

# Health Promoting School as Community Developmental Approach to create better health of our young generation

*Health Care and Promotion Fund (consolidated as the Health and Medical Research Fund), the Food and Health Bureau, The Government of the Hong Kong Special Administrative Region. Project Number 18040564*

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# Outline of Discussion

Gaps in conventional school health promotion

Health Promoting School as complex intervention

Health Promoting School Framework to tackle challenges of health burden

Risk perception and health behaviours

Healthy School Award development as Logic model of Health Promoting School and its wider impact





- Health care services for children and adolescent are only hitting the tip of clinical iceberg but the system for promoting positive health needs to be beyond health care setting as children and adolescents are not usually 'sick' but **NOT** always 'healthy'.
- Children learn their patterns of behaviours either pro-social or antisocial from the norms and values held by the social environment which they are bonded. (*Catalano et al, 2004*).
- Delivery of welfare services have large effect on child health and whole system approach integrating health care, public health and social welfare shifting from hospital base to community mode of care needs to be considered.

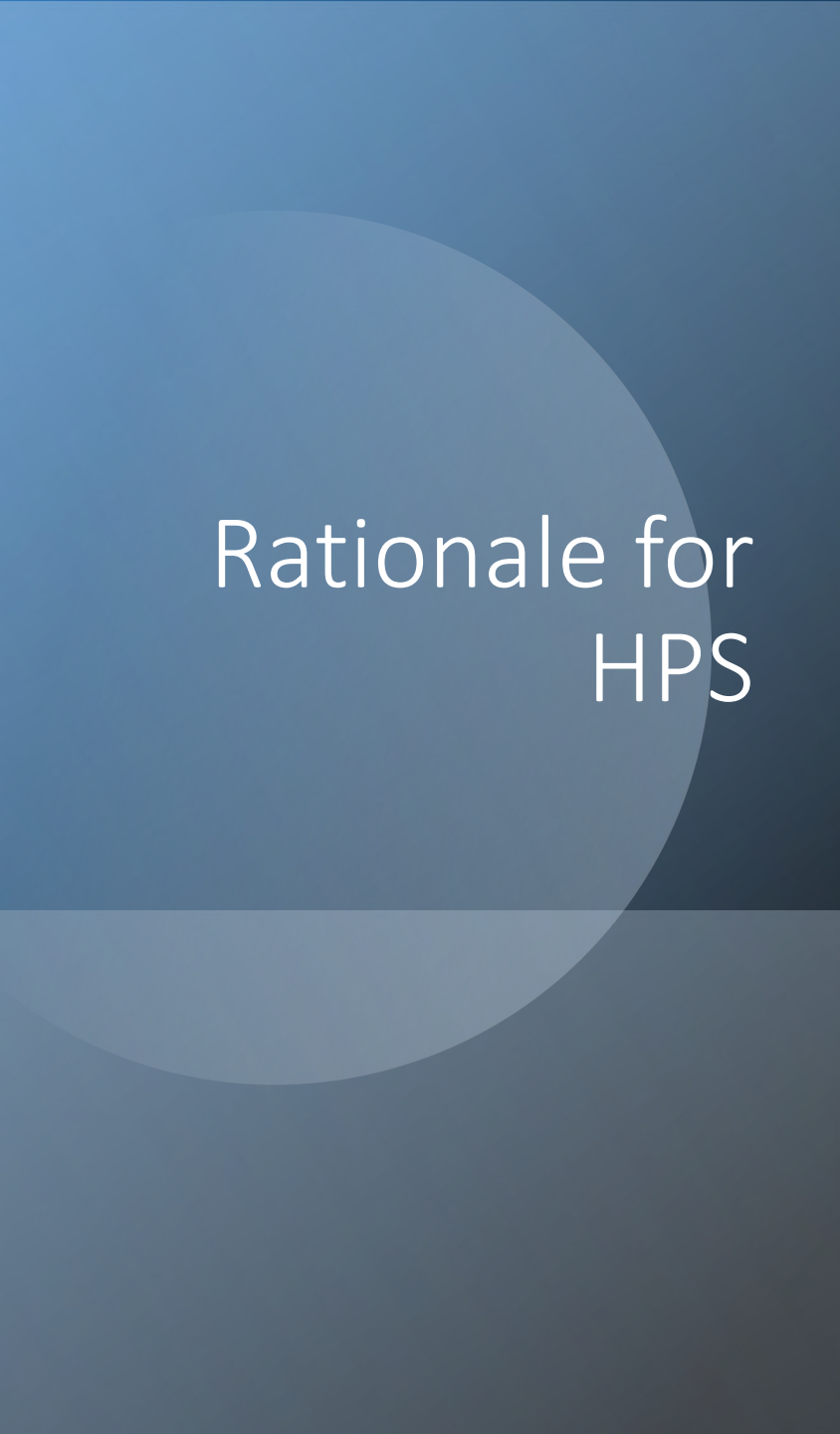
# What are missing in School Health?

- Missing out richness of school health activities by evaluating a narrow set of pre-determined outcomes determined outcomes.
- Outcome should include resources for living and have many components that have different degrees of importance to people as they go through life.
- In addition to assessing standard outcomes for school health promotion interventions, to look at what constitutes successful outcomes and increased input from students, teachers and parents.
- English Wessex Healthy School Award Scheme (WHSA) and the Hong Kong Healthy School Awards Scheme (HKHSA) with detailed systems to analyze whether each individual school has reached the standard of a model HPS, reflecting a more holistic appreciation and understanding of all the effects of school based health promotion with positive award-related changes (Moon, et al. 1999b; Lee, et al. 2006).
- St Leger L., Kobe L.J., Lee A., McCall D., Young I. *School Health: - Achievements, Challenges and Priorities*. In McQueen D., Jones C. *Global Perspective on Health Promotion Effectiveness*. Springer, New York, USA., 2007.
- Moon A.M., Mullee M.A., Rogers L., Thompson R.L., Speller V. and Roderick P. Health-related research and evaluation in schools. *Health Education* 1999; 1: 27-34.
- Lee A., St Leger L., Moon AS. Evaluating Health Promotion in Schools meeting the needs for education and health professionals: A case study of developing appropriate indicators and data collection methods in Hong Kong. *Promotion and Education* 2005; XII (3-4): 123-130. Renamed as Global Health Promotion



# Mission of Health Promoting School (HPS)

- **The concept of Health Promoting School would move beyond individual behavioural change and to consider organizational structure change such as improving the school's physical and social environment, its curricula, teaching and learning methods** (Lee, 2002; WHO, 1999)
- Every child deserves to be given every opportunity to achieve their full potential
- Aims of Health Promoting Schools: to **empower** students, staff and parents to actively **influence** their lives and their living conditions (*Peter Peacock, then Minister of Education and Young People, Scotland*)
- Durkin (1995) argues that at the age 11-12, children tend to conform to some kind of pro-social pressures from the peer group.



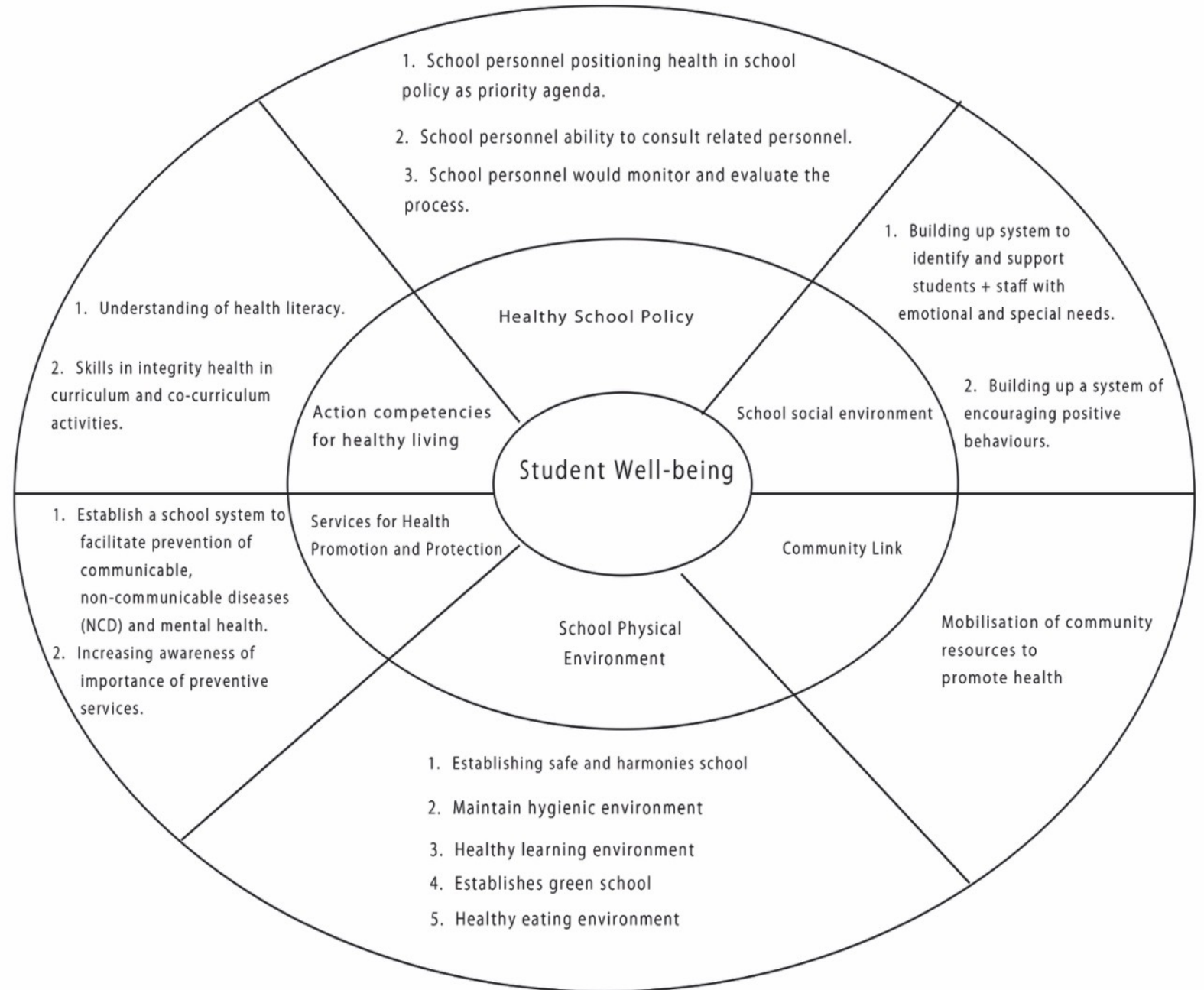
# Rationale for HPS





# Conceptual Framework to Enhance School Capacity to Implement HPS

Lee A, Keung VMW, Lo ASC, Kwong ACM. Health Promoting Schools: What Are the Key Elements and the Framework for Monitoring and Evaluation? In Lee A (ed). *Healthy Setting Approach in Hong Kong: Sustainable Development in Population Health*. City University of Hong Kong Press, 2021



- **Health Promoting School would be Model for effective education for health**
- **Aligning latest science with HPS framework would identify the effective interventions addressing wider determinant factors so a more robust model of HPS would be established to meet the needs.**
- International framework on human rights is ratified by states but not by non-state actors such as civil society groups, transnational corporations, religious organisations, **professional bodies, municipalities, education institutions, social services organisations** etc.
- Those are the places or settings where people live or work or study or socialize most of their time.
- The setting approach needs to be revisited to facilitate the **‘rights to health’**.

Bayer R. The continuing tensions between individual rights and public health. *European Molecular Biology Organisation Report* 2007; Vol 8 (12): 1099-1103.

Reeubi D. The promise of human rights for global health: A Programmed deception? A commentary on Schrecker, Chapman, Labonté and De Vogli (2010)” Advancing health equity in the global market place: How human rights can help” *Social Science and Medicine* 2011; 73: 625-628.

O’Neill. The dark side of human rights. *International Affairs* 2005; 81(2): 5-30.



**"MANY VOICES ONE SONG." HEALTH-PROMOTING SCHOOLS:  
EVIDENCE, STRATEGIES, CHALLENGES AND PROSPECTS.**



An international colloquium abroad organized by the Peter Wall  
Institute for Advanced Studies (PWIAS) University of British  
Columbia, Canada and hosted by the Stellenbosch Institute for  
Advanced Studies (STIAS)

November 9<sup>th</sup> – 11<sup>th</sup> 2011 930 am – 5 pm

The Wallenberg Research Centre,

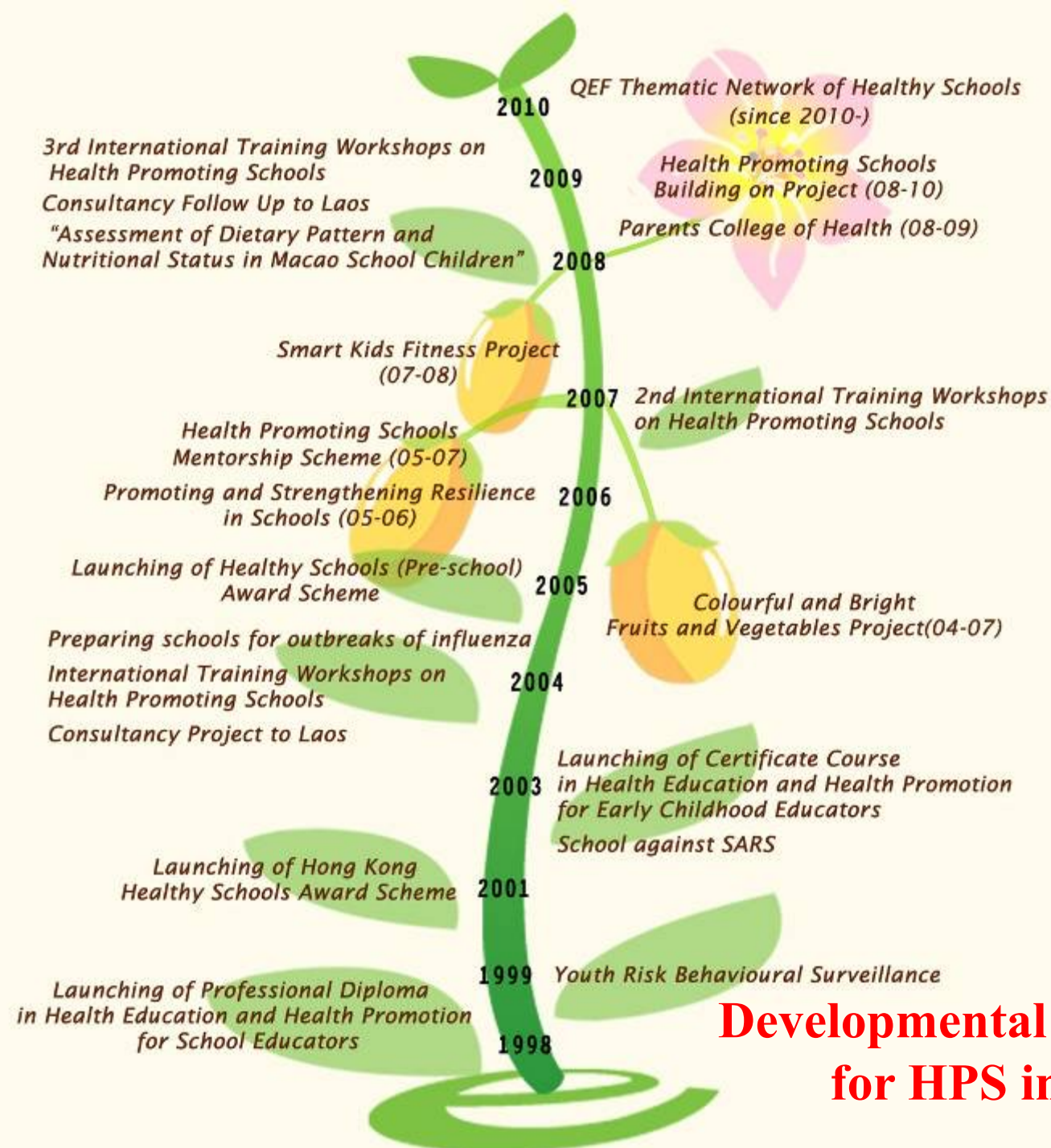
Stellenbosch Institute for Advanced Studies,

10 Marais Street, Stellenbosch.



Macnab A. The Stellenbosch  
consensus statement on health  
promoting schools (HPS).  
*Global Health Promotion* 2013;  
20(1): 78-81

- **Accreditation and rewards programs recognizing excellence encouraged schools to become HPS, evolved form Stellenbosch Consensus.**  
*'The mind of a child, once expanded to the dimensions of larger ideas, never returns to its original size.'*



**Developmental milestone  
for HPS in HK**



## Community Development Approach to create better health of our young generation within the settings of their daily life

- To cascade the effect of Health Promoting Schools (HPS) and to nurture health lifestyles in students by providing a supportive school and home environment.
- A HPS network was set up to provide a platform for the schools to share their experience and promote good practice on health promoting schools.
- School health policies, curriculum, linkage with parents and community have been strengthened.
- Parents are provided with more opportunities to participate, support and cooperate with school to ensure the balanced development of their children.

### 健康學校暴力行為減少

【本報訊】調查發現，高小及初中學生參加「香港健康學校獎勵計畫」後，欺凌暴力及危險行為大減，情緒也有所改善。為推動更多學校成為健康學校，中文大學醫學院健康教育及促進健康中心，舉辦為期兩年的「新界西健康學校夥伴計畫」，由具備經驗的學校與區內一所學校建立夥伴關係，協助其成為健康學校，共有十六間中小學及幼稚園參加。

中大醫學院健康教育及促進健康中心於二〇〇一年起推行該計畫，透過學校合作促進學童身心健康。新界西一千六

百七十三名曾參與計畫的高小及初中生接受訪問，發現小學生中曾打架的學童減七點三個百分點，個人財物曾被偷或被破壞的人數亦減少八個百分點，出現抑鬱徵狀的學童減少七個百分點，曾經微傷害自己的人數亦減少四點七個百分點。

至於受訪中學生，曾被人以武器恐嚇或傷害及曾打架的學生分別減少六個百分點及七個百分點，個人財物曾被偷或被破壞的更減少八個百分點，出現抑鬱徵狀的學生減少十五個百分點，曾有自殺念頭的學生也減少六點七個百分點。

# GRAND CHALLENGES TO COMPLEX EMERGENCIES

- Complex emergencies are inherently political and require substantially different governance approaches compared to routine emergencies, extreme events, and disaster responses.
- Three complex emergencies are currently receiving considerable attention and have, to varying degrees, resulted in declarations of a state of emergency.
  - (1) Health emergency linked to COVID-19,
  - (2) The global climate emergency, also consider other aspects of adverse living environment for 'epidemic' of NCD
  - (3) Social emergencies: housing, also consider social isolation, decline of social capital, poverty, marginalisation

*TOWARDS A CONCEPT AND FRAMEWORK FOR GOVERNING COMPLEX EMERGENCIES.* Emergency Governance for Cities and Regions. London: London School of Economic and Political Science, Metropolis and UCLG, November 2020



Intervention approach  
Lee A, et al. . Childhood  
Obesity Management shifting  
from Health Care System to  
School System: Intervention  
Study of School-Based  
Weight Management  
Programme. BMC Public  
Health 2014; 14: 1128  
doi:10.1186/1471-2458-14-  
1128

Variety of behavioural modification strategies were used such as assessing readiness for change, goal-setting, self-monitoring, problem-solving, role-playing, motivational reinforcement and awards.

Multiple teaching strategies including interactive games, practical workshops, problem-solving activities, fun-based physical activity were used.

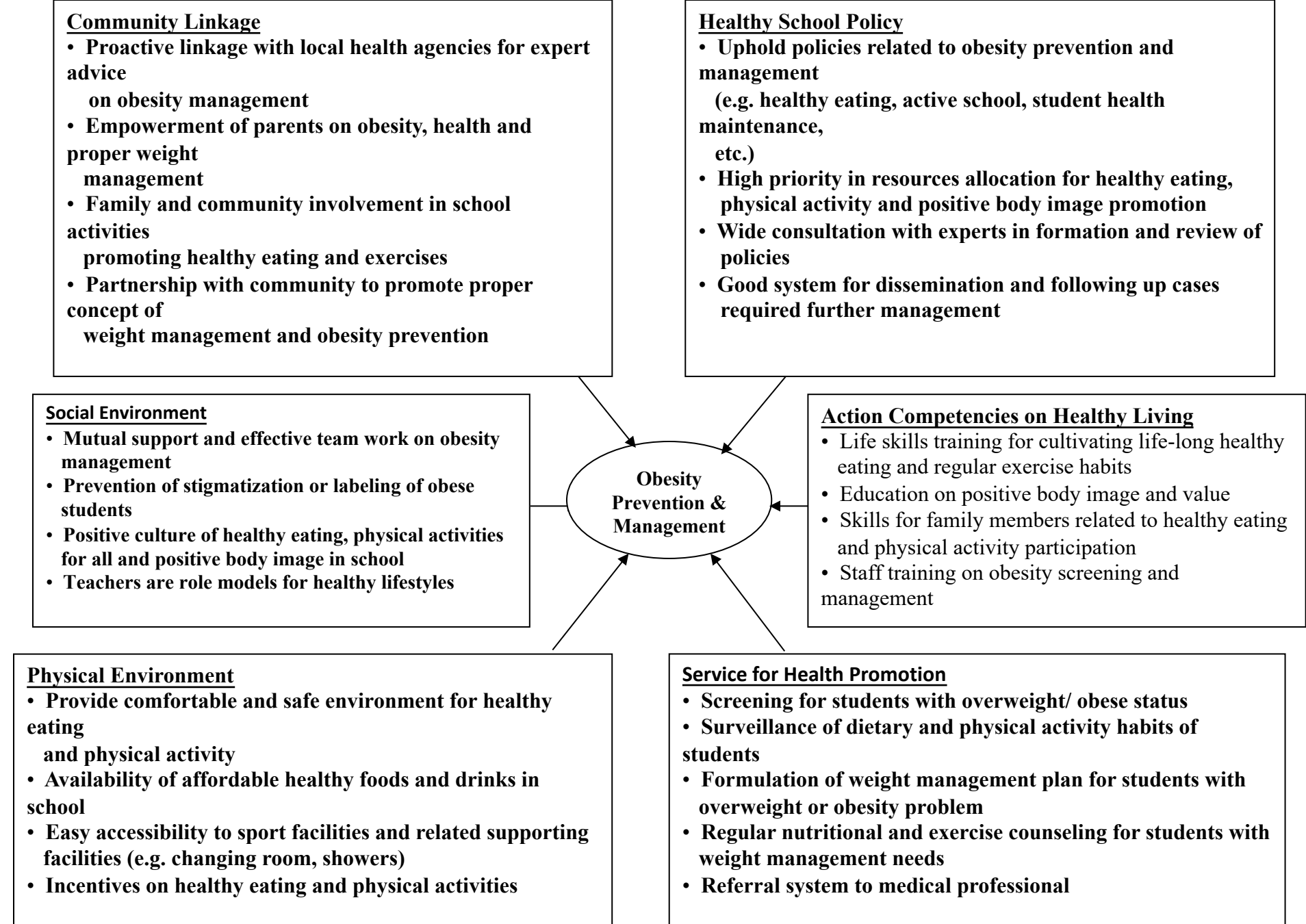
All participants were provided a meal plan (1500 to 1800kcal/day according to their age and sex, 50 to 55% total energy from carbohydrate, 15 to 20% from protein and 30% from fat with the presence of their parents.

Printed tailor-made weight management advices designed by the project dietician and physiotherapist.

The dietetic advice included suggestion on portion of core food groups and snacks; food selection and healthy eating strategies

Exercise plan consisted of prescription on aerobic, stretching and strengthening exercise as well as suggestions on strategies for being physically active.

Parents of intervention group received an introductory seminar on the basic principles, skills and knowledge on weight management at the beginning of the programme.



Lee A., Ho M., Keung V. Healthy Setting as an ecological model for prevention of childhood obesity. *Research in Sports Medicine: An International Journal* 2010; 18 (1): 49-

Lee A, Ho M, Keung MW, Kwong ACM. Childhood Obesity Management shifting from Health Care System to School System: Intervention Study of School-Based Weight Management Programme. *BMC Public Health* 2014; 14: 1128 doi:10.1186/1471-2458-14-1128

	Intervention group (n = 42)			Control group (n = 37)		
	Baseline	Mid-term	Change	Baseline	Mid-term	Change
<b>Mean BMI* (kg/m<sup>2</sup>)</b>	23.6	23.6	<b>0</b>	24.9	25.7	<b>+0.8</b>
<b>Mean Body Fat %*(%)</b>	30.7	31.2	<b>+0.5</b>	32.9	35.2	<b>+2.3</b>

Lee A, Ho M, Keung MW, Kwong ACM. Childhood Obesity Management shifting from Health Care System to School System: Intervention Study of School-Based Weight Management Programme. *BMC Public Health* 2014; 14: 1128 doi:10.1186/1471-2458-14-1128

\*  $P < 0.05$

In the past 7 days	Intervention group (n = 42)			Control group (n = 37)		
	Baseline	Mid-term	Change	Baseline	Mid-term	Change
<b>Eating sweet or chocolate <math>\geq 4</math> times (%)</b>	13.6	6.8	<b>-6.8</b>	3.4	6.9	<b>+3.5</b>
<b>Eating dessert, ice-cream, cake etc <math>\geq 4</math> times (%)</b>	9.1	0	<b>-9.1</b>	3.4	6.9	<b>+3.5</b>
<b>Eating potato crisps, French fries or other crispy snacks <math>\geq 4</math> times (%)</b>	11.4	2.3	<b>-9.1</b>	3.4	10.3	<b>+6.9</b>
<b>Eating deep fried food <math>\geq 4</math> times (%)</b>	18.2	6.8	<b>-11.4</b>	6.9	10.3	<b>+3.4</b>
<b>Eating less processed or preserved meat <math>\geq 4</math> times(%)</b>	29.5	13.6	<b>-15.9</b>	24.1	37.9	<b>+13.8</b>
<b>At least have 1 serve of fruit everyday (%)</b>	40.9	43.2	<b>+2.3</b>	55.2	55.2	<b>0</b>
<b>At least have 2 serves of vegetables everyday (%)</b>	34.1	45.5	<b>+11.4</b>	31.0	20.7	<b>-10.3</b>

In the past 7 days	Intervention group (n = 42)			Control group (n = 37)		
	Baseline	Mid-term	Change	Baseline	Mid-term	Change
Doing 60 minutes of moderate intensity exercise in $\geq 1$ day (%)	70.5	88.6	<b>+18.1</b>	65.5	58.6	<b>-6.9</b>
Doing 20minutes aerobic exercise $\geq 1$ day (%)	81.8	88.6	<b>+6.8</b>	86.2	82.8	<b>-3.4</b>
Doing 30minutes mild intensity exercise in $\geq 1$ day (%)	<b>63.6</b>	<b>75.0</b>	<b><u>+11.4</u></b>	<b>79.3</b>	<b>55.2</b>	<b><u>-24.1*</u></b>
<b>Likes doing exercises (%)</b>	<b>61.4</b>	<b>90.9</b>	<b><u>+29.5</u></b> * -	<b>62.1</b>	<b>69.0</b>	<b><u>+6.9</u></b>
Having excuses for not doing exercise (%)	13.6	9.1	<b>-4.5</b>	6.9	17.2	<b>+10.3</b>
Fear of sport injury (%)	18.2	11.4	<b>-6.8</b>	6.9	10.3	<b>+3.4</b>
<b>Parents have discussed about the negative effects of not doing exercise (%)</b>	<b>45.5</b>	<b>68.2</b>	<b><u>+22.7</u></b> * -	<b>69.0</b>	<b>51.7</b>	<b><u>-17.3</u></b>



A comprehensive evaluation (Post test) conducted again for 64 overweight or obese school children aged between 8 between 12 from 6 local primary schools 4-5 months after the completion of the 12-week weight management programme to assess the sustainability.

Lee A, Ho M, Keung MW, Kwong ACM. Childhood Obesity Management shifting from Health Care System to School System: Intervention Study of School-Based Weight Management Programme. *BMC Public Health* 2014; 14: 1128 doi:10.1186/1471-2458-14-1128

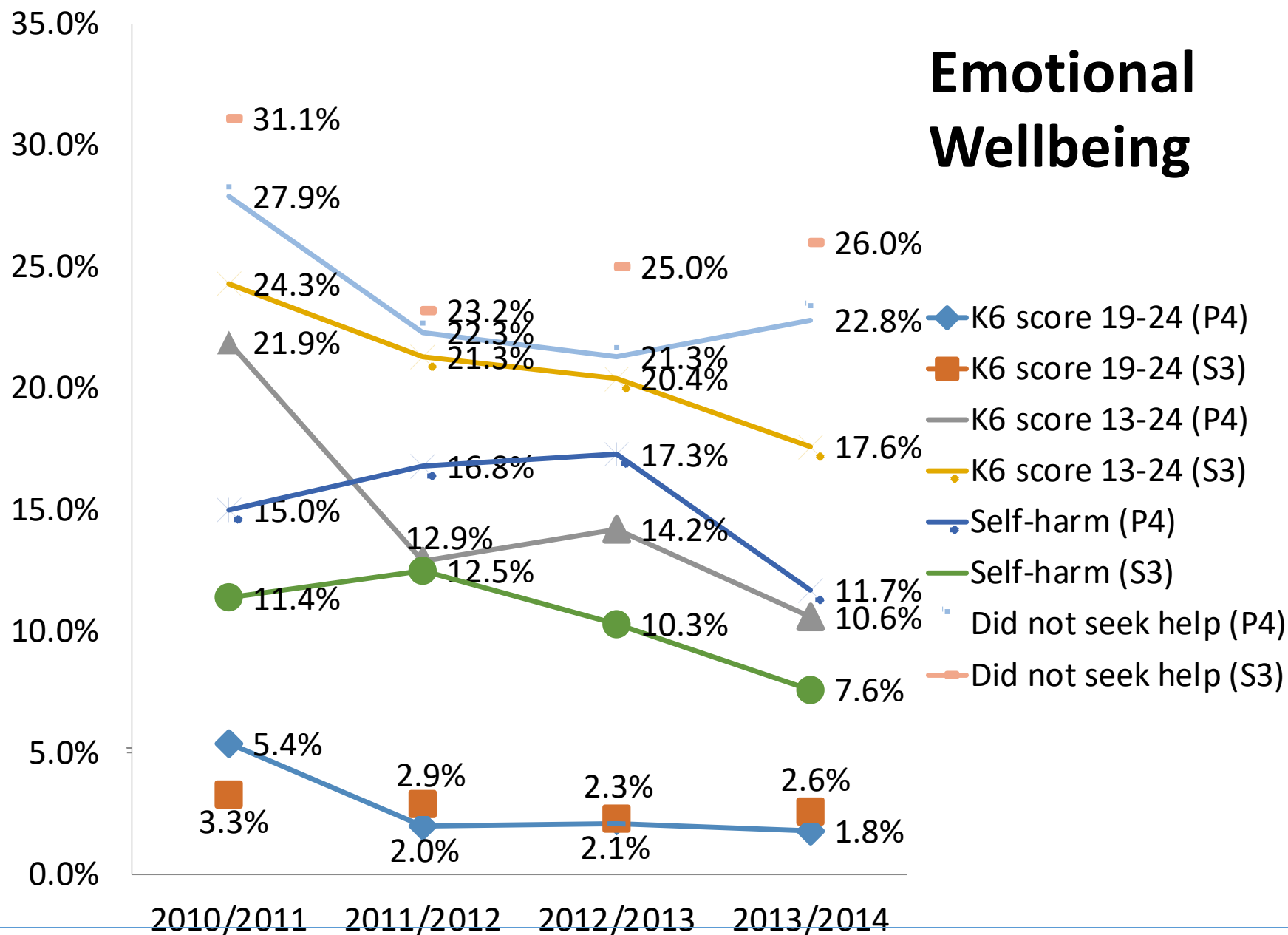
	Intervention group (n = 64)			
	Baseline	Final	Change	
Mean BMI (kg/m2)	24.28	24.34	0.16	Body weight without significant rebound
Mean Body Fat % (%)	31.3	29.8	-2.3*	Body fat % continuously declined

# Initiatives based in school setting would improve health and well-being

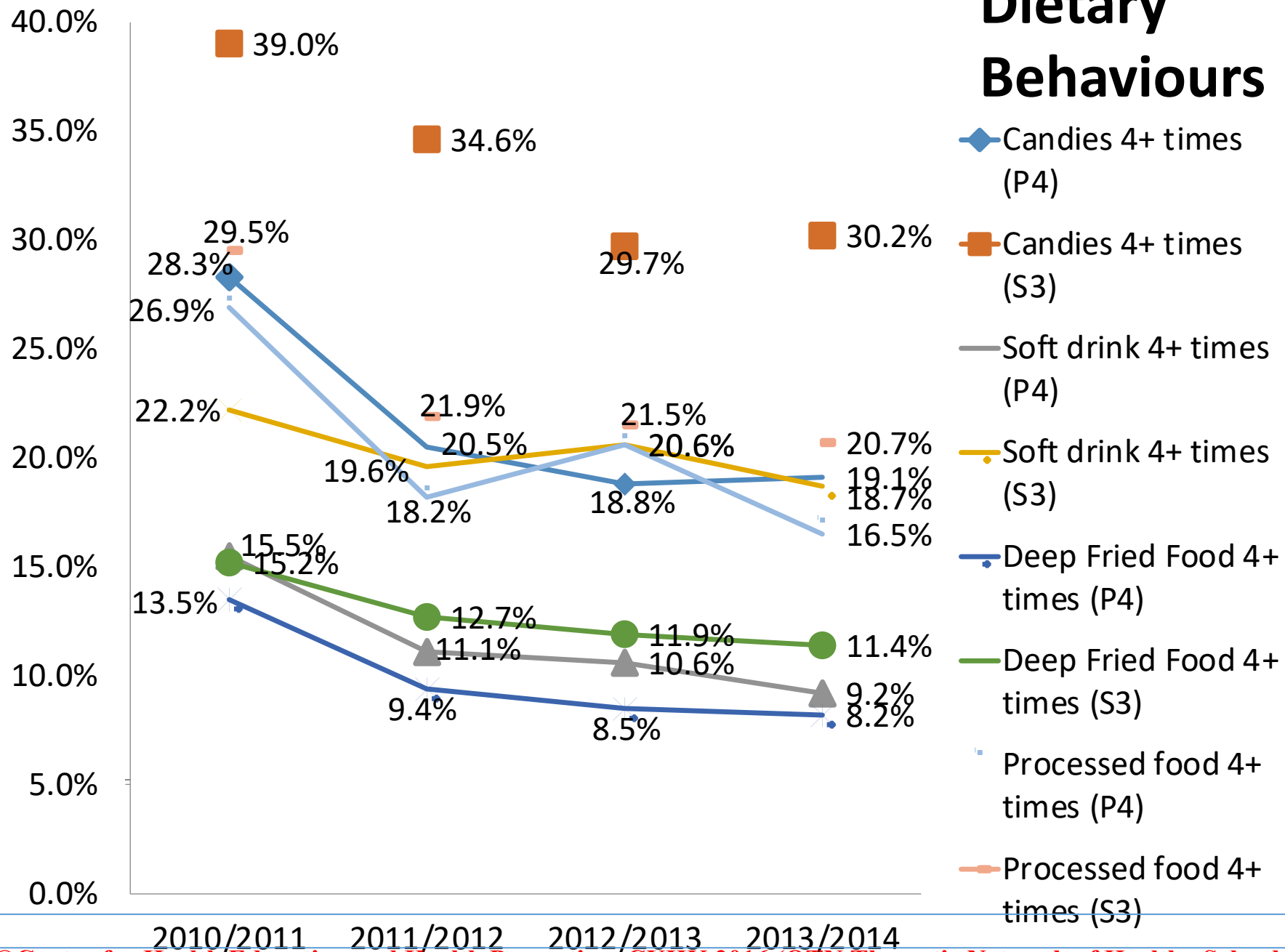
Lee A., Keung V., Lo A., Kwong A. Healthy School environment to tackle youth mental health crisis. *Letter to Editor. Hong Kong Journal of Paediatric* 2016; 21 (2):134-135

Centre for Health Education and Health Promotion, CUHK 2016 (QTN Thematic Network of Healthy Schools)

# Emotional Wellbeing



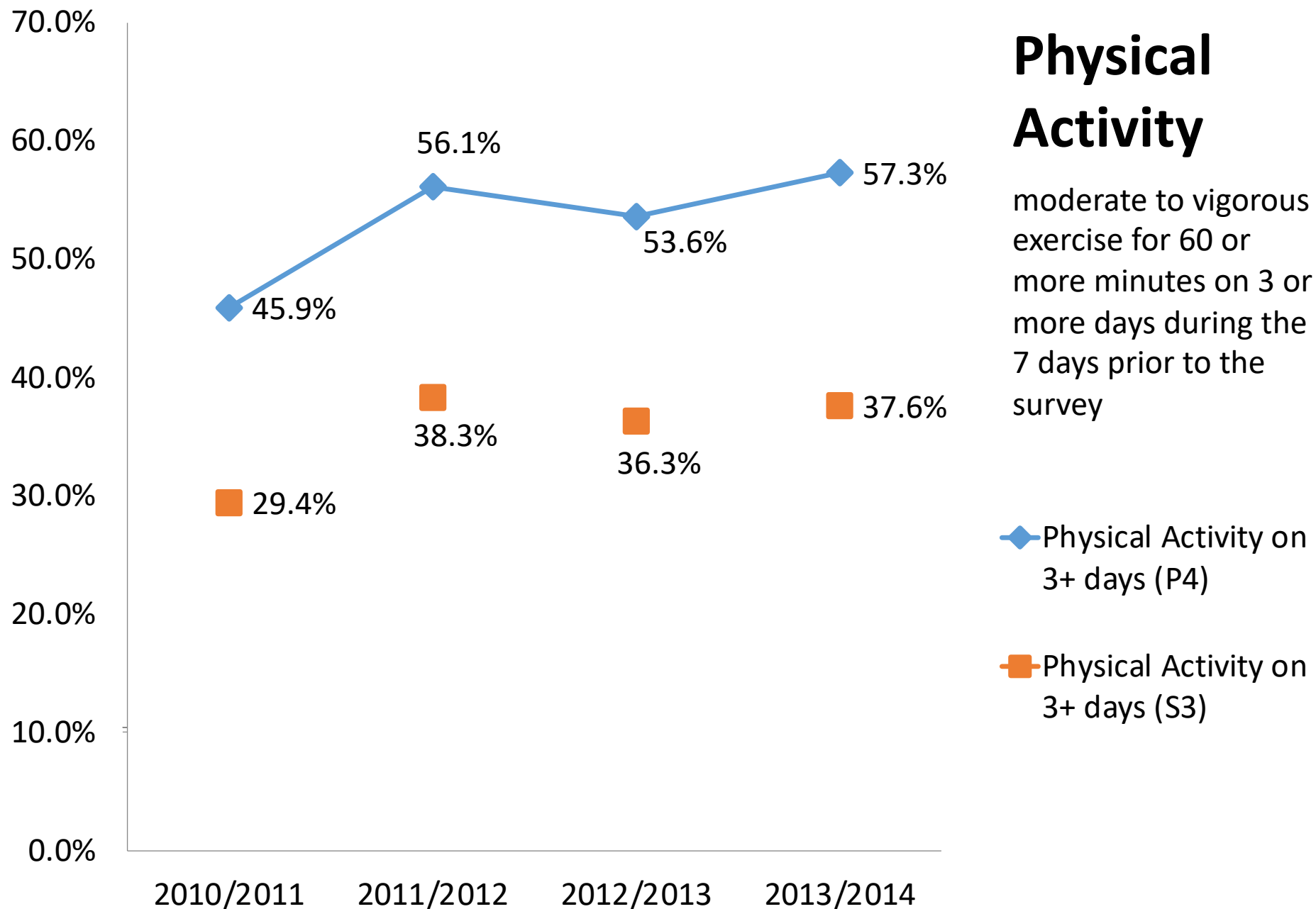
# Dietary Behaviours





# Physical Activity

moderate to vigorous exercise for 60 or more minutes on 3 or more days during the 7 days prior to the survey



# Student life under COVID

Lee et al, *International Journal  
of Public Health and  
Environment Research*.  
2021, 18, 10483.

<https://doi.org/10.3390/ijerph181910483>

- Survey findings on students that their schools participated in Centre's ASAP study at baseline 2019 and first follow up 2020.
- The proportion of students engaged in 60 minutes moderate to vigorous exercise decreased from around 40% to under 30% mainly those taken place in groups or in public or vigorous such as running and increased for activities that would be arranged at home or outdoor activity such as hiking.
- The proportion of students spending time on various types of electronic media (not for academic purpose) has increased with increased impact on concentration, emotion and back discomfort.
- The proportion of students going to bed after 11:00 pm has increased over 10% and proportion of students getting up after 8:00 am increased nearly 30%.



## **Community Empowerment and Risk Perception**

- Face mask wearing, hand hygiene are low cost and effective precautionary measures against influenza and respiratory infection.
- Physical distancing, restriction of social gathering can reduce the magnitude of the epidemic curve.
- Appropriate level of risk perception would predict protective behaviour with availability of effective protective actions (response efficacy) and ability to engage in protective action (self-efficacy)

### **Community action**

- design and deliver effective health communication meeting the local circumstances and needs, and comprehensible for the local community
- break barriers for uptake of precautions measures and avoid culture of blame and stigmatisation, and discrimination
- mobilise local resources to help community members possessing protective kits
- maintain solidarity, supportive spirit and cohesiveness

# Risk Perception



Health communications target risk perceptions to change behaviour.



Study has shown that interventions successfully changing risk perceptions often results in behavioural change including precautionary behaviours for respiratory infection control.



In the case of COVID-19, voluntariness, knowledge and trust appears crucial in planning communication and active involvement of communities can transform sense of outrage to assumption of personal and collective responsibility.



If a culture of strict compliance with measures such as the universal use of face masks in addition to hand hygiene and safe distancing, and school facilities to be optimized significantly to reduce the spread of infection, schools can remain open to ensure adequate learning.



**Health Promoting School** framework is effective intervention to enhance health risk communication, building mutual trust and self-responsibility, and active involvement of school community and neighbourhood as it is a *complex intervention involving multi-factorial and innovative activity in many domains, i.e., curriculum, school environment and community.*



We should develop school-based interventions to enhance appropriate risk perception aiming to improve appropriate pre-cautionary behaviours and measures for better infection control.





# Health Promoting School Framework to enhance health behaviours combating infectious diseases

Key domains	Components/Examples
Healthy School Policies for health promotion and protection of infectious diseases	<p>School formulates a set of comprehensive school health policies to meet the guidelines issued by Ministries of Health and Education for schools including health education messages on risk and protective behaviours, school facilities meeting standards for infection control</p> <p>Set up a school support team (SST) to assess the feasibility of implementing protective measures, implement and monitor the school health promotion and health protection in response to COVID-19</p>
Physical and social Environment for health promotion and protection of infectious diseases	<p><i>Action- re-organisation of school layout including classrooms to enable physical distancing including hygiene measures based on guidance, cleaning and disinfecting the school environment periodically according to local circumstances (including tuckshop, canteen sport facilities). Particular attention should be paid to water and sanitation facilities and surfaces frequently being touched.</i></p> <p>Identify areas where protective measures cannot be implemented with certain student years or groups and also certain staff and seek expert opinion on best alternative measures.</p>
Action Competencies for health promotion and protection of infectious diseases	<p>Comprehensive curriculum with health related issues for students to acquire health skills on infection control, protective measures and precautionary measures</p> <p>Strategic approaches for students to acquire those related health skills</p> <p>Staff are well-equipped to promote infection control and protective and precautionary measures, preparedness and response measures</p> <p>Related health skills for family members and the community</p>
Community Links for health promotion and protection of infectious diseases	<p><b>Family and community involvement in school affairs with regard to infection control and precautionary measures and behaviours</b></p> <p><b>Proactive linkage with other community bodies on infection control and precautionary measures and behaviours</b></p>
School Health Care and Promotion Services for protection of infectious diseases	<p>The school needs to raise awareness among students and staff of the importance of self-reporting any symptoms of COVID-19. Emergency Services- handling contact/suspected case</p>

# Hong Kong Healthy Schools Award

Lee A, Keung MK, Lo SY, Kwong A, Armstrong E. Framework for evaluating efficacy in Health Promoting Schools. Health Education 2014; 114(3): 225-242. <http://www.emeraldinsight.com/10.1108/HE-07-2013-0035>

## CONTEXT

- Hong Kong currently has approximately 959 kindergarten, 572 primary schools, 533 secondary schools and 61 Special Schools (2010/11).
- There have been 243 schools involved in the Hong Kong Healthy School Award Scheme to date, including Primary, Secondary and Special Schools and kindergartens. Awards have been granted to 133 of these education settings.
- Since 2010 the Quality Education Fund of Hong Kong has approved a five year project to establish a Thematic Network on Healthy Schools.

## Health Promoting School Principles

- Involves student participation and empowerment
- Links health and education issues and systems.
- Addresses the health and well-being issues of all school staff.
- Collaborates with parents and the local community.
- Integrates into the school's ongoing activities
- Sets realistic goals
- Seeks continuous improvement through ongoing monitoring and evaluation

## INPUTS

- Recurrent Centre for Health Education and Health Promotion (CHEP) funding
- Quality Education Fund – Thematic Network on Healthy Schools funding
- CHEP Staff 11.3 FTE (2008- )

## ACTIVITIES

### Establishment phase

- Training workshop on HPS framework and self evaluation system
- Student Health Survey administered
- Online school self evaluation

Stakeholder surveys (School staff, parents & students)  
Physical environment inspection  
Health education, activities and training record  
Audit of six components of HPS

- HPS site visit  
Baseline assessment  
OR  
Validation of HPS requirements and award status

- Student Health Survey report (School level)

- School Health Profile report

- Ongoing liaison with coordinating teacher
- Occasional professional development seminars

### Healthy School Network

- Activities  
Steering Committee Meetings
- Working Group Committee Meetings
- Resource and Participating School Partnership Activity  
Discussions, meetings, school visits, resource sharing.

### Award/accreditation phase

- Application for accreditation /award

- School compilation of evidence of HPS requirements

- Student Health Survey report (School level)
- School Health Profile report

- Ongoing liaison with coordinating teacher
- Occasional professional development seminars

- Award/accreditation status determined by CHEP

- Award/accreditation status endorsed by HK Education Bureau and WPRO

- Award/re-accreditation ceremony presentation

### Re accreditation phase

- Application for re accreditation

## OUTCOMES

### Health promotion actions

- School timetable incorporates health education activities (formal and extra curricular)
- Parents Teachers Association and community involvement with Healthy School activity

### Health promotion outcomes

- Health skills, knowledge and self efficacy evident in students
- School health policies in place
- Networking with parents, community & other schools to launch health programs

### Intermediate outcomes

- Attitudes conducive to health maintenance and learning
- Healthy lifestyles, reduced risk behaviours
- Healthy school environment and school ethos
- Access to effective school health services

### Health & social outcomes

- Optimal health status
- Positive mental health
- Life satisfaction
- Academic achievement

Lee A, Keung MK, Lo SY, Kwong A, Armstrong E. Framework for evaluating efficacy in Health Promoting Schools. Health Education 2014; 114(3): 225 242. [http://www.emeraldinsight.com/10.1108/HE\\_07\\_2013\\_0035](http://www.emeraldinsight.com/10.1108/HE_07_2013_0035)

# Update of Health Promoting School

Lee A., Lo ASC, Li Q., Keung MW, Kwong CM. Health Promoting School: An Update. *J Applied Health Economics and Health Policy* 2020; Apr 15 : 1–19. <https://doi.org/10.1007/s40258-020-00575-8>

- This update has taken reference from scoping reviews that are used to present a broad overview of the evidence related to the topic, and useful to examine emerging areas to clarify concepts and identify gap.
- This study makes use of scoping study which has included literature search and review of recent policies/ guidelines/ recommendations/ reports/ studies and other relevant documents on the current recommendation and implementation of HPS.
- The authors have already identified 20 indicators having significant impact on health-related outcomes, and the scoping study can provide detail standards of those core indicators under the five key areas (not including school health care and promotion services) building on HKHSA framework based on WHO standard

Lee, A., Lo, A. S. C., Keung, M. W., Kwong, A. C. M., & Wong, K. K. (2019) Effective Health Promoting School for better health of children and adolescents: Indicators for success. *BMC Public Health* 2019; 19:1088 <https://doi.org/10.1186/s12889-019-7425-6>

- This would enable self-assessment on school performance on HPS



## HPS Core Indicators

Lee, A., Lo, A. S. C., Keung, M. W., Kwong, A. C. M., & Wong, K. K. (2019) Effective Health Promoting School for better health of children and adolescents: Indicators for success. BMC Public Health 2019, 9:1514 <https://doi.org/10.1186/s12889-019-7878-7>

**Indicators under each respective key areas showing significant impact on health outcomes (\* Primary Schools only, \*\* Secondary Schools only)**

### **Healthy School Policies**

**PO 2.1\*\*** Policy on Healthy eating

**PO 2.2\*\*** Policy on safe school

**PO 2.3\*** Policy on harmonious school

**PO 2.4\*\*** Policy on active school

### **School's Physical Environment**

**PE 1.1** School ensures students' safety whenever students are under their care.

**PE 4.1** School has a system in place to ensure that all food sold or served in school promote healthy eating

### **School's Social Environment**

**SE 2.2\*** School has a system for the prevention, and management of unacceptable behaviour in school both among students and encourages staff to set personal examples for cultivating students' positive actions

**SE 3.2** School has a system in place to look after students and staff with emotional needs and/or unexpected traumatic life events.

### **Action Competencies on Health Living**

**AC 1.1** School adopts a systematic approach to conduct health education

**AC 1.3** School tries to ensure all students have opportunities to actively engage with each topic, according to their age.

**AC 2.1** School uses a variety of innovative and student-orientated strategies and formats when implementing health education and promotion activities

**AC 3.2\*** There are school staff who received professional training in health education or participated in discussions on the development of health promoting school

**AC 3.3** School staff participate in different health education workshops or seminars, and have opportunities to collaborate with other teachers and exchange ideas to enhance the teaching of health

**AC 3.4** School provides diversified health education resources for staff, and such resources are well organised and managed

**AC 4.3** School provides health-related information and resources for family members and the community

### **Community Links**

**CL 1.2** School consults parents for recommendations on Healthy School development & encourages their active participation in the joint discussion on the formulation and review of Healthy School policies

**CL 2.2** School consults community members or groups that possess substantial understanding of the school for recommendations and/or professional advice on Healthy School development & involves them in assessing school's developmental needs and/or discussing arrangements for corresponding plans and projects

**CL 3.2\*** School links with community bodies and works with them to promote community health education activities

**CL 3.4\*\*** School supports staff to participate in various exchange activities in health education

### **School Health Care and Promotion Services**

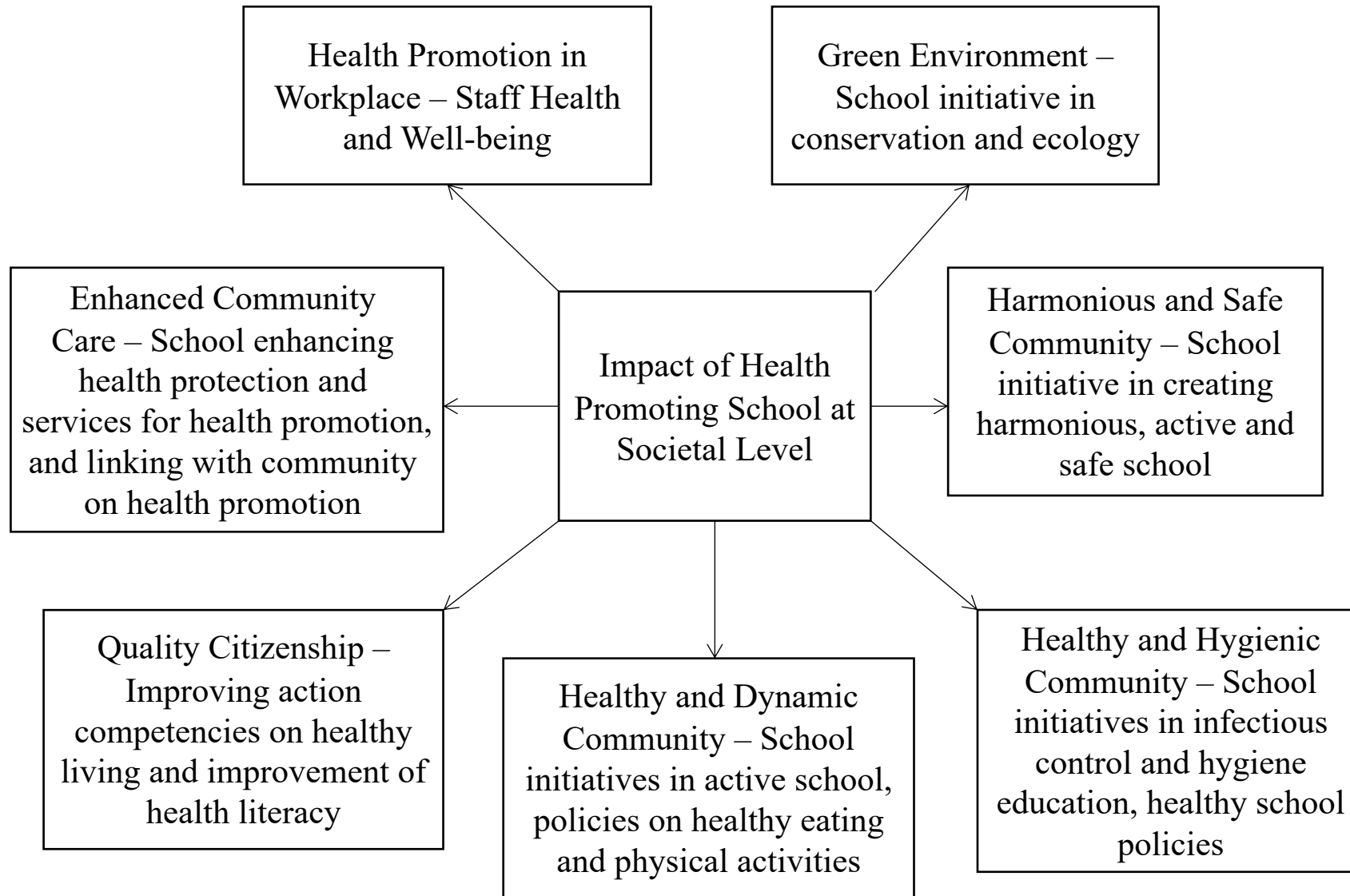
**HS 2.3** There was a provision of basic health care services and management





The WHO Commission on Social Determinants of Health (Marmot, Friel, Bell, et al, 2008) recognised the importance of the urban setting as a social determinant of health. Its Knowledge Network on Urban Settings (KNUS) (WHO, 2007) recommended:

- building social cohesion,
- improving environments for health,
- accessible primary health care for all,
- **healthy settings as vehicles,**
- pro-active and coordinated urban planning, and good urban governance.



# Theory and Practice of Health Promoting School: Getting Started

- English version is coming online soon  
[http://www.chep.cuhk.edu.hk/Theory\\_and\\_Practice/](http://www.chep.cuhk.edu.hk/Theory_and_Practice/)

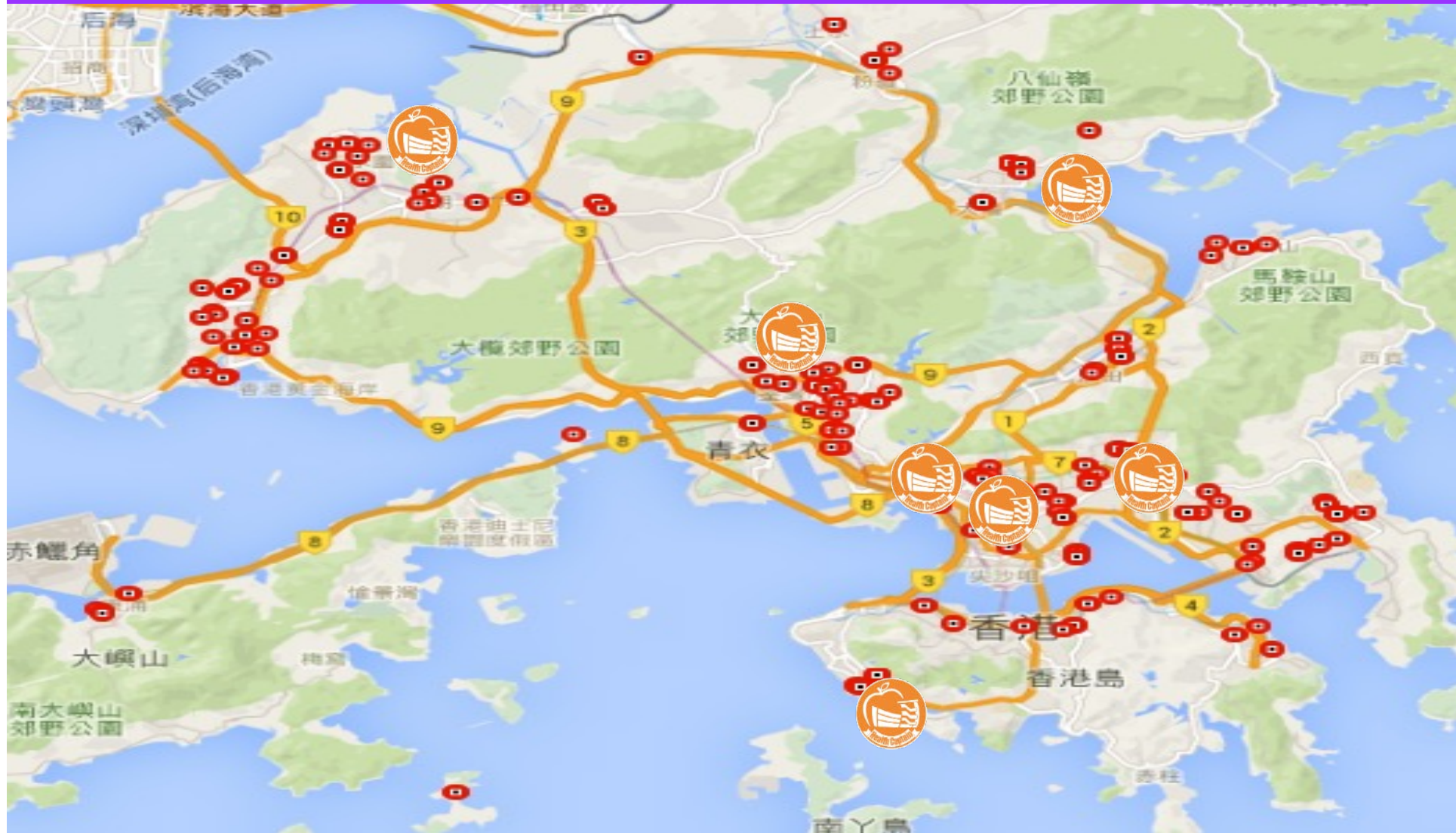


# Theory and Practice of Health Promoting School: Getting Started

- **Strategies and steps** to build a health-promoting school
- Ways to establish a special group for school health and SWOT analysis
- Rationales of health education for students on the 10 Health Content Areas
- School health care and promotion services and useful information
- **Online tutorial** to enhance self-directed learning
- **Self-evaluation tool** for school to assess their HPS status and establish implementation plan based on school needs



Are we able to reach young people, and seek support from schools and the community?





# Contact Us

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