

Health is social issue & need social solution



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General Mediator & Victim Offender Mediator

Sir Michael Marmot

Chair, WHO Commission on Social Determinants of Health

“The worst thing for a physician is to help someone get well and then send them straight back into the situation that made them sick in the first place”



About Health In Action



Health

- Everyone has the **right to health**
- Health must take consideration of **social determinants of health** of the family as a unit

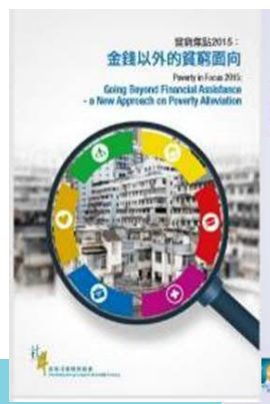
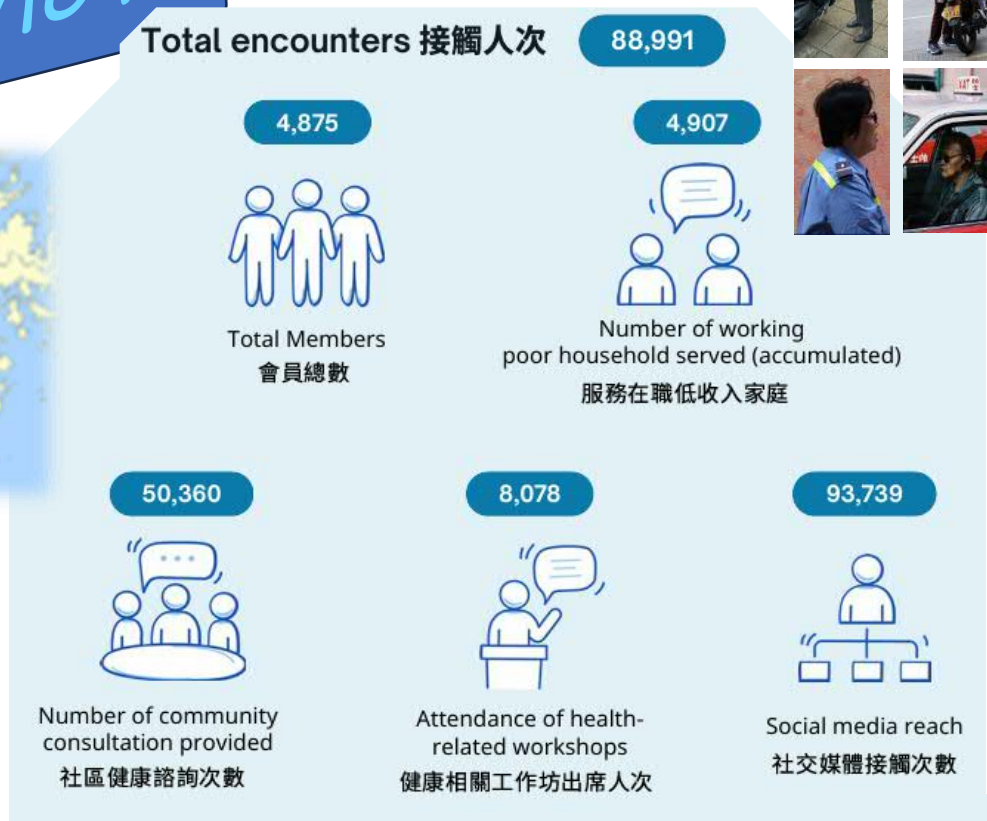
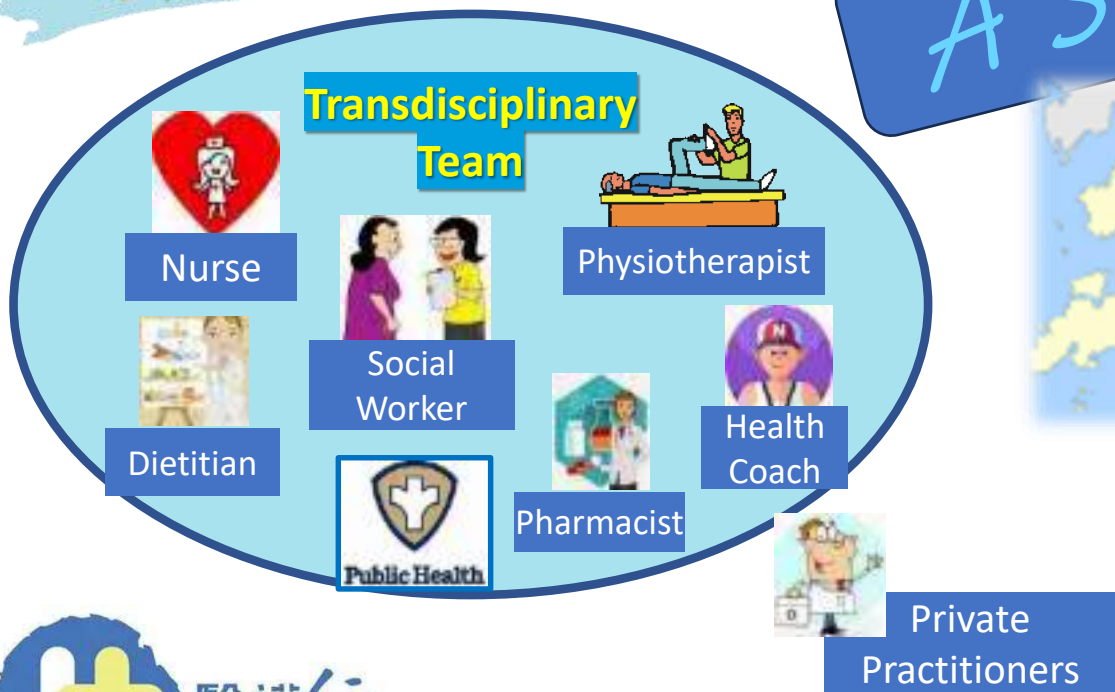
In Action

- We are committed to developing primary healthcare by adopting **social-medical integration**, promoting health as the decision-making elements across different sectors, and **NOT limited to traditional social services sector**.
- We **avoid to create sick role** in community and we aim to leverage **social capital** in creating healthy community

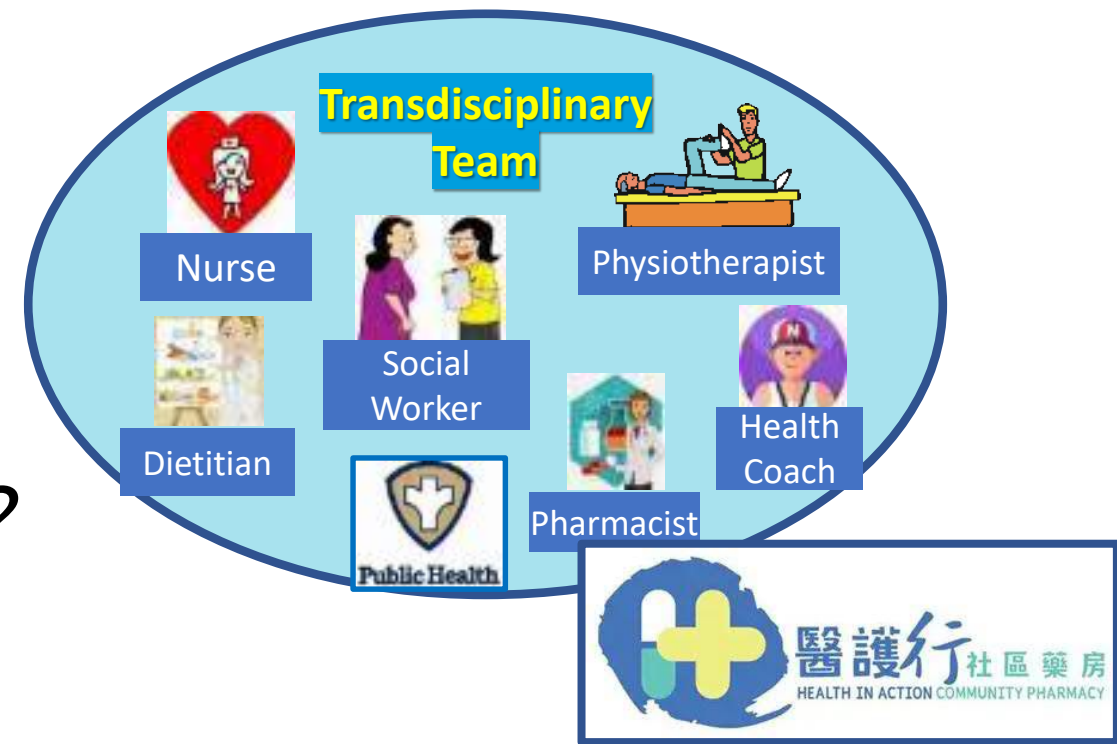




A Snapshot



Why HIA started Social Prescribing?



We already started Green Prescription back in 2019

...

2025

Why Social Prescribing? Health Sector perspective....?

- Doctors had 'educated' the patients in ward / clinic....
 - Nurse clinic has expanded scope of services ..
 - Medical social workers has been intervening
 - Electronic Health Record Sharing System...
 - District Health Center/Express had been established...
 - There had been medical-social collaborative efforts here and there...
- Had we observed 'reversal' of the deteriorating health status & well-being of patients who are on downturn?
- Had we observed the age of onset of chronic illness been delayed?

Why Social Prescribing? Social Sector perspective?

- Clients need health related support in community
- Is primary care accessibility, availability, acceptability and affordability be handled by the existing infrastructure in HK context?
- Is social-medical collaboration working?
- Had we observed 'reversal' of the deteriorating health status & well-being of patients who are on downturn? Especially the vulnerable groups

Prescribe
Happiness

Public Resources

Prescribe
Health
Literacy

Prescribe
Space

Prescribe
Ownership

Healthy Asset Based Map

Public
hospitals/
Outpatient
clinics

Public
clinics

Community
space

District
Health
Centre

Community
leisure
space

Street
markets

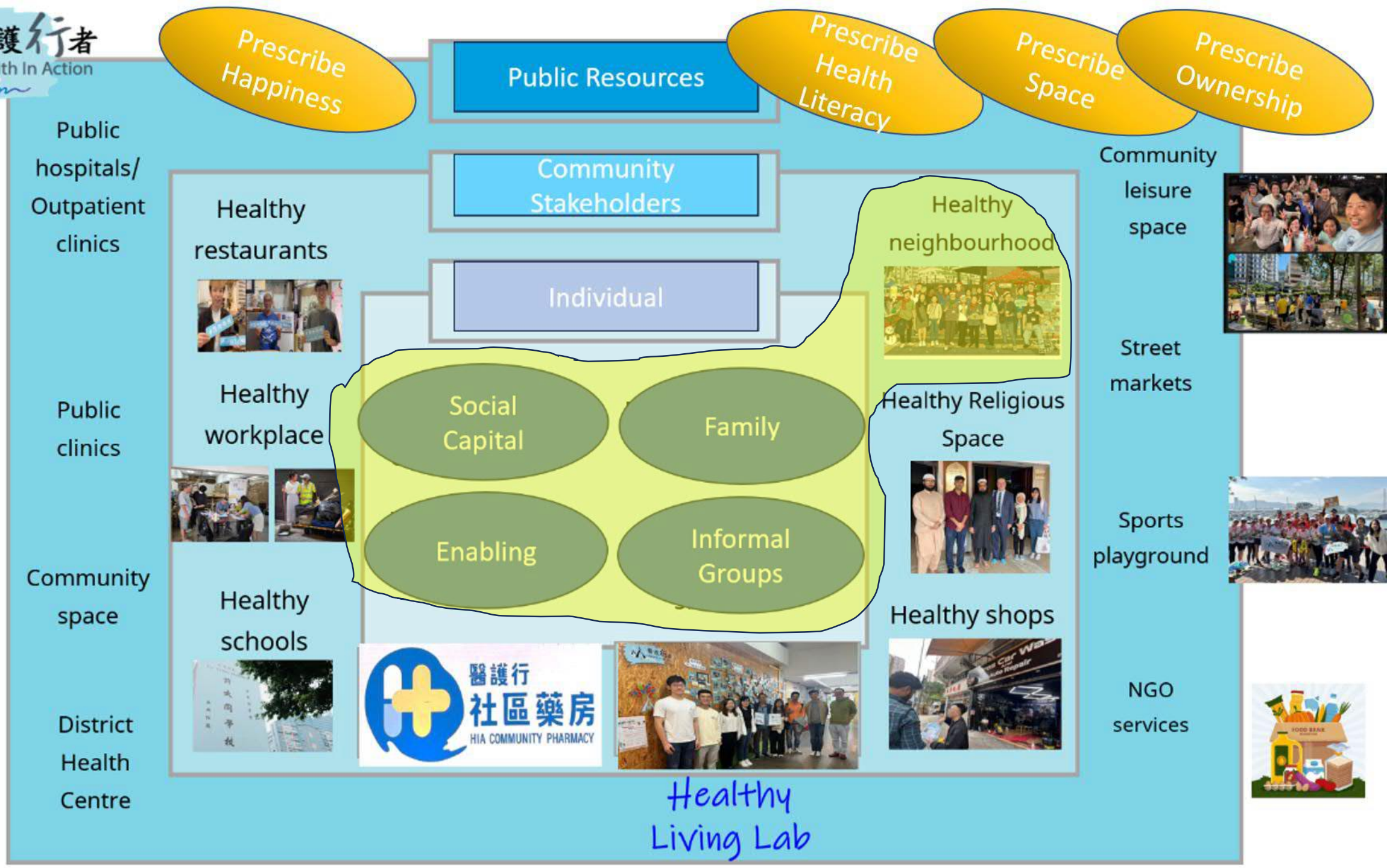
Sports
playground

NGO
services



Healthy
Living Lab

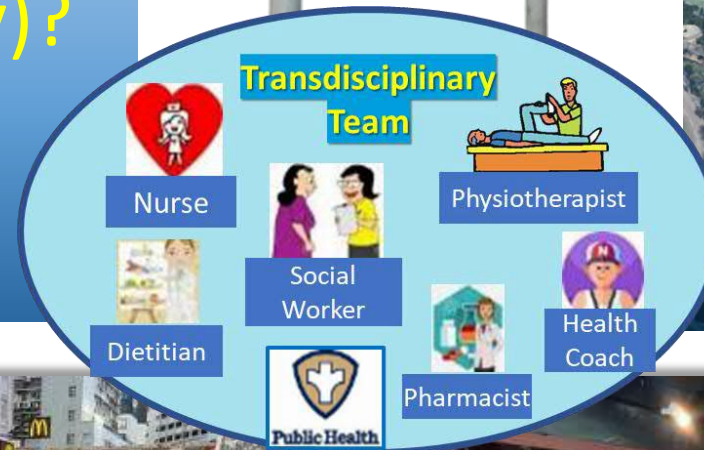
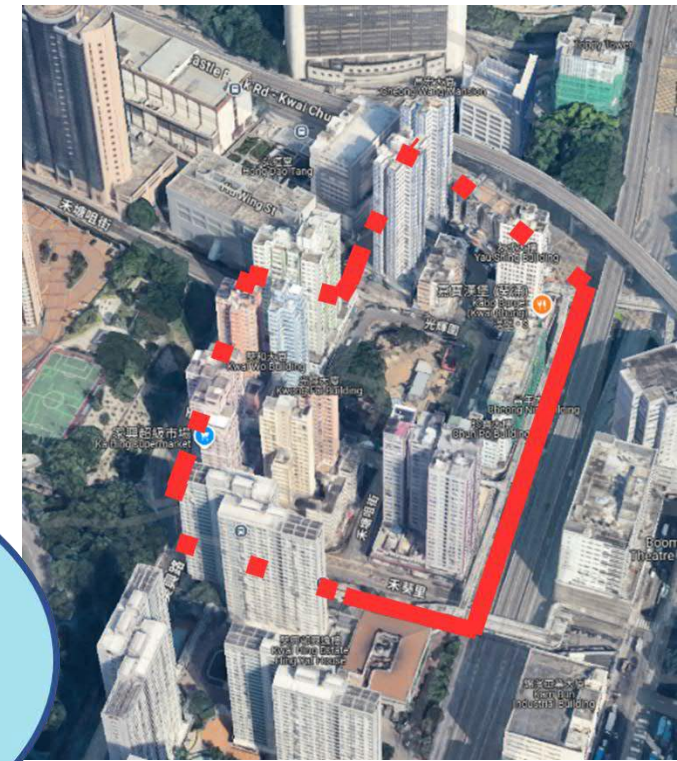
Healthy Asset Based Map



Guardian of Kwong Fai Circuit (KFC)

What Matters to YOU (Family)?

Join & Co-Create



'Kai Fong' – Community Members

- Local shop staff / owners
- Workplace
- Church, Mosque, School...

Enablers



Service receiver Service Supporter Service Influencer Community health promoter Health Service Creator

Enabling the community members to bring health into different stakeholders within the community



1

Individual level



2

Co-create with HIA health disciplines



3

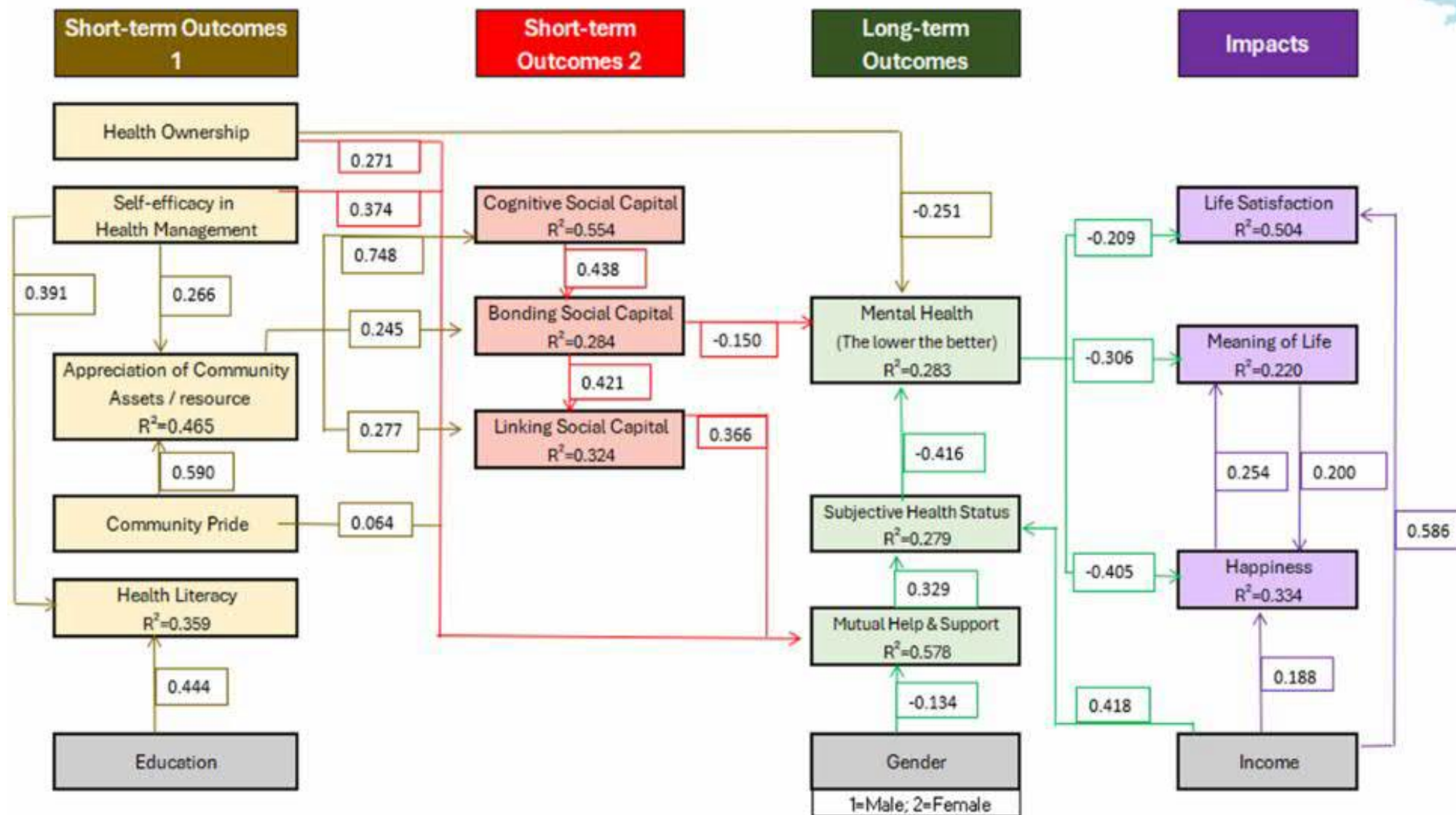
Connected to other NGOs

Community groups, Local shops



Good Impact Assessment Institute
Prof Wong Hung Department of Social Work, CUHK

After 3 years



2025
Annual health
assessment
health indicators
(CVD)

20% improved

60% static

20% deteriorated

Since end of 2025,
we start Social Prescribing
(Community-driven model)



ABOUT PRESCRIBER



Background

- Registered Nurse

CASE SHARING



60' yrs old lady

Past Medical History:

- **Multiple Chronic Diseases
(with polypharmacy)**
 - Hypertension
 - Dyslipidaemia
 - Chronic chest discomfort
 - 70% heart vessels
blockage

BMI 27.1
Body fat 41%



Annual Health
Assessment

Social
Prescribing
Invitation

Prescribing
Session

WHAT MATTERS TO HER?

(CO-PRODUCED BY CLIENT AND LINK WORKER AFTER 1ST MEETING)



Chief Concern (Mainly related to Cardiac Condition):

- Fear of engaging in physical exercise
 - Desires to re-establish exercise habit but uncertain how to begin safely
- Identified chronic stress as contributing factor
 - Significant workplace stress in previous employment
 - Anxious about living alone with no support network in case of illness



WHAT ARE THE OBSTACLES?



- 1 Lack of exercise/diet knowledge or guidance
- 2 Lack of accompany / social participation
- 3 Did not know much about community resources



LINK WORKER

Annual Health
Assessment

Social
Prescribing
Preparation

Prescribing
Session

Potential areas to
work on:



WHAT WE WANT TO ACHIEVE TOGETHER



To be
accompanied and
supported

To build healthy
lifestyle
(exercise & diet)

To explore
community
resources

To build knowledge
base on self health
condition

FEB 2026:

OUTDOOR ACTIVITIES

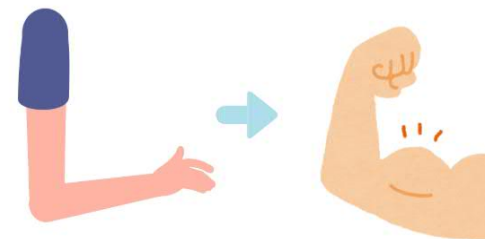


First outing in
Kwai Chung Park



hiking session at
Shing Mun Reservoir

FURTHER **EXPLORED** ON
WHAT MATTERS TO HER
DURING **CASUAL**
CONVERSATION



concern about **sarcopenia** and wish to
preserve muscle mass as she grows older



Social-prescribing activity with hub members,
at Shing Mun Reservoir

APR 2026:

SELF EMPOWERED!

BRAVO!



hike at LAMMA Island with friends!



SELF MOTIVATED TO EXERCISE



REGULAR MEETINGS

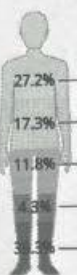


KEEP
MOVING
FORWARD

HEALTHY EATING

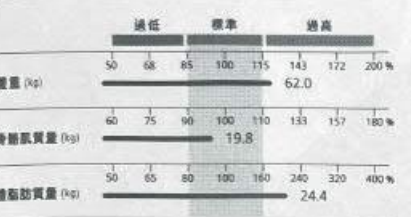


姓名	帳號	人種	身高	性別	年齡	測量時間
93222149	93222149		154.0 cm	女	66	05.06.2026 12:29 下午



體組成分析						
區隔	數值	體水分	瘦肉質量	去脂肪質量	體重	正常範圍
細胞內液 (L)	16.9	27.6	34.9	37.6	62.0	15.7 ~ 19.2
細胞外液 (L)	10.7					9.7 ~ 11.8
蛋白質 (kg)	7.3					7.1 ~ 9.6
礦物質 (kg)	2.7					2.0 ~ 3.5
體脂肪質量 (kg)	24.4					11.2 ~ 17.4

肌肉脂肪分析

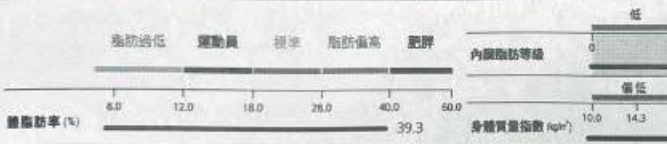


身體均衡分析

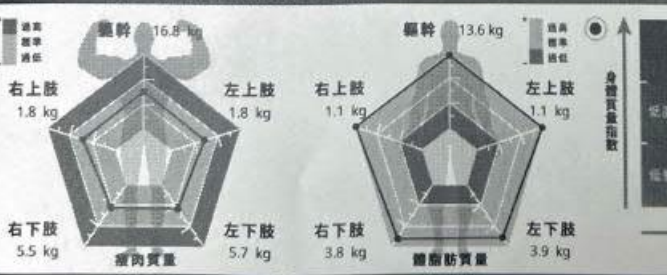
上肢	下肢	上下均衡
☒	☒	☒
☐	☐	☐
☐	☐	☐
☐	☐	☐

健身分析項目
基礎代謝率 1183 kcal
總消耗熱量 1680 kcal/d
相位角(50 KHz) 4.6°
去脂肪質量指數 15.9 kg/m²
骨骼肌質量指數 8.4 kg/m²
四肢骨骼肌質量指數 6.2 kg/m²

肥胖分析



多肢段肌肉與脂肪分析及體型判定



肌肉品質

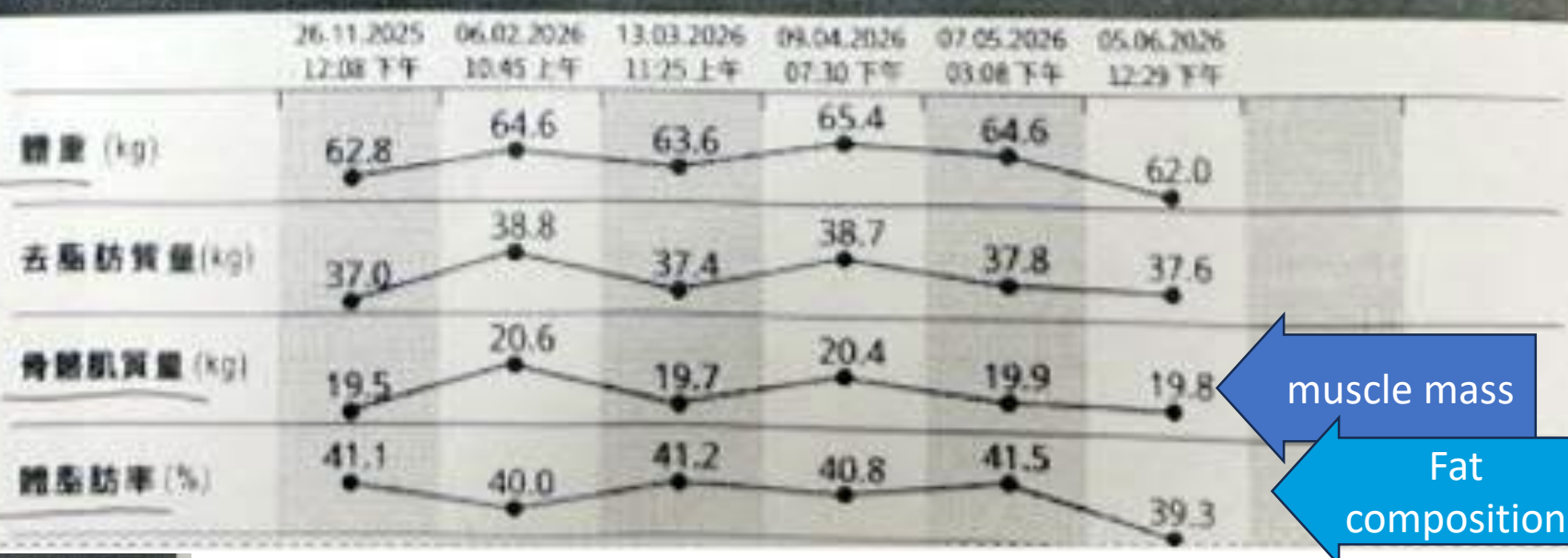


肌肉品質綜合評分 44/100分

體組成歷史變化



體組成歷史變化



BMI changed from 27.2 → 26.1

Client started with sport activities and muscle training first, then tried different diet planning from Apr to May.

She explored an effective and sustainable way of cooking, as well as food sourcing recently. Therefore, limited change at the beginning and showing significant weight loss recently

Social prescribing may be the answer...

- Health for All vision
- Integrated care
 - Shared care plan (health and social determinants of health)
- Community ownership (shared responsibility, targeted connectedness)
- Decrease burden of hospital system burden & social care system
- Task shifting of health & social workforce



* Since Dec 10, 2025

We had STARTED the CHANGE together

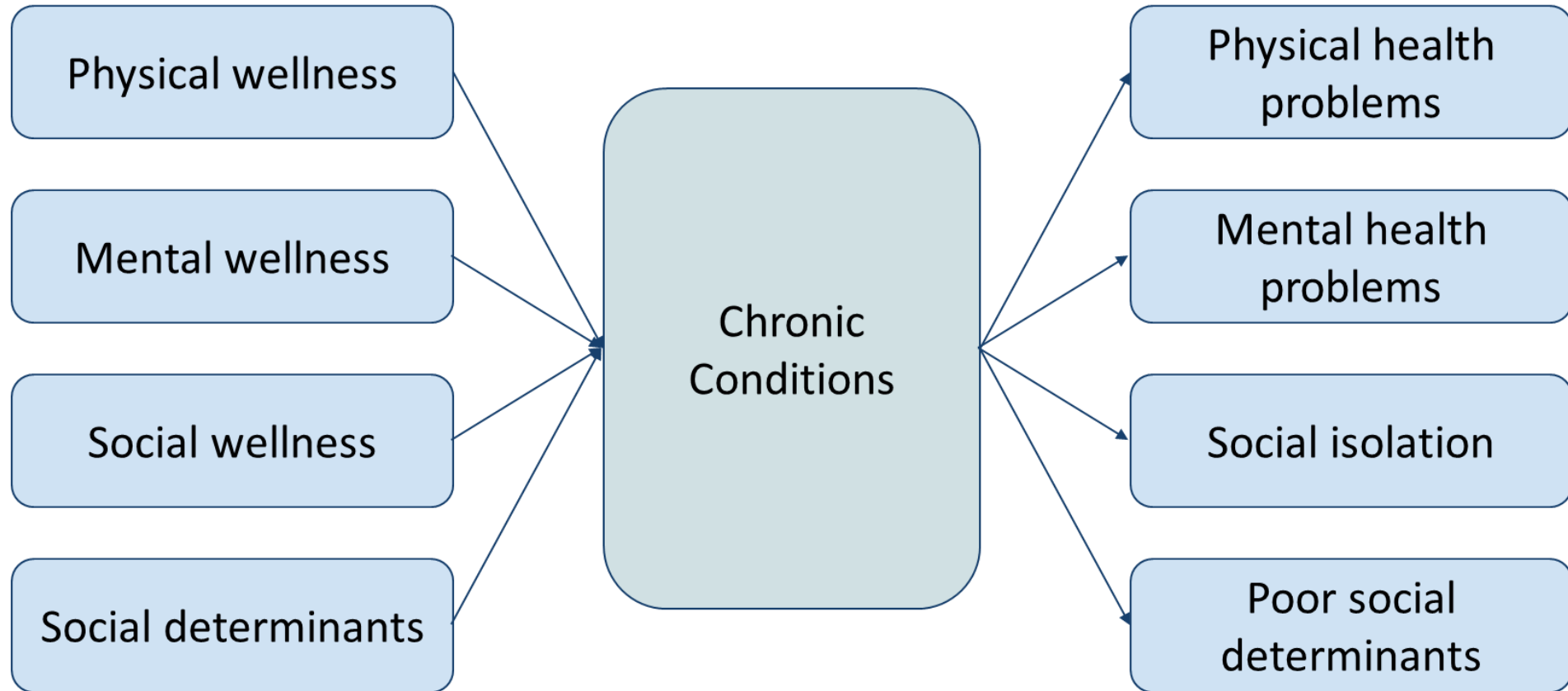
- ▶ 7 funders and 20 NGOs/Academies/Think Tanks have come together with a **Shared Purpose**:
- ▶ To explore how **Social Prescribing** can become a **scalable, community-driven model**
- ▶ for inspiring the HK healthcare system on improving population health.



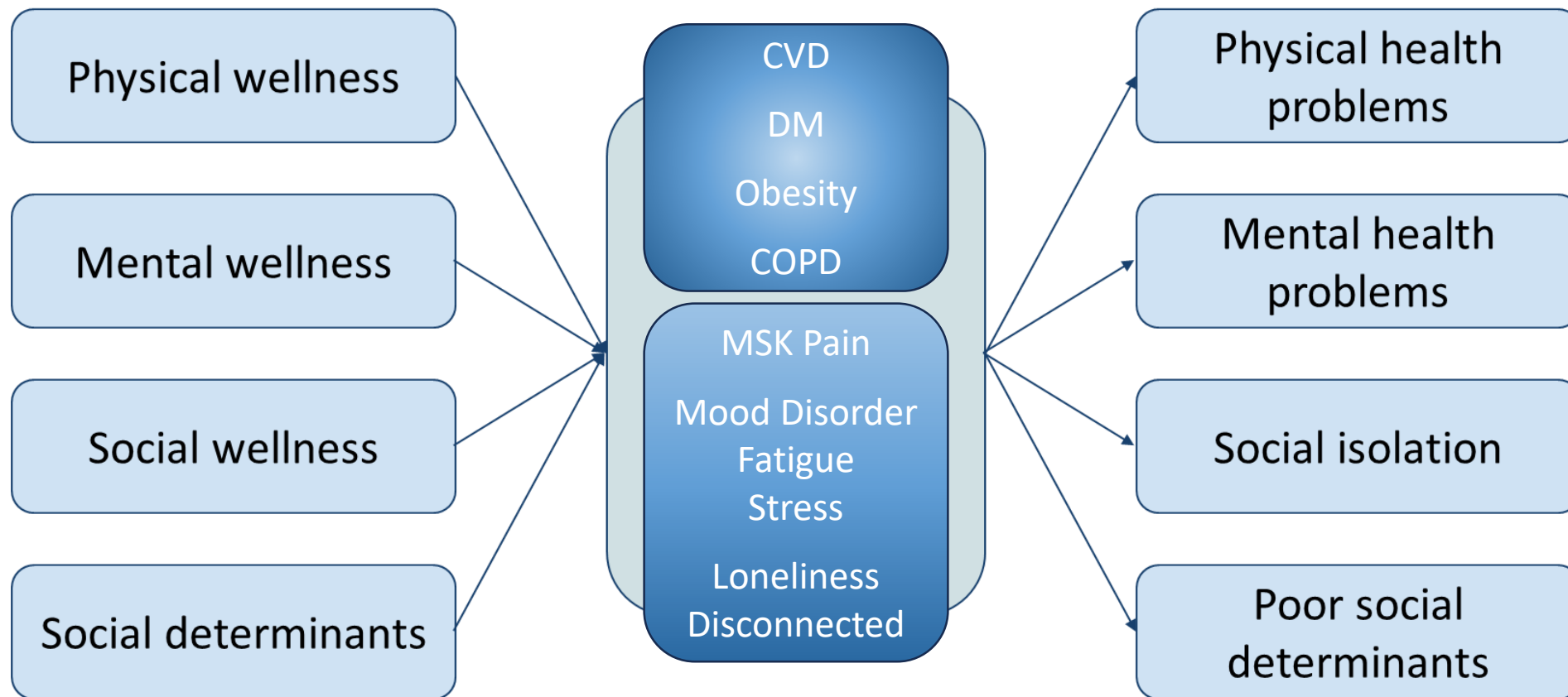
WE ARE HERE TO MAKE A CHANGE

- Today, 7 funders and 11 NGOs come together with a **shared purpose**:
- To explore how **Social Prescribing** can become a
 - ▶ scalable,
 - ▶ community-driven strategy
- for improving population health and easing the pressure on Hong Kong's healthcare system.
- Everyone is welcomed to share their perspectives and experiences as we have to embark on this journey together.

CHRONIC CONDITION - IS A CAUSE, ALSO A CONSEQUENCE



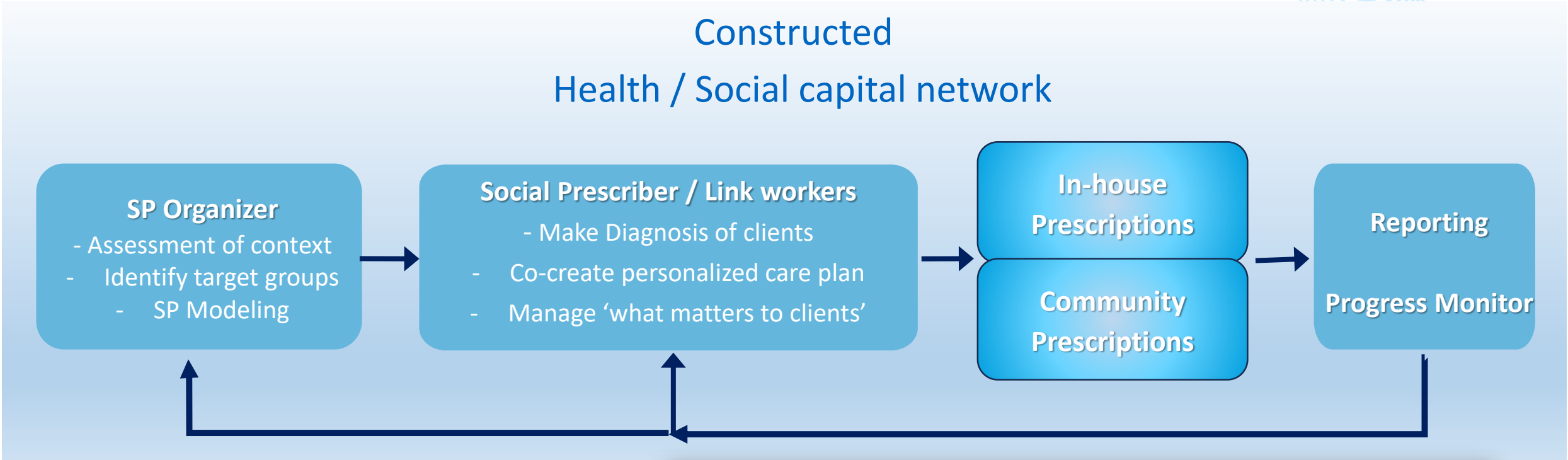
CHRONIC CONDITION - IS A CAUSE, ALSO A CONSEQUENCE



ENTRY POINT.....

- Doctor in primary care setting
- Self-referral
- Referrals through trained Identifiers
 - in community setting (NGO workers – Health, SW / volunteers)
 - In clinical setting (doctors/nurses/allied health/SW)
 - AED
 - Clinic
 - Ward
 - Volunteers, Pastors

The proposed Community-driven Social Prescribing Model



Connection maintained with users

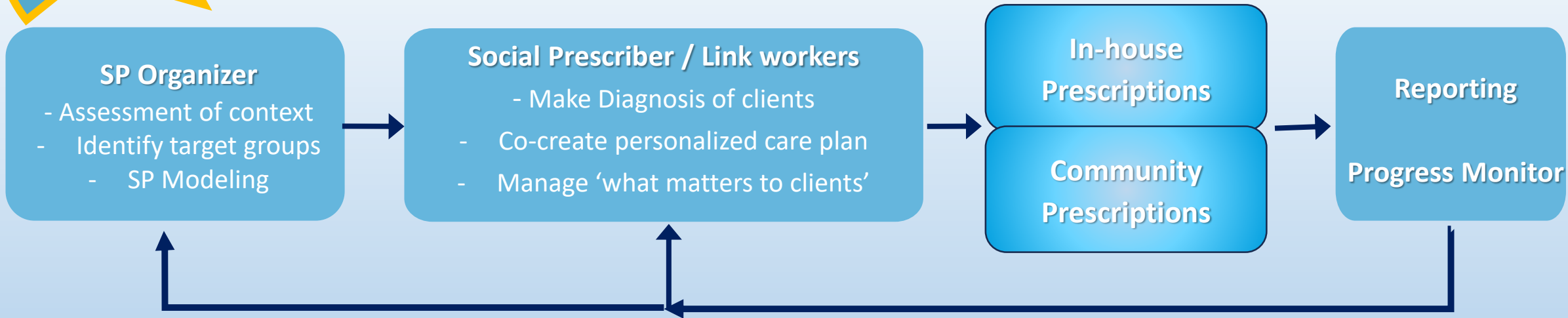
Enhancing SDH

Enhancing Autonomy & 幸福感

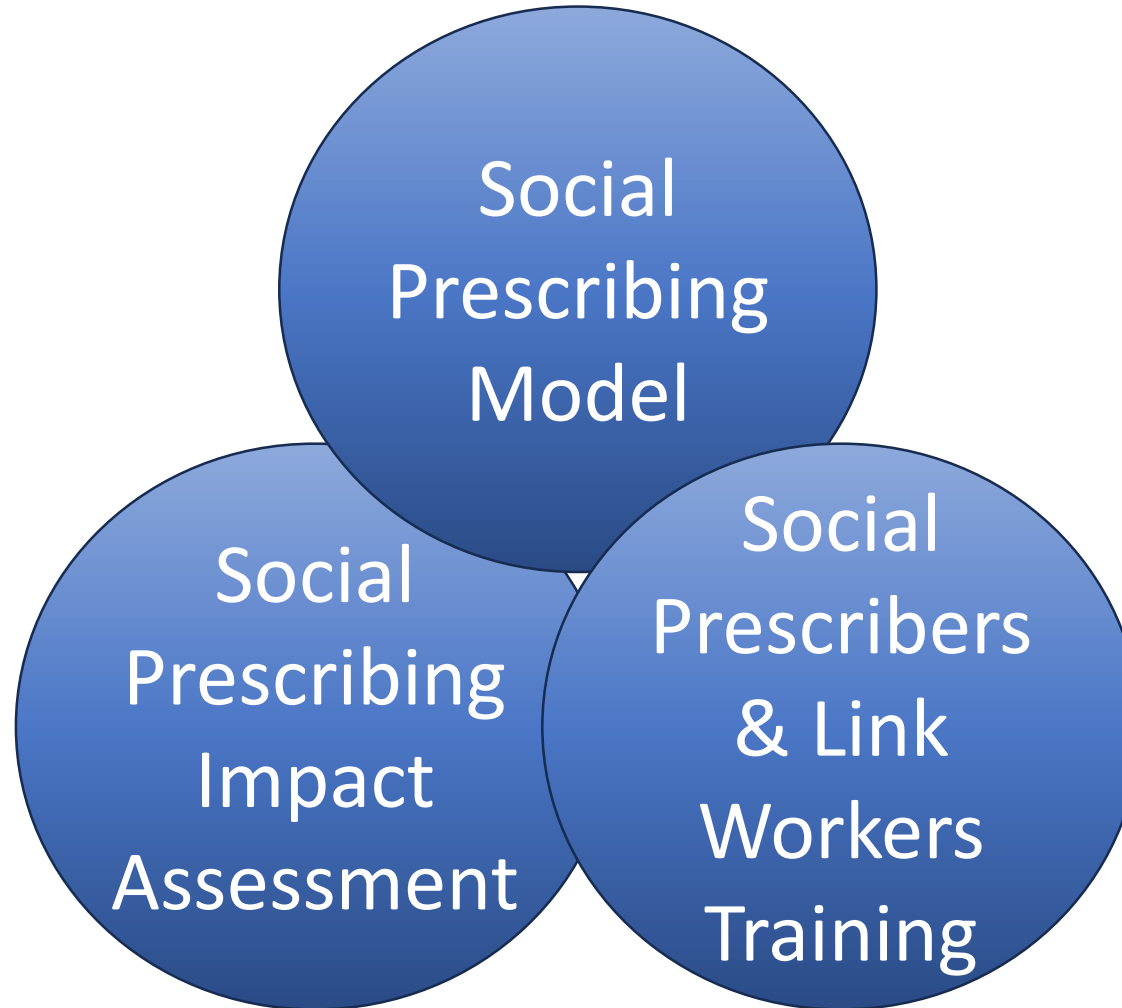




The proposed Social-Medical Integrated Social Prescribing Model



Constructed
Health / Social capital network



SOCIAL PRESCRIBING IN ONE SENTENCE

Social Prescribing is a mechanism that integrate social determinants, leverage community resources and empower community, in order to overcome the handicap of both traditional medical care system & social care system that could help community members to improve health status and reduce susceptibility to poor health risks, which finally result in restoring the community's capacity to respond to wellbeing needs in ageing era