

第二次人口健康調查主要結果發布

Announcement of key findings of the 2nd Population Health Survey

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27.11.2017



調查目的

Survey Objectives

- 監測香港人口健康狀況及與健康相關的風險因素
Surveillance of health status and health-related risk factors of the Hong Kong population
- 強化政府的人口健康資料庫，以協助制定以實証為本的衛生政策
Strengthen the Government's information base on population health, thereby support evidence-based decision in health policy making

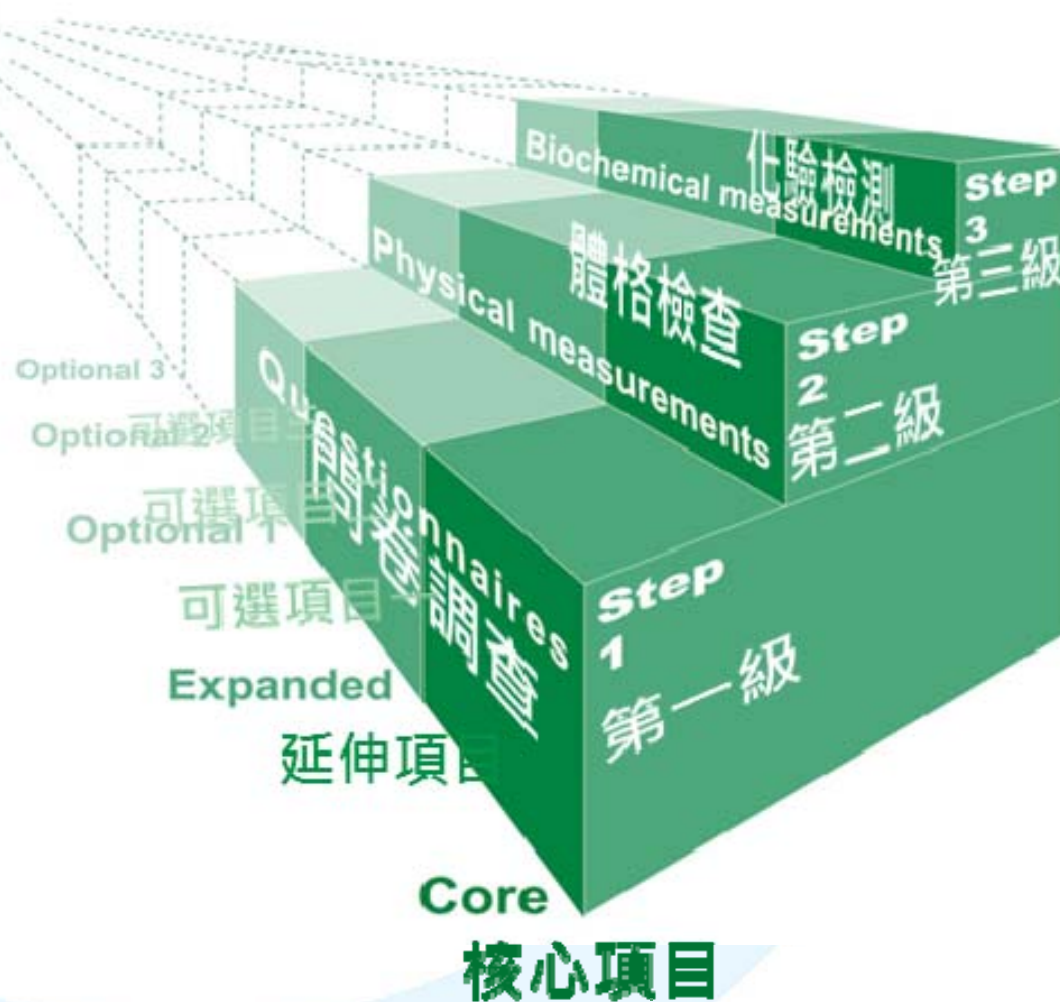


大綱 Outline

- 背景 Background
- 有關行為風險因素的調查結果
Findings about behavioural risk factors
- 慢性疾病的流行情況
Prevalence of chronic disease conditions
- 人口健康改善了嗎?
Has population health improved ?
- 應對挑戰
Facing the challenge



背景 Background



背景

Background

- 第一次人口健康調查於2003/04年進行
First Population Health Survey (PHS) in 2003/04
- 於2014年12月開展第二次調查
Second PHS commenced in December 2014
- 以人口為基礎的橫斷面住戶調查
A population-based cross-sectional household survey
- 涵蓋香港陸上非住院人口
Covered land-based non-institutional population



調查方法

Survey Method

調查工作包括：

- (I) 住戶問卷 (15 歲或以上人士)
- (II) 身體檢查 (完成住戶調查訪問的15歲至84歲人士)

Fieldwork consisted of :

- (I) household questionnaire (aged 15 or above)
- (II) health examination (aged 15 to 84) who were enumerated in the household interviews



住戶問卷包括

Household Questionnaire Covers

1. 自我評估健康狀況
Self-rated health
2. 身體健康狀況
Physical health status
3. 心理社交健康
Psychosocial health
4. 生活質素
Quality of life
5. 健康相關的行為及生活習慣
Health-related lifestyle practices
6. 非故意損傷
Unintentional injuries
7. 疾病預防措施
Preventive practices
8. 醫療服務的使用
Use of health services
9. 人口統計資料
Socio-demographic characteristics



身體檢查包括

Health Examination Covers

體格檢查

Physical measurements

- 體重
Body weight
- 身高
Body height
- 體重指數
Body mass index (BMI)
- 腰圍及臀圍
Hip & waist circumferences
- 血壓
Blood pressure

化驗檢測

Biochemical testing

- 血脂
Blood lipid
- 血糖及糖化血紅素
Fasting blood glucose and glycated haemoglobin (HbA1c)
- 24 小時尿液的鈉含量
24-hour urine test for sodium



參與情況

Participation results

住戶問卷 (15 歲或以上)
Household questionnaire (aged 15+)
12/2014 – 10/2015

7 205 家庭住戶
/ domestic
households

住戶整體回應率
Household response rate:
75.4%

12 022 受訪者 /
respondents
(5 435 家庭住戶 /
domestic
households)

身體檢查 (15 至 84 歲)
Health examination (aged 15 to 84)
6/2015 – 8/2016

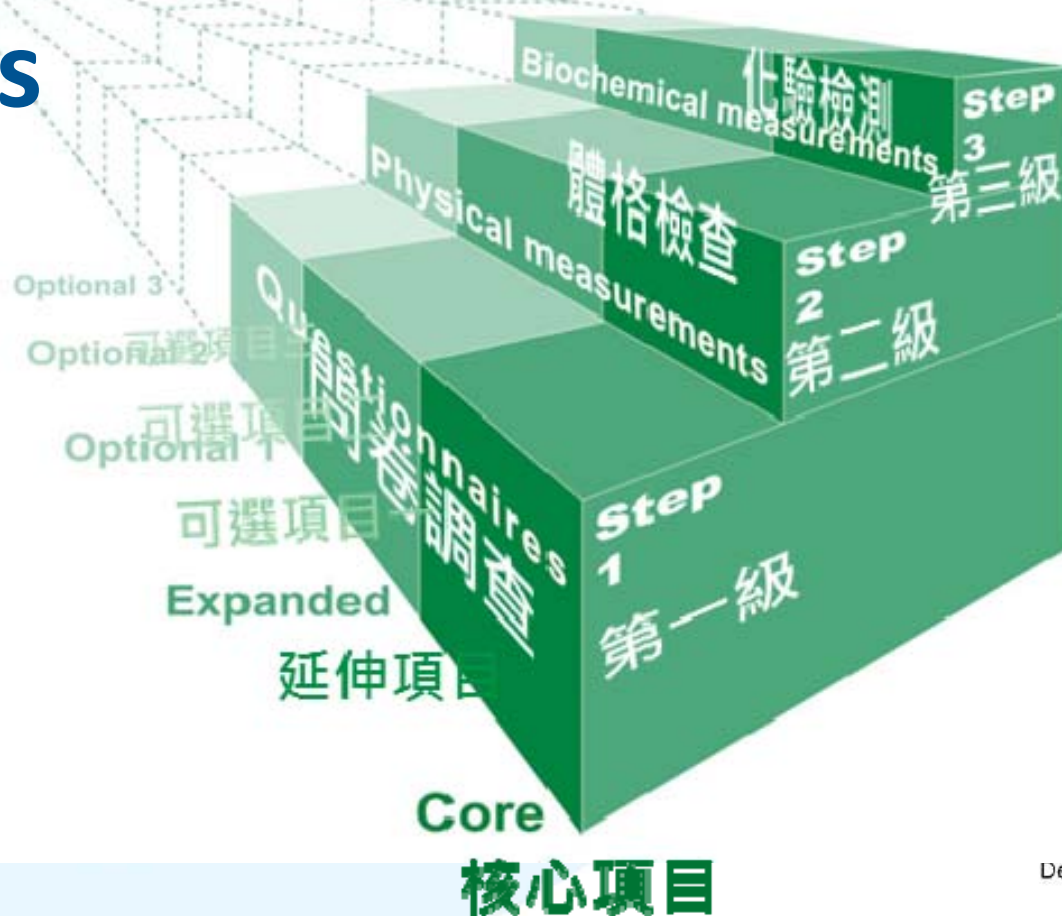
2 347 參加者 /
participants
(1 449 家庭住戶 /
domestic
households)

參與率
Participation rate:
39.5%



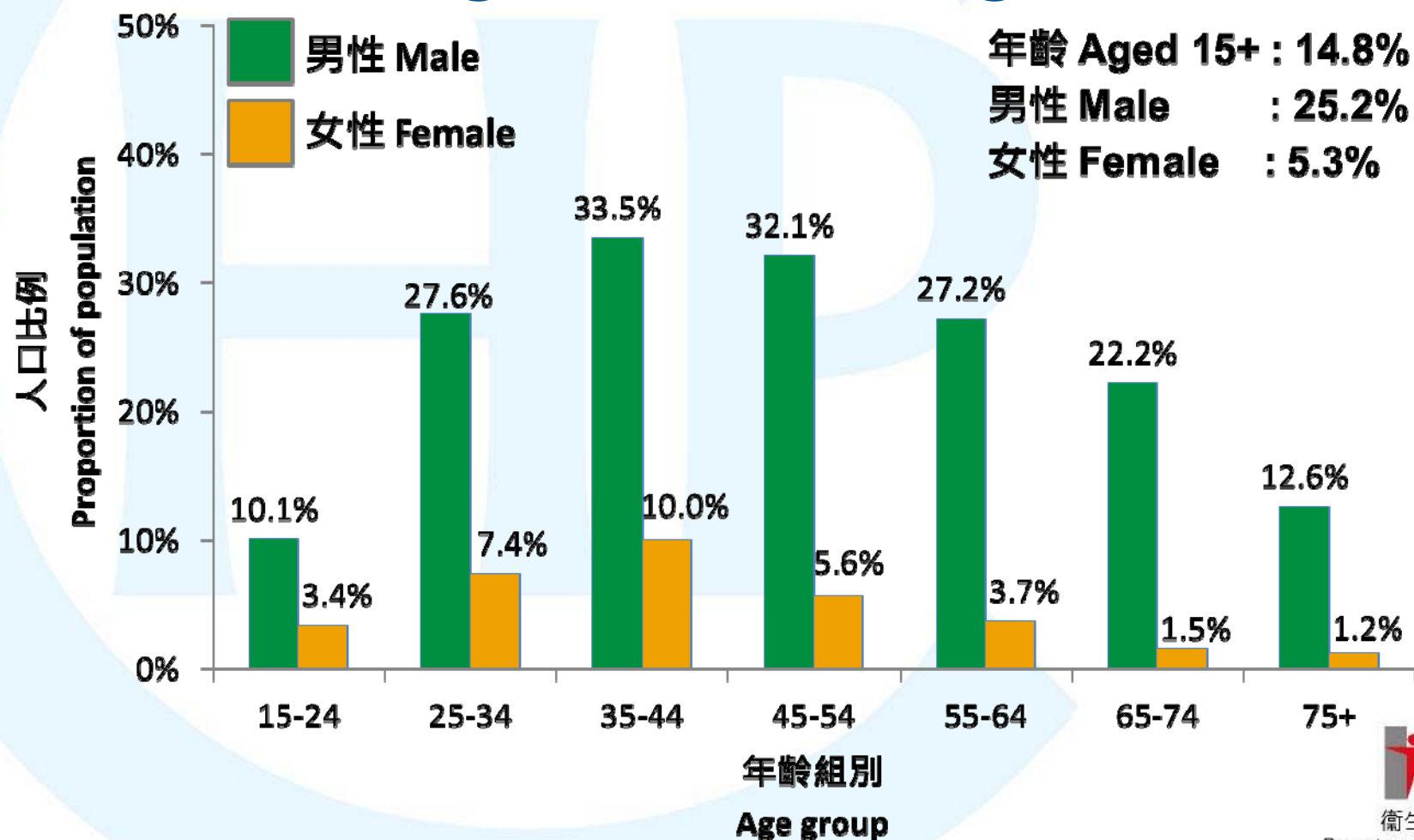
有關行為風險因素的 調查結果

Findings about behavioural risk factors



現時有吸煙習慣人士

Persons currently have habits of cigarette smoking

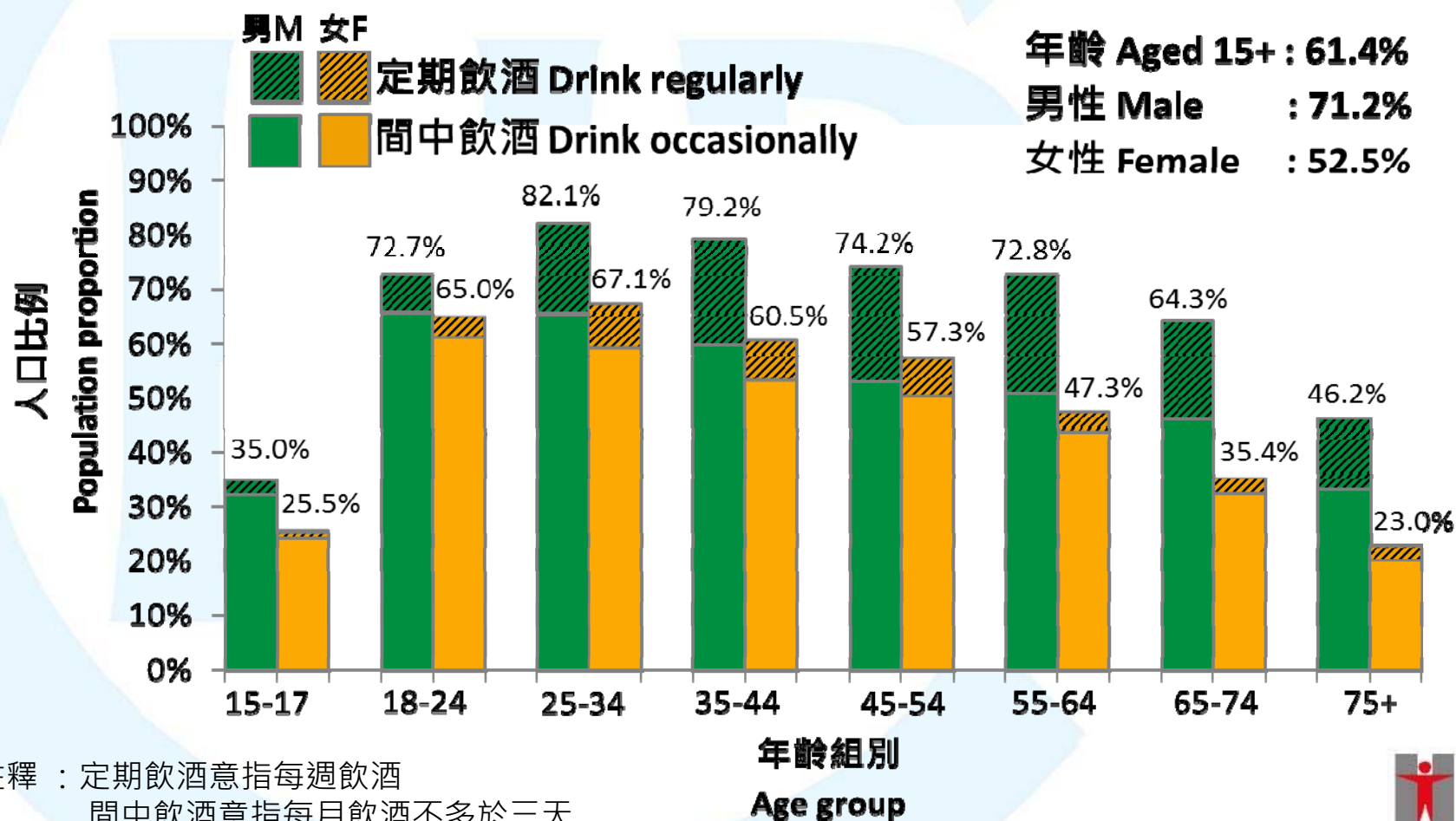


飲酒習慣

Pattern of alcohol consumption

在過去 12 個月內曾飲酒的 15 歲或以上人士

Persons aged 15+ who had drunk alcohol in the past 12 months



註釋：定期飲酒意指每週飲酒

間中飲酒意指每月飲酒不多於三天

Note : Drink regularly means drink alcohol in at least one day a week

Drink occasionally means drink alcohol in no more than three days a month.

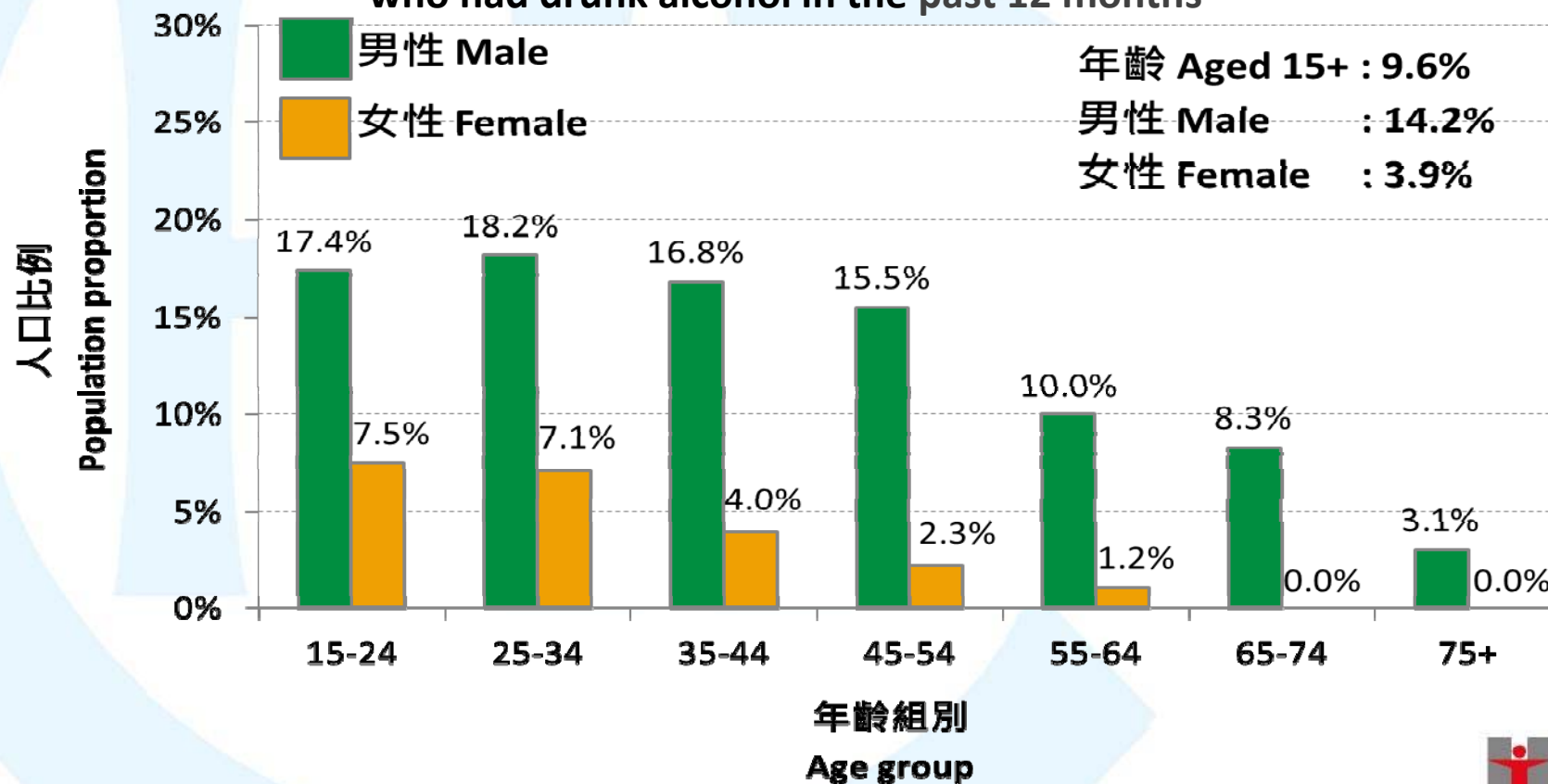


暴飲 / 大量飲酒

Binge drinking / Heavy episodic drinking

在過去 12 個月內曾飲酒的 15 歲或以上人士中曾暴飲的比例

Proportion of binge drinking among persons aged 15+
who had drunk alcohol in the past 12 months



註釋：暴飲意指連續至少飲用 5 罐啤酒、5 杯餐酒或 5 杯烈酒。

Note : Binge drinking means drinking at least 5 cans of beer, 5 glasses of table wines or 5 pegs of spirits on one occasion.

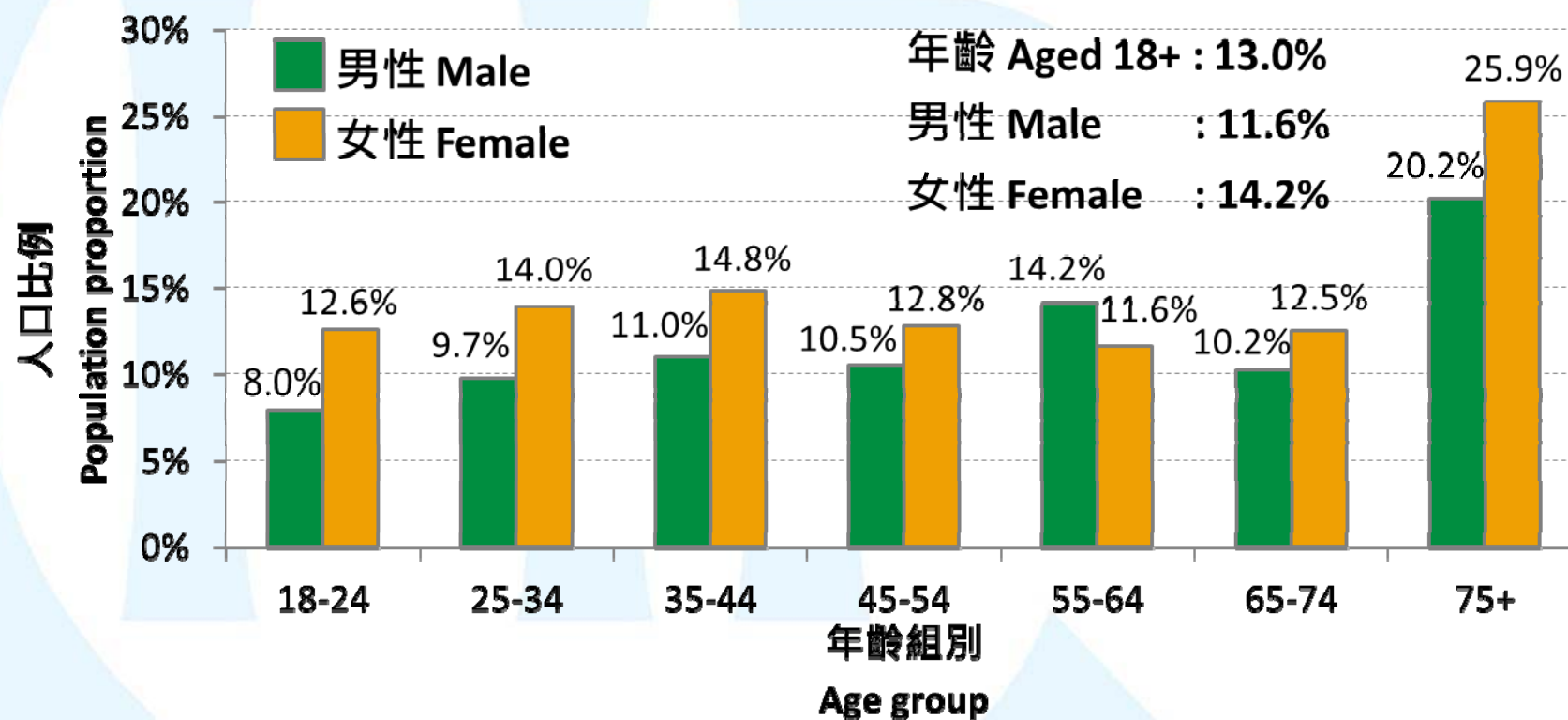


體能活動水平

Level of physical activities

18 歲或以上未能符合世界衛生組織建議體能活動量的人口比例

Proportion of population aged 18 or above who did not meet WHO recommendation



註釋：世界衛生組織建議 18 歲或以上人士 (i) 每星期有 150 分鐘的中等強度體能活動，或 (ii) 每星期有 75 分鐘的劇烈體能活動，或 (iii) 中等強度和劇烈活動綜合起來達到相當於至少 600 代謝當量 (MET)-分鐘的體能活動。

Note: WHO recommended for persons aged 18 or above performing (i) 150 minutes of moderate-intensity physical activity per week, or (ii) 75 minutes of vigorous-intensity physical activity per week, or (iii) an equivalent combination of moderate- and vigorous-intensity physical activity accumulating at least 600 MET-minutes per week.

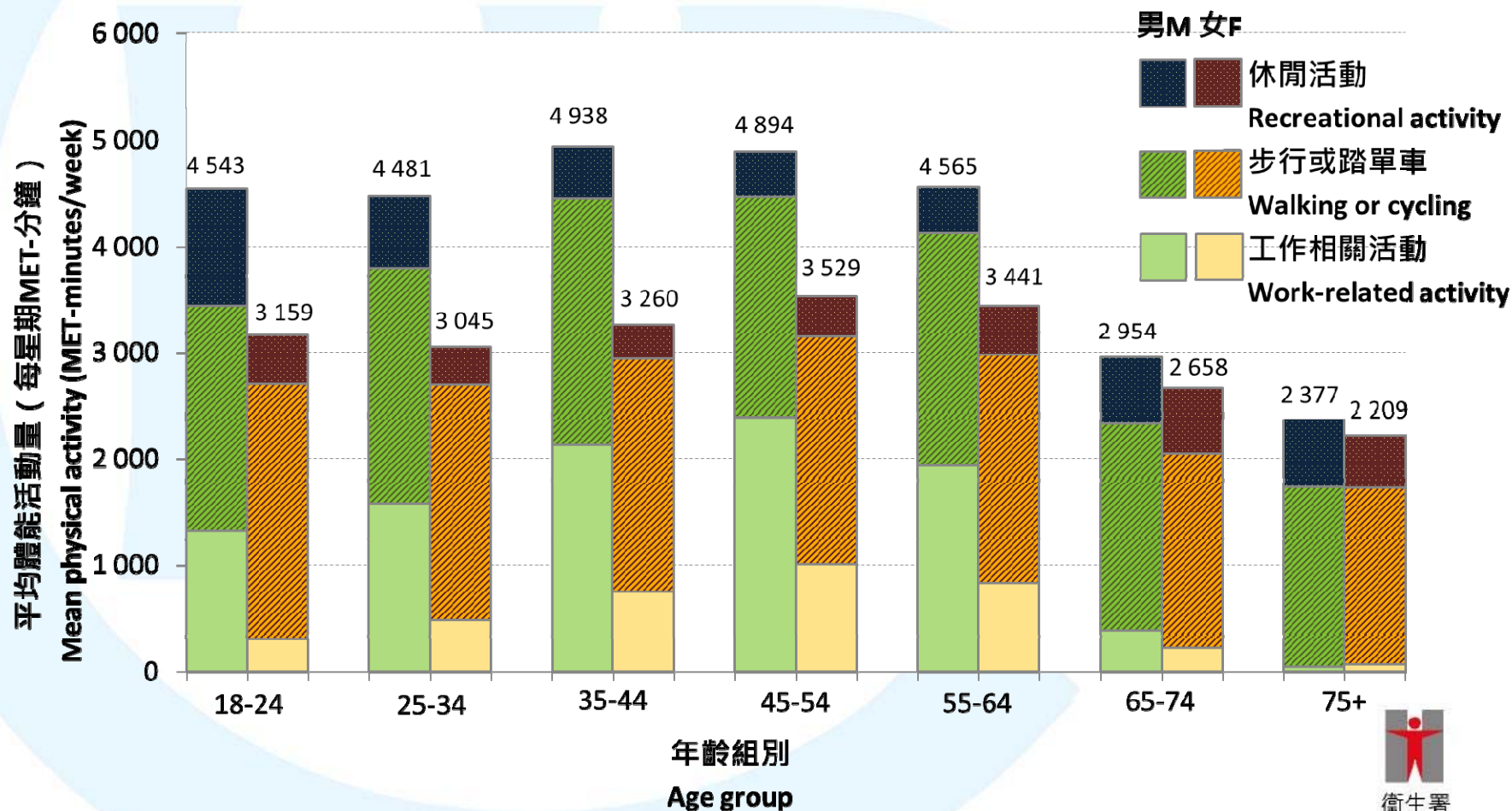


特定類型的平均體能活動量

Average physical activity by setting

符合世界衛生組織建議體能活動量的人士

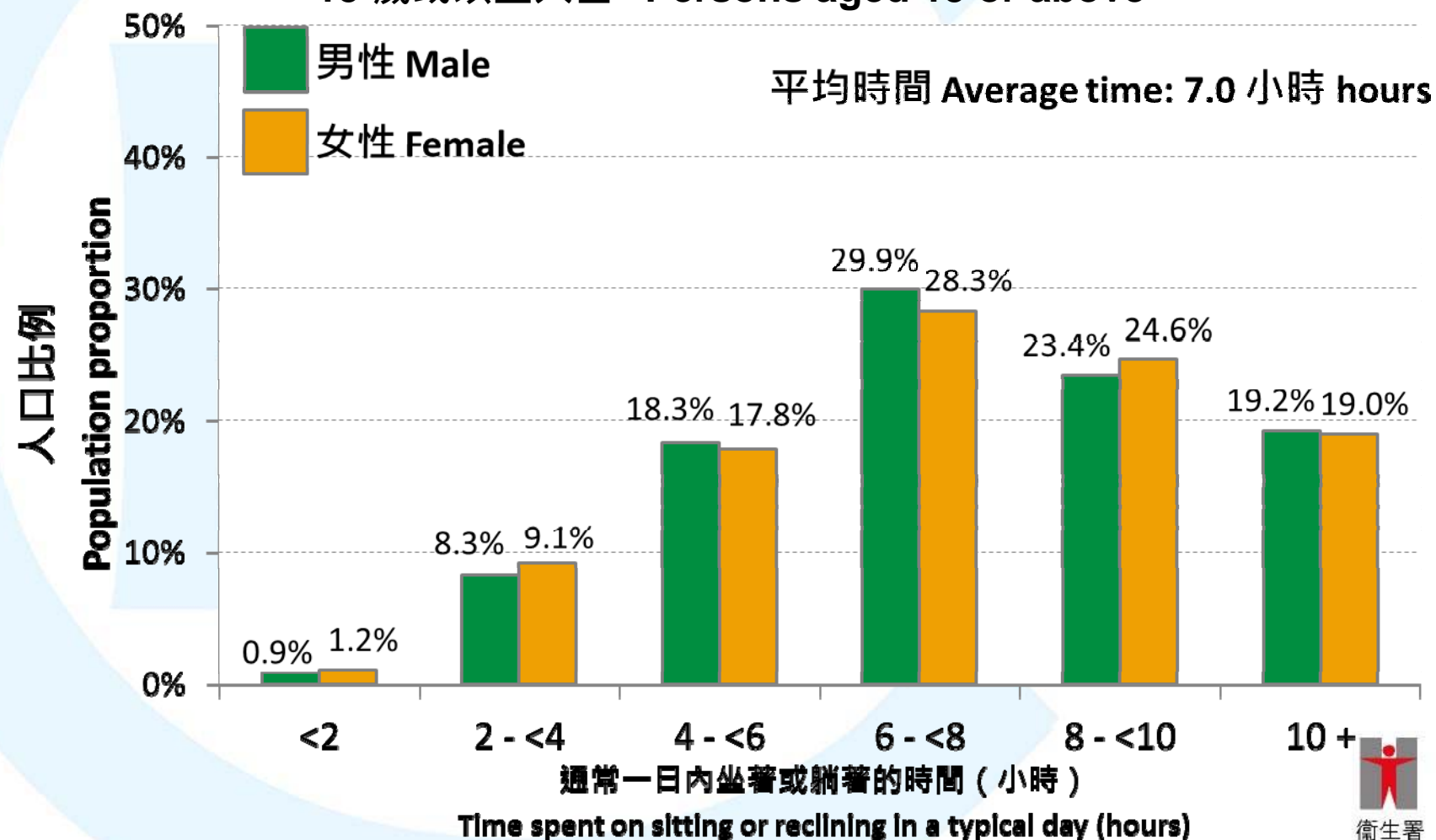
Persons who met WHO recommended level of physical activity



坐著或躺著的時間（不包括睡眠時間）

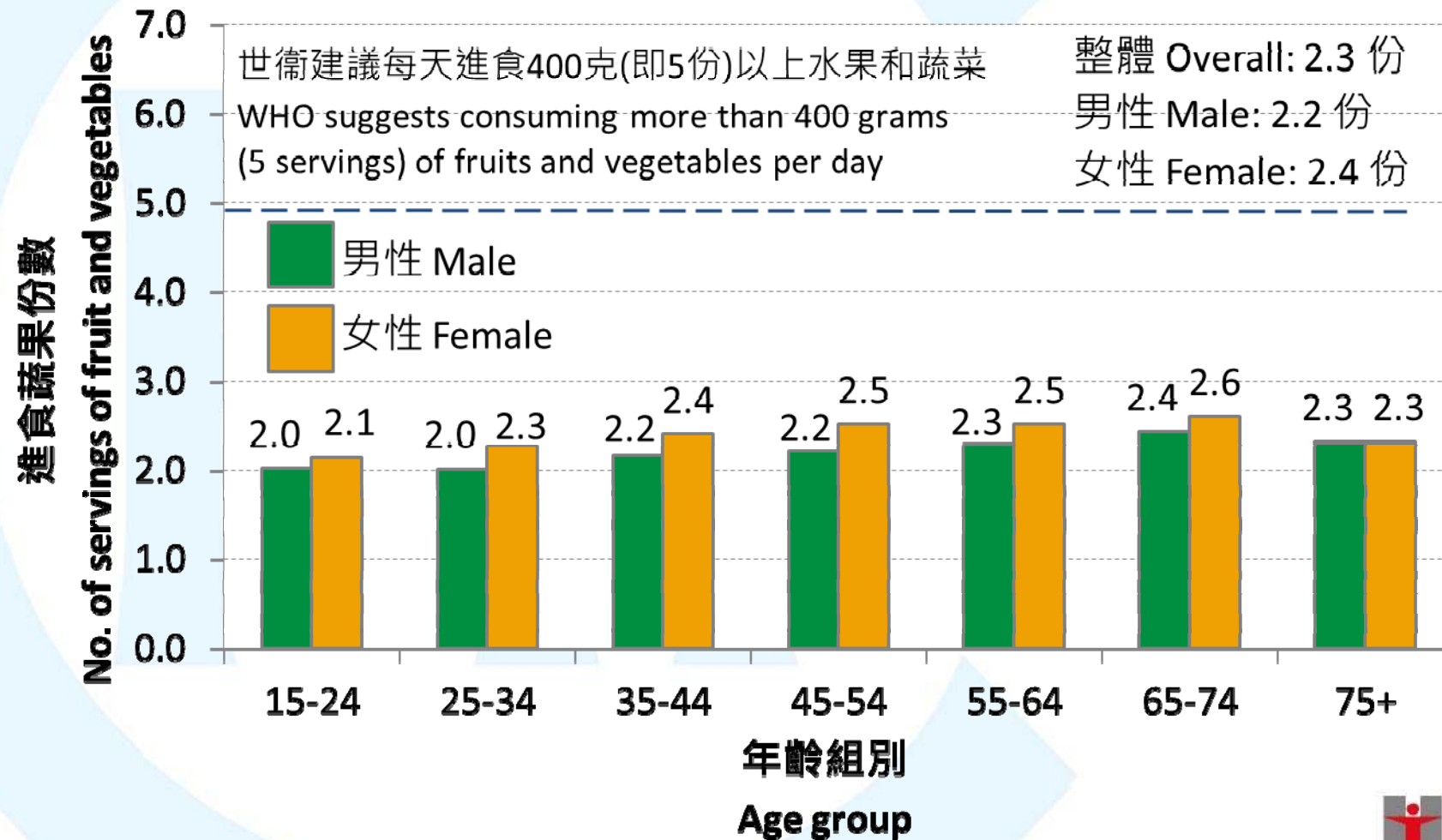
Time spent on sitting or reclining (excluding sleeping time)

15 歲或以上人士 Persons aged 15 or above



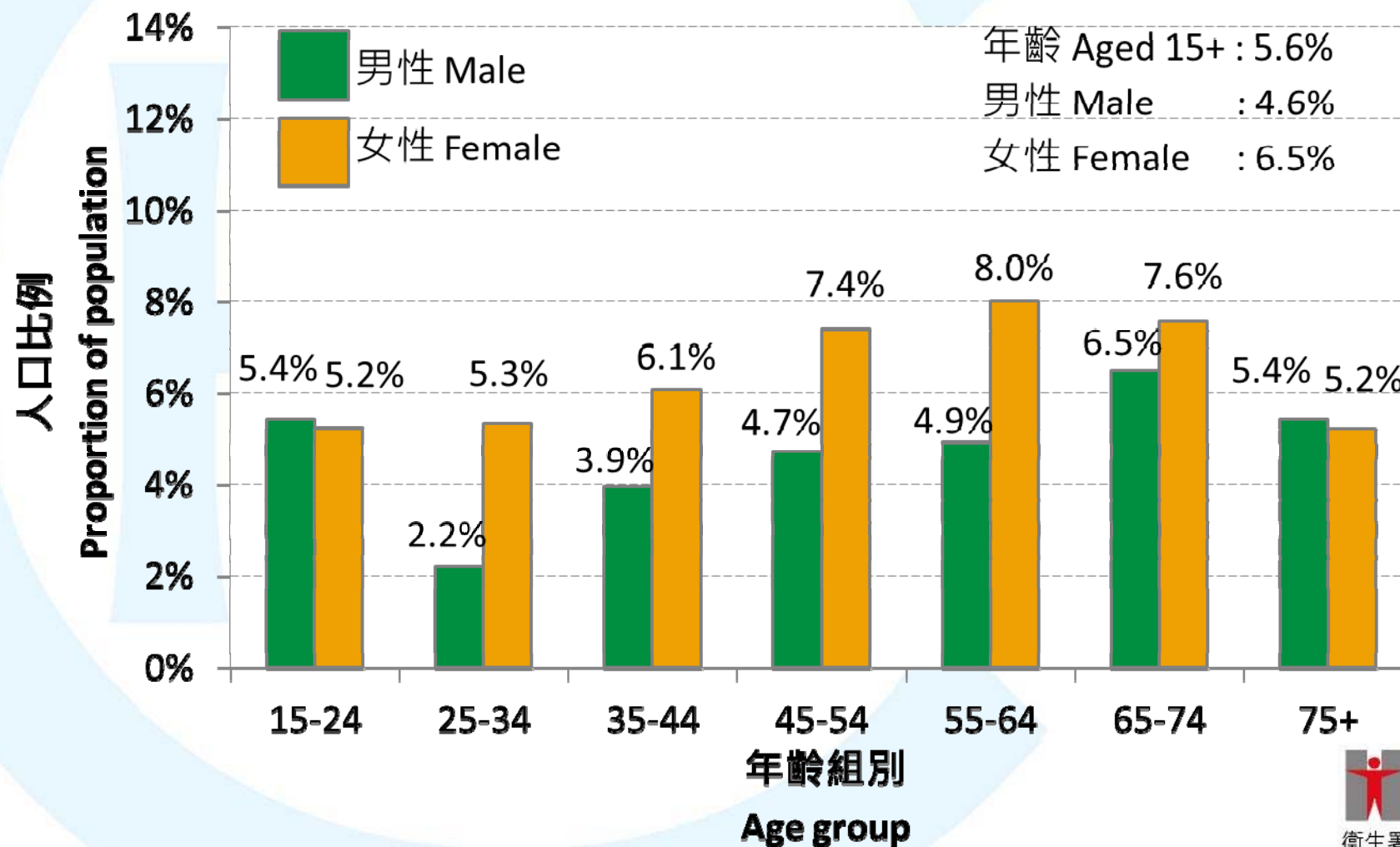
平均每天食用的蔬果量

Fruit and vegetables (F&V) consumed on average per day

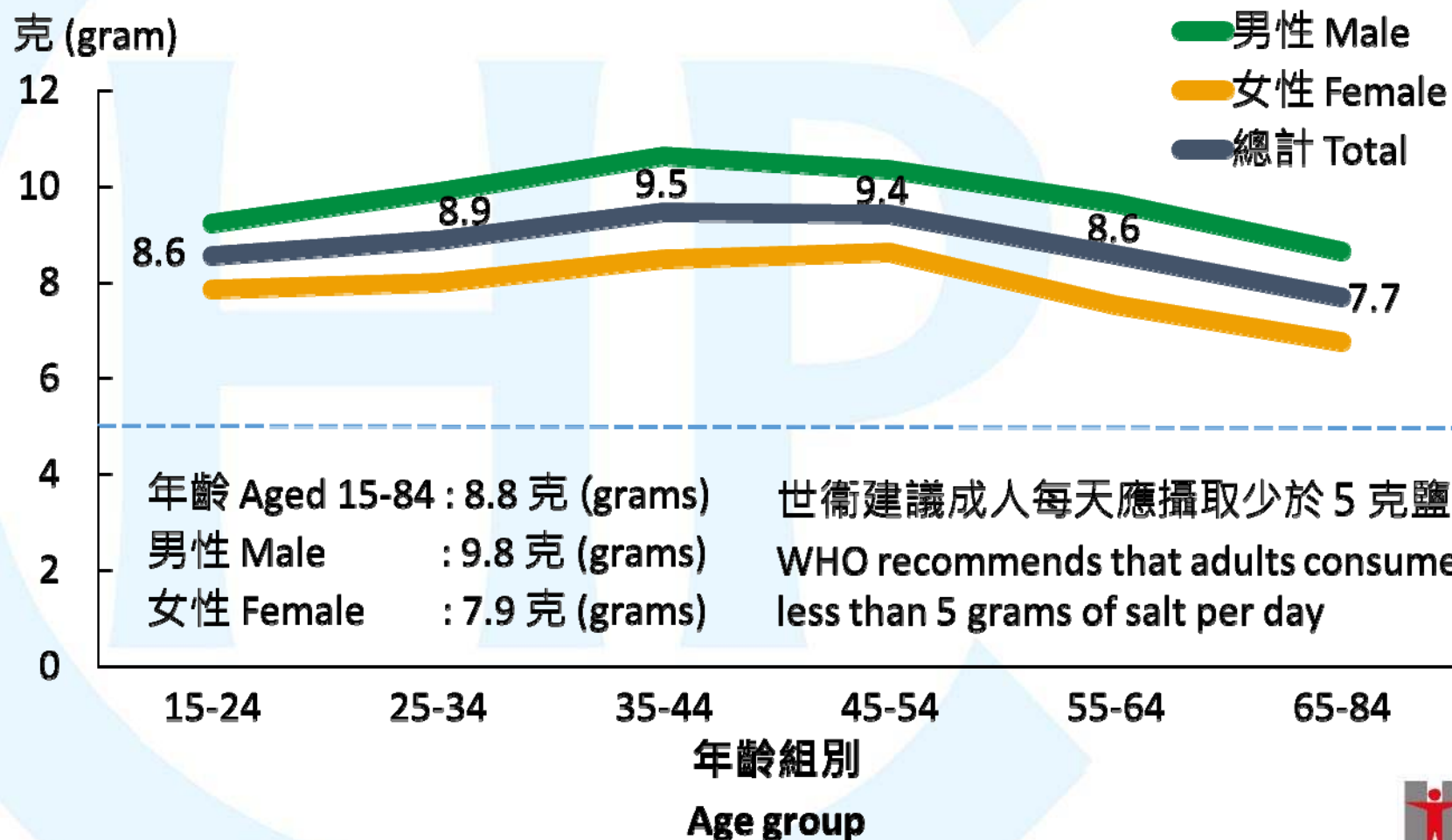


蔬果進食達到世衛建議的人口比例

Percentage of population meeting WHO recommendation for F&V intake



每日平均鹽攝取量 Mean daily salt intake



年齡 Aged 15-84 : 8.8 克 (grams)

男性 Male : 9.8 克 (grams)

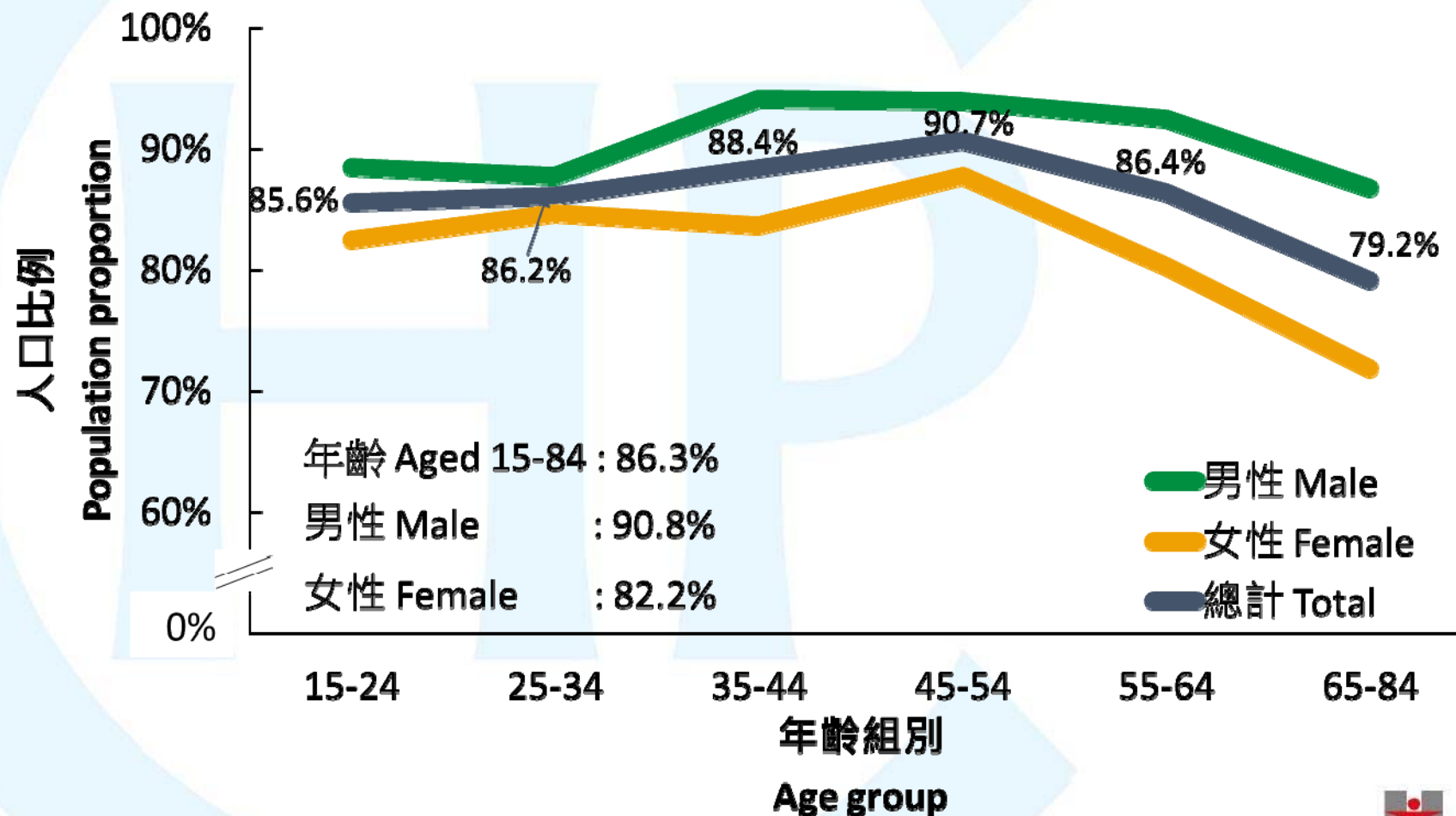
女性 Female : 7.9 克 (grams)

世衛建議成人每天應攝取少於 5 克鹽
WHO recommends that adults consume less than 5 grams of salt per day



鹽攝取量未達世衛建議的人口比例

Percentage of population not meeting WHO recommendation for salt intake



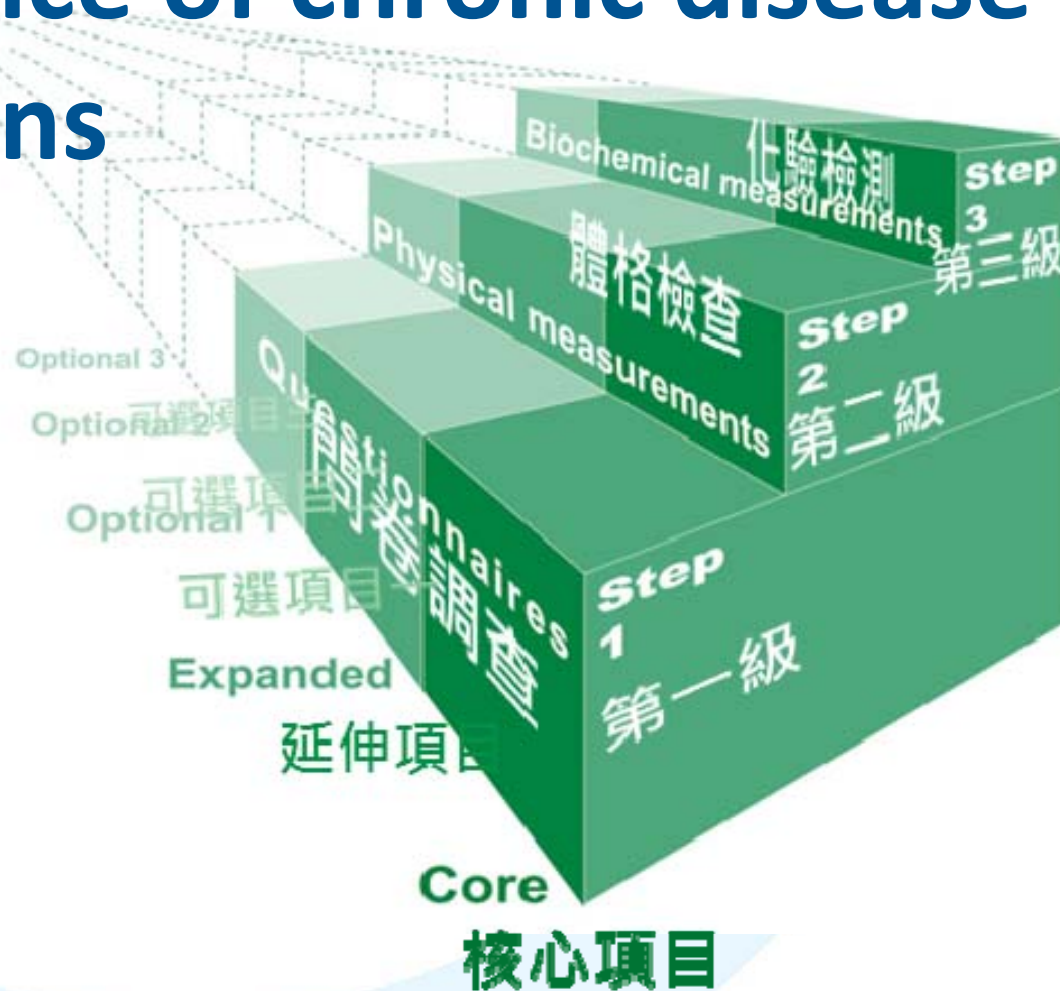
註釋：食用鹽攝取量超出世衛建議的每日攝取上限 (即每日少於 5 克鹽)。

Note: Dietary salt intake in excess of WHO recommended limit of less than 5 g of salt per day.



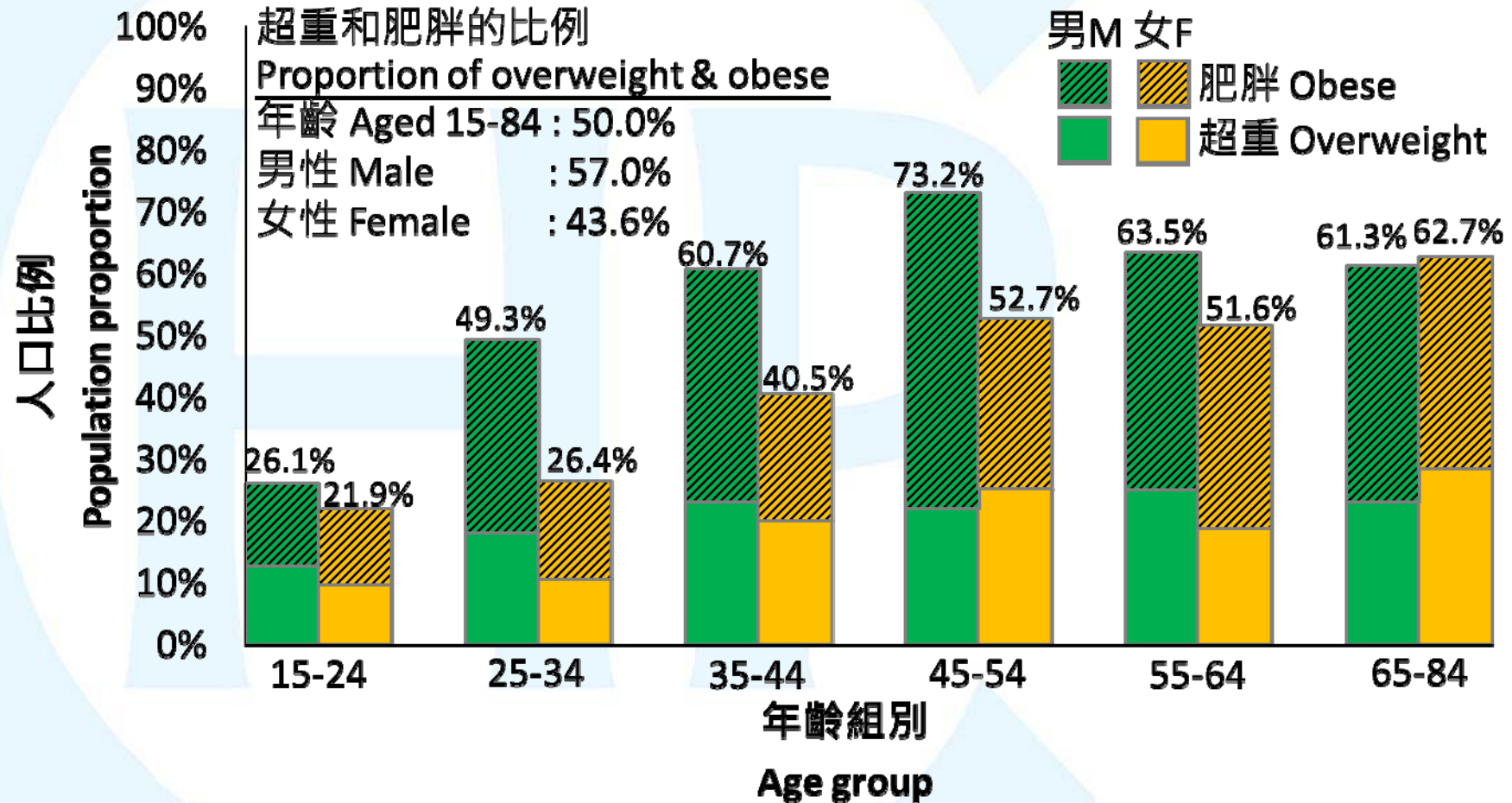
慢性疾病的流行情況

Prevalence of chronic disease conditions



超重和肥胖的人口比例

Prevalence of overweight / obese



註釋：超重 (體重指標 $\geq 23.0 \text{ kg/m}^2$ 及 $< 25 \text{ kg/m}^2$)

肥胖 (體重指標 $\geq 25.0 \text{ kg/m}^2$)

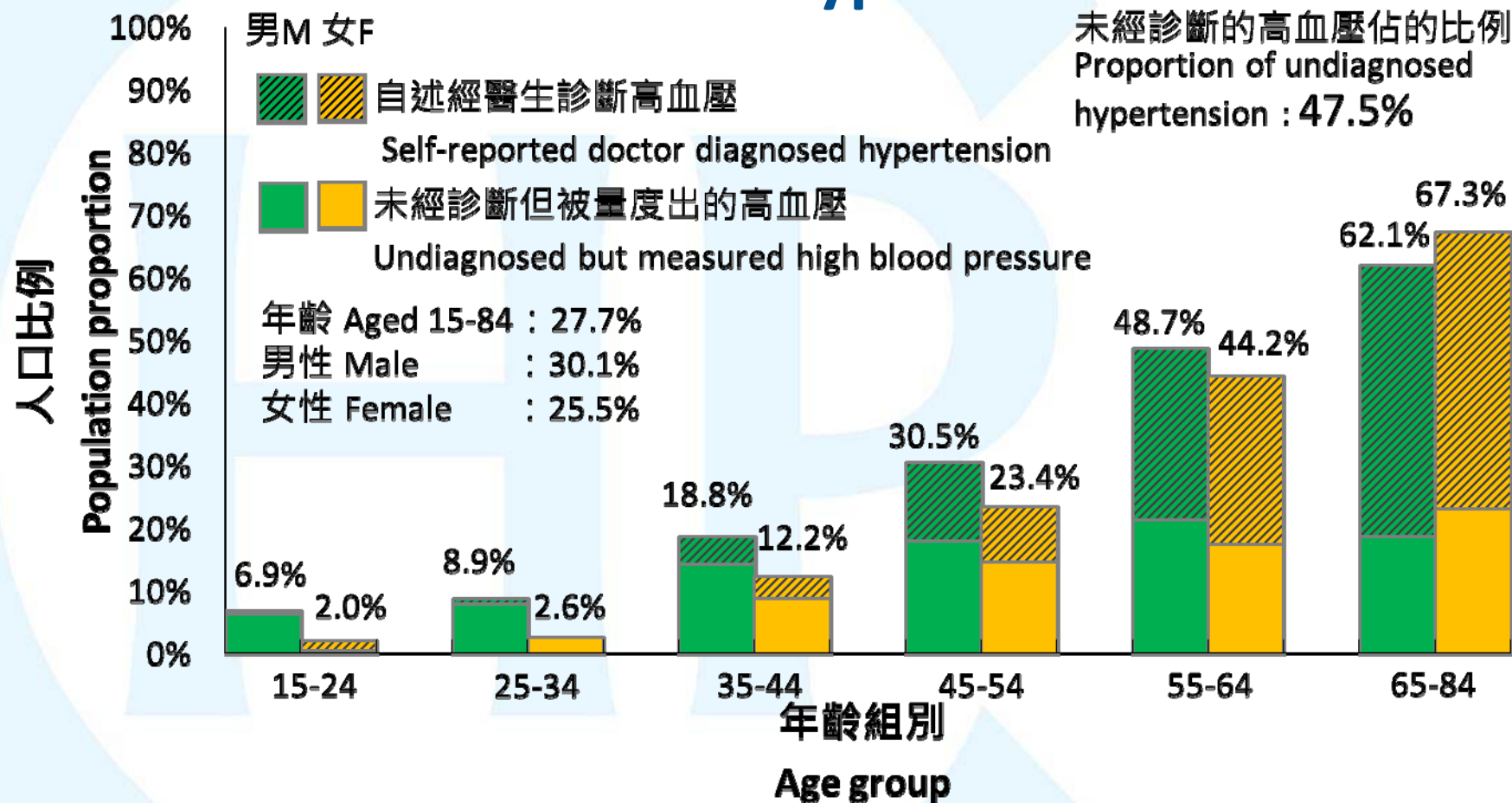
Notes: Overweight (BMI $\geq 23.0 \text{ kg/m}^2$ and $< 25 \text{ kg/m}^2$)

Obese (BMI $\geq 25.0 \text{ kg/m}^2$)



高血壓患病率

Prevalence of hypertension



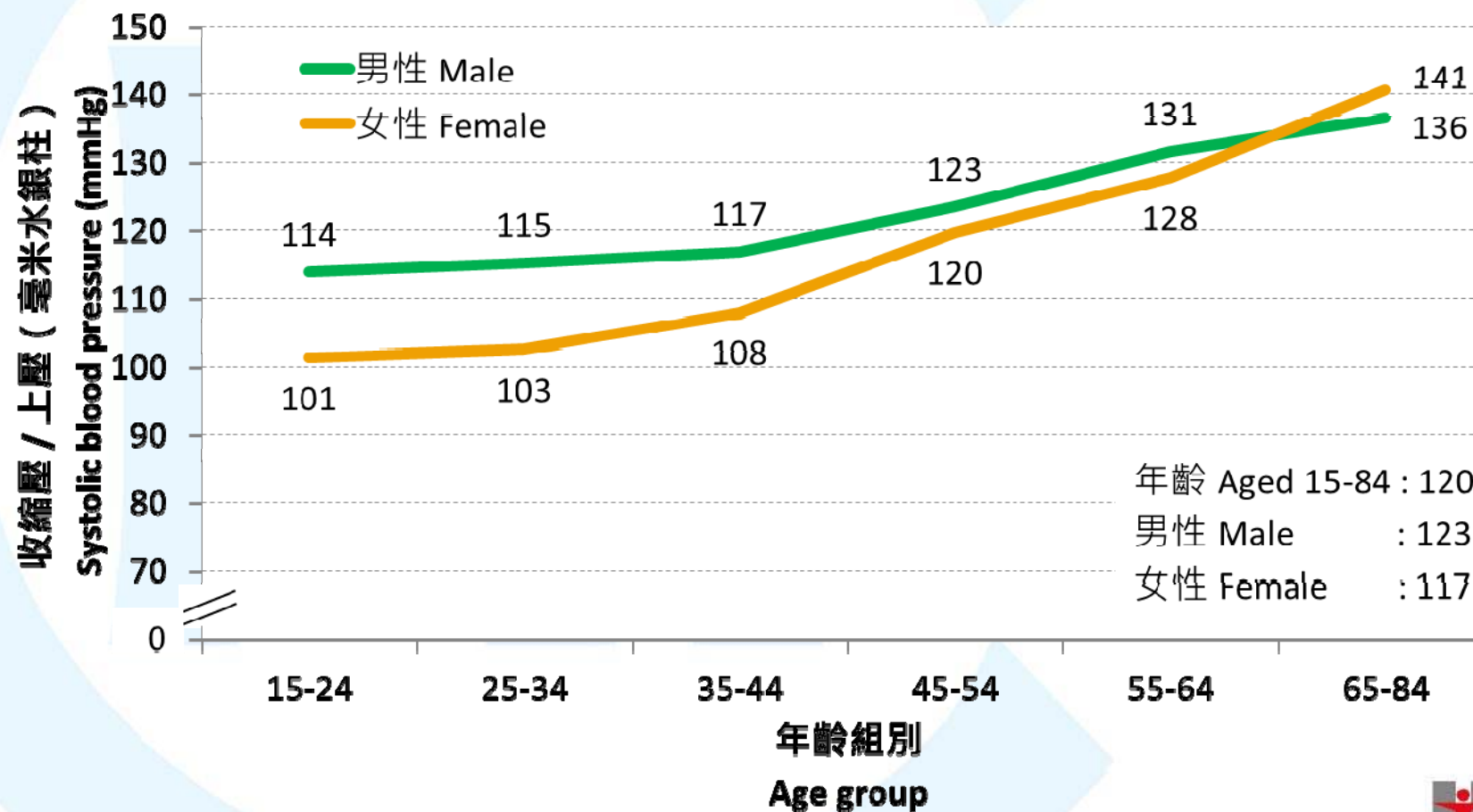
註釋：高血壓的患病人士包括 (i) 自述經醫生診斷為患有高血壓與 (ii) 未經診斷但被量度出的收縮壓達 ≥ 140 mmHg 或舒張壓達 ≥ 90 mmHg 的人士。

Note: Prevalence of hypertension (HT) included persons with (i) self-reported doctor-diagnosed HT and (ii) previously undiagnosed but measured systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg.



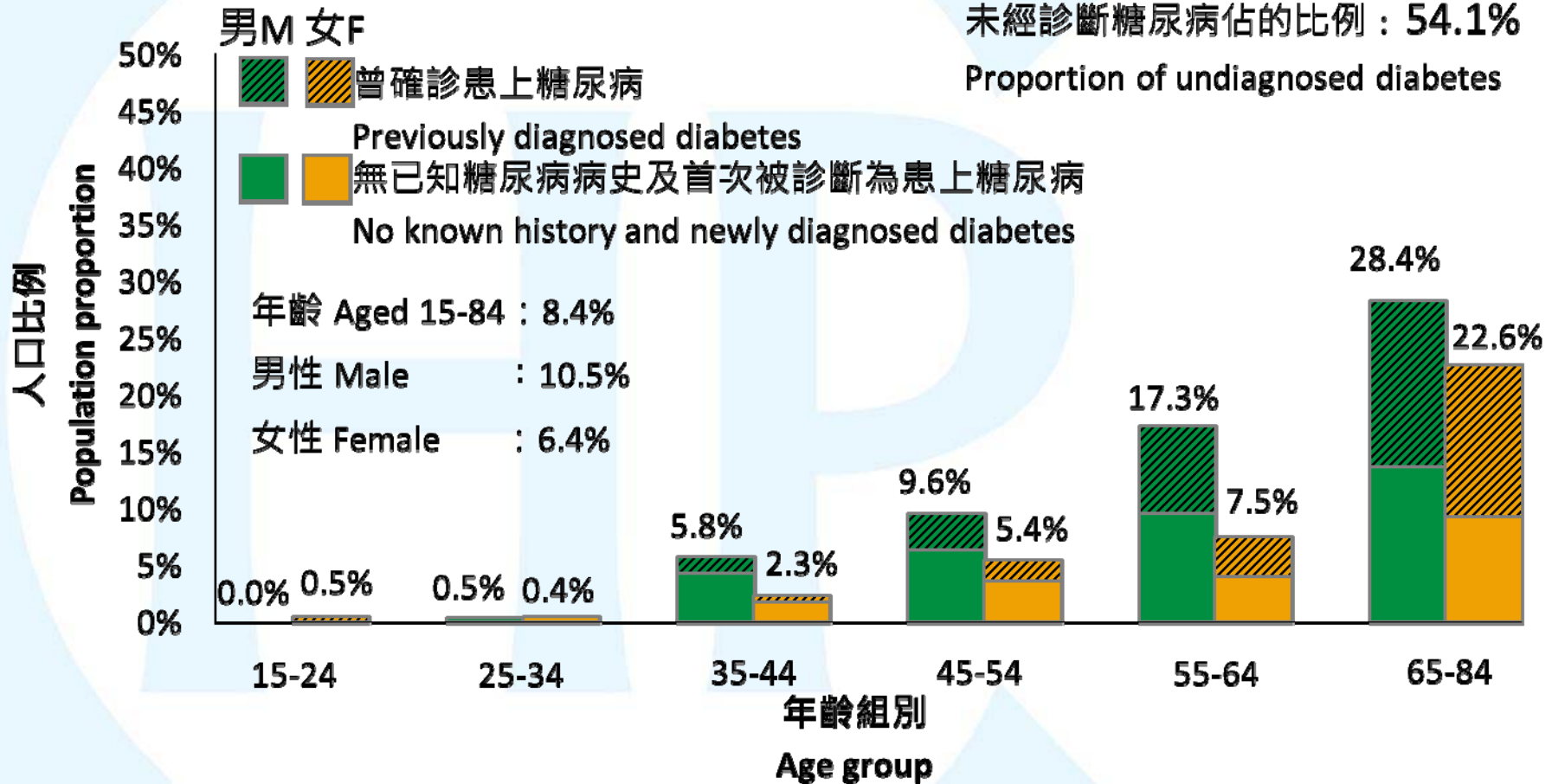
平均收縮壓

Mean systolic blood pressure



糖尿病患病率

Prevalence of diabetes mellitus



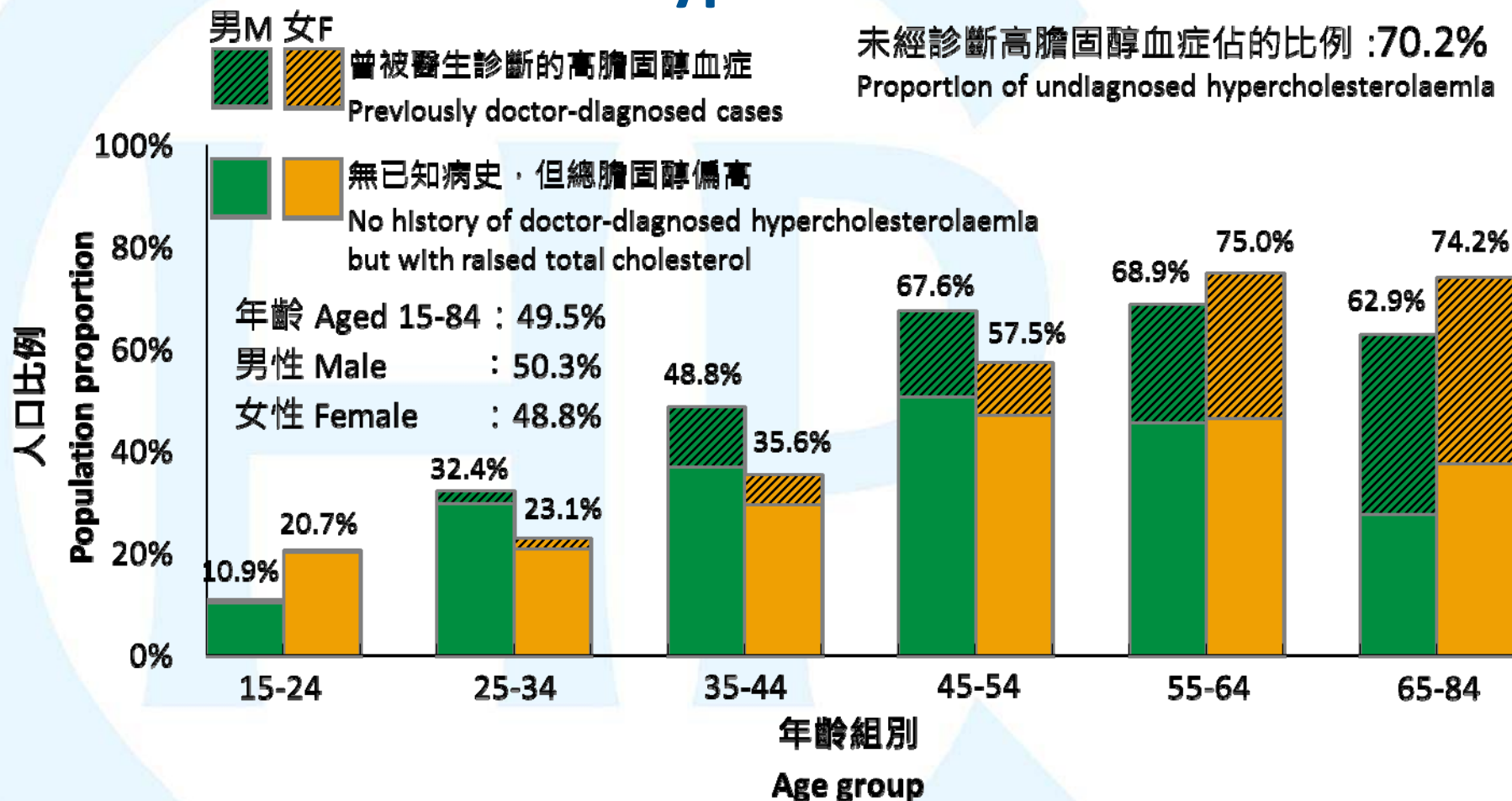
註釋：糖尿病的患病人士包括 (i) 無已知糖尿病病史及首次被診斷為患上糖尿病 (空腹血糖值 ≥ 7.0 mmol/L 或糖化血紅素值 $\geq 6.5\%$) 與 (ii) 曾確診患上糖尿病的人士。

Note : Prevalence of diabetes mellitus included (i) persons with no known history and newly diagnosed diabetes with blood test (fasting blood glucose ≥ 7.0 mmol/L or HbA1c $\geq 6.5\%$) and (ii) persons with previously diagnosed diabetes.



高膽固醇血症患病率

Prevalence of hypercholesterolaemia



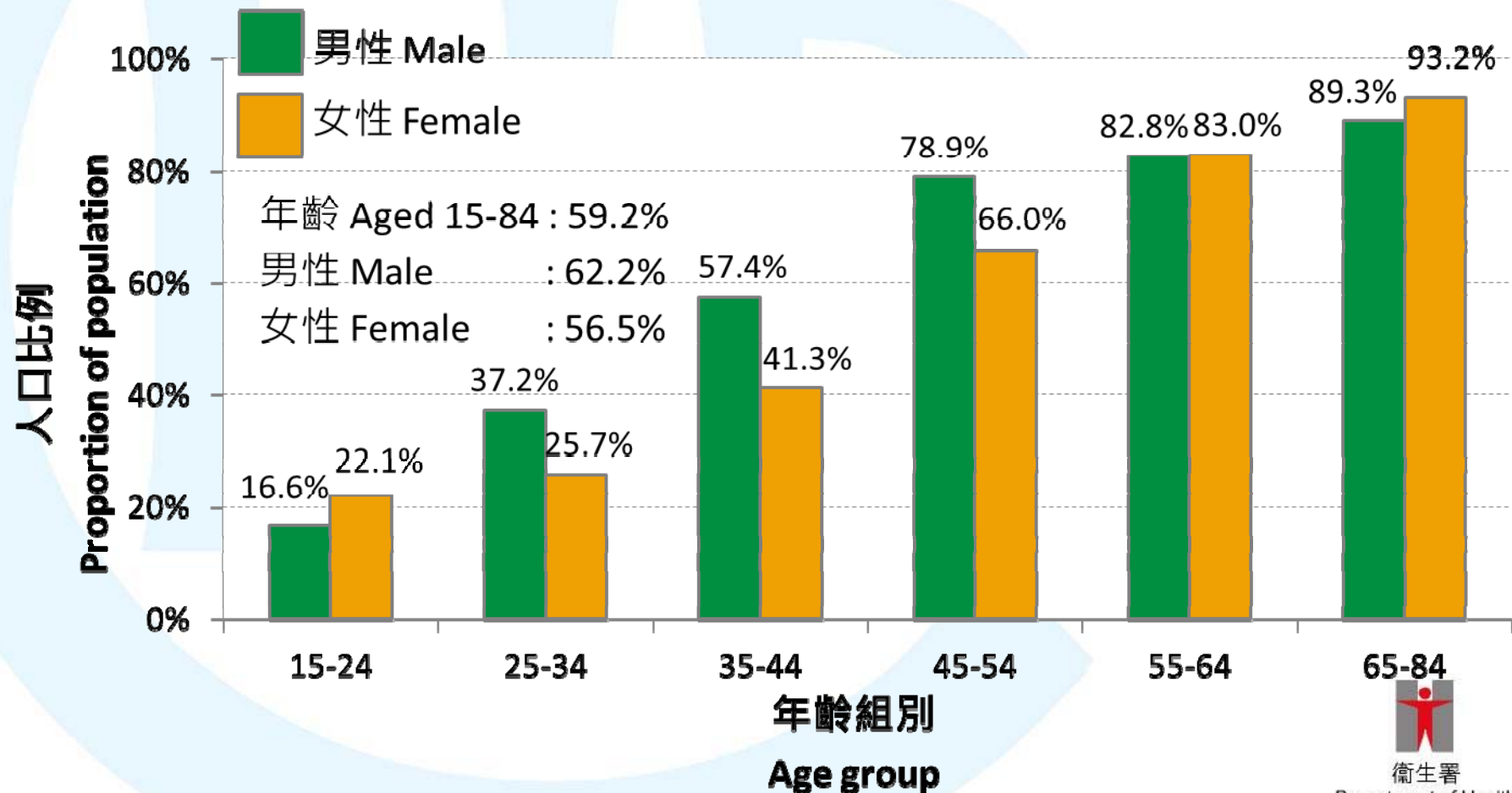
註釋：高膽固醇血症的患病人士包括 (i) 曾被醫生診斷的高膽固醇血症與 (ii) 無已知病史，但總膽固醇濃度 ≥ 5.2 mmol/L。

Note : Prevalence of hypercholesterolaemia included (i) persons with previously doctor-diagnosed hypercholesterolaemia and (ii) persons with no history of doctor-diagnosed hypercholesterolaemia but with raised total blood cholesterol ≥ 5.2 mmol/L.



患上高血壓、糖尿病和高膽固醇血症 其中一種或以上的比率

Prevalence of one or more of hypertension, diabetes mellitus and hypercholesterolaemia



心血管疾病風險預測模型

Risk prediction model for general cardiovascular diseases

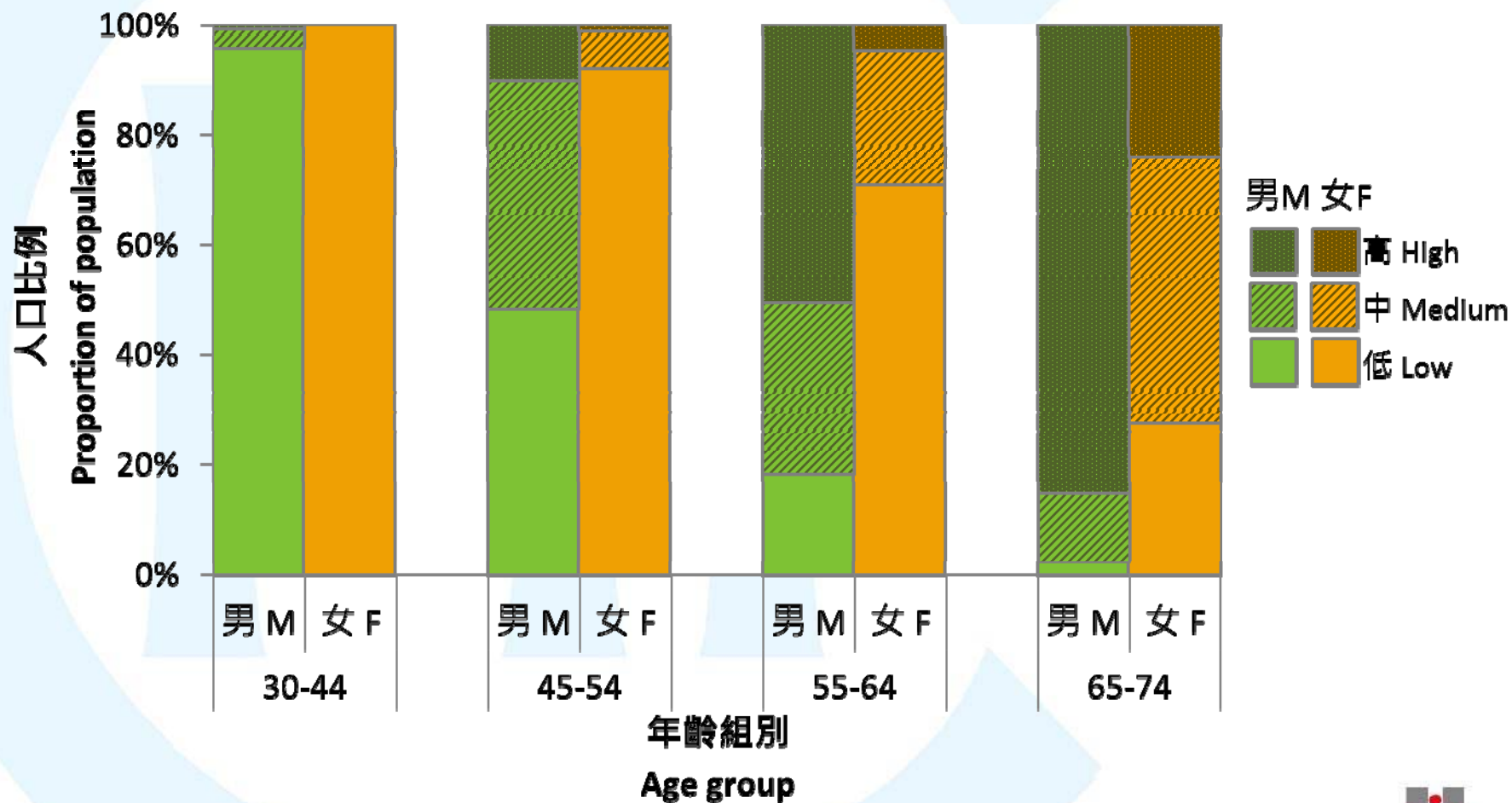
- 調查採用 Framingham 心血管疾病風險預測模型估計未來 10 年心血管疾病風險
Framingham risk prediction model adopted to estimate cardiovascular diseases (CVD) risk in next 10 years
- 涵蓋的心血管疾病有:冠狀動脈心臟病、中風、周邊動脈血管疾病或心臟衰竭
The CVD outcomes included coronary heart disease, stroke, peripheral artery disease or heart failure
- 使用7種風險因素 (risk factors) 去預測未來 10 年罹患心血管疾病的風險，包括: 年齡、性別、現時的吸煙習慣、總膽固醇含量和高密度脂蛋白、收縮壓、高血壓治療及糖尿病狀況
Seven risk factors were used, including age, gender, current habit of smoking, total and high-density lipoprotein cholesterol, systolic blood pressure, treatment for hypertension and diabetes status, to predict the risk of the above cardiovascular outcomes.
- 10 年心血管疾病風險計算機/Calculators for 10-year cardiovascular disease risk
<https://www.framinghamheartstudy.org/risk-functions/cardiovascular-disease/10-year-risk.php>. (Click “Using lipids” or “Using BMI”)

Source: Framingham Heart Study



未來 10 年心血管疾病風險

Cardiovascular disease (CVD) risk in next 10 years



註釋：高：心血管疾病風險 $\geq 20\%$ ；中：心血管疾病風險 $\geq 10\%$ 及 $< 20\%$ ；低：心血管疾病風險 $< 10\%$
 Note : High: CVD risk $\geq 20\%$, Medium: CVD risk ≥ 10 and $< 20\%$, Low: CVD risk $< 10\%$



人口中常見非傳染病概況

Overview of common non-communicable diseases in the population

- 不健康生活習慣普遍存在，例如進食蔬果不足、膳食太鹹、飲酒、吸煙、靜態生活

Unhealthy lifestyle practices are common, such as inadequate intake of fruit and vegetables, high salt diet, drinking, smoking, sedentary lifestyle

- 肥胖、高血壓、糖尿病及高膽固醇血症相當普遍

Obesity, hypertension, diabetes mellitus and hypercholesterolaemia are common

- 上述疾病的風險隨年齡增長而上升

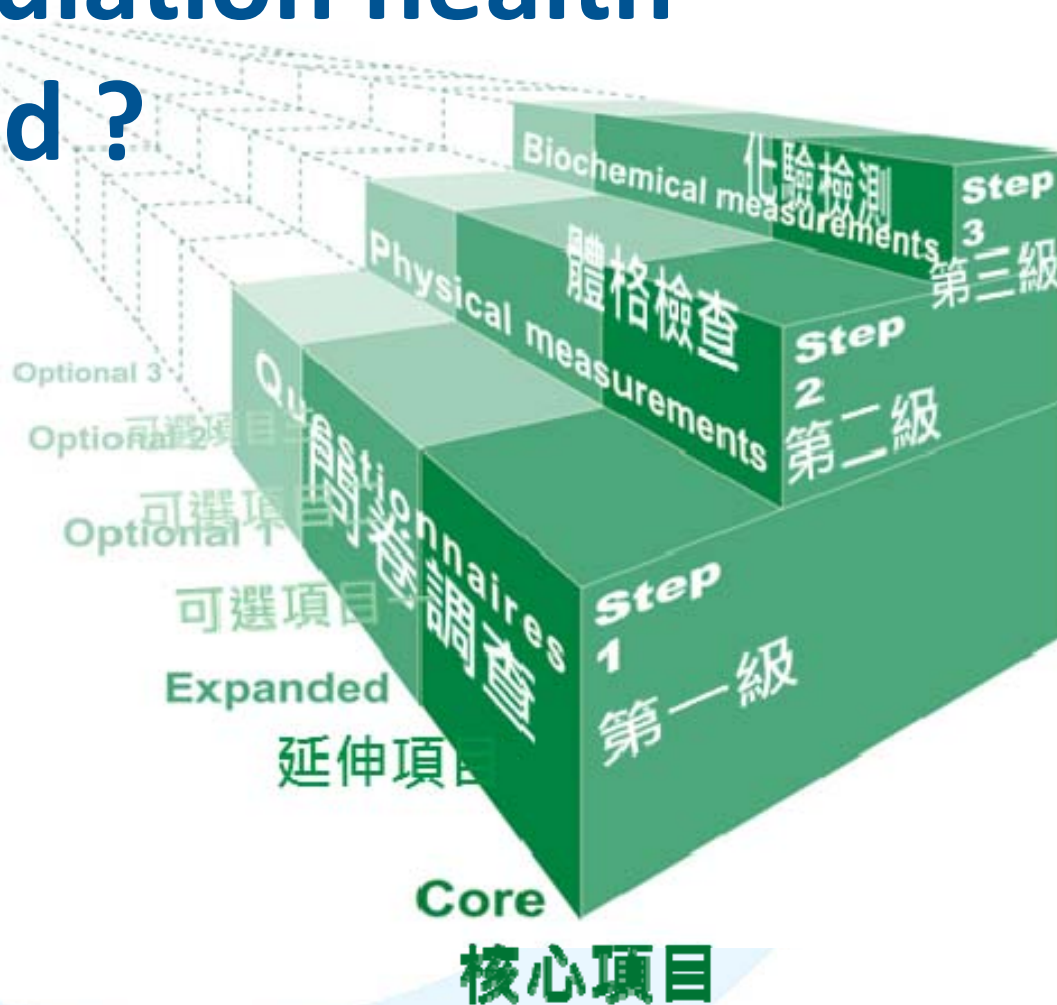
Prevalence of these diseases increases with age

- 患越多上述疾病人士的心血管疾病風險也越高

Cardiovascular risk increases as the number of these conditions increases



人口健康改善了嗎？ Has population health improved ?



相比第一次及第二次人口健康調查

Comparing the 1st and 2nd Population Health Surveys

- 人口結構老齡化
Aging of the population
- 運用年齡標準化比率比較十年前、後的常見非傳染病情況
Using age-standardised rates (ASR) to compare common non-communicable diseases prevalence over ten years
- 瞥見市民生活模式的改變
Provide a glimpse of lifestyle changes



相比第一次及第二次人口健康調查

Comparing the 1st and 2nd Population Health Surveys



常見非傳染病 Common NCD	2003/04 ASR*	2014/15 ASR*	觀察 Observations
高血壓 Hypertension	23.5%	21.2%	有些改善 Some improvements
糖尿病 Diabetes mellitus	6.0%	6.0%	沒有明顯變化 No obvious change
高膽固醇血症 Hypercholesterolaemia	35.3%	42.1%	明顯更普遍 Much more prevalent

* ASR 表示年齡標準化比率 (Age-Standardised Rate)。



相比第一次及第二次人口健康調查

Comparing the 1st and 2nd Population Health Surveys

行為風險因素 Behavioural risk factor	2003/04 Crude rate	2014/15 Crude rate	觀察 Observations
蔬果進食 (每日最少五份) Fruit and vegetables intake (at least 5 servings/day)	82.9% 不達標 not meet	94.4% 不達標 not meet	蔬果進食量不足 情況更普遍 Inadequate fruit and vegetables intake is much more prevalent 
鹽攝取 (每日少於五克) salt intake (less than 5g/day)	沒有量度 Not measured	86.3% 不達標 not meet	

相比第一次及第二次人口健康調查

Comparing the 1st and 2nd Population Health Surveys

行為風險因素 Behavioural risk factor	2003/04 Crude rate	2014/15 Crude rate	觀察 Observations
飲酒 (沒有安全水平) Alcohol drinking (no recommended safe level)	33.3%	61.4%	飲酒情況更普遍 Marked increase in drinking prevalence ☹️
現時吸煙 (沒有安全水平) Current smoking (no recommended safe level)	16.3%	14.8%	吸煙情況有些改善 Some improvements in smoking prevalence 😊

相比第一次及第二次人口健康調查

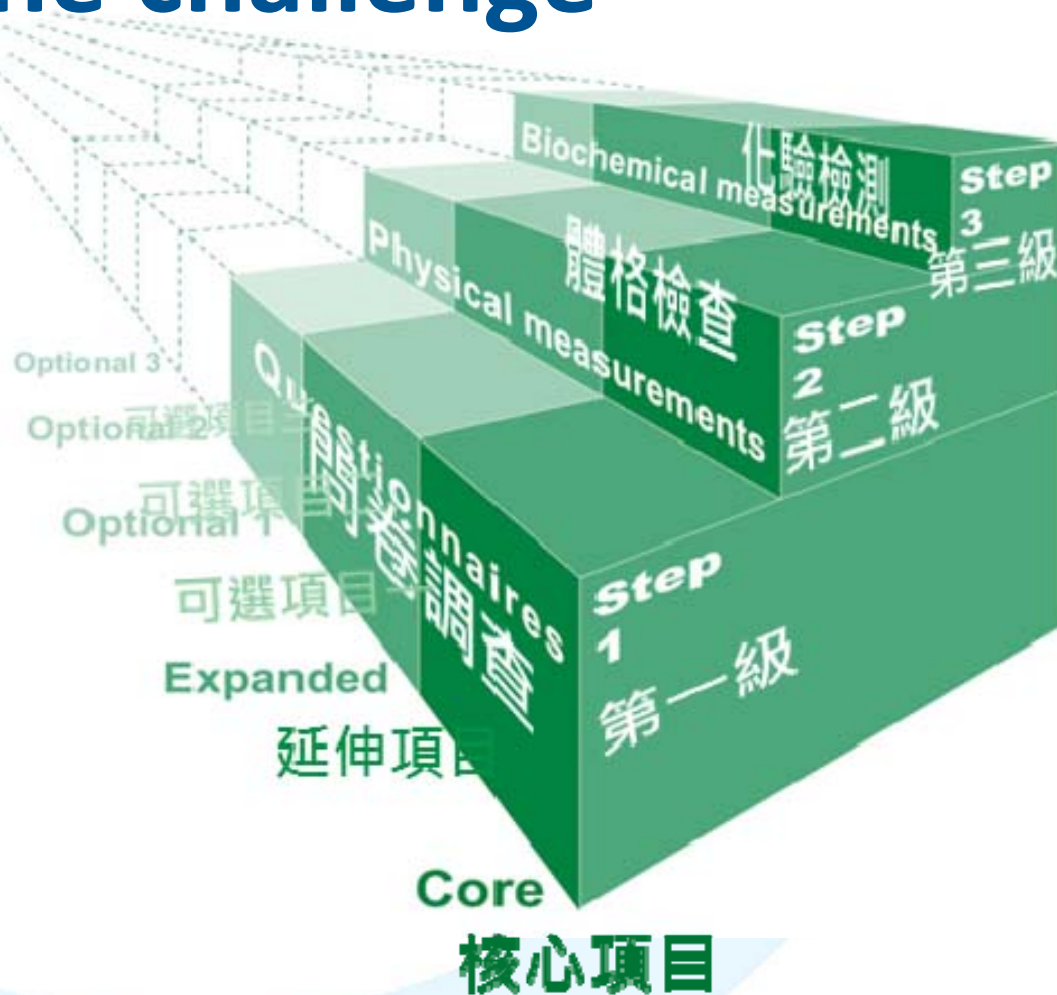
Comparing the 1st and 2nd Population Health Surveys

行為風險因素 Behavioural risk factor	2003/04 Crude rate	2014/15 Crude rate	觀察 Observations
體能活動 (每日30分鐘中等強度或以上) Physical activity (30 min moderate intensity or higher PA/day)	未能比較 Not comparable	13.0% 不達標 not meet	繼續努力! Keep it up! 😊



應對挑戰

Facing the challenge



防控非傳染病的策略

Strategies for prevention and control of NCD

- 由政府主導策動跨界別合作全民參與的行動，協助及支援市民建立和奉行健康生活模式，減少行為風險因素對健康構成的危害
- Government-led multisectoral and community engagement actions to enable and support members of the public to practise healthy living in order to reduce the harmful effect brought about by unhealthy lifestyle habits
- 需確保行動具針對性、可持續、符合成本效益及可進行評估以達到改善人口健康的目的
- Need to ensure actions are focused, sustainable, cost-effective and measurable in providing population health gains



上游介入措施

Intervene at Upstream

行為風險因素

Behavioural Risk Factors

- ❖ 不健康飲食
Unhealthy diet 
- ❖ 不恒常進行體能活動
Physical inactivity 
- ❖ 吸煙
Smoking 
- ❖ 飲酒
Alcohol use 

生物醫學風險因素

Biomedical Risk Factors

- ❖ 肥胖 Obesity
- ❖ 血壓 Blood pressure
- ❖ 血糖 Blood glucose
- ❖ 血脂 Blood lipid

非傳染病

Chronic Diseases

- ❖ 心臟病 Heart disease
- ❖ 中風 Stroke
- ❖ 糖尿病 Diabetes
- ❖ 癌症 Cancer
- ❖ 慢性呼吸道疾病
Chronic respiratory disease

約80%的心臟病、中風和二型糖尿病以及40%的癌症個案，
是可以透過健康飲食、恒常運動和不煙不酒避免的

By having a healthier diet, increasing physical activity, avoiding alcohol and stopping smoking, about 80% of heart diseases, stroke, Type 2 diabetes mellitus and 40% of cancers can be prevented.

貫穿人生歷程的健康促進計劃

Promoting health across the life-course



嬰幼兒餵養
Infant and young child

幼兒健康
生活
Pre-primary

兒童健康
生活
Primary

青少年
健康生活
Secondary

成年人
健康生活
Adult

其他跨越年齡層行動





- 現有親職、母乳及嬰幼兒餵哺推廣工作、「幼營喜動校園計劃」、「健康飲食在校園」運動、「好心情@健康工作間」及「有『營』食肆」運動已為廣大市民提供「一條龍」的基地以推動及支持健康飲食文化。期望未來更多家庭、學校、機構、商號加入計劃，讓更多人受惠
- Existing parenting, breast-feeding and infant & young child nutritional promotions, Startsmart@school.hk programme, EatSmart@school.hk programme, Joyful@Healthy Workplace and EatSmart@restaurant.hk programme have provided the infrastructure to promote and support healthy eating habits throughout the life course. With greater numbers of families, schools, organisations and companies taking part, more in the community will benefit



學校午膳減鹽計劃

Salt Reduction Scheme for School Lunches

- 特別在減少從膳食中攝取過量鹽分，衛生署剛於2017/18學年展開
- Launched in the 2017/18 school year with an aim to reduce dietary salt intake
- 13間學校午膳供應商參與本計劃
- 13 school lunch suppliers participate in the Scheme
- 於本學年提供超過450個減鈉午膳餐款給約450間小學選擇
- Provide around 450 sodium-reduced lunch options to about 450 primary schools in the school year
- 目標為將鈉含量每年減少最多10%
Aim to reduce sodium content by up to 10% each year





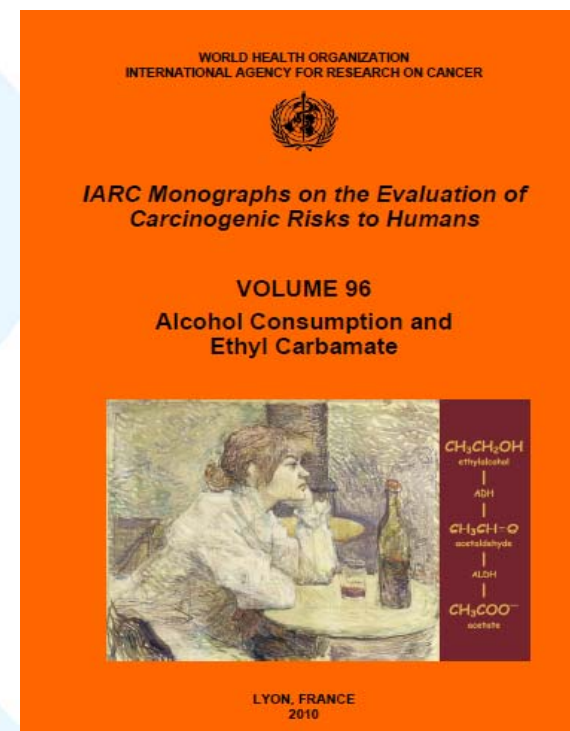
減少酒精相關危害



Reducing alcohol-related harm

世界衛生組織轄下的國際癌症研究機構已把酒精列為「對人類致癌」（即第一類致癌物）

Alcohol is classified as carcinogenic to humans (Group 1) by the International Agency for Research on Cancer (IARC) of the World Health Organization





減少酒精相關危害



Reducing alcohol-related harm



- 就癌症而言，飲酒並沒有安全飲用水平。世衛亦從未建議為改善健康而飲酒。
There is no safe drinking level as far as cancer causation is concerned.
The WHO has never recommended alcohol drinking for the sake of improving health.
- 不建議沒有飲酒習慣人士開始飲酒，而飲酒人士應逐漸減少飲酒以減低傷害。
Non-drinkers are advised **not to start drinking** while drinkers should gradually decrease their drinking to reduce harm.
- 孕婦、兒童及青少年、身體不適或在服用藥物期間的人士，以及市民在操作機器及駕駛都應避免飲酒。
Pregnant women, children and youth and people who are ill or on medicine, as well as those operating machinery and driving should not drink.





#年少無酒



#酒為下著
#AlcoholFails

- 為進一步保障青少年，政府建議禁止在業務過程中向18歲以下人士售賣或供應酒類飲品，相關法案已於2017年6月提交立法會審議
- To plug the loophole and to further restrict youth access to alcohol, the Government proposes to prohibit all sales or supplies of alcohol to persons under 18 years old in the course of business. The Bill has been introduced into Legislative Council in June 2017
- 衛生署正加強教育，讓年輕人認識飲酒的禍害並集合醫學界力量，向病人提供正確的信息及減酒輔導
- Meanwhile, Department of Health is scaling up efforts to educate young about the harms of alcohol use and teaming up with the healthcare profession to provide correct information and support patients to reduce alcohol-related harm



衛生署
Department of Health



戒煙服務公私營協作先導計劃 Pilot Public-Private Partnership Programme on Smoking Cessation (SCPPP)

- 政府的控煙政策一直以循序漸進及多管齊下的方式，包括立法、執法、宣傳、教育、推行戒煙服務及徵稅，減低煙草對市民和社會造成的禍害。

Hong Kong adopts a progressive and multi-pronged approach comprising legislation, enforcement, publicity, education, smoking cessation and taxation.

- 為進一步加強控煙，預計於今年第四季推出戒煙服務公私營協作先導計劃。

To further enhance tobacco control, DH is preparing to launch a new Pilot SCPPP in the fourth quarter of 2017.

- 希望藉着推行計劃與社區中的30位私家醫生合作以提供戒煙服務給他們的病人。

To engage 30 private primary care doctors in the community to provide smoking cessation services to their patients.





網上煙草依賴治療培訓課程

Online Training Programme on Tobacco Dependence Treatment

- 在2012年4月，衛生署獲世衛委任在香港設立控煙及煙癮治療合作中心。其中一項使命是為醫護人員提供以科學實證為基礎的戒煙培訓。

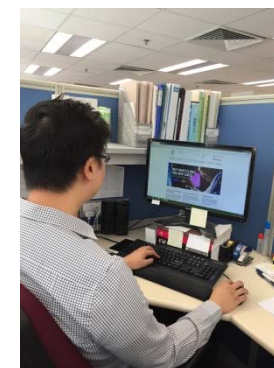
In April 2012, DH was designated by WHO as the Collaborating Centre for Smoking Cessation and Treatment of Tobacco Dependence. One of the missions is to provide evidence-based trainings on smoking cessation for healthcare professionals.

- 為培訓本地及海外的醫護人員，我們已與美國梅約醫學中心合作，提供免費的網上煙草依賴治療課程。

Collaborate with the US Mayo Clinic to provide a free online training programme on tobacco dependence treatment for local & overseas healthcare professionals.

- 已於今年10月推出。

Launched in October 2017.



加強基層醫療服務

Strengthen Primary Healthcare Services

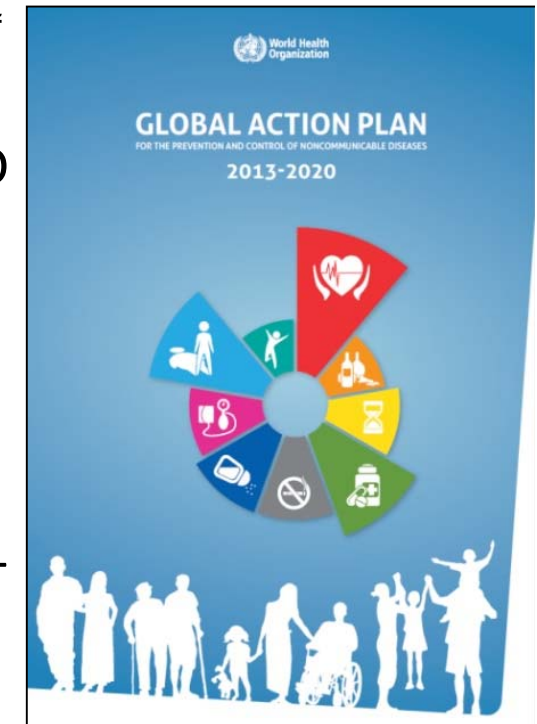
- 基層醫療醫生應為無慢性病徵狀的病人提供適切的篩查服務，並為他們提供健康體重管理及健康生活輔導
- Primary care doctors should provide screening to patients who otherwise do not have symptoms of non-communicable diseases, and offer counselling regarding healthy weight management and healthy lifestyle practices
- 成年人士未能奉行健康生活模式，即使沒有不適亦應考慮定期檢查體重指數、血壓、血糖及血膽固醇水平
- Adults who engage in unhealthy lifestyle habits and are otherwise well should consider to have their BMI, blood pressure, blood sugar and blood cholesterol checked at regular intervals.
- 成立基層醫療發展督導委員會，全面檢視現有服務，制定發展藍圖
- To set up a Steering Committee on primary healthcare development to review existing services and prepare a development blueprint



非傳染病防控新策略

New Strategic Direction for NCD

- 食物及衛生局局長自2008年主持防控非傳染病督導委員會
- Steering Committee on Prevention and Control of NCD chaired by SFH since 2008
- 正參考世界衛生組織的2013-2020全球防控非傳染病行動計劃
- Taking reference from WHO's Global Action Plan 2013-2020
- 就本地非傳染病情況，設立一套自願的目標及指標，監察工作成效
- Develop a set of voluntary targets and indicators to monitor achievements based on local circumstances



強化監測系統

Enhanced systems of surveillance

- 每兩年進行住戶行為風險因素調查（以面談形式訪問15歲及以上人士）
- Household-based health behaviour surveys (face-to-face interview of persons aged 15 and above) every 2 years
- 每六年進行人口健康調查（以面談形式訪問15歲及以上人士）同時收集受訪者當中有代表性的體格檢查及常見非傳染病化驗檢測數據
- Household-based population health surveys surveys (face-to-face interview of persons aged 15 and above) and physical and NCD-related biochemical testing of a representative subpopulation every 6 years



Call for Inter-sectoral Action for NCD Prevention and Control!

呼籲跨界別合作防控非傳染病!

謝謝!

THANK YOU!

