



put Health Equity into Action

... build HEALTHY CITY

Dr Fan Ning, Founder Health In Action

MBBS, FRCS(Edin), FRCSEd(Gen), FCSHK, FHKAM(Sur) MBA (Health Care) MsSc (Criminology)

Fellow Institute of Health Equity CUHK

Surgeon

Honorary Clinical Assistant Professor, CUHKMed & HKUMed, Family Med
Mentor JCSPHPC CUHK

71% of all deaths



are due to noncommunicable





Leading causes of death in high-income countries

O 2000 1. Ischaemic heart disease 2. Alzheimer's disease and other dementias 3. Stroke 4. Trachea, bronchus, lung cancers 5. Chronic obstructive pulmonary disease 6. Lower respiratory infections 7. Colon and rectum cancers 8. Kidney diseases 9. Hypertensive heart disease 10. Diabetes mellitus Number of deaths (in millions) Noncommunicable Communicable Injuries Source: WHO Global Health Estimates, Note: World Bank 2020 income classification.



We spend 90% of our time in both private & public indoor environments













We spend 90% of our time in both private & public indoor environments



Children
the Elderly
Chronic respiratory
Cardiovascular diseases
Immunisuppresive

For many people, the health risks from exposure to indoor air pollution may be greater than those related to outdoor pollution.

Children breathe more air, eat more food and drink more liquid in proportion to their body weight than adults.



Why does World Health publish Air quality guidelines?

• Clean air is a basic human right.



The Social Determinants of Health

- Air Pollution is the greatest environmental threat to health and a leading cause of non-communicable diseases (NCDs) such as heart attacks / stroke.
- According to the WHO, there are 7M premature deaths every year due to the combined effects of outdoor and household air pollution.



What is air pollution?

• Air pollution is a complex mixture of solid particles, liquid droplets, gases.





What other effects could air pollution impose on children and youth health?

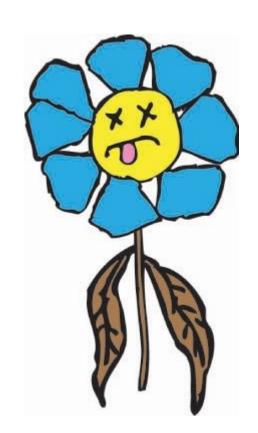
• PM2.5 can penetrate through the lungs and further enter the body through the blood stream, affecting all major organs.

- New research has also shown an association between prenatal exposure to high levels of air pollution and developmental delay at age 3
- Low birth weight
- Asthma
- psychological and behavioural problems symptoms of attention deficit hyperactivity disorder (ADHD), anxiety and depression.



Indoor air problems can be subtle and do not always produce easily recognized impacts

- Headaches
- Fatigue
- shortness of breath
- sinus congestion
- coughing, sneezing
- Dizziness
- Nausea
- irritation of the eye, nose, throat, and skin.





What would be the effect of poor IAQ in school?

低收入劏房住戶的身心健康狀況及基 層醫療服務需要調查

益 發布日期: 2023-03-14











4

透過全港54間社會服 單位向低收入劏房住戶(月入低於相同人數住戶)in 息中位數75%) 進行問卷調查,以探討他們的身心 健康狀況及基層醫療服務需要。研究發現受訪者的 自評身心健康狀況較香港市民差,九成半以上自評 得分低於相關量表人口平均值50分,其中居住環境 越差,受訪者的自評生理健康狀況越差。同時,受 訪劏房住戶較少有建立健康的生活習慣,包括蔬菜 攝入量低和睡眠不足,較香港市民,他們也比較容 易生病,24%的人過去一個月有不適,而香港市民 則爲9%。在所有受訪劏房住戶中,單親家庭及獨居

Lai Chi Kok Subdivided units

有否吸煙習慣

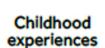
	SDU 婦女	SDU 男士		
沒有	136 (90.6%)	29 (58%)		
有	11 (7.3%)	20 (40%)		
沒有回答	3 (0.01%)	1 (2%)		
總數	150	50		

你家裡有沒有窗

	N=220	經常打開的數量 (N=205)	
沒有	3		
有	216	0 隻 1隻 2隻 3隻 4 5 6 沒有回答	17 74 83 24 4 2 1
沒有回答	2		
總數	220		









Housing



Education / Learning



Social support



Family income



Employment



Our communities



Access to health services

Source: NHS Health Scotland

Health is more than avoiding diseases...
it is about feeling Well in Mind & Body
feeling Safe
and be part of the Community, caring about You and





Charity listed on **W**iseGiving 惠施・慈善機構





街坊諮詢意見 銜接見醫生

TO TAKEN NEWHORKSHIPS 拉去里提到特别股文的目的之一,是加强 替就與杜區連結: 而中人發促行政地故為 康則清楚指出基明資歌並視反何大關鍵之 · 体以新加坡区间。「公加利用不同为20 组造基层的像、今次Cond来到,就更到用到 基準器像把關。基層管生可靠于照顧軽減直歇 的病人・不用而も合文整能」・参言「基層管 **後候得不好・起職多個礼疫中心(地付疫情)**

並五郎疫情教到時人人目位、各個哲 温斯天葵、我們亦們討論「Infodence」 的問題、真真假假信息令人看得項單 並到可泰又明瞭的來報,相信不少人都曾 每發道「醫護行者」的資訊網、流程網,這個 母亲有国的一直推断大师北部盟的国际, 太原 在公舊智院對主的創辦人起事說:「今次中招 的人發燒、喉嚨痛、順前, 都是常見的感染病 近病器,但不同時候和原原體,於時期,而學 性發型原企設有藥。同時又在多人家中有藥下 每,我們也出了很多質訊、提引。這反映很多 长面或第不是用一種參與式或試蛋的形式去 發展,人人只要或檢查者,沒有學習。」

整满行者在港域泰帮助附近没有 四门 區集房」,地大樂型及樂劑學系講師王潔婷 (Jaset) 亦是社區產店的權寿局,當一個人走 连来百英,其至没有冒英,依然都可助海健康 亞見,例如一些病人會定期在公庫關院國際, 煙房可協說他們整理應向國際醫主則什麼問 · 以免结溢离侧月才可载第一次的「常会横 會」。她說:「我們希望資價概念·大家有權 在自己社訓練有這些報告,其資外國根本或係 增, 爲何在香港, 大家從得走人僅房是準備沒 付錢?準備估环·石塚咏明聚我? 香港人是可在 礼展有期间以了解自己健康的原力、不是代色 營生,是钢技去營生。」模樣本來是爲服勞延 內低的人家庭、少物官查、從內政業人十等不 同四個 · 「不過年全香港比較少這類非常利益 · 用以我們是何全地公家開放。

出售型查看家中華 细上執續

她就在疫情中學習到專職醫療人員包有自 身的自點。「我觉得深刻的是使熟思精更悲欢 瓜松干货時,大家知道不一定要買某晚子,只 沒有這或分都可以,我們知道這種藥是智能因 但多给老人家·参判疫信前已被絕內衛主張多 魔盤、我只是簡單點個post、提醒大家型一盟 實中於止縮廠聯名。對一對成分、固在我的概 念中、sless。可是在有產用報着、是不夠感 時就會做的事。忽将核文於大趙智。好多人縣 載,第一刻都學到原來有些經媒本步的事也

器進行を社區包建規費主管郵便型 (Emily)設合不斷促棄房及各種單道理 保料原工型、直型整备支票用的方式及 策略、「我們要以正確的資訊用幫明、易 群的适点被出来、令杜斯的协会者包括不同 地方如工作場所、社框服務、裁可將不同問訊 **分享给员工、受象、做到一样十、十售百的成** - 他們用簡單 竹工 A fil Goods drive 符号 **密密、家人旅游又怎备、游不同楼横河容易以** 得,用來解答查詢,「我們除了文字關策,在 台路音、四局被少数旅遊旅费的同事認爲用品 音信息跨空间或出来會找收和移獲得更好。



東平外現及計算社会報告的組織 東州道等地域 東州道等地域 東州道等地域 東州道等一条地域 東州道等地域 東州 東州道等地域 東州 東州

xxx规道學家庭來自5Vkk生深未移所 目。

高語・西原原原原子 では当然と Non-Age P 15 P (**) であるからいる 17 内の 18 では、 2 要從」。不過馬馬賽來與軍中還有其他孩子要 巧義(Hamer)無程深水步中心的聚婚。是一 對的復康服務,如物理治療局 財務,未選擇即外決策,「我們一直講演,執 如在石块居都的主中心,再沒3.到問題中心在 語活他絕走中發展高,我們的中心施制受有。 不能直接了对热水池、湿热胶水、投料液料 茶菜、起茶也为甜油甜油的坚木林豆、麻椒油 计审管程序。即因为成配的分裂各层供养的 设的社员共享曾所"安房,以往一直接知的 教金、仲們定期會以用意料達 356加坡官的性 **24柱區別所提繳** "**互收閱 提供样类意见** —— 第 360元度件 50元 —— 不高规则亦在见期立向置

2、包括經濟·大支期偿、集子關係等存在行 11-1-1。使小心線制會有注稿第二十五一物 生無料服務報念。「東有報報生時都經營設 發化、從而提供協助。這次因安古提早核劃 經治療夠、截葉治療師、營養師、藥報師。有些不是限明白、會收得每3×2元、這樣 有些不是很明白,會收得每3×1元,這樣遊 费会符号符、现成化价工资的250分

如果人家有能力、有自信,爲自己的健康做更多

每個人都可以幫到醫療系統分擔

葡萄行者亦是深水埠间健中心的策略伙伴。 過來想、個響療系能大家都有份、不是氣大 総亦好報果、人子短缺、但要再看得關係。 Florest認為與各種機構合學的原則是利用社 常被得不夠多,而是如果大家有能力、有自 對未出事於人也更認理。5年、如于表才不 施己建立起的服路、資廠、不讓機構認爲中 信傷自己的健康執판多 每個人都可以幫更 會多一總核人」。他認爲者賴人民體院就答。

... Build HEALTHY CITY



Transector Efforts to build a Healthy City for Hong Kong

Author: Fan Ning, Karen Lau

Dr Fan is a surgeon and arboricultural technician. Through Health In Action (NGO), he pushes for healthy city through unity model. He is Assistant Professor at Medical School CUHK & HKU. Mentor of the JCSPHPC CUHK member of Policy Research & Advocacy and Social Housing Movement in HKCSS; Advisor on Public Space, City Space Architecture. Karen is a public health practitioner trained in global health and epidemiology. She has rich experience in the NGO. HKSAR government, and UN sectors.

Healthy City for the Ageing Hong Kong?

The Healthy City Strategy is guided by the vision of a 'Healthy City for All': a city where together we are creating and continually improving the conditions that enable all of us to enjoy the highest level of health and well-being possible. Vancouver is one of the cities which puts a healthy city framework as the backbone of city development (City of Vancouver, 2015). This vision echoes with World Health Organization's (WHO) appeal for 'Health for All' where there are a set of strategies and action plans



aiming to achieve full health potential for all people living in the community (WHO, 1999). This implies that health is a holistic well-being concept of community that focuses not only on diseases but also underlying social factors. Therefore, the goals of Healthy City are: 1) to promote and protect people's health throughout their lives; 2) to reduce the incidence of the main diseases and injuries and alleviate the suffering, 3) to continuously improve quality of life from birth to end-of-life, and 4) it is inclusive and encourage active social

Figure 1. Healthy City framework of Vancouver

Ageing society is a concern for everyone and the Hong Kong Government has a vision to implement Ageing-in-Place as well as Primary Care Development with a preventive mindset to combat increasing chronic diseases in community. To keep people as independent as possible until the very advanced stage of life by building a health incubating environment could be the contribution from town planners. Interestingly, elements in healthy city merges with eight domains of Age-friendly City (Fig.2)



(CUHK IC Age Friendly City, ICACP, 2021); outdoor spaces and buildings, transportation, housing, social participation, social inclusion & respect, civic participation and employment, communication and information, community support and health services. What about younger generations, ethnic minorities, disabled, new immigrants and other special groups? Health care is important but health care service alone would not be sufficient to make everyone healthy in the community. Staying active is well recognized as a pillar of maintaining physical, mental and social health.