical Environment	Sense of Community and Social Environment
<p>Focus group participants found that their <b>needs</b> were <b>fulfilled</b> by the community they lived in, including having a pleasant outdoor environment for recreational, social and exercising purposes; affordable and effective public transport that was also friendly to older people with reduced mobility; and living in a housing environment that was familiar, safe and easily accessible to services.</p> <p>Some focus group participants also reported a sense of <b>attachment to the place</b> they identify with, such as the major park or river nearby, or the village in which they lived.</p>	<p>Overall, focus group participants found that a variety of opportunities for social participation and community integration were available to older people.</p> <p>For some participants, their <b>needs</b> were <b>fulfilled</b> by the community they lived in, such as finding the social activities, inclusive services, volunteering work, information, and healthcare and community services they needed.</p> <p>Through voluntary and civic participation, some participants exercised <b>influence</b> in the community.</p> <p>Participating in social and festive activities in the local community also enhanced their <b>sense of closeness</b> to and <b>identity</b> with the community.</p>

### **5.3 “Community engagement” at the heart of AFC**

Lastly, findings suggested that users of elderly community centre were significantly associated with positive ratings of domains belonging to the social environment. This had two implications. Firstly, the use of elderly community centre may have directly or indirectly improved multiple aspects of the community for the user through its variety of social functions and activities in the community. Secondly, these social characteristics of elderly community centre may potentially be found in other community settings too, such as parks (where groups of people like to gather to exercise, dance and sing), sports halls, local civic organisations and indigenous villages. Therefore, this study suggests that multiple pathways to creating communities that cater for a variety of older people, some of whom might prefer settings outside of the elderly community centre, will likely improve age-friendliness of the social environment and older people’s quality of life.

## 6 Conclusion

As revealed by the results of baseline assessment study conducted in eight pilot districts, Hong Kong currently performed averagely in terms of age-friendliness, with the ratings of eight domains at 3.69 to 4.30 out of 6 as the highest score. The two better performed domains were Social participation and Transportation, whereas Housing domain and Community support and health services domain were the areas with larger room for improvement. Qualitative analyses provided more in-depth information on specific areas and issues which has enriched our understanding of the age-friendliness of the community. On one hand, basic infrastructures of the physical environment and social environment were reported as available or accessible by focus group participants, echoing the above-average ratings of domains in the survey findings. On the other hand, barriers to age-friendliness were also observed by participants, reporting in detail the negative features as well as identifying areas that could be expanded on, so that more people (such as those from a wider age range or living in more isolated areas) can benefit from existing age-friendly features.

This study sheds light on the strengths of the community and opportunities to achieve greater age-friendliness at district level. It also provides useful insight to shape the direction of district-based programmes and territory-wide initiatives at the forthcoming implementation stage of turning Hong Kong into an even more age-friendly city.



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## **ANNEXES**

ANNEX 1(A-H) – DISTRICT CHARACTERISTICS OF EIGHT PILOT DISTRICTS

ANNEX 2 – QUESTIONNAIRE ITEMS ON AFC AND SENSE OF COMMUNITY

ANNEX 3 – STATISTICAL RESULTS OF SUBGROUP ANALYSES

ANNEX 4(A-H) – DISCUSSIONS AND RECOMMENDATIONS OF EIGHT PILOT DISTRICTS

## District characteristics of Sha Tin

Sha Tin is located in the eastern part of the New Territories to the north of Kowloon, with land area of 6,940 hectares (as shown in the figure below). It is one of the oldest new towns in Hong Kong since 1973. Historically, this area was mainly the farm lands with rural population of 30,000 people. The population began to expand when the first public rental housing estate, Lek Yuen Estate (瀝源邨), was completed in 1976. Currently Sha Tin is home to some 670,000 population<sup>1</sup>. Over 60% of local residents are accommodated by public housing. Economically, Sha Tin has a good profile in Hong Kong. The share of retailing in total GDP is quite significant. Residents enjoy a relatively better economic condition as compared to its neighboring districts, in particular in terms of the labor force participation<sup>2</sup> and monthly income<sup>3</sup>.



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

Among all districts in New Territories, Sha Tin has the third largest proportion of ageing population (aged 65y and above, 13%) after Kwai Tsing (16%) and Tsuen Wan (13.4%). The situation is slightly better as compared to some high-density districts in Kowloon and on Hong Kong Island. The potential support ratio (PSR)<sup>4</sup>, based on 2011 census data, was 6.8 – this was slightly higher than the general rate of Hong Kong (5.6). Yet, it is important to note that early arrivers in the 1970s become older and constitute those aged 60y and above. Furthermore, older population is itself ageing. Population aged 75y and above witnessed a profound increase from some 16,000 in 2006 to 34,189 by 2011.

<sup>1</sup> Topographic information and the development pathway were compiled from the contents provided by Planning Department of the Government of HKSAR.

<sup>2</sup> Labor force participation rate was 61.2% and 59.7% for Sha Tin and average Hong Kong respectively in the year 2011.

<sup>3</sup> The median monthly income from main employment of working population was 12,000 and 11,000 HKD in Sha Tin and the average Hong Kong respectively.

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

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

Apart from a wide range of cultural, recreational and sport facilities, Sha Tin Town Hall and Hong Kong Heritage Museum have been set up to make Sha Tin a culturally rich community. There are more than 100 declared monuments and historic buildings. Symbolic event like the dragon boat race is held every year. Besides, Sha Tin has adequate healthcare service facilities including public hospitals, out-patient clinics, and private hospitals. Provision of services and amenities of the district is at Appendix 1.

Currently, several welfare service units have been established for the elderly caring. There are more than 10 elderly centers managed by different non-government organizations (NGOs). Among the NGOs, various initiatives have been articulated. Some older people have been appointed as community ambassadors and engaged in various public consultation activities.

**Appendix 1: Provision of services and amenities of the district**

Population (as of 2015)	660,200
Population aged 65y and above	92,200
Percentage of elderly aged 65y and above in district	13.97%
<i>Outdoor spaces and buildings</i>	
Open space (area in hectare)	253.97
Green Belt (area in hectare)	982.79
Conservation area (area in hectare)	11.86
Site of scientific interest (area in hectare)	2.48
Country park (area in hectare)	0.60
Number of major shopping malls	17
<i>Transportation</i>	
Major roads (area in hectare)	219.88
Number of major trunk routes and traffic arteries	13
Number of tunnels	6
Number of stations of rail service	13
Number of bus routes	131
Number of minibus routes	50
Number of ferry piers	1
Number of water transport routes	2
<i>Housing</i>	
Number of public estates (including Tenant Purchase Scheme)	21
Number of public rental units (including Tenant Purchase Scheme)	64,500
Number of residents in public housing (including Tenant Purchase Scheme)	175,400
Number of Home Ownership courts	25
Number of Home Ownership units	50,119
Number of private estates	59
<i>Social participation</i>	
Number of parks	5
Number of recreational grounds	17
Number of sports complex	5
Number of swimming pools	3
Number of libraries	3
Number of community halls and centres	12
Number of museums	1
Number of welfare service units managed or funded by Social Welfare Department (SWD)	58
<i>Respect and social inclusion</i>	
Number of elderly abuse cases	48
<i>Civic participation and employment</i>	
Percentage of eligible older voters who voted in 2015 District Council elections	50.50%
Labour force participation rate for those aged 55y and above	33.10%
<i>Communication and information</i>	
Number of WiFi hotspots	183
Number of Gov WiFi locators and premises	37
Average monthly Gov WiFi user count	39001
<i>Community support and health services</i>	
Number of General Out-patient Clinics	4
Number of hospitals and institutions run by Hospital Authority (HA)	4
Number of private hospital	1
Number of HA hospital beds	2,401
Number of private hospital beds	405
Number of magistrates' court	1
Number of police stations	4
Number of fire stations & ambulance depots	7
Number of post offices	13

Sources: Various government departments, hospital authorities and transportation operators.

## District characteristics of Tai Po

Tai Po lies to the north-west of the Tolo Harbour, about 11 km north of Sha Tin and 8 km south of Fanling (as shown in the figure below). The land area is about 14,740 hectares. Topographically, Tai Po is encircled on three sides by the mountain ranges of Pat Sin Range, Cloudy Hill, Tai Mo Shan and Grassy Hill.<sup>1</sup> The valley areas and basins become the major grounds for human settlements.



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

Tai Po has a total population of 302,300 according to the 2014 statistics. Ageing population (aged 65y and above) account for 11.7 percent. The potential support ratio (PSR)<sup>2</sup>, based on 2011 census data, was 7.4, meaning the burden for workable population is not as huge as that of average Hong Kong. Population aged 75y and above increased by 26.9% from 2006 to 2011, and they account for half of the total number of older persons (16,052 out of 31,860).

Historically, Tai Po is a market town famous for trading of agricultural and fishing products. The old market was located at the coastal plains where Tai Po River and Lam Tsuen River cross. With the expansion of commercial activities, a new market was established at the north-eastern bank of Lam Tsuen River (Tai Wo). Since then, Tai Po became one of the famous market towns for retailing and wholesaling of market products in the northern New Territories. In particular when construction of Kowloon Canton Railway (KCR) was completed in 1910, Tai Po served as an important market center for the New Territories.

<sup>1</sup> Topographic information and the development pathway were compiled from the contents provided by Planning Department of the Government of HKSAR.

<sup>2</sup> PSR refers to the number of persons aged 15 to 64y per one older person aged 65y and above.

Tai Po is among the earliest place where Chinese migrants from Guangdong arrived. A noticeable population of Hakka people came to Tai Po before the 1970s, forming a specific community culture among the local Chinese.

In the early 1970s, limited development was envisaged for Tai Po. In 1974, a decision was taken that Tai Po should be the site of the first industrial estate in Hong Kong and the reclamation began in 1976. Simultaneously, the reclamation for the first public housing estate, Tai Yuen Estate (大元邨), started. The subsequent plans for Tai Po increased the number of public housing, and Tai Po was a designated new town in 1979. Nowadays, there are 6 public housing estates, providing home to some 136,000 population. A wide variety of community facilities have been built, ranging from community center, healthcare facility, cultural complex, library, sports complex, to the center for elderly. Residential lands and village houses take the largest parts among all developed areas (amount to 400 hectares in total). Provision of services and amenities of the district is at [Appendix 1](#).

Tai Po is famous for its ecologic diversity due to the large amount of natural landscapes. Pat Sin Leng (The ridge of Eight Immortals) is one of the many symbolic natural landmarks in Tai Po which has a great biodiversity.

In the past few years, ‘outdoor spaces and buildings’ was the main theme in launching various age-friendly programmes in the ‘Caregiver Network’, which was organized by six organizations including elderly centres and other district stakeholders since 2012. The target groups of the ‘Caregiver Network’ were the caregivers and the elders.

Age-friendly programmes such as community visits were conducted, at places frequently used by the caregivers. Areas like facilities of shopping centres, wheelchair ramps and stairs inside the buildings of public housing estates, were the main concern of caregivers. Regular trainings were also given to the caregivers and the elders of the ‘Caregiver Network’, to raise their sense of age-friendly awareness.



### **Appendix 1: Provision of services and amenities of the district**

Population (as of 2015)	307,100
Population aged 65y and above	36,700
Percentage of elderly aged 65y and above in district	11.95%
<i>Outdoor spaces and buildings</i>	
Open space (area in hectare)	65.77
Green Belt (area in hectare)	1,264.83
Conservation area (area in hectare)	75.49
Site of scientific interest (area in hectare)	43.50
Country park (area in hectare)	5.73
Number of major shopping malls	3
<i>Transportation</i>	
Major road (area in hectare)	145.03
Number of major trunk routes and traffic arteries	9
Number of stations of rail service	2
Number of bus routes	45
Number of minibus routes	21
<i>Housing</i>	
Number of public estates (including Tenant Purchase Scheme)	6
Number of public rental units (including Tenant Purchase Scheme)	17,500
Number of residents in public housing (including Tenant Purchase Scheme)	48,100
Number of Home Ownership courts	12
Number of Home Ownership units	16,965
Number of private estates	30
<i>Social participation</i>	
Number of parks	4
Number of recreational grounds	16
Number of sports complex	5
Number of swimming pools	1
Number of libraries	1
Number of community halls and centres	7
Number of museums	1
Number of welfare service units managed or funded by Social Welfare Department (SWD)	35
<i>Respect and social inclusion</i>	
Number of elderly abuse cases	30
<i>Civic participation and employment</i>	
Percentage of eligible older voters who voted in 2015 District Council elections	45.30%
Labour force participation rate for those aged 55y and above	35.90%
<i>Communication and information</i>	
Number of WiFi hotspots	101
Number of Gov WiFi locators and premises	23
Average monthly Gov WiFi user count	24,439
<i>Community support and health services</i>	
Number of general out-patient clinics	2
Number of hospitals and institutions run by Hospital Authority (HA)	2
Number of HA hospital beds	1,528
Number of police stations	1
Number of fire stations & ambulance depots	3
Number of post offices	3

Sources: Various government departments, hospital authorities and transportation operators.

## District Characteristics of Central and Western

The Central and Western District is a diverse district mixed with modern financial centres, cultural heritage buildings, and tranquil residential areas. In this 12.4 km<sup>2</sup> district, there are 14 sub-areas excluding the Peak, that can be categorized into four meaningful sub-district communities, namely (1) Kennedy Town; (2) Sai Wan, Shek Tong Tsui, and Sai Ying Pun; (3) Mid-levels; and (4) Central and Sheung Wan (Appendix 1).

According to the Hong Kong Census and Statistics Department,<sup>2</sup> the Central and Western District currently has a population of 248,600. The number of elderly population aged 65 years or above was around 37,600, comprising 15.1% of the total district population. This can be compared with the 13.9% as reported in the 2011 Hong Kong Population Census. The district ranks the ninth among other districts in its percentage of elderly population, and is higher than the Hong Kong average of 14.0%.

Table 1.1 shows the domestic household characteristics of the district. In 2014, the total number of domestic households was 87,000, most households (27.4%) were in the size of two persons. According to the 2011 Hong Kong Population Census, the median monthly income from main employment of the working population was HK\$20,000, and the median income of economically active household was HK\$40,000. There were obvious differences in the median household income between those living in public rental housing (HK\$18,090) and private permanent housing (HK\$40,000).

**Table 1.1** Domestic household characteristics of the Central and Western District

Total number of domestic households (2014)	87,000
Type of housing, private permanent (2011)	95.8%
Median monthly income (2011)	HK\$20,000
Median domestic household mortgage payment (2011)	HK\$10,000
Median domestic household rent (2011)	HK\$10,370

The predominant type of housing in the Central and Western District is private permanent housing (95.8%). Kwun Lung Lau (觀龍樓) and Sai Wan Estate (西環邨) are the only two public rental housing estates in the district. They were in use since 1968 and 1958, and currently comprise 2.4% and 2.5% of the domestic households in the district, respectively. Subsidized home ownership housing, one of the predominant types of housing in Hong Kong, has never been built in the Central and Western District.

Regarding the provision of elderly centres and health care services, the district has a total of 11 elderly centres (3 DECC<sup>10</sup> and 8 NEC<sup>11</sup>), 5 hospitals (2 public<sup>9</sup> and 3 private<sup>7</sup>), 4 general clinics<sup>8</sup> and 1 elderly health centre<sup>6</sup>.

The population density of the district is high and there is great demand for facilities and outdoor space. In recent decades, in response to the opinions of the residents and stakeholders, many new public spaces and recreational facilities were built in the districts, such as the Sun Yat Sen Memorial Park Sports Centre and the Kennedy Town Swimming Pool. Before the

recent opening of the Sai Ying Pun, HKU and Kennedy Town MTR Stations, transportation in the district was largely supported by buses, minibuses, and trams.

The district has a few successful examples of heritage conservation. The Police Married Quarters is a historic building for conservation, for instance, that has been recently transformed into a modern creative market, benefiting various stakeholders of the district. The operation of the new MTR stations in the district, while serving the community as an important transport infrastructure, may have impacts on the rental rates and commodity prices in the area.

### **Previous Age-friendly City Work in the District**

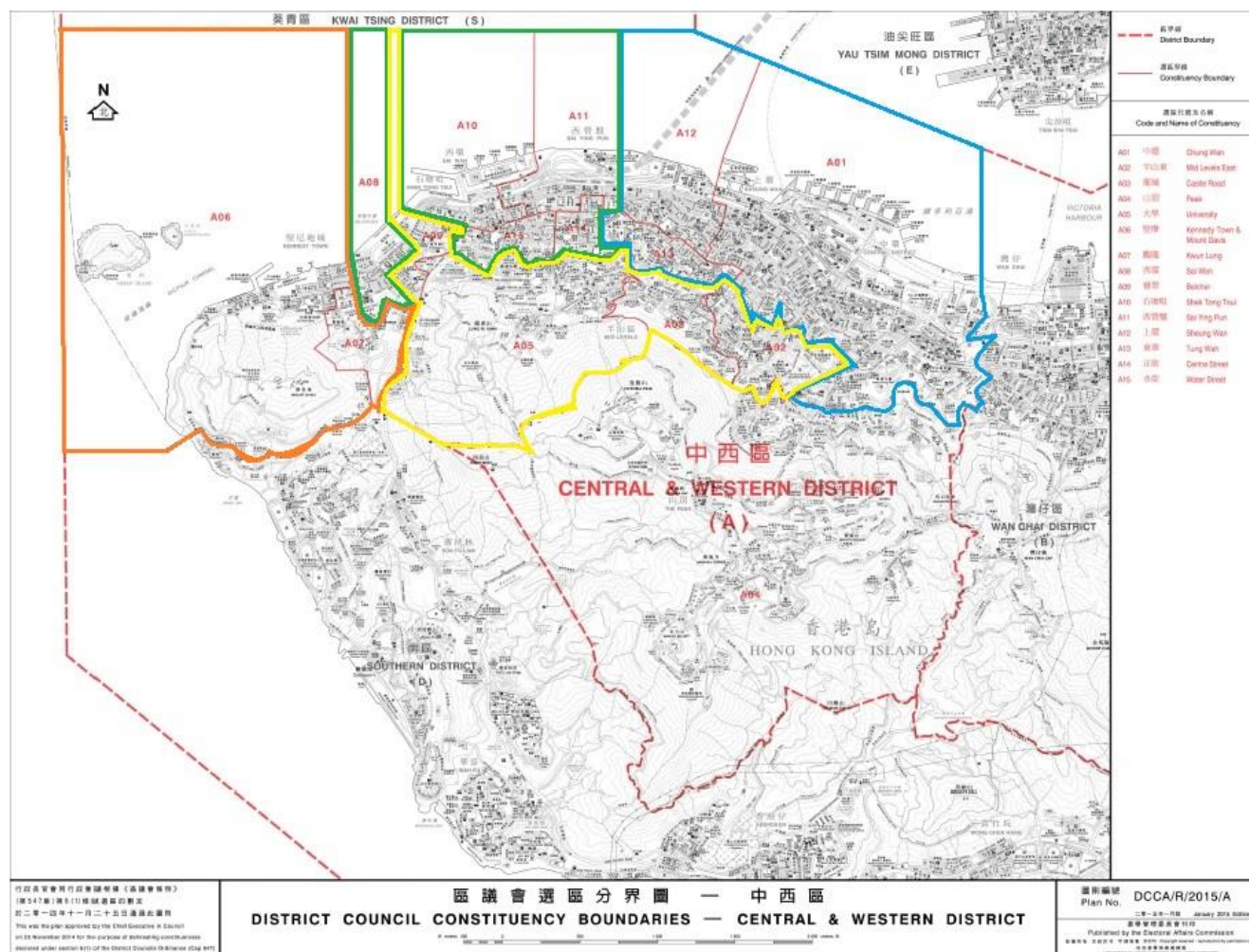
Two main groups that have been advocating for the concept of age-friendly city in the district are the “中西區社區關注組” (translated herein as the “Central and Western District Community Concern Group”, or “Concern Group”) and the “中西區長者友善工作小組” (translated herein as “Central and Western District Age-friendly Work Group”, or “Work Group”). Both groups have received funding from the District Council to promote age-friendly city issues in the past years. The Concern Group is a collaborative platform formed in 2007 by three non-government organizations (NGOs), and has since expanded to include 10 NGOs. Social worker representatives from each NGO would become members responsible for the operation of the Concern Group. The objectives are to (1) attend to local community affairs and regularly communicate opinion to the District Council; (2) attend to the rights and benefits of the retired and older population; (3) work with other community concern groups to advocate on common topics and issues. Since 2009, advocating for an age-friendly city has become the Concern Group’s main mission. The Concern Group has invited older people from the district to participate in various activities, talks, conferences, and training courses. The goal was to empower the older adults by increasing their capability and awareness, and ultimately to encourage them to voice out their opinions, so as to create community impact and increase the community’s age-friendliness. In the past years, the Concern Group has organized and co-hosted a number of activities for older adults in the district, including community events such as the “2014 你想的西區海濱計劃聚焦小組” (translated herein as “2014 Your View on the Western Waterfront Promenade Project Focus Group”) and the “2015 長者參與康體活動問卷調查發佈會” (translated herein as “2015 Press Conference on Elders’ Participation in Sports Activities Questionnaire Survey”).

The Work Group has been in operation since 2008. It consists of an elderly centre and two community centres of the Caritas. The objective of the Work Group is to facilitate and empower older people in the community to express their opinions on ways to improve community facilities. From 2009 onward, the Work Group has started to work on the topic of age-friendly city. A highly successful project was a 2010 scheme entitled “長者友善巴士齊共創” (translated herein as “Co-creating Age-friendly Buses”). In this project, elderly participants formed a team to make suggestions on how to make the interior environment of buses more age-friendly. With support from professional bus designers and social workers, the team completed preparation work in meetings, met with bus companies and government departments, and led to changes in the interior facilities of buses in Hong Kong. Subsequently, the team organized a forum to report their work for public discussion, and produced publications and exhibitions to wrap up the project.

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## Appendix 1. District Map



## District Characteristics of Wan Chai

Wan Chai District is a sophisticated district with a long history of development. Within the district, several areas are characterized by high resident population density and high volume of non-resident visits for work and other activities. These areas, such as Southorn and Causeway Bay, are packed with old residential, commercial and governmental buildings. Other areas in the district, such as Tai Hang and Broadwood, have a lower resident population density and are relatively less busy. According to the 2015 District Council division, the whole Wan Chai District consists of 13 Constituency Areas (CA), namely (1) Hennessy, (2) Oi Kwan, (3) Canal Road, (4) Victoria Park, (5) Tin Hau, (6) Causeway Bay, (7) Tai Hang, (8) Jardine's Lookout, (9) Broadwood, (10) Happy Valley, (11) Stubbs Road, (12) Southorn, and (13) Tai Fat Hau (Appendix 1).

According to the Hong Kong Census and Statistics Department,<sup>2</sup> the Wan Chai District currently has a population of 150,400. The number of elderly population aged 65 years or above was around 24,300, comprising 16.2% of the total district population. This can be compared with the 15.6% as reported in the 2011 Hong Kong Population Census. The district ranks the fourth among other districts in its percentage of elderly population, and is higher than the Hong Kong average of 14.0%.

Table 1.1 shows the domestic household characteristics of the district. In 2014, the total number of domestic households was 56,100. According to the 2011 Hong Kong Population Census, the median monthly income from main employment of the working population was HK\$20,000, and the median income of economically active household was HK\$45,200.

**Table 1.1** Domestic household characteristics of Wan Chai District

Total number of domestic households (2014)	56,100
Type of housing, private permanent (2011)	99.5%
Median monthly income (2011)	HK\$20,000
Median domestic household mortgage payment (2011)	HK\$12,500
Median domestic household rent (2011)	HK\$12,000

The predominant type of housing in Wan Chai District is private permanent housing: 99.5% of the domestic households and 96.2% of the population in the district are living in private housing estates or buildings. No public rental housing or subsidized home ownership housing is available in the district.

Regarding the provision of elderly centres and health care services, the district has a total of 5 elderly centres (2 DECC<sup>13</sup> and 3 NEC<sup>14</sup>), 7 hospitals (3 public<sup>12</sup> and 4 private<sup>10</sup>), 2 general clinics<sup>11</sup> and 1 elderly health centre<sup>9</sup>.

## Previous Age-friendly City Work in the District

In the Wan Chai District, age-friendly city has been a key area of interest and concern for several non-government organizations (NGOs), the Wan Chai District Council, and governmental departments, who have worked together on projects to enhance age-friendliness of the district.<sup>3</sup>

Since June 2012, the Wan Chai District has started to join a Hong Kong territory-wide project called “Age-Friendly Hong Kong” led by The Hong Kong Council of Social Service (HKCSS).<sup>3</sup> With professional support and practical experience of HKCSS, Wan Chai Methodist Centre for the Seniors, Community Building Committee of Wan Chai District Council, and Eastern and Wan Chai District Social Welfare Office of Social Welfare Department have collaborated in age-friendly city projects in Wan Chai areas. For instance, a project called “灣仔社區友善無疆計劃” (herein translated as the “Wan Chai Friendly Community Without Boundary Project”)<sup>4</sup> from 2012 to 2013 trained up some elderly ambassadors to do the community investigation, published a guidebook of age-friendliness in Wan Chai District, and advocated for the importance of age-friendly city in the district and raised public concern on development of age-friendly city.

Another important effort took place in 2014 to 2015. The project “2014-2015 年灣仔長者友善社區計劃” (Wan Chai Age-friendly Community Project 2014-2015)<sup>5</sup> was funded by the Wan Chai District Council, led by Wan Chai Methodist Centre for the Seniors and several collaborators including the professional support from the City Polytechnics University. This project held a series of activities, such as age-friendly ambassador training workshops, to achieve objectives including (1) promoting the concepts of age-friendly city in the district, (2) empowering elder people to express their comments towards Wan Chai District’s environment, facilities and community services, (3) increasing elderly participation to create a harmonious and age-friendly community.

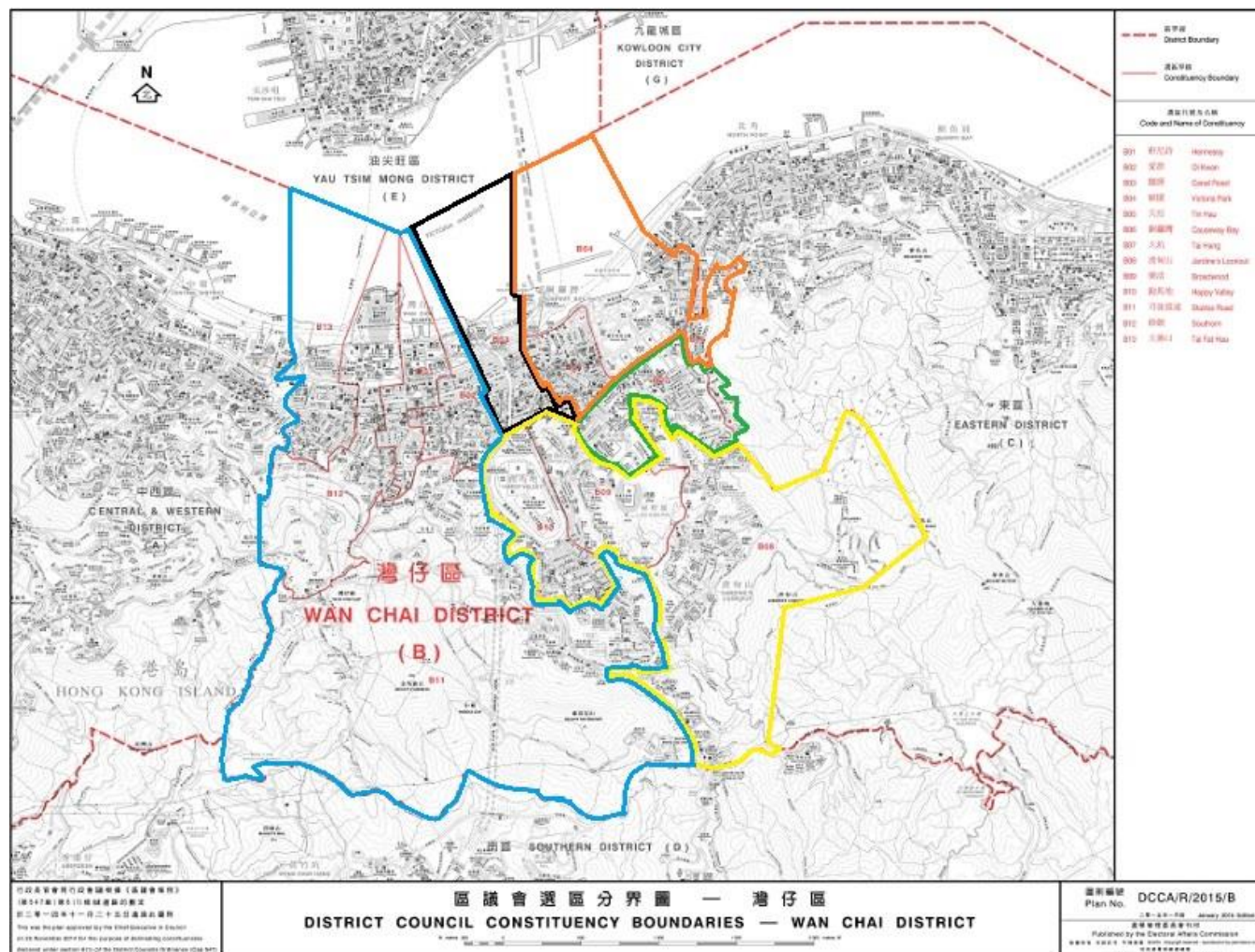
Over the years, elderly service centres in Wan Chai District have been the leader or collaborating partners, at times with funding support from the District Council, in age-friendly city projects. Some of these centres include St. James Settlement Wan Chai District Elderly Community Centre, Yan Oi Tong Tin Ka Ping Causeway Bay Elderly Centre, Lok Sin Tong Chan Lai Jeong Kiu Social Centre for the Elderly<sup>3</sup>, and the Buddhist Cheung Miu Yuen Neighbourhood Elderly Centre.<sup>4</sup>



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## Appendix 1. District Map



## District Characteristics of Islands

### General Information of Islands District

Islands District is situated on the south-western coast of Hong Kong. Among 18 Districts, Islands District is the largest in Hong Kong, which covers 177.57 km<sup>2</sup>, constituting 16% of the total area (Survey and Mapping Office / Lands Department, 2014). Until now, the country parks on Lantau Island covering total area of 10,200 hectares, constituting about 60% of the total area of Lantau Island (Agriculture, Fisheries and Conservation Department, 2015). The majority of residents of Islands District live in specific areas and islands, such as Tung Chung New Town, Cheung Chau, Lamma Island, Mui Wo, Tai O and Discovery Bay.

The 2014 mid-year population in Islands District was 147,400 of which those aged 65 or above accounted for 10.2% (Census and Statistics Department, 2015a, p.19, 44). The median age of the population in Islands District was 39 in 2014 which is relatively younger than other districts (Census and Statistics Department, 2015a, p.6). It was estimated that 15.9% of the residents in Islands District would age 65 and over in 2023 (Planning Department, 2014, p.78). Older persons living alone or with 1 older person cover 37.5% of elder population residing in Islands District (Social Welfare Department, 2015).

In 2014, there were 50,300 domestic households in Islands District, which occupied 2.1% of the total domestic households in Hong Kong (Census and Statistics Department, 2015a, p.22). There are eight public rental housing estates, three of which are located on Tung Chung, while the rest are situated on Mui Wo, Tai O, Cheung Chau and Peng Chau. The number of public rental housing flats in Islands District is 15,683 and the relative authorized population is 52,671 (Census and Statistics Department, 2015b, p.217). Apart from public rental housing, other types of housing in Islands include private housing, village houses and pang uk (棚屋, scaffolded premise along shore).

Basic healthcare services are provided in Islands District. North Lantau Hospital, which is a public hospital in Tung Chung, has operated since 2013 and more services will be offered in phase. For emergency incidents, a 24-hour air ambulance is provided by the Government Flying Service and its service team is expected to arrive at locations in Island Zone within 20 minutes (Government Flying Service, 2015).

There are a total of five government-funded elderly centres of which two can be found in Tung Chung and the rest are located on Cheung Chau, Peng Chau and Mui Wo respectively. Although there is no elderly centre on Lamma Island, Lamma Island (South) Rural Committee and Lamma Island North Section Rural Committee regularly organise social and recreational activities for the older residents. Furthermore, a wide variety of rehabilitation and long-term

care services for elderly are available.

A wide range of tourist spots can be found in Islands District, such as Hong Kong Disneyland, Tian Tan Buddha, Po Lin Monastery, Ngong Ping 360 and Citygate Outlets. Local traditions and natural landscape were continuously promoted as gems in Islands District, while a variety of tourism-related infrastructure and development strategies have been implemented. Traditional festivals with local characteristics have become attractive events to local and overseas visitors; they are celebrated in Islands District annually, such as Tin Hau Festival, Hau Wong Festival and Tai Ping Ching Chiu. With impressive natural landscape and rural villages, Islands District has become an attractive destination for hiking and ecotourism. Apart from tourism, fish-farming is still an active local industry in Islands. Although fishing industry has declined in local due to growing fish imports to Hong Kong, local fish farming activities are still active in Islands District. Apart from the fish farms, local residents also operate some marginal businesses such as local manufacturing on shrimp paste making and fish-curing, which provides another means of livelihood.

### **Tung Chung New Town**

As the third generation of the New Town Development Programme, Tung Chung New Town, known as North Lantau New Town started to develop in the 1990s and it is expected to serve as a supportive community for the Hong Kong International Airport. The development project in Tung Chung has been implemented in phases and work for phases 1, 2 and 3A have now been completed (Civil Engineering and Development Department, 2014). As a result of the residential and commercial development in Tung Chung New Town, a wide range of community and infrastructure facilities are provided to strengthen the potentials of developing it as a self-contained new town. Nowadays, there are almost 80,000 persons residing in Tung Chung New Town (Information Services Department, 2015).

Public transport in Tung Chung provides a wide range of services to access locations within Lantau and in other districts, including MTR, bus and taxi. Also, Ngong Ping Cable Car, which has been in operation since 2006, links Tung Chung and Ngong Ping. The terminal in Tung Chung is near to the Tung Chung MTR station.

Further development strategy of Tung Chung New Town is required with reference to the valuable opportunities from infrastructure projects nearby, such as Hong Kong-Zhuhai-Macao Bridge Related Hong Kong Projects (Information Services Department, 2015). Tung Chung New Town Extension Study has been implemented by the Planning Department and the Civil Engineering and Development Department since 2012 and thus the population is expected to keep rising with further development on Tung Chung East and Tung Chung West.

**Rural Area on Lantau and Neighbouring Islands**

Apart from the new town in Islands District, residents who have been living in rural areas on Lantau and neighbouring islands since they were born have built a strong neighbourhood bonding and the sense of belongings towards the community. For example, Tai O is a traditional fishing village where neighbours have close relationships. As its location is far away from urban area, these areas have developed as a self-contained community with basic community facilities to sustain residents' daily living. Strong local neighbourhood networks allow residents to enrich their social participation and quality of life. The proportion of elderly population is relatively large in these areas, as young people generally reside in urban area.

Ferry is the only means of transport to travel between neighbouring islands (such as Cheung Chau, Lamma Islands and Peng Chau) and locations in Lantau and other districts in Hong Kong, while bus is another common public transport linking between Tai O and Tung Chung. Because of the road design and landscapes within specific islands, bicycle is commonly used on Lamma Islands, Cheung Chau, Mui Wo and Peng Chau.

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## District Characteristics of Tsuen Wan

Tsuen Wan District, with a land area of 62.62 km<sup>2</sup>, is located in the southern part of the New Territories (Survey and Mapping Office / Lands Department, 2014). The northern coast of Tsuen Wan District is generally hilly, while the land on southern part is mostly reclaimed from the sea. In 2014, the mid-year population in Tsuen Wan District is 305,100, representing 4.2% of the total population in Hong Kong (Census and Statistics Department, 2015, p.44). The median age in Tsuen Wan District is 41 which is slightly younger than the median age of Hong Kong (Census and Statistics Department, 2015, p.6). Based on the statistical data in 2014, the District has the eleventh largest proportion of ageing population among the 18 districts in Hong Kong, accounting for 13.4% of the total population in Tsuen Wan (Census and Statistics Department, 2015, p.6). The ageing population in Tsuen Wan continued to increase over the past thirteen years (Census and Statistics Department, 2013, p.59-60; 2015, p.6).

Tsuen Wan, Kwai Chung and Tsing Yi were grouped and identified as one of the new towns, in the first phase of new town development in 1970s, known as Tsuen Wan New Town. Residential and industrial areas were clearly planned to establish a self-contained district. Residential areas, like Shek Wai Kok Estate (石圍角邨), Fuk Loi Estate (福來邨) and Cheung Shan Estate (象山邨), were built while industrial areas, including Chai Wan Kok Industrial Area and Texaco Industrial Area, were planned for industrial use. Though the secondary industries started declining, some companies and industries are still operating in the industrial areas in Tsuen Wan District.

As time flies, Tsuen Wan has become a place where the new and the old coexist. After a long time of development, Tsuen Wan District suffered from rising problems of aging facilities, while limited buildings and outdoor spaces in the community aroused public concern, constraining the community's continuous development. Despite the restrictions, two commercial/residential redevelopment projects<sup>1</sup> were launched in Tsuen Wan and were completed in 2007 and 2009 respectively (Urban Renewal Authority, 2011a, 2011b). New modern residential housings and shopping malls are located next to the old buildings and integrated into the original industrial area. Therefore, the surrounding infrastructure demonstrates the coexistence of old and new found in Tsuen Wan District.

Public transport in Tsuen Wan provides a wide range of transportation services with convenient connections, well-marked routes, and well-maintained vehicles. There are convenient transportation services in Tsuen Wan for accessing different locations within the district and places in other districts. Particularly, Tsuen Wan Town Centre is a transportation

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<sup>1</sup> Including Tsuen Wan Town Centre Project (Vision city) and Yeung Uk Road Project (The Dynasty).

hub, which offers convenient interchange transfer within the district and connection to other districts in Hong Kong. Besides, the Tsuen Wan Footbridge Network is a large footbridge network connecting two Mass Transit Railway (MTR) stations, shopping malls, a City Hall, bus terminals, residential estates, wet markets, a sports ground and hotel. The footbridge network not only links the major shopping malls, but also the local street shops. Apart from public transport, the infrastructure project of a cycling track between Tsuen Wan and Tuen Mun is currently being planned (Civil Engineering and Development Department, 2015).

In 2014, there were 103,400 domestic households in Tsuen Wan District with the majority being owner-occupier households, followed by sole tenants (Census and Statistics Department, 2015, p.24)<sup>2</sup>. There are nine public housing estates in Tsuen Wan, of which Clague Garden Estate (祈德尊新邨) and Bo Shek Mansion (寶石大廈) provide Elderly Persons' Flats that are comfortable and safe. Apart from large housing estates, various villages are still in existence in Tsuen Wan rural area, such as Chuen Lung Tsuen (川龍村) and Lo Wai Village (老圍村).

In order to fulfil the needs of residents, community facilities are well-established in Tsuen Wan, such as community halls, parks, public libraries, sports centres, public markets and post offices. Also, a wide range of public and private healthcare services are available, such as public and private hospital services, out-patient services, and community-based primary care services. A variety of elderly services are provided in Tsuen Wan, including community care and support services as well as residential care services for the elderly.

A wide range of shopping choices can be found in Tsuen Wan. Various shopping malls are operating in Tsuen Wan District, such as Tsuen Wan Plaza and Nina Tower. The shopping malls have supported and generated benefits for service industry and tourism in Tsuen Wan District. At the same time, Yeung Uk Road Market and the surrounding area is a well-known place selling a wide range of food at affordable price. They attract people from different locations in Tsuen Wan as well as from other districts. A variety of commercial buildings, skyscrapers and shopping malls are well-developed in Tsuen Wan while places for experiencing and exploring tradition, culture and nature are also found in Tsuen Wan. Numerous temples are located in the rural area of Tsuen Wan, such as Yuen Yuen Institute, Western Monastery, Tung Po To and Chuk Lam Sim Yuen. Some old villages in Tsuen Wan are renowned for their long history. One of the well-known villages in Tsuen Wan is Sam Tung Uk (三棟屋) which has become a historical monument nowadays.

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<sup>2</sup> In 2014, 58.0% domestic households were owner-occupier households while 37.6% domestic households were sole tenants (Census and Statistics Department, 2015, p.24).



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### **District characteristics of Kowloon City**

Kowloon City District is approximately 1,000 hectares in land size (Kowloon City District Council, 2015). According to the Population and Household Statistics Analysed by District Council District (Census and Statistics Department, 2015), it has a population of 402,300 in 2014. The elderly population aged 65 or above is 15.4%. The district ranks the top seventh among other districts in its percentage of elderly population. The demand for elderly services is therefore relatively high in comparison with other districts in Hong Kong.

66.1% of senior citizens are living in private permanent housing while 32.6% of senior citizens are living in public rental housing. This reflects the contrasting living conditions of elder residents in Kowloon City District. Moreover, 55% of the senior citizens are living alone which highlights the challenges of senior citizens to live independently in the community (Census and Statistics Department, 2011).

Kowloon City District is a convenient location connected with other districts in Hong Kong with the East Kowloon Corridor, Lion Rock Tunnel and Kai Tak Tunnel. The major public transport modes are Kowloon Motor Bus (KMB), red minibus and green minibus. There is a MTR station at Hung Hom. The Shatin-to-Central Link is currently under construction and will be in service in 2018 tentatively.

To cater for the high demand for elderly services, various non-governmental organisations (NGOs) have established their community care and support services in the district. There are 3 District Elderly Community Centres (DECC) and 9 Neighbourhood Elderly Centres (NEC) in Kowloon City District. The elderly centres in the district are divided into 3 clusters and each cluster consists of 1 DECC and a number of NECs serving similar service boundary. The 3 DECCs include Hong Kong Sheng Kung Hui Lok Man Alice Kwok Integrated Service Centre, Hong Kong Sheng Kung Hui Holy Carpenter Church District Elderly Community Centre and Tung Wah Group of Hospitals Wong Cho Tong District Elderly Community Centre. Elderly centres in each cluster hold regular meetings to discuss social service development issues in their own service area (The detailed information of Social Support Services is given in Appendix 1).

For the general health and medical services, public general out-patient clinics in Kowloon City, Hung Hom and To Kwa Wan are the main public service providers to residents as the 2 public hospitals in the district only provide specialised medical treatments. There is 1 elderly health centre located in Kowloon City (Hau Wong Road). There is a variety of leisure and recreational facilities in Kowloon City District, such as swimming pools, parks, libraries, sports centres and sports grounds. However, parks and swimming pools are not available in Hung Hom. Hung Hom residents have to go to other sub-districts, such as Whampoa and To Kwa Wan, to use these facilities (The details of Health and Community Services are given in Appendix 2 and 3 respectively).

### **Field Observation**

Kowloon City District includes some old sub-districts (e.g. Hung Hom, To Kwa Wan and Ma Tau Wai) and new sub-districts (e.g. Whampoa). A community study in Kowloon City District was conducted by the professional support team of The Hong Kong Polytechnic University and undergraduate students from Bachelor of Science (Honours) in Applied Ageing Studies between August and November 2015.

In Hung Hom, To Kwa Wan and Kowloon City, many residential dwellings were mid-rise flats built in the mid-20th century. Since the 1970s, public housing estates (i.e. Mau Tau Wai Estate (馬頭圍邨), Oi Man Estate (愛民邨) were built to provide relief in those crowded areas of Kowloon City District. Many pavements in this district were narrow. During the field observation at To Kwa Wan, it was observed that shop owners displayed goods on the street spaces adjacent to their shops, thus obstructing the accessibility of the pavements. Many pedestrians, especially the senior citizens, found it inconvenient and difficult to walk on the pavements.

To Kwa Wan and Ma Tau Wai had many old private buildings built in the mid-20th century which did not meet the age-friendly standards. Some deprived senior citizens were living in tenement houses where the living condition was extremely poor and the rent was expensive.

We observed that not many outdoor seats were available in the public spaces. The parks near the harbourfront were somehow far away from the residential areas close to the

hill side. Senior citizens who walked slowly might find it difficult to walk from the hill side to the parks. Self-initiated entertainment took place every evening in the Hoi Sum Park where it attracted a large number of senior citizens.

In general, the district is well-connected with transportation network of buses and minibuses. It was observed that seats were not provided at bus and minibus stops and many bus stops were not covered by shelters. The construction of the new MTR line, namely the Shatin-to-Central Link, occupied large areas in Hung Hom and Ma Tau Wai Road. This had led to the cancellation and relocation of some bus stops and thus caused a certain extent of inconvenience to many people.

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## **Appendix 1. List of Social Support Services in Kowloon City District**

### **Social Support Services<sup>1</sup>:**

Care & Attention Homes for the Elderly	1. AWL Chan Kwun Tung Care and Attention Home for the Elderly 2. AWL Ho Leung Kit Ting Care & Attention Home for the Elderly 3. NAAC Shanghai Fraternity Association Care and Attention Home For the Elderly 4. TWGHs Wong Cho Tong Care and Attention Home
Contract Home	1. PLK Merry Court for the Senior
Day Care Centre / Unit for the Elderly	1. AWL Chan Kwun Tung Care and Attention Home for the Elderly 2. HKLSS Martha Boss Lutheran Day Care Centre for the Elderly 3. TWGHs Wong Cho Tong Day Care Centre for the Elderly
District Elderly Community Centre	1. Hong Kong Sheng Kung Hui Lok Man Alice Kwok Integrated Service Centre 2. Sheng Kung Hui Holy Carpenter Church District Elderly Community Centre 3. TWGHs Wong Cho Tong District Elderly Community Centre
Enhanced Home and Community Care Services for the Elders	1. TWGHs Enhanced Home and Community Care Service (Kowloon City District) 2. TWGHs Home Care Services for Frail Elders (Kowloon City, Yau Tsim Mong, Sham Shui Po)
Emergency Placement	1. AWL Chan Kwun Tung Care and Attention Home for the Elderly
Homes for the Aged	1. AWL Chan Kwun Tung Care and Attention Home for the Elderly
Integrated Home Care Services (Agency and District-based)	1. Hong Kong Sheng Kung Hui Hok Yuen Integrated Home Care Services Team 2. Hong Kong Sheng Kung Hui Lok Man Alice Kwok Integrated Service Centre - Integrated Home Care Services Team 3. Hong Kong Sheng Kung Hui Lok Man Integrated Home Care Services Team

<sup>1</sup> Source: Social Welfare Department  
[http://www.swd.gov.hk/en/index/site\\_district/page\\_kcytm/sub\\_1414/id\\_527/dir\\_3/](http://www.swd.gov.hk/en/index/site_district/page_kcytm/sub_1414/id_527/dir_3/)

	4. Sheng Kung Hui Holy Carpenter Church District Elderly Community Centre 5. Sheng Kung Hui Holy Carpenter Church Kowloon City Integrated Home Care Services Team 6. HKYWCA Kowloon City Integrated Home Care Services Team 7. TWGHs Wong Cho Tong Integrated Home Care Services
Infirmity Units	1. AWL Chan Kwun Tung Care and Attention Home for the Elderly
Neighbourhood Elderly Centre	1. CSBS Tan Siu Lin Neighbourhood Elderly Centre 2. HHCKLA Buddhist Ho Wong Cheong Po Neighbourhood Elderly Centre 3. HKFWS Senior Citizen Centre(Kowloon City) 4. HKMEA Cheng Yu Tung Neighbourhood Elderly Centre 5. IBPS Law Chan Chor Sze Neighbourhood Elderly Centre 6. PLK Wan Lam May Yin Shirley Neighbourhood Elderly Centre 7. Yan Chai Hospital Ng Wong Yee Man Neighbourhood Elderly Centre 8. YMMSS Oi Man Neighbourhood Elderly Centre
Respite Service	1. AWL Chan Kwun Tung Care and Attention Home for the Elderly
Social Centre for the Elderly	1. NLCC Ho Man Tin Social Centre for the Elderly 2. Yan Tin Baptist Church Social Centre for the Elderly
Support Team for the Elderly Based at District Elderly Community Centres	1. Hong Kong Sheng Kung Hui Lok Man Alice Kwok Integrated Service Centre 2. Sheng Kung Hui Holy Carpenter Church District Elderly Community Centre 3. TWGHs Wong Cho Tong District Elderly Community Centre

**Appendix 2. List of Health Services in Kowloon City District****Health Services:**

<b>Public Hospitals (Specialists)</b>	<b>Public General Out-patient Clinics</b>
1. Kowloon Hospital 2. Hong Kong Eye Hospital	1. Central Kowloon Health Centre 2. Hung Hom Clinic 3. Lee Kee Memorial Dispensary 4. Shun Tak Fraternal Association Leung Kau Kui Clinic
<b>Private Hospitals</b>	<b>Private Clinics<sup>2</sup></b>
1. Hong Kong Baptist Hospital 2. St. Teresa's Hospital 3. Evangel Hospital	289
<b>Elderly Health Centre</b>	
1. Kowloon City Elderly Health Centre	

<sup>2</sup> Source: 醫德網 <http://www.edr.hk/doctor/kowloon-city>



**Appendix 3. List of Community Services in Kowloon City District****Community Services<sup>3</sup>:**

<b>Swimming Pools</b>	<b>Sports Centres</b>
1. Ho Man Tin Swimming Pool 2. Kowloon Tsai Swimming Pool 3. Tai Wan Shan Swimming Pool	1. Fat Kwong Street Sports Centre 2. Ho Man Tin Sports Centre 3. Hung Hom Municipal Services Building Sports Centre 4. Kowloon City Sports Centre 5. To Kwa Wan Sports Centre
<b>Parks</b>	<b>Sports Grounds</b>
1. Hoi Sham Park 2. Homantin East Service Reservoir Playground 3. Hutchsion Park 4. Junction Road Park 5. Kai Tak Cruise Terminal Park 6. Ko Shan Road Park 7. Kowloon Tsai Park 8. Kowloon Walled City Park 9. Tin Kwong Road Tennis Court	1. Kowloon Tsai Sports Ground 2. Perth Street Sports Ground
<b>Libraries</b>	
1. Hung Hom Public Library 2. Kowloon City Public Library 3. Kowloon Public Library 4. To Kwa Wan Public Library	

<sup>3</sup> Source: Leisure and Cultural Services Department  
<http://www.lcsd.gov.hk/en/facilities/facilitiessearch/phoneaddress.php?cat=all&dist=KC>

**District Characteristics of Kwun Tong**

Kwun Tong District is one of the earliest developed areas in Hong Kong with approximately 1,130 hectares land area (Kwun Tong District Council, 2015). According to the Population and Household Statistics Analysed by District Council District (Census and Statistics Department, 2015), it has a population of 639,900 in 2014. The elderly population aged 65 or above is 16.7%. The district ranks the third among other districts in its percentage of elderly population. The demand for elderly services is therefore relatively high in comparison with other districts.

12.9% of senior citizens are living in private permanent housing while 77.2% of senior citizens are living in public rental housing. Moreover, 65.3% of the elderly residents are living alone, which highlights the challenges of senior citizens to live independently in the community (Census and Statistics Department, 2011).

Kwun Tong District connects with other districts in Hong Kong with the Kwun Tong Road, Kwun Tong Bypass, Tseung Kwan O Tunnel and Eastern Harbour Crossing. The major public transport modes are MTR, Kowloon Motor Bus (KMB), New World First Bus (NWFB), CityBus, green minibus and red minibus. There are 5 MTR stations in Kwun Tong District, which are Kwun Tong Station, Lam Tin Station, Ngau Tau Kok Station, Yau Tong Station and Kowloon Bay Station. The choices of public transport appear to be affluent.

To cater for the high demand for elderly services, various non-governmental organisations (NGOs) have established their community care and support services in the district. There are 4 District Elderly Community Centres (DECC) and 21 Neighbourhood Elderly Centres (NEC) in Kwun Tong District. The elderly centres in the district are divided into 4 clusters and each cluster consists of 1 DECC and a number of NECs serving similar service boundary. The 4 DECCs include Christian Family Services Centre True Light Villa District Elderly Community Centre, Hong Kong Christian Service Bliss District Elderly Community Centre, Christian Family Services Centre Shun On District Elderly Community Centre and Po Leung Kuk Lau Chan Siu Po District Elderly Community Centre. Elderly centres in each cluster hold regular meetings to discuss social services development issues in their own service

areas (The detailed information of Social Support Services is given in Appendix 1).

For the general health and medical services, there are public general out-patient clinics in Kwun Tong, Kowloon Bay, Lam Tin, Ngau Tau Kok and Shun Lee. United Christian Hospital is the major hospital in Kwun Tong District. One elderly health centre is located in Lam Tin. There are also a variety of recreational venues in Kwun Tong District, including swimming pools, parks, libraries, sports centres and sports grounds (The details of Health and Community Services are given in Appendix 2 and 3 respectively).

### **Field Observation**

Kwun Tong District has a hilly landscape where old and new public housing estates are major types of housing. A community study in Kwun Tong District was conducted by the professional support team of The Hong Kong Polytechnic University and undergraduate students from Bachelor of Science (Honours) in Applied Ageing Studies between August and November 2015 to explore the dynamics of public spaces and community facilities in downtown public housing estates, uphill old public housing estates (built before the 1990s) and uphill new public housing estates (built after the 1990s).

In certain downtown areas (i.e. Yue Man Fong, Shui Wo Street Market and the nearby commercial area), the pavements were crowded with pedestrians during day time. Many senior citizens from other parts of the district came to these areas to buy daily food and necessities because of cheaper prices and a variety of product choices.

Regarding the uphill old public housing estates, many of them were built before the 1990s (i.e. Lok Wah (South / North) Estate (樂華(南/北)邨) and Shun Tin Estate (順天邨) with sufficient and spacious spaces on the podium which allowed senior citizens to freely select their gathering places. The plain design of podium enabled the residents to undertake different activities they preferred within a loose framework. Although senior citizens enjoyed a lively and friendly neighbourhood life on the podium, it was observed that elderly fitness facilities were insufficient.

There were sufficient greenery spaces in the uphill new public housing estates (i.e. Sau Mau Ping Estate (秀茂坪邨) and Ko Yee Estate (高怡邨). The public spaces of uphill new public housing estates had sophisticated design where zoning patterns were distinct. Apart from seating benches, new models of elderly fitness facilities were available. Moreover, it was remarked that prices of food and daily necessities sold in shopping complexes near to uphill new public housing estates were much more expensive than those sold in the downtown areas.

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## Appendix 1. List of Social Support Services in Kwun Tong District

### Social Support Services<sup>1</sup>:

Care and Attention Homes Providing Continuum of Care	<ol style="list-style-type: none"> <li>1. HKBA Buddhist Sum Ma Shui Ying Care and Attention Home for the Elderly</li> <li>2. HKCWC Madam Wong Chan Sook Ying Memorial Care and Attention Home for the Aged</li> <li>3. HKCS Shun Lee Home for the Elderly</li> <li>4. Hong Kong Sheng Kung Hui Good Shepherd Home for the Elderly</li> <li>5. Hong Kong Sheng Kung Hui Home of Loving Care for the Elderly</li> <li>6. SAGE Kai Yip Home for the Elderly</li> <li>7. SAGE Mrs Y.K. Fung Home for the Elderly</li> <li>8. KWWC Wong Cheung Kin Memorial Hostel for the Elderly</li> <li>9. PLK Siu Ming Memorial Home cum Care and Attention Unit</li> <li>10. SA Tak Tin Residence for Senior Citizens</li> </ol>
Contract Home	<ol style="list-style-type: none"> <li>1. WSE Grace Nursing Home (Tak Tin)</li> <li>2. Yuen Yuen Nursing Home (Sau Mau Ping Estate)</li> <li>3. Yuen Yuen Nursing Home Cum Day Care Centre for the Elderly (Shun Lee Estate)</li> </ol>
Day Care Centre / Unit for the Elderly	<ol style="list-style-type: none"> <li>1. CFSC Choi Ying Day Care Centre for the Elderly</li> <li>2. CFSC Kwun Tong Day Care Centre for the Elderly</li> <li>3. CFSC True Light Villa Day Care Centre for the Elderly</li> <li>4. HKCWC Yau Lai Day Care Centre for the Elderly</li> <li>5. HKCS Chin Wah Day Care Centre for the Elderly</li> <li>6. Hong Kong Sheng Kung Hui LokWah Day Care Centre for the Elderly</li> <li>7. PLK Koo Bin Kau Lee Day Care Centre for the Elderly</li> <li>8. UCNCHS Lei Yue Mun Day Care Centre for the Elderly</li> <li>9. Yuen Yuen Nursing Home Cum Day Care Centre for the Elderly (Shun Lee Estate)</li> </ol>
District Elderly Community Centre	<ol style="list-style-type: none"> <li>1. CFSC Shun On District Elderly Community Centre</li> <li>2. CFSC True Light Villa District Elderly Community Centre</li> <li>3. HKCS Bliss District Elderly Community Centre</li> <li>4. PLK Lau Chan Siu Po District Elderly Community Centre</li> </ol>
Enhanced Home and Community Care Services for the Elders	<ol style="list-style-type: none"> <li>1. CFSC Kwun Tong Enhanced Home and Community Care Services</li> <li>2. Haven of Hope (Kwun Tong (2)) Enhanced Home and Community Care Services</li> <li>3. HKFWS East Kowloon (Shun Lee) Centre</li> </ol>
Emergency Placement	<ol style="list-style-type: none"> <li>1. Alice Ho Miu Ling Nethersole Nursing Home</li> <li>2. HKCWC Madam Wong Chan Sook Ying Memorial Care and Attention Home for the Aged</li> </ol>
Integrated Home Care Services (Agency and	<ol style="list-style-type: none"> <li>1. CFSC Kwun Tong Integrated Home Care Services</li> <li>2. CFSC Lam Tin Integrated Home Care Services</li> </ol>

<sup>1</sup>Source: Social Welfare Department

[http://www.swd.gov.hk/en/index/site\\_district/page\\_kwuntong/sub\\_infobook/id\\_527/dir\\_3/](http://www.swd.gov.hk/en/index/site_district/page_kwuntong/sub_infobook/id_527/dir_3/)

District-based)	<ol style="list-style-type: none"> <li>3. HKCS Wan Hon Integrated Home Care Services Team</li> <li>4. HKFWS East Kowloon (Ngau Tau Kok) Centre</li> <li>5. HKFWS East Kowloon (Shun On) Centre</li> <li>6. SA Kwun Tong Integrated Home Care Service Team</li> </ol>
Infirmity Units	<ol style="list-style-type: none"> <li>1. HKCWC Madam Wong Chan Sook Ying Memorial Care and Attention Home for the Aged</li> </ol>
Neighbourhood Elderly Centre	<ol style="list-style-type: none"> <li>1. AEFCHK-EFCC-Hing Tin Wendell Memorial Church Alison Lam Elderly Centre</li> <li>2. Caritas Elderly Centre - Kwun Tong</li> <li>3. Caritas Elderly Centre - Ngau Tau Kok</li> <li>4. Christian &amp; Missionary Alliance Church Union Hong Kong - Yau Lai</li> <li>5. CSBS Fong Wong Woon Tei Neighbourhood Elderly Centre</li> <li>6. CSBS Mrs Aw Boon Haw Neighbourhood Elderly Centre</li> <li>7. FMC Tak Tin IVY Club</li> <li>8. HK&amp;MLC Kei Fuk Elderly Centre</li> <li>9. HKCMIS Ko Chiu Road Centre of Christ Love for the Aged</li> <li>10. HKCS Shun Lee Neighbourhood Elderly Centre</li> <li>11. HKLSS Sai Cho Wan Lutheran Centre for the Elderly</li> <li>12. HKLSS Sai Cho Wan Lutheran Centre for the Elderly - Grace Sceneway Sub-office</li> <li>13. SAGE Kai Yip Neighbourhood Elderly Centre</li> <li>14. Choi Ha Neighbourhood Elderly Centre</li> <li>15. KTMSS Lam Tin Neighbourhood Elderly Centre</li> <li>16. LTEKFWA Neighbourhood Elderly Centre</li> <li>17. PCHK Ngau Tau Kok Neighbourhood Elderly Centre</li> <li>18. PLK Lau Chan Siu Po Neighbourhood Elderly Centre</li> <li>19. SSY Ho Wing Neighbourhood Centre for Senior Citizens (Sponsored by SikSik Yuen)</li> <li>20. TWGHs Fong Shiu Yee Neighbourhood Elderly Centre</li> <li>21. TWGHs Pong Wing Shiu Neighbourhood Elderly Centre</li> </ol>
Nursing Home	<ol style="list-style-type: none"> <li>1. Alice Ho Miu Ling Nethersole Nursing Home</li> </ol>
Support Team for the Elderly Based at District Elderly Community Centres	<ol style="list-style-type: none"> <li>1. CFSC Shun On District Elderly Community Centre</li> <li>2. CFSC True Light Villa District Elderly Community Centre</li> <li>3. HKCS Bliss District Elderly Community Centre</li> <li>4. PLK Lau Chan Siu Po District Elderly Community Centre</li> </ol>

**Appendix 2. List of Health Services in Kwun Tong District****Health Services:**

<b>Public Hospital (Specialists)</b>	<b>Public General Out-patient Clinics</b>
1. United Christian Hospital	1. Kowloon Bay Health Centre General Out-patient Clinic 2. Kwun Tong Community Health Centre 3. Lam Tin Polyclinic General Out-patient Clinic 4. Ngau Tau Kok Jockey Club General Out-patient Clinic 5. Shun Lee General Out-patient Clinic
<b>Elderly Health Centre</b>	<b>Private Clinics<sup>2</sup></b>
1. Lam Tin Elderly Health Centre	263

<sup>2</sup> Source: 醫德網 <http://www.edr.hk/doctor/kwun-tong>



**Appendix 3. List of Community Services in Kwun Tong District**

**Community Services<sup>3</sup>:**

<b>Swimming Pools</b>	<b>Sports Centres</b>
1. Jordan Valley Swimming Pool 2. Kwun Tong Swimming Pool 3. Lam Tin Swimming Pool	1. Chun Wah Road Sports Centre 2. Hiu Kwong Street Sports Centre 3. Kowloon Bay Sports Centre 4. Lam Tin South Sports Centre 5. Lei Yue Mun Sports Centre 6. Ngau Tau Kok Road Sports Centre 7. Shui Wo Street Sports Centre 8. Shun Lee Tsuen Sports Centre
<b>Parks</b>	<b>Sports Grounds</b>
1. Hiu Ming Street Playground 2. Hong Ning Road Park 3. Jordan Valley Playground 4. Lam Tin Park 5. Ping Shek Playground 6. Sai Tso Wan Recreation Ground 7. Shun Lee Tsuen Park 8. Sin Fat Road Tennis Court	1. Kowloon Bay Sports Ground
<b>Libraries</b>	
1. Lam Tin Public Library 2. Lei Yue Mun Public Library 3. Ngau Tau Kok Public Library 4. Sau Mau Ping Public Library 5. Shui Wo Street Public Library 6. Shun Lee Estate Public Library	

<sup>3</sup> Source: Leisure and Cultural Services Department  
<http://www.lcsd.gov.hk/en/facilities/facilitiessearch/phoneaddress.php?cat=all&dist=KT>

## 53 items covering eight domains of age-friendly city

<b>A</b>	<b>室外空間和建築</b>
1.	公共地方乾淨同舒適。
2.	戶外座位同綠化空間充足，而且保養得妥善同安全。
3.	司機喺路口同行人過路處俾行人先。
4.	單車徑同行人路分開。
5.	街道有充足嘅照明，而且有警察巡邏，令戶外地方安全。
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。
7.	有安排特別客戶服務俾有需要人士，例如長者專用櫃檯。
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。
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。
<b>B</b>	<b>交通</b>
10.	路面交通有秩序。
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。
12.	公共交通嘅費用係可以負擔嘅，而且價錢清晰。無論喺惡劣天氣、繁忙時間或假日，收費都係一致嘅。
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。
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。
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。
16.	有專為殘疾人士而設嘅交通服務。
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。
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。
19.	喺公共交通唔夠嘅地方有其他接載服務。
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。
21.	馬路保養妥善，照明充足。
<b>C</b>	<b>房屋</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。
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。
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。
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。
<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。
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。
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。
29.	提供多元化嘅活動去吸引唔同喜好嘅長者參與。
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。
31.	對少接觸外界嘅人士提供可靠嘅外展支援服務。

<b>E</b>	<b>尊重和社會包容</b>
32.	各種服務會定期諮詢長者，為求服務得佢地更好。
33.	提供唔同服務同產品，去滿足唔同人士嘅需求同喜好。
34.	服務人員有禮貌，樂於助人。
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。
36.	社會認同長者嘅過去同埋目前所作出嘅貢獻。
37.	傳媒對長者嘅描述正面同埋有成見。
<b>F</b>	<b>公民參與和就業</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。
39.	長者員工嘅特質得到廣泛推崇。
40.	提倡各種具彈性並有合理報酬嘅工作機會俾長者。
41.	禁止嘅僱用、留用、晉升同培訓僱員呢幾方面年齡歧視。
<b>G</b>	<b>信息交流</b>
42.	資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到。
43.	定期提供長者有興趣嘅訊息同廣播。
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。
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。
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。
47.	係公眾場所，好似政府辦事處、社區中心同圖書館，已廣泛設有平嘅或者係免費嘅電腦同上網服務俾人使用。
<b>H</b>	<b>社區與健康服務</b>
48.	醫療同社區支援服務足夠。
49.	有提供家居護理服務，包括健康、個人照顧同家務。
50.	院舍服務設施同長者嘅居所都鄰近其他社區服務同地方。
51.	市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務。
52.	社區應變計劃(好似走火警)有考慮到長者嘅能力同限制。
53.	墓地(包括土葬同骨灰龕)嘅數量足夠同埋容易獲得。

### Sense of Community

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

Baseline Assessment: Subgroup differences in domain mean scores

Socio-demographic variables, Self-rated health, Experience of looking after older people aged 65 and above, Use of elderly community centre in past three months, Sense of community	Significant differences (p-adjusted) and linear trend (p-trend) in domain mean scores by subgroups															
	Outdoor spaces and buildings		Transportation		Housing		Social Participation		Respect and social inclusion		Civic participation and employment		Communication and information		Community support and health services	
	p-adjusted	p-trend	p-adjusted	p-trend	p-adjusted	p-trend	p-adjusted	p-trend	p-adjusted	p-trend	p-adjusted	p-trend	p-adjusted	p-trend	p-adjusted	p-trend
Age group	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	0.389	0.110	0.160	0.367	0.456	0.755	0.060	0.117	0.268	0.858
Gender	0.344		0.652		0.909		0.029		<0.001		0.022		0.067		0.665	
Marital status	0.058		0.512		0.193		0.165		0.168		0.465		0.844		0.015	
Educational level	0.064	0.027	0.073	0.026	0.631	0.434	0.083	0.121	<0.001	<0.001	0.008	0.007	0.064	0.160	0.014	0.004
Type of housing	<0.001		<0.001		<0.001		<0.001		0.002		<0.001		<0.001		<0.001	
Living arrangement	0.040		0.899		0.389		0.906		0.893		0.819		0.418		0.296	
Length of residence in the community	<0.001	0.003	<0.001	0.051	<0.001	0.632	0.553	0.274	0.155	0.114	0.504	0.769	0.649	0.284	0.108	0.929
Employment status	0.968		0.982		0.082		0.331		0.002		0.361		0.061		0.152	
Monthly personal income	0.024	0.691	0.021	0.101	0.400	0.135	0.320	0.377	0.642	0.698	0.049	0.535	0.730	0.336	0.411	0.132
Self-rated health	<0.001	<0.001	<0.001	<0.001	0.003	0.005	0.139	0.033	0.006	0.023	0.008	0.703	0.081	0.978	0.019	<0.001
Experience of looking after older people aged 65 and above	0.614		0.767		0.468		0.699		0.305		0.454		0.456		0.873	
Use of elderly community centre in the past three months	0.003		0.668		0.021		<0.001		<0.001		<0.001		<0.001		0.001	
Sense of community	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001

"p-adjusted" is the p-values of the final models after adjusting for covariates

"p-trend" is the p-values of the linearity of the models after adjusting for covariates

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend values were computed for categorical ordinal variables in ANCOVA.

Key indicating level of significance  
<0.05  
<0.01

	Outdoor spaces and buildings						p	p-adjusted	p-trend
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean				
<b>Age group (year)</b>									
18-49	536	3.82	0.82	3.90	0.05	<0.001	<0.001	<0.001	
50-64	1018	3.92	0.80	4.00	0.03				
65-79	1876	4.09	0.78	4.06	0.02				
≥80	840	4.16	0.74	4.15	0.03				
<b>Gender</b>									
Male	1332	4.01	0.78	4.03	0.02	0.397	0.344		
Female	2939	4.04	0.79	4.06	0.01				
<b>Marital status</b>									
Currently married	2559	4.02	0.80	4.03	0.02	0.276	0.058		
Never married/divorced/separated	1701	4.04	0.78	4.08	0.02				
Others*	2	4.60	1.80	--	--				
<b>Educational level</b>									
Primary and below	2032	4.13	0.77	4.08	0.02	<0.001	0.064	0.027	
Secondary	1586	3.98	0.78	4.03	0.02				
Post secondary	647	3.84	0.80	3.98	0.04				
<b>Type of housing</b>									
Public rental	1429	4.18	0.77	4.14	0.02	<0.001	<0.001		
Subsidised home ownership	725	4.07	0.72	4.13	0.03				
Private permanent	2000	3.91	0.79	3.94	0.02				
Others*	101	3.83	0.92	--	--				
<b>Living arrangement</b>									
Living alone	914	4.06	0.75	3.99	0.03	0.395	0.040		
Living with family members and others	3267	4.02	0.80	4.06	0.01				
Living with others	83	4.07	0.78	4.18	0.12				
<b>Length of residence in the community (year)</b>									
<1	54	4.01	0.88	4.45	0.18	0.004	<0.001	0.003	
1-<5	361	4.06	0.78	4.17	0.04				
5-<10	331	4.09	0.76	4.17	0.04				
10-<15	429	4.00	0.84	4.06	0.04				
15-<25	1023	4.10	0.79	4.13	0.02				
≥25	2042	3.98	0.78	3.96	0.02				
<b>Employment status</b>									
Working	806	3.87	0.81	4.04	0.04	<0.001	0.968		
Retired	2514	4.09	0.78	4.05	0.02				
Unemployed/homemakers/students	880	4.00	0.78	4.04	0.03				
Others*	2	4.08	0.82	--	--				
<b>Monthly personal income (HKD)</b>									
<4,000	1900	4.11	0.78	4.08	0.02	<0.001	0.024	0.691	
4,000-9,999	1164	4.02	0.74	4.00	0.02				
10,000-29,999	834	3.91	0.82	4.03	0.03				
≥30,000	201	3.88	0.80	4.10	0.06				
<b>Self-rated health</b>									
Poor	373	4.01	0.82	3.97	0.04	<0.001	<0.001	<0.001	
Fair	1972	3.99	0.78	4.00	0.02				
Good	1066	4.02	0.75	4.06	0.02				
Very good	623	4.12	0.80	4.16	0.03				
Excellent	231	4.25	0.92	4.22	0.05				
<b>Experience of looking after older people aged 65 and above</b>									
No	2332	4.01	0.78	4.04	0.02	0.082	0.614		
Yes	1906	4.05	0.80	4.06	0.02				
<b>Use of elderly community centre in the past three months</b>									
No	1014	4.11	0.78	4.16	0.03	0.447	0.003		
Yes	2126	4.09	0.77	4.07	0.02				
<b>Sense of community (by quartile)</b>									
≤28	1263	3.67	0.79	3.72	0.02	<0.001	<0.001	<0.001	
29-31	1112	3.99	0.69	4.00	0.02				
32-33	896	4.22	0.66	4.23	0.03				
≥34	882	4.39	0.80	4.36	0.03				

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.

	Transportation							p	p-adjusted	p-trend
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean					
<b>Age group (year)</b>										
18-49	536	3.89	0.83	4.00	0.04	<0.001	<0.001	<0.001		
50-64	1017	4.03	0.77	4.14	0.02					
65-79	1871	4.36	0.70	4.32	0.02					
≥80	838	4.44	0.62	4.38	0.03					
<b>Gender</b>										
Male	1330	4.23	0.76	4.27	0.02	0.506	0.652			
Female	2933	4.24	0.74	4.26	0.01					
<b>Marital status</b>										
Currently married	2556	4.21	0.76	4.25	0.02	0.006	0.512			
Never married/divorced/separated	1696	4.28	0.74	4.27	0.02					
Others*	2	5.04	1.12	--	--					
<b>Educational level</b>										
Primary and below	2024	4.38	0.69	4.29	0.02	<0.001	0.073	0.026		
Secondary	1585	4.16	0.78	4.25	0.02					
Post secondary	648	3.99	0.77	4.19	0.03					
<b>Type of housing</b>										
Public rental	1424	4.35	0.74	4.30	0.02	<0.001	<0.001			
Subsidised home ownership	725	4.24	0.70	4.32	0.03					
Private permanent	1998	4.17	0.76	4.20	0.02					
Others*	100	4.15	0.79	--	--					
<b>Living arrangement</b>										
Living alone	908	4.36	0.66	4.27	0.03	<0.001	0.899			
Living with family members and others	3265	4.20	0.77	4.26	0.01					
Living with others	83	4.29	0.79	4.30	0.11					
<b>Length of residence in the community (year)</b>										
<1	53	4.26	0.85	4.52	0.16	0.069	0.001	0.051		
1-<5	360	4.16	0.80	4.30	0.04					
5-<10	332	4.26	0.77	4.36	0.04					
10-<15	429	4.17	0.81	4.24	0.03					
15-<25	1018	4.25	0.77	4.30	0.02					
≥25	2040	4.26	0.70	4.22	0.02					
<b>Employment status</b>										
Working	806	3.98	0.81	4.26	0.03	<0.001	0.982			
Retired	2508	4.34	0.71	4.26	0.02					
Unemployed/homemakers/students	879	4.19	0.74	4.25	0.03					
Others*	2	4.50	0.71	--	--					
<b>Monthly personal income (HKD)</b>										
<4,000	1895	4.35	0.71	4.30	0.02	<0.001	0.021	0.101		
4,000-9,999	1163	4.27	0.70	4.25	0.02					
10,000-29,999	833	4.02	0.80	4.19	0.03					
≥30,000	201	3.98	0.80	4.21	0.06					
<b>Self-rated health</b>										
Poor	373	4.23	0.73	4.17	0.04	<0.001	<0.001	<0.001		
Fair	1971	4.21	0.75	4.23	0.02					
Good	1059	4.22	0.72	4.27	0.02					
Very good	623	4.29	0.78	4.34	0.03					
Excellent	231	4.45	0.80	4.41	0.05					
<b>Experience of looking after older people aged 65 and above</b>										
No	2326	4.24	0.74	4.26	0.02	0.656	0.767			
Yes	1904	4.23	0.76	4.26	0.02					
<b>Use of elderly community centre in the past three months</b>										
No	1010	4.28	0.73	4.34	0.02	<0.001	0.668			
Yes	2123	4.37	0.68	4.35	0.01					
<b>Sense of community (by quartile)</b>										
≤28	1262	3.84	0.78	3.91	0.02	<0.001	<0.001	<0.001		
29-31	1112	4.18	0.65	4.19	0.02					
32-33	895	4.45	0.58	4.44	0.02					
≥34	881	4.66	0.67	4.62	0.02					

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.

	Housing					p	p-adjusted	p-trend
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean			
<b>Age group (year)</b>								
18-49	535	3.28	1.05	3.48	0.06	<0.001	<0.001	<0.001
50-64	1013	3.56	0.97	3.65	0.03			
65-79	1869	3.80	1.02	3.75	0.02			
≥80	835	3.85	0.98	3.86	0.04			
<b>Gender</b>								
Male	1329	3.68	1.03	3.73	0.03	0.699	0.909	
Female	2924	3.69	1.02	3.72	0.02			
<b>Marital status</b>								
Currently married	2548	3.69	1.03	3.74	0.02	0.986	0.193	
Never married/widowed/divorced/separated	1694	3.69	1.01	3.70	0.03			
Others*	2	4.38	1.59	--	--			
<b>Educational level</b>								
Primary and below	2023	3.82	1.02	3.74	0.02	<0.001	0.631	0.434
Secondary	1581	3.64	1.00	3.71	0.03			
Post secondary	643	3.40	1.01	3.70	0.05			
<b>Type of housing</b>								
Public rental	1422	4.00	1.00	3.97	0.03	<0.001	<0.001	
Subsidised home ownership	725	3.68	0.98	3.76	0.04			
Private permanent	1989	3.47	0.99	3.52	0.02			
Others*	101	3.48	1.04	--	--			
<b>Living arrangement</b>								
Living alone	907	3.79	0.98	3.77	0.04	0.001	0.389	
Living with family members and others	3256	3.66	1.03	3.71	0.02			
Living with others	83	3.51	1.06	3.78	0.16			
<b>Length of residence in the community (year)</b>								
<1	54	3.19	1.18	3.51	0.23	0.001	<0.001	0.632
1-<5	358	3.66	1.01	3.80	0.06			
5-<10	330	3.76	1.07	3.88	0.06			
10-<15	426	3.69	1.04	3.69	0.05			
15-<25	1019	3.75	1.02	3.81	0.03			
≥25	2035	3.66	1.00	3.66	0.02			
<b>Employment status</b>								
Working	805	3.43	1.02	3.70	0.05	<0.001	0.082	
Retired	2504	3.81	0.99	3.75	0.02			
Unemployed/homemakers/students	874	3.57	1.06	3.66	0.04			
Others*	2	3.33	1.41	--	--			
<b>Monthly personal income (HKD)</b>								
<4,000	1892	3.76	1.02	3.71	0.02	<0.001	0.400	0.135
4,000-9,999	1159	3.72	1.00	3.70	0.03			
10,000-29,999	832	3.54	1.00	3.77	0.04			
≥30,000	201	3.44	1.00	3.83	0.08			
<b>Self-rated health</b>								
Poor	372	3.69	1.05	3.63	0.05	0.013	0.003	0.005
Fair	1965	3.64	1.03	3.68	0.02			
Good	1061	3.69	1.00	3.77	0.03			
Very good	621	3.75	0.96	3.83	0.04			
Excellent	229	3.86	1.11	3.81	0.07			
<b>Experience of looking after older people aged 65 and above</b>								
No	2321	3.64	1.02	3.71	0.02	0.001	0.468	
Yes	1899	3.74	1.02	3.74	0.02			
<b>Use of elderly community centre in the past three months</b>								
No	1009	3.68	1.04	3.72	0.03	<0.001	0.021	
Yes	2117	3.83	0.98	3.82	0.02			
<b>Sense of community (by quartile)</b>								
≤28	1259	3.25	0.96	3.33	0.03	<0.001	<0.001	<0.001
29-31	1108	3.67	0.94	3.71	0.03			
32-33	894	3.96	0.92	3.95	0.03			
≥34	879	4.07	1.06	4.04	0.03			

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.

	Social Participation						p	p-adjusted	p-trend
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean				
<b>Age group (year)</b>									
18-49	533	4.03	0.85	4.40	0.05	<0.001	0.389	0.110	
50-64	1004	4.18	0.87	4.34	0.03				
65-79	1859	4.38	0.86	4.31	0.02				
≥80	830	4.43	0.81	4.30	0.03				
<b>Gender</b>									
Male	1318	4.18	0.90	4.28	0.03	<0.001	0.029		
Female	2909	4.35	0.84	4.35	0.02				
<b>Marital status</b>									
Currently married	2535	4.26	0.88	4.31	0.02	<0.001	0.165		
Never married/widowed/divorced/separated	1681	4.36	0.83	4.35	0.02				
Others*	2	3.83	2.59	--	--				
<b>Educational level</b>									
Primary and below	2008	4.40	0.85	4.33	0.02	<0.001	0.083	0.121	
Secondary	1571	4.27	0.85	4.35	0.02				
Post secondary	642	4.06	0.87	4.25	0.04				
<b>Type of housing</b>									
Public rental	1416	4.45	0.83	4.41	0.02	<0.001	<0.001		
Subsidised home ownership	723	4.22	0.88	4.30	0.03				
Private permanent	1973	4.23	0.86	4.27	0.02				
Others*	99	4.00	0.88	--	--				
<b>Living arrangement</b>									
Living alone	898	4.40	0.82	4.34	0.03	<0.001	0.906		
Living with family members and others	3241	4.27	0.87	4.32	0.02				
Living with others	81	4.11	1.07	4.29	0.13				
<b>Length of residence in the community (year)</b>									
<1	53	3.97	1.20	4.14	0.19	<0.001	0.553	0.274	
1-<5	356	4.12	0.97	4.28	0.05				
5-<10	328	4.26	0.86	4.34	0.05				
10-<15	420	4.26	0.88	4.30	0.04				
15-<25	1009	4.33	0.85	4.36	0.03				
≥25	2030	4.34	0.83	4.32	0.02				
<b>Employment status</b>									
Working	796	4.09	0.85	4.35	0.04	<0.001	0.331		
Retired	2491	4.36	0.86	4.31	0.02				
Unemployed/homemakers/students	874	4.30	0.85	4.36	0.03				
Others*	1	5.00	--	--	--				
<b>Monthly personal income (HKD)</b>									
<4,000	1878	4.36	0.87	4.32	0.02	<0.001	0.320	0.377	
4,000-9,999	1156	4.33	0.82	4.30	0.02				
10,000-29,999	829	4.18	0.87	4.37	0.03				
≥30,000	200	4.05	0.88	4.36	0.07				
<b>Self-rated health</b>									
Poor	365	4.25	0.96	4.24	0.04	0.276	0.139	0.033	
Fair	1950	4.31	0.85	4.32	0.02				
Good	1058	4.27	0.81	4.32	0.03				
Very good	619	4.33	0.88	4.38	0.03				
Excellent	229	4.37	0.94	4.37	0.06				
<b>Experience of looking after older people aged 65 and above</b>									
No	2303	4.26	0.87	4.32	0.02	0.003	0.699		
Yes	1891	4.34	0.85	4.33	0.02				
<b>Use of elderly community centre in the past three months</b>									
No	994	4.03	0.99	4.07	0.03	<0.001	<0.001		
Yes	2117	4.54	0.72	4.52	0.02				
<b>Sense of community (by quartile)</b>									
≤28	1246	3.85	0.90	3.93	0.02	<0.001	<0.001	<0.001	
29-31	1106	4.30	0.75	4.31	0.02				
32-33	895	4.54	0.68	4.51	0.03				
≥34	880	4.69	0.81	4.67	0.03				

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.



	Respect and social inclusion						p	p-adjusted	p-trend
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean				
<b>Age group (year)</b>									
18-49	532	3.85	0.85	4.15	0.05	<0.001	0.160	0.367	
50-64	1013	3.97	0.84	4.09	0.03				
65-79	1872	4.11	0.87	4.05	0.02				
≥80	837	4.22	0.80	4.10	0.03				
<b>Gender</b>									
Male	1329	3.94	0.89	4.01	0.03	<0.001	<0.001		
Female	2926	4.12	0.83	4.11	0.02				
<b>Marital status</b>									
Currently married	2551	4.03	0.87	4.06	0.02	0.001	0.168		
Never married/widowed/divorced/separated	1693	4.12	0.83	4.11	0.02				
Others*	2	4.25	2.00	--	--				
<b>Educational level</b>									
Primary and below	2025	4.17	0.83	4.12	0.02	<0.001	<0.001	<0.001	
Secondary	1580	4.02	0.86	4.08	0.02				
Post secondary	644	3.81	0.85	3.93	0.04				
<b>Type of housing</b>									
Public rental	1426	4.20	0.85	4.15	0.02	<0.001	0.002		
Subsidised home ownership	723	3.97	0.89	4.04	0.03				
Private permanent	1990	4.01	0.84	4.05	0.02				
Others*	100	3.79	0.80	--	--				
<b>Living arrangement</b>									
Living alone	908	4.15	0.81	4.07	0.03	0.001	0.893		
Living with family members and others	3257	4.04	0.86	4.08	0.02				
Living with others	83	3.91	0.96	4.03	0.13				
<b>Length of residence in the community (year)</b>									
<1	53	3.94	0.87	4.33	0.19	0.152	0.155	0.114	
1-<5	358	3.96	0.92	4.12	0.05				
5-<10	331	4.08	0.87	4.18	0.05				
10-<15	426	4.04	0.87	4.08	0.04				
15-<25	1017	4.06	0.88	4.09	0.03				
≥25	2039	4.09	0.82	4.06	0.02				
<b>Employment status</b>									
Working	803	3.93	0.83	4.20	0.04	<0.001	0.002		
Retired	2509	4.10	0.87	4.04	0.02				
Unemployed/homemakers/students	874	4.07	0.84	4.10	0.03				
Others*	2	3.18	2.02	--	--				
<b>Monthly personal income (HKD)</b>									
<4,000	1894	4.09	0.88	4.06	0.02	<0.001	0.642	0.698	
4,000-9,999	1163	4.12	0.81	4.10	0.02				
10,000-29,999	831	3.96	0.83	4.10	0.03				
≥30,000	200	3.83	0.86	4.09	0.07				
<b>Self-rated health</b>									
Poor	371	3.95	0.92	3.93	0.04	0.037	0.006	0.023	
Fair	1964	4.08	0.84	4.10	0.02				
Good	1063	4.04	0.82	4.08	0.03				
Very good	622	4.10	0.90	4.13	0.03				
Excellent	229	4.12	0.94	4.08	0.06				
<b>Experience of looking after older people aged 65 and above</b>									
No	2318	4.02	0.86	4.07	0.02	0.001	0.305		
Yes	1904	4.11	0.84	4.10	0.02				
<b>Use of elderly community centre in the past three months</b>									
No	1012	3.89	0.90	3.95	0.03	<0.001	<0.001		
Yes	2121	4.23	0.80	4.21	0.02				
<b>Sense of community (by quartile)</b>									
≤28	1255	3.59	0.83	3.65	0.02	<0.001	<0.001	<0.001	
29-31	1111	4.04	0.75	4.05	0.02				
32-33	894	4.35	0.70	4.32	0.03				
≥34	882	4.47	0.82	4.45	0.03				

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.

	Civic participation and employment							
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean	p	p-adjusted	p-trend
<b>Age group (year)</b>								
18-49	527	3.52	0.99	3.79	0.06	<0.001	0.456	0.755
50-64	1000	3.76	1.00	3.88	0.03			
65-79	1836	3.89	0.99	3.82	0.02			
≥80	806	3.95	0.96	3.84	0.04			
<b>Gender</b>								
Male	1310	3.71	1.04	3.78	0.03	<0.001	0.022	
Female	2860	3.87	0.97	3.86	0.02			
<b>Marital status</b>								
Currently married	2510	3.81	1.01	3.85	0.02	0.149	0.465	
Never married/widowed/divorced/separated	1649	3.85	0.96	3.82	0.03			
Others*	2	3.38	3.36	--	--			
<b>Educational level</b>								
Primary and below	1968	3.93	0.98	3.86	0.02	<0.001	0.008	0.007
Secondary	1563	3.81	0.99	3.86	0.03			
Post secondary	633	3.54	1.01	3.69	0.05			
<b>Type of housing</b>								
Public rental	1390	3.98	0.96	3.93	0.03	<0.001	<0.001	
Subsidised home ownership	717	3.66	1.08	3.73	0.04			
Private permanent	1947	3.77	0.98	3.81	0.02			
Others*	100	3.80	0.88	--	--			
<b>Living arrangement</b>								
Living alone	874	3.91	0.96	3.86	0.04	0.005	0.819	
Living with family members and others	3209	3.80	1.01	3.83	0.02			
Living with others	80	3.64	0.99	3.88	0.16			
<b>Length of residence in the community (year)</b>								
<1	51	3.49	0.96	3.71	0.23	0.004	0.504	0.769
1-<5	349	3.75	1.01	3.90	0.06			
5-<10	324	3.79	1.04	3.85	0.06			
10-<15	418	3.79	1.04	3.84	0.05			
15-<25	1006	3.78	1.03	3.79	0.03			
≥25	1991	3.88	0.96	3.85	0.02			
<b>Employment status</b>								
Working	797	3.62	0.99	3.90	0.05	<0.001	0.361	
Retired	2452	3.88	1.00	3.82	0.02			
Unemployed/homemakers/students	854	3.83	0.99	3.85	0.04			
Others*	2	3.13	1.59	--	--			
<b>Monthly personal income (HKD)</b>								
<4,000	1846	3.85	1.02	3.79	0.02	<0.001	0.049	0.535
4,000-9,999	1142	3.92	0.95	3.90	0.03			
10,000-29,999	827	3.68	0.97	3.84	0.04			
≥30,000	198	3.59	1.06	3.87	0.08			
<b>Self-rated health</b>								
Poor	355	3.78	1.03	3.73	0.05	0.251	0.008	0.703
Fair	1927	3.84	0.98	3.85	0.02			
Good	1042	3.80	0.95	3.85	0.03			
Very good	612	3.88	1.00	3.91	0.04			
Excellent	228	3.74	1.26	3.67	0.07			
<b>Experience of looking after older people aged 65 and above</b>								
No	2257	3.78	0.99	3.82	0.02	0.004	0.454	
Yes	1880	3.87	1.01	3.85	0.02			
<b>Use of elderly community centre in the past three months</b>								
No	993	3.64	1.08	3.66	0.03	<0.001	<0.001	
Yes	2070	4.02	0.91	4.01	0.02			
<b>Sense of community (by quartile)</b>								
≤28	1228	3.33	0.98	3.38	0.03	<0.001	<0.001	<0.001
29-31	1097	3.85	0.90	3.85	0.03			
32-33	881	4.11	0.86	4.07	0.03			
≥34	875	4.20	0.98	4.18	0.03			

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.

	Communication and information						p	p-adjusted	p-trend
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean				
<b>Age group (year)</b>									
18-49	534	3.81	0.86	4.11	0.05	<0.001	0.060	0.117	
50-64	1011	3.97	0.83	4.07	0.03				
65-79	1857	4.14	0.81	4.09	0.02				
≥80	830	4.08	0.83	3.99	0.03				
<b>Gender</b>									
Male	1323	3.96	0.88	4.03	0.02	<0.001	0.067		
Female	2910	4.08	0.81	4.08	0.02				
<b>Marital status</b>									
Currently married	2535	4.04	0.84	4.07	0.02	0.463	0.844		
Never married/widowed/divorced/separated	1687	4.06	0.82	4.06	0.02				
Others*	2	4.25	2.47	--	--				
<b>Educational level</b>									
Primary and below	2005	4.12	0.82	4.06	0.02	<0.001	0.064	0.160	
Secondary	1579	4.05	0.83	4.09	0.02				
Post secondary	643	3.80	0.85	3.99	0.04				
<b>Type of housing</b>									
Public rental	1414	4.17	0.80	4.13	0.02	<0.001	0.001		
Subsidised home ownership	723	4.03	0.85	4.07	0.03				
Private permanent	1979	3.97	0.85	4.02	0.02				
Others*	101	3.94	0.77	--	--				
<b>Living arrangement</b>									
Living alone	904	4.11	0.80	4.10	0.03	0.001	0.418		
Living with family members and others	3241	4.04	0.84	4.06	0.02				
Living with others	81	3.76	1.00	3.97	0.13				
<b>Length of residence in the community (year)</b>									
<1	54	3.79	0.97	3.84	0.19	0.010	0.649	0.284	
1-<5	357	3.94	0.92	4.08	0.05				
5-<10	331	4.01	0.85	4.09	0.05				
10-<15	422	4.02	0.88	4.05	0.04				
15-<25	1013	4.08	0.83	4.09	0.03				
≥25	2027	4.07	0.81	4.05	0.02				
<b>Employment status</b>									
Working	803	3.88	0.84	4.09	0.04	<0.001	0.061		
Retired	2489	4.08	0.84	4.04	0.02				
Unemployed/homemakers/students	871	4.09	0.82	4.12	0.03				
Others*	2	3.08	1.53	--	--				
<b>Monthly personal income (HKD)</b>									
<4,000	1877	4.09	0.86	4.08	0.02	<0.001	0.730	0.336	
4,000-9,999	1159	4.10	0.76	4.08	0.02				
10,000-29,999	828	3.91	0.83	4.04	0.03				
≥30,000	200	3.81	0.87	4.02	0.07				
<b>Self-rated health</b>									
Poor	369	3.98	0.91	3.98	0.04	0.314	0.081	0.978	
Fair	1953	4.06	0.79	4.08	0.02				
Good	1057	4.02	0.81	4.06	0.03				
Very good	619	4.07	0.90	4.10	0.03				
Excellent	230	4.07	1.00	3.98	0.06				
<b>Experience of looking after older people aged 65 and above</b>									
No	2303	4.01	0.85	4.06	0.02	0.002	0.456		
Yes	1898	4.09	0.82	4.08	0.02				
<b>Use of elderly community centre in the past three months</b>									
No	998	3.98	0.85	4.02	0.03	<0.001	<0.001		
Yes	2111	4.17	0.79	4.15	0.02				
<b>Sense of community (by quartile)</b>									
≤28	1254	3.62	0.83	3.65	0.02	<0.001	<0.001	<0.001	
29-31	1110	4.03	0.75	4.02	0.02				
32-33	891	4.28	0.71	4.26	0.03				
≥34	879	4.46	0.77	4.46	0.03				

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.

	Community support and health services							
	N	Mean	Std. deviation	Adjusted mean	Std. error of adjusted mean	p	p-adjusted	p-trend
<b>Age group (year)</b>								
18-49	532	3.55	0.87	3.78	0.05	<0.001	0.268	0.858
50-64	1010	3.56	0.84	3.69	0.03			
65-79	1868	3.77	0.87	3.72	0.02			
≥80	835	3.86	0.80	3.76	0.03			
<b>Gender</b>								
Male	1319	3.67	0.88	3.74	0.03	0.032	0.665	
Female	2927	3.73	0.84	3.72	0.02			
<b>Marital status</b>								
Currently married	2544	3.67	0.87	3.70	0.02	<0.001	0.015	
Never married/widowed/divorced/separated	1691	3.78	0.84	3.77	0.02			
Others*	2	4.33	2.36	--	0.03			
<b>Educational level</b>								
Primary and below	2021	3.82	0.85	3.77	0.02	<0.001	0.014	0.004
Secondary	1579	3.64	0.85	3.71	0.02			
Post secondary	640	3.52	0.83	3.62	0.04			
<b>Type of housing</b>								
Public rental	1424	3.84	0.86	3.80	0.02	<0.001	<0.001	
Subsidised home ownership	724	3.63	0.85	3.69	0.03			
Private permanent	1982	3.64	0.84	3.68	0.02			
Others*	100	3.69	0.78	--	--			
<b>Living arrangement</b>								
Living alone	905	3.82	0.83	3.75	0.03	<0.001	0.296	
Living with family members and others	3255	3.67	0.86	3.72	0.02			
Living with others	80	3.93	0.87	3.91	0.13			
<b>Length of residence in the community (year)</b>								
<1	51	3.75	0.97	3.68	0.19	0.833	0.108	0.929
1-<5	356	3.66	0.96	3.77	0.05			
5-<10	328	3.74	0.84	3.83	0.05			
10-<15	427	3.70	0.82	3.75	0.04			
15-<25	1018	3.71	0.89	3.74	0.03			
≥25	2037	3.72	0.82	3.69	0.02			
<b>Employment status</b>								
Working	799	3.57	0.83	3.79	0.04	<0.001	0.152	
Retired	2502	3.77	0.86	3.70	0.02			
Unemployed/homemakers/students	875	3.70	0.85	3.75	0.03			
Others*	2	3.67	0.94	--	--			
<b>Monthly personal income (HKD)</b>								
<4,000	1886	3.77	0.88	3.74	0.02	<0.001	0.411	0.132
4,000-9,999	1163	3.73	0.81	3.72	0.02			
10,000-29,999	827	3.61	0.84	3.73	0.03			
≥30,000	200	3.44	0.84	3.62	0.07			
<b>Self-rated health</b>								
Poor	371	3.66	0.88	3.64	0.04	0.005	0.019	<0.001
Fair	1965	3.69	0.84	3.71	0.02			
Good	1058	3.70	0.84	3.74	0.03			
Very good	619	3.76	0.90	3.77	0.03			
Excellent	229	3.89	0.92	3.85	0.06			
<b>Experience of looking after older people aged 65 and above</b>								
No	2312	3.71	0.85	3.73	0.02	0.724	0.873	
Yes	1903	3.72	0.86	3.72	0.02			
<b>Use of elderly community centre in the past three months</b>								
No	1007	3.66	0.88	3.71	0.03	<0.001	0.001	
Yes	2118	3.82	0.83	3.82	0.02			
<b>Sense of community (by quartile)</b>								
≤28	1255	3.28	0.82	3.29	0.02	<0.001	<0.001	<0.001
29-31	1108	3.65	0.75	3.65	0.02			
32-33	894	3.99	0.75	3.98	0.03			
≥34	881	4.14	0.83	4.12	0.03			

\* "Others" were excluded from ANOVA and ANCOVA.

All p values were obtained from ANOVA.

All p adjusted values have controlled for other covariates in ANCOVA.

P-trend adjusted values were computed for categorical ordinal variables in ANCOVA.

**Key Observations of Baseline Assessment and Recommendations**

<b>District :</b>	<b>Sha Tin</b>
<b>Key observations</b>	<p>A total of 519 completed questionnaires were collected and five focus groups (n=45) were conducted in Sha Tin.</p> <p>Findings of baseline assessment showed that residents in Sha Tin were most satisfied with its physical environment, namely <b>Transportation</b> and <b>Outdoor spaces and buildings</b>. In particular, affordable fare for older people aged 65 and above due to the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities, diversity of the choice of transportation for the older people, and good public transport network were the appreciating areas under Transportation. Closeness to natural environment and parks, spaciousness of outdoor areas, cleanliness of public areas, availability of sheltered footpaths, and sufficiency of green spaces and outdoor seating were the strengths of the district that received appreciations.</p> <p>One of the lowest rated domains that warranted room for further improvement was <b>Community support and health services</b>. Community emergency planning and availability and accessibility of burial sites were the two poorly performed sub-domains. Although it was good that health support services were available nearby in the community, the barriers to age-friendliness included unfriendly General Out-patient Clinic Telephone Appointment System for medical appointments, costly medical fees particularly for older people aged 60-69 who are not eligible for The Elderly Health Care Voucher Scheme, insufficient medical resources causing long waiting time and delayed treatments, and limited community care services available. <b>Civic participation and employment</b> was another lowest rated domain. People in Sha Tin perceived that there was glass ceiling for older people in employment and job-searching. There were opportunities of voluntary work, but some of them were incapable to fully utilise the experience and ability of older people.</p> <p><b>Other key issues</b> in the remaining four domains included home modification, lack of consideration for older people, availability of social activities and accessibility of information to certain groups of people.</p>

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Older people would like more sheltered seats or outdoor areas so they could have a gathering spot even on sunny or rainy days.</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Increase services of alternative transport or specialised transport for disabled people in terms of accessibility and adequacy.</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Suggest further examination of areas and types of support on home modification (e.g. provision of affordable modifications and a list of services providers) in the district.</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Engage older people from different classes and all walks of life to form a self-sustaining association similar to the older people's associations in other countries.</li> </ul> </li> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Develop social programmes to promote respect towards and social inclusion of older people in the community.</li> <li>• Older people's contributions to the community should be recognised and publicised through public education as well as joint school-based intergenerational programmes.</li> </ul> </li> <li>6. Civic participation and employment <ul style="list-style-type: none"> <li>• Explore and expand customised employment opportunities (e.g. more flexible retirement policies, flexible working hours, job sharing) to meet the needs of older workers.</li> <li>• Promote post-retirement employment by encouraging more employers to hire retirees and recognising the older people's valuable working experience and practice wisdom.</li> <li>• Increase volunteering opportunities for older people, social programmes that maximise the engagement of older people in volunteer roles.</li> </ul> </li> <li>7. Communication and information <ul style="list-style-type: none"> <li>• Develop a neighborhood directory which includes age-friendly resources (e.g. medical facilities, public restrooms) and service of companies in the neighborhood as well as job opportunities for older people.</li> <li>• Promote socialization in the neighborhood (e.g. expanding social networks, implementing age-friendly neighborhood</li> </ul> </li> </ol>
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	<p>initiatives) and optimize the existing channels of information exchange.</p> <p>8. Community support and health services</p> <ul style="list-style-type: none"> <li>• More emphasis on community-based programmes that focus on improving health by modifying individual lifestyles and behaviors (e.g. nutrition education) as well as preventing the onset or progression of diseases and disabilities (e.g. screening and interventions for frailty) instead of curing illnesses.</li> <li>• Improve access to health care, e-health services (e.g. tele-consultation and diagnosis as well as monitoring of health outcomes).</li> </ul>
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**Key Observations of Baseline Assessment and Recommendations**

<b>District :</b>	<b>Tai Po</b>
<b>Key observations</b>	<p>A total of 510 completed questionnaires were collected and five focus groups (n=50) were conducted in Tai Po.</p> <p>Questionnaire survey showed that residents in Tai Po were most satisfied with the domains of <b>Transportation</b> as well as <b>Outdoor spaces and buildings</b> in the district. At the same time, the results revealed that <b>Community support and health services</b> domain as well as <b>Civic participation and employment</b> domain had more room for further improvement. On the latter two domains, residents participating in focus groups raised more specific issues in these domains such as glass ceiling in employment, inability to fully utilise the experience and ability of older people in some voluntary work, costly medical fees for older people aged 65 to 69 who are not eligible for The Elderly Health Care Voucher Scheme and limited community care services for older people.</p> <p>Results of the baseline assessment shed light on future directions to make Tai Po a more age-friendly community. Engaging older people from all walks of life in the district is of paramount importance to building up a network for them and keeping them socially included. Contributions of older people should be valued and promoted to younger generations. Provision of flexible jobs together with inter-generational activities would create a favourable environment for older people to remain active in the community. Another area to enable older people to live well is through a preventive approach to make them stay healthy for as long as possible. Early detection of their health problems coupled with appropriate intervention programmes are key areas to ameliorate older people's health and prevent them from falling into frailty.</p> <p><b>Other key issues</b> in the remaining four domains included home modification, lack of consideration for older people, availability of social activities and accessibility of information to certain groups of people.</p>



<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Older people would like more sheltered seats or outdoor areas so they could have a gathering spot even on sunny or rainy days.</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Increase services of alternative transport or specialised transport for disabled people in terms of accessibility and adequacy.</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Suggest further examination of areas and types of support on home modification (e.g. provision of affordable modifications and a list of services providers) in the district.</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Engage older people from different classes and all walks of life to form a self-sustaining association similar to the older people's associations in other countries.</li> </ul> </li> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Develop social programmes to promote respect towards and social inclusion of older people in the community.</li> <li>• Older people's contributions to the community should be recognised and publicised through public education as well as joint school-based intergenerational programmes.</li> </ul> </li> <li>6. Civic participation and employment <ul style="list-style-type: none"> <li>• Explore and expand customised employment opportunities (e.g. more flexible retirement policies, flexible working hours, job sharing) to meet the needs of older workers.</li> <li>• Promote post-retirement employment by encouraging more employers to hire retirees and recognising the older people's valuable working experience and practice wisdom.</li> <li>• Increase volunteering opportunities for older people, social programmes that maximise the engagement of older people in volunteer roles.</li> </ul> </li> <li>7. Communication and information <ul style="list-style-type: none"> <li>• Develop a neighborhood directory which includes age-friendly resources (e.g. medical facilities, public restrooms) and service of companies in the neighborhood as well as job opportunities for older people.</li> <li>• Promote socialization in the neighborhood (e.g. expanding social networks, implementing age-friendly neighborhood</li> </ul> </li> </ol>
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	<p>initiatives) and optimize the existing channels of information exchange.</p> <p>8. Community support and health services</p> <ul style="list-style-type: none"> <li>• More emphasis on community-based programmes that focus on improving health by modifying individual lifestyles and behaviors (e.g. nutrition education) as well as preventing the onset or progression of diseases and disabilities (e.g. screening and interventions for frailty) instead of curing illnesses.</li> <li>• Improve access to health care, e-health services (e.g. tele-consultation and diagnosis as well as monitoring of health outcomes).</li> </ul>
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**Key Observations of Baseline Assessment and Recommendations**

<b>District :</b>	<b>Central and Western</b>
<b>Key observations</b>	<p>A total of 574 completed questionnaires were collected and five focus groups (n=37) were conducted in Central and Western.</p> <p>Findings of the baseline assessment showed that residents in Central and Western were satisfied with both the social and physical environment, particularly in the domains of <b>Social participation</b> and <b>Transportation</b>. The strengths related to social participation were reflected in the availability of activities and services for older people, age-friendly facilities for indoor gathering in Sai Ying Pun Community Complex at High Street (高街), and spacious outdoor public space and parks for gathering and exercise. Transportation in the district was highly appreciated, especially the affordable transport fare for older people under the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons, the highly accessible tram service with improved entrance gate design, and escalators and elevators facilitating travel from sea-level streets up to the hill.</p> <p><b>Housing</b> domain and <b>Community support and health services</b> domain were least satisfied among the eight age-friendly domains. The unaffordable home renovation expenses, uncertain compensation options for housing redevelopment, lack of affordable housing due to increasingly high rent, together with poor neighborhood relations were highlighted. Despite the availability of community and health services, lack of information about community services outside of elderly centres was noted. Insufficient outreach services, long waiting time for healthcare services and unfriendly General Out-patient Clinic Telephone Appointment System for making clinic appointments, too high minimum age limit on free dental service, and insufficient and inaccessible burial sites were barriers to age-friendliness and warranted further improvement.</p>

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Add handrails along the stairs and slopes.</li> <li>• Build more escalators and elevators, with better maintenance of existing escalators and elevators and keeping the maintenance work in the evening.</li> <li>• Improve the accessibility of outdoor parks and exercise spaces.</li> <li>• Add fitness equipment in parks and ensure timely maintenance of existing equipment.</li> <li>• Expand the Central and Western District Promenade.</li> <li>• Improve street hygiene and reduce street obstructions.</li> <li>• Improve pavement maintenances.</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Add more zebra crossings and make law enforcement stricter to reduce traffic violation.</li> <li>• Improve particular design features of trams, increase the frequency of certain bus and minibus routes, and improve designs of MTR stations, platform, and signage.</li> <li>• Add public transportation options to increase the accessibility of older people's favourite venues.</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Increase guidance to tenants for handling renovation requests and provide adequate monetary compensation to enable satisfactory same-district relocation in the future.</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Develop well-located indoor gathering hubs with high accessibility, especially along the tram line.</li> <li>• Consider more flexible membership rules of elderly centres.</li> <li>• Increase outreach services to older people living alone in tenement houses.</li> </ul> </li> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Promote the atmosphere of mutual respect and friendliness, with younger people and mainlanders on public transportation as potential targets.</li> </ul> </li> <li>6. Civic participation and employment <ul style="list-style-type: none"> <li>• Create flexible and meaningful job opportunities to older people.</li> </ul> </li> </ol>
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	<p>7. Communication and information</p> <ul style="list-style-type: none"> <li>• Improve the reach of information outside of elderly centres.</li> <li>• Develop programmes for strengthening connectedness among district residents.</li> <li>• Explore the use of digital devices to improve communication among older people in the district.</li> </ul> <p>8. Community support and health services</p> <ul style="list-style-type: none"> <li>• Increase promotion and outreach of community care services.</li> <li>• Reduce wait time of health services.</li> <li>• Improve particular features of the General Out-patient Clinic Telephone Appointment System.</li> <li>• Provide walk-in health appointments by public clinics and hospitals.</li> <li>• Lower the minimum age for free dental services eligibility.</li> </ul>
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**Key Observations of Baseline Assessment and Recommendations**

<b>District :</b>	<b>Wan Chai</b>
<b>Key observations</b>	<p>A total of 502 completed questionnaires were collected and five focus groups (n=35) were conducted in Wan Chai.</p> <p>Findings of the baseline assessment showed that residents in Wan Chai were satisfied with both the social and physical environment, particularly in the domains of <b>Social participation</b> and <b>Transportation</b>. The strengths related to social participation were reflected in the availability of outreach services and home visits for socially isolated older people, availability of volunteering opportunities for older people, and good facilities and setting to facilitate social participation. Transportation in the district was highly appreciated, especially the convenient transportation that offers good accessibility to many places, affordable and highly accessible tram service with improved entrance gate design, and good road safety and maintenance.</p> <p><b>Housing</b> domain and <b>Community support and health services</b> domain were least satisfied among the eight age-friendly domains. The results highlighted the costly housing maintenance and lack of coordination among owners, unaffordable property price and rent, and insufficient housing units that meet the needs of older people. Despite the availability of community and health services, stringent eligibility criteria for applying subsidised home help services and long waiting time for healthcare services were noted. Insufficiency and inaccessibility of burial sites was also considered a barrier to age-friendliness and warranted further improvement.</p>

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Improve street hygiene.</li> <li>• Increase public education and law enforcement to manage street crowdedness and reduce illegal safety hazards on the streets.</li> <li>• Improve the parks, such as making them cleaner and more pleasant, adding more fitness equipment for older people, adding more sheltered areas in parks, and making them more accessible by public transportation.</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Improve the frequency and availability of public transportation for residents in Lai Tak Tsuen (勵德邨) which is more geographically isolated.</li> <li>• Remove obstructions on pavements and reduce traffic congestion in the district.</li> <li>• Increase law enforcement to reduce the number of pedestrians and drivers who violate traffic laws.</li> <li>• Improve or add features of public transportation waiting areas such as shelters and seats for bus and minibus stops, and add elevated islands for trams.</li> <li>• Improve particular design features of trams, reduce its fare to \$1 for senior citizens and fight theft on tram, increase the frequency of certain bus and minibus routes, and improve designs of MTR stations, platform, and signage.</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Increase support for renovating and maintaining tenement houses and old units.</li> <li>• Set up mechanisms to control high property prices to ensure affordability of owning or renting a housing unit in the district by older adults.</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Develop more suitable and accessible venues in the district for holding events and activities.</li> <li>• Increase outreach services to socially isolated older people in the district.</li> <li>• For Lai Tak Tsuen residents, increase the frequency of public transportation and build an escalator from the estate to Tai Hang to overcome its geographic isolation and enhance resident social participation.</li> </ul> </li> </ol>
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	<ol style="list-style-type: none"> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Promote actions of respect, particularly targeting behaviours on public transportation.</li> <li>• Increase efforts to preserve older-style small shops and revitalize the Tang Lung Chau Market to be a market and multi-purpose service building.</li> </ul> </li> <li>6. Civic participation and employment <ul style="list-style-type: none"> <li>• Create flexible and meaningful job opportunities to older people.</li> </ul> </li> <li>7. Communication and information <ul style="list-style-type: none"> <li>• Explore the use of digital devices to enhance exchange of information.</li> </ul> </li> <li>8. Community support and health services <ul style="list-style-type: none"> <li>• Improve the accessibility, promotion and quality of community care services to older people residing in different communities in the district.</li> <li>• Reduce waiting time of health services</li> <li>• Ensure the emergency room in Ruttonjee Hospital will continue to remain in operation in the future.</li> </ul> </li> </ol>
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**Key Observations of Baseline Assessment and Recommendations**

District :	Islands
Key observations	<p>A total of 500 completed questionnaires were collected and five focus groups (n=40) were conducted in Islands.</p> <p>Findings of the baseline assessment showed that residents in Islands were most satisfied with social environment domains, namely <b>Social participation</b> and <b>Respect and social inclusion</b>. In particular, affordable fare and diversified options encouraged senior residents to join social activities together or individually. They were satisfied with the close neighbourhood network/ clan relationship in the district, which enhanced their communication and information sharing and formed a respectful community.</p> <p>The <b>Housing</b> domain was given the lowest rating as older people were concerned about home modifications and transferring the flat into a suitable living environment upon frailty, but lack of the information on housing maintenance services. Besides, the needs of older people to live with their children in the same district for enhancing informal care could not be satisfied.</p> <p><b>Other key issues</b> of age-friendliness included complexity in using the General Out-patient Clinic Telephone Appointment System for making clinic appointments, limited choices of goods and services (e.g. lack of wet markets), obstruction of pavements by goods, and unpleasant environment due to mosquitoes and dog excreta.</p>

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Install more street lights.</li> <li>• Add more mobile banking vehicles or automated teller machines to enhance the banking services.</li> <li>• Improve the barrier-free facilities, like adding ramps for wheelchair users, building footbridges with ramps/ lifts and renovating the damaged roads.</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Enhance public education on elderly safety in transportation.</li> <li>• Provide transportation services for the needy living in sub-communities.</li> <li>• Improve rural bus services and provide relevant information to the public.</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Promote the existing maintenance services to the elderly.</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Promote neighbourhood network to enhance communication in the community.</li> <li>• Set up elderly centres and elderly gathering spots on outlying islands.</li> </ul> </li> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Organise more intergenerational activities, especially in civic education, communication, and maintaining a harmony environment in the society, which allow people of different ages to understand each other more.</li> </ul> </li> <li>6. Civic participation and employment <ul style="list-style-type: none"> <li>• Create more part-time job opportunities and organise short-term regular activities which can hire the elderly as instructors.</li> <li>• Enhance the implementation of employees' rights protection for the elderly stated in laws.</li> </ul> </li> <li>7. Communication and information <ul style="list-style-type: none"> <li>• Evaluate the existing mobile network coverage on Lantau Island and make appropriate improvements.</li> <li>• Set up clansmen groups for effective communication between illiterate elderly and the community.</li> </ul> </li> </ol>
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	<p>8. Community support and health services</p> <ul style="list-style-type: none"><li>• Increase the quota of residential care and home care services.</li><li>• Evaluate the existing services of North Lantau Hospital.</li><li>• Improve the transportation service between Tung Chung and Princess Margaret Hospital.</li><li>• Advocate the concept of “medical and social integration” to provide healthcare services in the community.</li></ul>
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**Key Observations of Baseline Assessment and Recommendations**

<b>District :</b>	<b>Tsuen Wan</b>
<b>Key observations</b>	<p>A total of 533 completed questionnaires were collected and five focus groups (n=37) were conducted in Tsuen Wan.</p> <p>Findings of the baseline assessment showed that residents in Tsuen Wan were most satisfied with the domains of <b>Social participation</b> and <b>Transportation</b>. In particular, affordable fare and diversified options encouraged senior residents to join social activities together or individually. They were also satisfied with the comprehensive transportation network and the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities, which provided a great convenience for the older people.</p> <p>The residence places during the lifetime or after death raised much concerns by the older people and thus <b>Housing</b> domain and <b>Community support and health services</b> domain were given the lowest ratings. In details, older people were concerned about home modifications and transferring the flat into a suitable living environment upon frailty, but lack of the information on housing maintenance services. Besides, they were extremely concerned about the availability of burial places. Also, their demand for General and Specialist Out-patient services could not be satisfied while the ageing population is increasing in the community.</p> <p><b>Other key issues</b> of age-friendliness included complexity in using the General Out-patient Clinic Telephone Appointment System for making clinic appointments, insufficient promotion of government policies to the older people through community groups and lack of suitable employment opportunities to the older people.</p>

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Enhance the barrier-free footbridge network and inform the public about the construction progress.</li> <li>• Add signage to direct pedestrians to the nearest resting areas on the long footbridges.</li> <li>• Improve the management and maintenance of wet markets to ensure the safety and allow barrier-free accesses.</li> <li>• Install elderly fitness stations in the existing sheltered buffer zones / Install shelters for the existing elderly fitness stations.</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Provide more information on mini-bus services.</li> <li>• Increase public transport services at cemetery sites and temples during holiday periods.</li> <li>• Provide point-to-point transportation between sub-communities and other districts in Hong Kong.</li> <li>• Install seats and shelters at the bus stops.</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Promote the existing maintenance services to the older people.</li> <li>• Monitor the conditions of barrier-free facilities in public housing estates and units to enhance the age-friendliness.</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Pay attention to the elderly safety when designing activities or events.</li> <li>• Provide additional venues for activities and events of the older people.</li> </ul> </li> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Organise more intergenerational activities, especially in civic education, communication, and maintaining a harmony environment in the society, which allow people of different ages to understand each other more.</li> </ul> </li> <li>6. Civic participation and employment <ul style="list-style-type: none"> <li>• Create more part-time job opportunities and organise short-term regular activities which can hire the older people as instructors.</li> <li>• Promote government policies and collect the feedback through district forums, community groups, and elderly centres.</li> </ul> </li> </ol>
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	<ul style="list-style-type: none"> <li>• Encourage young people to explain the existing government policies in intergenerational activities.</li> <li>• Enhance the implementation of employees' rights protection for the older people stated in laws.</li> </ul> <p>7. Communication and information</p> <ul style="list-style-type: none"> <li>• Make use of social network to spread and authenticate the information.</li> <li>• Teach the older people to use instant messaging tools such as the recording function in WhatsApp.</li> </ul> <p>8. Community support and health services</p> <ul style="list-style-type: none"> <li>• Increase the capacity of General and Special Out-patient appointment services.</li> <li>• Increase the supply of graves and cremation column spaces.</li> <li>• Improve the General Out-patient Clinic Telephone Appointment System.</li> <li>• Develop community kitchens, especially in the elderly-resided sub-communities.</li> <li>• Increase support for carers.</li> </ul>
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**Key Observations of Baseline Assessment and Recommendations**

<b>District :</b>	<b>Kowloon City</b>
<b>Key observations</b>	<p>A total of 567 completed questionnaires were collected and five focus groups (n=51) were conducted in Kowloon City.</p> <p>Findings of the baseline assessment showed that residents in Kowloon City were most satisfied with <b>Social participation</b> domain. Senior citizens appreciated the availability of different channels (i.e. elderly centres, community organisations, trade unions, Leisure and Cultural Services Department) that offered different social activities at affordable prices.</p> <p><b>Housing</b> was the lowest rated domain that warranted room for further improvement. Poor living condition of senior citizens in old private buildings (i.e. tenement houses and sub-divided flats) was the major barrier to age-friendliness, including lack of barrier-free access facilities and poor hygienic conditions in the building, lack of maintenance and poor ventilation in the flat, small living spaces, security and safety concerns as well as high rent and utility costs.</p> <p><b>Other key issues</b> in the remaining six domains included occupation of public spaces by shops, pollution and environmental hygiene problems, designs of certain bus and minibus routes not taking the needs of senior citizens into consideration, negative perception of societal image on senior citizens, lack of job opportunities in the labour market tailoring to the needs and expectations of senior citizens, challenges of senior citizens in adapting digital platforms to receive information, user-unfriendliness of Telephone Appointment Service and difficulties of community support services in reaching out senior citizens most in need of support.</p>

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Coordinate with District Council and relevant government departments to tackle the problem of road obstructions by shop owners.</li> <li>• Establish channels (e.g. participatory workshops) for senior citizens to express their concerns and suggestions regarding the outdoor space environment.</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Establish channels to facilitate senior citizens to voice out their views about transportation services, such as concerns about traffic congestion problems and bus route diversions, to relevant stakeholders (e.g. Transport Department, transport operators and District Council).</li> <li>• Explore the feasibility of promoting the interchange discount scheme and installing MTR Fare Savers.</li> <li>• Increase the provision of shelters, resting areas and Integrated Bus Services Information Display System at bus stops and bus terminus.</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Initiate projects to improve the living conditions of senior citizens residing in tenement houses and sub-divided flats (e.g. invite design professionals to design a better living space in sub-divided flats).</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Allocate more resources to local organisations to encourage senior citizens to participate in different activities in the district, including recreation and sports, leisure, learning and development courses and volunteer services.</li> </ul> </li> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Provide opportunities (e.g. mutual interest groups and mentorship programmes) to facilitate mutual understanding and appreciation across generations.</li> <li>• Organise territory-wide and district-based programmes (e.g. poster and advertising competition) to promote a positive image of ageing experience to the general public.</li> <li>• Establish a community working group consisting of representatives of government departments, the District Council, senior citizens and elderly centres to discuss age-friendly issues in Kowloon City.</li> </ul> </li> </ol>
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	<p>6. Civic participation and employment</p> <ul style="list-style-type: none"> <li>• Collaborate with district stakeholders (e.g. schools, elderly centres, youth centres and family service centres) to expand the variety and availability of volunteer services matching the needs of senior citizens.</li> <li>• Explore the potential of the community economy (e.g. social enterprises, bazaars) to provide more job opportunities matching the strengths of senior citizens.</li> <li>• Organise more publicity campaigns (e.g. workshops and programmes) for employers to facilitate them to understand the needs and strengths of senior citizens.</li> <li>• Coordinate with local stakeholders (e.g. vocational training centres and elderly centres) to provide one-stop employment support services (e.g. career planning, pre-employment counselling and preparation) to senior citizens.</li> </ul> <p>7. Communication and information</p> <ul style="list-style-type: none"> <li>• Strengthen the promotion of territory-wide and district-based ‘age-friendly’ information through mass media and local organisations.</li> <li>• Engage the youth to organise / teach programmes (e.g. computer courses) about digital technology to help senior citizens to integrate in the digital world and enhance cross-generational cohesion.</li> <li>• Organise publicity campaigns to enhance senior citizens’ understanding of the operation of automated telephone enquiry and appointment services.</li> </ul> <p>8. Community support and health services</p> <ul style="list-style-type: none"> <li>• Coordinate with community organisations to enhance outreach services to senior citizens in need (e.g. volunteer networks to provide sustainable outreach services).</li> <li>• Explore the possibility of increasing the annual voucher amount and lowering the age threshold for The Elderly Health Care Voucher Scheme.</li> </ul>
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**Key Observations of Baseline Assessment and Recommendations**

<b>District :</b>	<b>Kwun Tong</b>
<b>Key observations</b>	<p>A total of 569 completed questionnaires were collected and five focus groups (n=52) were conducted in Kwun Tong.</p> <p>Findings of the baseline assessment showed that residents in Kwun Tong were most satisfied with <b>Social participation</b> domain. Senior citizens appreciated the availability of different channels (i.e. elderly centres, community organisations, trade unions, Leisure and Cultural Services Department) that offered different social activities at affordable prices.</p> <p><b>Community support and health services</b> domain was the lowest rated domain that warranted room for further improvement. Although medical costs in public health services were considered as affordable, long waiting time in public hospital services and insufficient provisions of accessible community support services to caregivers were the key concerns raised by the senior citizens.</p> <p><b>Other key issues</b> in the remaining six domains included insufficient provisions of elderly-friendly facilities (e.g. sitting benches, elderly fitness facilities and barrier-free access facilities) in public areas and shopping malls, less accessible transportation services to senior citizens living in uphill areas, difficulties (i.e. lack of channels to obtain information) in accessing reliable home repair and modification services for senior citizens living alone, lack of opportunities for cross-generational interaction, lack of job opportunities in the labour market that tailored to the needs and expectations of senior citizens, challenges in adapting digital platforms to receive information and user-unfriendliness of Telephone Appointment Service.</p>

<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. Outdoor spaces and buildings <ul style="list-style-type: none"> <li>• Coordinate with representative(s) of senior citizens, the District Council, relevant government departments and business owners to discuss senior citizens' concerns about the outdoor spaces and building (e.g. the needs to increase the provision of elderly friendly facilities in both public areas and shopping malls).</li> </ul> </li> <li>2. Transportation <ul style="list-style-type: none"> <li>• Coordinate with representative(s) of senior citizens, the District Council, relevant government officials and public transport operators to discuss senior citizens' concerns on transportation services in Kwun Tong (e.g. the accessibility challenges of transportation services for senior citizens living in the uphill areas and insufficient barrier-free access facilities connecting to MTR stations).</li> </ul> </li> <li>3. Housing <ul style="list-style-type: none"> <li>• Initiate projects to provide one-stop information about home repair and modification services available in Kwun Tong.</li> <li>• Provide platforms for senior citizens to compare prices of groceries and necessity products selling in different public markets and find the best deal near them.</li> </ul> </li> <li>4. Social participation <ul style="list-style-type: none"> <li>• Allocate more resources to local organisations to facilitate the senior citizens to participate in a variety of social activities in the district, including recreation and sports, leisure, learning and development courses and volunteer services.</li> </ul> </li> <li>5. Respect and social inclusion <ul style="list-style-type: none"> <li>• Provide opportunities (e.g. mutual interest groups and mentorship programmes) to facilitate mutual understanding and appreciation across generations.</li> <li>• Organise publicity programmes (e.g., award scheme) to encourage business owners to enhance their services / design capacity, awareness and sensitivity towards age-friendliness.</li> </ul> </li> </ol>
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	<ul style="list-style-type: none"> <li>• Establish a community working group consisting of representatives of government departments, the District Council, senior citizens and elderly centres to discuss age-friendly issues in Kwun Tong.</li> </ul> <p>6. Civic participation and employment</p> <ul style="list-style-type: none"> <li>• Explore more job opportunities (e.g. social enterprises) that matched the strengths of the senior citizens.</li> <li>• Coordinate with local stakeholders (e.g. vocational training centres and elderly centres) to provide one-stop employment support services e.g. career planning, pre-employment counselling and preparation) to senior citizens.</li> <li>• Organise more publicity campaigns (e.g. workshops and programmes) for employers to facilitate them to understand the needs and strengths of the senior citizens.</li> </ul> <p>7. Communication and information</p> <ul style="list-style-type: none"> <li>• Strengthen the promotion of territory-wide and district-based ‘age-friendly’ information (e.g. community support services, home repair and modification services, social and recreational activities) through mass media and local organisations.</li> <li>• Engage the youth to organise / teach programmes (e.g. computer courses) about digital technology to help senior citizens to integrate in the digital world and enhance cross-generational cohesion.</li> <li>• Organise publicity campaigns to enhance senior citizens’ understanding of the operation of automated telephone enquiry and appointment services.</li> </ul> <p>8. Community support and health services</p> <ul style="list-style-type: none"> <li>• Develop innovative services (e.g. telephone support services) to strengthen support to caregivers.</li> <li>• Provide one-stop information about community support services available in the district, in particular services targeting at caregivers and care-recipients.</li> </ul>
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# 賽馬會齡活城市

## Jockey Club Age-friendly City

### Jockey Club Age-friendly City Project Cross-district Report on Baseline Assessment (Pilot Districts)

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