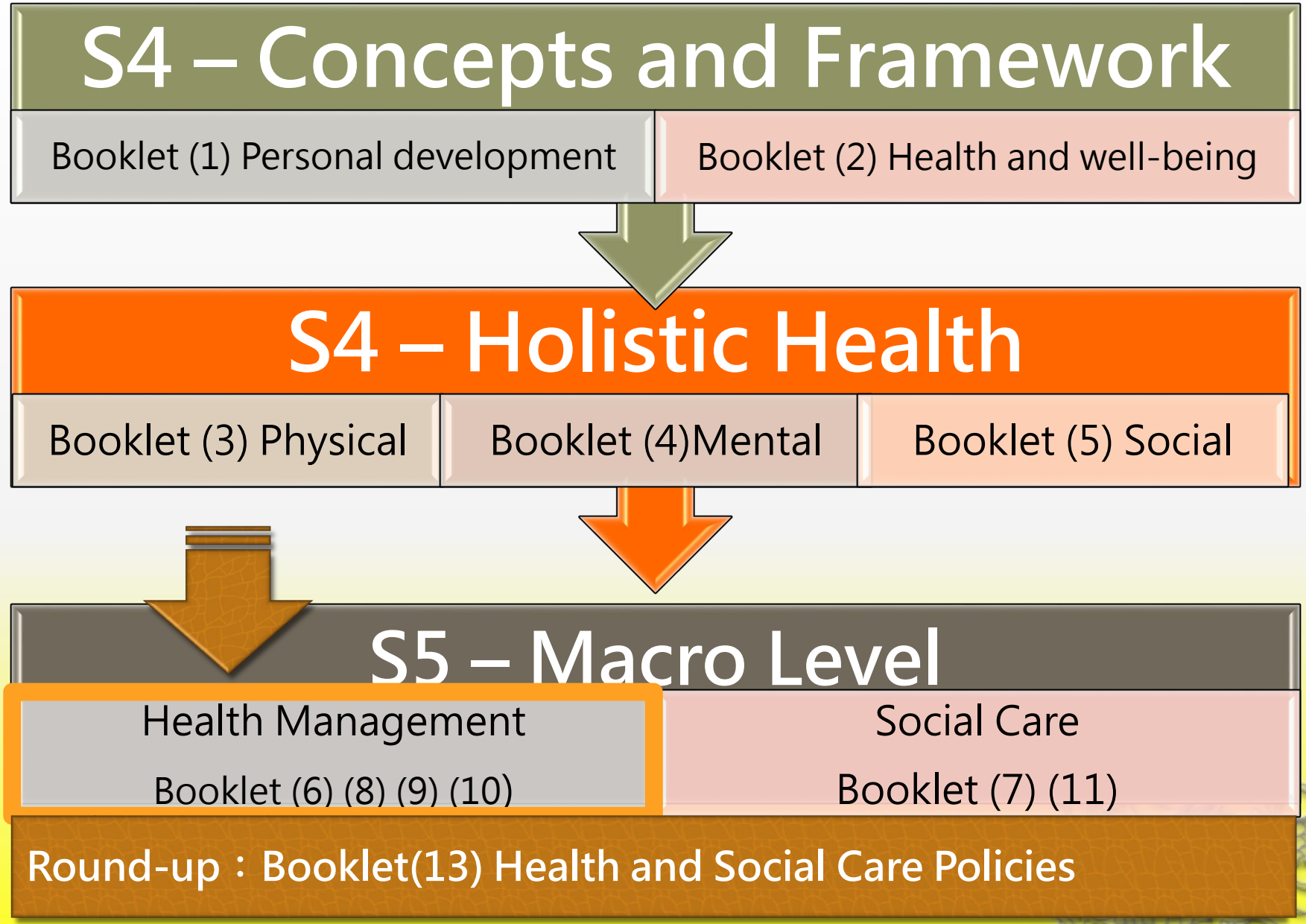
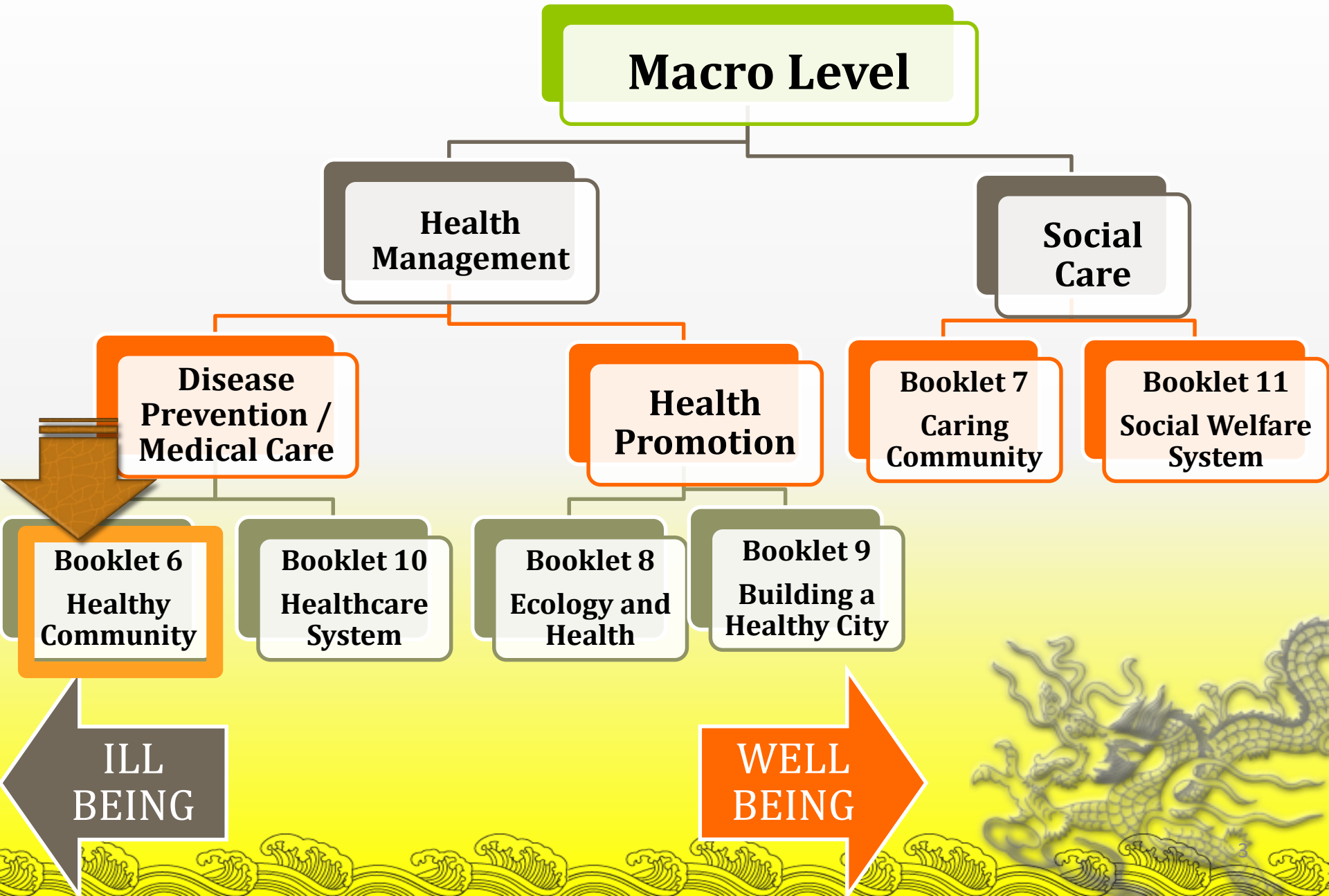
Community Health

Healthy Community


S4 – Concepts and Framework
Booklet (1) Personal development
Booklet (2) Health and well-being
S4 – Holistic Health
Booklet (3) Physical
Booklet (4)Mental
Booklet (5) Social
S5 – Macro Level
Health Management
Booklet (6) (8) (9) (10)
Social Care
Booklet (7) (11)
Round-up：Booklet(13) Health and Social Care Policies


Macro Level
Health Management
Social Care
Disease Prevention / Medical Care
Health Promotion
Booklet 7
Caring Community
Booklet 11
Social Welfare System
Booklet 6
Healthy Community
Booklet 10
Healthcare System
Booklet 8
Ecology and Health
Booklet 9
Building a Healthy City
ILL BEING
WELL BEING

Learning Targets

Values and attitudes	• Demonstrate a commitment to the promotion of personal health and a healthy lifestyle • Encourage and support others in making health decisions for healthier lifestyles
Skills	• Carry out health practices that contributes to personal and public health
Knowledge 6.1 / 6.3	• Understand the impact of globalization on health and well-being

Knowledge 6.2 / 6.3	• Identify factors leading to the increases in vulnerability and exposure to diseases
Knowledge 6.4	• Analyse the relationships between lifestyle changes and common illnesses • Understand how personal practices and attitudes contribute to disease prevention
Knowledge 6.5	• Understand the protective factors and risk factors to health and well-being • Understand the roles of individual, community and government in health maintenance and ill-health prevention • Differentiate among primary, secondary and tertiary disease prevention • Understand how personal practices and attitudes contribute to disease prevention
Knowledge 6.6	• Understand the linkages between personal health practices and public health • Evaluate the roles of government in maintenance and promotion of public health

Disease prevention

How can we build a healthy community?

Strategies in Disease Prevention

Centre for Health and Protection

Why do we need to develop a healthy lifestyle?

- Primary Prevention
- Secondary Prevention
- Tertiary Prevention

How do diseases affect the health of an individual and a community?

- **Communicable Diseases**
- **Non-Communicable Diseases**

6.1 Trends of Diseases and Illnesses

- **Topic 2 - Health and Social Care in the Local and the Global Contexts**
- ***2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes***
  - 2C1 Lifestyle changes and illness
    - Common illnesses in the local context
  - 2C2 Globalization
    - Globalization and afflictions - Mobility and the spreading of communicable diseases
  - *•To understand the impact of globalization on health and well-being*

6.1A Globalization and Afflictions

High Human Mobility → International Trades and Travels → International Spread of Diseases

Examples of International Spread		
HIV/AIDS	Ebola Virus	Human flu (H3N2)/Avian Influzena (H5N1)

6.1B Disease Burdens

INFECTIOUS DISEASES

INFECTIOUS DISEASES

World-wide

Non-communicable Diseases

Non-communicable diseases are fast replacing the traditional infectious diseases (such as typhoid, tuberculosis etc.) as the leading cause of disability and premature death

Mental Disorders

Increased no. of people suffering from depression and schizophrenia

Injuries

caused by accidents, violence and self inflicted incidents such as suicides and impact on functional and psychosocial disability

Local

Four Major Leading Causes of Death：

1. Malignant neoplasms (Cancer)
2. Pneumonia
3. Diseases of heart
4. Cerebrovascular diseases (Stroke)

6.2 Communicable Diseases

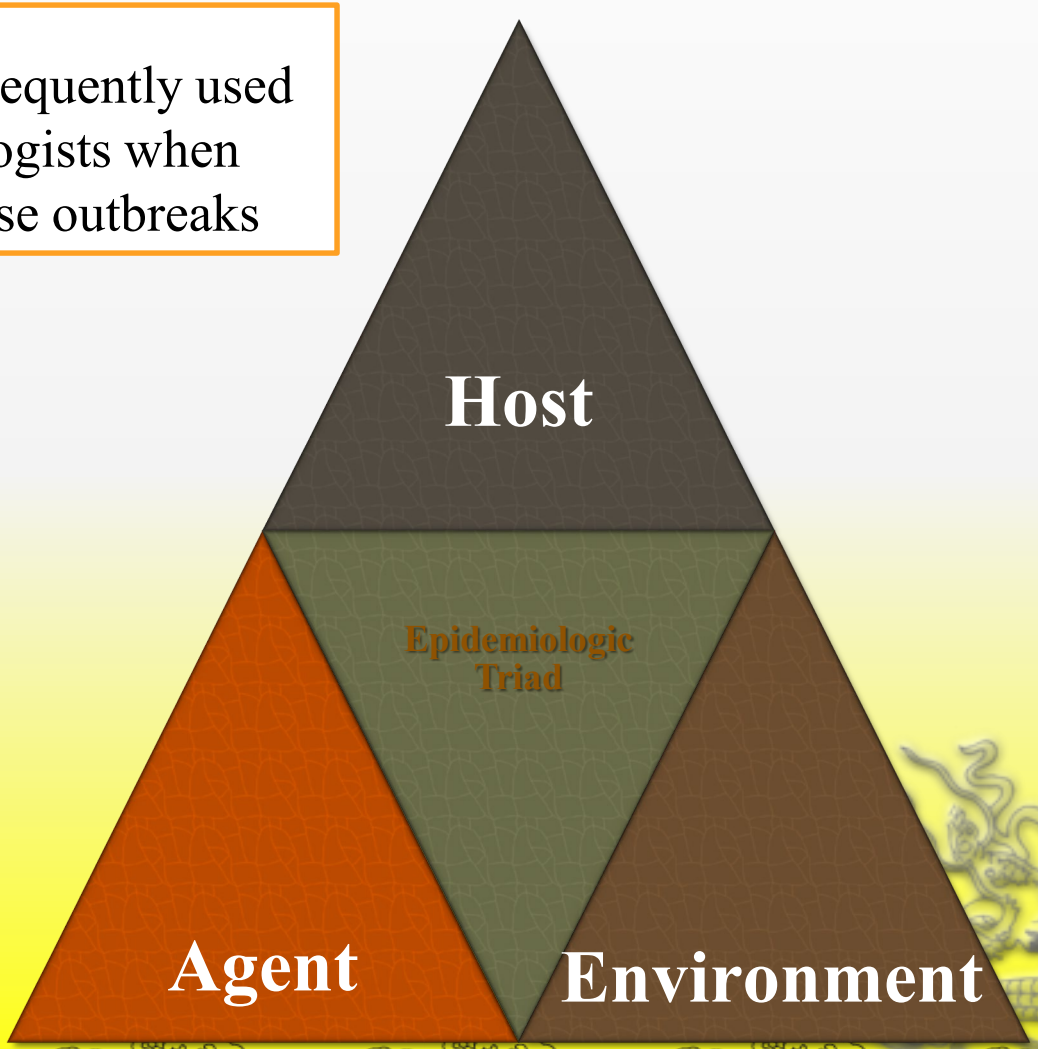
- **Topic 2 - Health and Social Care in the Local and the Global Contexts**
- ***2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes***
  - 2C1 Lifestyle changes and illness
    - Communicable diseases
    - Lifestyle changes and communicable diseases
  - To identify factors leading to the increases in vulnerability and exposure
  - To analyse the relationships between lifestyle changes and common illnesses

What are infectious diseases?

- Pathogens include bacteria, viruses, parasites or fungi
- caused by the invasion of pathogens. Pathogens may release toxins and damage normal body cells and their functions. It may result in death in severe cases
- can spread, directly or indirectly, from one person to another
- Zoonotic diseases are infectious diseases of animals that can cause disease when transmitted to humans

Epidemiologic Triad of Infectious Diseases

A framework frequently used by epidemiologists when studying disease outbreaks



Agent (Pathogen)

- Pathogens include bacteria, viruses, parasites or fungi
- Generally, a pathogen must be present for disease to occur; however, presence of that pathogen alone is not always sufficient to cause disease
- A variety of factors influence whether exposure to the pathogen will result in disease, including the pathogenicity and dose of the pathogen

Agent (Pathogen)

Viruses

- Many have a spiny outside layer, called the envelope. Viruses have a core of genetic material, but no way to reproduce it on their own. Viruses infect cells and take over their reproductive machinery to reproduce
- Example: influenza viruses, human immunodeficiency virus (HIV)

Bacteria

- They are single-celled organisms that can reproduce themselves. Most of them are larger than viruses but still much too small to be seen with the naked eye
- Examples: Staphylococcus

Fungi

- They can be made up of many cells. They cannot produce their own food. Instead, they live off animals / plants. They can grow in or on the body, causing infections of internal organs or of the skin, hair, and nails
- Examples: Candida

Parasites

- They are bigger than viruses and bacteria in size. They must live on or inside a human or other organisms to survive
- Examples: intestinal parasites include roundworms, pinworms, hookworms, tapeworms and liver flukes

Agent (Pathogen)

Pathogenicity

- the ability of a pathogen to cause disease after infection, measured as the proportion of hosts infected by the pathogen who then experience clinical disease
- examples of highly pathogenic diseases are Ebola

Virulence

- the ability of a pathogen to cause severe disease, measured as the proportion of hosts with the disease who become severely ill or die
- severe symptoms, such as dengue hemorrhagic fever; serious complications, such as life-long physical disability caused by poliomyelitis

Infectivity

- the ability of a pathogen to cause infection, measured as the proportion of hosts exposed to the pathogen who become infected
- examples of acute disease with high infectious potential is measles

Host

Who is the host?

- **humans or animals** exposed to a pathogen and harbor a disease

Infection≠Illness

- Infection only refers to the invasion of the body tissues of a host by a pathogen. A host infected by a pathogen may not always exhibit clinical symptoms. It also depends on the immunity of the host. Some people are more prone to disease after infection. For instance, young children and patients with chronic diseases are more susceptible to complications after infection due to insufficient body immunity. Adults infected with the virus varicella (chickenpox) are more likely than children to develop serious complications. Other factors include the dose of pathogens as well as the sex, socioeconomic status, behavioural risk factors and susceptibility to infection of the hosts

Environment

- The environment is the favourable conditions external to the host that cause or allow the pathogen to be transmitted.
- General sanitation, temperature, air pollution and water quality are the factors that influence all stages of in the chain of infection. Socioeconomic factors include overcrowding living environment and poverty etc..
- For example, *E. Coli* thrive in warm temperatures but are killed by high heat. Flu is seasonal and it usually occurs in the winter.

Activity (2)

- The epidemiologic triad helps the experts understand how to prevent and control disease outbreaks. The spread of the disease is controlled by breaking any one side of the Triangle to disrupt the connection between the environment, the host, and the agent
- Search for the information about the Coronavirus disease 2019 in the following websites and organise the information with the epidemiologic triangle:
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COVID-19	
Agent	
Host	
Environment	

Understanding the transmission process: chain of infection

Infectious diseases occur as a result of the interaction between:

- The infectious agent
- **The transmission process**
- The host
- The environment

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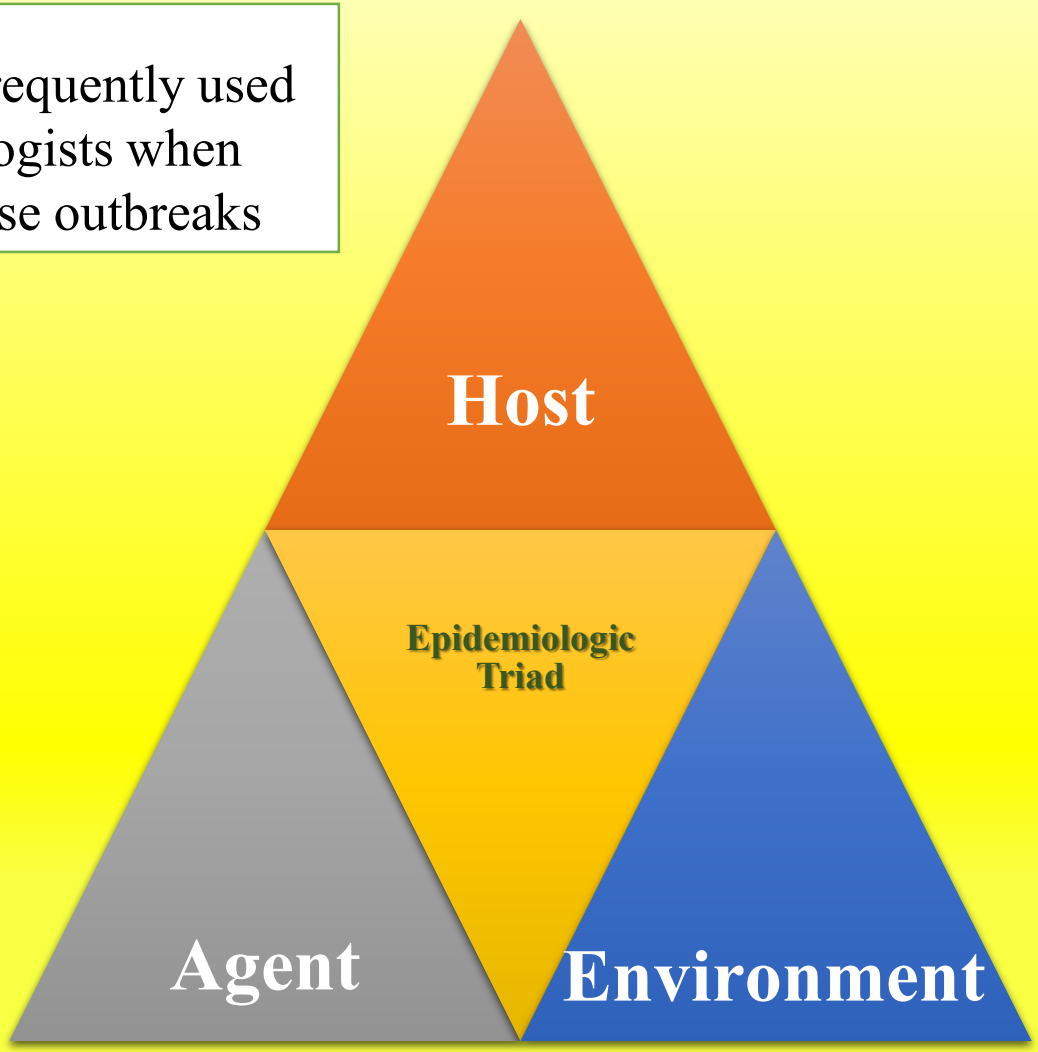

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COVID-19	
Agent	
Host	
Environment	

Understanding the transmission process: chain of infection

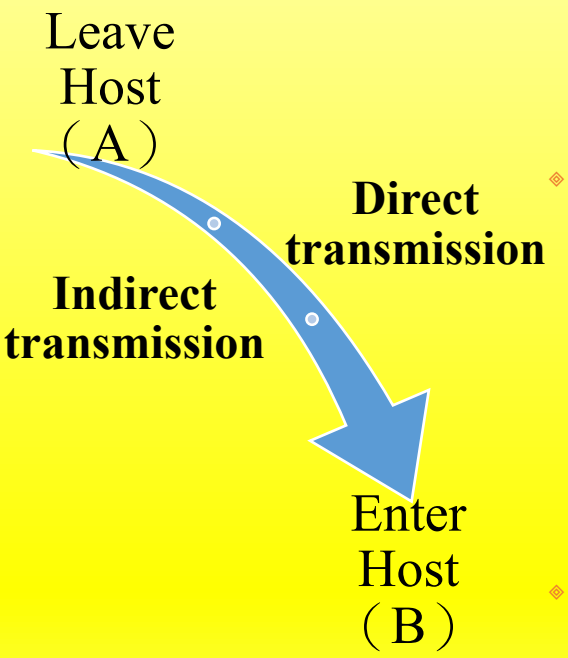
Infectious diseases occur as a result of the interaction between:

- The infectious agent
- **The transmission process**
- The host
- The environment

Chain of Infection

- A pathogen leaves its host - usually corresponds to the site where the pathogen is localized.
- For example,
  - Influenza viruses and Mycobacterium tuberculosis exit the respiratory tract
  - Schistosomes through urine
  - *Vibrio cholerae* in faeces
  - Bacteria or viruses causing conjunctivitis in conjunctival secretions

Modes of transmission



- A pathogen enters another host：must provide access to tissues in which the pathogen can multiply or a toxin can act
  - Often use the same portal to enter a new host that they used to exit the source host. For example, influenza virus exits the respiratory tract of the source host and enters the respiratory tract of the new host
  - In contrast, many pathogens that cause gastroenteritis follow a so-called “faecal-oral” route. They exit the source host in faeces, are carried on inadequately washed hands to a vehicle such as food, water, or utensils, and enter a new host through the mouth.
  - The victim is infected (e.g. with HIV) via the wound on the skin / injection / sexual intercourse

Examples of modes of transmission

- Contact
- Droplet
- Air-borne
- Food-borne / Water-borne
- Vector-borne
- Blood / Body fluid
- Congenital infection

Contact transmission

- Through direct body contact with the infected persons, e.g. playing together with direct skin contacts; or indirect through contact with objects contaminated by infective agents, e.g. sharing towels, combs and clothes

- Hand, foot and mouth disease □ Acute conjunctivitis □ Head lice □ Scabies

Droplet transmission

- Inhale or contact of droplets expelled from the sick during sneezing, coughing, spitting and speaking, or through subsequent touching of mucous membranes of the mouth, nose and the eyes, etc with hands contaminated with infective agents

- Influenza
- Common cold
- Severe acute respiratory syndrome (SARS)
- Scarlet fever

Airborne transmission

- The infective agents float in the air for some time and enter the body through the respiratory tract

- Measles
- Pulmonary tuberculosis

Food-borne / water-borne transmission

- Through ingestion of contaminated food or water, or use of contaminated eating utensils

- Viral gastroenteritis
- Food poisoning
- Cholera
- Bacillary dysentery
- Hepatitis A
- Hepatitis E

Vector-borne transmission

- Through vectors, usually insects. The infective agents parasitise and breed in the bodies of the insects.

- Mosquito-borne
  - Dengue fever
  - Malaria
  - Japanese encephalitis

Blood / Body fluid

- Through blood transfusion, tattooing, ear piercing or sexual intercourse

- Hepatitis B
- Acquired immunodeficiency syndrome (AIDS)

6.4B Sexually transmitted diseases

Virulence

- Serious as they affect the genital organ and cause pain and sterility. They can spread to other organs and cause complications or death.

Example

- Syphilis, Gonorrhoea, Non-Gonococcal Urethriti, Non-Specific Genital Infection, Genital Warts, Trichomoniasis, Pubic Lice and Herpes Simplex type II infection

Transmission

- through sexual intercourse including vaginal sex, oral sex and anal sex

6.2 Body Defence

controls the way in which the body resists attacks from foreign invaders

Immune System

Non-Specific defence

First line of defence
Barriers

- Sneeze / cough
- Saliva / stomach acid

Second line of defence
Inflammatory response

- white blood cells(**phagocyte**) fight the pathogens
- affected area becomes red, swollen, and warm

Specific defence • Immunity

Third line of defence
immune response

lymphocytes(T cells / B cells)

- identify pathogens by recognising their antigens
- produce an antibody that can only bind to one kind of antigen to attack and destroy it

6.2 How Immunity is built?

Antigens

- e.g. bacteria, pollen, or the toxins produced by bacteria

White blood cells (lymphocytes)

- identify the invader (antigen)

Antibodies

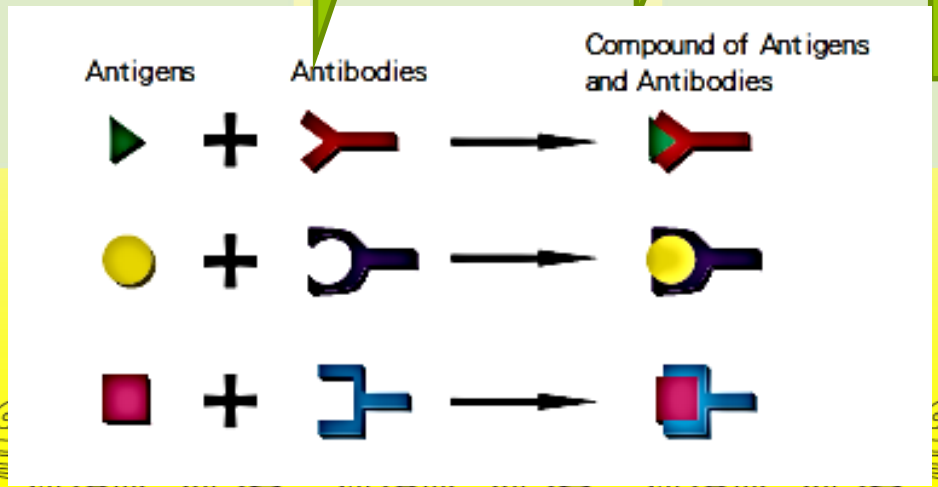
- emergence of an antigen can stimulate the immune system to produce antibodies

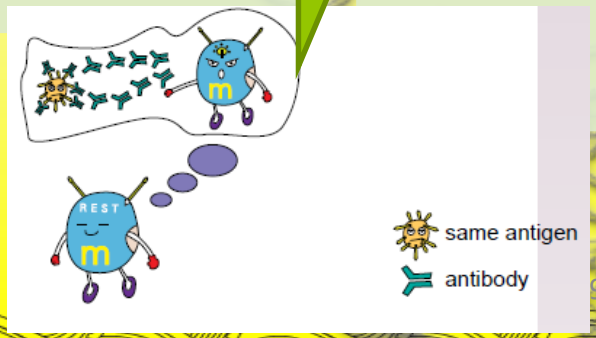
Compound

- antibodies encounter the antigen and combined to form a compound. The compound is then exterminated

Memory cells

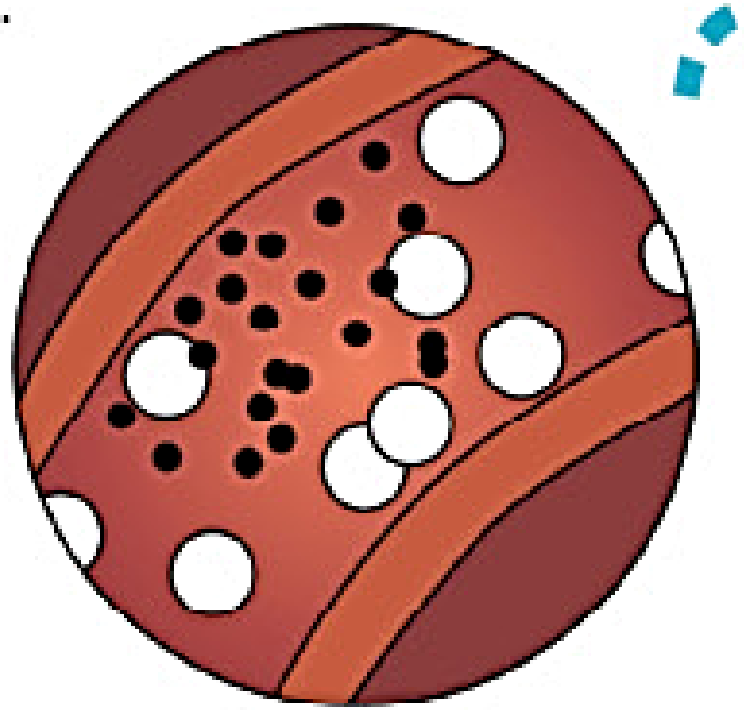
- some of the lymphocytes will become 'memory cells'. - encounter the same antigen later, able to produce the antibodies in a short period of time





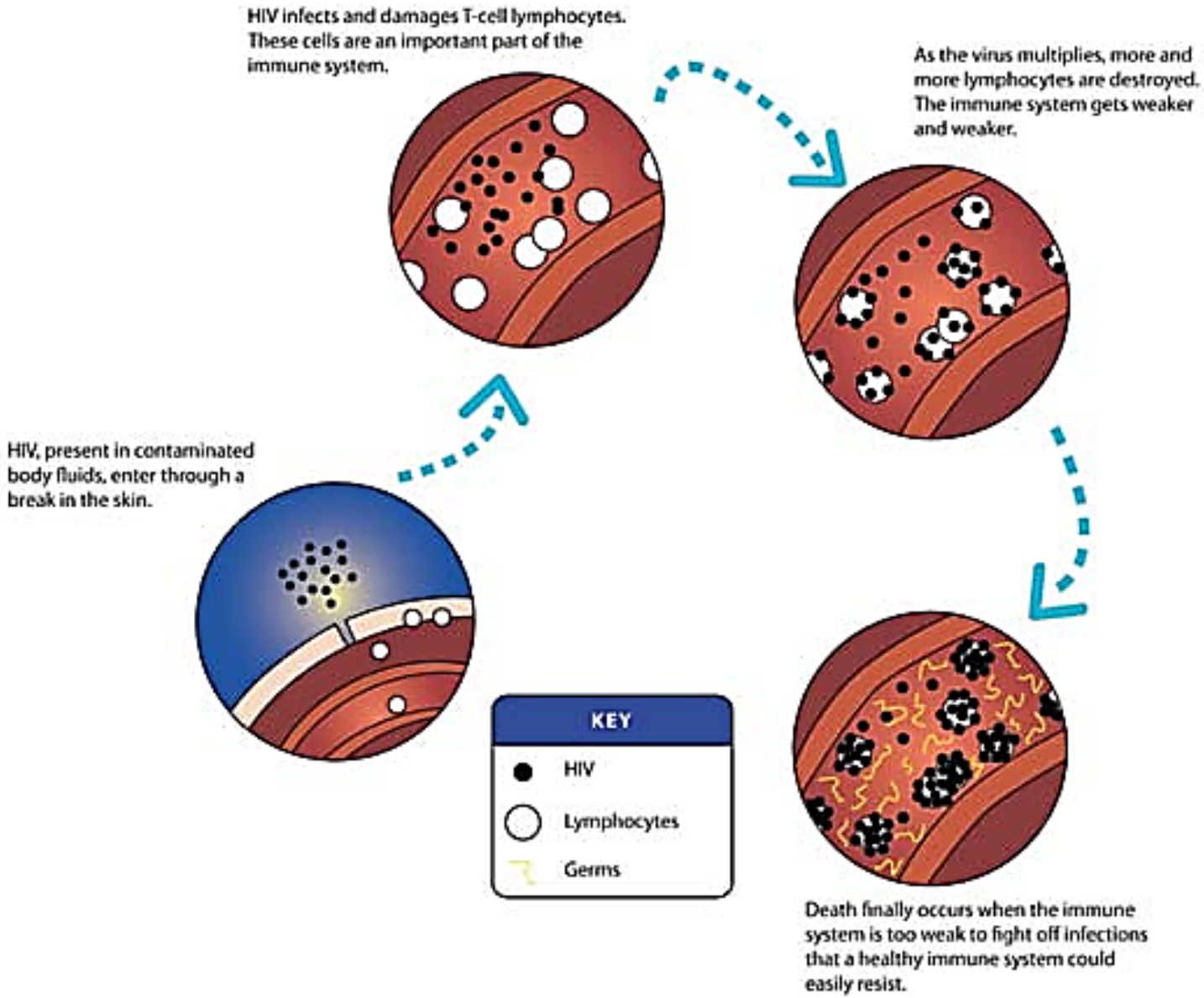
Human Immunodeficiency Virus(HIV)

HIV infects and damages T-cell lymphocytes. These cells are an important part of the immune system.

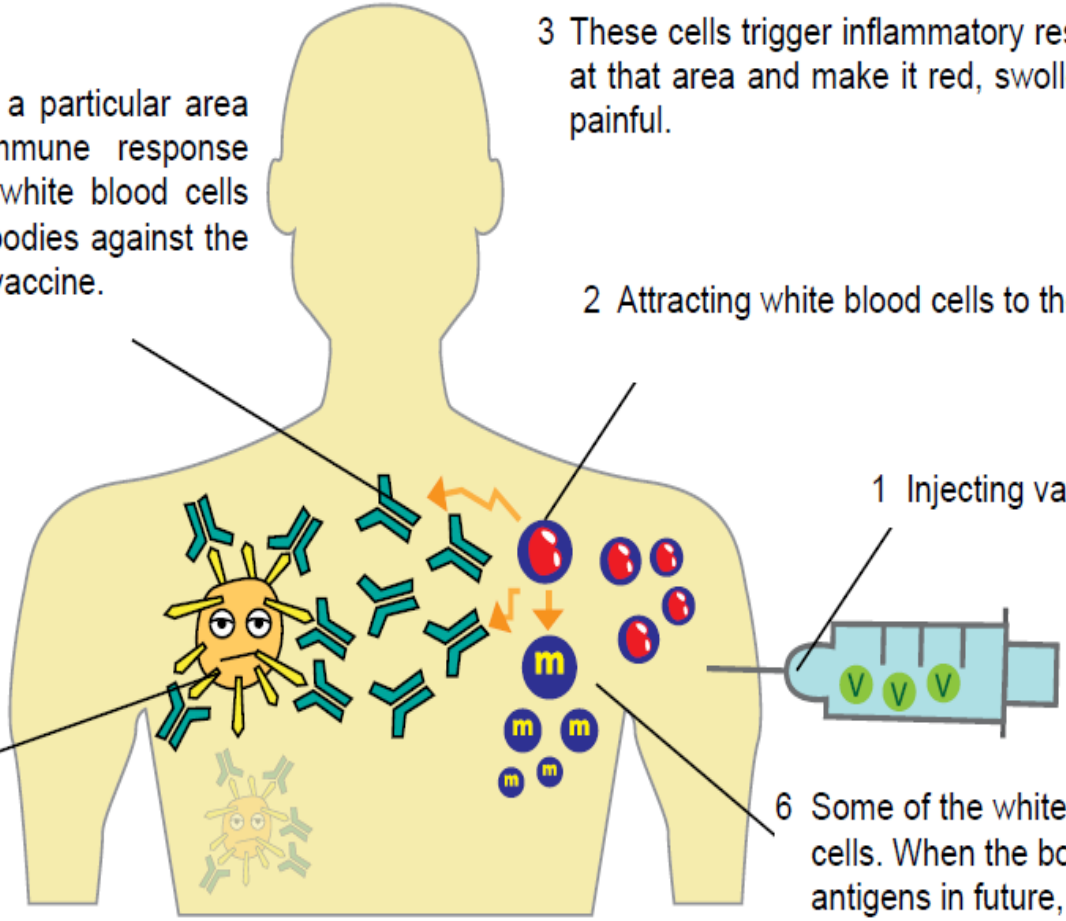


How HIV Attacks the Immune System

HIV Keeps the immune system from responding as it should.
Eventually the body is destroyed by one or more infections.

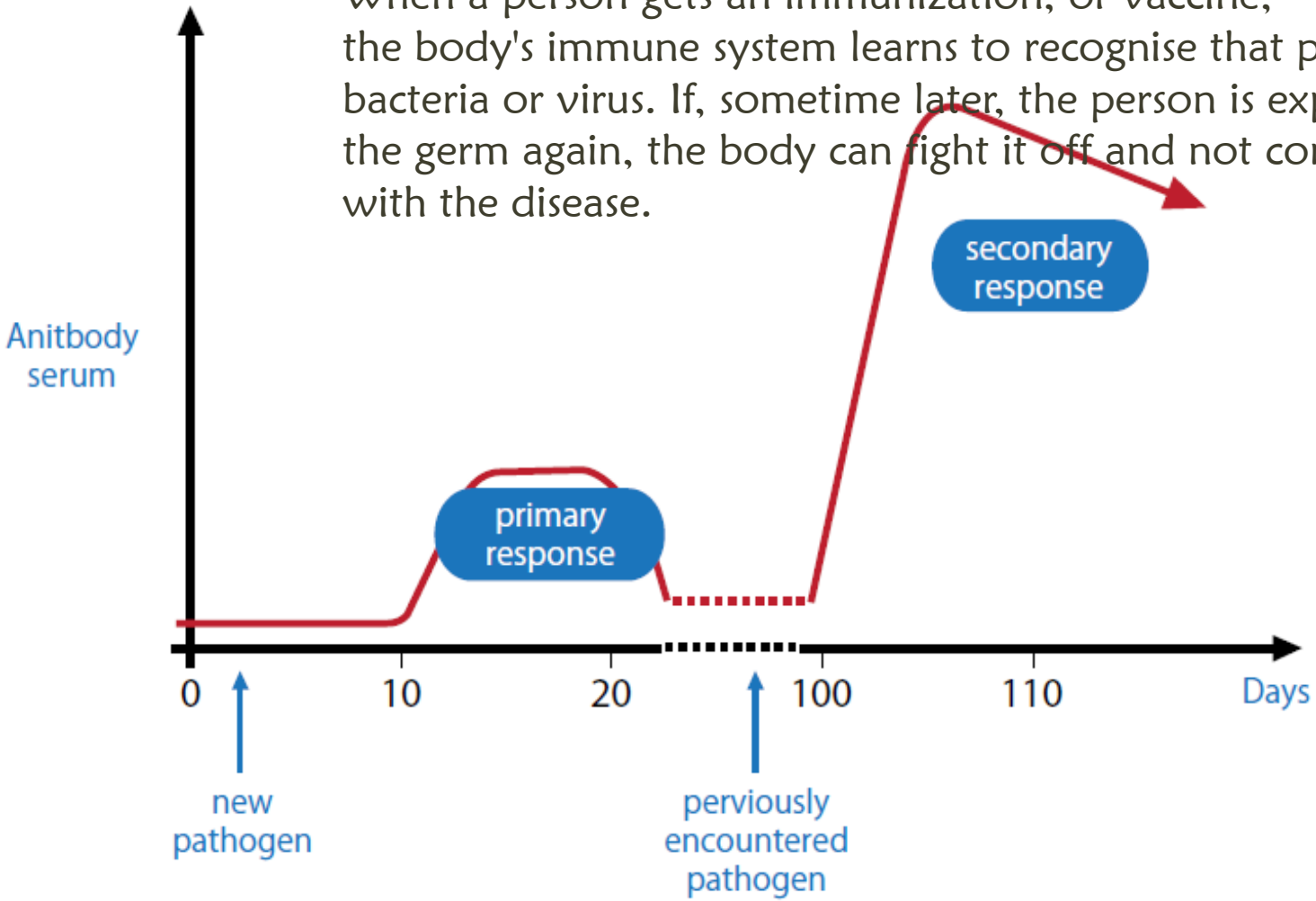


Vaccination



Primary and Secondary Responses

When a person gets an immunization, or vaccine, the body's immune system learns to recognise that particular bacteria or virus. If, sometime later, the person is exposed to the germ again, the body can fight it off and not come down with the disease.



Primary response: the first time invaded by a certain pathogen which stimulates the body to produce antibodies.

Secondary response: the invasion of the same type of pathogen which stimulates lymphocytes to produce much larger amount of antibodies and much more quickly.

6.4 Lifestyle changes and communicable diseases

	Lifestyle	Change	Example
Pathogen	Globalization	Cross-boarder transmission due to increased international trades and travels. (6.1A)	Influenza（H3N2）
Host	Attitudes towards sex and sexual behaviours (HIV / AIDS Patients)	Unsafe or unprotected sexual behaviour contributes to the problems of cross-border transmission of HIV / other sexually transmitted diseases (STDs)	HIV / AIDS
Environment and agents	High-risk sex behaviour	accept / engage in premarital sex/ have multiple sexual partners/ lack of knowledge about STDs	Syphilis, Gonorrhoea, Genital Warts, Trichomoniasis, Pubic Lice and Herpes Simplex type II infection
	Hygiene practice	Public awareness on the hygiene practices such as hand-washing and wearing masks • Less hand-washing practice and more cases of food poisoning	Food poisoning

6.3 Non- Communicable Diseases

- **Topic 2 - Health and Social Care in the Local and the Global Contexts**
- ***2C Recent increases in vulnerability and exposure due to lifestyle changes, globalization and family changes***
  - 2C1 Lifestyle changes and illness
    - Lifestyle changes and non-communicable diseases
  - To identify factors leading to the increases in vulnerability and exposure
  - To analyse the relationships between lifestyle changes and common illnesses

6.3 Non- Communicable Diseases

(Refer to Booklet 3 – body systems and indicators of physical health)

Chronic Diseases		Description
Cancer	lung cancer, colorectal cancer, liver cancer, stomach cancer and breast cancer etc.	linked to changes in the normal make-up of a cell, leading to the uncontrolled growth of abnormal cells.
Cerebro-vascular diseases	Stroke etc.	related to disease of the blood vessels supplying the brain. The arteries of the brain can be blocked by blood clots and deprive the brain cells of nutrients and oxygen. Alternatively, bursting of an artery of the brian causes a devastating cerebral haemorrhage with disruption of brain tissue
Heart diseases	coronary heart disease, hypertensive heart disease, chronic rheumatic heart disease and congenital heart disease etc.	when cholesterol layers deposit on the inner wall of coronary arteries and narrow the lumens of the arteries. The process reduces blood supply to cardiac muscle and causes exertional chest pain known as angina.
Diabetes mellitus	• Type I - little or no insulin is produced due to heredity or diseases • Type II - reduced insulin secretion and the body cells do not react to insulin due to risk factors such as obesity	characterised by a raised blood glucose level resulting from insulin deficiency, insulin resistance or both
Obesity		BMI from 23 to less than 25 is classified as overweight and BMI 25 or above is classified as obese.

6.4BLifestyle changes and non-communicable diseases

Lifestyle		non-communicable diseases
Sedentary lifestyles	less exercise and more physically inactive lifestyle results in the decline in energy expenditure and increase in the risk of obesity	colorectal cancer (colon / bowel cancer), breast cancer cerebrovascular diseases, obesity, heart diseases
Unhealthy dietary practice	low intake of fiber and high intake of red meat and processed meat lead to the accumulation of the bad cholesterol and fat in the blood vessels / Diets with high fat, high salt and high sugar but low fibre and low calcium increase the risk of various diseases	colorectal cancer cerebrovascular diseases, obesity, heart diseases
Cigarette smoking	nicotine is addictive and can be used in the psychotropic drugs. The chemicals produced in tobacco can quickly reach the brain through the blood vessels and the lungs	bladder cancer, lung cancer, cerebrovascular diseases, heart diseases
Alcohol consumption	excessive intake of alcohol will directly affect the body's tissue, leading to the damages of the liver, kidney and brain	liver cancer cerebrovascular diseases, heart diseases
Hazards in workplace	persisting exposure to the chemical and radiation substances in industries	bladder cancer, lung cancer, leukemia (cancer of the blood)
Stress	lead to the cerebrovascular changes , lower the immunity and hinder the production of the hormones that repair body and prevent cancers	heart diseases and cancers

6.5 Disease Prevention

- Topic 3 Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care
- ***3A The notion and practice of health promotion, health maintenance, ill-health prevention, social care, welfare and community services***
- 3A2 Health maintenance and ill-health prevention
  - Personal Role
    - Protective factors: exercise, recreation and rest, balanced diet, good hygiene practices, protective measures (e.g. helmets, seat-belts), universal precautions
    - Risk factors: drug abuse, inadequate exercise/rest, unhealthy dietary habits, non-hygienic practices , harmful/unsafe practices , a sedentary lifestyle
  - To understand the protective factors and risk factors to health and well-being
  - To understand the roles of individual in health maintenance and ill-health prevention

6.5 Disease Prevention – Three Levels

- Topic 4 - Promotion and Maintenance of Health and Social Care in the Community
- ***4A Disease prevention (primary, secondary and tertiary) and using precautions in our daily living patterns and lifestyles***
  - 4A1 Primary, secondary and tertiary prevention
    - To differentiate among primary, secondary and tertiary disease prevention

6.5 Disease Prevention – Three Levels

primary

- Target : healthy population
- Aim : avoiding the development of a disease or injury
- Examples : public education and vaccinations

secondary

- Target : population at risk
- Aim : early detection of diseases, thereby increasing opportunities for intervention to prevent the progression of the disease
- Examples : health check-ups (e.g. blood pressure assessment) and disease screening, such as Pap smears

tertiary

- Target : the sick
- Aim : proper rehabilitation of patients with an established disease to minimize residual disabilities and complications
- Examples : rehabilitation services

6.5 Disease Prevention – Individual Level

- Topic 4 - Promotion and Maintenance of Health and Social Care in the Community
- ***4A Disease prevention (primary, secondary and tertiary) and using precautions in our daily living patterns and lifestyles***
  - 4A2 Personal hygiene practices and prevention of communicable diseases
  - 4A3 Regular exercise, leisure activities and healthy diet in preventing health problem e.g. heart attacks, strokes, obesity and hypertension
  - 4A4 Attitude towards sex and substance abuse for the prevention of sexually transmitted disease or addiction

  - *To understand how personal practices and attitudes contribute to disease prevention*
  - *To carry out health practices that contributes to personal and public health*
  - *To understand the linkages between personal health practices and public health*

6.5 Disease Prevention – Individual Level

Healthy Lifestyles

Personal hygiene practices	• hand hygiene -correct hand washing practice and proper use of alcohol-based hand rub • wearing mask-properly worn and disposed will be effective in preventing the spread of respiratory tract infections through droplets
Regular exercise	• improves cardio-pulmonary function and reduces the risk of developing many chronic diseases • maintain body weight and healthy bones, muscles and joints • decrease bone loss and prevent osteoporosis in menopausal women • promotes psychological well-being and reduces stress, depression as well as anxiety • refer to booklets：2.2A2/ 3.2A2/6.4C1-2
Recreation and rest	• restoration of the body, mind or spirit：（1）producing feelings of relaxation or excitement ;（2）enhancing self-reliance, mental health, and life-satisfaction • quality sleep at night enables the body to regain strength and energy. Lack of quality rest results in poor mental condition and may lead to some accidents.
Diet	• the intake of all essential nutrients should be within proper limits, e.g. avoid over intake of cholesterol and salt in diets / adequate intake of fruit and vegetables • refer to booklets：2.2A1 / 3.2A1/ 6.4C2 / 6.5B
Sexual relationship	• avoid casual sex • safe sex and condoms used properly during each sexual contact

6.6 Government Strategies in Disease Prevention

- Topic 3 Responding to the Needs in the Areas of Health (care, promotion and maintenance) and Social Care
- ***3A The notion and practice of health promotion, health maintenance, ill-health prevention, social care, welfare and community services***
- 3A2 Health maintenance and ill-health prevention
  - • Society Role
    - the role of government in health maintenance
    - the collection and application of data in health protection of the citizens
  - *To understand the roles of government in health maintenance and ill-health prevention*

6.6 Government Strategies in Disease Prevention

- Topic 4 - Promotion and Maintenance of Health and Social Care in the Community
- ***4A Disease prevention (primary, secondary and tertiary) and using precautions in our daily living patterns and lifestyles***
- 4A7 Government strategies：
  - Policy making
  - Diseases prevention and surveillance
  - Control of the disease spreading
  - Public health promotion
  - Resources management
  - *To evaluate the roles of government in maintenance and promotion of public health*

6.6 Government Strategies in Disease Prevention

Strategy	Example
Control of the disease spreading	During the outbreak of disease, to set up relevant infection control and management policies for hospitals, clinics, schools, kindergartens, old-age homes
Policy making	To plan and conduct consultation on strategic directions of the government to achieve the objectives of health care reform, e.g. to strengthen the preventive care
Public health promotion	To provide the necessary information, encouragement and infrastructure to enable people to control and improve their health
Diseases prevention and surveillance	To oversee the development of disease prevention, identify and assess the impact of social and environmental variables to health, as well as to protect health through legislation and regulation
Resources management	To provide services ranging from disease surveillance and prevention, health education and promotion, to immunization and health screening

6.6 Government Strategies in Disease Prevention – Communicable Diseases

Real time surveillance

- To collect data from clinics and hospital
- To analyse the data and provide timely dissemination in order to act promptly to prevent and control the spread of disease

Rapid intervention

- To provide prompt and effective investigation into outbreaks
- Appropriate control measures can be implemented at the earliest possible time

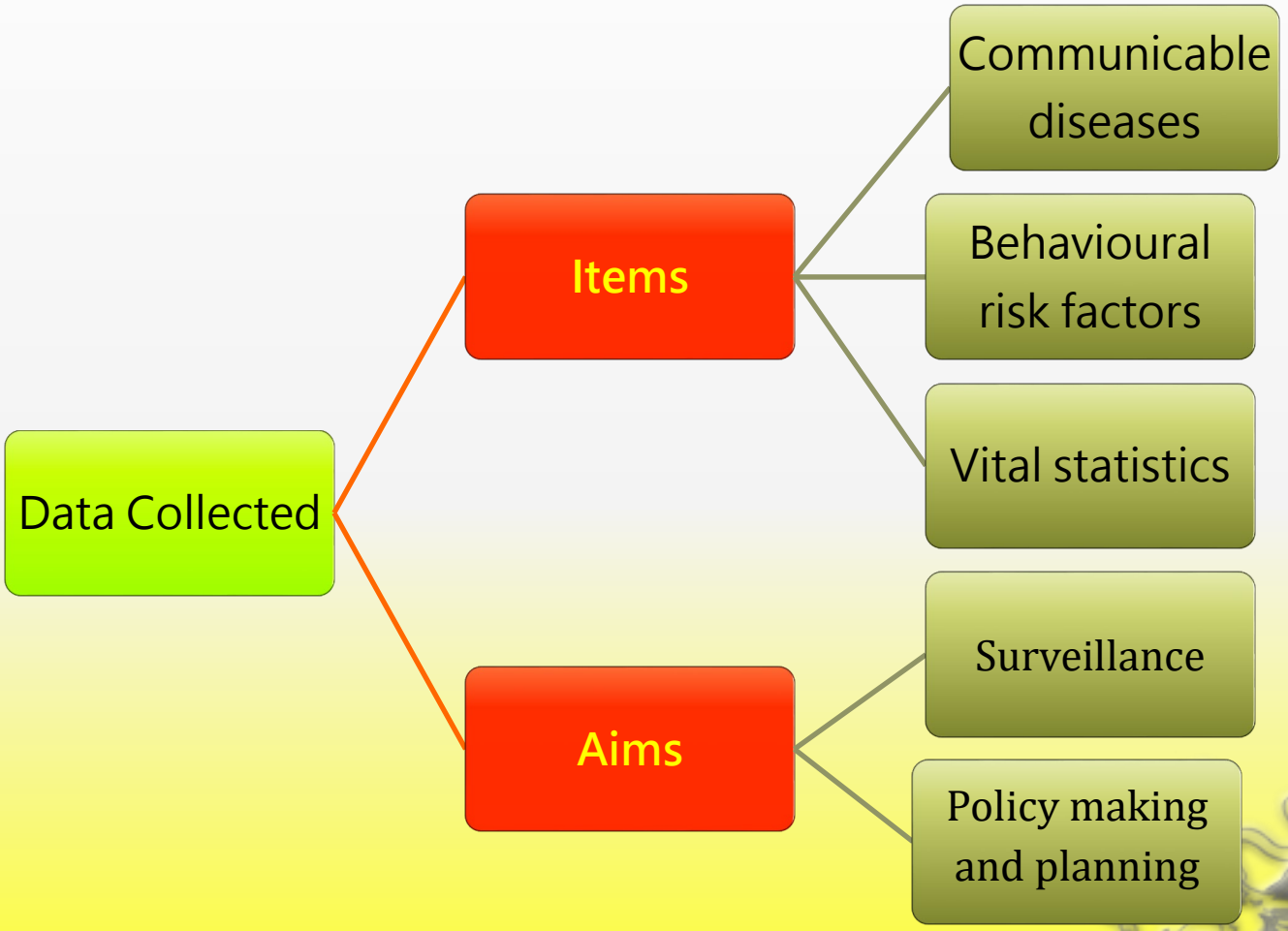
Responsive risk communication

- Issue of timely alerts and orderly dissemination of credible information on the risks of influenza
- Various sectors of the community can take precautionary measures as early as possible

6.6 Government Strategies in Disease Prevention – Non -communicable Diseases

Strategy	Example
Support and strengthen health promotion and NCD prevention initiatives or activities	• Fostering implementation of territory-wide health promotion programmes such as "healthy eating", "active living" and "tackling the issue of being overweight“ • Supporting health promoting schools, smoke-free public places, healthy workplaces and healthy cities
Generate an effective information base and system to guide actions across the disease pathway	• Improving surveillance of NCD and track changes in the risk profile and health determinants of the population
Strengthen partnership and foster engagement of all relevant stakeholders	• Involving and engaging all levels of the Government, local communities and the public to create an environment conducive to the promotion of healthy behaviours
Build the capacity and capability to combat NCD	• Developing health literacy in the general public with appropriate information and tools
Ensure a health sector that is responsive to the NCD challenges and improve the system of care	• Encouraging healthcare professionals to identify and address the risk factors of NCD, engaging early intervention through appropriate screening and counselling, and supporting patients for self-management
Strengthen and develop supportive health promoting legislation	• Tobacco control policy, and food labelling and safety

6.6 Government Strategies in Disease Prevention – Collection and Application of Data



Organisations for Disease Control