



賽馬會齡活城市
Jockey Club Age-friendly City

Jockey Club

Age-friendly City Project

Final Assessment Report

Eastern



Hong Kong Film Archive

Initiated and funded by:



The Hong Kong Jockey Club Charities Trust

Project partner:



香港大學
THE UNIVERSITY OF HONG KONG



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The University of Hong Kong

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Final Assessment Report

Eastern District

2021

Submitted by

**Sau Po Centre on Ageing
The University of Hong Kong**

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1 EXECUTIVE SUMMARY

The *Jockey Club Age-friendly City Project*, joined hands with various stakeholders in the community, aims to develop age-friendly communities through building momentum in districts. This report describes the baseline and final assessments conducted in the Eastern District. The objective of the assessments was to understand the Eastern District's age-friendliness and sense of community. The assessments consisted of a quantitative (questionnaire) and a qualitative study (focus groups) study. A total of 591 participants completed the baseline assessment and 569 completed the final assessment. Participants were from the four sub-district communities, including (1) North Point and Quarry Bay (NQ); (2) Tai Koo (TK); (3) Shau Kei Wan (SKW); and (4) Heng Fa Chuen and Chai Wan (HC). A total of five focus groups with the district residents were conducted.

A typical participant was a married woman aged over 65 years who has resided in the district for over 26 years, was living alone or with a spouse in a privately owned flat, using elderly centres with decent health, retired with a monthly income of less than HK\$6,000 but remained financially secure. The building in which participants were living was usually over 30 years old, with an elevator. Yet, around one-quarter of residents still needed to take the stairs to exit the building. The majority of older adults in the district expected to remain in place for the next five years. However, should their health deteriorate, the percentage of older adults with such expectations dropped considerably. The percentage of definite negative responses (perceived 0% likelihood of moving into a residential care unit) increased from the baseline to the final assessment, implying a lower expectation of using residential care services when encountering health deterioration.

Participants perceived the district to be age-friendly in general, particularly in the domains of "social participation" and "transportation". They rated "transportation" significantly higher between the baseline and final assessment, which was also found in the sub-district communities of NQ and HC. There was a significantly higher rating in the domain of "membership" of the sense of community among all four sub-district communities, as well as a significantly higher rating in the total score of sense of community in the sub-district HC. Moreover, the older the participants were, the more likely they perceived a stronger sense of community and age-friendliness in the district.

Focus group participants listed several improvements in the domain of age-friendliness. Some agreed that there were improvements in "outdoor spaces & buildings" over the past four years (e.g., better hygiene in public toilets, installing barrier-free facilities and benches around the district). An additional bus route to Tung Wah Eastern Hospital allowed residents in Chai Wan to directly access medical services. Bus driver attitudes were also reported as nicer and more responsible. Participants appreciated sufficient and wide-ranging social activities as well as opportunities to volunteer within the district. They also found increasing respect towards older adults in the community.

Moreover, due to the outbreak of the COVID-19 pandemic, elderly centres provided more training workshops in new information technology, enabling older adults in the district to use new techniques to stay in touch with others and the community during lockdown. Nevertheless, participants also drew attention to some concerns with age-friendliness in the district, including the availability of public toilets, lengthy planning and construction time for district facilities, priority in public housing allocation, lack of job opportunities for older adults, a diminishing platform to express their views to the Government and insufficient supply of subsidised nursing homes.

Results from this final assessment report suggested a reasonably high and improved sense of community and perceived age-friendliness among residents in the district. Future efforts to make the Eastern District more age-friendly could target specific areas for improvement based on the eight domains outlined by the World Health Organization's Age-friendly City Framework.

2 INTRODUCTION

2.1 Project Background

Hong Kong is undergoing rapid population ageing. The population of those aged 65 years or above is projected to increase from 18% of the total population in 2019 to 31% by 2039 and 35% by 2069¹. This means that by 2069, one in three people in Hong Kong will be an older adult. Population ageing is accompanied by a shrinking labour force and a growing dependency ratio. Defined as the number of persons aged under 15 years and 65 years and over per 1,000 persons aged 15-64, the dependency ratio is projected to rise from 441 in 2019 to 853 in 2069, excluding foreign domestic helpers¹. These demographic changes carry significant implications for the demand and costs of public services. Therefore, building an age-friendly city will help meet the needs of older adults, enabling them to live active, independent and good-quality lives in the community. An age-friendly city would also facilitate the development of Hong Kong as a better society.

The Sau Po Centre on Ageing of The University of Hong Kong (“HKU”) received a donation from The Hong Kong Jockey Club Charities Trust in 2017 to conduct the *Jockey Club Age-friendly City Project* (“JCAFC Project”) in the Eastern, Southern and Wong Tai Sin Districts. In all three districts, the study has been implemented in two phases: March 2017 to September 2017 (Phase 1); October 2017 to December 2020 (Phase 2). However, due to the outbreak of COVID-19 in January 2020, most elderly centres in Hong Kong were temporally closed and their programmes suspended. Therefore, the project period for Phase 2 has been extended to December 2021. Phase 1 of the project consisted of three parts. The first and second parts entailed the baseline assessment of district age-friendliness using questionnaires and focus groups. Focus groups with district residents aimed to gain in-depth understanding of their views on age-friendliness in their communities. A baseline report of district-based recommendations and implementation proposals was generated based on these findings. The third part entailed construction of an “Age-friendly City Ambassador Programme” in the districts to familiarise the ambassadors with the knowledge and methods for building an age-friendly community. Phase 2 of the project entailed collaboration with key district stakeholders and provision of professional support from the HKU team to develop, implement and evaluate district-based age-friendly city projects for enhancing district age-friendliness.

Between January and August 2021, the Sau Po Centre on Ageing conducted the final assessment of the *Jockey Club Age-friendly City Project* for the Eastern, Southern and Wong Tai Sin Districts. It aimed to examine the 4-year change in perceived district age-friendliness between the baseline and final assessment. Similarly, the final assessment used a questionnaire and focus group design to understand change in district age-friendliness.

This report presents the baseline and final assessment findings. The objective of this final assessment report is to understand the 4-year change and current needs of the Eastern District in preparation to become more age-friendly.

2.2 District Characteristics

The Eastern District is diverse, with commercial buildings and residential areas. With an area of 1,800 hectares², it comprises 33 constituency areas that can be categorised into four meaningful sub-district communities, namely (1) North Point and Quarry Bay (NQ); (2) Tai Koo (TK); (3) Shau Kei Wan (SKW); and (4) Heng Fa Chuen and Chai Wan (HC).

According to the Hong Kong Census and Statistics Department³, the population of the Eastern District is approximately 537,900, around 7.3% of the total population of Hong Kong, making it the fourth densest district in the city. The proportion of the older adult population aged 65 years or above is 18.7% of the total district population. The district ranks second among Hong Kong's districts in its percentage of older adults, higher than the Hong Kong average of 17.7%.

Table 1 shows the domestic household characteristics of the Eastern District. According to the Population and Household Statistics Analysed by District Council District 2020³, the total number of domestic households in the Eastern District was 191,300, while the average household size was 2.8. Approximately 61.2% (n=329,195) of the district's residents participated in the labour force. The median monthly domestic household income was HK\$29,830⁴.

Table 1 Domestic household characteristics of the Eastern District in 2020

Total number of domestic households	191,300
Average household size	2.8
Type of housing, Private Permanent Housing (2016) ⁴	64.4%
Median monthly domestic household income (2016) ⁴	HK\$29,830
Median monthly domestic household rent (2016) ⁴	HK\$3,000
Median monthly domestic household mortgage and loan repayment (2016) ⁴	HK\$11,500

Type of housing in the Eastern District is mixed, with 64.4% of residents living in private permanent housing⁴. There are also 17 public rented housing and 24 home ownership scheme estates⁵. Accounting for all housing types, the median monthly domestic household rent was HK\$3,000 and HK\$11,500 for mortgage payment and loan repayment. Regarding the provision of elderly centres and health care services, the district has a total of 16 elderly centres: four district elderly community centres ("DECCs")⁶ and 12 neighbourhood elderly centres ("NECs")⁷, one public hospital⁸, five general out-patient clinics⁹ and one elderly health care centre¹⁰.

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

2.3 Previous Age-friendly City Work in the District

The District Council, non-governmental organisations ("NGOs"), the commercial sector and local older adult residents in the Eastern District have made concerted efforts to promote the age-friendly city concept and improve the community environment in response to changing needs of older adult residents. The following sets out several of these initiatives.

The Eastern District participated in the 「起動全城香港長者友善社區」 "Age-Friendly Hong Kong" project led by The Hong Kong Council of Social Service (HKCSS) since 2012¹¹. Under the HK Electric Centenary Trust's encouragement of lifelong learning and volunteerism among the local retired population, and the promotion of the age-friendly city concept by the HKCSS, a concern group 「港島東區長者友善社區關注組」¹² (translated as the "Concern Group for Elderly Friendly Community in the Eastern District" or "The Concern Group") was formed by four DECCs and around 20 older adult residents in the Eastern District in November 2013. Since its inception, The Concern Group has met regularly to discuss items pertinent to the district's age-friendliness. They reviewed the district environment, hygiene, facilities, bus and tram services and arranged eight sessions to collect opinions directly from residents. The Concern Group used the collected data to write several position papers and regularly met with members of the District Council to reflect their views and proposed suggestions to the Eastern District Council. To reflect the district's concerns, the Concern Group also sent letters to public transportation service providers (e.g., Citybus) to request development of age-friendly transportation facilities and the Food and Environmental Hygiene Department to request development of community environments.

The Eastern District Council also actively promotes the age-friendly city concept in the community. The Culture, Leisure, Community Building and Services Committee (CLCBSC) of the Eastern District Council has been the designated platform for discussing age-friendly city initiatives, including issues related to membership of the World Health Organization ("WHO") Global Network of Age-friendly Cities and Communities and the implementation of district-based programmes. Regular meetings have been held to which district stakeholders were invited.

To foster age-friendly momentum in the districts, the Hong Kong Jockey Club Charities Trust (“the Trust”) provided \$1.5 million funding to each district (\$500,000 annual funding for three years, 2017-2020) to support NGOs and community organisations to implement appropriate district-based programmes based on the findings of the baseline assessment.

In 2017-2018, the Trust funded three district-based programmes, totalling \$500,000. With the support of the Eastern District Council, three programmes were organised by the Tung Wah Group of Hospitals Fong Shu Chuen District Elderly Community Centre (“TWGHs”), Hong Kong Young Women’s Christian Association Ming Yue District Elderly Community Centre (“YWCA”) and The Hong Kong Society for the Aged (“SAGE”), namely the “Jockey Club Age-friendly City Project – Age Friendly in Eastern – Versatile Friendly Project”, “Jockey Club Age-friendly City Project – Elderly Community Health Project in HK East” and “Jockey Club Age-friendly City Project – Age-friendly Communication in Eastern Island”. All the programmes achieved positive results and fostered good momentum in advocating the age-friendly city concept. Specifically, the programmes addressed five domains in the WHO Age-friendly Cities Framework: community support and health services, social participation, civic participation and employment, respect and social inclusion and communication and information.

In 2018-2019, the Trust awarded \$500,000 to four district-based programmes (July 2019), namely the “Jockey Club Age-friendly City – ‘Zero’ Household Accidents in Eastern Island”, “Jockey Club Age-friendly City – Age Friendly in Eastern – Versatile Friendly Project 2”, “Jockey Club Age-friendly City – Walk for a better life” and “Jockey Club Age-friendly City Project – Age-friendly Community Project in HK East” organised by SAGE, TWGHs, Women’s Welfare Club Western District Hong Kong Kwan Kai Ming Memorial Chung Hok Elderly Centre (“KKM”) and YWCA, respectively. The projects aimed to enhance communication and information, housing, respect and social inclusion, civic participation and employment, community support and health services, and social participation, which are listed in the eight domains of the age-friendly city.

In 2019-2020, the Trust awarded \$500,000 to four district-based programmes (October 2019), namely the “Jockey Club Age-friendly City – ‘Zero’ Household Accidents in Eastern Island 2”, “Jockey Club Age-friendly City – Age Friendly in Eastern – Versatile Friendly Project 3”, “Jockey Club Age-friendly City – Walk for a better life 2” and “Jockey Club Age-friendly City Project – Age-friendly Community Project in HK East 2” organised by SAGE, TWGHs, KKM and YWCA respectively. The programmes aimed to reinforce the messages of previous programmes. The district-based programmes were extended to 2021 due to the outbreak of COVID-19.

For the commercial sector, Hong Kong Electric has organised “CAREnJOY for the Elderly” since 2015¹³, which has been supported by all four District Councils on

Hong Kong Island, as well as Lamma Island (North) and (South) Rural Committees. The campaign promotes dementia prevention, shares information on electrical safety, new services and benefits for older adults through home visits and district-based talks, as well as encouraging older adults to seek help when needed.

NGOs in the Eastern District also actively initiate and implement several programmes and projects to enhance the district's age-friendliness. These include the 「耆躍生活創新天」 (“Joyful Path to Golden Age”), and the 「智藝健康義同行計劃」 (“Innovative and Healthy Lifestyle as Volunteer”) organised by the Hong Kong Young Women's Christian Association (YWCA) with the support of the HSBC Community Partnership Programme – 2018 & 2019 Bringing People Together^{14, 15}. These projects aimed to help older adults plan for life after retirement through better physical and mental health to reduce social care costs. Also, these projects focused on continuous learning to maintain physical and psychological health, which can help retirees adapt to social changes, enhance their resilience and discover new talents.

Similarly, TWGHs have organised various intergenerational programmes for older residents in the Eastern District. These programmes aim to empower local senior volunteers to strengthen the community by reducing ageist stereotypes through developing relationships between diverse age groups. With the support of Opportunities for the Elderly Project launched by the Social Welfare Department, TWGHs implemented the programme 「耆程遊蹤導賞遊」 (translated as the “Guided Tour with Older Adults in Shau Kei Wan”) to promote understanding, acceptance and respect for older adults¹⁶.

The Hong Kong Society for the Aged Eastern District Elderly Community Centre and Chai Wan District Elderly Community Centre started 「安家樂戶」家居改善計劃 (translated as the “Safe Home and Happy Home” Home Improvement Assistance Scheme for Seniors) in 2020 to ensure the safety of older adults at home during the COVID-19 pandemic. The project supported underprivileged older adults to improve their living standards by providing home cleaning, pest and flea control and installing safe household appliances¹⁷.

Overall, it is evident that NGOs, older adult district residents and the District Council in the Eastern District have been actively pursuing projects and initiatives to promote the age-friendliness concept and improve the community environment. The vitality of “bottom-up” approaches is duly noted. Cooperation between NGOs and district residents plays an important role in facilitating the Eastern District to become more age-friendly.

3 METHODOLOGY

Over a 4-year period, participants were recruited from the district using convenience sampling to complete two assessments: the baseline assessment was

conducted between April and July 2017 and the final assessment was conducted between January and August 2021. The two assessments consisted of a quantitative (questionnaire) and a qualitative study (focus groups). The questionnaire was conducted to understand the sense of community and perceptions of the district's age-friendliness among residents of four sub-district communities in the Eastern District. The focus groups were conducted to capture residents' in-depth opinions of the district's age-friendliness, with reference to the eight domains of the age-friendly city as defined by the World Health Organization. Thus, this report aims to understand the 4-year change of district age-friendliness in the Eastern District.

3.1 Questionnaire

3.1.1 Participants

Participants were residents in the Eastern District aged over 18 years. Exclusion criteria were as follows: foreign domestic helpers or individuals mentally incapable of participating in the study. They were recruited from four meaningful sub-district communities (see Table 2 & Appendix 1). The communities were derived *a priori* according to features and characteristics of the district and validated by stakeholders familiar with the district.

Table 2 Sampling sub-district communities for the Eastern District

Sub-District Communities	Constituency Areas
North Point and Quarry Bay 北角及鰂魚涌 (NQ)	Braemar Hill 寶馬山 Fortress Hill 炮台山 City Garden 城市花園 Provident 和富 Fort Street 堡壘 Kam Ping 錦屏 Tanner 丹拿 Healthy Village 健康村
Tai Koo 太古 (TK)	Tai Koo Shing (East & West) 太古城 (東及西) Lei King Wan 鯉景灣 Mount Parker 柏架山 Quarry Bay 鰂魚涌 Nam Fung 南豐 Kornhill 康怡 Kornhill Garden 康山 Hing Tung 興東
Shau Kei Wan 筲箕灣 (SKW)	Aldrich Bay 愛秩序灣 Shau Kei Wan 筲箕灣 A Kung Ngam 阿公岩 Sai Wan Ho 西灣河

	Yiu Tung (Lower & Upper) 耀東 (上及下)
Heng Fa Chuen and Chai Wan 杏花邨及柴灣 (HC)	Heng Fa Chuen 杏花村 Tsui Wan 翠灣 Yan Lam 欣藍 Siu Sai Wan 小西灣 King Yee 景怡 Wan Tsui 環翠 Fei Tsui 翡翠 Hing Man 興民 Lok Hong 樂康 Tsui Tak 翠德 Yue Wan 漁灣 Kai Hiu 佳曉

In 2017, a total of 591 participants were recruited for the baseline assessment. The final assessment aimed to recruit a total of 500 participants comprising primarily older adult residents aged 60 or over, as well as residents aged between 18 and 59 years. A predetermined sample size corresponding to the population in each sub-district was set to improve overall representativeness. The study recruited participants from multiple sources including DECCs, NECs, relevant NGOs, advertisements and snowball referrals from stakeholders.

3.1.2 Measures

The questionnaire was conducted through face-to-face meetings, via telephone, online and through self-administration (a small number of cases preferred the latter mode) to cover the following areas (see Appendix 2):

(i) Sociodemographic Information

These included participants' age, gender, marital status, education, living arrangements, housing type, employment and income. Self-reported health was captured using an item for assessing subjective health from the SF-12 Health Survey¹⁸.

(ii) Community Care

These included caregiving, engagement with elderly centres, use of mobility tools and ageing-in-place expectations.

(iii) Perceived Age-friendliness

Perceived age-friendliness of the district was assessed using 61 items based on a local adaptation of the WHO Age-friendly Cities Framework and Guidelines. Participants were asked to rate their perceived age-friendliness of the district and

sub-districts along eight categories, namely 1) outdoor spaces & buildings; 2) transportation; 3) housing; 4) social participation; 5) respect & social inclusion, 6) civic participation & employment; 7) communication & information; and 8) community support & health services. These can be further divided into 19 sub-domains.

(iv) Sense of Community

Sense of community, including needs fulfilment, group membership, influence and shared emotional connection, were measured using the 8-item Brief Sense of Community Scale^{19, 20}.

3.1.3 Data Analysis

Descriptive analyses were performed to identify patterns in sociodemographics, community care, perceived age-friendliness and sense of community across communities. Independent t-tests were performed to examine the 4-year change between the baseline and final assessment in the district and its sub-districts in perceived age-friendliness comprising eight domains and 19 sub-domains and sense of community comprising four domains.

Further, participants were divided into four age groups: 18-49 years, 50-64 years, 65-79 years and 80 years or over. Linear regression controlling for the sub-districts was performed to compare perceived age-friendliness and sense of community with the reference group. Similar linear regressions on perceived age-friendliness and sense of community were also performed on housing types, adjusting for age and sub-districts for participants living in public and private housing, as well as sub-district communities, adjusting for age groups.

3.2 Focus Groups

Five focus groups were conducted comprising four groups of older residents aged 60 years or over and one group of district residents aged between 18 to 59 years. A total of 36 participants were recruited in the Eastern District, of whom 28 were older residents and eight were district residents. Participants' perceptions of the age-friendliness of the district were solicited following the WHO Age-friendly Cities Project Methodology-Vancouver Protocol²¹ procedures. A focus group discussion guide was compiled (see Appendix 4). Focus groups typically took place in DECCs, each group comprising six to seven persons and lasting approximately one-and-a-half to two hours. Two to three age-friendly city domains pertinent to the WHO Age-friendly Cities Framework were explored in each session. All focus groups were audio-recorded and transcribed verbatim. The qualitative data from the focus groups were analysed using thematic analysis.

4 RESULTS

4.1 Questionnaire

4.1.1 Participants' Characteristics

A total of 591 participants were recruited in 2017 at baseline assessment and 569 participants recruited between January and August 2021 at the final assessment (see Table 3). Each assessment represented residents in the sub-district communities of NQ, TK, SKW and HC.

Table 3 Number of survey participants in the four sub-district communities of the Eastern District

Sub-District Communities	Baseline Assessment		Final Assessment	
	N	%	N	%
North Point and Quarry Bay 北角及鰂魚涌 (NQ)	131	22.2	144	25.3
Tai Koo 太古 (TK)	149	25.2	157	27.6
Shau Kei Wan 筲箕灣 (SKW)	111	18.8	94	16.5
Heng Fa Chuen and Chai Wan 杏花邨及柴灣 (HC)	200	33.8	174	30.6
Total	591	100.0	569	100.0

Participants' sociodemographic characteristics in the baseline and final assessment are summarised in Table 4. More than half of the participants in the final assessment were females (baseline: 74.8%, final: 74.5%; $p=0.915$), aged 65-79 (baseline: 44.5%, final: 53.8%; $p=0.002$) and were married (baseline: 46.9%, final: 53.3%; $p=0.030$). Most participants were retired with a significant difference between both assessments (baseline: 58.7%, final: 72.9%; $p<0.000$). There were also other significant differences in participants' sociodemographic distribution between both assessments. The distribution by age group significantly varied, with a change in the percentage from 10.0% to 15.5% in those aged 50-64 ($p=0.005$) and 30.5% to 17.6% in those aged 80 or over ($p<0.000$); indicating fewer old-old participants in the final assessment. Participants in the final assessment attained significantly higher education levels than in the baseline assessment, with a change in the percentage from 19.5% to 4.9% in the nil/pre-primary school group ($p<0.000$), 17.3% to 24.1% in the secondary school group (F.4-7) ($p=0.004$) and 17.6% to 23.0% in the bachelor degree or above group ($p=0.022$). There were significantly fewer participants living with children/grandchildren (baseline: 18.3%, final: 13.0%; $p=0.013$). Significantly more participants in the final assessment were caregivers for older adults (baseline: 63.3%, final: 85.5%; $p<0.000$). More participants in the final assessment self-reported that they had sufficient money to meet their everyday living expenses (baseline: 57.8%, final: 59.8%; $p=0.499$). In terms of monthly personal income, there were some significant differences in two income groups; participants with a monthly personal income between HK\$1 to HK\$5,999 decreased significantly in the final assessment (baseline: 50.6%, final: 40.8%; $p=0.001$) and participants with no monthly personal income

increased significantly in the final assessment (baseline: 3.7%, final: 7.4%; $p=0.006$). Yet, the composition of these two groups in the final assessment was still less than in the baseline assessment, suggesting that participants in the final assessment had higher monthly personal income than in the baseline assessment.

Participants' residence characteristics in the baseline and final assessment are summarised in Table 5. The average years of residence were significantly longer in the final assessment than in the baseline assessment (baseline: 26.0, final: 32.9; $p<0.000$). The majority of participants lived in privately-owned housing (baseline: 61.6%, final: 72.9%; $p<0.000$), in a building more than 30 years old (baseline: 53.6%, final: 67.1%; $p<0.000$) and in a building with an elevator (baseline: 95.8%, final: 97.4%; $p=0.137$) in both assessments. Around one-quarter of participants lived in a building that required the use of stairs, with no significant difference between both assessments (baseline: 24.2%, final: 25.1%; $p=0.712$).

Self-reported health status, social participation and use of community services in the baseline and final assessment are presented in Table 6. There was no statistical difference in average self-rated health ($p=0.582$), but significantly fewer participants used assistive devices, such as a cane, walker or wheelchair, in the final assessment than in the baseline assessment (baseline: 24.7%, final: 13.9%; $p<0.000$). In terms of the sub-district differences, there was a significant reduction in the use of assistive devices among our sample in the final assessment in TK (baseline: 19.5%, final: 9.6%; $p=0.014$), SKW (baseline: 31.5%, final: 13.8%; $p=0.003$) and HC (baseline: 33.0%, final: 23.6%; $p=0.044$) than in the baseline assessment. There were also significantly fewer participants who took part in volunteer work (baseline: 47.0%, final: 36.4%; $p<0.000$) and were users of elderly centres (baseline: 86.2%, final: 65.0%; $p<0.000$) in the final assessment than in the baseline assessment.

Participants' ageing-in-place intentions in five years in the baseline and final assessment are summarised in Table 7. Comparing results in both assessments, when asked whether they expected to move into a residential care home in the next five years if their health remains the same, the definite negative response changed from 77.4% to 79.1%. The percentage of participants' rating of more than a 50% chance also decreased from 12.3% in the baseline assessment to 10.5% in the final assessment. There was a similar pattern in all the sub-districts, except for NQ (10.6% to 11.1%) and HC (8.4% to 9.2%).

In addition, the percentage of participants who asserted absolutely no chance of moving into a residential care home in five years if their health worsens changed from 29.1% to 37.4%. Participants who rated themselves with more than a 50% chance changed from 50.0% to 41.6%. Likewise, there were similar distributions of participants' responses if their health worsens in all sub-districts.

Table 4 Sociodemographic characteristics of questionnaire participants

	Total				NQ				TK				SKW				HC			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Gender																				
Male	149	25.2	145	25.5	41	31.3	31	21.5	37	24.8	49	31.2	25	22.5	25	26.6	46	23.0	40	23.0
Female	442	74.8	424	74.5	90	68.7	113	78.5	112	75.2	108	68.8	86	77.5	69	73.4	154	77.0	134	77.0
Age Group																				
18-49 years	89	15.1	75	13.2	15	11.5	22	15.3	29	19.5	16	10.2	17	15.3	14	14.9	28	14.0	23	13.2
50-64 years	59	10.0	88	15.5	20	15.3	18	12.5	17	11.4	37	23.6	9	8.1	10	10.6	13	6.5	23	13.2
65-79 years	263	44.5	306	53.8	71	54.2	84	58.3	66	44.3	94	59.9	51	45.9	48	51.1	75	37.5	80	46.0
≥ 80 years	180	30.5	100	17.6	25	19.1	20	13.9	37	24.8	10	6.4	34	30.6	22	23.4	84	42.0	48	27.6
Marital Status																				
Never married	89	15.1	99	17.4	18	13.7	30	20.8	24	16.1	28	17.8	18	16.2	21	22.3	29	14.5	20	11.5
Married	277	46.9	303	53.3	66	50.4	69	47.9	82	55.0	95	60.5	41	36.9	44	46.8	88	44.0	95	54.6
Widowed	197	33.3	134	23.6	37	28.2	31	21.5	36	24.2	26	16.6	46	14.1	27	28.7	78	39.0	50	28.7
Divorced/separated	28	4.7	33	5.8	10	7.7	14	9.7	7	4.7	8	5.1	6	5.4	2	2.1	5	2.5	9	5.1
Education																				
Nil/pre-primary	115	19.5	28	4.9	8	6.1	2	1.4	17	11.4	4	2.5	23	20.7	5	5.3	67	33.5	17	9.8
Primary	128	21.7	122	21.4	24	18.3	21	14.6	29	19.5	26	16.6	23	20.7	30	31.9	52	26.0	45	25.9
Secondary (F.1-3)	87	14.7	104	18.3	20	15.3	23	16.0	25	16.8	23	14.6	15	13.5	14	14.9	27	13.5	44	25.3
Secondary (F.4-7)	102	17.3	137	24.1	32	24.4	35	24.3	32	21.5	51	32.5	19	17.1	18	19.1	19	9.5	33	19.0
Diploma	47	8.0	39	6.9	14	10.7	13	9.0	9	6.0	10	6.4	13	11.7	7	7.4	11	5.5	9	5.2
Associate degree	8	1.4	8	1.4	1	0.8	1	0.7	2	1.3	3	1.9	3	2.7	1	1.1	2	1.0	3	1.7
Bachelor degree or above	104	17.6	131	23.0	32	24.4	49	34.0	35	23.5	40	25.5	15	13.5	19	20.2	22	11.0	23	13.2
Employment Status																				
Working	109	18.5	101	17.8	20	15.5	29	20.1	35	23.5	25	15.9	18	16.2	17	18.1	36	18.1	30	17.2
Unemployed	9	1.5	9	1.6	3	2.3	2	1.4	2	1.3	4	2.5	2	1.8	1	1.1	2	1.0	2	1.1
Retired	345	58.7	415	72.9	87	67.4	104	72.2	87	58.4	115	73.2	68	61.3	69	73.4	103	51.8	127	73.0
Homemaker	116	19.7	41	7.2	17	13.2	8	5.6	22	14.8	12	7.6	21	18.9	7	7.4	56	28.1	14	8.0
Student	9	1.5	2	0.4	2	1.6	1	0.7	3	2.0	1	0.6	2	1.8	0	0.0	2	1.0	0	0.0
Other	0	0.0	1	0.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6

	Total				NQ				TK				SKW				HC			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Living Arrangements																				
Living alone	146	24.7	141	24.8	28	21.4	38	26.4	26	17.4	29	18.5	35	31.5	32	34.0	57	28.6	42	24.1
With spouse only	132	22.4	151	26.5	31	23.7	37	25.7	36	24.2	57	36.3	22	19.8	18	19.1	43	21.6	39	22.4
Spouse & other family members	121	20.5	123	21.6	30	22.9	25	17.4	41	27.5	33	21.0	17	15.3	20	21.3	33	16.6	45	25.9
With children/grandchildren	108	18.3	74	13.0	22	16.8	16	11.1	23	15.4	19	12.1	20	18.0	12	12.8	43	21.6	27	15.5
With other family members	74	12.5	71	12.5	17	13.0	24	16.7	21	14.1	16	10.2	14	12.6	11	11.7	22	11.1	20	11.5
With others	9	1.5	9	1.6	3	2.3	4	2.8	2	1.3	3	1.9	3	2.7	1	1.1	1	0.5	1	0.6
Living with Domestic Helper	61	13.8	59	10.4	23	22.3	23	16.0	24	19.5	21	13.4	5	6.7	1	1.1	9	6.3	14	8.0
Participant is a Caregiver	99	16.8	117	20.6	23	17.6	25	17.4	27	18.1	36	22.9	17	15.3	16	17.0	32	16.0	40	23.0
Older adults	62	63.3	100	85.5	18	78.3	19	76.0	16	59.3	32	88.9	11	64.7	14	87.5	17	54.8	35	87.5
Finance																				
Very insufficient	11	1.9	8	1.4	3	2.3	3	2.1	2	1.3	1	0.6	1	0.9	3	3.2	5	2.5	1	0.6
Insufficient	79	13.4	51	10.0	8	6.1	10	6.9	11	7.4	16	10.2	13	11.7	13	13.8	47	23.6	18	10.3
Sufficient	341	57.8	340	59.8	63	48.1	79	54.9	87	58.4	79	50.3	74	66.7	64	68.1	117	58.6	118	67.8
More than sufficient	141	23.9	146	25.7	49	37.4	46	31.9	43	28.9	58	36.9	22	19.8	13	13.8	27	13.6	29	16.7
Abundant	18	3.1	18	3.2	8	6.1	6	4.2	6	4.0	3	1.9	1	0.9	1	1.1	3	1.5	8	4.6
Monthly Personal Income																				
No income	22	3.7	42	7.4	10	7.6	10	6.9	5	3.4	20	12.7	2	1.8	4	4.3	5	2.5	8	4.6
HK\$1 to HK\$5,999	299	50.6	232	40.8	47	35.9	48	33.3	62	41.6	52	33.1	65	58.6	40	42.6	125	62.5	92	52.9
HK\$6,000 to HK\$9,999	58	9.8	74	13.0	21	16.0	20	13.9	13	8.7	13	8.3	7	6.3	17	18.1	17	8.5	24	13.8
HK\$10,000 to HK\$19,999	82	13.9	102	18.0	23	17.6	27	18.7	25	16.8	35	22.3	14	12.6	19	20.2	20	10.0	21	12.1
HK\$20,000 to HK\$29,999	33	5.6	40	7.0	6	4.6	9	6.3	11	7.4	12	7.7	6	5.4	5	5.4	10	5.0	14	8.0
HK\$30,000 to HK\$59,999	25	4.2	36	6.3	8	6.1	14	9.8	9	6.0	15	3.6	3	2.7	0	0.0	5	2.5	7	4.0
>HK\$60,000	11^	1.9^	11	1.9	6^	4.6^	6	4.2	3^	2.0^	3	1.9	1^	0.9^	1	1.1	1^	0.5^	1	0.6

^Baseline figures were revised after error correction.

Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population.

Table 5 Residence characteristics

	Total				NQ				TK				SKW				HC			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Residence Years (mean, SD)	26.0	14.2	32.9	17.1	29.0	15.3	35.5	17.9	24.2	11.0	31.6	16.3	25.7	16.6	34.2	18.5	25.6	14.0	31.1	16.3
Housing N (%)																				
Public rental	185	31.3	109	19.2	2	1.5	1	0.7	23	15.4	7	4.5	40	36.0	22	23.4	120	60.0	79	45.4
Private, rental	23	3.9	44	7.7	8	6.1	20	13.9	5	3.4	10	6.4	5	4.5	8	8.5	5	2.5	6	3.4
Private, owned	364^	61.6^	415	72.9	116^	88.5^	123	85.4	119	79.9	140	89.2	56	50.5	64	68.1	73	36.5	88	50.6
Other	18	3.0	1	0.2	4	3.1	0	0.0	2	1.3	0	0.0	10	9.0	0	0.0	2	1.0	1	0.6
Age of Building																				
≤ 10 years	24	4.1	14	2.5	4	3.1	5	3.5	3	2.0	0	0.0	3	2.7	2	2.1	14	7.0	7	4.0
11-20 years	116	19.7	40	7.0	6	4.6	7	4.9	26	17.4	7	4.5	43	38.7	14	14.9	41	20.6	12	6.9
21-30 years	134	22.7	133	23.4	18	13.7	11	7.6	37	24.8	33	21.0	27	24.3	27	28.7	52	26.1	62	35.6
≥ 31 years	316	53.6	382	67.1	103	78.6	121	84.0	83	55.7	117	74.5	38	34.2	51	54.3	92	46.2	93	53.4
Building Environment																				
With elevator	566	95.8	554	97.4	127	96.9	142	98.6	146	98.0	156	99.4	94	84.7	83	88.3	199	99.5	173	99.4
Need to take stairs	143	24.2	143	25.1	43	32.8	49	34.0	34	22.8	44	28.0	34	30.6	28	29.8	32	16.0	22	12.6

^Baseline figures were revised after error correction.

Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population.

Table 6 Health, social participation and use of community services

	Total				NQ				TK				SKW				HC			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Self-rated Health																				
Excellent	25	4.2	28	4.9	6	4.6	13	9.0	3	2.0	9	5.7	5	4.5	1	1.1	11	5.5	5	2.9
Very good	112	19.0	105	18.5	30	22.9	36	25.0	25	16.8	25	15.9	14	12.6	11	11.7	43	21.5	33	19.0
Good	160	27.1	141	24.8	31	23.7	28	19.4	52	34.9	44	28.0	37	33.3	29	30.9	40	20.0	40	23.0
Fair	245	41.5	257	45.2	56	42.7	58	40.3	60	40.3	71	45.2	41	36.9	51	54.3	88	44.0	77	44.3
Poor	49	8.3	38	6.7	8	6.1	9	6.3	9	6.0	8	5.1	14	12.6	2	2.1	18	9.0	19	10.9
Mean score (mean, SD)	3.3	1.0	3.3	1.0	3.2	1.0	3.1	1.1	3.3	0.9	3.3	1.0	3.4	1.0	3.5	0.8	3.3	1.1	3.4	1.0
Walk with Assistive Device*	146	24.7	79	13.9	16	12.2	10	6.9	29	19.5	15	9.6	35	31.5	13	13.8	66	33.0	41	23.6
Volunteer in Elderly Centre	278	47.0	207	36.4	85	64.9	46	31.9	68	45.6	59	37.6	54	48.6	35	37.2	71	35.5	67	38.5
User of Elderly Centre†	406	86.2	299	65.0	101	95.3	77	65.8	92	83.6	90	71.4	79	88.8	40	52.6	134	80.7	92	65.2

*Cane, walker or wheelchair

†Applicable only to participants aged 60 years or over

Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population.

Table 7 Residential care service use expectation in five years†

	Total				NQ				TK				SKW				HC			
	Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final		Baseline		Final	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
If Health Remains the Same																				
0%	364	77.4	364	79.1	84	80.0	94	80.3	80	72.7	95	74.8	67	75.3	60	78.9	133	80.1	115	82.1
10%	16	3.4	23	5.0	4	3.8	5	4.3	2	1.8	8	6.3	2	2.2	4	5.3	8	4.8	6	4.3
20%	11	2.3	14	3.0	2	1.9	2	1.7	3	2.7	6	4.7	4	4.5	2	2.6	2	1.2	4	2.9
30%	16	3.4	7	1.5	2	1.9	1	0.9	6	5.5	2	1.6	2	2.2	2	2.6	6	3.6	2	1.4
40%	6	1.3	4	0.9	2	1.9	2	1.7	2	1.8	2	1.6	0	0.0	0	0.0	2	1.2	0	0.0
50%	28	6.0	32	7.0	8	7.6	10	8.5	10	9.1	10	7.9	5	5.6	4	5.3	5	3.0	8	5.7
60%	4	0.9	1	0.2	1	1.0	0	0.0	1	0.9	1	0.8	1	1.1	0	0.0	1	0.6	0	0.0
70%	6	1.3	5	1.1	1	1.0	2	1.7	2	1.8	0	0.0	2	2.2	1	1.3	1	0.6	2	1.4
80%	4	0.9	4	0.9	0	0.0	0	0.0	0	0.0	1	0.8	2	2.2	2	2.6	1	0.6	1	0.7
90%	8	1.7	0	0.0	0	0.0	0	0.0	1	0.9	0	0.0	3	3.4	0	0.0	4	2.4	0	0.0
100%	7	1.5	6	1.3	1	1.0	1	0.9	3	2.7	2	1.6	1	1.1	1	1.3	2	1.2	2	1.4
If Health Worsens																				
0%	136	29.1	172	37.4	38	36.5	53	45.3	30	27.5	42	33.1	19	21.3	25	32.9	49	29.5	52	37.1
10%	33	7.1	36	7.8	10	9.6	6	5.1	7	6.4	15	11.8	5	5.6	5	6.6	11	6.6	10	7.1
20%	22	4.7	26	5.7	7	6.7	10	8.5	5	4.6	9	7.1	2	2.2	4	5.3	8	4.8	3	2.1
30%	29	6.2	28	6.1	4	3.8	5	4.3	3	2.8	9	7.1	3	3.4	2	2.6	19	11.4	12	8.6
40%	14	3.0	7	1.5	4	3.8	1	0.9	1	0.9	0	0.0	5	5.6	1	1.3	4	2.4	5	3.6
50%	115	24.6	84	18.3	26	25.0	19	16.2	33	30.3	27	21.3	20	22.5	13	17.1	36	21.7	25	17.9
60%	14	3.0	16	3.5	0	0.0	3	2.6	6	5.5	4	3.1	6	6.7	3	3.9	2	1.2	6	4.3
70%	27	5.8	17	3.7	4	3.8	6	5.1	6	5.5	5	3.9	10	11.2	3	3.9	7	4.2	3	2.1
80%	24	5.1	31	6.7	4	3.8	3	2.6	4	3.7	10	7.9	5	5.6	9	11.8	11	6.6	9	6.4
90%	17	3.6	10	2.2	2	1.9	2	1.7	5	4.6	2	1.6	6	6.7	4	5.3	4	2.4	2	1.4
100%	37	7.9	33	7.2	5	4.8	9	7.7	9	8.3	4	3.1	8	9.0	7	9.2	15	9.0	13	9.3

†Applicable only to participants aged 60 years or over

4.1.2 Perceived Age-friendliness

Figure 1 and Table 8 present the perceived age-friendliness and its change across the eight domains and 19 sub-domains in the WHO Age-friendly Cities Framework in the baseline and final assessment of the Eastern District. The possible responses were 1 (strongly disagree), 2 (disagree), 3 (somewhat disagree), 4 (somewhat agree), 5 (agree) and 6 (strongly agree).

In general, participants perceived the district to be age-friendly. Among the eight domains, “transportation” had the highest mean in the final assessment (baseline: 4.3, final: 4.5), climbing in rank from second to first, followed by “social participation” (baseline: 4.4, final: 4.4), dropping in rank from first to second. The domains with the lowest means and ranks in both assessments were “civic participation & employment” (baseline: 4.0, final: 3.8), moving in rank from sixth to seventh and “community support & health services” (baseline: 3.7, final: 3.8), moving in rank from eighth to seventh. “Housing” climbed in rank from seventh to sixth (baseline: 3.8, final: 3.9). By comparing the district means between both assessments, participants gave significantly higher ratings in just one domain, “transportation” ($p<0.000$). However, “civic participation & employment” showed a significant drop in rating ($p<0.000$).

WHO Domain 1: Outdoor spaces & buildings

Participants perceived no change in age-friendliness in “outdoor spaces & buildings” (baseline: 4.2, final: 4.2; $p=0.340$) and the sub-domains of “outdoor spaces” (baseline: 4.3, final: 4.3; $p=0.493$) and “buildings” (baseline: 4.1, final: 4.1; $p=0.310$).

WHO Domain 2: Transportation

A significantly higher rating in “transportation” was found (baseline: 4.3, final: 4.5; $p<0.000$). Significantly higher ratings were also observed in the sub-domains of “specialised services availability” (baseline: 3.9, final: 4.2; $p<0.000$), “public transport, comfort to use” (baseline: 4.3, final: 4.4; $p=0.006$) and “accessibility to public transport” (baseline: 4.5, final: 4.7; $p<0.000$).

WHO Domain 3: Housing

There was no significant difference in age-friendliness in “housing” (baseline: 3.8, final: 3.9; $p=0.072$) or the sub-domains of “affordability & accessibility” (baseline: 3.6, final: 3.7; $p=0.100$) and “environment” (baseline: 3.9, final: 4.0; $p=0.116$).

WHO Domain 4: Social participation

Participants perceived no change in age-friendliness in “social participation” (baseline: 4.4, final: 4.4; $p=0.956$) or the sub-domains of “facilities & settings” (baseline: 4.4, final: 4.4; $p=0.261$) and “social activities” (baseline: 4.3, final: 4.3; $p=0.237$).

WHO Domain 5: Respect & social inclusion

There was no significant difference in age-friendliness in “respect & social inclusion” (baseline: 4.1, final: 4.1; $p=0.871$) or the sub-domains of “attitude” (baseline: 4.2, final: 4.2; $p=0.595$) and “social inclusion opportunities” (baseline: 3.9, final: 4.0; $p=0.615$).

WHO Domain 6: Civic participation & employment

Participants gave a significantly lower rating in “civic participation & employment” (baseline: 4.0, final: 3.8; $p<0.000$). Among the sub-domains, a significantly lower rating was observed in “employment” (baseline: 3.9, final: 3.7; $p<0.000$).

WHO Domain 7: Communication & information

Participants perceived no significant change in age-friendliness in “communication & information” (baseline: 4.1, final: 4.1; $p=0.361$) or the sub-domains of “information” (baseline: 4.1, final: 4.1; $p=0.587$) and “communication & digital devices” (baseline: 4.0, final: 4.1; $p=0.280$).

WHO Domain 8: Community support & health services

No significant difference in age-friendliness in “community support & health services” (baseline: 3.7, final: 3.8; $p=0.237$) was found or the sub-domains of “medical/social services” (baseline: 4.1, final: 4.1; $p=0.099$), “emergency support” (baseline: 3.7, final: 3.6; $p=0.238$) and “burial service” (baseline: 2.5, final: 2.6; $p=1.745$).

Figure 1 Change and final assessment means on perceived age-friendliness by district and sub-district communities

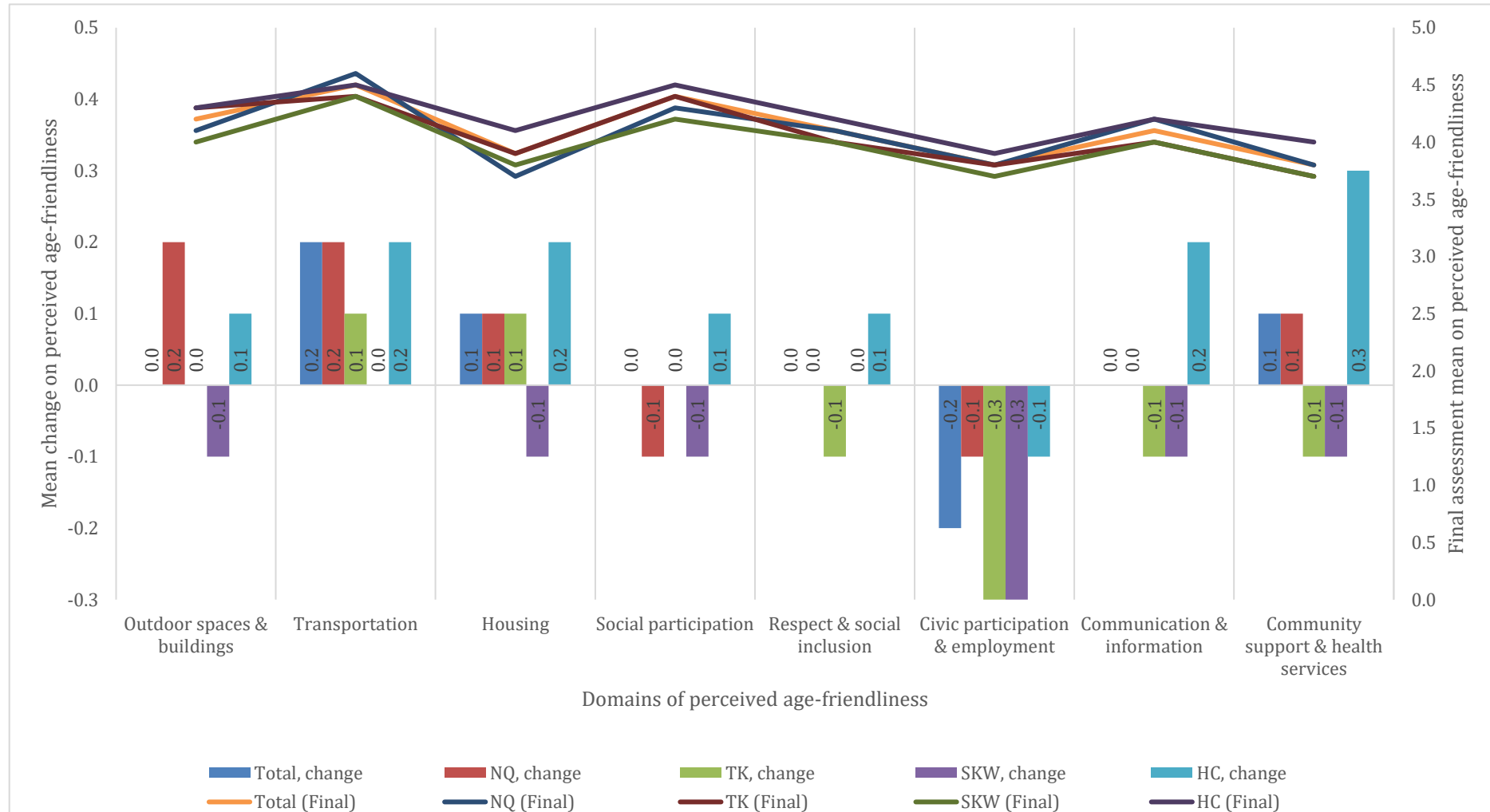


Table 8 Perceived age-friendliness

	Total				NQ		TK		SKW		HC	
	Baseline	Baseline rank	Final	Final Rank	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Outdoor spaces & buildings	4.2 (0.7)	3	4.2 (0.8)	3	3.9 (0.7)	4.1 (0.8)	4.4 (0.7)	4.3 (0.6)	4.1 (0.6)	4.0 (0.9)	4.2 (0.8)	4.3 (0.8)
Outdoor spaces	4.3 (0.8)		4.3 (0.8)		3.9 (0.8)	4.2 (0.9)	4.5 (0.8)	4.5 (0.7)	4.3 (0.7)	4.1 (1.0)	4.4 (0.8)	4.4 (0.8)
Buildings	4.1 (0.8)		4.1 (0.9)		3.9 (0.8)	4.1 (0.9)	4.3^ (0.7)	4.2 (0.7)	3.9 (0.7)	3.9 (0.9)	4.0 (0.9)	4.1 (1.0)
Transportation	4.3 (0.6)	2	4.5 (0.7)	1	4.4 (0.6)	4.6 (0.7)	4.4 (0.6)	4.4 (0.7)	4.4^ (0.5)	4.4 (0.7)	4.3 (0.7)	4.5 (0.7)
Road safety & maintenance	4.5 (0.8)		4.6 (0.8)		4.4 (0.8)	4.6 (0.8)	4.6 (0.8)	4.7 (0.7)	4.6 (0.7)	4.5 (0.9)	4.5 (0.8)	4.7 (0.8)
Specialised services availability	3.9 (1.1)		4.2 (1.2)		3.8 (1.1)	4.3 (1.3)	3.8 (1.1)	4.2 (1.1)	3.9^ (1.0)	4.1 (1.2)	4.0 (1.1)	4.3 (1.1)
Public transport, comfort to use	4.3 (0.8)		4.4 (0.8)		4.2 (0.8)	4.4 (0.8)	4.3 (0.7)	4.3 (0.8)	4.3 (0.6)	4.3 (0.9)	4.2 (0.8)	4.4 (0.8)
Public transport, accessibility	4.5 (0.7)		4.7 (0.7)		4.6 (0.7)	4.8 (0.7)	4.6 (0.6)	4.6 (0.7)	4.6 (0.6)	4.7 (0.7)	4.4 (0.8)	4.7 (0.8)
Housing	3.8 (1.0)	7	3.9 (1.0)	6	3.6 (0.9)	3.7 (1.0)	3.8 (0.9)	3.9 (0.9)	3.8 (1.0)	3.8 (1.1)	3.9 (1.0)	4.1 (1.0)
Affordability & accessibility	3.6 (1.1)		3.7 (1.1)		3.2 (1.1)	3.5 (1.1)	3.5 (1.1)	3.7 (1.0)	3.8 (1.2)	3.7 (1.2)	3.8 (1.1)	4.0 (1.1)
Environment	3.9 (1.0)		4.0 (1.0)		3.9 (1.0)	4.0 (1.1)	4.0 (0.9)	4.1 (0.9)	3.9 (1.0)	3.8 (1.3)	3.9 (1.0)	4.2 (1.0)
Social participation	4.4 (0.8)	1	4.4 (0.9)	2	4.4 (0.7)	4.3 (1.0)	4.3 (0.8)	4.4 (0.7)	4.3 (0.7)	4.2 (1.0)	4.3 (0.8)	4.5 (0.9)
Facilities & settings	4.4 (0.8)		4.4 (0.9)		4.5 (0.8)	4.4 (1.0)	4.4 (0.8)	4.4 (0.8)	4.4 (0.7)	4.2 (1.0)	4.5 (0.8)	4.5 (0.9)
Social activities	4.3 (0.8)		4.3 (0.9)		4.4 (0.8)	4.3 (1.0)	4.2 (0.8)	4.3 (0.7)	4.3 (0.7)	4.3 (1.0)	4.2 (0.9)	4.4 (0.9)
Respect & social inclusion	4.1 (0.8)	4	4.1 (0.9)	4	4.1 (0.9)	4.1 (1.0)	4.1 (0.8)	4.0 (0.8)	4.1 (0.8)	4.0 (0.8)	4.1 (0.8)	4.2 (0.9)
Attitude	4.2 (0.8)		4.2 (0.9)		4.2 (0.9)	4.2 (1.0)	4.2 (0.8)	4.1 (0.8)	4.2 (0.8)	4.1 (0.8)	4.2 (0.8)	4.3 (0.9)
Social inclusion opportunities	3.9 (1.0)		4.0 (1.1)		3.9 (1.1)	3.9 (1.2)	3.9 (1.1)	3.9 (1.0)	3.8 (0.9)	3.9 (1.1)	4.0 (1.0)	4.0 (1.1)
Civic participation & employment	4.0 (0.9)	6^	3.8 (0.9)	7	4.0 (1.0)	3.8 (1.0)	4.0 (0.8)	3.8 (0.9)	4.0 (0.8)	3.7 (0.9)	4.0 (0.8)	3.9 (0.9)
Civic participation	4.3 (1.0)		4.2 (1.1)		4.4 (1.1)	4.2 (1.2)	4.2 (1.0)	4.2 (1.1)	4.3 (0.9)	4.3 (1.1)	4.3 (1.0)	4.3 (1.1)
Employment	3.9 (0.9)		3.7 (1.0)		3.8 (1.1)	3.7 (1.0)	4.0 (0.9)	3.6 (0.9)	4.0 (0.9)	3.5 (1.0)	3.9 (0.9)	3.8 (0.9)

	Total				NQ		TK		SKW		HC	
	Baseline	Baseline rank	Final	Final Rank	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Communication & information	4.1 [^] (0.8)	4 [^]	4.1 (0.9)	4	4.1 (0.8)	4.2 (0.9)	4.1 (0.7)	4.0 (0.8)	3.9 (0.8)	4.0 (0.8)	4.1 (0.8)	4.2 (0.8)
Information	4.1 (0.9)		4.1 (0.9)		4.2 (0.9)	4.2 (1.0)	4.1 (0.8)	4.0 (0.9)	4.0 (0.9)	4.0 (0.9)	4.1 (0.8)	4.3 (0.8)
Communication & digital devices	4.0 (1.0)		4.1 (1.0)		4.1 (0.9)	4.1 (1.0)	4.0 (0.9)	4.0 (1.0)	3.9 (1.0)	4.0 (1.0)	3.9 (1.0)	4.1 (1.0)
Community support & health services	3.7 (0.8)	8	3.8 (0.9)	7	3.6 (0.8)	3.8 (0.9)	3.8 (0.8)	3.7 (0.8)	3.8 (0.7)	3.7 (0.8)	3.7 (0.8)	4.0 (0.8)
Medical/social services	4.1 (0.9)		4.1 (0.9)		4.0 (0.9)	4.1 (1.0)	4.1 (0.9)	4.1 (0.9)	4.2 (0.8)	4.1 (0.9)	4.0 (0.9)	4.3 (0.9)
Emergency support	3.7 (1.2)		3.6 (1.3)		3.6 (1.3)	3.6 (1.4)	3.7 (1.2)	3.5 (1.2)	3.6 (1.2)	3.4 (1.3)	3.8 (1.2)	3.7 (1.2)
Burial service	2.5 (1.2)		2.6 (1.3)		2.2 (1.1)	2.7 (1.4)	2.7 (1.2)	2.3 (1.1)	2.3 (1.0)	2.4 (1.3)	2.6 (1.2)	2.9 (1.3)

[^]Baseline figures were revised after error correction.

All reported numbers are mean (SD)

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

Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population.

4.1.3 Sense of Community

Sense of community in the Eastern District is shown in Table 9. The possible range of each sub-item score is between 2 and 10 and the total score is between 8 and 40. A higher score means a higher sense of community. Participants gave higher ratings in the overall sense of community (baseline: 29.4, final: 29.6, $p=0.332$). “Membership” had the highest mean in both assessments and was given a significantly higher rating in the final assessment (baseline: 7.8, final: 8.0; $p=0.007$).

Among the four sub-district communities, the total score of sense of community ranged from 29.0 (SKW) to 29.7 (TK) in the baseline assessment and from 29.0 (TK) to 30.5 (HC) in the final assessment. Participants gave significantly higher ratings in the overall sense of community in HC (baseline: 29.2, final: 30.5; $p=0.009$). They also gave significantly higher ratings in the sub-domains of “membership” (baseline: 7.7, final: 8.2; $p=0.001$) and “emotional connection” in HC (baseline: 7.4, final: 7.9; $p=0.001$). However, participants gave significantly lower ratings in the sub-domain of “needs fulfilment” in TK (baseline: 7.5, final: 7.1; $p=0.004$).

Table 9 Sense of community

	Total		NQ		TK		SKW		HC	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
Needs fulfilment	7.3 (1.4)	7.2 (1.5)	7.5 (1.3)	7.3 (1.6)	7.5 (1.3)	7.1 (1.5)	7.1 (1.4)	7.2 (1.6)	7.2 (1.5)	7.3 (1.4)
Membership	7.8 (1.3)	8.0 (1.3)	7.9 (1.0)	7.9 (1.4)	7.9 (1.3)	7.9 (1.2)	7.7 (1.3)	7.9 (1.4)	7.7 (1.4)	8.2 (1.3)
Influence	6.8 (1.4)	6.8 (1.5)	6.7 (1.4)	6.7 (1.6)	6.9 (1.4)	6.7 (1.3)	6.8 (1.3)	6.6 (1.5)	6.9 (1.4)	7.1 (1.5)
Emotional connection	7.4 (1.3)	7.6 (1.4)	7.5 (1.2)	7.5 (1.5)	7.4 (1.3)	7.3 (1.2)	7.4 (1.3)	7.4 (1.4)	7.4 (1.4)	7.9 (1.4)
Total score	29.4 (4.3)	29.6 (4.6)	29.6 (3.9)	29.4 (5.1)	29.7 (4.2)	29.0 (4.0)	29.0 (4.2)	29.1 (4.5)	29.2 (4.6)	30.5 (4.7)

All reported numbers are mean (SD)

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

Outcomes with significant changes are marked in bold. Comparisons are based on means between the baseline and final assessment population.

4.1.4 Age Group Comparison

Table 10 shows the linear regression analysis to test the effect of age group on perceived age-friendliness and sense of community after adjusting for sub-district communities for both assessments. Participants were divided into four age groups for analysis, those aged between 18 to 49 years, 50 to 64 years, 65 to 79 years and 80 years or over, where age group 18 to 49 years was taken as the reference group. Results showed that participants aged 65 or over perceived significantly higher age-friendliness than the 18 to 49 age group for both the baseline and final assessment. For the age group 65 to 79 years in the final assessment, each level of increase in age group predicted an increase from 0.26 to 0.80 in the eight domains. Such differences were more significant in the age group 80 years or over, with each level of increase in age group predicting an increase from 0.35 to 0.89 across the eight domains. In terms of the total score of sense of community in the final assessment, each level of increase in age group predicted a 2.50 to 4.02 point increase.

Table 10 Age-group comparison using linear regression analysis

	Baseline			Final		
	Coefficient†			Coefficient†		
	50 to 64	65 to 79	80 or above	50 to 64	65 to 79	80 or above
<i>Perceived Age-friendliness</i>						
Outdoor spaces & buildings	-0.01^	0.31**	0.55**	0.12	0.28**	0.59**
Outdoor spaces	0.00^	0.34**	0.63**	0.13	0.30**	0.63**
Buildings	-0.02^	0.29**	0.47**	0.10	0.26*	0.56**
Transportation	-0.06^	0.45**	0.59**	0.12	0.44**	0.65**
Road safety & maintenance	-0.02^	0.29**	0.43**	0.22	0.37**	0.59**
Specialised services availability	0.04^	0.43**	0.43**	0.35	0.59**	0.67**
Public transport, comfort to use	0.03^	0.49**	0.71**	0.28*	0.46**	0.72**
Public transport, accessibility	-0.17	0.50**	0.61**	0.00	0.38**	0.59**
Housing	0.12	0.59**	0.86**	0.33*	0.57**	0.75**
Affordability & accessibility	-0.05^	0.60**	0.81**	0.27	0.47**	0.60**
Environment	0.28	0.59**	0.90**	0.39*	0.67**	0.89**
Social participation	0.07^	0.72**	0.72**	0.22	0.57**	0.77**
Facilities & settings	0.13	0.70**	0.72**	0.21	0.55**	0.76**
Social activities	0.01	0.73**	0.73**	0.22	0.59**	0.78**
Respect & social inclusion	-0.05^	0.67**	0.64**	0.09	0.41**	0.64**
Attitude	-0.03^	0.64**	0.64**	0.10	0.42**	0.71**

	Baseline			Final		
	Coefficient†			Coefficient†		
	50 to 64	65 to 79	80 or above	50 to 64	65 to 79	80 or above
Social inclusion opportunities	-0.08 [^]	0.73**	0.65**	0.08	0.39**	0.49**
Civic participation & employment	0.31*	0.78**	0.84**	0.21	0.48**	0.62**
Civic participation	0.27	0.90**	0.82**	0.35*	0.80**	0.87**
Employment	0.33*	0.74**	0.84**	0.16	0.37**	0.54**
Communication & information	0.18	0.67**	0.57**	0.19	0.44**	0.49**
Information	0.45	0.68**	0.57**	0.18	0.47**	0.56**
Communication & digital devices	0.45*	0.65**	0.59**	0.22	0.37**	0.35*
Community support & health services	0.04	0.37**	0.55**	0.18	0.40**	0.59**
Medical/social services	0.03 [^]	0.40**	0.52**	0.18	0.46**	0.65**
Emergency support	0.05	0.59**	0.89**	0.23	0.56**	0.68**
Burial service	0.02	-0.04 [^]	0.19	0.11	-0.01	0.26
Sense of community	0.29	0.76**	0.82**	-0.25	0.11	0.39
Needs fulfilment	0.55** [^]	1.08**	1.06**	0.49*	0.92**	1.23**
Membership	0.55*	1.01**	0.92**	0.15	0.43*	0.74**
Influence	0.67**	1.27**	1.41**	0.61**	1.14**	1.67**
Emotional connection	2.13** [^]	4.11**	4.21**	1.00	2.50**	4.02**
Total score						

†Age group 18-49 years as the reference group.

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

[^] Baseline figures were revised after error correction.

Comparisons are adjusted for the effect of sub-district communities.

4.1.5 Housing Type Comparison

Table 11 shows the linear regression analysis to test the effect of type of housing on perceived age-friendliness and sense of community after adjusting for age and sub-district communities for both assessments. For analysis, participants were divided into two groups, public housing and private housing, where public housing was taken as the reference group. Results showed that participants living in private housing in the final assessment had significantly lower scores in "information" in the "communication & information" domain, the "community support & health services" domain and its sub-domain of "medical/social services" than the public housing group in the baseline assessment. No significant difference in the score of sense of community was found when comparing the public housing and private housing groups in the final assessment.

Table 11 Housing type comparison using linear regression analysis

	Baseline	Final
	Coefficient†	Coefficient†
	Private housing	Private housing
<i>Perceived Age-friendliness</i>		
Outdoor spaces & buildings	0.06	0.08
Outdoor spaces	0.00^	0.00
Buildings	0.12	0.16
Transportation	0.03	-0.07
Road safety & maintenance	-0.04	-0.11
Specialised services availability	0.18	-0.07
Public transport, comfort to use	-0.02	-0.11
Public transport, accessibility	0.08	-0.02
Housing	-0.12	-0.06
Affordability & accessibility	-0.31**	-0.22
Environment	0.07	0.11
Social participation	-0.08	-0.08
Facilities & settings	-0.09	0.02
Social activities	-0.06^	-0.17
Respect & social inclusion	-0.11	-0.10
Attitude	-0.10	-0.15
Social inclusion opportunities	-0.13	0.00
Civic participation & employment	0.09	-0.20
Civic participation	-0.08	-0.14
Employment	0.15	-0.22
Communication & information	0.01	-0.16
Information	0.02	-0.24*
Communication & digital devices	-0.01	0.01
Community support & health services	-0.04	-0.23*
Medical/social services	-0.05^	-0.25*
Emergency support	-0.20	-0.15
Burial service	0.07	-0.23
<i>Sense of community</i>		
Needs fulfilment	0.32*	0.00
Membership	0.22	0.01
Influence	0.05	-0.02
Emotional connection	0.08	-0.11
Total score	0.67	-0.12

†Public housing as the reference group.

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

^ Baseline figures were revised after error correction.

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

4.1.6 Sub-District Community Comparison

Table 12 shows the linear regression analysis when comparing sub-district communities after adjusting for age groups (four groups) for both assessments, where NQ was taken as the reference group. Results suggested that participants in TK had higher levels of perceived age-friendliness in “outdoor spaces & buildings” than people

living in NQ in the final assessment. This differed from the baseline assessment, where both TK and HC had shown significantly higher scores in that domain. Moreover, participants in HC had higher levels of perceived age-friendliness in “housing” than people living in NQ in the final assessment. Participants in TK had lower levels of perceived age-friendliness in “communication & information” than people living in NQ.

Sub-domain analysis showed that participants in NQ had lower levels of age-friendliness in “outdoor spaces” compared with residents in TK and HC but higher level of age-friendliness in “buildings” compared with residents in SKW in the final assessment. NQ also had higher levels of perceived age-friendliness in “public transport, accessibility”, “information” and “burial services” compared to residents in TK.

All four districts had a similar level of sense of community in the final assessment except for higher scores in “influence” and “emotional connection” in HC compared with NQ, which was not found in the baseline assessment.

Table 12 Sub-district community comparison by linear regression analysis

	Baseline			Final		
	Coefficient†			Coefficient†		
	TK	SKW	HC	TK	SKW	HC
Perceived Age-friendliness						
Outdoor spaces & buildings						
Outdoor spaces	0.42**	0.16	0.19*	0.24**	-0.17	0.10
Buildings	0.51**	0.35**	0.35**	0.31**	-0.10	0.20*
	0.33**	-0.03	0.02	0.16	-0.24*	-0.01
Transportation	0.01	0.01	-0.12	-0.10	-0.17	-0.06
Road safety & maintenance	0.13	0.13	0.01	0.08	-0.16	0.03
Specialised services availability	-0.06	0.10	0.09	-0.08	-0.24	-0.02
Public transport, comfort to use	0.05	0.01	-0.08	-0.13	-0.14	-0.04
Public transport, accessibility	-0.04^	-0.08	-0.24**	-0.17*	-0.16	-0.15
Housing	0.18	0.20	0.20	0.16	-0.01	0.29**
Affordability & accessibility	0.26*	0.47**	0.43**	0.21	0.14	0.44**
Environment	0.09	-0.08	-0.05	0.12	-0.17	0.14
Social participation	-0.08	-0.12	-0.14	0.07	-0.10	0.11
Facilities & settings	-0.07	-0.16	-0.11	0.06	-0.15	0.10
Social activities	-0.10	-0.08	-0.19*	0.08	-0.04	0.13
Respect & social inclusion	-0.02	-0.09	-0.03	-0.02	-0.09	0.10
Attitude	-0.02	-0.07	-0.08	-0.06	-0.14	0.09
Social inclusion opportunities	-0.02	-0.13	0.06	0.06	0.01	0.13

	Baseline			Final		
	Coefficient†			Coefficient†		
	TK	SKW	HC	TK	SKW	HC
Civic participation & employment	0.10	0.04	-0.02	-0.04	-0.16	0.05
Civic participation	-0.10	-0.09	-0.08	0.08	0.11	0.15
Employment	0.17	0.09	0.00	-0.08	-0.25	0.02
Communication & information	-0.03	-0.19	-0.08	-0.20*	-0.19	0.03
Information	-0.06	-0.21	-0.06	-0.22*	-0.18	0.07
Communication & digital devices	-0.03	-0.19	-0.17	-0.16	-0.19	-0.06
Community support & health services	0.14	0.13	0.00	-0.06	-0.05	0.18
Medical/social services	0.06	0.17	-0.13	0.01	0.03	0.19
Emergency support	0.13	-0.05	0.07	-0.01	-0.17	0.15
Burial service	0.42**	0.06	0.33*	-0.41**	-0.25	0.16
Sense of community						
Needs fulfilment	0.07	-0.42*	-0.35*	-0.21	-0.14	-0.07
Membership	0.09	-0.12	-0.14	-0.01	-0.08	0.24
Influence	0.23	0.10	0.14	0.02	-0.15	0.34*
Emotional connection	0.00	-0.11	-0.13	-0.12	-0.10	0.36*
Total score	0.34	-0.60	-0.49	-0.31	-0.48	0.87

†NQ as the reference group.

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

^ Baseline figures were revised after error correction.

Comparisons are adjusted for the effect of age groups (four age groups).

4.2 Focus Group Study

4.2.1 Participants' Characteristics

Five focus groups were conducted to collect residents' opinions on the age-friendliness of the Eastern District. A total of 36 participants were recruited. The majority of participants were aged 60 years or over (77.8%) and had lived in the district for 32.3 years on average. Sociodemographic characteristics of the focus group participants are shown in Table 13.

Table 13 Sociodemographic characteristics of focus group participants

Characteristics	N	%
Gender		
Male	8	22.2
Female	28	77.8
Age Group		
18-49 years	5	13.9
50-64 years	4	11.1
65-79 years	20	55.6

Characteristics	N	%
≥80 years	7	19.4
Education		
Nil/pre-primary	2	5.6
Primary	11	30.6
Secondary (F.1-3)	8	22.2
Secondary (F.4-7)	4	11.1
Post-secondary	11	30.6
Housing		
Public housing	7	19.4
Private housing	28	77.8
Others	1	2.8
Residence Years (mean, SD)	32.3	19.8
Living Arrangement		
Living alone	10	27.8
With spouse only	9	25.0
Spouse and other family members	3	8.3
With children/grandchildren	6	16.7
With other family members	6	16.7
With others	2	5.6
Monthly Personal Income		
No income	2	5.6
HK\$1 to HK\$5,999	13	36.1
HK\$6,000 to HK\$9,999	10	27.8
HK\$10,000 to HK\$19,999	3	8.3
HK\$20,000 to HK\$29,999	3	8.3
HK\$30,000 to HK\$59,999	3	8.3
≥HK\$60,000	0	0.0
Unknown/ reject	2	5.6

Findings from the thematic analyses are presented with reference to the eight WHO Age-friendly Cities Framework domains, which are further grouped into three areas, (1) physical environment; (2) social and cultural environment; and (3) communication, community and health services. Most participants highlighted changes in the past four years in the Eastern District and offered many suggestions for further improvement.

4.2.2 Physical Environment

WHO Domain 1: Outdoor spaces & buildings

Improvements

- (i) **Street signage:** Participants said previous street signage was vague with a small font size, which was difficult for older adults to read. However, signage has been improved over the years after they voiced their concerns to members of the District Council.

- (ii) **Public toilet hygiene:** Participants noted improvement of public toilet hygiene and facilities in the Aldrich Bay Playground and Chai Wan public toilet. Automatic taps and toilet flushes were installed to keep users' hands clean. Moreover, recently the overall hygiene of the public toilets has been improved.
- (iii) **Outdoor public space and facilities:** The outdoor public space and facilities in Chai Wan have improved. Participants noted recently installed benches, shelters, toilets and barrier-free facilities to fulfil the need of older adults and residents in the Eastern District.

Concerns

- (i) **Availability of public toilets:** SKW had an insufficient number of public toilets to meet residents' needs. Unlike other districts with shopping arcades providing an adequate number of public toilets, residents in SKW have to rely on public street toilets provided by the Government. Participants said only two public toilets were available in SKW; one was near the tram terminus and the other on Tung Hei Road. According to participants, these public toilets were often engaged and did not meet requirements in the district. Therefore, they asked for more public toilets in SKW, especially on Shau Kei Wan Road.
- (ii) **Conflict between age groups in the use of infrastructure:** Participants reported that benches located outside May Wah House in the Hing Wah Estate were removed without consulting residents. According to participants, the benches were frequently used by older adults but were subject to complaints that they were seen as a barrier to the nearby nursery school. Participants felt the incident created the impression that the estate property management favoured the younger generation over older adults.
- (iii) **Lengthy planning process and construction of district facilities:** The lengthy planning process and construction of district facilities failed to fulfil residents' needs. For instance, the installation of an elevator in Fung Wah Estate, located on the hill in southwest Chai Wan, has been discussed for over ten years. It will take two to three years for further assessment, followed by another two years of construction. Residents in the Fung Wah Estate can only take a bus or minibus to and from the estate or walk down a long staircase, which is mainly unsuitable for wheelchair users or people with limited mobility. Therefore, participants want the Government to speed up the whole process regarding these facilities, which significantly impact residents' daily lives.
- (iv) **District renovation:** Concerns over district renovation were raised. Participants found their emotional attachment and social networks within the community were fading after district renovation. This was because the traditional small family-business restaurants and grocery stores, filled with memories for residents, were now replaced by chain stores run by corporate enterprises.

- (v) Land-use conflict: The only shopping centre in the Hing Man Estate has been recommissioned by the Hong Kong Housing Authority and rented to an international school as school premises. Participants reported that residents of the estate now had fewer shopping choices and had to travel a long distance to purchase daily necessities, causing much inconvenience to their daily lives. Participants questioned the rationale for renting out the shopping centre in the Hing Man Estate to an international school, where most residents were older adults.
- (vi) Disturbance at night: Residents in Chun Yeung Street complained about the noise at night as market shopkeepers unpacked their goods on the street. Moreover, street prostitution in Chun Yeung Street has raised concerns for residents.

WHO Domain 2: Transportation

Improvements

- (i) Traffic routes: Participants appreciated the addition of bus route 8H to Tung Wah Eastern Hospital since July 2017. Regardless of the long wait for the bus (around 30 minutes), it allowed older adults to directly access the hospital from Chai Wan.
- (ii) Bus stop infrastructure: Participants appreciated improvement in the past four years of bus stop infrastructure. Specifically, the seats installed at most bus stops in the district allowed older adults to rest while waiting for the bus. Moreover, installing screens displaying upcoming bus information provided people with a better idea of bus arrival times.
- (iii) Attitude of bus drivers: Over the past four years, bus drivers were reported as nice and responsible. Specifically, bus drivers showed patience when helping wheelchair users. Drivers would stop the bus at designated stopping areas close to the pavement and lower the platform to aid accessibility. They would also ensure passengers were seated before driving away.

Concerns

- (i) Bus stop infrastructure: Some bus stops in the district required infrastructure enhancement. For example, participants said that the bus stop in Cheung Hon Street, North Point required a shelter to protect passengers from heavy rain and sunshine. Some participants would prefer a larger font size on the bus information screen for those with poor eyesight.

WHO Domain 3: Housing

Participants residing in public rented housing reported adequate support with modifications and maintenance of their flats. They also considered the rent for public rented housing was acceptable. However, participants raised some concerns here.

Concerns

- (i) Conflict in public housing allocation between ethnic groups: Participants perceived immigrants from Mainland China and South East Asia as having higher priority for allocation of public rented housing provided by the Government, which lengthened the average waiting time for Hong Kong permanent residents. Such conflict between ethnic groups was also found in estate redevelopment. For example, one participant explained that two newly developed blocks of public rented housing in Chai Wan originally planned to re-settle the old Yue Wan Estate residents were now assigned to Chinese immigrants. Therefore, the whole redevelopment project had to be postponed.
- (ii) High rent: Participants expressed concerns over skyrocketing property prices and rising rents in the district, mainly in private housing. They regarded current rent prices as unaffordable for some older adults in the district.

4.2.3 Social and Cultural Environment

WHO Domain 4: Social participation

Participants appreciated the sufficient and wide-ranging social activities in the district. They mostly engaged in these activities via DECCs, NECs, other NGOs, as well as the District's Leisure and Cultural Services Department (LCSD). Although participants had sufficient social participation opportunities, they posed some concerns under this topic.

Concerns

- (i) Limited activities quota: Participants appreciated the availability of wide-ranging activities in the district offered by DECCs, NECs and LCSD. However, their participation was largely restricted by limited quotas for these activities. Most centres used a lucky draw or first-come-first-serve basis for enrolment in the activities. Therefore, older adults may not be able to participate in their preferred activities. Thus, some participants wished the Government would allocate more resources to the elderly centres and LCSD to increase access to activities for residents in the district.
- (ii) Impact of COVID-19: The outbreak of COVID-19 during the past two years has primarily inhibited older adults' social participation. Most elderly centres, community centres, sports facilities and related services were closed and suspended during the pandemic. Therefore, older adults were not able to engage in face-to-face activities. Instead, they only had opportunities to participate in activities via online platforms, which was primarily limited by availability of related hardware and the internet, as well as poor digital literacy skills of some older adults.

WHO Domain 5: Respect & social inclusion

- (i) **Respect:** Older participants reported a stable atmosphere of mutual respect and friendliness in the district. For instance, elderly centres would seek the opinions of members regarding future activities. Some participants expressed that they had been offered seats on public transport, although not all shared similar positive experiences. Some older participants reported incidents when other passengers on public transport failed to relinquish the priority seats to people in need as they were too fixated on their smartphones. In contrast, participants said the district's inclusive culture was enhanced and promoted over the years due to intergenerational programmes facilitated by DECCs and schools.

WHO Domain 6: Civic participation & employment

Participants reported that elderly centres and other organisations in the district offered sufficient volunteer opportunities. Some visited singleton older adults to share news and information. Some participants also reported active engagement with members of the District Council through sharing opinions regarding district issues. Even though participants had sufficient civic participation opportunities, they expressed some concerns around this topic.

Concerns

- (i) **Job opportunities:** Participants felt there were very few job opportunities for older adults in Hong Kong. They said current employment insurance does not cover employees aged 65 years or over; thus, employers in Hong Kong hesitated to hire older adults.
- (ii) **Platform for civic engagement:** In the past, participants would express their views and concerns to members of the District Council. However, this channel was no longer available after the mass resignation and disqualification of councillors. Participants said they had lost the “bridge” for communicating with the Hong Kong Government to reflect people's needs to councillors.

4.2.4 Communication, Community and Health Services

WHO Domain 7: Communication & information

Improvements

- (i) **Knowledge acquisition of new information technology:** Due to the COVID-19 pandemic, elderly centres provided more training workshops on the usage of new information technology (e.g., online meetings and instant messaging applications) for quick transition to online activities from centre-based face-to-face activities. Participants said they learned new techniques to stay in touch with others during

the pandemic. Moreover, they could now deliver and receive district-related and centre-related information more easily.

- (ii) Information from members of the District Council: Newly elected members of the District Council in 2019 actively provided district-related information. For example, they provided information on current updates on COVID-19, environmental protection and guidelines for older adults applying for Government subsidies. However, participants said this channel was no longer available following mass resignation and disqualification of members of the District Council in 2021.

Concerns

- (i) Information exchange with new technology: Participants were well-informed and had good access to information via word-of-mouth promotion or announcements from elderly centres. However, hidden older adults and those who were not members of elderly centres were disconnected in the district. Even with the popularisation of smartphones in Hong Kong, which facilitates information exchange, older adults with lower education levels or digital literacy skills and no access to the internet may not benefit from the rapid development of information technology.

WHO Domain 8: Community support & health services

Improvements

- (i) The automated telephone system: Participants found recent improvements with the automated telephone system for general out-patient clinics and hospitals. Staff could now answer telephone enquiries and medical appointments could be made directly instead of using the automated system. Participants thought that talking to an actual person was far better than choosing options over the automated system because it was quite difficult for some older adults to perform several tasks in one call, like listening and inputting their personal data over the phone. Participants attributed this change to the COVID-19 pandemic because many medical appointments had to be rescheduled due to restricted hospital admission.
- (ii) Quality of service: Recently, participants found the services of the Pamela Youde Nethersole Eastern Hospital were improved in terms of the appointment arrangements and attitudes towards older adults. Urgent medical appointments were handled faster than before so they could access timely treatment. Moreover, more hospital staff showed care and concern for the needs of older adults; they would arrange seats for older adults and assist them when needed. Participants attributed this change to the COVID-19 pandemic and better division of labour in the hospital; staff now had more time to care about patients.

Concerns

- (i) Health care services: Participants felt there were limited health care services in the Tsui Wan Estate. The only private clinic was turned into a laundry, so residents now have to travel to another estate for health care services.
- (ii) Specialist medical services: The long wait for specialist services has not improved over the years. For example, participants wait between four and six years for an eye operation. For follow-up consultations of scheduled specialist medical appointments, participants wait at least three hours after arrival. They hoped that more resources would be allocated to specialist medical services to allow prompt treatment for older adults.
- (iii) Nursing homes: Participants complained about the insufficient number and long waiting list for subsidised nursing homes in the district. Even though many private nursing homes were located along King's Road, participants refused to reside in these because of their poor living environments and caregiving quality.

5 CONCLUSION

The Eastern District is the fourth densest in Hong Kong and ranks second among other districts in its percentage of older adults. Various efforts have been advanced by local older adult residents, NGOs, DECCs and the Eastern District Council over the past few years to develop the concept of age-friendly city in the community and improve the district's overall liveability.

Our baseline and final assessment found that participants perceived the district to be generally age-friendly. The domain of "transportation" scored the highest in the final assessment, followed by "social participation" and "outdoor spaces & buildings". The lowest-ranked in the final assessment were the domains of "civic participation & employment" and "community support & health services". Participants gave a significantly higher rating (from 4.3 to 4.5) for "transportation". When comparing sub-district communities in the Eastern District, NQ and HC showed comparatively higher scores in age-friendliness. NQ has a significantly higher score (from 3.9 to 4.1) in "outdoor spaces & buildings"; HC has a significantly higher score (from 3.7 to 4.0) in "community support & health services"; and both NQ and HC have significantly higher scores (from 4.4 to 4.6 and 4.3 to 4.5, respectively) in "transportation". However, TK and SKW showed significantly lower ratings (from 4.0 to 3.8 and from 4.0 to 3.7, respectively) in "civic participation & employment".

Significant improvements of age-friendliness in "transportation" and "social participation" likely reflect enhanced traffic network and infrastructure, driver attitudes and wide-ranging social activities provided by elderly centres and other NGOs. The decrease in "civic participation & employment" in specific sub-district communities may reflect concerns about diminishing platforms to express their views via the District Council to the Government, the lack of job opportunities in the district and the impact of the COVID-19 pandemic.

Focus group findings highlighted participants' views concerning improvements in age-friendliness in the district during the past four years and some areas for further improvements. In terms of "outdoor spaces & buildings", participants found a noticeable improvement in the hygiene of street and public toilets. They also appreciated hardware improvements in the district's public spaces (installation of handrails, seats and barrier-free facilities). Participants also suggested: (1) installing more public toilets on Sau Kei Wan Road; (2) shortening the planning and construction time for district facilities; (3) balancing the interests between different groups; and (4) enhancing law enforcement in certain areas requiring special attention.

Concerning "transportation", participants found three main district improvements: (1) a new bus route 8H increasing accessibility to Tung Wah Eastern Hospital; (2) enhanced facilities in the bus stops (seats and bus information screens); and (3) better bus driver attitudes. However, participants suggested that shelters should be installed

at the bus stop on Cheung Hong Street, North Point, to provide better protection against the weather.

To improve age-friendliness in the “housing” domain, participants suggested the Government should balance the interests of different ethnic groups in the application and allocation for public rented housing. Some participants also called for rent control on private housing properties.

Participants appreciated the plenitude of social activities organised by various bodies. However, they wished the Government would allocate more resources to elderly centres and the Leisure and Cultural Services Department to provide more activities for the district’s residents. This could help more older adults participate in social activities without the quota limit.

Participants reported a better atmosphere of mutual respect and friendliness in the district, especially in elderly centres and public transport. During these four years, they also appreciated the intergenerational programmes facilitated by the district’s elderly centres and schools, which further enhanced and promoted mutual respect and kindness towards older adults.

To improve the age-friendliness in the domain of “civic participation & employment”, the district can promote employment for older adults and create an effective communication platform for residents and the Government. Focus group participants suggested: (1) creating flexible and meaningful job opportunities for older adults and (2) providing a communication platform or channel for residents to voice their concerns to the Government following the mass resignation and disqualification of members of the District Council.

Regarding the domain of “communication & information”, a growing number of older adults in the district communicated and received information through smartphones and instant messaging applications. Focus group participants suggested paying more attention to older adults with lower education levels or poor digital literacy skills and those without internet access to improve dissemination of district information.

Concerning the domain of “community support & health services”, participants reported improvements in the automated telephone system made it easier for district residents to access health care services. Participants also appreciated the better service at the Pamela Youde Nethersole Eastern Hospital. To further improve age-friendliness in this domain, participants suggested: (1) providing more health care services in the Tsui Wan Estate; (2) reducing the waiting time for specialist medical services; and (3) increasing the number of subsidised nursing homes.

To conclude, during the past four years, there has been noticeable improvement in age-friendliness and general sense of community in the Eastern District. Future work to further improve age-friendliness should leverage the sense of membership and

emotional connectedness in the district, strengthen the sense of influence and needs fulfilment and include older adults when implementing age-friendly work in the specific areas of improvements outlined above.

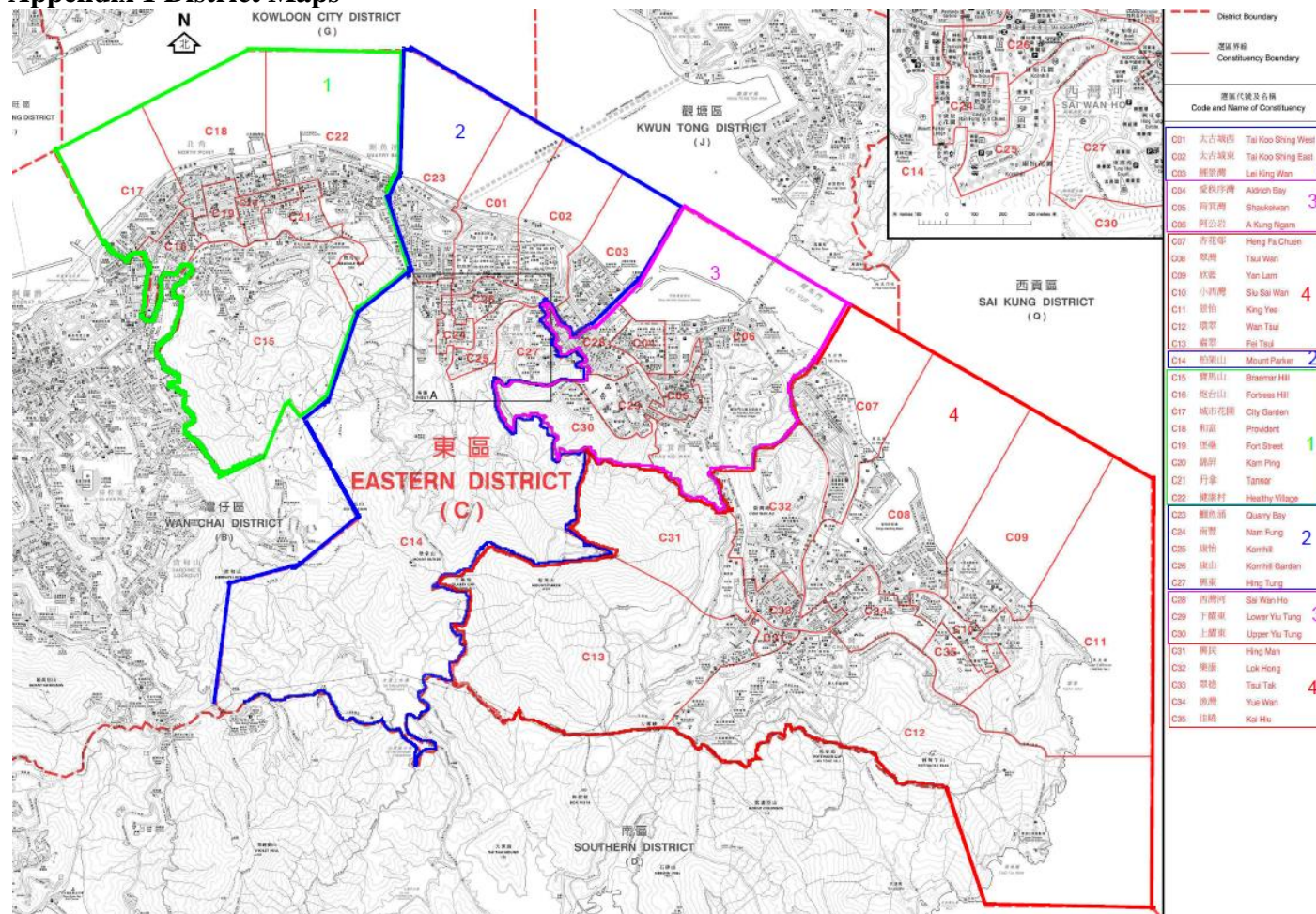
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7 APPENDICES

Appendix 1 District Maps



Appendix 2 Questionnaire



香港大學耆老研究中心
Sau Po Centre on Ageing
The University of Hong Kong

職員專用 Eastern	
參加者編號	
調查員編號	
檢查員編號	

A. 受訪者資料

A1) 您嘅性別係：

☐ (1) 男

☐ (2) 女

A2) 年齡：

(根據身份證上的出生日期)

若受訪者不願提供年齡，請揀以下最適當嘅年齡組別：

☐ (1) 18-19

☐ (5) 35-39

☐ (9) 55-59

☐ (13) 75-79

☐ (2) 20-24

☐ (6) 40-44

☐ (10) 60-64

☐ (14) 80-84

☐ (3) 25-29

☐ (7) 45-49

☐ (11) 65-69

☐ (15) 85+

☐ (4) 30-34

☐ (8) 50-54

☐ (12) 70-74

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

()

☐ (1) 北角，鰂魚涌

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

☐ (2) 太古城

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

☐ (3) 筲箕灣

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

☐ (4) 杏花邨，柴灣

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

A4) 您喺所屬社區住左幾耐：
_____年

A5) 您嘅婚姻狀況係(一定要讀出所有選擇)：

- ☐ (1) 從未結婚
- ☐ (2) 已婚
- ☐ (3) 喪偶
- ☐ (4) 離婚
- ☐ (5) 分居
- ☐ (6) 其他(請註明)：_____

A6) 您嘅最高教育程度：

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

A7a) 您住嘅房屋類型？

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

A7b) 您住嘅屋邨？

東區：

- | | | |
|--------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> (10) 健康村 | <input type="checkbox"/> (17) 模範邨 | <input type="checkbox"/> (23) 明華大廈 |
| <input type="checkbox"/> (11) 耀東邨 | <input type="checkbox"/> (18) 興東邨 | <input type="checkbox"/> (24) 康東邨 |
| <input type="checkbox"/> (12) 愛東邨 | <input type="checkbox"/> (19) 柴灣邨 | <input type="checkbox"/> (25) 興民邨 |
| <input type="checkbox"/> (13) 興華(一)邨 | <input type="checkbox"/> (20) 漁灣邨 | <input type="checkbox"/> (26) |

☐ (14) 興華(二)邨

☐ (21) 翠灣邨

☐ (27) 小西灣邨

☐ (15) 峰華邨

☐ (22) 翠樂邨

☐ (28) 華廈邨

☐ (16) 環翠邨

☐ (50) 連翠邨

A7c) 您住嘅私人住宅單位係？

☐ (1) 租

☐ (2) 自己擁有

☐ (3) 家人擁有

A8a) 您居住樓宇嘅樓齡？

_____年

如果受訪者唔知，請揀以下最適當嘅樓齡：

☐ (1) 0-5 年

☐ (2) 6-10 年

☐ (3) 11-20 年

☐ (4) 21-30 年

☐ (5) 30 年以上

A8b) 您居住嘅大廈總共幾多層？

_____層

A8c) 您居住嘅大廈有沒有電梯？

☐ (1) 無

☐ (2) 有

A8d) 您從屋企出去，需要行樓梯？

☐ (1) 唔需要 (跳至 A9a)

☐ (2) 需要

A8e) 總共要行幾多級樓梯？

☐ (1) 1-5 級

☐ (2) 6-10 級

☐ (3) 11-15 級

☐ (4) 16-20 級

☐ (5) 21 級或以上

A9a) 您宜家冇無同人住？

☐ (1) 無，自己一個住 (跳至 A10a)

☐ (2) 有

A9b) 您宜家同幾多人住？

_____人

A9c) 唔包括工人，您宜家同邊個住？(可以揀多過一項)

- ☐ (1) 配偶
- ☐ (3) 女婿 / 媳婦
- ☐ (5) 父母
- ☐ (7) 兄弟姐妹

- ☐ (2) 子女
- ☐ (4) 孫
- ☐ (6) 祖父母
- ☐ (8) 其他(請註明):_____

A9d) 有無工人同您住？

- ☐ (1) 無
- ☐ (2) 有

A10a) 您宜家有無返工？

- ☐ (1) 無 (跳至 A10b)
- ☐ (2) 有 (跳至 A10c)

A10b) 您宜家係？

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

A10c) 您宜家嘅工作模式？

- ☐ (1) 全職工作
- ☐ (2) 兼職工作

A10d) 過去一星期，工作左幾多小時？

_____小時

A11a) 您有無長期照顧其他人？

- ☐ (1) 無 (跳至 A12a)
- ☐ (2) 有

A11b) 您照顧嘅人係？

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

A11c) 您同您照顧嘅人係咩關係？

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

A12a) 過去三個月，您有無參與加過任何義工服務/活動？

- ☐ (1) 無
☐ (2) 有

A12b) (只適用於 60 歲或以上人士)

過去三個月，您有無用過/參加過長者中心提供嘅服務/活動？

- ☐ (1) 無
☐ (2) 有

A13) 您有無足夠嘅金錢應付日常開支？

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

A14a) 您宜家拎以下邊一隻嘅政府津貼？(只可以揀一項)

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

A14b) 每月政府津貼嘅金額：

HK\$_____

A15a) 您宜家主要嘅收入來源係？(不包括政府津貼)(可以揀多過一項)

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

A15b) 您宜家每月嘅收入：

HK\$_____

- | | |
|--|---|
| <input type="checkbox"/> (1) 0 | <input type="checkbox"/> (8) 15,000 - 19,999 |
| <input type="checkbox"/> (2) 1 - 1,999 | <input type="checkbox"/> (9) 20,000 - 24,999 |
| <input type="checkbox"/> (3) 2,000 - 3,999 | <input type="checkbox"/> (10) 25,000 - 29,999 |

- | | |
|--|---|
| <input type="checkbox"/> (4) 4,000 - 5,999 | <input type="checkbox"/> (11) 30,000 - 39,999 |
| <input type="checkbox"/> (5) 6,000 - 7,999 | <input type="checkbox"/> (12) 40,000 - 59,999 |
| <input type="checkbox"/> (6) 8,000 - 9,999 | <input type="checkbox"/> (13) $\geq 60,000$ |
| <input type="checkbox"/> (7) 10,000 - 14,999 | <input type="checkbox"/> (14) 唔想講 / 唔清楚 |

A16a) 如果您出街，您需唔需要用: (可以揀多過一項)

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

A16b) 如果您嘅屋企人出街，佢哋需唔需要用: (可以揀多過一項)

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

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

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

A18a) (只適用於 60 歲或以上人士)

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

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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A18b) (只適用於 60 歲或以上人士)

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

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
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B. Age-Friendliness of a city

麻煩您講下對以下句子嘅同意程度，以 1 至 6 分代表

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

麻煩您以您居住嘅地區評分，有 * 號嘅題目，就以全港情況評分：

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

您有幾同意宜家………

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

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

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

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

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

C. 社群意識指數

麻煩您講下對以下句子嘅同意程度，以 1 至 5 分代表。

1	2	3	4	5
非常唔同意	唔同意	普通	同意	非常同意

麻煩您以您住嘅地區評分，您有幾同意……

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

C10) 整體嚟講，您覺得自己目前嘅生活有幾幸福？

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

D. 標準十二題簡明健康狀況調查表 (SF-12)

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

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

D1. 整體嚟講，您認為您宜家嘅健康狀況是係：

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

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

D2. 中等強度嘅活動，例如搬枱，用吸塵機吸塵或者洗地板，打保齡球，或者打太極拳？

- ☐ (1) 有好大限制
- ☐ (2) 有少少限制
- ☐ (3) 無任何限制

D3. 上幾層樓梯？

- ☐ (1) 有好大限制
- ☐ (2) 有少少限制
- ☐ (3) 無任何限制

以下問題係關於您身體健康狀況同日常活動嘅關係

D4. 過去 4 星期，您有無因為身體健康嘅原因，令您係工作或日常活動中，實際做完嘅野比想做嘅少？

- ☐ (1) 無
- ☐ (2) 有

D5. 過去 4 星期，係工作或日常活動中，您有無因為身體健康嘅原因，令您嘅工作或活動受到限制？

- ☐ (1) 無
- ☐ (2) 有

D6. 過去 4 星期，您有無因為情緒方面嘅原因 (例如感到沮喪或焦慮)，令您係工作或日常活動中，實際做完嘅野比想做嘅少？

- ☐ (1) 無
☐ (2) 有

D7. 過去 4 星期，係工作或日常活動中，您有無因為情緒方面嘅原因(例如感到沮喪或焦慮)，令您嘅工作或活動受到限制？

- ☐ (1) 無
☐ (2) 有

D8. 過去 4 星期，您身體上嘅疼痛對您嘅日常工作 (包括番工同做家务) 有幾大影響？

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

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

D9. 過去 4 星期，您有幾多時間覺得心平氣和？

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

D10. 過去 4 星期，您有幾多時間覺精力充足？

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

D11. 過 4 星期，您有幾多時間心情唔好、覺得悶悶不樂或者沮喪？

- ☐ (1) 成日
☐ (2) 大部份時間

- ☐ (3) 好多時間
- ☐ (4) 間中
- ☐ (5) 偶然一次半次
- ☐ (6) 從來都無沒

D12. 過去 4 星期，有幾多時間由於您身體健康或情緒問題而妨礙左您嘅社交活動 (比例如探親戚朋友) ？

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

問卷完成日期：_____

(日 / 月 / 年)

- 「賽馬會齡活城市計劃」問卷調查完成，多謝您嘅寶貴意見 -

Appendix 3 Focus Group Discussion Demographic Questionnaire



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

職員專用 Eastern	
參加者編號	
訪問員(1)	
訪問員(2)	

A. 受訪者資料

A1) 您嘅性別係：

☐ (1) 男

☐ (2) 女

A2) 年齡：

_____ (根據身份證上的出生年份)

A3) 您喺所屬社區住左幾耐：

_____ 年

A4) 您嘅婚姻狀況係：

☐ (1) 從未結婚

☐ (2) 已婚

☐ (3) 喪偶

☐ (4) 離婚

☐ (5) 分居

A5) 您嘅最高教育程度：

☐ (1) 未受教育/學前教育(幼稚園)

☐ (2) 小學

☐ (3) 初中(中一至中三)

☐ (4) 高中(中四至中七)

☐ (5) 專上教育：文憑/證書課程

☐ (6) 專上教育：副學位課程

☐ (7) 專上教育：學位課程或以上

A6) 您住嘅房屋類型？

☐ (1) 公共房屋

☐ (2) 居屋

☐ (3) 私人房屋

☐ (4) 分租單位：如籠屋、板間房、床位

☐ (5) 宿舍

☐ (6) 其他，請註明：_____

A7) 您宜家同邊個住？(可以揀多過一項)

☐ (1) 配偶

☐ (2) 子女

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

A8) 您宜家係？

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

A9) 您宜家拎以下邊一隻嘅政府津貼？(只可以揀一項)

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

A10) 您宜家主要嘅收入來源係？(不包括政府津貼)(可以揀多過一項)

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

A11) 您宜家每月嘅收入 (包括政府津貼及其他收入來源)：

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

Appendix 4 Focus Group Discussion Guide

港大學秀圃老年研究中心

「賽馬會齡活城市」計劃 (東區)

聚焦小組

小組簡介：

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

是次聚焦小組旨在了解你對東區居住環境的意見及有關長者的意見。

Part A：[長者友善]總體指標體系的討論

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

『長者友善』城市的八個重要指標：

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

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

Q2：哪三個指標是最實際可以改善的？為什麼？

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

Q4：針對今天的討論，還有沒有其他補充？

Jockey Club Age-friendly City Project



賽馬會齡活城市
Jockey Club Age-friendly City

www.jcafc.hk

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<http://ageing.hku.hk/>