
Helping Students to Adopt Healthy Lifestyle and Positive Youth Development Through School Setting: Hong Kong Experience of Health Promoting Schools

A LEE

Abstract

Health promoting school (HPS) has been described as 'total environment' which provides more than just learning and teaching about health issues in classroom. HPS needs to develop a safe social and physical environment for the 'total population' of the school. Healthy City is an example of a macro-setting in comparison with HPS. It leans heavily upon creation of intersectoral collaboration to move it forward. HPS do not usually need the same degree of intersectoral collaboration so it would be launched more smoothly. The Hong Kong Healthy School Award Scheme builds on concepts of HPS, and provides a structured framework for the development as well as indicators for evaluation and monitoring. The scheme will also help to strengthen school-based management as it promotes staff development, parental education, involvement of whole school community, and linkage with different stakeholders. This will enable the participating schools creating 'learning perspective', 'community perspective', and 'capacity building' environment to improve both educational and health outcomes of students. The Healthy School Award Scheme would foster development of values and attitudes such as responsibility, and also enhance teaching and learning of other values-orientated studies such as life education, affective education, and environmental education. The Centre for Health Education and Health Promotion of the Chinese University of Hong Kong together with the Hong Kong Education and Manpower Bureau are the awarding bodies with endorsement from WHO Western Pacific Region. This is first territory wide 'Healthy Schools' movement that gained recognition from WHO by meeting the standards laid down by WHO. The recent baseline assessment of the participating schools showed that very few schools have comprehensive coverage of wide range of health education topics. Not many schools have developed a set of comprehensive curriculum for training of personal skills. The results also revealed that the schools should further develop the physical and social environment, and community partnership. The recent study on the health status of the students revealed that depression and life satisfaction were associated with exercise level; and lower the levels of physical activities, are more likely to have higher score on the depression, and lower score with life satisfaction. Therefore it is essential to promote health through school setting for positive youth development.

Key words

Health promoting schools; Healthy life styles; Hong Kong; Youth development

Centre for Health Education and Health Promotion,
Faculty of Medicine, 4/F, School of Public Health, Prince
of Wales Hospital, Shatin, N.T., Hong Kong, China

A LEE (李大拔) MPH, FRACGP, FHKAM(Fam. Med)

Correspondence to: Prof A LEE

Received June 2, 2004

Background

Substantial evidence indicates that health is a major factor affecting the learning capacity of a person.¹ Most schools are involved in some form of health education, but teaching and learning efforts have largely been confined to the formal curriculum leading to public examinations at

the expense of influences on students in shaping and improving their health status. Health education should embrace the knowledge, belief and behaviour related to the restoration, maintenance and promotion of health in individual, in family, in school and in society.¹ To implement an effective health promotion programme, it is important to involve partnership between agents of education, medical and social services.^{2,3}

The school plays a very important role in health education and promotion at the crucial stage of childhood and adolescence, covering development of personal character, skills, attitude and physique, in addition to knowledge gain. Research has indicated that the experiences of children at schools are factors in determining their health behaviours later on in life.⁴ Schools providing a place of enjoyment and peace are more likely to produce students with enhanced outcomes in both health and education.⁵⁻⁷

What is a Health Promoting School?

In 1986, the World Health Organization (WHO) first initiated the concept of Health Promoting School (HPS) in the Ottawa Charter for Health Promotion.⁸ A health promoting school is a place where all members of the school community work together to provide students with integrated and positive experiences, culture and structures which promote and protect their health. It embodies a holistic, whole school approach in which a board health education curriculum is supported by the environment and ethos of the school.⁹ This comprehensive approach has been widely accepted by school health professionals as an effective and important method of implementing school health.¹⁰⁻¹³ During a Health Promoting School Conference, it has been emphasised that the classroom teacher is the key to creating the learning opportunities within and beyond the classroom, and of building children's future capacities to grow, be productive, and accept lifelong responsibility for their health and social behaviour.¹⁴ Schools should therefore be considered as health promoting setting.

New Health Crisis of our Young Generation

A large-scale youth health risk behaviours surveillance was conducted in late 2001 by the Centre of Health Education and Promotion of The Chinese University of Hong Kong (Centre) on 1,906 primary school students and 5,286 secondary school students from 34 schools.¹⁵ It

examined the self-rated academic performance, health status, life satisfaction and depressive symptoms in correlation with other youth health risk behaviours (i.e. physical inactiveness, unhealthy diet, smoking, alcohol drinking and taking illicit drug). The key findings were that nearly 15% of students had considered suicide and nearly 10% had planned for it, and around one third of students had depressive symptoms. Depressive symptoms were found to be associated with a number of factors. Amongst those with depressive symptoms, only about 30% performed exercise regularly whilst for those without depression, nearly 70% did so. Those with depressive symptoms were more likely to have unhealthy eating habits, smoke, drink alcohol or take illicit drugs. They were also more likely to report being threatened at schools or involved in fighting.

Amongst those students who self-rated themselves with distinction in academic performance, less than a quarter had depressive symptoms whilst over half of those with poor self-rated academic performance had such symptoms. Similarly, those who considered themselves distinctive in academic performance had higher life satisfaction scores than those rating themselves poor in academic performance. Students who were taking regular exercise, healthy diet, non-drinkers, non-smokers, not taking illicit drugs, and not involved in fighting or receiving threats of being injured had higher life satisfaction scores.¹⁶

Schools, whose students had lower depression scores, were found to differ in certain aspects of school social environment and community partnership from those with higher depression scores. The aspects were: supportive social environment, school ethos enabling staff and students to have closer relationship, and follow up action plans for unforeseeable events and detailed discussion on special cases. These schools rewarded students for academic improvement, and participation in community services, thus a positive climate was created for youth development.

The Centre conducted the first territory wide surveillance survey on student health in 1999.^{17,18} The results then found that over 10% of the students had their normal daily activities interfered because of their poor physical and emotional health. Over 50% of the school children did not perform vigorous exercise regularly. The results aroused the public's attention to the health of our young generation. The proportion of students feeling hopeless had increased from 14% in 1999 to 25% in 2001. With the increasing number of students having emotional problems and health risk taking behaviours, one needs to develop an integrated, holistic and school based approach to promote youth health. The 2001 study revealed that improving one's health would

be beneficial to the emotional well being of the students and decrease other risk behaviours.

Hong Kong Healthy Schools Award

HPS has been described as 'total environment' which provides more than just learning and teaching about health issues in classroom. HPS needs to develop a safe social and physical environment for the 'total population' of the school. Healthy City is an example of a macro-setting in comparison with HPS. It leans heavily upon creation of intersectoral collaboration to move it forward. HPS do not usually need the same degree of intersectoral collaboration so it would be launched more smoothly. The Hong Kong Healthy School Award Scheme launched by the Centre builds on concepts of HPS, and provides a structured framework for the development as well as indicators for evaluation and monitoring.¹⁹⁻²¹ Positive award-related changes in terms of children's health related behaviour and the culture and organisation of the school have been shown.²²

The concept of Health Promoting School as a new initiative in school based management would move beyond individual behavioural change and to consider organisational structure change such as improving the school's physical and social environment, its curricula, teaching and learning methods. This will enable the school effectiveness to focus on social/affective outcomes such as attitudes and behaviours of students rather than just focusing on academic achievement.²³ The scheme will strengthen school-based management as it promotes staff development, parental education, involvement of whole school community, and linkage with different stakeholders. This will enable the participating schools creating 'learning perspective', 'community perspective', and 'capacity building' environment to improve both educational and health outcomes of students. The Healthy School Award Scheme would also enhance teaching and learning of other values-orientated studies such as life education, affective education, and environmental education. The Centre for Health Education and Health Promotion of the Chinese University of Hong Kong together with the Hong Kong Education and Manpower Bureau are the awarding bodies with endorsement from WHO Western Pacific Region. This is first territory wide 'Healthy Schools' movement that gained recognition from WHO by meeting the standards laid down by WHO.

The recent baseline assessment of the participating schools showed that very few schools have comprehensive

coverage of wide range of health education topics. Not many schools have developed a set of comprehensive curriculum for training of personal skills. The results also revealed that the schools should further develop the physical and social environment, and community partnership. In 2003, 11 schools (one primary school, ten secondary schools) have undergone the second phase of assessment so they would gain better understanding of their progress. Overall it was found that schools tended to perform well in social environment, and reasonably well in personal health skills and physical environment. However in the areas of school health policy, school health services and community relationship; there would be room for improvement. For those schools reaching high standard of 'Healthy Schools', they have reached high standard in all areas. School health policy is found to have closer linear relationship with the overall performance.

The Concept of Health Promoting School to Promote Positive Youth Development as the Way Forward

Health promoting school is a good example of comprehensive approach for prevention on a broad range of youth problems rather than single-problem approach. Students should be able to expose to increasing numbers of protective factors, this would help to prevent problem behaviours despite risk exposure.²⁴ School is an institution where large numbers of the country's children and adolescents can be reached at one time. Many believe that schools and communities working together would build systems to tackle the barriers to student learning and psychological, emotional and social development. The underlying principles of successful youth programmes reflect multi-disciplinary, multi-professional, and community partnership. Rather than focusing on either remediation or treatment, successful programmes seek to meet youth needs by promoting positive development.

There has been a long history of "Full service community schools" working in partnership with a wide range of youth-service agencies during and beyond regular school hours, on the school site and in other locations can evolve to integrate. HPS is vital part of a full service community schools and would help achieving positive youth development. It would also help integration.

Diversity and integration of the multiple features of human development are keys to effective youth programmes. Youth problems cannot be produced by a

single event or derived from a single cause. Schools should seriously consider putting greater emphasis on HPS to enhance positive and healthy youth development.

References

1. Allensworth D. Improving the health of youth through a coordinated school health programme. *Promot Educ* 1997;4: 42-7.
2. Rasmussen VB, Rivett D. The European Network of Health Promoting Schools – an alliance of health, education and democracy. *Health Educ* 2000;100:61-7.
3. Lee A, Tsang C, Lee SH, To CY. A comprehensive "Healthy Schools Programme" to promote school health: the Hong Kong experience in joining the efforts of health and education sectors. *J Epidemiol Community Health* 2003;57:174-7.
4. Nutbeam D, Smith C, Moore L, Bauman A. Warning! Schools can damage your health: alienation from school and its impact on health behaviour. *J Paediatr Child Health* 1993;29 Suppl 1: S25-30.
5. Hoy WK, Tarter J, Kottkamp B. *Open Schools – Healthy Schools: Measuring Organization Climate*. Sage, Newbury Park, CA, 1991.
6. Hurrelmann K, Leppin A, Nordlohne E. Promoting health in schools: the German example. *Health Promot Int* 1995;10:121-31.
7. WHO. *School Health Promotion Series 1: Report of the Workshop on School Health Promotion*. WHO, Manila, 1995.
8. WHO. *Ottawa Charter for health promotion*. WHO, Geneva, 1986.
9. Parsons C, Stears D, Thomas C. The health promoting school in Europe: Conceptualising and evaluating the change. *Health Educ J* 1996;55:311-21.
10. Kolbe LJ. Increasing the impact of school health promotion programs: emerging research perspectives. *Health Educ* 1986; 17:47-52.
11. Nutbeam D. The health promoting school: Closing the gap between theory and practice. *Health Promotion International* 1992;7:51-3.
12. Pigg RM Jr. The contribution of school health programs to the broader goals of public health: the American experience. *J Sch Health* 1989;59:25-30.
13. Seffrin JR. Why school health education? In: Wallace HM, Patrick K, Parcel GS, Igoe JB, eds. *Principles and practice of school health* Vol. 2. Oakland, CA: Third Party Publishing Company, 1992.
14. Levin LS. The European Health Promoting School in the context of social and economic development. The First Conference of the European Network of Health Promoting Schools. Thessaloniki-Halkidiki, Greece, 1-5 May 1997.
15. Lee A, Cheng F, Au G, et al. *Health Crisis of Our New Generation: Surveillance on Youth Risk Behaviours*. Centre for Health Education and Health Promotion, School of Public Health, The Chinese University of Hong Kong, 2002.
16. Lee A. *New Health Crisis of Our Young Generation*. Plenary Paper 2002 International Symposium on Health Promotion for Adolescents. College of Public Health, National Taiwan University, Taipei, Taiwan October 28-30, 2002.
17. Lee A, Tsang KK. Healthy Schools Research Support Group. Youth Risk Behaviour in a Chinese Population: A territory wide Youth Risk Behavioural Surveillance in Hong Kong. *Public Health* 2004;118:88-95.
18. Lee A, Tsang KK, Lee SH, To CY. Healthy School Research Support Group Older school children are not necessarily healthier: Analysis of medical consultation pattern of school children from a territory wide School Health Surveillance. *Public Health* 2000;115:30-7.
19. Lee A. *Helping Schools to Promote Healthy Educational Environments as New Initiatives for School Based Management: The Hong Kong Healthy Schools Award Scheme*. Promotion and Education 2002; Suppl 1:29-32. Special issue for the Symposium on Health Education, Dec 2001.
20. WHO Regional Office for the Western Pacific. *Health-Promoting Schools Series 5: Regional guidelines. Development of health-promoting schools-A framework for action*. WHO/WPRO, 1996.
21. Lee A. Editor, *Hong Kong Healthy Schools Award Scheme: Practical Guide to the Health Promoting School*. Full manual and Abridged version. Centre for Health Education and Health Promotion, School of Public Health, The Chinese University of Hong Kong, 2003.
22. Moon AM, Mullee MA, Rogers L, Thompson RL, Speller V, Roderick P. *Helping schools to become health-promoting environments - an evaluation of the Wessex Healthy Schools Award*. *Health Promot Int* 1999;14:111-22.
23. Mortimore P, Sammons P, Stoll L, Lewis D, Ecob R. *School Matters: The Junior Years*. Wells: Open Books, 1988.
24. Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychol Bull* 1992;112:64-105.