



# Annexes

## Membership of Working Group on Diet and Physical Activity

### Chairman

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### Vice Chairman

Dr LAM Ping-yan, JP

### Members

Prof Juliana CHAN Chung-ngor

Mr CHAU How-chen, GBS, JP

Dr CHEUNG Wai-lun, JP

Mr Michael LAI Kam-cheung, MH, JP

Ms Catherine LEE Oi-wa

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Mr WONG Ka-wo, JP

Dr WONG Man-sau

### Ex-officio Members

Ms Olivia CHAN Yeuk-oi

Mr Tony LIU King-leung

Dr Thomas TSANG Ho-fai, JP

Mr Benjamin YUNG Po-shu

### Secretary

Dr LEUNG Ting-hung, JP

**Terms of reference of Working Group on Diet and Physical Activity**

- (a) To assess the epidemiology, risk factors and socioeconomic determinants of specific NCD with reference to diet and physical activity of local population;
- (b) To make recommendations on the health and health improvement needs of the local population in relation to healthy diet and physical activity;
- (c) To review local and international good practices and intervention strategies to promote healthy diet and physical activity; and
- (d) To make recommendations on the development, implementation and evaluation of a plan of action for promotion of healthy diet and physical activity in Hong Kong.

## Discussion topics of Working Group on Diet and Physical Activity meetings

	Date	Topics
First Meeting	16 December 2008	<ul style="list-style-type: none"> <li>Highlights of the Strategic Framework for Prevention and Control of Non-Communicable Diseases</li> <li>Diet, Physical Activity and Health: Hong Kong Situation (WGDP A Paper No. 01/2008)</li> <li>Health Promotion Programmes by the Department of Health (WGDP A Paper No. 02/2008)</li> </ul>
Second Meeting	23 February 2009	<ul style="list-style-type: none"> <li>Environmental Scanning of Information, Research and Health Promotion Activity on Diet and Physical Activity in Hong Kong (WGDP A Paper No. 01/2009)</li> <li>Health Promotion: Concepts and Practice (WGDP A Paper No. 02/2009)</li> <li>Presentation on Health and Health Services Research Fund and Health Care and Promotion Fund</li> </ul>
Third Meeting	27 April 2009	<ul style="list-style-type: none"> <li>Discussion on the draft Report on Recommended Actions to Promote Healthy Eating and Physical Activity Participation in Hong Kong</li> </ul>
Fourth Meeting	9 November 2009	<ul style="list-style-type: none"> <li>Discussion on the draft Action Plan to Promote Healthy Eating and Physical Activity Participation in Hong Kong</li> </ul>

**Summary of Members' input on local health promotion activities  
(The titles of some programmes are in Chinese only)**

Organization	Diet	Physical activity	Healthy lifestyle
	<b>Infant and young children</b>		
Playright Children's Play Association		<ul style="list-style-type: none"> <li>• Outreach services, play safety inspection service</li> </ul>	
Hong Kong Childhealth Foundation		<ul style="list-style-type: none"> <li>• Pre-school Motor Performance Award Scheme</li> </ul>	
Centre for Health Education and Health Promotion of the CUHK			<ul style="list-style-type: none"> <li>• Healthy Schools (Pre-School) Award Scheme</li> </ul>
Watchdog Early Learning and Development Centre			<ul style="list-style-type: none"> <li>• Innovations in Health and Wellness: a Fitness and Nutrition Program For Special Needs Children project</li> </ul>
	<b>School children and adolescent</b>		
The CUHK	<ul style="list-style-type: none"> <li>• Healthy University Programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy University Programmes</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy University Programmes</li> </ul>
Hong Kong Council of Early Childhood Education & Services	<ul style="list-style-type: none"> <li>• Building Healthy Tuck Shop – Healthy Primary School Tuck Shop Program</li> </ul>		
Yang Memorial Methodist Social Service Shatin Integrated Centre for Youth Development	<ul style="list-style-type: none"> <li>• Healthy eating classes such as 親子美食DIY</li> </ul>		

Organization	Diet	Physical activity	Healthy lifestyle
United Christian Nethersole Community Health Service	<ul style="list-style-type: none"> <li>Healthy eating events such as “Breakfast Club”, “Healthy Snack Workshop”</li> <li>Community nutrition placement and career talk for tertiary students</li> </ul>		<ul style="list-style-type: none"> <li>School and Home Involvement, Nutrition and Exercise (SHINE) programme for healthy lifestyle project</li> <li>Health Promoting School Project</li> </ul>
Education Bureau		<ul style="list-style-type: none"> <li>Outdoor Education Camp</li> </ul>	
Education Bureau & Hong Kong Schools Dance Association		<ul style="list-style-type: none"> <li>Schools Dance Festival</li> </ul>	
Education Bureau, Hong Kong Childhealth Foundation, Physical Fitness Association of Hong Kong, China		<ul style="list-style-type: none"> <li>School Physical Fitness Award Scheme</li> </ul>	
Leisure and Cultural Services Department and Education Bureau		<ul style="list-style-type: none"> <li>School Sports Programme</li> </ul>	
A.S. Watson Group		<ul style="list-style-type: none"> <li>A.S. Watson Group Hong Kong Student Sports Awards</li> </ul>	
Hong Kong College of Cardiology		<ul style="list-style-type: none"> <li>Jump Rope for Heart Program</li> </ul>	
Hong Kong Schools Sports Federations		<ul style="list-style-type: none"> <li>Inter-school, inter-district, inter-port and international student sports competitions</li> </ul>	

Organization	Diet	Physical activity	Healthy lifestyle
The Boys' & Girls' Clubs Association of Hong Kong, Department of paediatrics and adolescent medicine of the United Christian Hospital			<ul style="list-style-type: none"> <li>Integrated and Sustainable Community Pioneer Project for Obese children</li> </ul>
Centre for Health Education and Health Promotion of the CUHK			<ul style="list-style-type: none"> <li>Hong Kong Healthy Schools Award Scheme</li> <li>"Home-School Joint Venture to Combat Childhood Obesity"</li> </ul>
Haven of Hope Christian Service			<ul style="list-style-type: none"> <li>「真」健美大行動—身心健康區校推廣教育計劃</li> </ul>
Hong Kong Evangelical Church Bradbury Sheung Shui Family Center			<ul style="list-style-type: none"> <li>「健康活力小種子」計劃</li> </ul>
Hong Kong Playground Association			<ul style="list-style-type: none"> <li>「健康新營人」計劃</li> </ul>
Pamela Youde Nethersole Eastern Hospital and the Hong Kong Center for Health Promotion and Disease Prevention of the Hong Kong Tuberculosis, Chest and Heart Diseases Association			<ul style="list-style-type: none"> <li>School Health Promotion, Hong Kong East Cluster project</li> </ul>

Organization	Diet	Physical activity	Healthy lifestyle
The Salvation Army Yaumatei Integrated Service For Young People			<ul style="list-style-type: none"> <li>Educate young people on reading nutritional label, promote healthy eating and active living</li> </ul>
St. James' Settlement			<ul style="list-style-type: none"> <li>「叻營仔女全攻略」計劃</li> </ul>
<b>Adult</b>			
Hong Kong Nutrition Association	<ul style="list-style-type: none"> <li>Eat Smart for Total Health Recipe Design &amp; Cooking Competition</li> </ul>		
United Christian Nethersole Community Health Service	<ul style="list-style-type: none"> <li>Food labelling and fun cooking class</li> <li>Community Nutrition Service</li> <li>Healthy cooking classes</li> </ul>		<ul style="list-style-type: none"> <li>Weight Management Classes</li> <li>Health promotion programme for professional drivers and South Asian community</li> </ul>
Department of Orthopaedics and Traumatology of the CUHK and the Family Planning Association of Hong Kong		<ul style="list-style-type: none"> <li>Post-menopausal women walk towards a healthy life</li> </ul>	
Caritas – Hong Kong			<ul style="list-style-type: none"> <li>Promotion of Wellness in Workplace with an East-Meet-West Approach</li> </ul>
Care For Your Heart			<ul style="list-style-type: none"> <li>Eat healthy and get active: a lifestyle to start and keep!</li> </ul>

Organization	Diet	Physical activity	Healthy lifestyle
<b>Elderly</b>			
United Christian Nethersole Community Health Service	<ul style="list-style-type: none"> <li>• Outreach Nutrition Consultation Services for elderly centres</li> </ul>	<ul style="list-style-type: none"> <li>• Tai Chi classes</li> </ul>	
Castle Peak Hospital			<ul style="list-style-type: none"> <li>• Life Style Redesign Program</li> </ul>
<b>Whole community</b>			
Association of Green Organic @ Living	<ul style="list-style-type: none"> <li>• Cooking classes</li> <li>• Health food recipes</li> <li>• Health seminars</li> </ul>		
Healthy Cities Projects in various districts	<ul style="list-style-type: none"> <li>• Health promotion events</li> </ul>	<ul style="list-style-type: none"> <li>• Health promotion events</li> </ul>	<ul style="list-style-type: none"> <li>• Health promotion events</li> </ul>
United Christian Nethersole Community Health Service	<ul style="list-style-type: none"> <li>• Public nutrition education via magazine 「健康動力」</li> <li>• Health talks</li> <li>• Regular media interview</li> </ul>	<ul style="list-style-type: none"> <li>• Tai Chi and folk dance classes for patients with chronic diseases through “Good Neighbour Network”</li> </ul>	<ul style="list-style-type: none"> <li>• School and Home Involvement, Nutrition and Exercise (SHINE) @ the community</li> <li>• Mass community health promotion events</li> </ul>
Leisure and Cultural Services Department		<ul style="list-style-type: none"> <li>• Healthy Exercise for All Campaign</li> </ul>	
District Sports Association of Home Affairs Department		<ul style="list-style-type: none"> <li>• Organize recreation and sports activities at district level</li> </ul>	
Hong Kong Medical Association		<ul style="list-style-type: none"> <li>• Healthy 8,000 Steps Campaign</li> <li>• Exercise Prescription Project</li> </ul>	
National Sports Association		<ul style="list-style-type: none"> <li>• Organize sports training programmes</li> </ul>	

Organization	Diet	Physical activity	Healthy lifestyle
Health InfoWorld of the Hospital Authority			<ul style="list-style-type: none"> <li>• “Better Health for a Better Hong Kong” health promotion campaign</li> <li>• “Ideal BMI” Disease Prevention Project</li> </ul>
Aberdeen Kai-fong Welfare Association			<ul style="list-style-type: none"> <li>• 「運動保方 - 糖尿病」計劃</li> </ul>
Hong Kong Evangelical Church Bradbury Sheung Shui Family Center			<ul style="list-style-type: none"> <li>• 「健樂每一步」計劃</li> </ul>
Hong Kong Red Cross			<ul style="list-style-type: none"> <li>• 「五星健康五星家」之「健康生活模式」推廣</li> </ul>
HKSKH Lady MacLehose Centre			<ul style="list-style-type: none"> <li>• 「營養身心，健康人生」計劃</li> </ul>

## Health promotion: concepts and practice

1. Application of 'health promotion' to improve population health dated back to its embryonic beginnings in the late sixties which blossomed into an international discipline in the eighties. At the first Global Conference on Health Promotion organized by the WHO in 1986, the Ottawa Charter<sup>7</sup> was presented. Health promotion became recognised as the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing (i.e. health as defined by the WHO), an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, and not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.
2. Clearly, health promotion is not only the responsibility of the health sector, but goes beyond to include actions directed at changing social, environmental and economic conditions, strengthening skills and capabilities of individuals, as well as causing healthy choices easier to make. The five key action areas for effective health promotion are to build healthy public policy, to create supportive environments for health, to strengthen community action for health, to develop personal skills, and to re-orient health services.
3. In today's globalised world, increasing inequalities within and between countries and communities are seen, making vulnerable groups such as women, children, elderly, disabled, poor, unemployed, immigrants at particularly high risk of unhealthy lifestyle practices and ill health. Recognising the enjoyment of the highest attainable standard of health as a fundamental right of human race, it remains for every government, community, civil society and corporate to place health at the centre of its development agenda. In essence, each sector has its unique role to play to contribute to improvements in public health, and partnerships will provide exciting and rewarding ways to bring them together. Building on the values, principles and action strategies of the Ottawa Charter, the Bangkok Charter<sup>8</sup> in 2005 reaffirmed that policies and partnerships to empower communities and to improve health and health equality should be central to global and national development.

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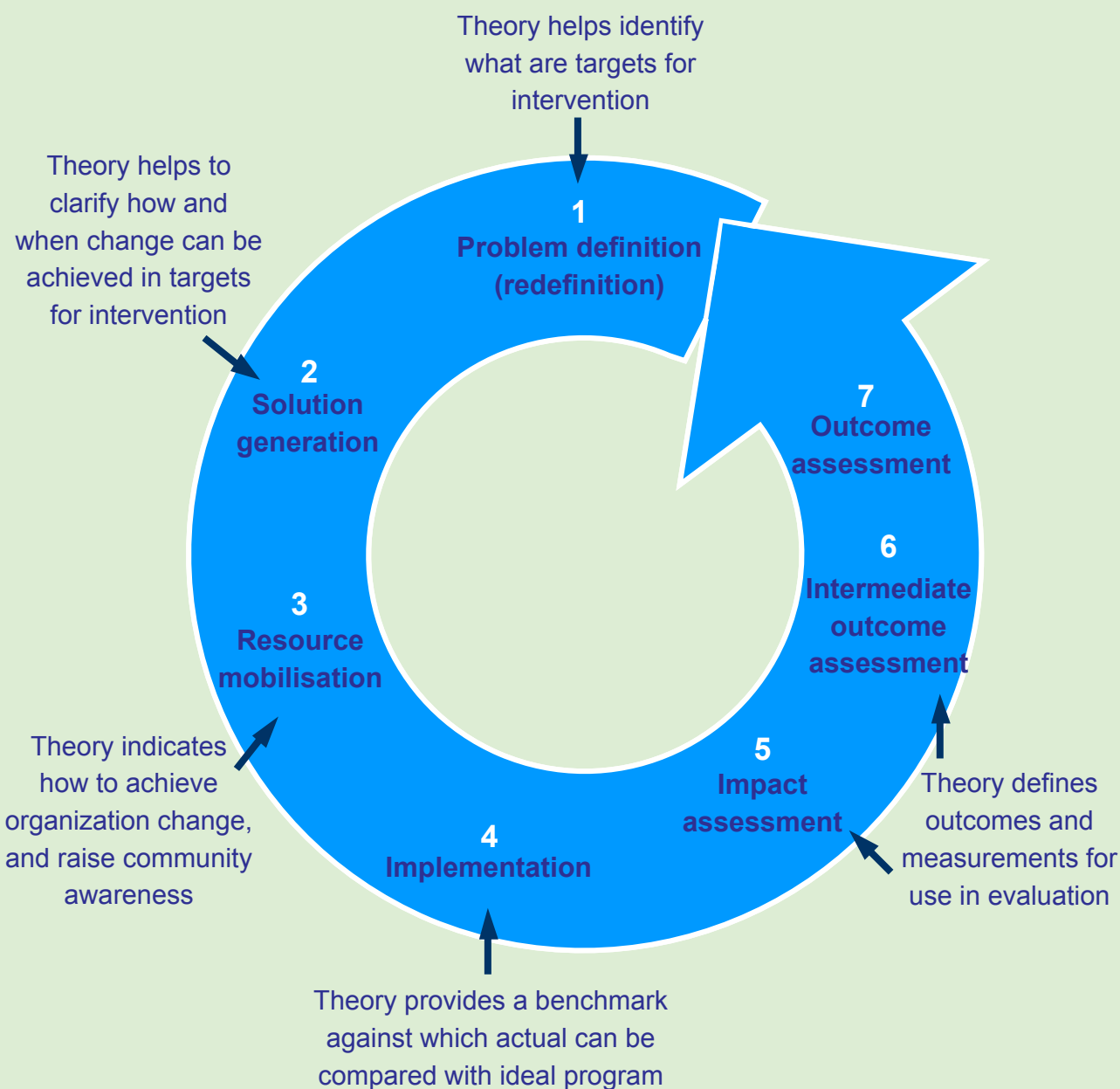
7 Ottawa Charter. WHO, 1986

8 The Bangkok Charter for Health Promotion in a Globalized World. WHO, 2006

## When is health promotion effective?

- 4 The ultimate goal of health promotion is to improve an individual's physiological and/or social aspects of health. For health promotion action to be effective, one must do the right thing and do it well. This underscores the need to build capacity in the health promotion workforce, be it in the public, private or non-governmental sector, in order that limited resources could be put to best use. Good health promotion follows a planning and evaluation cycle<sup>9</sup> (see Figure 1).

Figure 1. Health promotion planning and evaluation cycle<sup>9</sup>



9 Theory in a Nutshell, A Guide to Health Promotion Theory. Nutbeam D and Harris E, McGraw-Hill, 2002 (reprinted)

- 5 Nutbeam<sup>10</sup> proposed a Six Stage Developmental Model for health promotion research, planning and evaluation, pointing out the strategic relationship between cause, target population, content and method of intervention. That is to say, every project in health promotion must begin with problem definition (understanding what the problem is, why and how it arose), followed by solution generation (how it may be solved), intervention testing (whether the solution worked), intervention demonstration (how the action could be repeated and refined), dissemination (if the action could be widely reproduced) and finally programme monitoring (whether the programme could be sustained). Once a health promotion programme has reached stage six, emphasis should be on supporting project management and assessing cost and benefits for the sake of maximising programme cost-effectiveness.
  
- 6 In the effort to demonstrate effectiveness of a health promotion intervention, one must distinguish between the different types of outcome in order to communicate what constitutes success. Three levels of outcome exist. The first level comprises 'health promotion outcomes' representing the more immediate result of actions. Examples are health literacy, social influence, public policy and organizational practices that affect an individual's ability to make healthy choices. The next level is 'intermediate health outcomes' such as healthy lifestyles, effective health services and healthy environments that determine the health of individuals thereby impacting on the highest level of 'health outcome', typically described by mortality, morbidity, disability, quality of life, and so on. Implicit in this three-level construct is the notion that changes generated in the different levels of outcome will occur according to different time scales, depending on the intervention and type of problem being addressed. For this reason, it is not unusual to take a decade to prove certain interventions are effective at the health outcome level, and even this may be difficult given the presence of confounding factors during the interim.

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10 Nutbeam D. Evaluating Health Promotion: Progress, Problems and Solutions. *Health Promotion International* 1998;13(1):27-44.

- 7 For a health promotion programme to succeed, there must, first and foremost, be an effective intervention. Formative evaluation will examine how well the intervention has achieved the planned changes or set objectives. Then, every aspect of the intervention must be carried out properly to achieve the expected results. Process evaluation will provide the information that the programme has indeed been implemented as planned. For some programmes, outcome evaluation may not be required so long as the programme has been conducted as planned, and the expected results will follow. For example, it will not be necessary to evaluate success of a tobacco control programme since inevitably fewer people will die from lung cancer if there is a reduction in smoking uptake and prevalence. For other programmes, impact evaluation to examine knowledge, skill, attitudinal, behavioural, service use, environmental or policy changes will be required.

### Finding an intervention that fits

- 8 Experience shows that programmes are more likely to be successful when the determinants of the health problem are well understood, where the needs and motivations of the target population are addressed, and the context in which the programme is implemented has been taken into account. The use of theories<sup>11</sup> that explain and predict health behaviour and behaviour change can help in the understanding of the nature of the problem, the needs and motivations of the target population and the context, thus promoting a better fit between problem and programme. Health promotion theories are broadly categorised according to the level of intervention – individual, interpersonal and community level.

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11 Theory at a Glance, A Guide for Health Promotion Practice (second edition). National Cancer Institute US DHHS, 2005

- 9 Notable examples of theories that explain behavioural change in individuals include the Health Belief Model (HBM) and the Stages of Change (Transtheoretical) Model. The HBM addresses an individual's perceptions of the threat (such as susceptibility and severity) posed by a health problem, the benefits of avoiding the threat and factors influencing the decision to act (barriers, cues to act and self-efficacy). Since health motivation is the central focus, the HBM is a good fit for addressing problem behaviours that evoke health concerns, e.g. HIV infection. The Stages of Change Model, on the other hand, argues that behaviour change is a process rather than an event. People go through five stages of behavioural change from pre-contemplation, contemplation, preparation, action to maintenance. Those at different stages of change have different informational needs and benefit from interventions designed specifically for that stage. The model is circular since people do not systematically progress from one stage to the next, but enter the change process at any stage, relapse to an earlier stage, and begin the process again, until the model stops at some point. A typical example is quit smoking behaviour.
- 10 Theories at the interpersonal level assume individuals exist within, and are influenced by, the social environment consisting of family, friends, coworkers, professionals, and so on. Social Cognitive Theory (SCT) is a frequently used theory. SCT describes the ongoing dynamic process in which personal factors, environmental factors and human behaviour exert influence on one another. If individuals have a sense of self-efficacy, they can change behaviours even when faced with obstacles. If they lack the sense of control, they are not motivated to act and cannot persist through challenge. SCT has been used successfully in areas ranging from dietary change to pain control.
- 11 Community level models explore how social systems function and how to mobilise community members and organizations. They offer strategies that work in a variety of settings such as schools, worksites, community groups, and so on. A well-known example is the Diffusion of Innovations Theory which states that public health practitioners must attend to the reach, adoption, implementation and maintenance of programmes to optimise their efficiency. For example, cancer control programmes will not realise their full potential for improving population health until they are broadly diffused and disseminated. Diffusion of innovations that prevent disease and promote health requires a multilevel change process taking place in diverse settings. This theory has been used in the promotion of condom use, smoking cessation and use of new tests and technologies by health professionals.

- 12 In practice, no single theory dominates health education and health promotion, nor should it. Adequately addressing an issue may require more than one theory, and no one theory is suitable for all cases.

### Health education is not health promotion

- 13 A distinction needs to be made between health education and health promotion. Health education, according to the Glossary of Public Health Technical Terms<sup>12</sup>, represents consciously constructed opportunities for learning, for individuals, groups, organizations and communities which are designed to facilitate changes in behaviour towards a pre-determined goal and so as to improve health status. Common modalities include media publicity, pamphlet distribution, poster exhibitions and health talks. Health education has a long history in disease prevention characterised by emphasis on transmission of information, based upon a simplistic understanding of the relationship between communication and behaviour change. It is clear that information transmission alone cannot achieve impacts on behaviour change as it does not take into account social and economic circumstances of the target group. Only the educated and economically advantaged benefit as they possess personal skills and economic means to receive and respond to health messages communicated through conventional means. Despite strengthening of health education by the development and use of behavioural theories in the eighties, health interventions relying on communication of information have mostly failed to achieve substantial and sustainable results in terms of behavioural change, and have made little impact in terms of closing the gap in health status between social and economic groups in society. To be effective in improving health, more personal forms of communication, and community-based educational outreach, focused on better equipping people to overcome structural barriers to health are needed.

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12 Glossary of Public Health Technical Terms. European Commission, 1996

## Effective health promotion in action

- 14 One of the most successful health promotion stories can be found in North Karelia. Karelia used to be a low socio-economic area in the eastern part of Finland in the 1970s which relied on dairy farming as the major source of livelihood. People smoked heavily and consumed a high-fat diet with low fruit and vegetable intake. Finland had the world's highest death rate from cardiovascular diseases as a result of widespread and heavy smoking, high fat diet (e.g. heavy consumption of dairy products) and low vegetable intake. North Karelia had a heart-disease rate twice that of Finland as a whole at that time.
- 15 The North Karelia Project was launched with assistance from local and international experts. It was a large-scale community-based intervention, involving NGOs, consumers, schools, food industry, supermarkets, mass media, agriculture and social and health services. It included legislation banning tobacco advertising, the introduction of low-fat dairy and vegetable oil products, changes in farmers' payment schemes (linking payment for milk to protein rather than fat content), and incentives for communities achieving the greatest cholesterol reduction. Doctors and nurses were asked to help modify risk factors of their patients and clients. Opinion leaders in various villages have become project assistants and many health promotion activities took place at workplaces. People understood their health risk and took responsibility for their own health, whether by watching their diet or exercising.
- 16 The project caused significant reductions in risk factors and cardiovascular disease mortality by 73%. Success factors included a focus on risk factor reduction, multisectoral collaboration, population-based approach, community support and strong government commitment.



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