BUILDING HEALTHY CITIES

GUIDELINES

FOR

IMPLEMENTING

A HEALTHY CITIES PROJECT

IN HONG KONG

2007 Second Edition

Department of Health

Contents

Preface

Health is defined by the World Health Organization (WHO) as a state of complete physical, mental and social wellbeing. It is seen as a resource for everyday life, and not the objective of living. Enjoyment of the highest attainable standard of health by everyone is recognized as one of the fundamental rights of human beings. Health promotion is based on this critical human right and works by enabling people's control over their health and its determinants, thereby improving health.

Critical factors that influence health include increasing inequalities within and between countries, new patterns of consumption and communication, commercialization, global environmental change and urbanization. According to the WHO, 80% of the world's population will live in urban areas by the year 2025. While city life offers a lot of advantages, accelerated urbanization also poses many health threats. Many of these are associated with adverse social, economic and demographic changes affecting working conditions, learning environments, family patterns, the culture and social fabric of communities. Typical problems include pollution, cramped premises, improper disposal of wastes, breeding of vectors, insufficient physical activities, stress and violence[1].

At the 6th Global Conference on Health Promotion held in August 2005, the WHO and participants from its Member States supported the 'Bangkok Charter for Health Promotion in a Globalised World' by affirming that policies and partnerships to empower communities and to improve health and health equality should be at the centre of global and national development. Health can only be achieved through reaching out to people, groups and organizations that are critical to the process of building health. These include governments and politicians at all levels, civil society, private sector, international organizations and the public health community. They Healthy Cities movement which started in Europe in 1986 is one form of local governance that embraces a series of collaborative actions and is useful in addressing the health challenges of urbanization[2].

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

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[1] WHO. City Planning for Health and Sustainable Development. Copenhagen: WHO; 1997.
[2] WHO. Regional Guidelines for Developing a Healthy Cities Project. Manila: WHO/WPRO; 2000.

impetus for the movement.   Currently fifteen Healthy Cities have been formed.   It is anticipated that more will follow.

As increasing amounts of experience in Healthy Cities projects are accumulating throughout the world, WHO Western Pacific Regional Office (WPRO) produced, and published in June 2000, regional guidelines for developing a Healthy Cities project. Each city will need to explore its own model of good practice taking into consideration unique characteristics as economic development, local history, cultural, political and administrative circumstances.

The purpose of producing this document is to complement what has already been written by providing a concise practical guide that is relevant to the Hong Kong setting. For District Councils and community groups which are considering or pursuing the Healthy Cities concept, this document outlines a model of good practice relevant to the local context.   The content of these guidelines will be reviewed regularly and refined in the light of experience.

Heartfelt thanks must be given to Dr Linda Milan and Dr Hisashi Ogawa of the World Health Organization's Office of the Western Pacific Region for their steer and support in this initiative; Prof Evelyne de Leeuw of Deakin University, Australia and Professor Lee Shiu Hung, Emeritus Professor of Community Medicine, the Chinese University of Hong Kong for their expert guidance; Dr York Chow Yat Ngok, Secretary for Food and Health for prompting the birth of this Guidelines; Mr Tsang Tak Shing, Secretary for Home Affairs, Mrs Pamela Tan, Director of Home Affairs, Dr Lam Ching Choi, Chairman of Tseung Kwan O Healthy City Steering Committee and Mr Chow Yick Hay, Chairman of Kwai Tsing Safe Community and Healthy City Association Limited and many others for having the vision and making Healthy Cities a reality in Hong Kong.

Dr P Y Lam
Director of Health

Acknowledgement

Special thanks are extended to the following individuals for their contribution in reviewing and improving on the content of this document:

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Foreword

Over the past decade, Healthy Settings has become well established in the Western Pacific Region as an integrated approach to health protection and health promotion. Social mobilization and community action have characterized the implementation of Healthy Settings throughout the Region. Of the different settings, the cities have made significant progress in adopting the settings approach to create and improve physical and social environments for health, and have moved on to establish the Alliance for Healthy Cities which was launched in 2004.

The vision of a city that promotes life, good health and well-being of its citizens is powerful and compelling. It can guide the development of policies and programmes of city governments, but more importantly, it inspires citizens to lead healthy lifestyles and improve their environment.

Hong Kong SAR has actively pursued the healthy cities concept. Kwai Tsing and Sai Kung Districts have joined the Alliance as founding members, while many other districts are at different stages of development as "Healthy Cities".

The initiative of the Centre for Health Protection of the Department of Health, Hong Kong SAR, to produce these guidelines that are specifically adapted to the local setting as a practical tool and resource material for use by the Districts, is indeed commendable. The provision of these guidelines is very timely as the Healthy Cities movement expands to other districts and communities in Hong Kong and increased cooperation and sharing of experiences among Healthy Cities take place.

On behalf of The World Health Organization, Western Pacific Region, I would like to congratulated the Government of Hong Kong SAR, particularly the Centre for Health Protection, Department of Health for its commitment, leadership and guidance towards promoting a healthy Hong Kong, and being an example to other countries of the Region.

I look forward to hearing of your continued success and your contribution to the growing body of experience on Healthy Cities.

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Linda L Milan, MD, MPH

Director, Building Healthy Communities and Populations

WHO Regional Office for the Western Pacific

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Foreword

Ever since the first emergence of the city as a way to organize human activity people have been concerned about the impact of the urban physical and social environment on quality of life.   Most holy texts contain references on proper sanitary behavior, and the writings of Hippocrates (considered the father of modern western medicine) explicitly deal with health conditions that ensue from climatologically and design considerations.   Hippocrates believed that in diagnosing disease, the health professional should also diagnose living conditions; the shape of the house; the position of the house; the position of the house in relation to dominant winds and the sun; and access to what we now would call 'services'.

The issue of urban health has thus been with us for several millennia, and in fact the roots of modern public health can be traced back to efforts to contain outbreaks of infectious disease (most notably cholera) in the rapidly urbanizing European towns, due to the industrial revolution in the 19th century.

The recognition, though, that the city is both a physical and social phenomenon with health impacts only re-emerged in the second half of the 20th century.   As the World Health Organization launched its Healthy Cities programme in the mid-1980s, other international organizations also refocused on the social aspects of urban life and urban health.   UNICEF launched its child-friendly city initiative, Habitat (the UN technical agency concerned with housing) became concerned with urban governance, and a network of European metropolitan cities, mostly capitals, launched its Metropolis programme.

The Hong Kong government and several non-governmental organizations in the area have been apt observers of and participants in these developments over the last decade and a half.   It is therefore no surprise that there is such a widely supported engagement in Healthy Cities at this moment in time.   The publication of this text must been seen as a benchmark and hallmark in the further development of Healthy Cities in the region.

The three phases and twenty steps for the development and implementation of Healthy Cities described here are shared and validated by thousands of cities around the world.   The challenge that they, and Hong Kong, face is to demonstrate that

Healthy City initiatives indeed contribute to the quality of life and the promotion of the health of individuals, groups and communities. It is therefore commendable that considerable attention is given to the development of health profiles and indicators for urban health – this will be an exercise that will require extensive support and perseverance on the part of authorities, communities and academics. Judging from the enthusiasm displayed so far one can be certain that Hong Kong Healthy Cities will have demonstrable effects.

Evelyne de Leeuw
Head of School of Health and Social Development
Deakin University
Australia

Foreword

The objectives of the healthy cities are to develop a common goal in our community to improve the physical and socio-economic environments affecting health, helping one another to develop their maximum potential. Our ultimate aim is to achieve "Health for All" through the mission of "All for Health".

With the impact of globalization, new patterns of consumption and communication, environmental degradation, urbanization and changes in the pattern of diseases, and in the social determinants of health, there is a need for us to take a fresh look on the concept of health, and to adopt new approaches and strategies to choose and to improve health.   The healthy cities project provides and excellent platform on which the Government, the community, families and individuals, the academic, business, education, social and health sectors and the NGOs all work together in partnership to improve health in the place where we live, work and love.

Since 1997 with the support of Government and the community, Hong Kong has started the healthy cities movement, and up to the present a total of 11 districts in Hong Kong have participated.   It is most encouraging to see that the Department of Health has taken the initiatives to organize this seminar to provide an excellent forum for the local participants and experts from overseas to share one another's experiences and to explore new ideas to expand and sustain this health promotion movement.

I am highly hopeful that that through this seminar, and the invaluable information that will follow, other districts in Hong Kong which have not yet participated in the healthy cities movement will be encouraged to join.   I wish the seminar every success. Let us keep up the momentum and work in partnership to make the Hong Kong SAR ultimately a Healthy City.

Professor S H Lee
Emeritus Professor of Community Medicine
The Chinese University of Hong Kong
November 2005

Foreword

Health is more than the absence of disease or infirmity. It is a state of complete physical, mental and social well-being. Health depends much on the personal lifestyle and living condition of individuals, as well as a host of complex physical, social and economic determinants. These determinants go beyond healthcare, and therefore, a concerted effort of all sectors of the community is required in order to bring about sustained improvements in public health.

In 1986, the WHO launched the Healthy Cities programme to engage the international community in promoting the health and well-being of city dwellers and through the collaborative efforts of the public, private, voluntary and community sectors, to improve living conditions and health services.

In Hong Kong, the Healthy Cities programme has been implemented for ten years, with the active participation of the community. The results are encouraging. As a matter of fact, the concept of Healthy Cities is in line with the Government's policy on enhanced district administration and community partnership. District Offices of the Home Affairs Department have been working closely with District Councils and district organizations to the promotion of community involvement projects and the Healthy Cities initiative, so as to bring improvements to local environment and facilities and contribute to the well-being of the people in the districts.

These guidelines outline the Healthy Cities initiative and provide a framework for its implementation with special reference to Hong Kong. I am sure that the guidelines will serve as a useful guide and good signpost for the development of Healthy Cities at districts.

I appeal to every member of the society to take an active part in the Healthy Cities movement and work together to build a safer and healthier Hong Kong.

Tsang Tak-sing
Secretary for Home Affairs

Foreword

Health is aspired by everyone.   In Hong Kong, while our present health indices such as life expectancy and infant mortality rank among the best in the world, we cannot underestimate the challenges ahead: ageing population, increasing incidence of chronic diseases, rising healthcare costs, are but a few examples.   Threats of communicable and non-communicable diseases are timely reminders of the importance of maintaining a healthy life style and living environment.

Improving people's quality of life is influenced by healthy determinants which invariably require concerted community efforts.   The Healthy Cities movement initiated by WHO epitomizes the spirit of making health an agenda for all sectors of society.   I am pleased to see a substantive number of districts in Hong Kong making good progress in this regard.   This set of Guidelines prepared by the Department of Health will help to further entrench the Healthy Cities concept in our community and make health for all a reality.   I look forward to the actions and outcomes of these projects.

York Y N Chow
Secretary for Food and Health

Foreword

The promotion of Healthy Cities project in Hong Kong started in the late nineties. It took root gradually but firmly throughout the territory and has since then gathered increasing momentum. The Government, private sector and community work hand in hand in cultivating a healthy living lifestyle at home, in the workplace, and in school.

The major driving forces behind Healthy Cities project are District Councils and the medical and health professions, with firm support from various government departments as well as public and private organizations. The Home Affairs Department embraces the Healthy Cities concept and is glad to be a partner in mobilizing the intersectoral participation in this project.

I am pleased to see the publication of guidelines for implementing Healthy Cities project in Hong Kong. Not only do they set out clearly Government's commitment to Healthy Cities project, they also provide practical and useful reference for those Districts interested in talking it forward. I hope the guidelines will be a catalyst for greater community participation. The vision of Healthy Cities project is not a pipe dream. It is achievable with the community's concerted efforts.

The development of Healthy Cities is an on-going task. Government is keen to see the development of healthy, clean and happy community in Hong Kong, and the Home Affairs Department is committed to promoting the Healthy Cities project, assisting to pool community resources and co-ordinating departmental inputs in the process. I would like to take the opportunity to wish the Healthy Cities project every success in the years to come.

Mrs Pamela Tan
Director of Home Affairs

Abbreviations

The following abbreviations are used in this document:

AIDS	Acquired Immune Deficiency Syndrome
DC	District Council
DH	Department of Health
NGO	Non-governmental organization
SARS	Severe Acute Respiratory Syndrome
WHO	World Health Organization
WPRO	Western Pacific Regional Office

How to use this guide book

Addressing the broad range of issues in an urban setting requires the cooperation and collaboration of multiple sectors and disciplines as well as supportive public policies and strong community action.   The present guidelines are designed for use by facilitators and/or coordinators of Healthy Cities initiatives, government officers, DCs, community groups, universities, non-government organizations (NGOs) and private sectors.

This document is divided into four parts.   Following the introduction, Section 2 provides an overview of what constitutes a Healthy City and benefits that can be derived from Healthy Cities initiatives.   Section 3 outlines the steps for implementing a Healthy Cities initiative at a practical and local district level.   Topics and items in a district health profile, which is critical for monitoring and documenting successful implementation of a Healthy Cities project, are outlined in Section 4.

This document is not meant to be a prescription.   Innovation and adaptation is encouraged, while upholding the fundamentals of Healthy Cities.   When making local adaptations, consultation, consensus building and collaboration are keys to success.

We hope readers will pick up useful tips from these guidelines and the list of references attached.

1

Introduction

1.1 Historical development of Health Cities

The concept of Healthy Cities originated in the year 1842. The British Government held a "Health of Towns" conference and published a Chadwick report, revealing the living conditions of the under privileged populace. The government set up the Health of Towns Association to assume the task of improving people's living conditions and addressing health problems in the cities[3].

In 1977, the 30th World Health Assembly issued the Alma Ata Declaration[4]. In 1980, European countries adopted the "Health for All" principles. Focuses were on the need for equity and social justice in health, and the fundamental right of every human being to health. The Healthy Cities projects seek to apply "Health For All" principles and strategies of the Ottawa Charter[*] through local action in urban settings.

In 1984, the idea of Healthy Cities was discussed in the "Beyond Health Care" conference in Toronto. Its tactics were based on wide community participation and broad intersectoral involvement, in order to resolve city-wide issues in a holistic manner.

The Healthy Cities movement was officially launched by WHO in 1986 and the participation level spreads rapidly to cover more than 1200 cities in Europe and over 7500 cities worldwide. As spelt out in the Adelaide Declaration[5] in 1988, local action needs political support and commitment from local governments to reorient policies towards achieving equity, health promotion and disease prevention, in other words, a new approach to public health[6].

In 1993, the first International Healthy Cities Conference was held in California,

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[3] The Centre for History in Public Health of London School of Hygiene & Tropical Medicine. Conference Report of Healthy Towns, Healthy Cities: Public Health in British Cities, 1844-2004. London: The Centre for History in Public Health of London School of Hygiene & Tropical Medicine; 2004.

[4] WHO. Declaration of Alma - Ata: International Conference on Primary Health Care, Alma - Ata, USSR, 6 - 12 Sept, 1978. Available at www.who.int/hpr/NPH/docs/declaration_almaata.pdf.

[*] In 1986, the Ottawa Charter for Health Promotion was adopted to provide strategic framework on health promotion and disease prevention highlighting five action areas, namely, building healthy public policy, creating supportive environments, strengthening community action, developing personal skills and reorienting health services.

[5] WHO. Second International Conference on Health Promotion, Adelaide, South Australia, 5-9 Apr, 1998 Adelaide Recommendations on Healthy Public Policy (WHO/HPR/HEP/95.2). Geneva: WHO; 1998.

[6] WHO. World Health Day 7 Apr, 1996. WHO'S Healthy Cities Programme. A Crisis in Urban Health. Geneva: WHO; 1996.

with around 1400 members from over 50 countries participating.   Meanwhile, WHO established "Healthy Cities" the theme of the 1996 World Health Day.   Principles of a Healthy City were brought forth to become the guiding light for future development.

In the Western Pacific region, the "Alliance for Healthy Cities" was launched in 2004 with support from WHO WPRO to promote support and cooperation among member cities.   There are presently over fifty cities / communities, including the Sai Kung, Kwai Tsing, Shatin, Tsuen Wan, Kwun Tong and Kowloon City Healthy Cities from Hong Kong, China registering as members.

1.2 Local situation

In Hong Kong, the District Administration Scheme was introduced in 1982 to provide a geographical, administrative and local consultative infrastructure to foster a sense of belonging, engagement and mutual care among members of the local community.   There are eighteen districts with their own DC comprising elected, ex-officio and appointed members.   The Scheme is well supported by eighteen district officers of the Home Affairs Department.

In 1997, the first Healthy Cities project was initiated in Tseung Kwan O by the Haven of Hope Christian Service and its steering committee was established in 1999. The project was spearheaded by this local non-governmental organization using a bottom-up approach and receiving full support from the Sai Kung DC.   With collaboration as the key word to Healthy Cities, such bottom-up approach facilitates the building up of partnership relationship across sectors at the community level for jointly solving local problems with local solutions through local resources.   This helps to cultivate shared ownership among stakeholders.

Presently fifteen districts have established Healthy Cities projects with varying implementation formats.   Among them, six projects are also members of the "Alliance for Healthy Cities".   More districts are actively considering to establish projects in their locality.

Each district has its own environmental, socioeconomic, geographical and public health concerns and issues.   Common to all are environmental hygiene promotion, injury prevention, healthy lifestyle promotion (e.g. exercise, healthy diet).

Districts have their Healthy Cities activities organized through a variety of means and structures ranging from steering committees, sub-committees to working groups. Membership is drawn mostly from government departments including the Department of Health (DH), DCs, NGOs, Hospital Authority, community bodies, the business sector and academic institutions, although the composition may vary between districts. In general, the District Offices under the Home Affairs Department provide administrative and secretarial support.   However, such support cannot exclude the necessity of a separate project office responsible for the planning, implementation and evaluation of the project, i.e. as an operational arm to drive the project.   With an effective project office, there comes the initiative, continuity and follow-up essential

for translating decisions into practical actions conducive to the sustainable development of Healthy Cities.

DH engages in Healthy Cities projects in a number of capacities. Staff of DH's Community Liaison Division take part in meetings of the steering committees, sub-committees and working groups. Depending on circumstances, needs and aspirations of individual Healthy Cities projects, the Division collaborated and provides technical support for the implementation of health promotion activities.

As for funding of the Healthy Cities projects, support on individual programs is mainly derived from DCs and hence, more or less of one-off nature and restricted to time frame of a single financial year. For recurrent resources on manpower and office premises, other sources of funding from charitable funds, private donors, collaborators and sponsors may be sought. Such funding support is usually project-based with duration of one to three years.

2

A Healthy City: What is it?

2.1 Definition

According to Hancock and Duhl, two founders of the Healthy Cities project, "a Healthy City is one that is 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 the functions of life and in developing to their maximum potential." [7]

The Healthy Cities concept focuses on the process, not just the outcome. It is obvious from the definition that a Healthy City requires a continuous development process that has no end point.lt is not necessarily one that has achieved a particular health status. It is conscious of health as an urban issue and is striving to improve it. Any city can be a Healthy City if it is committed to health and has a structure and process to work for its improvement.

2.2 Derivable benefits

There has been rapid urbanization in the past two decades which is expected to continue in the coming years. With the opportunities for employment, education and socio-economic development, rapid urbanization has also brought about a number of adverse health problems arising from the effects of health determinants mostly related to physical, social and economic environments of urban areas, as well as people's lifestyles and behaviours[2].

To improve health, people must be enabled to increase control over their health and its determinant (Ottawa Charter for Health Promotion, 1986). In particular, health promotion efforts aim to promote equity in health as emphasized in WHO's "Health For All" principles[8]. Representing the latest global development in health promotion, the Bangkok Charter (WHO, August 2005) reaffirms the contributing role of health promotion in reducing both health and gender inequities, as well as reinstates the proven effective strategies in health promotion with emphasis on, amongst others, the importance of investment in sustainable actions and infrastructure to address the determinants of health; building of capacity for health promotion practice; and

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[7] Hancock, T. and L. Duhl. Promoting Health in the Urban Context. WHO Healthy Cities Papers No. I. Copenhagen: WHO; 1988.

[2] WHO. Regional Guidelines for Developing a Healthy Cities Project. Manila: WHO/WPRO; 2000.

[8] WHO. Twenty Steps for Developing a Healthy Cities Project. Copenhagen: WHO; 1997. 3rd Edition

partnership in public, private, NGOs and the civil society to create sustainable actions[9].

Healthy Cities projects, developed upon the principles of "Health For All" and strategic guidance of the Ottawa Charter, have employed the strategy to generate inter-sectoral action and community participation to integrate health protection and health promotion activities and transform health determinants for the better.   This is important as the crucial urban health determinants that need to be addressed require effective involvement of non-health sectors (e.g. industry, transport, labour, education, urban planning), as well as NGOs, private sectors and the community[2].   With such co-operation on a wide scale, a Healthy City is able to bring about the following benefits.

A city strives to provide[8]:
- 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-exploitive community;
- A high degree of participation and control by the public over the decisions affecting their lives, health and wellbeing;
- 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).

Proper implementation of Healthy Cities project can thus raise public awareness on health policies and issues; reduce health problems and enhance living standard; and provide a natural, comfortable, trusting, harmonious and enterprising environment. It enhances a city's competitiveness and is conducive to economic development.

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[9] WHO. The Bangkok Charter for Health Promotion in a Globalized World. Geneva: WHO; 2005.
[2] WHO. Regional Guidelines for Developing a Healthy Cities Project. Manila: WHO/WPRO; 2000.
[8] WHO. Twenty Steps for Developing a Healthy Cities Project. Copenhagen: WHO; 1997. 3rd Edition

3

Making it happen:

The Healthy Cities project in Hong Kong

3.1 Principal elements of Healthy Cities projects

WHO WPRO recommends seven principal elements of a Healthy Cities project[2]. They are:

Seven principal elements of a Healthy Cities project:

- The political leaders of the city should make a public commitment that they will work towards the same goal of striving for a Healthy City, using a participatory planning process.

- The goal of the project is improved health and quality of life for all citizens or people in the city, and the future vision of the city which respects the social and cultural values of the communities should be developed by consensus.

- A mechanism is developed to encourage participatory planning for health.

- The priorities for project activities are based on considerations that include the following two types of assessment of needs:

  - Relationships identified between living conditions and health status, as determined by epidemiological analysis and/or the assessment of public health professionals, and
  - Perceptions of the community on priority health and quality of life issues. A participatory process involving all stakeholders is adopted to determine the priority activities.

- The priority project activities are undertaken by multidisciplinary teams that include substantial community participation, and usually not by a single government agency.

- The project activities undertaken are monitored and their effectiveness being evaluated.

- The project agrees to share information about its situation analysis activities and

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[2] WHO. Regional Guidelines for Developing a Healthy Cities Project. Manila: WHO/WPRO; 2000.

progress with those who are interested in obtaining such information, including those who are involved in the project, the general public, and other Healthy Cities projects in the region.

3.2 Importance of integration

People's health is influenced by a wide range of social determinants, many of these outside the expertise of the health sector. Therefore, the list of key players whose efforts may need to be coordinated in a Healthy Cities project should include the following agents:

A list of key players in a Healthy Cities project:
- District Councils

- Government departments (e.g. Agriculture, Fisheries and Conservation Department, Architectural Services Department, Buildings Department, Census and Statistics Department, Department of Health, Drainage Services Department, Education and Manpower Bureau, Electrical and Mechanical Service Department, Environmental Protection Department, Fire Services Department, Food and Environmental Hygiene Department, Highways Department, Home Affairs Department, Hong Kong Police Force, Housing Department, Information Services Department, Labour Department, Lands Department, Leisure and Cultural Services Department, Planning Department, Social Welfare Department, Transport Department and Water Supplies Department)

- Hospital Authority

- Occupational Safety and Health Council

- Non-governmental organizations

- Academic and educational institutions

- Relevant community groups

- Media

- Religious groups

Integrated action to improve urban health is a fundamental attribute of the Healthy Cities approach. Integration avoids duplication of efforts and increases cooperation and coordination among contributing parties. It will lead to cost-effective solutions, synergy between activities and substantial benefits in terms of resource sharing[2].

Integration may best take place at elemental settings such as schools, workplaces, markets and hospitals where people hold the same values and develop shared visions for common action. A comprehensive Healthy Cities project may be developed by making use of setting-based health promoting activities as entry points.

3.3 Three phases of project development

In 1997, WHO congregated the experiences that had been gained through decades of work in setting up Healthy Cities, and documented three phases of its development, i.e. Getting Started, Getting Organized and Taking Action[8]. The phases overlap one another and together make up twenty critical steps that signify the gradual maturation of the Healthy Cities project.

3.3.1 Getting started

Healthy Cities projects begin when people share their interest in finding new ways to promote public health and when they decide to work together for a healthier place to live, work and play. The initiating steps begin when a support group establishes to develop and secure political support for the Healthy Cities project proposal.

Step 1: Building a support group
Building a support group should begin as soon as the decision to start a project is made. Project supporters come from different walks of life. DCs and government departments concerned about health (e.g. DH, Food and Environmental Hygiene Department) are obvious candidates. So are health care professionals, especially those concerned with primary care and health promotion. Representatives in departments responsible for the environment, urban planning, housing, education and social

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[2] WHO. Regional Guidelines for Developing a Healthy Cities Project. Manila: WHO/WPRO; 2000.
[8] WHO. Twenty Steps for Developing a Healthy Cities Project. Copenhagen: WHO; 1997. 3rd Edition

services often play prominent roles. Supporters usually come form community groups interested in health issues and the general welfare of the district's population. Academics with background in social policy, public health, urban development and ecology are valuable supporters.

Contributions from various sectors in terms of resources, technologies, academic expertise and training of participants count towards building the capacity for initiating and sustaining the Healthy Cities project.

Step 2: Understanding Healthy Cities concepts and principles

It is important for the support group to spend time getting a good grasp of the principles, strategies and practices that form essentials parts of the Healthy Cities movement. There is good coverage of this in the previous sections of this document. Food, clean water, shelter, clothing, education, work and income, etc. arc prerequisites for good health. Coordinated intersectoral efforts within the Healthy Cities setting offers the greatest hope of reducing social inequities that adversely impact on population health.

Step 3: Getting to know your city

Like a doctor treating a patient's illness, the support group goes about improving the health of the community by first making a community diagnosis, or understanding the district health profile.

A district health profile gives an accurate and comprehensive overview as well as key information about the physical, social and environmental conditions within the district as the impact on community health. It is essential to have a good understanding of your district, who are involved and how it works in order to develop a project suited to local needs.

Input from multiple sectors is required to build the district health profile and produce trend data for comparisons over time. Academic institutions in your district can be asked to help. Documentation will become extensive and should be well organized from the beginning. Details of the district health profile will be covered in Section 4.

Step 4: Finding project funds

The support group is responsible for mobilizing resources, in both financial and non-financial terms. The group should prepare preliminary estimates of project costs

and locate potential sources of initial funding.

Project funds may come from many sources. Subject to conditions being met, funding sources such as the Health Care and Promotion Fund, the Community Inclusion and Investment Fund, charitable organizations and other donor agencies may be considered to finance part of the Healthy Cities project. The support group should identify and meet with potential donors throughout the district. Business groups interested in district development are other potential sources of funding.

Step 5: Deciding organizational location

Deciding on the location of the project within the organizational hierarchy of the district is an important step. It will have critical influence over the organizational structure and the administrative mechanisms of the project. It determines the project's relationship with the government, partner organizations and other community groups. It is indicative of "project ownership". The project should adopt the organizational model most suited to local circumstances. The analysis of how local politics and district administration work will provide the basis for this choice.

Step 6: Preparing a project proposal

Preparation of a formal project proposal should begin with the support group acquiring a thorough understanding of how Healthy Cities strategies apply in the district, and having reached an agreement on how to proceed.

A good project proposal is brief, clear and precise. Based on the district health profile, it reflects priorities of the district and is practical while being forward looking and innovative. Drafting a project proposal is the first step in strategic planning as the proposal will form the basis for future actions.

Key components in a project proposal are:
- The principles on which the project is based
- The aims of the project
- The unique role it will perform
- The major strategies it will use
- Its organizational structure
- Its key supporters
- Its estimated cost and potential sources of funds

Step 7: Obtain project approval

When the decision is to develop the Healthy Cities project within the infrastructure of the District Administration System, DC approval should mark the end of the start-up phase.   It achieves the first goal of the project, which is to become formally recognized as part of the system for making local healthy public policy.   The project proposal generates DC attention and discussion which ultimately will lead to a formal decision to establish the Healthy Cities project with earmarked personnel and funding.

People outside DCs who have political influence should be asked to express their support for the project.   A strategy for presenting the proposal and answering questions about it should be worked out in advance.   Sources of potential opposition should be identified and approached to see how their concerns could be met.

The project proposal should also be made known to the residents and their view must be carefully considered.

3.3.2 Getting organized

Project organization means setting up the organization and administrative mechanisms through which the project will work.   This includes a steering committee to lead and coordinate and a project office with full-time staff to provide support and take follow-up actions.

Step 8: Appointing the steering committee

A steering committee is the core of the project and should be appointed as soon as possible after project approval.   It will undertake planning, consultation, discussion and decision-making needed to get Healthy Cities initiatives organized.   Effective committees have well-defined responsibilities, representative memberships, efficient working structures and clear but flexible procedures.

Step 9: Analyzing the project environment

The purpose of analyzing the project environment is to ensure that the project will work with organizations in its network in ways that recognize their mandates and systems.   The steering committee should review this analysis to satisfy itself that it provides an adequate basis for preparing the project strategy.   Such analysis should be used in defining project work, organizing the project office, making plans and

evaluating progress.

Step 10: Defining project work

Based on the district health profile, the community engages in active discussion to determine the key priority health issues to tackle and agree on an integrated action plan to address these issues.   The plan should establish a future vision of the district with short and long-term goals and be consistent with any existing development plans.

Step 11: Setting up the project office

All successful projects have a separate office with personnel and finances.   The project office supports the work of the steering committee and is the operational arm of the project.   Project offices are not large organizations but they provide the initiative, continuity and follow-up essential for translating decisions into practical action. Effective project offices have well defined responsibilities, a sufficient number of personnel, an accessible location and simple and clear administrative procedures.

Step 12: Planning project strategy

Strategic planning encourages the district administrators, political leaders and service departments to take a wide view of what can be accomplished through cooperation between sectors and better relationships with the community.   Its long-term perspective encourages them to think about changes in policies and programmes requiring several years to accomplish.

The project should prepare a clear strategy of its own and discuss it in the steering committee, with DCs and project partners.   The analysis of how the district works and of the project's working environment provides the basis for strategic planning. Strategic plans have several elements.   They describe the philosophy of the project and the problems it will address.   They state the most important results the project intends to achieve over the next three to five years and, in broad terms, the ways to reach these results.   They describe the changes to be accomplished working through the network of project partners.

Step 13: Building project capacity

People, money, information, political will and technical expertise are needed to realize the full potential of the Healthy Cities project.   Capacity is a continuing responsibility of the steering committee.   They must ensure that the project has skilled personnel, adequate funds and access to information that will allow it to perform effectively.

In estimating personnel needs remember that Healthy Cities project work is labour-intensive. If the project office has few personnel, it is important to build a network of supporters who will work on its behalf. Academics, students and volunteers with community groups are frequently willing to help with project work.

Step 14: Establishing accountability mechanisms

Accountability is a critical issue is public health. Political commitment to intersectoral action assumes that policies and programmes in several areas of government activity are either beneficial or harmful to health. At the local level this applies, in the first instance, to the activities of districts. The principle of accountability means that DCs, local administrators and service departments are responsible for the impact of their policies and programmes on people's health and the environment.

In order this principle to have practical meaning there must be mechanisms to evaluate impact, and to report the results to decision-makers and ultimately to the public.

3.3.3 Taking action

Good organization leads to projects with growing capacity to be effective advocates for public health. As their capacity grows, projects move into their action phase where they continue for as long as they last. In this phase, they function as enablers, mediators and advocates. A well-designed, feasible action facilitates effective and sustainable development of the project and leads to specific outcomes. It describes strategies for the development and implementation of a Healthy Cities project. It also serves as a tool to stimulate partnerships between various sectors and coordinates elemental healthy settings activities within the district (e.g. schools, workplaces, markets and hospitals).

Step 15: Increasing health awareness

Health is a holistic concept with physical, mental and social dimensions. Access to the prerequisites for health, economic and social equity is essential for the achievement of better health status. Effective public health depends upon cooperation among organizations and groups from different sectors. Citizen participation is a right and responsibility. Successful projects must work for greater awareness of these principles of "Health For All" and understanding of the meaning of their application in practice. Efforts to increase awareness and understanding of these

issues must be comprehensive, visible, consistent and continuous.

Different approaches are used for increasing awareness, for example by increasing the accessibility of project offices, producing information on health issues that is interesting, provocative and useful, associating themselves with highly visible publicity campaigns, sponsoring contests or events through which organization in the community are recognized for their contributions to health.

Step 16: Advocating strategic planning

Long-term thinking is essential for generating willingness to undertake policy changes that will require several years to produce results.   It is essential for projects to undertake strategic planning that will encourage the government to take an ambitious proactive approach to healthy policy making.

Strategic plans set goals for achievement over three to five years and identify in general the ways to achieve those goals.   If they are appropriately prepared they provide direction for long-term action, while allowing flexibility in responding to changing circumstances and seizing opportunities as they arise.

Step 17: Mobilizing intersectoral action

The activities in the action plan should be implemented by broad-based participation of various sectors and the community with cross linkages among activities/local initiatives.   Through such action, different government departments and other organizations thought of as working outside the health sector change their policies and programme to strengthen their contribution to health.

An essential responsibility of Healthy Cities projects is to create organizational structures and administrative systems that mobilize intersectoral action.

Step 18: Encouraging community participation

Regular communication with the community on the progress of the Healthy Cities, via district health profile, action plan, activities, evaluation outputs, should be in place. This serves to raise public awareness about the health and environmental situation of the district and encourage community participation in building a Healthy City. Important channels for communication are media, local service providers, self-help groups, community leaders, web pages, newsletters, workshops and community meetings.

Step 19: Promoting innovation

The success of Healthy Cities projects in laying the groundwork for healthy public policy depends upon their ability to generate innovation in several areas. Achieving success through innovation depends upon creating a climate that supports change. This begins with recognizing that innovation is needed and is possible and that its inevitable risks are acceptable. This, in turn, involves spreading knowledge of innovative programmes and practices, and wherever possible creating financial and other incentives for experimentation. Ultimately the results of experimentation should be visibly acknowledged and rewarded, and successful example should be extended to other areas of practice.

Step 20: Securing healthy public policy

Local healthy public policy uses the leadership and resources of the government to create healthier settings for daily life at home, in schools, workplaces and health care centres, and throughout the urban environment. Such policy is carried out by different government departments and other organizations that are partners in the Healthy Cities project.

The six steps mentioned above make up a comprehensive package that is essential for effective project performance. If some parts of the package are missing, performance is weakened. It is essential for activities of the project in steps 15 to 19 to come together in a coordinated manner to make the project an effective advocate of healthy public policy. In order words, they are all contributors to the planning and implementation of healthy public policy.

3.4 Monitoring and evaluating

Action planning for the Healthy Cities project should be a dynamic process and subject to revision and amendment in light of feedback from the evaluation and the changing needs and circumstances of the community. Therefore, monitoring and evaluation of results of the implementation of the planned activities are crucial for providing the evidence base and justification for continued development of Healthy projects.

While implementing activities as planned, input, process and output indicators should be documented using both quantitative and qualitative measures, as these will

ensure accountability for resources invested into the Healthy Cities project[2].

3.5 Exchange and communication

A platform is necessary to connect the local Healthy Cities networks and the WHO network, this providing opportunities for formal and informal exchange of experiences.   Learning from overseas and local experiences with innovative policies and practices of Healthy Cities is crucial for viability and sustainability of the whole movement.

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[2] WHO. Regional Guidelines for Developing a Healthy Cities Project. Manila: WHO/WPRO; 2000.

4

Topics and items

in a district

health profile

4 Topics and items in a district health profile

Healthy Cities improve health and quality of life of their resident populations. In implementation, it respects the social and cultural values of the local community through consensus building. A good evidence base and a collaborative inclusive approach to set objectives and targets, as well as regular review and updating of targets and indicators, are critical for the successful implementation of the Healthy Cities project.

A district health profile is a comprehensive report which provides a description of the health of the population[10].   It gives guidance on how Healthy Cities should assess the local health problems they face. It informs about the health needs of the community, which in turn helps to develop main themes for the project.   Such themes may include promotion of hygiene standard, risk-based prevention such as tobacco control, healthy eating and anti-obesity measures, physical activity promotion, disease-based control programmes such as hypertension screening and control, cancer screening, and the like. Crime, injury and suicide prevention, and other district priority issues are included as appropriate.

The profile may cover a broad scope of information, including population characteristics, health services data, environmental and social attributes. Depending on the interests and concerns of the population as well as data availability, the content of the district health profile may be adjusted accordingly. An important part of the exercise would be for a district to establish what data it already has, which ones are not immediately relevant, and what others it would like to collect in the future.

Moreover, the first profile should try to be as comprehensive as possible, but it should include in particular those health issues which are of immediate concern or importance to the citizens.

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[10] Dr. Pilar Garcia, Dr. Mark McCarthy. Measuring Health: A Step in the Development of City Health Profiles. Copenhagen: WHO; 1994.

Examples of indicators in the profile are suggested in the following table[11]:

Topics	Items
Population	- Total number of citizens on a specified date - Age and sex structure - Percentage of children - Percentage of older people - Ethnic distribution
Health Status	- Birth and fertility rates - Death rates - Morbidity rates (Communicable diseases, non-communicable diseases, injuries / accidents, crime, disabilities and suicide rates) - Perinatal mortality rate - Maternal mortality rate - Abortion rate
Lifestyles	- Smoking - Alcohol - Misuse of drugs - Exercise - Diet / Nutrition - Stress management - Regular body checks
Living environment	- Rates of homelessness - Physical characteristics of housing - Air and water quality - Water and sewage services - Noise pollution - Open spaces - Recycling
Socioeconomic conditions	- Education - Employment - Income - Crime and violence - Cultural participation
Inequalities	Analysis of health data according to population characteristics to identify disparities and their determinants.

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[11] WHO. City Health Profiles: How to Report on Health in Your City. Copenhagen: WHO; 1994.

Topics	Items

Physical and social infrastructure	• Physical infrastructure
	  ■ Transport systems (public and private)
	  ■ Communication: number of household with telephones, including households with children and elderly people living along (as a measure of social isolation)
	  ■ Urban renewal: rehousing programmes, slum clearance, commercial development
	  ■ City planning
	• Social infrastructure
	  ■ Employment and training programmes
	  ■ Devolution of budgets for district services and works to localities
	  ■ Development of and involvement in community groups

Public health policies and services	• Services targeting individuals
	  ■ Immunization
	  ■ Cervical and breast screening
	  ■ Family planning services
	  ■ Stress management services
	• Educational policies and services
	  ■ Health education in schools
	  ■ Acquired Immune Deficiency Syndrome (AIDS) awareness programmes
	  ■ Healthy lifestyles education (smoking, nutrition, etc.)
	• Environmental policies and services
	  ■ Smoking in public places
	  ■ Air and water quality controls
	  ■ Nutrition policies

Family relationship	• Coherence among family members • Domestic violence
Community relationship	• Neighbourhood relations • Awareness and participation of community events • Volunteer service • Sense of belonging toward the district

Annexes

Annex 1 - A checklist of twenty critical steps to develop a Healthy City[8]

Getting started

- Building a support group
- Understanding Healthy Cities concepts and principles
- Getting to know your city
- Finding project funds
- Deciding organizational location
- Preparing project proposal
- Obtaining project approval

Getting organized

- Appointing the steering committee
- Analyzing the project environment
- Defining project work
- Setting up the project office
- Planning project strategy
- Building project capacity
- Establishing accountability mechanisms

Taking action

- Increasing health awareness
- Advocating strategy planning
- Mobilizing intersectoral action
- Encouraging community participation
- Promoting innovation
- Securing healthy public policy

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[8] WHO. Twenty Steps for Developing a Healthy Cities Project. Copenhagen: WHO; 1997. 3rd Edition

Annex 2 - Relevant resources

Local:

i. Government Press Release.   Wan Chai launches Hygienic, Healthy and Dynamic City Project.   15 May, 2000
http://www.info.gov.hk/gia/general/200005/15/0515175.htm

ii. Haven of Hope Christian Service.   Introduction of Tseung Kwan O – Healthy City
http://www.hohcs.org.hk/econtent/e_city.htm

iii. Hong Kong District Council
http://www.districtcouncils.gov.hk

iv. Kwai Tsing Healthy City and Safe Community
http://www.kwaitsinghsa.org.hk

v. Dr. Lam Ching Choi.   Reshaping the Health Care Delivery System: Transforming a New Town into a "Healthy City"
http://www.ha.org.hk/archivces/hacon97/contents/135.pdf

vi. Centre for Health Education and Health Promotion, Faculty of Medicine, The Chinese University of Hong Kong.   Tai Po Safe and Healthy City Project-Community Diagnosis Findings.   Sep, 2003
http://www.cuhk.ed.hk/med/hep/eng/courses/reports/e_taipo.htm

vii. Tseung Kwan O – Healthy City
http://www.tko-hc.org

viii. Professor SH Lee.   The Changing Scene of Public Health in Hong Kong.   Jan 13, 2001

ix. 李紹鴻教授 – 健康城市的推行概念與實踐

x. 李紹鴻教授 – 健康城市聯盟記者會演辭 2004 年 6 月 7 日

xi. 李紹鴻教授 – 健康城市與健康社區

xii. 李紹鴻教授 – 社區健康研討會 –「全民參與，地區協作」2004 年 2 月 22 日

Overseas:

i.   Alliance for Healthy Cities
     http://www.allicance-healthycities.com

ii. Glasgow Healthy City Partnership
     http://www.glasgowcitycouncil.co.hk/healthycities

iii. Healthy City-Philippines
     http://www.doh.gov.ph/HC/healthycity.htm

iv. Healthy City Network in Finland
     http://www.stakes.fi/hyvinvointi/english/ted/hcn/hcnetwork.htm

v.   Manchester Healthy City
     http://www.poptel.org.uk/mcin/hcity.htm

vi. Newcastle Healthy City Project
     http://www.newnet.org.uk/nhcp

vii. The Healthy City-Taipei City
     http://www.healthycity.net.tw/healthycity/Eng/index.asp

viii. World Health Organization
     http://www.who.int

ix. World Health Organization Regional Office for Europe
     http://www.euro.who.int/healthy-cities

x.   中國新聞社 – 張家港成中國第一個加入健康城市聯盟的縣級市
     http://www.chinanews.com.hk/cgi-bin/shownews.pl?filename-02280.1.cns&date-20050228&type-chinese

xi. 澳門特別行政區 – 環境委員會（內容IV：澳門健康城市是一項怎樣的活動，目標及做法如何？）
     http://www.ambiente.gov.mo/tchinese/07/lotus11/l1104.asp

xii. 澳門健康城市 ― 健康城市推動儀式系列活動
http://www.dsej.gov.mo/cre/health_knowledge/news/050616a.htm

xiii. 新聞 ― 台南市成為國際健康城市聯盟會員
http://www.epochtimes.com.tw/bt/5/7/28/n1000137.htm