Determining the impact of a corporate wellness program upon cardiac health for a group of employees in Hong Kong

Peter Chuk, Albert Tsai, Alan Siu

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Abstract

Background/Problem: Corporate health screening are of concern by employers to early detect health problems and control disease with finance gain. Health education and promotion can prevent and control cardiac risks which are a number three disease killer in Hong Kong. Literature shows that reduction of low density lipoprotein cholesterol and increase of high density lipoprotein will promote a healthy heart. No local investigation has been conducted for the benefits of a wellness program on cardiac health risks for corporate employees.

Objective: The objective of this study was to determine the impact of a structured corporate wellness program upon cardiac health for a group of employees one year apart between 2016 and 2017.

Methods: Employees from two sites of a major company in Hong Kong were scheduled to attend an annual on-site Corporate Wellness Program with a written consent. A health screening appointment was made throughout a period of six months for a group of staff (2016, N=324) and repeated (2017, N=373). Their key physical indicators including Body Mass Index and Lipid Profile were measured with a 10-minute individual counseling. Moreover, a 10-hour health seminar series (1-hour each topic) focusing chronic diseases prevention and control were selected by employer for employees' attendance during lunch time between 2016 and 2017.

Results: BMI dropped from a mean of 22.45(2016) to 22.17(2017) (t=1.186 P=0.236) one year after administration of the wellness program; Body Fat% from 24.5 to 23.8(t=1.348 P=0.178); Total Cholesterol (TC) dropped from 4.37 to 4.25mmol/L(t=-1.700, P=0.090); Low-density Lipoprotein (LDL) cholesterol dropped from 3.4mmol/L to 2.9; High Density Lipoprotein increased significantly from 1.38 to 1.55 (t=-4.990, p<0.001); Cardiac Risk Ratio from 3.41 to 2.94 (t=5.990, p<0.001).

Conclusions: Number of employees with cardiac risks in 2016(19.8%(62/313)) decreased significantly to 2017(9.6%(34/354))($\chi 2$=50.447 df=3 *P<0.001). This simple and user-friendly health screening in a structured Cooperate Wellness Program is effective for health gain by employees. It will be more convincing to use a dependent t-test for data analysis in future and a recommendation to integrate this wellness program for prevention and control of other disease problems.

Key Words:

Corporate Wellness, Health Screening, Counseling, BMI, Body Fat%, Lipid Profile, Cardiac Risks

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Background/Problem:

1. Corporate health screening are of concern by employers **to early detect** health problems and control disease with **finance gain**.
2. Health education and promotion can prevent and control cardiac risks which are **a number three disease killer** in Hong Kong.
3. Literature shows that reduction of **low density lipoprotein** cholesterol and increase of **high density lipoprotein** will promote a healthy heart.
4. No local investigation has been conducted for the benefits of a **wellness program** on cardiac health risks for corporate employees.

Corporate Health: Literature Review(1)

Health Promotion & Cardiac Risks

Rachel M. Henke, Ron Z. Goetzel, Janice McHugh, Fik Isaac. Recent experience in health promotion at Johnson & Johnson: lower health spending, strong return on investment. Health Affairs. 2011;30(3):490-499. Accessed 1 January 2018: https://www.healthaffairs.org/doi/10.1377/hlthaff.2010.0806

BACKGROUND:

1. Worksite health promotion program in 1979.
2. To evaluate the effect of health and wellness program on employees' health risks and medical care costs in the third decade of the program's existence.

METHODS AND RESULTS:

1. 31,823 Johnson & Johnson employees were included in the medical care saving analysis
2. 31,220 Johnson & Johnson employees and 169,153 comparison-group employees included in the health risk analysis
3. Johnson & Johnson employees had a lower average predicted probability of being at high risk for six of the **nine health risks examined**: high blood pressure, high cholesterol, poor nutrition, obesity, physical inactivity, and tobacco use.
4. Average annual per **employee savings** were $565 in 2009 dollars, producing a return on investment equal to a range of $1.88—$3.92 saved for every dollar spent on the program.

CONCLUSIONS:

Because the vast majority of US adults participate in the workforce, positive effects from similar programs could lead to better health and to savings for the nation as a whole.

Corporate Health: Literature Review(2)

Health Promotion & Cost Benefits

Calderon KS, Charles S, David A Tipton. Kennedy space center cardiovascular disease risk reduction program evaluation. Vascular Health and Risk Management. 2008;4(2)421-26.

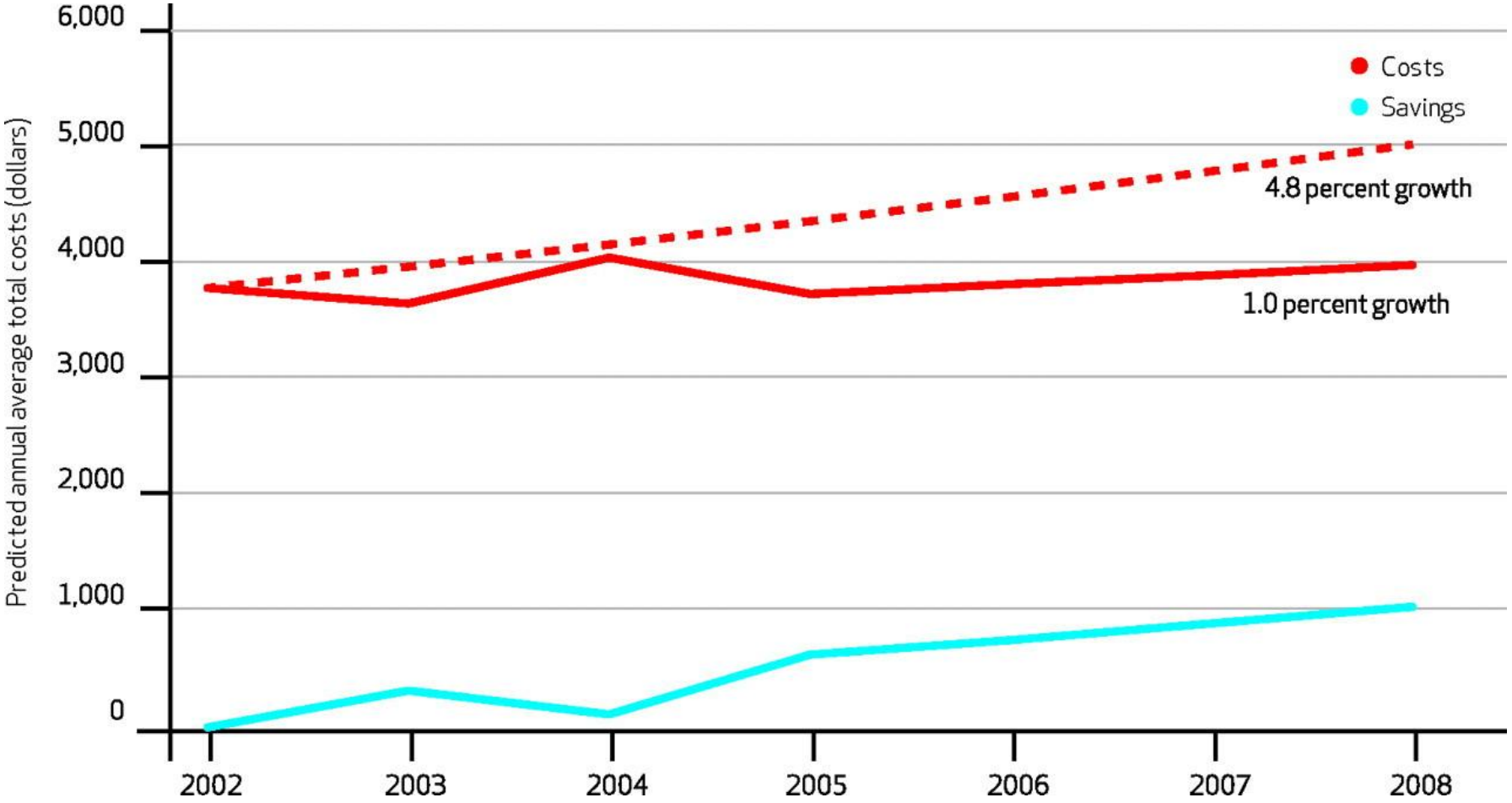
Abstract:

1. This program evaluation examined the Kennedy Space Center (KSC) Cardiovascular Disease (CVD) Risk Reduction Program which aims to identify CVD risk factors and reduce these risk factors through health education phone counseling.
2. High risk participants (those having two or more elevated lipid values) are identified from monthly voluntary CVD screenings and counseled. Phone counseling consists of reviewing lab values with the participant, discussing dietary fat intake frequency using an intake questionnaire, and promoting the increase in exercise frequency.
3. The participants are followed-up at two-months and five-months for **relevant metrics** including blood pressure, weight, body mass index (BMI), total cholesterol, high density lipoprotein (HDL) and low density lipoprotein (LDL) cholesterol, triglycerides, dietary fat intake, and exercise frequency.
4. Data for three years of the KSC CVD Program included 366 participants, average age of 49 years, 75% male, and 25% female.
5. Significant baseline to five-month follow-up comparisons included decreases in triglycerides ($p = 0.05$); and total cholesterol, LDL cholesterol and dietary intake (all three at $p < 0.0001$).
6. These program evaluation results indicate that the outcome may impact CVD risk factors.

Corporate Health: Literature Review(2)

Health Promotion & Cost Benefits

Calderon KS, Charles S, David A Tipton. Kennedy space center cardiovascular disease risk reduction program evaluation. Vascular Health and Risk Management. 2008;4(2)421-26.



Corporate Health: Literature Review(3)

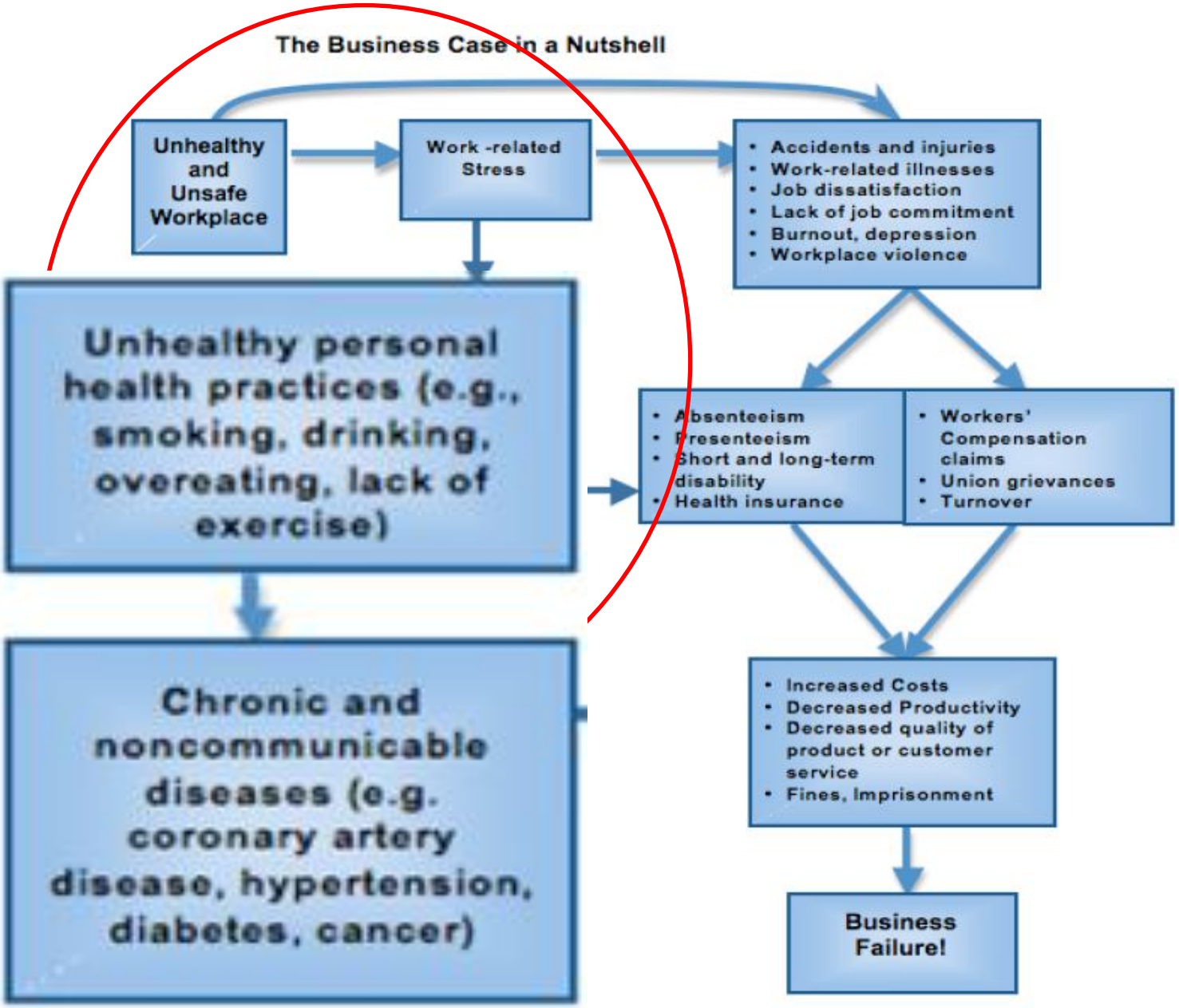
Health Promotion & Cost Benefits

(Segal Health Plan Cost Trend Survey, 2015)

- **Productivity-Job Satisfaction-Wellness** for staff and success in advancing business.
- User-friendly corporate wellness program from a strong and strategic blending in **preventive care** will be cost productive
- The beneficial **cause-and-effect phenomena** are highlighted in the **Business Case of a Nutshell** (**see Figure**).
  - **Adventist Health Care Program** in America **since 2009.**
  - Serving **6,236 employees** at the organization's nationally-accredited hospitals, mental health facilities, and home health agencies.
  - An employee participation rate of **87 percent** and has lowered Adventist Health Care's annual inflationary cost of health insurance to **half** that of the national benchmark average of **7.8 percent** (Segal Health Plan Cost Trend Survey, 2015)

Advancing Corporation Business with Wellness Programs

(Segal Health Plan Cost Trend Survey, 2015)



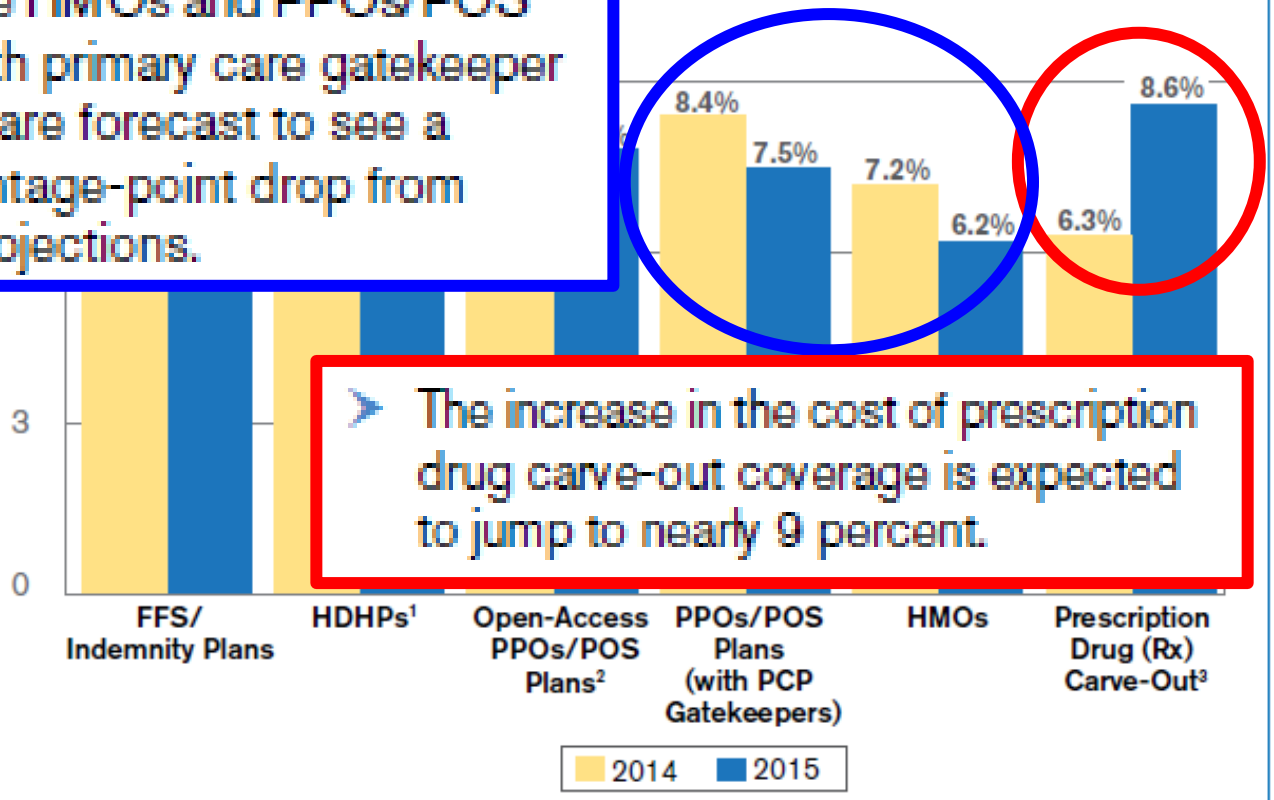
Graph 1: Projected Medical and Prescription Drug Trends for Actives and Retirees Under Age 65: 2014 and 2015

Corporate Health: Literature Review(3)

Health Promotion & Cost Benefits

(Segal Health Plan Cost Trend Survey, 2015)

- More closely managed medical plans, like HMOs and PPOs/POS plans with primary care gatekeeper models, are forecast to see a 1 percentage-point drop from 2014 projections.



- The increase in the cost of prescription drug carve-out coverage is expected to jump to nearly 9 percent.

[1] HDHPs with an employee-directed, tax-advantaged health account — a health savings account (HSA) or a health reimbursement account (HRA) — are referred to as account-based health plans and are designed to encourage consumer engagement, resulting in more efficient use of health care services.

[2] Open-access PPO/POS plans are those that do not require a primary care physician (PCP) gatekeeper referral for specialty services.

[3] Prescription drug carve-out data was captured for retail and mail-order delivery channels combined.

2001-2016 香港疾病死因排序

資料來源 2017-10-26：香港衞生署衞生防護中心 http://www.chp.gov.hk/tc/data/4/10/27/117.html

- (按每**十萬名人口**計算的死亡數目)
- 疾病及死因分類根據國際統計分類(ICD)第十次修訂本
- 根據 2015的死亡數字 # 臨時數字

死因	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016#
1. 惡性腫瘤	169.9	172.9	171	173.8	180.7	176.4	178.1	179	184.1	186.2	187.2	186.5	189.3	190.9	196.3	193.3
2. 肺炎	45.1	47.4	57.6	54.2	63	61.3	72	78.8	76.2	82.8	87.8	97.3	95.1	103.8	109.8	112
3. 心臟病	70	73.7	78.9	86.5	86.1	81.9	92.1	97.4	92	94.5	89.6	87.9	81.3	88.6	84.9	84.2
4. 腦血管病	46.6	47.7	51.4	50.4	50.4	48.2	50.8	53	49.4	48.7	47.2	45.8	45.3	46.1	44.7	43.8
5. 疾病和死亡的外因†	27.5	30.7	30.4	33.1	31.6	28.6	26.8	25.4	27.8	26.5	22.2	23.1	25.9	25.4	27.3	18.7
6. 慢性下呼吸道疾病	31.5	30.8	31.2	31.3	33.2	28.1	30.3	30.2	27.4	29.8	27.8	27.7	24.3	24.1	22.8	22.4
7. 腎炎、腎變病綜合症和腎變病	15.7	15.6	17.6	17.4	18.5	18.8	19.5	20.4	20.8	21.3	21.8	22.8	22.1	23.3	22.7	23.2
8. 認知障礙症	3.8	4.3	3.8	4.1	4.2	4.2	4.6	7.1	9.1	10.9	10.6	12.6	13.9	15.4	15.7	18.7
9. 敗血病	6.3	6.9	8.5	9.1	10.3	9.9	10.7	11.5	10.6	11.8	10.8	11.7	11.9	12.2	12.2	13.1
10. 糖尿病	10.1	8.5	11.6	10.7	8.8	7.5	7.3	7.9	7.1	7.4	6.5	5.6	5	5.4	6.7	6.7
其他原因	69.7	70.4	79.1	79.7	81	81	85.7	86.1	84.3	88.1	85	89.7	90.4	97.1	98.1	100.1
綜合所有原因	496	508.8	541.1	550.2	567.8	545.6	577.8	596.9	588.7	607.9	596.6	610.8	604.5	632.3	641.3	636.0

Corporation Health Screening & Counseling
企業 健康諮詢

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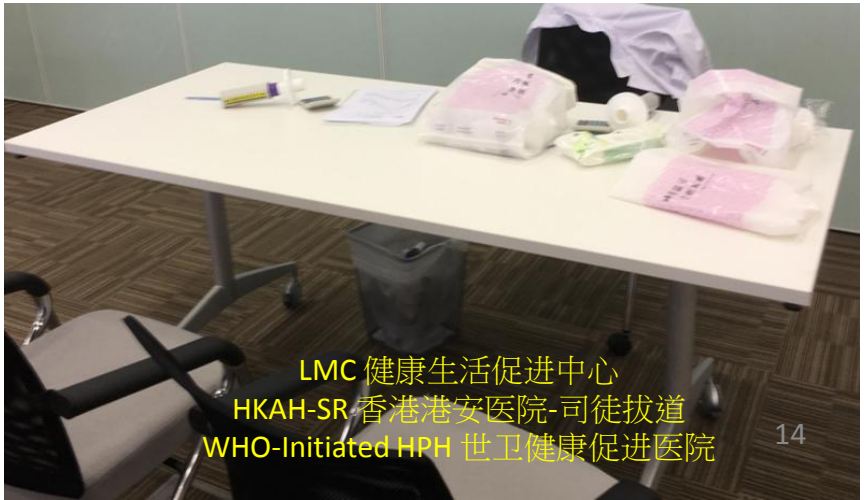
Objective: The objective of this evaluation was to determine the impact of **a structured corporate wellness program** upon cardiac health for a group of employees **one year apart** between 2016 and 2017.

Corporation Health Screening Tools
健康企业 检测器材



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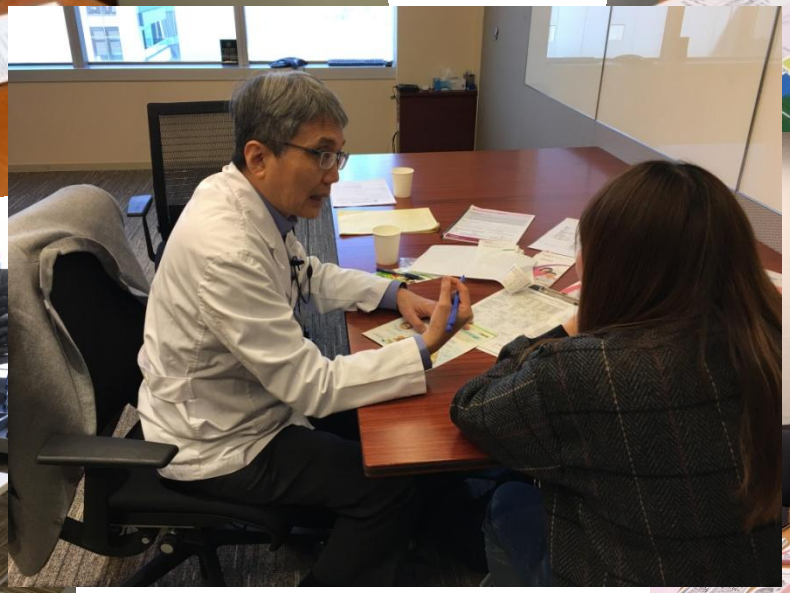
2017 Corporation Health Screening & Counseling
企业 健康咨询



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Appendix 2.2

On-site Health/Chronic Disease Risks Screening & Lifestyle Coaching for Corporate Staff

Health/Chronic Disease Risks Rating Workshop

(1 hour for each training workshop for staff 1-50)

Guide + Score + Evaluation + Individual Report + Recommendation

Health/Chronic Disease Risks Health Seminar

(1 hour for each health seminar discussion for staff 1-50)

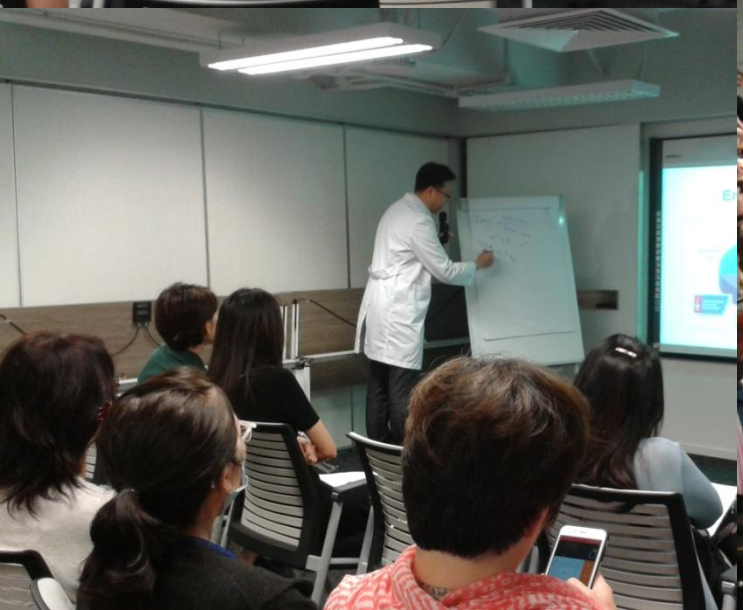
See Health Talk Outline for Aims & Objectives

Note: Health Screening Plan B should be taken before selecting Chronic Disease Risks & Rating Workshop (W2.1-W2.5)

Body Fat%, Visceral Fat, Body Mass Index, Metabolic Age, Blood Pressure, Blood Glucose, Lipid Profile and Blood Uric Acid will be measured.

Code	☑	Health Risks & Rating	Code	☑	Health Indicators & Disease Risks
W1.1	☐	Health Habits Risks & Rating	S1.1	☐	Healthy Age & Disease Risks
W1.2	☐	Lifestyle Index Risks & Rating	S1.2	☐	Healthy Lifestyle Index & Health Risks
W1.3	☐	Healthy Eating Risks & Rating	S1.3	☐	Healthy Eating & Disease Risks
W1.4	☐	Fatigue Risks & Rating	S1.4	☐	Fatigue & Health
		Chronic Disease Risks & Rating			**Chronic Disease & Health Risks**
W2.1	☐	Cancer Risk Assessment	S2.1	☐	Cancer & Health Risks
W2.2	☐	Hypertension Risk & Rating	S2.2	☐	Hypertension & Health Risks
W2.3	☐	Coronary Risk Rating	S2.3	☐	Coronary Disease & Health Risks
W2.4	☐	Diabetic Risk Rating	S2.4	☐	Diabetic & Health Risks
W2.5	☐	Metabolic Syndrome & 3-High Risk Rating	S2.5	☐	Metabolic Syndrome & Health Risks
		Mental & Emotional Health Assessment			**Mental Health Risks**
W3.1	☐	Mental Stress Rating & Recommendation	S3.1	☐	Mental Stress & Health Risks
W3.2	☐	Depression Assessment & Recommendation	S3.2	☐	Depression & Health Risks
W3.3	☐	Generalized Anxiety Assessment & Recommendation	S3.3	☐	Generalized Anxiety Disorder & Health Risks
W3.4	☐	Panic Disorder Assessment & Recommendation	S3.4	☐	Panic Disorder & Health Risks

2017 Corporation Nutrition Health
企业 营养健康



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2017 Corporation Mental Stress & Music
企業 減壓音樂工作坊

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Results:

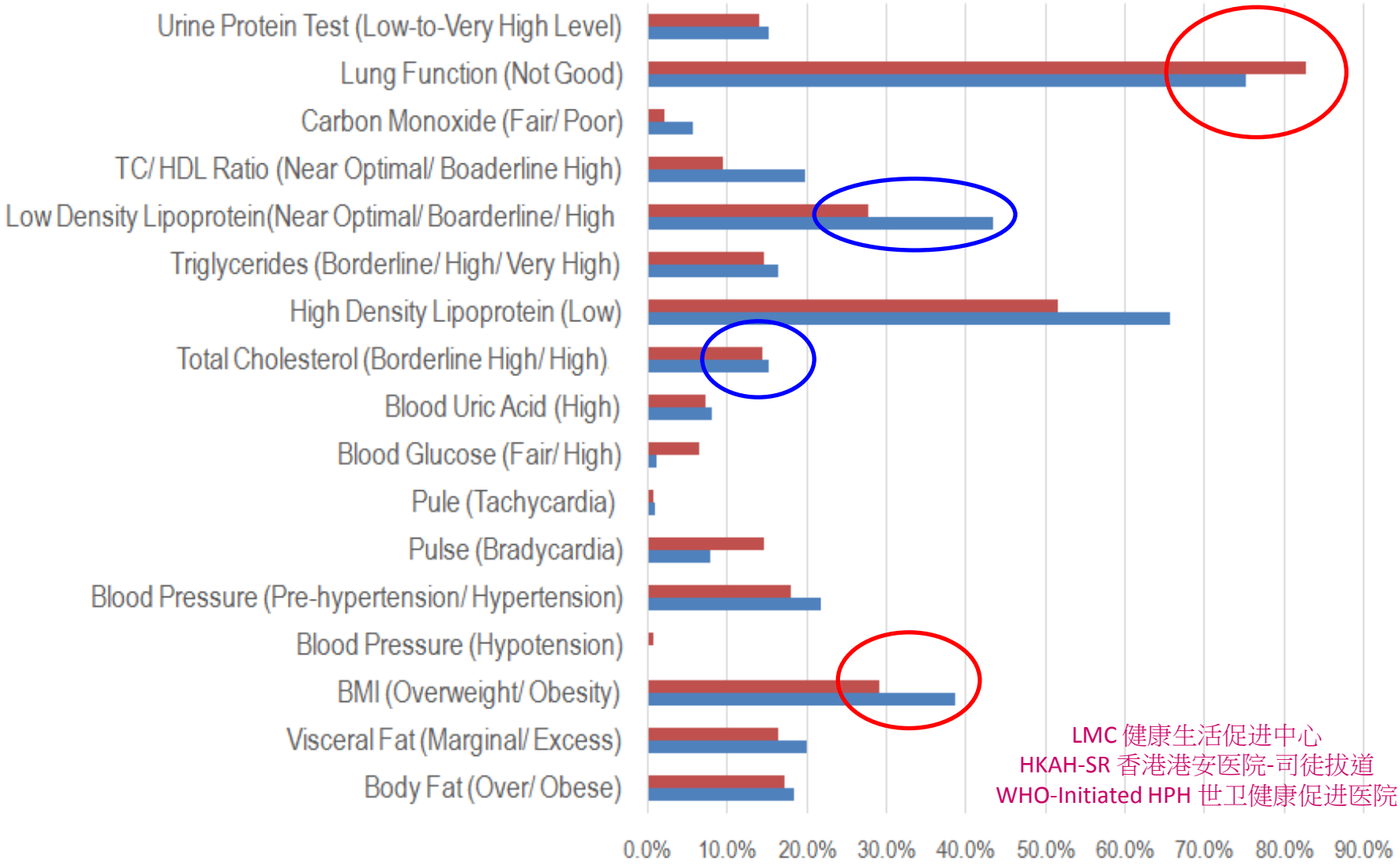
1. **Body Mass Index (BMI)** dropped from a mean of 22.45(2016) to 22.17(2017) (t=1.186 P=0.236) one year after administration of the wellness program Body Fat% from 24.5 to 23.8(t=1.348 P=0.178)
2. **Total Cholesterol (TC)** dropped from 4.37 to 4.25mmol/L (t=-1.700, P=0.090)
3. **Low-density Lipoprotein (LDL) cholesterol** dropped from 3.4mmol/L to 2.9
4. **High Density Lipoprotein** increased significantly from 1.38 to 1.55 (t=-4.990, p<0.001)
5. **Cardiac Risk Ratio** from 3.41 to 2.94 (t=5.990, p<0.001).

Appendix 1.1

2016 & 2017 Corporation X Corporate Staff Health Screening

Heath Indicators	2016 (N=327)		2017 (N=374)	
Body Fat (Over/ Obese)	18.5%	(60/324)	17.3%	(63/363)
Visceral Fat (Marginal/ Excess)	20.1%	(65/324)	16.5%	(60/362)
BMI (Overweight/ Obesity)[1]	**38.6%**	**(125/324)**	**29.2%**	**(106/363)**
Blood Pressure (Hypotension)	0.0%	(0/325)	0.8%	(3/368)
Blood Pressure (Pre-hypertension/ Hypertension)	21.8%	(71/326)	18.0%	(77/368)
Pulse (Bradycardia)	8%	(26/326)	14.7%	(54/367)
Pule (Tachycardia)	0.9%	(3/326)	0.8%	(3/367)
Blood Glucose (Fair/ High)	1.2%	(4/326	6.5%	(24/372)
Blood Uric Acid (High)	8.1%	(26/322)	7.3%	(27/368)
Total Cholesterol (Borderline High/ High)[2]	**15.3%**	**(50/326)**	**14.4%**	**(53/369)**
High Density Lipoprotein (Low)	65.6%	(214/326)	51.5%	(190/369)
Triglycerides (Borderline/ High/ Very High)	16.5%	(54/326)	14.6%	(54/369)
Low Density Lipoprotein (Near Optimal/ Boarderline/ High/ Very High)[3]	**43.5%**	**(127/292)**	**27.7%**	**(92/332)**
TC/ HDL Ratio (Near Optimal/ Boaderline High)[4]	**19.8%**	**(62/313)**	**9.6%**	**(34/354)**
Carbon Monoxide (Fair/ Poor)	5.8%	(19/326)	2.2%	(8/369)
Lung Function (Not Good)	75.1%	(226/301)	82.7%	(305/369)
Urine Protein Test (Low-to-Very High Level)	15.3%	(48/314)	14.0%	(50/355)

2017 & 2016 Corporation X Staff Health Screening & Counseling



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Appendix 1.4

Comparison of the Corporation X Staff's mean Health Indicators measured during the 2016 and 2017 Health Screening

Health Indicators	2016 (x±SD)	2017 (x±SD)	Statistic
Body Fat%	24.5 (±6.75)	23.8 (±6.92)	t = -1.348
Visceral Fat Index	6.3 (±3.63)	6.0 (±3.59)	t = -0.799
Metabolic Age	30.8 (±11.51)	30.3 (±11.00)	t = -0.554
Body Mass Index	22.5 (±3.22)	22.1 (±3.00)	t = -1.186
Blood Glucose	5.1 (±0.60)	5.0 (±0.51)	t = 0.441
Blood Uric Acid	0.30 (±0.70)	0.31 (±0.75)	t = 2.748**
Total Cholesterol	4.37 (±0.96)	4.25 (±0.84)	t = -1.700
High Density Lipoprotein (HDL)	1.38 (±0.44)	1.55 (±0.45)	t = 4.990***
TC/ HDL Ratio	3.41 (±1.15)	2.94 (±0.89)	t= -5.990***

*P<0.05, **P<0.01, ***P<0.001

2018 BNP - Chronic Disease Risks Rating Following Health Screening and Seminar/ Workshops Training

Aim: For staff to be alert of risk rating outcome of essential health indicators in order **to prevent and control** potential health problems of chronic disease(s).

Training Mode

One Seminar (1-hour Knowledge) + One Workshop (1-hour Risk & Awareness)

Health topics and appropriate risk rating with priority order of **A B C** as follows with reference to the findings of this screening.

A1 Obesity/ Overweight

A2 Coronary Heart Disease

A2 Hypertension/ Pre-hypertension

A3 Hypertension/ Stroke

B1 Diabetic Mellitus/ Hyperglycemia

B2 Metabolic Syndromes/ 3-Highs

C1 Respiratory Function & Exercise

C2 Cancer Risks

Comparing community clients of different dietary pattern on their health indicators at a vegetarian festival in Hong Kong

Peter Chuk, Albert Tsai, Alan Siu

Conclusions:

1. Number of employees with **cardiac risks** in 2016(19.8%(62/313)) decreased significantly to 2017(9.6%(34/354)) ($\chi 2=50.447$ df=3 *P<0.001).
2. This **simple and user-friendly** health screening in a structured Cooperate Wellness Program is effective for health gain by employees.
3. It will be **more convincing** to use a dependent t-test for data analysis in future and a recommendation to integrate this wellness program for prevention and control of other disease problems.

References

1. Angkurawaranon C, Jiraporncharoen W, Sachdev A, Wisetborisut A, Jangiam W, Uaphanthasath R. Predictors of quality of life of medical students and a comparison with quality of life of adult health care workers in Thailand. SpringerPlus. 2016;5(1):584.
2. Calderon, Kristine S, Smallwood C, Tipton DA. Kennedy space center cardiovascular disease risk reduction program evaluation. Vascular health and risk management 2008;4(2),421 Creation Health. Florida Hospital Mission Development, 2012.
3. Eng JY, Moy, FM, Bulgiba A. Impact of a workplace health promotion program on employees' blood pressure in a public university. PloS One. 2016;11(2):e0148307.
4. Jamal, Siti Noraida, Foong Ming Moy, Mohd Nahar Azmi Mohamed, Firdaus Mukhtar. Effectiveness of a group support lifestyle modification (GSLiM) programme among obese adults in workplace: A randomised controlled trial. PloS One. 2016;11(8): e0160343.
5. Kramer, M., D. Molenaar, V. Arena, E. Venditti, R. Meehan, R. Miller, K. Vanderwood, Yvonne Eaglehouse, and Andrea M. Kriska. "Improving employee health: evaluation of a worksite lifestyle change program to decrease risk factors for diabetes and cardiovascular disease." Journal of occupational and environmental medicine/American College of Occupational and Environmental Medicine 2015;57(3):284.
6. Maruthur NM, Wang NY, Appel LJ. Lifestyle interventions reduce coronary heart disease risk: results from the PREMIER Trial. Circulation. 2009;119(15):2026-31.
7. Musich, Shirley, Tre McCalister, Sara/ Wang Hawkins K. ""An evaluation of the well at Dell health management program: health risk change and financial return on investment."" American Journal of Health Promotion 29, no. 3 (2015): 147-157.
8. Rachel M, Henke, Ron Z, Goetzel, Janice McHugh, Fik Isaac. Recent experience in health promotion at Johnson & Johnson: lower health spending, strong return on investment. Health Affairs. 2011;30(3):490-499.

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