Child Health in Hong Kong
A Policy Development Brief

Prepared by:
Steering Group for Child Health Policy in Hong Kong
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香港兒科基金
Hong Kong Paediatric Foundation

Government does not bring up children, parents do – so government needs to do more to back parents and families.

All children have the potential to succeed and should go as far as their talents can take them.

Children and young people should enjoy their childhood as well as growing up prepared for adult life.

Services should be shaped by and responsive to children, young people and families, not designed around professional boundaries.

It is always better to prevent failure than tackle a crisis later.

The Children's Plan, Department for Children Schools and Families, 2007 and *The Children's Plan One Year On,* Department for Children, Schools and Families, 2008. UK Government.

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Child Health in Hong Kong – A Policy Development Brief

1. Introduction

This policy development brief establishes the framework for a 2-year qualitative exploration of the multiple issues impacting the health of children in Hong Kong.

The task of this paper is to guide the development of an actionable strategic planning framework for a Child Heath Policy for Hong Kong. The resulting policy document - a synthesis of the work of professional sectorial data analysis and drafting groups - will provide the rationale for increased policy attention and investment in the medical, social, and educational environments, as well as the legislative and economic systems that influence and shape the course of children's health and development in Hong Kong, and therefore, their life course.

The discussion that follows uses the concept of Life Course Theory as a framework for articulating the need for a Child Health Policy[1] for Hong Kong that will respond to the future needs of local children and allow them to develop and realize their full potential.

The paper also sets out goals and definitions to guide the sectorial policy drafting groups in their work, and suggests an 'agenda for change' based on a SWOT analysis of the current child health landscape which was conducted by the Steering Group.

2. Why do we need a Child Health Policy?

In the past 100 years, the public health programmes of the developed world have overcome the major causes of childhood morbidity, mortality-infections and poor nutrition. Now, the transition from child to adult appears to carry a much lower risk.

The effectiveness of Hong Kong's healthcare system for children is well demonstrated by our low infant mortality rate, comprehensive screening and immunization programmes, and our rapid medical, technical, social and economic advancements over the past 50 years.

2.1 New Morbidities

Yet, in place of these old public health problems there is a new set of diseases rapidly rising in prevalence. Many of our children and young people are displaying worsening health and development outcomes from the effect of these so-called 'new morbidities' which result from exposure to biological, environmental, developmental and behavioral risks. Unchecked by early intervention, exposure to these risks can lead to, *inter alia*, increased obesity, eating disorders, poor oral hygiene, lack of exercise, poor sleep habits, internet addiction, smoking, alcohol use, unsafe sex, teenage pregnancy and substance abuse.

In Hong Kong children are at further risk from the increasing prevalence of single parent families, the rising divorce rate, cross-border marriages, dual working parents, poor parenting skills, new immigrants, ethnic minorities and indigenous groups.

These outcomes can have consequences much later in the life course. Many of the health and wellbeing problems we see in adults – obesity and its associations such as diabetes and heart disease, mental health problems, criminality, family violence, poor literacy, unemployment and welfare dependency – have their origins in pathways that begin much earlier in life, often in early childhood[2]. This does not mean that what happens in early childhood determines later development; however, early experiences set children on development trajectories

that become progressively more difficult to modify as they get older[3].

2.2. Implications for Public Health Policy

Currently, much of public health policy is focused on increasing access to medical care, improving the quality of healthcare services while reducing costs, building systems to meet the growing needs of the aging population, and the treatment of specific conditions and chronic illnesses, even among the young.

However, enhancing access to medical care alone will not address the social, economic and environmental factors that affect a child's health and development. Disease-by disease funding makes it more difficult to focus on and address common causal pathways across conditions; and stage-by-stage services can result in missed opportunities and inefficient use of resources.

There is a clear need to rethink and revise some of the current strategies and place a greater focus on the early ('upstream") determinants of health in the context of health trajectories across the lifespan, or on continuity from infant to child to adolescent to adult to ageing adult. This 'joined-up thinking' approach requires integrating earlier detection of risks with earlier intervention; and promoting protective factors while reducing risk factors at the individual child, family and community levels. This calls for the development of integrated, multi-sector, multidisciplinary service systems that have been described as lifelong 'pipelines' for healthy development[4].

3. Life Course Theory as a Framework for Policy Change

The core elements of life course theory concepts, as applied in this paper, can be summarized as follows[5]:

- Today's experiences and exposures influence tomorrow's health. (Timeline)
- Health trajectories are particularly affected during critical or sensitive periods. (Timing)
- The broader community environment – biologic, physical, and social – strongly affects the capacity to be healthy. (Environment)
- While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice. (Equity)

3.1 Life Course Environments in Child Health

Supportive family, social and learning environments are just as critical for young children as is the existence of a comprehensive health care system that meets their medical needs. It is in the family, in social relationships and at school that children develop through their relationships with others, and through the acquisition of knowledge. On the other hand, while genes may predispose children to develop in certain ways, there is a range of developmental health environments and factors to which children are uniquely vulnerable, beginning with preconception, pregnancy and childbirth, and running through infancy, childhood and adolescence.

This development is shaped by the ongoing interplay among sources of risk or vulnerability on the one hand, and sources of resilience or protection on the other [6]. Factors that support good developmental outcomes are not limited to individual behavioural patterns or receipt of medical care and social services, but also include factors related to family, neighbourhood, community and social policy.

Examples of protective factors include, *inter alia*: a nurturing family, a safe neighbourhood, strong and positive relationships, economic security, access to quality primary care and other health

services, and access to high quality schools and early care and education.

Examples of risk factors include, among others: food insecurity, homelessness, living in poverty, unsafe neighborhoods, domestic violence, environmental pollution, inadequate education opportunities, racial discrimination, being born low birth weight, and lack of access to quality health services.

And because risk factors tend to be cumulative and cluster together, intervention early in the life course can remove or ameliorate risk factors, leading to improved developmental trajectories. In this way early intervention can improve outcomes in multiple areas later in the life course[7].

Likewise, policy formulation and response should be informed by this wide range of developmental risk factors, and needs to take a multi-service, multidisciplinary approach, crossing the health, educational and community sectors in a whole-of-government planning and policy approach.

3.2 Life Course Economics in Child Health

Intervening early in the life course has the greatest potential to prevent or significantly ameliorate some the health and wellbeing problems seen in adult life.

Cost benefit studies have shown that prevention and early intervention are cheaper and more effective than treatment[8]. Policies that support this stance make sound economic sense.

Investing in the early years provides a significant return on investment, and is analogous to investing in physical infrastructure in the long term. Investment in early childhood needs to be incorporated into the economic debate, with equal weighting to that given to the ageing population at the opposite end of the dependency ratio.

What happens to children in the early years has consequences right through the course of their lives. There are many opportunities to intervene and make a difference to the lives of children and young people. The evidence shows the most effective time to intervene is early childhood, including the antenatal period. This provides the economic rationale for increased policy attention and investment.

4. Objectives and Definitions

4.1 Policy Objectives

Policy planning starts with clear, achievable and understandable goals. Two overarching goals for the Child Health Policy are proposed:

- **To optimize provision of care (primary care and health education *for all children*, and multidisciplinary, multi-sector supportive care *for children in need*) in the community.**

- **To eliminate equity disparities and ensure that every child - irrespective of life stage, race, personal characteristics, social and financial background – is able to receive the same standard, quality and outcome of healthcare services.**

4.2 Policy Context Definition

Poliicy should be developed in the context of the community it intends to serve – that is the physical, social and economic environments in which the beneficiaries and deliverers of policy implementation live and develop. Policy development should therefore include a definition of a ‘healthy’ city or community. The WHO defines this as:

'…one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential.'[9]

4.3 Child Health Definition Statement

Policy planners should also include an 'aspirational' definition of the policy area they seek to influence. This is a descriptive statement of children's health that describes the ideal outcome of the planning and development process, and from which policy vision, values and guiding principles, and implementation strategies can be derived. The Institute of Medicine, National Academy of Sciences definition of children's health provides a good starting point for the development of such a definition:

Children's health is the extent to which individual children or groups of children are able or enabled to

(a) develop and realize their potential,
(b) satisfy their needs, and
(c) develop the capacities that allow them to interact successfully with their biological, physical and social environments.[10]

4.4 Definition - Child

For the purposes of this briefing document, a child is defined as:

- **a person aged from birth to 18 years** (UNCRC).

4.5 Definition - Child Life Course Stages

For the purpose of this briefing document, the six distinct stages of child life are:

- **Preconception**
- **Pregnancy & Childbirth**
- **Infancy**
- **Childhood**
- **Adolescence**
- **Transition to Adulthood**

5. Setting the Agenda for Change

A SWOT analysis (Appendix 1) was conducted by the Steering Group to capture an overview of the current child health landscape and align members behind a common platform from which to launch the policy development initiative. Several strategic themes emerged from the data collected. These are:

- The importance of strategic communications
- Integration of policies between government departments and levels of government
- Improved coordination and integration of services
- Research and evaluation
- Recognizing the important role of professional education in child health
- Parental leave and family-friendly workplaces

It was pointed out in the 1st Provisional Group Meeting at the outset of this initiative that there is currently no Child Heath Policy in Hong Kong, and no concrete plans for the government to develop one. The challenge therefore is to reach out not only to the government and persuade them of the need for change, but also to achieve a consensus in the community in order to meet their aspirations. This means setting an agenda where one currently does not exist, and starting from a 'zero' base in terms of issues and awareness.

These strategic themes, which are expanded on below, are agenda discussion points and actionable tactics that may (or may not) guide and/or inform the consultative and sectorial drafting groups in their work. They are neither prescriptive, nor exhaustive, but intended to provide a frame for discussion and debate.

5.1 The importance of strategic communications

Child health is not yet on the policy radar of government, academics and practitioners. There is no evidence either to show that it has grabbed the attention of the mainstream media or the lay public. We should place high importance on framing the messages about child health and child health policy so that they are easily understood and address the lack of awareness.

Communicating the importance of child health and development, and the need to invest in it, needs to be incorporated into the debate at all levels of society, government and workforce. Such an advocacy effort will help to align stakeholders by establishing common ground, common language, and building consensus in what is a very fragmented and unevenly distributed landscape.

5.2 Integration of policies between government departments and levels of government and improved coordination and integration of services

This will be the biggest challenge we face. A Child Health Policy such as the one we envisage will require horizontal and vertical alignment (and re-alignment) between and within government bureau and departments. In many areas there is little or no policy coordination within the same department, let alone any coordination of department-funded programmes for children and families. Current programmes tend to be delivered in discrete, narrowly-defined service silos with rigid eligibility requirements. Programmes and services need an integrated approach that is supported by all levels of government.

Currently programmes tend to focus on a single problem or risk factor, despite research that repeatedly shows child health and development problems and risk factors cluster together. At best, this lack of coordination leads to duplication and inefficiency; at worst, it creates barriers to the many children and families who would benefit from well-conceived and accessible programmes.

This issue needs to be addressed at multiple levels as a matter of urgency. There should be scope to cooperate with the government during the policy development stage to ensure that no significant new policies are developed or announced without consideration of how policies or programmes being developed by the consultative and drafting groups would integrate seamlessly with existing ones. This requires the opening of an iterative dialogue with government at a bureau and departmental level from the outset of the policy development process.

At the community level, service redevelopment should be guided by concepts such as those of virtual integrated centres with ‘no wrong doors’. This approach has been well described in other jurisdictions, [11] and there are evidence-based resources that demonstrate a step-by-step approach for how to achieve this ‘no wrong doors’ approach.

5.3 Research and evaluation

Understanding of the importance of data is still in its infancy.

Most of the evidence that exists about child health programmes comes from overseas studies and does not readily translate into the Hong Kong context. Even in our own communities, we know very little about what works, for whom, and under what circumstances, let alone the dose/response effects – intensity, frequency and duration of programmes.

Most of our existing programmes have never been evaluated for their efficacy, so that we have little idea of whether or not they meet their stated goals. Indeed many programmes that are in existence do not have clear and measurable goals and objectives. There is little or no

government funding to introduce new programmes or policies in a research paradigm, so that we can document whether or not they work.

We need to embrace Drucker's concept of 'organised abandonment' of policies and programmes where there is no evidence of efficacy[12]. We need to be able to use 'practice-based evidence' in place of evidence-based practice to inform our approaches, and apply what we do know. From here we can begin to build our own strong research and evaluation base and start to focus on policies and programmes that are shown to work.

We need to get early government buy-in to this approach, and although this may require investment of scarce resources in data collection and analysis, in the long term it is likely to pay for itself many times over.

Obtaining Hong Kong data regarding the efficacy of existing and any new programmes should be a priority in the first phase of reform envisaged by the policy proposal. At times of scarce resources, it becomes even more important that government and NGOs fund only those programmes that make a demonstrable difference to outcomes.

5.4 Recognizing the important role of professional education in child health

Child health and development cannot be categorized into separate silos of health, education and social dimensions, as these are one and the same in early childhood. Professionals working in preschool settings are not simply child minders, but providers of rich health, education and development programmes for children.

There needs to be a rapid expansion of tertiary training courses for child health professionals, with encouragement and incentives for the existing workforce to obtain formal higher qualifications.

In addition, there is a challenging retraining agenda for all professionals who work with young children and their families. Professionals have to be able to understand and interpret emerging research findings and integrate them into their practice, as well as learn to work in a more coordinated way in teams and with professionals from other disciplines.

5.5 Parental leave and family friendly workplaces

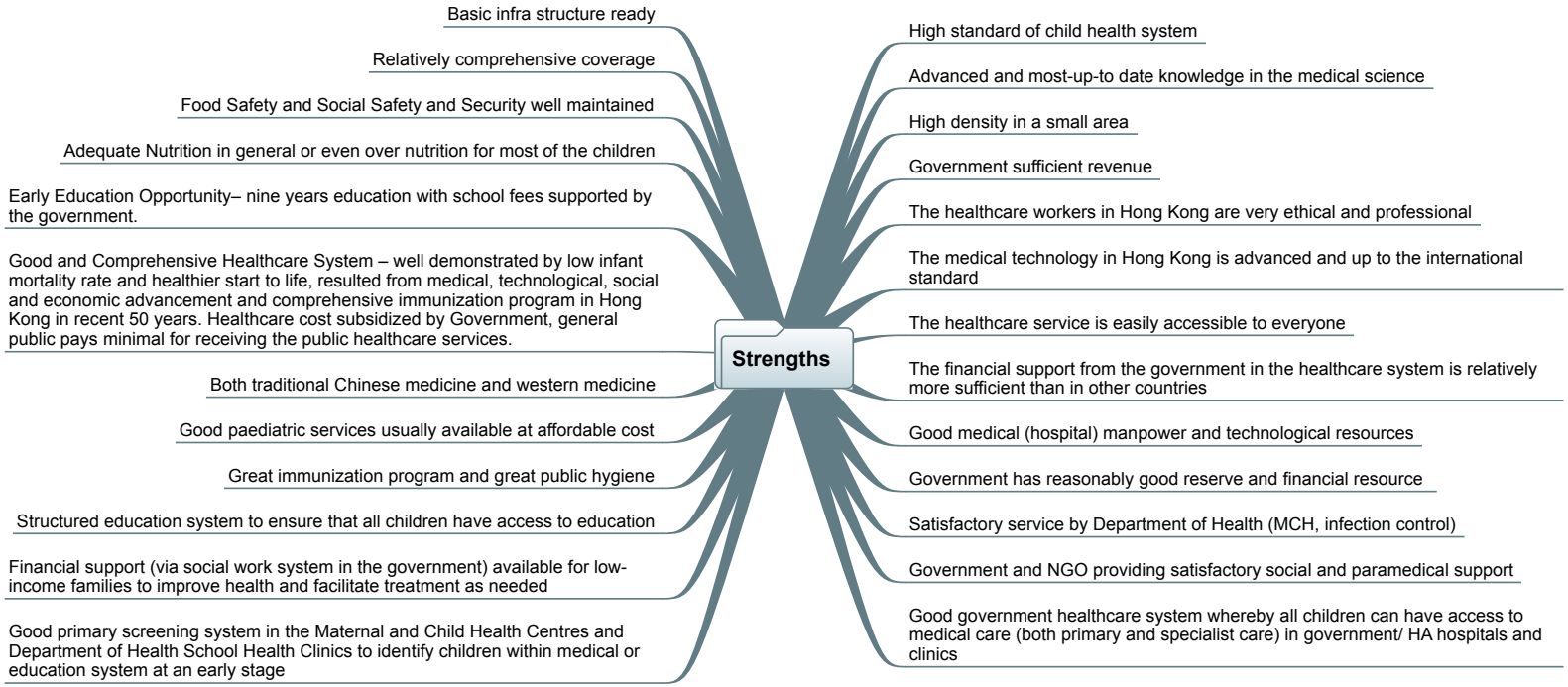
Hong Kong lacks universal child and family-friendly policies and public acceptance of the importance of family-friendly workplaces.

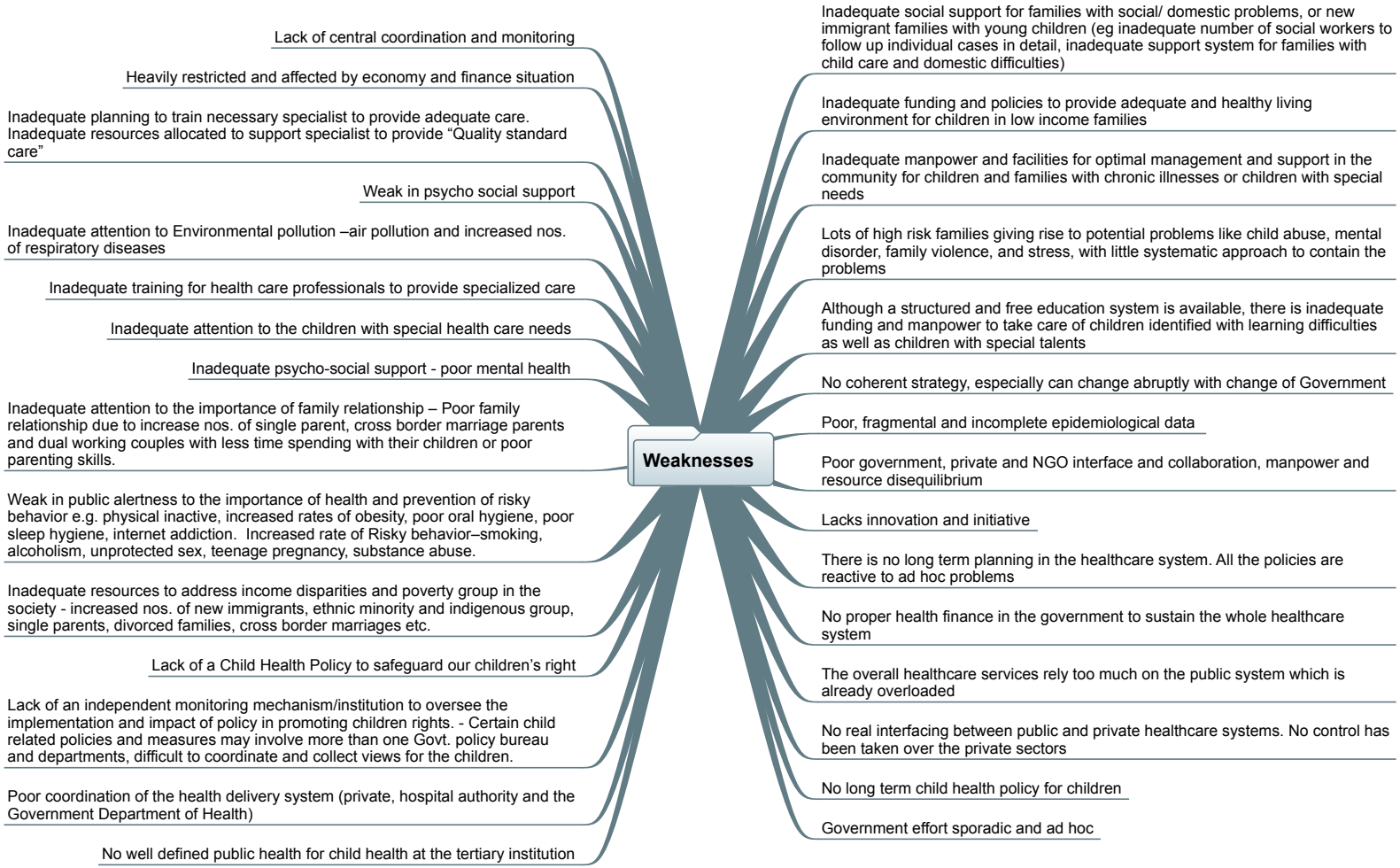
The considerable and often strident opposition from sections of the community that greet these initiative is indicative of a lack of appreciation for the critical role parents have in providing the nurturing and responsive environment young children, and especially infants, need.

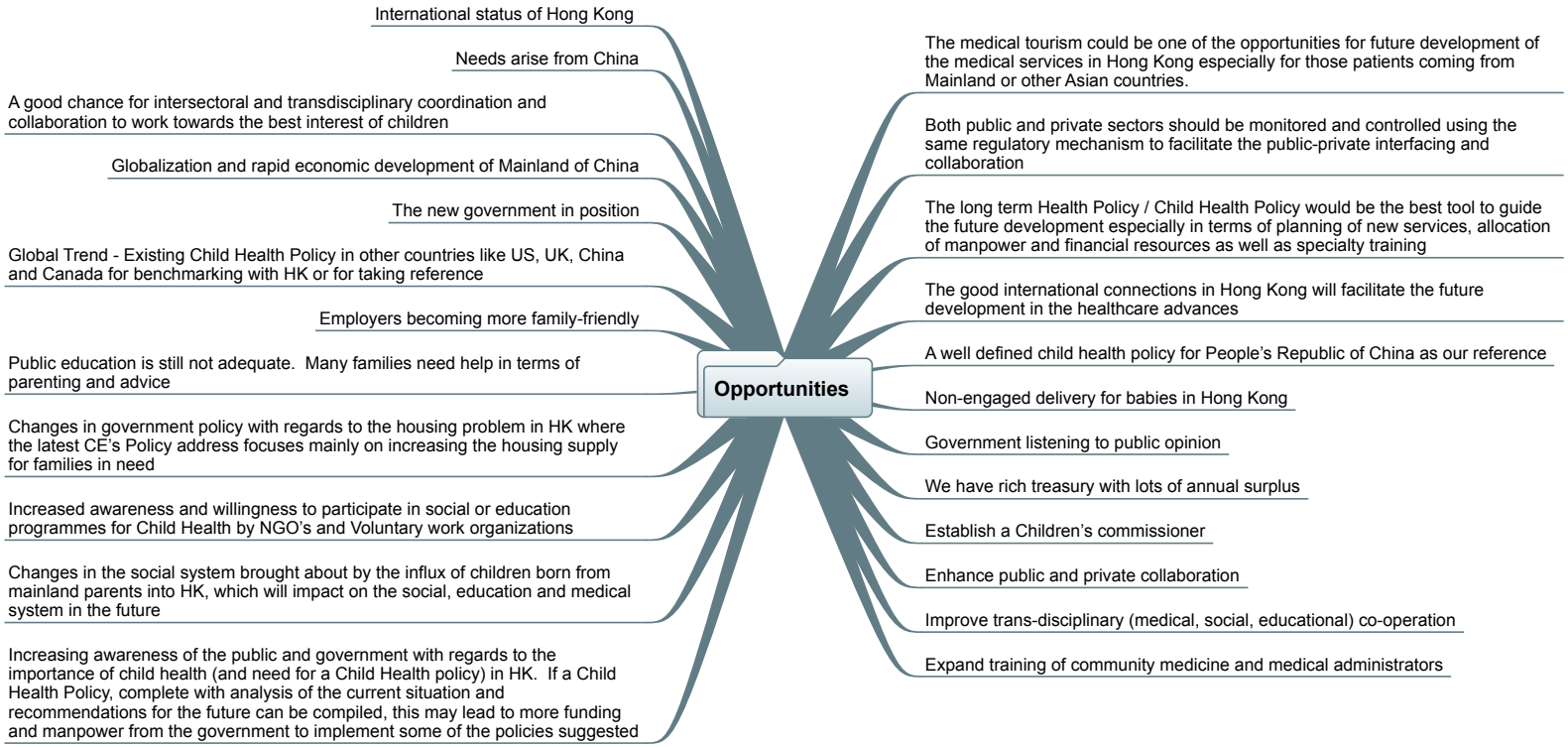
With a few notable exceptions, there has been a disappointing lack of leadership and support in this area from business. Business does not yet seem to understand that paid parental leave and flexible working conditions are ultimately in a companies' best interests. In the long term, family-friendly workplaces and the subsequent improvements to social infrastructure are likely to be among the most important contributing factors to the future economic prosperity of Hong Kong.

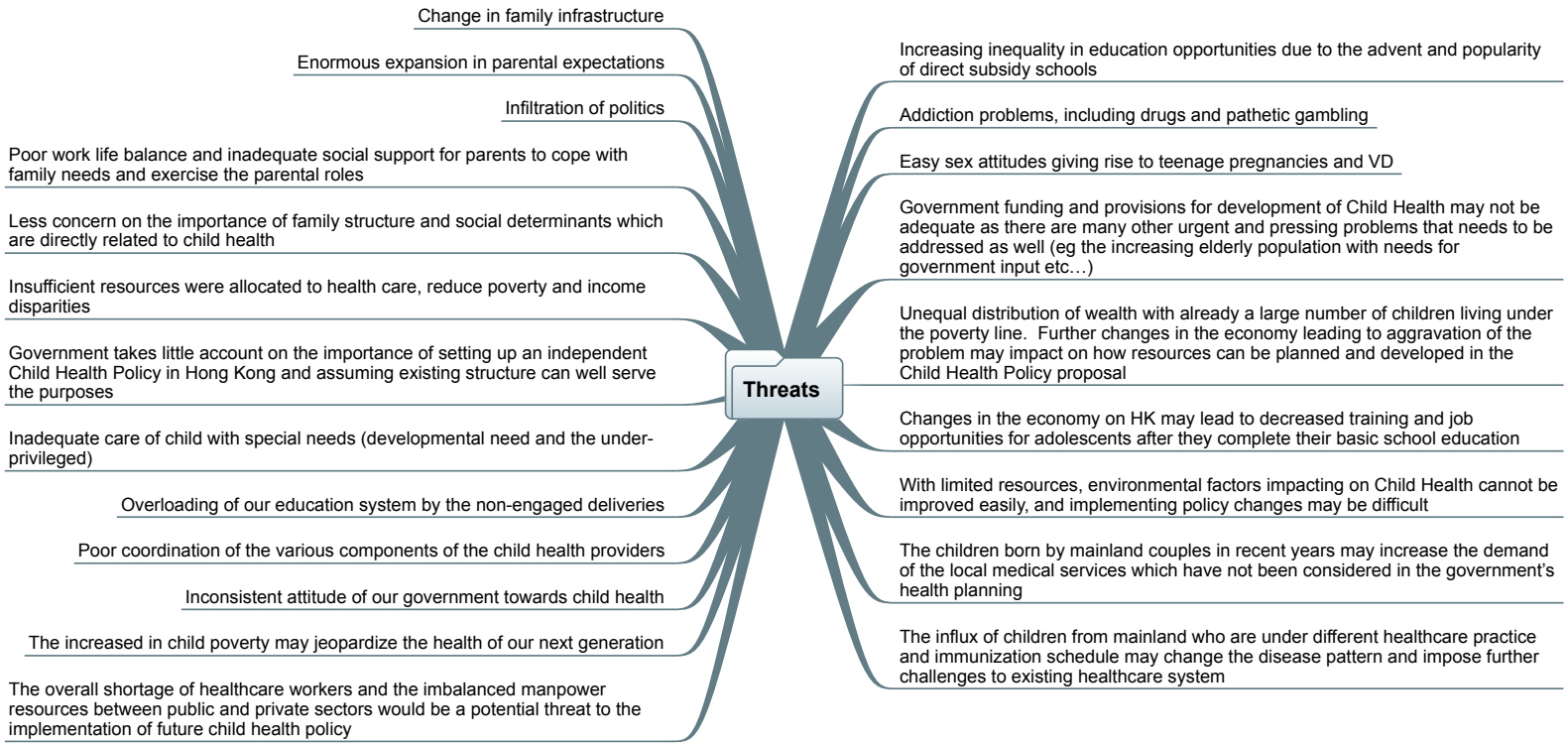
Appendix 1

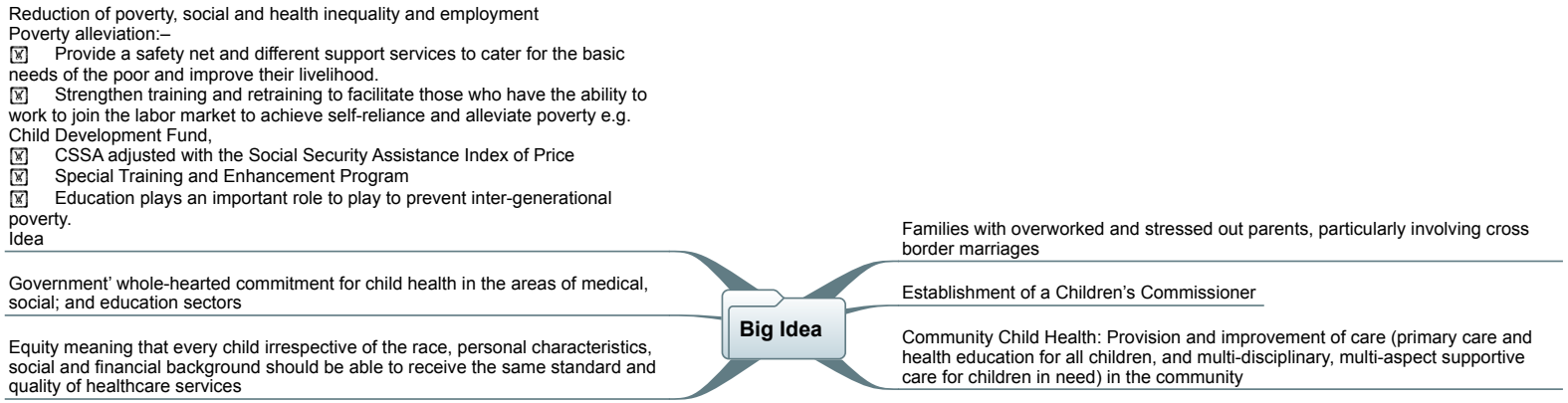
Steering Group SWOT Analysis


Strengths
Basic infra structure ready
Relatively comprehensive coverage
Food Safety and Social Safety and Security well maintained
Adequate Nutrition in general or even over nutrition for most of the children
Early Education Opportunity– nine years education with school fees supported by the government.
Good and Comprehensive Healthcare System – well demonstrated by low infant mortality rate and healthier start to life, resulted from medical, technological, social and economic advancement and comprehensive immunization program in Hong Kong in recent 50 years. Healthcare cost subsidized by Government, general public pays minimal for receiving the public healthcare services.
Both traditional Chinese medicine and western medicine
Good paediatric services usually available at affordable cost
Great immunization program and great public hygiene
Structured education system to ensure that all children have access to education
Financial support (via social work system in the government) available for low-income families to improve health and facilitate treatment as needed
Good primary screening system in the Maternal and Child Health Centres and Department of Health School Health Clinics to identify children within medical or education system at an early stage
High standard of child health system
Advanced and most-up-to date knowledge in the medical science
High density in a small area
Government sufficient revenue
The healthcare workers in Hong Kong are very ethical and professional
The medical technology in Hong Kong is advanced and up to the international standard
The healthcare service is easily accessible to everyone
The financial support from the government in the healthcare system is relatively more sufficient than in other countries
Good medical (hospital) manpower and technological resources
Government has reasonably good reserve and financial resource
Satisfactory service by Department of Health (MCH, infection control)
Government and NGO providing satisfactory social and paramedical support
Good government healthcare system whereby all children can have access to medical care (both primary and specialist care) in government/ HA hospitals and clinics


Weaknesses
Lack of central coordination and monitoring
Heavily restricted and affected by economy and finance situation
Inadequate planning to train necessary specialist to provide adequate care. Inadequate resources allocated to support specialist to provide "Quality standard care"
Weak in psycho social support
Inadequate attention to Environmental pollution –air pollution and increased nos. of respiratory diseases
Inadequate training for health care professionals to provide specialized care
Inadequate attention to the children with special health care needs
Inadequate psycho-social support - poor mental health
Inadequate attention to the importance of family relationship – Poor family relationship due to increase nos. of single parent, cross border marriage parents and dual working couples with less time spending with their children or poor parenting skills.
Weak in public alertness to the importance of health and prevention of risky behavior e.g. physical inactive, increased rates of obesity, poor oral hygiene, poor sleep hygiene, internet addiction. Increased rate of Risky behavior–smoking, alcoholism, unprotected sex, teenage pregnancy, substance abuse.
Inadequate resources to address income disparities and poverty group in the society - increased nos. of new immigrants, ethnic minority and indigenous group, single parents, divorced families, cross border marriages etc.
Lack of a Child Health Policy to safeguard our children's right
Lack of an independent monitoring mechanism/institution to oversee the implementation and impact of policy in promoting children rights. - Certain child related policies and measures may involve more than one Govt. policy bureau and departments, difficult to coordinate and collect views for the children.
Poor coordination of the health delivery system (private, hospital authority and the Government Department of Health)
No well defined public health for child health at the tertiary institution
Inadequate social support for families with social/ domestic problems, or new immigrant families with young children (eg inadequate number of social workers to follow up individual cases in detail, inadequate support system for families with child care and domestic difficulties)
Inadequate funding and policies to provide adequate and healthy living environment for children in low income families
Inadequate manpower and facilities for optimal management and support in the community for children and families with chronic illnesses or children with special needs
Lots of high risk families giving rise to potential problems like child abuse, mental disorder, family violence, and stress, with little systematic approach to contain the problems
Although a structured and free education system is available, there is inadequate funding and manpower to take care of children identified with learning difficulties as well as children with special talents
No coherent strategy, especially can change abruptly with change of Government
Poor, fragmental and incomplete epidemiological data
Poor government, private and NGO interface and collaboration, manpower and resource disequilibrium
Lacks innovation and initiative
There is no long term planning in the healthcare system. All the policies are reactive to ad hoc problems
No proper health finance in the government to sustain the whole healthcare system
The overall healthcare services rely too much on the public system which is already overloaded
No real interfacing between public and private healthcare systems. No control has been taken over the private sectors
No long term child health policy for children
Government effort sporadic and ad hoc


Opportunities
International status of Hong Kong
Needs arise from China
A good chance for intersectoral and transdisciplinary coordination and collaboration to work towards the best interest of children
Globalization and rapid economic development of Mainland of China
The new government in position
Global Trend - Existing Child Health Policy in other countries like US, UK, China and Canada for benchmarking with HK or for taking reference
Employers becoming more family-friendly
Public education is still not adequate. Many families need help in terms of parenting and advice
Changes in government policy with regards to the housing problem in HK where the latest CE's Policy address focuses mainly on increasing the housing supply for families in need
Increased awareness and willingness to participate in social or education programmes for Child Health by NGO's and Voluntary work organizations
Changes in the social system brought about by the influx of children born from mainland parents into HK, which will impact on the social, education and medical system in the future
Increasing awareness of the public and government with regards to the importance of child health (and need for a Child Health policy) in HK. If a Child Health Policy, complete with analysis of the current situation and recommendations for the future can be compiled, this may lead to more funding and manpower from the government to implement some of the policies suggested
The medical tourism could be one of the opportunities for future development of the medical services in Hong Kong especially for those patients coming from Mainland or other Asian countries.
Both public and private sectors should be monitored and controlled using the same regulatory mechanism to facilitate the public-private interfacing and collaboration
The long term Health Policy / Child Health Policy would be the best tool to guide the future development especially in terms of planning of new services, allocation of manpower and financial resources as well as specialty training
The good international connections in Hong Kong will facilitate the future development in the healthcare advances
A well defined child health policy for People's Republic of China as our reference
Non-engaged delivery for babies in Hong Kong
Government listening to public opinion
We have rich treasury with lots of annual surplus
Establish a Children's commissioner
Enhance public and private collaboration
Improve trans-disciplinary (medical, social, educational) co-operation
Expand training of community medicine and medical administrators


Threats
Change in family infrastructure
Enormous expansion in parental expectations
Infiltration of politics
Poor work life balance and inadequate social support for parents to cope with family needs and exercise the parental roles
Less concern on the importance of family structure and social determinants which are directly related to child health
Insufficient resources were allocated to health care, reduce poverty and income disparities
Government takes little account on the importance of setting up an independent Child Health Policy in Hong Kong and assuming existing structure can well serve the purposes
Inadequate care of child with special needs (developmental need and the under-privileged)
Overloading of our education system by the non-engaged deliveries
Poor coordination of the various components of the child health providers
Inconsistent attitude of our government towards child health
The increased in child poverty may jeopardize the health of our next generation
The overall shortage of healthcare workers and the imbalanced manpower resources between public and private sectors would be a potential threat to the implementation of future child health policy
Increasing inequality in education opportunities due to the advent and popularity of direct subsidy schools
Addiction problems, including drugs and pathetic gambling
Easy sex attitudes giving rise to teenage pregnancies and VD
Government funding and provisions for development of Child Health may not be adequate as there are many other urgent and pressing problems that needs to be addressed as well (eg the increasing elderly population with needs for government input etc…)
Unequal distribution of wealth with already a large number of children living under the poverty line. Further changes in the economy leading to aggravation of the problem may impact on how resources can be planned and developed in the Child Health Policy proposal
Changes in the economy on HK may lead to decreased training and job opportunities for adolescents after they complete their basic school education
With limited resources, environmental factors impacting on Child Health cannot be improved easily, and implementing policy changes may be difficult
The children born by mainland couples in recent years may increase the demand of the local medical services which have not been considered in the government's health planning
The influx of children from mainland who are under different healthcare practice and immunization schedule may change the disease pattern and impose further challenges to existing healthcare system


Reduction of poverty, social and health inequality and employment
Poverty alleviation:–
☒ Provide a safety net and different support services to cater for the basic needs of the poor and improve their livelihood.
☒ Strengthen training and retraining to facilitate those who have the ability to work to join the labor market to achieve self-reliance and alleviate poverty e.g. Child Development Fund,
☒ CSSA adjusted with the Social Security Assistance Index of Price
☒ Special Training and Enhancement Program
☒ Education plays an important role to play to prevent inter-generational poverty.
Idea
Government' whole-hearted commitment for child health in the areas of medical, social; and education sectors
Equity meaning that every child irrespective of the race, personal characteristics, social and financial background should be able to receive the same standard and quality of healthcare services
Big Idea
Families with overworked and stressed out parents, particularly involving cross border marriages
Establishment of a Children's Commissioner
Community Child Health: Provision and improvement of care (primary care and health education for all children, and multi-disciplinary, multi-aspect supportive care for children in need) in the community

Appendix 2

Drafting Group Briefing Slides

Child Health in Hong Kong

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Agenda

- Introduction
- Why do we need a Child Health Policy?
- Life Course Theory as a Framework for Policy Change
- Objectives and Definitions
- Setting the Agenda for Change
- Drafting Groups & Methodology
- Drafting Group Deliverables
- Unified Output Format
- Discussion

1. Introduction

Strategic Planning Framework

Objective

Provide rationale for increased policy attention and investment

Methodology

Sectorial data collection, analysis and recommendations

Environments	Systems	Life Course Stages
• Medical • Social • Educational	• Legislative • Economic	• Preconception • Pregnancy & Childbirth • Infancy • Childhood • Adolescence • Transition

2. Why do we need a Child Health Policy?

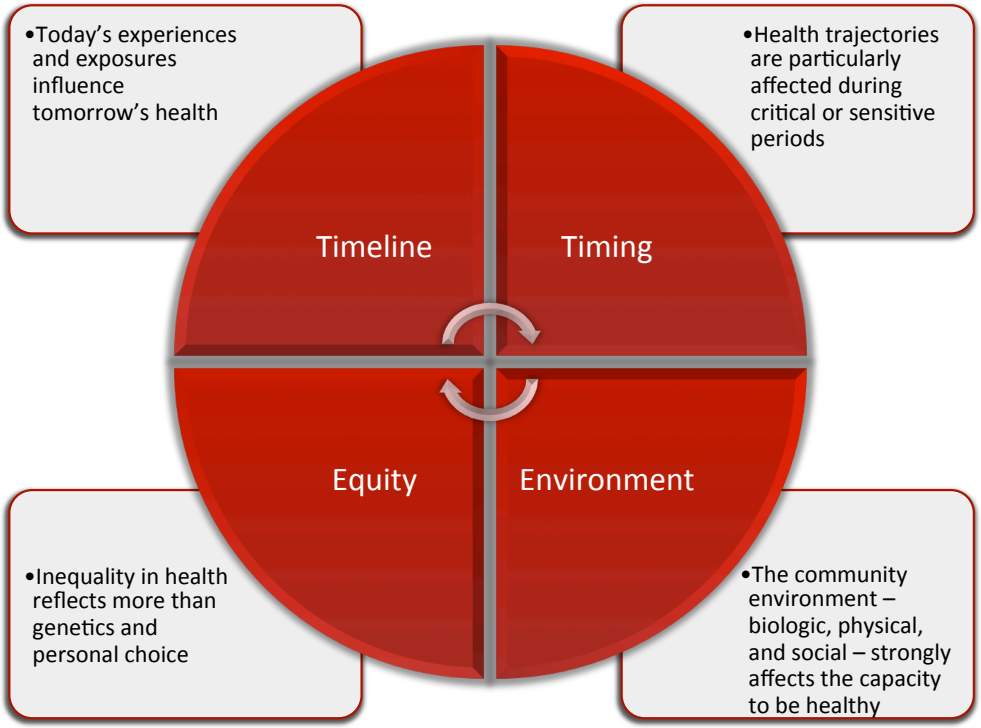
New Morbidities

- Exposure to biological, environmental, developmental and behavioral vulnerability and risk
- Development trajectories more difficult to modify as age increases

Implications for Public Health Policy

- Early detection + early intervention
- Promotion of resilience/protective factors; reduction of vulnerability/risk factors; at child, family and community levels
- Creation of integrated lifelong 'pipelines' for healthy development

3. Life course framework for policy change

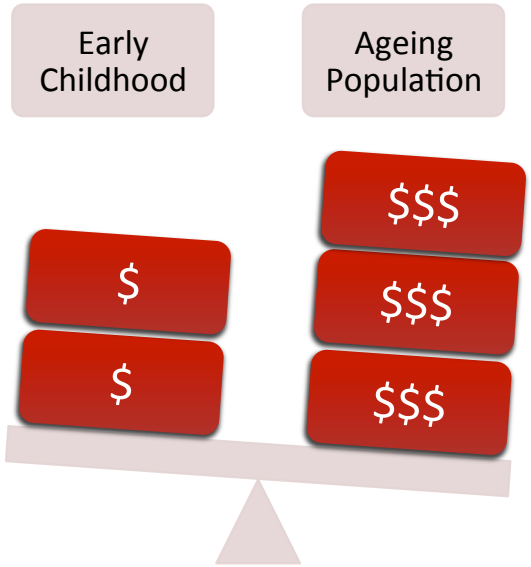


3.1 Life Course Environments

3.2 Life Course Economics

Policies that support this stance make sound economic sense and provide the rationale for increased policy attention and investment

3.2 Life Course Economics



Equal weighting at both ends of the dependency ratio need to be incorporated into the economic debate

4.1 Policy Objectives

- To optimize provision of care (primary care and health education *for all children*, and multidisciplinary, multi-sector supportive care *for children in need*) in the community

- To eliminate equity disparities and ensure that every child – irrespective of life stage, race, personal characteristics, social and financial background – is able to receive the same standard, quality and outcome of healthcare

4.2 Policy Context

- A ‘healthy’ city or community
  - ‘…one that is continually creating and improving those physical and social environments and expanding those community resources that enable people to mutually support each other in performing all the functions of life and in development to their maximum potential.’

4.3 Child Health Definition

- Children's health is the extent to which individual children or groups of children are able or enabled to:
  - develop and realize their potential;
  - satisfy their needs; and
  - develop the capacities that allow them to interact successfully with their biological, physical and social environments.

4.4 Definitions

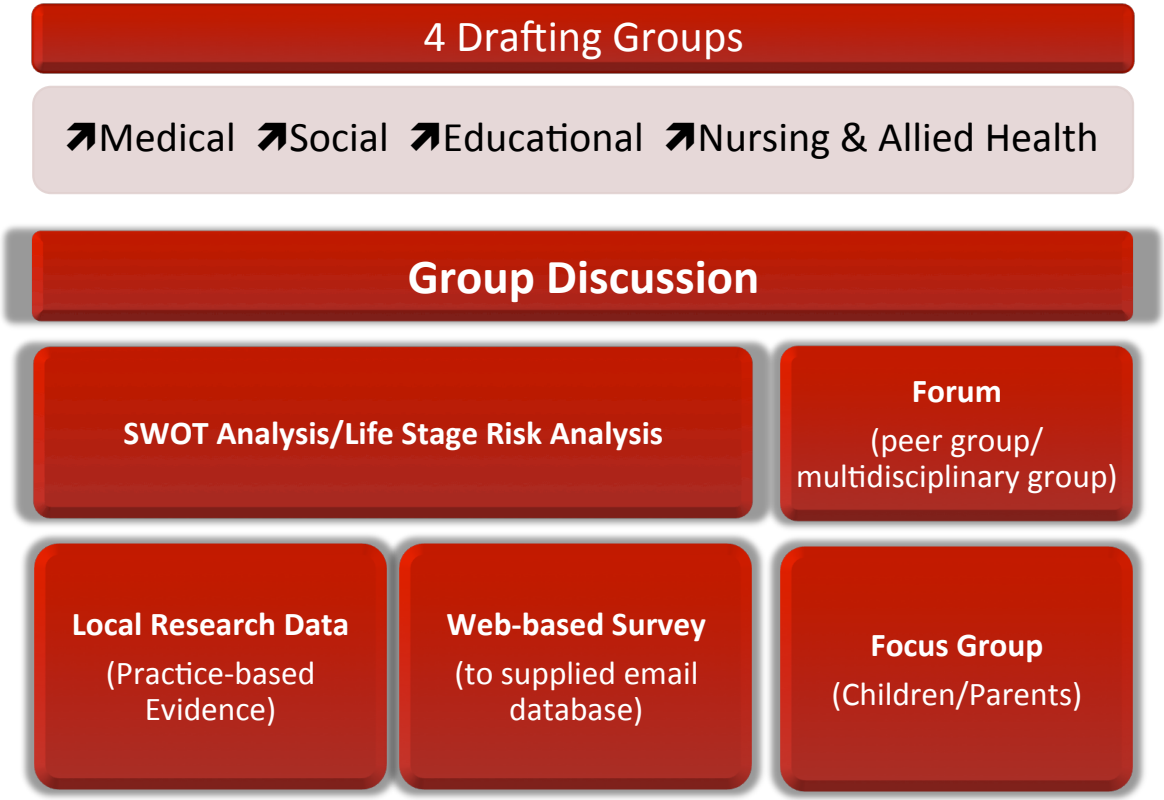
- **Child**
  - a person aged from birth to 18 years

- **Child Life Course Stages**
  - Preconception
  - Pregnancy & Childbirth
  - Infancy
  - Childhood
  - Adolescence
  - Transition to Adulthood

5. Setting the Agenda for Change

- Strategic Themes
  - The importance of strategic communications
  - Integration of polices between government departments and levels of government
  - Improved coordination and integration of services
  - Research and evaluation
  - Recognizing the important role of professional education in child health
  - Parental leave and family-friendly workplaces

Drafting Groups & Methodology

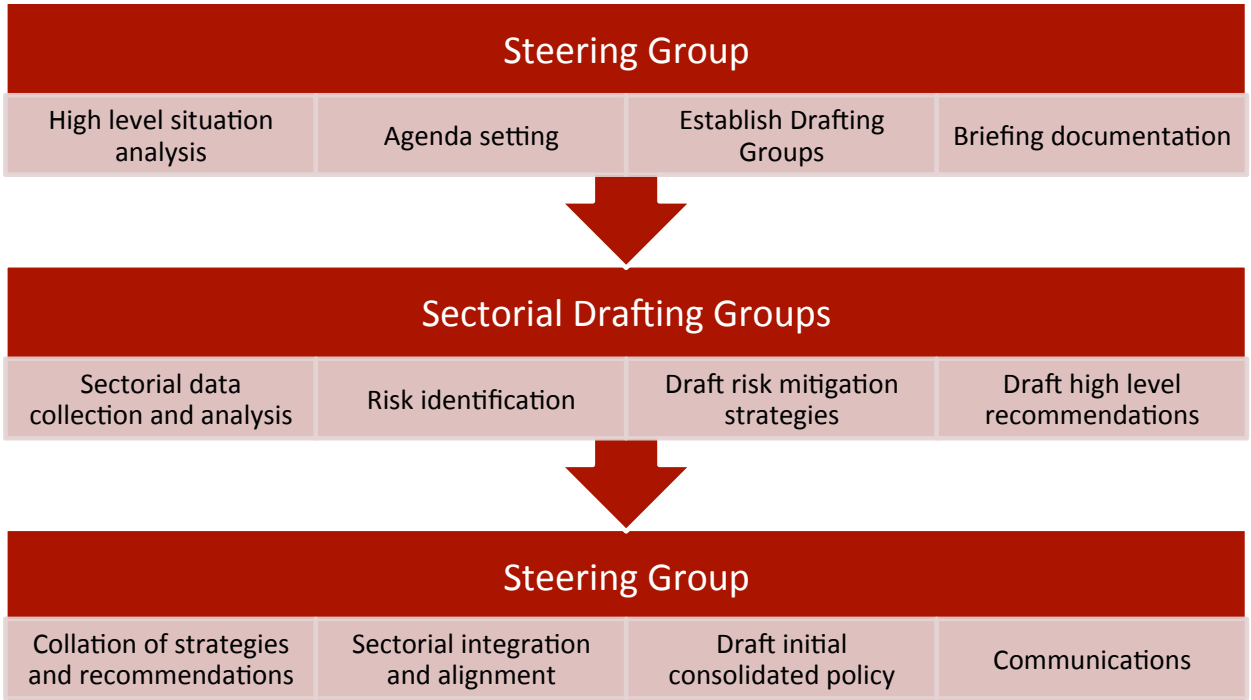


Drafting Group Deliverables

1. Drafting Group Redefinitions	
1.1	Policy Objectives (4.1) – *from the sectorial perspective*
1.2	Policy Context (4.2) – *the group vision of a 'healthy Hong Kong'*
1.3	Child Health Definition (4.3) – *describing the policy areas we seek to influence and guiding vision and implementation of policy*

2. Life Stage Analysis & Recommendations	
2.1	The most significant risk or vulnerability factors (in the Hong Kong context) for each life stage, un-addressed or inadequately addressed by current child health services, with a brief description of current service configuration (if any)
2.2	Protective/resilience factors to mitigate those risks (using existing resources, new configurations of existing resources, or new resources that do not yet exist)
2.3	High level recommendations for each Life Course Stage (3-4 per stage), including a definition of 'what success will look like' (e.g. indicators) for each recommendation
2.4	Service delivery stakeholders impacted by the recommendations

Unified Output Format



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