

建基「健康促進學校」理念 建立有效及可持續發展之健康校園模楷

Part C Project Details

Goals and Objectives

This Project will build on and expand the project ideas and good practices generated from the previous QEF projects, the “New Initiative of School Based Management to improve healthy educational environment: The Hong Kong Healthy Schools Award Schools” (2000/2128) (hereafter referred to as HSA) and “Capacity Building for Pre-school Children: Health Promoting Kindergarten” (2004/0919) (hereafter referred to as HPK). The goal of this project is based on the previous projects in developing the foundation of Health Promoting Schools (HPS) and map out strategies to cascade the effect of HPS leading to territory wide ‘Healthy Campus’ movement that support students adopt an active and healthy lifestyle.

The main objectives of this Project are:

1. to generate and disseminate effective and sustainable practices of health promoting school,
2. to enhance school principals’ and teachers’ capacity and professional development for continuous school improvement,
3. to support motivated and capable schools to become resource schools and help more schools in Hong Kong to become health promoting schools,
4. to establish an exemplar of effective parent education programme for Kindergartens and Primary Schools,
5. to establish exemplars of comprehensive and effective health education programme for Kindergarten,
6. to forge partnership among schools for betterment of school effectiveness and inculcate in schools a sharing culture, and
7. to build up a model of ‘Healthy Campus’

Needs Assessment and Applicant’s Capability

Background and Significance

Linking health and education

There is abundant evidence to demonstrate that the health of children and adolescents constitutes a major factor affecting their capacity to learn (Allensworth, 1997). The school environment has a direct impact on the self-esteem, educational achievement, and health of its pupils and staff (Hopkins, 1987; Sammons, 1994). Schools providing a place of enjoyment and peace are more likely to produce students with enhanced health and educational outcomes (WHO, 1995; Hurrelmann *et al.*, 1995; Hoy *et al.*, 1991). In today’s world, schools can only accomplish their education mission if they would attend to students’ emotional, social, and physical problems. According to WHO, an effective school health programme can be one of the most cost effective investments a nation can make to simultaneously improve education and health. The main aim of Health Promoting Schools is to 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 so students, staff and parents can be empowered to actively influence their lives and their living conditions new values of health and capacity to create a new culture for health (Lee 2008).

Impact of Health Promoting Schools in Hong Kong

Fostered from the concept of HPS initiated by WHO, the Centre for Health Education and Health Promotion of the Chinese University of Hong Kong (CHEP) launched the first territory wide Hong Kong Healthy Schools Award Scheme (HSA) in 2001 and the Healthy Schools (Pre-school) Award Scheme (HPK) in 2005. The Schemes provide a structured framework for the school development as well as a system of monitoring progress and recognition of achievement. The framework of HPS guides the schools to create a positive, trusting and supportive environment that fosters resilience of students and school staff in dealing with the upcoming crisis, nurtures positive values and attitudes in healthy living and paves the path for lifelong and life-wide learning, promotes the whole person development of students and professional development of school staff. This also helps to strengthen school-based management and promotes concerted efforts to support students adopt healthy lifestyles as the Schemes promote

staff development, parental education, involvement of whole school community, and linkage with different stakeholders. This enables schools creating “learning perspectives”, “community perspectives”, and “capacity building “environment to improve both educational and health outcomes of students.

The Schemes have attained great supports from the WHO Western Pacific Regional Office (WHO/WPRO) and the Education and Manpower Bureau (now Education Bureau, EDB) and gained the endorsement from WHO/WPRO in meeting the WHO standards. In Hong Kong, over 200 kindergartens, primary schools and secondary schools have involved in the HSA and HPK. It has been demonstrated that students from schools which had comprehensively embraced the HPS concept as indicated by the HSA, 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 (Lee et al, 2006). Students of schools joined the HSA were also found to be better with statistical significance in personal hygiene practice, knowledge on health and hygiene, as well as access to health information. HSA schools were reported to have better school health policy, higher degrees of community participation, and better hygienic environment (Lee et al, 2008). It has also been shown that the framework of HPS would help schools to face health crisis such as SARS (Lee et al, 2003). Schools have also demonstrated changes in policies, organisation, school environment (physical and social), personal health skills training and partnership in health with community after implementation of HSA (Lee et al, 2005a). It has also been shown that those schools reaching high standards of HPS have adopted all round development approach and they have moved beyond the classroom boundary and addressed various health issues within the education framework. In contrast, schools following a prescriptive approach tend to fall behind the standard (Lee et al, 2007a). Schools invest in equipping staff, students and family in achieving high level of health literacy, have reached high standard in HPS.

The fruitful results of the Scheme have been worldwide recognized and appreciated. CHEP personnel have been invited to share the structured framework for the development of HPS as well as the system of monitoring progress and recognition of achievement in many major international conferences and lectures in different part of the world, including Australia, Britain, Canada, Japan, Korea, Laos, Macau, Mainland China, Malaysia, Taiwan, USA and WHO. The Director of Audit's Report No. 45 (2005) commented that the overall assessment of the HSA by external reviewer was favourable in view of the extensive impact of the project on health promotion with large numbers of direct and indirect beneficiaries. In view of the encouraging results, Audit considered that the EMB (now EDB) needs to decide on the best way forward to make full use of the benefits derived from the HSA.” It also recommended that “the Secretary of EMB (now EDB) should evaluate the need for providing a trained health educator in each school, as initiated by the CHEP and the desirability of encouraging all schools to achieve the status of a HPS, and the need to conduct a comprehensive assessment of the overall impact of health promotion measures as early as possible”.

Consolidation and Cascading the Effect of Health Promoting Schools

Although the concept of HPS provides a promising framework, many challenges exist to inhibit its widespread adoption in many parts of the world (St Ledger, 2000; Lee et al, 2001). The HPS Projects (HSA and HPK) funded by the QEF are extremely successful in HK. The demand for this kind of school improvement programmes is enormous and the infra-structure of HPS has already been established. The time frame for a sustainable school change to take place normally agreed by academics should be 7 to 10 years. The HSA has been launched in HK for 7 years now and therefore, it is important to conduct a follow up study to examine the impact of HSA in promoting school health in wider perspective and also analyse the factors contributing to its effectiveness and sustainability. The sustainability of HPS movement would further strengthen the network of different stakeholders to improve the health and well-being for the community at large and acts as the catalyst for the building of a healthy community. On the other hand, the HPK has been implemented for 3 years now and this build-on project will help the participating kindergartens to consolidate the HPS concepts and the facilitate the effective kindergartens to excel as sustainable good practices and become the resource schools to disseminate the good practices.

The success of HPS will largely depend on what the school health professionals know about its building blocks and how they can be adopted. Teachers learn new ways of working and sustain the efforts if the theoretical framework is clearly presented and they have the opportunity to see other school's model and receive feedback on their own initiative, and the skills are supported through coaching and peer support (Baird and Northfield, 1992; Joyce and Weil, 1991). Development of healthy campus is ever-improving process. In this build-on project, partnership and networks that had already been established in HSA and HPK will be enhanced and strengthened. Under

the support and guidance of the professional team, a professional culture of sharing and mutual support within schools will be enhanced. This would not only provide schools with adequate support and commitment to encourage quality health initiatives in schools, but also lead Hong Kong to be the pioneer of school health promotion in the Region. It is without doubt a cost effective investment for education and health of our young generation.

Applicant's Ability

CHEP has extensive experience in health promotion through the settings approach particularly in school setting. The tools for school audit and student health survey questionnaire have been developed and validated meeting the international standard (Lee et al, 2005 a & b). Statistical software is available for data analysis of assessment and evaluation. CHEP's work on HPS has been well recognized by WHO. WHO Western Pacific Region has commissioned CHEP to launch two International Workshops for delegates for Asian and Pacific Islands countries. WHO also commissioned CHEP to conduct consultancy study for Laos and also consultancy study on health improvement. Professor Albert Lee, CHEP Director and the principal investigator of the project has served on WHO Temporary Advisors on School Health, Healthy Cities and Social Determinants of Health. Professor Lee has also been invited as keynote speakers on Health Promoting Schools in Australia, Britain, Canada, Korea, Japan, Macao, Mainland China, Malaysia, Singapore, Taiwan and U.S.A. Professor Lee is a School Manager, member of Curriculum Development Council and Chairman of HKCDC and HKEAA Committee on Health Management and Social Care. He is also a member of Steering Committee of International School Health Network and Regional Leader of Global Programme for Health Promotion Effectiveness of International Union for Health Promotion and Education. Professor Lee is also currently involving in a WHO Consultation Meeting in updating the Regional Guidelines for HPS.

CHEP has established a strong network with schools in Hong Kong and has facilitated the formation of network of Health Promoting Schools in different districts of Hong Kong. CHEP has produced educational materials for schools against SARS and Avian Flu, working manual on HPS development, practical guidelines about healthy eating, physical activities, and health education curriculum guidelines. EMB (now EDB) has commissioned CHEP to conduct training workshops for school teachers on Healthy Schools in 2003 and 2004. The Centre has substantial experience in working with schools in Hong Kong.

Targets and Expected Number of Beneficiaries

130 kindergartens, primary and secondary schools will be invited to participate in the Project. The target schools fall into 3 groups, namely resource/seed schools, mentee schools and peripheral kindergartens. 30 kindergartens, primary and secondary schools would be selected from the HSA and HPK pool to be supported and empowered to become the resource/seed schools. Among the resource schools, 9 schools (3 kindergartens, 3 primary and 3 secondary schools) will participate in the comprehensive follow-up study for the sustainability of HPS. 4 seed schools including 2 kindergartens and 2 primary schools will participate in trying out effective parent education programme. 5 seed kindergartens will work with the project team to formulate and try out effective health education programmes. All kindergartens (100 kindergartens) previously participated in the HPK will be eligible to join the consolidation programme. 10 primary/secondary schools (mentee schools) will be supported by the resource schools to develop health promoting schools.

30 Resource Schools	Consolidation Programme for kindergartens	10 Mentee Schools
<ul style="list-style-type: none"> ➤ 9 schools for follow-up study (3 kindergartens, 3 Primary and 3 Secondary schools (School A)) ➤ 5 seed kindergartens for trying out effective health education programmes (School B) ➤ 4 seed schools (2 kindergartens and 2 Primary Schools) for trying out effective parent education programme (School C) ➤ 30 schools* will participate in the empowerment and collaborative programme arranged for resource schools (School D) * includes those being invited to be seed schools (School B & School C) and those participated in the follow-up study (School C) 	<p>100 kindergartens* participated in the HPK (School E)</p> <p>* includes those being invited to be resource/seed schools</p>	<ul style="list-style-type: none"> ➤ 10 Primary/secondary schools being supported by the resource schools to develop health promoting schools. (School F)

The direct beneficiaries include all the students, parents and teachers in the target schools (30 primary and secondary schools, 100 kindergartens, 2,500 staff, 35,000 students and 35,000 families). The deliverables of the project will become valuable resources and experiences for the benefits of potentially all schools in Hong Kong, China and nearby Regions.

Conceptual Framework

This Project will build on and expand the project ideas and good practices generated from the previous QEF projects, the “New Initiative of School Based Management to improve healthy educational environment: The Hong Kong Healthy Schools Award Schools” (2000/2128) (hereafter referred to as HSA) and “Capacity Building for Pre-school Children: Health Promoting Kindergarten” (2004/0919) (hereafter referred to as HPK).

HSA – The project was supported by QEF from 2001-2004 with an aim to promote staff development, parental education, involvement of whole school community and linkage with different stakeholders so as to improve the health and well-being of students, parents, staff and the community at large. 101 schools (including primary, secondary and special schools) joined the project in 3 batches from 2001 to 2004. A set of guidelines and indicators and assessment system of HPS was developed and were endorsed by WHO/WPRO. A comprehensive system for assessing and monitoring school development and student development have been developed and validated meeting the international standards. The guidelines, indicators and the project experience have been published in various local and international journals and been presented in international conferences and workshops. CHEP also published “Practical Guide for Health Promoting Schools” both as full manual and abridged version to guide school implementing HPS. The Project has been proven to be effective in enhancing school development and improving both the health and education outcomes in students. The fruitful results of the Scheme have been worldwide recognized and appreciated. The Director of Audit’s Report No. 45 (2005) commented that the overall assessment of the HSA by external reviewer was favourable in view of the extensive impact of the project on health promotion with large numbers of direct and indirect beneficiaries. In view of the encouraging results, Audit considered that the EMB (now EDB) needs to decide on the best way forward to make full use of the benefits derived from the HSA.”

HPK- CHEP was funded by QEF to extend the HPS to kindergartens in 2005 to support 100 kindergartens to develop health promoting kindergartens. The HPK programme builds on the concept of HPS. The objectives HPK were to develop a safe, hygienic, harmonious and environmental friendly environment in kindergartens that support and promote all round development of students, encourage professional development for staff and strengthen the links between schools and parents. A self-evaluation and assessment system has been developed and been used by more than half of the participating schools. Guidelines on health education curriculum, healthy eating, physical fitness and safe environment have been published and been adopted by the participating kindergartens. HPK has received very positive feedbacks from the participating kindergartens and the project team has been invited to share the project experiences in many local and international conferences and seminars.



HSA and HPK laid good foundation of HPS in more than 200 kindergartens, primary schools and secondary schools in Hong Kong. The development framework, quality assurance mechanism and support measures have been developed and been tried by many schools. It will be a great loss to the education sector if the proven successful model and experience is allowed to vaporise for good. The current project will build on and expand the project ideas and good practices generated from HSA and HPK. It will address the genuine demands from the schools that had benefited from the past projects, and address the recommendations suggested in the Director of Audit's Report No. 45 (2005) that EMB (now EDB) needs to decide on the best way forward to make full use of the benefits derived from the HSA and a comprehensive assessment of the overall impact of health promotion measures should be conducted as early as possible.

Innovation - New Elements and Improved Features of the Current Project

The goal of the current project is built on the success of the previous projects in developing the foundation of Health Promoting Schools (HPS) and analysis how Health-promoting Schools can be widely implemented territory wide in an effective and user friendly way to support students adopt and leading an active and healthy lifestyle. 30 kindergartens, primary schools and secondary schools will be empowered and supported to become resource schools to share good practice and disseminate effective practices of health promoting school. The following new elements will be included in current project:

Health Education Programme for Kindergarten - 5 kindergartens will be invited to work with the project team to develop exemplars of comprehensive and effective health education programme for Kindergarten. CHEP has developed and advocated for the incorporation of the 10 "Health Content Areas" into school curriculum or extra-curricular activities. The 10 "Health Content Areas" includes Personal Health; Food and Nutrition; Mental and Emotional Health; Family Relationship and Sex Education; Prevention and Management of Disease; Smoking, Alcoholism, Drug Use and Abuse; Consumer Health; Safety and First Aid; Environmental Health and Conservation; and Life, Aging and Death. It embraces a holistic concept of health and emphasis on helping students to develop confidence, collaboration skills, communication skills, creativity, problem-solving capability, capability of making sensible and healthful decisions, capability of risk-identification and critical thinking, lifelong and life-wide learning, goal setting, skills in self-management of health, techniques of refusing and skills of stress management. CHEP has published guidelines of health education curriculum to illustrate the learning objectives and proposed contents of the 10 "Health Content Areas". In the current project, the seed kindergartens will be supported to make use of the guidelines and try out school-based health education curricular aim to help students acquire the knowledge and skills from the 10 "Health Content Areas".

Parent Education Programme – Family has great impacts on education and plays an important role in shaping students' attitude and practices towards health. Parents are schools' signature partners in providing quality education. Substantial evidence supported that the active participation of parents in schools life and a close collaboration between parents and teachers set the favourable conditions for helping young children to develop healthy lifestyles. The project will elaborate the ideas of home school collaboration advocated in HSA and HPK. 4 schools (including 2 kindergartens and 2 primary schools) will be invited to work with the project team in development of an exemplar of effective parent education programme to promote all round development of young children. CHEP will provide a 10-week parent leaders training programme to train up 30-40 parent leaders in each of the seed schools. The seed schools will be guided and supported to strengthen school-based parent education programme. The programme on one hand will help parents acquire knowledge and skills on good parenting, it encourages active participation of parents to act as a health promoter at home and as volunteers for school to gain a better understanding about school policies and to share the workload of teachers on, and work in hand with school and health professionals to foster a supportive school and home environment on the other hand.

Follow-up Study of HPS – A follow-up study will be conducted to enlist the conditions and factors determining the sustainability and effectiveness of HPS, ways to enhance schools' and school educators' capacity and how school can work effectively with students' families and community partners to meet the needs of their students and the society. The study will help to map out the strategies to cascade the effect of HPS leading to a territory wide healthy campus campaign that enhance school effectiveness and support students adopt an active and healthy lifestyle.

Web-based resource bank of HPS- A web-based resource bank of HPS and user friendly resource kits for achieving high standard of Health Promoting Schools with framework models and exemplars would be established for wider application and implementation in the school sector. The resource bank will provide useful information, practical guidelines for developing healthy campus, resource kits of parent education and health education curriculum, HPS self-monitoring tools and HPS good practices.

Extent of Teachers' and Principals' Involvement

Teachers and school principals will be motivated and supported to participate actively in the project planning, implementation and evaluation, thereby their professional competence would be enhanced.

Implementation Plan with Time-line

It is a 2-year project and the project will proceed in 4 phases

Stage of Implementation and Time Schedule	Project Milestones and Major Tasks					
	School A	School B	School C	School D	School E	School F
I. Preparatory Phase Oct. 2008 – Jan 2009	<ul style="list-style-type: none"> ➤ Recruitment and training of professional and research staff ➤ Refinement and finalization of measurement tools, training programme and related resource materials ➤ Identify Resource Schools 					
	<ul style="list-style-type: none"> ➤ Re-assess the readiness of the Resource and Seed Schools in terms of motivation and strengths ➤ Matching the existing strengths of the Resource Schools and assign the school categories ➤ Identify strengths (Area of Excellence) and good practice in schools, teachers/programme as exemplar 				<ul style="list-style-type: none"> ➤ Training workshop for school principals and teachers to consolidate the concept of HPS and how to put it into practice ➤ Topics include: - HPS: From concepts to practice - Health Promoting 	
	<ul style="list-style-type: none"> ➤ Review of the school data over the years since they joined the HSA/HPK 	<ul style="list-style-type: none"> ➤ Collaborative planning with seed schools to decide the topics and contents of health education programme 	<ul style="list-style-type: none"> ➤ Coach and help seed schools to work out the parent education programme 	<ul style="list-style-type: none"> ➤ Guide and support resource schools to identify mentee schools 	<ul style="list-style-type: none"> ➤ Being supported by the resource schools to develop health promoting schools. 	



II. Implementation and On-going Assessment Phase Feb 2009 – Jun 2010	<ul style="list-style-type: none"> ➤ Ongoing Evaluation through curriculum and policy review, observation of school and lessons, semi-structured interview with school principals, teachers, clerical staff, and workmen, focus group interview with students and parents to understand the process of change and provide answers to which parts of HPS intervention actually work and how. 	<ul style="list-style-type: none"> ➤ Implementation of the health education programme in the seed schools ➤ CHEP will provide ongoing professional support and inputs to the programme implementation ➤ Regular school visits to observe the activities, discuss progress and provide consultancy and on-site trouble shooting services 	<ul style="list-style-type: none"> ➤ Implementation of the parent education programme in the seed schools ➤ CHEP will provide a 10 week parent leaders training programme to train up 30-40 parent leaders in the seed schools ➤ The seed schools will be guided and supported to strengthen school-based parent education programme ➤ Ongoing professional inputs and supports 		Kindergarten Self Evaluation System <ul style="list-style-type: none"> - Building a safe and hygienic kindergarten - Contingency and first aid management - Promoting healthy eating in kindergarten - Pre-school health education curriculum - Pre-school physical fitness promotion - Environmental Health - Helping students with Special Needs - Building community relationship - Involving student's family in enhancing the healthy development of young children ➤ Resources schools will be invite to share good practices in the workshop - Open house visits and district-based action learning groups will be arrangement to facilitate experience sharing 	
III. Evaluation and Experience Integration Phase July - Aug 2010	<ul style="list-style-type: none"> ➤ A comprehensive assessment will be conducted to evaluate: <ul style="list-style-type: none"> - School's development and achievement in the 6 key areas of HPS, namely School Health Policies, Health Services, Personal Health Skills, School Ethos/Social Environment, Community Relationships, and Physical Environment - Change in students' behaviours using student health behaviour survey (For Primary and Secondary Schools/parent survey on students' health (For Kindergartens) ➤ Develop of web-based resource bank of HPS 					
IV. Dissemination and Reporting Phase Aug - Sept 2010	<ul style="list-style-type: none"> ➤ Launching of web-based resource bank of HPS for wider dissemination ➤ Organise large-scale dissemination seminar and open house visits ➤ Facilitate reaching out network building and partnership programme for HPS ➤ Report writing 					

Expected deliverables and outcomes

- At least 10 consolidation workshops on HPS, school health promotion and improvement would be organised
- At least 5 train-the trainer workshops on HPS mentoring and leadership would be organised

- iii) At least 10 open house visit to the resource schools for sharing of good practice
- iv) At least 5 district-based learning groups/partnership programme formed for experience exchange and resource sharing
- v) Concepts of HPS consolidated and put into practice in 100 kindergartens
- vi) 30 schools empowered to become resource schools to share good practice and help other schools in HK to develop HPS
- vii) 10 schools being supported by the resource schools to develop into health promoting schools
- viii) School principals' and teachers' exposure to professional development greatly enhanced
- ix) A large-scale sharing seminar and conference for promotion and wider dissemination of the project experience
- x) A web-based resource bank of HPS for wider dissemination of good practice and resource sharing
- xi) Enhanced sharing culture and collaboration among schools
- xii) User friendly resource kits for achieving high standard of Health Promoting Schools with framework models and exemplars would be established for wider application and implementation in the school sector.
- xiii) Field-tested exemplars of effective parent education programme for wider application and implementation in kindergartens and primary schools
- xiv) Field-tested exemplars of comprehensive health education programme for wider application and implementation in kindergartens
- xv) A core set of indicators as outcome measurement of success of HPS
- xvi) The concept of HPS can be permeated to all the schools in Hong Kong with practical tips for successful implementation

Budget

Item	Description	Total for 2 years	Year 1	Year 2
		Amount (HK\$)	2008-2009	2009-2010
1	Staff Cost			
	a. 1 part-time Health Promotion officer equivalent (\$28,000/month, salary + MPF)	696,000	348,000	348,000
	b. 2 Assistant health promotion officers (\$20,000/month, salary + MPF)	1,008,000	504,000	504,000
	c. 1 Research assistant (\$15,000/month, salary + MPF)	378,000	189,000	189,000
	d. 1 Project assistant (\$11,000/month, salary + MPF)	277,200	138,600	138,600
	Subtotal	2,359,200	1,179,600	1,179,600
2	Equipment			
	a. Development of web-based resource bank of HPS	200,000		200,000
	b. Server rental \$5,000 per year	10,000	5,000	5,000
	c. Production of resource material for schools	37,400	30,000	7,400
	d. Desktop computer set (3 sets)	18,000	18,000	
	e. Notebook computer (2 set)	17,000	17,000	
	f. Digital video camera (1 set)	4,800	4,800	
	g. Multimedia Projector	10,000	10,000	
	h. Colour Printer	4,000	4,000	

	i. Scanner	2,000	2,000	
	j. Portable wireless amplifier	4,000	4,000	
	<u>Subtotal</u>	307,200	94,800	212,400
3	Services			
	a. Training workshops and symposium (2 sharing symposium @\$6,000; 10 consolidation workshops Tutor fee \$400 x 3 tutors x 5 hours; 5 train-the-trainer workshops Tutor fee\$600 x 3hours x 2)	84,000	42,000	42,000
	b. Professional development for school principals and teachers of resources schools (\$3,000 per school x 30 schools + Project team members x 5 persons)	105,000	105,000	
	c. Consultancy Services (Oversea advisers \$20,000 x 2 advisers x 2 times; Local consultants \$700/hours x 400 hours)	360,000	180,000	180,000
	d. Helpers for data entry \$50/hourx20 hours x 30 schools x 2 times (Pre- and Post test)	60,000	30,000	30,000
	e. Employing supply teachers for the resource schools (Secondary Schools \$1,153 x 22 days x 10 schools; Primary Schools \$ 819 x 22days x 10 schools; Kindergartens \$ 350 x 22days x 10 schools)	510,840	510,840	
	<u>Subtotal</u>	1,119,840	867,840	252,000
4	General Expenses			
	a. Printing and postage, telephone and fax lines, stationary and other consumables, staff traveling expenses for official duties, transportation, computer accessories	100,000	50,000	50,000
	b. Operation costs for training workshops, open house visits and district-based learning groups	20,000	10,000	10,000
	c. Administration and management charges	266,900	133,450	133,450
	d. Audit fee	10,000	-	10,000
	<u>Subtotal</u>	396,900	193,450	203,450
6	Contingency	16,860	6,860	10,000
	Grand Total	4,200,000	2,342,550	1,857,450

Remark: The average cost for each school is HK\$32,300/school for the 2 year project period.

Justification

Staff Cost

Health Promotion Officers

Duties and Responsibilities

Health Promotion Officer will be needed for this project. He or she will contribute expert inputs to the programme such as:-

- Assist the Project leader in planning and development, management and oversee the project operation;
- Providing academic and professional advice on comprehensive assessment and ongoing evaluation of the resource schools;
- Assist the Project Leader in analysing the analyse and explore the reasons why schools could sustain the effect of HPS in certain aspects but fail to do so in other areas, and map out the strategies to sustain the effort of HPS;
- Oversee the development of various resource kit materials;
- Networking with Government and Non-government organizations locally and overseas.

Entry Requirement

The applicants should have:

- Hong Kong degree, or equivalent, with a higher degree in health science or related discipline;
- Substantial experience in school health promotion and health education, HPS research.

Assistant Health Promotion Officer

Duties and Responsibilities

Two full time assistant health promotion officers are required to become the resource persons for schools and conduct the comprehensive assessment and ongoing evaluation. The assistant health promotion officers are responsible for:

- to conduct the comprehensive assessment including semi-interview and focus group interview for students, teacher and parents
- ongoing evaluation including the review of school curriculum, school environment (physical and social) observations, policy review
- assisting the development and production of resource kits (hard copy and online resources);
- analysis of school health profile after data collection;
- organisation of training workshops, open-house visits, district-based action learning groups, seminars and conferences;
- support schools with enquiries and act as a resource person in the development and implementation of the exemplar health education curriculum and parent education programme;
- assist in preparation of progress reports to the Quality Education Fund throughout the project period.

Entry Requirement

The applicants should have:

- Hong Kong degree, or equivalent, preferable with a higher degree in health/social science or related discipline;
- Experience in school based health promotion and health education curriculum development

Research Assistant

Duties and Responsibilities

One research assistant at senior level is needed to:

- assist in design for evaluation of effectiveness;
- assist in data collection (including interviews/focus groups) and transcription of focus groups and interview;
- assist project leader and the team to analysis data throughout the study period (quantitative and qualitative)



- assist in resource materials design;
- provide logistic support to seminars, workshops, meetings and other activities
- assist in production of research report throughout the project period.

Entry Requirement

The applicants should have:

- Hong Kong degree, or equivalent; preferable with a higher degree in health/social science or related discipline
- Experience in health promotion/behavioural science/social science/health science related research project

Project Assistant

Duties and Responsibilities

One project assistant will be employed to:

- provide necessary support to the professional staff to ensure the smooth operation of the project;
- provide logistic support such as filing, duplicating and arranging documents, receiving and dispatching mails, survey questionnaires, maintaining records of teachers requiring consultations, processing claims and reimbursement of expenses, etc;
- provide logistic support to seminars, workshops, meetings and other activities;
- answer telephone enquires from teachers and the general public about the project;
- procure equipment and resource materials;
- provide technical support such as uploading resource materials to the web server etc
- prepare simple correspondences and returns;
- assist in compilation of progress reports of the project.

Entry Requirement

The applicants should have:

- passes in 5 subjects in the HKCEE, including English Language (Syl B), Chinese and Mathematics, or equivalent;
- good command of spoken and written Chinese and English;
- several years of working experience in general office support and in web design or computing;
- computer knowledge in word-processing, MS Excel and MS PowerPoint.

Equipment

Development of web-based resource bank of HPS

A web-based resource bank of HPS would be established for wider dissemination of relevant school health promotion resources, guidelines, school experiences and good practices. in the school sector. A professional website development agency will be contracted to develop the resource bank.

Server Rental

To host the web-based resource bank of HPS

Resource Materials for Schools

Resource material will be produced and disseminated to participating schools and interested schools to facilitate their health education and health promotion activities. The resource materials include training manuals, teaching kits, exhibition board, equipment and models for school health education and health promotion activities, parent education programmes.

Project Equipment

2 notebook computers, 3 PCs, 1 scanner, 1 digital video camera, 1 portable wireless amplifier, 1 scanner, 1 colour printer and 1 multimedia projector will be required to support the project team in carrying out project activities.

Services

Training Workshops and Symposium

At least 10 consolidation training workshops for kindergartens, 5 train-the trainer workshops for resource/seed schools and 2 sharing seminars open to all schools in Hong Kong will be organised during the project period for the participating schools and to disseminate the project experiences. The expenses include the tutor fee, the production cost of the training materials and health promotion materials, and the miscellaneous expenses for organizing the workshops and activities, including venue booking and stationary.

Professional Development for School Principals and Teachers of the Resource Schools

Training and Study Tour will be organised in the 1st year of the Project to observe how HPS, health education curriculum or parent education is implemented in neighbouring country and to explore the applicable strategies and ways to promote children's health and development in Hong Kong. Each resource school will be subsidised within the budget limit covering the travel and lodging expenses for the participating school principals/teachers who will act as resource schools/mentors in future. The project team member will also accompany the school delegates to provide support and facilitate the training.

Consultancy Services

Consultancy services will be sought from local and overseas experts with expertise in Pre-school Education, School Health, Health Education and Health Promotion. They will join the project team to assess the needs of the resource schools and provide training and professional advice on the development and evaluation of comprehensive health education curriculum for kindergartens and the parent education programme for the seed kindergartens and primary schools throughout the project period. The estimation on the time spent for the services provided by the experts is as follows:

Local Advisers to provide professional advice and supports on curriculum development and evaluation ~ 400 hours at a rate of \$700/hour

At least 2 Overseas Advisers (1 from Asian Country and another from Western countries) will be invited to provide professional advice on HPS and school effectiveness evaluation and provide leadership training for the resource schools. The advisers will visit Hong Kong at least 4 times in total over the project period (average cost HK\$20,000/time covering the flight tickets, accommodation and honorarium)

Data entry

Student helpers will be recruited to conduct data entry. The estimation on the time spent would be 20hours/schools at a rate of \$50/hour

General expenses

Space

The applicant will provide office space, electricity, telephone lines and water supply for the project staff which is HK\$150,000 per year.

Printing and postage, telephone and fax lines, stationary and other consumables, staff traveling expenses for official duties, transportation, computer accessories

Printing of questionnaires, workshop handouts and other related record forms etc: HK\$50/school x 120 schools = \$6,000

Postage: HK\$50/school x 120 schools = \$6,000

Telephone and fax lines: HK\$3,300/month x 24 months = \$79,200

Staff travelling Expensed for Official Duties: HK\$ 200/month x 24 months = \$4,800
Stationary and other consumables: HK\$4,000 over the 2 year project period

Operation costs for the seminars, workshops and activities

Operational cost for the training workshops, open-house visits, district-based learning group, sharing seminars and health promotion activities including transportation, campaign and exposition, refreshment, helpers etc.

Administration and management charges

For the administration and management charges, the University required to build in 15% of the overall budget sought to cover the running cost on financial services, general administrative services and contract administrative services, human resources management, technological support etc.

Evaluation parameters and method

HPS evaluation for Resource Schools

All the 30 resources schools would go through a comprehensive impact analysis and outcome evaluation. The framework of evaluation will be based on health promotion model on four domains: health and social outcomes, intermediate outcomes, health promotion outcomes, and health promotion action (Nutbeam, 1996; Lee et al, 2005b). A combination of quantitative and qualitative research methodologies would be employed to determine the various health promotion outcomes and also to understand the process of change, measure the effectiveness, efficiency and sustainability of the interventions. Table 1 gives a summary how the different types of outcomes are measured by various measuring tools and Figure 1 outlined the research methods used. The tools used in the HPS evaluation have been tested in more than 200 local schools and the process of assessment have been validated by overseas health education experts.

Baseline data – Baseline data will be collected through review of the school data over the years since they joined the HSA/HPK. The results would be used to identify strengths and for future comparison.

On-going evaluation – on-going data collection through curriculum and policy review, observation of school and lessons/activities, semi-structured interview with school principals, teachers, clerical staff and workmen, focus group interview with students/parents will also be carried out throughout the Project period to understand the process of change and provide answers to which parts of HPS intervention actually work and how. Triangulation, multi-method and progressive-focusing approaches are employed to address the complex nature of HPS and school health promotion programme.

Repeated Assessment – a repeated assessment would be conducted in the second year of the project to show the outcomes of intervention, and to identify why, how and which components of HPS/Health Education Programme/Parent Education Programme are effective and sustainable.

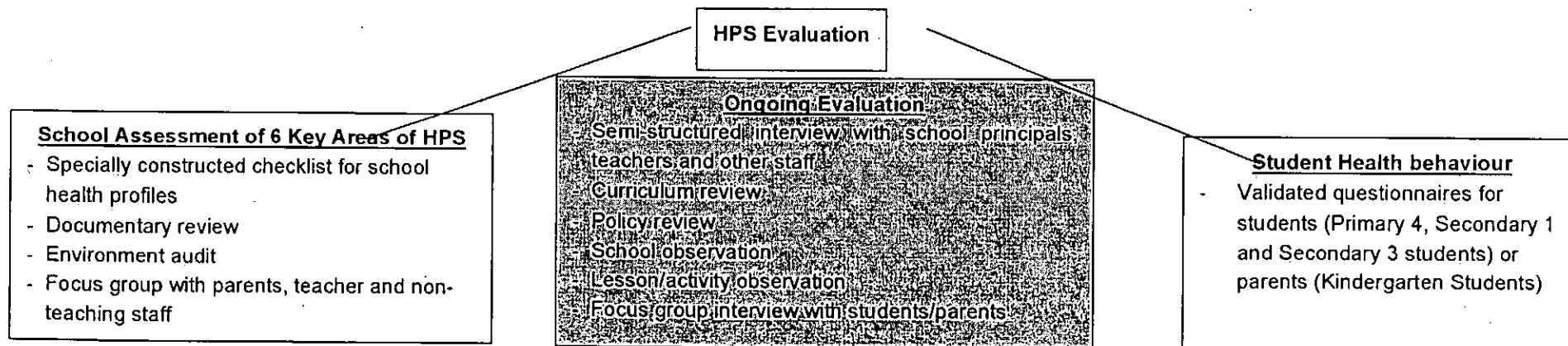
Continuous Evaluation of other Programme Activities and Project Progress

- Feedbacks and evaluation will be obtained from the participants to assess for the usefulness and effectiveness of consolidation programme, sharing seminars, open house visits etc
- Progress meeting with the resource schools
- Progress report would be prepared and submitted to QEF on a half-yearly basis

Table 1 Indicators and measuring instruments for the different types of outcomes for health promotion

Types of outcomes	Indicators to be measured	Measuring instrument
Health and social outcomes	Depressive symptoms, life satisfaction, perceived health status, perceived academic achievement	Validated questionnaires: Satisfaction with Life scale (LIFE), Depression Self-Rating Scale (DSRS), Youth Risk Behaviour Survey (YRBS).
Intermediate outcomes	i. Attitudes, lifestyles and risk behaviours ii. School environment and school ethos iii. School health services	Questionnaires to students/parents and schools, school observation, documentary review, interviews
Health Promotion outcomes	i. Health skills and knowledge, and self efficacy ii. School health policies iii. Networking with parents, the local community and other schools to launch health programmes	Questionnaires to students/parents and schools, curriculum review, documentary review, individual or focus group interviews, participant observation.
Health Promotion actions	i. School timetable for health education activities (formal and extra-curricular) ii. PTA and community involvement	Documentary review Lesson Observation

Figure 1. Research methods to be used for the proposed project



Sustainability of the outcomes of the project

In this build-on project, a pool of “moving schools” would be empowered to be the Resource Schools to serve as exemplars for other ineffective or stagnant schools. Seed schools would be identified and supported to test out effective School-based Health Education Programme and Parent Education Programme to nurture the all-round development in young children. Training and supports would be provided to consolidate the HPS concepts in kindergartens and allow the schools to take time to excel as sustainable good practices and make school site as a safe and healthy environment for pleasurable learning and working. Strategies that sustain the efforts of HPS and

school health programme would be concluded and to be shared with other schools in developing and implementing HPS. It will definitely bring about benefits and value-addedness to the education sectors as a whole. The sustainability of HPS movement would also further strengthen the network of different stakeholders to improve the health and well-being for the community at large and acts as the catalyst for the building of a healthy community. In addition, this project will further facilitate Hong Kong taking on leadership role in School Health Education and Health Promotion and becomes the Centre of Excellence in this field. This new innovation will increase Hong Kong's competitiveness in academic development, and become one of the leading Centres for academic exchange in school health education and health promotion. This will help to build up the image of Hong Kong as quality education.

Dissemination / Promotion

- Seminars, symposia, conferences, sharing sessions, open-house visits, district-based action learning groups and school networks would be organised and formed to share the good practice and facilitate a culture of sharing
- A web-based resource bank for HPS would be developed for wider dissemination
- User friendly resource kits for achieving high standard of Health Promoting Schools with framework models and exemplars would be established for wider application and implementation in the school sector
- School exchange visits

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