Wong Tai Sin District
Healthy and Safe City

Community Diagnosis Study Report *2016*

Parent Organization

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Wong Tai Sin District
Healthy and Safe City

Community Diagnosis Study Report *2016*

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Preamble from Chairman

Hong Kong is a prosperous and changing city. Like any modern city, the residents have all the health risks and safety concerns of urbanisation.

The Wong Tai Sin District Healthy & Safe City was set up in 2007 with the mission to promote health in the city and safety in the community. All along, the organisation has worked hard on health promotion and education and also propagated safety measures and messages in daily life to the local residents.

In 2010, we invited the Centre for Health Education & Health Promotion-CUHK to conduct an initial diagnostic study to investigate the changing needs of the local residents and the varying situation of the community. The Study analysed the life styles of the population with respect to health and safety and concluded on a sustainable development blueprint to follow. The Report was submitted to World Health Organisation and the District was accredited to become the 227th Member of the International Safe Community Network.

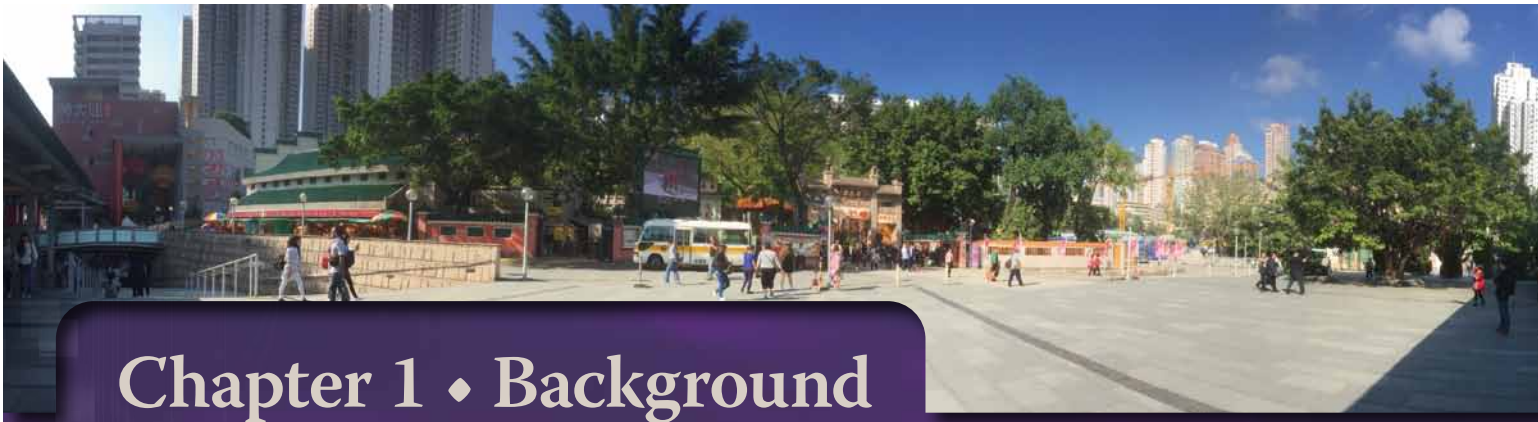
To support the continual development in matching service needs, a Resource Centre was established on G/F of Yat Tung House, Tung Tau Estate in 2012.

In 2016, we conducted the second diagnostic study to examine the interval changes in health and safety issues. With updated information, the service development path will be better guided and the service gaps addressed.

Throughout the years, we have had a team of passionate patrons, workers and volunteers, devoting their time and resources to support and deliver the many services. We have also received funding from the District Council, the District Office and other Government departments. On behalf of the Board of Directors, I salute to them all!

Dr. Allen Shi, MH, JP

Chairman, Wong Tai Sin District Healthy and Safe City



Chapter 1 • Background

1.1

Wong Tai Sin District (WTS District), situated at Kowloon East occupying an approximate area of 9.26 km^2 with Lion Rock and Tate's Cairn at its boundary to the north, Kowloon Peak to the east, New Clear Water Bay Road and Prince Edward Road East to its south, and Junction Road and Lion Rock Tunnel to its west, is the only landlocked district in the 18 Districts of Hong Kong. Years ago it was a village, sparsely populated by mostly Panyu and Hakka natives. In 1937, it was demarcated as part of the New Kowloon.

1.2

The WTS District founded the 'Wong Tai Sin District Healthy and Safe City' in August 2007 to promote health and safety.[1] The district was admitted as a member of the World Health Organisation's Alliance for Healthy City in October of the same year and was formally accredited as the world's 227th International Safe Community on January 29, 2011. In November 2009, the WTS District commissioned the Centre for Health Education and Health Promotion of the Chinese University of Hong Kong to conduct a 'community diagnosis study' to investigate and analyse the health and safety status of the WTS District to propose viable community health improvement measures to response to local needs.

member of the World Health Organisation for Healthy City accredited as the world's 227th International Safe Community

1.3

Based on the report findings and proposals, the WTS District started to co-operate with various stakeholders in the district to actively develop, liaise, and implement focused health safety programmes and promotional activities to bring health and safety improvement to the district. In the past five years, the Wong Tai Sin District Healthy and Safe City project targeting the ageing issue in the district, has been helping elders to prevent falls by teaching them 'Wong Tai Sin Tai Chi-8 Fall Prevention' exercise. This has raised the community's awareness of the project and facilitated the project to develop and organize various other health and safety promotional activities. In 2013, the project embarked on Hong Kong's first district based 'Automated External Defibrillator' (AED) Assistance Scheme which provided funding, equipment, and training to all participating organizations and housing estates. In the same year, the Wong Tai Sin District Healthy and Safe City Resources Centre (the Resources Centre) was opened in Tung Tau Estate to provide a dedicated public platform for the promotion of safety and health in the district. The Resources Centre actively promoted a wide variety of activities including Smokefree Community promotion, Quality Building Management and Safe Community, Safety and Health Fun Day, Wong Tai Sin Safety and Health Ambassador Scheme, Hand-in-hand Diabetes Control and Heart Protection Wong Tai Sin Health Carnival 2014, Student Health Care Experience Scheme, etc. There were nearly 10,000 attendances that participated and benefited from the activities[2].

1.4

In September 2014, Wong Tai Sin District Healthy and Safe City commissioned Ginger Knowledge Transfer and Consultancy Ltd to conduct a community diagnosis study again to evaluate all the work done and to recommend viable suggestions to improve the community health and safety.

1 & 2 Information provided by the Wong Tai Sin Healthy and Safe City Resources Centre.

Chapter 2 • Methodology

2.1

This study was a population-based cross-sectional investigation. It was divided into three phases that included the drafting of the diagnosis questionnaire, the questionnaire survey, and the community sharing seminars. The diagnosis questionnaire was drafted after consulting a number of focus groups. Upon Wong Tai Sin District Council's approval on September 18, 2014, the study officially commenced. The researchers collected the data in this report through interviews, focus group meetings, and questionnaire survey (including quantitative scores and subjective opinions).

2.2

Phase 1: Interviews and Focus Group Meetings (Design of Survey Questionnaire)

2.2.1

The interviewees who participated in the focus group meetings included a district councillor, a district officer, community groups, and Wong Tai Sin residents. In this phase of the study, focus group meetings were organised to collect views over the health and safety status of WTS District to assist in the design and refinement of the content of the survey questionnaire. Discussions covered WTS District's medical services, environmental hygiene, law and order, safety, traffic, fire services, town management, leisure and recreation, and community services, etc.

2.2.2

Through interviews, the researchers made initial enquiries with seven stakeholders about the development of the project since its inception and in particular their suggestions over district improvement. The stakeholders consisted of the Chairmen of the Wong Tai Sin District Council and the East Kowloon Residents' Committee, the District Officer, the Director of Wong Tai Sin District Healthy and Safe City Co. Ltd, the representative from the School Principals Association, the liaison officer of the Wong Tai Sin Fire Services Station, and the representatives of the participating NGOs, e.g., Sik Sik Yuen.

2.2.3

Direct participants of the project: interviews were organized prior to the questionnaire survey basing on the three types of housing within the district. A total of five focus group meetings were conducted by the researchers with 22 Wong Tai Sin residents coming from the public housing estates, the Home Ownership Scheme housing, and the private housing estates.

2.3

Phase 2: Questionnaire Survey

Stratified sampling method was used to identify Wong Tai Sin residents who fit in with the profile of target respondents that could be contacted during the survey period as interviewees.

2.3.1

Target Survey Respondents

- Living or working in WTS District (including public housing, Home Ownership Scheme housing, and private housing)
- Aged 15 or above
- Able to express one's opinion and view clearly
- Willing to participate in this survey

2.3.2

Sample Size

The sample size of the questionnaire survey in Phase 2 was based on the size of the population in the district and, to avoid sampling bias, the size of each age group surveyed was in proportion to the percentage distribution as shown in the Latest Statistics on Population and Households (2013) published by the Census and Statistics Department of the HKSAR[3]. The different age groups were 15-24, 25-44, 45-64, and 65 or above. A total of 1,022 local residents participated in the survey.

Table 1: Population Statistics by Age Group (n=1,022)

Age Group	Population (%)	Projected Sample Size (%)	Actual Sample Size (%)
15-24	52,500 (13.9%)	140 (14%)	484 (48%)
25-44	111,600 (29.6%)	296 (29.6%)	214 (21.5%)
45-64	138,000 (36.6%)	366 (36.6%)	152 (15.2%)
65+	74,500 (19.7%)	198 (19.8%)	157 (15.7%)
Total	**376,600**	**1,000**	**1,022***

** The total interviewed was 1,022 with 25 who completed the questionnaires on their own without filling in their age.*

3 *Census & Statistics Department, HKSAR http://www.censtatd.gov.hk/hkstat/interactive/index.jsp*

2.3.3

Sampling Method

The researchers used the stratified sampling to select respondents from the four regions (the central zone, the eastern zone, the south western zone, and the northern zone) of WTS District. Random selection at locations such as housing estates, gardens, MTR stations, etc. with busier pedestrian flows in the four regions was carried out between October and December, 2014. Respondents were those working or living in WTS District and over the age of 15. The respondents could fill in the questionnaires by themselves or complete the questionnaires with the assistance of the interviewers who carried out the questionnaire survey. All interviewers were trained extensively on interview techniques and were conversant with the purpose of the survey and the questionnaire content. Prior to each interview, the interviewers had to explain to the prospective interviewees the purpose and content of the survey and obtain their verbal approval before they could proceed.

2.3.4

Questionnaire Design

Through literature review the researchers, similar to the 2010 study, also made reference to the WHO Quality of Life-BREF (Hong Kong Chinese version) (1998) [WHOQOL-BREF (Hong Kong 1998)] in assessing the quality of life of the residents of WTS District. The researchers firstly determined the four parts of the questionnaire which included: demographics, individual health condition and life styles, the WHOQOLBREF (Hong Kong 1998), and the Healthy and Safe City project.

The WHOQOL-BREF (Hong Kong 1998) assessed residents' view over the five domains of subjective quality of life: physical health, psychological health, cultural-adjusted psychological health, social relationships, and environment, and the overall evaluation of their quality of life and health.

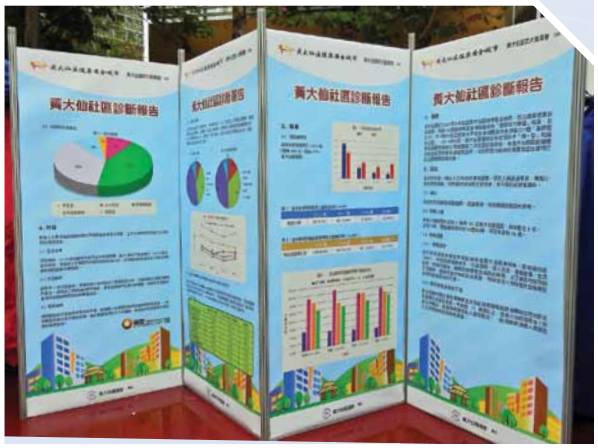
The part of the questionnaire (Part 4) which consisted of questions on the Healthy and Safe City project was drafted after analysing information obtained from the focus group meetings. The researchers transcribed the records of all interviews and meetings for a detailed content analysis and collated all information so obtained to establish observation categories. Categories were determined according to themes and each category was exhaustive, mutually exclusive, and independent. For every theme identified, there would be at least one question covering the theme in the questionnaire.

After the draft questionnaire was prepared, three Healthy and Safe City experts were invited to conduct an expert evaluation to validate the content of the questionnaire. Altogether 73 questions were adopted in the final version of the questionnaire.

2.4

Phase 3:
Community Sharing of Research Findings

At the invitation of the Wong Tai Sin Healthy and Safe City project, the researchers participated in the "Fire Prevention ❤ Heart Rescue Carnival 2016" organised by the Wong Tai Sin District Council on January 16, 2016 by setting up a display booth. At the carnival, the researchers shared the findings of this study with visiting residents and officials and at the same time sought their feedback. The activity received strong support from the organiser as well as positive response from the visiting residents. The visitors expressed their eager anticipation of the issuance of the final report. The following are photographs taken in the event:



Chapter 3 • Results

The results of the study are detailed in the following sections.

3.1

Focus Group Meetings

3.1.1

There were 5 focus group meetings involving 22 Wong Tai Sin residents, out of which were 5 males and 17 females. The age of the residents ranged from 45 to 85, with an average age of 68. The demographical data of the residents are shown in Table 2 below.

Table 2: Demographic data of focus group residents (n=22)

Category	Statistics				
Educational Attainment	None	Primary	Secondary	Vocational	University or above
	6	7	7	1	1
Occupation	Housewife	Technician	Executive	Retiree	
	12	1	2	7	
Marital Status	Unmarried	Married	separated/divorced		
	5	16	1		
Family Members	Solitary	Two	Three	Four or more	
	4	5	4	9	
Place of Residence*	Tsz Wan Shan	Ngau Chi Wan	Chuk Yuen	Choi Wan	Diamond Hill
	12	1	2	2	2
Monthly Family Income (HK$)	4,000 or below	4,000 - 10,000	10,001 - 30,000	30,001 - 60,000	60,001 - 100,000
	8	6	6	1	1
Housing Type	Public Housing	HOS Housing	Private Housing Estate		
	13	6	3		

* *Numbers in the table indicate actual number of respondents for each question*

3.1.2

Natural Environment

3.1.2.1 Air Pollution

In general, the residents interviewed considered the air pollution in WTS District was not serious except in areas near the Lung Cheung Road motor way next to the construction sites, where the air quality was poor.

"… because there is a construction site at Tai Hom Village. Construction work is definitely dusty." ***(Interviewee 2D, aged 62)***

"… it's just because our Lung Cheung Road vehicular traffic is heavy, the wind force so generated, (causing) the dust is very horrible. If the speed (vehicles) can be reduced a little, with mild wind force, the air pollution wouldn't be that bad. …If Tai Hom Village is to be rebuilt again, it'll not be good. The air and the environment will be just so so…" ***(Interviewee 2E, aged 75)***

3.1.2.2 Noise Pollution

The residents interviewed in general considered noise pollution was not serious in Wong Tai Sin except that individual areas might have noise problem coming from the nearby traffic, the neighbours, etc.

"… several units are being renovated. Drilling work is performed every day. It's been many days now. Like yesterday they were still drilling, just like reconstruction, pulling things down completely and then rebuilding them from scratch. But this work is time-bound, i.e., you give him one or two months' time, there will be no more problems afterwards…" ***(Interviewee 1A, aged 68)***

3.1.2.3 Environmental Hygiene

Most of the residents interviewed opined that the environment and the hygiene in the district were not bad, except for some places that were not managed satisfactorily.

"… over that side of Tsz Wan Shan market … that refuse room on the ground floor really stinks … we are living in Lok Cheung (Lok Cheung House), Lok Tin (Lok Tin House) … must pass through there, very smelly…" ***(Interviewee 4E, aged 82)***

"… reported the inadequacy already, but there is still no remedy work, that is building something over the tables as a means of cover? Since there are things being thrown out from the floors above, they can hit us." ***(Interviewee 4G, aged 60)***

Some residents interviewed felt that in specific areas there were dog owners who did not tend to their dogs' fouling. The situation was causing concern.

"… over that side of Aria, because more foreigners now live there, their dog-keeping culture is different from ours. They look really 'two sleeves flowing in the breeze' (a pun of a Chinese idiom); once outside they just keep their puppies on leash. They don't even care about their puppies' defecation, not to mention cleaning up …" ***(Interviewee 1A, aged 68)***

"… there are people who keep dogs, (allow them) to defecate anywhere. Could there be any improvement?" ***(Interviewee 4D, aged 79)***

Most residents interviewed opined that the mosquito problem in the district was quite serious, even though there had been some improvements but more work needed to be done.

"… that Kai Tak Nullah is in fact directed to Kai Tak River. There is no longer any polluted water now; the place has been purified for several years. It's already very good. Clean. Not that smelly …" ***(Interviewee 1A, aged 68)***

"… certainly more mosquitoes now! How can that be less in gardens? (if one can request for pest control) the small garden should immediately be sprayed with insecticide. You may ask any neighbours for confirmation. For sure there are a lot of those mosquitoes! …" ***(Interviewee 4G, aged 60)***

3.1.3

Living Environment

3.1.3.1 Estate Management

A majority of the residents considered the property management in the district to be more or less satisfactory. The estates provided relevant educational materials and held fire drills to residents to build up their confidence on fire prevention. Some of the residents interviewed, however, felt that the estate management failed to follow up some of the problems in the estates closely and there was no effective response despite repeated reporting.

"... there was also the canopy problem which required a speedy solution. The complaint has been made for almost 5 years - the canopy outside that lift. It's been said that government departments are shirking their responsibilities. Now its deteriorated condition is affecting our lives ..." ***(Interviewee 5B, aged 83)***

3.1.3.2 Environmental Safety

Some residents interviewed considered many locations in Wong Tai Sin, like Tze Wan Shan and Choi Wan Road sections, to be long and steep. This would pose a danger to the elderly when they went uphill. Most of them indicated that there were a lot of steep roads but not enough complementary arrangements like hand railings, lifts, elevators, etc., causing inconvenience to the elderly.

"... because of getting on and off cars, you know. Their (elders') bones are brittle. Really, they cannot afford to fall down ..." ***(Interviewee 2A, aged 66)***

"... indeed in our estate, every block has a ramp for people using wheelchairs. Because the number of wheelchairs (number of residents) is getting more and more, the problem is getting worse; really a lot of people need to use wheelchairs ..." ***(Interviewee 2D, aged 62)***

3.1.3.3 Principal Modes of Transport and Current Condition

All interviewees acknowledged that the mass transit railway system at Wong Tai Sin linked traffic from all directions and had rendered the district very convenient. Nonetheless, some interviewees expressed that the minibus fare for travelling between the Wong Tai Sin MTR Station and Tsz Wan Shan was quite expensive, thus creating a burden to the elderly. As regards the Tsz Wan Shan and Wong Tai Sin escalator link which was under construction, interviewees hoped that the construction could be finished soon so as to improve the traffic condition.

"… the current minibus costing several dollars for return fare is a heavy burden (particularly) to us (the elderly). We don't have any income …" ***(Interviewee 5B, aged 83)***

"… if we (the elderly) need to use the MTR, we also need to use the Green Minibus to get to the MTR station; therefore the spending becomes huge! Particularly the minibus, the fare hikes are outrageous …" ***(Interviewee 4B, aged 83)***

"… that lift under construction by the MTR Corporation, we hope that it could be finished as soon as possible so that the elderly can use the lift instead of the steep road. It's less likely for them to get hurt when walking on level grounds. But the construction work could only be finished in 2018. Hope this can be speeded up …" ***(Interviewee 5C, aged 82)***

3.1.4

Public Service Quantity and Quality

3.1.4.1 Accident & Emergency Services (A&E services)

All interviewees concurred that even though Wong Tai Sin had 3 public hospitals all these years, the hospitals still had not provided any A&E services. After years of fruitless fight, the residents could only rely on hospitals in other hospital clusters, e.g., the A&E services of Queen Elizabeth Hospital and Kwong Wah Hospital. Most interviewees suggested either to add an A&E department to Our Lady of Maryknoll Hospital or to set up a 24-hour clinical service in the hospital for the residents in need.

"… to Wong Tai Sin, the absence of A&E services is really inconvenient. Because all of them (hospitals) have no A&E services, we could only go to either Caritas (hospital) or Kwong Wah Hospital… to use their A&E services …" ***(Interviewee 4B, aged 83)***

"… in case of an emergency, we need to go to Baptist (hospital) or private clinics. In case of accidents, e.g., if someone faints or is involved in other emergency cases, the management office will help him to call the ambulance to deliver him to United (hospital) …" ***(Interviewee 2A, aged 66)***

"… this …if Our Lady of Maryknoll Hospital provides A&E services, it's so good … don't need to go to Queen Elizabeth (hospital) … so far away. The best is to have an A&E room in Our Lady of Maryknoll (hospital). It's so convenient …" ***(Interviewee 4D, aged 79)***

3.1.4.2 Government Out-patient Service

The interviewees in general agreed that the government out-patient service was good and the waiting time was acceptable. However, for specialist outpatient service they still had to rely on other districts and it was not possible to book appointments by phone and the waiting time was too long. Some interviewees suggested adding more government outpatient service and cutting the waiting time of specialist out-patient service.

"… But the government funded medical services is not that good. Only Our Lady of Maryknoll (hospital) has specialist services. If I go there, specialist services are only available on Tuesdays at 2 o'clock; other designated specialist services are limited to once per week …" ***(Interviewee 1A, aged 68)***

3.1.4.3 Private Medical Service

Most interviewees opined that there were enough private clinics in the district and their locations were near enough to facilitate convenient access. The government introduced the Elderly Health Care Voucher Pilot Scheme in 2009 which, through financial incentives, allowed elders to choose private medical services that suited their needs. Nevertheless, there were elders interviewed who considered the choice of medical services using the health care vouchers limited.

"… visiting doctors outside will need to wait for long hours. Here it's fast …" ***(Interviewee 4F, aged 76)***

"… if the outpatient service could be improved a bit more, it's better for the elders and it gives them more choices. It is of course a good step giving out $2,000 health care vouchers, but the health service choices are too limited, which means we have no choice …" ***(Interviewee 5A, aged 80)***

"… the most important are those health care vouchers. Is it possible to provide a wider choice of doctors and to include Chinese medicine practitioners and dentists for the elders? As regards the effectiveness of the health care promotion, the elders need to be aware of the health care vouchers and those health care clusters …" ***(Interviewee 5B, aged 83)***

3.1.4.4 Cultural Entertainment and Recreational Facilities

Most residents interviewed considered the cultural entertainment and recreational facilities like football pitches or indoor sports stadiums in the district as enough. But the usage rates of these facilities varied - with some facilities rarely used while others could hardly satisfy users' demand resulting in wastage of government resources. Some interviewees thought that the opening hours of Tze Wan Shan Public Library were not long enough and could not meet actual demand. There were also interviewees who expressed that the location of individual community centres were too remote and these centres were not able to perform their functions fully. Some commented that the facilities and resources for elders and disabled persons were not good enough and there was still room for improvement.

"… Tsz Lok Estate has enough facilities because there are 3 squares, and each square has its own characteristics … We see a lot of residents, including ourselves, always go there for walks, exercise, and rest. (Facilities) there are enough …" ***(Interviewee 5F, aged 50)***

"… Tsz Wan Shan Library is not available (not open) on Thursdays! Other libraries would not close on Thursdays; they close on Sundays instead. This one is not open on Sundays, Thursdays, and even public holidays …" ***(Interviewee 4E, aged 82)***

"… I think the sports facilities for elders are not enough. Like our Lung Poon Court we have just a few. We don't like the queues, too slow …" ***(Interviewee 1A, aged 68)***

"… that is Wong Tai Sin District could earmark some money for every block in every zone for the elders to design some simple sports facilities which do not need frequent repairs. In the Mainland the elders have designed some that can be pushed here and there. There is no need to have the ones with brand names. Alternatively we could get the cheaper ones from the Mainland. This allows elders to do stretching or other forms of exercises which are good for them …" ***(Interviewee 5B, aged 83)***

There were interviewees who felt keeping pets was on the rise in recent years. They thought the district should consider building some dedicated facilities for pets:

"… of the 18 districts in Hong Kong, it's only Wong Tai Sin that lacks a pet garden. In today's Hong Kong environment, I think every district should have one to be more complete …" ***(Interviewee 2A, aged 66)***

3.1.4.5 Eateries

Some interviewees thought that the district had a wide variety of eateries serving different kinds of food. There were others who considered the food sold in the wet market expensive, of limited choices, and of falling quality of service. It was mostly due to the operating monopoly of the shops under Link REIT, which transferred the high cost of rent to the consumers.

"… quite good. There are lots of convenient eateries. If you like the more expensive ones, you can have them… expensive or cheap, all according to your wish …" ***(Interviewee 4B, aged 83)***

"… after Link REIT has taken over the wet market, all prices have gone up. Nothing is cheap because all rents have been raised. Then they have to be controlled - like one stall sells… then the second stall is not allowed to sell the same thing… That doesn't matter. In fact competition can bring cheaper goods to people …" ***(Interviewee 2D, aged 62)***

3.1.5

Social Environment

3.1.5.1 Community Relation

The interviewees were of the view that the ageing problem in Wong Tai Sin was serious and there were a large number of singleton elders. A majority of the residents had been living in the district for a long time and the neighbourhood relationship was not bad. Community information was adequate and this facilitated residents to gain a good grasp of community activities to enhance their understanding. However, after the younger families moved into the community, neighbourhood relationship had deteriorated and there was less communication amongst neighbours.

"… On the whole, I feel that we neighbours share a unity spirit well. After all we have been living here for more than ten years. Indeed the majority (neighbours) knows one another …" ***(Interviewee 5F, aged 50)***

"… people living here in the old days were better. The young ones after moving in do not open their front doors. We only nod our heads when meeting one another …" ***(Interviewee 1D, aged 51)***

3.1.5.2 Community Service

Some interviewees indicated that activities in the district were frequently supported by community groups which worked closely with government departments to bring services to the young and the old. All activities were as a result conducted smoothly. However, there was not much promotion of these activities and this meant residents might not know about them. Community service agencies in the district could consolidate the information of these activities and use banners to enhance the effectiveness and sustainability of these promotions so that residents could understand the district development better. Some interviewees hoped that the government and the District Council would listen to the residents' opinions and take actions to satisfy their needs and requests.

"… the awareness education is acceptable because there are a lot of organisations coming to our estate to run seminars. The seminars are multifaceted – including household safety, fire safety, or cleaning issues …" ***(Interviewee 5E, aged 82)***

"… if Wong Tai Sin District Council is to organize an activity, it should hang one banner at each street for promotion. At present, there is none. Even though it is to promote a District Council activity, there are no banners … no place to put them up … that's unreasonable …" ***(Interviewee 1D, aged 51)***

3.1.5.3 Youth Problem

Most interviewees reflected that youth problem in the district was not serious, and there was no night drifter problem. The situation had improved in comparison with that of several years ago.

3.1.6

Safety and Law & Order

All interviewees agreed that the law and order in the district was good. There were interviewees who had been deceived by fraudsters. In the light of an increasing number of elders in the district, attention should be paid to scams on elders. Residents also reflected that because of the renovation work being undertaken in some shopping malls, many locations in the malls had turned into dark corners for crime to breed. These spots deserved serious attention.

"… someone rang me up saying 'Mum, you give me tens of thousands of dollars immediately. I need to use it immediately. I urgently need to use forty thousand dollars' …" ***(Interviewee 5A, aged 80)***

"… From my observation of those stairs, the smoke doors are currently blocked and walls have been erected at the staircase. In the past, it was spacious there, now it is much smaller. Walking downstairs, there are neither fish-eye mirrors nor closed circuit television cameras. It's really dangerous …" ***(Interviewee 2A, aged 58)***

3.2

Result of Questionnaire Survey

Interviewers had successfully interviewed 1,022 (n=1022, 449 males, approximately 45% of the sample) Wong Tai Sin residents. The sample includes 595 (60%) living in public housing, 179 (18%) in Home-ownership Scheme housing, 197 (20%) in private housing, and 3 (0.3%) in staff quarters. On the whole 89 (8.7%) of them indicated that they either understood the Wong Tai Sin Healthy and Safe City project or understood the project well.

3.2.1

Interviewees' Background Information

The distribution of the interviewees from each zone was more or less the same when categorized by sex, age, and zones. Among the interviewees, more males were in the age group of 15-24 whilst it was predominantly female for those aged 65 or above (see *Figures 1* and *2*). The total (n) in the following result section was the actual number of interviewees who had completed the questionnaire survey.

Figure 1: Age and Gender Distribution

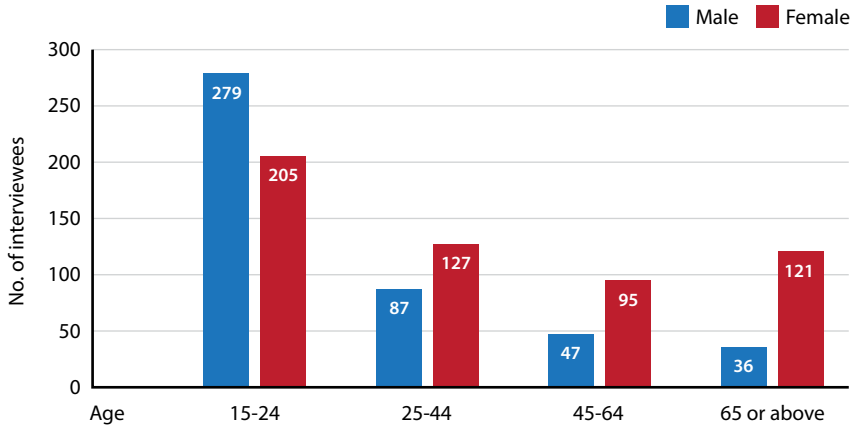


Figure 2: Age and Gender Distribution

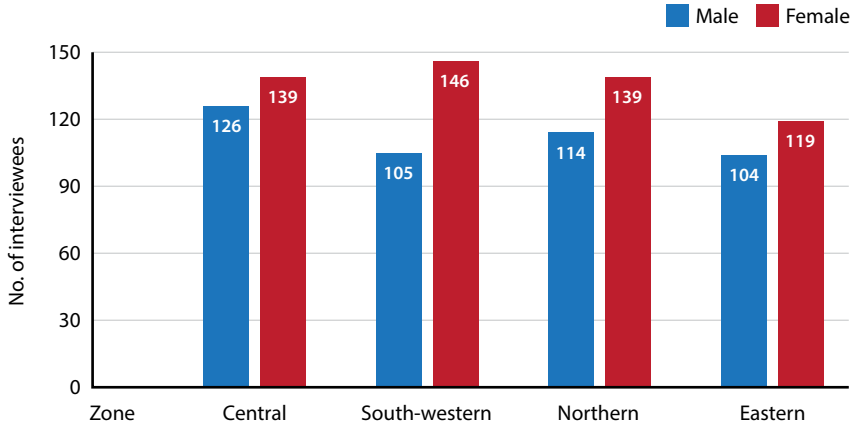


Figure 3: Forms of Accommodation (n=1,000)

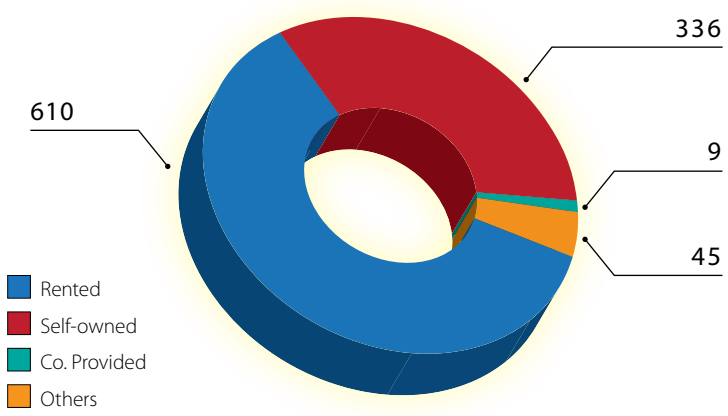


Figure 4: Household Size (n=1,002)

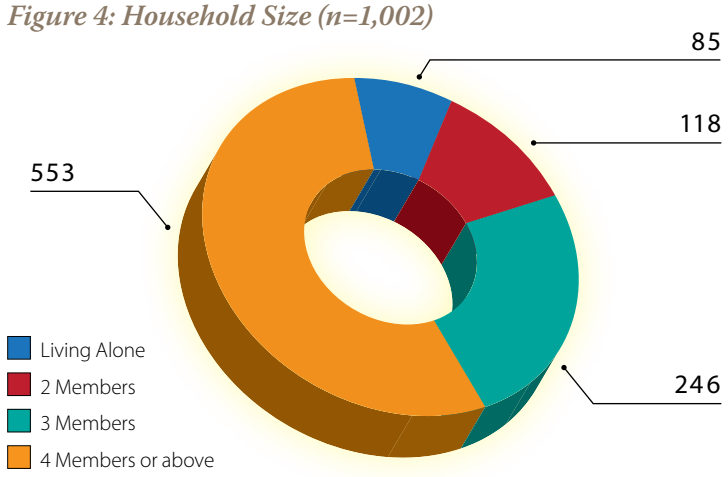
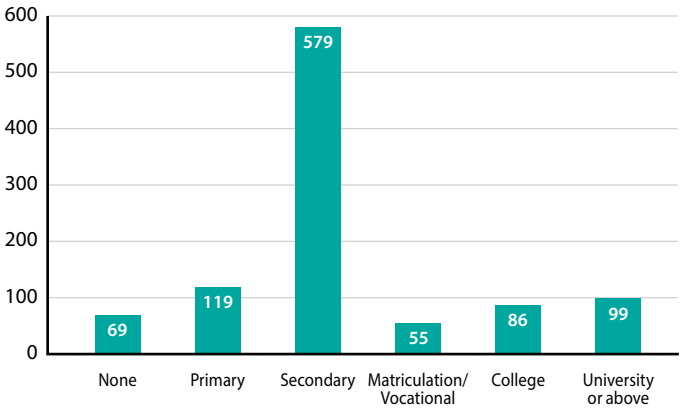


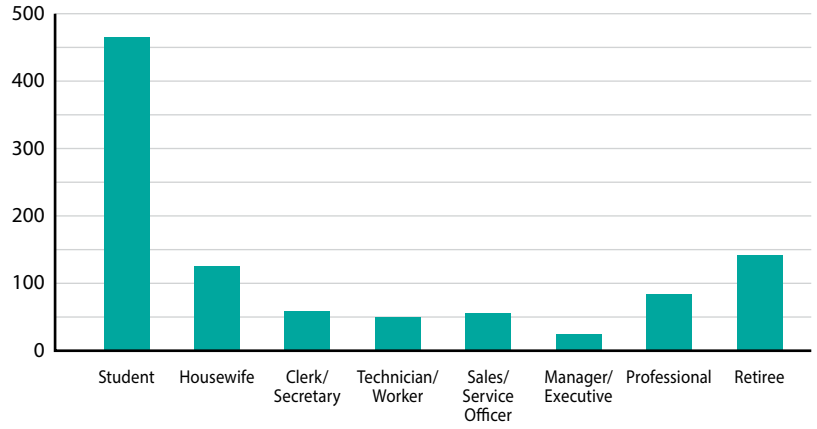
Figure 5: Educational Attainment (n=1,007)



As shown in *Figure 3* below, more than 60% of the interviewees lived in rental housing. In terms of household size, 553 (55.2%) residents' had 4 or more members in their household and 8.5% lived alone (*Fig. 4*). As regards educational attainment, 938 (93.1%) of the interviewees had received formal education and out of this over half of them possessed secondary or higher qualifications (*Fig. 5*).

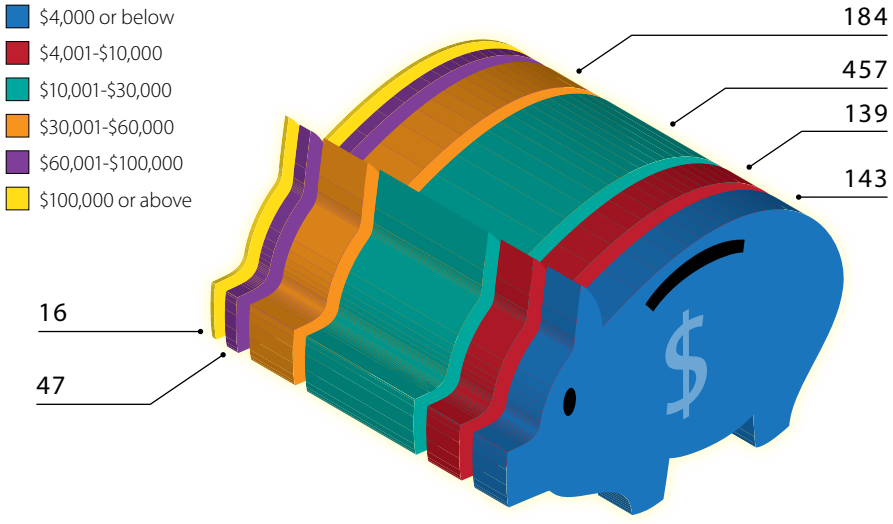
Figure 6 shows the occupations of the interviewees and among them were 142 (14.2%) retirees.

Figure 6: Occupations of Interviewees (n=1,002)



Interviewees with a monthly family income of $10,001 - $30,000 constituted the majority, representing 46.3% (*Fig. 7*) of the total interviewees.

Figure 7: Average Monthly Family Income of Interviewees (n=986)



3.2.2

Habits and Medical History

3.2.2.1 Smoking Habits

The researchers ascertained whether or not the interviewees had smoking habits. There were 903 (90.1%) interviewees with no smoking habits (*Fig. 8*). Overall, there were more male than female smokers. Out of the age groups, those in the age range of 25-44 had the highest percentage of smokers (*Table 3*).

Figure 8: Smoking Habits (n=1,001)

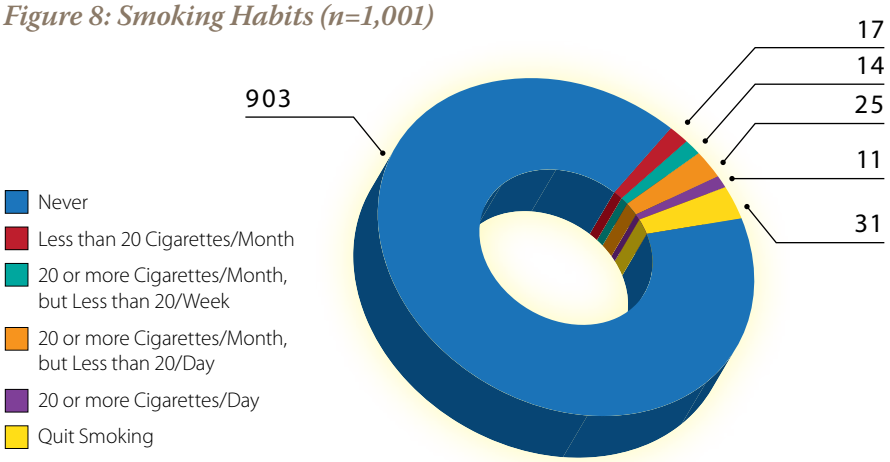


Table 3: Population Statistics by Age Group (n=1001)

Age Group	Aged 15-24	Aged 25-44	Aged 45-64	Aged over 65
Smokers	20 (4.1%)	28 (12.8%)	8 (5.6%)	12 (6.8%)

3.2.2.2 Drinking Habits

Regarding drinking habits, 695 (69.7%) interviewees indicated that they had never drunken any wine (*Fig. 9*). If an alcohol content of around 15 mg in a drink (approximately equivalent to 1 can of beer, or 120 ml of fruit wine, or 30 ml of liquor) qualified as wine, the number of male drinkers was higher than the number of female drinkers. As regards age, those in 25-44 had the highest percentage of drinkers (*Table 4*).

Figure 9: Drinking Habits (n=1,002)

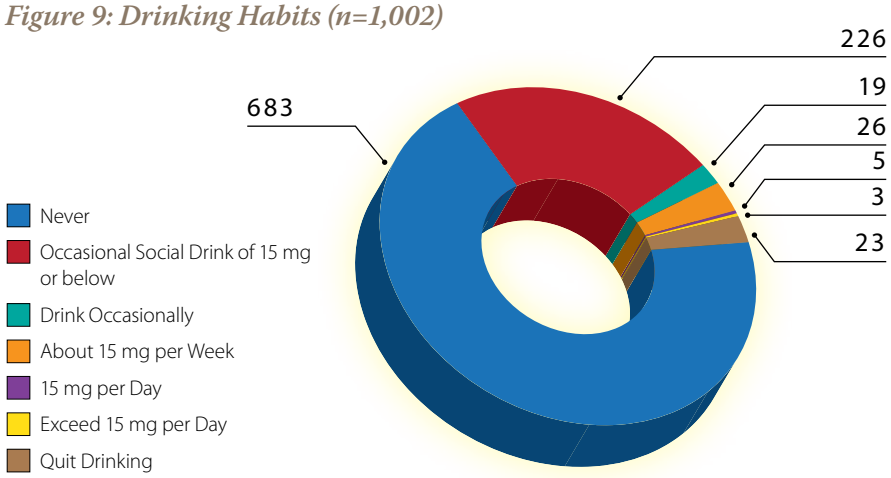


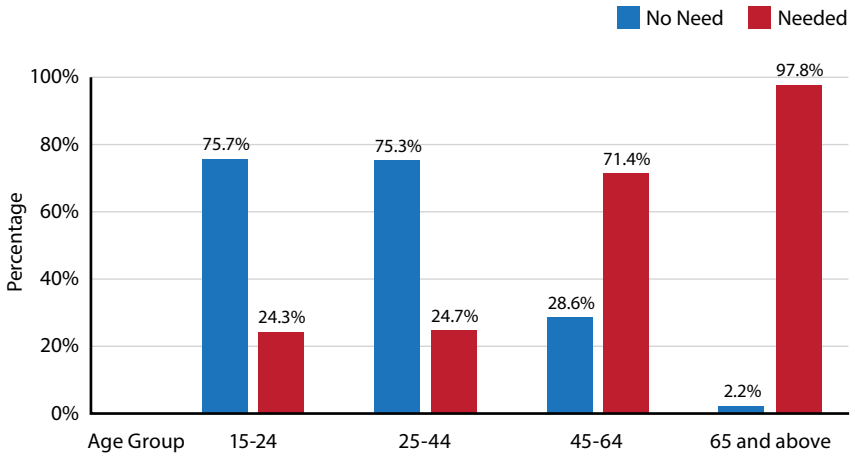
Table 4: Percentage Distribution of Interviewees with Drinking Habits by Age (n=1,002)

Age Group	Aged 15-24	Aged 25-44	Aged 45-64	Aged over 65
With Drinking Habits	128 (26.4%)	99 (45.4%)	48 (33.6%)	12 (7.5%)

3.2.2.3 Medical History

Out of the 510 interviewees who were diagnosed with common chronic illnesses, the ones (119) suffering from high blood pressure were of the highest number which was followed by those with high cholesterol (67) and then arthritis (61). There were 263 interviewees who had to attend regular medical follow-ups and 260 of them needed to take prescription drugs regularly. The majority of these interviewees were aged 65 or above. *Figure 10* shows the percentage distribution by age of the interviewees who took prescription drugs on a long-term basis.

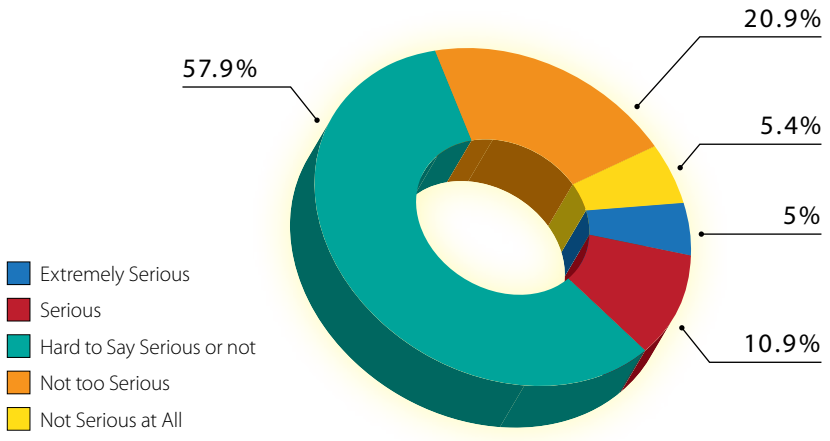
Figure 10: Percentage Distribution of Different Age Groups Taking Prescription Drugs on a Long-term Basis (n=510)



3.2.2.4 Current Drug Abuse Situation

Over 10% of the interviewees were of the view that drug abuse in WTS District was extremely serious or serious, while more than 50% of the interviewees indicated that it was hard to say whether drug abuse in the district was serious or not (*Fig. 11*).

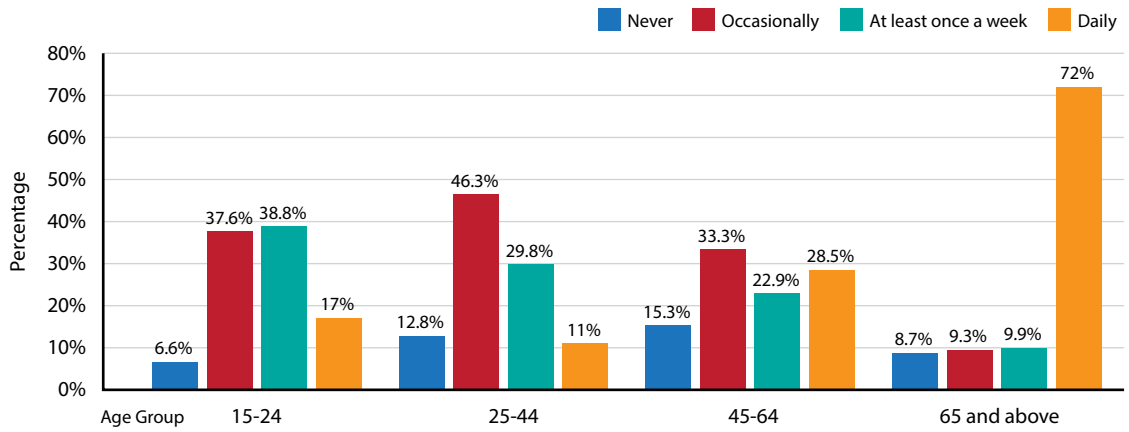
Figure 11: Interviewee's Opinion on Drug Abuse in WTS District (n=1,009)



3.2.2.5 Exercise Habits

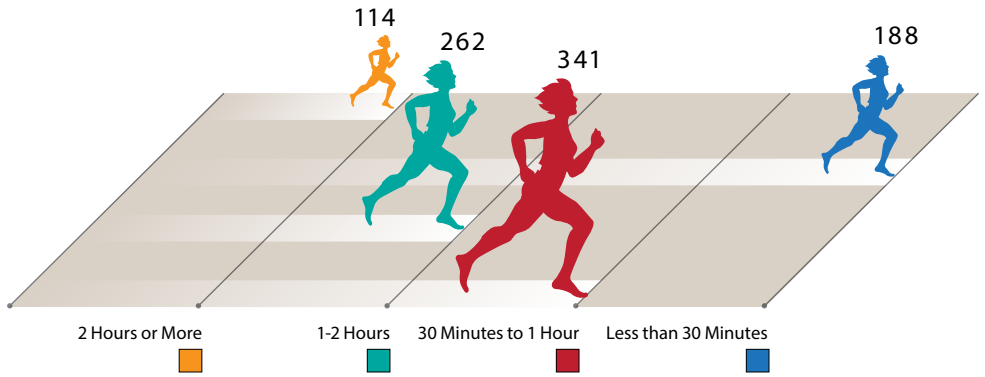
In terms of exercise habits, 95 (9.4%) of the interviewees indicated that they never participated in any form of exercises whereas 263 (26%), the biggest group, exercised regularly on a daily basis. When classified by age, the group with the highest percentage of interviewees undertaking daily exercise was the elderly group (*Fig. 12*).

Figure 12: Percentage Distribution of Exercise Habits by Age Group (n=1,010)



For those who exercised persistently, 341 (33.8%) indicated that they exercised 1 to 2 hours every time and 188 (18.6%) exceeded two hours every time (*Fig. 13*).

Figure 13: Interviewees' Duration of Each Exercise Period



3.2.3

Subjective Quality of Life

3.2.3.1

The World Health Organisation's Quality of Life–BREF (Hong Kong Chinese version 1998) [WHOQOL-BREF (Hong Kong 1998)] included assessments on the residents' overall quality of life and health (maximum score of 5 each) and their own assessment in five other domains, namely, physical health, psychological health, cultural-adjusted psychological health, social relationships, and environment (maximum score of 20 for each domain). The collected data showed that all interviewees evaluated their overall quality of life and health as 3.52 and 3.41 respectively (refer to *Fig. 14* and *Fig. 15* for satisfactory levels). The average score of the subjective quality of life was 14.68. *Table 5* shows the average scores of each of the five domains of the interviewees' subjective quality of life in comparison with those of 2010.

Figure 14: Overall Quality of Life

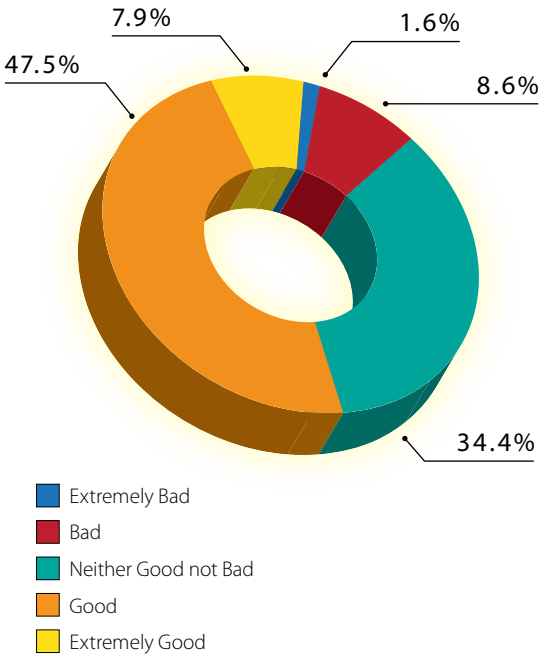


Figure 15: Overall Health Satisfaction

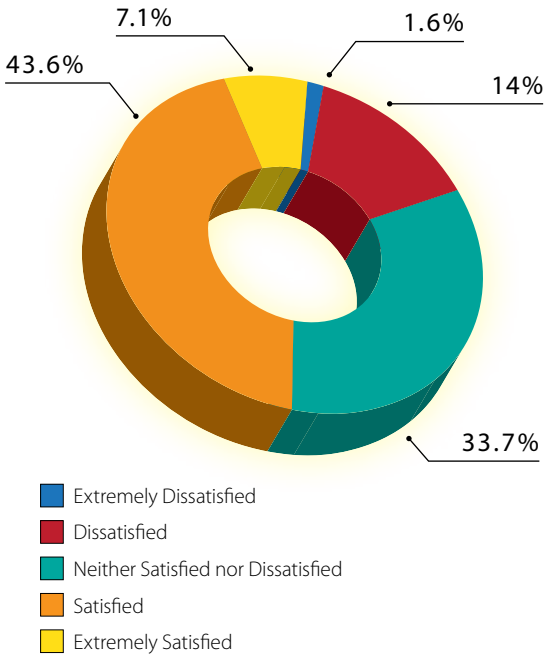


Table 5: Average Scores of the Five Domains of Quality of Life of the Interviewees (Maximum Score 20)

	Physical Health	Psychological Health	Cultural-adjusted psychological Health	Social Relationships	Environment
Average Scores (2014)	14.91	13.58	13.76	14.34	13.85
Average Scores (2010)	15.22	14.55	No Result	14.71	14.24

3.2.3.2

Using differences among means analysis, *Table 6* below shows a cross tab between the interviewees' background characteristics and the comparison of their quality of life scores. In statistical inference, if the p value is <0.05, then the difference is significant. The results in the Table show differences in religion have significant effects on the **Overall Quality of Life** scores. On the other hand, differences in age, educational attainment, occupation, household size, gender, drinking habits, and chronic illnesses had significant differences in the interviewees' **Overall Health** scores. As for **Physical Health** scores, they are significantly affected by differences in age and income. Next, the differences in race, religion, marital status, income, drinking habits, and chronic illnesses had significant impact on both **Psychological Health** and **Cultural-adjusted Psychological Health** scores. By the same token, differences in race, religion, marital status, and income also showed significant impact on **Social Relationships** scores. Finally, differences in age, race, occupation, marital status, income, and drinking habits showed significant influence on **Environment** scores. It can be seen that almost all subjective domain scores were significantly affected by different income levels whilst differences in race, religion, marital status, drinking habits, and chronic illnesses had significant effects on four of the domain scores.

Table 6: Population Statistics by Age Group (n=1022)

	Overall Quality of Life	Overall Health	Physical Health	Psychological Health	Culturaladjusted Psychological Health	Social Relationships	Environment
Zone	0.747	0.129	0.181	0.411	0.292	0.342	0.508
Age	0.416	0.000	0.041	0.257	0.127	0.558	0.000
Race	0.684	0.721	0.257	0.045	0.050	0.005	0.005
Educational Attainment	0.875	0.026	0.191	0.499	0.500	0.898	0.100
Religion	0.033	0.378	0.163	0.048	0.032	0.016	0.355
Occupation	0.797	0.001	0.077	0.131	0.112	0.400	0.004
Marital Status	0.863	0.413	0.234	0.009	0.002	0.030	0.012
Household Size	0.464	0.050	0.335	0.221	0.219	0.078	0.077
Income	0.310	0.513	0.000	0.009	0.004	0.001	0.000
Property Type	0.044	0.287	0.259	0.316	0.422	0.392	0.621
Gender	0.046	0.008	0.416	0.704	0.604	0.097	0.272
Smoking Habit	0.719	0.684	0.693	0.693	0.693	0.693	0.693
Drinking Habit	0.393	0.030	0.264	0.009	0.004	0.766	0.000
Chronic Illness	0.108	0.000	0.000	0.010	0.039	0.068	0.067

3.2.3.3

Even though different zones did not show significant statistical differences in any of the quality of life domains, the researchers observed that, with the exception of overall health, Central Wong Tai Sin attained higher scores in all other domains. *Figures 16* and *17* show the distribution of the quality of life scores of the different zones in Wong Tai Sin.

Figure 16: Overall Quality of Life and Health Scores of the Different Zones (n=1007)

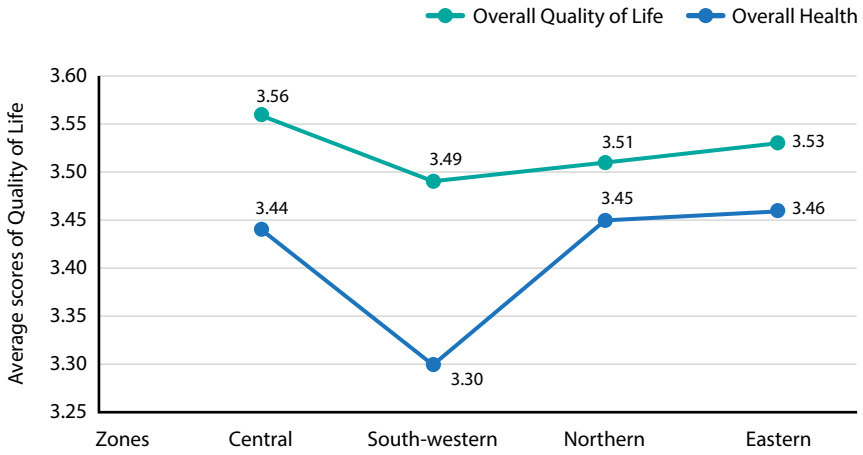
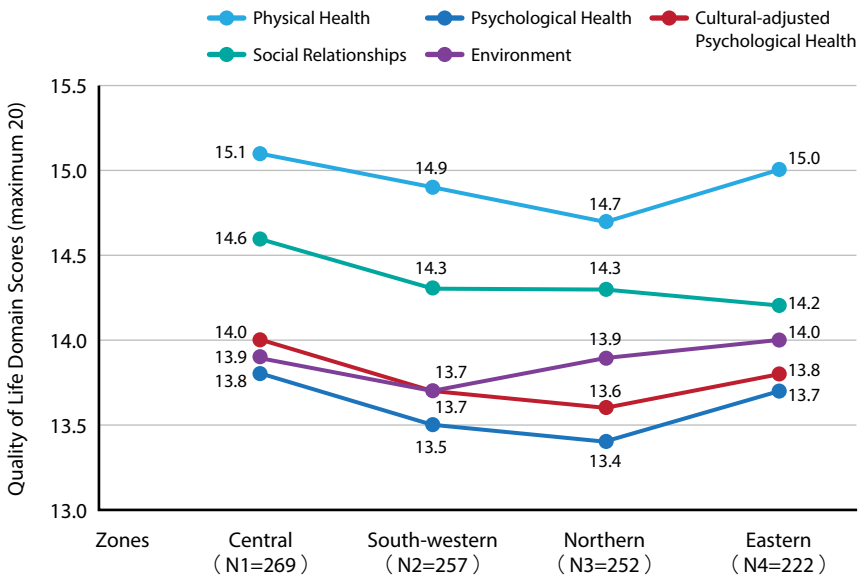


Figure 17: Interviewees' Quality of Life Domain Scores in Various Zones



3.2.3.4 Psychological Health Domain in Quality of Life

The scores for psychological health domain were the lowest amongst the five domains in measuring the quality of life. The sources of stress as assessed by the interviewees themselves are shown in *Figure 18*. There were 38% of the interviewees felt that the stress came from study/career. As shown in *Figure 19*, most interviewees used their own ways to manage stress. When feeling down or emotionally unstable, 432 (42.7%) of the interviewees relied on themselves to manage their emotion, e.g., doing exercises, eating, shopping, etc. Nonetheless, it is worth nothing that 155 (15%) chose to ignore stress and used passive ways to avoid it. Even though there were several organizations that offered support to people who were emotionally disturbed, e.g., Sik Sik Yuen, Hong Kong Federation of Youth Groups, The Hong Kong Federation of Trade Union, Caritas, Hospital Authority, Chung Sing Benevolent Society, etc., less than 3% of the interviewees would seek professional help to manage stress. Overall speaking, only 18.3% of the interviewees felt that the relevant services available were adequate to handle district demand.

Figure 18: Distribution of Sources of Stress of the Interviewees (n=1,019)

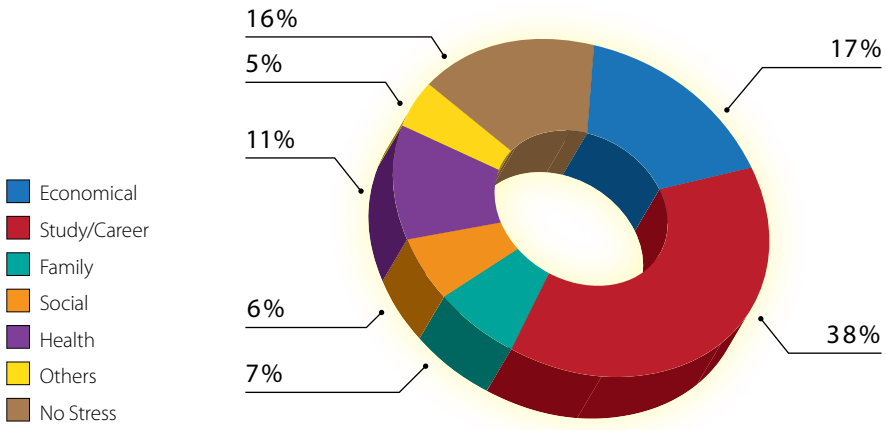
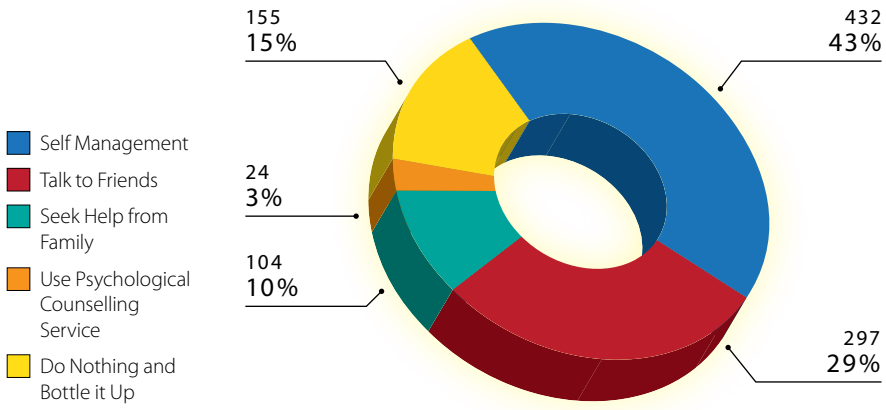


Figure 19: Emotion Handling Techniques (n=1,012)



3.2.4

Interviewees' Satisfaction of Services provided by Government/Voluntary Groups /Private Organizations

3.2.4.1

Targeting services or facilities provided by the government/voluntary groups/private organizations, the interviewees expressed their levels of satisfaction in terms of 'extremely dissatisfied', 'dissatisfied', 'neither satisfied nor dissatisfied', 'satisfied', and 'extremely satisfied'. *Table 7* shows the results of the overall satisfaction of the various services or facilities. The interviewees were most satisfied with the public sitting-out facilities and public sports grounds/gymnasiums. However, 'A&E services' and 'Waste recycling work' were the most criticized. On health and medical services, only 26.7% and 26.0% of the interviewees were satisfied with the A&E services and rehabilitation services respectively. When asked about the biggest medical service problem in the district, 39.3% of the interviewees expressed that the waiting time was too long and 35.5% indicated that they were in lack of A&E services.

Table 7: Satisfaction Level of Public Facilities (n=1,022)

	Extremely Dissatisfied	dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Extremely Satisfied
Public Library Facilities	2.6%	10.3%	46.4%	37.2%	3.5%
Public Sitting-out Facilities	2.0%	9.7%	35.2%	48.6%	4.5%
Elders' Exercise Facilities	3.3%	10.4%	52.8%	30.4%	3.0%
Public Sports Grounds/Gymnasiums	1.6%	9.7%	40.7%	42.5%	5.5%
Barrier-free Facilities	2.8%	11.1%	53.5%	28.2%	4.4%
Waste Recycling Work	4.9%	17.8%	47.2%	27.6%	2.6%
A&E Services	5.6%	17.7%	49.8%	24.6%	2.3%
Community Rehabilitation Services	2.4%	11.3%	60.2%	22.8%	3.2%

3.2.5

Law & Order and Road Safety

3.2.5.1

As shown in the results of the law and order survey of the district (*Fig. 20*), 456 (44.7%) of the interviewees considered the law and order in the district to be 'very safe' or 'extremely safe'. Most interviewees considered the more serious hidden problems were vandalism and public order which required the relevant authority's attention and control over these problems.

Figure 20: District's Law and Order (n=1,018)

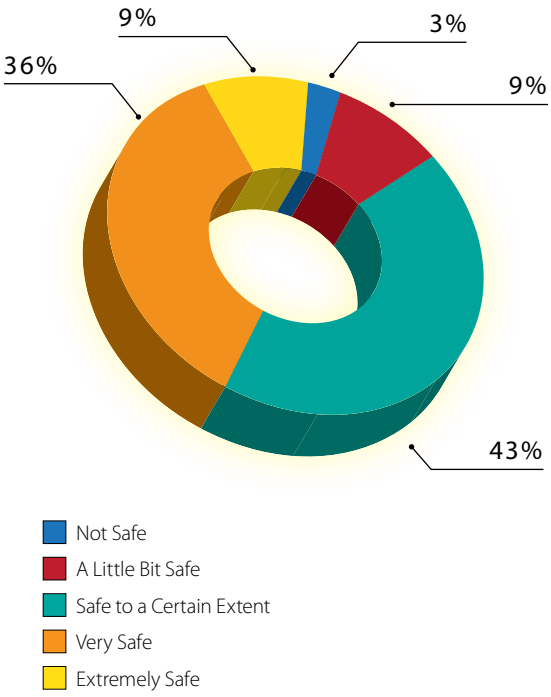
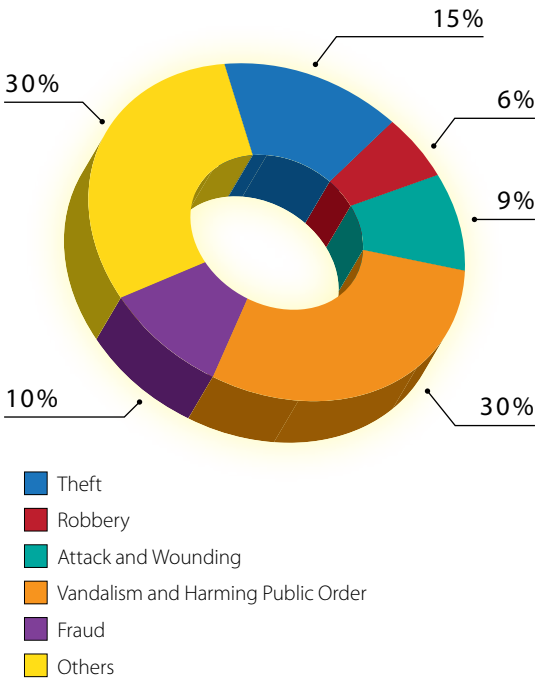


Figure 21: Distribution of Crime Types (n=984)



3.2.5.2

Interviewees opined that the public transport issues needing improvement were to increase the frequency of public buses (214, 21.2%) and to decrease the fares of minibuses (186, 18.4%). This reflected that although railway development was flourishing in recent years, the residents' demand for buses and minibuses was still high. Some interviewees in the focus groups also pointed out that Tsz Wan Shan's steep slopes had been causing problems for many years and the lift as a link to the MTR station was still under construction. They hoped that the government would speed up the lift work to benefit the residents as early as possible.

3.2.6

Community Information Dissemination

3.2.6.1

Figure 22 lists the channels through which the interviewees learnt about community activities and related information. Most interviewees obtained information from promotional leaflets/ pamphlets; but 219 (21.5%) of the interviewees claimed there was little or no information dissemination at all. The interviewees expressed that to encourage higher local community participation in health and safety issues, the organizations concerned could organise a wider variety of activities with more attractive themes. *Table 8* shows local residents' interests in different activities and themes.

Figure 22: Channels of Communication for Community Information (n=1018)

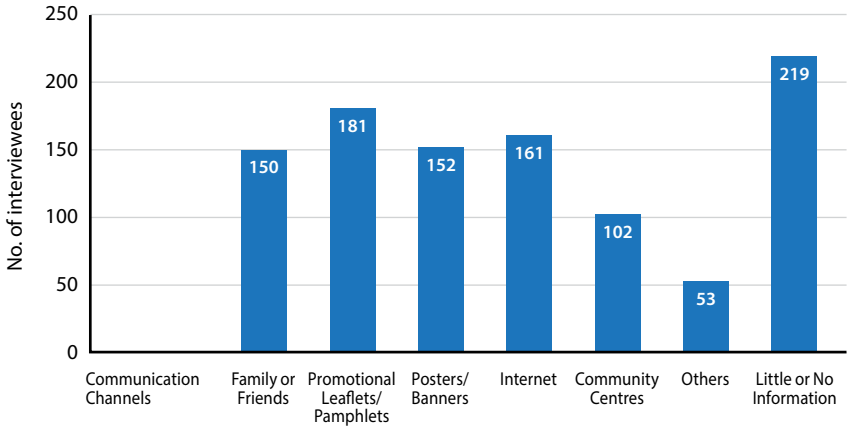


Table 8: Residents' Preferred Activities and Themes (n=1,003)

Activity & Theme	Number of People	Percentage
Falls Prevention At Home Seminars	141	14.10%
Basic First-aid Skills	188	18.70%
Contagious Disease Prevention Talks	115	11.50%
Crime Prevention Talks	138	13.80%
Fire Safety	84	8.40%
Positive Psychological Health Promotions	196	19.50%
Short Trips to Enhance Neighbour Relationships	141	14.10%

Chapter 4 • Discussion

4.1

WTS District was formally admitted by the World Health Organisation as a member of its Alliance for Healthy Cities in October 2007. The district has since started to promulgate Healthy and Safe City policies. After the first community diagnosis in 2010, Wong Tai Sin Healthy and Safe City established as its first stage objective the building of a collaborative platform with various societal and community services organizations in the district on trust and mutual assistance basis. This year's community diagnosis is to assess the effectiveness of actions taken so far and take follow-up actions. In the past three years, the project adopted a low-profile approach in introducing the project to the community whilst the collaboration with local service stakeholders was its priority. Through this, the project would gradually establish its positioning in the local community. There were 8.7% (89) of the interviewees responded that they "understood' or 'understood well' the Wong Tai Sin Healthy and Safe City project indicating their awareness of the project and its activities, e.g., Tai Chi-8 Fall Prevention exercise. Looking ahead, the district should actively consider the use of 'Healthy and Safe City' as the title to direct all future activities and co-operate with various organizations to deepen the community's understanding of the Wong Tai Sin Healthy and Safe City project.

4.2

After synthesizing the comments on the various issues collected from the Wong Tai Sin community, the researchers would focus its discussion on the results obtained and make the following suggestions.

4.2.1

Daily Habits and Health History

4.2.1.1

From the survey, 90.1% (891) of the interviewees indicated that they had no smoking habits; and among those aged below 24, 94.2% (457) had never smoked. This reflects that the education on smoking ban iseffective; or this might have been the deferent effect of the many tobacco tax increases imposed by the government in recent years. Overall speaking, more male than female interviewees had smoking and drinking habits.

4.2.1.2

As regards the habit of doing regular exercise, 9.2% (92) of the interviewees acknowledged that they did not have such a habit. Among the various age groups, 45-64 was the largest group who did no exercises. This group was mainly comprised of the salaried class. Most interviewees were their families' main source of income. They needed to face busy work schedules and also take care of their elderly parents and young children, thereby limiting their opportunity to exercise. Better exercise habits and good time management will assist this group in changing their current life style to a more active and healthy living. For those who exercised daily, they were mostly from the group of 65 or above and their main exercises were recreational sports or morning exercises.

4.2.1.3

Different life styles were connected with residents' differences in income, age, and whether or not there were chronic illnesses necessitating long-term follow-up consultations. In recent years, with the worsening disparity between the rich and the poor and the exacerbating ageing problem, there has been a steady increase of elders who because of chronic illnesses need frequent medical followups, thus creating a sharp demand on medical services that may further affect the life style of the residents.

4.2.2

Quality of Life

4.2.2.1

Judging from the scores of the WHOQOL-BREF (Hong Kong 1998) questionnaire and the satisfaction of the services provided by government/voluntary groups/private organizations, it shows that the residents were quite satisfied with their living in WTS District. Among the domains of physical health, psychological health, cultural adjusted psychological health, social relationships, and environment, the average scores for physical health and social relationships were the highest. This reflects the residents' longevity in comparison with people of other districts and their harmonious neighbourhood relations. Nevertheless, the scores of all the domains seem to be in a downward trend when compared with those of 2010 and this deserves the district's attention.

4.2.2.2

If the district is divided into the four zones, Wong Tai Sin's Central zone attained the highest scores in all domains with the exception of environment. This reflects that even though the physical facilities are a bit worn out because it is the earliest developed zone, the residents here can make use of the longer time together to build up close and improved living and neighbourhood relationships.

4.2.2.3 Psychological Health Domain in Quality of Life

The scores of the psychological health domain for the whole of WTS District were the lowest. It is observed that differences in factors like race, religion, income, drinking habits, and long-term medical followups had a substantial impact on the psychological health domain. Among the causes of psychological pressure, 38.1% (388) of the interviewees felt that the pressure came from study/career. When feeling down or emotionally unstable, the majority of the interviewees (432, 42.7%) relied on themselves to manage the emotion and less than 3% (24) of them would seek professional counselling services. What warrants particular attention is the high percentage of drinkers (128, 26.4%) for the age group of 15-24. It is necessary to further explore whether the youngsters are resorting to drinks to 'drown their sorrow' when facing psychological pressure. There are a number of professional counselling services in WTS District supported by the Social Welfare Department and they include Tsz Wan Shan Integrated Family Service Centre, Wong Tai Sin Integrated Family Service Centre, and Caritas Integrated Family Service Centre – Tung Tau (Wong Tai Sin South West). Besides, there are also many non-governmental organizations that provide psychological services to residents who need help. However, the study found that only 18.3% (185) of the interviewees indicated that there were enough psychological services to meet the residents' demand. This finding shows that there is a need to promote the services more so that residents know where they could get help when in need.

4.2.3

Health Care Services

Of all the public services, health care services had been ranked the least satisfied. Only 26.9% (273) and 26.0% (265) of the interviewees felt that they were satisfied with the district's A&E and rehabilitation services respectively. The interviewees were most dissatisfied with the government's A&E and specialist/out-patient services. According to the interviewees, the biggest problem was the exceptionally long waiting time followed by the absence of A&E services in the district. In fact, the two are inter-related. As there are no A&E services in the district, a lot of residents need to use those services at hospitals in other clusters and if they need any follow-up treatments, they have to return to the hospital services in the local cluster which means they have to queue up afresh in the 3 local hospitals and this lengthens the overall waiting time.

The inclusion of A&E services in the district's hospitals has been discussed for many years; yet residents still have to rely on cross-cluster services. The authority concerned has to consider the residents' genuine need for A&E or 24-hour clinical services in the district. The District Board has been actively pursuing this with the government and the Hospital Authority. A series of actions like the re-zoning of the hospital clusters and the rebuilding of hospitals will be carried out in the not-too-distant future. It is hoped that these measures will bring better health care services to the district.

As regards community-based rehabilitation services, even though there were 13.7% (139) of the interviewees indicated that they were 'dissatisfied' or 'extremely dissatisfied' and 60% (612) were neutral, those who chose 'satisfied' or 'extremely satisfied' only constituted 26% (265) of the responses. The satisfaction level was the lowest among all public services. Many interviewees indicated that they did not understand what type of organisations would provide rehabilitation services and what services they provided. There was a relatively small percentage of the residents who had used the community-based rehabilitation services. In face of the ageing crisis in WTS District, health promotion must be strengthened so as to raise residents' health literacy. Cultivation of health literacy encompasses self-care ability and health knowledge as well as knowing the choices of available health care services and mastering the means to obtain health care information. Wong Tai Sin District Healthy and Safe City has a laudable mission to materialize this vision of health promotion.

Chapter 5 • Conclusion

Based on the foregoing findings and the invaluable comments provided by the members of the Wong Tai Sin Healthy & Safe City project and the local residents, the researchers would like to make the following conclusion:

5.1

Overall speaking, all interviewees were inclined to agree that the living environment of the district was satisfactory. But in comparison with 2010, there has been a fall in the subjective quality of life scores and this deserves all stakeholders' attention.

5.1.1

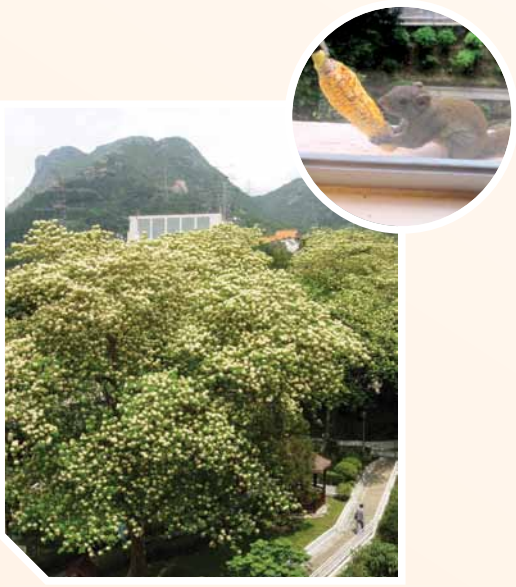
The district can provide a wider variety of social and recreational group activities, e.g., opera groups, outings, or social gatherings. This will not only encourage the elders to develop their personal interests, but better use their leisure time to widen their social circles and develop good interpersonal relations, which hopefully can reduce their mental distress and emotional problems.

5.1.2

Although some residents faced psychological problems, they were not willing to seek help from community centres or thinking that there were not enough relevant services available. This indicates a need to enhance the promotion of such services.

5.1.3

As revealed in the findings, interviewees with chronic illnesses differed sharply in their overall quality of life, physical, psychological well-being, and social relationships, etc. when compared with the rest. Therefore, the relevant authorities can consider organizing health promotion activities and self-help groups for these residents to enhance their physical and mental health as well as their overall quality of life.



5.2

In general, the interviewees were satisfied with the local gardens and recreational sports facilities (including library and gymnasium, etc.). However, the interviewees suggested that facilities and resources for the elders and the disabled could be further improved. The authorities can consider providing purpose-built facilities in the district for the elders. Although youth problem in WTS District was not serious and to keep pace with the demographic change, the authority can consider increasing more 'hardware' like recreational sports facilities to allow youngsters to release their energy and better use their spare time. 'Software'-wise, it can introduce more after-school activities and solicit the community organizations to encourage youngsters to participate in voluntary work.

5.3

Overall speaking, a majority of the interviewees were satisfied with the transport facilities of WTS District. Residents were most satisfied with MTR's services. However, as the community is ageing and is living on the slopes, it is suggested that more escalators and lifts be built and it would be even better if such projects could be completed ahead of time.

5.4

All interviewees were of the view that fire prevention and public security facilities of WTS District were adequate. Estate management also provided related fire prevention information and organized fire drills to make them feel at ease.

5.5

To address the residents' dissatisfaction over the health care services, the relevant authorities must urgently consider the much needed A&E services in local hospitals or 24-hour clinical services. Meanwhile, the rezoning of the hospital clusters by the Hospital Authority is also an effective solution to the problem of long waiting time. Relevant stakeholders should also promote the use of elder's health care vouchers more.

5.6

The Wong Tai Sin District Healthy and Safe City project should strengthen its promotion in the coming few years to further deepen the residents' understanding of the project. At the same time, the project can co-operate with more district organizations to roll out a wider variety of activities and services to further raise the effectiveness of the project.

Acknowledgments

Wong Tai Sin District Council

Wong Tai Sin District Office

Participating Public and Home Ownership Scheme Estates:

Tsz Lok Estate **Lung Poon Court (Block A-F)** **Scenic View**

Participating Residents

Former Directors of Wong Tai Sin District Healthy and Safe City:

Mr. Lee Yiu Fai (Yee Kok)	**(2007-2012)**	**Dr. Au Yiu Kai**	**(2007-2010)**
Prof. Wong Kwok Shing, Thomas, JP	**(2007-2010)**	**Mrs. Choi Ma On Ki, Angel,** JP	**(2013-2016)**
Dr. Wat Ming Sun, Nelson	**(2011-2016)**	**Mr. Tang Wah Shing**	**(2007-2014)**
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