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For discussion
on 10 June 2002

LegCo Panel on Health Services

Reorganisation of the

Central Health Education Unit of Department of Health

Introduction

This paper briefs Members on the progress of the reorganization of the Central Health Education Unit (CHEU) of the Department of Health (DH).

Background

2. As stated in the Consultation Document on Health Care Reform released in December 2000, the Government has a vision to redevelop a health care system that promotes health, provides comprehensive health care, enhances quality of life and enables human development. The DH's goal is to advocate and support health-promoting public policies and environments for people to make healthy personal choices.

Evolving Concept of Health Education

3. Conventionally, health education used to be conducted through lectures, displays or handing out pamphlets to bring about changes in people's behaviour. The CHEU was established in 1978, among other things, to serve as a resource centre on health education materials and provide professional advice on health education matters.

4. Recent thinking acknowledges the relationship between human beings, the physical and social environment and their health. Increasingly, health promotion is regarded as an effective means of improving population health. Health promotion works through

building healthy public policies, creating supportive environments, strengthening community action and developing personal skills. It is most effective when combinations of methods and approaches, such as legislation, development of policy, organizational change, community development and education are used. However, health promotion requires a long-term perspective as effective interventions often take years to produce measurable health outcomes.

Functional Change

5. Against the changing context, the CHEU has re-defined its role in early 2002 to assume the following functions (see Annex) –

(a) Health promotion strategy formulation and coordination
(b) Research and information support
(c) Capacity building and consultancy service to health promotion providers
(d) Resource development and dissemination
(e) Communication and campaigning
(f) Community development

Changes in Staffing Structure

6. In line with its redefined role, skill mix within the CHEU will be enhanced. In addition to medical and nursing expertise, health promotion project management skills, research and evaluation expertise, social marketing skills, talents in creative design and technical production, proficiencies in information technology and community development will be strengthened. The resultant workforce will comprise 22 professional and 19 supporting staff. The reorganisation is intended to be a cost-neutral exercise.

7. By June 2002, 40 professional staff of the Department will have completed special training in health promotion project management. This pool of expertise will contribute towards the discharge of new functions by the Department.

Improvements in Work Processes

8. In future, the CHEU will apply more systematic programme planning, implementation and evaluation in its work. Population health issues will be better defined using health data, as well as taking reference from behavioral and social research findings where

appropriate. Proposed interventions would be theory and evidence-based as well as monitored for expected outcomes.

9. The DH will adopt models of good practice and set the benchmark for health promotion actions. Innovation, knowledge-based planning and sound measurement of health promotion achievements will characterize health promotion actions undertaken by the Department. Regular review with feedback into the planning-implementation-evaluation loop will enable continuous improvement in project effectiveness and efficiency.

Desired Outcome

10. Under the new mode of operation, the CHEU will build stronger alliance with stakeholders and the community to target areas of greatest public health concern. The strategy echoes the World Health Organization's recommendation that the emphasis (of industrialized countries) must be on early, life-long prevention addressing the main established risk behaviours: physical inactivity, unhealthy diet, and tobacco use, as they are paramount in determining chronic disease morbidity and mortality.

11. Taking "anti-smoking" as an example, DH will no longer rely on health talks alone, but make use of strategies that support legislation and policies prohibiting the proliferation of tobacco use, protect the public from secondhand smoke through law enforcement in public places, raise public awareness of and mobilise community support for a smoke-free environment, and develop personal skills to enable individuals to refrain from smoking. The effectiveness of health promotion action should far outweigh that of health education alone.

12. Overall, reorganization of the CHEU will support needs-driven, knowledge-based and accountable practices within DH in its effort to enhance lifelong wellness of the community. It is with this notion that the revamped CHEU will play a leadership, advisory and facilitation role for the local health promotion community.

Timetable

13. As pledged in the Chief Executive's 2001 Policy Address, we have developed a plan to reorganize the CHEU and it is being rolled out. The reorganization of the CHEU is expected to be

completed by 2003.

Advice sought

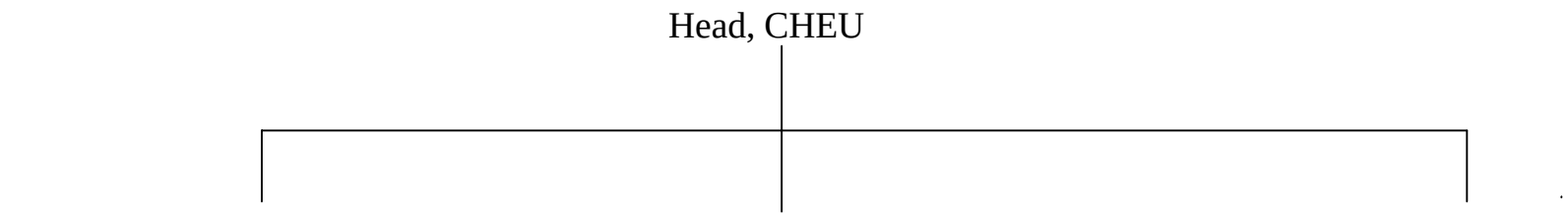
14. Members are invited to note and comment on the reorganization process of the CHEU.

Department of Health

June 2002

Annex

Functional Reorganization of the CHEU



Public Health Branch

- Health promotion strategy formulation & coordination
- Research & information support
- Capacity building & consultancy service

Public Relations and Communication Branch

- Resource development & dissemination
- Communication & campaigning
- Community development

Administrative Branch

- **Human resource management**
- **Financial management**
- **Contract & stores management**
- **Housekeeping**
- **Secretarial/clerical support**