Part B Project Summary

1. **Project name: Fostering New Frontiers to Enhance Students' Positive Value and Competency for Healthy Living (新力軍培育計劃：提升學生正向生命價值與健康生活能力)**
2.

3. **Goal**: The ultimate goal is to nurture a caring and responsible young generation with strong connectedness to the society and strong desire to serve the community by highest attainment of one of the seven key learning goals: HEALTH.
   Objectives: (1) to establish an infrastructure of youth network for scaling up and sustaining health promotion movement in school setting to act in synergy with Life Wide Learning or Other Learning Experience; (2) to empower and support youth leaders to become confident promoters for health and positive values for life not only for themselves, but also their families and community; (3) to pioneer learning platforms for effective practices of positive health promotion and value for life; (4) to conduct research on student empowerment on youth health issues, thus prevent risk behaviours including intentional injuries and promote positive attitudes towards active living; and (5) to provide a platform for career development for students in health and social care.
4. **Targets (expected number of beneficiaries):** In 2016/2017, a total of 10 schools (primary or secondary) will be identified to take up the role of "District-based Station" and 40 to 50 schools will be invited to join as "Network Schools". Around 200 students will be trained in each year during the project period, bringing benefits for the whole school community with over 22,500 student beneficiaries [(25 primary schools × 300 pupils) + (25 secondary schools × 600 pupils)] in two years.
5. **Implementation Plan**: It is a two-year project from 2016 to 2018. Project activities will be facilitated by the project team and monitored by a steering committee. In preparatory phase (Nov 2016-Jan 2017), we will seek support and assess the needs by for prioritisation and raising awareness on peer-led health promotion programme. In Phase 1 (Feb-Apr 2017), we will design the learning experiences for participating students. In Phase 2 (May 2017 to Feb 2018), we will organise and deliver the training programme and work with teachers, health promotion agencies and NGOs to offer service learning opportunities to students. In Phase 3 (March 2018 onwards), we will follow through the programme by evaluation and refinement of the training programme.
6. **Deliverables**: By the end of 2018, it is anticipated that a comprehensive and well-structured training programme for youth health promotion will be established and promoted to schools territory-wide. Credible resource materials for quality health programmes and resources for achieving high standard of health promotion practices will be gathered. A network of competent young health promoters will be established and part of these young people will have been empowered to take a leading role of the project for sustainability and development. A local symposium on school health will be organised in the final part of the project for wider dissemination of the outcomes. Commercialisation potential of selected deliverables (such as teaching resource materials) is high.
7. **Budget**: **HKD 2,473,000** for the project starting in November 2016 to October 2018 which will cover staff cost (HKD 1,658,400), equipment (HKD 52,000), services (HKD 675,600), general expenses (HKD 48,000), audit fee (HKD 15,000), contingency (HKD 24,000).
8. **Evaluation:** (1) Progress meetings of Steering Committee and progress reports to be submitted to the funder on a six-month basis; (2) Project evaluation for the training programme; (3) Evaluation of selected generic skills (communication skills and goal setting skills) in students who have completed the programme; (4) Evaluation of the group assignments and individual reflection done by students who have completed the programme; and (5) Using the results of student-administered questionnaires to generate student health profile in each project school.

Project No : 2015/0371 (Revised)

Fostering New Frontiers to Enhance Students' Positive Value and Competency for Healthy Living

新力軍培育計劃：提升學生正向生命價值與健康生活能力

Part C Project Details

1. Needs Assessment and Applicant's Capability

A questionnaire survey of 3857 Primary 4 students (mean age 9.8 years) and 3944 Secondary 3 students (mean age 15.1 years) from 92 local schools participating in the Quality Education Fund Thematic Network on Healthy Schools (2010-2016; hereinafter referred to as "QTN") was conducted by the Centre for Health Education and Health Promotion of the Chinese University of Hong Kong (hereinafter referred to as "CHEP" or the project team) between December 2013 and June 2014. The project has revealed important findings on students' value for life as follows :

- Felt so sad or hopeless almost every day for two weeks or more in the 12 months prior to the survey that made the respondent stop doing usual activities: 5.8% (P4) and 7.1% (S3)
- Did feel very sad in the 12 months prior to the survey but did not talk or seek help from others: 22.8% (P4) and 26.0% (S3)
- Had seriously considered suicide in the 12 months prior to the survey: 7.3% (P4) and 10.0% (S3)
- Played sedentary video games for 2 or more hours on an average school day: 8.8% (P4) and 37.8% (S3)
- Played sedentary video games for 2 or more hours on holidays: 30.9% (P4) and 64.3% (S3)
- Had moderate or vigorous physical activity for at least 60 minutes on 0 to 2 days during the 7 days prior to the survey: 42.6% (P4) and 62.4% (S3)
- Had moderate or vigorous physical activity for at least 60 minutes on 3 or more days during the 7 days prior to the survey: 57.3% (P4) and 37.6%(S3)

  (CHEP, 2015)

CHEP has been monitoring the emotional well-being as well as positive living of students over last few years. Although the proportion of students with emotional disturbance and self-harm intentions has dropped as well as increasing proportion of students being physical active, the proportion of students seeking help with emotional disturbance remains low and has not increased (CHEP, 2015). Stress and social behavioural problems are emerging health challenges facing our young generation. Families and schools may do great things while students are in care, achieving personal growth and forming a sense of connectedness, but it may not always be an easy journey for every child through the progressive transition to youth and early adulthood. Society as whole is realising the need to prioritise and seek to enhance well-being of children and youth. Experts in global school health call for expanding and improving child and adolescent health via a more holistic approach incorporating physical, psycho-social and spiritual perspectives of life, while public health leaders urge schools to take a more active role in synergizing the educational and health objectives of school in establishing a positive value for life (International Union for Health Promotion and Education, 2012).

Why do many young people have low intentions to seek appropriate help when facing challenges in life? Rickwood and colleagues (2007) revealed that young people who are experiencing suicidal thoughts and depressive symptoms or hold negative attitudes toward seeking help are less likely to seek psychological assistance when having mental health problems. Wilson and Deane (2012) affirmed that the "need for autonomy" in many adolescents can become an obstacle to seeking appropriate psychological help and support. It explains why young people who strongly believe they should be able to sort out their own mental well-being problems on their own tend to be reluctant to seek help. Our urgent task is to find acceptable ways to reach young people, clarify myths and misunderstandings in recognise emotional disturbance and create a positive atmosphere in encouraging those in needs to seek appropriate psychological assistance and social support.

In fact, most would agree that collaborative efforts among health and education sectors, plus the involvement of youth themselves are essential elements of successful initiatives. Adoption of the *Health Promoting School* (HPS) framework using a long-term whole school approach rather than ad hoc projects in building self-esteem of students and improvement of social environment would build protective factors as well as minimisation of risk factors.

CHEP first initiated the *HPS programme* in 1998 in Hong Kong (Lee, Tsang, Lee &To, 2003) and launched the *Hong Kong Healthy Schools Award Scheme* in 2001 (Lee, Cheng & St Leger, 2005; Lee, Cheng, Fung & St Leger, 2006). Over the past two decades, CHEP has developed a framework for accreditation and measurement of effectiveness for HPS or Healthy School. The framework has been used by neighbouring countries in the region and cited as references by academic and professionals in the field. Recently, CHEP has been commissioned by QEF to take the role of Network Coordinator for the QTN from 2010 to 2016. Up till 2015/2016, 120 schools from territory-wide have joined the network. Since 2013 a sub-programme called *Student Health Captain Award Scheme* was evolved with an aim to recognise students' achievements in promoting health and positive well-being.

Our review of the QTN project shows that there is still room for improvement. In the previous project we had the great chance to meet with enthusiastic Health Captains who were very keen on school health promotion. These young people desired to learn new things and tried hard with vigour to work out interesting ways to convey health messages which they believed were important to their peers. However, we also recognised the need to give further support and guidance to these young people. In the new project being proposed, we strive to enrich the training content and bring a vital element of added value to the foundation of peer health promotion.

The project being proposed sets out to explain how and why sustainable programmes are needed as a new paradigm for enhancing positive value for life through a structuralised training to build up action competencies of young people based on our substantial successful experience in school based health promotion. It is a two-year project proposal which describes the operation and gives a breakdown of its cost.

2. Goal and Objectives

Health protection is an essential prerequisite of healthy community development as important educational ladder for youth. Practically, the work of the proposed project is to develop a youth training programme to raise substantially the confidence and skills of both those young people involve in promoting positive health and value for life and those seeking it by a unified and well-structured training programme combining a series of workshops and practical experience. The ultimate **goal** of this project is to nurture a caring and responsible young generation with strong connectedness to the society and strong desire to serve the community by highest attainment of one of the seven key learning goals: HEALTH. Specific **objectives** of the project are to: (1) establish an infrastructure of youth network for scaling up and sustaining positive health promotion movement in school setting to act in synergy with Life Wide Learning (LWL) or Other Learning Experience (OLE); (2) empower and support youth leaders to become confident promoters for health and positive values for life not only for themselves, but also their families and community; (3) pioneer learning platforms for effective practices of positive health promotion and value for life; (4) conduct research on student empowerment on youth health issues, thus prevent risk behaviours including intentional injuries and promote positive attitudes towards active living; and (5) provide a platform for career development for students in health and social care.

3. Targets and Expected Number of Beneficiaries

Building on the firm foundation laid, this project aims at ensuring the high standing and achievements made by a substantial number of teachers and young people who are enthusiastic about health promotion in the school and community settings. From the experience of the *Student Health Captain Award Scheme*, we have identified peer education a promising approach to involve youth in health promotion and foster the sense of purpose, autonomy, self-awareness and communication skills in both the peer helpers and other peers. From 2013 to 2016, over 950 students territory wide have been nominated as Health Captain for their active participation in health promotion.

The list below compares the approaches and potential benefits brought about by the previous QTN and the New Frontiers Project being proposed.

Quality Education Fund Thematic Network on Healthy Schools	**Fostering New Frontiers Project to Enhance Students' Positive Value and Competency for Healthy Living**
• 2010/2011 to 2015/2016	• 2016/2017 to 2018/2019
• Health Captain Award Scheme had evolved as a sub-project programme to enhance student participation through recognition and training	• Health Captain Award Scheme becomes a core intervention programme which involves a structuralized training to build up action competencies of young people
• Over 900 pupils were nominated as Health Captains from 2013 to 2015.	• Over 900 pupils will be nominated from 2016 to 2018 as Health Captains and 200 of them will be trained to become confident health promoters through centralized workshops and service learning opportunities.
• Intervention programme emphasized youth empowerment and confidence building. It focused on stimulating a wider interest and sense of mission, as well as the knowledge and skills in health promotion.	• Building on the same approach a more structuralized intervention programme will be derived in which the frequency and variety of activity will increase. Besides knowledge and skills in health promotion, the development of bonds of affection will also be an emphasis.
• One-off opportunity for young people to review and share experience in peer health promotion	• The same approach will be adopted
• Workshop for in-depth discussion was limited	• Structuralized workshops will be available for in-depth discussion about the role and competencies of peer helpers and health promotion issues
• Leadership training, service learning opportunities and peer gathering activities were organised by district-based stations.	• The same approach will be adopted by the impact is expected to increase as the number of district-based station increases.
• Primary data was most frequently collected by means of surveys, based on questionnaires and interviews which focused on acceptability of programme activities and process evaluation.	• Apart from process evaluation, a preliminary set of personality test and simplified questions for Health Captains to understand themselves more fully. Assessment on their communication skills and goal-setting skills will also be explored. Students' learning portfolios will also be enriched.
• Though Health Captains had liaised closely with the coordinating teacher of their school, the feasibility for the project team to maintain contact with these young people and derive follow-up programmes limited, especially after the completion of QTN and when these pupils have graduated from primary and secondary schools.	• Since sustainability is essential, this project plans to bring coherence and organisation to a whole range of activities, further consolidating the linkage among Health Captains and people interested in school health promotion.

In 2016/2017, a total of 10 schools will be identified to take up the role of "District-based Station" and **40 to 50** schools will be invited to join as "Network Schools". The selection criteria are described in Section 6.2, while their role and responsibilities are described in Section 7. A maximum of eight students from each District-based Station will be nominated giving a total of 80 student beneficiaries, while a maximum of four students from each Network Schools will be nominated giving an addition of 200 student beneficiaries. Besides those enthusiastic peer helpers, schoolmates and community associated with these youths will also be benefited. Using the estimate of 200 students joining the programme each year, a total of 400 or more students will be trained in two years, bringing benefits for

the whole school community with over 22,500 student beneficiaries [(25 primary schools x 300 pupils) + (25 secondary schools x 600 pupils)]. With enough time, we believed that we will witness the gradual transition from several district-based stations to an extended supporting network, then to something like a corps in terms of providing a critical mass for generating ideas and implementing new methods in school health promotion.

4. Innovation

4.1 Breaking Through theBarrier to Seeking Appropriate Psychological Help

Raviv and colleagues (2009) studied adolescents' basic ability to identify the severity of emotional disturbance and recognise the need for psychological help, and explored the factors affecting adolescents' willingness to seek help. They suggested on a practical level that mental health interventions for young people should build awareness towards their perceptions related to seeking psychological help when needed. The project team has taken into account the suggestion and planned to develop educational materials or on-line videos focusing on the ways in which certain beliefs, particularly one's perceived ability to cope alone, can become a barrier to seeking appropriate help. This approach goes beyond conventional strategies to promote emotional wellbeing in young people which emphasise mainlythe signs and symtoms of mental illnesses and ways to seek help.In addition, the proposed project aims to increase young people awareness of the benefits and values of psychological assistance as well their knowledge of existing help services. Given that many young people are willing to support each other and refer their peers to available help sources, young people themselves can potentially paly a role in helping peers with emotional disturbance seek appropriate professional assistance.

4.2 A Worth Pursuing Peer-led Approach

In traditional health promotion programmes, youth involvement in programme development and participant engagement were usually limited. Recent health promotion plans alternatively take a proactive approach to involve youth. Corder, Schiff, Kesten, and van Sluijs (2015) proposed a school-based programme for promoting physical activity in children, emphasing peer support, self-efficacy, group cohesion, self-esteem and friendship quality, and is implemented using a student-led tiered-leadership system.Spencer, Bower, Kirk, and Friesen (2014) also found that peer mentoring is associated with positive change in physical activity and aerobic fitness of grades four to six students. Asirvatham, Nayga, and Thomsen (2014) studied the peer-effects in obesity among publc elementary school children and revealed that changes in the obesity prevalence at the oldest grade are associated with changes in obesity prevalence at younger grades. A pilot study investigating the effect of a school-based peer education intervention in Beijing showed a significant decrease in time in sedentary behaviour on weekdays in a group of Chinese adolescent (Cui et al., 2012).

Potential benfits of the peer-led approach in health promotion can be described as below from three perspectives: to peer helpers, to other participants and to the school and community. Since the ultimate beneficiaries of health promotion should be young people in the wide population, we firstly describe the potential benefits to these people supported by evidence. Besides physical activity, the peer-led approach has been adopted in many other interventions to promote healthy eating and achieved positive results (Story, Lytle, Birnbaum & Perry, 2002). Though Forneris et al. (2010) found it not easy to improve the dietary behaivours in youth in a school-based peer-led intervention, they supported the peer-led approach and suggested that future interventions need to provide opportunities to practice healthy living skills over an extended period of time. Stock et al. (2007) evaluated a student-led programme for preventing childhood obesity and found improved healthy-living knowledge in older schoolchildren and in their younger buddies. It also decreased weight velocity in the older students. The authors suggested that this kind of student-led teaching may be an efficient, easy-to-implement way of health promotion in children. Another study has succesfully adopted this approach in promoting healthy eating in community setting (Gittelsohn et al., 2013). The peer-led approach has also played a critical role in sex education and sexually transmitted infection prevention programmes over the years (Pinkleton et al., 2008; Stephenson et al., 2008; Story & Gorski, 2013; Hampton, Fahlman & Goertzen, 2015). Peer educators have the advantage of taking a relatively informal approach when compared to teachers in preventing teenage smoking, and had produced encouraging results (Audrey, Holliday & Campbell, 2006; Campbell et al., 2008).

4.3 A Shared Environment to Establish Positive Attitudes and Generic Skills in Young People

We understand that young people differ in their interests and aptitudes. We need a range of activities to offer young people the best learning opportunities. The proposed training programme aims to promote individual's special aptitudes and interests in health promotion and to foster and encourage confidence, enthusiasm, team work and a sense of achievement through workshop activities such as questionnaire survey, case study, discussion, role-play, photographs, video and visual aids, printed literature (e.g. magazines, newspapers, posters). Besides, the practical experience will provide the opportunity for them to develop awareness of the needs of others and of their own skills, aptitudes and interests in relation to work within the community.

We believe that young people will show significant improvement in attitudes, health behaviours and generic skills such as problem-solving skills.All rounded health education should cover content areas such as personal health and fitness, healthy eating, mental well-being, family relations and sex education, prevention of substance abuse, consumer health, environmental health, etc. Figure 1 shows a comprehensive health education framework for individual health skills and action competencies advocated by CHEP, and effective HPS would make a major contribution to schools achieving their educational and social goals. The project team has chosen "Mental and Emotional Health" as the theme of the current project to promote positive living and will remain open to develop new educational material and training in other content areas to young people's need and sustain the potential impact of the project.

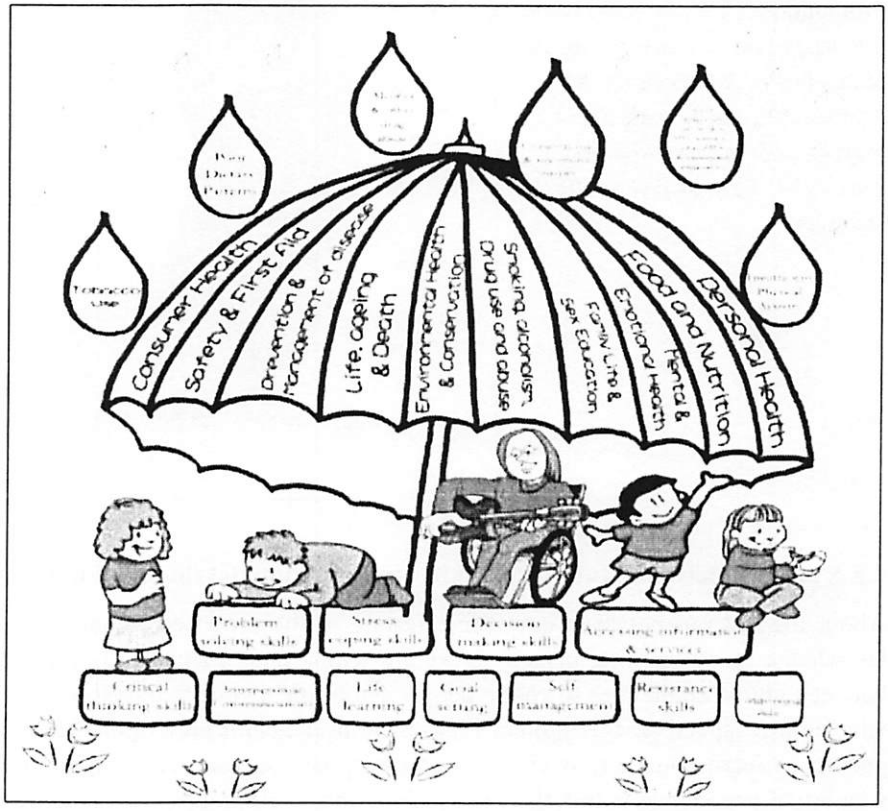

Figure 1. Comprehensive Health Education Framework for Individual Health Skills and Action Competencies (developed by CHEP, 2002)

4.4 Building Competencies in Young Health Promoters

Undoubtedly the single biggest benefit of the proposed project is to the young people who become peer helpers and we have created multiple opportunities for them to learn and be benefited. Some of the potential benefits are described in Figure 1 such as increased health knowledge and health skills, improved self-efficacy and sense of purpose. It is also believed that peer helpers who routinely engage in voluntary works to help others are less likely to report at risk behaviour; we also plan to investigate further the positive impact of the programme on them. We have followed an evidence-based approach to translate existing evidence into a programme and suggested a range of competencies which may prepare peers helpers to take the role and responsibilities of health promoters. These competencies are categorised by the following four stages of programme development and are further explained in Table 2: (1) building health literacy and assessing individual and community needs for health promotion; (2) planning effective health promotion programmes; (3) implementing health promotion programmes; and (4) evaluating the effectiveness of health promotion programmes. When peer helpers are more ready to begin planning a health promotion activity or programme for a specific target group, they will be encouraged to endeavour to act on health promotion in a variety of ways as stated in Figure 2.

The role which the project team and facilitators should adopt is that of a sounding board for peer helpers' ideas and suggestions. They will give advice and guidance to peer helpers according to peers' interests, aptitudes, resource and feasibility of the activity in terms of ability to achieve within a reasonable timeframe. In the proposed project, we endeavour to emphasise active learning through direct practical experience. We can further work out leadership development plans and youth-run educational activities with peer helpers who are capable of doing. When matured, we believe that these young people will acquire substantial knowledge and experience in health promotion forming a quality circle of young health promoters.

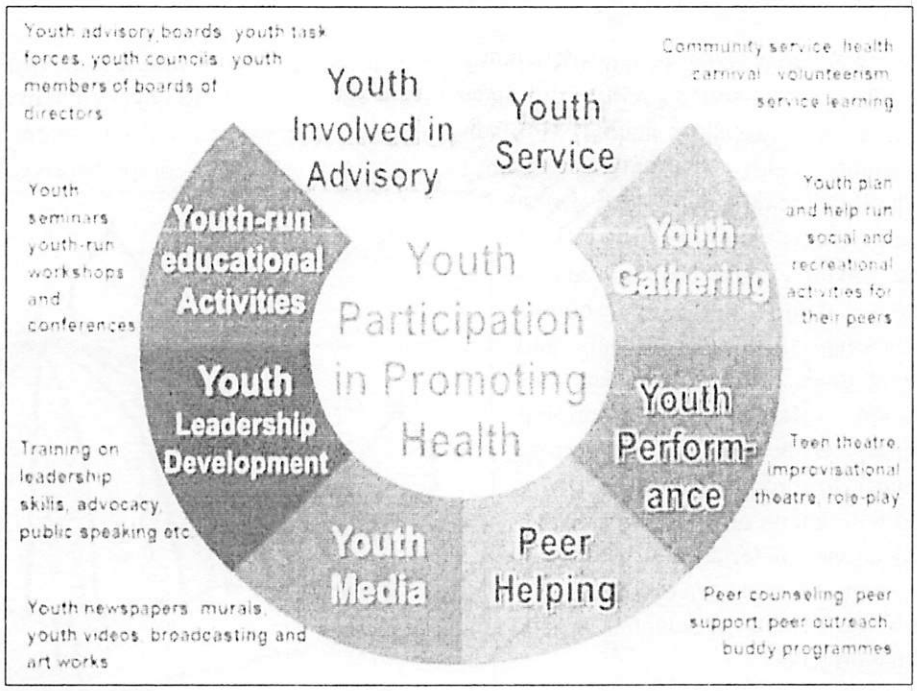

Figure 2. Ways to Encourage Youth Participation in Health Promotion

Note. Adapted and modified from "Program Strategy Profiles", In M. Goldsmith, & S.T. Reynolds, 1997, *Step by step to peer health education programs: A planning guide,. P10-11.* Copyright 1997 by ETR Associates.

4.5 A balance between knowledge, skills and affection development in young people

About the last but not least innovative feature of the proposed project, we strike a reasonable balance between knowledge-based learning objectives we are setting and practical skills in health promotion, as well as a balance between giving challenges to young people and inspiring positive feelings of warmth and affection. From the value education perspective, this project focuses on peer health promotion which provides a point of entry for young people to learn together, work out a programme together, and enjoy just being together. The affection and supportive experience within their friendships and work groups can facilitate problem solving and management of stress, and bring a positive, joyful attitude to life in general. We elaborate further on this as below.

- Interest and satisfaction

We all have the desire to learn new things as we are curious and eager to explore. The feeling of interests comes from that curiosity. It is obvious that pupils who are going to join our programme have a great interest in health promotion and instantly become more open to the experiences and adventure. These pupils can also feel satisfied when they help someone with something in the service learning experience which is to be offered by the school teachers.

- Hope and gratitude

At certain moments in life, we may experience some problems, and feeling the hope means we know all those issues are not permanent ones. Hope also means we feel and believe things will change for the better, and the future is bright and beautiful. The proposed project provides a platform for pupils to learn about disease prevention and share stories of those people with inherited diseases and chronic illnesses. Pupils can be inspired by others' experience by seeing how health can be improved by adopting a healthy lifestyle and knowing the fact that a wide range of illnesses can be prevented and treated in nowadays. Pupils will then find hope of life and will be more aware of the bright side than the dark and become more optimistic about their own prospects. Also, they will have

chances to express their gratitude for their good health, great friends and family members they have, the talents they might possess, and more, and being thankful for it.

- Trust and confidence

Believing that you can accomplish certain goals or that you will successfully finish a particular task means that you feel confident. Our programme focuses on hands-on peer health promotion which provides a point of entry for young people to develop their own potential rather than by just giving advice and directions. Many young people we have encountered are often not fully aware of their own abilities and roles. In this project, a preliminary set of personality test and simplified questions will be developed for our Health Captains to understand themselves more fully and become more confident by recognising that they possess the personal qualities and resources to achieve fulfilment. They will find or rediscover reliable and trustworthy people around them including peers, family members, social and health care workers.

- Love and kindness

Love often involves affection and many other emotions and feelings, such as gratitude, interest, joy, and more. Specifically, kindness usually involves affection and is more about being considerate, generous and friendly to other people. This project offers service learning opportunities for participants to express love and kindness towards each other and serve people in need.

5. Conceptual Framework

5.1 Workable Strategies to Provide Youth with Opportunities to Build their Competencies and Health Assets

One needs to have a supportive infrastructure on school health promotion and a comprehensive training programme with a structured path through to become competent health promoters for positive and active living. Specific strategies are set out in the table on the following page (Table 1).

Table 1. Conceptual Framework and Strategies for Establishing the Health Corps Training

Project objective	Dimension	Strategy
Objective 1: Establish a youth network for scaling up health promotion movement territory wide	Infrastructure building	1.1 Establish a Steering Committee of concerned parties which have the motivation to work for the betterment of students' well-being; explicitly discuss the values and ways of health promotion and prevention of health risk behaviours in youth for sustainable development and long-term planning. 1.2 Identify motivated and capable schools to become District-based Stations; establish possible partnerships and links among teachers and students in the community. 1.3 Devise a registration and developmental system for youth who are interested in health promotion..
Objective 2: Empower and support youth leaders to become health promoters	Empowering and identity constructing	2.1 Offer opportunity for Networking Schools to nominate students to become members of the network; give recognition to youth leaders to enhance the development and construct an identity as "health promoters". 2.2 Help students to gain satisfaction and successful experience in getting to grips with the area of health promotion; recognise the need to develop succession planning linked to individual career development.

Project objective	Dimension	Strategy
Objective 3: Pioneer a learning platform for effective practices of health promotion	Building Competencies	The project plans for interaction among schools and fostering a learning and sharing culture of how to put health promotion theories into practices in varied settings, for example: 3.1 Deliver workshops to students to foster their communication skills and goal-setting skills in the context of health promotion; work with teachers to organise "exposure" programmes and tap the commitment of students for promoting health in their communities. 3.2 Organise discussions, meetings, school visits or workshops around areas of school health which allow health promotion officers, health education teachers and experienced youth leaders to share their experience and understandings of effective health promotion. 3.3 Facilitate the building of career and vocational competence by integrating interviews and presentations by health care professionals and community health organisations, discussing health-related careers, enriching students' learning portfolios and journals. 3.4 Conduct forums which discuss youth's foundation roles in health promotion. 3.5 Gather and provide credible resource materials to assist schools to conduct quality programmes for positive and active living; publicise quality exemplars for dissemination.
Objective 4: Conduct research on empowerment and health issues	Outcome evaluation	4.1 Facilitate Network Schools to conduct programme evaluation identifying achievements and rooms for improvement in the promotion of various health content areas. 4.2 Obtain data from student health profile assessment and other available sources to identify changes in Network Schools in the project period so as to determine basic core indicators for predicting youth involvement leading to quality school health promotion.

5.2 A Step-by-step Approach to Foster New Frontiers for School Health Promotion and Positive and Active Living

The above strategies are set based on research and substantial experience of the project team working with teachers and youth. The project team has taken into account the increases in teachers' workload since new educational approaches were introduced encouraging students to gain life skills and vocational competencies through project learning and service learning programmes. Though it is a very meaningful learning journey, students need further guidance on practical matters along the way, for examples how to formulate appropriate and measurable programme objectives; how to develop a logical scope and sequence plan for a health education program; how to tackle difficulties throughout the process of implementation and how to modify stressors. Table 2 provides the full domain of competencies for youth health promoters modified from "*Practicing the application of health education skills and competencies*" by Keyser, Morrow, Doyle, Ogletree, and Parsons (1997). We have modified the sub-competencies according to our local context and normal students' abilities and developmental stages of youth.

Table 2. Full Domain and Competencies in Youth Health Promoters (a draft for secondary school students)

Domain	Competency	Sub-competency
1. Building Health Literacy and Assessing Individual and Community Needs for Health Promotion	1.1 Obtain health-related information and data about health, social and cultural environments, growth and development factors, needs, and interests.	1.1.1 Access and select valid sources of information about health, health-promoting products and services.* 1.1.2 Utilise computerised sources of health-related information.* 1.1.3 Employ or develop appropriate data-gathering information.* 1.1.4 Apply survey techniques to acquire health data.* 1.1.5 Examine health-related information and data about health and determine priority areas of need for health promotion.*
	1.2 Distinguish between behaviours that foster and those that hinder well-being.	1.2.1 Investigate individual, social and other factors influencing our health.* 1.2.2 Recognise the role of learning and affective experiences in shaping patterns of health behaviour. 1.2.3 Analyse the influence of culture, media and other factors on health.

Domain	Competency	Sub-competency
2. Planning Effective Health Promotion Programmes	2.1 Recruit resource people for support in programme planning.	2.1.1 Communicate need for the programme to those whose cooperation will be essential.* 2.1.2 Seek opinions of those who will affect or be affected by the program.*
	2.2 Develop a logical scope and sequence plan for a health education programme.	2.2.1 Determine the range of health information requisite to a given programme of instruction.* 2.2.2 Organise the subject areas comprising the scope of a programme in logical sequence.
	2.3 Formulate appropriate and measurable programme objectives.	2.3.1 Infer educational objectives that facilitate achievement of specified skill. 2.3.2 Develop a framework of broadly stated, operational objectives relevant to a proposed health education program.*
	2.4 Design educational programmes consistent with specified objectives.	2.4.1 Formulate a wide variety of alternative educational methods. 2.4.2 Select strategies best suited to implementation of educational objectives in a given setting.
3. Implementing Health Promotion Programme	3.1 Exhibit competence in carrying out planned programmes.	3.1.1 Employ a wide range of educational methods and techniques.* 3.1.2 Select and apply methods that best facilitate practice of programme objectives.
	3.2 Select methods and media best suited to implement programme plans for specific learners.	3.2.1 Analyse learner characteristics, feasibility, and other considerations influencing choices among methods. 3.2.2 Evaluate the efficacy of alternative methods and techniques capable of facilitating programme objectives. 3.2.3 Determine the availability of information, personnel, time, and equipment needed to implement the programme for a given audience.*
	3.3 Monitor educational programs, adjusting objectives and activities as necessary.	3.3.1 Compare actual programme activities with the stated objectives.* 3.3.2 Revise activities and objectives as necessitated by changes in learner needs. 3.3.3 Appraise applicability of resources and materials relative to given educational objectives.
4. Evaluating the Effectiveness of Health promotion Programs	4.1 Develop plans to assess achievement of programme objectives.	4.1.1 Determine standards to be applied as criteria of effectiveness.* 4.1.2 Develop an inventory of existing valid and reliable tests and instruments. 4.1.3 Select appropriate methods for evaluating programme effectiveness.
	4.2 Carry out the evaluation plans.	4.2.1 Facilitate administration of the tests and activities specified in the plan. 4.2.2 Utilise data collection methods appropriate to the objectives.* 4.2.3 Analyse resulting evaluation data.*
	4.3 Interpret results of programme evaluation.	4.3.1 Apply criteria of effectiveness to obtaining results of a program.* 4.3.2 Translate evaluation results into terms easily understood by others. 4.3.3 Recommend strategies for implementing results of evaluation.

Note. *Denotes the competencies to be acquired during the timeframe of this project . Adapted and modified from B.B. Keyser, M.J. Morrow, K. Doyle, R. Ogletree and N.P. Parsons, 1997, *Practicing the application of health education skills and competencies*. Copyright 1997 by Jones and Bartlett Publishers International.

This programme will target on those sub-competencies marked* to provide students a starter with skill-based approach. Students will not only learn the ways to improve their health literacy and assess the needs for health promotion, but also grasp some fundamental skills of the effective ways of planning and implementing health promotion programmes. Although these skills and competencies are primarily set for youth studying in local secondary schools, further simplification of the programme for primary school students can also be justified by the fact that there will be progression in skills and programme design. The programme will use group exercises and group projects to develop young people's understanding of how teams work, the differing roles in teams and leadership and communication skills. We will place great importance on developing young people's self-confidence and problem-solving skills through simulation, discussion and practical experience. Workshops contain first-hand practical advice on the use of health promotion techniques encouraging a positive self-responsibility and initiative

in health promotion as integral parts of the learning process, as well as continuous learning in the area of health promotion.

6. Implementation Plan with Timeline

6.1 An overview

Two types of schools will be involved in the project, namely **District-based Station (地區支部)** and **Network School (網絡學校)**. The works will be facilitated by the Principal Applicant and the collaborating party in CHEP and monitored by a steering committee. A youth network under the framework of HPS implies that any schools participating are interconnected in the sense of partnership; information, experience and resources are shared among each other based on a common ground of mutual trust and promoting health for all by harnessing the power in youth. When matured, the youth network can become self-managing, having gained the confidence and skills to create a healthy and supportive school environment for students, and cascade the impact of youth health promotion territorial wide. Table 3 outlines the tasks to be completed each phase during the project period. Each task is represented by a horizontal bar on a time base using a Gantt chart (Table 4), length of the bar indicating the estimated time for the task.

Table 3. Implementation Plan of The Health Corps Training (November 2016 to October 2018)

Phase	Tasks
Preparatory Phase: Seek support and assess needs (November 2016 to January 2017)	- Build a support network by establishing a steering committee and a working team - Deliver presentations and recruit support from school administrators, teachers, students and perhaps community leaders and agencies - Assess and validate needs for prioritisation and raising awareness - Assess the school's current resources to enable the running of the programme
Phase 1: Design the learning experience (February to April 2017)	- Plan the training schedule and design the training programme - Select learning activities and form a team of facilitators - Prepare assessment activities and design the training evaluation - Recruitment of student participants
Phase 2: Organise and deliver the programme (May 2017 to February 2018)	- Deliver the training programme - Organise Healthy School Forum - Organise service learning opportunity
Phase 3: Follow-through (March 2018 onwards)	- Evaluate on-the-field impact - Develop resources and conduct programme review - Administer and refine the training programme (get ready to start another cycle)

6.2 Intervention Strategy: Infrastructure Building

To initiate the project, a committee namely the Steering Committee of the Health Corps and Training Academy will be established at the beginning of the 2016/2017 school year, which will be chaired by the Project Leader. Members of the new committee will be invited from experienced school leaders, educational authorities and other interested parties on how the works of school health are in practice and on possible further improvements. The committee will meet every half year to discuss and formulate comprehensive agendas for better school health and meet regularly and for effective implementation and monitoring. A total of 10 schools will be recruited to take up the role of "District-based Station" by November 2016. All Government Schools, Aided Schools and Direct Subsidy Scheme Schools (primary schools and secondary schools) registered in Hong Kong are eligible, and it is recommended that a District-based Station should score high marks in the following criteria:

A. Supportive infrastructure on health promotion

1. Adopting a holistic approach for sustaining Health Promoting School;
2. Setting up a working group or committee to specifically coordinate and implement the health promoting work at school;

B. Attributes on taking the leading role of District-based Station

3. Participated in International Benchmarking for HPS (Hong Kong) as a good standing of all areas;
4. Participated as a resource school/core school for CHEP's or community health promotion projects;
5. Principal with experience leading a successful HPS;
6. Teacher(s) with experience leading youth health training programmes;
7. Participating in discussing development plans of territory-wide school health and sharing experience;

C. Initiatives on health promotion and positive living

8. An enriched health curriculum embedded in school;
9. Active participation of students in health promotion supported by a leadership training programme;
10. Established agreed goals on youth health promotion and/or an action to achieve them;
11. Playing a proactive role in community health promotion and establishing linkages with partners;
12. School-initiated health project(s) supported by Quality Education Fund; and
13. Other comments from Steering Committee Member(s) on the school's precondition for contributing to the youth network.

Table 4. Time-frame for The Health Corps and Training Academy, 2016 to 2018

Strategy	Steps/ Action	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
PREPARATORY PHASE: SEEK SUPPORT AND ASSESS NEEDS																									
1.1, 1.3	Build a support network by establishing a steering committee and a working team																								
1.2	Recruit support from school administrators, teachers, students																								
1.2	Assess and validate needs for prioritisation and raising awareness																								
1.2, 2.1,	Assess the school's current resources to enable the running of the programme																								
PHASE 1: DESIGN THE LEARNING EXPERIENCE																									
3.2	Plan the training schedule and design the training programme																								
3.1-3.4	Select learning activities																								
4.1-4.3	Prepare assessment activities and design the training evaluation																								
2.1, 2.2	Recruitment of student participants																								
3.1- 3.4	Form a team of facilitators																								
PHASE 2: ORGANISE AND DELIVER THE PROGRAMME																									
3.1 to 3.4	Deliver the training programme (with pilot tests)																								
2.1, 2.2	Organise Healthy School Forum																								
3.3	Organise service learning opportunity																								
PHASE 3: FOLLOW THROUGH																									
3.5	Follow-up the programme and write report																								
4.3	Evaluate on-the-field impact																								
4.1 to 4.3	Develop resources and conduct programme review (pre-and-post)																								
1.3, 4.2	Administer and refine the training programme																								

Note: Strategies adopted for specific actions are referred to Conceptual Framework and Strategies for Establishing the Health Corps Training in Table 1.

Eight schools have been supporting the initiative by taking up the role of District-based Station since the beginning of its initiation in 2014. They have fulfilled the above-mentioned criteria and have a strong track record in supporting youth health promotion. These schools will be selected as District-based Stations in 2016/2017 to keep the momentum going and it will be open for application toward the end of 2016. In addition, 20 or more Network Schools will be recruited by the end of March 2017. All Government Schools, Aided Schools and Direct Subsidy Scheme Schools (only applicable to primary schools and secondary schools) registered in Hong Kong are eligible.

6.3 Intervention Strategy: Competencies Building

Workshops on a variety of topics will be arranged during the year, which will cover planning, implementation and evaluation of health promotion programmes. Table 5 outlines the suggested content, competency and sub-competency to be emphasised in corresponding workshops. The project team will work with facilitators and to develop new workshops based on the needs and progress of students. In this plan, the workshops will take place at seminar room of the project team's office, classrooms of the University, and classrooms of selected District-based Stations on weekday afternoon from 4:30 to 6:00 or on Saturdays. The project team will also take fully into account the availability of and needs of students, and the adequacy and accessibility of the workshop environment. Depending on learning objectives, each workshop will usually last for between 90 and 100 minutes. Each workshop will accommodate 15 to 20 students on a first come first serve basis. To facilitate teachers from territory wide to apply for registration for their students to attend the workshops, an online registration system will be established. The system will be technically supported by the Information Technology Services Centre of the University and monitored by the project team. Depending on the enrolment rates, students who can't enrol for a workshop which is already full will be treated to a rerun of the workshop made in another time slot or at another location.

Students usually have other responsibilities and attending our workshop means giving up previous time which they may otherwise use for their self-learning or other activities. Therefore, we will ensure the workshops are to be delivered by skilled and knowledgeable facilitators who know how to communicate the subject matter effectively. Case studies and problem-solving activities will be applied in workshops to meet this expectation by providing real-life examples. This will also ensure that learners are put into interactive roles throughout the training. We believe that the skills learned in these workshops will be strengthened by taking a broad and balanced look at health knowledge, programme planning and behavioural change. The project team will work closely with school teachers to seek opportunities in school where students can gain further practical experience in promoting health. We may also organise "exposure" programmes and tap the commitment of students for promoting health in their communities.

Table 5. Suggested Workshop for Health Corps Training, 2017/2018

Workshop (1.5 hour each)	Competency	Sub-competency to be addressed
1. Measuring boarder perspective of health and using health statistics	1.1 Obtain health-related information and data about health, social and cultural environments, growth and development factors, needs, and interests	1.1.2
2. Identifying misinformation		1.1.1
3. Identifying perceived service needs for student emotional and social wellbeing		1.1.3 & 1.1.4
4. How to design a good programme?	2.3 Formulate appropriate and measurable programme objectives	2.3.2
5. Methods used in health promotion	3.1 Exhibit competence in carrying out planned programmes	3.1.1 & 3.1.2
6. Case Study: Promoting Emotional Well-being in School	3.1 Exhibit competence in carrying out planned programmes. 3.3 Monitor educational programs, adjusting objectives and activities as necessary.	3.3.2, 4.3.3
7. Case Study: Give and Take Programme for Students with Special Needs	4.1 Develop plans to assess achievement of programme objectives. 4.2 Carry out the evaluation plans. 4.3 Interpret results of programme evaluation.	3.3.1

Note: Competency and Sub-competency are referred to Skills and competencies targeted in Health Corps Training—A draft for secondary school student in Table 2.

6.4 Tailoring workshops for young Health Captains

To enable primary school students to join our workshops, coordinating teachers from primary school setting will be required to facilitate the Health Captains of their school, who are often in a grade between primary four to six, to attend our workshops which will take place at one of the District-based Stations or at the University. Children attending our workshops could be accompanied by an adult such as a teacher, a teaching assistant or a student parent designated by the school. Workshop facilitators have the skills of selecting appropriate materials, varying teaching styles to match the nature of the work and the type of pupil from primary schools. In our workshops, young Health Captains will learn about the basic concepts of health promotion and put them into practice through playing games, role playing and creating something unusual or interesting for them to convey a health message. In addition, to give consideration to the difficulties involved in adapting to the new circumstances, a gentle warm-up session will be arranged at the beginning of each workshop allowing young Health Captains to adapt to the basic rules of attending our workshops and get to know each other who are from different schools. All these are aimed at creating an enjoyable learning experience for young Health Captains to value and we strive to provide opportunities for these leaders of the future to be more empowered about health and related issues as they go through our programme. Facilitators will work together to discuss what the programme will be about and what its language content will be (vocabulary, structures, level of difficulty, appropriateness, etc.) according the ability of Health Captains from primary schools.

The steering committee, which is to be established in the first stage of the project, will set the criteria for awarding and recognising good Health Captains in terms of attendance and high level of participation in the whole programme. In general, a Health Captain who has completed five or more centralized workshops will receive a certificate of attendance in which the total number of hours spent on service learning will be printed. Young Health Captain would still have opportunities to contribute to school health promotion and learn the value of participation and the feeling of belonging to the community through service learning.

7. Teachers' and Principals' Involvement in the Project

With support from the school principal, each District-based Station will nominate a teacher as the Commissioner to oversee the programme and activities delivered. Specific responsibilities of **Commissioners** are: (1) creating a working group and establishing agreed goals in youth health promotion and an action plan to achieve them, which has to be realistic and within capacity of the school's resources leading to effective youth health promotion; (2) recruiting Network Schools to join the programme, as well as working with the project team to design and provide opportunities for students to enhance their competencies and skills in health promotion; (3) working up and compiling students' works, education materials and assignments about health promotion in various forms for effective sharing and communication, which will also serve as a record to provide a profile of the learning experience and achievement of individual students; (4) proactive involvement in discussions and priority setting around areas of school health which provide information at frontline, and allow trial and sharing of solutions to health challenges faced by the school community; and (5) sharing of experience on how to implement the HPS framework in their school context and how to achieve effective youth health promotion, as well as interacting with similar networks in neighbouring countries to enhance a learning and sharing culture.

With support from the school principal, each Network School will nominate a teacher as the Coordinator to support youth health promotion and facilitate students to attend programme activities. Specific responsibilities of **Coordinators** are: (1) participate in the teacher training activities and learning community organised by the project team and District-based Stations; (2) conducting a student health profile assessment to explore what health promoting actions the school is currently doing according and the needs in students, thus engendering discussions about health issues and what the school should do about them with input from the project team and District-based Stations; (3) nominating four to five students who are interested in health promotion each year to join the training programme and providing opportunities for students to enhance their competencies and skills in health promotion; and (4) working up and compiling students' works, education materials and assignments about health promotion in various forms for effective sharing and communication, which will also serve as a record to provide a profile of the learning experience and achievement of individual students.

In financial terms, support will also be provided (Item C) to cover the expenses for running activities and fieldwork organised by both the District-based Stations and Network Schools from drafting plans, development of promotional materials, liaison with other schools and the community, recruitment of participants, insurance, to delivery of activities and completing assignments. Guidelines and payment vouchers forms will be provided to school administrators to facilitate the applications of expenditures and reimbursement.

8. Budget

The following table (Table 6) shows the budget breakdown for the academic year of 2016/2017 and 2017/2018.

Table 6. Summary of budget (2016 November to 2018 October)

Item and significance	Calculation	Amount (HKD)
A. Staff cost		**1,658,400**
- **Health Promotion Officer** × 1.0 - as team leaders as well as specialists in health promotion who will take the lead in strategic planning, programme development, and delivery of training to youth.	[HKD 46,600 × 24 months + 36,000 MPF]	1,154,400
- **Project Coordinator** × 1 - as an administrator for the project and is responsible for management and all logistic coordination and administrative arrangement of the project.	HKD 20,000 × 24 months × 1.05 (MPF)	504,000
B. Equipment		**52,000**
- Laptop computer for training preparation and delivery × 1	HKD 12,000 × 1	12,000
- Procurement of training and health education materials such as books, models, flipcharts, posters, other teaching aids and computer software.	HKD 40,000	40,000
C. Services		**675,600**
- **Professional Training and Development** for students and teachers. Cost for hiring veteran scholars and health promotion specialists as lecturers for conducting selected workshops and strengthening curriculum development.	HKD 900 per hour x 200 hours	180,000
- **Health Promoting Activities** - To cover the expenses for running activities and fieldwork organised by the District-based Stations and Network Schools from drafting plans, development of promotional materials, liaison with other schools and the community, recruitment of participants, insurance, to delivery of activities and completing assignments.	HKD 80,000	80,000
- **Healthy School Forum** - to cover costs for organizing forum, including venue and technical support fee, transportation fee, production of programme book, promotional materials and display boards, and the costs of healthy snack, etc.	HKD 10,000 × 2 events	20,000
- **Field workers** for conducting Student Health Survey (Primary 4 and Secondary 3 students) in project schools, and **helpers** for supporting data entry, data transcription, and fieldwork and other duties related to programme delivery and evaluation.	HKD 55 per hour × 8 hours × 4 classes × 60 schools	105,600
- **Evaluation** - To cover to consultation fees of specialists of research and education to assess the quality of learning and teaching and competencies achieved in workshop participants such as analysing the strengths and weaknesses in individual workshop participants in terms of the role playing in school health promotion and looking at the patterns and trends of health risk behaviours among children and adolescents.	HKD 800 per hour x 50 hours	40,000

Item and significance	Calculation	Amount (HKD)
- **Support to District-based Station** - to cover expenses for (a) hiring supply teachers and support staff (to relieve commissioners and other corresponding teachers for experience sharing, demonstration of good practice, meeting and training), (b) organising training activities, developing training materials, (c) procurement of equipment, (d) local education conference , and (e) miscellaneous. District-based Stations will be allowed to use the subsidy with reasonable flexibility in the allocation of amount of subsidy to be spent on each of the five aforementioned areas within the project period. The project team will design standardised forms for activity planning and payment voucher forms for monitoring and reimbursement matters. Any cost to be covered under category (b) should be used for preapproved activities targeting at one or more groups of participants from pupils outside the school or people in the community. Registration fee for any local education conference to be covered under category (d) should not exceed HKD480 per day per participant. The proportion of subsidy to be used by each Station under category (e) should not exceed 25% of the total amount of subsidy to be applied by each Station for reimbursement.	HKD 25,000 × 10 schools [a typical example of how a District-based Station may use the subsidy: HKD 5000 under category (a) + HKD 9,000 under category (b) + HKD 4000 under category (c) + HKD 2500 under category (d) + HKD 4500 under category (e)]	250,000
D. General Expenses - to cover stationery, postage, printing, photocopying, internet and telephone charges, local travelling (e.g. visit other schools, meet with community resource personnel), other consumable products and office supplies	HKD 48,000	**48,000**
E. Audit Fee	HKD 15,000	**15,000**
F. Contingency	HKD 24,000	**24,000**
	Total (item A to F):	**2,473,000**

Justification of specific staff cost and service item is described as below:

- **Health Promotion Officer:**

He or she needs to have a university degree in a field related to health sciences and a person holding a master degree or a higher level is preferable. A health promotion officer should have substantial experience and good track record in health promotion especially in the school context. The experience in research, conducting youth training programmes and leading intervention projects is essential, and a person having the experience of producing educational material and publications on theoretical, methodological and health-related questions is highly desirable.

- **Veteran Scholars:**

Veteran scholars are required to have a master degree, preferably having doctoral degree or PhD in education. They should have extensive knowledge of curriculum development and substantial experience in teaching and school management. It is preferred that they have been appointed as lecturers, professors, or principals in primary or secondary school setting.

- **Health Promotion Specialists:**

Health promotion specialists are a group of medical professionals from a wide variety of specialties and a number of local community leaders who strive for promoting positive value of life in young people. These people include family physicians, nurses, allied health professionals, lawyers, social workers, athletes, etc. They should express their passion in value education and facilitating young people to take on a much more positive attitude towards life. People having previous experience in conducting youth training programmes and health promotion projects are desirable.

9. Expected Project Outcomes

- 10 schools with a group of enthusiastic teachers (commissioners) will be supporting the territory wide movement of youth health promotion as District-based Stations.
- 40 to 50 schools will have joined the programme as Network Schools.
- 200 or more students will be trained with enhanced health promotion skills and competencies bringing benefits back to their schools with potential over 22,500 student beneficiaries [(25 primary schools x 300 pupils) + (25 secondary schools x 600 pupils)].
- 30 or more workshops on health promotion will be delivered to students.
- At least 1 territory wide Healthy School Forum will be organised for recognition of students' participation.
- 70 or more school-based programmes promoting emotional wellbeing and healthy living designed by teachers and students will be carried out.

10. Assets Usage Plan

Category	Item / Description	No. of Units	Total Cost	Proposed Plan for Deployment
Equipment	Laptop computer for training preparation and delivery	1	$12,000	To be kept by the Centre for Health Education and Health Promotion, The Chinese University of Hong Kong for the use by other QEF projects.

11. Report Submission Schedule

The applicant commits to submit proper reports in strict accordance with the following schedule:

Project Management		Financial Management	
Type of Report and covering period	Report due day	Type of Report and covering period	Report due day
Progress Report 1/11/2016 - 30/4/2017	31/5/2017	Interim Financial Report 1/11/2016 - 30/4/2017	31/5/2017
Progress Report 1/5/2017 - 31/10/2017	30/11/2017	Interim Financial Report 1/5/2017 - 31/10/2017	30/11/2017
Progress Report 1/11/2017 - 30/4/2018	31/5/2018	Interim Financial Report 1/11/2017 - 30/4/2018	31/5/2018
Final Report 1/11/2016 –31/10/2018	31/1/2019	Final Financial Report 1/11/2016 –31/10/2018	31/1/2019

12. Project Evaluation

12.1 Progress meeting and report

The Steering Committee will meet regularly for effective implementation and monitoring of the project. The project team will facilitate communications among Committee Members and District-based Stations and Network Schools, and take part in preparing agendas, taking minutes, and writing reports, etc. Progress reports and financial reports will be submitted on a half-yearly basis, and a final report will be presented by the end of the project.

12.2 Training Programme

Programme activities and training workshops will be designed for Network Schools according to the schools' needs found and teachers' preference. Circulars and substantial promotion will be offered to District-based Stations and

Network Schools before each programme activity. ***This process will empower and support youth leaders to become health promoters, which is Objective 2 of this Project.*** The project team will monitor progress of activity registration and will take appropriate actions to invite targets. In each activity, a feedback questionnaire with evaluation checkpoints will be given to participants for collecting their opinions to the activity. This information will be reviewed for progress evaluation and planning.

The project team will assess learning during training because we want to know what changes are taking place in terms of quality of learning for facilitators and learners. Assessment activities particularly relevant to the programme are self-evaluation questions for quality check, small-group project and portfolio, which will be described in this section one by one. Table 7shows an overview of evaluation guiding questions addressed to the learning objectives and learning process of the series of workshops.

Table 7. Evaluation Questions Addressed to the Learning Goals of Health Corps Training

Dimension	Target respondent	Suggested Evaluation Questions
1. Skills and Competence Building in Youth	To be responded by the project team and the facilitator after selected workshops	Did participants appear to learn the skills and competency? Did they understand the learning objectives of today's workshop? Did they achieve performance requirements? Did they respond and contribute in a satisfactory way? Did they appear satisfied with the experience? What do you think about this result?
2. Learners' Participation	To be responded by the project team and the facilitator after selected workshops	Did you ask open-ended questions and allow time for participants to think and then respond? Did you ask participants to suggest another way of explaining a point or encourage them to share insights from their experience? Did participants have equal opportunity to "voice" themselves and learn? What do you think about the response and opinion of the learners? What do you think about the group dynamics? Did you take into account the diversity of students' attitudes and aptitudes?
3. Organisation and management of workshops and fieldwork		How well organised were you? Did you prepare materials and instructional aids thoroughly? Did you plan adequate refreshment and relaxation breaks? Did you control your session to finish your sessions on time-especially when sharing the training with another facilitator? Did you manage your content? In what way was this result different from or similar to what you expected or experienced previously with other learners? What have you learnt and what needs to change in future training?
4. Reflection of fieldwork and/or service	To be responded by teachers after completion of fieldwork	What happened in this fieldwork in terms of process of and learning outcomes? Did you encourage the participant to go beyond what was expected, to show initiative? Did you demonstrate that you believe in the potential of the participant? Were the newly learned skills able to be easily implemented in the fieldwork setting? What do you think about the response of the learners? Were there any constraints or obstacles that prevented implementation? How could they be resolved? How should they be taken into account for future training?

Note. Adapted and modified from "Checklist for Delivery Skills" and "Impact Evaluation of Learning Goals", In R.W. James, 2000,*The transitional learning model: A handbook for training design, p.133 & 145.* Copyright2000 by Vocational Education & Training Publications.

12.3 Selected Generic Skills

Incorporating generic skills across health content areas will support achievement of student performance indicators. Moreover, a skills-based approach can address current higher education reform initiatives. Two essential skills have been identified in this programme as key generic skills to enable effective youth health promotion: communication skills and goal-setting skills; and stress-management skills. Table 8 shows the criteria for assessing goal-setting skills in students when they are undergoing fieldwork and working on a health promotion programme for a specific group of target population. Teachers may make adjustments regarding the criteria and give further comments according to individual students' performance.

Table 8. Criteria for Assessment of Goal setting Skills in Students

Primary Trait	Exceeds expectations	Meets expectations	Below expectations
Knowledge of steps of goal-setting model	Names and give clear examples of steps of goal-setting	Names 6 steps of goal-setting model	Omits some steps of goal-setting model
Achievable personal goal	Personal goal clear and concise; meets all criteria	Minimally meets criteria of achievable goal	One or more criteria not met
Benefits and barriers	Comprehensive list of personal benefits/ barriers identified	Some personal benefits/ barriers identified	Few benefits listed
Personal Action Plan	Uses logical progression through action planning process; reward and support system realistic	Names some action planning steps; names reward and support system	Examples of planning steps are limited
Ability to implement personal goal	Steps of action plan implemented; ability to analyse process evident	Clear progress toward meeting personal goal	Did not implement action plan

Note. Adapted and modified from "Rubric for Authentic Assessment of Goal Setting" by J.V. Fetro, and J.C. Drolet, 2000, *Personal & Social Competence.* (Instructor's Edition), p. 220. Copyright 2000 by ETR Associates.

12.4 Group Assignment and Individual Reflection

In the proposed training programme, an assignment in the group project could specify that participants write, plan or produce a health promotion programme outline or some other project (drama script etc.). Properly managed, the benefits of having youth contribute to health promotion needs and to be assessed in that context. In addition, students will be able to "document" their own learning process, as many training activities require participants to complete a worksheet or writing reflection which can become substantial resources for a particular student's learning journey or portfolio. Based on the continuous assessment on group performance and collection of these works, teachers and give marks and comments according to criteria such as: (1) innovation of health promotion ideas; (2) ability to search and use appropriate health information and data; (3) application of appropriate methods to deliver the planned programme; (4) stage of completion and motivation to collaborate on teamwork. The collection of separate products, self-reflection, and comments from teachers or peer will help provide the learning profile of the students and demonstrate his/ her competence.

12.5 Student Health Profile reflecting the values of students in positive living

CHEP has developed a set of self-administered Student Health Questionnaire for measuring students' health profile. The questionnaire covers areas such as body weight perception and weight control behaviours, dietary habit, physical activity, safety, emotional health and intentional injuries, anti-social behaviours and bullying, sexual behaviour and contraception, tobacco use, alcohol and illicit drug use. Two versions of the questionnaires for secondary students, upper primary students respectively are reviewed annually (questions for younger students will be adjusted and shortened according to the content and students' ability to complete the task). The project team will work out the evaluation framework and criteria of subjects before data collection, as well as seek ethical approval and parental consent. Trained interviewers will be appointed to conduct the survey in school and answer queries raised by students. Results of the survey will reflect the status of students' health risk behaviours in each Network School at baseline of the project, and provide abundant information for schools to plan student programmes meeting their needs. ***This process will enable research on youth health issues and health promotion effectiveness, which is Objective 4 of this Project.***

13. Sustainability of Project Outcomes

CHEP will endeavour to maintain the project's operations, services and benefits during it projected life time. This section highlights issues that affect sustainability and introduces ways which will be used for enhancing sustainability both at the planning as well as at the monitoring stage of the project, from the following four dimensions, namely: (1) dimension of relevancy, (2) dimension of acceptability, (3) financial dimension, and (4)

dimension of implementation and monitoring strategy.

The project team has analysed the relevancy of the project in terms of the consistency between the objectives of the proposed project with local schools and government priorities. Promoting a healthy lifestyle and enhancing students' participation and autonomy in learning and teaching are aligned with the direction of education reform in our society in the past decade. We believe that the project is taken up with due regard to the priorities set by the government as well as many local school sponsors. Its ability to attract support from parties and school stakeholders and its capacity to operate in a conductive environment are promising because of its close relationship between the actions undertaken by the project and their consistency with the priorities that have been set by the government and school sponsors. The project team has chosen "Mental and Emotional Health" as the theme of the current project and will remain open to develop new educational material and training in other content areas to young people's need and sustain the potential impact of the project.

In addition, this project help prepare young for proceeding to work and study in the field of health and social care. There is a need to provide structured training with practical experience in the field of health and social care to young people as it is evident that a variety of job opportunities and post-secondary education programmes in this field have been emerged in past ten years. Besides undergraduate programmes in social work and public health, higher education institutions now provide higher-diploma and associate degree programmes in health and social care, as well as applied social sciences in youth and social services, while some universities offer bachelor programmes in community health practice for sub-degree graduates. Though more options of further studies and job opportunities are available to our young people, we believe there are too few structured programme and resource to assist secondary school teachers in incorporating a skill-based and practical approach to career preparation. Principal Applicant and colleagues in CHEP have worked with many young people who are preparing themselves for a career as a health promoter, but who also worry about finding a position in the field and being competitive in today's job market. The proposed project has been developed with a view to preparing young people for proceeding to further studies and work in the field of health promotion and social care. We believe the practice to be provided by this programme will help young people fully develop their skills and be successful as they enter the work field. They will feel more confident in their ability to perform the many and varied responsibilities of a health promoter in a variety of settings such as schools, community centres and NGOs. Participants will be able to "document" the skills they've acquired, as many activities require them to complete a worksheet or writing reflection which can become substantial resources for one's learning portfolio.

In terms of acceptability, this project has been well received by school users and supported by personnel from both education and health sectors, as well as the community which further enhance sustainability of the project. We understanding that active student and community participation is crucial for both stimulating new actions and sustaining good practices. This project strives for maintaining a high level of participation of students and the community in the project activities. From a financial perspective, though it is not easy to estimate the cost and benefits of such an educational and public health project in the long run especially when the educational and health outcomes could happen in a pupil's life years later. It is necessary to maintain quality of the project and seek potential funding sources such as the government and donors from the community. Continuous promotion and advocacy of the project outcomes will improve its sustainability. Regarding implementation and monitoring strategy, this project has a realistic implementation period, and the clearly defined functions and responsibilities of various stakeholders. It is hoped that the strong management and adequate monitoring guidelines will ensure smooth operation and project sustainability eventually. Toward completion of the project, we will seek to empower youth to take the leading role of the programme. This will help ensure the project's post implementation operation and maintenance, and we believe this will consolidate experience and evidence in developing a long term sustainable model. The above-mentioned ways are put in place to form a monitoring mechanism to assess the status of project sustainability at a regular interval. This will help tracking sustainability related problems early and provide necessary feedback for adjustments and enhance the prospects of sustainability.

14. Dissemination/Promotion of Project Outcomes

14.1 Dissemination for Awareness: online video and website

It can be assumed that the general public (such as other youth, parents and citizens in the community) don't not need a detailed knowledge of school health, but it is helpful for them to be aware of our activities and outcomes. Throughout the training, students will be invited to participate in production of a video series about youth health promotion. Videos produced by students and the project team will be shared at an online platform developed and monitored by the project team. In addition, a project website under the project team's website (http://www.cuhk.edu.hk/med/hep) will be developed to summarise the achievements and progress of the project.

14.2 Dissemination for Understanding: events for exchange and social network for connection

This is to promote dissemination for understanding of the youth health promotion approach in teachers and practitioners in the education sector. It can be assumed that this target group has a deeper understanding of our project's work and we believe that they can benefit from the project. Annual Healthy School Forums and an end of project conference will serve as a platform for wider dissemination and a motive for these young health promoters to present their work and go on to the next stage by taking a leading role. We believe that this exercise will strengthen their understanding and make further dissemination possible.

The vast majority of people involved in youth health promotion within school and community setting are members of at least one social networks such as an email list and a group in Facebook. These can be very effective ways of communication with our target audiences (teachers and peer helpers). Depending on the nature of our group, we may be able to engage people in lively, active discussions around topics that we have introduced relating to the work of our project. Though we understand that it can be difficult to kick-start discussions in a social network and respond to dialogues immediately throughout the day, a small group of enthusiastic youth leaders could be identified to be the host of regular timed discussions which are advertised in advance and involve at least one project team member. We will remain open for discussing and evaluating the readiness of setting up the social network and expending it to serve more people from the entire education sector who are also interested in youth health promotion.

14.3 Dissemination for Action: from developing ready-to-use materials in classrooms to promoting global school health at international platforms

Apart from that the video series above-mentioned can be widely used by all local teachers to enrich their teaching and learning about health in the school, this project will engender rich sets of local data regarding health behaviours and health states in our young people which can be further disseminated in forms of fact sheets and worksheets (such as describing the prevalence of physical inactivity in obese children and prevalence of teenage smoking). These ready-to-use educational materials will be available to teachers who wish to enrich the teaching about health related modules in Mathematics and Integrated Sciences for junior secondary graders, public health module in Liberal Studies for senior secondary graders, healthy living and healthy eating modules in General Studies for primary graders.

Beyond local territory, many overseas delegates have visited CHEP to develop better understanding on how the concepts of Health Promoting School and involving youth in health promotion have been translated into language to fit the context of the school setting. In the past decades, CHEP has organised training workshops and study tours for delegation from Mainland China and overseas. Hong Kong's experience of school health promotion is well recognised world-wide and presented in international platforms, such as the triennial World Conferences organised by International Union for Health Promotion and Education, the National Academy of Medicine Forum on "Investing in Young Children Globally". In prospect, we will continue to take part in these activities to further the core business of CHEP in developing and disseminating evidence and learning to advance the field of health promotion in keeping health promotion on the policy agenda.

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