

Pre-conference Seminar:

**“Healthy Childhood Development to facilitate teaching and learning”**

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Although parental income is significantly correlated with school achievement, one cannot underestimate the effect of the cumulative inequities of inadequate housing, dangerous communities, chronic ill health, poor diet, and day to day struggle for survival as most brilliant schools cannot compensate for those ill effects (MacBeath and Mortimore, 2001). The deprivation of opportunities to mature healthily and confidently in early childhood not only constrains intellectual development but expectations of life itself. If this kind of poor expectation and conception for life is not rectified, it would pass from generation to generation as illustrated by a comparison of British and American social attitudes (Institute of Fiscal Studies, 1998). As early as 1950, the World Health Organization (WHO) noted that “to learn effectively, children need good health”. Health is defined as a state of complete physical, mental and social well being not merely the absence of disease. There is abundant evidence to demonstrate that the health of children and adolescents constitutes a major factor affecting their capacity to learn (Allensworth, 1997). Students with health compromising people are more likely to feel alienated from school and value continued education less than their peers (Nutbeam 1993). 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).

The concept of health promoting school (HPS) was first identified at a WHO conference in the early eighties. It embodies a holistic, whole school approach to personal and community health promotion in which a board health education curriculum is supported by the environment and ethos of the school. In 2001 the Centre for Health Education and Health Promotion of the Chinese University of Hong Kong (Centre) launched the Hong Kong Healthy Schools Award Scheme (HKHSA) consolidating on the concept of HPS to encourage educational achievement, better health and emotional well-being; thereby supporting pupils in improving the quality of their lives. (Lee, 2002) It also aims 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 the pupils, parents and staff, and the community at large. A study has been conducted to show that students from schools which had comprehensively embraced the HPS concept as indicated by the

HKHSA were better, in terms of health behaviors, self reported health status and academic standing than students from schools that only partially followed the HPS concept (Lee et al, 2006). Some differences were found to be more significant amongst the primary school students than secondary schools students. This illustrated early intervention for lifestyle changes to be more effective. The Centre extended the HKHSA scheme to kindergartens in 2005 to foster healthy childhood development so they have a sound mind and body for future learning.