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# Key Elements for Implementation

# 6



6.1 This NCD strategic framework is built for the health of Hong Kong people. The key elements for implementation fit an acronym PEOPLE that is illustrated below —

**Partnership:** Drawing together the strengths of people from various sectors with different knowledge and skills

6.2 The determinants of health are so pervasive that health promotion and disease prevention requires whole community involvement, extending beyond the scope of the health sector into the realms of environment, transport, housing, education, employment, etc. Thus, partnership will be a logical way of working, drawing people from different backgrounds, culture and expertise. Furthermore, implementation can only go smoothly and successfully if it has the backing and involvement of key stakeholders. Collaboration maximises strengths and minimises weaknesses, aiming towards a product that exceeds the sum of its parts. For effective action, there is a need for concerted efforts across a broad public health front, requiring both intrasectoral and intersectoral collaboration (Exhibit 42).

### Exhibit 42: Examples of local key partners

- Government at all levels
- District Councils
- Healthcare providers in public and private sectors
- NGOs and relevant community groups
- Business sector and employers
- Academics
- Mass media
- Members of the public
- Schools
- Religious groups

**Environment:** Linking health promotion and disease prevention with the total environment

6.3 An important determinant of people's health is the environment in which people live, learn and work, including the social context against which they interact. The society should create a health supporting environment which would enable people to make healthy choices and live healthily. As such, the "setting" approach is better able to support local health promotion actions by bringing together policy support, intersectoral collaboration and community action in addressing socio-economic factors that underpin all facets of human activity. Examples of healthy setting approaches include healthy cities (Exhibits 43), healthy schools, healthy workplaces, healthy restaurants and healthy markets.

### Exhibit 43: A healthy city strives to provide<sup>1</sup>:

- a clean, safe physical environment of high quality (including housing quality);
- an ecosystem that is stable concurrently and sustainable in the long term;
- a strong, mutually supportive and non-exploitative community;
- a high degree of participation and control by the public over the decisions affecting their lives, health and well-being;
- the settlement of basic needs (for food, water, shelter, income, safety and work) for all city's people;
- access to a wide variety of experiences and resources, with the chance for a broad channel of contact, interactions and communication;
- a diverse, vital and innovative city economy;
- the encouragement of connectedness with the precedent, with the cultural and biological heritage of city dwellers and with other groups and individuals;
- a form that is compatible with and enhances the preceding characteristics;
- an optimum level of appropriate public health and sick care services that is accessible to all; and
- high health status (good health and low diseases profiles).

(Source: WHO, 1997)

**Outcome-focused:** Ensuring optimal investment of resources with greatest health gains through monitoring of health outcomes

6.4 Achievements in improving population health hinge on monitoring health outcomes and determining the extent to which health gains are attributable to the interventions. Healthcare providers, public health practitioners and administrators need to document and demonstrate how much of the NCD disease burden has been alleviated after the integrated mechanism for preventing and controlling NCD has been put in place locally. Furthermore, health and associated outcomes have to be communicated with stakeholders and the people of Hong Kong.

**Population-based Intervention:** Placing emphasis on whole population for collective health benefits

6.5 Recognising that many interrelated factors contribute to health, population-based intervention seeks to promote healthy behaviours, control the determinants of incidence and achieve an overall lowering of the risk in the total population. Since unhealthy lifestyle practices and NCD are common among the local population, even modest changes in risk factor levels through population-based interventions can be expected to yield significant improvements in public health (Exhibit 44).

### Exhibit 44: North Karelia Project: from demonstration project to national activity<sup>2,3</sup>

The North Karelia Project, as a demonstration project, was launched in Finland in 1972 in response to the local petition to get urgent and effective interventions to help reduce the burden of exceptionally high cardiovascular disease mortality rates in the area. In co-operation with local authorities and experts, as well as with the WHO, the North Karelia Project was implemented to carry out a population-based intervention through community organisations and the action of the people themselves. Comprehensive activities targeted at lifestyle modification have been used. Health and other services, schools, NGOs, mass media and food industry were involved.

After the early success of this pilot project, with significant net reductions in both risk factors and cardiovascular disease mortality in the region, intensive and comprehensive activities started at the national level. After 25 years, remarkable changes took place in Finland with lowered smoking rates among men, major dietary changes, and serum cholesterol and blood pressure levels fell markedly. During the same period in North Karelia, among the male population aged 35-64 years, the cardiovascular disease mortality rate declined by 68%, cancer mortality by 44% and deaths from all causes by 49%. The respective changes for the whole of Finland have been nearly as great: for example, ischaemic heart disease mortality went down by 65%. Separate analyses have shown that most of this decline in ischaemic heart disease mortality could be explained by changes in the main risk factors among the entire population. This demonstrates that population-based intervention involving community organisations and with strong people's involvement could yield success.

**Life-course Approach:** Addressing the cumulative adverse effects by fostering health from womb to tomb

- 6.6 The risks of developing NCD accumulate with age and are influenced by factors acting at all stages of life. Thus, interventions throughout life can help prevent progress of diseases. Those that secure growth and development in early life, and maintain the highest possible level of health and function in adult life are important in reducing the risk of NCD in later years. By utilising opportunities at all life stages, it may be possible to achieve reduction in premature deaths in the highly productive stages of life, fewer disabilities, more people enjoying better quality of life, more people participating actively as they age, and lower costs of medical treatment and care services (Exhibit 45).

## Exhibit 45: Life-course approach to promote health and prevent illness<sup>4</sup>

- **For newborns (up to one month) and infants (up to one year)**, growth and development are of prime importance. Prevention for these very young children should include issues like breastfeeding, appropriate and nutritious complementary foods, good hygiene practices, and caring behaviours that contribute to healthy development.
- **As a child moves through infancy, school-age into adolescence**, the development of lifestyle behaviours takes on greater importance e.g. smoking, exercise and eating. The major health burdens in the adolescent years are related to sexual and reproductive health, substance misuse, and accidents and injuries.
- **By adulthood and middle age**, NCD become the leading causes of morbidity, disability and mortality. However, many NCD are preventable or can be postponed. In fact, the early decline in functional capacity of middle-aged and older people (such as lung capacity, muscular strength, and cardiovascular output) is largely due to the accumulated risk brought on by lifestyle behaviours such as smoking, stress, alcohol misuse, overwork, physical inactivity, unhealthy diet, as well as environmental factors.
- Although **older people** often experience illness, it is possible to minimise disabilities and maintain independence till advanced age. Through individual efforts in maintaining a healthy lifestyle and public policy measures that address the social, financial and physical security needs of people as they age, healthy ageing can be achieved for the elderly population.

**Empowerment:** Giving everyone the opportunity to achieve one's full potential

6.7 Empowerment, as a core method for health promotion and disease prevention, is a process through which people gain control over decisions and actions that influence health. The public should be empowered so as to be able to make healthy behavioural choices, equipped with appropriate skills to interact effectively with healthcare services, and provided with opportunities to assume responsibility and participate in self-care. In this connection, there is a need for those working in the health and non-health sectors to possess the knowledge and skills in health promotion and disease prevention, which include behavioural modification, early detection of diseases, proper use of medical and health services and on-going support for those who are ill.