



# TAC

as a Unique Way  
to Promote Healthy Living in  
Tuen Mun District

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# Background Information – Demographic Changes in Hong Kong

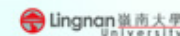


# Demographic Changes in Hong Kong

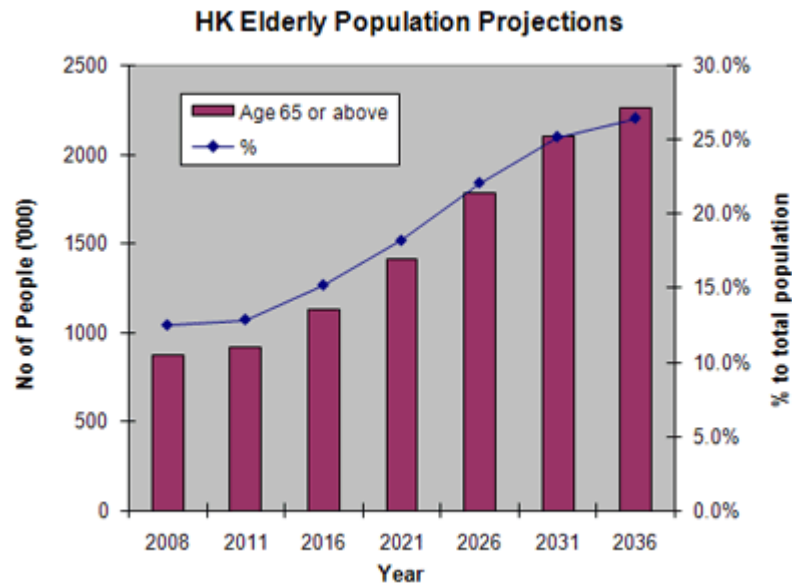
“Hong Kong has one of the world’s lowest birth rates – with only 7.49 births/1,000 population (2010 est)”

*\*The hong kong council and social service: Family and community service*

*\*Hong Kong Census and Statistics Department*



# Demographic Changes in Hong Kong



Est 25% population of elderly with 65 years old and above in year 2020

*\*Hong Kong Population Projections 2008-2036: Census and Statistics Department, The Government of the HKSAR*



# Background Information – Health Concern



# Non-Communicable Diseases (NCD) in Hong Kong

- WHO *Global status report on non-communicable diseases* (NCDs) confirmed that **in year 2008, 36.1 million** people died from conditions such as heart disease, strokes, chronic lung diseases, cancers and diabetes
- Year 2006, approximately **61%** of total registered deaths in Hong Kong were attributed **to four major preventable NCD**. They were cancer (32.3%), heart diseases (15.0%), stroke (8.8%) and chronic lower respiratory diseases (5.1%)
- **Cancers and Heart disease** remains as the **top two killers** from 2001 – 2011

\* *Health Profile of The Middle-Aged Residents in Tsuen Wan – Sandy Tang*

\**Promoting Health in Hong Kong – The Strategic Framework for Prevention and Control of NCD, Department of Health, Hong Kong*



# Hong Kong Health Profile

- Behavioral Risk Factor Surveillance (2010)
  - 54.6% and 61.6% of the surveyed sample (2,013) **did not** engage in any **moderate and vigorous** activity (respectively) in the week
  - 64.2% of them reported to **not having the WHO-recommended level** of physical activity
  - 39.2% of interviewed are overweight with BMI **over 23%**
- Physical Fitness Test for the Community program and its program report (2005) found out that close to **20%, 30% and more than 50%** of children, young adults and males aged 30 or above respectively were **overweight**
- The same report also stated that **13.5%** of children and youth and **21%** of adults **remained sedentary** and the most common reasons being a barrier of exercise are **“being lazy” and “too tired”**



# The four common risk factors of NCD

Tobacco use

Physical inactivity

The harmful use of alcohol

Poor diets

*\* New WHO report: deaths from non-communicable diseases on the rise, with developing world hit hardest – Non-communicable diseases a two-punch blow to development, news release 27th April 2011 (Moscow).*





# Our Mission

## Primary Health Care (PHC)



# Primary Health Care (PHC)

Primary Health Care is essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable.

Ultimate goal of primary health care is better Health for all. Other goals such as:

- Increase the knowledge of health through **self-reliance**
- **Essential health services** will be accessible to all individuals and families in an acceptable and affordable way.
- **Even distribution** among the population of whatever resources for health are available.
- Better **approaches for preventing** diseases and alleviating unavoidable disease/disability
- Health begins at home, in schools and in the workplace
- Delivers **affordable, reliable and timely services** accessible to community members according to their needs.
- Uses **multiple strategies** to address individual and population health issues. This includes community development approaches and local inter-sectoral cooperation.
- Is implemented without major redesign of the health care system.

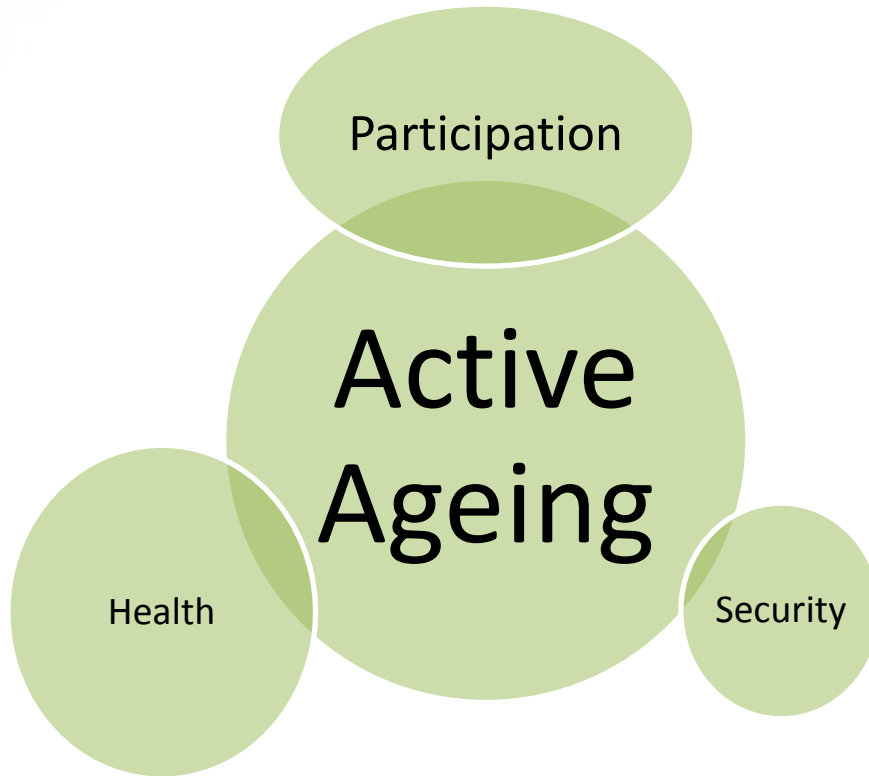
*\*Declared during International Conference on Primary Health Care held in Alma Ata (Almaty, Kazakhstan) in 1978. Core Concept for WHO, Health for all.*

# Primary Health Care (PHC)

In context of **population aging** in Hong Kong, with increasing numbers of older adults at greater risk of chronic **non-communicable diseases**, rapidly increasing demand for primary health care services is expected.



# Active Ageing



To achieve Active Ageing through TAC

**Active Ageing** allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need.

\*"Active Ageing: A Policy Framework"  
World Health Organization (2002)



The Health Care and Promotion Fund (HCPF) by  
Research Fund Secretariat, Food and Health Bureau, HKSAR



# April 2012 – June 2013



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OFFICE OF SERVICE-LEARNING  
LINGNAN UNIVERSITY



Tuen Mun  
Healthy City  
屯門健康城市



Lingnan 嶺南大學  
University



# Think

It aims to equip participants with the concept of TAC from different health perspectives. Through a series of seminars and workshops, participants are able to have more understanding about their lifestyles. Awareness on health is created.



# Act

It refers to activities related to healthy diet and physical health. Dance has been chosen to be the thematic exercise due to its enormous contribution to our physical and social well-being. Cooking classes and seminars will be organized for the healthy diet. Through practicing these behaviours ('Action'), acceptance on behaviours and knowledge is created.





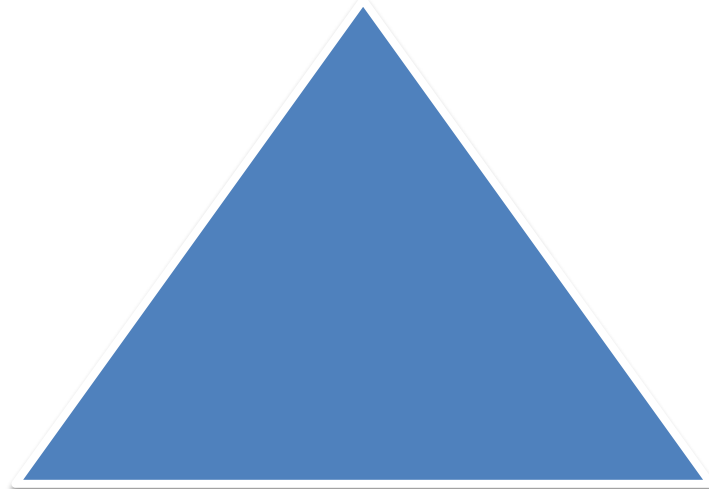
# Contribute

It focuses on knowledge transfer from professionals to community. In this stage, culture of “giving” and “contribution” will be built. Participants and community service targets are expected to have internalized behavioural change where dance exercise and healthy food will become part of their lives.



# Create Healthy Lifestyle – Physical, Mental, Social

Physical Health

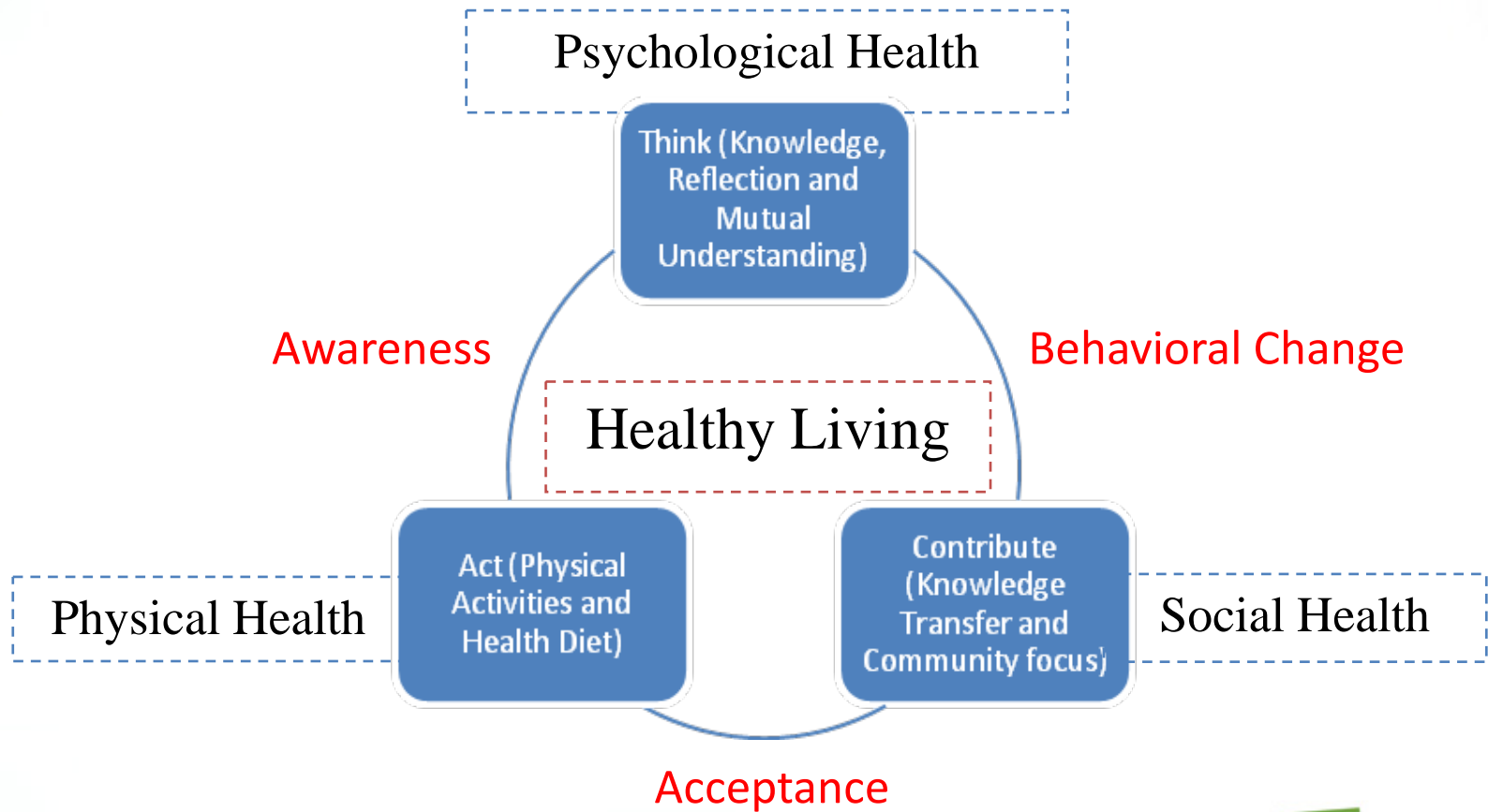


Mental Health

Social Health



# TAC Model of Healthy Living



# Major Targets

- Students – Lingnan University, Tuen Mun Primary and Secondary schools
- Elderly – EA at LU, EA network, Elderly Centre, Taichi group
- Community Partners – Rehab, Women, Public, etc



# Activities



# Plan - Chapter One

(April - August 2012)

## Objectives:

- To promote upcoming TAC project to the community partners and students;
- To introduce health knowledge through invited speaker;
- To create sustainable social well-being in the community;
- To recruit potential TAC-Health Leaders.

## Activities:

### **TAC 2012 Mass event** (No. of participants: Est. 300)

- Period: August 2012
- Content: Dance performance, booths and health seminar
- Idea: *Think + Act (Physical Health and Social Health)*

### **Dance Class** (No. of participants: Est. 30-50)

- Period: April till August 2012
- Content: Sessions of dancing class to participants and discussion on exercise behaviors.
- Idea: *Act (Physical Health)*

### **Seminars and Workshops** (No. of participants: Est. 30-50)

- Period: April to August 2012
- Content: Sessions about health knowledge and healthy diet.
- Idea: *Think (Mental Health)*



# Plan – Chapter Two

(September 2012– January 2013)

## Objectives:

- To recruit TAC-Health Leaders;
- To equip TAC-Health Leaders with knowledge and positive attitude towards health;
- To enhance and deepen TAC-Health Leaders training
- To build and maintain exercise habit;

## Activities:

**Orientation Day** (No. of participants: Est. 20 University Students, 20 Elderly and 20 Community)

- Period: September to October 2012
- Content: Introduction of TAC Model and health issues, basic health check-up and pre-test questionnaire.
- Idea: *Think (Mental Health)*

**Interactive Workshops** (No. of participants: Est. 20 University Students, 20 Elderly and 20 Community)

- Period: October to December 2012
- Content: Seminars and workshops on prevention of NCD and chronic diseases, importance and rationales of exercises and warm up exercise.
- Idea: *Think (Social Health and Mental Health)*



# Plan – Chapter Two

(September 2012– January 2013)

**Reflective Workshop** (No. of participants: Est. 20 University Students, 20 Elderly and 20 Community)

- Period: December 2012 or January 2013
- Content: Reflection and discussion on health issue and attitude, mid-term evaluation on overall program and model.
- Idea: *Think (Mental Health)*

**Dance class** (No. of participants: Est. 15-30, including university students)

- Period: October to December 2012
- Content: 30-45 minutes of dancing sessions for student and elderly
- Idea: *Act + Contribute (Physical Health and Social Health)*

**TAC-Health Leaders Training** (No. of participants: Est. 60 TAC-Health Leaders)

- Period: October to December 2012
- Content: Intensive training on TAC-Health Leaders in service providing and health knowledge enhancement.
- Idea: *Think + Act + Contribute (Social Health)*





# Plan - Chapter Three

## Objectives:

(February – June 2012)

- To spread out a health message to the community;
- To enhance the learning of TAC-Health Leaders;
- To create a culture and environment of good “health”;
- To appreciate the effort of TAC-Health Leaders and pave for the sustainability of the project.

## Activities:

### **Health Camp** (No. of participants: Est. 100)

- Period: June 2013
- Content: Intensive training and health education for intergenerational, interdepartmental and interagency participants.
- Idea: *Think + Act + Contribute (Physical, Social and Mental Health)*

### **Community Training** (No. of participants: Est. 300)

- Period: February- June 2013
- Content: Health trainings and programs to the community by TAC-Health Leaders with the aid of training kit and protocols.
- Idea: *Act + Contribute (Social Health and Physical Health)*

### **TAC 2013 cum Closing Ceremony** (No. of participants: Est. 300)

- Period: June 2013
- Content: Mass event with dance performance and booths by participating organizations. Certificate presentation ceremony of TAC-Health Leaders will be held.
- Idea: *Contribute (Social Health)*



# Service-Learning Course in TAC



# S-L in TAC

SOC 204 Society and Social Change

Target: Rehab Patients (Total: 20 patients)

SOC 327 Social Welfare and Social Problems in Hong Kong

Target: Primary Students (Total: 20 students)

SOC 333, Health, Illness and Behavior

Target: Housewife (Total: 20 participants)



# Main Goals

- 1) Train the Trainer (TTT) – TAC Health Leaders
- 2) Spread the health message through dance exercise and health seminars
- 3) Evaluation – Pre-test, Post-test and Health Survey
- 4) Improving physical, mental and social health – TAC model
- 5) Promote Primary Health Care



# How TAC apply PHC?

TAC allows the participants to be involved in and take responsibility for decision-making on their own individual health. The goals of TAC in PHC is to encourage the participants to:

- Take responsibility and ownership for their own health
- Understand the implications of the health-care decisions they are making
- Be involved in planning for health services
- Promote and adopt mental, physical and social health

Program arrangement towards PHC goals

- Use different strategies to address individual and population health issues
- community development approaches and local inter-sectoral cooperation
- Delivers affordable, reliable and timely services accessible to community members
- Better approaches for preventing diseases
- Provide essential health in an affordable and acceptable way



# Let's TAC Action

