



<b>Title</b>	<b>Feasibility and effectiveness of a pilot outreach smoking cessation programme at smoking hotspots in Hong Kong</b>
<b>Author(s)</b>	<b>Chan, SSC; Cheung, YTD; Wan, SFZ; Leung, DYP; Lam, TH</b>
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## ***Parallel Session II***

### **Age Friendly Cities / Public Health Emergency**

Abstract Title	<b>Respect Life &amp; Suicide Prevention Project</b>
Author	Mrs Miroung SONG
Position	Team Leader
Affiliation	Seongdong-gu Community Health Center Republic of Korea
Other Authors	

○ Suicide rate of Seongdong-Gu in 2012 was 25.4 per 100,000 which was increased compared to previous year.

○ It is necessary to promote multilateral prevention program to decrease rate.

To set up suicide prevention safety net and to decrease suicide rate of Seongdong-Gu by promoting 'community-centered suicide prevention program'.

○ Identification of high-risk group and setting referral system

- increasing referral rate of high-risk person for suicide through fostering 'gate keeper' to suicide and strengthening management

- implementing screening for depression and suicide

- manage the center for suicide prevention and operate 'One Stop - Hot Line'

○ Strengthening management of high-risk group

- taking care of referred high-risk persons individually

- preventing suicidal attack and suppling cost through follow-up cares

- caring suicide attempts and having the bereaved family support programs

○ Building network for collaboration of suicide prevention

- network of welfare centers, religious organizations and participations

- setting crisis response system cooperated with police and fire station

- holding conferences with psychiatric related health and welfare centers

○ Setting 'respect life committee', 'suicide-prevention TF team' and 'psychiatric health and welfare conference' and offering the proposals for policy decision and partnerships

○ Fostering 1,100 'gate keeper' and registering 800 high-risk persons

○ Pilot project in 4 vulnerable areas, performing one to one care

○ Identification of high-risk group for suicide and activating 'community-centered suicide prevention program' for vulnerable social group

○ Building up safety net for 'community-centered suicide prevention' with the local welfare centers, police, fire station, volunteers

○ Doing the best for realization of 'People-centered Happy Seongdong-Gu' without suicide

## ***Parallel Session II***

### **Age Friendly Cities / Public Health Emergency**

Abstract Title	<b>The Medical Care System at a Disaster in Ichikawa City</b>
Author	Mr Kenji NINOMIYA
Position	Deputy Director
Affiliation	Ichikawa City Japan
Other Authors	

The Great East Japan Earthquake (Mar 2011) registered magnitude 9. It was the largest in the nation.

In Ichikawa City, four people were injured. As there are few injured people, we didn't have to operate the medical first-aid station.

If we make enough preparations for it, we are able to keep the damage at a minimum. So we carry out the drill about the medical first aid to get over a disaster.

Enable us to start the operation of medical care system within 72 hours after the earthquake occurs, and do the triage and the transportation to the hospital and first-aid treatment.

Doing the practical disaster drill cooperating with medical institutions.

**【The contents of the drill】**

(Medical first-aid station)

Assembling, preparation for the materials, triage, communication drill

(Doctor)

The primary triage, emergency treatment, prescription of medicines

(Hospital)

Admitting the serious or intermediate patients, secondary triage, treatment of injured people

We could share the problems with medical institutions.

We could increase the communications among the people of medical services.

A problem to be solved

(1)Drills

The cooperation between the medical first-aid stations and the hospitals.

How to enhance the materials

(2)Medical rescue activities

We have to operating the hub medical first-aid station automatically when the seismic intensity go beyond 5 upper. How to carry it surely is the problem.

The site of the medical first-aid stations.

The revise of the Plan for Protecting Citizen's Life.

The implementation of a drill based on the Plan.

The revise of the arrangement of stockpiles after the drill.

When a disaster occurs, we anticipate that a lot of citizens will rush to the hospitals.(not to the medical first-aid stations).

Through this drill, we consider whether we can set a medical first-aid station next to a hospital.

## ***Parallel Session II***

### **Age Friendly Cities / Public Health Emergency**

Abstract Title	<b>“My Place for Life” from the Perspective of Chinese Older Adults: A Photovoice Study</b>
Author	Dr Helen CHAN
Position	Assistant Professor
Affiliation	The Nethersole School of Nursing, The Chinese University of Hong Kong Hong Kong
Other Authors	Dr Aileen CHAN; Prof Diana LEE; Ms Bonnie YL CHEUNG; Ms WS YEUNG; Ms Ivy KY CHAN

“Ageing in Place” is a policy initiative strongly advocated by the government in the face of the challenge of ageing population. Therefore, it is important to understand the key elements which are conducive to the supportive environment from the perspectives of older adults, who are the potential end-users.

This study aimed to explore the elements in the living space considered by older adults as important in facilitating “ageing in place”.

This study adopted a photovoice approach which was a community-based participatory action method that enables older adults to express their ideas through photographs. Older adults who were aged 60 years old or above, living at home and physically and cognitively able to participate in the study were recruited from three district elderly community centres. Each participant was asked to take not more than ten photos that illustrate the components they considered crucial for supporting them to live in the community.

Thirty older adults participated in the study, with nearly 300 photos collected. The photos covered a wide range of issues that reveal the needs and concerns of the community-dwelling older adults. Data collection is still in progress and it will be completed by July.

Findings of this study would provide insights for policymakers in future planning that support Hong Kong to become an age-friendly city.

## ***Parallel Session II***

### **Age Friendly Cities / Public Health Emergency**

Abstract Title	<b>Yang-San, the Healthy City, Lead Healthy Aging</b>
Author	Ms Huieun KIM
Position	Staff, Health City
Affiliation	Team of health promotion, Yangsan City Republic of Korea
Other Authors	

To prepare common life expectancy of 100 years/aging society, a positive anti-aging service is required to let the local people to keep their health in good-shape for a longer period.

Realization of well-being city/ healthy city for being feel younger and happier, and for working longer/healthy through older age.

1. Organization of working alliance and meeting between government and academia.
2. Collaboration between government and educational institutions: ex.) health center, local university hospital, local medical school.
3. 『Anti-aging camp』 - For the first time in Korea
  - Use local mountains and forests as a camping site.
  - Organize specialists on each segment (Medical, nursing, exercise, nutrition, and social welfare) then do camping for 2 days.
  - After anti-aging camp is done, keep routine follow-ups for 6 months.

Helping citizens to learn active lifestyle and habit to live healthy through the older age.

As an 『Healthy city specialized in anti-aging』, we will be prepare for problems of an aging society and will let all citizens being in good health.

## ***Parallel Session II***

### **Age Friendly Cities / Public Health Emergency**

Abstract Title	<b>To Make the Infection Control Practice Sustainable in the Long Term Care Settings in Hong Kong</b>
Author	Ms Yuk-tsing Christine LAM
Position	Operations General Manager
Affiliation	Haven of Hope Christian Service Hong Kong
Other Authors	

The emergence of new communicable diseases in recent years has called for global attention to control infection to safeguard healthy life. The Severe Acute Respiratory Syndrome (SARS) outbreak in Hong Kong in 2003 has aroused the need of good Infection Control Practice. As a result, a series of Infection Control Protocols in areas of guideline, communication, surveillance, and data management for infection control was established.

Haven of Hope Christian Services (HOHCS) is a service provider in the long term care settings, offering comprehensive services for both elderly and mentally disabled people. Majority of our clients are with multiple chronic diseases in addition of their ageing, are prone to infection. HOHCS adopts the Infection Control Protocol from the Health Authority with modifications to protect our clients from contracting communicable diseases.

1. Appointment of Chief Infection Control Officer and Infection Control Nurse
2. Setting up of communications channels
3. Development & updating of guidelines
4. Ongoing In-service education, auditing of ICP and surveillance the trend of infection

Positive outcomes on:

1. Staff is aware on the importance of Hand hygiene, evidenced by increased consumption of Alcohol Hand Rub
2. The surveillance of infection and outbreaks is in practice
3. Improved concept on prevention of infection

Though Infection Control Protocols are in place, the application by staff for the implementation of the good practice is the main focus. With the effort made from 2006, staff of HOHCS has shown sustainable improvement in their knowledge of hand hygiene, upkeep the environmental cleanliness, the segregation of suspected infected clients, the proper area and practice of gowning / degowning, way of disposal of infective linen and waste. However, the ongoing launching and promotion of the Infection Control Practice is necessary to make the practice viable and sustainable

## ***Parallel Session II***

### Prevention of Non-communicable Diseases

Abstract Title	<b>Bicycle Related Injuries – Does It Matter?</b>
Author	Dr Yuen-hung LEUNG
Position	Associate Consultant
Affiliation	Alice Ho Miu Ling Nethersole Hospital Hong Kong
Other Authors	

Being more health-conscious nowadays, more people are engaging in sport activities. Cycling is one of the popular sports in Hong Kong. However, participants may not be aware of the safety issues of cycling. More bicycle related injuries are seen and some are serious.

To enhance public awareness of cycling safety in order to decrease the incidence and severity of cycling related injuries.

Records of bicycle related injuries at a local hospital where there is a major cycling path nearby were retrieved. Demographic features and injury patterns were described. Activities including interview on mass media, road show and school talk were then held to promote awareness of cycling safety.

Around 680 bicycle related injuries were noted in a one year period in 2012. Although the majority of the injuries were minor, about 15% of the injured had fracture or dislocation of limbs. 7.6% or 52 sustained head injury. Overall 10% out of the 680 injured needed hospital admissions for observation or treatment. The incidence of bicycle injuries continued to rise to around 725 the next year in 2013. The pattern of injuries was similar to the previous year. 7.4% or 54 sustained head injury which was a slight decrease.

Cycling injuries are on the rise. Additional measures and promotion campaigns for cycling safety are necessary. Promoting activities should not be a one-off effort and should be held regularly to increase public awareness of cycling safety. Jointed efforts from health care providers, police department and other relevant government bodies are also needed to enhance cycling safety in the community.



## ***Parallel Session II***

### Prevention of Non-communicable Diseases

Abstract Title	<b>Feasibility and Effectiveness of a Pilot Outreach Smoking Cessation Programme at Smoking Hotspots in Hong Kong</b>
Author	Prof Sophia S.C. CHAN
Position	Professor
Affiliation	School of Nursing, The University of Hong Kong Hong Kong
Other Authors	Dr Yee-tak Derek CHEUNG; Ms Siu-fung Zoe WAN; Dr Doris LEUNG; Prof Tai-hing LAM

Since the enforcement of the smokefree legislation in 2007, more smokers have been gathering near some public rubbish bins at outdoor bus stops, outside office buildings and shopping malls to smoke. These “hotspots” provided an opportunity of publicizing and providing smoking cessation services to a large number of smokers and motivate them to quit.

We aimed to promote smoking cessation at smoking hotspots and evaluate the feasibility and effectiveness of a pilot outreach approach.

Out of the 26 smoking hotspots near shopping malls and commercial buildings, 10 hotspots with the great number of smokers were selected for the intervention from February to August 2009. Trained smoking cessation counsellors disseminated 2-page promotional leaflets and proactively delivered brief smoking cessation counselling (less than 5 minutes for each smoker) to smokers for 4 hours at each hotspot. We evaluated the programme by counting of smokers non-smokers 1 week before and 1 week after the intervention. We observed the smokers’ responses and behaviours when they were approached by the counsellors.

In the observed 1,237 smokers at the 10 hotspots, the counsellors approached 751 (60.7%) smokers. 419 (55.8%) read or kept the promotional leaflets. 413 (55.0%) were willing to receive the brief on-site counselling. The intervention reduced the number of smokers at the hotspots by 7.8% (pre: 1,251, post: 1,154) with 2.1% increase in non-smokers (pre: 5,004, post: 5,108). The proportion of smokers at hotspots reduced by 1.6% (95%CI 0.04%-3.1%, p=0.053) comparing 1 week before and after the intervention, whereas there was no significant difference in non-smokers (risk difference=1.6%, 95%CI -1.6%-4.7%, p=0.40).

The outreach programme had a slightly positive impact to reduce the proportion of smokers at hotspots. The smoking hotspots are good locations for feasible and effective delivery of smoking cessation messages. Improvement in the approaching skills and incentives are needed.

## ***Parallel Session II***

### Prevention of Non-communicable Diseases

Abstract Title	<b>Promoting Health Through Traditional Medicine, Ayurveda: Case Study of Tikapur, Nepal</b>
Author	Mrs Sarita DHAKAL
Position	Research Assistant
Affiliation	Healthy City Research centre, Institute of Health and Welfare, Yonsei University Republic of Korea
Other Authors	Prof Eun-woo NAM

Ayurveda is one of the ancient treatment methods widely accepted in Indus valley. Traditional medicine is a healthy practice, approach, knowledge and beliefs incorporating plant, animal and mineral based medicine, spiritual therapies, manual technique and exercise applied singularly or in combination, to treat, diagnose or prevent illness or maintain well-being.

The objective of this study was to evaluate importance of Ayurveda in communities. This study explores knowledge and perception of the Ayurveda from the hospital staff and patient of the Tikapur hospital.

This study was conducted in 2013 in Tikapur hospital in Nepal. Information was collected through open ended and close ended questionnaire among 139 respondents and statistical analysis was done by frequency test.

Our study shows 54.6% respondent has knowledge about Ayurveda, however, only 16.5% are utilizing Ayurvedic treatment. 76.9 % think that there should be Ayurveda clinic in Tikapur. All hospital staff believes that Ayurveda medicine is an effective treatment.

The practice of traditional and community medicine exists in every country and demand for its services is increasing. Traditional medicine contributes to achieving goals - all people should have access to basic health care facilities. Traditional Medicine also stands out as a way of coping with the relentless rise of chronic non-communicable disease. Nepal is a great source for medicinal plants. Ayurvedic clinic in communities can increase access to health care services, utilizes domestic products and knowledge and develop a competent human resources for Ayurveda medicine.

In the last two decades, Ayurveda due to its holistic approach using lifestyle medication, a healthy diet and safe, natural drugs, has attracted a large population in different countries around the world. Ayurveda can be developed as a low cost and sustainable treatment strategy for healthy communities.

## ***Parallel Session II***

### Prevention of Non-communicable Diseases

Abstract Title	<b>Healthy Buddies_Y&amp;S (Youth and Senior): An Innovative Health Promotion Programme Partnering Adolescent Youth and Patients with Chronic Diseases</b>
Author	Dr Lorna NG
Position	Senior Medical Officer
Affiliation	Kwong Wah Hospital Hong Kong
Other Authors	Dr Lap-kin CHIANG

Chronic disease, a major public health burden, is causally related to unhealthy lifestyles or risk behavior. Information data revealed that unhealthy dietary habit, physical inactivity, and overweight/obesity are common at different life stages of the local population starting from school age. Young people often lack awareness of the harm associated with risk behaviour or lifestyles, and the skills to protect themselves as well as the lack knowledge about how and where to seek help for their health concerns.

To empower patients with chronic disease on interventional lifestyle modification to achieve better disease control;

To educate secondary school students on healthy lifestyles and increase awareness in chronic disease prevention.

To encourage both youth and senior in adopting healthy attitudes and behaviors in key areas of health.

Pairing of secondary school students with patients with chronic disease to form a healthy buddy team, all participants went through a series of health workshops, focusing on chronic diseases management and prevention, physical activity, healthy diet and mental wellness. Interaction, mutual support and life sharing were facilitated and encouraged as the buddies should complete several health related discussion and assessment.

In 2013, 60 secondary students and 30 patients with chronic disease completed the program. The health workshops adopted interactive, quiz based and real life sharing model to increase participants' involvement and engagement. As promotion of exercise was emphasized, one of this program's highlight was a walkathon along a beautiful lake which was successfully organized involving all participants. The "Healthy buddies" program has transcended borders in health promotion through bridging the generation gap in increasing awareness, prevention, patient empowerment and management of chronic diseases in our community.

This innovative model of health promotion program benefitting both senior patients with chronic diseases and adolescent youth highlights the evolving concept of a healthy yet age-friendly community.

## ***Parallel Session II***

### **Prevention of Non-communicable Diseases**

Abstract Title	<b>Classifying Overweight/Obese Children with Cardiovascular Risk: Self-Reported Waist Circumference</b>
Author	Dr Po-tai Noel CHAN
Position	Assistant Professor
Affiliation	The University of Hong Kong Hong Kong
Other Authors	Dr Kai-c CHOI; Prof E. Anthony S. NELSON; Prof Rita Y.T. SUNG; Prof Juliana C.N. CHAN; Prof Alice P.S. KONG

Waist circumference (WC) is a highly sensitive and specific measure of abdominal body fat in children at different ages.

The objectives of this study was to evaluate the accuracy of self-reported WC (SRWC) in classifying children (i) with cardiometabolic risk factors (CMRFs) clustering and (ii) overweight/obese status.

A cross-sectional cluster random sample aged 6-18 years with the self-reported waist circumference (SRWC) was used for data analysis. Children were asked to return the questionnaire and fast themselves for at least 8 hours on the day of the survey. Anthropometric measures and blood pressure were taken by trained research staff. Fasting blood samples were collected for the measurement of fasting plasma glucose, total cholesterol, triglyceride, high-density lipoprotein cholesterol, low-density lipoprotein cholesterol.

A total of 515 boys and 711 girls who had SRWC data were eligible to enter data analysis. The correlation between SRWC and measured WC (MWC) ranges from 0.77 to 0.87 (ICC). The SRWC values to classify children with a clustering of CMRFs exhibited moderate to moderately high sensitivity (95% CI) [68%(0.43-0.87) for boys and 84%(0.60-0.97) for girls] and specificity [70%(0.66-0.74) for boys and 72%(0.68-0.75) for girls]. The area under the receiver operating characteristics [AUC-ROCs (95% CI)] ranged from acceptable to excellent [from 0.76(0.68-0.84) for boys to 0.83(0.76-0.90) for girls] in classifying children with a clustering of CMRFs.

The SRWC values to classify overweight/obesity children showed moderately high sensitivity [74%(0.66-0.81) for boys and 77%(0.69-0.84) for girls] and specificity [78%(0.74-0.82) for boys and 82%(0.79-0.85) for girls]. The AUC-ROCs (95% CI) ranged from acceptable to excellent [from 0.84(0.80-0.88) to 0.84(0.79-0.88)] in classifying children with a clustering of CMRFs and overweight/obesity.

SRWC shows high validity to detect MWC and could be used as a screening tool for classifying children with a clustering of CMRFs and overweight/obesity status in Hong Kong Chinese children.

## ***Parallel Session II***

### **Health in All Policies**

Abstract Title	<b>Logan: City of Choice Initiative</b>
Author	Mr Michael ASNICAR
Position	Manager
Affiliation	Logan City Council Australia
Other Authors	

Logan City Council's newest Healthy City initiative is called Logan: City Of Choice.

The summit was a Council led initiative that brought together community, business representatives and all levels of government to identify opportunities and develop an action plan relating to the five key themes of:

- education
- employment
- housing
- safety
- social Infrastructure

The summit was held on 15, 19 and 20 February 2013.

The Logan: City of Choice Two-Year Action Plan has been developed to guide community, business and government decision making. The actions have been designed to achieve positive outcomes in the areas of education, employment, housing, safety and social infrastructure.

The Queensland State Government provided programming funding of \$35,000 for the KRANK School Holiday Program.

· The Queensland State Government provided \$20,000 for the establishment of a Multicultural Soccer Program to be run across the City.

· Commitment of \$340,000 of Federal Government funding for Better Futures Local Solutions, which will directly support the Logan: City of Choice initiative.

The Logan: City of Choice initiative is an example of a project that meets all the key features of a Healthy City project. It is an exemplar project that may have applicability and learnings for other AFHC members.

## ***Parallel Session II***

### **Health in All Policies**

Abstract Title	<b>Vietnam National Hygienic Patriotic Movement - A Healthy Public Policy and Total Healthy Practice Approach to Community Health</b>
Author	Prof Huy Nga NGUYEN
Position	Director-General
Affiliation	Ministry of Health Vietnam
Other Authors	

Vietnam is a fast developing nation with rapid industrialization and urbanization. In development the country is facing many health problems caused by uncontrolled pollution, unplanned urbanization and changing of lifestyle. To protect people's health and prevent adverse impact on health the Government has initiated "the Patriotic Hygienic Movement Promoting People's Health" from 2012

1. To raise awareness and promote responsibilities of all administrative levels, socio-political organizations, in implementation environmental health activities to improve people's health.

2. To mobilize sustainable Patriotic Health Movement based on community and carried out by community.

1. Providing hygienic drinking water for urban and rural dwellers
2. Providing hygienic toilets for urban and rural community
3. Proper solid waste and wastewater treatment and pollution control.
4. Food safety
5. Healthy lifestyles
6. Prevention of noncommunicable diseases

1. Reducing diseases outbreaks related to environment
2. Nationwide washing hand campaigns
3. Mobilization resources for improving people's health
4. Achieving MDG targets

Application to developing countries

## ***Parallel Session II***

### **Health in All Policies**

Abstract Title	<b>An Improvement of Water Quality and Ecological Environment by Gravel Contact Oxidation Plant in Lao-Jie River</b>
Author	Dr Shyh-wei CHEN
Position	Director-General
Affiliation	Environmental Protection Bureau Taiwan
Other Authors	Ms Meny-fen YEH; Mr Yuan-cheng TSAI

Lao-jie river, one of the main rivers and irrigation source in Taoyuan County, flows through large range of regions with high density of population. Being a source of irrigation and lives incubation, it has become unfriendly and unhealthy due to water pollution and environment destruction.

In order to insure food safety, on-site treatment, Gravel Contact Oxidation Process (GCOP), was used to purify domestic and partly industrial wastewater which flows to Lao-jie river so that clean irrigation water could be achieved for agricultural usage.

Gravel Contact Oxidation Process (GCOP) is a treatment process that the biofilm occurred on the gravel surface utilizes pollutants and nutrition and degrades them. The possible mechanisms are involved in oxidization, adsorption, and nitrification. It is a promising technique for the removal of pollutants in Lao-jie river, and would not cause secondary pollution.

The capacity of this facility is 30,000 m<sup>3</sup>/d as well as the largest facility in south-east Asia. This facility can degrade the following pollutants, including biochemical oxygen demand (BOD) 420 kg/day, suspended Solid (SS) 420 kg/day and ammonia nitrogen (NH<sub>3</sub>-N) 210kg/day. The corridor, one of River Environmental Education Base in Lao-jie river, was built underground for education purpose to students and people. By on-site tour guiding and observation, visitors can gain the knowledge of this technique and realize the importance of river protection. Many creatures like butterflies, dragonflies, birds, Tilapia, *C. carpio carpio* and aquatic plants are flourishing in the pond.

By on-site treatment for river remediation, Lao-jie river has been changing, and it is more friendly, clear and healthy to agricultural usage and our city. In basis of food safety, we have to ensure a clean water source to use irrigation, and wish all of efforts to protect people health and build up a sustainable city.

## ***Parallel Session II***

### **Health in All Policies**

Abstract Title	<b>Acute and Chronic RSD and CVD Influence of Ambient Air PM10 and PM 2.5 of Ulaanbaatar City</b>
Author	Dr Enhjargal ALTANGEREL
Position	PhD student
Affiliation	HSUM Mongolia
Other Authors	Prof Burmaajav BADRAKH

Air pollution is an increasingly serious problem in Mongolia, especially in the capital city of Ulaanbaatar, Darkhan and several other urban areas.

The purpose was to determine the relationships between air pollutants (PM10, PM2.5, NO2 and SO2) and meteorological parameters (average temperature, humidity, and wind speed) and acute and chronic respiratory and cardiovascular disease admission of all secondary level and tertiary level hospitals of Ulaanbaatar and eight primary level family health centers for 2008-2009.

This is a cross sectional study used by air quality and hospital admission data. Pollution data included 24-hour averages of PM10, PM2.5, SO2 and NO2. CVD and RSD disease diagnosed at the 12 health facilities based on the ICD-10 disease classification system.

Relative humidity, PM2.5 level, SO2, NO2 and PM10 level were directly correlated with acute respiratory system disease (RSD) admission cases. Whereas, ambient air PM10, PM2.5, and SO2 level directly correlated with acute cardiovascular diseases (CVD) admission cases. The direct correlation with total acute disease admission cases was observed between SO2, PM10 level and PM2.5 level. The direct correlation of both chronic disease admission cases with PM10 level was observed. Also direct correlation between PM2.5 level with chronic RSD admission and PM2.5 level with total chronic disease admission were determined correspondingly.

vPM2.5 exposure for the respiratory and cardiovascular system chronic disease admission was significantly higher than the PM10 level. There are significant correlations between respiratory and cardiovascular morbidity with PM2.5, PM10, NO2, SO2 and some meteorological parameters.



## ***Parallel Session II***

### **Health in All Policies**

Abstract Title	<b>Building Healthy Kowloon City Community Diagnosis Report 2009</b>
Author	Dr Alice TSO
Position	Community Diagnosis Committee Chair
Affiliation	Building Healthy Kowloon City Association Hong Kong
Other Authors	

Kowloon City District of Hong Kong SAR covers 1,000 acres with population of 362,501. It is considered by most Hong Kong people to be one of the 'old' districts among 18 districts in Hong Kong

The survey study is of 2 parts carrying the following objectives:

1. To assess the health expectations of the identified focus groups : elderly, people of physical and mental handicaps, new immigrants and school students (Sample size: 64)
2. To assess the health expectations of the working population (Sample size: 48)

The survey study was sponsored by Kowloon City District Council which was the first of its kind being conducted in 2009 in the District. It intended to shed light to guide the Association on future "Healthy Cities" movement activities.

The study used the focus group and individual interviews.

The former group has limited knowledge on "health" and "healthy living", while the latter group has better understanding on "health" through diet, exercise, living and working environment, and much was stressed by the working population on the 'mental health'

Both groups expressed their expectation to Government's support to enhancing their environmental health and hygiene, and recreation facilities

It has been agreed in the council meeting that a similar community diagnosis study will be conducted in 2014 so as to evaluate the "Healthy Cities" movement outcome.

***Parallel Session II***  
**Mandarin Only Session (B)**

Abstract Title	<b>Age-Friendly Cities in Taiwan</b>
Author	Ms Tzu-ling CHEN
Position	Division Director
Affiliation	Aging and Chronic Disease, Control Division, Taiwan Health Promotion Administration, Ministry of Health and Welfare Taiwan
Other Authors	

The proportion of population aged 65 or over in Taiwan has reached 7% in 1993, was 11.5% in 2013, and is expected to reach 14% in 2018, 20% in 2025 and may exceed that of Japan at about 2060.

Facing the challenge of extremely high speed of ageing, Taiwan places healthy and active ageing as a national priority. The White Paper on National Population Policy was released in 2008 and renewed in 2013, with the 5 priority action areas for aging, including strengthening family/community care and health system, ensuring financial security for older persons and promoting reuse of human resource, providing age-friendly transportation, public places and housing, promoting social participation and leisure activities, and perfecting the lifelong learning system.

Taiwan’s healthy aging applied a health-in-all-policies and whole-of-society approach, addressing adaptation of both health and non-health systems. To facilitate delivery reform at the organizational level, a recognition program for “age-friendly healthcare organizations” was launched in 2011 addressing the need in management policy, communication and services, care processes, and physical environments to provide person-centered, coordinated and health-promoting care. A total of 69 hospitals have passed the recognition by APR., 2013. Now this model is expected to pilot test in other countries.

The first Age-Friendly City Initiative in Taiwan was launched in 2010, and has now been adopted by all the 22 cities/counties. The participating mayor or magistrate signed its plan with needs assessment and proposed actions on 8 key domains based on WHO guidelines, including housing, transportation, outdoor places and buildings, communication and information, respect and social inclusion, community support and health services, civic participation and employment, and social participation.

“Filial piety” is one of the traditional Asian virtues. Taiwan is recapturing this ancient virtue in a modern way and developing itself into an age-friendly society to promote dignity and wellbeing of the elderly.

***Parallel Session II***  
Mandarin Only Session (B)

Abstract Title	<b>Smart &amp; Smile Hsinchu City</b>
Author	Ms Shu-lung SUN
Position	Director-General
Affiliation	Public Health Bureau, Hsinchu City Government Taiwan
Other Authors	

**I. Background:**

Hsinchu has begun to promote Healthy City Project since September, 2010, which effectively integrates policy planning and cross-sectoral resources, develops cross-sectoral cooperation mechanisms based on public's demands, and takes the following four orientations into consideration, such as health and welfare, transportation and security, environmental construction and industry, and education and marketing.

**II. Goals:**

To develop Hsinchu as a city of SMART (safe, mobile, age-friendly, recreation, tomorrow) and SMILE (social, medical, innovative, learning, eco)

**III. Plan Contents:**

Invite the professionals specialized in industry, government, academia, civil and other multi-disciplinary to set up decision-making unit, that is, Hsinchu Health and Age-Friendly City Promotion Committee. Organize public forums and focus groups interviews, carry out surveys to understand the people's needs and develop international and local standards through specific evaluation mechanism, public opinion polls and community interviews. Strengthen domestic and international exchanges, promote the heritage of experience to other cities and counties, and widely invite counties and cities in Taiwan to participate in the program of Health and Age-friendly Cities, co-create a healthy Taiwan, and enhance its international visibility.

**IV. Results of Investigation and Observation**

For the average improvement rates of all orientations of healthy city of Hsinchu in two years, the improvement rate of policing management indicator in traffic policing and security orientation was 32.5%, ranking first, while that of urban development and industrial services in environment and industry orientation was 30.4%, ranking second. However, in education and marketing orientation, the improvement rate of city marketing was decreased 12%.

**V. Application (Practice-based):**

This plan is based on healthy city with health policies mutually promoting, strengthens cross-sectoral vertical and horizontal communication, combines with industry, government, academia, civil, research and other professional fields, strengthens cross-sectoral resources links, and achieves maximum benefit with limited resources.

***Parallel Session II***  
Mandarin Only Session (B)

Abstract Title	<b>Age-Friendly Wonderland, Taoyuan</b>
Author	Dr Yi-lien LIU
Position	Director-General
Affiliation	Public Health Bureau, Taoyuan County Government Taiwan
Other Authors	

Taoyuan County's population surpassed 2 million in May, 2014, with 9% of residents aged 65 years or older. In order to promote healthy and active ageing in Taoyuan, county mayor Wu, with reference to eight domains of city life released from World Health Organization (WHO), are focusing on promoting:

(1) Outdoor Spaces and Buildings: We not only improve the quality of main rivers in Taoyuan County, but also build cycle and walking paths.

(2) Housing: We service prevention of falls, house repairs for the elders who live alone, emergency telephone services, and etc.

(3) Transportation: We provide 52-line of buses for free, 82 recovery buses, 29-line of ambulance, and lovely taxi team, and provide 800 points for free transportation of senior passengers every month, which have served more than 20 million citizens per year.

(4) Civic participation and employment: We set up 115 Community Care Centers for the elderly with coverage rate of 49%, and enlist 2,811 senior volunteers to assist others.

(5) Communication and information: We provide different types of lifelong learning courses for elderly, including cooking, basic computer skills, and painting, which serviced up to 70,000 seniors.

(6) Social participation: We organize lectures about the prevention of hypertension, and introduce the knowledge of high blood sugar, high blood lipid, kidney disease, dementia, and exercise diet lecture, in order to enhance the participation of the elderly in community activities.

(7) Respect and social inclusion: Combining with local resources, we hold food delivery service for the elders who live alone during the Chinese New Year, to express respect and considerate.

(8) Community support and health services: We provide blood pressure and waistline monitoring, household visits, telephone care, and meals on wheels services.

In Taoyuan, we keep providing healthy and age-friendly wonderland.

***Parallel Session II***  
Mandarin Only Session (B)

Abstract Title	<b>Strategies of Promote Healthy City in Beitou</b>
Author	Dr Te-jen HUNG
Position	Chairman
Affiliation	The Beitou Culture Foundation Taiwan
Other Authors	

“Health in all policies” is the most important and basic rule for promoting healthy city project. Beitou district has developed healthy city project since 2007. The private and public sectors have been integrated to set up the committee of health promotion that consists of public sectors, community organizations and residents.

We developed healthy city indicators based on the residents’ health needs, and decide priority issues annually as the improvement suggestions for the government. Different specialists advocate public resources to satisfy the residents’ health needs. As a consequence, public resources can directly respond to health needs from community citizens, and approach the people's consensus, and induce residents to participate activities of healthy city, and to apply their healthy lifestyle. The residents contribute to political decision-making, promote innovative activities and like to participate their health life styles. Cooperation of the public, private sectors and the network of the residents, volunteers, NGOs is based on the concept of “health in all policies”. The goal of health for all is accomplished during the process.

Because our continuous effort on health city program in Beitou district, we have got two creative awards from AFHC in previous period. Moreover, our outcome regarding transportation topic in aged-friendly city have got creative award in Taiwan Alliance for Healthy cities. Sustainable development of healthy cities will be promoted and created a healthy and aged-friendly environment based on effectively integration of resources in Beitou district.