專題環節 Parallel Sessions

Ⅲ 提升社區能力 Community Empowerment

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Dr. Chow is a paediatrician and has been working on childhood injuries for 20 years. He has been actively involved in the development of Safe Communities in Hong Kong for the past decade and pioneered the first geo-spatial injury surveillance system in Princess Margaret Hospital.

安全城市 Safe Community

Are Safe Communities and Healthy Cities saving lives and promoting health?

The Safe Communities concept began its formal existence at the First World Conference on Accident and Injury Prevention held in Stockholm, Sweden in September 1989. Up till now 250 communities have been designated with many more in the pipe-line. The first Safe Communities designated in Hong Kong were Tuen Mun and Kwai Tsing in 2003 and up till now nine districts have been designated as Safe Communities. Of these districts, most have also joined as Healthy Cities. The modern Healthy City movement started in January 1986 when a small group of health promoters met at the WHO Regional Office for Europe in Copenhagen to plan a WHO Europe Healthy Cities project. Subsequently the movement spread all over the world and now includes projects in well over 1,000 cities. In the Western Pacific Region of WHO the first conference on Healthy Cities was held in Beijing in 1996. The Alliance for Healthy Cities was formed in October 2004 at Kuching, Malaysia, with Sai Kung and Kwai Tsing as one of the founding members. Now 14 districts in Hong Kong have joined the Alliance as full or associate members.

Both movements are community-based characterised by employing an extremely wide range of political, social and behavioural interventions for development and sustenance of population safety and health. The process hence is highly dynamic, complex and diverse and evaluations will be highly complicated and difficult. Evidence for the effectiveness of these movements has been controversial. As concluded by Cochrane review on Safe Communities in 2009 using prevention of injuries as outcome - "Although positive results were reported for some communities, there was no consistent relationship between being a WHO-designated Safe Community and subsequent changes in observed injury rates". However, using a conceptual framework approach combining insights from knowledge / information utilisation, policy development, theory-based evaluations and planned intervention approach, others have found that evidence is overwhelming.

The nine Safe Communities and Healthy Cities in Hong Kong will be reviewed on their injury trends with reference to being designated as Safe Communities as well as their structures and processes involved basing on Safe Community and Healthy City framework. Success factors will also be discussed.