



賽馬會齡活城市
Jockey Club Age-friendly City



Jockey Club
Age-friendly City Project

Cross-district Report of Baseline Assessment on Age-friendliness

(18 Districts)



策劃及捐助：
Initiated and funded by:



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

計劃夥伴：
Project partners:



香港中文大學
The Chinese University of Hong Kong



香港大學
THE UNIVERSITY OF HONG KONG



Lingnan 嶺南大學
University 嶺南 Hong Kong



THE HONG KONG
POLYTECHNIC UNIVERSITY
香港理工大學



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



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



亞太老年學研究中心
Asia-Pacific Institute
of Ageing Studies



Institute of
Active Ageing
活齡學院

Jockey Club
Age-friendly City Project

Cross-district Report of Baseline Assessment on Age-friendliness

(18 Districts)



Contents

Acknowledgement	4
Executive Summary	5
Chapter 1: Introduction	8
1.1 Ageing population in Hong Kong	9
1.2 Overview of Jockey Club Age-friendly City Project	10
1.3 Age-friendly City	11
Chapter 2: Background information of Hong Kong	14
2.1 Demographic, socio-economic and housing characteristics	16
2.2 Social environment characteristics	17
Chapter 3: Methodology	22
3.1 Data collection	22
3.2 Data analysis	24
Chapter 4: Key findings	30
4.1 Questionnaire survey	30
4.2 Focus group interviews	41
Chapter 5: Discussions and recommendations	68
Chapter 6: Conclusion	80
References	81

Annexes	84
Annex 1 - Demographic, socio-economic and housing characteristics of 18 districts (Pilot Phase and Second Phase)	84
Annex 2 - Community facilities in 18 districts (Pilot Phase and Second Phase)	86
Annex 3 - Questionnaire items on age-friendly city and sense of community	90
Annex 4 - Mean scores for the eight AFC domains by subgroups of respondents	94

Acknowledgement

Sincere thanks are given to The Hong Kong Jockey Club Charities Trust and the Professional Support Teams of four universities (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), as well as District Councils, District Offices, community organisations, elderly persons and other residents for their support and participation in the Jockey Club Age-friendly City Project.

Executive Summary

With the aims of building Hong Kong into an age-friendly city and promoting active and healthy ageing, The Hong Kong Jockey Club Charities Trust partnered with four gerontology research institutes of local universities in 2015 to implement the Jockey Club Age-friendly City Project, which was firstly piloted in eight districts (i.e. Sha Tin, Tai Po, Central and Western, Wan Chai, Islands, Tsuen Wan, Kowloon City and Kwun Tong) and extended to all 18 districts of Hong Kong in 2017 (i.e. covering the other ten districts of Kwai Tsing, North, Sai Kung, Eastern, Southern, Wong Tai Sin, Tuen Mun, Yuen Long, Sham Shui Po and Yau Tsim Mong).

To assess the level of age-friendliness of the community and identify areas for improvement, a baseline assessment study comprising questionnaire survey and focus group interviews was conducted in each district based on the eight domains of age-friendly city as identified by the World Health Organization (WHO). Overall, more than 9,700 respondents and over 700 participants from 91 focus group interviews took part in the study in 18 districts.

Results revealed that the domains of Social participation and Transportation were rated most favourably in terms of age-friendliness, where wide variety and affordable opportunities for social participation; good connectivity, affordable fare with government's concession scheme, age-friendly facilities and caring attitude of drivers of public transport were the appreciated areas. On the other hand, the domains of Housing and Community support and health services had the lowest ratings. Common concerns in these two domains included the difficulties with seeking help on housing maintenance, worry about the feasibility in achieving "ageing in place", lack of barrier-free facilities in housing design, as well as insufficient and poor quality of community support services and medical services in relation to cost, waiting time, manpower, location, services and information, which failed to cater for the needs of elderly people.

Further analysis on the survey results was conducted to identify some groups of people who gave lower ratings than their counterparts. For examples, private housing residents had lower rating in the Housing domain; higher educated people gave lower rating in the Civic participation and employment domain; men and non-users of elderly centres rated lower in the Social participation domain.

Findings of the baseline assessment facilitate the understanding on Hong Kong's strengths and weaknesses in age-friendliness and offer useful insights on common concerns and target groups of people for policy makers, business sector and community stakeholders in the planning and devising of age-friendly policies, initiatives and measures for improving the well-being of elderly people and other people of different ages in various fronts so as to respond to the prevailing trend of the ageing population in Hong Kong.



1 Introduction

- 1.1 Ageing population in Hong Kong
- 1.2 Overview of Jockey Club Age-friendly City Project
- 1.3 Age-friendly City

1. Introduction

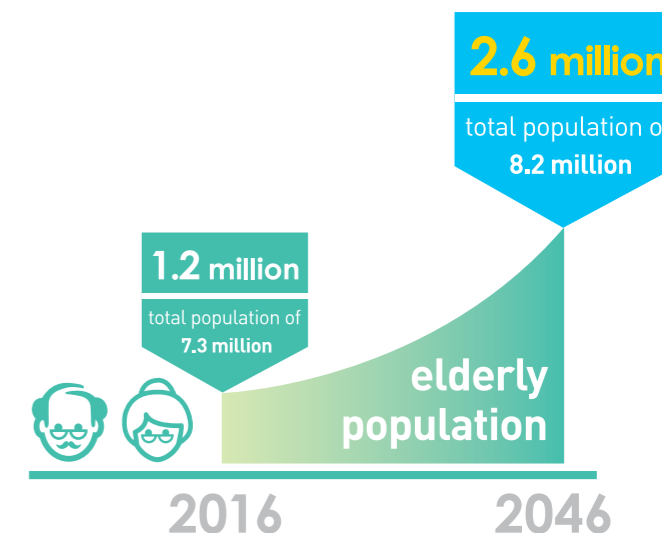
In response to the challenges and opportunities of the rapidly ageing population in Hong Kong, The Hong Kong Jockey Club Charities Trust (“The Trust”) partnered with four gerontology research institutes of local universities, namely Jockey Club Institute of Ageing of The Chinese University of Hong Kong, 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, to implement the Jockey Club Age-friendly City Project (“JCAFC Project”) for five and a half years with the aims of building an age-friendly city. The JCAFC Project was firstly piloted in eight districts (i.e. Sha Tin, Tai Po, Central and Western, Wan Chai, Islands, Tsuen Wan, Kowloon City and Kwun Tong) since July 2015 and extended to all 18 districts of Hong Kong from January 2017, covering the other ten districts (i.e. Kwai Tsing, North, Sai Kung, Eastern, Southern, Wong Tai Sin, Tuen Mun, Yuen Long, Sham Shui Po and Yau Tsim Mong).

To assess the age-friendliness of the community and identify areas for improvement, a baseline assessment study was carried out in each district by the four gerontology research institutes. This report contains the territory-wide results and common observations drawn from the baseline assessments across 18 districts, which provides a holistic view of the age-friendliness of Hong Kong and sheds light for different stakeholders, including government departments, public and private sectors, in taking forward appropriate age-friendly initiatives.

This report consists of six chapters. Chapter 1 introduces the background of the baseline assessments and the concept of age-friendly city. Chapter 2 describes the population profile and community facilities and services in Hong Kong to facilitate subsequent discussions in ensuing sections. Methodology and findings of the study are presented in Chapter 3 and Chapter 4 respectively. Chapter 5 discusses the findings and corresponding recommendations, and finally, a conclusion is drawn in Chapter 6.

1.1 Ageing population in Hong Kong

Similar to many cities in the world, Hong Kong is facing a trend of ageing population. In 2016, Hong Kong had a total population of 7.3 million, among which elderly population accounted for about 1.2 million, indicating that approximately one in seven people is an elderly person aged 65 or above (Census and Statistics Department, 2018). By 2046, Hong Kong’s population is estimated to reach 8.2 million, of which almost one out of three people (about 2.6 million) will be aged 65 or above (Census and Statistics Department, 2017b).



Hong Kong’s ageing population is the combined result of rising life expectancy and declining fertility rate. Hong Kong’s life expectancy had increased steadily over the past decades and stood among the highest in the world at 84.2 years in 2016, of which it was 81.3 years and 87.3 years for male and female respectively (World Bank). It is no surprise that the advancement in medical technology and nutritional information will result in increasing longevity. At the same time, Hong Kong’s fertility rate rested at 1.2 children per woman in 2016 and was projected to decline persistently in the following years (Census and Statistics Department, 2017b), implying that Hong Kong’s population fails to replenish itself (far below the replacement level of 2.1) with the new workforce. Such implications are profoundly dire with demographic consequences – higher elderly dependency ratio¹ and the shortage of labour, which entail an increased social burden and the weakening competitiveness of Hong Kong as a whole. The increasing proportion of elderly population had already boosted the elderly dependency ratio from 175 in 2006 to 231 in 2016 and was projected to rise markedly (Census and Statistics Department, 2018). Nevertheless, many older people are healthy, active and well-educated. They can continue to contribute to their families and the community, for instance, providing volunteer services, participating in community services and employment, as well as taking care of younger family members. In response to the ageing population, many societies attach great importance to building an age-friendly city where senior citizens can enjoy their golden years in a positive, meaningful and dignified manner.

¹ Elderly dependency ratio refers to the number of persons aged 65 and above per 1,000 persons aged between 15 and 64.

1.2 Overview of Jockey Club Age-friendly City Project

In order to tackle the challenges of an ageing population, The Trust has launched the JCAFC Project in 2015 with committed funding of over HK\$190 million to cater for the various needs of all ages. The Project has adopted a bottom-up and district-based approach to address the age-friendly issues in Hong Kong with the following key objectives and components² -

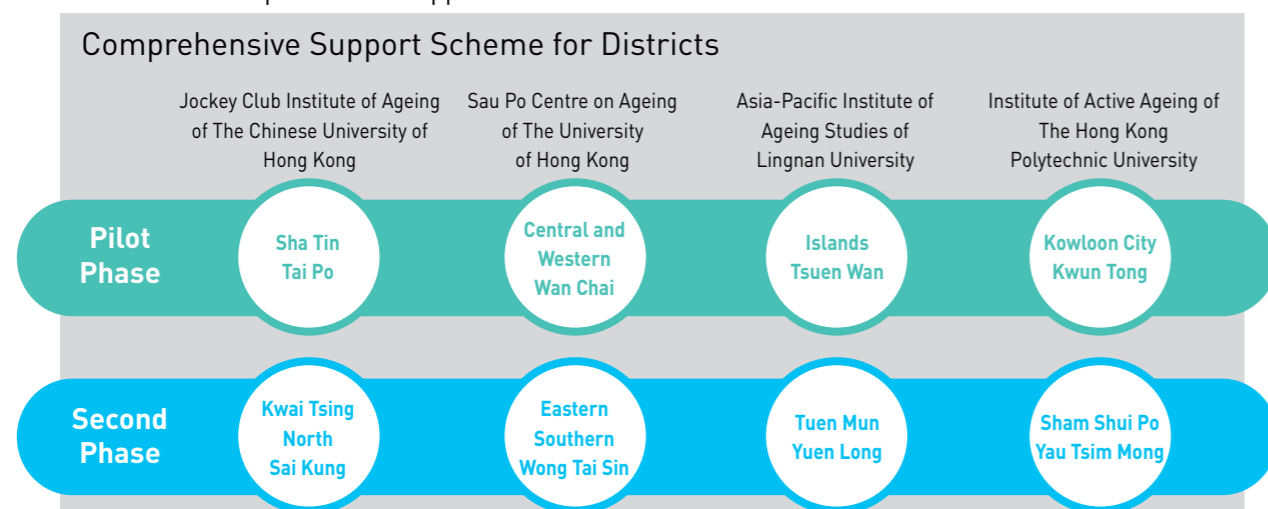
Objectives

- Assess the age-friendliness of each district and build the momentum in developing an age-friendly community;
- Recommend a framework for districts to undertake continual improvement for the well-being of our senior citizens; and
- Arouse public awareness and encourage community participation in building an age-friendly city.

Four major components

- The AgeWatch Index for Hong Kong:** to develop a local AgeWatch Index annually to assess the social and economic well-being of older people in Hong Kong in order to identify areas of improvement and facilitate project planning.
- Comprehensive Support Scheme for Districts:** to conduct baseline assessments in measuring the age-friendliness of districts, provide training to ambassadors, implement district-based programmes and provide support to districts in taking forward age-friendly initiatives.
- Publicity and Public Education:** to implement territory-wide publicity and public education activities to arouse public awareness and promote age-friendly messages.
- Evaluation:** to evaluate the effectiveness of district-based programmes and the overall Project, and consolidate best practices in building an age-friendly city.

Figure 1.1 The districts supported by the four gerontology research institutes under the Comprehensive Support Scheme for Districts



² For more information about JCAFC Project, please visit the project website at www.jcafc.hk

1.3 Age-friendly City

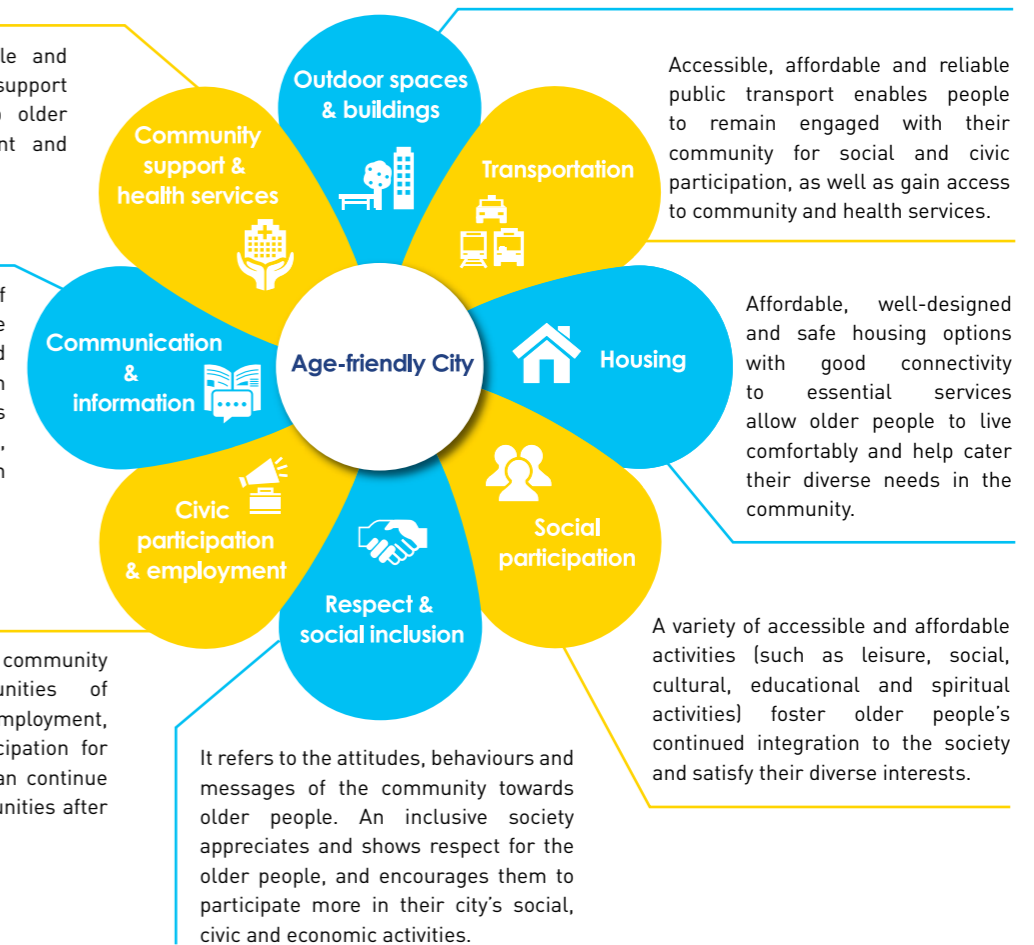
The concept of age-friendly city ("AFC") was initiated by the World Health Organization ("WHO") in 2005 which encourages active and healthy ageing in order to enhance quality of life as people age. A focus group research project with participation of 33 cities from 22 countries worldwide was carried out to understand the characteristics that make an AFC. According to the opinions collected, features of an AFC in urban environment were summarised into eight domains: (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 (WHO, 2007b).

A pleasant, clean and secure environment with green spaces, rest areas, as well as safe and well-maintained pedestrian crossings and building infrastructure is a favourable living environment for older people.

A wide range of accessible and affordable health and support services are vital to keep older people healthy, independent and active.

Appropriate distribution of information to older people in a timely, accessible and affordable manner, through the communication channels that they are familiar with, helps prevent social exclusion of older people.

An age-friendly city and community provides ample opportunities of voluntary work and paid employment, and encourages civic participation for older people so that they can continue to contribute to their communities after retirement.



The JCAFC Project has been developed based on the concept of AFC with the aims of promoting age-friendly culture in Hong Kong, encouraging the public to be aware of the needs of people of different ages, and driving mindset changes towards ageing. An AFC is not just "elderly-friendly", but friendly for all ages.



2

Background information of Hong Kong

- 2.1 Demographic, socio-economic and housing characteristics
- 2.2 Social environment characteristics

2. Background information of Hong Kong

The JCAFC Project covers 18 districts in Hong Kong. The location of each district and the respective major sub-areas within the districts are presented in Figure 2.1 and Table 2.1 respectively. Demographic and socio-economic features of population, housing and household characteristics, as well as social environment of Hong Kong are also depicted in this chapter as background information for a better understanding of the study area and facilitation of subsequent discussions. Desktop research was mainly used to collect the secondary data and information in this section.

Figure 2.1 Map of Hong Kong showing 18 districts



Table 2.1 Major sub-areas in each district in Hong Kong

Hong Kong Island

Central and Western

- Kennedy Town
- Sai Wan, Shek Tong Tsui and Sai Ying Pun
- Mid-Levels
- Central and Sheung Wan

Eastern

- North Point and Quarry Bay
- Taikoo Shing
- Shau Kei Wan
- Heng Fa Chuen and Chai Wan

Southern

- Pok Fu Lam
- Aberdeen
- Ap Lei Chau
- Wong Chuk Hang, Bays Area, Stanley and Shek O

Wan Chai

- Causeway Bay
- Wan Chai
- Happy Valley
- Canal Road
- Tai Hang

Kowloon

Kowloon City

- Ho Man Tin
- Hung Hom
- Old Kai Tak Airport
- Kowloon Tong
- Ma Tau Wai
- To Kwa Wan
- Whampoa Garden
- Kowloon City

Kwun Tong

- Ngau Tau Kok
- Kowloon Bay
- Kwun Tong Town Centre
- Shun Lee
- Sau Mau Ping
- Lam Tin
- Yau Tong

Sham Shui Po

- Sham Shui Po
- Cheung Sha Wan
- Lai Chi Kok
- Shek Kip Mei

Wong Tai Sin

- Choi Wan
- Hammer Hill
- Tsz Wan Shan
- Diamond Hill
- Choi Hung
- San Po Kong
- Tung Tau
- Upper and Lower Wong Tai Sin Estate
- Chuk Yuen
- Wang Tau Hom

Yau Tsim Mong

- Mong Kok
- Yau Ma Tei
- Tsim Sha Tsui
- Tai Kok Tsui

New Territories

Islands

- Lantau
- Yat Tung
- Tung Chung New Town
- Tai O
- Discovery Bay
- Peng Chau & Hei Ling Chau
- Lamma & Po Toi
- Cheung Chau

Kwai Tsing

- Kwai Chung North & East
- Kwai Chung Central & South
- Kwai Chung West
- Tsing Yi North & East
- Tsing Yi South & West

North

- Sheung Shui
- Fanling
- Sha Tau Kok and Ta Kwu Ling

Sai Kung

- Sai Kung
- Hang Hau rural area
- Tseung Kwan O

Sha Tin

- Sha Tin and Fo Tan
- Tai Wai
- Ma On Shan

Tai Po

- Tai Po North
- Tai Po South
- Tai Po outer ring and remote areas

Tsuen Wan

- 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

Tuen Mun

- Tuen Mun North
- Tuen Mun East
- Tuen Mun South
- Tuen Mun West

Yuen Long

- Yuen Long Luk Heung
- Yuen Long Town
- Tin Shui Wai

2.1 Demographic, socio-economic and housing characteristics

This part describes the overall population profile of Hong Kong referring to the latest figures from the Hong Kong Census and Statistics Department. Detailed demographic, socio-economic and housing characteristics of individual districts are provided at [Annex 1](#) (P.84) for reference.

In 2016, there were about 1.16 million older people aged 65 or above in Hong Kong, accounting for 15.9% of Hong Kong's total population (Census and Statistics Department, 2018). Among 18 districts, Kwun Tong (17.2%), Wong Tai Sin (17.2%) and Kwai Tsing (16.7%) had the largest proportion of older people living therein, while Tsuen Wan ranked last with 14.6%. On gender, the districts shared similar pattern in the sense that more than half of the district population were female, ranging from 53.1% to 56.4% (Census and Statistics Department, 2017a).

In terms of age structure of elderly population, 53.0% were aged 65-74, 17.7% were aged 75-79, and 29.3% were aged 80 or above. The number of old-olds (aged 80 and above) increased substantially by 66.7% over the past decade, from approximately 204,000 in 2006 to 340,000 in 2016 (Census and Statistics Department, 2018). The growing numbers of old-olds in Hong Kong may result in higher demand on health care and community support services.

On educational attainment, the proportions of elderly population (aged 65 or above) with no schooling / pre-primary, primary, secondary and post-secondary education were 23.3%, 37.1%, 30.1%, and 9.5% respectively in 2016. The proportion of older people with secondary or higher education increased markedly when compared to 10 years ago, from 25.0% in 2006 to 39.6% in 2016 (Census and Statistics Department, 2018), reflecting that older people are becoming better-educated nowadays.

Over the past decade, there was a rising trend of elderly employment in terms of number of employed older people and the elderly labour force participation rate. In 2016, there were some 125,000 elderly workers aged 65 or above in Hong Kong, more than double to the number in 2006 (i.e. nearly 60,000). The labour force participation rate of older people also increased from 7.0% in 2006 to 11.2% in 2016, where the rate was higher for male elderly (18.3%) than female elderly (5.1%) in 2016 (Census and Statistics Department, 2018).

The predominant type of housing for older people in Hong Kong was private permanent housing (42.8%), followed by public rental housing (36.7%) and subsidised home ownership housing (19.2%). Most of the older people living in private permanent housing (77.9%) were owner-occupier households.

Over 70% of older people were living with their families, while 13.1% of older people were living alone, among which about half (50.4%) were residing in public rental housing. In the past years, there was a decreasing proportion of older people living with their children, from 53.4% in 2006 to 48.5% in 2016 (Census and Statistics Department, 2018).

2.2 Social environment characteristics

This section depicts the social aspects of Hong Kong, such as the health care services, community care and support services, and leisure and cultural facilities. The information of key community facilities in each district is summarised in [Annex 2](#) (P.86).

Health care services

There are 43 public hospitals, 73 General Out-patient Clinics ("GOPC") and 48 Specialist Out-patient Clinics ("SOPC") across 18 districts to provide subsidised medical treatments and rehabilitation services to Hong Kong citizens by Hospital Authority ("HA") (GovHK). Elderly patients accounted for half of all patient days and accident and emergency admissions, as well as more than one-third of all GOPC and SOPC attendances provided by HA (GovHK). Community Nursing Service ("CNS") is also rendered by HA to provide holistic care for people staying in the community. Over 85% of patients completed treatment or under care of CNS were older people (Hospital Authority, 2018). Other than that, the Department of Health has established 18 Elderly Health Centres (one in each district) to provide primary health care services to older people aged 65 or above. Complementary to the public services, there are 12 registered private hospitals in Hong Kong providing a choice for those who are able and willing to pay for the private health care services. The Government has also launched the Elderly Health Care Voucher Scheme since 2009 to supplement existing public health care services by providing financial incentives for older people to choose private health care services that best suit their needs, including preventive care.

Community care and support services

A total of 41 District Elderly Community Centres (“DECC”) and 169 Neighbourhood Elderly Centres (“NEC”) have been set up in 18 districts with the aim of satisfying the needs of older people at district and neighbourhood level respectively in terms of education, development, carer support, outreaching and networking, counselling, meals, referrals and drop-in services (Social Welfare Department, HKSARG). The Government also provides various centre-based services (e.g. Day Care Centres / Units for the Elderly) and home-based community care services (e.g. Enhanced Home and Community Care Services) in each district to support older people to age in place. In addition, the approach of medical social collaboration has been adopted to strengthen the community care and support in Hong Kong. For instance, the joint efforts of the Social Welfare Department and HA in the implementation of Dementia Community Support Scheme which aims to provide community care services for elderly persons with mild to moderate dementia at 20 DECCs (Food and Health Bureau, HKSARG).

Leisure and cultural facilities

The Leisure and Cultural Services Department (“LCSD”) is responsible for managing a wide array of facilities in each district to provide leisure and cultural activities for Hong Kong residents, including sports centres and grounds, swimming pools, parks and gardens, and libraries. To encourage the participation of older people in leisure and culture activities, the LCSD offers discounted fee for older people in some cultural programmes and sports activities. For example, older people aged 60 or above can rent LCSD leisure facilities and enroll in recreation and sports activities at a concessionary rate of 50%; free sports activities for the elderly are also provided under the Healthy Elderly Scheme (GovHK). To encourage older people to develop a habit of exercising regularly, the LCSD has also set up elderly fitness corners with fitness equipment at over 440 outdoor leisure venues, such as parks and playgrounds, across 18 districts in Hong Kong (Labour and Welfare Bureau, 2016).





3 Methodology

3.1 Data collection

3.2 Data analysis

3. Methodology

The baseline assessments were conducted by the 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) using both quantitative (questionnaire survey) and qualitative (focus group interviews) approaches based on the eight AFC domains suggested by WHO (WHO, 2007a; 2007b).

3.1 Data collection

Data were collected in all 18 districts in Hong Kong from July 2015 to February 2016 in eight districts of pilot phase³ and from March to September 2017 in the other ten districts of second phase⁴.

3.1.1 Questionnaire survey

The questionnaire survey aimed to measure the perception of participants on the age-friendliness of the districts. A minimum of 500 completed questionnaires were collected from each district using convenience sampling method. 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 from 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 in Chinese 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 AFC domains. 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. “There are sufficient street lighting and police patrols to keep outdoor areas safe.”). 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 age-friendly city and sense of community are listed in [Annex 3](#) (P.90). The socio-demographic information of survey participants was also collected in the questionnaire.

3.1.2 Focus group interviews

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

At least 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 to capture the opinions, needs and experiences of different groups of people, covering old-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 focus group moderators led participants through the eight AFC domains and invited them to identify age-friendly aspects (strengths) and age-unfriendly aspects (concerns) of the community and share any suggestions for improvement.

³ Eight districts in pilot phase: Sha Tin, Tai Po, Central and Western, Wan Chai, Islands, Tsuen Wan, Kowloon City and Kwun Tong.

⁴ Ten districts in second phase: Kwai Tsing, North, Sai Kung, Eastern, Southern, Wong Tai Sin, Tuen Mun, Yuen Long, Sham Shui Po and Yau Tsim Mong.

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 further grouped into 19 sub-domains, details of which are set out at [Annex 3 \(P.90\)](#). The classifications of the eight domains and 19 sub-domains are shown as below.



Statistical analysis was 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 were 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 differences 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, use of elderly community centre, and sense of community. The subgroups and their groupings for analysis are set out in Table 3.1. Statistical analysis was carried out using SPSS, where a significant level at 5% (i.e. $p < 0.05$) was adopted for all statistical tests.

Table 3.1 Subgroups and their groupings for analysis

Age group		■ 18-49	■ 50-64	■ 65-79	■ ≥80
Gender		■ Male	■ Female		
Marital status		■ Currently married	■ Never married / Widowed / Divorced or Separated	■ Others*	
Education level		■ Primary and below	■ Secondary	■ Post-secondary	

Type of housing



- Public rental
- Subsidised home ownership
- Private permanent (including rental and self-owned)
- Others*

Living arrangement



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

Length of residence in the community (year)



- <1
- 1-<5
- 5-<10
- 10-<15
- 15-<25
- ≥25

Employment status



- Working
- Retired
- Unemployed / Homemakers / Students
- Others*

Monthly personal income



- Below \$4,000
- \$4,000 - <\$10,000
- \$10,000 - <\$30,000
- \$30,000 and above

Self-rated health



- Poor
- Fair
- Good
- Very good
- Excellent

Sense of community (by quartile)#



- ≤27
 - 28-30
 - 31-32
 - ≥33
- (Min: 8; Max: 40)

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



- Yes
- No

* "Others" were excluded from ANOVA and ANCOVA.

The groupings were derived by dividing the rank-ordered dataset into four equal parts.

3.2.2 Qualitative data analysis

The richness of the data generated from the focus group interviews allowed for plenty of observations to be made across the districts. Participants' opinions mentioned in nine or more districts (out of 18 districts) were classified as **common views**. Those opinions mentioned in less than nine districts but touched on any one of the following issues were classified as **special views**.

- (a) The views touch on a unique scheme or project relating to age-friendliness that may provide useful reference or model for other districts;
- (b) The views involve age-friendly needs of disadvantaged groups, e.g. wheelchair users, persons with disabilities, older people living alone, older people being marginalised;
- (c) The views touch on age-friendly issues that can be generalised and applied to other districts or regions, e.g. issue of burial place, urban areas sharing certain common strengths or concerns.

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

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

The focus group data on strengths, concerns 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.



4 Key findings

- 4.1 Questionnaire survey
- 4.2 Focus group interviews



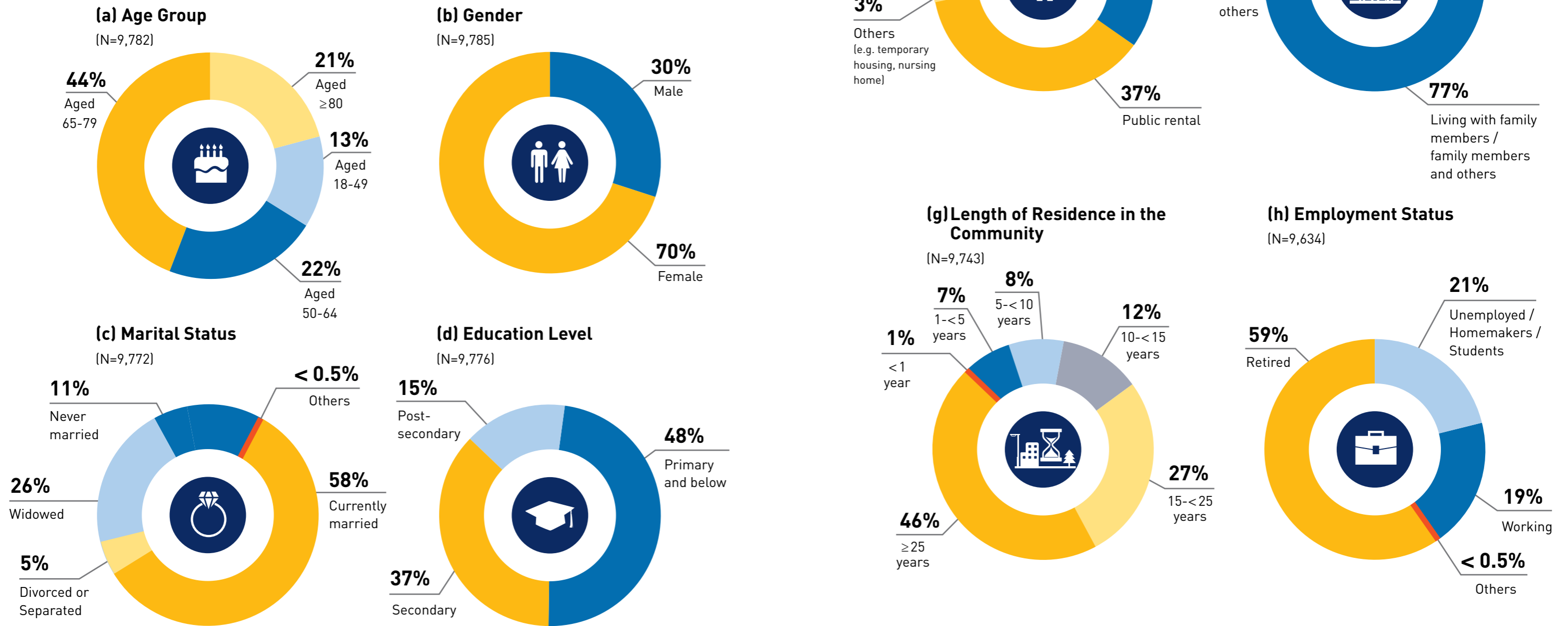
4. Key findings

4.1 Questionnaire survey

4.1.1 Profile of questionnaire survey respondents

A total of 9,785 completed questionnaires were collected from 18 districts. The socio-demographic characteristics of the survey participants are shown in Figure 4.1(a-m) below.

Figure 4.1 Socio-demographic characteristics of survey participants



Remark: The percentages may not add up to 100 due to rounding.

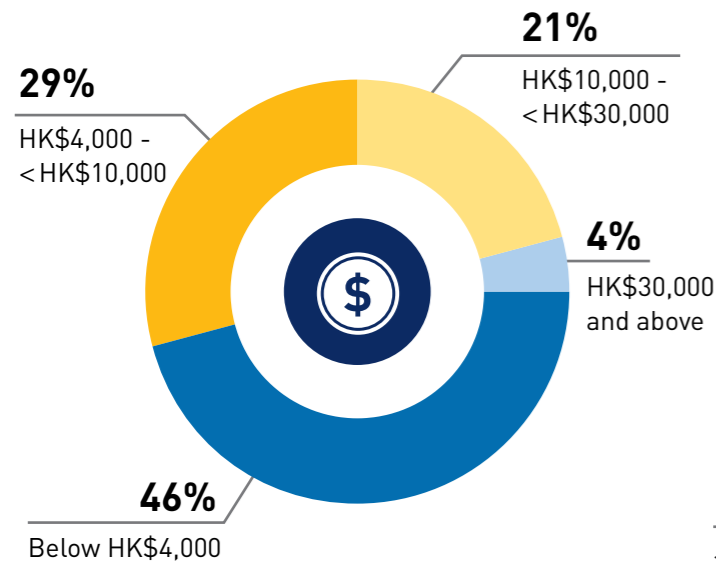
Remark: The percentages may not add up to 100 due to rounding.





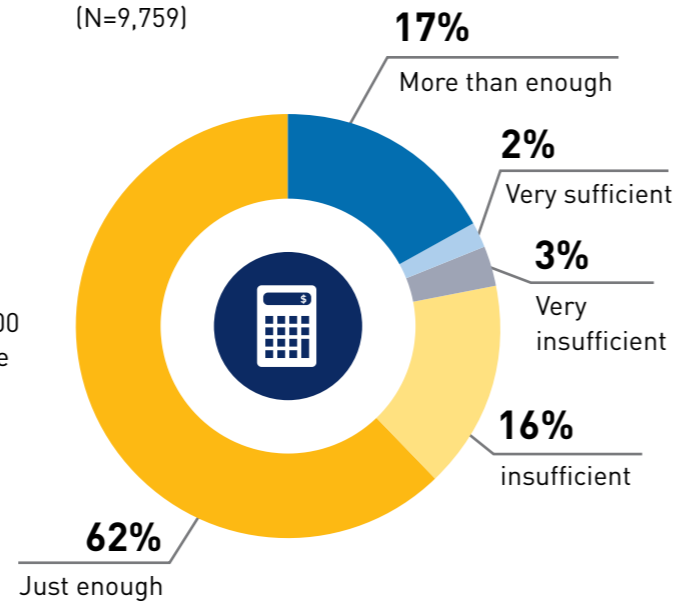
(i) Monthly Personal Income

(N=9,381)



(j) Sufficiency of Disposable Income for Daily Expenses

(N=9,759)



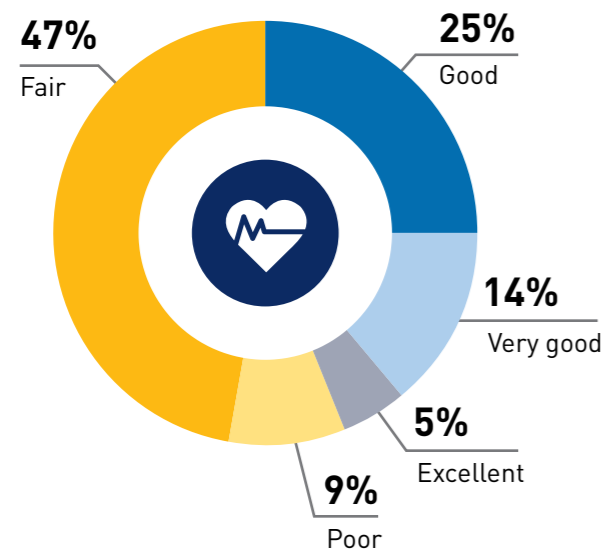
(m) Sense of community (by quartile)

(N=9,591)



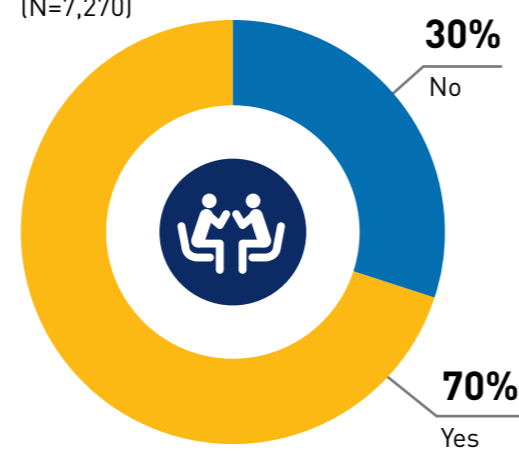
(k) Self-rated Health

(N=9,760)



(l) Use of Elderly Community Centre in the Past Three Months by People Aged 60 or Above

(N=7,270)



Remark: The percentages may not add up to 100 due to rounding.

4.1.2 Mean scores of AFC domains and sub-domains

The mean scores of the eight domains ranged from 3.67 to 4.29 (see Table 4.1). The top two domains with higher ratings were **Social participation** (mean score=4.29) and **Transportation** (mean score=4.27). The bottom two domains were **Housing** (mean score=3.71) and **Community support and health services** (mean score=3.67). Table 4.2 shows the ranking of the mean scores of the eight domains by districts.

Table 4.1 Mean scores of eight domains

Age-friendly City Domains	Mean Scores	N
Social participation	4.29	9,705
Transportation	4.27	9,774
Respect and social inclusion	4.10	9,749
Communication and information	4.06	9,732
Outdoor spaces and buildings	4.04	9,782
Civic participation and employment	3.87	9,594
Housing	3.71	9,752
Community support and health services	3.67	9,743

Note: Survey participants were asked to rate the 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.





Table 4.2 Ranking of mean scores of eight domains by districts

Pilot Phase Districts	Highest score → → → → → → → → Lowest score							
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
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	CivicEmp	Outdoor	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

Second Phase Districts	Highest score → → → → → → → → Lowest score							
	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
Kwai Tsing	Transport	Inform	Social	Housing	Outdoor	Respect	CivicEmp	SuppHealth
North	Transport	Social	Outdoor	Information	Respect	Housing	CivicEmp	SuppHealth
Sai Kung	Transport	Outdoor	Inform	Social	Respect	Housing	CivicEmp	SuppHealth
Southern	Social	Transport	Respect	Outdoor	Inform	CivicEmp	Housing	SuppHealth
Eastern	Social	Transport	Outdoor	Respect	Inform	CivicEmp	Housing	SuppHealth
Wong Tai Sin	Social	Transport	Respect	Inform	Outdoor	CivicEmp	Housing	SuppHealth
Sham Shui Po	Social	Respect	Transport	Inform	CivicEmp	Outdoor	SuppHealth	Housing
Yau Tsim Mong	Social	Respect	Transport	Inform	CivicEmp	Outdoor	SuppHealth	Housing
Tuen Mun	Social	Transport	Respect	Outdoor	Inform	CivicEmp	Housing	SuppHealth
Yuen Long	Social	Transport	Respect	Outdoor	Inform	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 the eight domains into 19 sub-domains, more specific areas with higher and lower ratings were identified.

The mean scores of the 19 sub-domains ranged from 2.44 and 4.39 (see Table 4.3). The top three sub-domains that received higher ratings were **B1 Road safety and maintenance** (mean score=4.39), **B4 Accessibility of public transport** (mean score=4.38), and **D1 Facilities and settings (Social participation)** (mean score=4.34). These three sub-domains all received a mean score above 4.3.

The bottom three sub-domains that received lower ratings were **H2 Emergency support** (mean score=3.60), **C1 Affordability and accessibility of housing** (mean score=3.55), and **H3 Burial service** (mean score=2.44). The lowest rating sub-domain of H3 Burial service was the only sub-domain that had a mean score below 3.0.

Table 4.3 Mean scores of 19 sub-domains

19 sub-domains of AFC	N	Mean Scores	SD
B1 Road safety and maintenance	9,782	4.39	0.88
B4 Accessibility of public transport	9,769	4.38	0.86
D1 Facilities and settings (Social participation)	9,693	4.34	0.94
B3 Comfort to use public transport	9,775	4.29	0.83
D2 Availability and accessibility of social activities	9,554	4.25	0.93
E1 Attitude	9,757	4.21	0.84
F1 Civic participation	9,438	4.16	1.20
A1 Outdoor spaces	9,782	4.15	0.85
G1 Information	9,729	4.11	0.90
H1 Availability and affordability of medical/social services	9,745	3.99	0.95
G2 Use of communication and digital devices	9,691	3.97	1.04
A2 Buildings	9,780	3.91	0.94
C2 Environment of housing	9,772	3.88	1.11
E2 Opportunities for social inclusion	9,691	3.87	1.13
B2 Availability of specialised services (Transportation)	9,652	3.84	1.14
F2 Employment	9,443	3.77	1.04
H2 Emergency support	9,308	3.60	1.33
C1 Affordability and accessibility of housing	9,733	3.55	1.17
H3 Burial service	9,365	2.44	1.29





4.1.3 Subgroup differences in domain mean scores

The key observations from the subgroup analysis are presented below and summarised in Table 4.4. Detailed results of the statistical analysis are at [Annex 4](#) (P.94). 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 or above in the past three months, and sense of community all displayed significant differences in the adjusted mean scores in one or more AFC domains ($p < 0.05$).

Subgroups Observations



Age

- ▼ There was a significant effect of age on the ratings of the three domains under physical environment, Community support and health services, as well as Communication and information:
 - ▶ In the three domains under physical environment and Community support and health services, generally the **older** the participants, the higher scores they rated these domains.
 - ▶ In Communication and information, no obvious pattern was observed. Yet, participants **aged 65-79** rated this domain most positively whereas participants **aged 80 or above** rated it most negatively.



Gender

- ▼ There was a significant effect of gender on the ratings of Social participation, Respect and social inclusion, and Civic participation and employment, where **female** participants rated these domains more positively than male participants.



Marital status

- ▼ There was a significant effect of marital status on the ratings of Outdoor spaces and buildings, Transportation, Social participation, Respect and social inclusion, and Community support and health services, where participants who were **non-married** (i.e. never married, widowed, divorced or separated) rated these domains more positively than those currently married.



Education level

- ▼ There was a significant effect of education level on the ratings of the five domains under social environment, where generally the **lower the education level**, the more positively they rated these domains.

Subgroups Observations



Type of housing

- ▼ There was a significant effect of housing type on the ratings of all eight domains, where:
 - ▶ Residents of **public rental housing** rated all eight domains most positively.
 - ▶ Residents of **subsidised home ownership housing** rated Respect and social inclusion, Civic participation and employment, Communication and information, as well as Community support and health services most negatively.
 - ▶ Residents of **private housing** rated the three domains of physical environment as well as Social participation and Communication and information most negatively.



Living arrangement

- ▼ There was a significant effect of living arrangement on the rating of Outdoor spaces and buildings, where participants **living with somebody** (i.e. living with family members / family members and others, living with others) rated this domain more positively than those living alone.



Length of residence in the community

- ▼ There was a significant effect of length of residence on the ratings of the three domains under physical environment and Community support and health services:
 - ▶ In Outdoor spaces and buildings and Transportation, generally the **shorter** the **length of residence in the community**, the more positively they rated these two domains.
 - ▶ In Housing and Community support and health services, no obvious pattern was observed. Yet, participants living in the community for 5-<10 years and <1 year gave higher scores to these two domains respectively than other year groups.

Remark: Observations of significant effects ($p < 0.05$) after controlling for other covariates (age, gender, marital status, educational level, type of housing, length of residence, employment status, monthly personal income, self-rated health, living arrangement, use of community centre in the past 3 months, and sense of community)

Physical environment denotes a collection of the following three domains: Outdoor spaces and buildings, Transportation, and Housing.

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



Employment status

There was a significant effect of employment status on the ratings of Housing and Respect and social inclusion, where **retired** participants rated most positively in Housing domain, whereas **working** participants rated most positively in Respect and social inclusion domain.



Monthly personal income

There was a significant effect of monthly personal income on the ratings of six domains excluding Outdoor spaces and buildings and Social participation:

- ▶ In Housing, the **higher the monthly income**, the more positively they rated this domain.
- ▶ In Transportation, the **lower the monthly income**, the more positively they rated this domain.
- ▶ In Respect and social inclusion, Civic participation and employment, Communication and information, and Community support and health services, no obvious pattern was observed. Yet, participants with monthly income of \$4,000-<\$10,000 and \$10,000-<\$30,000 gave higher scores to these four domains than other income groups.



Self-rated health

There was a significant effect of self-rated health on the ratings of all eight domains, where generally the **better** the participant's **self-rated health**, the more positively they rated these domains.



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

There was a significant effect of the use of elderly community centre in the past 3 months on the ratings of five domains under social environment, where participants who **used elderly community centre in the past 3 months** rated these domains more positively than those who did not.

Subgroups

Observations



Sense of community

There was a significant effect of sense of community on the ratings of all eight domains, where the **higher** the participant's **sense of community**, the more positively they rated these domains.

Remark: Observations of significant effects ($p < 0.05$) after controlling for other covariates (age, gender, marital status, educational level, type of housing, length of residence, employment status, monthly personal income, self-rated health, living arrangement, use of community centre in the past 3 months, and sense of community)

Physical environment denotes a collection of the following three domains: Outdoor spaces and buildings, Transportation, and Housing.

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.





Table 4.4 Summary table of subgroups giving **higher scores** in eight domains

Subgroups	AFC domains							
	Outdoor spaces and buildings	Transportation	Housing	Social participation	Respect and social inclusion	Civic participation and employment	Communication and information	Community support and health services
Older people	✓	✓	✓					✓
Female				✓	✓	✓		
Non-married	✓	✓		✓	✓			✓
Lower education level				✓	✓	✓	✓	✓
Public rental housing	✓	✓	✓	✓	✓	✓	✓	✓
Living with somebody of family members / others	✓							
Shorter length of residence in the community	✓	✓						
Retired			✓					
Working					✓			
Higher monthly income			✓					
Lower monthly income		✓						
Better self-rated health	✓	✓	✓	✓	✓	✓	✓	✓
User of elderly community centre				✓	✓	✓	✓	✓
Higher sense of community	✓	✓	✓	✓	✓	✓	✓	✓

Remark: Domains with no obvious score patterns among subgroups are not shown in the above summary table.

4.2 Focus group interviews

4.2.1 Profile of focus group participants

91 focus group interviews were conducted in 18 districts with a total of 739 participants. The number of focus group participants for each district and their gender and age characteristics are shown in Table 4.5.

Table 4.5 Number of focus group participants and their gender and age characteristics of 18 districts

District	No. of Participants	Gender		Age group			
		Male	Female	49 or below	50-64	65-79	80 or above
Pilot Phase							
Sha Tin	45	35.6%	64.4%	17.8%	15.6%	46.7%	20.0%
Tai Po	50	48.0%	52.0%	20.0%	28.0%	34.0%	18.0%
Central & Western	37	18.9%	81.1%	18.9%	13.5%	51.4%	16.2%
Wan Chai	35	5.7%	94.3%	---	17.1%	40.0%	42.9%
Islands	40	22.5%	77.5%	30.0%	20.0%	37.5%	12.5%
Tsuen Wan	37	21.6%	78.4%	29.7%	8.1%	35.1%	27.0%
Kowloon City	51	43.1%	56.9%	17.6%	19.6%	43.1%	19.6%
Kwun Tong	52	38.5%	61.5%	17.3%	36.5%	23.1%	23.1%
Second Phase							
Kwai Tsing	38	36.8%	63.2%	21.1%	21.1%	10.5%	47.4%
North	49	20.4%	79.6%	8.2%	20.4%	38.8%	32.7%
Sai Kung	47	21.3%	78.7%	12.8%	25.5%	31.9%	29.8%
Wong Tai Sin	32	28.1%	71.9%	6.3%	12.5%	46.9%	34.4%
Eastern*	34	26.5%	73.5%	9.1%	6.1%	69.7%	15.2%
Southern	40	32.5%	67.5%	12.5%	7.5%	60.0%	20.0%
Tuen Mun	35	17.1%	82.9%	14.3%	25.7%	42.9%	17.1%
Yuen Long	38	39.5%	60.5%	23.7%	13.2%	39.5%	23.7%
Sham Shui Po	41	22.0%	78.0%	22.0%	34.1%	24.4%	19.5%
Yau Tsim Mong	38	13.2%	86.8%	21.1%	18.4%	42.1%	18.4%
Overall*	739	28.1%	71.9%	16.9%	19.8%	39.2%	24.1%

* 1 missing case of age group information in Eastern District Note: The percentages may not add up to 100 due to rounding.





4.2.2 Views on strengths, concerns and suggestions of age-friendliness in the community

Key findings of focus group interviews on strengths and concerns of age-friendliness in the community by the eight AFC domains are summarised in this section. Views mentioned in nine districts or more (out of 18 districts) were identified and classified as **common views**. For opinions which were only identified in a few districts but touching on special needs of disadvantage groups, piloting schemes and general district issues that might also apply for territory-wide level, they were identified as **special views** indicated with the symbol (#). Furthermore, all suggestions raised by focus group participants for improving age-friendliness in the community are also grouped according to the eight AFC domains in this section.

(A) Outdoor spaces and buildings

Common Strengths

1. Parks, green spaces or spacious outdoor spaces are available

- for leisure, recreational, social and sports activities (e.g. jogging, cycling, hiking)
- for clean air, green environment, harbour view and gardens

2. Age-friendly and barrier-free facilities are available in outdoor areas and buildings

- seats
- lighting
- shelters
- ramps and handrails
- escalators and lifts
- exercise facilities for older people
- footbridges
- public toilets

“ People getting older would concern more about health and do more exercise. There is a large open space with shelter near Tin Ping Estate (天平邨). The shelter can block out the sunshine. Even under the rain, people can still do exercise there. ”

an elderly resident of North District

“ The air quality here is good, but I think there are not many exercise facilities for older people in Lai Tak Tsuen (勵德邨). For example, there is only one rider facility in the podium. While someone is using the rider for a long time, other elderly people need to queue for a long time. ”

an elderly resident of Wan Chai



Common Concerns

1. Inadequate and poorly designed / maintained community facilities

- Inadequate
 - shelters in parks, outdoor areas and pedestrian walkways
 - seating in parks and shopping malls
 - drinking fountains in parks
 - lifts for footbridges
 - barrier-free facilities for uphill areas and wheelchair users
 - handrails in residential areas
 - lighting in rural areas
 - exercise facilities for older people
 - direction signage
 - public toilets
- Poor design
 - too heavy push doors in shopping malls
 - unclear direction signage
 - public toilets with poor accessibility
- Poor maintenance
 - lack of maintenance for exercise facilities for older people
 - long repairing time for malfunctioned lifts
 - poor hygiene of public toilets

2. Unsafe pedestrian walkways

- uneven pavement
- slippery surface in wet markets and residential areas
- congested streets with goods
- too many staircases and slopes
- narrow roads not suitable for wheelchair users

3. Unpleasant environment with hygienic and pollution problems

- littering
- water dripping problem
- pet excreta, bird feces, fleas, mosquitoes and rodent problems
- weed problem and kapok blossoms causing poor hygiene
- noise pollution from construction





“ There are some fitness equipment in the housing estate, but the elderly cannot manage some of them such as horizontal pull-up bars. These facilities are located right next to the rubbish dumping site. Very few people exercise there and the facilities are just wasted. We moved to this district at our middle age and now we are in the old age. Why not modify these facilities to fit for the elderly to do exercise as the estate is indeed turning to an elderly estate now? ”

elderly residents of public housing in Sha Tin

Suggestions



1. Improve community facilities in terms of quantity and age-friendliness

- increase shelters and seats in outdoor areas
- increase elderly exercise facilities and drinking fountains in parks
- install lifts for footbridges and escalators for uphill areas to connect key facilities and buildings
- add handrails along stairs and slopes
- install electronic doors for persons with reduced mobility
- install ramps inside buildings
- build more public toilets with good maintenance and with both flush and squat toilets

2. Improve pedestrian walkways

- enhance pavement maintenance on uneven bricks
- improve slip resistance on road surface
- improve steep slopes
- carry out law enforcement actions against shop front extensions and illegal parking

3. Maintain a clean and hygienic environment with step up efforts

- cleaning of streets and outdoor areas
- anti-mosquitoes campaign
- minimise pollutions
- pest control
- installation of CCTV to monitor illegal disposals
- public education on promoting a clean environment
- public education on proper recycling to reduce hygiene issues

(B) Transportation (One of the top two domains with higher scores in survey findings)

Common Strengths

1. Good transport network

- with diverse choices of transport modes
- connecting key destinations and neighbouring places

2. Affordable transport fare

- the Government Public Transport Fare Concession Scheme for the Elderly and Eligible Persons with Disabilities

3. Friendly public transport to older people and persons with disabilities

- friendly facilities in vehicle design (e.g. installation of wheelchair areas)
- friendly attitude of bus drivers in taking care of elderly passengers and wheelchair users

“ I spend only \$2 to take West Rail all the way to find my son who is living in Ma On Shan. It's very convenient. ”
an elderly parent living in Yuen Long

“ Light Rail maps are difficult for older people... The routes are difficult to understand too. ”
Tuen Mun resident

“ We have to take minibus travelling between our village and Tai Po town centre. Apart from us, some elderly residents also rely on minibus to get out. It's not so easy for them to get on or off the vehicle. But if they did not go out to Tai Po town centre, they would have limited choices to hang out. ”
younger adults from Tai Po





Common Concerns

1. Unfriendly design of public transport stations, stops and vehicles

- inadequate lifts, long walk to exits, and inadequate / poorly designed signage at MTR stations
- lack of shelters and seats at bus stops
- inconvenient locations of MTR stations and bus / minibus stops without good connection with barrier-free facilities
- too complicated interchanges of Light Rail
- difficult for older people to get on / off the buses and minibuses
- turnstiles design of trams causing older people to get tangled easily

2. Insufficient transport connections for some regions, especially remote areas

- uphill areas
- peripheral residential communities
- rural villages
- areas without rail services
- newly developed areas
- redeveloped areas

3. Infrequent and unreliable public transport services causing long waiting time

- bus
- minibus
- Light Rail

4. Expensive transport fares for some groups of people

- retired persons aged under 65
- adults
- long-haul commuters

Suggestions



1. Enhance transport connections, frequency and capability

- review existing routings and stops
- provide more transport routes / options
- introduce free shuttle bus services
- offer more transport services at peak hours and weekends as well as during festivals
- increase capability of Light Rail services
- expand the railway network
- introduce point to point transport services

2. Improve age-friendliness of transport stations, stops and vehicles

- install more lifts at MTR stations
- add shelters and seats at bus and minibus stops
- add elevated islands for tram stations
- install display panels at bus stops to show real-time arrival time of buses
- enlarge bus stop signage and route information
- improve the safety design features of trams

3. Improve transport affordability

- install more MTR fare savers
- provide sectional fares for bus services
- extend fare concession or introduce half price discount to young elderly, say aged 60-64

4. Improve road safety

- increase law enforcement to reduce high speed driving and illegal parking
- increase zebra crossings
- install timer for traffic lights to indicate waiting time
- erect barriers along roadsides in order to abstain pedestrians from crossing the road at inappropriate places
- review city planning
- reduce traffic congestion
- provide safety education to minibus drivers on driving speed and taking care of passengers





(C) Housing (One of the bottom two domains with lower scores in survey findings)

Common Strengths

1. Safe, comfortable and familiar living environment with easy access to affordable services / facilities

- wet markets
- bus stops
- shops for necessity goods
- recreational facilities

2. Affordable housing options / age-friendly housing policies are available

- public housing
- subsidised housing
- elderly housing
- priority schemes for families with elderly members



Common Concerns

1. Negative experience of older people on housing maintenance issues

- limited resources or information on housing maintenance for private housing residents
- lengthy processing time for maintenance services in public housing
- worry about high maintenance costs
- contention over housing maintenance issues in public housing estates between residents who privately owned the flats under Tenants Purchase Scheme and residents who rented the flats

2. Worry of older people about the feasibility of “ageing in place”

- Uncertainties
 - worry about the availability of suitable / age-friendly housing environment due to redevelopment / housing development
 - worry about the lack of housing units specifically addressing the elderly needs
 - uncertain possibility of living with or close to children when getting old and frail
- Lack of support services / facilities in some local communities
 - wet markets
 - supermarkets
 - bank services
 - restaurants

3. Lack of barrier-free facilities in housing design

- wheelchair ramps
- lifts

“To install a handrail at home, residents of public housing can make a request and the Housing Department can do it for you. But for those living in private housing, they have to handle the maintenance issues by themselves and at their own cost.”

— an old lady from Sham Shui Po

“Home maintenance is sometimes needed, such as broken floor tiles and malfunctioned doors. It needs to spend more than a thousand dollars to hire workers to do the fixing. You know, it's so poor that we have to use our savings to do the maintenance.”

— an old lady from Yau Teim Mong

“My way is to take a picture of the broken or malfunctioned items and then walk around to compare the prices. But older people do not have such energy to do so and there is no channel for them to search for cheaper maintenance services.”

— a young-old female from Yau Teim Mong

Suggestions



1. Provide support for housing maintenance / modification services to residents

- living in private housing (e.g. older housing units, tenement houses)
- living in non-public rental housing estates

2. Incorporate age-friendly design in housing

- add wheelchair ramps
- add exercise facilities for older people
- add seats along the pathway to community services
- develop elderly housing that addresses the needs of older people

3. Improve living environment

- 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

4. Improve the application for public housing

- spend more resources to build public housing estates to expedite the application procedures and shorten the waiting time
- relax the application criteria of public housing

5. Set up a mechanism to regulate property price and rent

6. Reduce rent for wet market shops to attract more local stores





(D) Social participation (One of the top two domains with higher scores in survey findings)

Common Strengths

1. Opportunities of social participation and community integration are available for older people

- wide variety of activities / interest classes satisfying the needs of older people and fostering their community integration
- availability of activities through different channels
 - elderly centres
 - community centres
 - Social Welfare Department / Leisure and Cultural Services Department / District Councils
 - informal groups

2. Community and social activities are affordable

- organised by elderly centres
- organised by community centres in public housing estates
- organised by government departments (e.g. Leisure and Cultural Services Department)



Common Concerns

1. Insufficient venues and spaces for activities

- outdoor areas
- sheltered areas

2. Inadequate activity quotas affecting the accessibility of social participation

3. Limited opportunity of social participation by certain groups of people

- diminishing physical ability prevents older people from participation
- people living alone or caregivers have less chance to participate
- private housing offers fewer opportunities for social participation
- geographically remote areas are less accessible to activities
- limited social activities cater for the interests of male elderly and the educated

Suggestions



1. Increase availability and accessibility of social participation

- give higher priority to local residents to participate in activities
- organise large-scale social activities
- increase seats in indoor areas for social gathering
- introduce more flexible booking rules of community halls / rooms
- convert vacant premises into community activity spaces
- subsidise NGOs to set up service centres in private estates
- set up more elderly centres / community centres
- improve the balloting system for enrolling to activities in elderly centres

2. Enhance social participation of isolated older people

- more outreach to singleton elderly



Sometimes the District Council organises exercise or yoga classes for older people. You can also see quite many older people go swimming at Wu Kai Sha Beach (烏溪沙海灘) in the very morning, especially in summer.



— young adults from Sha Tin —



I suggest to build a civic centre in Causeway Bay. At present, if we want to go to civic centre, we need to travel to Sai Wan Ho Civic Centre in another district.

— an elderly person living in Wan Chai for more than 40 years —





(E) Respect and social inclusion



Common Strengths

1. There is a sense of respect and community inclusion perceived by older people

- respectful culture of offering help to older people or the needy
 - give seats on public transport
 - help them to carry grocery bags
 - help them to buy groceries when being sick
- friendly attitude by service providers (e.g. bus and tram drivers, security guards, staff of elderly centres)
- inclusive services available in the community
 - discounts for older people to shop and buy meals
 - priority banking services for older people
 - priority seats on public transport
- express opinions through different channels
 - regular meetings in elderly centres
 - estate committees
 - transport operators
 - government departments
 - District Council members
- close neighbourhood / intergenerational relationships
 - strong sense of community in public housing and rural villages
 - greet each other in the neighbourhood
 - rich human interactions and good community network
 - newcomers adopting village tradition of prioritising older people
 - intergenerational activities available
 - a feeling of being part of the community with active participation in social activities

Common Concerns

1. Perceived lack of respect and friendliness to older people still exist in the society

- unfriendly attitude towards older people
 - not offering seats
 - not waiting for older people before closing the lifts
 - new neighbours not showing respect
 - impolite towards older people with wheelchair
- inconsiderate and impolite behaviour by service providers
 - drivers of public transport
 - staff in restaurants, shops, wet market stores, bank services and health care services
- inadequate channels to express needs / opinions and find ways to follow up actions of government departments
- lack of recognition by the society due to the absence of comprehensive retirement protection
- negative images of older people in the mass media

2. Services failing to cater for the needs of older people (#)

- refusal of taxi drivers to take wheelchair users and older people
- inaccessible to wet markets
- closing of small shops
- age-friendly services not known to older people
- lack of initiatives to facilitate the public to better understand the needs of older people





Suggestions



1. Initiate public education to promote respectful culture and community inclusion

- potential topics
 - respect towards older people
 - active ageing
 - healthy image of older people
 - intergenerational and intercultural understanding
- potential collaborating parties
 - schools
 - DECCs and NGOs

2. Make age-friendly services more widespread

- provide customised banking services to older people especially those living in uphill areas
- business sector to offer occasional free services to older people to promote sense of respect
- increase the number of priority seats
- increase elderly's awareness on services available with more promotion

“

The telecommunications company charges \$10 for the telephone bill paper statement, but they have a special offer to older people. So, when I reached 65 years old, I quickly applied to waive the paper statement fee.

”

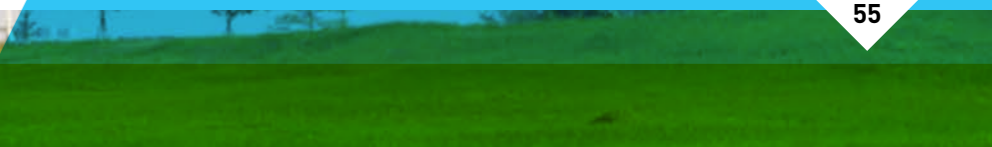
a 65-year-old female from Yau Tsim Mong

“

There are many hidden elders. They live in old tenement buildings on the 5th or 6th floor without lifts. They have mobility difficulties and find it inconvenient to go up and down the floor. They fail to join the community activities and use the community facilities. It's difficult for them to feel being inclusive by the society. What can we do to cater for the needs of this group of older people?

”

an old lady from Yau Tsim Mong





(F) Civic participation and employment

Common Strengths

1. Wide variety of volunteering opportunities are available through different channels

- elderly centres
- churches
- civic organisations
- community centres

2. Positive volunteering experience

- useful training before volunteering work
- gaining a sense of empowerment



Common Concerns

1. Limited job opportunities for older people

- deteriorating health and physical fitness making older people difficult to find a job
- low education qualification / illiteracy hindering older people to be employed
- difficult for older people to find jobs through emails and websites
- unfavourable job nature such as long hours of standing and inflexible working time
- age discrimination by employers
- lack of social enterprises that employ older people
- fewer job opportunities after the implementation of Statutory Minimum Wage
- limited and costly comprehensive labour insurance for older employees

“

When I told my age, the company staff responded “Sorry, we won’t hire”. I think age discrimination in job recruitment still exists in some companies. They talk in one way but act in another way. We should let the big companies know that some retired people still wish to integrate into the society. Yet, retired people are always expected to take up manual work. For office work, most companies do not hire them.

”

— an elderly person from Tsuen Wan

“

More and more mature adults come out to work as salespersons, but their physical ability may not support them to stand for 8-9 hours without sitting. I have tried to stand to work for 9 hours and felt extremely fatigue after work. The company can prepare a chair and allow them to sit when there are no customers or let them to take a 10-minute break for every 2-hour standing.

”

— a middle-aged person from Yuen Long

Suggestions



1. Provide more employment opportunities for older people

- by creating more jobs through the government and social enterprises
- by providing part-time work or jobs with more flexible hours
- by changing job roles (e.g. becoming consultants, trainers and instructors)
- by setting up special job-matching corners in the Labour Department for those aged 55 and above

2. Provide platforms to regularly and systematically express and communicate the elderly needs with others in district

- form elderly concern groups

3. Engage older people in voluntary work to help others in need





(G) Communication and information

Common Strengths

1. Older people can access information through different channels

- announcements of elderly centres
- notice boards of community halls, sports halls and public housing estates
- mass media
- the Internet, smartphones, computers

2. Person-to-person communication is also a way for older people to receive information

- friends
- neighbours
- staff of elderly centres



Common Concerns

1. Less chance to receive information in some groups of people

- non-members of elderly centres or NGOs
- less active members of the community (e.g. singleton elderly, people with loose neighbourhood relationships)
- people with limited use of information and communication technology
- residents living in remote areas with poor mobile communication network coverage

2. Unfriendly dissemination of information

- written notices / posters not at eye level, with small font size, unattractive design and outdated information
- restrictions of housing committees in posting announcements and distributing leaflets
- lack of centralised platform to provide elderly-related information
- difficulty in using automated teller machines (ATM) due to complicated procedures and small font size
- unfriendly layout of government websites to search for information
- too fast or unclear broadcasting announcements
- need of physical presence to government departments or elderly centres to obtain information

3. Older people may receive false rumours or outdated information (#)

- from shared messages in WhatsApp
- outdated posters and banners



We get information from the notice boards, the banners along the promenade and sometimes from the District Council members. There is really limited information and no channels to disseminate information to us.



a retired male living in private housing in Kwai Tsing



For our general meeting of owners' corporations, the notice is small and posted out so late, only one day before the meeting. The font size is very small and the notice is posted in a far location. How can older people see it clearly? The notice should be in bigger font size.



a private housing resident in Sai Kung



Smart phones and tablets have become popular among the older generation because such devices are really easy to use and helpful. Older people are excited about the call function of WhatsApp which allows them to call their overseas children for free. But, the network coverage, speed and cost remain the problems to people living in villages and remote areas.



young adults from Tai Po





Suggestions



1. Provide training courses and support services for older people

- provide training courses on using computers, smart devices and mobile applications (e.g. Facebook and WhatsApp)
- extend the coverage of free Wifi services
- offer discounts to use the Internet
- establish elderly-friendly mobile applications

2. Improve the accessibility of information, especially elderly-related information

- provide updated, elderly-related information (e.g. community facilities and local events)
- establish a centralised platform for people to obtain elderly-related information
- promote information at places where older people usually gather
- sort out elderly households and send information to them regularly
- distribute pamphlets to mail boxes regardless of membership
- install displays of arrival times at bus stops
- install LCD monitors at public areas and buildings to display information
- disseminate information through television, community centres and District Council offices
- improve signage in the streets

3. Improve the dissemination of information to people with less chance to receive information

- for residents of private housing by improving communication between local residents and neighbours in the community to facilitate their exchange of information
- for singleton elderly
- for people who do not use the services of DECCs

(H) Community support and health services

(One of the bottom two domains with lower scores in survey findings)

Common Strengths

1. Medical and health services are affordable

- public clinical / hospital services with affordable prices
- appreciations on the Elderly Health Care Voucher Scheme
 - a good government supportive measure
 - easy to use
 - useful in alleviating financial pressure
 - more choices of doctors
 - good to lower the age eligibility from 70 to 65
- free dental services for low-income elderly persons provided by the Community Care Fund Elderly Dental Assistance Programme

2. General medical and health services are available and accessible in the community

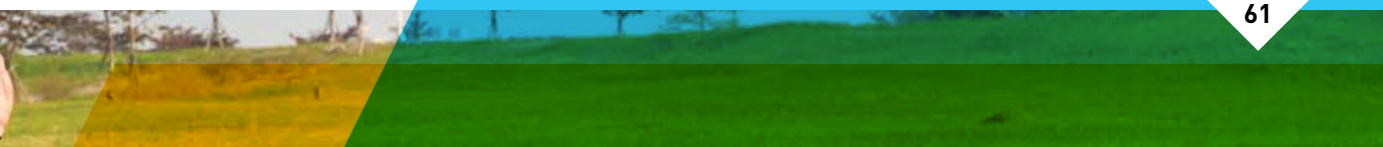
- public hospitals and general out-patient clinics
- private clinics and hospitals
- elderly health centres
- mobile clinic / health services supported by NGOs (e.g. Chinese medicine)

3. Community support services are available

- meal delivery
- home-help services
- home visits
- escort services for attending medical appointments
- referral services
- health precaution programmes such as talks on dementia

4. Special services are provided (#)

- special consultation fee and reserved quotas for older people offered by some private doctors
- elderly priority policy for out-patient service in North Lantau Community Health Centre
- mobile health clinics by NGOs
- e-logistics and telephone appointment system for out-patient services under Hospital Authority to shorten the waiting time
- more advanced care services provided by Alice Ho Miu Ling Nethersole Hospital and CADENZA Hub





“ I think the Elderly Health Care Voucher is useful. If I cannot use the public medical service, I can turn to visiting private Chinese or Western medical practitioners by using the voucher. If I have to pay by myself, at least it costs more than a hundred dollars per visit. ”

a resident of Kwai Tsing

“ It's difficult to find doctors, especially at night. I had an experience of searching doctor at night. It's not easy. Older people also need to queue for a long time to see a doctor. For A&E service, you have to wait from 5am in the very morning till 8-9am, but you can only see the doctor for a short while. ”

a young person from Yuen Long

“ Older people need to make telephone calls to book medical appointments. The telephone system requests to press this and that. People may even not be able to complete the early step of language selection. Some older people can hear, that's good. But some cannot hear clearly. ”

an elderly person from Yuen Long



Common Concerns

1. Community support services are insufficiently provided or in poor quality, becoming an obstacle for older people to age in place

- insufficient services
 - outreach services
 - community care services
 - escort services for attending medical appointments
 - residential care places
 - day care centres
 - public elderly homes
 - support services for carers
 - end-of-life services
- limited accessibility of community services by certain groups of people
 - people living in remote areas
 - non-members of elderly centres
- inadequate information on community support services (e.g. domestic helper services)
- stringent eligibility to obtain subsidised community services
- poor quality
 - home-help services
 - private elderly homes

2. Limitations of health and medical services

- long waiting time for clinics and hospitals
- insufficient services
 - specialised medical services and specialists (e.g. dental services, Chinese medical services)
 - night health services
 - public-based rehabilitation services
 - Accident & Emergency services in some hospitals
 - choices of health services in some communities
- inaccessible medical and health services
 - insufficient transport connections
 - geographically remote locations
- too small wordings in service information
 - medicine packaging
 - queuing display boards at out-patient clinics
- lack of sustainability in health and medical services
 - failing to meet the ageing population
 - insufficient promotion of healthy lifestyle

3. Discontent with medical costs and charges

- high medical costs for visiting private doctors and for dental services
- lack of transparency for consultation fees of private hospitals
- inadequate amount of the Elderly Health Care Voucher to cover dental and general medical expenses
- private doctors take advantage of the medical voucher and charge higher prices to voucher users

4. General Out-patient Clinic Telephone Appointment System is not convenient and user-friendly

- frustrated to follow the instructions in the automated system, particularly for the elderly and those experiencing hearing difficulties or cognitive decline
- troublesome to make a new call if pressing a wrong button during the booking process
- difficult to reschedule appointments due to unsuccessful connection with the system

5. Inadequate graves and columbarium spaces and the cost of burial service is considered as a financial burden (#)





Suggestions



1. Improve service accessibility

- by providing more health and community support services
 - outpatient and specialist services
 - respite residential services
 - night clinics
 - geriatric day hospitals
 - outreach services
- by enhancing the service accessibility through different means
 - employ housewives or young-olds to provide community services to older people living nearby
 - offer more transport routes connecting to hospitals
 - train up health ambassadors
 - provide subsidises for medical and health care services
 - convert vacant buildings into residential care spaces
- by providing more support and services for older people in need
 - for singleton elderly
 - for hidden elderly
 - for older people living in rural areas

2. Improve service quality

- train more medical professionals
- enhance Chinese medical service
- provide assistance for attending medical appointments
- conduct inspections on the quality of elderly homes
- promote public-private partnership (clinic) scheme
- reduce waiting time of health services
- improve legibility of wordings on medicine packages

3. Support older people to take preventive measures

- increase exercise equipment in public spaces and in community centres
- promote body check at reasonable price
- organise and promote more health care courses for adults and older people by the Government
- put forward active ageing policies for maintaining healthy condition of older people

4. Provide more support to caregivers

- increase subsidies for caregivers, including young-olds and retired volunteers
- provide service information to caregivers / family members by setting up an enquiry hotline

5. Enhance the Elderly Health Care Voucher Scheme

- increase the voucher amount
- lower the age eligibility
- extend coverage to all private clinics

6. Provide alternatives for making medical appointments

- direct hotline
- queueing in person
- online booking





5

**Discussions and
recommendations**

5. Discussions and recommendations

The analysis of the survey and focus group data collected from 18 districts 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 strengths and concerns found across districts in relation to the 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.

(A) Outdoor spaces and buildings

The outside environment and buildings have a great impact on the mobility of older people in the community and affect their ability to age in place. The Outdoor spaces and buildings domain ranked in the middle (fifth among the eight domains) with a score of 4.04 out of 6 in the questionnaire survey. This domain received lower ratings from the younger in age, those who were currently married at the time of the survey, living in private housing, living alone, longer length of residence in the community, those who had poorer self-rated health, and lower sense of community.

Focus group findings showed that parks and green spaces were available in most districts, but hygiene problems and noise / air pollution could cause unpleasantness to environment and hence detracting older people's quality of life. To address the problem, participants suggested organising education and publicity campaigns whereby the general public could attach importance to clean environment, as well as to step up efforts for maintaining a hygienic environment (e.g. clean the streets more regularly) and monitoring illegal disposals by relevant government departments.

Besides, participants reflected that there were insufficient age-friendly community facilities. For example, public toilets were inadequate in some areas, and older people had to use the toilets in nearby restaurants, whereas clean and conveniently located public toilets were preferred; the availability of sheltered seats and areas were limited in districts, and older people reported discomfort after prolonged walking without benches that allowed them to sit and rest. Also, outdoor social gatherings / activities were affected by extreme weather conditions if venues had no proper shelters; older residents in uphill areas felt difficult to travel in and out of the residential areas because of inadequate barrier-free facilities (e.g. elevators for footbridge). In

addition, some community facilities / buildings were poorly designed or maintained, such as the heavy push doors in shopping malls and the lack of maintenance for lifts and elderly fitness equipment in parks, which were seen as a barrier to older people accessing and using the facilities. Therefore, it was recommended that age-friendliness of community facilities should be improved to cater for the needs of older people, and regular check-ups should be carried out to ensure the facilities be maintained in good condition.

Moreover, concerns were expressed about the unsafe pedestrian pavements for older people and wheelchair users, in particular, uneven surface due to the use of recycled bricks, narrow roads caused by blockage of goods, and too many stairs and slopes. Such obstructions presented potential hazards and affected the ability of older people to walk around in the community. It was hoped that walkways could be enhanced by having even bricks, better slip resistant road surfaces especially on steep slopes, as well as strengthening law enforcement actions against shop-front extensions.

(B) Transportation

Accessible and affordable transport facilitates older people to live independently and stay active in the society. With a score of 4.27 out of 6, the Transportation domain ranked at the top (second among the eight domains), among which the sub-areas of road safety and maintenance, accessibility of public transport and comfort to use public transport performed quite well. However, more room for improvement on the availability of specialised transport services was observed. This domain received lower ratings from the younger in age, those who were currently married at the time of the survey, living in private housing, longer length of residence in the community, with higher monthly income, and those who had 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 people aged 65 and above was widely popular and had encouraged older people to move around the city more frequently for social and civic activities, as well as accessing to community and health services. However, the cost of transport was considered to be costly to people below the age of 65, especially for long haul commuters. Participants suggested extension of the \$2 concession scheme or introduction of half-fare concession to young elderly, say aged 60-64, and also increase in discounted travel offered by public transport operators to improve transport affordability.

On the other hand, people were content with public transport services on the whole (e.g. there was a comprehensive transport network with diverse choices connecting key destinations and

neighbouring places), but those living in more remote regions such as uphill areas and rural villages encountered more difficulties with transport. This partly explains why participants from Islands gave lower ratings to this domain as compared with other districts. In spite of the overall satisfaction on transport, some respondents indicated that services in certain public transport routes were infrequent, unreliable and required long waiting time. Therefore, enhancement of transport connections and reliability with proper review of existing routings was deemed necessary.

Also, participants found that age-friendly features were insufficient at public transport stops, stations, and on the vehicles themselves. For example, passengers had to walk a long distance from the train platform to the exits (with no seats or handrails along the walk) in some MTR stations; lack of suitable covers and seats at bus stops; older people and persons with disabilities found it difficult to get on and off the minibus / bus. Age-friendly facilities and services such as lifts at MTR stations, clear route information, seating at public transport stops, age-friendly public transport vehicles and specialised transport services for people with disabilities were recommended to further improve the age-friendliness of the Transportation domain.

(C) Housing



Comfortable housing and safe living environment are critical to the well-being of older people. With a score of 3.71 out of 6, the Housing domain ranked at the bottom (seventh among the eight domains), while affordability and accessibility of housing was among the bottom three sub-domains. This domain received lower ratings from the younger in age, living in private housing, with <1 year of residence in the community, those who were unemployed / homemakers / students, with lower monthly income, those who had poorer self-rated health and lower sense of community.

Despite focus group participants' appreciation of their living environment as being familiar, safe and easily accessible to services, home maintenance was found to be a major barrier to age-friendliness in housing, particularly for older residents living in private housing. It was owing to the lack of related information to engage credible contractors to undertake the home repairs and the high costs involved. Housing design in lack of barrier-free facilities (e.g. wheelchair ramps, lifts in tenement house) that impeded the mobility of older people was another key issue highlighted in the focus group interviews. Although participants living in public rental housing found it easier to request for minor home maintenance and basic modification services, concern about repairs not being done in a timely manner was raised. If flats were not maintained or designed properly, potential household traps could be created, threatening the safety of older people and hindering their ability to age in place.

Older people were concerned whether they could find a suitable living place in the community when they become older and more frail in time. Examples of concerns were the possibility to live near their children and sufficient home space to accommodate the use of wheelchair. More work should be carried out to create a supportive environment and provide appropriate housing for older people, allowing them to age comfortably and safely within the community. Suggestions included providing support and resources on home maintenance or modification services for older people given the complexity of the work, incorporating age-friendly design in housing and developing affordable elderly flats that specifically fit the needs of older people.

(D) Social participation



Participating in leisure, social, cultural and spiritual activities allows older people to maintain connections with their family, friends and the community. The Social participation domain ranked at the top (first among the eight domains) with a score of 4.29 out of 6. Lower ratings were found in participants who were men, currently married at the time of the survey, with higher education level, living in private housing, with poorer self-rated health, did not use elderly community centre in the past three months, and those who had a lower sense of community.

Focus group participants appraised the wide variety of activities available in the community through different channels which could satisfy a broad range of older people, and that most activities organised by the community / elderly centres and the government, such as interest classes and events related to health, exercise, sports, and dancing, were affordable. However, these activities were sometimes not accessible due to insufficient quotas and inconvenient locations. Another notable issue in social participation was that fewer opportunities were available for those living in private housing which was not in close proximity to the community / elderly centres, and also for caregivers who were tied up looking after the person whom they care for. Therefore, these people typically visited the centres less often or not visited at all. There were also fewer options for male elderly and the educated elderly because the activities offered by the centres were not appealing to them. Attention should also be paid to the isolated older people and those with reduced mobility as their ability to participate were limited by the lack of social contacts and diminishing physical conditions. On the other hand, participants commented the lack of venues / spaces, e.g. outdoor and sheltered areas, for social gatherings and activities in the community.

To enhance social participation of older people, participants suggested to increase the accessibility and availability of venues and activities, particularly to the groups with lower rate of social participation (e.g. those who are not regular users of elderly community centre).

(E) Respect and social inclusion

An inclusive society where older people are treated with respect, consulted on their needs and recognised for their contributions is integral to active ageing. The Respect and social inclusion domain ranked in the middle (third among the eight domains) with a score of 4.10 out of 6 in the questionnaire survey. This domain received lower ratings from men, those who were currently married at the time of the survey, with higher education level, living in subsidised home ownership housing, who were retired, with earning below \$4,000 a month and earning equal to or above \$30,000 a month, with poorer self-rated health, did not use elderly community centre in the past three months, and those with a lower sense of community.

Focus group findings suggested that older people experienced conflicting types of behaviours and attitudes towards them. On one hand, they felt respected and included by recalling some everyday life examples such as friendly attitude of service providers, people offering seats on public transport, available channels to express opinions and the priority services provided to older people in business and public places. On the other hand, lack of consideration in the society was still observed. Incidents of disrespectful behaviours were mentioned, for instance, younger passengers concentrated on playing with their mobile phones on priority seats, people closing the lifts without waiting for older people, rejection by taxi drivers to take wheelchair users and older people. People were seen to be impatient with older people who might be slower in doing things and lacking of understanding on the needs of older people. Also, participants considered that the image of older people depicted by the mass media was generally negative.

Suggestions for promoting the culture of respect and community inclusion could focus on the initiation of education programmes to increase public knowledge about ageing and older people, as well as to enhance intergenerational understanding and neighbourhood harmony. The business sector could also be encouraged to take age-friendly pledges to offer customised and age-friendly services to older customers while the awareness on these available services should be enhanced for older people with more promotion and information channels.

(F) Civic participation and employment

Options for paid or voluntary work tailoring to the needs and interests of older people enable them to continue contributing to their community and maintaining social connections. The Civic participation and employment domain ranked at the bottom (sixth among the eight domains) with a score of 3.87 out of 6 in the questionnaire survey. Within this domain, the rating of employment (3.77) was lower than that of civic participation (4.16). This domain received lower ratings from men, those with higher education level, living in subsidised home ownership housing, with earning below \$4,000 a month, with poorer self-rated health, not using elderly community centre in the past three months and with a lower sense of community.

Focus group results provided some explanations on the higher rating of civic participation. The participants complimented the wide range of volunteering opportunities available for older people through different channels such as community / elderly centres, civic organisations and churches. Older volunteers enjoyed the positive experiences and benefits from volunteering participation, including the useful trainings received before the work, a sense of empowerment and meaning in life. It was suggested to make the volunteer work more accessible to further encourage older people to volunteer for helping others in need. On the contrary, older people faced a variety of barriers in employment. Many expressed that they were eager and willing to work but it was uneasy to find a suitable job. Some reported reasons owing to deteriorating health and physical fitness, while others noted the job opportunities available were generally undesirable to older people (e.g. requiring long hours of standing and inflexible working time). Difficulties of taking out comprehensive labour insurance on older employees and age-discrimination in workplace were also mentioned obstacles preventing the elderly from continuing to work.

The participants provided a number of suggestions on how to improve and create new opportunities for employment of older people. These included encouraging and supporting employers to hire older people, offering flexible employment arrangements (e.g. part-time work) that better suit the needs of older employees, and creating job roles (e.g. trainers, consultants) that could match the experience and qualifications of retired people.

(G) Communication and information



Staying connected with people and getting timely and reliable information to manage life issues are vital for active ageing. The Communication and information domain ranked in the middle (fourth among the eight domains) with a score of 4.06 out of 6 in the questionnaire survey. This domain received lower ratings from those who were aged 80 or above, with higher education level, living in private housing and subsidised home ownership housing, with earning equal to or above \$30,000 a month, who had poorer self-rated health, not using elderly community centre in the past three months 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 community centres and notice boards in housing estates, those who were less connected in the community, non-members of community centres, had loose neighbourhood relationships and limited use of information and communications technology reported they had less chance to receive information. Regardless of the variety of communication choices available, the barrier on unfriendly dissemination and presentation of the information was raised. Written notices and posters were not at eye level and in small font size, broadcasting announcements were spoken too fast, complicated procedures and small displays of automated teller machines (ATM), unfriendly layout of government websites to locate needed information, as well as outdated information on notices and from social media. Older people wanted relevant and updated information to be ordered in an easy-to-access way. For example, focus group participants suggested developing a centralised platform for older people to access elderly-related information easily when in need. Getting the information at the right time and right place was also important. Other recommendations included distributing pamphlets to mail boxes regularly, especially information on important matters for elderly households, installing displays of arrival times at bus stops and using LCD monitors at public areas to display information. Furthermore, provision of training courses and support services on the use of computers and smart devices to enable older people to access information more conveniently was another age-friendly feature suggested.

(H) Community support and health services



A variety of support services are needed by older people, ranging from home care support to residential facilities for those who are unable to live at home. Appropriate health and support services are crucial to maintain older people's health and independence in the community. With a domain score of 3.67 out of 6, the Community support and health services domain ranked at the bottom (eighth among the eight domains). It received lower ratings from the younger in age, those who were currently married at the time of the survey, living in subsidised home ownership housing, with higher education level, 15 to < 25 years of residence in the community, and those with earning equal to or above \$30,000 a month, having poorer self-rated health, not using elderly community centre in the past 3 months and with lower sense of community.

Focus group findings suggested that older people found basic medical and community services available in the society, in particular, appreciating the launch of Elderly Health Care Voucher Scheme as a good government measure and useful in alleviating their financial pressure. Nevertheless, several barriers were noted in the discussion. On community services, older people complained that there were insufficient services and information, such as the lack of outreach services, support services for carers, and vacancies in public elderly home. Other barriers encountered in getting the community support services included restrictive eligibility criteria and the poor service quality. On medical services, the long waiting time for clinics and hospitals was usually a source of complaint. Besides, the lack of specialised medical services, health services at night and Accident and Emergency services in some hospitals were also expressed, reflecting older people's needs on a wide range of health services. Another frequently mentioned barrier to accessing health care was the unfriendly design of the General Out-patient Clinic Telephone Appointment System. Older people reported having difficulties in following the instructions to book medical appointments. An option of having the telephone appointment services answered by real persons could be considered.

To improve the age-friendliness of the Community support and health services domain, participants suggested improving service accessibility and quality, which could be addressed by providing more services on health and community support (e.g. specialist services, night clinics and outreach services), enhancing the services through different means (e.g. employ housewives or young-olds as volunteers to provide community services to older people living nearby), providing more services to the elderly in need (especially for singleton and hidden elderly as well as those living in remote areas), providing more support to caregivers (e.g. offer channels to provide service information) and rendering more options for older people to make medical appointments.

On the other hand, older people should be encouraged and provided with incentives to take preventive measures such as increasing the capacity of exercise equipment in public spaces and community centres and promoting body checks. It was also suggested the Elderly Health Care Voucher Scheme and the free dental services for older people be expanded, for example, by lowering the age eligibility.

Building an age-friendly city

The findings of baseline assessment study provided valuable insights on the building of age-friendly Hong Kong at both district and territory-wide levels.

For building AFC momentum and sustaining its development in districts, it is crucial to **engage community stakeholders**, such as District Councils (“DCs”), District Offices (“DOs”) and NGOs, on their support and participation in the AFC movement. District issues identified from the baseline assessment could be disseminated to respective community stakeholders to enable a better understanding on the current level of age-friendliness of the district. With the results of the baseline assessment, the four gerontology research institutes of universities could work with DCs / DOs in the development of **three-year action plan** for each district setting out the directions and action items for continual improvement of the age-friendliness of districts.

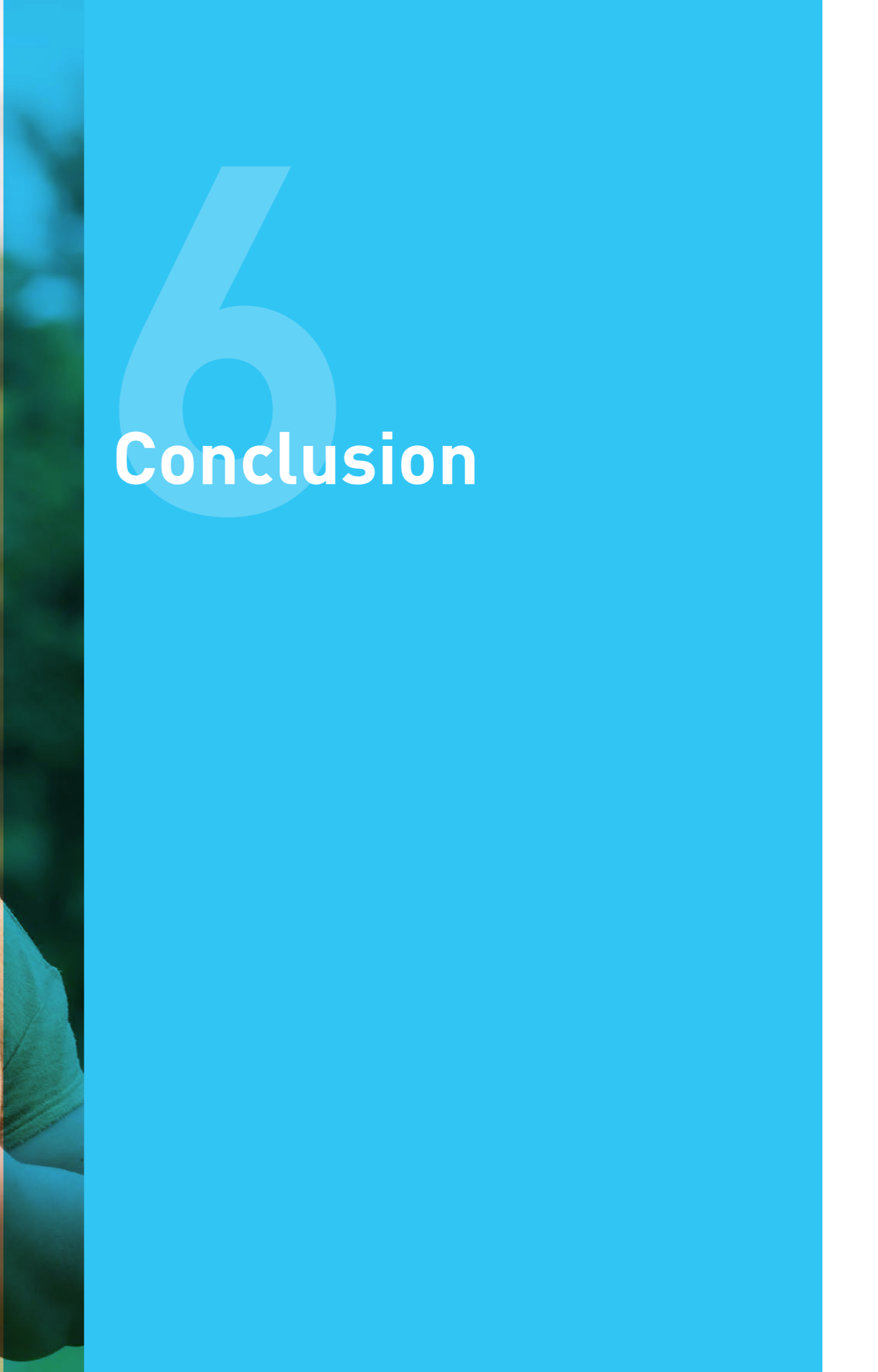
Specific district issues or concerns on age-friendliness in the eight domains could be addressed through devising and implementing appropriate **district-based programmes** by NGOs and community organisations. Some examples of district issues identified from the study included housing maintenance especially for elderly households who found it costly and less accessible to relevant information; opportunities of elderly employment available in the district including skills training and job information; access to elderly-related information about the community’s facilities and services; channels to express views and opinions to district stakeholders; provision of community support services such as outreach to singleton elderly and body checks for older residents for enhancing social inclusion and promoting healthy ageing. **Evaluation** on the effectiveness of the programmes could be carried out for drawing evidence-based good practices in building AFC in order to achieve a greater impact.

To further spread the age-friendly messages in districts, community participation at individual level could be encouraged through training of older people and other members of the public as **AFC ambassadors**. Trained ambassadors could be empowered to continuously promote the AFC culture and engage in AFC-related community affairs for the betterment of the community age-friendliness in the long run.

For the city of Hong Kong as a whole, some common concerns of age-friendliness across 18 districts could be identified from the study and addressed at the territory-wide level. Consolidated findings of common concerns (e.g. inadequate age-friendly facilities in parks, operating units and transport facilities; difficulty of using the General Out-patient Clinic Telephone Appointment System for making medical appointments; views on better use of Elderly Health Care Voucher Scheme) and respective recommendations could be compiled for **sharing with government departments, public bodies and relevant stakeholders** (e.g. business sector and professionals such as architects and urban planners) for reference on project planning and policy making with a common goal of building an age-friendly city in Hong Kong.

Having identified various issues and concerns from the study, it is important to build an AFC momentum and to arouse public awareness on age-friendliness. It is therefore suggested to have more **publicity and public education activities** so as to further encourage community participation in building an age-friendly city.





6

Conclusion

6. Conclusion

As revealed by the results of baseline assessments conducted in 18 districts, Hong Kong currently performed averagely in terms of age-friendliness. The two better performed domains were Social participation and Transportation (4.29 and 4.27 out of 6 respectively), whereas the Housing domain and the Community support and health services domain (3.71 and 3.67 out of 6 respectively) were the areas with larger room for improvement.

Qualitative analysis provided more in-depth information on specific areas and issues which had enriched our understanding of the age-friendliness of the community. On one hand, basic infrastructures of the physical environment such as green spaces and barrier-free facilities, public transport and government incentives, as well as a pleasant living environment were present. On the other hand, the social environment were reported as socially inclusive, respectful, with opportunities for social participation available, and where older people could access information through multiple channels. These findings from the focus group participants provided insight into the above-average ratings of domains in the survey findings. Qualitative findings on the Housing domain and the Community support and health services domain also allowed us to probe into reasons why these two domains were relatively underperforming in Hong Kong in general – factors might include housing maintenance issues, worries over “ageing in place”, and the lack of sufficiency and low quality of health and community support services.

With more understanding on the age-friendliness of Hong Kong, this study identified current strengths of the community and opportunities to achieve greater age-friendliness. It also provided useful insights to shape the direction for the actions to enhance local age-friendliness, including the provision of a more age-friendly living environment to raise the elderly’s quality of life; creating more suitable jobs and volunteering opportunities for the elderly and offering a range of activities based on the varied interests and needs of the elderly to facilitate active ageing; and collaborating with different stakeholders including the Government and business sector to promote an age-friendly culture.

References

- Census and Statistics Department, Hong Kong Special Administrative Region Government. (2018). *Hong Kong 2016 Population By-census - Thematic Report: Older Persons*. Hong Kong : Census and Statistics Department
- Census and Statistics Department, Hong Kong Special Administrative Region Government. (2017a). *Hong Kong 2016 Population By-census: Main Results*. Hong Kong : Census and Statistics Department
- Census and Statistics Department, Hong Kong Special Administrative Region Government. (2017b). *Hong Kong Population Projections 2017-2066*. Hong Kong : Census and Statistics Department
- Census and Statistics Department, Hong Kong Special Administrative Region Government. *Population Estimates*. Retrieved from <https://www.censtatd.gov.hk/hkstat/sub/sp150.jsp?subjectID=150&tableID=004&ID=0&productType=8#N5> [Accessed on 8 Nov 2018]
- Department of Health, Hong Kong Special Administrative Region Government. *Elderly health centres*. Retrieved from http://www.elderly.gov.hk/english/contactus/elderly_health_centres.html [Accessed on 30 July 2018]
- Department of Health, Hong Kong Special Administrative Region Government. *List of registered private hospitals*. Retrieved from https://www.dh.gov.hk/english/main/main_orphf/list_ph.html [Accessed on 30 Aug 2018]
- Food and Health Bureau, Hong Kong Special Administrative Region Government. *Dementia Community Support Scheme*. Retrieved from https://www.fhb.gov.hk/en/press_and_publications/otherinfo/180500_dcsc/dcsc_background.html [Accessed on 15 Aug 2018]
- GovHK. *HK committed to elderly healthcare*. Remarks given by Secretary for Food & Health Professor Sophia Chan S.C. at the round table discussion at Chatham House in London on 18 May 2018. Retrieved from https://www.news.gov.hk/eng/2018/05/20180518/20180518_234310_338.html [Accessed on 30 Aug 2018]
- GovHK. *Leisure and cultural activities for the elderly*. Retrieved from <https://www.gov.hk/en/residents/culture/recreation/activities/elderlyact.htm> [Accessed on 30 July 2018]
- GovHK. *Overview of the health care system in Hong Kong*. Retrieved from <https://www.gov.hk/en/residents/health/hosp/overview.htm> [Accessed on 30 July 2018]
- Home Affairs Department, Hong Kong Special Administrative Region Government. *List of community halls and community centres*. Retrieved from https://www.had.gov.hk/en/public_services/community_halls_centres/ccch.htm [Accessed on 30 Aug 2018]
- Hospital Authority, Hong Kong Special Administrative Region Government. (2018). *Hospital Authority Statistical Report 2016-2017*. Hong Kong: Hospital Authority.

Hospital Authority, Hong Kong Special Administrative Region Government. *List of General Out-patient Clinics*. Retrieved from https://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=200250&Lang=ENG&Dimension=100&Parent_ID=10052 [Accessed on 30 Aug 2018]

Hospital Authority, Hong Kong Special Administrative Region Government. *List of public hospitals*. Retrieved from https://www.ha.org.hk/visitor/ha_visitor_index.asp?Content_ID=10084&Lang=ENG [Accessed on 30 Aug 2018]

Labour and Welfare Bureau, Hong Kong Special Administrative Region Government. (2016). *Replies to LCQ21: Promoting active ageing for the elderly*. Retrieved from https://www.lwb.gov.hk/eng/legco/29062016_3.htm [Accessed on 30 July 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. (2003). *Healthy Elderly Scheme promotes exercise for the aged*. [Press release]. Retrieved from <http://www.info.gov.hk/gia/general/200309/23/0923191.htm> [Accessed on 30 July 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. *Replies to LCQ (HAB 495) in Examination of Estimates of Expenditure 2016-17: Number of parks / gardens managed by the Leisure and Cultural Services Department*. Retrieved from <https://www.lcsd.gov.hk/en/common/images/en/doc/2016/HAB7011-e.pdf> [Accessed on 30 Aug 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. *List of parks, zoos, gardens*. Retrieved from <https://www.lcsd.gov.hk/en/facilities/facilitieslist/parks.html> [Accessed on 30 Aug 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. *List of sports centres*. Retrieved from <https://www.lcsd.gov.hk/en/facilities/facilitieslist/districts.php?ftid=0> [Accessed on 30 Aug 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. *List of swimming pools on Hong Kong Island & in Kowloon*. Retrieved from <https://www.lcsd.gov.hk/en/beach/swim-intro/swim-location-hk.html> [Accessed on 30 Aug 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. *List of swimming pools in the New Territories*. Retrieved from <https://www.lcsd.gov.hk/en/beach/swim-intro/swim-location-nt.html> [Accessed on 30 Aug 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. *List of sports grounds*. Retrieved from <https://www.lcsd.gov.hk/en/facilities/facilitieslist/districts.php?ftid=38> [Accessed on 30 Aug 2018]

Leisure and Cultural Services Department, Hong Kong Special Administrative Region Government. *Hong Kong public libraries*. Retrieved from <https://www.hkpl.gov.hk/en/locations/libraries.html> [Accessed on 30 Aug 2018]

Peterson N. Andrew, Speer Paul W., McMillan David W. (2008). Validation of a brief sense of community scale: confirmation of the principal theory of sense of community. *Journal of Community Psychology*, 36(1), 61-73.

Social Welfare Department, Hong Kong Special Administrative Region Government. *District Elderly Community Centres*. Retrieved from https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_districtel/ [Accessed on 30 Aug 2018]

Social Welfare Department, Hong Kong Special Administrative Region Government. *Neighbourhood Elderly Centres*. Retrieved from https://www.swd.gov.hk/en/index/site_pubsvc/page_elderly/sub_csselderly/id_neighbourhood/ [Accessed on 30 Aug 2018]

World Bank. *Life expectancy at birth, total (years) (1960-2016)*. Retrieved from <https://data.worldbank.org/indicator/SP.DYN.LE00.IN> [Accessed on 31 July 2018]

World Health Organization. (2007a). *Checklist of Essential Features of Age-friendly Cities*. France: World Health Organization.

World Health Organization. (2007b). *Global Age-friendly Cities: A Guide*. France: World Health Organization.

World Health Organization. (2007c). *WHO Age-friendly Cities Project Methodology - Vancouver Protocol*. Switzerland: World Health Organization

Annexes

Annex 1 Demographic, socio-economic and housing characteristics of 18 districts (Pilot Phase and Second Phase)

	Pilot Phase							
	Sha Tin	Tai Po	Central & Western	Wan Chai	Islands	Tsuen Wan	Kowloon City	Kwun Tong
Total population	659,794	303,926	243,266	180,123	156,801	318,916	418,732	648,541
Population density (number of persons per km ²)	9,602	2,233	19,391	17,137	886	5,149	41,802	57,530
Age Group								
0-14	11.3%	11.6%	9.7%	9.7%	11.6%	11.0%	11.6%	11.5%
15-24	11.0%	10.3%	11.0%	8.5%	10.2%	11.0%	10.7%	10.7%
25-64	61.8%	62.8%	63.3%	65.2%	62.6%	63.3%	62.4%	60.6%
65+	15.9%	15.2%	16.0%	16.5%	15.6%	14.6%	15.3%	17.2%
Median age	44.2	43.6	43.8	44.9	42.4	43.2	43.1	43.8
Gender								
Male	45.7%	46.1%	44.7%	43.6%	46.9%	46.1%	45.1%	46.6%
Female	54.3%	53.9%	55.3%	56.4%	53.1%	53.9%	54.9%	53.4%
Education attainment of population aged 15 and over (highest level attended)								
Primary and below	18.9%	21.0%	12.9%	11.9%	18.6%	17.5%	16.0%	23.8%
Lower Secondary	16.3%	17.3%	10.6%	10.8%	13.5%	16.0%	16.1%	19.7%
Upper Secondary	29.8%	30.2%	27.1%	27.9%	29.8%	30.7%	29.6%	30.2%
Post-secondary	35.0%	31.5%	49.5%	49.4%	38.1%	35.7%	38.2%	26.3%
Overall labour force participation rate (%) (excluding foreign domestic helpers)	58.2%	57.8%	61.6%	62.9%	58.2%	60.7%	58.6%	57.3%
Labour force participation rate for those aged 65 or above (%) (excluding foreign domestic helpers)	10.3%	9.6%	17.0%	16.3%	13.6%	11.6%	13.1%	9.2%
Type of housing								
Public rental housing	30.2%	16.6%	3.2%	4.0%	27.7%	21.1%	24.6%	57.4%
Subsidised home ownership housing	25.8%	26.1%	-	-	4.5%	0.9%	1.5%	14.2%
Private permanent housing	43.1%	55.4%	94.0%	94.4%	65.9%	76.8%	72.6%	27.9%
Non-domestic housing	0.6%	0.5%	2.7%	1.5%	0.2%	0.5%	1.1%	0.3%
Temporary housing	0.3%	1.4%	0.1%	0.1%	1.5%	0.6%	0.2%	0.1%
Total number of domestic households	221,821	99,339	87,057	65,196	55,035	109,079	142,409	226,487
Median monthly domestic household income (HK\$)	\$27,180	\$27,000	\$36,000	\$37,750	\$27,700	\$28,800	\$25,550	\$20,160

Source: Data from 2016 Population By-census, published by Census and Statistics Department, HKSAR Government

	Second Phase									
	Kwai Tsing	North	Sai Kung	Wong Tai Sin	Eastern	Southern	Tuen Mun	Yuen Long	Sham Shui Po	Yau Tsim Mong
Total population	520,572	315,270	461,864	425,235	555,034	274,994	489,299	614,178	405,869	342,970
Population density (number of persons per km ²)	22,307	2,310	3,563	45,711	30,861	7,080	5,894	4,435	43,381	49,046
Age Group										
0-14	11.2%	12.8%	11.4%	10.8%	11.0%	11.4%	11.1%	12.0%	11.7%	10.8%
15-24	10.9%	10.5%	10.7%	11.2%	10.1%	9.7%	11.1%	11.5%	10.6%	11.1%
25-64	61.2%	61.1%	63.2%	60.7%	62.3%	62.4%	63.0%	61.4%	61.8%	63.0%
65+	16.7%	15.6%	14.7%	17.2%	16.6%	16.6%	14.8%	15.1%	15.9%	15.1%
Median age	43.5	42.7	42.8	44.6	43.8	43.9	43.7	42.1	42.9	43.2
Gender										
Male	46.8%	46.8%	45.9%	46.4%	45.0%	45.1%	46.6%	46.6%	46.4%	46.0%
Female	53.2%	53.2%	54.1%	53.6%	55.0%	54.9%	53.4%	53.4%	53.6%	54.0%
Education attainment of population aged 15 and over (highest level attended)										
Primary and below	24.7%	22.6%	17.5%	24.7%	17.0%	21.2%	22.5%	21.2%	20.8%	16.2%
Lower Secondary	20.2%	19.9%	15.4%	19.2%	14.9%	13.6%	19.5%	18.9%	18.9%	16.2%
Upper Secondary	29.8%	30.8%	29.9%	30.0%	29.7%	29.6%	31.2%	32.6%	29.6%	31.0%
Post-secondary	25.3%	26.7%	37.2%	26.1%	38.4%	35.6%	26.8%	27.4%	30.7%	36.6%
Overall labour force participation rate (%) (excluding foreign domestic helpers)	58.3%	56.8%	60.4%	57.8%	59.9%	57.6%	58.4%	57.6%	59.2%	60.7%
Labour force participation rate for those aged 65 or above (%) (excluding foreign domestic helpers)	9.6%	9.5%	11.3%	8.4%	11.7%	12.9%	10.0%	9.9%	11.3%	16.5%
Type of housing										
Public rental housing	58.2%	21.7%	20.5%	50.7%	20.0%	30.3%	32.4%	31.0%	34.8%	2.7%
Subsidised home ownership housing	15.2%	26.1%	30.0%	30.5%	15.2%	17.7%	22.1%	11.9%	5.0%	3.2%
Private permanent housing	25.9%	46.9%	48.5%	18.2%	64.5%	49.9%	44.0%	54.5%	58.8%	89.7%
Non-domestic housing	0.4%	0.3%	0.8%	0.5%	0.2%	1.4%	0.3%	0.1%	0.7%	3.8%
Temporary housing	0.3%	5.1%	0.2%	0.1%	0.1%	0.7%	1.2%	2.4%	0.7%	0.6%
Total number of domestic households	174,800	106,483	147,945	145,489	187,134	85,505	173,378	207,336	148,304	126,540
Median monthly domestic household income (HK\$)	\$21,600	\$21,500	\$32,470	\$22,000	\$29,830	\$30,000	\$22,000	\$23,000	\$20,000	\$23,500

Annex 2 Community facilities in 18 districts (Pilot Phase and Second Phase)

Pilot Phase	Pilot Phase			Second Phase				
	Sha Tin	Tai Po	Central & Western	Wan Chai	Islands	Tsuen Wan	Kowloon City	Kwun Tong
Hospitals (Total)	5	2	4	6	2	2	6	1
Public hospitals	4 (1) Bradbury Hospice (2) Cheshire Home, Sha Tin (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	3 (1) Kowloon Hospital (2) Hong Kong Eye Hospital (3) Hong Kong Children's Hospital	1 (1) United Christian Hospital
Private hospitals	1 (1) Union Hospital	-	2 (1) Canossa Hospital (Caritas) (2) Matilda International Hospital	3 (1) Hong Kong Adventist Hospital - Stubbs Road (2) Hong Kong Sanatorium & Hospital (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
Specialist out-patient clinics	4	2	3	4	2	1	3	2
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	13	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	<ul style="list-style-type: none"> Ma On Shan Park Ma On Shan Promenade Sha Tin Park 	<ul style="list-style-type: none"> Tai Po Waterfront Park 	<ul style="list-style-type: none"> Hong Kong Park Hong Kong Zoological and Botanical Gardens Sun Yat Sen Memorial Park Tamar Park Central and Western District Promenade (Central Section) 	<ul style="list-style-type: none"> Victoria Park 	<ul style="list-style-type: none"> Tung Chung North Park 	<ul style="list-style-type: none"> Shing Mun Valley Park Tsuen Wan Park Tsuen Wan Riviera Park 	<ul style="list-style-type: none"> Kai Tak Cruise Terminal Park Kowloon Tsai Park Kowloon Walled City Park 	<ul style="list-style-type: none"> Jordan Valley Park Kwun Tong Promenade
Sports centres	7	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	4	1	3	3	7	2	4	6

Source: Websites of Department of Health, Home Affairs Department, Leisure and Cultural Services Department, Social Welfare Department of HKSAR Government, and Hospital Authority (Accessed on 30 July 2018)

Annex 2 Community facilities in 18 districts (Pilot Phase and Second Phase) (Cont'd)

Second Phase	Kwai Tsing	North	Sai Kung	Wong Tai Sin
Hospitals (Total)	2	1	2	3
Public hospitals	2 (1) Kwai Chung Hospital (2) Princess Margaret Hospital	1 (1) North District Hospital	2 (1) Haven of Hope Hospital (2) Tseung Kwan O Hospital	3 (1) Hong Kong Buddhist Hospital (2) Our Lady of Maryknoll Hospital (3) TWGHs Wong Tai Sin Hospital
Private hospitals	-	-	-	-
General out-patient clinics	6	4	3	6
Specialist out-patient clinics	3	1	2	4
Elderly health centres	1	1	1	1
Elderly centres	17	6	7	18
District Elderly Community Centres (DECC)	2	1	2	4
Neighbourhood Elderly Centres (NEC)	15	5	5	14
Community halls / community centres	9	6	7	7
Parks and gardens managed by the Leisure and Cultural Services Department	30	18	32	14
Major parks	• Central Kwai Chung Park • Tsing Yi Park • Tsing Yi Northeast Park	• North District Park	• Po Hong Park • Po Tsui Park • Hong Kong Velodrome Park	• Ngau Chi Wan Park • Nan Lian Garden • Po Kong Village Road Park • Lion Rock Park • Morse Park
Sports centres	8	5	7	7
Public swimming pools	4	2	2	2
Sports grounds	3	2	2	1
Libraries	3	4	3	6

Eastern	Southern	Tuen Mun	Yuen Long	Sham Shui Po	Yau Tsim Mong
1	8	3	2	2	3
1 (1) Pamela Youde Nethersole Eastern Hospital	7 (1) Cheshire Home, Chung Hom Kok (2) Wong Chuk Hang Hospital (3) Grantham Hospital (4) MacLehose Medical Rehabilitation Centre (5) Queen Mary Hospital (6) The Duchess of Kent Children's Hospital at Sandy Bay (7) Tung Wah Group of Hospitals Fung Yiu King Hospital	3 (1) Tuen Mun Hospital (2) Castle Peak Hospital (3) Siu Lam Hospital	2 (1) Pok Oi Hospital (2) Tin Shui Wai Hospital	1 (1) Caritas Medical Centre	3 (1) Red Cross Blood Transfusion Service (2) Kwong Wah Hospital (3) Queen Elizabeth Hospital
-	1 (1) Gleneagles Hong Kong Hospital	-	-	1 (1) Precious Blood Hospital (Caritas)	-
5	3	3	5	5	3
2	6	3	1	1	4
1	1	1	1	1	1
16	10	10	10	15	12
4	2	2	2	3	2
12	8	8	8	12	10
6	5	10	6	8	2
28	20	23	31	24	38
• Quarry Bay Park • Chai Wan Park	• Ap Lei Chau Wind Tower Park	• Tuen Mun Park	• Tin Shui Wai Park • Yuen Long Park	• Shek Kip Mei Park • Nam Cheong Park • Lai Chi Kok Park • Tung Chau Street Park	• Kowloon Park • Yuen Po Street Bird Garden
6	6	5	7	7	6
3	1	3	3	3	2
1	1	2	2	1	-
6	4	3	3	4	4

Source: Websites of Department of Health, Home Affairs Department, Leisure and Cultural Services Department, Social Welfare Department of HKSAR Government, and Hospital Authority (Accessed on 30 July 2018)

Annex 3 Questionnaire items on age-friendly city and sense of community

A 室外空間和建築

A1 室外空間

- 公共地方乾淨同舒適。
- 戶外座位同綠化空間充足，而且保養得妥善同安全。
- 司機喺路口同行人過路處俾行人行先。
- 單車徑同行人路分開。
- 街道有充足嘅照明，而且有警察巡邏，令戶外地方安全。

A2 建築

- 商業服務（好似購物中心、超市、銀行）嘅地點集中同方便使用。
- 有安排特別客戶服務俾有需要人士，例如長者專用櫃枱。
- 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。
- 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 交通

B1 道路安全及保養

- 路面交通有秩序。
- 馬路保養妥善，照明充足。

B2 專設服務的提供

- 有專為殘疾人士而設嘅交通服務。
- 喺公共交通唔夠嘅地方有其他接載服務。

B3 舒適和方便使用的公共交通

- 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。
- 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。
- 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。
- 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。

B4 公共交通服務的提供

- 交通網絡良好，透過公共交通可以到市內所有地區同埋服務地點。
- 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。
- 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。
- 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。

C 房屋

C1 房屋的提供及負擔

- 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。
- 區內有充足同可負擔嘅房屋提供俾體弱同殘疾嘅長者，亦有適合佢哋嘅服務。

C2 居住環境

- 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。
- 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。

D 社會參與

D1 設施與配置

- 活動可以俾一個人或者同朋友一齊參加。
- 提供多元化嘅活動去吸引唔同喜好嘅長者參與。
- 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。

D2 參與社區活動的機會

- 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。
- 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。
- 對少接觸外界嘅人士提供可靠嘅外展支援服務。

E 尊重和社會包容

E1 態度

- 各種服務會定期諮詢長者，為求服務得佢哋更好。
- 服務人員有禮貌，樂於助人。
- 社會認同長者嘅過去同埋目前所作出嘅貢獻。
- 傳媒對長者嘅描述正面同埋冇成見。

E2 社區共融的機會

- 提供唔同服務同產品，去滿足唔同人士嘅需求同喜好。
- 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。

F 公民參與和就業

F1 公民參與

- 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。

F2 就業

- 長者員工嘅特質得到廣泛推崇。
- 提倡各種具彈性並有合理報酬嘅工作機會俾長者。
- 禁止喺僱用、留用、晉升同培訓僱員呢幾方面年齡歧視。

G 信息交流

G1 信息

- 資訊發佈嘅方式簡單有效，唔同年齡嘅人士都接收到。
- 定期提供長者有興趣嘅訊息同廣播。
- 少接觸外界嘅人士可以喺佢哋信任嘅人士身上，得到同佢本人有關嘅資訊。
- 喺公眾場所，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上網服務俾人使用。

G2 通訊及電子設備的使用

- 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型號夠大，同埋上面嘅字體都夠大。
- 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。

H 社區與健康服務

H1 醫療 / 社區支援服務的提供及負擔

- 醫療同社區支援服務足夠。
- 有提供家居護理服務，包括健康、個人照顧同家務。
- 院舍服務設施同長者嘅居所都鄰近其他社區服務同地方。
- 市民唔會因為經濟困難，而得唔到醫療同社區嘅支援服務。

H2 緊急事故的支援

- 社區應變計劃(好似走火警)有考慮到長者嘅能力同限制。

H3 殯葬服務

- 墓地(包括土葬同骨灰龕)嘅數量足夠同埋容易獲得。

社群意識指數

- 喺呢個社區我可以得到我需要嘅東西。
- 這個社區幫助我滿足我嘅需求。
- 我覺得自己係這個社區嘅一份子。
- 我屬於呢個社區。
- 我可以參與討論喺呢個社區發生嘅事情。
- 呢個社區嘅人們善於互相影響。
- 我覺得同呢個社區息息相關。
- 我同呢個社區嘅其他人有良好嘅關係。

Annex 3 Questionnaire items on age-friendly city and sense of community (Cont'd) [English translated version on eight domains of age-friendly city]

A Outdoor spaces and buildings

A1 Outdoor spaces

- Public areas are clean and comfortable.
- Outdoor seating and green spaces are sufficient, well-maintained and safe.
- Drivers would give way to pedestrians at road junctions and pedestrian crossings.
- Cycling paths and pedestrian pavements are separated.
- There are sufficient street lighting and police patrols to keep outdoor areas safe.

A2 Buildings

- Business services (e.g. shopping centres, supermarkets, banks) are concentrated and convenient to use.
- Specialised customer services are arranged for needy persons in needs (e.g. priority service counters for elderly people).
- There are clear signage, sufficient seating, barrier-free lifts, ramps, handrails for stairs, and non-slip floors inside and outside the buildings.
- Public toilets for outdoor and indoor areas are sufficient, clean, well-maintained, and easily accessible by people with varying mobility levels.

B Transportation

B1 Road safety and maintenance

- Road traffic is orderly.
- Roads are well-maintained with sufficient lighting.

B2 Availability of specialised services

- Specialised transport services are available for disabled people.
- Other transport services are available for places without sufficient public transport.

B3 Comfort to use public transport

- Public transport vehicles are clean, well-maintained, easy for getting on and off, uncrowded, and with priority seats provided. Passengers would offer the priority seats to needy persons on public transport.
- Transport stops are conveniently located and easily accessible, with safe and clean environment, sufficient lighting, clear signage, shelter, and sufficient seating.
- Drivers would stop the vehicles at designated stops and close to pedestrian roadside to facilitate passengers to get on and off, and wait for passengers to sit down before driving off.
- Taxis have spaces for wheelchairs and walking aids, and the cost is affordable. Taxi drivers are polite and helpful.

B4 Accessibility of public transport

- Transport network is good, and people can go to all places and service locations in the city through public transport.
- Public transport is affordable with clear price information. Transport fares are consistent regardless of bad weather, busy hours or holidays.
- Public transport services are reliable and frequent at all times, including at nights and during weekends and holidays.
- Public transport services provide complete information on routes and timetable, including the service timetable for disabled people.

C Housing

C1 Affordability and accessibility of housing

- Housing is sufficient and affordable, and the living areas are safe and close to other community services and places.
- Sufficient and affordable housing with suitable services are available for frail and disabled elderly in the district.

C2 Environment of housing

- Housing provides sufficient indoor spaces and even surfaces in all rooms and corridors for people to move around freely.
- Affordable home modification options and material supply are available, and the suppliers understand the needs of elderly people.

D Social participation

D1 Facilities and settings

- Activities are available for people to participate individually or with friends.
- Wide variety of activities are provided to attract elderly people with different interests.
- Gatherings for elderly people can be organised in various venues in the district (e.g. civic centres, schools, libraries, community centres and parks).

D2 Availability and accessibility of social activities

- Activities and visits are affordable, without any hidden or additional fees.
- Comprehensive activity information is provided, including barrier-free facilities and transport options.
- Reliable outreach support services are provided for people with less contact with the community.

E Respect and social inclusion

E1 Attitude

- Elderly people are consulted on a regular basis for various services, in order to serve them better.
- Service staff are polite and helpful.
- The society acknowledges the contributions of elderly people in the past and at present.
- The media depicts elderly people positively and without stereotypes.

E2 Opportunities for social inclusion

- Different services and products are provided to meet people with varying needs and preferences.
- Schools provide opportunities to learn about the topics related to ageing and older adults, and elderly people are given the chances to participate in school activities.

F Civic participation and employment

F1 Civic participation

- Flexible volunteering options are available for elderly people, with training, recognition, guidance and subsidy for expenses.

F2 Employment

- The characters of elderly employees receive wide recognition.
- Various kinds of flexible job opportunities with fair wages for elderly people are promoted.
- Age discrimination in employment in respect of recruitment, retention, job promotion and training is forbidden.

G Communication and information

G1 Information

- Information is disseminated in a simple and effective way, which can be accessible by people of different ages.
- Information interesting to elderly people is regularly provided and broadcasted.
- People with less contact with the community can get relevant information from someone they trust.
- Wide public access to computers and the Internet free of charge or at minimal charges is available in various public places (e.g. government offices, community centres and libraries).

G2 Use of communication and digital devices

- Digital devices (e.g. mobile phones, radios, televisions, automatic teller machines and ticket machines) have large buttons and big font size.
- Telephone answering services give slow and clear instructions, and allow the callers to repeat the messages at any time.

H Community support and health services

H1 Availability and affordability of medical / social services

- Sufficient medical and community support services are available.
- Home care services are available, including health, personal care and housework services.
- Residential care homes and the living areas of elderly people are located close to other community services and places.
- People would not be impeded from accessing to medical and community support services due to financial difficulties.

H2 Emergency support

- Community emergency plans (e.g. fire escape) take into account the abilities and limitations of elderly people.

H3 Burial service

- Burial sites (including graves and columbarium spaces) are sufficient and easily accessible.

Sense of Community Scale

- I can get what I need in this neighbourhood.
- This neighbourhood helps me fulfill my needs.
- I feel like a member of this neighbourhood.
- I belong in this neighbourhood.
- I have a say about what goes on in my neighbourhood.
- People in this neighbourhood are good at influencing each other.
- I feel connected to this neighbourhood.
- I have a good bond with others in this neighbourhood.

Annex 4 Mean scores for the eight AFC domains by subgroups of respondents

	n	Outdoor spaces & buildings	Transportation	Housing	Social participation	Respect & social inclusion	Civic participation & employment	Communication & information	Community support & health services
Age group (years)									
18-49	1,296	3.89	4.04	3.52	4.36	4.17	3.88	4.08	3.64
50-64	2,194	3.97	4.12	3.66	4.31	4.10	3.86	4.08	3.63
65-79	4,258	4.06	4.35	3.78	4.30	4.10	3.87	4.11	3.69
≥80	2,034	4.21	4.44	3.88	4.30	4.13	3.90	4.01	3.74
Gender									
Male	2,931	4.05	4.29	3.75	4.25	4.05	3.82	4.06	3.69
Female	6,854	4.05	4.28	3.74	4.33	4.14	3.90	4.09	3.68
Marital status									
Currently married	5,641	4.02	4.26	3.73	4.28	4.08	3.86	4.07	3.65
Never married / widowed / divorced or separated	4,108	4.10	4.31	3.76	4.34	4.16	3.90	4.10	3.73
Others*	23	---	---	---	---	---	---	---	---
Educational level									
Primary and below	4,717	4.07	4.30	3.76	4.31	4.15	3.91	4.08	3.70
Secondary	3,596	4.03	4.27	3.74	4.33	4.12	3.90	4.12	3.68
Post secondary	1,463	4.05	4.26	3.69	4.23	3.95	3.70	3.96	3.59
Type of housing									
Public rental	3,621	4.12	4.32	3.93	4.38	4.18	3.93	4.11	3.74
Subsidised home ownership	1,809	4.07	4.29	3.73	4.27	4.06	3.81	4.06	3.63
Private permanent	4,050	3.97	4.24	3.57	4.26	4.08	3.86	4.06	3.65
Others*	284	---	---	---	---	---	---	---	---
Living arrangement									
Living alone	2,086	4.01	4.28	3.78	4.31	4.12	3.87	4.09	3.70
Living with family members/ family members and others	7,486	4.06	4.28	3.73	4.31	4.11	3.88	4.08	3.67
Living with others	196	4.18	4.33	3.85	4.28	4.23	4.01	4.12	3.84
Length of residence in the community (year)									
<1	68	4.28	4.51	3.63	4.22	4.29	3.77	3.92	3.77
1-<5	689	4.18	4.33	3.79	4.24	4.09	3.85	4.02	3.67
5-<10	781	4.17	4.36	3.86	4.33	4.16	3.92	4.13	3.76
10-<15	1,121	4.06	4.30	3.75	4.30	4.13	3.87	4.10	3.72
15-<25	2,606	4.11	4.30	3.78	4.31	4.10	3.85	4.08	3.66
≥25	4,478	3.98	4.24	3.69	4.31	4.11	3.89	4.08	3.67
Employment status									
Working	1,873	4.06	4.25	3.70	4.31	4.19	3.90	4.03	3.72
Retired	5,729	4.04	4.29	3.77	4.31	4.08	3.87	4.09	3.67
Unemployed / homemakers / students	2,032	4.08	4.28	3.69	4.31	4.14	3.88	4.10	3.67
Others*	23	---	---	---	---	---	---	---	---
Monthly personal income (HKD)									
Below 4,000	4,290	4.06	4.30	3.70	4.28	4.08	3.83	4.06	3.67
4,000-<10,000	2,702	4.03	4.29	3.74	4.31	4.14	3.91	4.12	3.69
10,000-<30,000	1,968	4.06	4.25	3.81	4.35	4.16	3.95	4.10	3.71
30,000 and above	421	4.13	4.21	3.83	4.31	4.08	3.87	3.98	3.59
Self-rated health									
Poor	911	3.93	4.19	3.57	4.24	3.99	3.76	3.96	3.56
Fair	4,563	4.02	4.26	3.71	4.30	4.12	3.87	4.09	3.66
Good	2,441	4.08	4.30	3.78	4.30	4.12	3.92	4.09	3.71
Very good	1,388	4.15	4.34	3.87	4.36	4.18	3.95	4.12	3.73
Excellent	457	4.17	4.42	3.84	4.34	4.08	3.76	4.06	3.77
Use of elderly community centre in the past three months									
No	2,214	4.13	4.37	3.80	4.05	3.96	3.69	4.02	3.66
Yes	5,056	4.11	4.38	3.84	4.53	4.28	4.07	4.19	3.79
Sense of community (by quartile)									
≤27	2,448	3.68	3.90	3.27	3.82	3.60	3.38	3.60	3.18
28-30	2,454	3.95	4.18	3.62	4.25	4.04	3.84	3.99	3.55
31-32	2,441	4.21	4.43	3.96	4.49	4.33	4.11	4.28	3.92
≥33	2,248	4.37	4.63	4.11	4.66	4.47	4.18	4.45	4.07

* "Others" were excluded from ANOVA and ANCOVA.
** Significant subgroup differences at p<0.01
* Significant subgroup differences at p<0.05



賽馬會齡活城市
Jockey Club Age-friendly City



Jockey Club Age-friendly City Project

Cross-district Report of Baseline Assessment on Age-friendliness (18 Districts)

Website of Jockey Club Age-friendly City Project: www.jcafc.hk

Published in 2019



Jockey Club Age-friendly City Project Cross-district Report of Baseline Assessment on Age-friendliness (18 Districts)

Authors:

Jockey Club Institute of Ageing, The Chinese University of Hong Kong
Sau Po Centre on Ageing, The University of Hong Kong
Asia-Pacific Institute of Ageing Studies, Lingnan University
Institute of Active Ageing, The Hong Kong Polytechnic University

Website of Jockey Club Age-friendly City Project: www.jcafc.hk

Published in 2019

The copyright of this report belongs to the original authors and The Hong Kong Jockey Club. Interested parties are welcome to reproduce any part of this publication for non-commercial use. Acknowledgement of this publication is required.