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| **Title of Symposium** (Sentence case)  Measuring success of Health Promoting School: Global Exchange of experience and step forward |
| **General Objective**  The concept of Health Promoting School (HPS) aims to 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 but the frameworks of HPS proposed by different international organisations would only serve as an outline. Review of HPS effectiveness taking reference from Randomised Controlled Trials does not necessary lend itself to outcomes involving organizational or structural change as the statistical assumptions are not valid reflecting organisational or structural change so limited conclusion can be drawn. One should argue that potential markers of success associated with process should be identified as a means of supporting schools and teachers and indicators of HPS should highlight the ways in which schools are able to adopt HPS principles successfully and the conditions to be in place for the HPS concept to flourish. A boarder perspective on evidence is needed for health promotion particularly in dealing with complexity of school system so a structured framework for the development as well as a system of monitoring and evaluation is very much needed. It is important to identify the key indicators as well as key features of HPS having impact on improvement of health and well-being of students. The presenters have built up substantial experience as leaders in development HPS not only in their respective countries, and also in other regions such as Europe, Asia and Pacific by transferring their knowledge and skills. The presenters have published extensively in the field and also served as international consultants. They have established a very close and longstanding working relationship among themselves with frequent academic exchange and visits, and joint publications establishing a strong global HPS academic hub. This symposium aims to facilitate further collaboration with other countries in HPS development by collective action of this group.  **Proposed format of the session**  Oral presentations of speakers from Hong Kong, France, Taiwan and USA followed by discussion and plans for further action.  **Conference theme and/or subthemes addressed**  Inclusive habitats |

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| **Title of Presentation 1** (Sentence case)  Toward a renewed approach of health promotion: new challenges and lessons learned from successful programmes |
| **General Objective**  Human health is changing rapidly across the world. Non-communicable diseases (NCDs), such as diabetes, cancer, cardiovascular, neurodegenerative, chronic respiratory diseases but also mental health disorders, are among the most serious global public health and societal challenges in the 21st century – in high-income and, increasingly, low- and middle-income countries.  NCDs are characterised by their chronic nature and this puts an excessive and long-term burden on national health systems and budgets across the spectrum of low, middle and high-income countries with increasing burden to the health care system, economy and individuals. The need to rethink disease prevention and health promotion strategies is bigger than ever with the need new answers and new approaches taking into account inequalities and the fact that NCD risk crosses generations. It is not a single cause, but multiple causes, and the causes of the causes.  Considering this huge change in human health, interventions, solutions and approaches are going to be complex, multilevel and settings-based. Such approach led to design policies involving all government sectors in an intersectoral policy framework (education, agriculture, transport, housing, defence…) targeting the determinants; fiscal measures, regulation of advertising for children, redistributive policies are good examples. More important, we have to get to the root of the problem. Education is not factor among others, it is a “cause of the causes” since it determines education level and health knowledge and competencies but also socio-economical status, housing and at least partly behaviours. Families, communities and schools are sharing education, "It takes a village to raise a child".  In this communication, we argue why we need to move a renewed paradigm, health promotion 2.0. Second, we put the emphasis on the central role of education in the improvement of the health of the populations and we describe 3 examples of successful programs. Then, we explain why there is a need to include knowledge frameworks coming the global south. Finally, we offer a synthesis of the principle of this health promotion 2.0 approach.  **Proposed format of the session**  Presentation by the speaker and discussion with audience together with other presenters  **Conference theme and/or subthemes addressed**  Inclusive habitat |

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| **Title of Presentation 2** (Sentence case)  Validation of health promoting school accreditation system: Evidence of students’ BMI indicators |
| **General Objective**  In Taiwan, the Health Promoting School Accreditation System (HPSAS) was launched in 2002 by the Taiwan Health Promotion Administration, and subsequently revised and refined in 2014 and 2016. The system consists of six key standards that gauge to what extent the health promoting school accreditation system promotes students’ healthy learning and healthy lifestyle, which are defined: healthy school policy, physical and social environment, skill-based health curriculum, community relation, and health services. The goal of this study is to validate the system based on students’ BMI index that classifies students as either underweight, normal weight, overweight, or obese.  In 2016 twenty-three schools participated in HPS accreditation with two counties/cities in South and North Taiwan. Four BMI indictors and 16 scoring elements in HPSAS were selected as validity criterion. The Kruskal-Wallis test was used to analyze the relationship between the BMI performance of participating schools and the average of each accreditation element score of three evaluators.  The study found that schools’ BMI indicators were significantly related to several scoring elements of HPS accreditation standards. While accredited schools performed well in BMI indicators and they reached higher scores in the following three standards: Standard I Healthy school policy: 1- “The school formulates a comprehensive school health program/policy based on its needs” and 2- “The school has implemented an evidence-based health promotion program and has conducted regular reviews according to its main health issues and needs as well as education needs of students and staff.” Standard IV Skill-based health curriculum: “Health education curriculum is designed to connect with community life experiences.” Standard V Community relations: 1- “The school is actively organizes health promotion activities for families” and 2-“The school is actively engaged with public health units and local NGOs for health promotion activities”.  In the future, three Standards and five core elements of Taiwan HPSAS have the potential to be a benchmarking tool to evaluate HPS performance.  **Proposed format of the session**  Presentation by the speaker and discussion with audience together with other presenters  **Conference theme and/or subthemes addressed**  Inclusive Habitats |

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| **Title of Presentation 3** (Sentence case)  Success of Health Promoting Schools in Thailand |
| **General Objective**  The presentation will describe Health Promoting Schools, HPS initiatives in Thailand. Health Education has been a required course for K-12 in Thai schools for numerous year. Bureau of Health Promotion, Department of Health, Ministry of Public Health is responsible in monitoring School Health Promotion in Thailand. There are 4 major elements of School Health Program: (1) School Health Services, (2) School Health Education, (3) Healthful School Living, and (4) School and Home Relationship. According to WHO Health Promoting Schools, HPS Initiatives in 1995, in Thailand, in 1997 at the Inter-country Consultation of HPS recommendation & guidelines for implementation of HPS were proposed and agree upon. In 1998 HPS initiative in Thailand was launched and responsible by Ministry of Public Health, Education, and Interior. Thailand adopted ten criteria for HPS: (1) School Policy, (2) School Management, (3) Cooperation (sch & community), (4) Healthy Environment, (5) Health Services, (6) Health Education, (7) Nutrition & Food Safety, (8) Exercise & Recreation, (9) Counseling & social Support, (10) Health Promotion for Staff.  There are 4 levels of evaluation to be accredited as Health Promoting School: Bronze Level, Silver Level, Gold Level, and Diamond Level. As of 2016 There were 33,491, 92.37 % participated in HPS. 692 schools, 1.90% were qualified as Diamond Level, 22,045 schools were qualified as Gold Level, 6,090 Schools, 16.80% were qualified as Silver Level, and 4,518 schools, 12.46% were qualified as Bronze Level.  The presentation will also discuss about the study entitled, “Health Policies and Practices Among Secondary Schools in Thailand” and “Reflection from Health Teachers related to Health Promoting School in Thailand.” One of these studies indicated top 5 issues in schools in Thailand: Poverty, student tardiness, vandalism of school property, parental alcoholism and/or drug abuse, and lack of academic challenge.  **Proposed format of the session**  Presentation by the speaker and discussion with audience together with other presenters  **Conference theme and/or subthemes addressed**  Inclusive Habitats |

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| **Title of Presentation 4** (Sentence case)  Extended model of Health Promoting School for sustainable development for children and adolescents: What are the measurements for success? |
| **General Objective**  This study aimed to test out the key indicators, identified from the findings in the school health profile using the structured framework of Hong Kong Healthy School Award Scheme and the student health status based on the Hong Kong Student Health Survey which has been used for health surveillance for students. The school health profile and student health profile have demonstrated the successful implementation of Health Promoting School (HPS). An evaluation tool for assessing the school health profile of the 30 project schools have been developed based on vigorous literature review and expert inputs globally. The identified key indicators. Both qualitative and quantitative methods were used to capture the data for school health profile. Baseline data was collected at Year 1 when the schools first joined the project. Post-test was conducted in Year 2. Chi-square statistics was utilised to analyse for significant improvement of school health profile measured at baseline and post-test. Those indicators showing statistical significance were chosen to be part of the indicators reflecting effective HPS. Each of those selected indicators was correlated with related student health status measured by student health survey. The correlation was analysed by Pearson correlation coefficient, and analysis of primary and secondary schools was conducted separately. The streamlined indicators in all six Key Areas of HPS were then identified and would serve as key indicators for motivating positive change of the school and students, and would then be integrated as school performance indicators to help schools embarking their journey on Health Promoting School as education objective.  **Proposed format of the session**  Presentation by the speaker and discussion with audience together with other presenters  **Conference theme and/or subthemes addressed** |