

Wong Tai Sin District Healthy and Safe City Community Diagnosis Study Report



Parent Organization



Wong Tai Sin District
Healthy and Safe City

Sponsored by



Wong Tai Sin District Council

Research Organization



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Preamble

To realize the vision of a prosperous society populated by healthy citizens living in a safe community is a global mission. Building a 'Healthy City, Safe Community' calls for dedicated efforts from all walks of life.

Wong Tai Sin District Healthy & Safe City was founded in 2007 by a group of enthusiasts, including doctors, scholars, District Councillors, Government officials, the legal and business partners, with the support of Wong Tai Sin District Council. To facilitate community involvements, we have organized various activities to raise public awareness of community health and safety. To mention a few, there were 2010 World Health Day Carnival cum Tai Chi Promotion, Fall Prevention Programme, Healthy Eating & Exercise, Safe and Healthy Estate Accreditation. We also send delegates to WHO conferences every year to keep close communication with counterparts world-wide.

In early 2010, the Wong Tai Sin District Council funded our in-depth Community Diagnosis Study conducted by the Centre for Health Education & Health Promotion – CUHK. The study examines and analyses the lifestyles of WTS residents. It will contribute to the production of a blue-print for the sustainable development of WTS towards a 'Healthy City, Safe Community'.



Dr. Allen Shi, MH, JP

Chairman, Wong Tai Sin District Healthy and Safe City

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Wong Tai Sin District Healthy and Safe City is committed to making Wong Tai Sin a healthy, safe community. The current project is subsidized by Wong Tai Sin District Council (DC), with a view to enhancing the health of more than 420,000 residents in the district (Wong Tai Sin District has a population of 423,521, according to 2006 Population By-census)¹.

Wong Tai Sin District Healthy and Safe City and the Centre for Health Education and Health Promotion under the School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong (the Centre) conducted the “Wong Tai Sin Healthy and Safe City Community Diagnosis” in November 2009. The aims are to probe the needs of local dwellers and propose a practical solution accordingly to advocate community health, to formulate a health promotion plan with the study results, and to carry out in-depth investigation for viable proposals with respect to specific population groups or specific health issues, in order to realize the goal of “Wong Tai Sin District Healthy and Safe City”.

As far as definition is concerned, Steckler et al² have summarized the research of Guy Steuart and established “community diagnosis” as understanding how residents of a community live and any serious health problems they may have, and then implementing relevant projects and evaluating their effectiveness. The major objectives are twofold: to provide current community data, and to give recommendations accordingly on feasible measures as well as community health education³.

Therefore, this “community diagnosis” study consists of the following three parts as the means to investigate and propose viable community enhancement solutions for making Wong Tai Sin a “healthy, safe city”.

1. Analyze past data pertaining to community and health of Wong Tai Sin.
2. Conduct a questionnaire survey by random sampling at designated spots in the district to collect residents’ views on local healthcare, community services and facilities.
3. Examine residents’ quality of life with reference to the WHO’s subjective quality of life measure (abbreviated version for Hong Kong), supplemented by questions related to their health conditions, lifestyle and information on the environment, health and safety for future reference.

In February 2010, the Centre ran three focus groups and interviewed 20 members of the district, including six working in Wong Tai Sin as transient population, seven community organization users and seven residents. Through the discussion, we got a fuller picture on the actual lifestyle and behaviour of the residents, who in turn took the opportunity to voice their opinions on the community. The Centre and Committee members thus prepared a community diagnosis questionnaire which fit local needs, based on preliminary results from the focus groups.

In June 2010, the Centre conducted a community diagnosis questionnaire survey by random sampling at designated spots in the district, targeting Wong Tai Sin residents aged 18 or above living in private estates/buildings, Subsidized Home Ownership Schemes housing (HOS flats), public estates and other types of housing. The working group collected data successfully from 1,029 local residents, among which 621 lived in public estates, 291 in HOS flats, 114 in private housing and 3 in quarters.

Some results were not fully representative of all local residents due to research limitations, so further studies are required for a more comprehensive understanding of the overall quality of life in the district.

¹ Census and Statistics Department (2006). *Hong Kong 2006 Population By-census – Main Tables*. Hong Kong: Census and Statistics Department.

² Steckler, A.B., Dawson, L., Israel, B.A. and Eng, E. (1993). *Community Health Development: An Overview of the works of Guy W. Steuart*. *Health Education Quarterly*, Supp 1, S3-20.

³ Steuart, G.W. (1993). *Planning and evaluation in health education*. 1969. *Health Education Quarterly*, Supp 1, S71-84.



Analysis of Focus Group Discussions

To learn about the actual lifestyle and behaviour of local residents in greater detail and prepare a community diagnosis questionnaire which fit local needs, the working group ran three focus group sessions with 20 members of the district, including transient population working in Wong Tai Sin, community organization users and local residents. The discussion ranged from environmental hygiene, safety, security, fire services, transportation, management to civic, recreational and community services of the district. Table 1 lists the background of the interviewees, among which one of the transients and all community organization users were local residents as well. The interviewees consisted of civil servants, merchants, community organization workers, community organization users and residents, while the resident representatives came from public estates, HOS flats, sandwich class housing and private estates. Most of them were employed, middle-aged and there were also several elderly residents and two wheelchair users.

Table 1: Background of Focus Group Interviewees

Focus Group	Male	Female	Total
Transient population working in Wong Tai Sin	5	2	7
Community Organization Users	3	4	7
Residents	4	2	6
Total	12 (60.0%)	8 (40.0%)	20 (100%)

Major topics of the three focus group discussions are summarized as follows:

1. Community harmony and neighbourhood relationships

Community relationships

- All interviewees found the aging problem serious in Wong Tai Sin with a great number of elderly singletons, yet support for the elderly in the district was inadequate. Currently most cases were referred to relevant government departments by mutual aid committees of individual estates.
- Most residents interviewed considered that neighbourhood relationship had worsened with fewer opportunities for interpersonal communication despite substantial improvement to the living environment in the district:

“...the population is getting older and older, and the newcomers seldom get involved...” (Interviewee 1E)

“...the sense of belonging is weaker with the younger people, who aren't very concerned with community affairs... very aloof...” (Interviewee 1B)

“... in the old days you could, for example, keep your door open in the housing estate, or your neighbours can help baby-sit your kids, but now maybe it is only the very sociable ones who know all your family members by name and exchange greetings with you, more or less... there're just fewer opportunities for people to communicate...” (Interviewee 1C)



- Some residents interviewed considered that more local information about the neighbourhood could strengthen the bonding between residents and community, in particular with the younger generation:

“...if we often have no clues about the local environment, this will affect our sense of belonging to Wong Tai Sin and reduce our understanding and interest in the district...” (Interviewee 1A)

- Some community organization users interviewed found the local residents friendly, who often helped wheelchair users up/down the ramp:

“...it’s quite nice when I go up or down the footbridge, sometimes at the ramp I meet youngsters who offer to push me to the market. Everyone helps, that’s quite nice...” (Interviewee 2G)

- Some interviewees working in Wong Tai Sin considered that they were spending more spare time in the district and their sense of belonging had increased as more modern shopping centres were built in the district.

Community services

- Most residents interviewed found that the social service agencies of the district were scattered around different areas, and they could not fully understand the service scenario, like the services, facilities or support available with these agencies.

- Most interviewees working in Wong Tai Sin considered that there were a lot of community organizations as well as different services for the youth and the elderly in the district.



- Some community organization users interviewed considered that there were enough youth centres in the district but facilities and resources for the elderly or the disabled were inadequate:

“...more for the able-bodied, fewer for the old, in fact none for the weak and the disabled...” (Interviewee 2F)

“...there are a few community centres for the youth, and resources for the elderly or the disabled are insufficient. Actually if they study the population structure, they’d know there are more elderly here...” (Interviewee 2B)

- Individual interviewee working in Wong Tai Sin found that the service offered by three family service centres in the district was adequate, but the demand was subject to economic conditions and would rise with a general economic downturn, while HK-Mainland marriage bred a different set of family problems.



Analysis of Focus Group Discussions

- All community organization users interviewed considered that elderly residential care homes were in severe shortage, and population aging had deprived many elderly people of necessary services. Some interviewees working in Wong Tai Sin pointed out that there were too few subvented residential places, and while many private elderly homes were available due to demand, their service standards varied.

“...not many subvented homes but a lot of private homes, you know there is market and demand, because after all Wong Tai Sin is an old district...” (Interviewee 3A)

“...private homes are just like private schools, and their standards vary...” (Interviewee 3D)

- Some residents and wheelchair users interviewed found that the steep roads in the district was inconvenient for the elderly, and barrier-free facilities were insufficient:

“...there are quite a lot of steep roads here, eventually there are not enough facilities for the elderly like handrails or fencing, sometimes they want to use the handrails or walk a bit, but the roads are not suitable for them, and the steps too... so it’s a huge problem for their safety...” (Interviewee 1A)

“...many steep roads, we request for handrails on each of them...” (Interviewee 1B)

“...many shops have steps, full of barriers...” (Interviewee 2F)

“...there are no libraries at Chuk Yuen to borrow books from, just a mobile library van which we can’t go in wheelchairs, and we don’t want to bother others to fetch us the books...” (Interviewee 2F)



- Some residents interviewed also considered that Hong Kong people did not make use of community services in the district due to principle issues or personal problems, but new immigrants knew how to make good use of various support and facilities from the Social Welfare Department (SWD).
- Individual interviewee working in Wong Tai Sin considered that district activities were sometimes supported by community organizations like Sik Sik Yuen, and these organizations were working closely with government departments. It was another advantage of the district.
- Most residents interviewed considered that a resource pamphlet covering various services in the district could be produced and distributed to the housing estates and the incorporated owners, which could relay such information to the residents. Websites could be set up for social services and continuously developed to provide the latest information for easy access by the younger generation.

Individuals and community involvement

- Some community organization users interviewed said that more opinions might be voiced so that the Government and the DC could better understand residents’ needs and demands.



Sound social services

- All community organization users interviewed and some interviewees working in the district commented that elderly residential care places were far from adequate in Wong Tai Sin. They proposed appropriate ancillary facilities to be given to the elderly, while residential care and day care services should be enhanced:

“...now we have a lot of old people in Chuk Yuen Estate, many of them living alone or mobility-handicapped. I hope the Government can build more elderly homes, and the fee should not be too high since many of them can't afford it...” (Interviewee 2D)

2. Environmental hygiene

Air pollution

- None of the residents interviewed found air pollution serious in Wong Tai Sin, but noise pollution was more serious on the roads leading uphill in Tsz Wan Shan. In particular, buildings near these roads could get very disturbed by the noise with the windows open.
- Some community organization users interviewed said that heavy traffic along Lung Cheung Road led to poor air quality to nearby area.
- Some interviewees working in Wong Tai Sin found the air quality near Tai Yau Street relatively poor but the environment was clean. Significant improvement in air quality was noted in contrast to the time when San Po Kong was still a factory area, while semi-rural areas like Kowloon Peak (Fei Ngo Shan) and Lion Rock Park enjoyed better air quality.

“...the air is different in each place... the air up here on our building is okay...” (Interviewee 3A)

“...as compared to other districts, especially Kwun Tong, which is also a high-density industrial area, I think the air quality is better here...” (Interviewee 3B)

“...overall air quality is not too good in Hong Kong, but I still think it is acceptable in Wong Tai Sin because we have semi-rural areas like the foothills of Kowloon Peak or Lion Rock Park, where the air quality is actually quite good...” (Interviewee 3C)

Environmental hygiene



- Most interviewees said that the environment of San Po Kong had improved considerably since the relocation of factory buildings to other areas. However, some residents and community organization users interviewed pointed out that despite some improvement, Kai Tak Nullah still emitted foul smell from time to time, and it remained unknown when the confirmed nullah revitalization plan would begin, so the hygiene issue remained.
- Most residents interviewed found the local environment satisfactory with generally good hygiene, although the management of some public areas in the grey zone was slightly worse, like the areas between different estates.



Analysis of Focus Group Discussions

- **All community organization users interviewed considered that the district had the highest ovitrap index in Hong Kong and also a higher temperature.**

“...the air quality around Lung Cheung Road is definitely bad with so many minibuses and the sewer in San Po Kong...” (Interviewee 2B)

“...things have changed with a new look, because we now have a management company with a better approach, and the environment has become better as well in terms of cleanliness...” (Interviewee 1A)

“...look at that nullah, and you can notice the improvement already, the water used to be a really dark, blue colour all the time...” (Interviewee 3E)

“...actually it’s not as filthy as it used to be...” (Interviewee 3D)



3. Healthcare services

A&E services

- **All interviewees considered that although there were three public hospitals in Wong Tai Sin, they did not offer A&E services. Residents had to rely on Queen Elizabeth Hospital and Kwong Wah Hospital, both outside the district, for A&E services.**

“...the hospitals have always been there, but the services can be better. I think the DC is capable of that, and I think there should be at least one A&E department in each district, just imagine when a granny slips and falls and there aren’t any outpatient services in the evening...” (Interviewee 2B)

“...Wong Tai Sin District is so populous, and A&E is not available at Our Lady of Maryknoll Hospital...” (Interviewee 2B)

“...we lack an A&E department... once we talked with the DC and Our Lady of Maryknoll Hospital about having one without further construction... that is to set up an A&E department there to help residents anytime emergencies arise...” (Interviewee 1F)

“... after all the population has grown in Wong Tai Sin, and with data support, we’re now fighting for one A&E department...” (Interviewee 1B)

“... because there is no A&E at Our Lady of Maryknoll Hospital...” (Interviewee 3B)

Public outpatient services

- **All interviewees found public outpatient services inadequate with the waiting time being too long. Besides, government clinics failed to provide comprehensive healthcare services, for example, patients had to travel to other districts for certain specialist outpatient care. Individual interviewees working in Wong Tai Sin pointed out that the numerous elderly people and CSSA families in the district had to bank on public outpatient services, and the district lacked community healthcare services:**

“...the supply of healthcare service is simply not enough, many elderly people and youngsters need to visit the doctor. Like you say, the telephone line is jammed but the HA requires us to make booking by phone...” (Interviewee 1B)

“...this is special in comparison to other districts, but I’ve never made use of healthcare services of this district...” (Interviewee 3B)



“...that is, more than 50% are under CSSA, in other words, with a more aged district, income tends to be lower, the problem of poverty, that also explains why they have to use public healthcare facilities, where the waiting time is always long and you have to wait so long for follow-up treatment...” (Interviewee 3A)

- **Most interviewees felt that the appointment telephone line of government clinics was often busy and inconvenient to use, and too complicated for the elderly:**

“...an uncle of mine wanted to make an appointment via phone but he couldn't do it, then I helped him out. It took me 45 minutes and I was told that the whole day was fully booked from 9am, so I rushed to the clinic with his ID Card and told him to wait at the entrance. I arrived at 2:45 and was told to wait till 3 for registration, so I sat down and waited... the clock struck 3, and I was ordered to register immediately... there was a telephone system, so why did I have to wait till 3 for registration...” (Interviewee 1A)

- **Some residents interviewed indicated that regular healthcare services were available with mobile vans at different locations, which helped alleviate the huge demand on outpatient services.**
- **Some interviewees working in Wong Tai Sin were civil servants, so they did not make use of public outpatient services, usually opting for government family clinics instead.**

Private healthcare services

- **Some community organization users interviewed said that they had to switch to private clinics because public healthcare services were inadequate.**
- **Most residents interviewed found the number of private clinics sufficient in the district, and some of them would give discount or even free services to the elderly:**

“...we have many private practitioners here, and what makes them desirable is that the elderly can enjoy a little discount...” (Interviewee 1A)

“...the medical service is very good here, because there is a clinic on the main road that is free of charge for those aged above 65...” (Interviewee 1E)

“...sometimes some clinics will charge less, because it's too expensive and many people can't afford it...” (Interviewee 3A)

“...I find many private practitioners very kind, and they keep the consultation and medicine fee very low, say \$100 or \$120 if you are over a certain age or if you have a Senior Citizen Card...” (Interviewee 3D)

- **Some residents interviewed considered that the proliferation of private practice in the district was largely a result of the severe shortage of public services:**

“...in fact private clinics are so popular only because the Government is doing a poor job...” (Interviewee 1A)



Analysis of Focus Group Discussions

- Most interviewees working in Wong Tai Sin said that they seldom made use of public hospital clinics in the district, and they would sometimes seek treatment in their own district. They were very satisfied with private clinics in Wong Tai Sin operated by medical groups with 24-hour outpatient services, and there was also a wide choice of private hospitals in the vicinity, while estate doctors charged less and offered longer service hours:

“...there are many more XX networks, which my colleague has joined, and also some network doctors affiliated with government bodies...” (Interviewee 3B)

“...sometimes people have to work till 10pm, and ordinary clinics have closed at around 8, but some, not too many of them keep longer hours, and they’d go there, or else return to their family doctor in their own area...” (Interviewee 3A)

- Individual interviewees working in Wong Tai Sin indicated that many places in the district offered traditional Chinese medicine (TCM) and acupuncture services, which were popular with both the elderly and the younger generation.

Enhancement of primary care in the district

- Some residents interviewed suggested that public outpatient services be increased to shorten queuing time.
- Some interviewees proposed that an A&E department be added to Our Lady of Maryknoll Hospital to serve the needs of the residents.

Enhancement of health education & health promotion activities in the district

- Some residents interviewed suggested that more healthy activities be organized in the district, and peer encouragement could boost attendance:

“...should organize activities suitable for people, something they like... take marathon as an example, they have to pay application fees and get up at 5am on the day, with the application quota full 3 weeks earlier, but they’d do it no matter what if they want to... the question is whether they like the activity... nowadays marathon is a mass event for peers to participate with a common goal. We can organize activities with a similar atmosphere, suitable for people to join together, something healthier, which is now highly valued. Like hiking, we can do it as we have suitable venues... “Wong Tai Sin Run”, “Kowloon Peak Run” of Wong Tai Sin Sports Council would all love to have a makeover. Why are they losing participants while other activities prosper? Why is “Kowloon Peak Run” of Wong Tai Sin Sports Council becoming less popular? Actually it’s down to being unsuited for the people, like the route being too steep or too remote... if we organize a run within the district, it can be exciting, healthy and suitable for parents and children... the same goes for other activities, but it’s very difficult due to lack of support from the Government, and we need to have the road closed and get other support from the police...” (Interviewee 1F)

4. Safety and security

Security

- All interviewees found law and order well maintained in the district with marked improvement from the past. Crime like burglary or theft of vehicles was rare. The residents interviewed further considered that security guards of the estates in the district were very diligent.



- Some community organization users interviewed said that the security of Chuk Yuen Estate was average. Robberies occurred from time to time, particularly in buildings where more elderly people lived.
- Individual interviewees working in Wong Tai Sin said that the district's crime figure was dropping, like street robbery, snatching or fighting.

"...there is no problem with law and order..." (Interviewee 3B)

"...the law and order situation is okay in Wong Tai Sin" (Interviewee 3E)

"...as said just now, the figures of more violent crime like street robbery, snatching or fighting are all falling..." (Interviewee 3C)

"...security is rather good, the security guards are doing inspections on Saturdays and Sundays and they'd keep the gate locked. Sometimes when our colleagues work late and leave at 11, they'd close the gate and this makes us feel safe, that's quite good..." (Interviewee 3A)

"...I get some figures from the district, and I find them acceptable, a case or two from time to time... I think it's inevitable, little cases of burglary or theft of vehicle. Tsz Wan Shan used to be very chaotic and now its image is simply different. It's much improved, and there is no security problem..." (Interviewee 1B)

Safe environment

- Most interviewees found the roads leading uphill in Tsz Wan Shan long and steep with heavy traffic. Large vehicles like buses would sometimes roll backwards, and it was more dangerous under rainy weather. Some residents interviewed even suggested that double-decker buses should not run on these roads:

"...just now we talked about the uphill traffic, and I find these cars run very fast. With more people and more cars on such a steep road, in fact it's quite dangerous under foggy or rainy weather... drivers must be very careful on that road. A friend of mine living there says that sometimes they sense the bus rolling backwards, and it's very scary..." (Interviewee 1A)



- Most interviewees spoke of numerous steep roads in the district, yet ancillary facilities on the pavement proved insufficient, such as handrails, elevators or escalators, causing inconvenience to the elderly.
- All community organization users interviewed said that the facilities failed to catch up with the serious aging problem in the district. For example, the shops of Chuk Yuen Estate usually had steps at the entrance, which hindered wheelchair users and made accidents more likely:

"...it's very inconvenient on a wheelchair, and there are many ditches which seem to be very dangerous. I fell down for a few times there, these places are very dangerous..." (Interviewee 2F)



Analysis of Focus Group Discussions

- Most community organization users interviewed found the road leading to Our Lady of Maryknoll Hospital very steep, dangerous for patients and wheelchair users:

“...like the road leading to Our Lady of Maryknoll Hospital, it’s all steep. Why do we help those grannies? That’s because they can’t tackle the steep road on their own...” (Interviewee 2B)

- Some interviewees working in Wong Tai Sin said that there were many pedestrian crossing facilities in the district like footbridges, yet jaywalking still occurred from time to time with some residents.



- Some residents interviewed said that illegal parking was common on one-way streets, like Wang Tau Hom South Road. Recycling trucks, coaches or even double-decker vehicles would block the view of drivers and pedestrians, which could lead to accidents easily.
- Individual interviewees working in Wong Tai Sin indicated that traffic accidents happened from time to time on Junction Road, but the police could arrive on site shortly to follow up.

Youth problems

- All interviewees did not find youth problems in the district serious, and there were few night drifters. Young people were concentrated in entertainment venues like internet bars around Fung Tak Estate and San Po Kong, while drug abuse was a territory-wide problem. Individual interviewees working in Wong Tai Sin did not notice any significant increase of youth drug abuse in the district:

“...youth drug abuse is now under more concern, but there’s no marked increase, just a territory-wide issue in the sense that the newspapers would report related incidents such as arrests and this makes us feel it’s getting worse, but in the case of Wong Tai Sin, it’s not particularly serious...” (Interviewee 3C)

“...fewer kids took drugs in the past, but it doesn’t mean that it’s serious here in Wong Tai Sin, because earlier we saw some figures which showed Wong Tai Sin in the middle, while North District, Yuen Long and Southern District were usually in the top 3, so the situation isn’t serious here...” (Interviewee 3A)

- Some community organization users interviewed said that the juvenile gang issue in San Po Kong was real, but not serious, while drug abusers frequently gathered at a park near Yue Xiu Plaza.

“...in this area at least, I seldom see juvenile gangs or triad members, and it’s not serious as far as I’m concerned. But in San Po Kong, there are more drug abusers near where I live...” (Interviewee 2A)



- Some interviewees working in Wong Tai Sin said that some youngsters regarded drug abuse as a social activity. The authorities would follow up some problem youths, and basically there were no major problems in the district. Schools, the SWD and the police would communicate with each other to step up education, to promote drug-free culture with the family, and to handle youth drug abuse in a positive manner.

“... from my impression, many youths see drugs as social drugs, and they do it for fun, for happiness, like going to the Mainland, staying home or spending money at karaoke lounges, bars and discos...” (Interviewee 3D)

“...in Wong Tai Sin, we collaborate with the HA, Our Lady of Maryknoll Hospital, etc, and the NGOs are taking part as well for early prevention. It’s more positive this way I feel...” (Interviewee 3A)

5. Transportation

- All interviewees found the district well-connected with a convenient transport network, especially the areas along the MTR.
- Most residents interviewed said that the traffic to and from Tsz Wan Shan (Wai Wah Street) was relatively busy causing a lot of noise to the area. Besides, the roads leading uphill were long and steep, and large vehicles like buses would roll backwards. It was even more dangerous under rainy weather.
- Some community organization users interviewed said that minibus services to and from Chuk Yuen were inadequate, while bus services could not fulfill the needs of wheelchair users. Individual bus drivers failed to place the ramp properly, causing wheelchairs to trip over.
- Some community organization users interviewed said that bus services should cater to the needs of wheelchair users and also attend to the circumstances and needs of elderly passengers when boarding and alighting.
- Some interviewees working in Wong Tai Sin considered that the traffic in San Po Kong rose substantially because the factories were being turned into storage warehouses. Parking, loading, unloading and reversing by container trucks led to dangerous vehicle-pedestrian conflicts as well as traffic congestion.



Sound ancillary transport facilities

- Most residents interviewed suggested that the Government should enhance the safety of the roads leading uphill in Tsz Wan Shan. Bus routes should be diverted to other roads and serviced by single-deckers to maintain safety.



Analysis of Focus Group Discussions

6. Civic and recreational facilities

Civic facilities

- Most residents interviewed found civic facilities in the district adequate.
- Some community organization users interviewed reported that Lung Hing Public Library was too small to satisfy the needs of the local population, and the absence of study room meant that residents had to go to the public libraries at Ngau Chi Wan or San Po Kong, which was somewhat inconvenient:

“... Lung Hing Library is a small library, inadequate for the population of Wong Tai Sin. Why do some people need to go to San Po Kong or Ngau Chi Wan? If that’s an issue of resource allocation, then why is there a full-scale library in Ngau Chi Wan, when in fact it isn’t that heavily utilized? Should you advocate for the expansion of Lung Hing Library? Or should it be moved to some vacant location to satisfy the needs of the population of Wong Tai Sin? Because Lung Hing Library was under the old system, it doesn’t even have a study room...” (Interviewee 2A)

“...in fact the only study room of Wong Tai Sin is in San Po Kong...” (Interviewee 2B)

“...in fact Wong Tai Sin already fits under Government requirements, yet we’re still left with the small Lung Hing Library, which just can’t cope with current needs. So I think the library needs change more urgently...” (Interviewee 2A)

- Individual interviewees who were wheelchair users said that despite regular mobile library van services, they could not fetch the books on their own because the vans were not equipped with lifting platform.
- Some interviewees working in Wong Tai Sin found civic/recreational facilities insufficient, and the district lacked bigger venues like Sha Tin Town Hall or Tsuen Wan Town Hall. There were not enough community halls, which was difficult to rent for summer activities even in the name of organizations:

“...the hall of the community centre is far from adequate...” (Interviewee 3A)

“...unlike the town halls in Tsuen Wan, Tuen Mun or Sha Tin, there are no bigger cultural and recreational venues in Wong Tai Sin...” (Interviewee 3A)

“...for venues, we’ve booked the ones at Kai Tak East, Choi Hung Road and Po Kong Village Road, which is closer to us... it’s hard to say whether that’s enough... sometimes it’s fully booked, when we want to organize more diversified youth activities in the summer holiday, but there aren’t many options...” (Interviewee 3F)

“...sometimes we use the badminton courts nearby... some are brand new and some quite old. Many facilities were built years ago without renovation. Is it hard to book? Yes, quite so, because when we go there after work, during the peak hours it’s already fully booked...” (Interviewee 3A)

- Some interviewees working in Wong Tai Sin said that there were not enough venues for major events in the district, and the situation was not helped by the operation mode of The Link, which gave priority to the business sector:

“...we’ve been snubbed every time since The Link took over, and we used to be able to organize activities with different departments for the residents, the neighbourhood or the public in the past under the Housing Department, but now we’re always snubbed...” (Interviewee 3A)



“...The Link is just profit-oriented...” (Interviewee 3A)

“...after The Link went public, will they still care about other things? When the DC asked them for explanation, they simply didn’t bother...” (Interviewee 3A)

“...last time we booked for an open area at Fung Tak Shopping Centre, but they cancelled our application suddenly a week earlier, and we were left in a mess...” (Interviewee 3A)



Recreational facilities



- **Most residents interviewed found recreational/sports facilities in the district adequate, but these facilities failed to cater to the needs of the elderly and were not suitable for them:**

“...but there aren’t many facilities for the elderly in the park...” (Interviewee 1D)

“...more for the able-bodied, fewer for the old, in fact none for the weak and the disabled...” (Interviewee 2F)

“...here in Chuk Yuen Estate, I felt that there are no nearby courts for games or sports, and we only have Ma Chai Hang Recreation Ground, so I don’t know where to go for sports. Lok Fu is too far, and we really don’t have any Family Walk in Chuk Yuen...” (Interviewee 2D)

- **Some residents interviewed suggested that the Government provide appropriate recreational/sports facilities in accordance with the needs of the local population so as to make full use of the resources, while there were not enough recreational facilities for the youth:**

“...but there aren’t many facilities for the elderly in the park...” (Interviewee 1D)

“...we have many facilities for the elderly, who are easily satisfied, and they’re very happy sitting in a park, but for the youth, it’s relatively inadequate, like some normal places for entertainment or enjoyment...” (Interviewee 3C)

“...we don’t have enough places for the youth to have normal activities, especially in the evening. We can follow the example of Sai Kung by having a night market...” (Interviewee 3D)

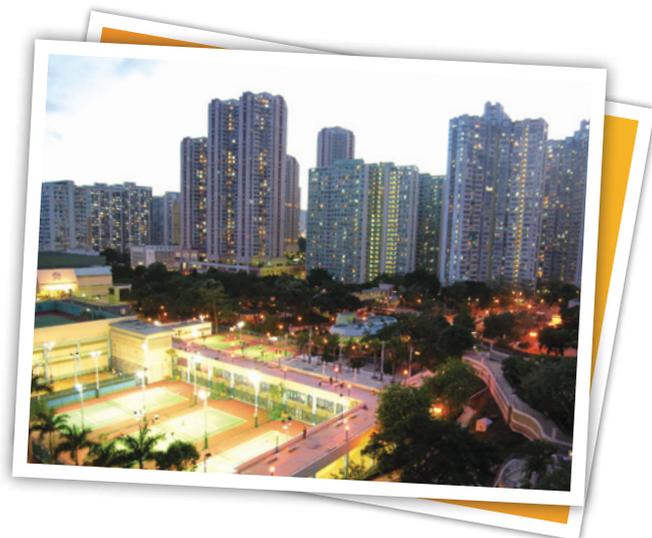


Analysis of Focus Group Discussions

- **Some community organization users interviewed said that there were sports grounds, indoor stadia and other recreational facilities for the youth in the district, but they were scattered around, and individual sports facilities were under-utilized like tennis courts, leading to a waste of public resources. On the other hand, sports facilities for the elderly were absent:**

“...the Government can look at how much a venue is used, take the example of tennis, I don’t think it’s a very popular sport. I’m not against it, but the tennis court is under-utilized and it’s a waste of space. Instead of wasting resources on a rarely used tennis court, we should build something for the grannies...” (Interviewee 2A)

- **Some interviewees working in Wong Tai Sin found it difficult to book for places at sports venues in the district during peak hours after work due to intense competition.**



Open space

- **Some community organization users interviewed found open space adequate, better still if extra land could be allocated, while some interviewees considered that the district lacked smaller open spaces apart from Morse Park, which was relatively big:**

“...we have fewer sitting-out areas in the park, and there are really few places that the elderly can go...” (Interviewee 2D)

Restaurants

- **Some community organization users interviewed found the choice of restaurants limited near the estates. In particular, with the new management introduced by The Link, rising rent further reduced alternatives as some restaurants had to move out, and the basic needs of elderly residents in the public estates were not being met:**

“...it was not very adequate before, but now it’s getting worse, thanks to The Link...” (Interviewee 2A)

“...the rising rent is causing businesses to close down...” (Interviewee 2D)

“...another few shops at Chuk Yuen shut down after the rent was raised. They’re making people renovate or forcing them out with high rents if they don’t. They want groups like Café de Coral, but they may not really fit the needs of the elderly nor the common residents of this area...” (Interviewee 2B)

“...the elderly make up the biggest group, but are the ancillary facilities suitable for them? Some of them are mobility-handicapped, and the ancillary facilities are poor. When the shops are forced out, it’s not suited for the grannies...” (Interviewee 2B)



- Some interviewees working in Wong Tai Sin considered that the district had various restaurants which offered different kinds of food, but they were characterless, and few provided a healthy diet, while some restaurants in shopping centres managed by The Link passed on the rising rent to the consumers:

“...the number of restaurants has increased after the shopping centre is furnished by The Link, but we really lacked good restaurants in Wong Tai Sin...” (Interviewee 3E)

“...we live near Fung Tak Estate, and it’s the same after The Link took over the shopping centre. We hear some shop owners saying they’re forced to renovate, and after the renovation, their food becomes more expensive. They’re passing on the costs to the consumers, that’s very obvious...” (Interviewee 3A)

“...the cheaper ‘tea restaurants’ are no longer here, and things have turned pricier...” (Interviewee 3A)

“...many elderly people are on CSSA, and some of them don’t go to yum cha because it’s too expensive...” (Interviewee 3D)

7. Estate management

- Most interviewees were generally satisfied with the management of large estates or private buildings in the district, which was mostly the duty of the incorporated owners.
- Some community organization users interviewed found the quality of estate management average, where illegal hawkers sometimes plied their trade on the pavement causing obstruction. Combination locks had been installed in the buildings, yet the door was kept open all the time, rendering the locks useless, and the caretakers failed to adhere to the requirement of registering each guest.
- Some interviewees working in Wong Tai Sin found industrial buildings hard to manage, but considered the facilities acceptable with no mismanagement. On the other hand, defective parts in government buildings were not promptly repaired due to systemic issues, and toilets often required manual flushing due to low water pressure, leading to slippery floor and poor hygiene. However, security was well-maintained and anti-burglar door was installed on the roof.



Analysis of Focus Group Discussions

8. Health Promotion Activities

- Most interviewees considered that many health promotion activities were organized in the district, but participants were largely restricted to the same group of older residents due to little promotion and timing issues, and they failed to reach the mass as desired:

“...most participants are familiar faces, kaifong, why? That’s because they have good mobility, and some can’t come because they are old and need wheelchairs...” (Interviewee 1G)

“...but if we stop and change our target, then they will lose a chance with a vicious circle kicking in. Another issue is that we’re worried that fewer people will join if we change to activities for the youth and lose the elderly participants. With the elderly we have a somewhat guaranteed turnout...” (Interviewee 1G)

- The interviewees suggested that DC members pay more attention to the needs of local residents and advocate health promotion activities at the same time:

“...visit the community more and set up different booths there...” (Interviewee 2E)

- Some residents interviewed considered that more activities could be organized in the district catering to the needs of different age groups, in order to encourage more residents to join in, enhance their sense of participation and belonging and their concern for community development. The activities should also correspond to their needs and interests and encourage peer participation to raise attendance.
- Some community organization users interviewed reported that they did not know about or take part in health promotion activities in the district, while elderly centre users learnt about these activities at the centre.



In June and July 2010, the working group conducted a community diagnosis questionnaire survey by random sampling at designated spots in the district, targeting Wong Tai Sin residents aged 18 or above. The working group collected data successfully from 1,029 local residents, among which 621 lived in public estates, 291 in HOS flats, 114 in private housing and 3 in quarters.

Except for the background information of the respondents (Figure 1.1, Figure 1.2, Figure 2.1 and Figure 2.2), the percentage data of all descriptive statistics were weighted on age and gender. Various statistical analysis were also based on the weighted data.

1. Background information of respondents

1.1 In this survey, the ratio of male to female respondents was 1:1.7 (Figure 1.1). About 50% of the respondents were aged 55 or above (Figure 1.2), a higher percentage than the general population of the district¹.

Figure 1.1 Percentage of male and female respondents (n = 1,015)

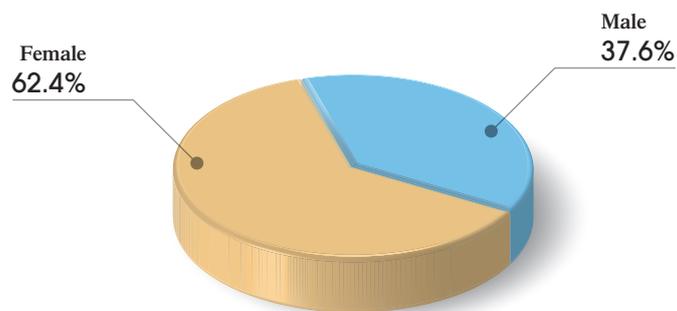
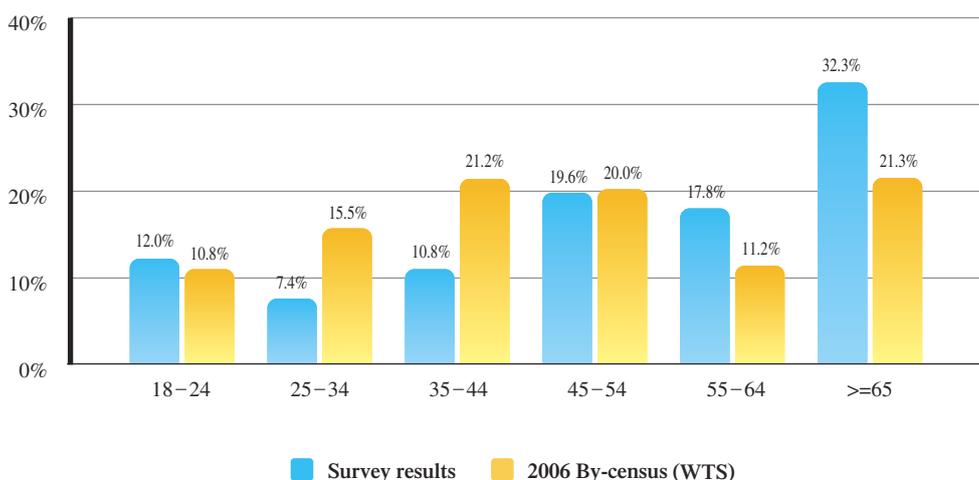


Figure 1.2 Age of respondents (n = 1,024)

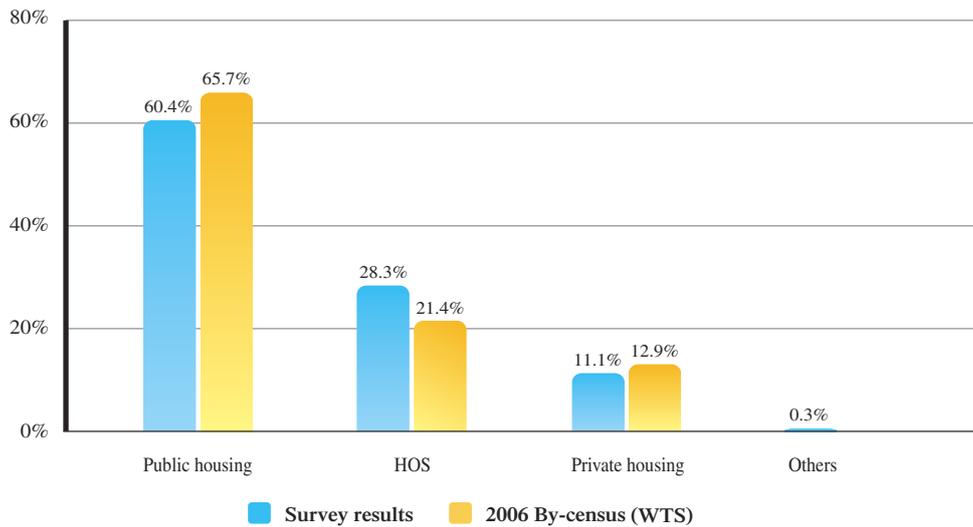


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2. General information of resident respondents

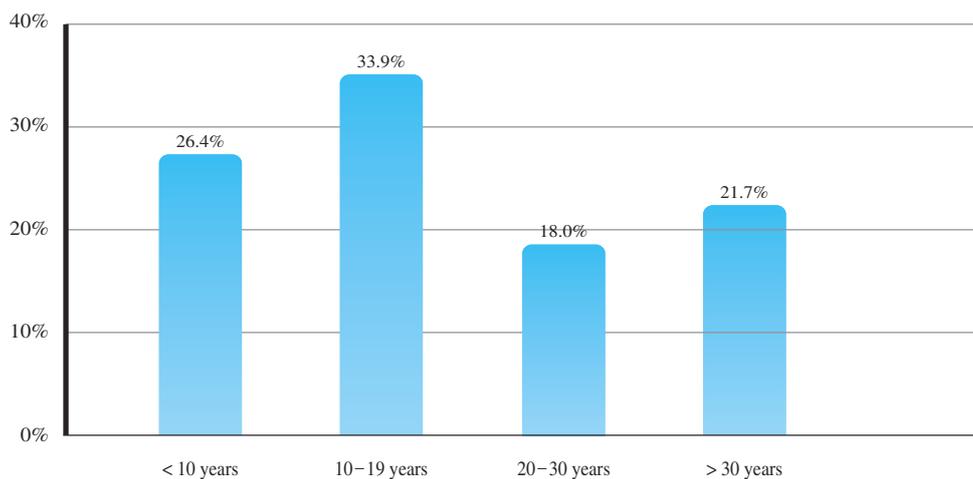
2.1 As shown in Figure 2.1, the distribution of housing types of the respondents was similar to the general population of the district¹.

Figure 2.1 Housing type of respondents (n = 1,029)



2.2 About 75% of the resident respondents had lived in the district for more than 10 years (Figure 2.2).

Figure 2.2 Respondents' duration of residence in Wong Tai Sin (n = 1,018)

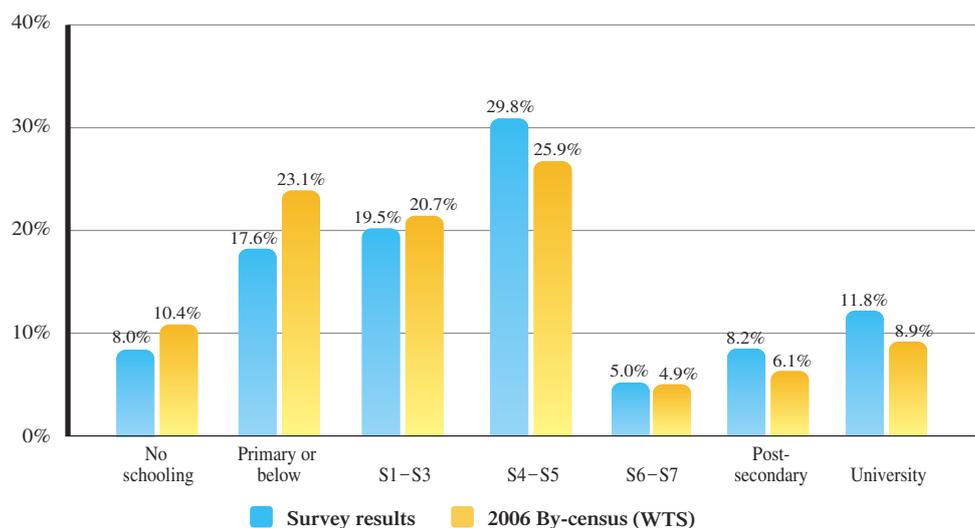




3. Educational attainment

92.0% of the respondents received formal education, a higher percentage than the general population of the district¹ (89.6%). The percentage of resident respondents who attained senior secondary education or above was also higher than the general population¹ (Figure 3).

Figure 3 Educational attainment of respondents

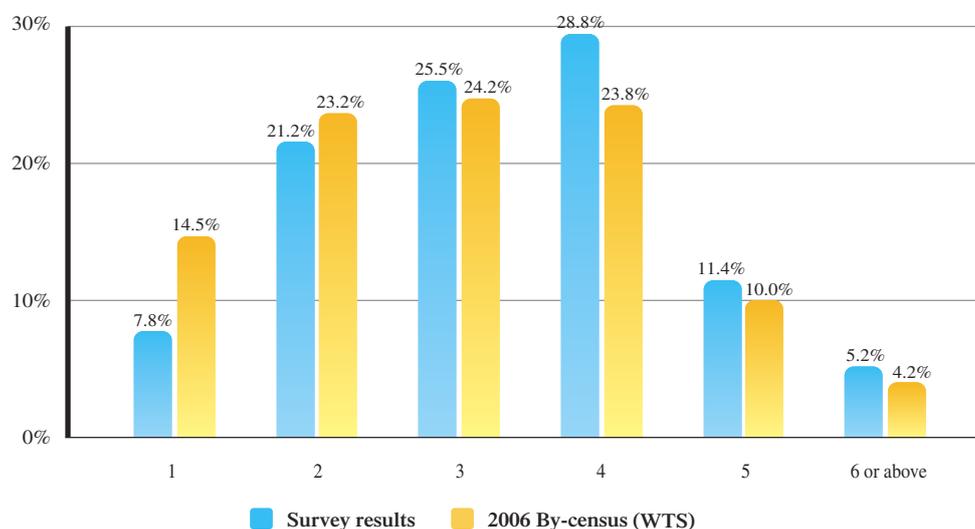


* With reference to the results of the 2006 Population By-census from age 15 to 75 or above.

4. Household size

4.1 71.0% of the respondents lived in families of at least 3 members, a higher percentage than the general population of the district¹. 7.8% were single households, a far lower percentage than the general population of the district¹ (Figure 4.1).

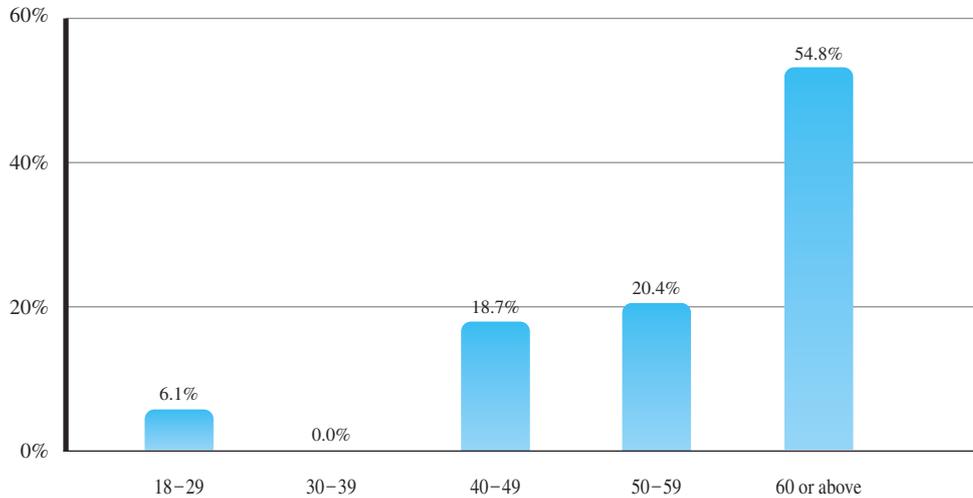
Figure 4.1 Household size of respondents



Questionnaire Survey Results

4.2 Nearly 55% of those respondents living alone were aged 60 or above (Figure 4.2).

Figure 4.2 Age of singleton respondents



5. Occupation of respondents

5.1 As shown in Figure 5.1, 67.7% of the respondents were working population, who were mainly (1) associate professionals, (2) professionals, (3) service workers and shop sales workers (Figure 5.2), a higher percentage than the general population of the district¹. 22.8% of the respondents were retired (Figure 5.1), and 50.1% reported to have no income.

Figure 5.1 Current employment status of respondents

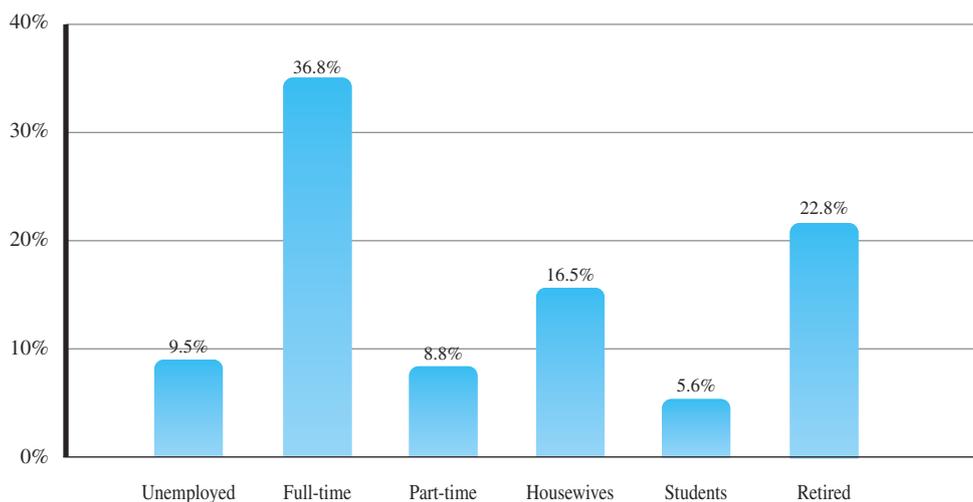
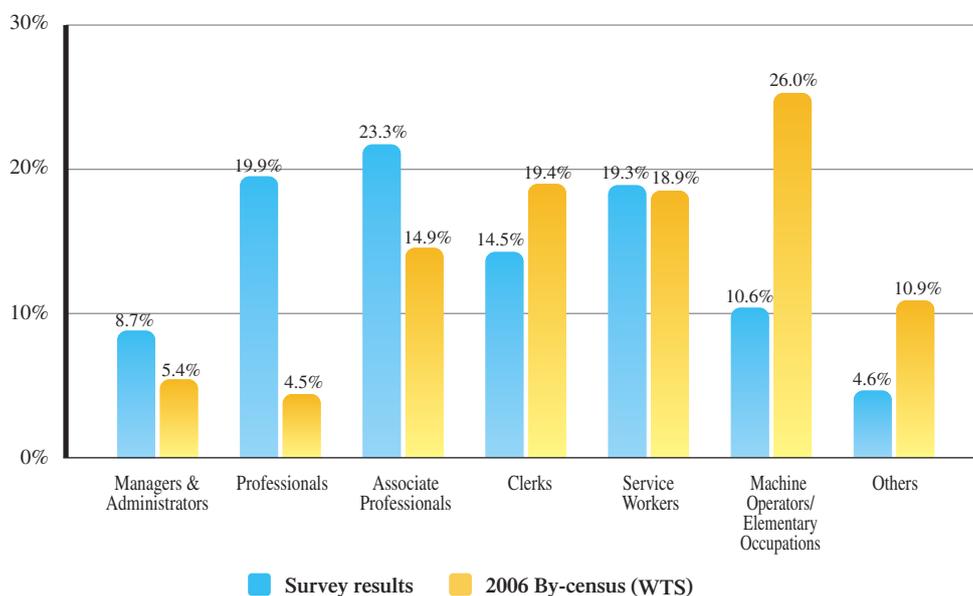




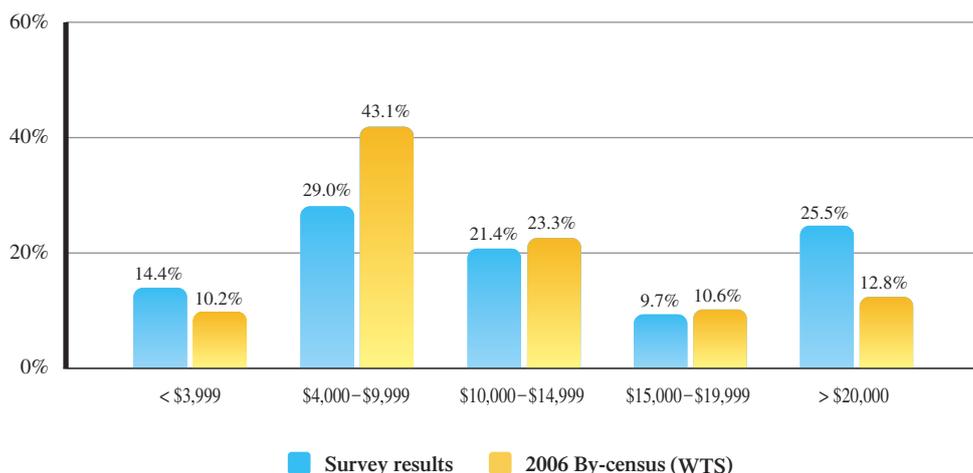
Figure 5.2 Occupation of respondents under full-time employment



5.2 8.8% of the respondents had part-time job as their main occupation, mostly in the capacity of service workers and shop sales workers.

5.3 Among the respondents who reported to have an income, about 35% (35.2%) had an average monthly income of \$15,000 or above. Many respondents (29.0%) reported an average monthly income of \$4,000 – \$9,999, which was also the most common income bracket for the general population of the district (43.1%)¹ (Figure 5.3).

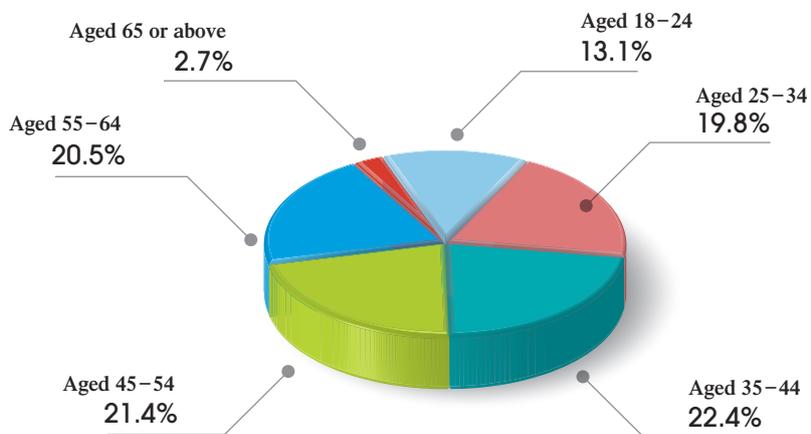
Figure 5.3 Average monthly income of respondents



Questionnaire Survey Results

5.4 As shown in Figure 5.1, 9.5% of the respondents reported to be unemployed, with the age groups of 25–34, 35–44, 45–54 and 55–64 each accounting for about 20% (Figure 5.4).

Figure 5.4 Age of unemployed respondents



6. Subjective quality of life

With reference to the WHO's Quality of Life Measure (Abbreviated version) (1998)⁴, the working group assessed the subjective quality of life of the respondents in terms of overall quality of life, physical health (PH), mental health (MH), interpersonal relationship (IR) and quality of the environment (QE).

6.1 Table 1 shows the average scores given by the respondents for four aspects of subjective quality of life, with an overall average score of 14.68.

Table 1: Average scores given by respondents for four aspects of subjective quality of life (full score: 20)

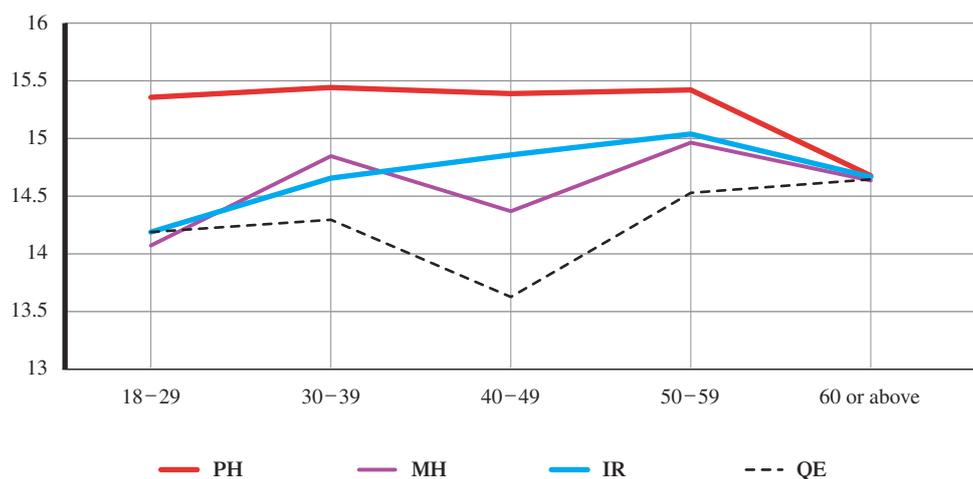
	Physical Health	Mental Health	Interpersonal Relationship	Quality of Environment	Overall average
Average	15.22	14.55	14.71	14.24	14.68

⁴ Hong Kong Project Team on the development of the Hong Kong Chinese Version WHOQOL (1997). Hong Kong Chinese Version World Health Organization Quality of Life Measure Abbreviated version. Hong Kong: Hong Kong Hospital Authority.



6.2 Figure 6.1 shows the scores given by different age groups for the four aspects. The score for QE was substantially lower than the other three aspects, and the scores given by the youngsters (aged 18–29) for MH and IR were substantially lower than the other age groups (Figure 6.2.2).

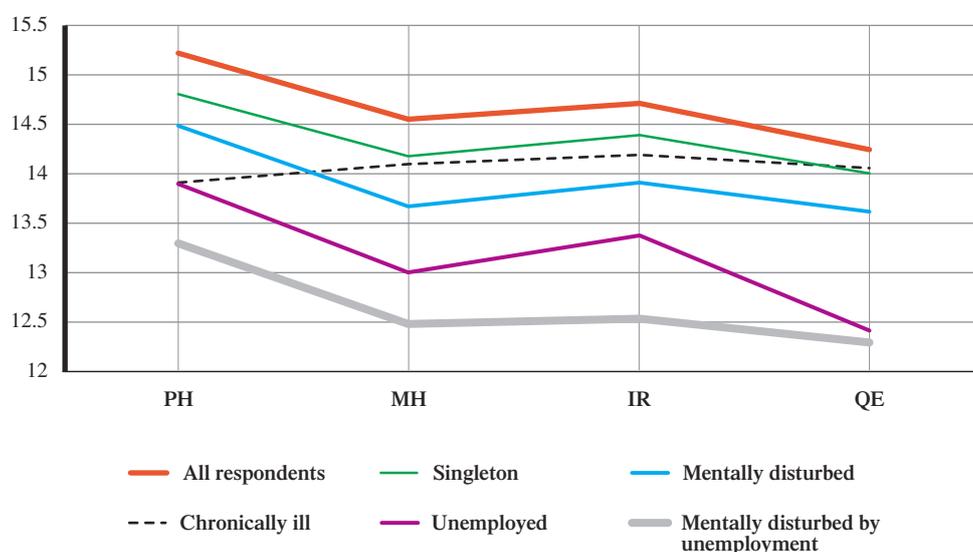
Figure 6.1 Comparison of scores given by different age groups for four aspects of subjective quality of life (full score: 20)



6.3 Figures 6.2.1 and 6.2.2 show the scores given by respondents of different background for the four aspects.

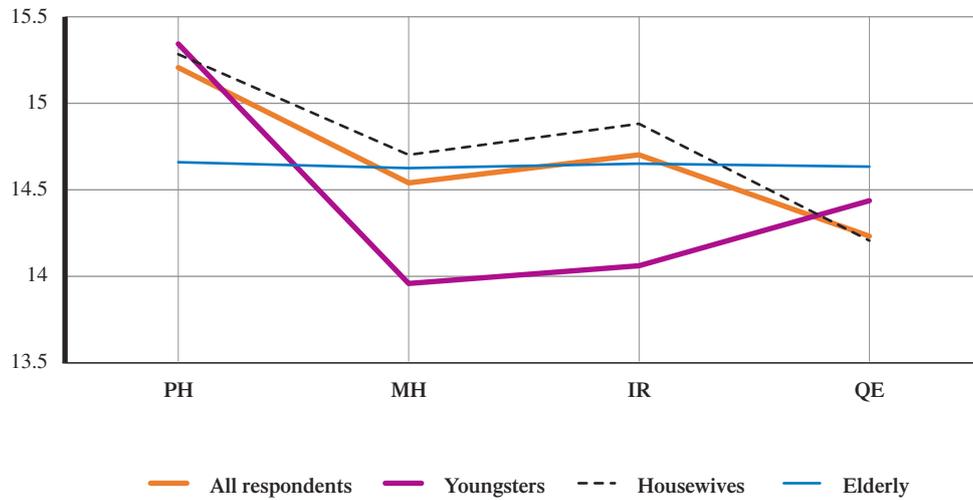
6.4 It was found that the scores given by respondents who were mentally disturbed by unemployment and those who were unemployed were substantially lower than all other respondents across the four aspects, in particular with MH, while the scores for MH and QE were also lower than the other two aspects (Figures 6.1, 6.2.1 and 6.2.2).

Figure 6.2.1 Comparison of scores given by respondents of different background for four aspects of subjective quality of life (full score: 20)



Questionnaire Survey Results

Figure 6.2.2 Comparison of scores given by respondents of different background for four aspects of subjective quality of life (full score: 20)



7. Lifestyle

Habits regarding tobacco, alcohol and drugs (analgesics, hypnotics and sedatives)

7.1 The working group sought to investigate whether the respondents had the habit of smoking at least one cigarette daily. 75.3% of them reported that they and those with whom they lived had no smoking habit, while 14.7% were non-smokers affected by passive smoking at home (Table 2).

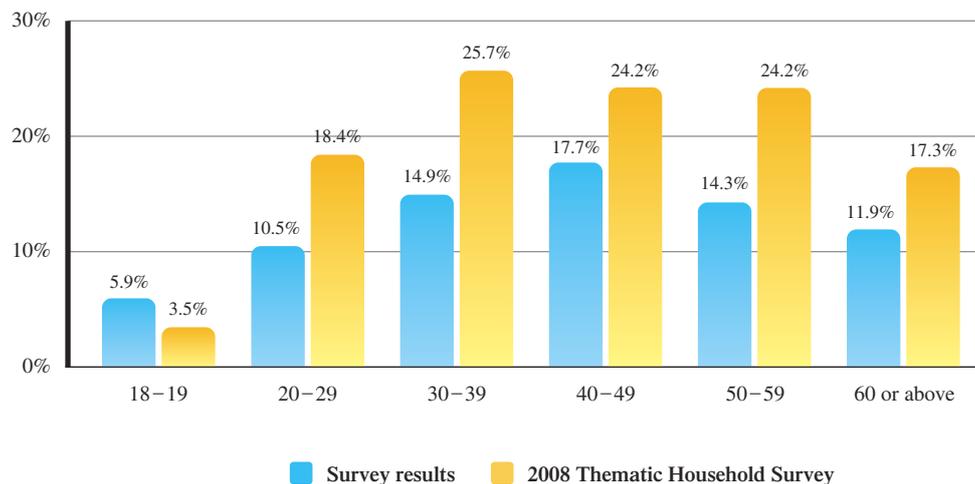
Table 2: Whether respondents or those with whom they lived smoked

Scenario	Percentage
Neither smoked	75.3%
Respondent had smoking habit	8.6%
Those with whom respondent lived had smoking habit	14.7%
Both had smoking habit	1.4%



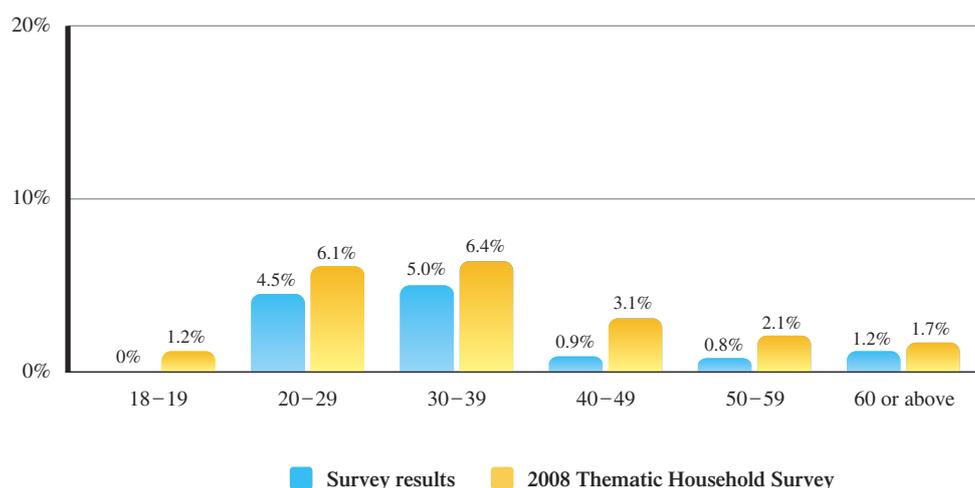
7.2 With reference to the results of Thematic Household Survey in 2008, it was found in this survey that the percentage of smokers among male respondents aged 18–19 was higher than the territory-wide figure⁵ (Figure 7.1.1), while the percentage of smokers among female respondents was lower than the territory-wide figure⁵ (Figure 7.1.2).

Figure 7.1.1 Percentage of male respondents who smoked daily for different age groups



* With reference to the results of Thematic Household Survey in 2008, the respondents were classified under the following age groups: 15–19, 20–29, 30–39, 40–49, 50–59 and 60 or above.

Figure 7.1.2 Percentage of female respondents who smoked daily for different age groups



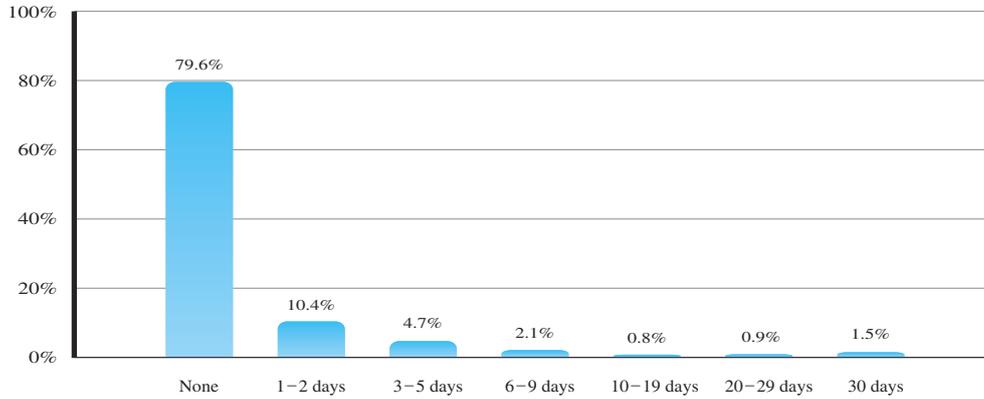
* With reference to the results of Thematic Household Survey in 2008, the respondents were classified under the following age groups: 15–19, 20–29, 30–39, 40–49, 50–59 and 60 or above.

⁵ Census and Statistics Department (2008). *Thematic Household Survey Report No. 36*. Hong Kong: Social Surveys Section, Census and Statistics Department.

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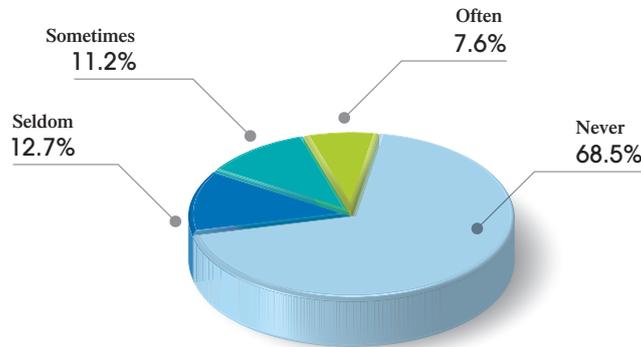
7.3 20.4% of the respondents reported that they consumed at least one glass of alcoholic drinks in the past 30 days, and about 70% of them usually consumed drinks with an alcoholic content of 1.1%–10.0% (Figure 7.3).

Figure 7.3 Alcohol consumption of respondents in the past 30 days



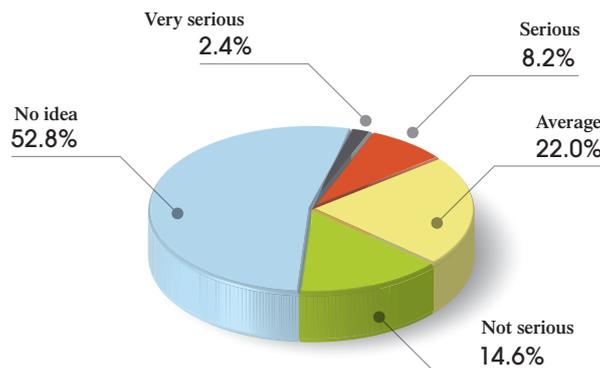
7.4 31.5% of the respondents reported that they had habitual consumption of drugs like analgesics, hypnotics and sedatives (Figure 7.4).

Figure 7.4 Habitual consumption of drugs (analgesics, hypnotics and sedatives)



7.5 About 10% of the respondents found the problem of drug abuse serious in the district, while more than 50% reported that they had no idea about this issue in the district (Figure 7.5).

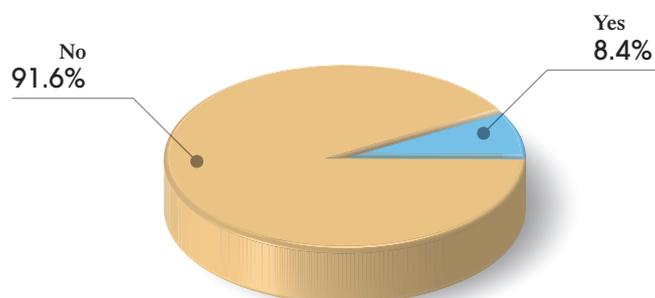
Figure 7.5 Problem of drug abuse in Wong Tai Sin as perceived by respondents





7.6 8.4% of the respondents reported that they had acquaintance(s) who abused drugs (Figure 7.6).

Figure 7.6 Whether respondents had any acquaintance(s) who abused drugs



Diet

7.7 The Department of Health is actively promoting healthy diet and encouraging the public to eat two servings of fruits and three servings of vegetables every day under the slogan of “2 plus 3”. It was found in this survey that only 24.0% and 16.1% of the respondents had eaten at least two servings of fresh fruits and three servings of vegetables respectively in the past week, while 4.0% and 0.6% reported that they had not eaten any fruits nor vegetables respectively (Table 3).

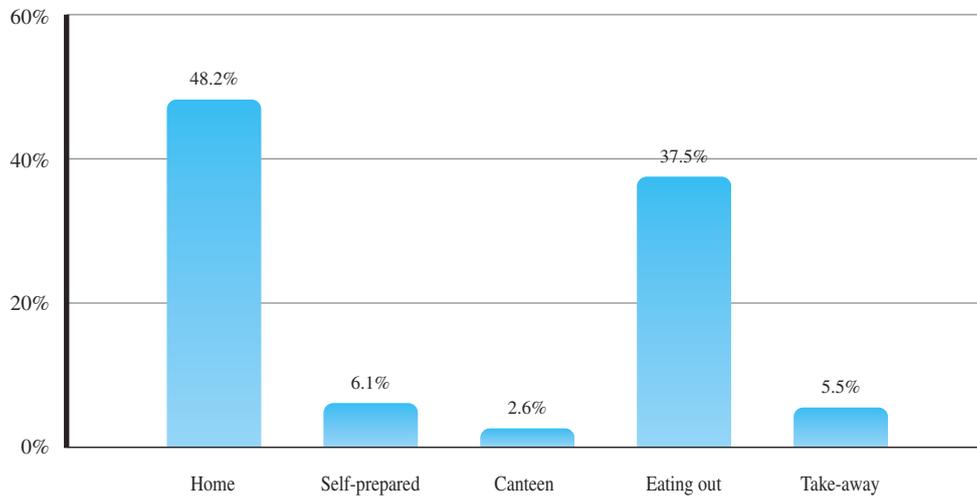
Table 3: Consumption of fresh fruits and vegetables by respondents in the past week

	None	1–3 times in 7 days	4–6 times in 7 days	Once daily	Twice daily	3 times daily	4 times or more daily
Fresh fruits	4.0%	20.9%	11.7%	39.5%	15.7%	2.7%	5.6%
Vegetables	0.6%	7.1%	9.7%	33.5%	32.9%	9.1%	7.0%

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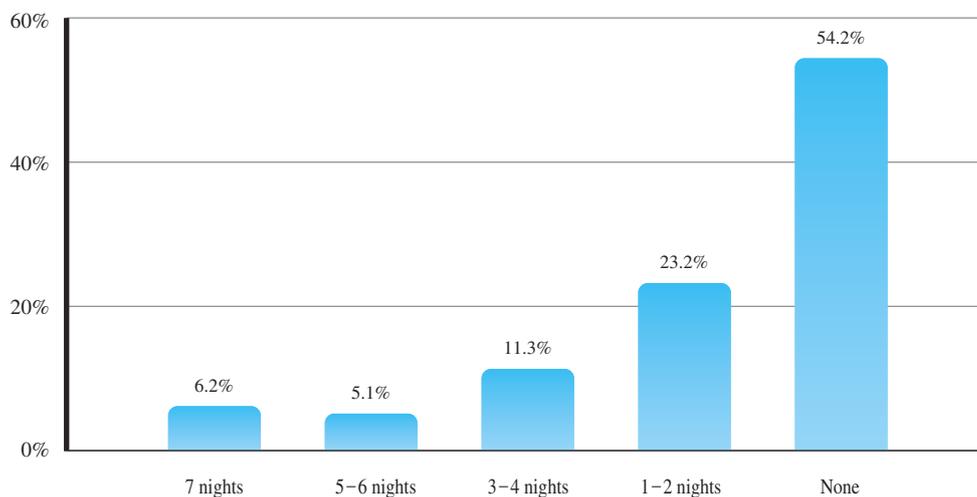
7.8 48.2% of the respondents reported that they usually had lunch at home on an ordinary day, while 37.5% usually ate out for lunch (Figure 7.7).

Figure 7.7 Lunch for respondents on an ordinary day



7.9 54% of the respondents reported that they had not eaten out for dinner in the past week, while 6.2% had eaten out for dinner on each day of the past week (Figure 7.8).

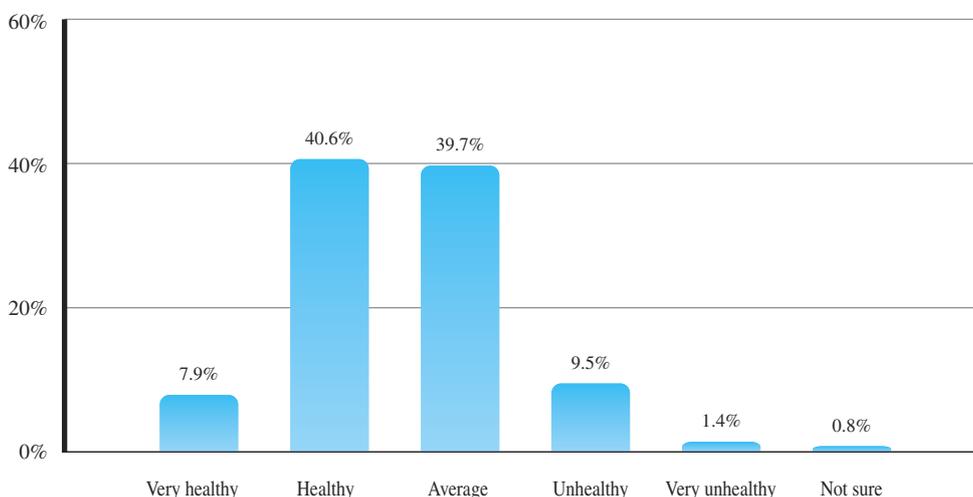
Figure 7.8 Eating out or take-away for dinner by respondents in the past week





7.10 48.5% of the respondents considered their diet healthy, while 0.8% were not sure whether their diet was healthy (Figure 7.9).

Figure 7.9 Respondents' perception of their own diet



Physical activity

7.11 53.9% of the respondents reported that they had taken part in aerobic or leisure exercise on at least three days in the past week, and 31.5% had had 30 minutes of exercise cumulatively every day. However, 18.2% had not done any kind of physical activity in the past week with the highest percentage in the 30–39 age group, and the unemployed and the housewives had a higher tendency of not doing any exercise (Table 4, Table 5 and Table 6).

Table 4: Physical activity by respondents in the past week

	Daily	1–6 days	None
Physical activity of medium intensity or above for at least 60 minutes cumulatively	4.5%	19.1%	76.4%
Aerobic exercise for at least 30 minutes cumulatively	5.7%	28.0%	66.3%
Leisure exercise for at least 30 minutes cumulatively	31.5%	27.3%	41.2%
Muscle training exercise for at least 5 minutes cumulatively	2.6%	13.8%	83.6%
Stretching exercise for at least 5 minutes cumulatively	19.2%	25.8%	55.0%



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Table 5: Physical activity by respondents of different age groups in the past week

	18-29	30-39	40-49	50-59	60 or above	Overall
Regular exercise (aerobic or leisure exercise for at least 30 minutes on 3 days or more)	36.1%	47.4%	48.5%	52.4%	76.4%	53.9%
Physical activity of medium intensity or above for at least 60 minutes cumulatively	42.8%	22.8%	43.1%	24.7%	13.3%	23.6%
Aerobic exercise for at least 30 minutes cumulatively	58.6%	41.0%	32.2%	27.9%	16.4%	33.7%
Leisure exercise for at least 30 minutes cumulatively	42.7%	53.1%	57.6%	58.1%	75.5%	58.8%
Muscle training exercise for at least 5 minutes cumulatively	34.9%	18.7%	17.5%	10.6%	4.5%	16.4%
Stretching exercise for at least 5 minutes cumulatively	49.4%	40.4%	45.8%	41.5%	46.5%	45.0%
None of the above	18.1%	24.7%	19.9%	19.8%	11.6%	18.2%

Table 6: Physical activity by respondents of different background in the past week

	Employed full-time	Unemployed	Retired	Employed part-time	Housewives	Students	Overall
Regular exercise (aerobic or leisure exercise for at least 30 minutes on 3 days or more)	37.8%	51.4%	78.1%	53.0%	62.4%	40.6%	53.9%
Physical activity of medium intensity or above for at least 60 minutes cumulatively	25.0%	20.6%	15.8%	34.2%	16.7%	55.6%	23.6%
Aerobic exercise for at least 30 minutes	38.4%	30.0%	20.4%	43.4%	24.8%	74.2%	33.7%
Leisure exercise for at least 30 minutes	49.0%	54.8%	75.9%	58.9%	63.3%	46.7%	58.8%
Muscle training exercise for at least 5 minutes	21.2%	14.0%	5.1%	31.9%	8.5%	33.4%	16.4%
Stretching exercise for at least 5 minutes	48.7%	33.7%	43.4%	46.7%	41.8%	52.3%	45%
None of the above	21.7%	25.6%	10.3%	15.3%	22.4%	8.6%	18.2%



7.12 As shown in Figure 7.10, 53.2% of the respondents spent more than two hours daily on television, newspapers, magazines or books, most of them aged 60 or above. From Figure 7.11, 21.9% spent more than two hours of their spare time daily on Internet and electronic/computer games, most of them aged 18–29. According to research findings of Martinez-Gonzalez et al⁶ and Stamatakis et al⁷, spending more than two hours daily on static activities like watching television and playing electronic/computer games is regarded as excessive, and it can lead to obesity easily.

Figure 7.10 Time spent on TV, newspapers, magazines and books daily by respondents

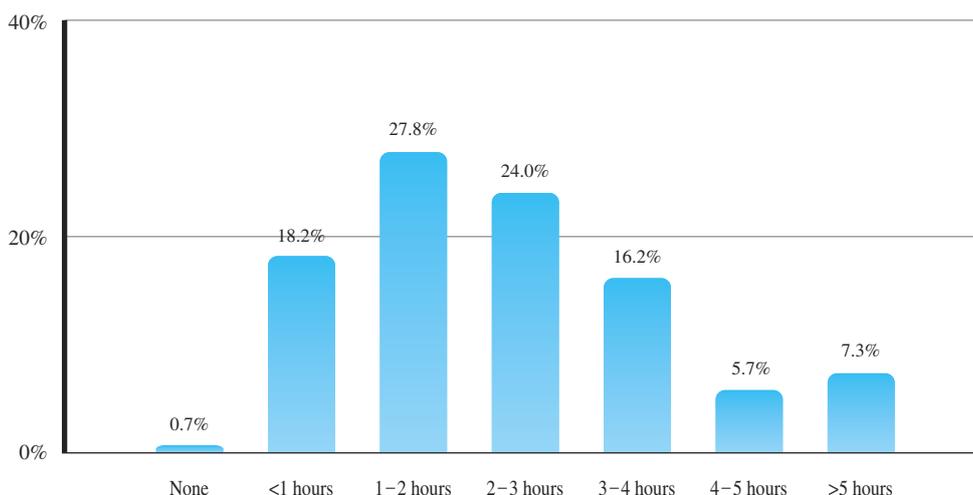
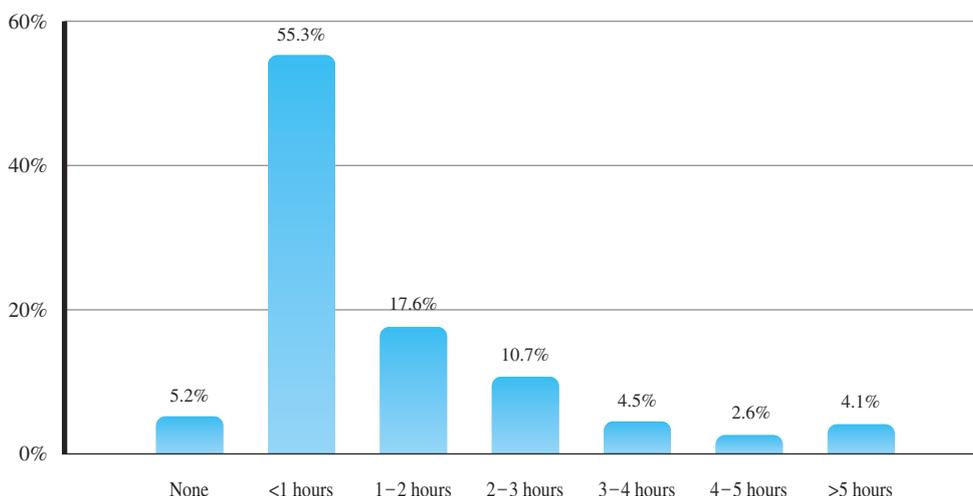


Figure 7.11 Spare time spent on Internet and computer/electronic games daily by respondents



⁶ MA Martinez-Gonzalez, J Alfredo Martinez, FB Hu, MJ Gibney and J Kearney (1999). Physical Inactive, Sedentary Lifestyle and Obesity in the European Union. *International Journal of Obesity*, 23, 1192-1201.

⁷ Stamatakis E, Hirani V and Rennie K (2009). Moderate-to-vigorous Physical Activity and Sedentary Behaviours in Relation to Body Mass Index-defined and Waist Circumference-defined Obesity. *The British Journal of Nutrition*, 101 (5), 765-773.

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8. Mental health

8.1 32.4% of the respondents reported that they had been affected by emotional issues in the past three months, as shown in Table 7, Table 8 and Table 9. Emotional issues were more prevalent among women and the 18–29 age group.

Table 7: Respondents affected by emotional issues in the past three months

	Yes	No
Capacity for work	22.4%	77.6 %
Daily life	23.4 %	76.6%
Social life	18.6%	81.4 %

Table 8: Respondents of different age groups affected by emotional issues

	18–29	30–39	40–49	50–59	60 or above
Capacity for work	30.6%	25.5%	26.8%	23.9%	10.0%
Daily life	27.0%	21.5%	26.0%	29.2%	16.6%
Social life	30.4%	17.2%	18.7%	19.2%	11.1%

Table 9: Respondents of different genders affected by emotional issues

	Male	Female
Capacity for work	20.7%	24.0%
Daily life	22.2%	24.6%
Social life	18.9%	18.3%

8.2 20.7% of the respondents reported that they were aware of individual organizations in the district which offered assistance to those with emotional issues, such as Sik Sik Yuen, The Hong Kong Federation of Youth Groups, The Hong Kong Federation of Trade Unions, Caritas, Sheng Kung Hui, The Methodist Centre, The Samaritan Befrienders, Hong Kong Mutual Encouragement Association, the Rhenish Church, Assemblies of God Mission, the Hospital Authority and Chung Sing Benevolent Society.



9. Interpersonal Relationship

Table 10 shows how the respondents perceived their interpersonal relationship as well as relationship with family and neighbours. Overall speaking, the level of satisfaction for the neighbours was lower than that for the family by 20.4%.

Table 10: Interpersonal relationship and relationship with family and neighbours as perceived by respondents

	Satisfactory / Very satisfactory %
Interpersonal relationship	68.9%
Relationship with family	80.1%
Relationship with neighbours	59.7%

10. Needs of local groups

10.1 The working group sought to investigate the extent of concern of local residents for various groups in the district, from a scale of 1 (that group is not in need of care and concern) to 10 (that group is in extreme need of care and concern) (Table 11).

Table 11: Need for care & concern of various groups as perceived by respondents

	Average Score	% of Score>6
Children & adolescents	6.88	72.3%
Elderly	8.12	86.9%
Ethnic minorities	4.76	43.2%
Low-income persons	6.19	62.1%
Ex-mental patients	6.68	70.9%
Street sleepers	4.79	46.1%
Single-parent families	5.97	60.2%
New arrivals	5.38	49.4%
Physically disabled persons	7.10	75.1%
Mentally handicapped persons	6.84	72.7%

10.2 As shown in Table 11, the respondents regarded the elderly as the most in need of more care and concern in the district, and more than 70% considered that the physically disabled, the mentally handicapped, children and adolescents as well as ex-mental patients in the district needed more care.



Questionnaire Survey Results

11. Level of satisfaction among resident respondents with respect to services provided by the Government/voluntary bodies/private entities

- 11.1** The working group sought to investigate how satisfied local residents were with the services provided by the Government/voluntary bodies/private entities, from a scale of 1 (unacceptable) to 10 (very satisfied) (Table 12).
- 11.2** As shown in Table 12, the respondents were the most satisfied with MTR and taxi services in the district.
- 11.3** Among the services, the respondents were the least satisfied with the healthcare service, especially A&E service, public specialist clinic/outpatient clinic service, community health education and promotion service, and public in-patient service (Table 12). Most respondents found the healthcare service incapable of coping with demand, while some remarked on excessive queuing time in public hospitals and inconvenience in using the outpatient telephone booking system.
- 11.4** Table 12 also shows that some respondents were dissatisfied with some of the community services, especially family welfare and crisis management service, rehabilitation service, child care service and adolescent service.

Table 12: Level of satisfaction among respondents with respect to services provided by the Government/voluntary bodies/private entities

	Average score	No comment %
Environmental hygiene	6.36	5.5%
Family doctor service	6.39	26.8%
Private outpatient service	6.26	28.6%
Public general outpatient clinic service	5.61	16.5%
Private specialist/outpatient clinic service	5.66	35.5%
Public specialist/outpatient clinic service	5.38	23.3%
A&E service	5.02	25.7%
Public in-patient service	5.47	30.5%
Community health education & promotion service	5.36	22.4%
Security	6.89	5.0%
Fire service	7.27	8.4%
Bus service	7.12	4.3%
Minibus service	7.02	8.7%
MTR service	7.34	5.8%
Taxi service	7.34	15.9%
Estate/Building management	7.15	4.4%
Carpark facilities	6.46	48.9%
Parks & recreational/sports facilities	6.45	10.6%
Cultural/Recreational service	6.07	17.5%
Child care service	5.80	49.0%
Adolescent service	5.69	43.4%
Family welfare & crisis management service	5.48	45.0%
Community elderly service	6.25	31.4%
Rehabilitation service	5.80	45.4%



12. Health and safety

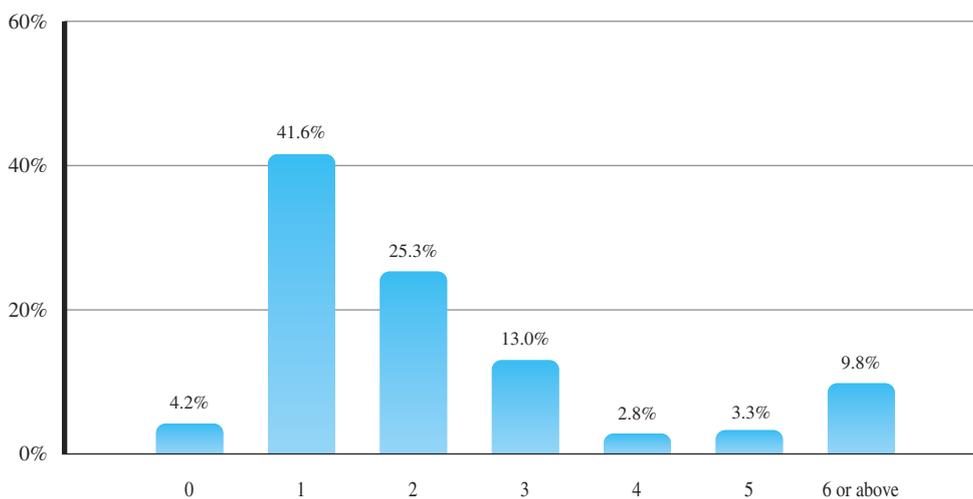
12.1 The working group sought to investigate the health and safety situation of the residents in the past three months. 12.0% of the respondents reported injuries due to accidents, most of which happened at home causing minor injuries that did not need medical attention (24.4%). However, 17.5% reported minor injuries like slips in the street (Table 13).

Table 13: Injuries sustained by respondents

	Home	Workplace	School	In the street
Minor injuries, no medical attention needed	24.4%	9.2%	3.7%	17.5%
Post-injury treatment by doctor needed, but no sick leave required	11.0%	3.6%	0%	14.8%
More serious injuries, treatment by doctor and sick leave required	1.6%	6.2%	0.5%	3.8%
Serious injuries, hospitalization and sick leave required	0%	3.0%	0%	1.9%

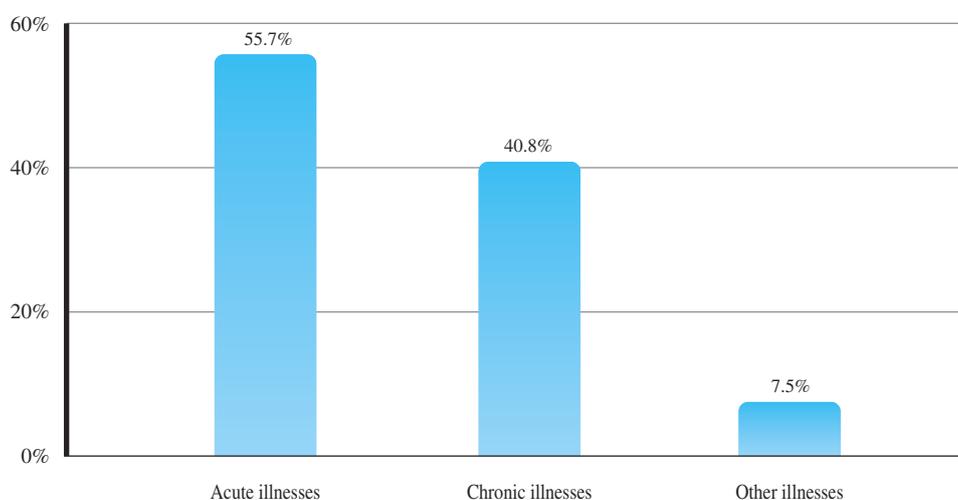
12.2 53.0% of the respondents reported illness or physical discomfort, most of which only required only one or two visits to the doctor (Figure 8.1). Most visits were triggered by acute illnesses (55.7%), and 40.8% by chronic illnesses (Figure 8.2).

Figure 8.1 Number of visits to doctors due to illness or physical discomfort



Questionnaire Survey Results

Figure 8.2 Reason of visiting the doctors



12.3 The respondents were asked whether they had heard about any safety incidents that happened in the district, from a scale of 1 (never) to 10 (often) (Table 14).

12.4 As shown in Table 14, the district enjoyed good security and accidents were infrequent, but 26% reported relatively frequent accidents due to objects dropped/falling from height.

Table 14: Respondents' knowledge of safety incidents in the past three months

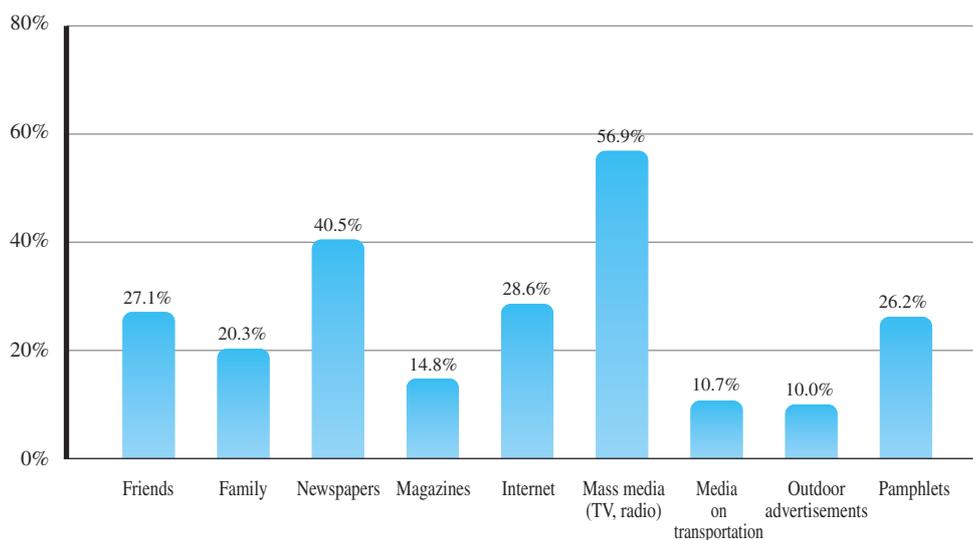
	Average score	% of Score>6
Pickpocket	1.88	5.7%
Housebreaking/theft	1.88	5.1%
Household accidents	1.84	5.6%
Workplace accidents	1.48	3.7%
Traffic accidents	2.21	9.0%
Accidents at recreational facilities	1.40	3.2%
Fires	1.45	3.6%
Objects dropped/falling from height	3.61	26.2%



13. Health information

- 13.1** Most respondents obtained health information from mass media like television/radio (56.9%) and newspapers (40.5%), and more than 25% received health information from Internet, friends and pamphlets of individual organizations (Figure 9).

Figure 9 Channels of health information for respondents



- 13.2** 7.7% of the respondents reported knowledge of “Wong Tai Sin District Healthy and Safe City”.

14. Importance of community, environment and health enhancement projects in the district

- 14.1** The working group sought to investigate the importance of community, environment and health enhancement projects in the district as perceived by local residents, from a scale of 1 (the least important) to 10 (the most important).
- 14.2** More than 87% of the respondents found it important to improve healthcare services in the district, and the figures for environmental hygiene, community services, communicable disease control, safety and security, and civic and recreational facilities all exceeded 80% (Table 15).



Questionnaire Survey Results

- 14.3** Around 85% of the respondents deemed the promotion of mental health important, and the figures for the promotion of tobacco/alcohol/drug-free culture, the promotion of physical exercise and safer sex all exceeded 80% (Table 15).

Table 15: Importance of community, environment and health enhancement projects in the district as perceived by respondents

	Average score	Score>6 %
Community relationship	7.08	74.8%
Environmental hygiene	7.67	83.9%
Healthcare services	8.00	87.3%
Safety & security	7.70	81.6%
Ancillary transport services	7.47	78.6%
Civic/Recreational facilities	7.33	81.3%
Community services	7.54	83.7%
Estate management	7.30	77.8%
Communicable disease control	7.72	82.1%
Promotion of healthy diet	7.25	76.8%
Promotion of physical activity	7.43	81.9%
Promotion of mental health	7.65	83.9%
Promotion of tobacco / alcohol / drug-free culture	7.82	82.8%
Promotion of safer sex	7.65	81.3%

Currently there is not an effective policy at the regional level for the promotion of “healthy and safe city” in Hong Kong. Each district has its own strategy and emphasis in developing the concept of “healthy and safe city” based on its needs and circumstances. As a result, the project is yet to attain bottom-up, universal participation, and this survey is not fully representative of the quality of life of the general population of Wong Tai Sin.

The working group reached the following conclusions with respect to the residents’ opinions on health, lifestyle and services available in the district:

Quality of life

1. From the results of the WHO’s Quality of Life Measure (abbreviated version for Hong Kong) and the residents’ level of satisfaction with the services provided by the Government/voluntary bodies/private entities, it was noted that the residents found life in Wong Tai Sin quite satisfactory, similar to other districts of Hong Kong. The scores for mental health and quality of the environment were substantially lower than those for physical health and interpersonal relationship.
2. Youngsters and those mentally disturbed by unemployment scored substantially lower than all respondents in overall quality of life, mental health, interpersonal relationship, and quality of the environment, especially mental health. Similarly, the scores for mental health and quality of the environment were lower than those for physical health and interpersonal relationship, with substantial differences from all respondents (Figures 6.2.1 and 6.2.2).
3. 9.5% of the respondents reported to be unemployed, with the age groups of 25–34, 35–44, 45–54 and 55–64 each accounting for about 20%. Besides, those mentally disturbed by unemployment scored lower across various aspects of subjective quality of life.

Physical health

1. It was found that 24.7% of the respondents or those with whom they lived had smoking habit (Table 2), while 14.7% were non-smokers affected by passive smoking at home. The percentage of smokers among male respondents aged 18–19 was higher than the territory-wide figure⁵ (Figure 7.1.1), indicating that anti-tobacco education needs to be intensified, when in fact youth smoking is an issue faced by every district of Hong Kong.
2. 31.5% of the respondents had habitual consumption of drugs (analgesics, hypnotics and sedatives) (Figure 7.4), which was revealed by the survey to be heavily related to chronic illness (40.8%), unemployment (9.5%) and psychological/emotional issues (32.4%).
3. 10.6% of the respondents found the problem of drug abuse serious in Wong Tai Sin, while 52.8% had no idea about the issue in the district (Figure 7.5). 8.4% reported that they had acquaintance(s) who abused drugs (Figure 7.6).
4. More than 80% of the respondents hoped for more promotion of tobacco/alcohol/drug-free culture in the district (Table 15), and some of them expected the authorities to tackle youth drug abuse and improve adolescent services.
5. Only half of the respondents reported regular physical activities, most of them in the age group of 60 or above, which mainly involved leisure exercise (Table 5).



Overall Conclusions

- 18.2% of the respondents reported that they had not done any kind of physical activity in the past week, which is heavily related to age and occupation and more prevalent among the 30–39 age group, the unemployed and the housewives (Tables 5 & 6). Almost 75% of the respondents hoped for more promotion of physical activities in the district (Table 15).
- 48.5% of the respondents considered their diet healthy (Figure 7.9), yet only 24.0% and 16.1% of the respondents ate at least two servings of fresh fruits and three servings of vegetables daily (Table 3). Meanwhile, 37.5% usually ate out for lunch (Figure 7.7). More than 70% hoped for more promotion of healthy diet in the district (Table 15).

Mental health and social life

- It was found that unemployed respondents and those mentally disturbed by unemployment scored substantially lower than all respondents in the four aspects of subjective quality of life, especially mental health. The scores for mental health and quality of the environment were also lower than the other two aspects (Figures 6.1, 6.2.1 and 6.2.2).
- As shown in Table 10, respondents whose work, daily and social life were affected by emotional issues were mostly female, and emotional issues were more prevalent in the 18–29 age group than others (Table 8). In particular, the youngsters scored lower in mental health and interpersonal relationship than other respondents (Figure 6.2.2). More than 75% of the respondents hoped for more promotion of mental health in the district (Figure 15).
- The respondents reported that their relationship with family members was better than the other two parties (interpersonal relationship and relationship with neighbours) (Table 10).

Healthcare service

- 51.7% of the respondents were satisfied with the level of convenience of healthcare services in the district.
- Among different services, the respondents were the least satisfied with healthcare services. Out of various healthcare services, they were the most aggrieved with public A&E service and specialist/outpatient clinic service (Table 12).
- Primary care: some focus group interviewees said that the telephone booking service was inconvenient for the residents, and that queuing time at public hospitals was too long, unable to meet the needs of the elderly. Such comments indicated that public healthcare was insufficient to satisfy local dwellers' demand for primary care.
- 87% of the respondents hoped for improvements in healthcare services in the district (Table 15). All focus groups and some questionnaire survey respondents remarked on the severe shortage of public healthcare services. They found it imperative for Our Lady of Maryknoll Hospital to offer A&E service, as it was very inconvenient for the residents, who had to travel to Kwong Wah Hospital or Queen Elizabeth Hospital in other districts when medical emergencies arose. They urged the authorities to respond to the urgency of setting up an A&E department.



Environmental hygiene

1. 55.3% of the respondents considered their living environment healthy, and 68.1% were very satisfied with the building/estate in which they lived.
2. 83.9% of the respondents hoped for improvements in environmental hygiene of the district, and 74.2% hoped for better communicable disease control (Table 15).
3. All community organization users interviewed remarked on the serious proliferation of mosquitoes in the district, and they hoped that the authorities could enhance the environmental hygiene and insect control measures.

Estate/Building management

1. As shown in Table 12, the respondents were satisfied with estate/building management with average score as high as 7.15.
2. Some focus group interviewees expressed improvements in cleanliness and environment brought about by estate management company. However, when they pointed out certain issues during regular inspections, they found some grey area in between estates. They proposed that management teams of different estates make compromise to improve efficiency and management standards.
3. Some focus group interviewees considered that high rents in shopping centres under The Link led to the closure of ordinary stores, while the introduction of chain stores was causing price inflation with considerable impact to the grass-root public. They hoped that the DC could convey their opinions.

Safe environment

1. 70.8% of the respondents found the district safe, including personal safety, environmental safety and political safety. As shown in 12, most respondents found security and fire services of the district satisfactory, yet 81.6% of them still hoped for improvements in safety and security of the district (Table 15).
2. The respondents considered ancillary facilities on the pavement inadequate for the very numerous steep roads in the district. Some focus group interviewees suggested that in spite of pedestrian crossing facilities or footbridges in the district, jaywalking still occurred from time to time with some residents against traffic safety. Therefore, the residents hoped that more elevators and escalators could be built or better maintained for the convenience of the elderly and the disabled. In the focus group meetings, some community organization users found the road leading to Our Lady of Maryknoll Hospital very steep and dangerous for patients and wheelchair users especially under rainy weather.
3. The respondents reported relatively frequent accidents due to objects dropped/falling from height in the past three months (Table 14).



Overall Conclusions

Transportation

1. 78.6% of the respondents found transport services in the district very satisfactory, especially MTR and taxi services (Table 12).
2. 78.6% hoped for improvements in the ancillary transport service of the district (Table 15).
3. Some focus group interviewees considered the roads leading uphill in Tsz Wan Shan long and steep, which can be dangerous for large vehicles. Also, some residents from Tsz Wan Shan and Chuk Yuen commented that MTR services were out of reach for them, while bus services in Choi Wan, Tsz Wan Shan and Chuk Yuen were inconvenient with a long waiting time. Some residents proposed that bus companies deploy buses equipped with lifting platform for the convenience of the elderly and the disabled.

Civic/Recreational and sports facilities/services

1. Wong Tai Sin District covers an area of about 926 hectares lying to the northeast of the Kowloon Peninsula. It is bounded by the Lion Rock, the Tate's Cairn, the Kowloon Peak, New Clear Water Bay Road, Prince Edward Road East, Junction Road and the Lion Rock Tunnel. The district is the only administrative district in Hong Kong without a coastline⁸. There are two public swimming pools⁹, six public libraries¹⁰, six sports centres¹¹ and one sports ground¹². The respondents were generally satisfied with the recreational facilities available in the district.
2. Some residents expected more play areas, sports-climbing facilities, sports apparatus and civic/recreational facilities (such as town halls and community centres) to be provided in the district as well as more community activities for the young and the elderly.
3. Some residents hoped to have the facilities and apparatus at the sports grounds and sports centres renovated.
4. Some respondents also hoped to have the quota for recreational activities expanded, the restrictions on facility hiring relaxed and the waiting time reduced.
5. Individual focus group interviewees remarked on the lack of libraries in Chuk Yuen, while mobile libraries failed to cater to the needs of the disabled.

⁸ Wong Tai Sin District Council Webpage: District Highlights.

⁹ LCSD Webpage: Beaches and Swimming Pools.

¹⁰ LCSD Webpage: Hong Kong Public Libraries.

¹¹ LCSD Webpage: Sports Centres.

¹² LCSD Webpage: Sports Grounds.



Community services

1. Almost 50% of the respondents had no comments with respect to child care services, rehabilitation services and family welfare crisis management services in the district.
2. More than 80% hoped for improvements in community services in the district (Table 15).
3. Some focus group interviewees considered that although there were many social service agencies in the district, these resources were scattered around different areas. Besides, they still found the resources available in the district inadequate for the elderly and the disabled, and hoped for more services for the elderly, the young and the disabled.
4. Population aging has aroused concern among the residents for elderly services. Some focus group interviewees remarked on the severe shortage of elderly residential care and the varied standards among private homes.



Recommendations

Wong Tai Sin District covers an area of about 926 hectares lying to the northeast of the Kowloon Peninsula. It is bounded by the Lion Rock, the Tate's Cairn, the Kowloon Peak, New Clear Water Bay Road, Prince Edward Road East, Junction Road and the Lion Rock Tunnel. The district is the only administrative district in Hong Kong without a coastline⁸. Most respondents reported to be satisfied with living in Wong Tai Sin. However, the issue of population aging required coordinated efforts from various stakeholders. Publicity should be enhanced, and suitable health promotion should be pursued to strengthen community solidarity for the realization of the “healthy and safe city” vision, in order to improve public health. In summary of the opinions of local residents, the working group would like to make the following recommendations:

As reflected by the results of the WHO's Quality of Life Measure (abbreviated version for Hong Kong), the scores for mental health and quality of the environment were lower. Unemployed respondents and those mentally disturbed by unemployment had worse mental health than all respondents, while emotional issues were more prevalent among youngsters aged 18–29 than other age groups. More than 75% of the respondents hoped for more promotion of mental health in the district. We recommend that social service agencies organize more youth employment and counselling projects, volunteer training and hands-on services as well as workshops pertaining to self-confidence, in order to relieve the youth of psychological issues.

The respondents were the least satisfied with healthcare services among various services, and out of different healthcare services, they were the most aggrieved with public A&E service and specialist/outpatient clinic service. It is evident that public healthcare services are inadequate to meet the local residents' demand for primary care. Their discontent may also be attributed to excessive queuing time at public hospitals and outpatient clinics. Therefore, the Government must review local needs such as whether sufficient healthcare service is provided and whether specialist/outpatient clinic service should be reinforced.

There is currently no A&E department in the district. Should emergencies arise, residents have to travel to Kwong Wah Hospital or Queen Elizabeth Hospital in other districts, which delays vital treatment and also exacerbates crisis situations. As a result, the Government should react to the urgency of setting up an A&E service. Moreover, some interviewees remarked that the telephone booking service was inconvenient and incompatible with the needs of the elderly. The authorities should refine the telephone booking system by, for example, having a hotline with operator to help the elderly with the outpatient clinic booking service and providing mobile medical van services, in order to reduce the problems with public outpatient clinic service.

Due to lifestyle changes, chronic illnesses have become an important health issue in Hong Kong. In this survey, 40.8% of the respondents were chronically ill, among which more than 55% were aged 60 or above and nearly 20% aged 50–59. The authorities should attend to the problems stemming from population aging. In the focus group meetings, some interviewees pointed to the severe shortage of elderly home places. More resources should be devoted to elderly services in the district in order to cope with future need, while health promotion activities and self-help groups could be organized for the chronically ill of the district as part of the chronic illness management strategy.

Population aging has led to concern for elderly services in the district, and some respondents considered that although there were many social service agencies in the district, these resources were scattered around different areas and inadequate for the elderly (especially elderly singletons) and the disabled. It was also found that many elderly did not know where to seek for assistance. According to some respondents, services for the youth and the disabled were somewhat insufficient. Therefore, local organizations and agencies could review their resource allocation and engage in further promotion with regard to these perspectives.



The respondents were less impressed with community health education and promotion services, an indicator that these services are yet to fulfil the objective of universal education. 80% of the respondents hoped for more promotion of tobacco/alcohol/drug-free culture. More efforts should be made to understand the health needs of local residents, so as to make the promotion activities fit actual needs. More diversity could also be introduced such as carnivals, games, health talks and health checks to spread the message of healthy living and enhance public awareness. In addition, the authorities should step up hygiene and communicable disease control measures, make the residents more sensitive to public hygiene, and improve the local environment. In particular, the breeding of mosquitoes must be tackled as soon as practicable. Possible measure include calling on the residents to report mosquito and hygiene black spots, and working more closely with the FEHD and estate management to improve local hygiene.

It was found that those who had not done any exercise in the past week were mostly aged 30–39, unemployed or housewives. As a result, sports suitable for these groups could be promoted, while sports facilities in the district could be upgraded such that the residents can have more opportunities to engage in different physical activities.

In Wong Tai Sin, the average score for quality of the environment was lower than those for physical health, mental health and interpersonal relationship. In terms of the environment, many respondents were concerned with the rugged relief, numerous steep roads and busy traffic in the district. For example, the roads leading to Tsz Wan Shan, Our Lady of Maryknoll Hospital, TWGHs Wong Tai Sin Hospital, Chuk Yuen and Hammer Hill are narrow and steep, and especially dangerous under rainy weather. Some focus group interviewees stated that in spite of pedestrian crossing facilities or footbridges in the district, jaywalking still occurred from time to time with some residents against traffic safety, thus posing a threat to both vehicles and pedestrians. We recommend that the authorities make improvements on road works and build elevators or escalators at individual estates to aid the elderly and the disabled.

The respondents were very satisfied with MTR services, yet some residents from Tsz Wan Shan and Chuk Yuen commented that MTR services were out of reach for them, while bus services in Choi Wan, Tsz Wan Shan and Chuk Yuen were inconvenient with a long waiting time. The ancillary transport service should be strengthened.

Only 24.0% and 16.1% of the respondents reported consumption of at least two servings of fresh fruits and three servings of vegetables every day in the past week respectively. To lower the risk of cardiovascular and other chronic illnesses and thereby reduce the healthcare burden, the authorities should intensify the education work to let the citizens know more about healthy diet. Promotion could also be done on the school level to cultivate healthy eating habits from childhood. As 45% of the respondents usually ate out for lunch or opted for lunch box or canteen, it is also feasible to promote healthy diet at the restaurants.

This community diagnosis study has revealed certain specific health issues, such as quality of the environment, mental health, healthcare services, community health promotion, healthy diet and physical activity for all. The authorities could organize more activities with regard to these issues or target groups such as the elderly, the youth, the disabled, the unemployed and the housewives.



Acknowledgments



Wong Tai Sin District Council

Wong Tai Sin District Office

District Lands Office/Kowloon East

Participating Public and Home Ownership Scheme Estates:

Choi Hung Estate	Tsz Man Estate
Choi Wan (I) Estate	Lok Fu Estate
Choi Wan (II) Estate	Sun Lai Garden
Upper Wong Tai Sin Estate	Tsz Oi Court
Lower Wong Tai Sin (II) Estate	Tsui Chuk Garden
Tsz Ching Estate	Tak Keung Court

Participating Residents

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

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Mr. FUNG Kwong-chung, BBS, JP (2007–2011)
Ms WONG Teresa (2007–2010)
Dr. Tang Chang-hung, Lawrence (2007–2011)
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