



What do we know about Prevention and Health Education

UNESCO Paris, 26-27 Feb 2018

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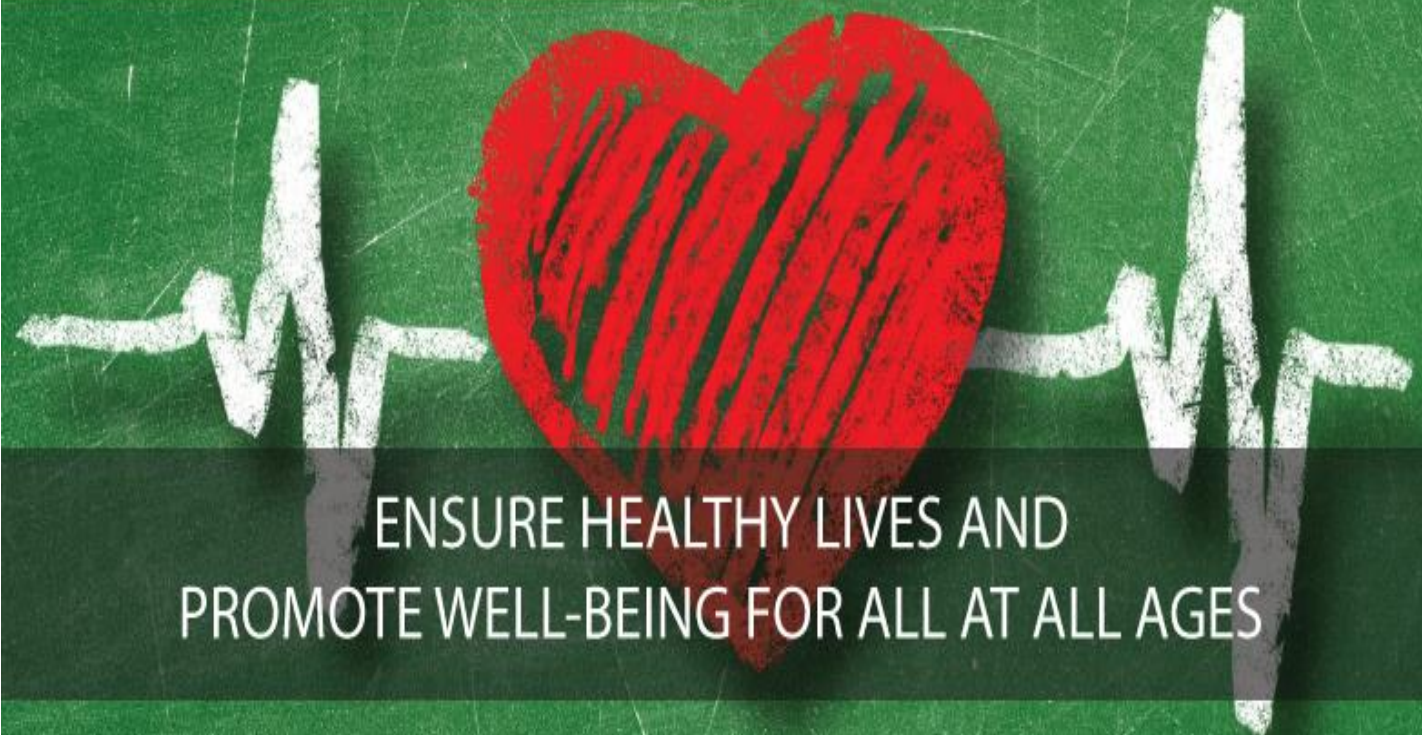
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Member of Forum of Investing in Children Globally (2012-2016)

US National Academy of Medicine; WHO Temporary Advisor since 2003



GOAL 3



ENSURE HEALTHY LIVES AND
PROMOTE WELL-BEING FOR ALL AT ALL AGES

SUSTAINABLE DEVELOPMENT GOALS

More at sustainabledevelopment.un.org/sdgsproposal

GOAL 4

A group of diverse young children, likely in a classroom, are shown smiling and engaged in learning. They are wearing blue and yellow uniforms. The background is slightly blurred, focusing on the children's faces and expressions.

ENSURE INCLUSIVE AND EQUITABLE QUALITY
EDUCATION AND PROMOTE LIFELONG LEARNING
OPPORTUNITIES FOR ALL

SUSTAINABLE DEVELOPMENT GOALS

More at sustainabledevelopment.un.org/sdgsproposal

Education for Better Health

- **Disease orientated approach is negative**
- **It ignores the holistic perceptions that encompass culture, environment and socio-political determinants**
- **Health orientated approaches aim to enhance positive health and prevent ill health through the recognition of physical, psychological and social components**

Challenges for Promoting School Health

- Needs good data to reflect the determinants of health as well as health status
- Using setting approach to promote health rather than information giving
- Evaluation measures in boarder perspectives

Evidence has suggested that the way the school is led and managed, the experiences students have to participate and take responsibility for shaping policies, how teachers relate to and treat students and how to engage local community and parents, build many protective factors for health and reduces health risk behavior.

Stewart-Brown, S. (2006). *What is the evidence on school health promotion in improving school health or preventing disease and specifically what is the effectiveness of the health promoting schools approach?*. Copenhagen: World Health Organization.

Patton, G. Bond, L., Carlin, J., Thomas, L., Butler, H., Glover, S., Catalano, R. & Bowes, G. (2006). Promoting social inclusion in schools: A group-randomized trial on student health risk behaviour and well-being. *American Journal of Public Health*, 96, pp 9.

Blum, R. McNeely, C. & Rinehart, P. (2002). *Improving the odds: The untapped power of schools to improve the health of teens*. Center for Adolescent Health and Development, University of Minnesota

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 (WWSA) 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*

Lee A (2018). "School Health Programs in the Pacific Region." In *Oxford Bibliographies in Public Health*. Ed. David McQueen. New York: Oxford University Press, DOI:10.1093/OBO/9780199756797-0173

Global Meeting on Emerging Adolescent Health Wingspread Conference Center, Wisconsin, USA October 2011 published in *supplementary issue (52-2S2) of Journal of Adolescent Health 2013* **Wingspread Consultation**

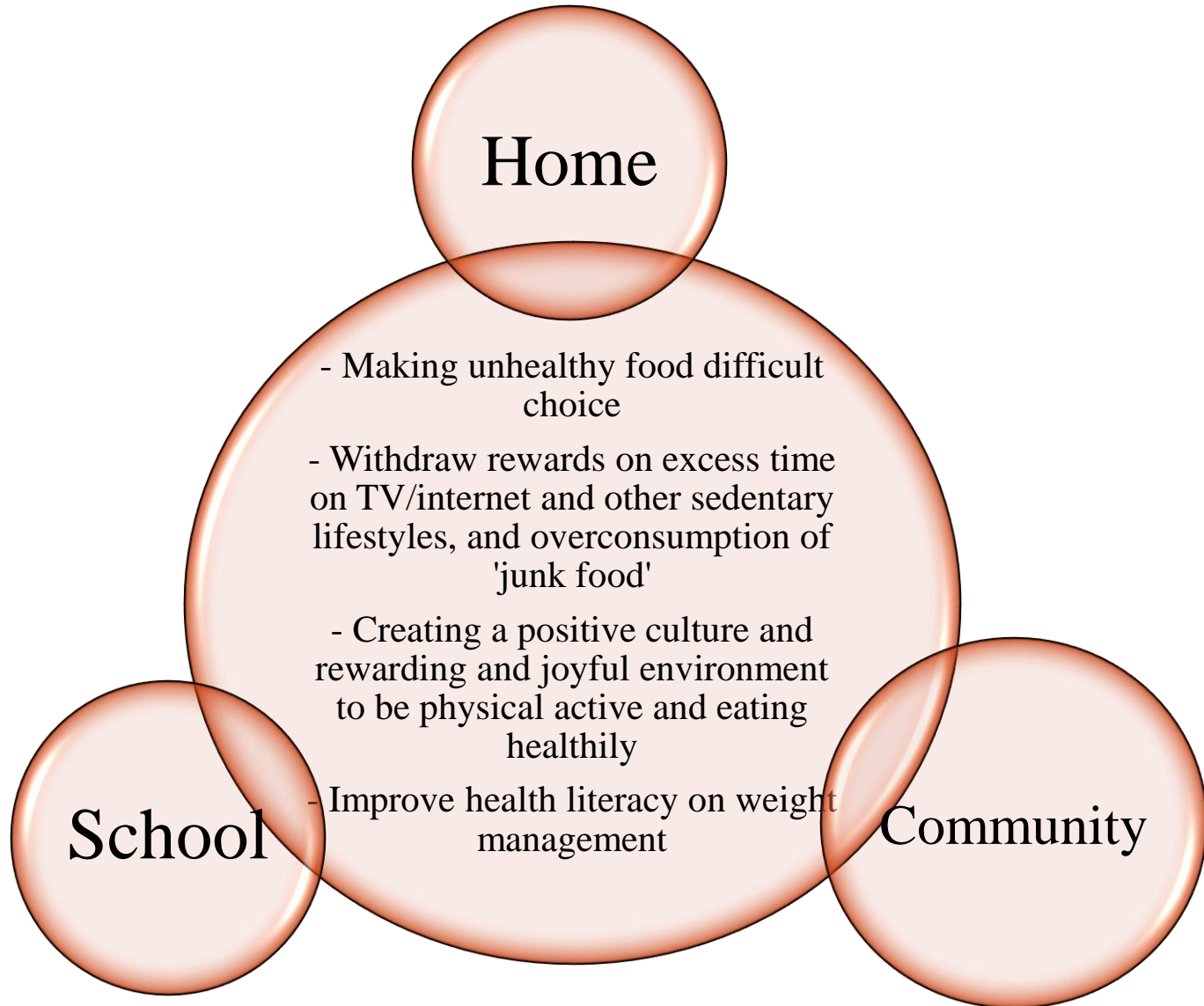


This document summarizes some of key issues with some abstracts reflecting neuro-development, epigenetics, addictive and neuro-biology on adolescent

- Research findings have confirmed the **existence of common determinants (e.g., pathways in the brain) and the inter-relationships between the determinants of risk behaviours and behaviours themselves**, such that one impacts the other.
- Growing up in persistently violent environments impacts brain development, which in turn affects cognition, emotional reactivity, mental health, and drug use etc.

Blum R and Dick B. Strengthening Global Programs and Policies for Youth Based on the Emerging Science. *J Adol Health* 2013; 52: S1-3.

Enhancing Positive Adolescent Neuro-development on Diet and Exercise through home-school-community actions. Lee A., Gibbs S. *J Adol Health* 2013; 52: S39-42.



National Academy of Medicine Forum on Investing in Children Globally (iYCG)

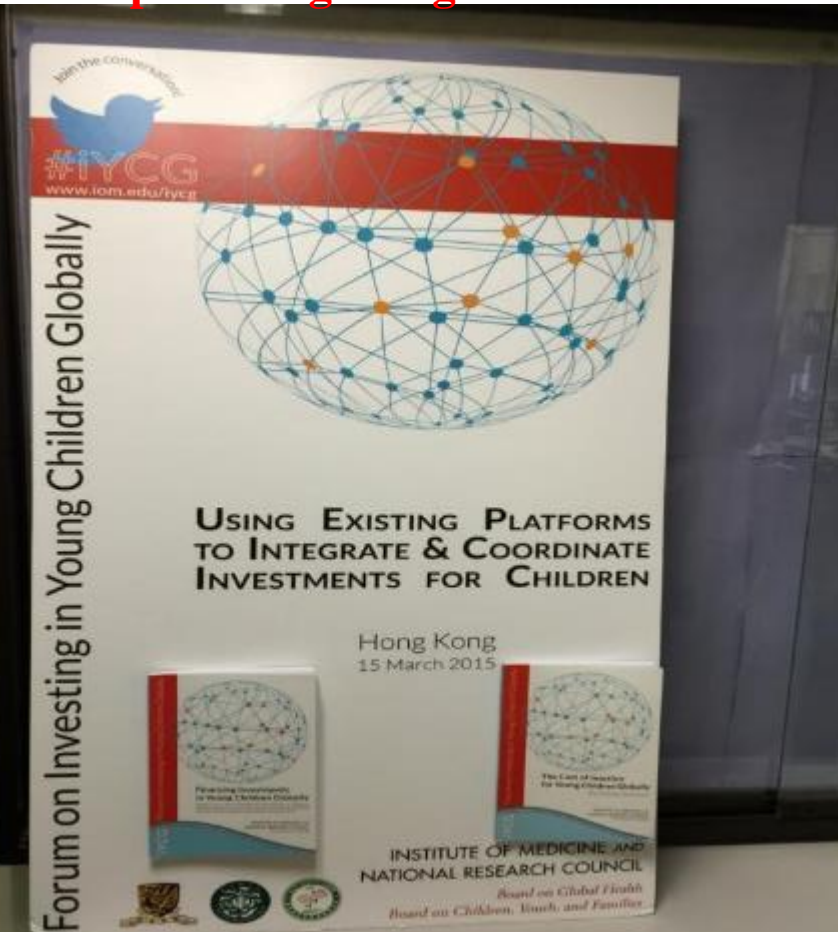
A collaborative learning community of diverse experts working to identify and facilitate applications of the most promising evidence and practices around the world on how to invest effectively in early child development

Workshop in Hong Kong March 2015

Aims:

- identify
 - best evidence on strategic investments in Early Childhood Development
 - highly promising integrative programs for investment
- integrate
 - knowledge across sciences, contexts, & generations
 - sectors of health, nutrition, education, & social welfare
- inform
 - policy-making and practice across sectors and scales
 - a global evidence-based vision

The iYCG workshop summaries highlighted the effect of inequality in the socio-economic and caregiving environments among children and the links among sources and types of mechanisms of funding and the pathways which they operated with respect to health, education and social outcomes of healthy development





Mayor of Itatiba, Brazil

Importance of raising children
in appropriate way

Public policy should
strengthen child health
adopting intersectoral approach

Municipalities should be place
for training and education

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 from Stellenbosch Consensus.

‘The mind of a child, once expanded to the dimensions of larger ideas, never returns to its original size.’



stias
STELLENBOSCH INSTITUTE FOR ADVANCED STUDIES
UNIVERSITY OF BRITISH COLUMBIA



**"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 9th – 11th 2011 930 am – 5 pm

The Wallenberg Research Centre,

Stellenbosch Institute for Advanced Studies,

10 Marais Street, Stellenbosch.

PUBLIC LECTURE & FORUM November 10th 5 - 7 pm

Purpose: Key opinion leaders and educators will present state of the art reviews of their knowledge, research, and evaluation of school-based health promotion programs and lead discussion on the implementation of this health education model with reference to World Health Organization guidelines.

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7600 Stellenbosch
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web: www.sun.ac.za/stias

- **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.**
- There is always continuing tension between individual rights and public health as public health being measured collectively on a population basis requiring intervention to restrict individual choices such as wearing helmet for motorcyclists, quarantine for outbreaks of potential threatening communicable disease.
- 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.

Social Impact of School Health Promotion

- 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).
- Health Promotion actions can change the attitudes and behaviour of students towards positive, life enhancing activities are important to improve health and well beings and would contribute to the social inclusion and social justice
(*Education and Health in Partnership: European Conference, 2002*)
- Social justice enables young people to develop life skills to be effective citizens, builds strong and inclusive linkage in society and helps eliminate poverty in the long run (*Scottish Executive, 2002*)
- Audit type of evidence has provided schools and health and education authorities with comprehensive maps about what is happening and how comprehensive it is. It can assist schools and authorities to concentrate on the gaps and affirm qualities work in schools through award upstream (Moon et al, 1999; Lec, Cheng & St Leger, 2005)

Moon A.M., Mullee M.A., Rogers L., Thompson R.L., Speller V. and Roderick P. (1999) Helping schools to become health-promoting environments – an evaluation of the Wessex Healthy Schools Award. *Health Promotion International*, 14:111-122.

Lee A., Cheng F., St Leger L (2005). Evaluating Health Promoting Schools in Hong Kong: The Development of a Framework. *Health Promotion International*, 20(2): 177-186.



WHO Stakeholders Consultation Meeting to update Regional Guidelines for HPS 3-5 March 2008, Singapore



St Leger L., Kobe LJ., 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.

Hong Kong Healthy Schools Award Scheme

香港健康學校獎勵計劃

健康學校政策
Healthy School Policies

學校環境
School's Physical Environment

校風與人際關係
School's Social Environment

健康生活技能與實踐
Action Competencies for Healthy Living

家校與社區聯繫
Community Links

學校保健與健康促進服務
School Health Care & Promotion Services



Education Bureau, HKSAR
香港特別行政區政府教育局



WHO Western Pacific Region
世界衛生組織西太平洋區



The Hong Kong Institute of Education
香港教育學院



Education Bureau, HKSAR
香港特別行政區政府教育局



WHO Western Pacific Region
世界衛生組織西太平洋區

Healthy Schools (Pre-school) Award Scheme

健康幼稚園獎勵計劃



Capacity Building and empowerment

- Evidence from education research

Establishing evidence to reflect the risk behaviours of and the pressing needs -

● Linking HPS with School Management

● Monitoring and Evaluation

● Advancing Practice of HPS and HPS

● Networking: Regionally and Globally

Albert Lee

Helping schools to promote healthy educational environments as new initiatives for school based management: the Hong Kong Healthy Schools Award Scheme

■ As early as 1950, the World Health Organization (WHO) noted that "to learn effectively, children need good health" (WHO, 1995a). Health is defined as a state of complete physical, mental and social well-being and not merely the absence of disease. There is abundant evidence to demonstrate that the health of children and adolescents constitutes a major factor affecting their capacity to learn (Allensworth, 1997), and students with health compromising behaviour are more likely to feel alienated from school and to value continued education less than their peers (Nutbeam, 1993). The school environment has a direct impact on the self-esteem, educational achievement and health of its pupils and staff (Hopkins, 1987; Sammons, 1994). The future health of school children and its adulthood is critically linked to the

health education programme must combine health education with other health-promoting initiatives in school, and involve parents and families (Seifrin, 1990; Young, 1983; Tamahill, 1993; Denman, 1994) and the community at large (Aaro, 1983; Tamblini, 1985). Its target should cover a comprehensive, co-ordinated, cross-curricular programme throughout the school career (Denman, 1994); and encourage young people to be involved in all decision-making processes relating to health (WHO, 1993; Thomas, 1998). Programme experiences and research findings from all regions in the world (WHO, 1999) suggest that adolescents need accurate information about their health and development, life skills to avoid risk-taking behaviour, counselling, acceptable and affordable health services, and safe and supportive

Programme to be 13.8, which compares very favourably with adult-based programmes, 3.4, and other programmes for children of a more biomedical nature, e.g. 11.1 for whooping cough vaccination (1994). Promoting health during adolescence is one of the most important investments that any society can make.

Health promoting schools practices and school based management

School Based Management (SBM) is an essential feature in local education reform. Many schools are adopting SBM to enhance productivity and learning (Cohen, 1988; David, 1989). It requires the involvement of all the six segments of a school's community: the headmaster, teachers, support staff, parents, students

Youth risk behaviours in Hong Kong

A YRBS Survey of Youth Risk Behaviors at Alternative High Schools and Mainstream High Schools in Hong Kong

Albert Lee, Clement K. K. Tsang, Shiu-hung Lee, Cho-yeu Tu

ABSTRACT In Hong Kong, prevocational schools serve as an alternative to mainstream schools to provide education with more emphasis on practical and technical subjects. In this paper, health-risk behaviors of prevocational school (PVS) students were identified, and comparisons of health-risk behaviors with or without adjusting the demographic factors from prevocational schools and mainstream schools were made. The PVS students were at higher risk for most categories of health-risk behaviors such as unintentional and intentional injuries, smoking, alcohol drinking, drug sniffing, inadequate physical activity, insufficient consumption of fruits and vegetables, and early sexual activity with multiple partners. Female students of PVS reported higher prevalence of emotional problems and substance abuse. Findings suggest that the school environment is an influential factor on the lifestyle behavior of students. Comprehensive health education and intervention programs are needed for youth in Hong Kong prevocational schools. *J Sch Health*. 2001;71(9):443-447.

Public Health (2004) 118, 88-95



PUBLIC HEALTH
JOURNAL OF THE ROYAL INSTITUTE OF PUBLIC HEALTH
www.elsevierhealth.com/journals/push

Youth risk behaviour in a Chinese population: a territory-wide youth risk behavioural surveillance in Hong Kong

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Centre for Health Education and Health Promotion, and Healthy Schools Program, School of Public Health, The Chinese University of Hong Kong, 4th Floor, Prince of Wales Hospital, Shatin, New Territories, Hong Kong, China

Received 17 June 2002; received in revised form 28 May 2003; accepted 7 June 2003

KEYWORDS

Youth health risk behaviour; Adolescence health; Hong Kong

Summary This cross-sectional study investigated the prevalence rates of different categories of youth risk behaviour by age, sex and parental education. The study population consisted of 26,111 Hong Kong students, aged 10-19 years, recruited from 48 primary (primary grades 4-6) and secondary schools (secondary grades 1-7). Less than one-third of subjects participated in vigorous exercise regularly, about one-third consumed an unhealthy diet frequently, 18% had tried smoking, and 14.5% had seriously considered attempting suicide. Although only 3.4% of students reported experience of sexual intercourse, less than half used a contraceptive device. Older students had higher prevalence rates of health-compromising behaviours than younger students. Female students were more likely to report suicide-related behaviour, attempting weight loss, and non-participation in vigorous physical activities. Students with parents of a lower educational background were more likely to report rarely or never wearing seat belts and bicycle helmets, suicide-related behaviour, smoking, sexual intercourse before 13 years of age, and attempting weight loss. The availability of data on youth health risk behaviours would enable health educators, public health practitioners and clinicians to plan appropriate screening and counselling for risk behaviours in early adolescents.
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新一代健康危機：
香港學童身心健康研究調查

Health Crisis of Our New Generation:
Surveillance on
Youth Health Risk Behaviours

香港中文大學醫學院公共衛生學院
健康教育及促進健康中心
Centre for Health Education and Health Promotion
School of Public Health, Faculty of Medicine
The Chinese University of Hong Kong

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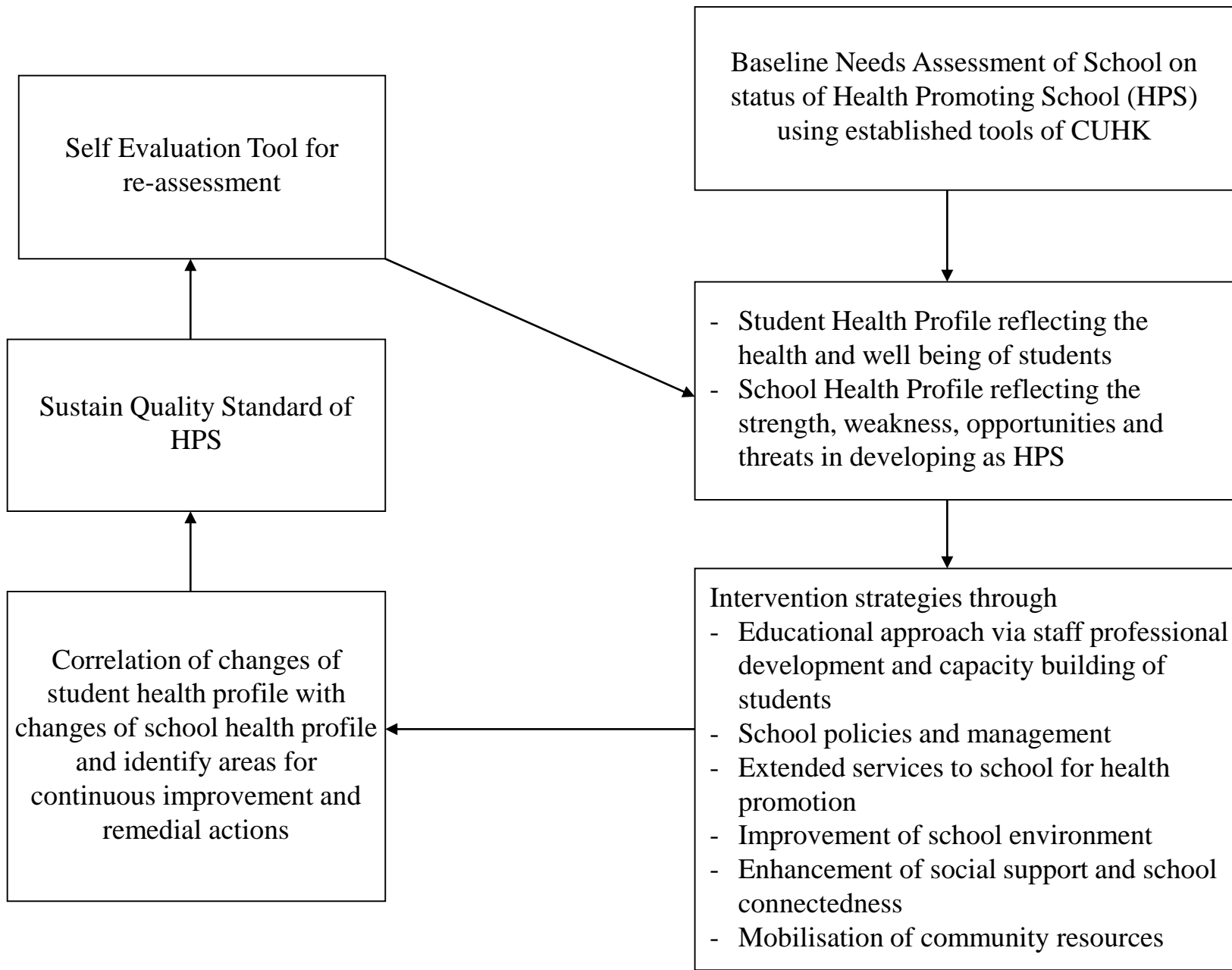
...hypothesize that students n

Healthy Schools Programme
Faculty of Medicine, The Chinese University of Hong Kong
香港中文大學醫學院·健康學校計劃

**The Health Status of School Children:
Future Youth Health Promotion and Health Education**
學童健康現況及香港健康教育發展

November 24, 1999
一九九九年十一月二十四日

金贊助



Can Health Promoting Schools contribute to the better health and wellbeing of young people? The Hong Kong experience

Albert Lee, Frances F K Cheng, Yanas Fung, Lawrence St Leger

J Epidemiol Community Health 2006;60:530-536. doi: 10.1136/jech.2005.040121

Background: The Health Promoting School (HPS) is a WHO sponsored framework, compiled to enable education and health sectors to be more effective in school based initiatives.

Aims: This study attempted to test the hypothesis that students from schools that had comprehensively embraced the HPS concept as indicated by the Healthy School Award, were better, in terms of health risk behaviour, self reported health status, and academic results, than students from schools that did not reach the standard of the award.

Methods and Results: The results presented came from nine schools (four primary and five secondary) applying for accreditation of the Healthy Schools Award after adopting the HPS framework for two years. Regular consultancy support and training were available to all schools. Students had completed before and after surveys to assess their health behaviours, self reported health status, and academic standing before the two year intervention, and at its end. Data from the before and after surveys of the students attending schools that reached certain level of HPS standard as indicated by the award, were compared with students whose schools did not receive the award, and the results showed differences. Some differences were found to be more significant among the primary school students than secondary school students. This illustrated early intervention for lifestyle changes to be more effective. Students' satisfaction with life also improved if their schools adopted the concept of HPS comprehensively.

Conclusions: The results suggest that comprehensive implementation of HPS would contribute to differences in certain behaviours and self reported health and academic status.

See end of article for authors' affiliations

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Accepted for publication 1 January 2006

- **Those schools with awards clearly demonstrated the greater reduction of health risk behaviours including anti-social behaviours, unhealthy diets, greater improvement in emotional well being, and better self reported health status and academic standing .**
- **It has been shown that schools employing the HPS approach successfully, improve the development of student resilience, build important protective factors for students' health and well being and create an overall social environment in the school which is supportive in achieving these outcomes.**
- **The results suggest that becoming a HPS in a comprehensive way can make a difference to certain behaviours and self reported health and academic status.**

This Provisional PDF corresponds to the article as it appeared upon acceptance. Fully formatted PDF and full text (HTML) versions will be made available soon.

Can the concept of Health Promoting Schools help to improve students' health knowledge and practices to combat the challenge of communicable diseases: Case study in Hong Kong?

BMC Public Health 2008, **8**:42 doi:10.1186/1471-2458-8-42

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Article type Research article

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Publication date 30 January 2008

Article URL <http://www.biomedcentral.com/1471-2458/8/42>

On the whole, students from HSA group showed positive results in the health behaviours of students and actions taken by schools.

The study has demonstrated that schools participation in HSA scheme, could produce visible and positive health-related impact on many aspects of school life compared with non-participating schools.

The practice of HPS seems to help schools to modify risky health behaviours of students and improve the school environment and atmosphere in health and hygienic practice.

HPS supports schools in crisis management: School against SARS



http://www.cuhk.edu.hk/med/hep/crisis_management/SARS/movie/movie.html

Community Linkage

- Proactive linkage with local health authority for first hand information and advice
- Partnership with community to promote and hygiene to facilitate better working relationship in time of health crisis
- Sharing of knowledge and skills
- Empowerment of parents on health and hygiene
- Mobilization of resources in community to improve health and hygiene

Healthy School Policy

- School policy on infection control and other health related issues
- Wide consultation with experts and key stakeholder in formulation and review of policies
- Good system for dissemination of policies

Social Environment

- Mutual support and trust for information sharing and reporting
- Transparency of school policies and management on infection control
- Mutual support during period of public health crisis

**Positive Health
Behaviours to combat
Infectious Disease**

Action Competency

- Learning different perspective of infectious disease through a board based curriculum
- Life skills training in health protection with regard to infectious diseases
- Access and interpretation of information

Physical Environment

- Provide a safe water supply system
- Have proper sewage and waste management systems
- Keep lavatories clean
- Provide good lighting and ventilation systems
- Provide meals meeting the nutrition standards
- Provide facilities to encourage regular physical activities

Service for health promotion

- Preventive health services for infectious diseases
- Easy access to primary health care in time of illness
- Good recording of health records of students and school personnel particularly sick leave record
- System of surveillance for health and medical illness

Using HPS framework to enhance healthy behaviours to combat infectious diseases

<http://www.cuhk.edu.hk/med/hep/hchsc/Flu>

Community Linkage

- Proactive linkage with local health agencies for expert advice on obesity management
- Empowerment of parents on obesity, health and proper weight management
- Family and community involvement in school activities promoting healthy eating and exercises
- Partnership with community to promote proper concept of weight management and obesity prevention

Healthy School Policy

- Uphold policies related to obesity prevention and management (e.g. healthy eating, active school, student health maintenance, etc.)
- High priority in resources allocation for healthy eating, physical activity and positive body image promotion
- Wide consultation with experts in formation and review of policies
- Good system for dissemination and following up cases required further management

Social Environment

- Mutual support and effective team work on obesity management
- Prevention of stigmatization or labeling of obese students
- Positive culture of healthy eating, physical activities for all and positive body image in school
- Teachers are role models for healthy lifestyles

Action Competencies on Healthy Living

- Life skills training for cultivating life-long healthy eating and regular exercise habits
- Education on positive body image and value
- Skills for family members related to healthy eating and physical activity participation
- Staff training on obesity screening and management

Obesity Prevention & Management

Physical Environment

- Provide comfortable and safe environment for healthy eating and physical activity
- Availability of affordable healthy foods and drinks in school
- Easy accessibility to sport facilities and related supporting facilities (e.g. changing room, showers)
- Incentives on healthy eating and physical activities

Service for Health Promotion

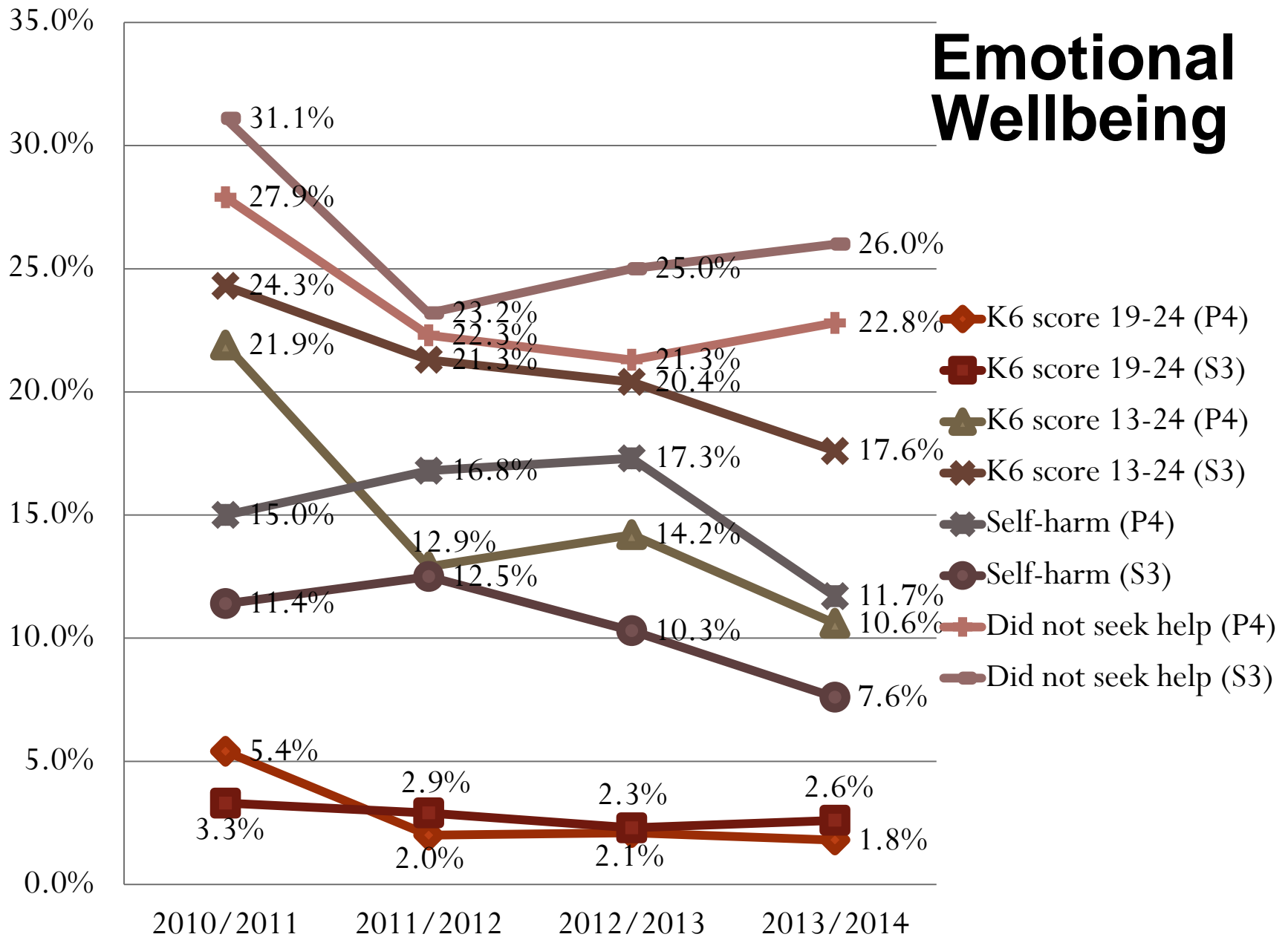
- Screening for students with overweight/ obese status
- Surveillance of dietary and physical activity habits of students
- Formulation of weight management plan for students with overweight or obesity problem
- Regular nutritional and exercise counseling for students with weight management needs
- Referral system to medical professional

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

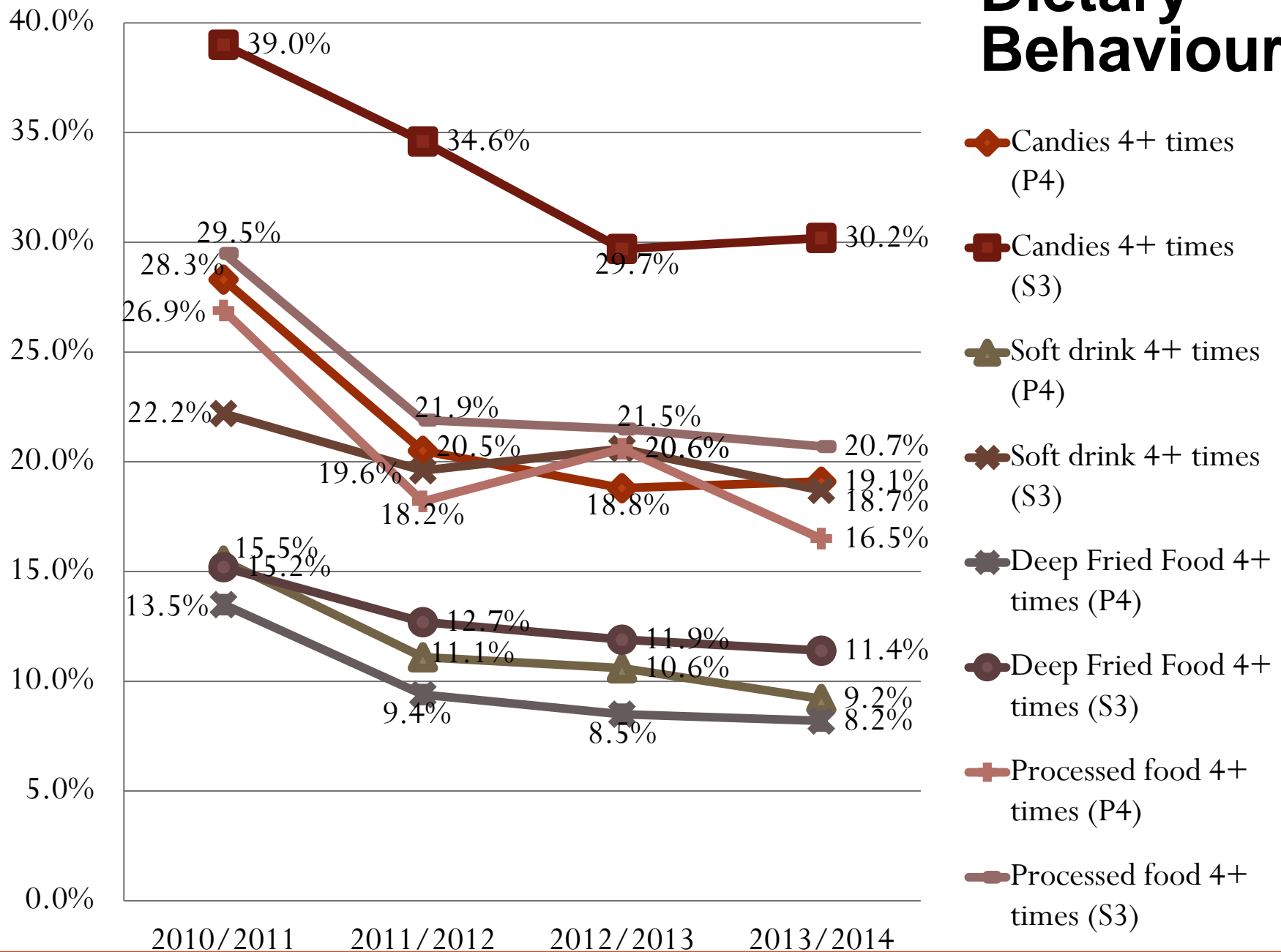
Lee A., Keung V., Lo A., Kwong A. Healthy School environment to tackle youth mental health crisis. *Letter to Editor. Hong Kong Journal of Paediatric* 2016; 21 (2):134-135

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

Emotional Wellbeing

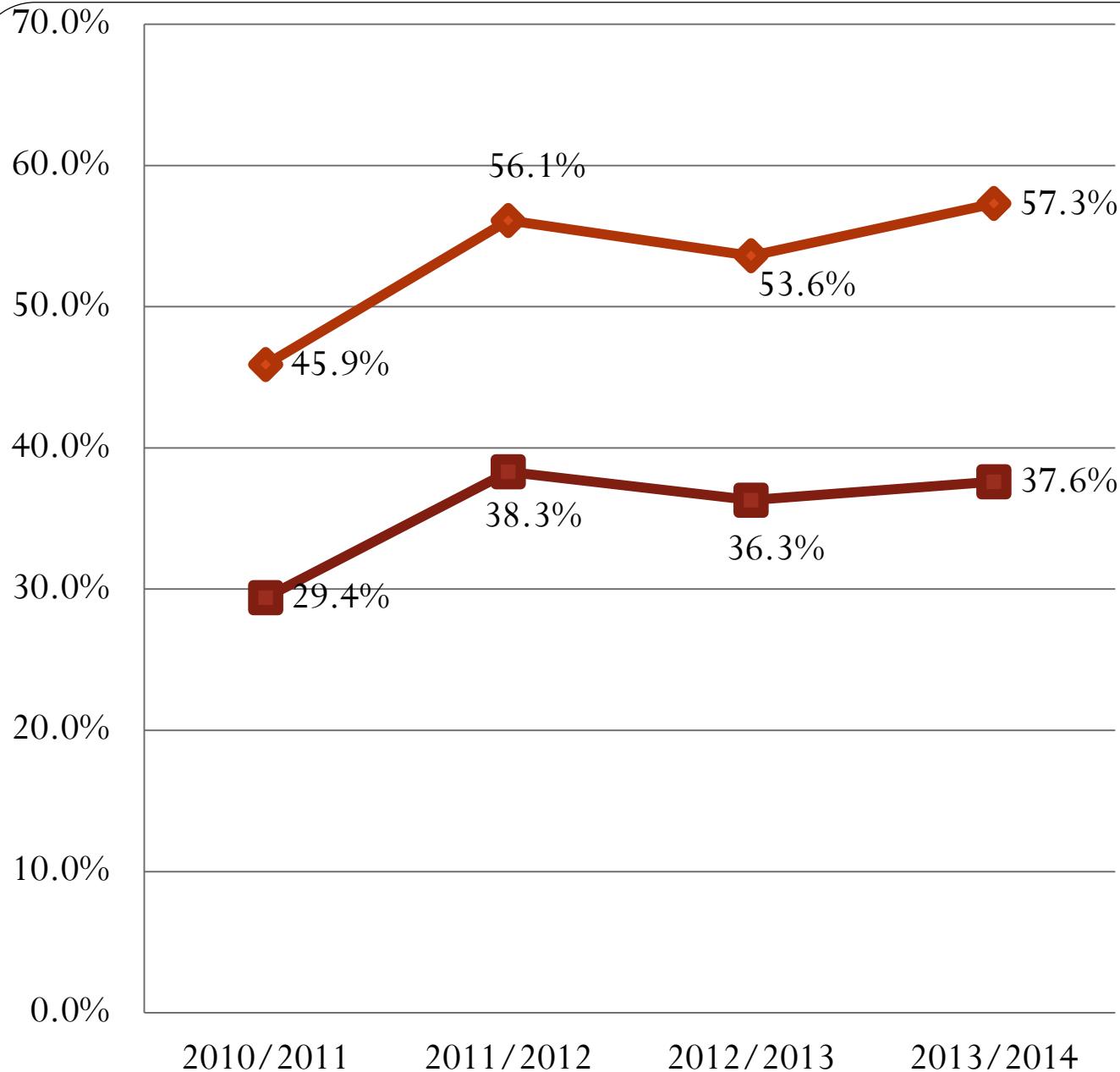


Dietary Behaviours



Physical Activity

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



◆ Physical Activity on 3+ days (P4)

■ Physical Activity on 3+ days (S3)

Rationale in developing HPS core indicators

- Langford et al conducted Cochrane Review of WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement.
- The review was based only on 67 included cluster-randomised controlled trials taken place at the level of school, district or other geographical area.
- The Randomised Controlled Trial (RCT) design does not lend itself to outcomes involving organizational or structural change.
- The statistical assumptions underpinning RCT are not valid reflecting organizational or structural change.
- Inchley et al 2006 argued that potential markers of success associated with process should be identified as a means of supporting schools and teachers and indicators of HPS should highlight the ways in which schools are able to adopt HPS principles successfully and the conditions to be in place for the HPS concept to flourish
- Paper by Joyce et al 2017 asserts the importance of monitoring data, such as audits adopted in HKHSA to motivate change

Langford R, Bonell, CP, Jones, HE, et al. Poulidou, T., Murphy, SM., Waters, E., Komro, KA., Gibbs, LF., Magnus, D., Campbell, R. [Intervention Review]. The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement. *Cochrane Database of Systematic Reviews* 2014, Issue 4. Art. No.: CD008958. DOI: 10.1002/14651858.CD008958.pub2.

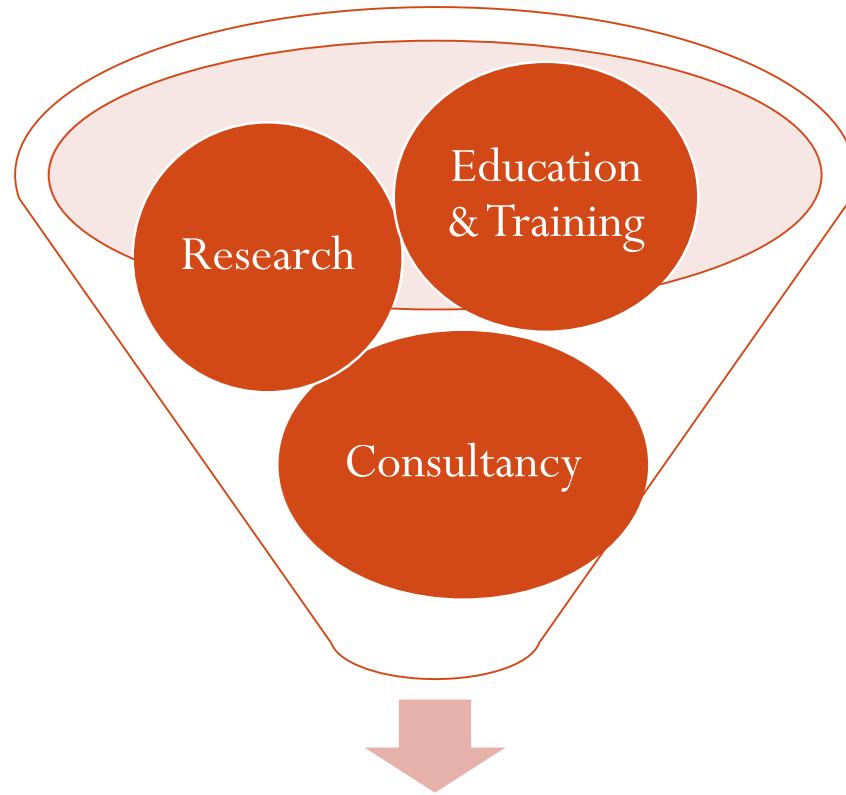
Inchley J., Muldoon, J., Currie, C. 2006. Becoming a health promoting school: evaluating the process of effective implementation in Scotland. *Health Promotion International*, 22 (1), 65-71.

Joyce A., Dabrowski A., Aston R., et al. Evaluating for impact: what type of data can assist a health promoting school approach? *Health Promotion International*, 2017; 32: 32, 403-410.

Identifying Core Indicators

- Chi-square statistics was utilized to analyse for significant improvement of school health profile measured at baseline and among those schools with Award with level of statistical significance at 0.05.
- The difference of scores among schools with different levels of Award for each component of respective key area was analysed by t-test statistics with level of statistical significance at 0.05.
- Those indicators showing statistical significance were also chosen to be part of the core indicators.
- Each of those selected core indicators was correlated with related student health status measured by HKSHQ, i.e., indicators reflecting school social environment were correlated with emotional health and life satisfaction, indicators reflecting healthy eating policy and healthy eating environment were correlated with eating behaviours. The correlation was analysed by Pearson correlation coefficient

Regional and Global Network



Healthy School and Quality School

Seminars on Health Promoting Schools



HPS workshops for different parts of China Region



WHO/WPRO has commissioned the Centre to conduct HPS workshops to educators and healthcare workers in the Region.



Indonesian delegation at
one Gold Award School



- WHO/WPRO has commissioned the Centre to visit Laos meeting officials of Ministries of Education and Health to further develop health promoting school in Laos in December 2004. Follow up consultancy visit in April 2008



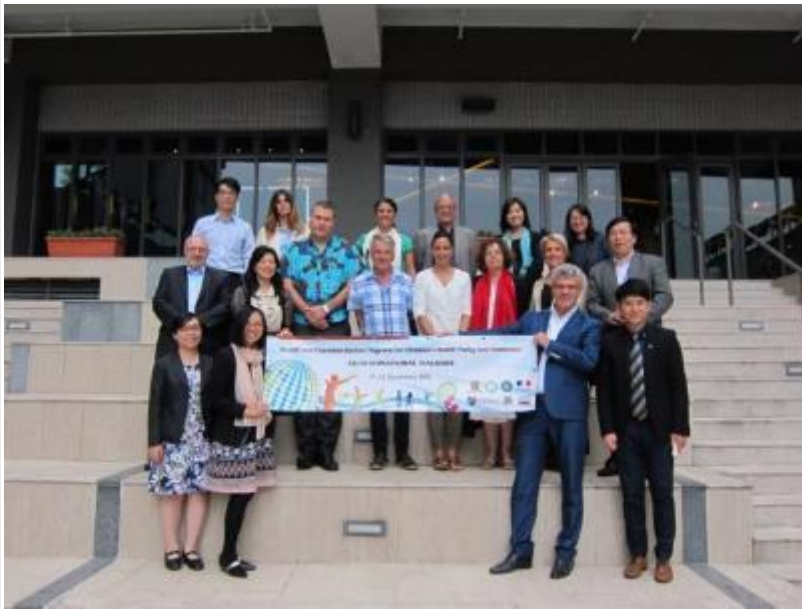
2008年健康促進國際學術研討會

指導單位：教育部、行政院衛生署
主辦單位：中華民國學校衛生學會、台灣健康促進暨衛生教育學會
國立臺灣師範大學健康促進與衛生教育學系、國立臺灣師範大學學務處禮儀中心



Symposium on Health and Education Sectors Together for Children's Health Today and Tomorrow: An International Dialogue Dec 2016,

Hong Kong



**21st IUHPE World Conference
on Health Promotion
(23-29 August)**



Activity Highlights in Mar-Jun 2013

Student Health Reporter: interviews with health professionals



Visits in private practice



Visits in public hospital



Family doctor
Pediatrician
Clinical psychologist
Chinese Medicine Practitioner
Pharmacist
Nurse
Dietitian
Physiotherapist

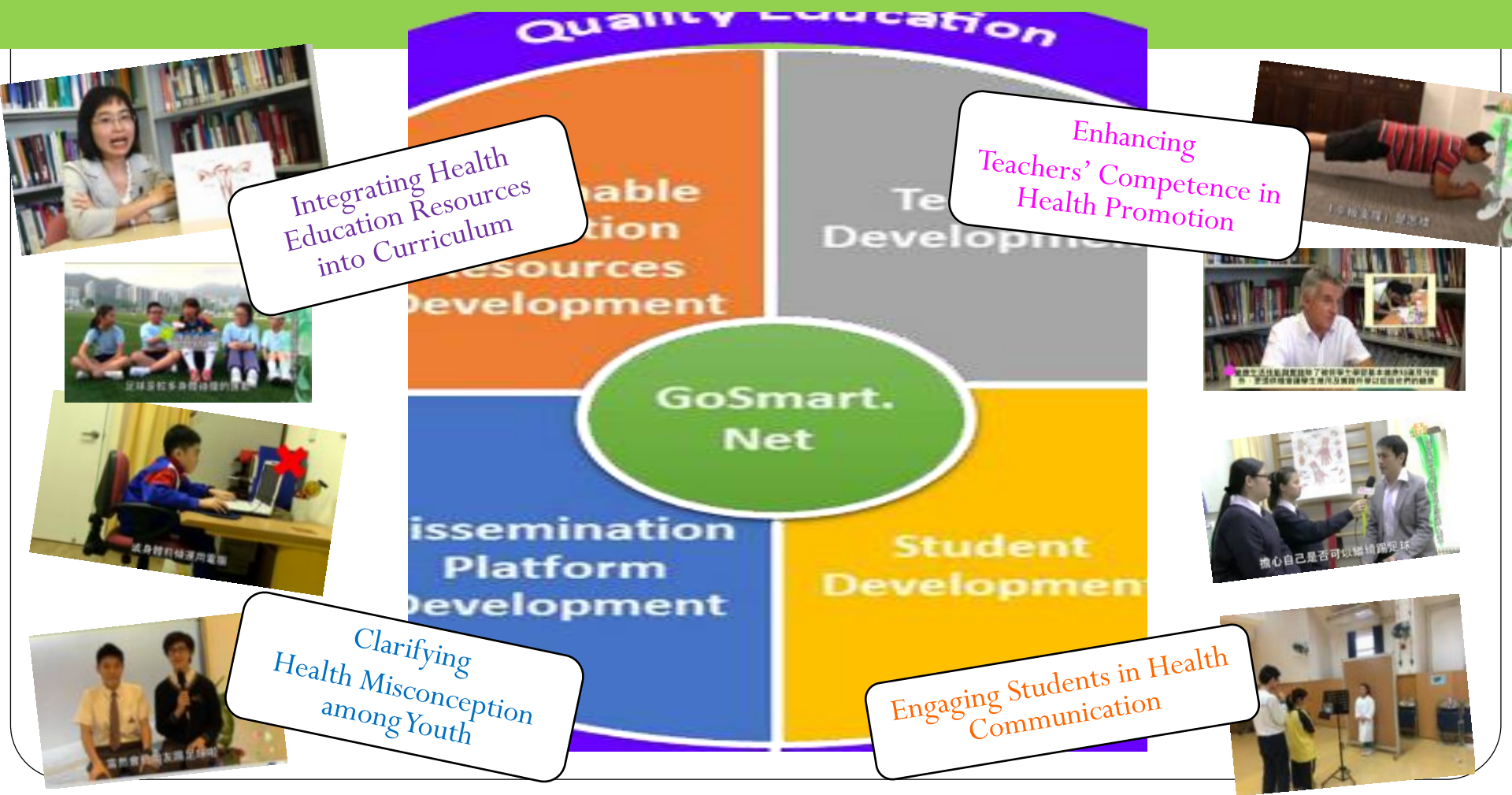
Health Captains had a chance to conduct interviews with health professionals to learn knowledge related to child and adolescent health and have more insight in career planning.



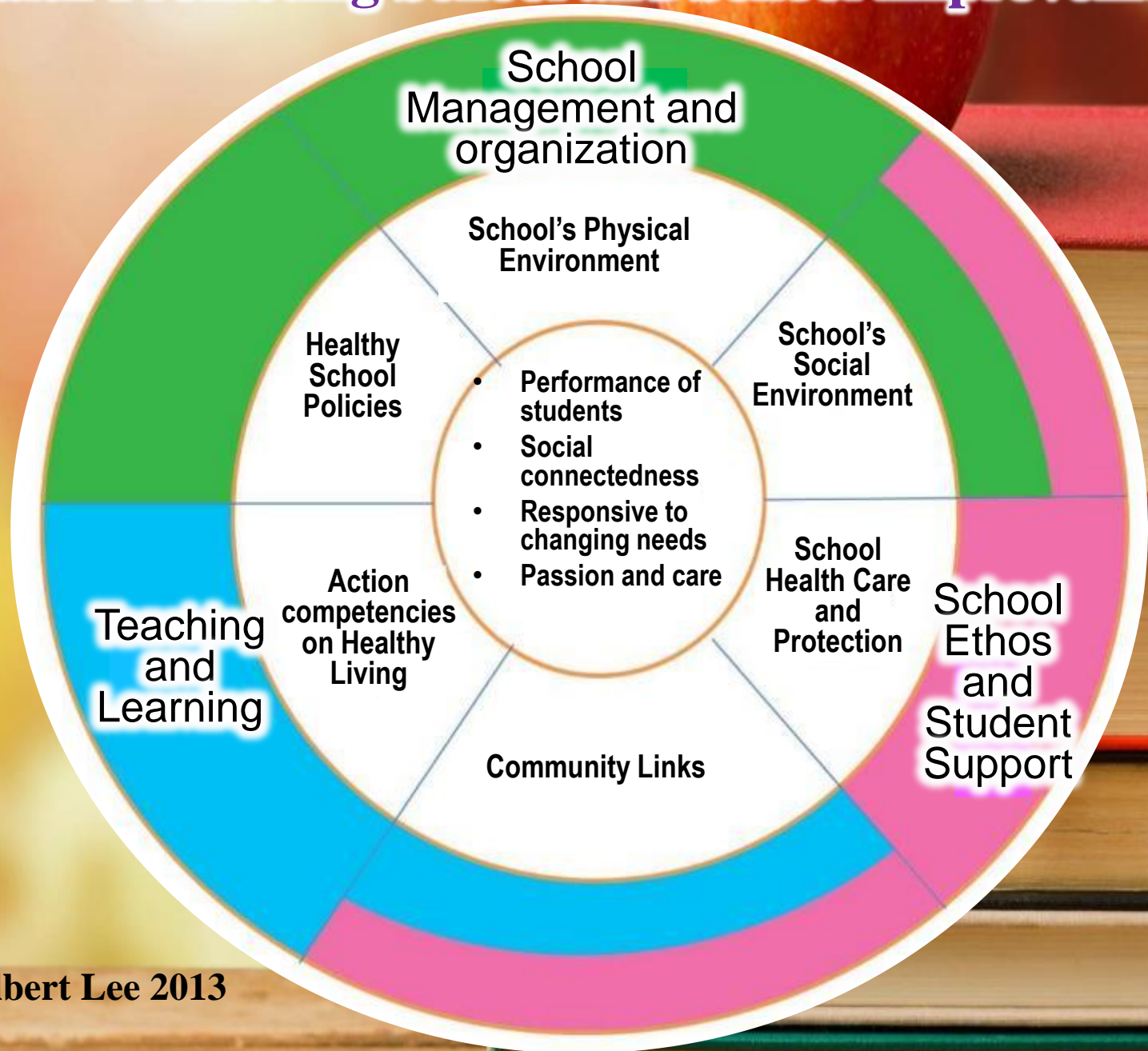
37 health captains 10 schools

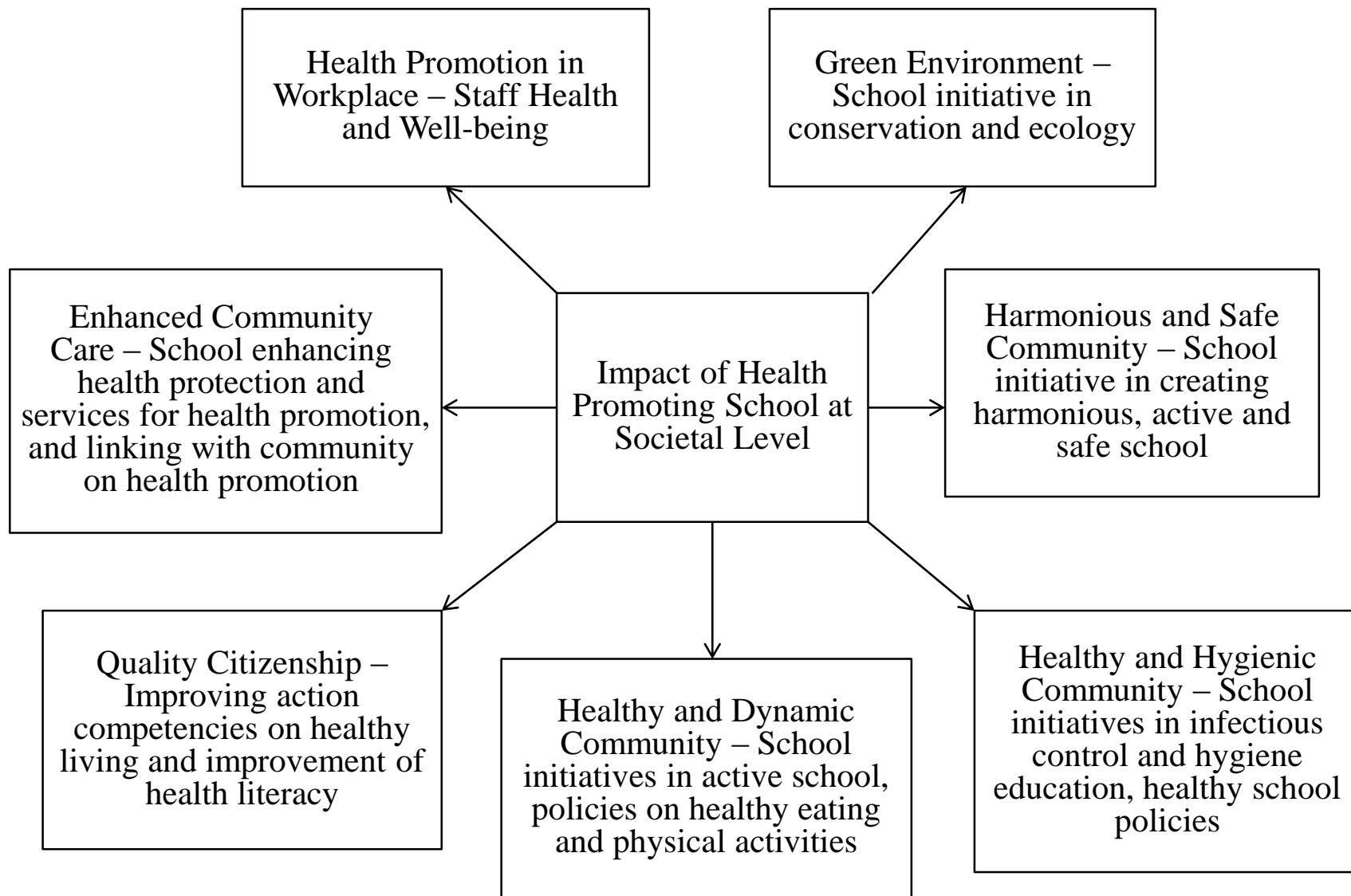
GoSmart.Net

an Online Video Resource Platform for Quality Education and Better Health

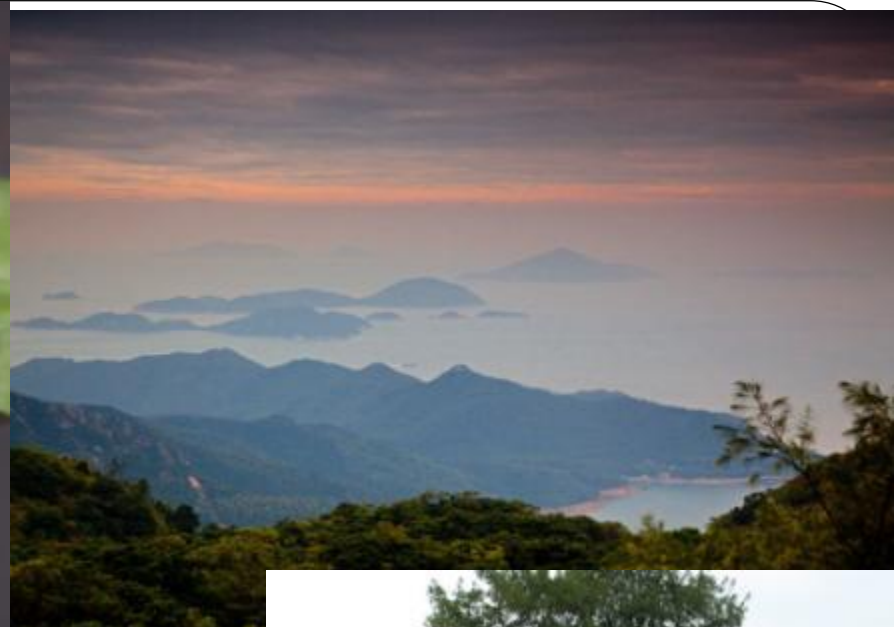
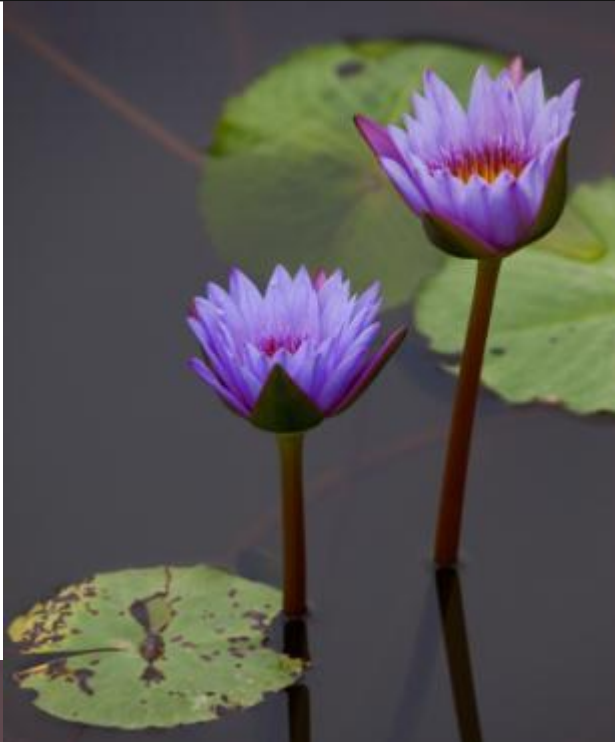


Health Promoting School and School Improvement





Green and Hygienic Environment and City Art: Hong Kong Healthy and Safe Metropole



Some recent publications and presentations

Email: alee@cuhk.edu.hk. Website: <http://www.cuhk.edu.hk/med/hep>

- Lee A and Cheung MB. School as Setting to Create a Healthy Learning Environment for Teaching and Learning Using the Model of Health Promoting School to Foster School-Health Partnership. *Journal of Professional Capacity and Community* 2017; 2(4): 200-214. <https://doi.org/10.1108/JPCC-05-2017-0013>
- Lee, Albert. “School Health Programs in the Pacific Region.” In *Oxford Bibliographies in Public Health*. Ed. David McQueen. New York: Oxford University Press, 2018; DOI:10.1093/OBO/9780199756797-0173
- Chen FL and Lee A. Health-promoting educational settings in Taiwan: development and evaluation of the Health-Promoting School Accreditation System. *Global Health Promotion* 2016; 23 Supp. 1: 18–25
- Lee A. *Effective integration with School System: Health Promotion School as Alternate Model of Schooling*. Health & Social Programs Within Education Systems: A Global Dialogue/European Discussion. Organised by International School Health Network, Education Division of UNESCO, Association for Supervision & Curriculum Development (ASCD), Paris on May 31-June 2, 2015.
- 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>