

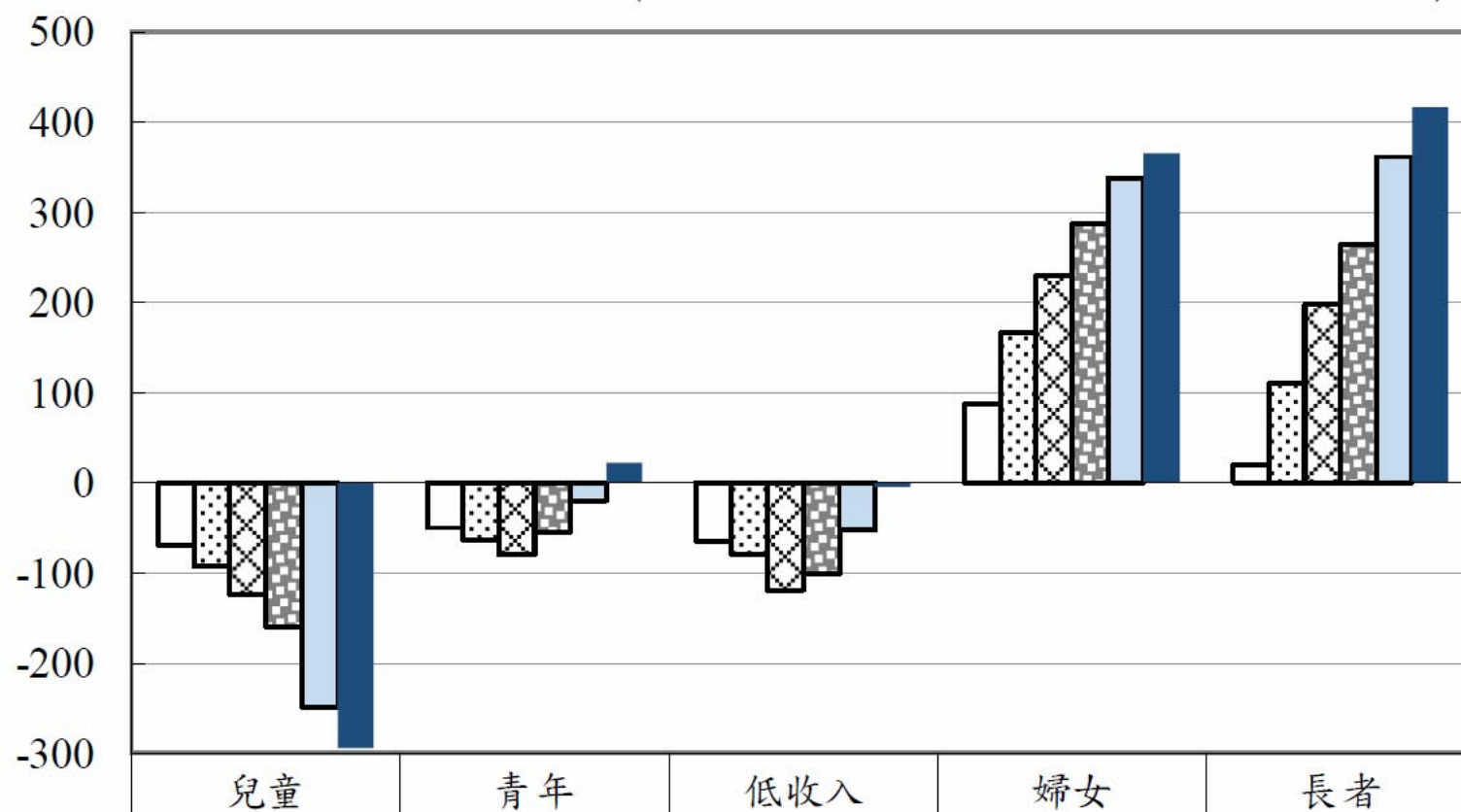
# CHANGES IN HONG KONG ENVIRONMENT



- Social – family structure, roles of women, violence, social capital, identity,
- Education reform
- Economic – globalization, affluence, changing skills for employment, decline in economic security, inequality
- Political – system, democracy, freedom of speech, challenges to authority
- Moral – loss of “traditional memory” of parenting practice, new values and standards
- Technological – communication, internet, media.....
- Environment – pollution, EID, food and hygiene
- Legal – easy access to drugs, gangs, juvenile justice .....

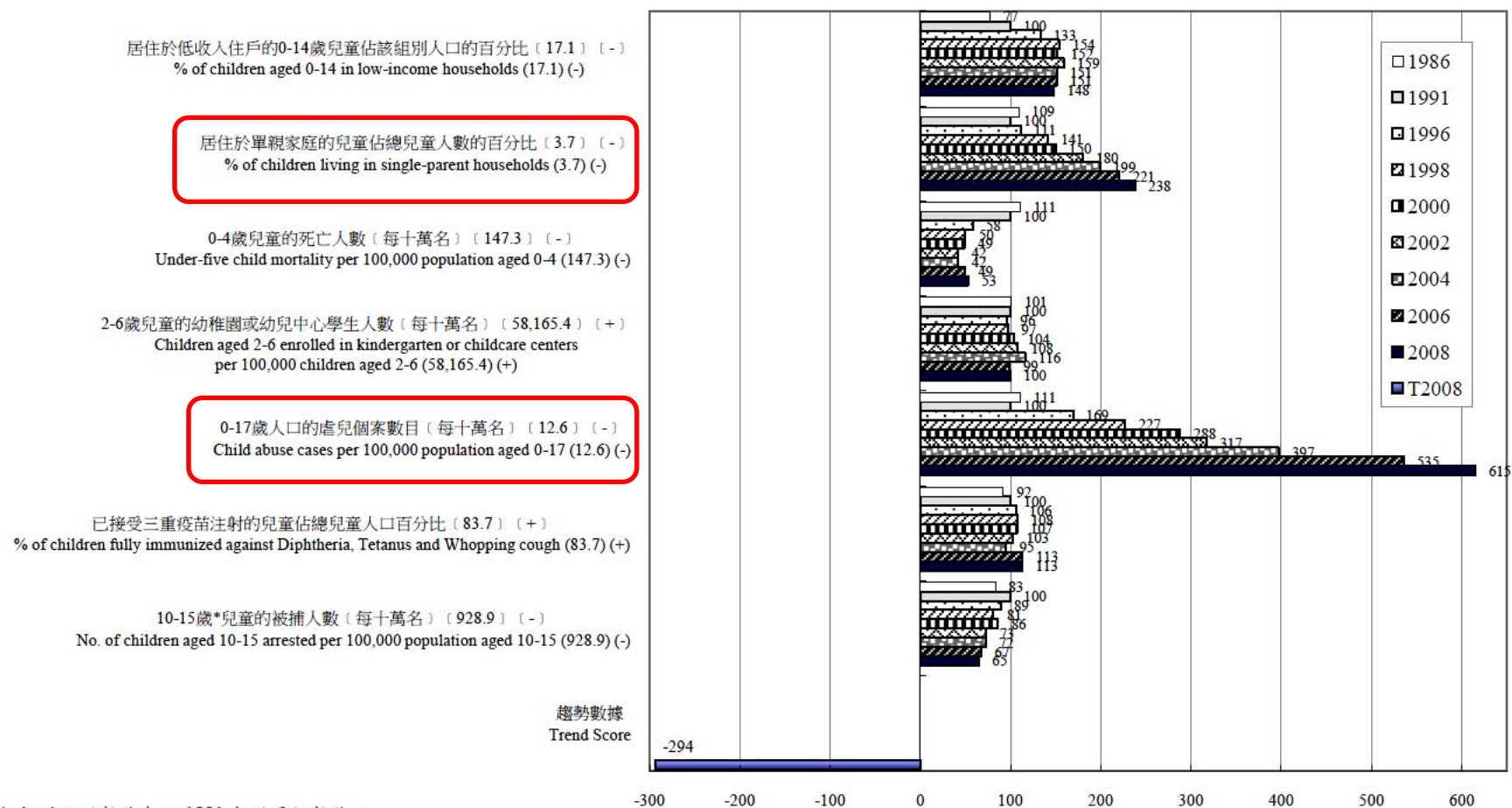


圖表 1.5：香港五類社群的社會發展趨勢 (1998、2000、2002、2004、2006 及 2008)



	兒童	青年	低收入	婦女	長者
1998 (SDI 2000)	-70	-50	-65	87	20
2000 (SDI 2002)	-92	-63	-79	166	110
2002 (SDI 2004)	-124	-80	-119	230	198
2004 (SDI 2006)	-160	-55	-101	287	264
2006 (SDI 2008)	-249	-20	-52	338	361
2008 (SDI 2010)	-294	22	-5	365	417

兒童狀況分類指數 Child Status Sub-index  
標準化社會指標數值〔1986-2008, 1991=100〕及趨勢數據 2008  
Standardized Indicator Values〔1986-2008, 1991=100〕and Trend Score for 2008



\* 括弧內的數值表示 1991 年的原始數值。

\* Data of 1991 are reported in brackets.

# MAJOR HEALTH PROBLEMS

- **Injuries** – no 1 cause of mortality and morbidity : 2x that in childhood
- **Developmental behaviour** : SLD – 10-15%, ADHD 3-5%, Autism 0.1-1%
- **Obesity** – 16%→22% in school students, lack exercise 80%, poor eating habit 80%
- **Violence** – child maltreatment >60%, bullying in school : 66% 1-3 times per week; crime rate - low
- **Addiction** :- smoking 6-8%, substance abuse 3-4%, alcohol, gambling, internet addiction, lack sleep
- **Reproductive health** – teenage pregnancy, STDs, HIV
- **Mental health** –depression 20-40%, low self esteem 6%, eating disorder, **suicide** – no 1 cause of death in adolescents

**MAJOR GAPS in information on incidence/prevalence AND awareness/diagnosis AND policy & service provision**

# Child health services in Hong Kong

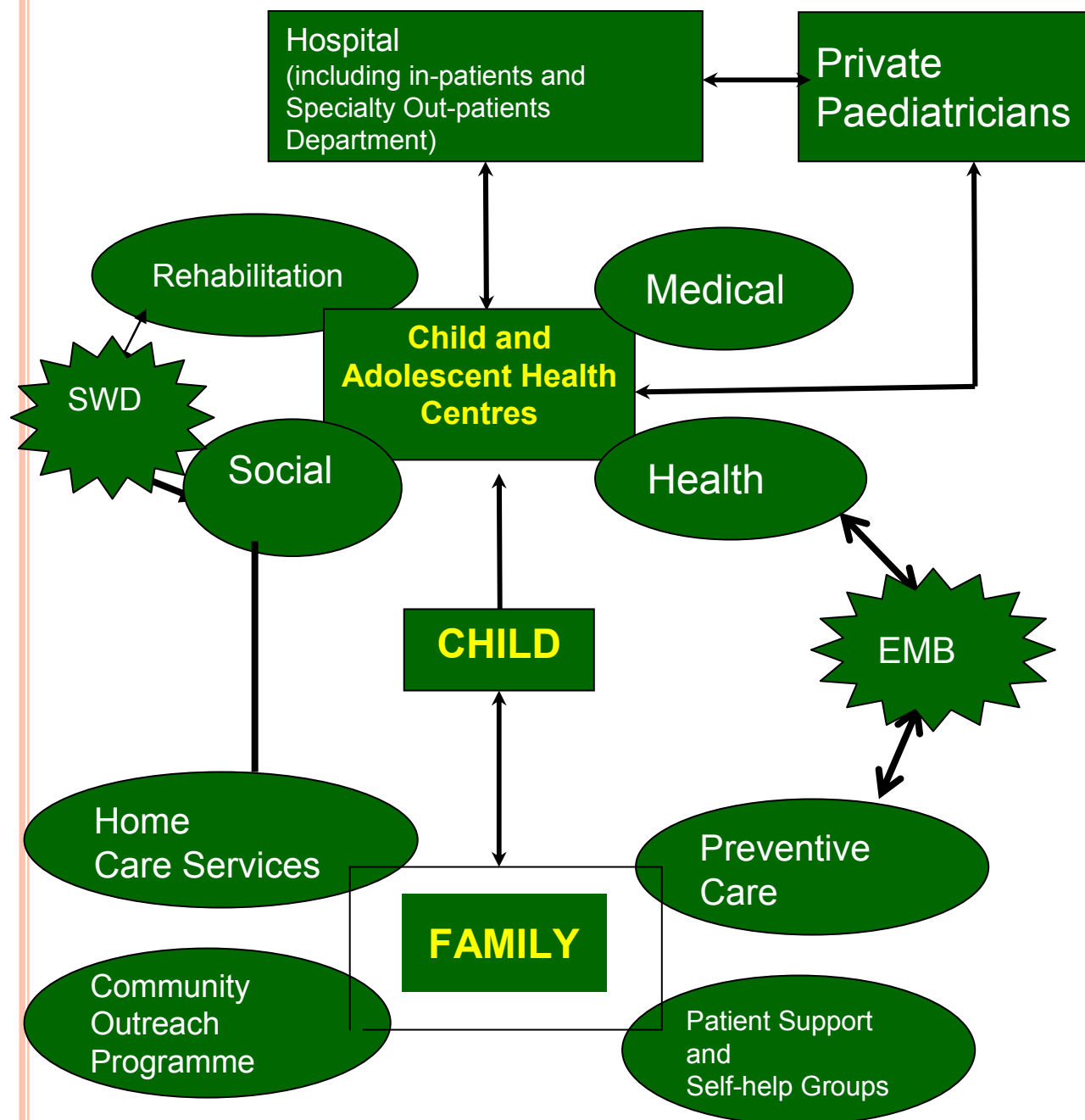
- Unable to catch up with changing trends and needs - 4 Ps : participation, protection, prevention and provision of services (promotive & curative)
- Not responsive to needs - lack data & participation
- Continued emphasis on hospital paediatric specialist care
- Inadequate preventive, protective & promotive services
- Fragmented and compartmentalized
- Lack holistic approach – not family centred nor community based

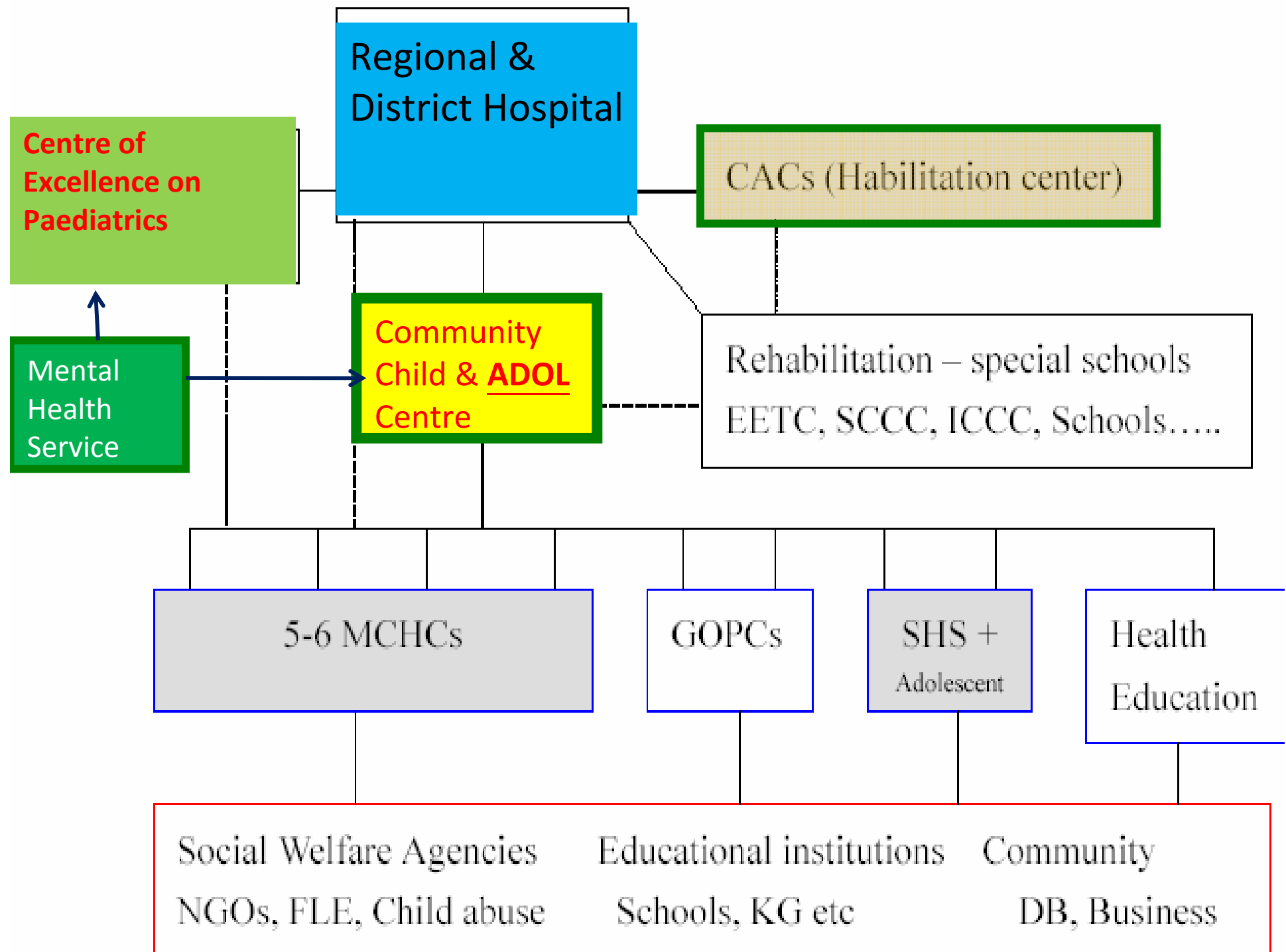


# COMMUNITY-BASED INTEGRATED CHILD HEALTH CARE MODEL

2001

Response of the Hong Kong  
College of Paediatricians to the  
Consultation Document on  
Health Care Reform:  
'Lifelong Investment in Health'  
by the Health and Welfare  
Bureau, Government of the  
Hong Kong SAR, China







# Child Assessment & Rehabilitation model

**HOSPITAL & Specialized service - Diagnostic investigation, tertiary intervention, quaternary service**

2 VAC centres

## Community Assessment & Rehabilitation Centre

Centre in charge

Developmental & behavioural Paediatrician

Nurse specialist

Allied Health (PT, OT, ST, Clin Psy, MSW Audiologist, Optometrist)

- Assessment
- Diagnosis
- Program planning
- Case coordinator
- Intervention
- Progress monitor

- Specialist consultation
- Protocol base program
- Training parents
- Psychosocial support

MCHC

School

Private Practitione

Others

COMMUNITY PAEDIATRICIANS

- EETC
- Special school etc
- Schools
- Social
- Communit
- y
- Transport
- Recreation
- Sports
- Arts & craft



# Comprehensive Child Development Service

Full assessment of family with management plan & tracking by O&G, Paed, Psy & MSW/NGOs

HA PA&M  
Psych

Postnatal  
depression

Health risks  
• "Poverty"  
• Substance abuse  
• Maternal illness  
• Teen pregnancy

Nurseries  
Kindergartens

M  
C  
H  
C

1 CPaed

CPsy Service

- Growth & dev. problems
- Child abuse /Dom Violence
- Disabilities
- Behavioural problems

CAC

Treatment-oriented  
Family Counselling Unit

Supporting families at risk  
(practical, emotional & training support)

Family Support Unit

Open, development & preventive

Family Resource Unit

IFSC

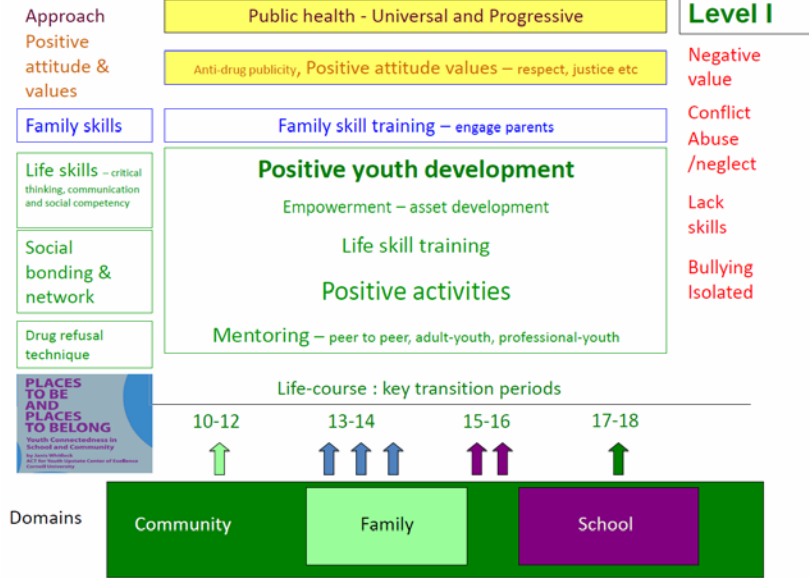
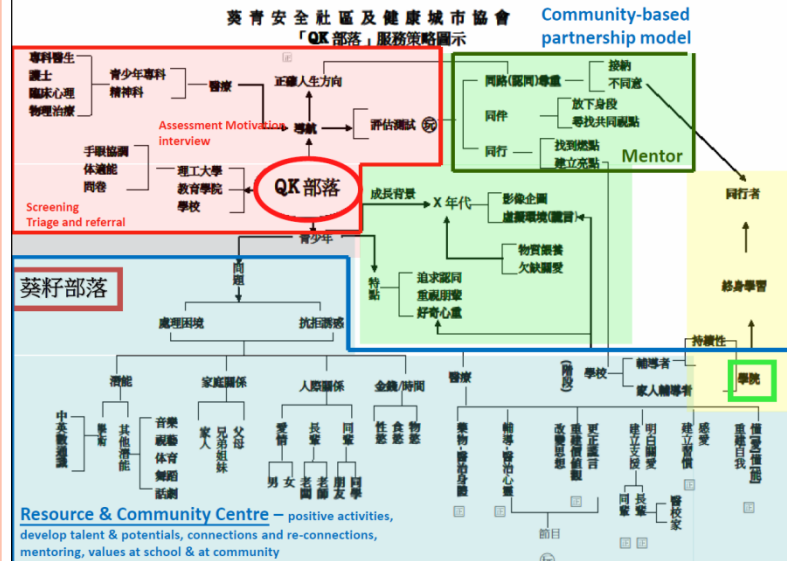
EETC  
ICCC  
SCCC  
NGOs

Heep Hong  
ACA  
PS33  
BGCA  
Caritas etc

- Parenting
- Immunization, Nutrition, Safety
- Growth & Develop Surveillance

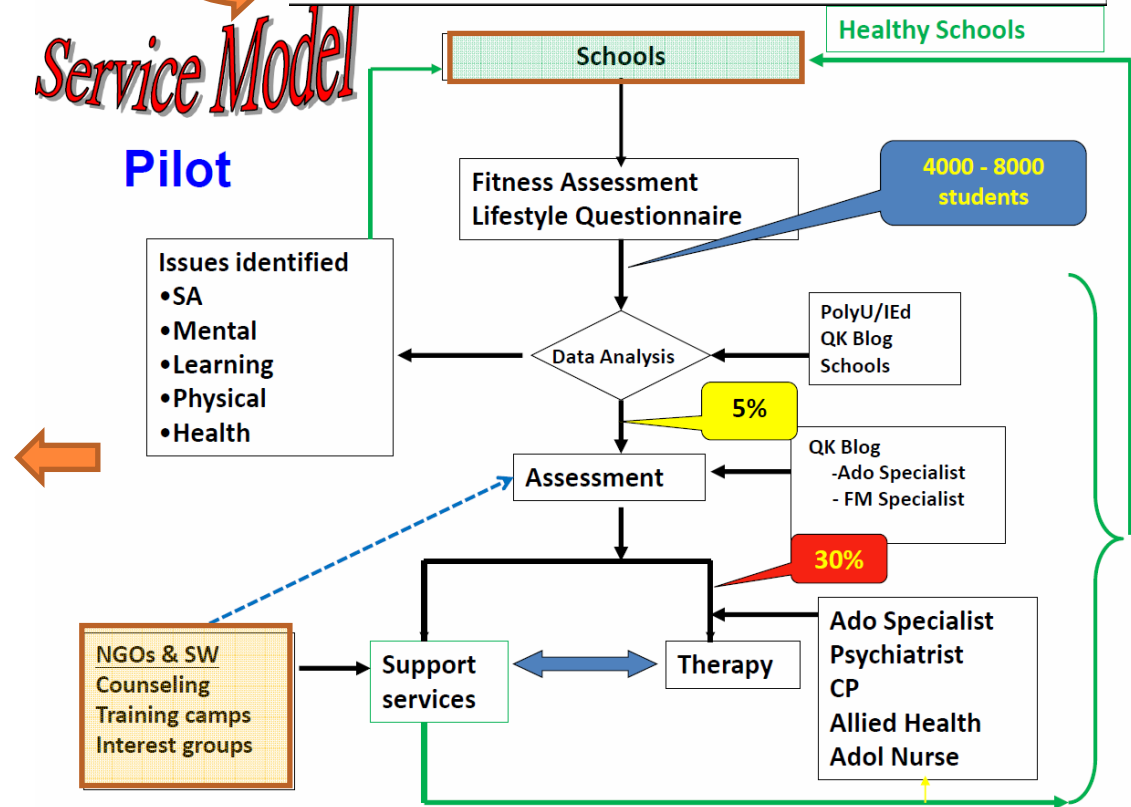
SOCIAL NETWORK & VOLUNTEERS

DISTRICT COUNCIL COMMERCIAL SECTORS



# Service Model

Pilot



Action	Responsible	Number
Physical fitness Life-style questionnaire	Programme Assistant	6000 (5-7 schools)
Data analysis Prepare student list for assessment	Team Social worker/Nurse	6000
Coordination with schools and NGOs for assessment Coordination with "school nurses" for health promotion planning	Programme assistant Nurse / programme assistant	
<b>Assessment</b>		300
•Physical fitness and physical checkup	Nurse	
•HEADSS questionnaire, WHO-5 wellness scale, CRAFT screen, Asset	Social worker	
•Memory (RBMT) and eye-hand coordination (BO Test)	Occupational therapist	
•Assessment by paediatrician	Paediatrician	
•Development of care plan with goals		
•Motivation interview for high risk youths	Nurse / social worker	
•Brief intervention for lower risk youths		
<b>Referral for further interventions</b>		
• School social workers / guidance teacher	Social worker / Nurse	120
• "School nurse" in school and life skill training	Nurse / Social worker	30
• NGOs for high risk youth	Social worker	120
• CCPSA for high risk for substance abuse	Social worker / Paediatrician	20
• Psychiatric or Paediatric Clinic	Paediatrician / Nurse	30
Occupational Lifestyle Redesign Programme for Adolescent Other community services – mentoring, NLP, mental health, positive activities, family skill training, connectedness	Occupational therapist Social worker / nurse/ Paediatrician	120
Reassessment and enforcement at 6-9 months	Social worker/Nurse/Paed	150

# 「黃帝內經·素問·」

- 聖人不治已病，治未病
- “古人善為醫者，上醫醫未病之病，中醫醫欲病之病，下醫醫已病之病，若不加心用意，於事混淆，即病者難以救矣。”
- 不為良相，定為良醫●

要為良醫，必為良相



You need to be a good leader to be a good doctor



# IT'S OUR RESPONSIBILITY TO....

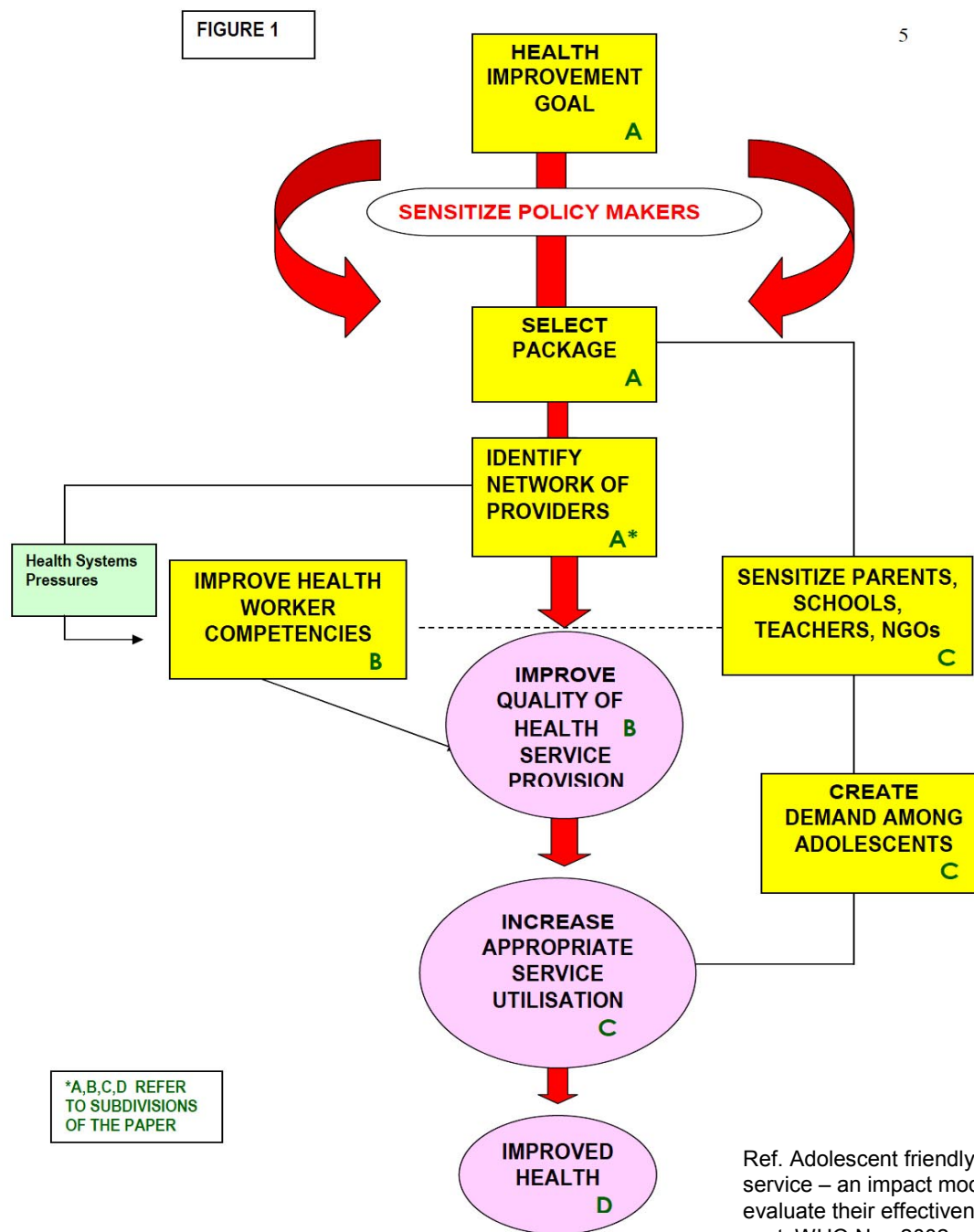
- be research pushers
- be treatment/recovery pushers
- be prevention pushers
- be education pushers
- not argue about which one of the above is most important
- consistently push our importance
- while we disagree, people are dying...

Major gap is in **LEADERSHIP!**

## Forging Connections in a Disconnected World



# One of Health Care Services model



Ref. Adolescent friendly health service – an impact model to evaluate their effectiveness and cost. WHO Nov 2002

# Evolution of Human Being

**The  
Economist**

DECEMBER 13TH-19TH 2003

[www.economist.com](http://www.economist.com)

**Gore anoints Dean**

PAGES 12 AND 33

**America's Taiwan test**

PAGES 12 AND 29

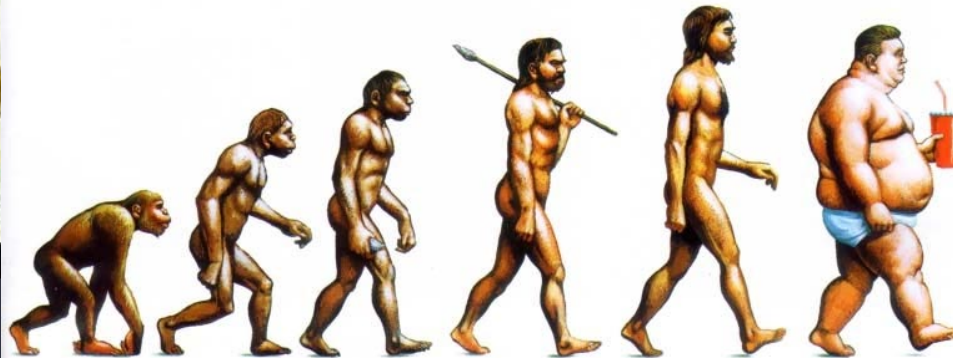
**The future of flight**

PAGES 79-81

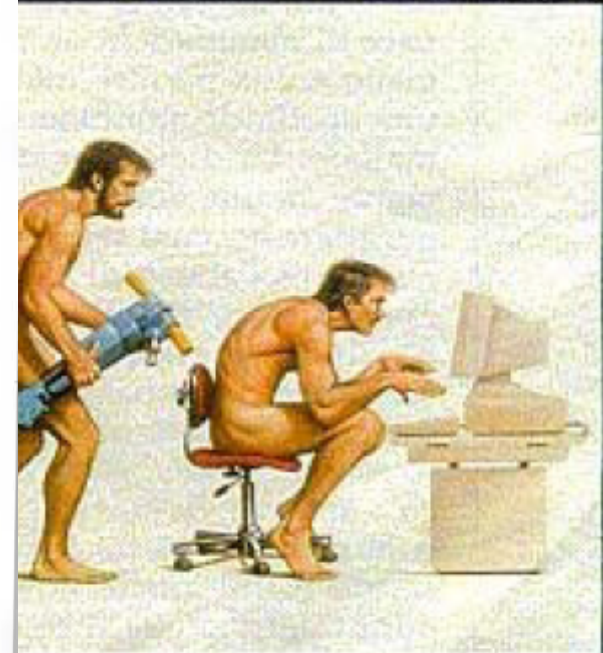
**A SURVEY OF FOOD**

AFTER PAGE 52

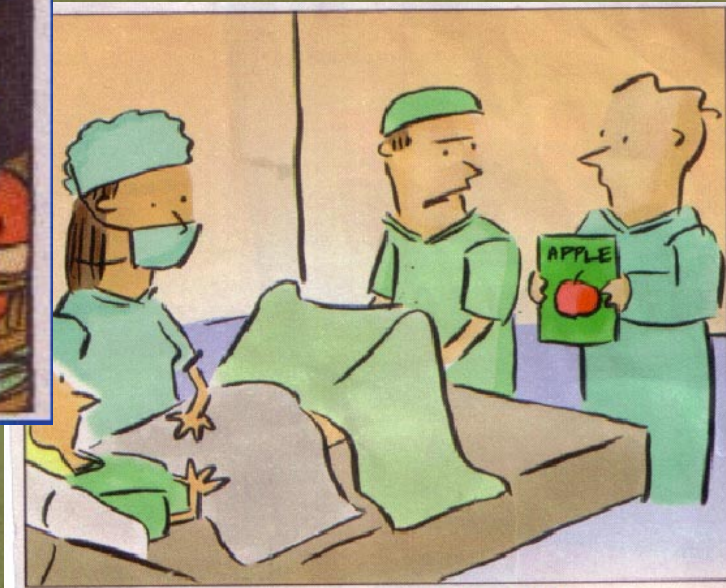
## The shape of things to come



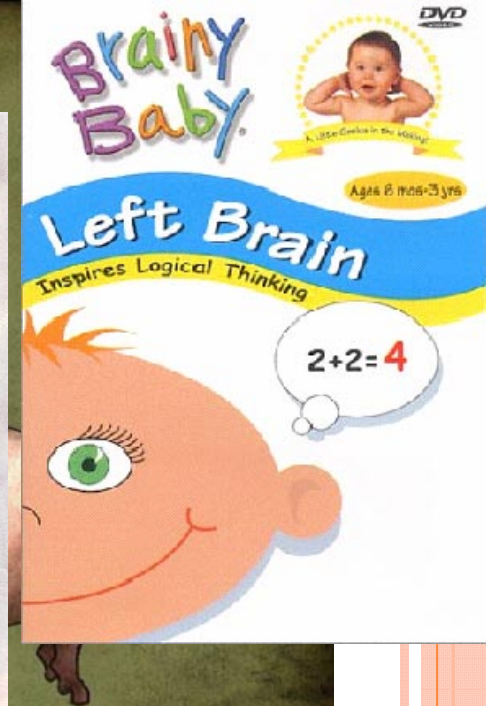
**l'Evoluzione**



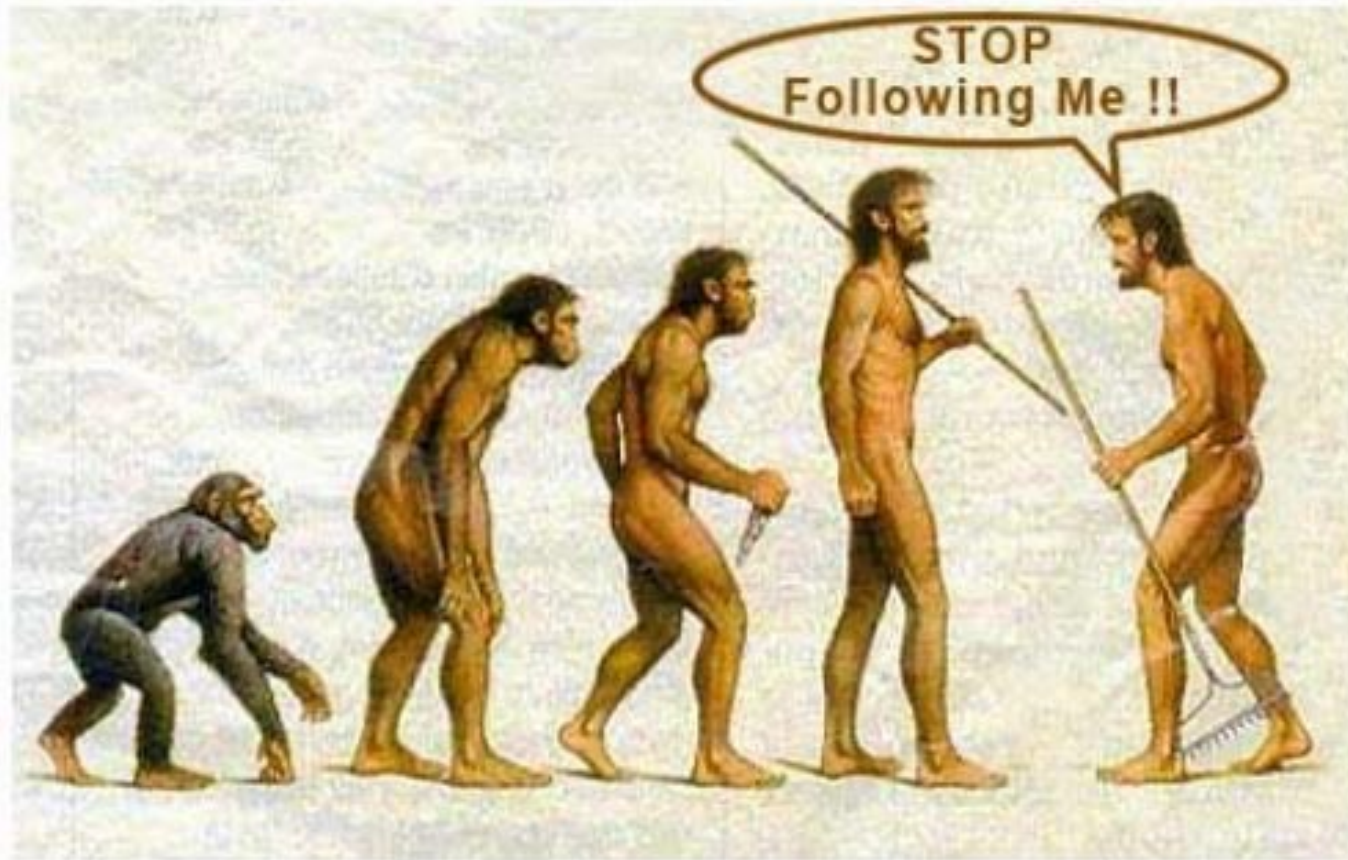


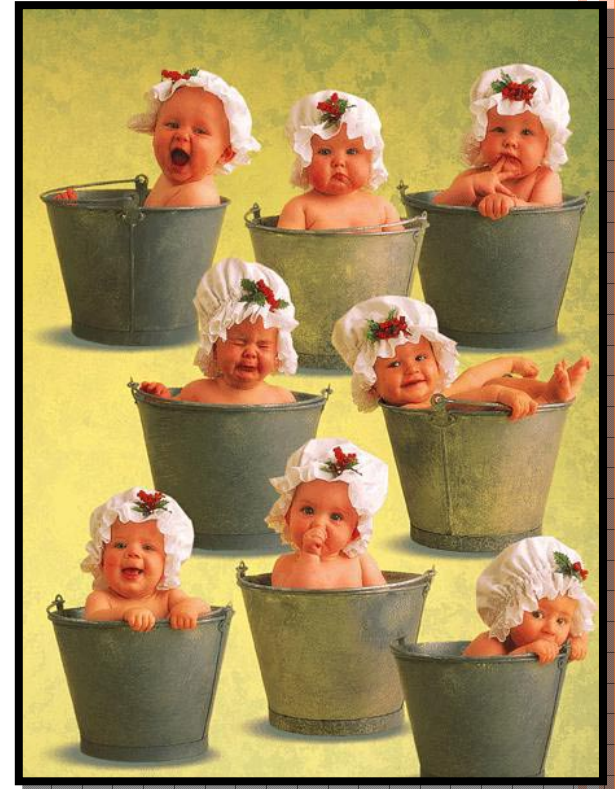
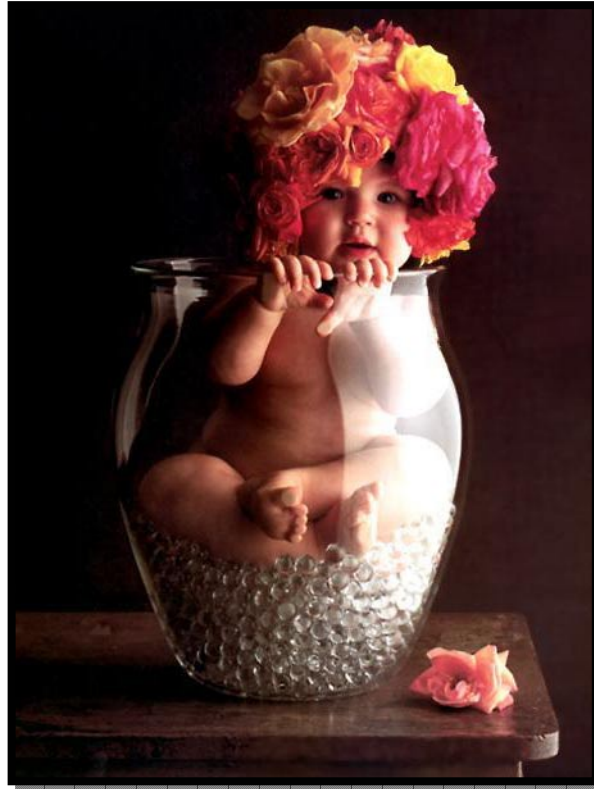


"Could you at least lay off the flash cards until we see a head?!"







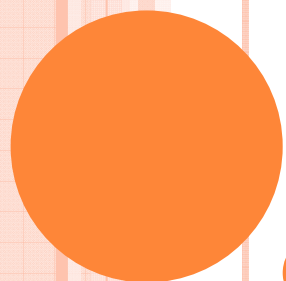


Anne Geddes

Thank You



Anne Geddes



**THANK YOU**