



香港社會服務聯會
The Hong Kong Council of Social Service

The Review and Way Forward of Collaboration between Medical and Welfare Sectors

The Hong Kong Council of Social Service
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HKEC Symposium on Community Engagement X
11-7-2015

WHY WE NEED HOSPITAL- COMMUNITY COLLABORATION

NOT SOLELY FOR

ECONOMIC EFFICIENCY BUT.....

Definition of Health

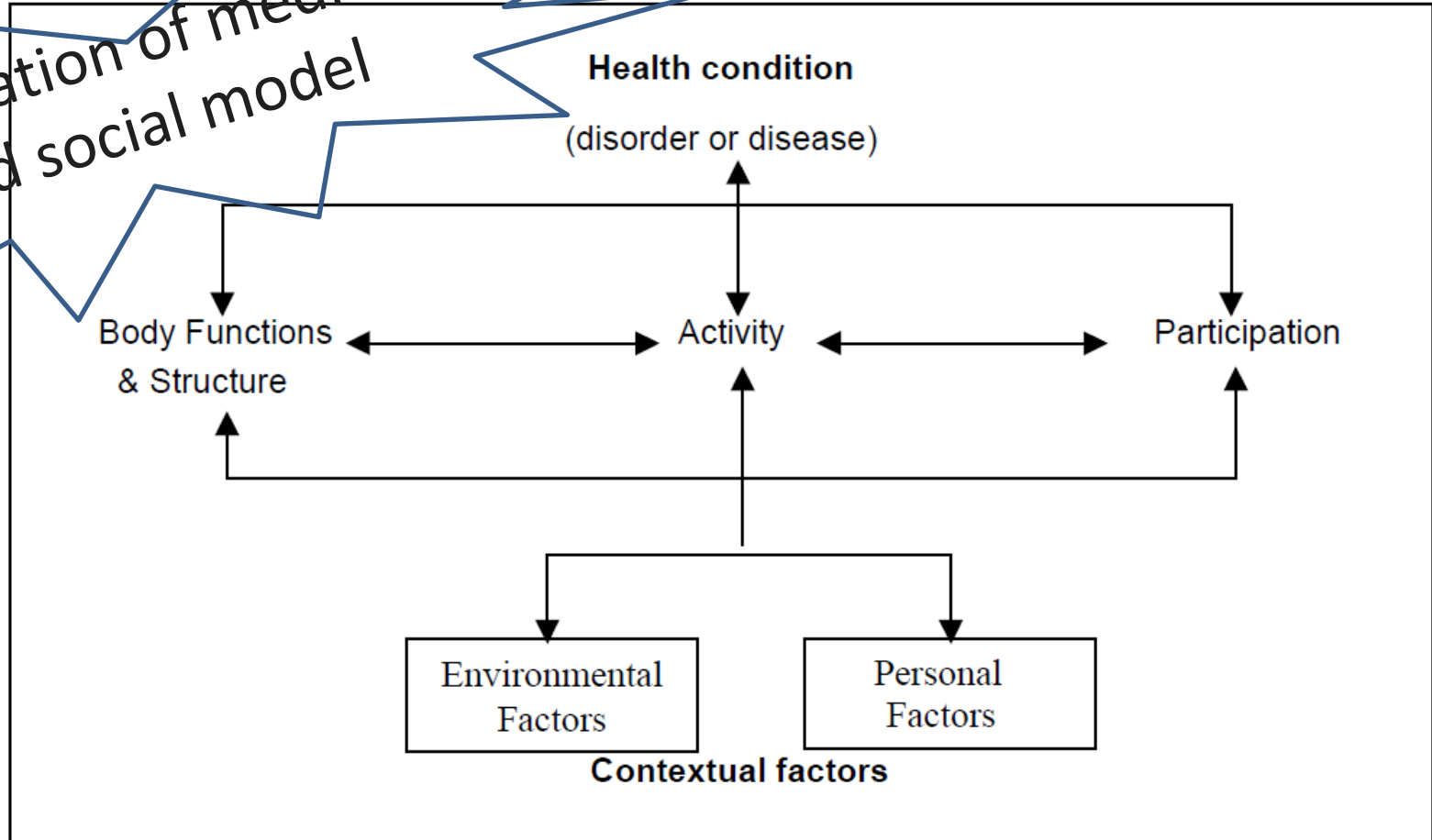
- **WHO** Health is a state of complete physical, mental and social **well-being** and **not merely the absence of disease or infirmity**.
- “a **dynamic state** of well-being characterized by a physical and mental potential, which satisfies the demands of life commensurate with age, culture, and personal responsibility” (Bircher, 2005)
- defines health as “a condition of well being, free of disease or infirmity, and a **basic and universal human right**” (Saracchi, 1997)

• Bircher J. Towards a dynamic definition of health and disease. Med. Health Care Philos 2005;8:335-41.

• Saracci R. The World Health Organization needs to reconsider its definition of Health. BMJ 1997;314:1409-10.

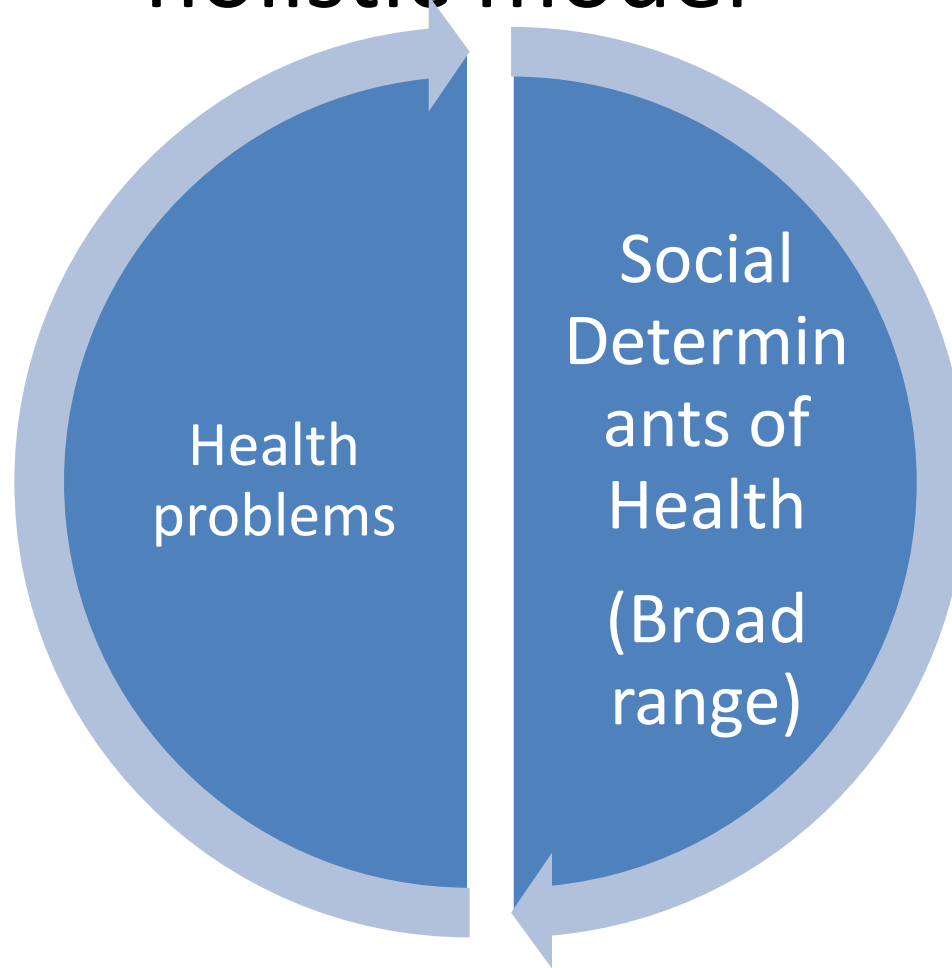
International Classification of Functioning, Disability and Health

Integration of medical and social model



Shift from biomedical paradigm to a holistic model

Biomedical paradigm: Place responsibilities mainly on the health sector



Commitment from all the areas of government & citizen participation

Broad range of determinants of health

- Social factors
- General living condition: employment, work condition, housing, standard of living
- Education
- Food and nutrient
- Psycho-social environment: patterns of coping stress, e.g. smoking/ substance abuse



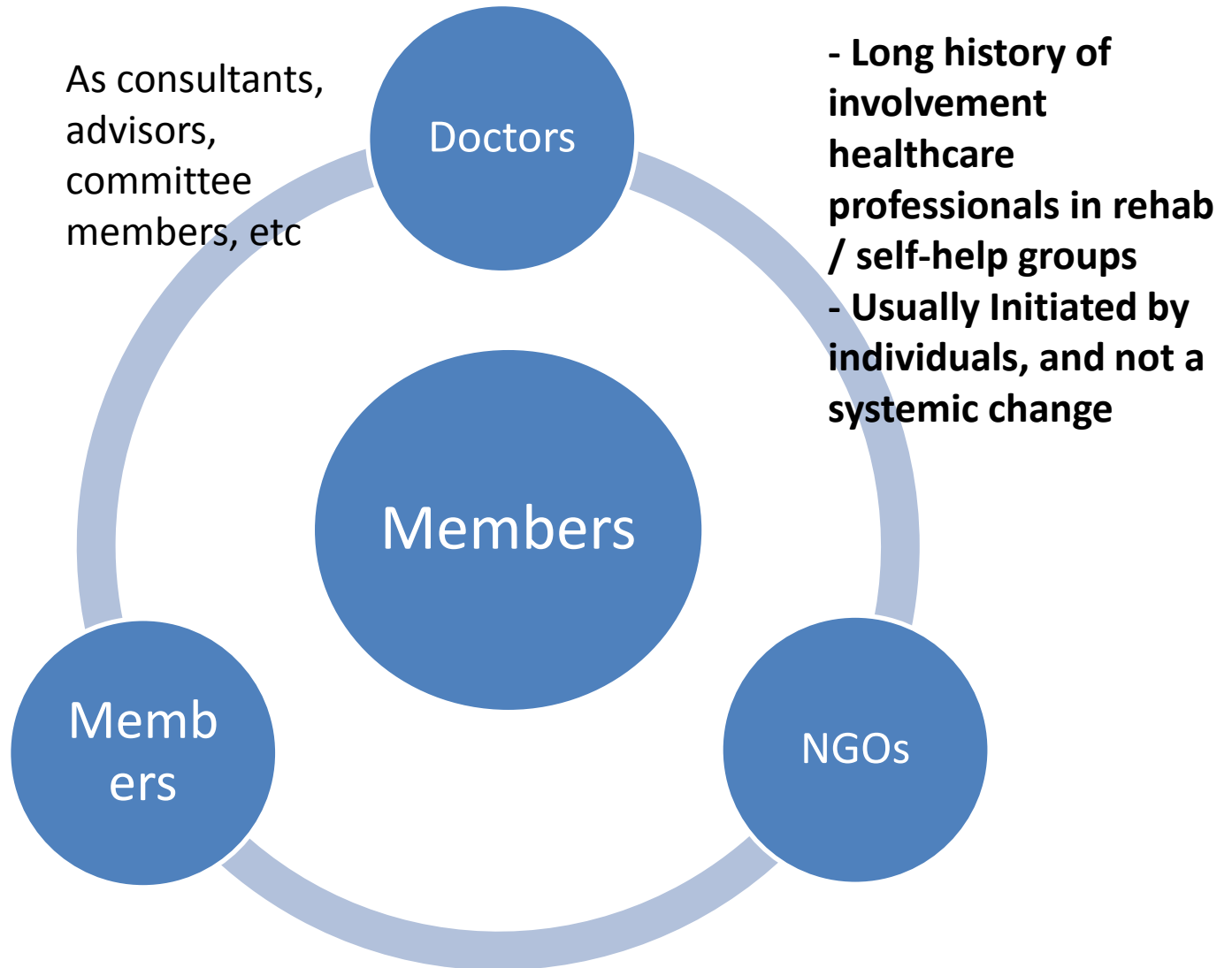
Require high degree of political commitment from all government sectors and citizen participation

Patient-centered Approach

- “Patient-centered” means considering patients’ cultural traditions, personal preferences and values, family situations, social circumstances and lifestyles (Institute of Medicine, 2012)
- More than simply educating patients about a diagnosis, potential treatment, or healthy behavior. It does not mean giving patients whatever they want; rather, patients want guidance from their care providers, but they expect that guidance to be provided in the context of full and unbiased information about options, benefits and risks.

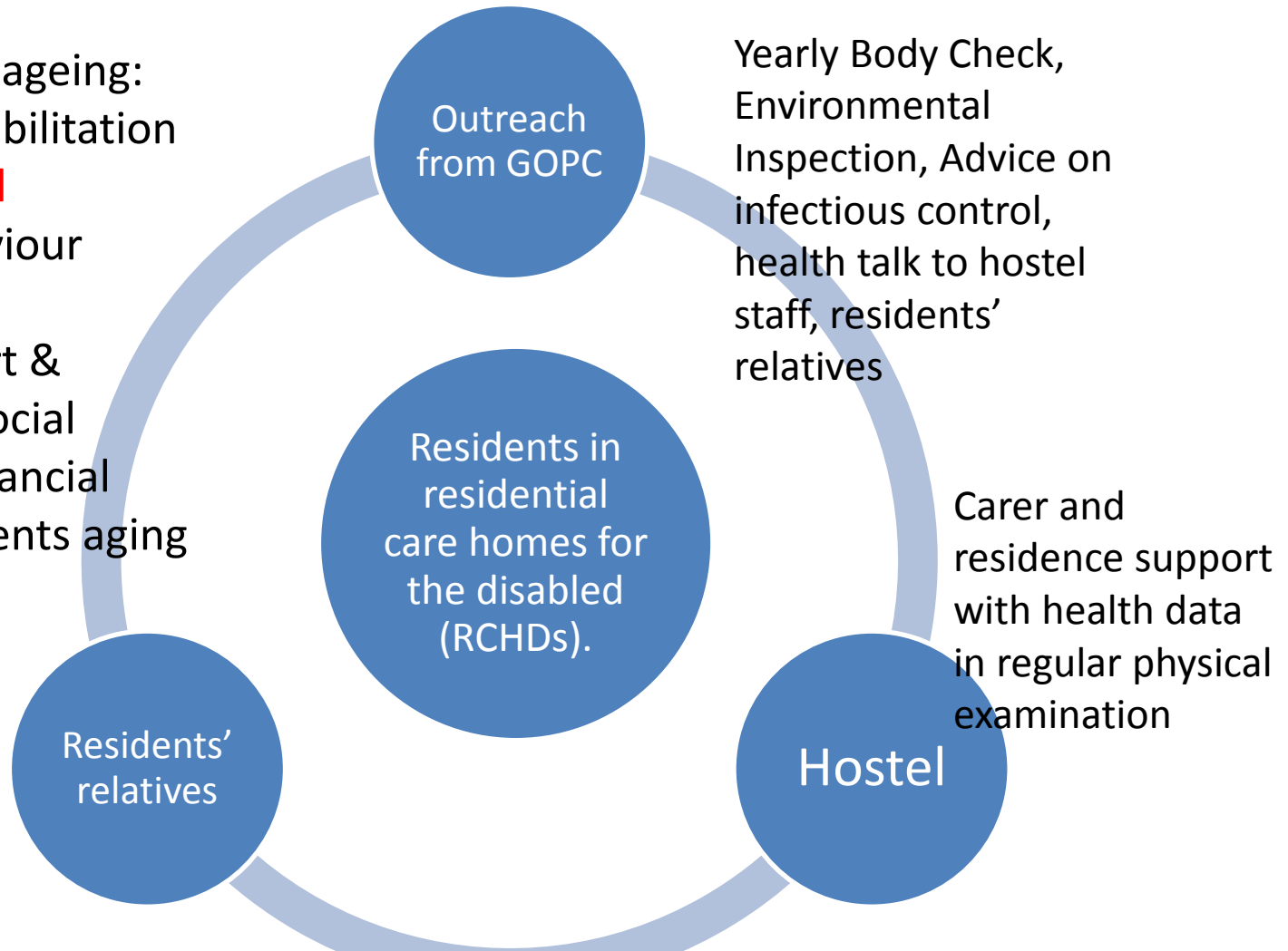
SOME EXAMPLES

Self help groups



Visiting Medical Practitioner (VMP)

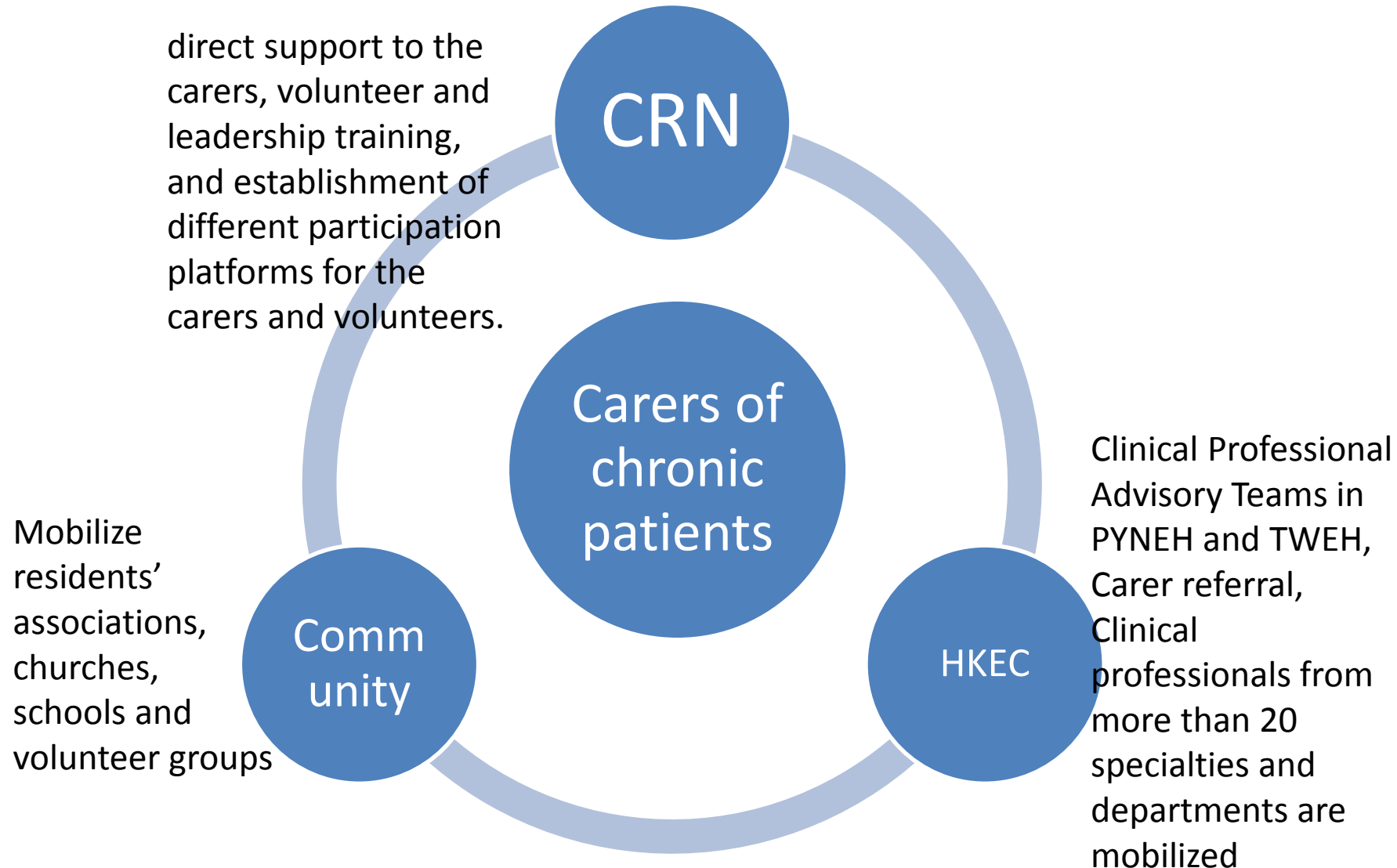
Challenge of ageing:
Physical rehabilitation
Psychological
Mood/Behaviour
Social
Carer support & education, social activities, financial support, Parents aging



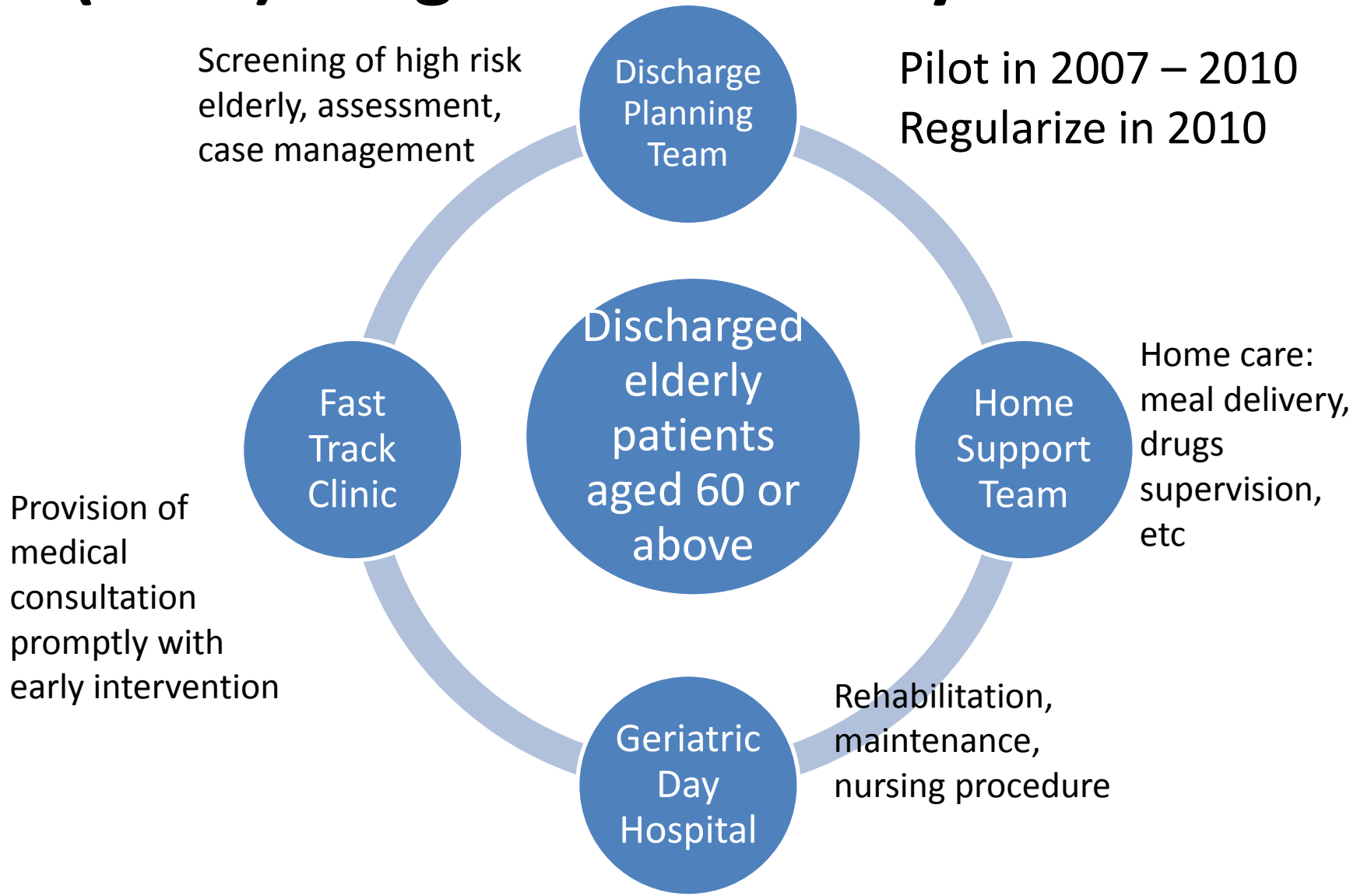
Collaboration model in Hong Kong East and West Cluster

SMARTCare Movement

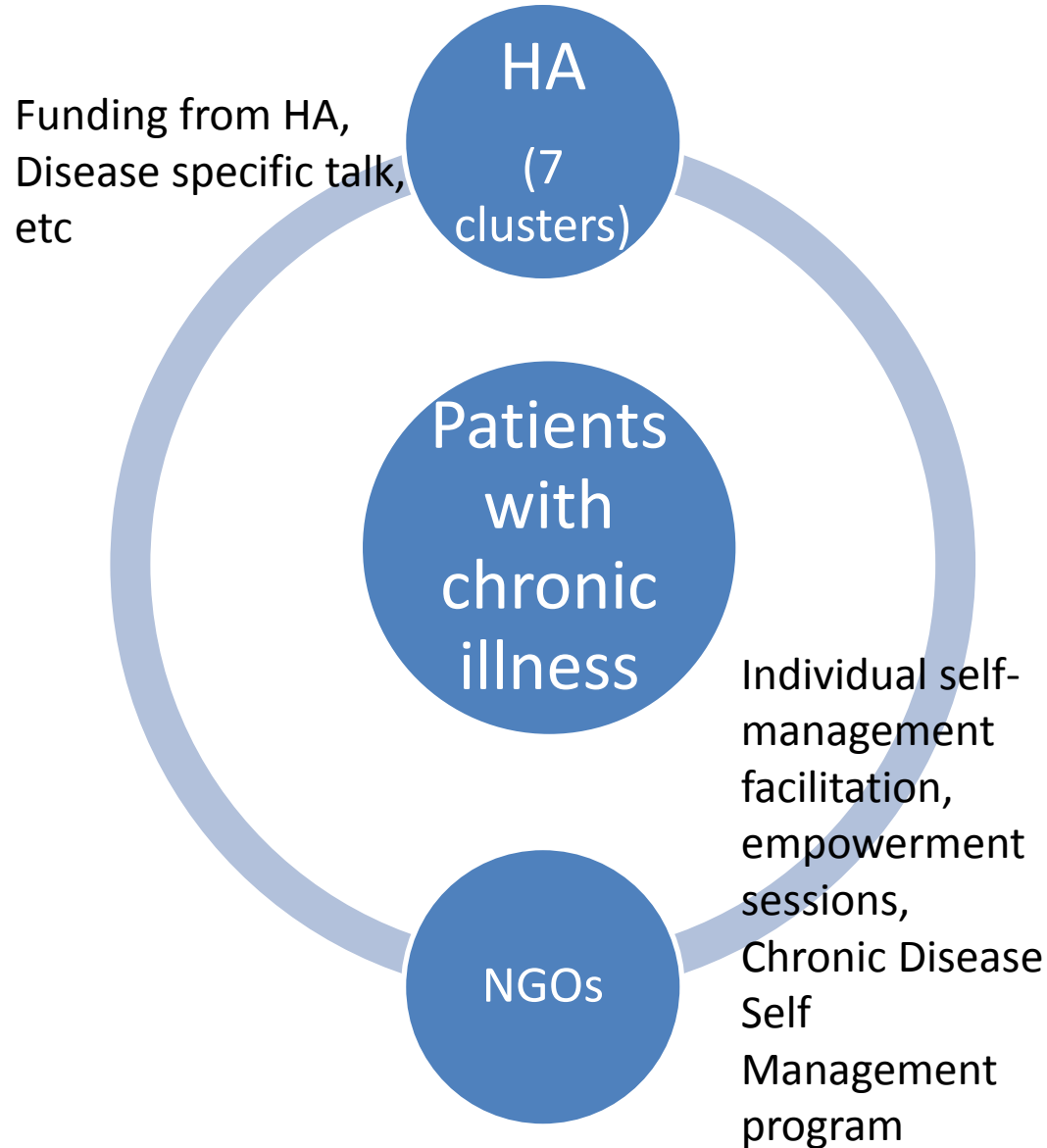
by The Hong Kong Society for Rehabilitation



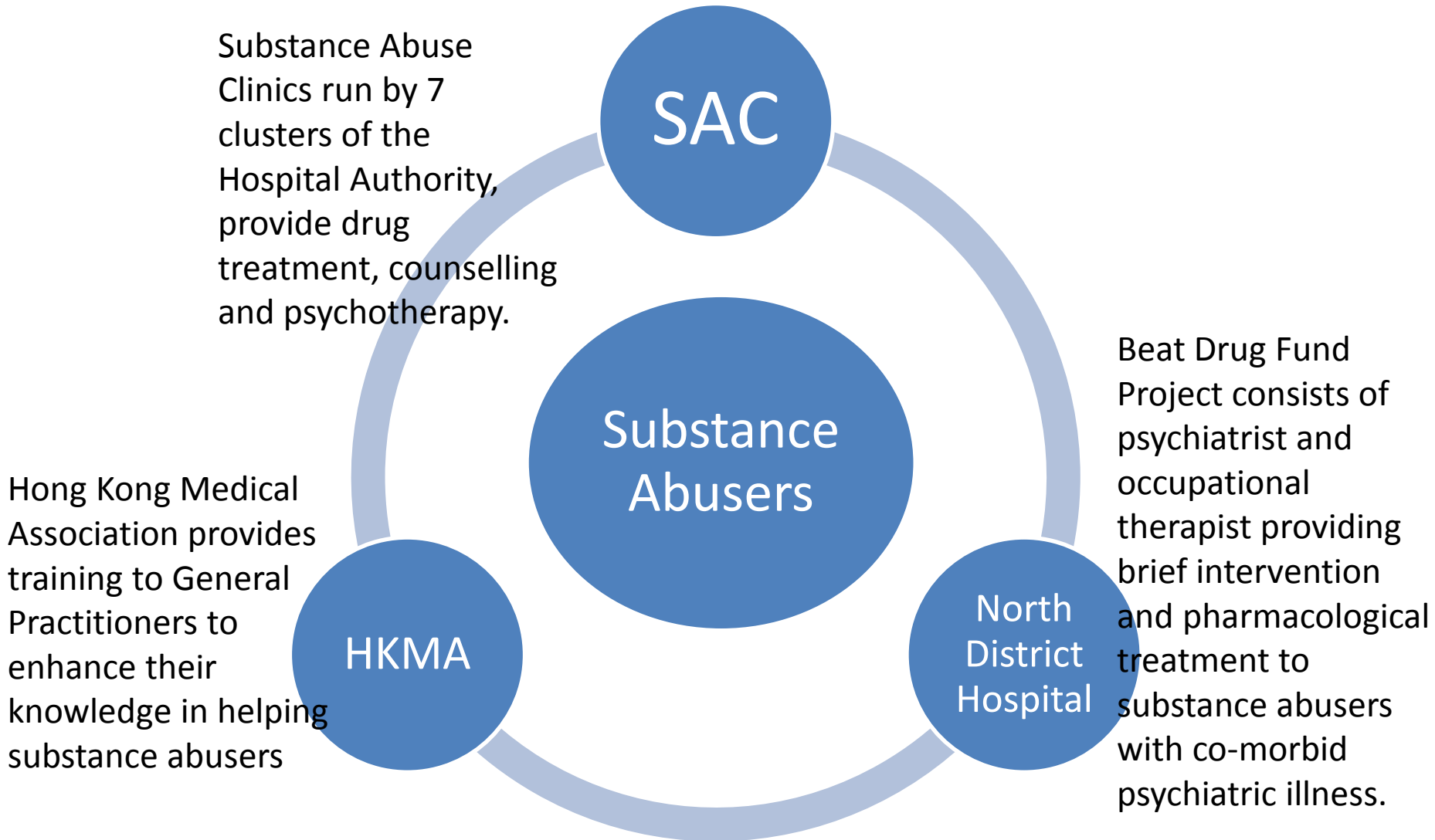
Integrated Care & Discharge Support (ICDS) Program for Elderly Patients



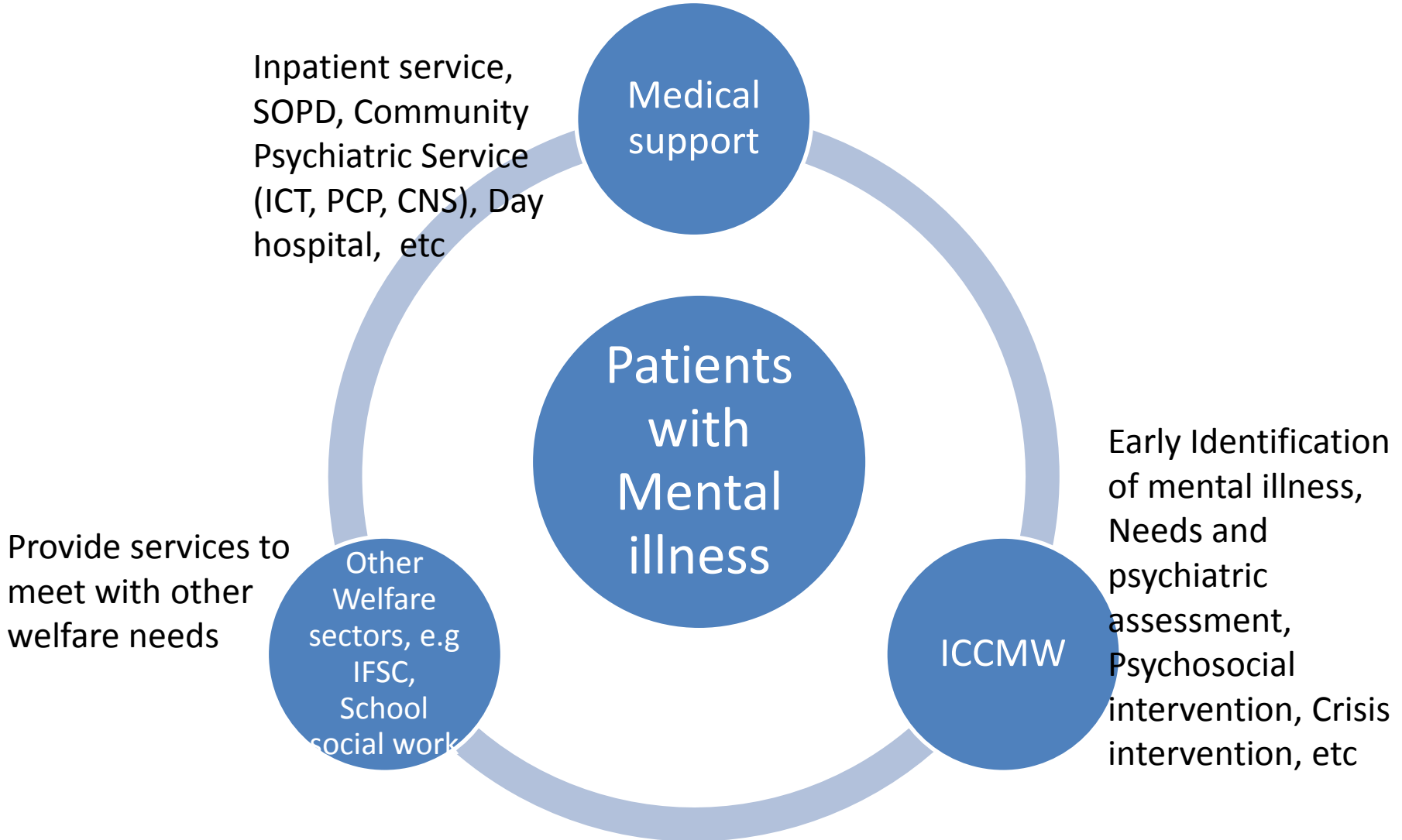
Patient Empowerment Program



Collaboration with Medical Practitioners in Helping Substance Abusers



Collaboration of Integrated Community Center for Mental Wellness (ICCMW) & Hospitals



醫社合作的挑戰

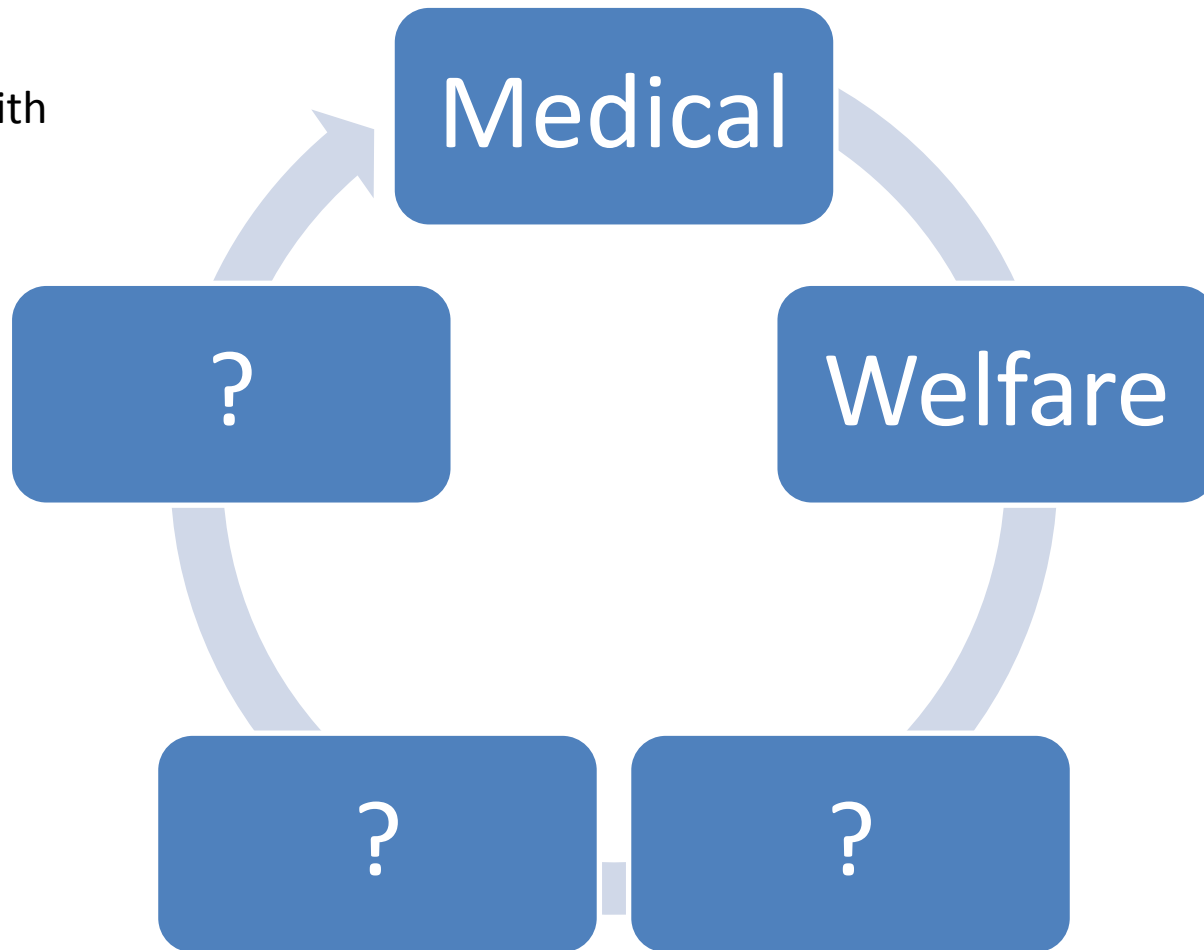
CHALLENGES OF COLLABORATION

Policies or Examples?

- Good examples for selected target groups and certain regions
- Proven outcome from collaboration between hospitals and NGOs
- Still need policy directives and sustained efforts to promote medical / welfare partnership and to adopt patient-care approach
- And to scale up proven models
- Involvement of patients / patient groups to be strengthened
- Institutional barriers within the government is also a key issue

Require high degree of commitment from all the areas of government & citizen participation

Example:
Children with
Special
Education
Needs



Looking forward

- More collaboration between medical and welfare sectors in the advocacy of social determinants of health, not only disease management or patient care, but other aspects including housing, education, social and recreation, etc.

THANK YOU VERY MUCH