9
Building a Healthy City

## Health Management and Social Care (Secondary 4-6)

Health Management and Social Care Booklets

The design of the HMSC curriculum rests on the notion of the interconnectedness of the various levels at which phenomena related to health and sickness, well-being and ill-being, and personal and community care are to be understood. The curriculum aims to enable students to explore all of these levels as well as the relationships between them. The different levels can be interpreted as the individual, the family, the peer group, the community, the institutional setting, society, the nation and the world (Figure 1).

Figure 1   The Various Levels and Essential Questions of HMSC
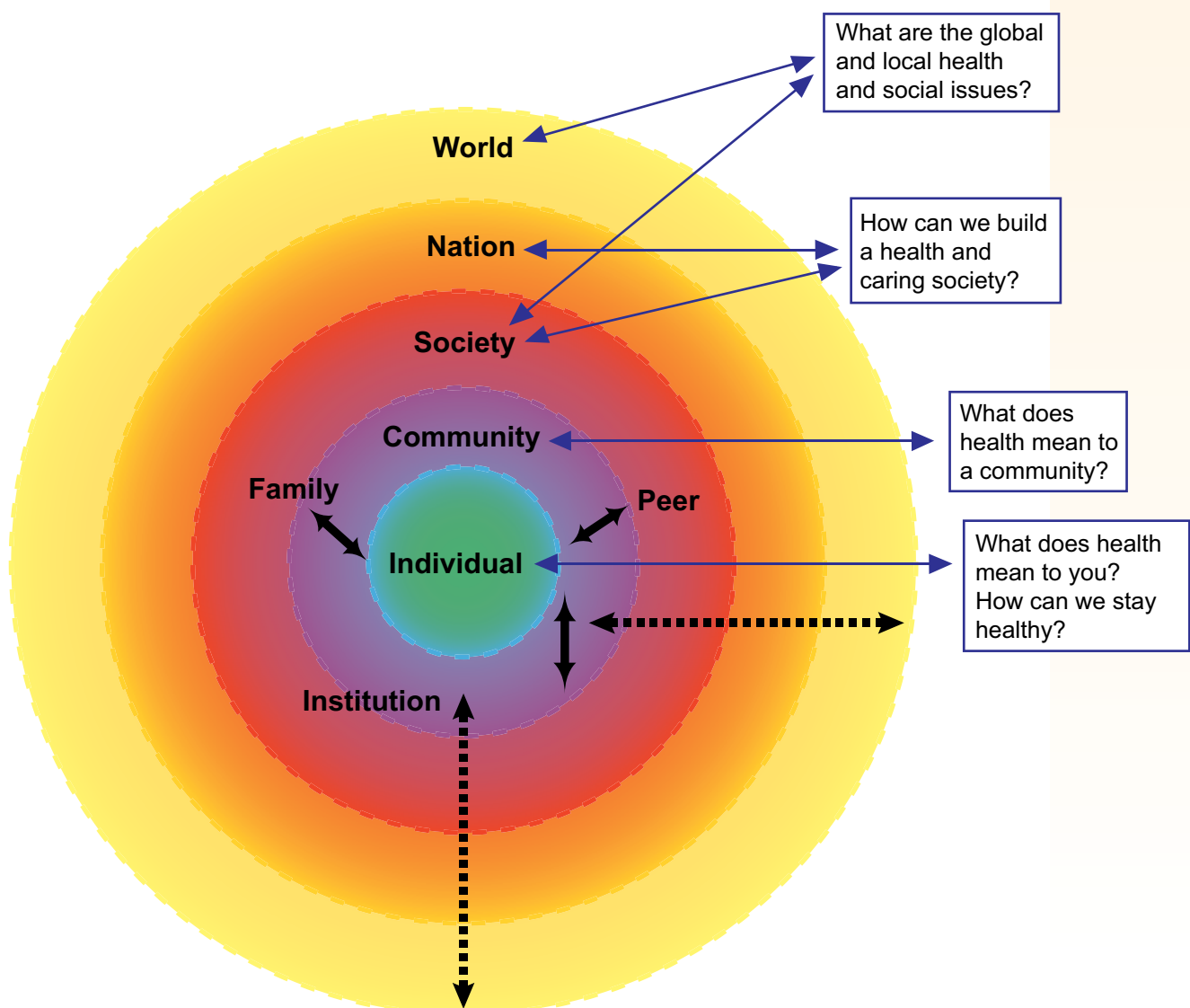
This part includes 19 booklets of learning and teaching reference materials for teachers. The topics and information in these booklets are selected and organized based on the five essential questions from various levels mentioned in the curriculum design in Chapter 2 of the Health Management and Social Care Curriculum and Assessment Guide (Secondary 4-6)(2007). The booklets facilitate teachers to develop an overall framework of HMSC and identify the key concepts of the curriculum so that their students will be more able to critically assess the relevant issues. Details of these booklets are as follows:

Levels	Essential Questions	Booklets	
Individual, Family and Peer	What does health mean to you?	1	Personal Needs and Development across Lifespan
		2	Health and Well-being
	How can we stay healthy?	3	Physical Well-being - Healthy Body
		4	Mental Well-being - Healthy Mind
		5	Social Well-being - Inter-personal Relationship
Community	What does health mean to a community?	6	Healthy Community
		7	Caring Community
		8	Ecology and Health
		9	Building a Healthy City
Society	How can we build a healthy and caring society?	10	Health Care System
		11	Social Welfare System
		12	Medical and Social Care Professions
		13	Health and Social Care policies
		14	Social Care in Action
Local and Global Societies	What are the local and global health and social issues?	15A	Health and Social Care Issue - Ageing Population
		15B	Health and Social Care Issue - Discrimination
		15C	Health and Social Care Issue - Domestic Violence
		15D	Health and Social Care Issue - Addiction
		15E	Health and Social Care Issue - Poverty

Each booklet will start with the essential questions. The expected learning outcomes in terms of knowledge, skills, value and attitude as well as the content outline will be listed as an overview. Teachers are advised to adapt and flexibly use the materials based on school or community situation, background of students, interest, learning skills and the prior knowledge of students. Social issues as well as the graphic organizers that illustrated in Booklet 3.1.5 can be used to help student organize and analyze complex and abstract concepts, construct their knowledge effectively and achieve deep understanding.

What Does Health Mean to a Community?

There are different meanings of community. A community can be referred to as a group of residents who are living in the same geographical area, sharing a common living environment and quality of life. It can be also referred to as a group of people who have common lifestyles, beliefs, backgrounds, interests or functions. In addition, a community can also be a social network in which people care for each other. In this regard, a healthy community refers to a healthy environment, a group of healthy citizens with healthy lifestyles and competence in disease prevention and a support network which promotes health and social care.

Apart from individual, family and social groups, the community and its environment are also factors affecting physical, mental and social health of their inhabitants. A healthy community helps promote the people's physical health and strengthen their adaptability and mental health in adversity and at different life stages.

What does health mean to a community?

In 1986, the World Health Organization (WHO) proposed the healthy cities project. Healthy cities are concerned about issues beyond the physical health of an individual. They are also concerned about the cultural life, the living environment, the social life and the community participation etc. A healthy community is also a sustainable community, having a sustainable environment, living style and resources. All of these are closely related to health.

There are four booklets under the essential question 'what is a healthy community?'. They are: Booklet (6) – Healthy Community, exploring the communicable and non-communicable diseases and how they affect community health so that students are able to build a healthy community through establishing a healthy lifestyle; Booklet (7) – Caring Community, exploring the social factors such as social support which affects health so that students are able to suggest how to build a caring community or society to promote personal and community health; Booklet (8) – Ecology and Health, analyzing the relationship between health and the environment so that students are able to cultivate and maintain a healthy environment for the community; Booklet (9) – Building a Healthy City, introducing the concepts of healthy cities and how it is applied to different settings to promote health and build a caring community.

The topics of the Health Management and Social Care Curriculum and Assessment Guide included in the Booklet 6 - 9 are listed in the following table:

Booklet	Topics in HMSC Curriculum and Assessment Guide
6 Healthy Community	**Compulsory part** 2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes 3A The notion and practice of health promotion, health maintenance, ill-health prevention, social care, welfare and community services 4A Disease prevention (primary, secondary and tertiary) and using precautions in our daily living patterns and lifestyles
7 Caring Community	**Compulsory part** 2A Structural issues related to health, social care and personal and social well-being 2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes
8 Ecology and Health	**Compulsory part** 3A The notion and practice of health promotion, health maintenance, ill-health prevention, social care, welfare and community services 3B Developing health and social care / welfare policies 4C Aspects of risk assessment and health management
9 Building a Healthy City	**Compulsory part** 4B Health and safety 4C Aspects of risk assessment and health management

9 Building a Healthy City

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Learning Targets

Through the study of the topic on building a healthy city, students are expected to:

Values and attitudes

❖ Promote a culture of positive health and safety

Knowledge

❖ Differentiate different concepts related to health promotion

❖ Understand the concepts of risk and safety

❖ Apply safety guidelines and procedures in different settings

❖ Understand the importance and concepts of risk assessment and health management

Skills

❖ Practise safe behaviours in different settings

❖ Demonstrate behaviours that minimise risk to oneself and others

Key Questions

To achieve the above learning targets, teachers may use the following questions to enhance understanding:

❖ What is a health promotion?

❖ How can we maintain health and safety at different settings?

9.1 Different Models on Health Promotion

Some people regard health as 'a state of physical well-being and the absence of disease' and it is achieved through advanced medical technologies in the prevention and treatment of diseases by means of vaccinations, diagnosis and medication, etc. provided by health care professionals. As time advances and with the ever-increasing medical costs, people gradually realise that changing their lifestyles is more effective in improving their health and preventing diseases while the cost involved is minimal. It marks the beginning of health education.

(A) Health Education

Health education is a teaching process through which information is disseminated so that people can acquire knowledge on health. They will then change their attitude, behave in a manner and adopt a lifestyle conducive to health, so as to enhance their quality of living to achieve physical and mental well-being. The audience of health education can be anybody, no matter the healthy or disease-stricken. Anyone in possession of accurate health knowledge and a proactive attitude can educate, influence and help others.

The following are the two main models in health education:

1. Health Belief Model

This model is grounded on the supposition that the health behaviour is affected by the socio-psychological factors. Health belief is the determinant factor contributing to the acceptance of advice, changes of behaviour and adoption of health promoting behaviours.

The following are three components in the model:

✎ Individual perception and knowledge

It is about individual perceptions comprising perceived susceptibility or perceived severity of a specific disease, including the awareness on the transmissibility and the severity of the disease, the importance of health, the understanding of health, the assessment of the health status, the understanding of the personal role in health maintenance, the understanding of the benefits and the obstacles of health promoting behaviour.

For example, what affects the women's participation in Cervical Screening Programme (CSP) launched by Hong Kong Government? One of the main factors may be women's beliefs. These beliefs include the personal feeling on cervical cancer and the consequence of suffering cervical cancer.

| Figure 9.1 | Poster of Department of Health on the Attitude and Feeling towards the Cervical Screening Programme |

✎ Modifying factors

The modifying factors consist of demographic variables (age, sex, race and ethnicity); socio-psychological variables (personality, locus of control, social class, peer and reference group pressure), and structural variables (knowledge about and prior contact with diseases). These variables in conjunction with cues to action (mass media, advice, reminders, reading materials about illness) impact on the perceived threat of specific diseases.

What affects personal belief on CSP? On the one hand, it is about the severity of cervical cancer. For example, the death of the pop star Anita Mui in 2003 made more people aware of the seriousness of the cancer. On the other hand, there may be some resistance in participating in the

CSP. In addition to time, there are some risks and costs in CSP. Once the cancer is diagnosed and confirmed, the women may need to terminate their careers and spend money on treatment. It may be the reason why they are reluctant to participate in CSP even though they know the severity of cervical cancer.

✎ The likelihood of action

All the components are directed toward the likelihood of taking recommended preventive health action as the final phase of the model. The likelihood of action depends on the possibility of taking action and the perceived barriers.

The awareness of the severity of cervical cancer may or may not lead to the action for cervical screening. Only when an individual believes that the screening is effective in lowering the risk, she will take action to participate. It is based on personal belief and the assessment on the effectiveness of CSP. The assessment includes anticipated barriers and benefits of the screening.

The health belief model assumes that the personal perception on the health and illness affects health behaviours. This model proposes that everyone has his / her belief on health and illness. These beliefs determine the likelihood of the action towards health promotion. Health education means to implement the health policy through various programmes with different ways of using mass media for promotion. These programmes aim to enhance the public's awareness on health risks so that they are able to give up unhealthy lifestyles.

2. Stages of Change Model

The idea behind the Stage of Change Model is that behavior change does not happen in one step. Rather, people tend to progress through different stages on their way to successful change. Each of us progresses through the stages at our own rate. Without intervention, most people will not change their behaviours. Applying to health behaviours, many people will not change the unhealthy behaviours. Therefore, the traditional model on health promotion fails to serve these people. Behavioral change depends on physical and social factors, as well as self-control. Health promotion aims at strengthening the capacity for self-control.

The Stage of Change Model is used to change people's unhealthy behaviours such as smoking, alcohol, drug, etc. It is also used to help people to develop healthy behaviours, such as contraception, regular exercise, a balanced diet.

Viewing behavioural change as a process, rather than a single event, it proposes that individuals pass through five main stages as their behaviour changes from 'unhealthy' to 'healthy'. They are:

Stages		Smoking as an example	Focus of Health Education
Pre-contemplation	People have yet to recognise that there is a problem behavior that needs to be changed.	'Do you want to quit smoking in 30 days?' 'Never' or 'Why should I quit?'	To help targets realize the hazards of the risk behaviours (e.g. smoking) and assess the positive and negative consequences of behavioural changes in order to develop the intention and motivation to change
Contemplation	People acknowledge that there is a problem but not yet ready or sure of wanting to make a change	'Do you want to quit smoking in 30 days?' 'No. Not at the moment.'	
Preparation/ Determination	People are ready to change and have made some initial attempts.	Start smoking less in a day.	To facilitate the self-determination and replacement of risk behaviour (e.g. smoking) with the healthy behaviour (e.g. eating healthy snacks).
Action	People practise new behaviour.	No smoking in a whole day.	To change the environment (e.g. making friends with non-smokers) to eliminate or reduce the temptation of the risk behaviour. The new behaviour can be supported through strengthening the self and developing self-confidence.
Maintenance	People maintain the practice of the new behaviour in a period of time.	No smoking for a long period of time.	

The relapse into risk behaviour may occur if the outcomes of change cannot be sustained. The targets then may return to older behaviours and abandon the changes.

(B) Health Promotion

The above stated models mainly focus on the individual level and individual behaviours. They are not designed to explicitly address the broad contextual factors. However, why do some people have difficultly in changing long-held patterns of behaviours? Why do some people access the health-related resources and services more easily than others? Different groups of population may have different health indicators. The community factors may contribute to the emerging risks in the society. All these issues will not be addressed by the above models.

The ecological model on health promotion emphasizes on the broad contextual factors influencing health. There are two levels in this model:

❖ Ecology is concerned with the relationships between organism and their environment.

❖ Social ecology is concerned with the nature of the relationships between humans and their socially institutional and cultural worlds.

From this perspective, health is the consequence of the interdependence between the individual and the family, community, culture, physical and social environments. In this sense, disease prevention is to develop interventions that target on the interpersonal, organizational, community and public policy factors which influence health.

The first International Conference on Health Promotion was organized by the World Health Organization (WHO) in 1986 and the Ottawa Charter was issued in the conference. According to the Ottawa Charter, health promotion is defined as the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource of everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to well-being.

Ottawa Charter defines five health promotion action themes as follows:

1. Building healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to the awareness of the health consequences of their decisions and to accept their responsibilities for health.

Taking tobacco control as an example, the government, through legislation, prohibits display of tobacco advertisements in any form so as to minimise the chance of people being lured into smoking by such advertisements. In addition, smoking has been prohibited in indoor areas of all restaurant premises and indoor workplaces, etc. since 2007 in a bid to create a smoke-free environment and reduce the harm of second hand smoking on members of the public.

2. Create supportive environments

People's health is strongly affected by environmental factors. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance – taking care of each other, including the communities and the natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility (more details in Booklet (8)). Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable. For example, schools can formulate healthy eating policies to prohibit the selling, advertising and promotion of drinks and snacks not complying with the requirements of healthy eating guides. Tuck shops should also be encouraged to offer students with fruit and other healthy snacks at concessionary prices, so as to create a culture of healthy eating, making it easier for school children to choose healthy food.

3. Strengthen community action

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for continuous access to information, creating opportunities for maintaining health, as well as funding support. For example, as discussed in Booklet (7), the neighbourhood network can be set up to promote mutual help and re-establish the community bonds so that people in need can receive social support.

4. Develop personal skills

Health promotion supports personal and social development through providing information, education for health and enhancing life skills aiming to increase people's ability to exercise more control over their own health and over their environments, and to make choices conducive to maintaining health. For

example, through its website, leaflets, radio broadcasts and TV advertisements, etc., the Department of Health advocates a balanced diet proactively to encourage members of the public to eat at least two servings of fruits and three servings of vegetables every day and offer advice on how such key points can be incorporated into our daily life.

5. Re-orientate health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. Health services should no longer be confined to clinical treatment of diseases but extended to disease prevention (refer to Booklet (6) for details) and health promotion. Health-related researches must be strengthened while changes in professional education and training are necessary to refocus on the total needs of the individual as a whole person.

How the healthy cities realize these action themes, especially the 2nd theme – create supportive environments, will be elaborated in the following.

9.2 Healthy Cities

The health promotion movement "Healthy Cities" has its origins in the Ottawa Conference and Charter for Health Promotion. Healthy cities are cities that are continually creating and improving those **physical and social environments** and expanding those **community resources** which enable people to **mutually support each other** in performing all functions of life and in developing their maximum potential. The concept of healthy cities focuses on the process, not just the outcome. Any city can be a Healthy City if it is committed to health and has a structure and process to work for its improvement.

(A) Aims of a healthy city

To be a healthy city, a city should strive to provide:

1. A healthy community

- A clean, safe physical environment of high quality (including housing quality);
- An optimum level of appropriate public health and sick care services accessible to all;
- High health status (high levels of positive health and low levels of disease).

2. A caring community

- A strong, mutually supportive and non-exploitive community;
- A high degree of participation and control by the public over the decisions affecting their lives, health and well-being;
- Access to a wide variety of experiences and resources, with the chance for a wide variety of contact, interactions and communication;
- A diverse, vital and innovative city economy;
- The encouragement of connectedness with the past, with the cultural and biological heritage of city-dwellers and with other groups and individuals.

3. Ecology and health

- An ecosystem that is stable now and sustainable in the long term;
- The meeting of basic needs (for food, water, shelter, income, safety and work) for all the city's people;
- A form that is compatible with and enhances the preceding characteristics.

(B) How can a city be a "Healthy City"?

Striving to be a "Healthy City", there are seven guiding principles for consideration:

1. Community level

- Community participation - i.e. to encourage local people and organisations to voice out their opinions and actively participate in building up a healthy community
- Health promotion - i.e. to enhance health education that 'prevention is better than cure' and to promote healthy living environment and lifestyles
- Primary health care - i.e. to strengthen the network of community clinics to reduce the need for hospital care

2. Society level

- Equity in health - i.e. to advocate that every individual should have an equal opportunity to attain their full health potential regardless of age and gender etc
- Inter-sectoral collaboration - i.e. to facilitate collaboration across government departments and service organisations for better services tailored to community needs
- Evidence-based approach - i.e. to identify and meet real demands through validated measures, followed by proper evaluation procedures to ensure optimum use of limited resources

3. International level

- International cooperation - i.e. to share knowledge and experiences with other Healthy Cities around the world (Sai Kung Healthy and Safe City, 2007).

(C) Healthy Cities in Hong Kong

In Hong Kong, the first Healthy Cities project was established in the late nineties. The Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 provided further impetus for the movement (Department of Health, 2005). Up to 2005, eleven districts pursuing the Healthy Cities have been formed. They are: Sai Kung, Kwai Tsing, Wan Chai, Sham Shui Po, Southern, Central and Western, Wong Tai Sin, Tai Po, Island, Kwun Tong and Tsuen Wan. The Department of Health has developed guidelines for the Healthy Cities Projected in Hong Kong to facilitate the development of Hong Kong as a healthy city. Up to 2007, more than two-thirds of the eighteen administrative districts in Hong Kong have been implementing "Healthy Cities" projects tailored to their own characteristics, though at various stages of development according to the guidelines from the Department of Health.

Useful Websites

✧ **Healthy Cities and Urban Governance**
http://www.euro.who.int/healthy-cities

✧ **Guidelines for Implementing a Healthy Cities Project in Hong Kong**
http://www.cheu.gov.hk/files/professional/Building_Healthy_Citiies_Guidelines.pdf

✧ **Healthy Cities Projects in Hong Kong**

Kwai Tsing Healthy City and Safety Community
http://www.ktschca.org.hk/

Sai Kung Health and Safe City
http://www.saikunghsc.org.hk/

9.3 Healthy Settings

The settings approach is rooted in the WHO "Health for All" strategy and, more specifically, the Ottawa Charter for Health Promotion. A setting is what people actively use to shape the environment; it is also what people use to create ideas to solve problems relating to health. Settings can normally be identified as having physical boundaries, a range of people with defined roles, and an organizational structure. Examples of settings include schools, work sites, hospital, villages and cities.

World Health Organization (WHO) proposes the Healthy Setting Approach to apply health promotion strategies to health and related social systems and to a variety of risk factors, diseases and health issues, carrying out health promotion in settings where people live, work, learn and play. It is a creative and effective way of improving health and quality of life. This part aims at introducing health and safety at different settings.

The key principles of healthy settings include community participation, partnership, empowerment and equity. Promoting health and safety in the setting approach involves a holistic and multi-disciplinary method. The goal is to maximize disease prevention via a "whole system" approach. Actions often involve some level of organizational development, including changes to the physical environment or to the organizational structure, administration and management. Settings can also be used to promote health and safety as they are vehicles to reach individuals, to gain access to services, and to synergistically bring together the interactions throughout the wider community.

> Reference
>
> Introduction of Healthy Settings from WHO:
> http://www.wpro.who.int/health_topics/healthy_settings/

(A) Health and safety at school

A health promoting school is one that constantly strengthens its capacity as a healthy setting for staying, learning and working. It embodies a holistic, whole school approach to personal and community health promotion in which a broad health education curriculum is supported by the environment and ethos of the school. It moves beyond individual behavioural change, taking into consideration organisational/structural change such as improving the school's physical and social environment, its curricula, teaching and learning methods.

1. Six Areas

The culture of health and safety of a health promoting school is developed through the following six areas :

✐ **Setting the school health and safety policies**

In order to promote health and safety in schools, the cooperation of different parties from various areas is needed. The well-planned steps and procedures can ensure the outcomes become sustainable. It is an essential step to promote health and safety in schools.

✐ **Providing school health services**

The major aim of school health services is to safeguard students' and staff's health, hence allowing them to have physical and mental strength to meet the demand of school work and helping them establish good interpersonal relationship. The services also aim at nurturing the school stakeholders' appropriate attitude and behaviour towards health care by means of various activities, with the hope that they would enjoy a healthy life.

✐ **Enhancing personal health and safety skills**

The education of personal health and safety skills aims at enabling school stakeholders to establish healthy attitudes and habits by acquiring health and safety knowledge and skills that match their culture, personal background and age through health and safety-related subjects or activities in school.

✐ **Creating the healthy school environment**

The school environment broadly refers to such hardware as the architecture of the school buildings, the playground, building facilities and various equipment and apparatus, including maintenance and safety of such hardware. It also includes the creation of a healthy learning, healthy eating, hygienic and smoke-free environment not only in school but also in the nearby areas.

✐ **Building a positive social environment**

The school environment and interpersonal relationships together form the social environment of the school. A harmonious and happy learning environment helps the physical and psychological development of students and complements classroom teaching. Besides acquiring knowledge and skills in school, students also learn the way of living in a group, of communicating with others and of caring and respecting others.

✐ Developing the community relationship

The community relationship at school broadly refers to the relationships between the school, parents, government departments, regional health services institutions and community organisations. Overseas research shows that a close link between the school, the home and the community contributes to students' physical, mental and spiritual development from the individual to environmental level.

2. Healthy Eating - Eatsmart@school.hk Campaign

Website : http://school.eatsmart.gov.hk

Healthy eating is essential for children's growth and prevention of chronic diseases such as obesity, heart disease, cancer and diabetes. However, for a number of reasons, healthy eating is not commonly practised among local students. The Department of Health has recorded a rising trend of obesity among primary school students, from 16.4% in 1997/98 to 18.7% in 2004/05. It means that, almost one in five school children has the problem of obesity. In 2005, chronic diseases accounted for almost 60% of all registered deaths. In the face of the rising trend of childhood obesity, the need to tackle this complex medical, educational and social problem is pressing. An 'EatSmart@school.hk' Campaign was launched in the schools of Hong Kong. The movement aims to cultivate healthy eating practices so that children can grow healthily and learn effectively.

"School healthy eating policy" is an objective laid down in writing by the school management and other stakeholders (e.g. teachers, parents, etc.) after deliberation in accordance with circumstances peculiar to the school. Such policy will then be disseminated to all its members including staff, parents, students and lunch suppliers so that everyone could follow.

A policy-making group comprising the headmaster / headmistress, teachers and parent representatives of the Parent-Teacher Association (PTA) should assess the knowledge, attitude and behaviour of students and parents on healthy eating as well as their understanding on schools' eating environment. The group should then draft a healthy eating policy tailored to their school before submitting for deliberation, amendment and endorsement by their staff. The adopted policy should be observed by all parties of the school.

3. Sexual harassment

Sexual harassment is not just a problem for adults at the work place; it also occurs to children and adolescents in schools. Within schools, sexual harassment is not limited to adolescents. Recent media accounts have focused on students in elementary grades being subject to severe acts of harassment. Sexual harassment is an unwanted and unwelcome sexual behaviour.

Examples of sexual harassment include:

- Touching, pinching, and grabbing body parts
- Sharing sexual notes or pictures
- Writing sexual graffiti
- Being cornered, forced to kiss someone, or coerced to do something sexual
- Making suggestive or sexual gestures, looks, verbal comments, or jokes
- Spreading sexual rumors or making sexual propositions
- Pulling someone's clothes off
- Pulling one's own clothes off
- Attempted rape and rape

Protection against sexual harassment
Schools need to protect students from sexual harassment by various steps and procedures taken by the staff. If sexual harassment occurs, immediate actions should be taken by the staff. Otherwise, students may feel disappointed towards the schools and consider using their own ways to solve the problems without informing the school authority.

Schools may educate students to deal with sexual harassment by:
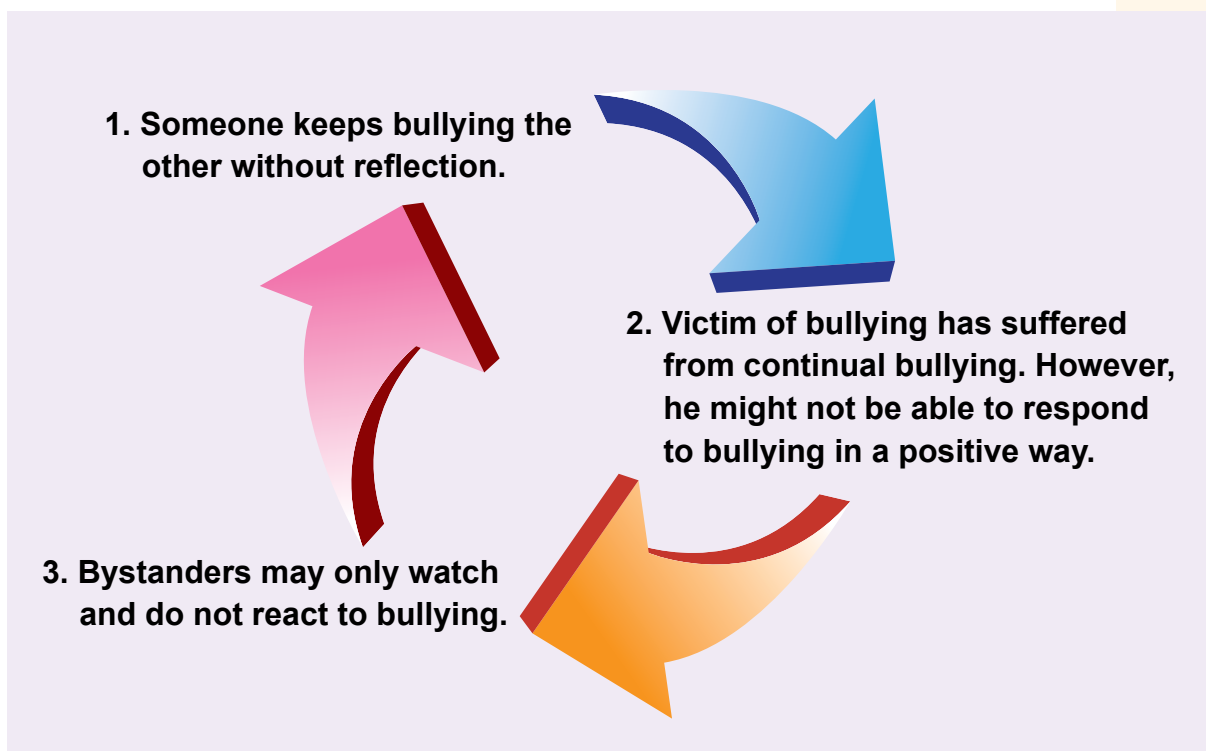
- Telling someone they trust
- Finding people who support them (particularly parents)
- Avoiding self-blame
- Maintaining a written record detailing incidents
- Saving any notes received from a harasser
- Reporting incidents to the responsible person at their school
- Clearly informing the harasser that they do not like the behaviour
- Knowing the rights to file a complaint or lawsuit

4. Bullying

Bullying is the way in which a person may intimidate, threaten or harass another person. Bullying is closely linked to abuse as it often involves name calling, aggression and in some cases acts of violence. In schools, a group of children may single out one child because they think he or she is different. For example a child may wear glasses and the group will constantly threaten this child. The child becomes frightened and often does not want to go to school. The victim will be threatened to keep silent and will often find this a major stress in his/her life. In some cases bullying has led to the victimized child to commit suicide. Schools need to develop anti-bullying policies where children are encouraged to talk about bullying and the perpetrators are disciplined within the framework of a code of practice.

Figure 9.2   Cycle of bullying

1. **Someone keeps bullying the other without reflection.**

2. **Victim of bullying has suffered from continual bullying. However, he might not be able to respond to bullying in a positive way.**

3. **Bystanders may only watch and do not react to bullying.**

✐ Types of bullying

- ➢ Physical assault
- ➢ Verbal harassment
- ➢ Exclusion from social situation
- ➢ Coercion

✐ The causes of bullying

- ➢ In order to boost up income and meet desires of readers and audience, the mass media always exaggerate the truth of the issue when dealing with violent and crime news. Eventually, these affect teenagers;
- ➢ In our society, violent behavior has been used as a means to solve problems. Teenagers imitate this behavior unconsciously;
- ➢ Dissonant atmosphere at home, leading to the development of lack of concern and sense of insecurity among children;
- ➢ Schools' over emphasis on academic performance and over look of the developmental & psychological needs of adolescents;
- ➢ Crowded environment and fair staff-students connection;
- ➢ Poor interaction between the school and parents;
- ➢ Poor interaction between teachers, with great differences on teaching styles; and
- ➢ When teachers do not acquire the knowledge of counselling and communication skills, misunderstanding and confrontation between teachers and students may arise.

✐ Tackling bullying

- ➢ Different parties may establish the policy of providing harmonious family and school :
  - ✻ When dealing with bullying, schools, parents and NGOs should cooperate and provide a pleasant and positive environment
  - ✻ The first step is to provide basic knowledge about bullying such as its popularity and seriousness to parents/schools and the community

- ➢ Schools should develop clear education objectives and policies :
  - ✻ Anti-bullying should be stated as one of the school missions
  - ✻ A respectful and caring learning environment should be created

- ➢ Anti-bullying courses to schools should be introduced :
  - ✻ Introduce programmes on anti-bullying & prevention of bullying, control of assaultive behavior / rage-management, concept of safe school & peace etc.

➤ Prevention courses / training schemes should be introduced
  ✳ Training of self-esteem
  ✳ Social skills instruction
  ✳ Training of self-protection to high risk victims
  ✳ Training of positive attitude towards choosing
  ✳ Training of emotional management

✐ Tactics to build positive culture: cooperation with different parties

➤ Introducing community resources for organisng extra-curricula activities
➤ Organising violence prevention programme
➤ Setting up parent parallel group
➤ Restoration of human relationship
➤ Supporting victims and encouraging them to speak up
➤ Providing training to victims to help them to be strong
➤ Teaching bullies about emotional control
➤ Help bullies differentiate what is wrong and learn to make an apology
➤ Reconciling disputes between two parties by mediation
➤ Development of a whole school anti-bullying policy
➤ Training of senior form students to take part in life education activities

To conclude, the most effective way to deal with bullying is to introduce a whole school approach. That is, to educate all students to stop bullying as well as to show empathy and encourage the victims. Apart from the anti-bullying policy, the whole school approach also includes the development of individual abilities of students, instruction on social skills and maintaining strong staff-parents connection.

References

✧ The Hong Kong Healthy Schools Award Scheme,
  http://www.cuhk.edu.hk/med/hep/index.htm
  http://www.who.int/school_youth_health/gshi/hps/en/index.html

✧ Safety Schools
  http://www.childinjury.org.hk

(B) Health and safety in sports and leisure

Sports and leisure activities are an important part of daily life. They reduce stress, strengthens the heart and lungs, increase energy levels, and help to achieve and maintain a healthy body weight.

However, there are certain risks in playing some sports and leisure activities. Soft tissue injuries, broken bones, tendon, cartilage damage and head injury in many sports expose the individual to a higher than normal risk of injury. In the past few decades with the growth of economy in Hong Kong, the sports and activities with high training cost became more popular in all levels of the society and the youths have more chances to engage in sports that had rarely been taken up by ordinary people in the past, for example: windsurfing, canoeing, ice-skating, gymnastics, rugby, cricket, tennis, judo, skateboarding and horse riding, etc. If more youths engage in these activities but with no proper training and protective equipment, the proportion of people sustaining serious injury will be alarming.

From the 2003/2004 Population Health Survey (Department of Health, Hong Kong SAR, 2004), 14.3 % of people aged 15 and above reported that they had sustained injuries that were serious enough to limit their normal activities in the 12 months preceding the survey. People in the 15-24 age group were more likely to report having an injury that was serious enough to limit their normal activities than people in other age groups. In addition, people aged 45-54 were also not free from any injuries related to activities. From the same report, 17.8% of people who got injured were work-related. People of 45-54 age group were the major group suffering serious injuries related to their work activities.

The possibility of injury in sport is part of life, but there are simple steps to reduce the risk of injury. They are:

❖ Wearing essential equipment
The equipment an individual wears while participating in sports and other activities is the key to preventing injuries. Besides, wearing the right equipment with the right fit dramatically decreases an individual's chances of getting injured. For example, the right footwear can keep an individual from tripping and falling. Some sports like skateboarding and biking need special types of shoes.

❖ Avoiding rushing into any sport or exercise without warming up
Muscles that have not been properly prepared tend to be injured more easily. Starting out with some light cardiovascular activities, such as easy jogging and stretching to get the muscles going is very important. The brief warm-up with some stretches can prevent any muscle strains

❖ Following the rules of the sports and leisure activities

Rules and regulations usually exist for a good reason. They are there to keep an individual and the teammates in the sports or leisure activities to avoid injuries. They are designed to promote safety so that everyone can enjoy the sports and leisure activities.

❖ Playing with proper techniques

Proper techniques promote safety. This goes for any sport, from motor racing to baseball, from dancing to weight-lifting, etc. It is important to performing new activities carefully and with patience as everyone needs time to practise and master new skills.

❖ Carrying out risk assessment

✎ A procedure for estimating and evaluating the levels of risk associated with each of the different ways in which hazards may affect stakeholders should be established and this should be used consistently across all sport players.

✎ The hazards associated with a sport will arise from the use of the facilities, such as grass and artificial playing surfaces; sports equipment, such as exercise weights; and activities, such as competitions.

✎ The range of hazards encountered can vary widely across sports; for example, from the toxic effects of chemicals used to purify water in a swimming pool to the flammable properties of fuel used to power motor vehicles and the physical contact occurring between competitors.

✎ It is also important to appreciate that some hazards will only exist at certain events, such as the presence of large crowds at major events and vehicular traffic during events on public roads.

❖ Implementing control measures:

The most important aspect of the risk assessment process is identifying and implementing adequate control measures in order to reduce the risks of the sport to acceptable levels.

In the past decades, leisure activities were mainly outdoor activities. However, nowadays, people spend more time in watching TV sports programmes or playing computer games. This sedentary mode of leisure definitely creates new risks for their health as discussed before. Besides, another example is the playing of indoor Wiimote sports. Playing sports needs space, coach and proper equipment; however, people thinks Wiimote sports are so simple that they do not need to have any properly fitted equipment, training or coach. Because of these, Wii-related injuries such as dislocation, arms being snapped by the broken Wii-bat, eyes knocked by the Wii-bat in great motion, etc, come to surface.

(C) Health and safety abroad

Nowadays, more people travel greater distances and at greater speed than ever before. Yet, all travel carries some health risks. During travelling, there may be sudden and significant changes in altitude, humidity, microbes and temperature, which can result in ill-health. Serious health risks may arise in areas where accommodation is of poor quality, hygiene and sanitation are inadequate, medical services are not well developed and clean water is unavailable.

All people planning to travel should be aware of the potential hazards of the countries they are travelling to and learn how to minimize any risk to their health. The smart travellers should seek health advice before travelling to protect themselves and seek appropriate medical attention when symptoms arise while away or after returning home. To guarantee health and safety aboard, we need to be aware of disease outbreaks at specific destinations, useful health advice on protection against insects and other disease vectors, safety issues in different environmental settings, and vaccinations for a certain types of infectious diseases.

The Port Health Office of the Hong Kong Department of Health provides the Travel Health Service aiming at promoting and protecting the health of travellers as well as preventing the spread of diseases into Hong Kong. (http://www.travelhealth.gov.hk)

> More information from World Health Organization is available at:
> http://www.who.int/ith/chapters/en/index.html

(D) Health and safety at home

Accidental injuries at home are a major health problem throughout the world. They are the commonest cause of death in children. Among home accidents, falls account for the majority of non-fatal accidents while the highest number of deaths is due to fire. Most of these accidents are preventable through increased awareness, improvements in the home environment and greater product safety. Therefore, create a safer home by taking some simple precautions:

❖ Buy a first-aid kit at home and place it in an easily accessible place.

❖ Turn off electrical appliances when they are not in use.

❖ Never store flammable liquids such as cleaning agents near heating units.

❖ Keep flammable objects such as curtains away from stoves.

❖ Never leave cooking unattended.

* Supervise children all the times.

* Keep floors free of toys and obstructions to avoid tripping.

* Never leave babies unattended on raised surfaces.

(E) Health and safety at work

Occupational injuries and diseases have profound effects on work productivity and on the economic and social well-being of workers, their families and dependents.

Occupational Disease

Occupational diseases result from particular types of employment, usually as a result of a long-term exposure to a specific substance, environment or a repetitive physical act. Examples are:

◇ Asbestosis is caused by breathing in asbestos dust, which results in damage to the lungs.
◇ Chemical poisoning, such as lead compound poisoning, which results in bone marrow damage.
◇ Working with continuously loud noise, which can result in damage to hearing.
◇ Being exposed to radiation that can result in some cancer cases.
◇ Repeated movements of parts of the body, which can result in repetitive strain injury.
◇ The constant glare of parts of a computer screen, which can result in visual disturbance.

* Building the culture of health and safety at work

At policy level, governments are encouraged to prepare a special occupational policy and programme for occupational health and safety that should include actions for providing competent occupational health services for all people at work. Such a programme should include the development of appropriate legal provisions, and systems for enforcement, and inspection by competent authorities especially responsible for occupational health.

At implementation level, effective occupational health and safety programmes

bring many structural changes that improve the conditions of work in some sectors. Definitely several hazardous agents and factors such as physical, chemical, biological as well as psychosocial stress, in addition to occupational accidents, still threaten the health of workers and these factors are still continuing to cause occupational and work-related diseases and injuries (WHO, 1994). Therefore, identifying and minimizing risk factors are essential for occupational health and safety.

One of the measures is setting up health and safety guidelines or policies using technologies in, work environment and work organisation of all procedures to help in achieving occupational health and safety objectives. However, there is no warranty of occupational health and safety if the workers have no knowledge of health and safety guidelines or polices.

Therefore, another focal point for practical occupational health activities is to provide training for workers. Workers should be provided information and education, and should be given all the information. They should know the potential hazards and risks in their work and workplace, and they should be empowered to improve working conditions by their own action.

Employers are responsible for planning and designing healthy and safe work, the workplace, work environment and work organization, as well as for maintaining and constantly improving health and safety at work.

Occupational health and safety services in Hong Kong are mainly promoted and enforced by the Labour Department and the Occupational Safety and Health Council. Their jobs include enforcement of legislation through regular workplace safety inspections, provision of advisory services on matters concerning occupational health and safety, promotion of awareness and good practices through occupational health and safety training and talks to industrial and commercial sectors as well as launching awards for reinforcement, etc.

Reference

✧ **World Health Organization**
   ♦ Occupational Health:
     http://www.who.int/topics/occupational_health
   ♦ Readings on Occupational Health:
     http://www.who.int/occupational_health/publications

✧ **Occupational Safety and Health Council**
   http://www.oshc.org.hk

✧ **Labour Department**
   http://www.labour.gov.hk/eng/osh/content.htm

9.4 Emergency Management in Accidents

(A) Emergency Management

Emergency management is the process of dealing with and avoiding risks in case of accidents. It involves: preparing for accidents before they happen, accidents response such as emergency evacuation and first aid management, or even supporting and rebuilding society such as after natural disasters.

Accidents can occur anywhere. For a student, the most common place to encounter accidents are in schools, on the road and at home. So the following discussion is focused on these three areas. However, it does not mean accidents will not happen elsewhere besides these three areas. Therefore, it is important to always be alert for any emergency anywhere and apply the same principles in emergency management so as to minimise threats that endanger health and safety, property or the environment.

(B) Accidents in Schools

Accidents in schools range from an accident or injury of a student on the playground, in the halls or in the classroom to the events of a medical episode, a group food poisoning, a group infection, an undefined gas leakage, on fire or an emotional crisis, etc. As the school is a compound with a lot of students and staff, it is most important to have a well documented list of "emergency management procedures" for different accidents and good communication protocol within and outside the school. Regular drills for emergency management such as fire drills are important.

Besides, the following preparation should be ready at any time:

❖ Form a crisis management team for planning, managing, monitoring and reviewing all emergency crises.

❖ Post classroom emergency procedures on the back of every classroom door or on the notice board near the door.

❖ Post in the main office and playground names of staff who have completed First Aid training or other special lifesaving training or expertise.

❖ Post the list of emergency telephone numbers in the main office and the playground.

❖ Develop protocols for any student or staff having special medical or physical needs and the procedures to be followed in the event of a medical episode. These conditions might include fainting, seizures, etc. Ensure that classroom teachers and main office staff, etc. are fully aware of this information.

In the event of mass accidents, the emergency management includes:

- ❖ All staff and students follow the preset "emergency management procedures".
- ❖ Notify the principal.
- ❖ Notify the crisis emergency team coordinator.
- ❖ Assess the severity of accidents.
- ❖ Call emergency services if indicated.
- ❖ Initiate the school emergency evacuation plan if necessary to maximize the safety of student.
- ❖ Assemble students and staff in an area as far from the scene as possible.
- ❖ Provide first aid treatment and removal of the injured as safety permits and supervise those not injured.
- ❖ Notify parents or guardians, spouses or other individuals listed as emergency contacts.

After the accidents, emergency management includes:

- ❖ Review of emergency management protocols and making amendments if necessary.

(C) Accidents on Road

According to the statistics from the Transportation Department, there are around 4,000 pedestrian casualties and 50,000 road traffic accidents of vehicles per year in Hong Kong. It shows that accidents on the road occur every day.

The following steps can be applied to the emergency management in road accidents:

- ❖ Assess the potential risks, traffic condition, number and condition of casualties.
- ❖ Leave the traffic accident scene immediately if the environment is dangerous.
- ❖ Stay calm and call for emergency services.
- ❖ Conduct traffic flow if possible to avoid further accidents in the scene.
- ❖ Make sure that it is safe to perform any rescue or first aid management on site.
- ❖ Provide first aid treatment if the environment is safe.
- ❖ Do not move the injured if any head or /and spinal injury is suspected unless there is environmental hazard such as gasoline leaks are suspected.

(D) Accidents at Home

Accidents at home can be in various forms. It can be environmental emergency or medical emergency, etc.

The basic principles for emergency management of the accidents at home are:

❖ Stay calm.

❖ Identify any potential risk and eliminate or minimize the risk if possible.

❖ Inform emergency services with adequate and clear information.

❖ Rescue or help any person only if it is safe to do so.

1. Environmental emergency

✎ Emergency management of a fire

➢ Activate the nearest break-glass fire alarm switch and alert everyone to leave the premises.
➢ Call fire services.
➢ Rescue any person in immediate danger, if it is safe to do.
➢ Isolate the fire e.g. by closing doors, alert other people in the immediate area.
➢ Fight fire if safe to do so.
➢ Do not use the elevator, just use the stairway as long as it is clear of smoke.

Information on Emergency Management of Fire:
http://www.hkfsd.gov.hk/home/eng/source/safety/what_to_do.pdf

✎ Emergency management of gas or chemical spills

➢ It needs evacuation, i.e. moving people from possible danger to safety.
➢ Open windows to dilute poisoning gases.
➢ Do not switch on or off any electrical appliances, make any phone call, or press any door bell as it triggers explosion.
➢ Just inform emergency services only in an open area by phone.

2. Medical emergency

The range of medical emergencies can be vast and diverse and can include heart attack, epileptic fits or seizures, lacerations and other types of serious injury, etc. Each type of incident will present varying conditions and behaviours. Basically, it is advised to:

✎ Provide first aid or emergency response training as a foundation for a clear and rational approach which helps allay fear and provide an individual with a frame of mind that will enable him/her to deal adequately with the emergency.

✎ Always make a thorough assessment of the situation.

✎ Deal with the situation calmly.

(E) Ways of reporting or obtaining assistance in unsafe situations or accidents

Reporting or obtaining assistance is a vital step in emergency management as it is the only way to preserve life and properties in the occurrence of accidents if those people on site have limited efforts to do so. Only if it is performed in a correct way, an effective assistance team would arrive timely within the golden hours for successful rescue.

The followings are the key steps in reporting or obtaining assistance:

❖ Remain calm and dial 999.

❖ Clearly state the nature of the incident, e.g. fire, traffic accident, chemical substance leakage, medical incident, etc.

❖ Clearly state the location of the incident, e.g. street name, building. number and name, building number and name, floor and block number.

❖ Briefly describe the situation at the scene, e.g. people trapped, number of casualties.

❖ Briefly describe the condition and medical history of the patient e.g. heart disease, asthma, diabetes, etc in case of medical emergency.

❖ Provide reporter's contact telephone number.

(F) First-aid skills

Besides the effective, correct way for reporting or obtaining assistance, corrective

action in dealing with the injured or sick person is very important to preserve life and prevent further harm to health in emergency management. One of the essential actions in emergency management is the application of first-aid skills.

1. Why do people need to know first-aid skills?

The proper first aid skills provide immediate assistance to the injured and sick in order to alleviate the injury or illness. The skills also help us save lives. It can be understood by the example of a blocked airway. A blocked airway can kill someone in three or four minutes, but it may take more than eight minutes for an ambulance to arrive. So a simple procedure such as opening someone's airway can save their life while they are waiting for emergency medical help.

2. How to acquire first-aid skills?

Enrolling on a hands-on training course from recognized organisations can learn how to apply first-aid techniques correctly. The popularly recognized training organisations providing first aid training courses to the pubic in Hong Kong are:

- **The Red Cross – http://www.redcross.org.hk**
- **St. John Ambulance – http://www.stjohn.org.hk**
- **Auxiliary Medical Service – http://www.ams.gov.hk**

Training courses vary in length. When it is finished, participants are tested by a qualified first aid trainer in the essential skills they have learned. In passing, the individual will receive a certificate. Usually, a certificate is valid to 2 to 3 years; thus, refresher courses to update knowledge and skills are necessary to catch up with the most up-to-date recommended practice standard.

To be a competent first-aid provider, the following knowledge and skills for emergency management are essential:

- Trauma and bleeding
- Airway obstruction
- Unconsciousness
- Fracture
- Burns and scalds
- Head injuries
- Poisoning
- Shock
- Miscellaneous

9.5 Risk Assessment and Health Management

(A) Risk Assessment

Safety refers to the freedom from accidental injury in a variety of activities involving different sectors such as public security, transportation, justice, health and social services, sports and recreation. Therefore, safety has been defined as a state in which hazards and conditions leading to physical, psychological or material harm are controlled in order to preserve the health and well-being of individuals and the community.

The concept of risk can be applied to nearly every human action of which the consequences are uncertain. Risk assessment is the scientific process of evaluating adverse effects caused by a substance, activity, lifestyle, or natural phenomenon. Risk assessment is the means by which currently available information about health problems arising in the environment is organized and understood. Risk assessment provide information to an individual, an organization or a national government to make consideration for directly available resources to those areas and strategies or measures where the greatest amount of risk can be reduced for the least amount of resources.

Risk assessment is important in the emergency management for accidents. Accidents can occur anywhere. It is important to always be alert for any emergency at anywhere and apply the same principles in emergency management so as to minimize threatens that endanger health and safety, property or the environment.

Figure 9.3   Risk Assessment

- Risk assessment
- Improve health and safety
- Changes in the environment
- Monitor and review
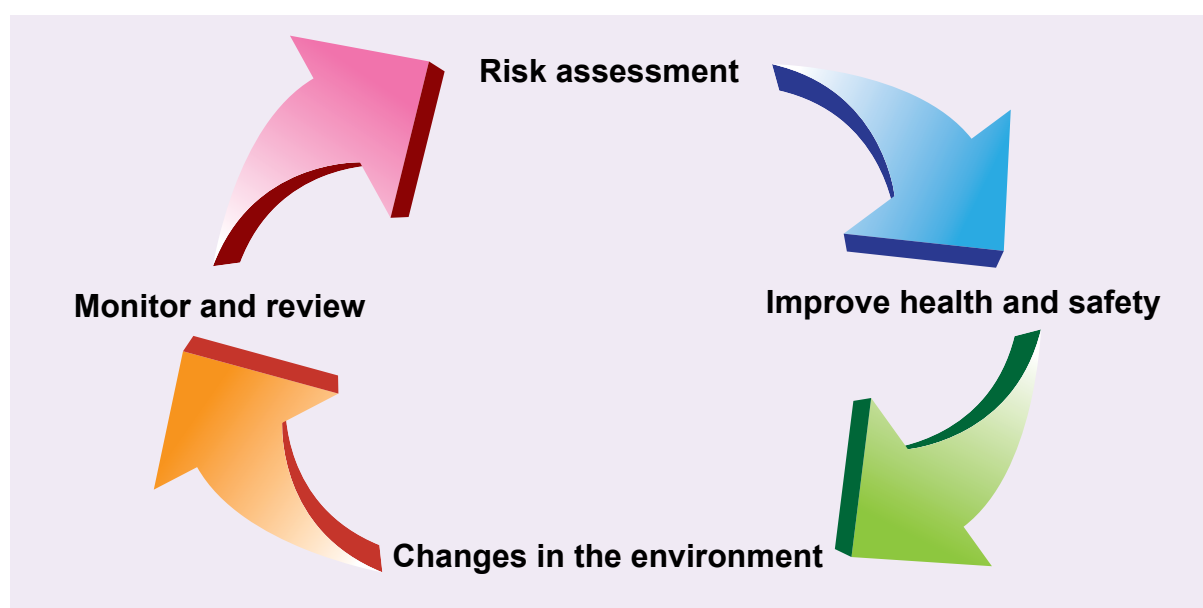
(B) Hazards to Health

Health can be affected by the existence of hazards which cause harm and ill-health. Hazards can be grouped into the following categories:

❖ **Mechanical hazards**
Contact with moving parts of machinery or equipment can lead to serious injuries, ranging from cuts, bruises and punctured skin to crushed limbs, amputation and even fatality.

❖ **Physical hazards**
Obstacles on the ground where individuals walk (on wet or damaged flooring), poor visibility, and even just inappropriate footwear account for most slips, trips and falls in any condition.

❖ **Biological hazards**
Infections and diseases are caused by certain types of micro-organisms that become hazardous to health when environmental conditions allow their growths rapidly. Bacterial or viral cultures thrive where there is poor hygiene, warm temperatures and moisture. Unhygienic environment enables micro-organisms to spread and grow to dangerous levels.

❖ **Chemical hazards**
Hazardous chemical substances can cause skin or eye irritations, respiratory problems, poisonings and long term health problems such as cancers. For example, tobacco smoke contains lots of chemicals that can have serious health effects even when it's inhaled passively. Smoke in an enclosed area can therefore be regarded as air pollution and a risk to health

❖ **Ergonomic hazards**
Ergonomics describe the way humans relate to their working environment. Certain work activities can lead to health problems or injuries if they are carried out in an unsuitable work environment. For example, poor seating and workstation design do not just cause discomfort but also cause problems like musculoskeletal disorders.

❖ **Electrical hazards:**
Contact with live parts at even normal mains voltage can kill or at the very least cause severe shock and burns. Electrical faults can be an ignition source in fires or explosion, too. Therefore equipment and systems that use electricity can be dangerous hazards if they are not used and maintained properly.

❖ **Stress**
Stress can be the cause of mental and physical health problems ranging from insomnia to depression and high blood pressure. Being under stress in certain types of working environments can also lead to accidents.

❖ **Lifestyle hazards**
Risk behaviours such as unhealthy diet, sedentary lifestyles, tobacco smoking,

(C) Risk Management

Health management emphasises actions in health and safety measures and disease prevention so as to minimise the risk of premature sicknesses and to assure optimal physical, mental, emotional and social well-being throughout the natural life cycle. Risk assessment is the first step and the other steps are:

1. Empowerment in risks assessment and health choice

To manage personal and community health, it is important to provide and receive health education and health information that serve as empowerment tools not just limited to health personnel but also to other sectors of a community. For example, the passing of Hong Kong's food labeling laws in 2008 enables people to enjoy eating healthy food products according to their judgment and choice. The "one plus seven" labeling regime (energy content plus seven core nutrients) which complies with a recent World Health Organization recommendation proposed from Hong Kong's food labeling laws provide more informative nutritional labeling for people who are conscious of the link between nutrition and good health. This is an example of empowerment at government level to deal with lifestyle hazards.

2. Decide what precautions are needed to minimize hazards exposure

This means to remove or reduce hazards to an acceptable level. These kinds of precautions are common in human daily activities. For example, wearing a surgical mask whenever delivering care to a Tuberculosis patient (an example at individual level), open the window to ensure good ventilation while diluting chlorine water for disinfecting contaminated environment (an example at individual level), providing a healthy tuck-shop in school campus (an example at community level), etc.

3. Prevent or adequately control of hazards exposure

This means the consideration for adequately controlling the hazards exposure and putting in place measures appropriate to the activities and consistent with the risk assessment. For example, wearing protective devices during the operation of ionizing radiation in any industrial sectors (an example at individual level), strictly implementing no tobacco smoking rule in public indoor areas such as shopping malls, restaurants and cinema, etc (an example at all levels).

4. Carry out and maintain the control measures

Adequate information can help implement and maintain the control measures as it increases an individual's knowledge on health issues as well as having positive attitude and skills towards healthy behaviour. A typical example can be found from working at a high position. It is important to employ appropriate personal protective equipment to reduce injury when performing jobs at height (an example at personal level). Other examples in daily life include consuming consistently low fat diet with regular exercise. This can prevent cardiovascular diseases of an individual.

9.6 Legislation and Actions

(A) Statutory Requirements for Health and Safety

The government has established a series of statutory requirements for promoting health and safety. For example, food safety is a crucial issue in protecting health. Legal controls on the quality of food imported are one of the measures to prevent and control outbreaks of food poisoning. The Food and Health Bureau is accountable for formulating related policies under its ambit. It works closely with delivery agents to provide quality healthy food and environmental hygiene services for the people of Hong Kong.

> For further information about policies from the Food and Health Bureau, refer to:
> http://www.fhb.gov.hk

The Smoking (Public Health) Bill 2005 was passed into law for implementation with effect from January 1, 2007. The Tobacco Control Office of the Department of Health prepared implementation guidelines for managers of various statutory no smoking areas to implement the smoke-free policy. Guidelines include the steps and procedures as well as practical tips for managers to implement the smoke-free policy.

> **Smoking (Public Health) (Amendment)Ordinance 2006 - Interpretation and Guidelines on Indoor No Smoking Areas**
> http://www.tco.gov.hk/english/downloads/downloads_guidelines.html

The Occupational Safety and Health Ordinance provides for the safety and health protection to employees in workplaces, both industrial and non-industrial. This ordinance covers almost all workplaces - places where employees work. In addition to factories, construction sites and catering establishments, other places, such as offices, laboratories, shopping arcades, educational institutions also come under the ambit of the law.

> Occupational Safety and Health Ordinance -
> http://www.legislation.gov.hk

(B) Health and Safety Promotion Actions

Health and safety promotion aims to enhance public awareness and promote a culture of positive health and safety. WHO stresses that advocacy and social mobilization for policy in support of health promotion are vital. It is found that effective polices need to be multisectoral, which must draw upon a broad range of partners, including the wider community, for their development and implementation. Governments should play a stronger role in developing public health policies; thus, health ministers need to take the lead by advocating for the development and adoption of these polices (WHO, 2004).

Health promotion in Hong Kong is carried out by different health promoters composing different professionals from the health, education and social fields. Among them all, the Central Health Education Unit of the Department of Health plays a leading role in formulating the direction on, and providing resources for, public health education.

> For details about Central Health Education Unit of the Department of health, refer to: http://www.cheu.gov.hk

In Hong Kong, some campaigns also have been launching for this purpose. For example:

❖ **I Love Smoke-free Hong Kong Campaign**
The Tobacco Control Office of the Department of Health has been promoting a smoke-free culture to the public through the mass media. To raise the public awareness on the hazards of smoking and secondhand smoke, and the newly amended Smoking (Public Health) Ordinance, a publicity campaign entitled "I love smoke-free Hong Kong" has been started since 2005.

And a series of TV and Radio programmes, outdoor advertisements, publications like pamphlets, posters, exhibition boards, video compact discs are used for promoting smoke-free Hong Kong.

> I Love Smoke - free Hong Kong Campaign
> http://www.tco.gov.hk/english/health/health_pe.html

While the Department of Health playing an explicit leading role in promoting health, other organizations such as NGOs, statutory bodies or educational institutes also take active parts in promoting health by employing different strategies and approaches.

Examples

♦ Health promotion for the aged by Hong Kong Health Care Association for the Ageing
http://www.hkaoa.com.hk

♦ Health promotion for the women by Centre of Research and Promotion of Women Health
http://www.cuhk.edu.hk/crpwh/web_new/index.html

♦ Health promotion for preventing osteoprosis by the Chinese University Jockey Club Centre Osteoprosis Care and Control
http://www.jococ.org

♦ Youth Health by the Hong Kong Federation of Youth Groups
http://www.u21.org.hk/partnership/oct2003_issue03/news1.htm

♦ Health Ambassadors to Youth Project by Hong Kong College of Nursing
http://www.fmshk.com.hk/conhk/frame4.htm

♦ Mental health promotion by Centre on Behavioural Health, the Hong Kong University
http://web.hku.hk/~bhealth/research.html

♦ Hong Kong Mood Disorder Centre
http://www.hmdc.med.cuhk.edu.hk/

The above list only includes some of the examples of health promotion in Hong Kong. Like most countries in the world, the health promotion development in Hong Kong is just getting started. It has a long way to go. The development and implementation of health promotion work on evidenced-based strategies. Therefore universities in Hong Kong play an important role in leading the research and training for health promotion and education.

Examples of programmes provided by universities include:

♦ The School of Public Health, the Chinese University of Hong Kong
http://www.sph.cuhk.edu.hk/cms

♦ Centre for Health Promotion, Department of Nursing Studies, the University of Hong Kong
http://www3.hku.hk/nursing/health_centre.php

♦ Youth Studies Net, the City University of Hong Kong
http://ssweb.cityu.edu.hk/youth.asp

♦ Faculty of Health and Social Science, the Polytechnic University of Hong Kong
http://www.polyu.edu.hk/fhss

Learning and Teaching References

HMSC

Education Bureau
HKSARG