

二零一五年二月十二日
討論文件

家庭議會第 FC 2/2015 號文件

家庭議會

「愛+人」計劃

目的

由香港賽馬會慈善信託基金擬備有關「愛+人」計劃的投影片簡報資料載於附件。

徵詢意見

2. 請委員提出意見。

家庭議會秘書處
二零一五年二月

FAMILY: A Jockey Club Initiative for a Harmonious Society

愛+人：賽馬會和諧社會計劃

Mr. Leong CHEUNG

Executive Director
Charities and Community
The Hong Kong Jockey Club

Professor LAM Tai-hing

Principal Investigator, FAMILY Project
Chair Professor, School of Public Health
The University of Hong Kong



SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG
香港大學公共衛生學院



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

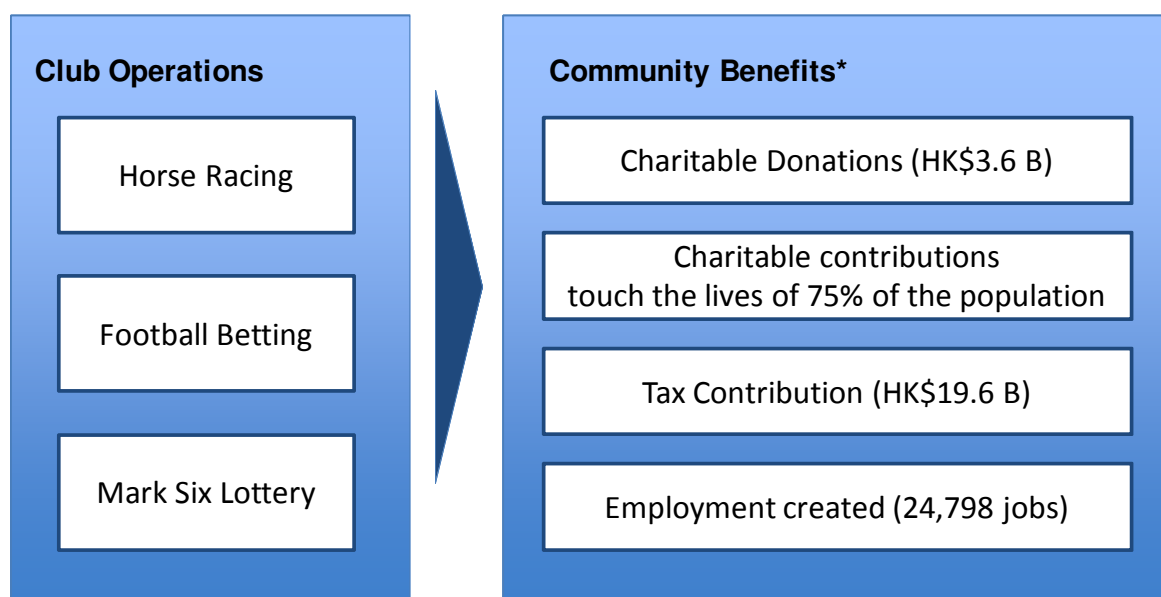


香港賽馬會
The Hong Kong
Jockey Club

**The Hong Kong Jockey Club
Charities Trust**

The Club's not-for-profit business model

Founded in 1884, The Hong Kong Jockey Club is a world-class horse racing operator and Hong Kong's largest community benefactor, operating as a not-for-profit organisation



* Figures from 2013/14 financial year



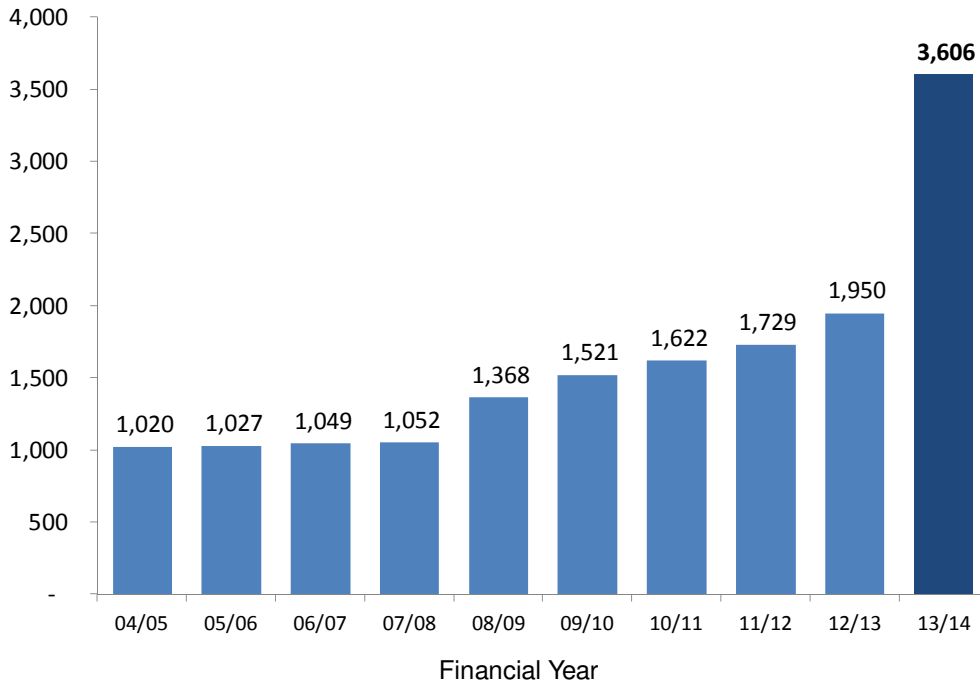
Milestones

1884	Establishment of The Hong Kong Jockey Club
1915	Club made first charitable donation
1950s	Charitable donations became integral to the Club's operation during post-war construction
1955	Formally decided to devote surplus to charity each year
1993	Establishment of HKJC Charities Trust
2010-2014	Donation increased from HK\$1.5 billion to HK\$3.6 billion
2014	130 th Anniversary of the Jockey Club



Trust's Donations in the Past Decade

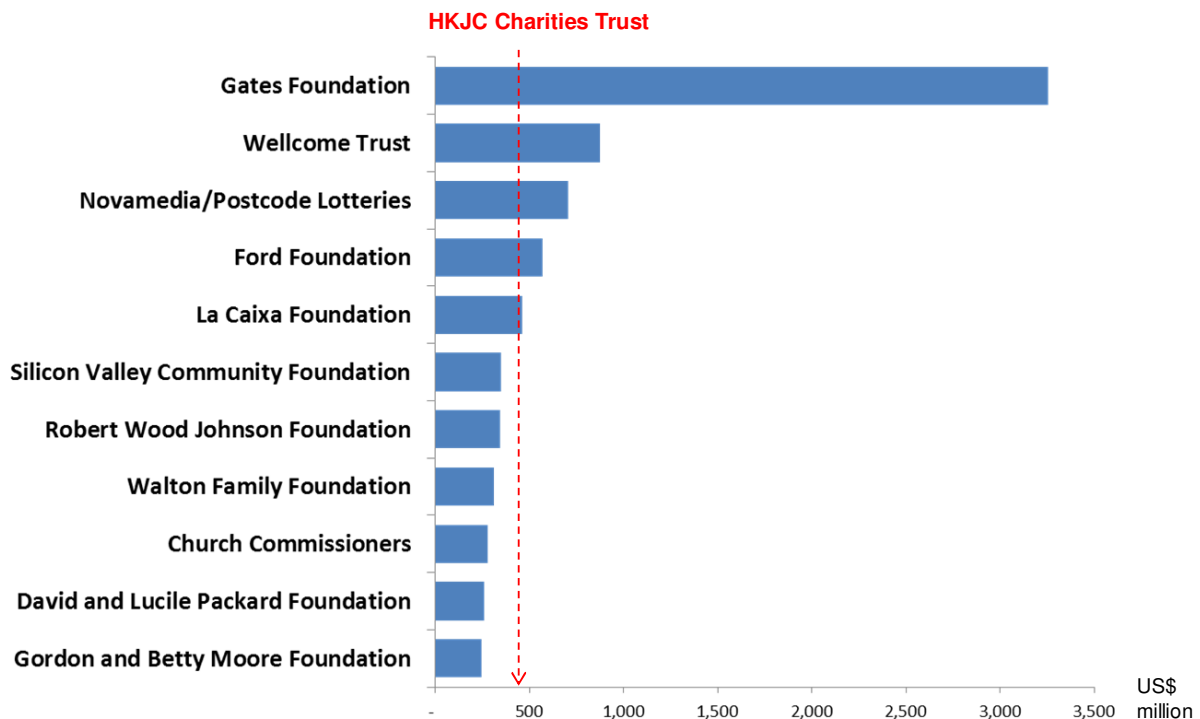
Annual
Donation
HK\$ million



**Total
donation in
past 10
years
= HK\$ 15.9
billion**



Top Foundations in the World (By Annual Donation \$)



Source: Center for Philanthropic Studies, VU University, Amsterdam; Ford Foundation Annual Report 2013



Why we do it

- **Our commitment to serve**
 - A 130 years of history of contributing to the betterment of Hong Kong
 - A tradition of understanding and addressing some of the most pressing challenges of the City
- **Our Capabilities**
 - Trusted collaborator to a strong network of partners in creating multi-sector solutions
 - Resourceful and reliable enabler to develop intellectual leadership for metropolitan challenges
 - Scale yet flexible funder to deliver social impact in a timely manner
- **Our mission**
 - To raise the quality of life for the people of Hong Kong and offer relief to the needy
 - To enable development of world class solutions for metropolitan social issues
 - To build knowledge and strengthen organisations and networks that we work with



What we do – Three overarching strategic themes

While we will continue to support a diverse range of projects and organisations that create social benefits to Hong Kong, there will also be three strategic focus areas:

1. **“Youth for Innovation”**
 - **Career and Life Planning:** Help students and non-engaged youth develop a clear individual roadmap
 - **Education:** Continue to expand scholarship scheme and nurture an alumni network that will continue to work for the good of HK
 - **Social innovation:** Encourage social innovation and entrepreneurship in community and nurture next generation of innovators
2. **“Elderly for Care”**
 - **Age-friendly districts:** Work with district councils to establish commitment in promoting age-friendliness and joining the WHO network
 - **Health:** Develop practice models for overlooked issues, e.g., end-of-life care & mental wellness
 - **Active ageing:** Encourage development of innovative services to provide continuous learning, paid or voluntary work opportunities, and recreational activities for a new generation of elders
3. **“Sports for Hope”**
 - **Orchestrate a “City Marathon”** as the signature sporting event to raise public participation, and also as a platform to allow many small NGOs to raise funds
 - **Enable support over professional athletes’ life cycle**, especially in helping retired athletes transition into second career, to encourage more citizens to consider “sport as a career”
 - **Invest in Football development** (as a strategic sport)



How we work – Our approach to bring about changes

Innovation

- Be open to non-traditional ideas and sources of ideas
- Build capacity in the society for innovation
- Collaborate with the government, NGO, education and business to create multi-sector platforms to develop solutions

Impact

- Drive for meaningful impact in projects and causes we donate to
- Develop intellectual leadership from successes & failures and share with our partners

Integrity

- Establish relationships and trust with our partners and grantees by being accountable, transparent and responsive
- Care for and provide emergency relief to needy causes, regardless of how recognized the efforts may be

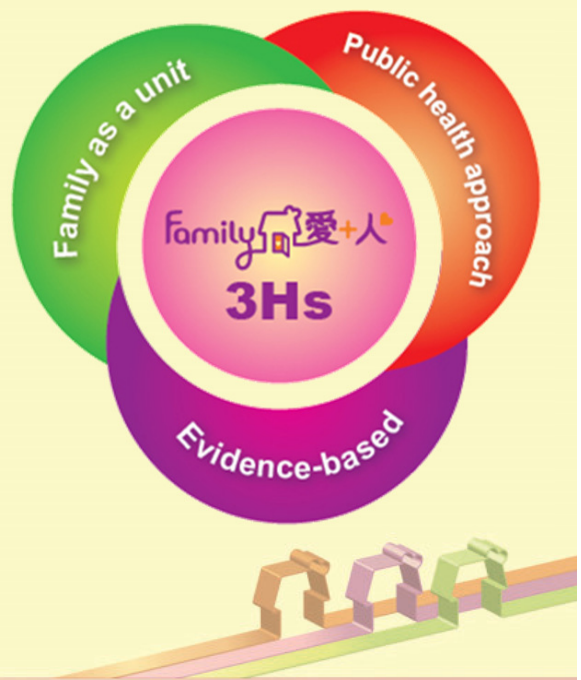


Overview of the FAMILY Project Cohort Study

To be presented by Professor TH Lam

FAMILY Cohort: Objectives

- A territory-wide survey that includes **all eligible members** in a family
- A triaxial organising conceptual framework of **health, happiness and harmony (3Hs)**
- Tracks the dynamics of the 3Hs in Hong Kong and **identify factors** that are **amenable to social action and policy intervention**



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Family Cohort

**Big
Data
Concept**

It is the first largest family cohort study

More than 20,000 households with over 47,000 participants

Lasted for 6 years (2008-2014)
- 2 household visits and 5 telephone and web-based follow-ups

12

2 household visits
= **80,855 interviews**

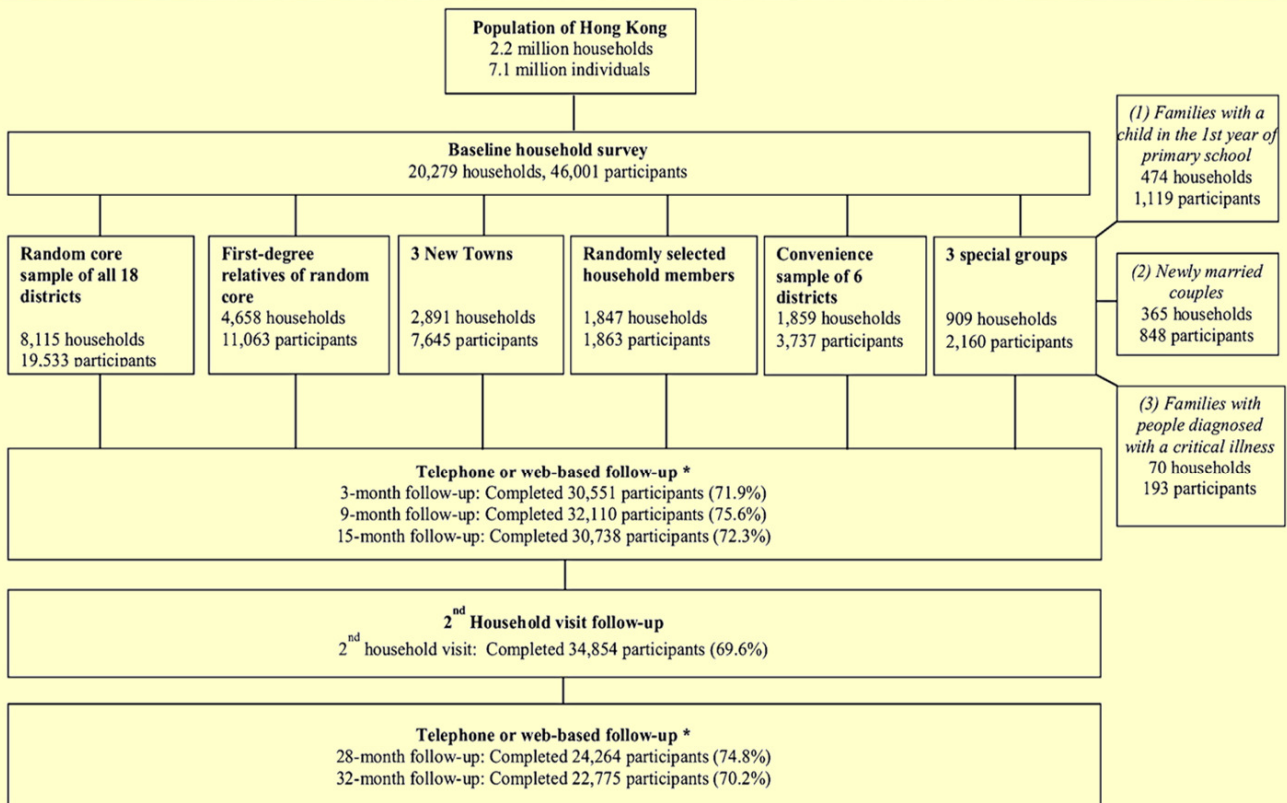
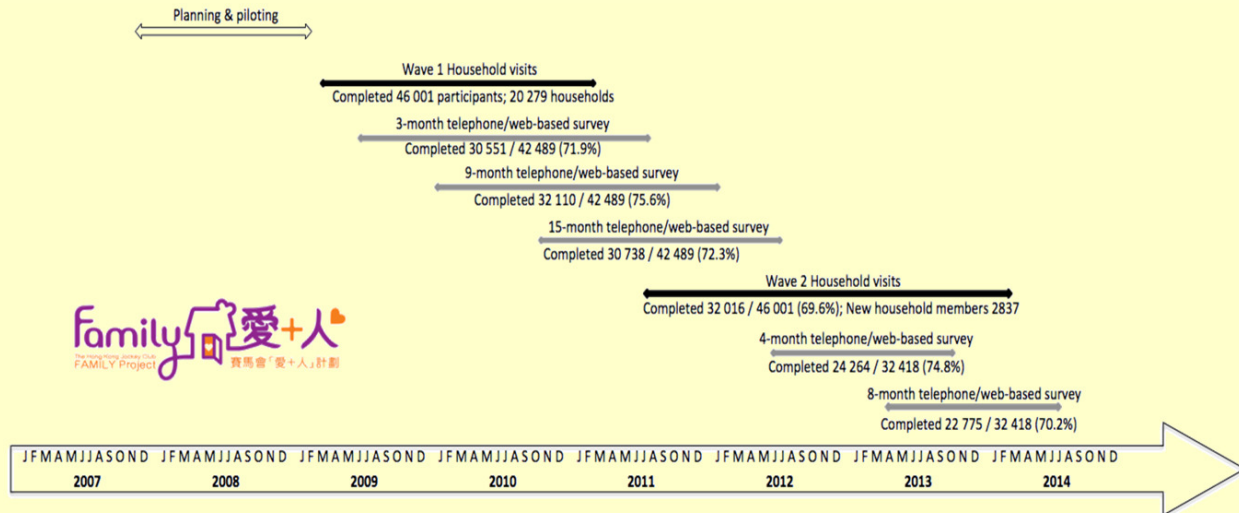
- Total number of in-person interviews conducted in 2 household visits: 80,855

5 telephone follow-ups
= **139,231 interviews**

- Total number of interviews conducted in 5 telephone follow-ups: 139,231

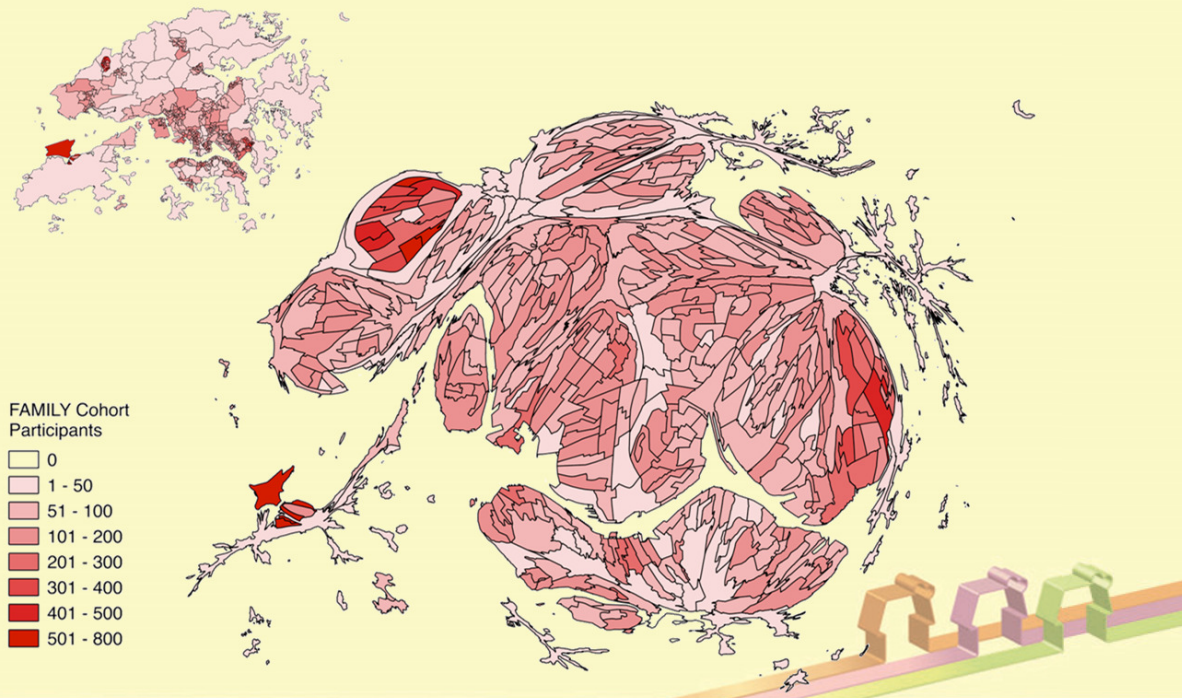
Grand Total of interviews conducted = 220,086

- All follow-up surveys have a successful rate of **70%** or higher



* The denominator is the number of participants who were 15 years old or above and conducted telephone or web-based follow-up at each time period.

A territory-wide cohort which covers 99.8% of all neighbourhoods in Hong Kong



HEALTH

- BMI, Adipose distribution
- Smoking, Drinking, Diet, Physical activity
- Blood pressure, Hypertension
- Diabetes, Cardiovascular disease, Stroke
- URTI, Asthma, COPD
- Health-related quality of life (SF-12)

Individual

Family

Community

HAPPINESS

- Happiness and mental health scales
- Childhood adversity
- Stressful Life Events
- Depression (PHQ-9)
- Anxiety disorders
- Suicide

HARMONY

- Family support and harmony
- Work/Family conflict
- Family activities
- Volunteerism, Discrimination
- Neighborhood cohesion
- Social support, Social network, Social capital

Releasing FAMILY Cohort Results (1)

FAMILY Cohort Overall Hong Kong report and 18-district reports



Releasing FAMILY Cohort Results (2)

Mass Media

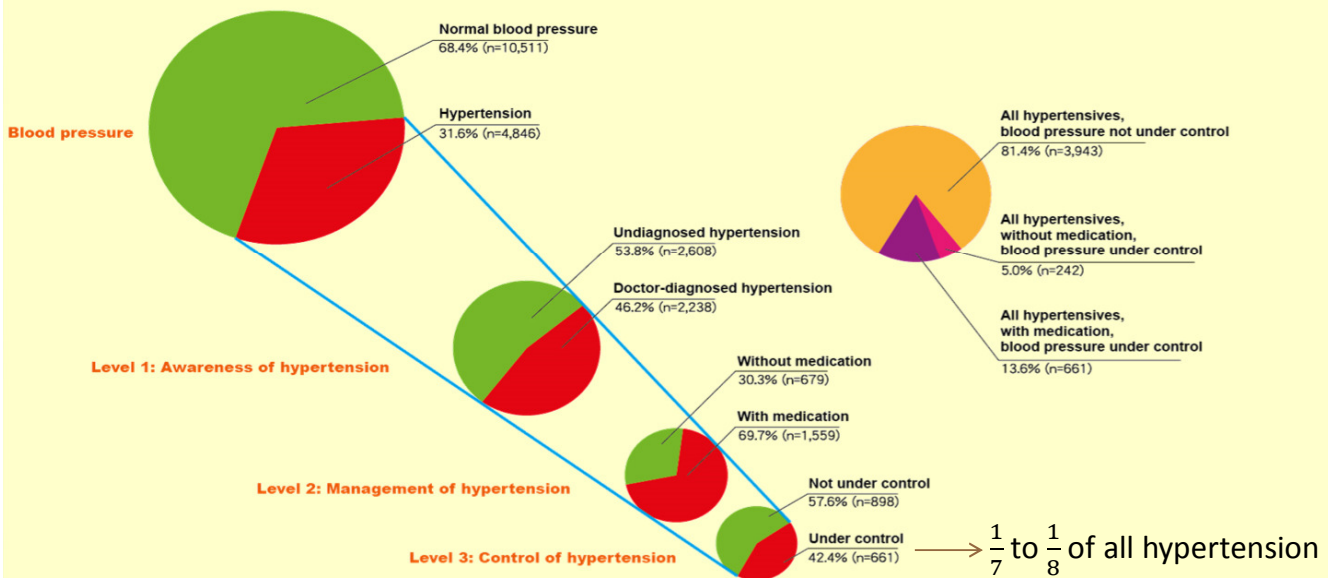
TVB "Tuesday Report"



Media Interviews & press conferences



Media coverage on Cohort's findings (2a): Rule of halves on hypertension in Hong Kong

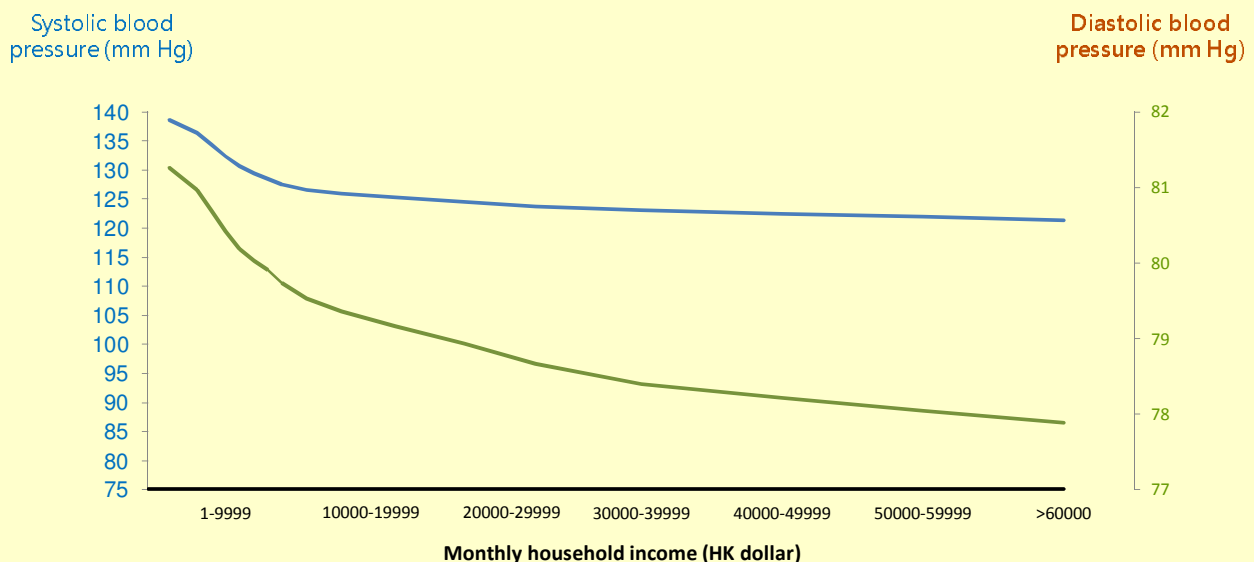


The size of the pie chart is proportional to the sample size.

*Press conference materials released on December 2012

Media coverage on Cohort's findings (2b): Rule of halves on hypertension in Hong Kong

Poverty and Blood Pressure



Media coverage on Cohort's findings (2c): Rule of halves on hypertension in Hong Kong

Example of news coverage on December 14, 2012

港大研究 三分之一人有高血壓
快樂有助控制病情

【本報訊】香港大學社會醫學系參與研究的「愛十人」計劃，隨機抽樣訪問16,039名20歲以上人士，以及為他們量血壓，最後以15,357人為有效數據分析，有31.6%即4,846人有高血壓，但只有約一半獲醫生確診，當中約70%人有服藥，在服藥人士中只有661人有效控制血壓。換言之，在血壓高的人士中，只有13.6%有效控制血壓。

隨年齡增長患高血壓的人口比例增加。20至24歲年輕人中，只有5%人患高血壓；至45至54歲人士中，有31.3%人患高血壓；繼而大幅增至55至64歲人士中，有一半人患病。受荷爾蒙影響，男士患病機率較女性高。

研究又指出，當都會競爭力指數及快樂指數每增加一分，血壓受控機會分別增加10%及3%。抑鬱指數每增加1分，被確診高血壓風險增加5%。家人和晚睡指數每增加1分，確診患高血壓機會便低1%。

港大社會醫學系系主任梁卓偉表示，研究證實港人的高血壓，確診以至服藥有效性呈

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港人患高血壓情況	
患高血壓人數	31.6% (4,846人)
有效控制血壓	13.6% (661人)

各年齡組別患者情況	
20至24歲	5.0%
45至54歲	31.3%
75至84歲	73.3%

心理與高血壓關係	
抑鬱指數每增加1分	確診患高血壓機會增加5%
快樂指數每增加1分	血壓受控機會增加10%
抑鬱指數每增加1分	被確診高血壓風險增加5%
家人和晚睡指數每增加1分	血壓受控機會增加3%
抑鬱指數每增加1分	血壓受控機會降低1%

港大社會醫學系系主任梁卓偉表示，研究證實港人的高血壓，確診以至服藥有效性呈

現「一半定律」，即高血壓人士只有半數獲確診，確診後逾半服藥，當中只有一半人有效控制，結果只有不足兩成患者能控制血壓。去年本港約有4萬人死亡，當中約四分之一死於與高血壓有關的心臟病、腦中風、腎病及腦退化疾病。

梁又指，不少病人因對高血壓認知不足而延醫，市民可購買量血壓計，自行定期量血壓，若發現異常應盡快求醫。今次研究顯示心理及情緒與高血壓有密切聯繫，但暫時未知兩者因果關係，會進一步作研究。

臨床心理學家胡潔瑩博士表示，當人有壓力時，血壓自然上升。曾有研究發現，社交支援越少，精神健康越差，越易患冠心病；而冠心病與高血壓有密切關係，顯示身心健康有相互關係。

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Media coverage on Cohort's findings (2d): Cohort's findings making impact in health policy - Government's campaign to prevent hypertension

- For World Health Day 2013, the **Department of Health** has issued an **open letter** on March 2013 to all practicing doctors in Hong Kong inviting them to join their campaign to prevent hypertension.
- In the letter, they have **quoted Cohort's findings** as a **timely evidence** to describe how common hypertension is in Hong Kong:

Hong Kong in 2012 revealed that about 1 in 3 adults in Hong Kong has hypertension, and among them, half did not know about it. In other words, about 1 in 6 persons in Hong Kong has hypertension without knowing it. Among those ever diagnosed with hypertension, 70% were prescribed blood pressure lowering medication, but only about 40% of this treated group attained good control of blood pressure"

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Media coverage on Cohort's findings (2e): Happiness & family support in Hong Kong

Example of news coverage on May 22, 2012

港大：家人讚賞為抗壓良方

【新報訊】香港大學的調查發現，港人精神生活質素指數較鄰近地區高，超過七成的受訪者認為自己的精神生活質素屬於中等或良好，反映港人面對生活壓力，得到家人較多的支持；負責調查的學者希望市民多些對家人表達感謝和讚賞。

精神質素高於鄰區

港大公共衛生學院在2009年開始，獲賽馬會慈善信託基金捐助，展開一項為期6年的調查，希望找出港人精神壓力的來源，以及研究一套有效預防和補救家庭問題的方法。

第一階段的調查於去年3月完成，隨機抽樣調問了全港逾1.7萬個受訪者，一共約7,700戶家庭。結果發現港人精神生活質素指數，平均為53.5分，高於50分的國際標準，亦比鄰近地區的49.5分至51.5分為高。另外，七成三受訪者稱，他們的精神生活質素屬於中等或良好，八成三人滿意家人的支持；至於女性就普遍較男性得到家人更大的支持。

調查亦顯示，港人最常面對的3項壓力來源，包括是工作量大、財政狀況變差或家人出現嚴重健康問題，以女性及年齡25至44歲的人，感受到壓力最多。

港大公共衛生學院院長林大慶教授指出，從研究數據可見，家庭支持能有效提升個人精神生活質素，同時，當家人面對突如其來的壓力事件時，家庭支持往往能有效減低事件帶來的負面影響。



林大慶（後排右一）希望市民多向家人表達感謝及讚賞。

Releasing FAMILY Cohort Results (3)

Individual and Family level

E-Health portal



Family Love + 健康報告

健康報告

項目	類別	調查結果	備註
精神生活質素	指數	53.5	高於50分的國際標準
精神生活質素	良好/中等	73%	
家人支持	滿意	83%	

參考資料

Table with 3 columns: 類別 (Category), 指數 (Index), 備註 (Remarks)

類別	指數	備註
精神生活質素	53.5	高於50分的國際標準
精神生活質素	73%	良好/中等
家人支持	83%	滿意



Health reports to
>45,000 participants

Releasing FAMILY Cohort Results (4)

Community level



Releasing FAMILY Cohort Results (5)

For District Planning



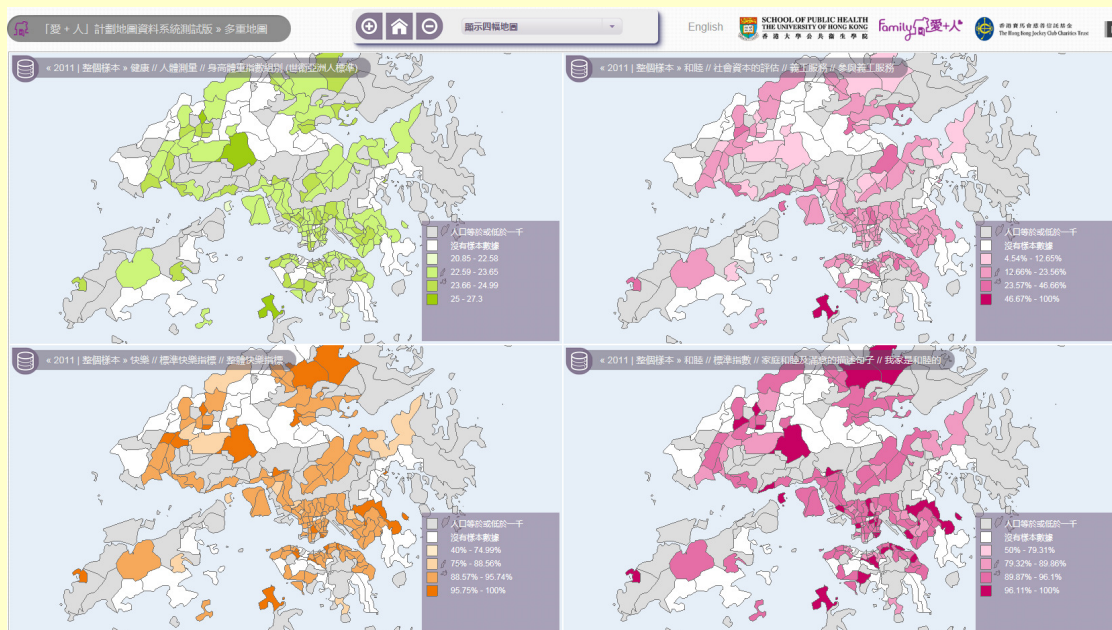
Invited presentations in District Planning Meetings of the Social Welfare Department for 4 districts (Central, Western, Southern & Islands, Wong Tain Sin & Sai Kung, Sham Shui Po, Yuen Long)



Releasing FAMILY Cohort Results (6)

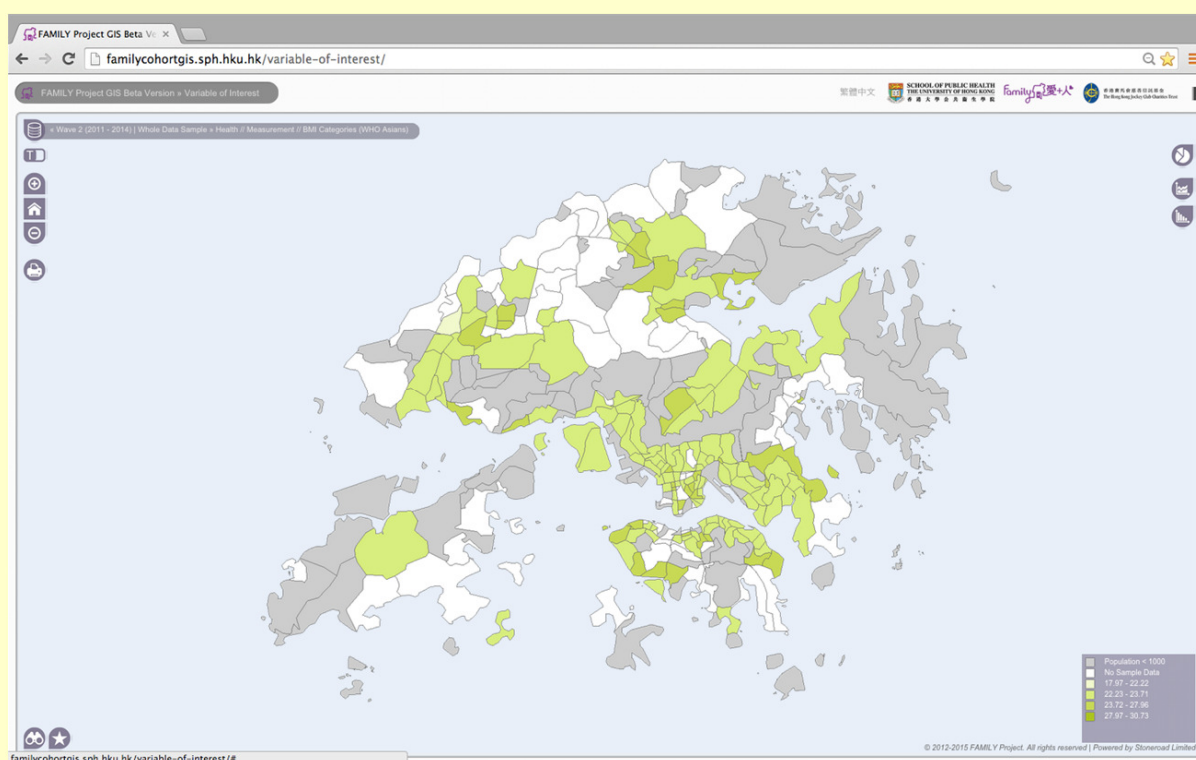
FAMILY Cohort's Geographic Information System (GIS)

<http://familycohortgis.sph.hku.hk/user-login/>



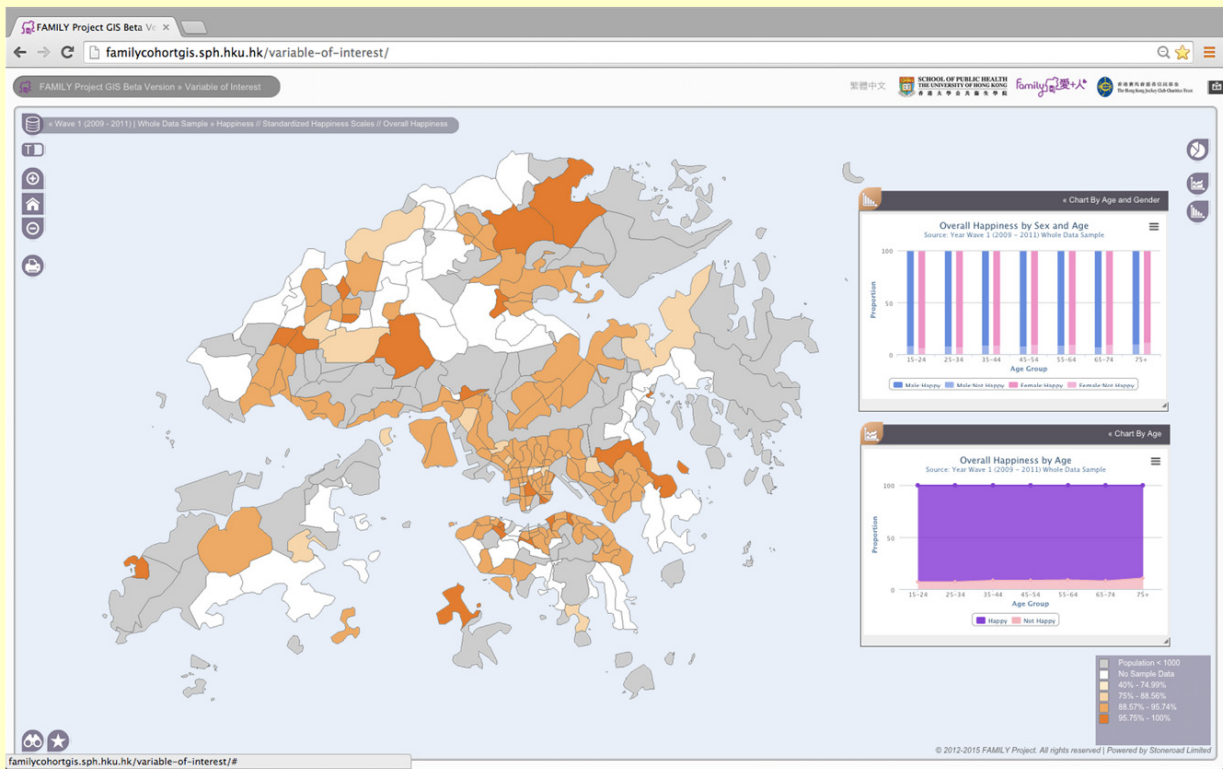
27

Health

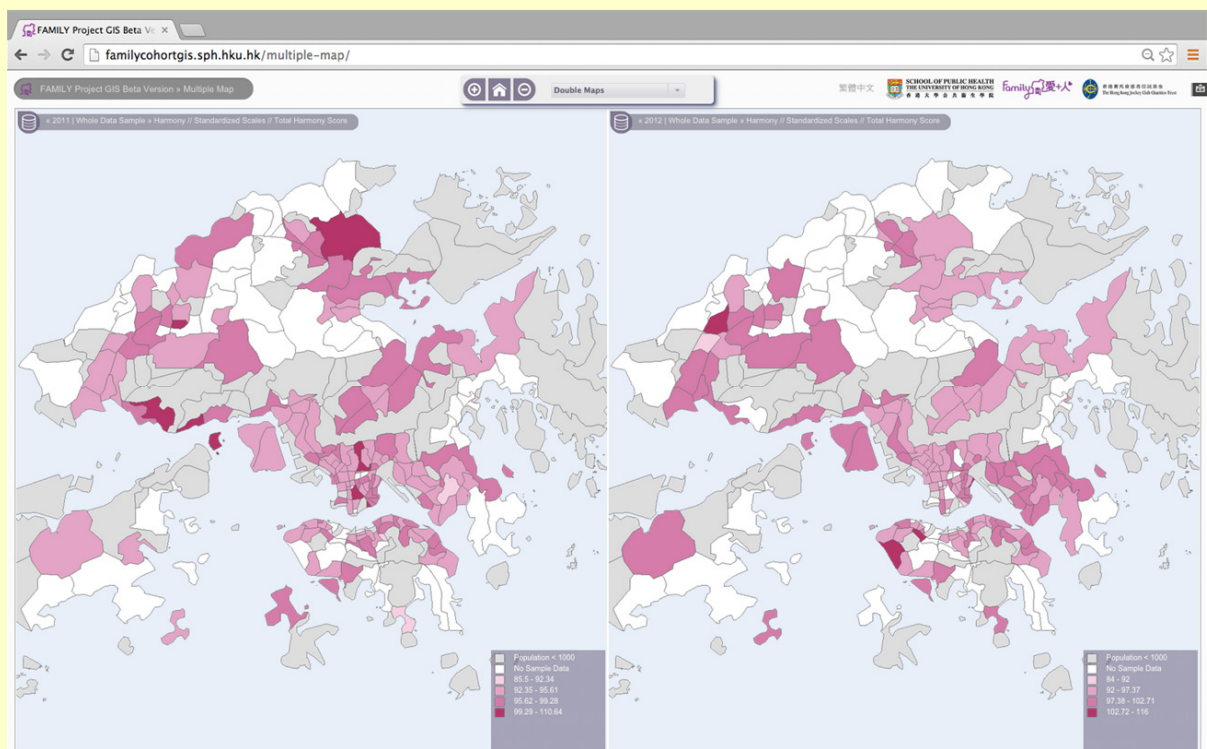


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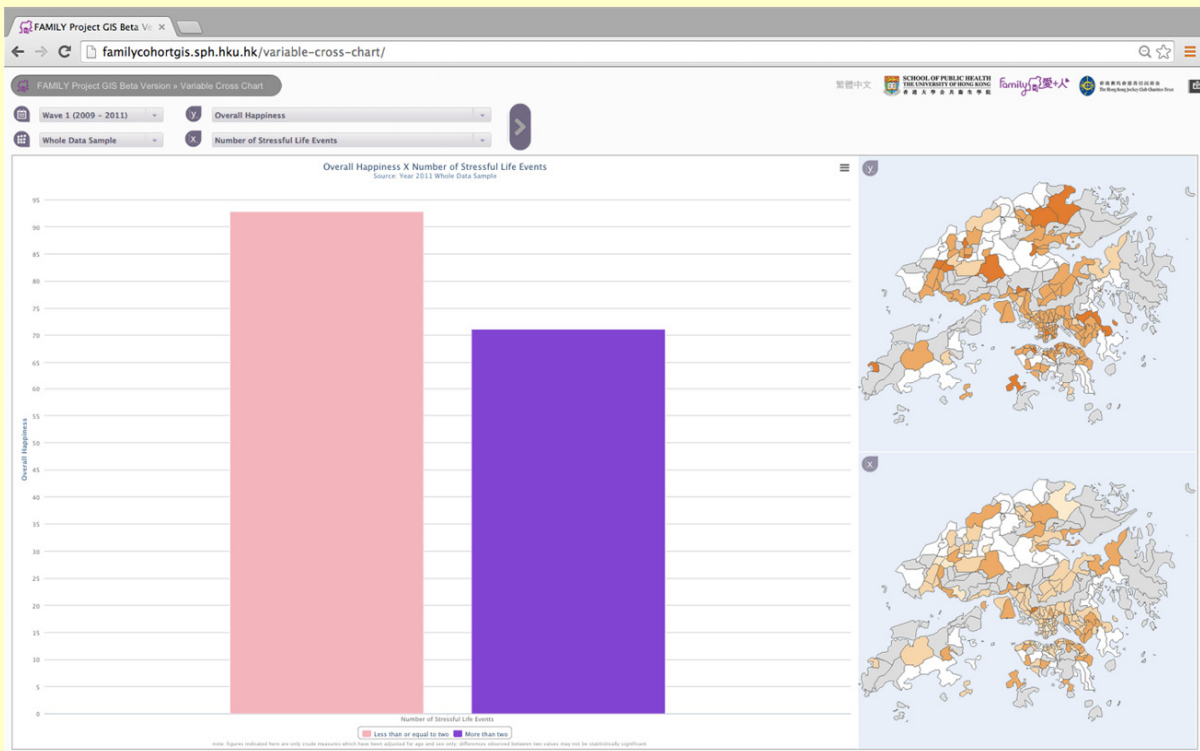
Happiness



Harmony



Stressful life events & happiness



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FAMILY 3Hs

**FAMILY Cohort's strengths:
Findings were
Individual-based
&
family-based**

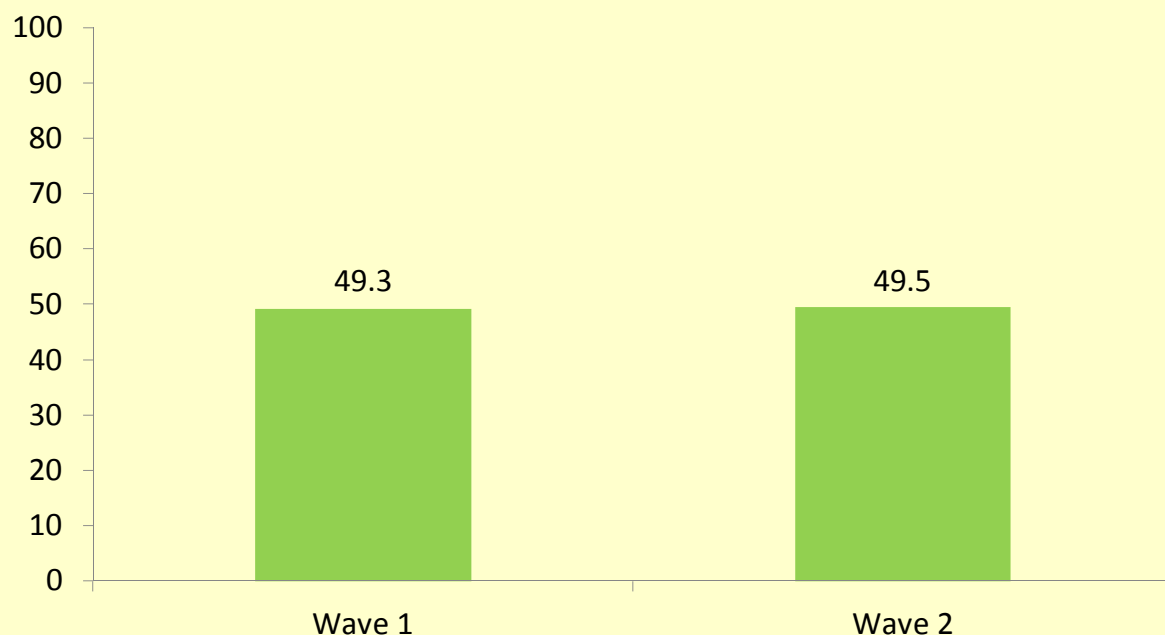
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Individual-based findings

- **11,218** participants
 - From random core sample who have completed both Wave 1 (2009-2011) & Wave 2 (2011-2014) household surveys
 - Age: 15 years and above
- Representative of **general population**
- Weighted by 2011 Hong Kong Census data

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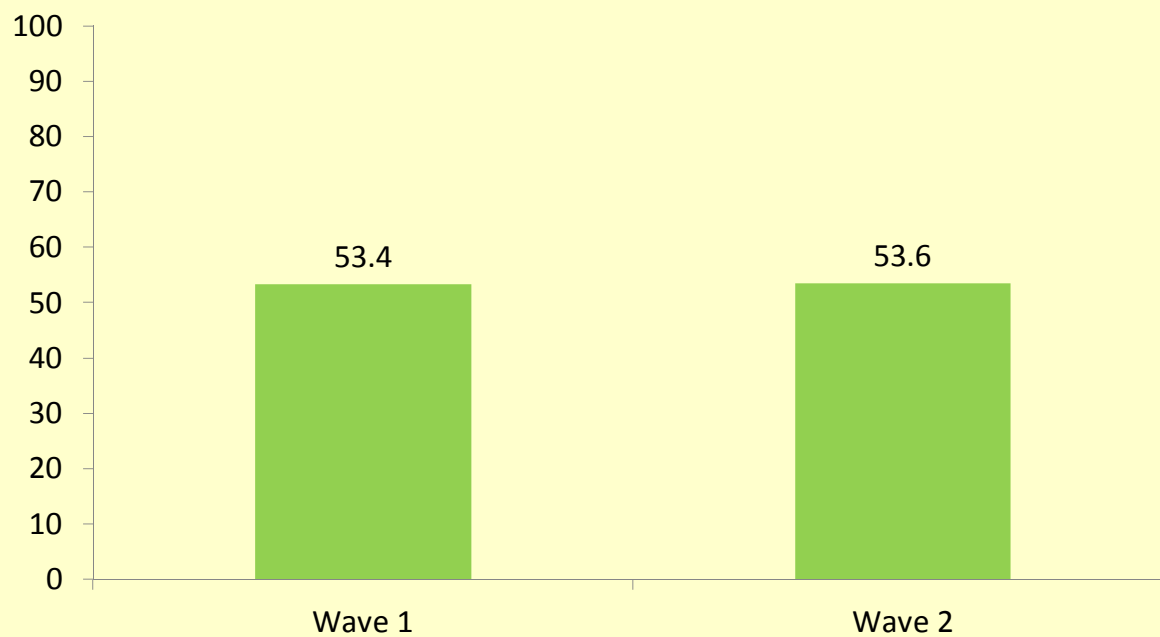
Physical health-related quality of life (0-100)



*Physical health-related quality of life measured by PCS of SF-12

34

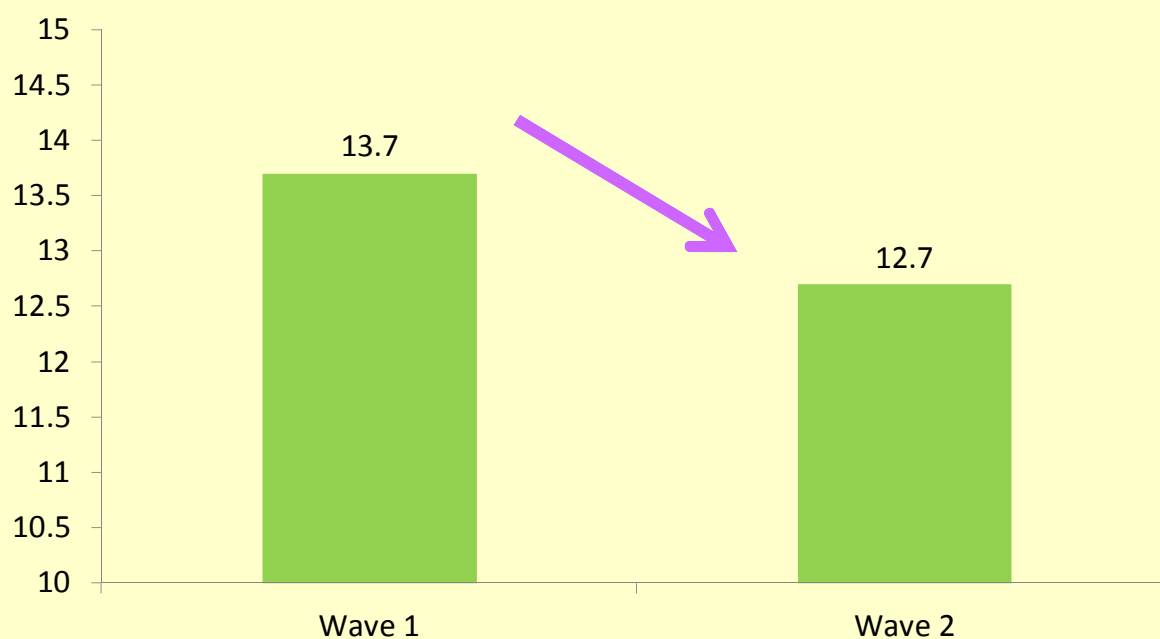
Mental health-related quality of life (0-100)



*Mental health-related quality of life measured by MCS of SF-12

35

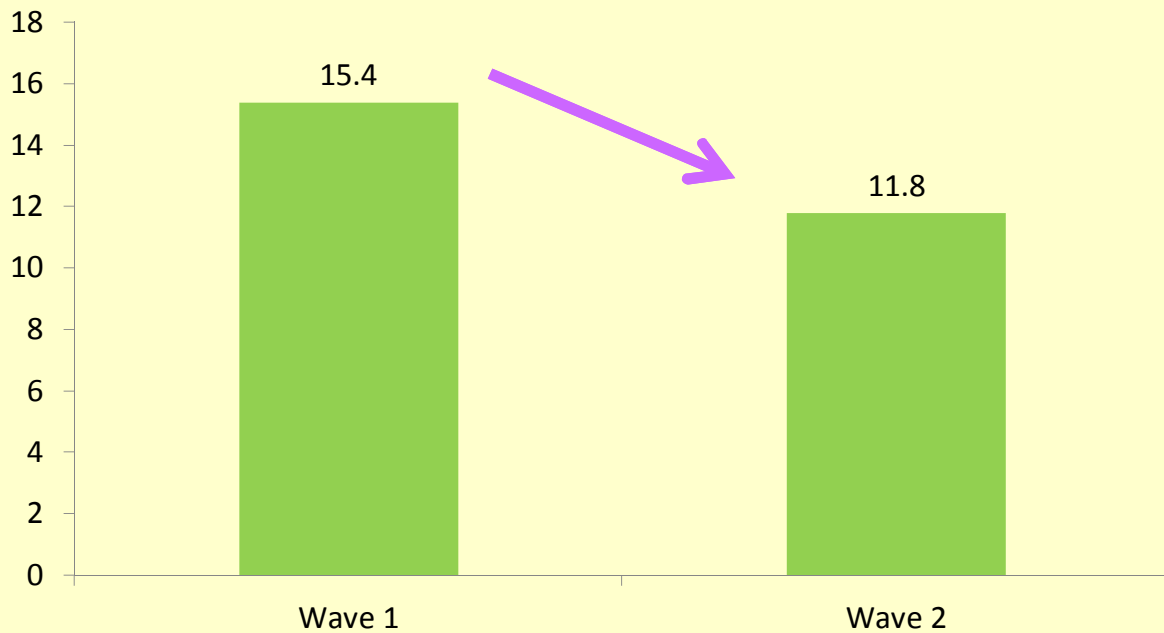
Prevalence of current smoking (%)



*Participants who currently smoke at least 1 cigarette daily

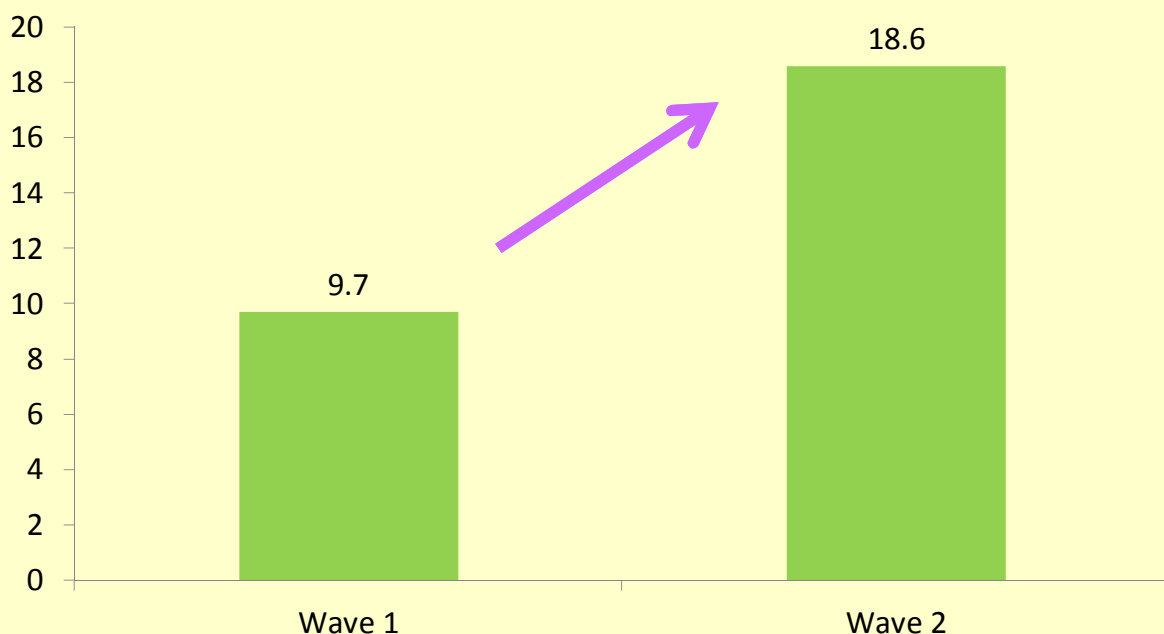
36

Prevalence of binge drinking (%)



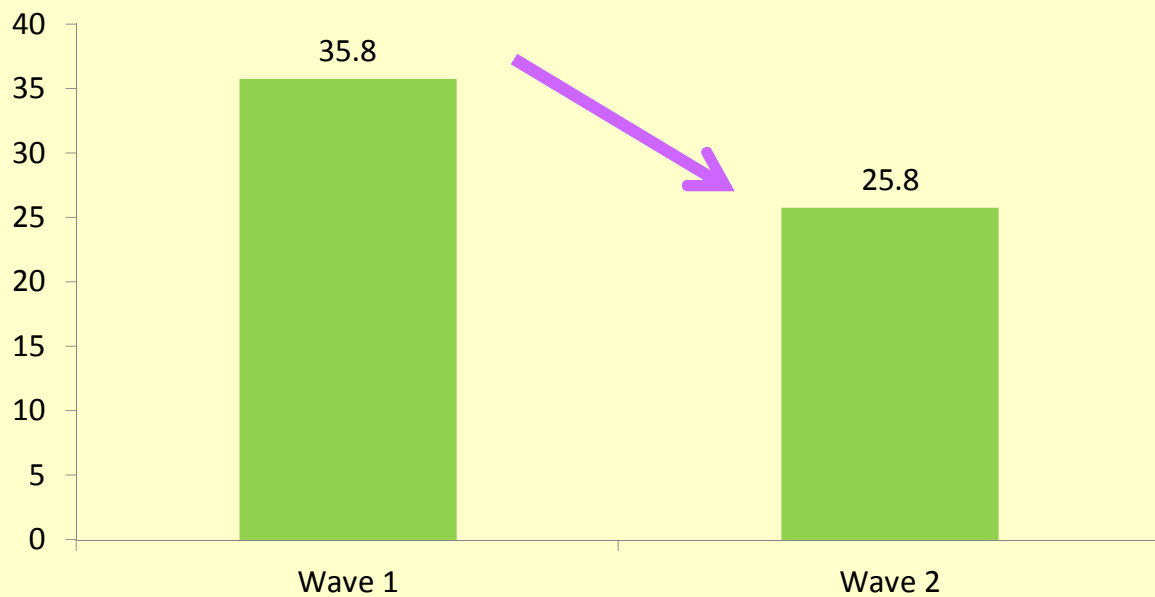
*Participants who drank at least 5 drinks in one occasion during the past month

Consumption of at least 5 servings of fruit & vegetable a day (%)



*Participants who met the recommendations of the Department of Health on daily fruit & vegetable consumption

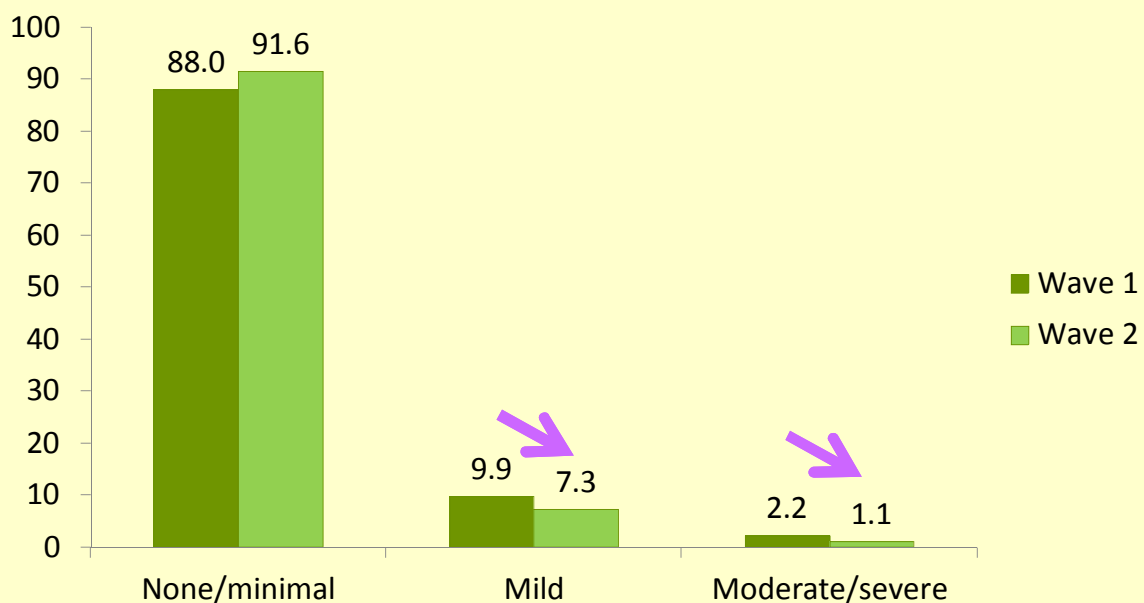
Physical activity of at least 150 minutes a week (%)



*Participants who met the recommendations of WHO on adequate level of physical activity

39

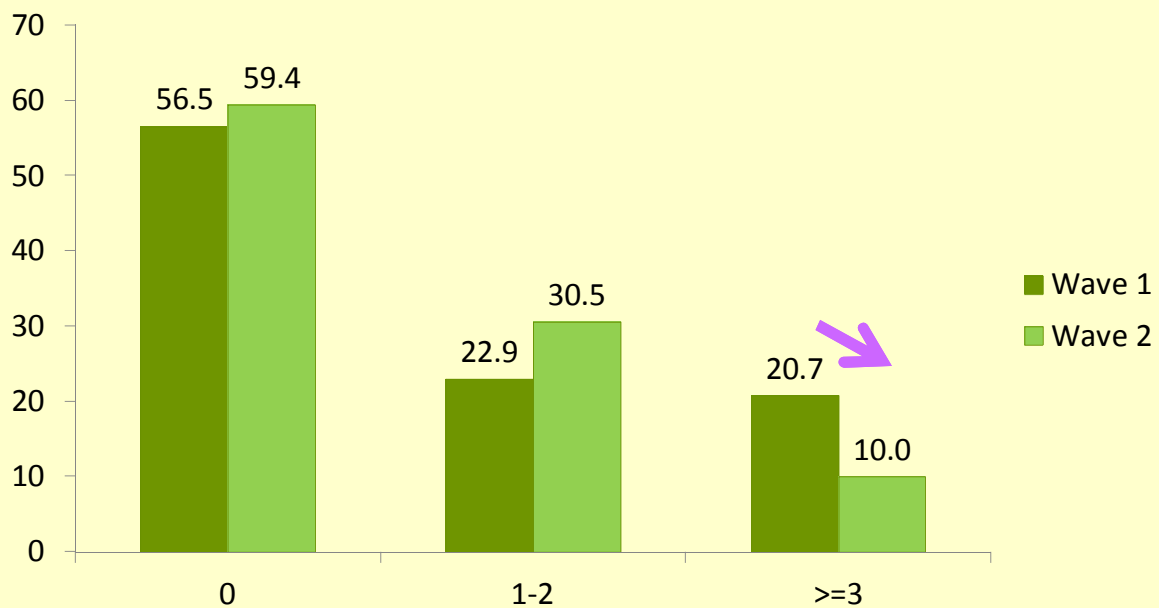
Depressive symptoms (%)



*Depressive symptoms measured by PHQ-9; scores range from 0-27: none/minimal (0-4), mild (5-9), moderate/severe: (10-27)

40

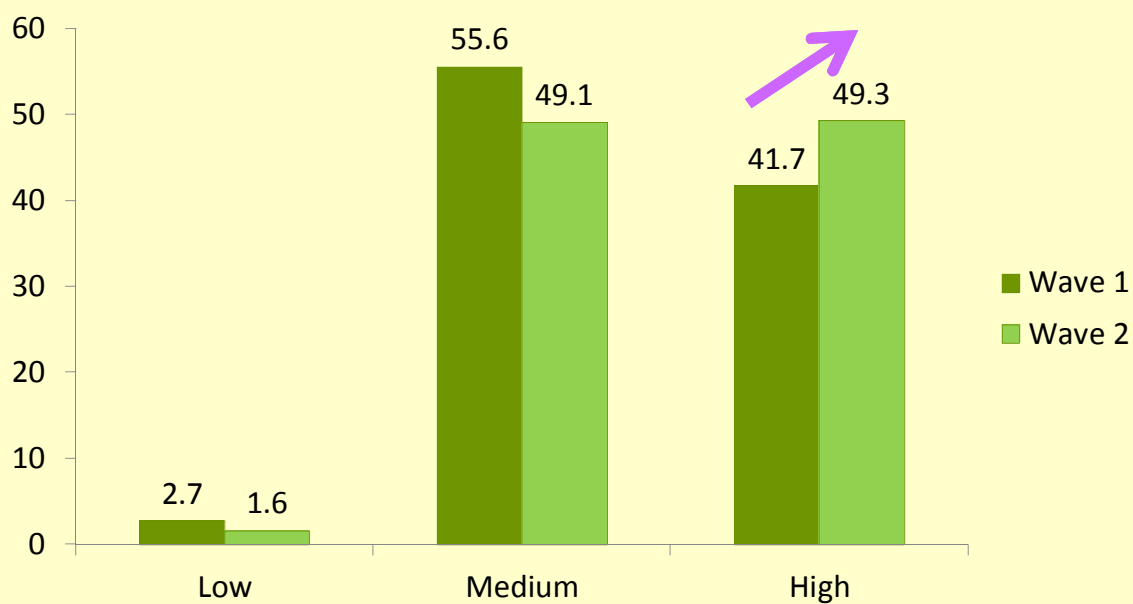
Conflict within the family (%)



*Conflict within the family measured by asking "have you experienced any of the following 12 sources of conflict (e.g. family relationship, financial priorities, personal habits) with any household members during the past 3 month?"; scores range from 0-12; higher scores indicating more conflicts within the family

41

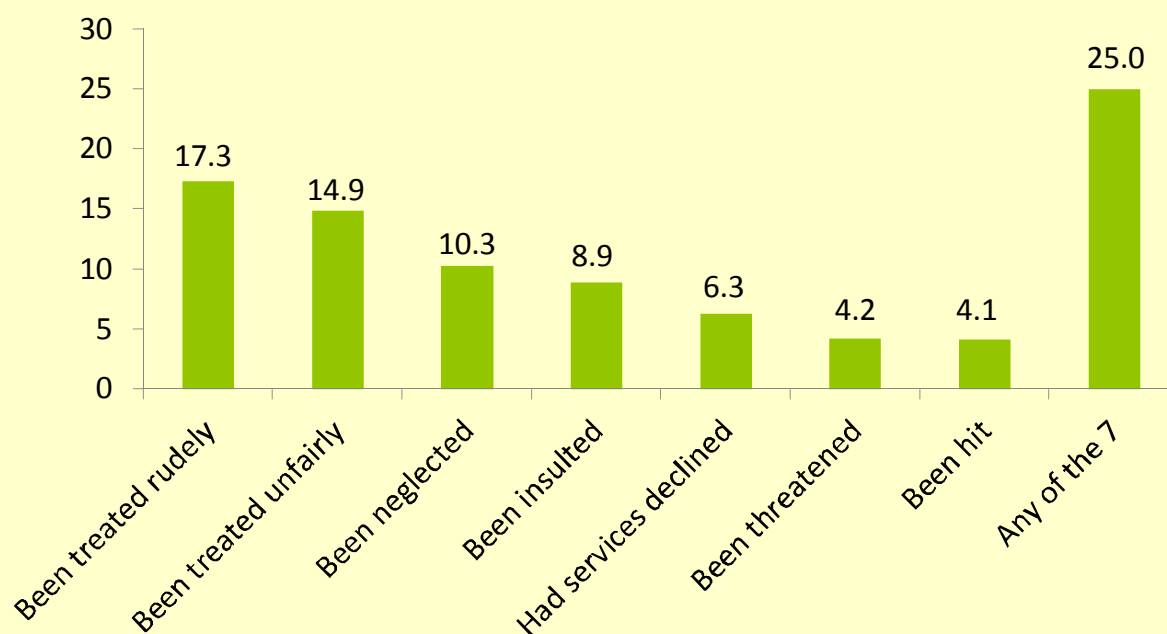
Neighbourhood cohesion (%)



*Neighbourhood cohesion measured by Sampson's 4-item scale; scores range from 0-20 where higher scores indicating higher level of cohesion among neighbours: low (0-9), medium: (10-14), high (15-20)

42

Discrimination experienced (%) among new immigrants (n=1,077)



*New immigrants, who have lived in Hong Kong for 10 years or less, were asked whether they had been discriminated against because of their new immigrant status

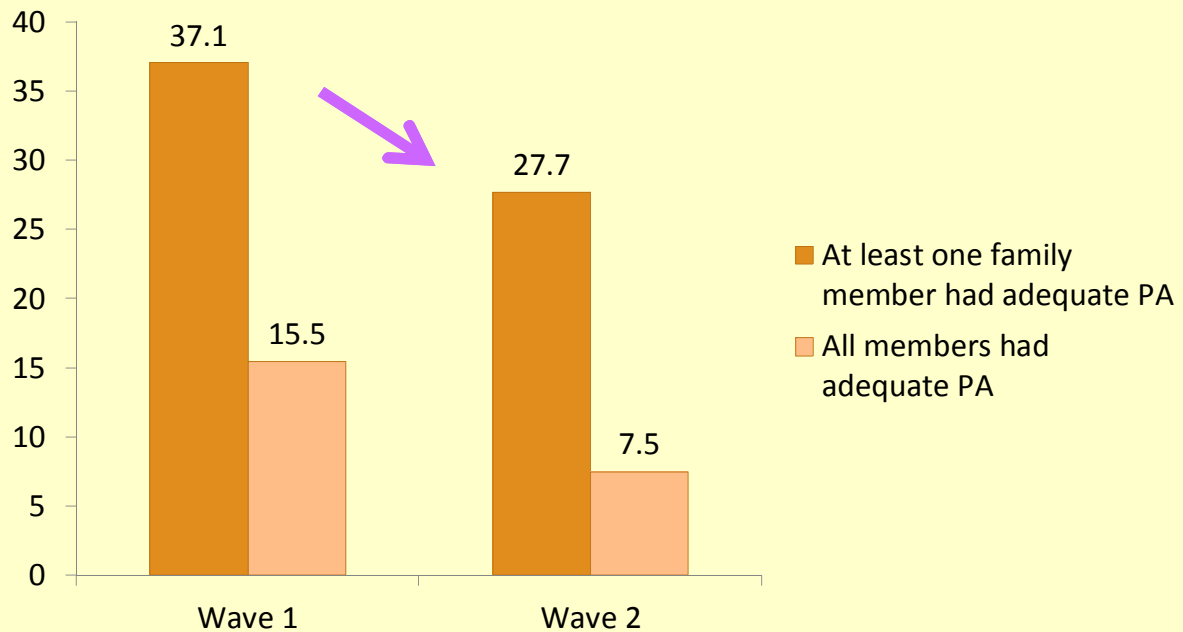
43

Family-based findings

- **3,955** families
 - From **random core sample families** in which all eligible members have completed both Wave 1 (2009-2011) & Wave 2 (2011-2014) household surveys

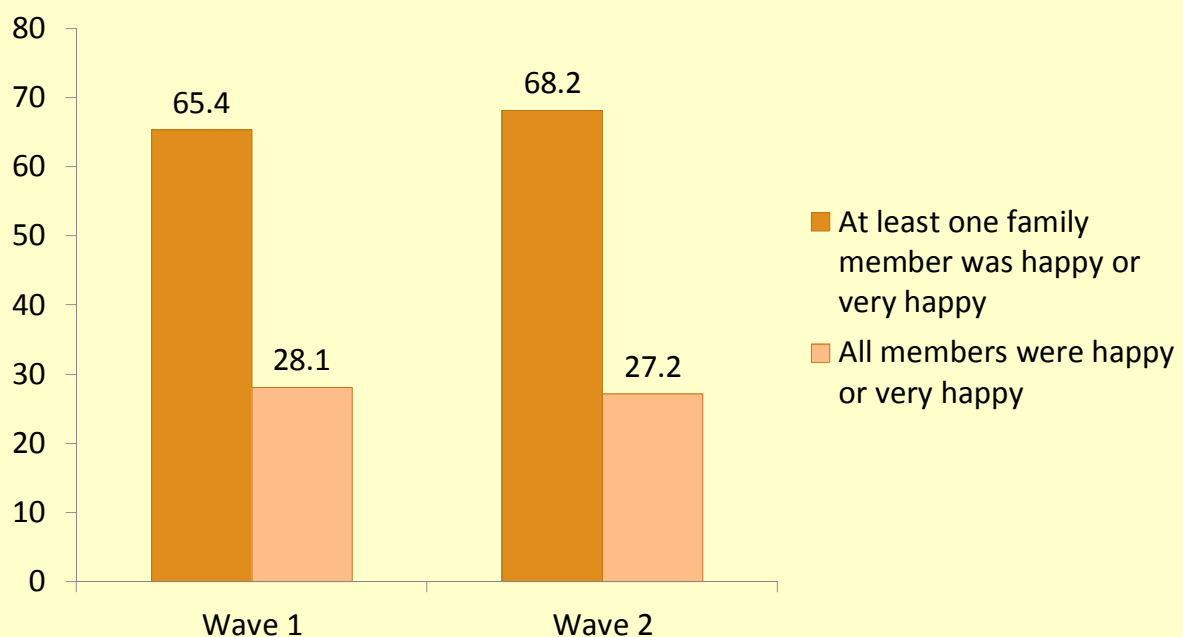
44

Physical activity of at least 150 minutes a week (%)



*Participants who met the recommendations of WHO on adequate level of physical activity

Happy or very happy (%)



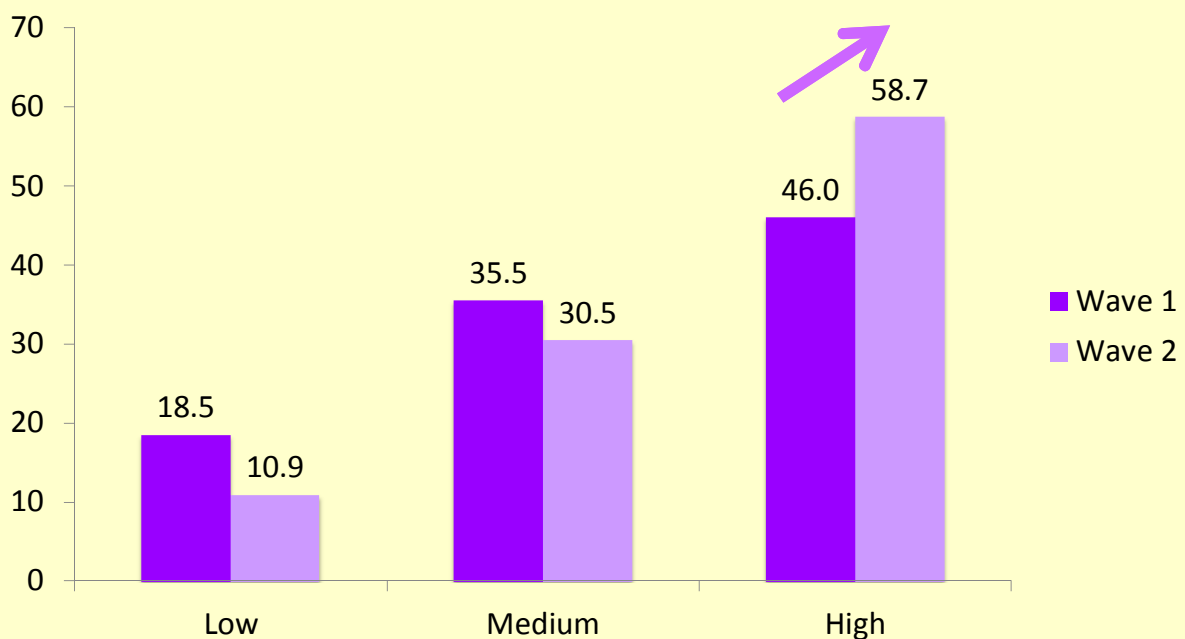
*Participants were asked "generally, do you think you are very unhappy, unhappy, happy or very happy?"

Specific themes / Target groups

FAMILY Cohort to supplement Family Council's Family Survey 2013

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Family support (%) in single-parent families (n=973)

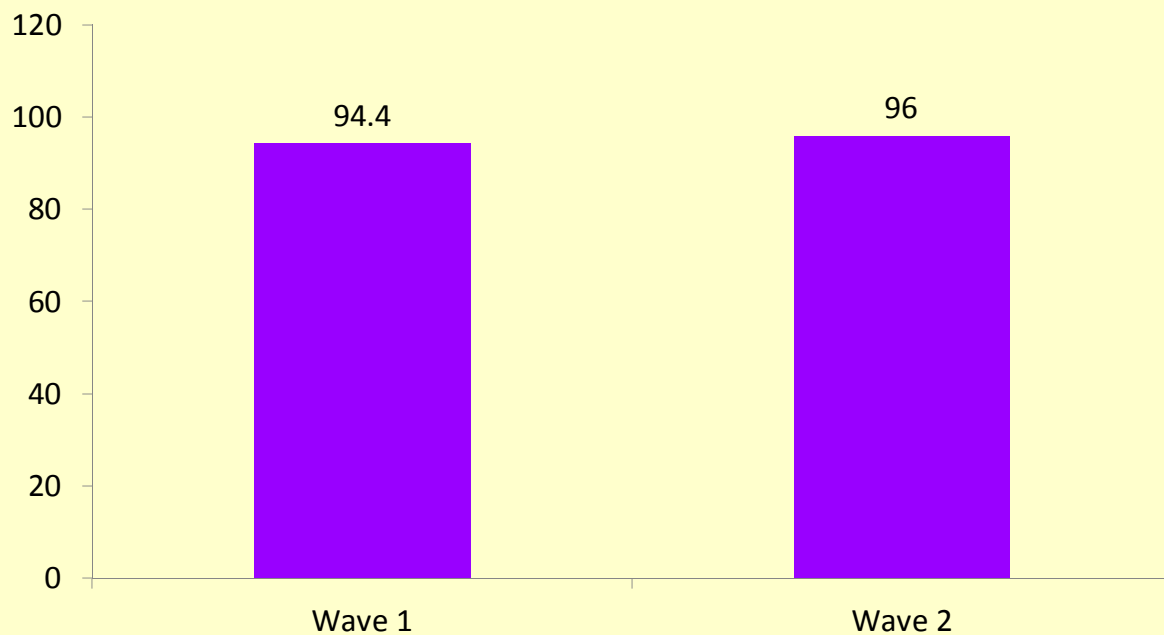


*Family support measured by APGAR scale; scores range from 0-10 where higher scores indicating better family support: low (0-3), medium (4-6), high (7-10)

**Based on 973 single-parent families who completed both Wave 1 & 2

48

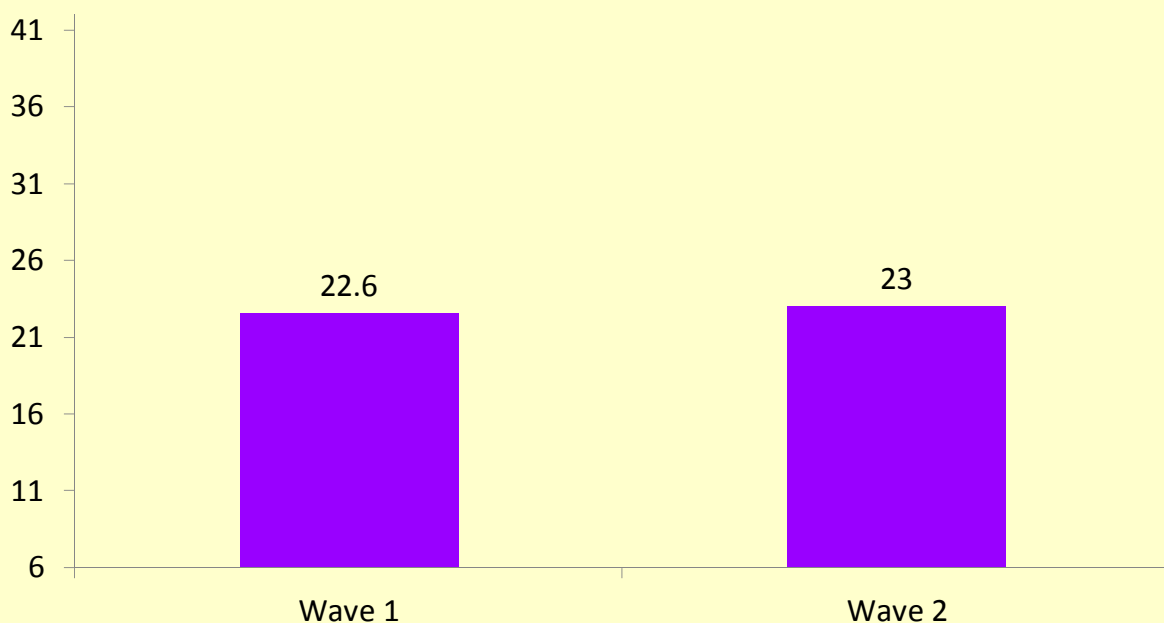
Family harmony (0-120) in three-generation families (n=256)



*Family harmony measured by a 24-item scale; higher scores indicating higher level of family harmony
**Based on 256 three-generation families (same household) in which all eligible members completed both Wave 1 & 2

49

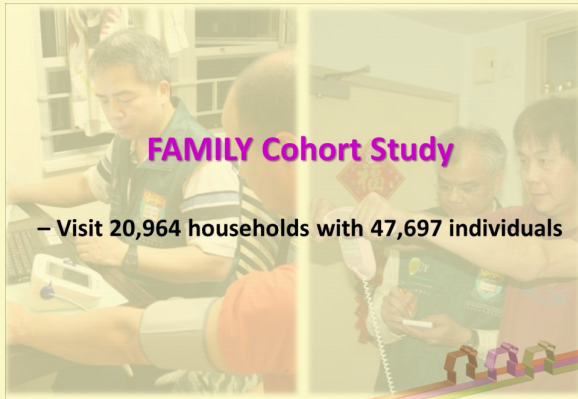
Work/family conflict (6-42) in working families (n=3,426)



*Degree of work/family conflict measured by a 6-item scale; higher scores indicating more severe conflict
**Based on 3,426 working families with at least one member with full-time employment at both Wave 1 & 2

50

Uniqueness of FAMILY Cohort (1)



The **largest** and most **comprehensive** cohort study with 2 household interviews and 5 telephone surveys in Hong Kong

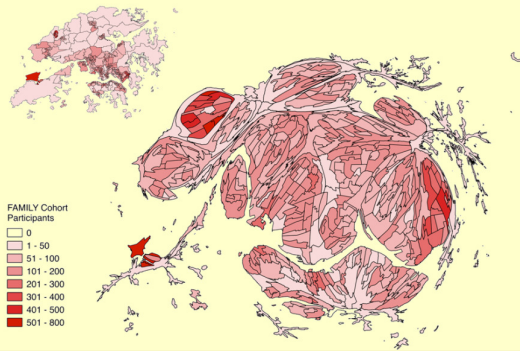
Uniqueness of FAMILY Cohort (2)

Whole HK results, and results for each of the **18-districts**



Uniqueness of FAMILY Cohort (3)

A territory-wide cohort which covers 99.8% of all neighbourhoods in Hong Kong



Large sample of existing pool of different kinds of families, e.g.

- Single-parent families
- Families with new immigrants

Uniqueness of FAMILY Cohort (4)

Rule of halves on hypertension in Hong Kong

Example of news coverage on December 14, 2012

港大研究 三分之一人有高血壓
快樂有助控制病情

【本報訊】香港大學社會科學系高血壓研究小組的「愛家人」計劃，日前發表研究報告，指出在15,937名香港居民中，有三分之一的人患有高血壓。報告指出，在這些人士中，只有464人有家人支持，而其中一半高血壓人士中，只有3.6%有良好控制。

報告指出，高血壓是導致心臟病及中風的主要原因。研究發現，有家人支持的人士，其血壓控制情況較好。此外，快樂的心情也有助於控制血壓。研究建議，家人應多關心及支持患有高血壓的親屬。

港人患高血壓情況

患高血壓人士	11,904,041 (74.4%)
無患高血壓人士	4,033,096 (25.6%)
共有新發現高血壓人士	111,091 (0.9%)
已有高血壓人士	11,792,950 (99.1%)

患有新發現高血壓人士

年齡組別	男/女	男/女
15至24歲	1,170	1,170
25至34歲	1,170	1,170
35至44歲	1,170	1,170
45至54歲	1,170	1,170
55至64歲	1,170	1,170
65至74歲	1,170	1,170
75歲或以上	1,170	1,170

患有新發現高血壓人士

地區	男/女	男/女
中西區	1,170	1,170
東區	1,170	1,170
南區	1,170	1,170
北區	1,170	1,170
離島區	1,170	1,170

患有新發現高血壓人士

教育程度	男/女	男/女
小學或以下	1,170	1,170
初中	1,170	1,170
高中	1,170	1,170
大學或以上	1,170	1,170

患有新發現高血壓人士

職業	男/女	男/女
專業人士	1,170	1,170
行政人員	1,170	1,170
服務業	1,170	1,170
體力勞動	1,170	1,170
無業	1,170	1,170

患有新發現高血壓人士

婚姻狀況	男/女	男/女
已婚	1,170	1,170
未婚	1,170	1,170
離婚	1,170	1,170
喪偶	1,170	1,170

患有新發現高血壓人士

家庭成員	男/女	男/女
有家人支持	1,170	1,170
無家人支持	1,170	1,170

患有新發現高血壓人士

生活壓力	男/女	男/女
高	1,170	1,170
低	1,170	1,170

患有新發現高血壓人士

生活滿意度	男/女	男/女
高	1,170	1,170
低	1,170	1,170

患有新發現高血壓人士

生活習慣	男/女	男/女
健康	1,170	1,170
不健康	1,170	1,170

患有新發現高血壓人士

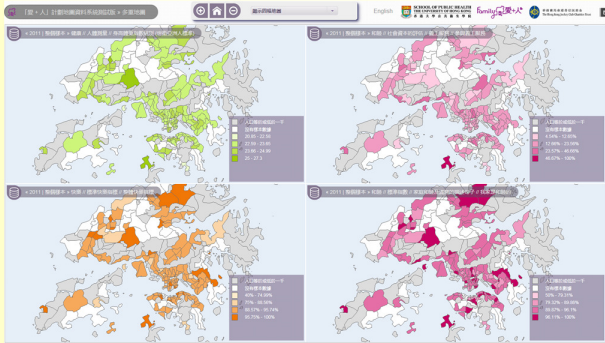
生活環境	男/女	男/女
好	1,170	1,170
不好	1,170	1,170

An infrastructure of new and in-depth studies

Uniqueness of FAMILY Cohort (5)

FAMILY Cohort's Geographic Information System (GIS)

<http://familycohortgis.sph.hku.hk/user-login/>



A “social barometer”
with great “potential
capacity”

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Future development

A joint funding model to support:

- **Maintenance:** Data management and cohort maintenance
- **Open enquires:** Response to enquiries from government and community, such as in-depth analysis of existing data and presentations
- **Collecting new data:** further follow up; sub-studies on special groups for Family Impact Assessment
- **Access for other data users and researchers:** data need to be cleaned and organized thoroughly before sharing

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FAMILY: A Jockey Club Initiative for a Harmonious Society

愛+人：賽馬會和諧社會計劃



Thank you



**SCHOOL OF PUBLIC HEALTH
THE UNIVERSITY OF HONG KONG**
香港大學公共衛生學院



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

Discussion

