

# Evaluation and Recommendations of Hong Kong Health Promotion

## 香港健康推廣的評估及建議

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### Abstract

The present study investigates the evolution of Hong Kong's health promotion policies between July 1997 and now. The objective of the study is to evaluate the Hong Kong Special Administrative Region (HKSAR) Government's performance in health promotion. International experiences have been drawn to provide objective benchmarks for the assessment. The findings proposed that the Government should conduct a comprehensive review of the present system to consider formulating a policy with a clear direction and long-term strategies for promoting public health, and establishing an independent agency responsible for all health promotion-related matters. To achieve sustained success, the Government should also adopt an integrated and holistic approach in health promotion, with emphasis on policy development, organizational structure, intersectoral collaboration, community participation, promotion of healthy populations, healthy lifestyles and healthy settings, advocacy for health and related education, as well as capacity building for individuals. Apart from proactive efforts by the Government, active participation by all sectors in the community is of utmost importance in achieving success in health promotion.

KEYWORDS : public health, health promotion, health education, primary health care

### 摘 要

本文主要探討由一九九七年七月至今，香港之健康推廣發展。目的在於檢討香港特區政府在健康推廣的表現。同時，會以國際經驗作為參考準則作出評估。結果顯示，港府應對現時制度實施廣泛檢討，考慮制定明確方向及長遠政策，建立獨立機關專門負責全港公共健康推廣事宜。為使之持之以恆，港府亦應採用綜合及全面的方針，強調策略性發展、組織架構、各部門之間的合作、社區參與、健康生活模式及環境、健康教育、以及個人責任。除了政府的積極性，社區團體的主動參與亦是健康推廣的成功關鍵。

關鍵詞：公共健康、健康推廣、健康教育、基礎醫療保健

### Introduction

Marked global development in health promotion took place in as early as the 1980s. The Ottawa Charter, adopted by the World Health Organization (WHO) at the 1<sup>st</sup> International Conference on Health Promotion

held in Ottawa, Canada, in 1986, has made a significant contribution to the global development of health promotion. Since the adoption of the Charter, health promotion has become a leading and vital component of public health, and at the beginning of the 21<sup>st</sup> century, it has become a major concern of both developed and

developing countries (“Global health promotion”, 2005). The Charter highlighted that health is created and lived by people within the settings of their everyday life, i.e. where they work, learn and play and love, and can be achieved through the promotion of healthy settings, healthy populations and healthy lifestyles (Ottawa Charter, 1986).

Many developed countries have recognized a long time ago the threats of diseases and the problems of an ageing population (Leong, 1999). Most of these countries have adopted a proactive approach to improve the health of their populations in the past 20-odd years, which included the formulation of long-term public health policies and the launching of strategic programmes to strengthen the disease prevention and health promotion efforts. Their momentum in this regard has sustained over the years and continued to grow. For example, the Finland “North Karelia Project” in the 1980s, which had successfully prevented non-communicable diseases, was found popular among the Finnish population. In 2001, a new health policy entitled Health 2015 was formulated, which set out a comprehensive agenda on improving the people’s health in the first 15 years of the 21<sup>st</sup> century (Nissinen, Berrios, & Puska, 2001; “Global health promotion”, 2005; “Background paper on health promotion”, 2006). Another noteworthy example was the launching of the Healthy People 2010 by the Government of the USA in 2000. Healthy People 2010 is a comprehensive, nationwide health promotion and disease prevention agenda, containing an array of objectives designed to serve as a framework for improving the health of all people in the USA during the first decade of the 21<sup>st</sup> century. (“Background paper on health promotion”, 2006; About Healthy People 2010, 2007).

Over the years, the HKSAR Government has adopted a reactive approach in respect of public health issues. Primary health care has been playing second fiddle in our healthcare system. It has been “treatment”—centred, relying heavily on secondary care and tertiary care, with little attention paid to primary care which essentially involves preventing people from getting sick in the first place (Leong, 1999). In regard to health promotion work, Hong Kong still lags behind world leaders like Finland and the USA (“Background paper on health promotion”, 2006). Only at the beginning of the 21<sup>st</sup> century had the HKSAR Government started to put emphasis on primary care (Building a Healthy Tomorrow, 2005). In the recent public consultation document on healthcare financing arrangements

published in March 2008, the Government acknowledged that primary care should not be just the curing of illnesses, but should also involve the provision of lifelong, comprehensive and holistic health care to individuals in their home environment. Primary care emphasizes on preventive care, promotion and protection of well-being, as well as improvement in the quality of life.

While the Government has long recognized the need to reform the healthcare system, the lack of a broad community consensus on the matter over the years has put the reform to a halt. The Government has pointed out recently that the proportion of elderly people in Hong Kong will double from 1 in 8 in 2007 to 1 in 4 by 2033. There are also signs of increase in certain lifestyle-related diseases. Both factors will cause the healthcare needs to increase significantly. It is therefore imminent to reform the healthcare system to make it sustainable and more responsive to the increasing needs of the community. Now, the Government’s vision is to develop a healthcare system which not only provides healthcare protection for every member of the community, but also improves their awareness of health and quality of life (Your Health Your Life, 2008).

The objective of this study is to evaluate the health promotion work in Hong Kong by comparing its practice with that of world leaders in the health promotion field. Comparing Hong Kong’s health promotion policies and initiatives with internationally recognised standards and achievements could provide objective benchmarks for assessing the HKSAR Government’s performance in health promotion. It is believed that the experiences of international benchmarks may enlighten us on our way ahead in the aspect of health promotion.

## Method

The search for information for the review is conducted on English publications only, focusing on documents containing the following keywords: health, public health, physical health, health promotion, health education, healthy lifestyle, healthy diet, physical activity, physical exercise, primary care or primary health care. The search included a review of the relevant printed publications, such as reports, consultation documents, books and health-related journals, etc. A search using professional electronic databases (such as Pubmed, Medline, Eric and Sport Discus) and other internet search engines (such as Yahoo and Google) has also been conducted.

The search has identified a total of 38 relevant documents. Among these 38 documents, 14 studies are overseas publications (including policy frameworks on health promotion, health promotion evaluation, health promotion policies, interventions to improve public health, and building of healthy cities) and 24 are local publications (including interventions to improve public health, healthcare policies, building of healthy city, consultation on healthcare reform, and health promotion effort).

The paper investigates the evolution of Hong Kong's health promotion policies between July 1997 and now. The period is chosen because the establishment of HKSAR upon China's resumption of sovereignty over Hong Kong in July 1997 signifies the beginning of a new era for the territory. Hong Kong has been undergoing social, political, economic and cultural changes since then. After the handover, the occurrence of the three major incidents (i.e. the avian flu outbreak in 1997, the financial crisis in 1997-98, and the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003) created significant impacts on the society and aroused considerable awareness among the Hong Kong population. Especially after the avian flu and SARS outbreaks, members of the public have raised their expectations on the Government to create a better, cleaner and healthier living environment for them ("Background paper on health promotion", 2006).

## Results and Discussion

### International Major Milestones in Health Promotion

Based upon the review of international developments in health promotion, major milestones are identified for the reference of HKSAR. They are:

#### (a) Ottawa Charter (1986)

According to the prerequisites for health outlined in the Ottawa Charter, the fundamental conditions and resources for health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity. It is a positive concept emphasising social and personal resources, as well as physical capacities. Health promotion is therefore not just the responsibility of the health sector. Individuals and communities should be enabled to address the broad determinants of health in order to reduce the

vulnerability and risks to ill health. A diagram showing the determinants of health (Flynn & Rivett, 2000) is in Appendix A. It is firmly believed that if people in all walks of life, non-government organizations (NGOs), voluntary organizations, governments, WHO and all other relevant bodies join forces in introducing strategies for health promotion, health for all will become a reality (Ottawa Charter, 1986; Jarvelin, 2002).

The Ottawa Charter is largely conceptual in nature and recommends broad goals, values, principles and strategies for health promotion (Jarvelin, 2002). The three basic strategies for health promotion embodied in the Ottawa Charter (Ottawa Charter, 1986; Flynn & Rivett, 2000; Jarvelin, 2002) are:

- advocacy for health to create the essential conditions for health;
- enabling all people to achieve their full health potential; and
- mediating between the different interests in society in the pursuit of health.

These strategies are supported by the following five priority action areas outlined in the Ottawa Charter (Ottawa Charter, 1986; Flynn & Rivett, 2000; Jarvelin, 2002):

- build healthy public policy;
- create supportive environments for health;
- strengthen community actions for health;
- develop personal skills; and
- reorient health services.

Since the adoption of the Ottawa Charter in 1986, health promotion has become a leading and vital component of public health, and has also become a major concern of both developed and developing countries ("Global health promotion", 2005). It has greatly aroused the world's awareness of the important role played by health promotion in the process of achieving public health. The international community fully recognises that the Ottawa Charter has made and continues to make significant contributions to the global development of health promotion. It can be evidenced by the fact that nowadays many global players still make reference to the fundamental values and guiding principles outlined in the Ottawa Charter for their health promotion practice and policy-making (Ottawa Charter, 1986; Flynn & Rivett, 2000; Jarvelin, 2002).

In view of the leading position of the Ottawa Charter, the fundamental principles and strategies embraced in it are used as the benchmark to assess Hong Kong's health promotion policies. It is believed that comparing the Hong Kong system with these principles and strategies could indicate whether the Hong Kong system is in line with the standards which are widely recognised by the international community.

#### (b) Jakarta Declaration (1997)

The Jakarta Declaration (Jakarta Declaration, 1997; Flynn & Rivett, 2000) was adopted by WHO at the 4<sup>th</sup> International Conference on Health Promotion under the theme of "New Players for a New Era - Leading Health Promotion into the 21<sup>st</sup> Century" held in Jakarta, Indonesia, in 1997. The Declaration confirmed that the strategies and action areas outlined in the Ottawa Charter are relevant for all countries, organizations and institutions. The Declaration highlighted that:

- comprehensive approaches to health development are the most effective. Those that use combinations of the strategies outlined in the Ottawa Charter are more effective than single-track approaches;
- particular settings for health offer practical opportunities for the implementation of comprehensive strategies;
- participation is essential to sustain efforts. People have to be at the centre of health promotion action and decision-making processes for them to be effective; and
- health literacy/health learning fosters participation. Access to education and information is essential to achieving effective participation and the empowerment of people and communities.

#### (c) Health 21 (1998)

In 1998, the Member States of WHO endorsed a new policy framework known as Health 21 - health for all in the 21<sup>st</sup> Century. Health 21 emphasised the importance of social and economic factors as determinants of health. Central to this framework is the idea of promoting health through social and economic development (Flynn & Rivett, 2000). Health 21 also identified the following five priorities for health promotion into the 21<sup>st</sup> century (Health 21, 1998) :

- promote social responsibility for health;
- increase investments for health development;
- expand partnerships for health promotion;
- increase community capacity and empower the individual; and
- secure an infrastructure for health promotion.

#### (d) Verona Initiative (WHO, 2000)

According to the Verona Initiative and the report entitled Review of Health Promotion Services in Hong Kong (Verona Initiative, 2000; Flynn & Rivett, 2000), the Verona Initiative was structured at three Arena Meetings which took place over three years from 1998 to 2000. The Initiative aimed to build on the Ottawa Charter and the Jakarta Declaration to develop Investment for Health as a pragmatic approach to formulate a sustainable strategy for the promotion of health that fully recognizes economic, social and environmental determinants. The Verona benchmark was developed to support partnership working and serve as a basis for evaluating the development of health policy. The core principles are:

- focus on health-effective action - tackling the root causes of ill health and creating opportunities for better health. It is important to assess the health impacts of public policy decisions, development strategies and investment decisions;
- public participation - involving the public and investing in the development of people, community leaders and officials;
- intersectoral working - the inclusion of all sectors from national to local levels to ensure that initiatives in all sectors (such as education, housing, social services, employment, etc) support the health policy;
- equity - greater equity in health within populations to ensure equal opportunities to develop and maintain health;
- sustainability - an "Investment for Health" process that is both durable and resilient, and meets criteria for sustainable development. This requires managing resources, investment, as well as technological and institutional developments in ways which ensure that current developments do not compromise the health and well-being of future generations; and

- broad knowledge base - information and intelligence on effective interventions to improve health, including community aspirations and goals.

**(e) Bangkok Charter (2005)**

The Bangkok Charter was adopted by WHO at the 6<sup>th</sup> Global Conference on Health Promotion held in, Bangkok, Thailand in August 2005. This Charter complements and builds upon the values, principles and action strategies of health promotion established by the Ottawa Charter and the recommendations of subsequent global health promotion conferences which have been confirmed by Member States through the World Health Assembly. The Bangkok Charter also emphasised on investment in sustainable policies, actions and infrastructure to address the determinants of health; regulation and legislation; capacity building for policy development and leadership and health literacy; as well as partnership and building alliance with public, private, NGOs, international organizations and civil society to create sustainable actions (Bangkok Charter, 2005; “Global health promotion”, 2005).

**Review of Hong Kong’s Health Promotion**

Over the years, the Government has put forward a number of proposals on how to reform the healthcare system. However, the community has yet to reach a broad consensus on how to take forward the reform. Since the return of sovereignty to China on 1 July 1997, several major consultation exercises on healthcare reform have been conducted by the Government. They are summarized below:

- (a) Consultation document entitled “Improving Hong Kong’s Health Care System: Why and For Whom” published in April 1999 (known as “the Harvard Study”).  
The study focused on proposing alternative options to improve financing and delivery of healthcare services. It suggested that health status depend on many other factors besides health care, including lifestyle, nutrition, clean environment, safety, education and public health”. The study identified three major weaknesses of Hong Kong’s healthcare system, which were compartmentalisation in the delivery of services, variable healthcare quality, and questionable financial and organisational sustainability (Harvard Study, 1999).

- (b) Consultation document entitled “Lifelong Investment in Health” published in December 2000

This consultation was carried out on the basis of the views received on the Harvard Study. In this exercise, the Government further reviewed the three main pillars of the healthcare system (i.e. service delivery system, system of quality assurance & healthcare financing system) and proposed strategic directions for reforms with a view to ensuring that the system would meet the needs and aspirations of the future generations. It was emphasized in the consultation document that the pursuit for better health had to be a shared responsibility among the individual, the community and the Government (Lifelong Investment in Health, 2000).

- (c) Consultation document entitled “Building a Healthy Tomorrow” published in July 2005

This consultation was a continuation of the past reviews. In this consultation paper (Building a Healthy Tomorrow, 2005), the Government, having regard to the significant increase in public healthcare expenditure from \$14.5 billion in 1994-95 to \$27.8 billion in 2004-05, invited the public to consider the need for a change in the public healthcare model. It also highlighted the challenges faced by the healthcare system, such as over-reliance on the heavily subsidised healthcare system, ageing population by 2023 and tendency of early occurrence of chronic diseases in the population. The Government also set out its vision for a future healthcare system featuring a robust primary care system, which covers health promotion, disease prevention, curative care and rehabilitation. To strive towards the vision, the Government recommended, inter alia, to promote the family doctor concept that emphasized continuity of care, holistic care and preventive care through public education and family doctors. It also recommended that the future healthcare model should include eight elements, three of which should be related to healthy lifestyle, health promotion and preventive care, as set out below:

- a population which is knowledgeable about health and health risk factors will adopt a healthy lifestyle and take responsibility for their own health;

- a healthcare profession that views health promotion and preventive medicine as priorities; and
- a primary healthcare system which can provide good family medicine service affordable to all, whilst incorporating strong elements of health promotion and preventive care.

In this consultation document, the Government also stated its belief that effective primary care can improve the health of the population and reduce pressure on hospital services. It suggested that the community should be made aware of the merits of and opportunities for receiving primary care. The concepts promoted have demonstrated the Government's recognition of health promotion and preventive care as key components of the healthcare system. The Government also undertook to put forth recommendations on possible healthcare financing options for consultation with the public (Building a Healthy Tomorrow, 2005).

(d) Consultation document entitled "Your Health Your Life" published in March 2008"

As promised in the last consultation exercise, this consultation focuses on healthcare financing arrangements and is to be carried out in two stages. In the first stage, the public is consulted on the key principles and concepts of the healthcare service reform proposals, as well as the pros and cons of the possible supplementary financing options. In the second stage, the Government will, base on the views received in the first stage, formulate detailed proposals for the reform, including those of supplementary financing arrangements, for further public consultation (Your Health Your Life, 2008).

In this consultation document, the Government once again highlights the importance of effective primary care on the ground that it can help improve public health and reduce the needs for hospital care. To enhance primary care, the Government proposes, among others, to strengthen public health education, promote a culture of shared responsibility for personal health, and put greater emphasis on healthy lifestyle and preventive care. This has demonstrated that the Government has continued to give significant weight to primary care and health promotion (Your Health Your Life, 2008).

## Evolution of Hong Kong's Health Promotion

The aim of organizing health promotion programmes/activities is to increase the public's knowledge and skills in achieving healthy lifestyle through various channels such as poster campaigns, in-centre or roving exhibitions, health talks and mass media publicity programmes. Besides, health messages are disseminated through pamphlets, Central Health Education Unit's (CHEU), Department of Health (DH) websites and a 24-hour health education hotline. The public may also visit the Health Zone, located inside CHEU's Health Education Hall in Wanchai, to view an electronic archive of video programmes and CD-ROMs, access online databases of health-related journals and internet resources on health promotion matters, and read health promotion journals and publications produced by CHEU ("Promotion of Health Education", 1999; "Background paper on health promotion", 2006).

According to DH (Ching, 2005; Choy, 2006), the Government has organized many community-wide programmes/activities to promote healthy lifestyle since July 1997. The programmes/activities organized can be broadly classified into the following five categories:

- those relating to healthy diet (such as the Eat Smart: Follow the Food Pyramid Project, 2 Plus 3 A Day Campaign, EatSmart@school.hk Campaign and EatSmart@restaurant.hk Campaign. These programmes are launched by DH in collaboration with schools and/or caterers, etc);
- those relating to physical activity (such as the Healthy Exercise for All Campaign, Fitness Programmes for Children and Tai Chi Made Easy Programme organized by the Leisure and Cultural Services Department (LCSD), as well as the Stair Climbing Programme and Exercise Prescription Project organized by DH. Some of these programmes, such as the Fitness Programmes for Children, are organized in collaboration with universities, professional bodies and relevant government departments ("LCSD Press Release", 2007; "Basic Principles of Healthy Cities", 2008);
- general programmes/activities not relating to healthy diet or physical activity (such as the Healthy Living into the 21st Century

Campaign launched by DH, and the Building Healthy Cities Project which is a community-led project coordinated by the Haven of Hope Christian Service with the participation of DCs, district organizations, the Hospital Authority and relevant government departments. Other general programmes launched by DH include Men's Health Programme and Programme on Health Promotion Advice by Doctors);

- campaigns/publicity on local or world health events implemented on a yearly basis (such as the World Tuberculosis Day, World No Tobacco Day, World Breastfeeding Week, World Diabetes Day, Mental Health Month and Influenza Vaccination Campaign); and

- seminars/exchanges and association with international bodies (such as exchange with Finland on their North Karelia Project, attachment to Sydney South West Area Health Service and attendance at Seminar on Social Marketing as applied in Health Promotion).

### Contrasts between the Practice of Ottawa Charter and Hong Kong

The health promotion efforts made by the HKSAR Government, including the infrastructure necessary to support such efforts, have been examined against the practice of Ottawa Charter from the following perspectives (Table 1):

**Table 1. Contrasts of health promotion efforts between the practice of Ottawa Charter and Hong Kong**

Areas examined	Based on ( <i>Ottawa Charter</i> , 1986; Ching, 2005)
Whether Hong Kong has a healthy public policy?	a priority action area outlined in the Ottawa Charter, i.e. build healthy public policy.
What are the organizational structure and functions of the agency responsible for health promotion in Hong Kong?	the three basic strategies in the Ottawa Charter, i.e. advocacy for health to create the essential conditions for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health.
Whether there is intersectoral collaboration in public health policy development in Hong Kong?	a priority action area outlined in the Ottawa Charter, i.e. create supportive environments for health.
Whether there is active public participation and strong partnership building in health promotion in Hong Kong?	two priority action areas outlined in the Ottawa Charter, i.e. strengthen community action for health; and develop personal skills.
Whether the services provided under our healthcare system are sufficient and truly meet the needs of the Hong Kong population?	a priority action area outlined in the Ottawa Charter, i.e. re-orient healthy services.
Whether Hong Kong has sufficient human resources capacity for doing health promotion work?	the important aspect of capacity building for public health promotion.
Whether the research and innovation functions in Hong Kong are strong enough to support health promotion work?	the important aspect of capacity building for public health promotion.
Whether evaluation/review of health promotion work in Hong Kong is carried out regularly?	Ditto.
Whether Hong Kong has maintained a close linkage with its international counterparts?	Ditto.

The evaluation has identified certain contrasts between the practice of Ottawa Charter and that of Hong Kong. The contrasts, together with the recommendations to address the inadequacies identified, are detailed in the ensuing paragraphs.

### ***Healthy public policy***

Having a well-formulated long-term healthy public policy can ensure that health promotion work is steered to the right direction and implemented in a strategic, effective and orderly manner. Health 2015 formulated by the Finnish Government in 2001, which set out a comprehensive agenda on improving the Finnish population's health in the first 15 years of the 21<sup>st</sup> century, and the Healthy People 2010 formulated by the US Government in 2000, which provided a comprehensive and nation-wide agenda on improving the health of the US people in the first 10 years of the 21<sup>st</sup> century, are two valid examples (Jarvelin, 2002; "Background paper on health promotion", 2006).

Unlike the above countries, the HKSAR Government has not formulated any policy which provides a clear direction and long-term strategies for promoting public health in Hong Kong. Neither has it developed in its policy agenda any formal structure that treats health promotion as a mainstream activity under the public health portfolio. Over the years, health promotion initiatives have been implemented on a piecemeal and isolated basis ("Background paper on health promotion", 2006). To address the undesirable situation, the HKSAR Government should formulate a comprehensive public health policy, set out a clear direction, long-term goals and strategies for improving the health of the Hong Kong population.

### ***Organizational structure and functions of the agency responsible for health promotion***

Promoting public health on a territory-wide basis requires strategic leadership and effective coordination among many sectors in the community. To achieve success, there should be an independent agency dedicated to assume a strategic and coordinating role in health promotion work ("Background paper on health promotion", 2006). In Finland, the task of health promotion is entrusted to the Ministry of Social Affairs and Health. The Ministry's independent and superior status has facilitated its promotion work. Assigning a Ministry to directly take charge of health promotion matters has demonstrated the high priority accorded by the Finnish

Government to health promotion (Jarvelin, 2002). Hong Kong, however, does not have an independent agency for health promotion. The role of health advocacy and promotion is mainly taken up by CHEU and Community Liaison Division (CLD) established under DH. The head of DH, i.e. the Director of Health, is responsible and answerable to the head of the bureau responsible for food and health matters, i.e. the Secretary for Food and Health. Due to the organizational setup, the difficulties encountered by DH in carrying out health promotion work include budgetary constraints as well as insufficient mandate and power to gain support from stakeholders ("Background paper on health promotion", 2006). Instead of inside the ring fence of DH, an independent health promotion agency (e.g. a government department) with its own expertise and funding capacity should be established to enhance the overall planning and coordination of health promotion initiatives (Leong, 1999; "Background paper on health promotion", 2006). The independence of the agency can provide more flexibility in the implementation of health-related initiatives, and its funding capacity can foster stakeholders' willingness and commitment to partner with the agency in launching health promotion programmes/activities.

### ***Intersectoral collaboration in health policy development***

Intersectoral collaboration means involving all sectors which may have impacts on public health in the process of developing the public health policy, so as to ensure that the initiatives under different policies would support the health policy (Jarvelin, 2002). As pointed out in the Ottawa Charter, apart from biological factors such as gender differences and genetic endowment, health is also influenced by social, economic and environmental factors. Social factors relate to the social environment, which include mental and emotional well-being of people, crime situation and incidence of domestic violence in society, etc. Economic factors relate to the economic environment, which involve matters such as housing, transport and employment, etc. Environmental factors relate to the physical environment, which are about clean water, adequate sanitation and unpolluted environment, etc. These factors are inter-related and collectively referred to as determinants of health (Ottawa Charter, 1986; Lee, 2006).

In view of the variety of factors involved, health issues should not be addressed from a lifestyle perspective alone. It should be extended to create a safe, satisfying and interesting living environment that

contributes to healthier and happier life (Flynn & Rivett, 2000; Lee, 2001; "DH Press Release", 2003; "Building Healthy Cities", 2005; "Basic Principles of Healthy Cities", 2008). This demands a more integrated and collaborative approach, requiring policy-makers and other stakeholders from within and outside the health sector to work together (Ottawa Charter, 1986; Jarvelin 2002). It is therefore necessary for a government to partner with various sectors to promote healthy populations, healthy lifestyles and healthy settings, i.e. the building of healthy cities, healthy working environment, healthy living environment and healthy schools, etc ("Regional guidelines", 2000; Lee, 2007). The Finnish Government has emphasized for over 10 years that health should be addressed in all policies and not be dealt with primarily by isolated programmes. Its national policy is to ensure that the healthy public policy is formulated in response to broad social, economic and environmental determinants. This requires all ministers to contribute to the healthy public policy and report their activities and initiatives relevant to health issues. As regards collaboration outside the government, Finland has done a good job in engaging a variety of stakeholders to play significant roles in health promotion (Jarvelin, 2002).

In Hong Kong, a major and fundamental problem faced by both the Government and the general public is the fragmentation of public policies. This phenomenon is attributed to the fragmentation of responsibilities among policy bureaux and government departments. The problems arising from fragmented policies include inadequate or inappropriate management of public issues, duplication in the use of resources, as well as confusion and inconsistencies over the implementation of such policies ("Official Record of Proceedings", 1998; "Minutes of meeting", 1998; "Report of Panel on Environmental Affairs", 2000). Addressing such fragmentation problems could be an uphill task and may involve an overhaul to the current policy-making system. Against this background, it is anticipated that establishing an intersectoral collaboration mechanism in our policy-making system is unlikely to materialise before the fragmentation problems are resolved.

In regard to collaboration with the public, the HKSAR Government has stepped up efforts over the past decade to promote healthy populations, healthy lifestyles and healthy settings. However, as most of the initiatives were implemented on a piecemeal basis, it was unable

to achieve a synergistic effect ("Background paper on health promotion", 2006; Lee, 2007). Since an all-rounded cross-bureau healthy public policy should be able to better meet public needs, the Government should critically examine, in conjunction with the fragmentation problems mentioned above, how the proposed intersectoral collaboration mechanism could be built into the policy-making system.

### *Public participation/partnership building*

Public participation is essential to sustain efforts. People have to be at the centre of health promotion actions and the decision-making process in order for them to perform effectively. There is a need for a government to build partnerships with NGOs, the private sector and the civil society to empower them to improve the health of their own and of the others. To achieve this, community-based programmes should be launched. Knowledge and education that can enable stakeholders to exercise control over and make informed decisions on actions that may affect their well-being should be provided. In the process, appropriate expectations for stakeholders' responsibility and accountability over the health of their own and of the others should be promoted (Ottawa Charter, 1986; Bangkok Charter, 2005; "Background paper on health promotion", 2006).

The HKSAR Government has been expanding partnerships for health promotion over the years. An example is the Building Healthy Cities Project (Lee, 2007), which is a community-led project coordinated by the Haven of Hope Christian Service with the participation of DCs and district organizations, etc. Another example is the Exercise Prescription Project, which is launched in collaboration with such stakeholders as the Hong Kong Medical Association (HKMA), NGOs and sports facilitators (Choy, 2006). However, in the absence of a basic infrastructure to support large-scale health promotion programmes/activities, the existing partnership between the Government and community stakeholders is limited and superficial. The latter mainly collaborates through providing venues and volunteers, and disseminating health education materials ("Background paper on health promotion", 2006).

In the meantime, the HKSAR Government should sustain efforts to launch more core activities and community-based programmes, and promote more active public participation as well as ownership in health promotion. To achieve better results, the planning and

coordination of these programmes/activities should be administered by an independent agency dedicated for health promotion matters. However, before any proposal could materialise, DH should be provided with more resources to carry out health promotion work.

### *Services under the healthcare system*

It is a global trend, as in the case of Finland and the USA, to make primary care an essential component of the healthcare system, with the objectives of generating better health for the people, reducing demand for hospital services and restoring a balance among primary, secondary and tertiary care (Legislation Council Question, 1999; Jarvelin, 2002; "Background paper on health promotion", 2006). In Hong Kong, for a long time, priorities were given to hospital services at the expense of primary care and family medicine (Leong, 1999). Although Hong Kong has started the process to restore a balance among primary, secondary and tertiary care, it is expected that the process will take a long time to complete because the issues involved are complex (Flynn & Rivett, 2000; Building a Healthy Tomorrow, 2005).

Nevertheless, the Government should take steps to ensure that the role of the health sector would move towards the direction of health promotion, and embrace a change of attitude to refocus on the total needs of the individual as a whole person, instead of confining to the traditional responsibility of providing clinical and curative treatment. In this connection, the Government should actively promote the family doctor concept. Doctors in private practice should be encouraged to take up primary health care, and adequate training should be provided to enable them to engage in family medicine (Flynn & Rivett, 2000; "Basic Principles of Healthy Cities", 2008; Your Health Your Life, 2008).

### *Human resources capacity*

In the review of the Finnish health promotion system, World Health Organization Regional Office for Europe (EURO) highlighted the need for the Finnish Government to ensure that human resources at all levels are sufficient for both strategic planning and implementation of health promotion initiatives (Jarvelin, 2002). Due to the organizational setup and resource constraints faced by DH, the units under DH which are entrusted to lead Hong Kong's health promotion work only have a small staff size and limited skill mix ("Background paper on health promotion", 2006). The

long-term solution to this problem is to establish an independent health promotion agency which has its own expertise and funding capacity. Before a decision is taken on the matter, an interim measure is to allocate more resources for DH to develop a critical mass of health practitioners who possess the core skills to plan, manage and implement health promotion initiatives.

### *Research and innovation*

Research and innovation provide valuable reference to policy-makers. For example, well-conducted researches on the harmful effects of smoking may lead to the formulation of an anti-smoking policy. Innovations play an equally important role in shaping public policies (Jarvelin, 2002). In its review of the Finnish health promotion system, EURO identified "research" as an area for improvement by the Finnish Government. The latter was suggested to tailor its researches to the priorities on the policy agenda (Jarvelin, 2002). Due to resource constraints, DH is unable to support strong research and innovation functions for health promotion issues ("Background paper on health promotion", 2006). To better assist in its formulation of policies, the HKSAR Government should allocate additional resources to DH to strengthen its research and innovation capacity. Besides, it should also provide more funding to local universities to conduct policy researches on topics like physical inactivity, alcohol abuse and mental disorder, etc.

### *Evaluation/review of health promotion work*

At present, Hong Kong does not have a mechanism for regular evaluations of its health promotion work ("Background paper on health promotion", 2006). An infrastructure to support such regular evaluations should be built. Where feasible, external reviews should be sought, as in the case of Finland (Jarvelin, 2002), to identify the strengths and weaknesses of the system so that improvements in line with the international standards can be made.

### *Linkage with global players*

Finland has a close linkage with world leaders in health issues for many years (Jarvelin, 2002). This has helped the country consolidate her leading position in the world. Hong Kong, however, has not maintained a sufficiently close contact with its international counterparts, in particular WHO. It also lacks participation in worldwide large-scale health promotional events ("Background paper on health promotion", 2006). To raise its position,

Hong Kong should participate more proactively in worldwide large-scale health promotional events. It should also explore opportunities to work more closely with WHO. For instance, it may seek to become a WHO Collaborating Centre in Health Promotion and Health, so that it can have more exchanges with WHO on global health issues.

## Conclusions

After studying international milestones and its experiences in public health, it is believed that in order to achieve success, the first step is to formulate a comprehensive healthy public policy with a clear direction as well as long-term goals and strategies for promoting public health. The policy should be reviewed from time to time to address public needs in the light of the changing circumstances. It is more desirable if the initiatives under other policies also support the health policy.

Second, there should be an independent agency dedicated to take charge of health promotion matters. It should assume a strategic and coordinating role in implementing health promotion initiatives. As health promotion should not just be the responsibility of the health sector, the agency should gain support from stakeholders in different sectors of the community to join hands with the Government to carry out health promotion work. To ensure that the agency is operating in an independent and professional manner, it should have its own expertise and funding capacity.

Third, the health sector should move towards the direction of health promotion. In this connection, the Government should allocate more resources to primary care. It should also promote the family doctor concept and public-private partnership. Doctors in private practice should be encouraged and trained to take up primary care/family medicine.

Fourth, more resources should be provided to the health promotion agency to strengthen its research and innovation capacity. In addition, the HKSAR Government should provide more funding to local universities to conduct policy researches on health-related topics of wide public concern, such as physical inactivity and alcohol abuse.

Fifth, health promotion evaluations should be conducted on a regular basis. Where feasible, external reviews should be sought with a view to upgrade the Hong Kong system to the international standards. Besides, Hong Kong should establish closer links with its international counterparts, in particular WHO, so as to facilitate more frequent exchanges on global health issues.

Last but not least, before the HKSAR Government has taken a decision on the proposals concerning the formulation of a healthy public policy and establishment of an independent agency, DH should be provided with additional resources to develop a stronger professional team to carry out the necessary health promotion work.

## References

- Ching, R. (2005). *Powerpoint presentation materials by Dr Regina Ching, Deputy Director of Health, Department of Health of the Hong Kong Special Administrative Region, for the Public Health Forum - Building Department of Health's Capacity for Health Promotion*. 18 June 2005.
- Choy, R. (2006). *Powerpoint presentation materials by Dr Ray Choy, Head, Central Health Education Unit, Department of Health of the Hong Kong Special Administrative Region, on the latest developments of health promotion in Hong Kong*. 22 May 2006.
- Department of Health. (2006). *Background paper on health promotion in overseas countries and Hong Kong*. May 2006.
- Department of Health. (2008). *Basic Principles of Healthy Cities: Health Promotion*. January 2008.
- Department of Health. (2005). *Building Healthy Cities: Guidelines for implementing a Healthy Cities Project in Hong Kong*.
- Department of Health. (2003). *Press Release on World Health Organization's Technical Meeting on Health Promotion issued by the Department of Health of the Hong Kong Special Administrative Region*. 25 October 2003.
- Education Department. (1999). *Promotion of Health Education by the Education Department of the Hong Kong Special Administrative Region*.

- Flynn, P. & Rivett, D. (2000). *Review of Health Promotion Services in Hong Kong commissioned by the Department of Health of the Hong Kong Special Administrative Region*. February 2000.
- Food and Health Bureau. (2008). *Consultation document entitled "Your Health Your Life" by the Food and Health Bureau of the Hong Kong Special Administrative Region*. March 2008.
- Health and Welfare Bureau. (1999). *Consultation document entitled "Improving Hong Kong's Health Care System: Why and For Whom" (known as "Harvard Study") by the Health and Welfare Bureau of the Hong Kong Special Administrative Region*. April 1999.
- Health and Welfare Bureau. (2000). *Consultation document entitled "Lifelong Investment in Health" by the Health and Welfare Bureau of the Hong Kong Special Administrative Region*. December 2000.
- Health, Welfare and Food Bureau. (2005). *Consultation document entitled "Building a Healthy Tomorrow" by the Health, Welfare and Food Bureau of the Hong Kong Special Administrative Region*. July 2005.
- Jarvelin, J. (2002). *Review of national Finnish health promotion policies and recommendations for the future*. Health Care Systems in Transition. The European Observatory on Health Care Systems, 2002: Vol. 4, No.1 published by the World Health Organization Regional Office for Europe.
- Lee, A. (2007). *Powerpoint presentation materials entitled "Evidence of success on Healthy City Movement: SPIRIT Framework" by Prof. Albert Lee, Professor and Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong, for the Inauguration Ceremony of the China Hong Kong Chapter, Alliance for Healthy Cities, Western Pacific Region cum "Healthy Cities" Forum*. 14 September 2007.
- Lee, S. (2001). *Speech delivered by Ms Shelley Lee, Director of Home Affairs of the Hong Kong Special Administrative Region Government, at the opening ceremony of the Conference on Healthy Cities and Health Promoting Universities*. 7 December 2001.
- Lee, S.H. (2007). *Powerpoint presentation materials by Prof. S.H. Lee, Emeritus Professor of Community Medicine, School of Public Health, The Chinese University of Hong Kong, for the 1<sup>st</sup> Asia-Pacific Conference on Healthy Universities*. 8 to 10 March 2007.
- Lee, S.H. (2006). *Powerpoint presentation materials by Prof. S.H. Lee, Emeritus Professor of Community Medicine, School of Public Health, The Chinese University of Hong Kong, for the Conference on Quality of Life Research in Asia*. 20 May 2006.
- Legislative Council. (1999). *Legislation Council Question asked by Hon Michael Ho Mun-ka on "Comprehensive policy on primary health care services" and reply made by the Secretary for Health and Welfare at the Council meeting on 20 January 1999*.
- Legislative Council. (1998). *Minutes of meeting of the Panel on Welfare Services on 9 November 1998*.
- Legislative Council. (1998). *Official Record of Proceedings of the Legislative Council meeting on 29 July 1998*.
- Legislative Council. (2000). *Report of the Panel on Environmental Affairs 1999-2000*. June 2000.
- Leisure and Cultural Services Department. (2007). *Press release on "New classes to promote Tai Chi for everyone"*. 15 March 2007.
- Leong, C.H. (1999). *Discussion paper: "Primary Health Care Policy in Hong Kong"*. *Hong Kong Practitioner*, 312-16.
- National Center for Health Statistics. (2007). *About Healthy People 2010 published by National Center for Health Statistics, Centers for Disease Control and Prevention, Department of Health and Human Services, United States of America*. 19 October 2007
- Nissinen, A., Berrios, X., & Puska, P. (2001). *Community-based non-communicable disease interventions: lessons from developed countries for developing ones*. *Bulletin of the World Health Organization*, 79(10), 963-70.

Oxford University Press. (2005). *The Bangkok Charter: 6<sup>th</sup> Global Conference on Health Promotion, Bangkok, Thailand. August 2005*

World Health Organization. (1998). *Health 21 - World Health Organization's agenda for health*. Retrieved from [http://www.madrizzo.org/inglese/tvi\\_eng.html](http://www.madrizzo.org/inglese/tvi_eng.html)

World Health Organization. (2000). *Verona Initiative - Health Promotions and Investments for Health*. Retrieved from [http://www.madrizzo.org/inglese/tvi\\_eng.html](http://www.madrizzo.org/inglese/tvi_eng.html)

World Health Organization Health Education and Health Promotion Unit. (1997). *The Jakarta Declaration: 4th International Conference on Health Promotion, New Players for a New Era - Leading Health Promotion into the 21st Century, Jakarta, Indonesia. July 1997.*

World Health Organization Regional Office for the Western Pacific. (1986). *The Ottawa Charter: 1st International Conference on Health Promotion, Ottawa, Canada. November 1986.*

World Health Organization Regional Office for the Western Pacific (2000). *Regional guidelines for developing a Healthy Cities project*. June 2000.

World Health Organization Secretariat (2005). *Global health promotion scaling up for 2015 - A brief review of major impacts and developments over the past 20 years and challenges for 2015.*

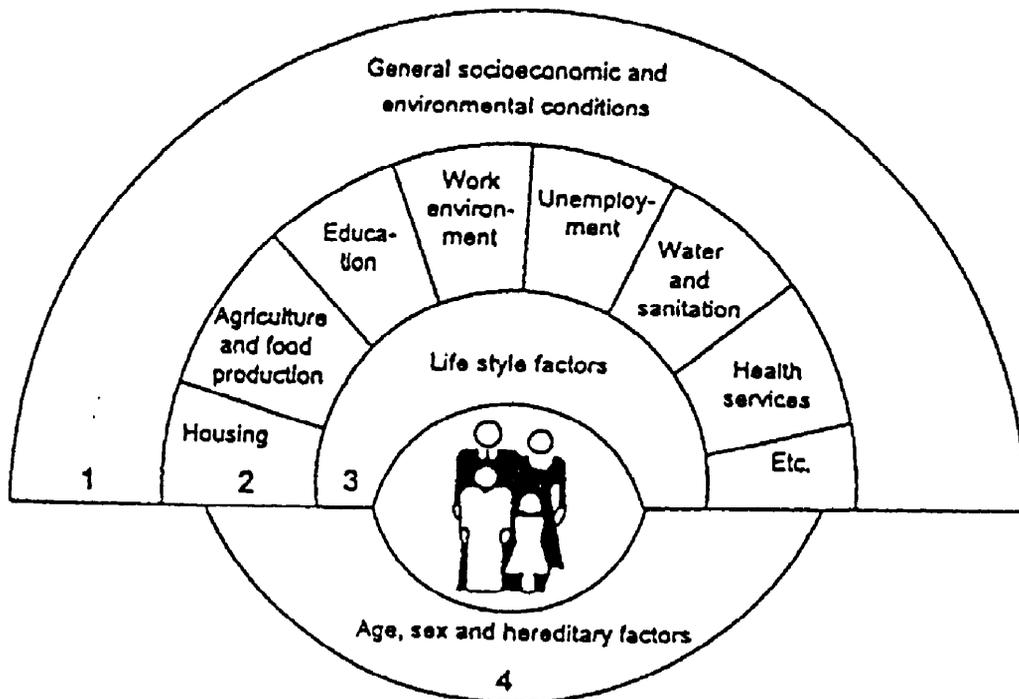
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*Appendix A*

DETERMINANTS OF HEALTH



Source: Harrington, P. & Ritsatakis, A. *European Health Policy Conference: opportunities for the future. Volume II – Intersectoral action for health*. Copenhagen, WHO Regional Office for Europe, 1995 (document EUR/ICP/HFAP 9401/CN01(II), page 12).