



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

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Outline of Discussion

Gaps in conventional school health promotion

Health Promoting School as complex intervention

Health Promoting School Framework to tackle challenges of health burden

Risk perception and health behaviours

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



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

What are missing in School Health?

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



Mission of Health Promoting School (HPS)

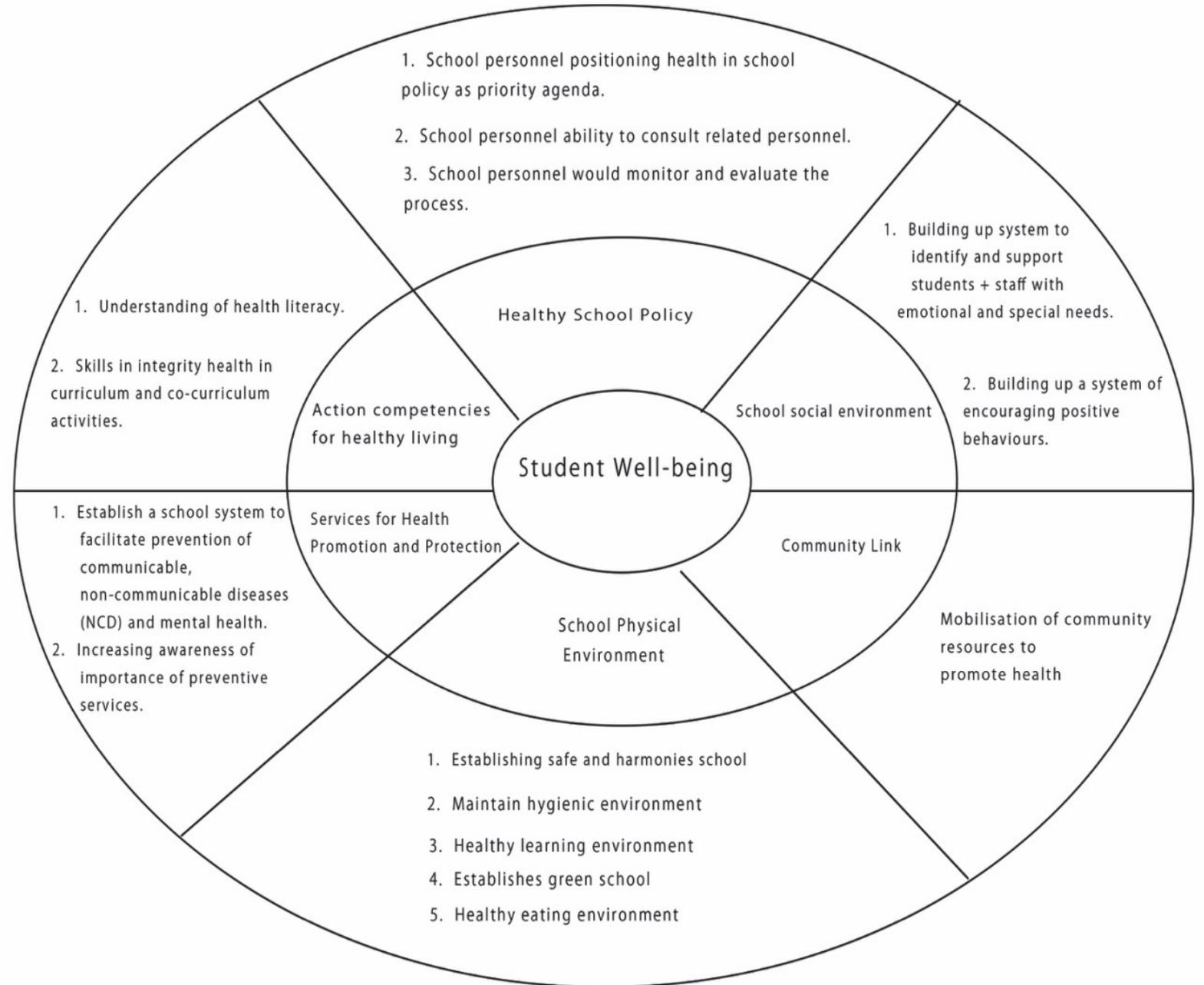
- **The concept of Health Promoting School would move beyond individual behavioural change and to consider organizational structure change such as improving the school's physical and social environment, its curricula, teaching and learning methods** (Lee, 2002; WHO, 1999)
- Every child deserves to be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

Rationale for HPS



Conceptual Framework to Enhance School Capacity to Implement HPS

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



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

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

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

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

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



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

November 9th – 11th 2011 9:30 am – 5 pm

The Wallenberg Research Centre,

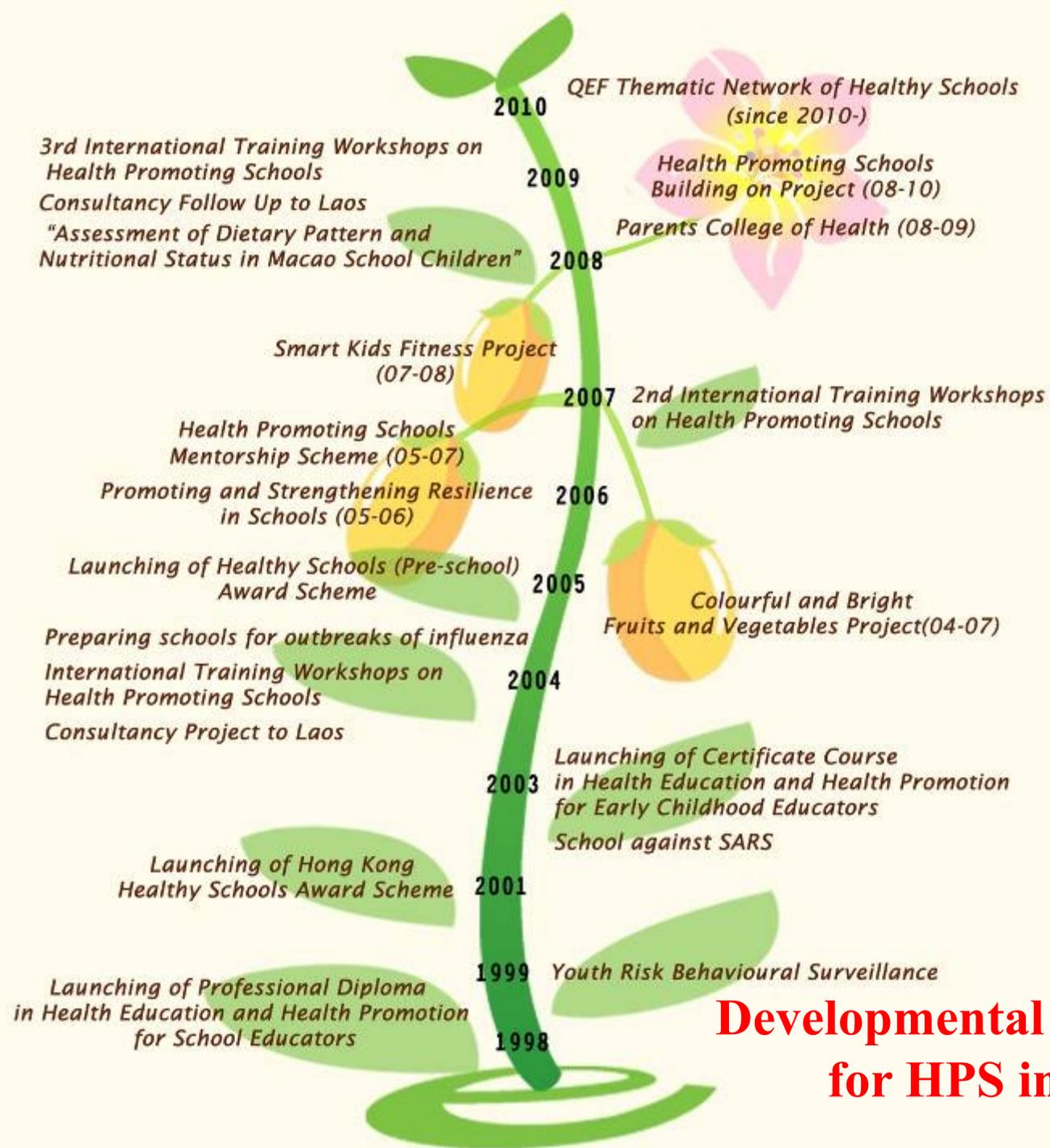
Stellenbosch Institute for Advanced Studies,

10 Marais Street, Stellenbosch.



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

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



**Developmental milestone
for HPS in HK**

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

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

健康學校暴力行為減少

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

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

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

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

GRAND CHALLENGES TO COMPLEX EMERGENCIES

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

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

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

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

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

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

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

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

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

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

	Intervention group (n = 42)			Control group (n = 37)		
	Baseline	Mid-term	Change	Baseline	Mid-term	Change
Mean BMI* (kg/m²)	23.6	23.6	0	24.9	25.7	+0.8
Mean Body Fat %*(%)	30.7	31.2	+0.5	32.9	35.2	+2.3

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

* $P < 0.05$

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

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

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

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

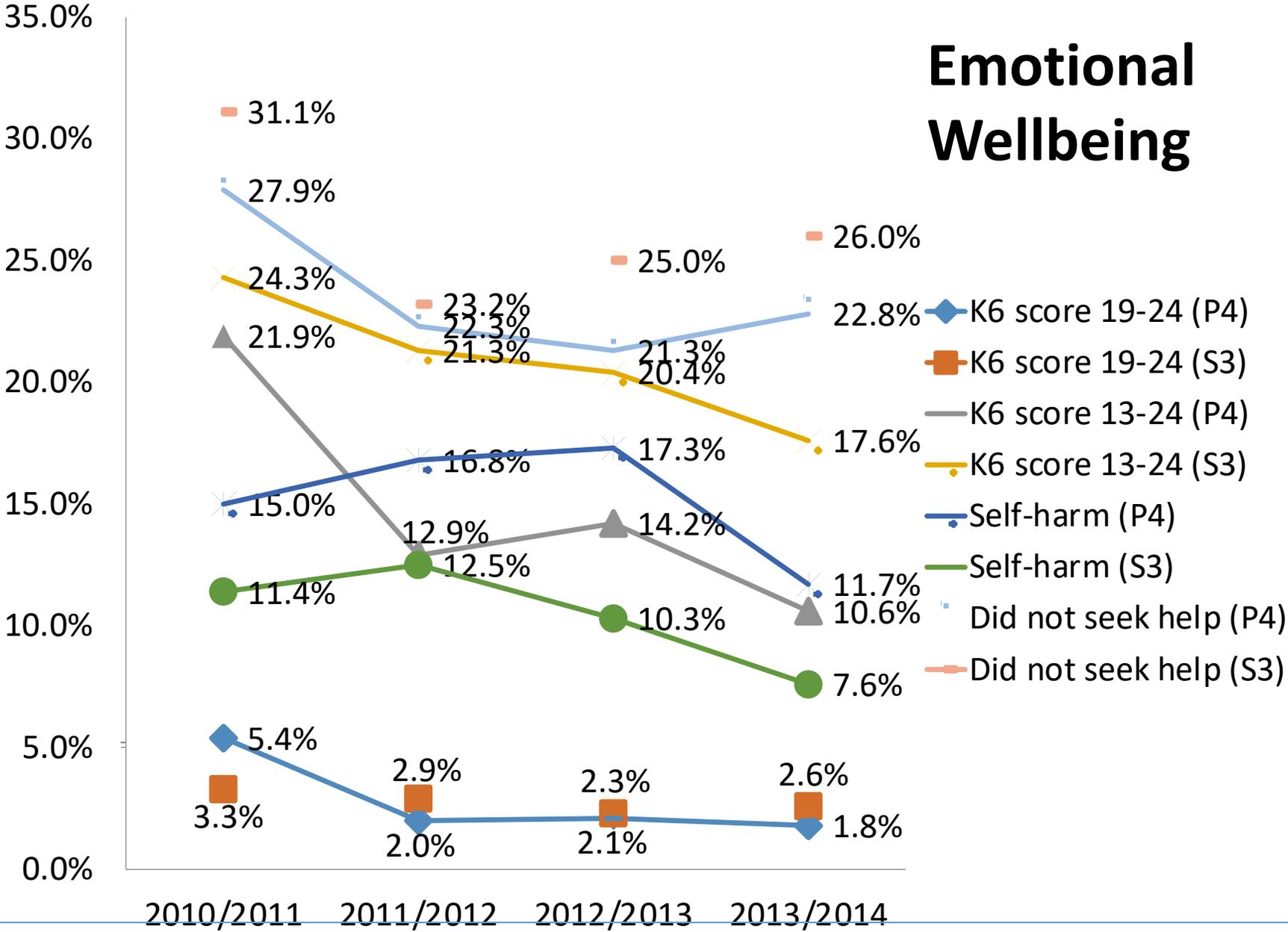
	Intervention group (n = 64)			
	Baseline	Final	Change	
Mean BMI (kg/m ²)	24.28	24.34	0.16	Body weight without significant rebound
Mean Body Fat % (%)	31.3	29.8	-2.3*	Body fat % continuously declined

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

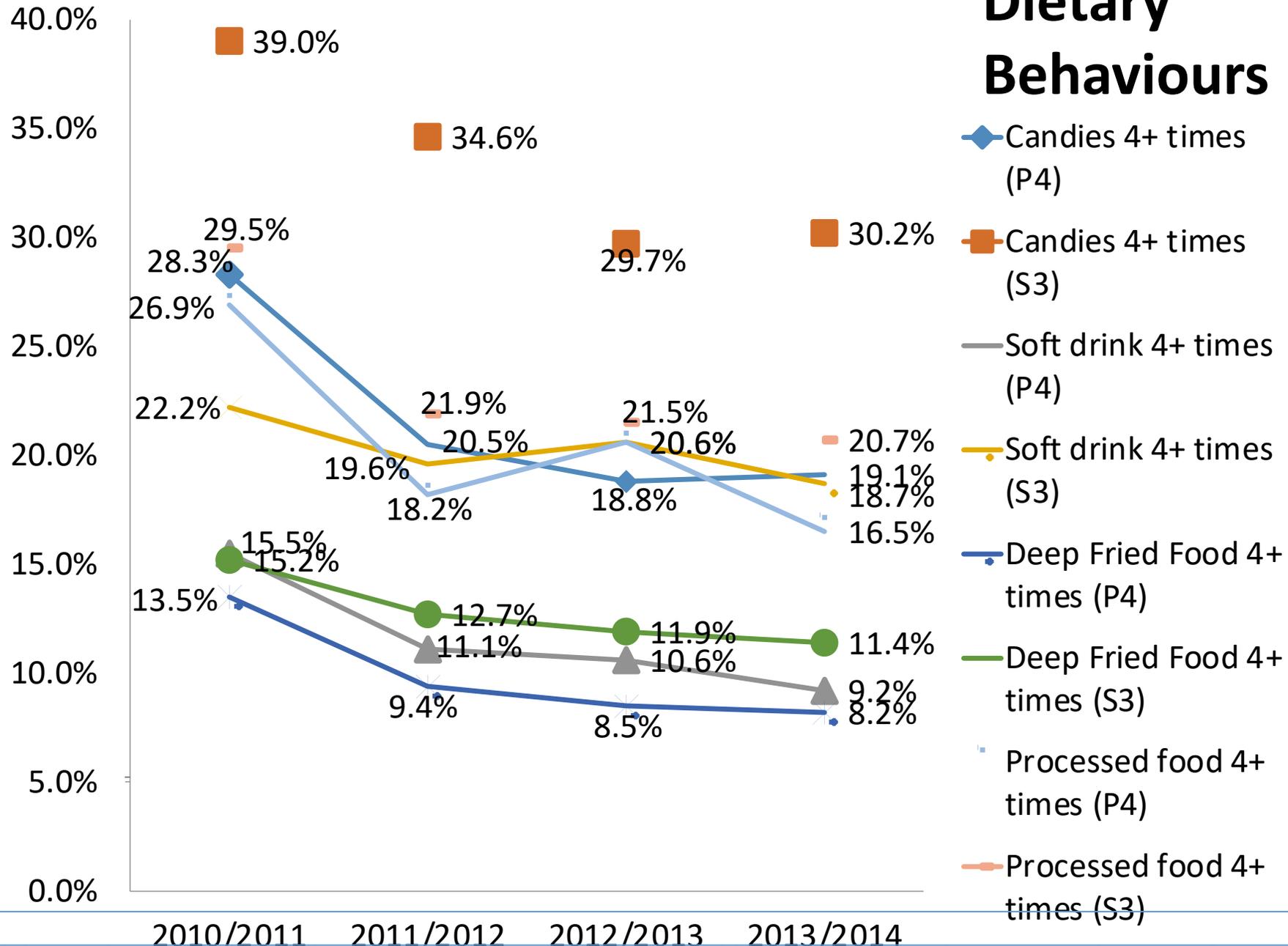
Lee A., Keung V., Lo A., Kwong A. Healthy School environment to tackle youth mental health crisis. *Letter to Editor. Hong Kong Journal of Paediatric* 2016; 21 (2):134-135

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

Emotional Wellbeing

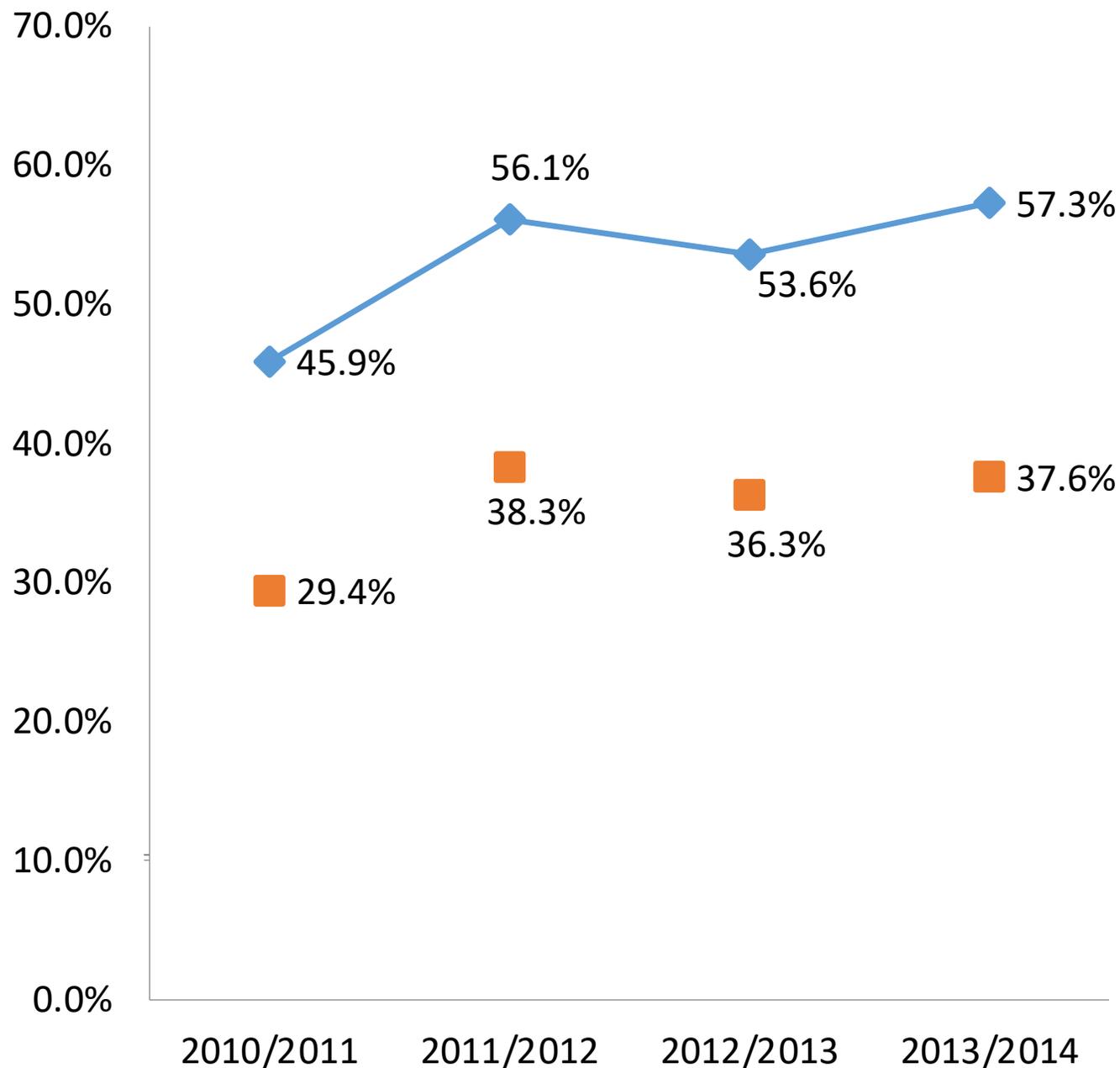


Dietary Behaviours



Physical Activity

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



◆ Physical Activity on 3+ days (P4)

■ Physical Activity on 3+ days (S3)

Student life under COVID

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

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

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



Community Empowerment and Risk Perception

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

Community action

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

Risk Perception



Health communications target risk perceptions to change behaviour.



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



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



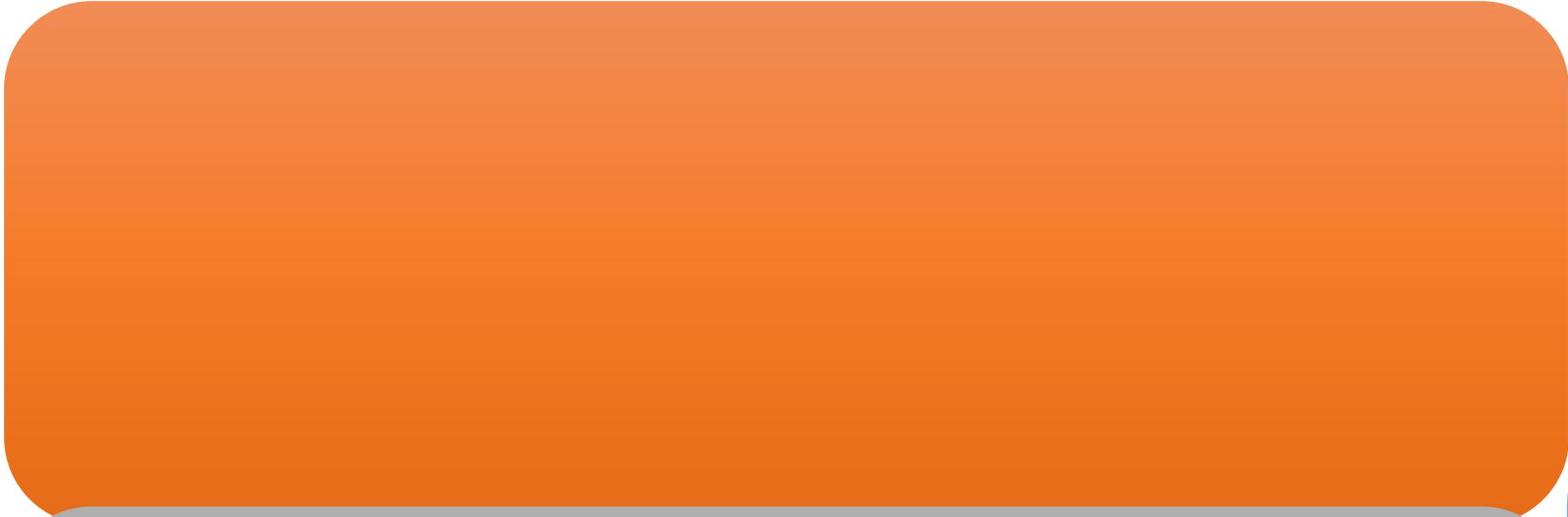
If a culture of strict compliance with measures such as the universal use of face masks in addition to hand hygiene and safe distancing, and school facilities to be optimized significantly to reduce the spread of infection, schools can remain open to ensure adequate learning.



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



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



Health Promoting School Framework to enhance health behaviours combating infectious diseases

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

Hong Kong Healthy Schools Award

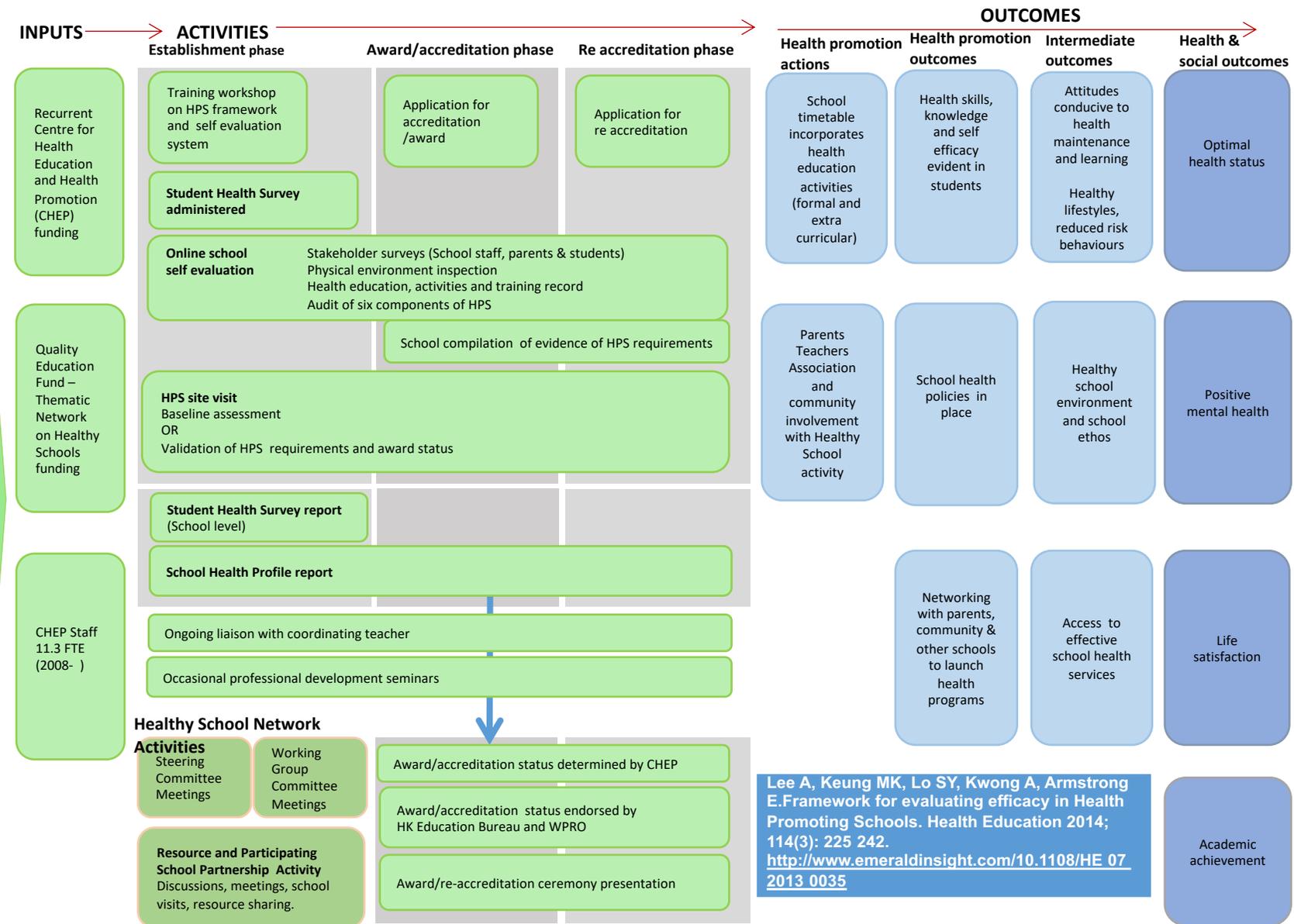
Lee A, Keung MK, Lo SY, Kwong A, Armstrong E. Framework for evaluating efficacy in Health Promoting Schools. Health Education 2014; 114(3): 225-242. <http://www.emeraldinsight.com/10.1108/HE-07-2013-0035>

CONTEXT

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

Health Promoting School Principles

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



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

Update of Health Promoting School

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

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

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

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

HPS Core Indicators

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

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

Healthy School Policies

PO 2.1** Policy on Healthy eating

PO 2.2** Policy on safe school

PO 2.3* Policy on harmonious school

PO 2.4** Policy on active school

School's Physical Environment

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

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

School's Social Environment

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

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

Action Competencies on Health Living

AC 1.1 School adopts a systematic approach to conduct health education

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

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

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

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

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

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

Community Links

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

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

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

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

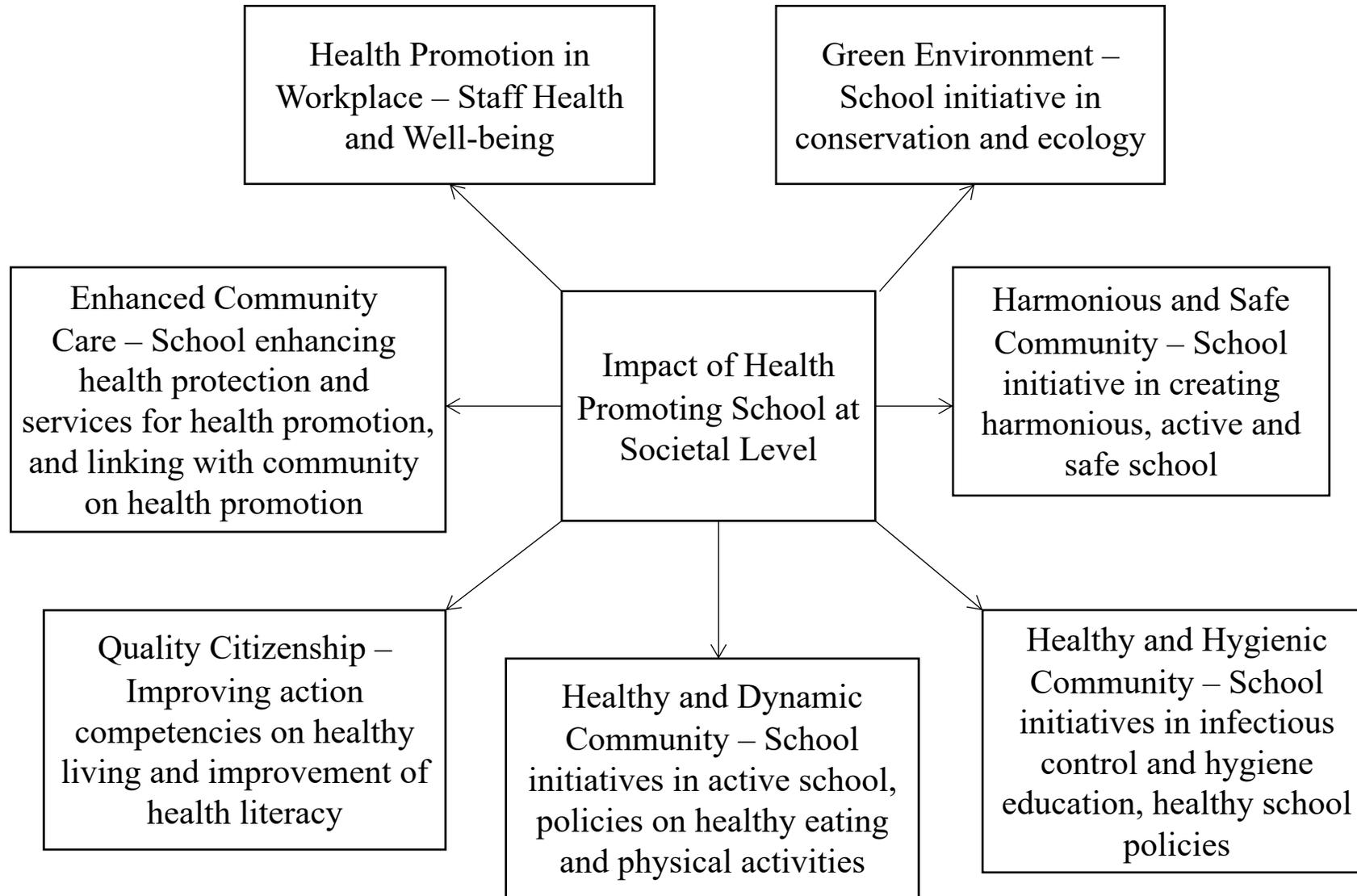
School Health Care and Promotion Services

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



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

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



Theory and Practice of Health Promoting School: Getting Started

- English version is coming online soon
http://www.chep.cuhk.edu.hk/Theory_and_Practice/



Theory and Practice of Health Promoting School: Getting Started

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

Contact Us

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<https://www.cityu.edu.hk/upress/the-healthy-settings-approach-in-hong-kong>



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GoSmart Channel : www.chep.cuhk.edu.hk/gosmart

