Project Title: Advancing Media Health Literacy in Students and Parents: GoSmart.Net Built-on Project	**Project Number:** *2019/0883* (Revised)

Applicant: Centre for Health Education and Health Promotion, Faculty of Medicine, The Chinese University of Hong Kong

Part C: Project Details

Needs Assessment and Applicant's Capability

Based on the findings from the Population Health Survey in 2014/15 (Centre for Health Protection [CHP], 2017) with 12,022 persons aged 15 or above in Hong Kong and among those 1,632 were aged 15 to 24, only 8.4% of the respondents' self-rated health status was excellent and 41.8% were good. For the level of subjective happiness in this age group, only 6.1% had rated themselves as very happy persons, i.e. rated 7 out of 7, 27.2% rated 6 and 46.9% rated 5. The percentage of a very happy person in the age group 15-24 was the lowest among all age groups. Ni et al. (2020) reported the estimated prevalence of suspected post-traumatic stress disorder to be 12.8%, and estimation of excess 12% service requirement to the public sector following social unrest in 2019. Yang and Mak (2020) highlighted the importance of looking beyond clinical services to develop a sustainable approach to tackle the population needs.

According to the findings from the student health survey conducted in 2016/17 involving 2,253 Primary 4 (P4) and 2,650 Secondary 3 (S3) students from 54 HPS networking schools, 59.9% P4 students and 33.9% S4 students had exercised for 60 minutes or more for more than 4 days in a week. From the Population Health Survey, 15.0% of aged 15-24 group had performed moderate recreational activity for 4 days or more (CHP, 2017). We could see a downward trend of having regular exercise as people grew. Helping students to develop a healthy lifestyle is one of the key learning goals set out by the government to encourage students to "lead a healthy lifestyle with active participation in physical and aesthetic activities, and to appreciate sports and the arts" (Curriculum Development Council [CDC], 2014). In view of our youngsters are getting less active physically and feeling less healthy and happy, there is a pressing need of enhancing education and promotion work to foster students in developing a healthy lifestyle and positive attitudes in line with the key learning goal.

Centre for Health Education and Health Promotion, The Chinese University of Hong Kong (hereinafter referred to as CHEP or Project Team) has extensive experience in promoting health in the school setting for more than two decades and has coordinated different health promotion projects for quality education and better health of students. With continuous support from Quality Education Fund (QEF), CHEP established GoSmart Channel in 2017/18 ([redacted]) based on the foundation laid in [redacted]. Positive feedbacks have been received from the users of GoSmart Channel. All teachers (100%) agreed that the health education resources provided by the project were easy to master and use in the curriculum. Almost all teachers (99%) agreed that the theme of health education videos could meet the needs of students. Over 95% of the teachers agreed that the Channel had enhanced teaching on health-related topics and the Channel was a credible and user-friendly platform for retrieving health information. More than 90% of the teachers agreed that the resources were able to meet the needs of the curriculum and enable students to benefit from knowledge, skills and attitudes. In addition, over 80% of the teachers agreed that the content of health education resources enhanced self-improvement.

Main outcome and achievements include: A total of 292 videos were generated in GoSmart.Net Project with over 101,000 view counts till the end of February 2020 (**Appendix 1** lists selected featured videos); 20 featured videos included English subtitles; 42 video clips were contributed by Partner Schools (夥伴學校); 20 featured videos were on youth health contemporary issues; 145 supplementary education resources were uploaded with 331 downloads and positive and constructive feedbacks were received from teachers. The Project Team also collected feedback from Partner Schools and the results showed that the project was well received. All Partner Schools agreed that the Channel was a credible and user-friendly platform providing sustainable and diversified health education resources; 100% of the schools agreed the Channel was credible, 100% of the schools agreed that this Channel helped to look for related health education resources, 100% of the schools agreed the video had positive impacts on student learning and could motivate students to learn. 100% of school also agreed that this Channel enhanced health education and health promotion in school and 100% felt that the resources provided enhanced teachers' competence in health education. Most of the schools (85%) strongly supported the innovations of the proposed project with over 70% of the schools stated there were needs to build up resilience for mental wellness and building schools' capacity to meet the challenges on public health and social unrest.

The proposed project will build on the strong foundation laid in the QTN and GoSmart.Net Project and evolve to further promote health in youth and support quality education in the education sector. Teachers' and parents' abilities to help youth develop a positive attitude and healthy lifestyle will further be enhanced. **Table 1** illustrates the SWOT analysis of the previous project. Availability of resources can improve the weakness and overcome the threats so as to further enhance GoSmart Channel building on our strengths, existing experiences and opportunities. This mode of learning is particularly important with the impending threat of a pandemic from time to time globally.

Table 1. SWOT analysis of GoSmart Channel

Strengths	**Weaknesses**
1. Critical mass of like-minded teachers, students and professionals from various sectors are willing to involve in health video production. **2.** The videos and **resources are developed based on evidence and are credible, so users have confidence with the information provided.** 3. The Project Team is knowledgeable and has the ability to produce videos **for clarifying health misconceptions and concerns** in people. 4. The new series of contemporary youth health issues is in an **interactive format** and topics are **up-to-date** and trendy that could **increase the interest and motivation** of students. The resources developed could also **fill the gap of the current curriculum**. 5. **Different sectors' professionals in the community are willing to support** and offer advice in the video and resource development. They help to connect the Project Team with other professionals to become partners in developing health education resources in future.	1. Technical equipment and human resources of Project Team is elementary and inadequate for making advanced videos. 2. Interviewing people is the major format used in video production. 3. Not widely promoted in the community and social media. 4. Though a significant number of videos on various health aspects have been disseminated in GoSmart Channel, videos on topics like life education, sex education and substance abuse are still insufficient. 5. There are limited resources for further developing the Channel to full-fledged.
Opportunities	**Threats**
1. Information technology **(IT) is an effective tool** for delivering health information, especially in adolescents and parents. 2. Due to the **outbreak of infectious diseases and other unforeseeable events**, social gathering in public is recommended to be reduced; **this Channel could serve as a sharing platform for knowledge transfer**. 3. Parents play an important role in health education and health promotion. New videos and resources could be produced to **involve parents and address their needs**. Credible health information could be shared with other parents via social media such as WhatsApp or Facebook.	1. Massive health information is available online although it might not be scientific and evidence-based but appealing to the public. 2. There are many health-related platforms and social media available and competition is intense. GoSmart Channel needs to keep up with the times by providing new health information in attractive formats with IT advancement to ensure its sustainability.

Goals and Objectives

The proposed project is a 36-months project with the ultimate goal of establishing a platform which is a user-friendly and accessible education hub for teachers, students and parents to enhance their health literacy for positive and active living. It is aimed to transfer the knowledge and skills to teachers to enhance their competency in developing curriculum (formal and co-curricular) to cultivate positive values and healthy behaviour of the students. The goal is also empowering parents to promote and advocate for healthy living in the family and community and building up community resilience to handle public health crisis from time to time. The mission of this project is to recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health as started in *International Covenant on Economic, Social and Cultural Rights* (article 12). GoSmart Channel will be further advanced serving as the backbone of the platform. There are four specific objectives of the proposed project:

1. To establish a platform hosting credible, sustainable and diversified health education resources in diverse formats, e.g., documentaries with updated information, sharing with healthcare professionals to inject expert advice to clear up misconceptions, interactive talk shows aiming to build capacity for positive health and resilience against adverse health conditions, case scenario analysis for deeper understanding and transfer of problem-solving skills, interviews with experts for contemporary health issues covering a wide spectrum of health and wellbeing from physical, psychological, social and spiritual perspectives;
2. To enhance teachers' competence in school health promotion and their ability in the effective use of the resources for better transfer of knowledge and skills;
3. To create a channel of health communication by collecting questions and concerns from users and explained by professionals for sharing among wide audience fostering youth and parents more positive health actions; and

4. To uphold a centralised, advanced and user-friendly resource hub for effective dissemination of health education resources through different media meeting the needs and interests of users.

Target and Expected Number of Beneficiaries

There were more than 50 applications received in the previous project. It is expected that 50 schools including primary and secondary schools will join as Participating Schools (參與學校) from open recruitment. The existing Partner Schools are eligible to join the built-on project and with their experience gained in the previous years, we believe they could further enhance the resources that could benefit stakeholders of schools on a territory-wide basis. It will approximately influence 25,000 students (around 500 students per school x 50 schools), 1,000 teachers (around 20 teachers per school x 50 schools) and many parents of students. The existing GoSmart Channel will be renovated to enhance its function for further disseminating resources. It is anticipated that over 100 NEW videos and health education resources will be produced. The expected accumulated view counts will be 200,000 in the first year of the project. Dissemination of videos and resources through the Channel will cascade impacts which potentially benefit educators, students and parents on a territory-wide basis.

Innovation

Based on the users' feedback, the six video categories established in GoSmart.Net Project will be kept and the formats including modes of delivery will be renovated with innovative approach and contents will be substantially enriched in the built-on project. A new feature of summary reflection, also named as Health FAQ, will be established to give answers to the collected questions from users every month. A territory-wide healthy video competition will be conducted and the outstanding videos will be uploaded with commentaries from experts to the Channel for public access. More functions and features will be added in video production and GoSmart Channel. The Project Team will work with the Participating Schools in producing videos based on the students' and parents' needs. The evolved categories and features are listed in **Table 2**. The six categories interconnect with each other, for example, more details of the questions asked by the students or in the scenario could be found in other related videos. More integrated, diversified, and personal and family-oriented videos will be produced, and they would be more interactive as well.

Table 2. Evolvement of GoSmart.Net project depicted according to each video category

Video Category	Goal achieved in the previous project	What's NEW in this built-on project (2020-2023)		
		New Direction	New Style	New Resource
HPS Good Practices（健康促進在學校）	To showcase how educators implement the HPS concept in the school setting (33 videos released).	To provide more exemplars and build schools' capacity to meet new challenges facing nowadays schools.	Documentary interview	Credible information for tackling disease outbreak and other unforeseeable events (in the form of checklists/ worksheets)
Healthy Body in Youth 健康體格	To engage students in asking questions on different aspects of physical health and finding the answers (62 videos released).	To adopt more diverse and interactive approaches to discuss how young people maintain physical health.	Scenario-based drama/ talk show/ experiment/ Health FAQ	Tips for good hygiene practice, healthy smart-phone use and other health behaviours (in the form of checklists/ diary templates)
Healthy Mind in Youth 健康思維	To help young people identify emotional health conditions and establish positive attitudes towards life (33 videos released).	To produce more videos that encourage young people to think positively about ourselves and get rid of negative thought so as to build up resilience.	Scenario-based drama/ talk show/ Health FAQ	Understanding depression and other common mental health conditions, tips for positive thinking (in the form of e-pamphlet).
Social Wellbeing in Youth 群性健康	To buttress up young people to build healthy relationships with others (18 videos released).	To generate more videos depicting different types of interpersonal relationships (e.g. family, friends, lovers, netizens) and how to respond to different situations.	Scenario-based drama/ talk show/ Health FAQ	Tips for teens to build resilience and deal with cyber-bullying, how to help yourself through a breakup (self-help tools)
Youth Theatre 青年劇場	To express young people's views on health through school-based videos performed by students (42 videos released).	To enrich the channel by conducting a territory-wide healthy video competition for all schools.	School-based videos/ microfilms made by students	Student-expert partnership which enables students to share their questions and concerns and expertise to give advice (training)
Health Promotion in Community 健康促進在社群	To broaden students' horizons and understand how people in the society support health promotion (104 videos released).	To expand the audience to parents by engaging them in asking questions on child and adolescent health and finding the answers.	Family-oriented Interview/ case studies/ Health FAQ	A guide on parent-child communication, tips for parents who take care of children with allergy (in the form of a guide/ e-book)

New formats of video production will be explored to include documentary, scenario, talk show, sharing and case study etc. Professionals will be invited to share real cases, such as young people having certain health conditions and the ways to deal with them, to make the videos more appealing to the audiences. The videos will be enriched and develop into health education resources to enhance teaching and learning.

The existing Channel will be renovated to include more new functions (see the plan of Phase II on page 8). Comments will be collected online for ongoing improvement. The downloaded resources of registered users will be kept track (see also **Table 6** on page 14). Enquiries on health-related issues will be collected and a new feature of Health FAQ will be established to solve users' doubts by professionals. Users could use this new function for submitting any question related to health. The Health FAQ will be updated regularly to provide up-to-date information and solutions for public access. Newsletters will also be posted regularly for promotion of featured videos in line with needs of the audience.

HPS Good Practices: Building schools' capacity to meet the new challenges

HPS Good Practices is the category for schools to share their success stories and good practices on implementing HPS. With the recent outbreak of COVID-19 and the social movement in the past few months, there is a pressing need for building schools' capacity to tackle these new challenges in health crises and social issues. Leadership in implementing HPS concept is vital. CHEP will publish a book on "*Leading Healthy and Thriving Schools in Hong Kong: Theory and Practice*" in April 2020, theories of leadership and sharing of success stories by principals will be included in this book. This evolved video category would be enriched with documentaries from veteran educators who have successfully led his/her school becoming HPS, expertise on infectious disease control and more.

Healthy Body in Youth: Care for Every Students' Physical Health

A study found that the level of physical activity enhances mental wellbeing, self-efficacy and resilience of the adolescents (Ho et al., 2015), and it is crucial to help our students to develop a healthy lifestyle and build up healthy bodies at a young age. A variety of physical health issues are included in the existing category and most of them are targeting adolescence. In future, health issues in different developmental milestones will also be included such as the nutritional needs of young children, disease control, vaccination, eczema and asthma, weight management etc. These videos would also target parents as the primary audience. Scenarios and group discussion on physical health topics would be used as format and experiment could also be done to increase participation.

Healthy Mind in Youth: Building Up Resilience for Mental Wellness

Studies found that 21.7% of the interviewed primary school students were in stress (浸信會愛羣社會服務處, 2016) and one-fourth of the interviewed secondary school students showed a high anxious level (浸信會愛羣社會服務處, 2018). Liu et al. (2017) suggested that a teenager who has a healthy lifestyle and cheerful personality would help to lay the foundation for building resilience. Mental wellness of students was greatly affected by the previous social movement and stressors such as class suspension, life uncertainties etc. Another organisation found that the stress level was high in 41.7% of the 2,685 interviewed secondary school students (香港青年協會全健思維中心, 2019). This evolved video category could provide more support to students facing challenges while building up resilience. Students' views and myths would be collected for developing new video scripts and scenarios. Worksheets and self-help tools would be developed as well.

Social Wellbeing in Youth: For Healthy Interpersonal Relationships

Social media is commonly used among young people and the means of social interaction altered from face-to-face to via electronic devices. However, a study of 1,010 aged 12 to 29 Chinese in Hong Kong indicated that among 262 subjects under 18 years of age, 9.2% were found to present with different levels of social withdrawal (Wong et al., 2015). Students who adopted positive coping strategies, such as positive relationships with peers and teachers, have a better sense of wellbeing (Frydenberg, Care, Chan, & Freeman, 2009). When youngsters are so used to communicate with others with social media or communication apps, it is even more vital to enhance their social and interpersonal skills. These learned skills will make them benefited all their lifetime. This advanced category will be a good platform for cultivating their skills.

Youth Theatre: A Sharing Platform for Diverse Views of Students

Students' competency of making healthier choices could be empowered by student involvement (World Health Organization [WHO], 2017). Students could also increase their sense of belonging when they have more opportunities to take part. Wong, Zimmerman, & Parker (2010) suggested that student-adult partnership is the best type of participation and students can

provide creative ideas whereas adults can contribute their experience and knowledge (Libby, Rosen, & Sedonaen, 2005). The Project Team, affiliated experts and students will continue to work together to produce videos. Students will be offered with the opportunities to express their views and doubts on health, interview schoolmates and experts, take part in experiential activities to gain learning experience outside classrooms, contribute school-based microfilms via a territory-wide competition. All these will enhance the video category and encourage student involvement.

Health Promotion in Community: When Health Becomes the Norm in Parents

Children learn from their parents, so their role in nurturing their children in a healthy way is important. A study found parents' involvement has an impact on students' health and wellness as well as student development such as exercise habits, risk behaviours, healthy adjustment to college (Carney-Hall, 2008). Involving parents in video production will have a positive enhancement on students' wellness and development. Topics may include parenting skills, communication with teenagers, parent-child relationship etc. The Project Team will invite parents to join the video production to express their views and doubts on health. This could pave the way to establish a parents' network where they could share and support each other as their children grow.

Conceptual Framework

Cultivating a healthy lifestyle in students has been one of the ***Seven Learning Goals*** in the primary and secondary curriculum. CDC (2014) expects that the education provided by primary and secondary schools enables students to ***establish a healthy lifestyle***. The curriculum guide also emphasises ***IT for interactive learning*** as one of the ***Four Key Tasks*** in the curriculum, and schools should have mechanisms and resources to ensure that students' knowledge, skills and attitudes are properly developed through the use of IT (CDC, 2017a). Given this premise, teachers attempt to ensure the safe and healthy used of IT by students and enable students to learn how to identify and assess the accuracy and reliability of the information. Teachers are also encouraged to make use of the rich learning resources developed by bureaus, institutions and non-governmental organisations to allow students to access diverse learning resource available in the society and the internet as far as the quality of the learning resources is concerned (CDC, 2017b).

As teachers attempt to engage this generation of learners who love to use technologies, use of innovative video resources from reliable online platforms such as GoSmart Channel can be integrated to provide relevant and targeted health information to supplement the course content. Videos and other resources on GoSmart Channel are developed based on a holistic concept of health defined by WHO and the health content areas organised by CHEP. The WHO's definition of health is a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity redresses the medically biased emphasis on disease or infirmity (WHO, 2006). Health education has been organised around broad content areas such as ***personal health, food and nutrition, mental and emotional health, family life and sex education, prevention and management of disease*** (香港中文大學健康教育及促進健康中心, 2002). These health knowledge and life skills have been taught and strengthened in a variety of subjects in the curriculum, such as "Public Health" module in Liberal Studies (LS), "Keeping Ourselves Healthy" module in Integrated Sciences, "Health and Diseases module" in Biology, "Health and Living" strand in General Studies, throughout the entire curricular of Physical Education and Health Management and Social Care (HMSC), as well as the school-based informal curriculum and co-curricular activities designed according to the developmental stages and needs of students.

Social media has gone from strength to strength in terms of user numbers. Current local statistics in January 2020 on the usage of social platforms available indicate that there were 6.79 million internet users in Hong Kong (91% of the total population). Among Internet users aged 16 to 64, the average daily time spent using the internet on any device by each internet user was 6 hours and 16 minutes, and the time spent using social media was 1 hour and 57 minutes. Almost all internet users (93%) aged 16 to 64 in Hong Kong watched online videos, and most of them reported using [redacted] (82%), [redacted] (81%), and [redacted] (79%) in the past month in January 2020 (Kemp, 2020). It is expected that young people aged 14 to 25 watch more digital video than television, and these trends would only be accelerated in the future. Taking the shifts in the ever-changing communication and social media landscape, this built-on project aims to make better use of the GoSmart Channel to promote health and provide learning resources for students, teachers and parents. This project also adopts a relatively new concept of Media Health Literacy (MHL) proposed by Levin-Zamir et al. (2001) and further developed by Levin-Zamir and Bertschi (2018), Higgins and Begoray (2012) and other researchers. MHL describes a

continuum of competence in people ranging from the ability to identify health-related content in the media, recognise its influence on health behaviour, critically analyse the content, and to express intention to respond through action.

We have combined the definition of holistic health, health content areas, media use for health promotion and the concept of MHL into an overall model for planning of the proposed project. **Figure 1** illustrates this model and it helps assist in the development of the channel's infrastructure and associated project activities. It also depicts the relevance of the project to the learning and teaching of health-related subjects and the pathways to meeting the learning goals. The project is built on the foundation of the HPS framework advocated by WHO and the fruitful experiences gained from previous projects. It aims at constantly producing health videos and education resources which address common health content areas and challenges faced nowadays young people. The videos target all stakeholders of the school community including primary school children, adolescents, teachers, school leaders and parents. Ultimately, this aids in assisting the development of quality health education in schools towards their learning goals and creating a healthy community.

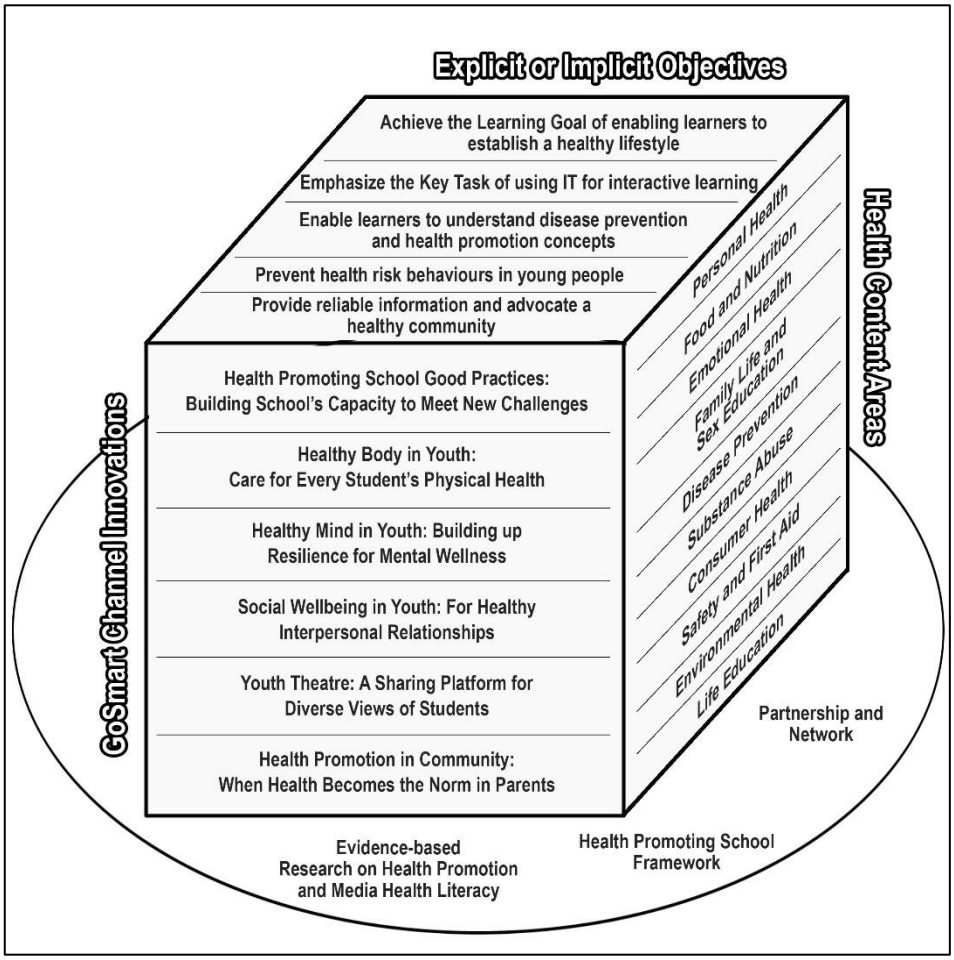

Figure 1. Conceptual Framework for Analysing and Implementing GoSmart.Net Built-on Project (2020-2023).

With technical support offered by the university and a video hosting company, videos produced by CHEP are posted on the web for public access under ***cuhk.edu.hk*** domain. The layout of the channel (accessed using a desktop) is shown in **Figure 2**. The responsive design allows smooth access using desktops, smartphones, tablets or other digital devices. The public can view all videos available on the channel for free and registered users (including students and teachers) can download supplementary education resources (such as worksheets in PDF format). This aids in recapturing the main concepts covered by the video a viewer just watched. Besides, the platform is supported by a Central Management System (CMS) which enables the Project Team to centralise, manage, and deliver video online. The system imports high-definition (HD) video files in any number of formats, including AVI, MP4, etc., and enable the delivery to the correct device type and screen size and ensure format compatibility. Viewers can choose to play the video either in HD or standard definition (SD) quality depending on the internet connection. They can search a video by keywords, by subject or by whether resource download is available. They may also hit the "like" button next to a video if they like it, or share a video link by social media websites such as Facebook, Twitter, and WhatsApp by clicking a button next to the video. The system allows the Project Team as an administrator to monitor the entire video library and gain insights into user behaviours such as audience size, users' profile, and viewing behaviours. This information will be used for evaluation and enhancement to provide a better viewing experience.

We believed that quality and effective health videos should: (1) have meticulous script wording which is understandable, non-technical, universal, and avoid controversy and bias; (2) adopt concise presentation that emphasises main points and priority advice, (3) not be too long (from three to eight minutes), (4) use high-quality production techniques such as use no talking heads, make main points by voice-over spoken messages, use warm close-ups, good lighting, and frequent scene changes. All these will help in conveying clear health messages and holding viewers' attention. **Figure 3** describes the

general process of video production which will be involved in the proposed project from identifying a health issue to broadcasting and evaluation.

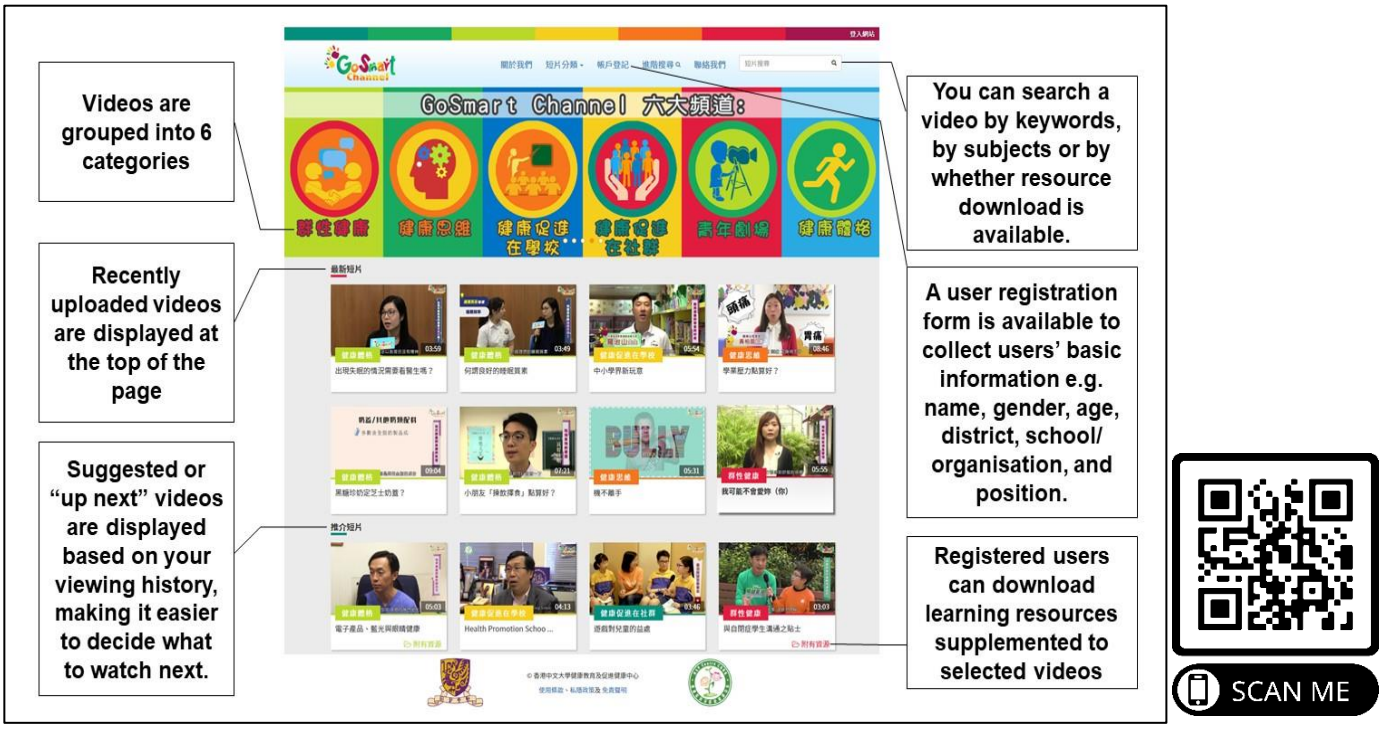

Figure 2. Homepage of GoSmart Channel.

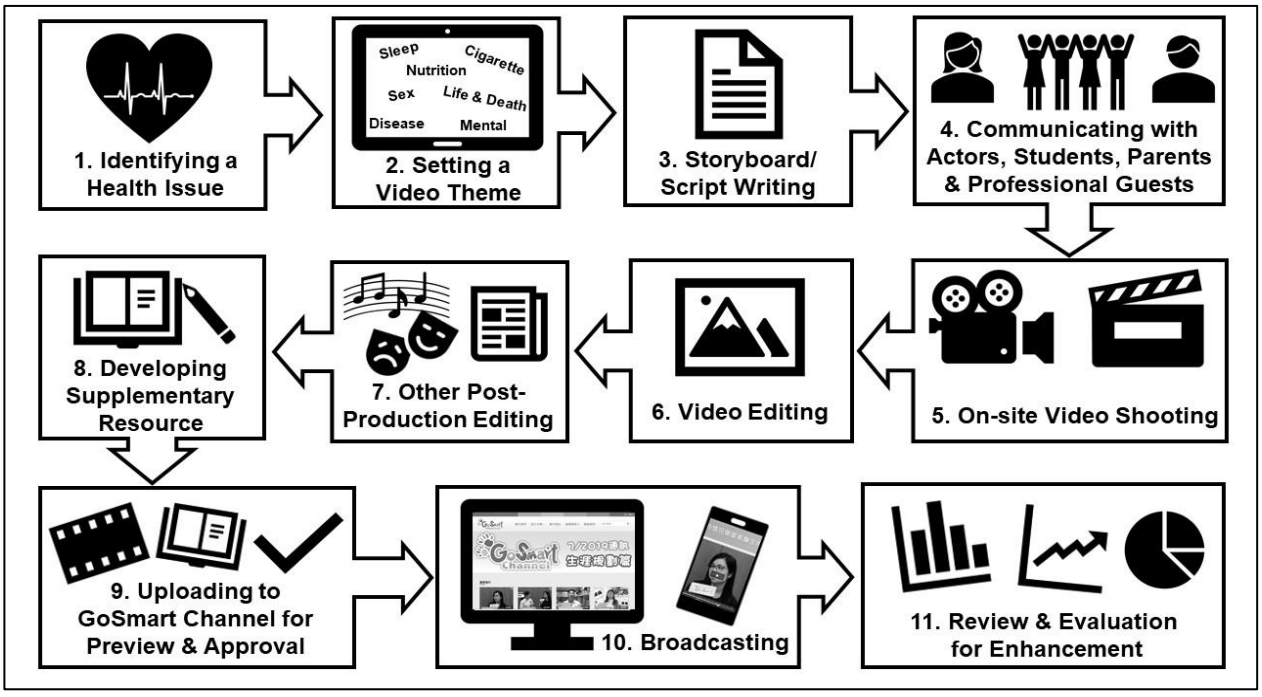

Figure 3. Video Production Workflow Process involved in GoSmart.Net Built-on Project (2020-2023).

Implementation Plan with Timeline

Phase I: School Recruitment and Needs Assessment (3 months from December 2020 to February 2021)

School Recruitment. Fifty Participating Schools (primary schools and secondary schools) will be recruited in the proposed project by February 2021. All Government Schools, Aided Schools and Direct Subsidy Scheme Schools are eligible. An invitation will be sent to the school principals via fax and email in December 2020 or on an earlier date pending acceptance of the proposal. Schools will join as coalition members and all members will be invited to participate in the planned activities including GoSmart reporter, experiential activities, as well as school-based video production etc. Each school application

received will be rated based on the information provided in the application form and supplementary information obtained by phone. The checkpoints on the following page will be used to assess the supportive infrastructure for the proposed project and the initiatives taken in the school to promote health:

1. The coordinating teachers have substantial experience in school health promotion and implementing video production activities. They should also be willing to maintain a good working relation with the Project Team to establish school-based health promotion and partnership programmes.
2. Campus TV facilities have been in place and a school-based video production team has been established for five or more years.
3. Active participation of students in video production and health promotion has been identified.
4. Active participation of parents in school activities and health promotion has been identified.
5. There are other related experiences, awards achieved or important preconditions of the school for the effective functioning of the project and successful health promotion in the school.

Schools that failed to be chosen as coalition members will be welcomed to join the sharing activities/ teacher training to be held by the project and to use the videos and resources being uploaded to the Channel. At least 30 schools will be newcomers so that more schools in Hong Kong can gain benefit from this Built-on project.

Liaison Meetings with Teachers. Two teachers from each Participating Schools will be assigned by the school principaschools l as the coordinators for this project. Biannual liaison meetings in either face-to-face or web-based format will take place since February 2021 to discuss project implementation and the progress made in each school, and the meetings will be facilitated by the Project Team. The role and responsibilities of the teachers is described on page 12.

Needs Assessment. Having stakeholders work together is a good way to bring a variety of perspectives and a great deal of knowledge. As involving parents in the project is one of our innovations, a teacher survey and a parent survey will be conducted to assess the needs and explore the approaches to meeting their needs. At least two teachers from each Participating School will be invited to complete a survey questionnaire with the following components: nature of health messages the school sent to families, teachers' attitudes towards family involvement, evaluation of family involvement efforts, and health promotion opportunities for parents. Another sample of 10-30 parents from each school will be invited to complete a similar questionnaire from a parent's perspective. These parents can be the committee members of the Parent-Teacher Association or the parent volunteers of the school. Suggestions for new video topics will also be collected.

Phase II: Improvement of the design and performance of GoSmart Channel (6 months from March to August 2021)

Responsive design. As we want the Channel to grow and engage the audience, increase view counts, create a good online reputation for providing interesting and reliable health information, the Project Team will meet regularly with the technical team to access all features and functions of the Channel and seek continuous improvement of the infrastructure. With a responsive design the Channel is designed to allow optimal experience of users to browse and play videos using desktops, mobile phones and tablets. However, the site was still not absolutely mobile-friendly based on a test performed in February 2020 at [redacted]'s Mobile-Friendly test site ([redacted]). Results showed that certain clickable elements in the Channel were too close together and some content were wider than a mobile screen, which could make the site difficult to use on a mobile device. These minor errors will be fixed in this phase.

Load speed. The GoSmart.Net site wasn't too bad with a page loading speed of 3.7 seconds, but there is room for improvement. The page was making 53 requests and was over 4.4 Mb, which is quite high, and could be caused by loading lots of images and JavaScript files from plugins that weren't being used. The test was performed in February 2020 using [redacted], a speed testing tool to analyse the performance of a website. Modifications will be made in Phase II working with the technical team to reduce the page loading speed and improve its performance. Possible ways of improvement include leveraging browser caching, optimising images, and adding expires headers.

Contact forms. To attract new users, more supplementary education resources will be available as an incentive for new users to make registration and revisit the website more frequently. To encourage feedback and enquires from the audience, enquiry forms will be added to the page to drive online feedback and enquiries. The number of fields on our new contact forms will have a direct impact on its conversion rate, so only essential information will be collected via the forms.

In this phase, the first student training seminar will take place where students (~100 participants) from Participating Schools will learn about the effective ways of promoting health in school.

Table 3. Overview of implementation plan of GoSmart.Net Built-on Project (2020-2023)

Action and Task	Month											
Phase I: School Recruitment and Needs Assessment (3 months from Dec 2020 to Feb 2021)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
● Recruitment of Participating Schools.	*	*	*									
● Teacher and parent surveys for needs assessment.	*	*	*									
● Formation of a working group of teachers from Participating Schools to support project implementation (The first liaison meeting).			*									
Phase II: Improvement of infrastructure (6 months from Mar to Aug 2021)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
● Meetings with the video hosting service team and improvement of the infrastructure of GoSmart Channel.				*	*	*	*	*	*			
● Preparation of new video production such as identification of health topics and storyboard development.				*	*	*	*	*	*			
● The first student training seminar (on health promotion).					*							
● The second liaison meeting with teachers.									*			
Phase III a: Resources development and project activities (12 months from Sep 2021 to Aug 2022)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
● Video production from video shooting, post-production, to uploading videos to GoSmart Channel (30 videos).	*	*	*	*	*	*	*	*	*	*	*	*
● A pre-survey measuring Media Health Literacy in students at baseline.	*	*	*									
● The third liaison meeting with teachers.			*									
● Approval of videos and development of supplementary education resources.	*	*	*	*	*	*	*	*	*			
● Support to Participating Schools and collection of school-based videos (~20 videos).						*	*	*	*			
● The second student training seminar on a specific health topic.					*							
● An international colloquium with overseas expertise from underdeveloped country and leading country as speakers as a promotion for the project.							*					
● The fourth liaison meeting with teachers.									*			
Phase III b: Resources development and project activities (12 months from Sep 2022 to Aug 2023)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
● Video production from video shooting, post-production, to uploading videos to GoSmart Channel (another 30 videos).	*	*	*	*	*	*	*	*	*	*	*	*
● The fifth liaison meeting with teachers.			*									
● Approval of videos and development of supplementary education resources.	*	*	*	*	*	*	*	*	*			
● Support to Participating Schools and collection of school-based videos (another ~20 videos).						*	*	*	*			
● The sixth liaison meeting with teachers (on evaluation and the way forward).									*			
● A post-survey measuring the change in students' Media Health Literacy.						*	*					
Phase IV: Dissemination and evaluation (3 months from Sep to Nov 2023)	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
● Data integration and analyses.										*	*	
● Healthy School Forum: A premiere of featured videos and a roundup of the health video competition.										*		
● Adding English subtitles to selected (20) videos for non-Chinese speaking group.										*	*	*
● Post-project evaluation surveys (users and teachers).										*	*	*
● A teacher seminar on the effective use of the resources on GoSmart Channel.											*	*
● Refinement of GoSmart Channel based on the results of evaluation.											*	*

Preparation of new video production such as identifying topics and writing storyboards will also be made based on the results of needs assessment and liaison meetings with teachers. Parents' and students' ideas will also be considered throughout the project. **Table 3** gives an overview of the implementation plan of the entire built-on project.

Phase III: Resources development and project activities (24 months from Sep 2021 to Aug 2023)

GoSmart Reporters and Experiential Activities. In the previous project, students of Partner Schools were facilitated to visit a variety of health professionals and community leaders and to conduct face-to-face interviews with them. Students not only visited the workplace of the guest they interviewed but also had experiential activities if feasible (such as taking part in simple farm work during video shooting at an organic farm). Feedback from participants was very positive. In the built-on project, each Participating School can join the activity at least once and students will conduct interviews with those we interviewed before or new guests. Other forms of experiential activities may include conducting an experiment to detect the presence of germs on the surfaces they often touch (see Example 2 in **Table 4**). The process will be video-taped and used to produce new videos.

Based on our workflow (see **Figure 3**), pre-production procedures (before onsite video shooting) will involve recruitment of voluntary actors, conducting student interview in Participating Schools, communication with actors, students and guests to arrange video shooting. Post-production procedures will include video editing, adding visual effects, subtitles and voice over. Approval videos will be broadcasted by phases and then supplemented with education resource to enhance learning.

Educational and testimonial videos. Since parents are the new audience of the Channel, a series of new videos will be produced to answer questions on child and adolescent health from a parent's perspective. Questions will be collected from parents through the needs assessment survey conducted in Phase I. Potential topics are abovementioned and **Table 4** gives an example of how a video on the tips of taking care of children with eczema (Example 3). Parents of children studying in secondary schools may be interested in communication with teenagers and development during puberty (see Example 4 in **Table 4**). Doctors and related professionals will be invited to respond to the questions and perhaps meet some parents from Participating Schools depending on the topic. Videos produced will be posted under the video category of *Health Promotion in Community*. Other educational and testimonial videos will also be produced according to each category.

School-based videos. Each Participating School will be encouraged to contribute videos to the Channel. Teachers and students will choose a health topic which they know will interest and involve young people. They will then develop a script/storyboard for discussion. The Project Team will try to make sure that the health concepts are correct and the messages to be conveyed by the videos are balanced. Teachers will guide their students to make the video, perform post-production editing, and perhaps develop supplementary education resource. Necessary support will be given to them by technical staff in the school and the Project Team. Most of these school-based videos will be posted under the video category of *Youth Theatre* category for sharing and showcasing the best of student work.

Another student training seminar and an international colloquium could be organised with overseas expertise from underdeveloped country and leading country as speakers as a promotion for the project. A pre-and-post questionnaire survey will be conducted during this phase to identify the change in students' Media Health Literacy in terms of their ability to identify health-related content in the media and to express intention to respond through action. ***At least 60 videos will be produced by the Project Team and at least 40 videos will be produced by Participating Schools by the end of this phase*.**

Phase IV: Dissemination and evaluation (3 months from Sep to Nov 2023)

In the previous project, Partner Schools had nominated their school-based videos to join the *GoSmart Outstanding Production Award* and the awarded videos were recognised and featured in the Channel. With the experience, a healthy video competition for all primary and secondary schools will be conducted and the astonishing videos will be awarded at a video viewing convention called Healthy School Forum in this phase. At least one city-wide teacher seminar will be organised to promote and share the effective use of the resources on the Channel. Other school-based or organisational-based training programmes, or other initiatives of promotion to strengthen health education skills among local teachers could be set up as the project evolves. Collaboration with school sponsors and the bureau would make the promotion plan be feasible and able to reach more teachers.

Table 4. An outline of four new videos to be made in GoSmart.Net Built-on Project (2020-2023).

Basic Description of the Video	Video's Purpose	Proposed Video Content	Education Resource
Tentative Title*: Are you a phubber?*《你是否低頭一族？》 **Estimated Duration**: 8 mins **Format: Scenario** **Audience**: Adolescents (primary), Parents & Teachers (secondary) **Category**: Healthy Body in Youth **Content Area**: Prevention and management of disease	(1) to reflect on the habit of smartphone use; (2) to discuss potential impacts of smartphone overuse on health; (3) to explore ways to relieve neck pain and discomfort.	Attention Grabber: A scenario or a made-up story (with a sense of humour) bringing out the situation of smartphone overuse in young people. Main Content: A collection of students' views of smartphone overuse and their perceived impacts on health and daily lives; symptoms of neck pain and cervical spondylosis explained by an orthopaedic specialist; recommendations to prevent neck pain and demonstration on acupoint massage or stretching for pain relief explained by a Chinese medicine practitioner/ physiotherapist; students' feelings after doing these remedies. Call to Actions: Tips for healthy smartphone use; a call to encourage viewers to join us and become registered users.	A diary template for recording smart-phone use and tips for healthy smart-phone use.
Tentative Title*: How Germs Spread in School?*《病菌大發現》 **Estimated Duration**: 8 mins **Format: Documentary** **Audience**: Adolescents (primary), Teachers (secondary) **Category**: Healthy Body in Youth **Content Area:** Prevention and Management of Disease	(1) to conduct an experiment to discover the presence of germs on the surfaces where students often touch; (2) to observe if schoolmates wash their hands properly.	Attention Grabber: A collection of students' responses to the question "which places of the school do you think have the most germs?" and video shots of schoolmates washing their hands. Main Content: An introduction explaining why a group of students experimented to discover the presence of germs on the surfaces they often touch; the process showing how students collected environmental samples from places such as handles and switches in the classroom, tables and chairs around the tuckshop, and saw germs and moulds growing on agar plates or pieces of bread; playback of the video taken before to discuss if schoolmates had washed their hands properly. Call to Actions: Tips for good hygiene practices; a call to encourage viewers to join us and become registered users.	A procedure manual for conducting this experiment in a secondary school setting, and tips for good hygiene practices.
Tentative Title*: All about Eczema*《濕疹無煩惱》 **Estimated Duration**: 8 mins **Format**: Interview **Audience**: Parents (primary), Children & Adolescents (secondary) **Category**: Health Promotion in Community **Content Area**: Prevention and Management of Disease	(1) to explore and answer common questions in parents about eczema; (2) to provide tips on taking care of children with eczema.	Attention Grabber: A collection of parents' questions on managing eczema of their child and remedies they have heard which may help ease the condition. Main Content: Causes and symptoms of eczema explained by a dermatologist or a paediatric; doctor's advice for parents to prevent and treat eczema in children (such as use a moisturiser, avoid certain foods and environments that may trigger or worsen the condition). Call to Actions: Tips for skincare in children with eczema; a call to encourage viewers to join us.	E-book on the causes, prevention and treatment of eczema
Tentative Title*: Myths and facts about puberty that every parent and child should know*《青春不迷茫：家長和孩子需要知道的真相》 **Estimated Duration**: 8 mins **Format: Scenario** **Audience**: Parents (primary), Children & Adolescents (secondary) **Category**: Health Promotion in Community **Content Area**: Family and Sex Education	(1) to identify common myths about puberty in parents and children; (2) to explain the facts about puberty from a health perspective; (3) to encourage parent-child communication.	Attention Grabber: A scenario bringing out common myths about puberty which children have in their mind but hesitate to talk about with their parents. Main Content: A collection of children's and parents' myths about puberty; the facts corresponding to each myth explained by a family doctor or a paediatric (such as the physiological and psychological changes observed during puberty); a collection of parents' worries about how to talk about puberty with their children (such as a daughter getting her first period, or a son being confused with the myth that nightfall is abnormal); doctor's advice for parents when talking to their children about puberty. Call to Actions: Tips for healthy and positive parent-child communication; a call to encourage viewers to join us.	A girl's guide to the first menstruat-ion, a parent's guide for positive parent-child communi-cation

At least 20 selected videos will be added with English subtitles for non-Chinese speaking groups. Post-project evaluation surveys will be conducted in this phase. Registered users and teachers who have ever used the resources on GoSmart Channel will be the targets for evaluation (see also **Table 6** on page 14). The results will reflect the views and interests of users and teachers and will be taken into account in future planning.

Teachers' and Principals' Involvement in the Project

The roles and responsibilities of teachers of Participating Schools are described below:

- Two teachers will be assigned as the coordinators for this project; support from the school principal has to be sought.
- Coordinators will act as the resource persons and participate in liaison meetings and work closely with the Project Team to select methods and media best suited to implement project activities for their students/ parents.
- Coordinators will also have to commit themselves to produce at least one school-based health videos (with the involvement of students) and developing associated resource supplementary to the video.
- Teachers of Participating Schools will be facilitated to use the resources on the Channel. They will be encouraged to provide feedback on how the resources are linked to the curriculum and are used to achieve the education goal.
- Coordinators will be invited to share at liaison meetings and project activities (such as teacher seminars), and perhaps in front of the camera, on the experience of producing school-based videos and how the resources on the Channel are used to promote health in the school.
- Coordinators will have to facilitate their students/ parents to attend and participate in project activities (such as training programmes and video shooting activities), conduct needs assessment and project evaluation.

Budget

Table 5. Summary of budget of GoSmart.Net Built-on Project (December 2020 to November 2023)

Description and budget breakdown	Calculation	Total (HKD)
A. Staff cost (justification specified on next page)		
1. Health Promotion Consultant x 1	$55,195 x 36months + $54,000MPF	$2,041,020
2. Health Promotion Officer x 1	$51,520 x 36months + $54,000MPF	$1,908,720
3. Research Assistant / Project Coordinator x 1	$17,500 x 36 months x 1.05 (MPF)	$661,500
4. Professional Instructor(s) on a sessional basis	$1,200 x 10 hours x 24 months	$288,000
5. Project Assistant x 1	$14,500 x 36 months x 1.05 (MPF)	$548,100
B. Equipment		
6. One advanced computer for video editing and website management	$18,000	$18,000
7. Video editing software	$268 per month x 36 months	$9,648
8. License for HD videos, background music, photo images and graphics for video production	$560 per HD video clip x 50 clips	$28,000
9. Film camera and accessories: film camera ($18,000), tripod ($1,500), video slider ($5,000), memory Card ($500), wireless video microphones ($3,000), shotgun microphones ($2,000), battery packs and chargers ($1,800), tele-converter ($3,000), wide attachment ($3,500), gear backpack ($2,000), warranty and other accessories ($2,000)	Cost for corresponding equipment: $18,000 + $1,500 + $5,000 + $500 + $3,000 + $2,000 + $1,800 + $3,000 + $3,500 + $2,000 + $2,000	$42,300
C. Service		
10. Video hosting (including webpages layout modification, "contact us" page with "enquiry/ comment" form design, optimising functions of the CMS, streaming integration & responsive setting to enable viewing in different digital devices)	Design: $22,500 Video convert system $22,500 CMS: $30,000 Responsive setting: $52,500	$127,500
11. Web hosting (providing unlimited video upload space and reasonable download bandwidth)	$18,000 per year x 3 years	$54,000
12. Post-production editing support (including video editing, adding visual effects, sound editing, adding subtitles and voice over)	$2,000 per video x 100 videos	$200,000

Description and budget breakdown	Calculation	Total (HKD)
13. Support for Participating Schools for purchasing props or equipment for school-based video production; and organising health promotion activities using resources on the channel.	$100,000 reserved for Participating Schools (CHEP will facilitate the applications and follow standardised procedures to approve them.)	$100,000
14. Helpers/ field workers supporting video shooting, data entry, data transcription and other duties relation project evaluation.	$60 per hour x 1000 hours (Average: 10 hours per video)	$60,000
Description and budget breakdown	**Calculation**	**Total (HKD)**
15. Helpers supporting pre-and-post surveys on Media Health Literacy in students.	$60 per hour x 500 hours	$30,000
16. Logistical arrangements of project activities such as parent-child activities, student seminars, health video competition, premiere, international colloquium, rent for a studio for video shooting.	$70,000	$70,000
D. Works	Not applicable	0
E. General expense		
17. Local travelling expenses to and from the venue of video shooting (carrying heavy video shooting equipment)	$400 x 40 times	$16,000
18. Audit fee	$15,000	$15,000
19. University administration (justification specified as below)		$936,100
F. Contingency		$23,100
Total		$7,176,988
Total	(round up to the nearest hundred)	**$7,177,000**

Justification of staff cost and university administration

Health Promotion Consultant (HPC). This project will need to develop a hub for a substantial amount of evidence-based health promotion resources across a wide range of health issues covering physical and psycho-social perspectives with the integrative approach. A high calibre health promotion specialist is needed to research on updated effective health promotion interventions and the changing needs of the student population. S/he needs to have substantial experience and track record in collaborating with high-level professionals in the health, education and social sectors locally and globally in developing the education hub. S/he is of high academic calibre who is serving as an academic partner with the project leader on the transfer of knowledge and skills. Apart from higher qualifications in health science and substantial experience in health promotion training and research particularly in school and community setting, s/he needs to have demonstrable expertise in working with experts across different disciplines of health and social services.

Health Promotion Officer (HPO). The HPO will assist the project leader to manage the team throughout the project as the HPC will devote the time for resource development. S/he will be responsible for strategic planning and programme implementation, making health resource content user-friendly, development and refinement of channel content, and provision of training to students/teachers. S/he needs to have a master degree in health sciences, substantial experience and a track record in school health promotion. Having experience in conducting research and publication of educational materials is desirable. Good leadership skills, communication skills and proficiency in English and Chinese are essential

Research Assistant/ Project Coordinator (RA/PC)**.** The RA/PC will act as the project administrator and be responsible for logistical coordination of project activities. His/her duties will include liaison with coordinating teachers, students and parents who participate in project activities, record keeping and routine operation of the channel, data management, providing support in video shooting and post-production editing, providing support in the development of supplementary education resources, procurement of equipment, and other duties. The RA/PC needs to have a bachelor degree in health sciences, experience in running school health promotion projects, and preferable skills in video production.

Project Assistant. The Project Assistant (preferably with a bachelor degree) will be responsible for offering assistance to other co-workers abovementioned and take part in all project activities. A lot of liaison work is needed for this project and project assistant serves as administrative support.

Professional Instructor(s). The Project Team including the project leader might not have all the expertise in all areas as this project that adopts a holistic approach for the health and wellbeing of students. Professional instructors on a sessional

basis are needed to fill the gaps in expertise. They will be responsible for developing videos/resources according to existing curriculum guides and delivering training programmes to teachers and students on the effective use of the resources. They need to have a master degree in education or health sciences. Working experience in health education projects and a thorough understanding of the curriculum (in LS, HMSC or health-related subjects) are crucial.

University administration. As described in the university policy, all research grants and contracts, such as QEF agreement, involving activities which take place on-campus or off-campus should include an overhead charge of 15% of the grant received (The Chinese University of Hong Kong, 2015). This will cover the cost of human resource management, procurement and maintenance of equipment and facilities, and technical support throughout the project period.

Expected Project Outcomes

At the end of the project, GoSmart Channel will have become a well-developed health education resource hub for primary and secondary school teachers, students, and parents. Main outcomes include:

- Building on the foundation of GoSmart Channel, an additional of 100 health videos, each lasts for about five minutes, will be available for free public access. Many of these videos will be supplemented with education resource (e.g. worksheet) accessible to registered users.
- Among these new videos, at least 40 of them will be produced by Participating Schools, at least 15 videos will be particularly designed for parents.
- Project activities for students will include at least two student training seminars, one video competition, one premiere of selected featured videos with the best quality, and one international colloquium with overseas expertise as speakers as a round-up for the project. At least 20 healthcare professionals' interviews or experiential activities will be arranged for selected students in Participating Schools.
- Project activities for parents will include at least five video shooting activities/ interviews/ parent-child activities.
- Teachers' competence in delivering quality health education and their confidence in promoting a healthy lifestyle and building a healthy school will be strengthened by the effective use of the resources on GoSmart Channel.
- Students' competence in utilising information technologies to produce health videos, health knowledge, communication skills, and ultimately their Media Health Literacy will be enhanced.

Project Evaluation

Table 6. Key Performance Indicators for GoSmart.Net Built-on Project Evaluation

Performance Indicator	Description	Checkpoint (information collected by the Central Management System, feedback surveys, pre-and-post surveys)
Exposure and engagement of viewers	- Viewers' feedback on website applications - The number of times content on the website is viewed - The number of viewers who participated in sharing content on the website and the degree to which they influence others	- Visits and views on a video - Number and types of suggestions or recommendations - Asset popularity (which content is viewed most often) - Number of registered users - Demographics of users and growth rate of users - "Likes" on videos - Downloads of an education resource - The number of times a video or link was shared
Engagement of teachers	- The number of teachers who used a video or resource on the website - Teachers' feedback on resource they used	- Downloads of an education resource by users who are working in the field of education - Number and types of suggestions or recommendations by teachers - Number of teachers attended the training seminar and the degree to which they use the resources available on the channel
Engagement of students	- The number of students who engaged in project activities and their satisfaction	- Attendance (Number of students attended project activities) - Number of videos produced by schools with involvement of students - Students' satisfaction on project activities and what they've learnt from the process of video production from a learner's perspective - Students' satisfaction on the videos/ resources from a user's perspective
Performance Indicator	**Description**	**Checkpoint (information collected by the Central Management System, feedback surveys, pre-and-post surveys)**

Media Health Literacy of students	- The competence of students to access and use health information available in media.	- Students' ability to identify health-related content in the media - Students' ability to recognise its influence on health behaviour - Students' ability to critically analyse the content - Students' ability to express intention to respond through action.
Engagement of parents	- The number of parents who participated in project activities and their satisfaction	- Attendance (Number of parents attended project activities) - Number of videos with involvement of parents - Parents' satisfaction on the videos and project activities

Success criteria include (by the end of the project):

- At least one-third of the new videos (33+) will have accumulated 800+ views per video.
- At least one-fourth of the new videos (25+) will have their supplementary education resource downloaded for 20+ times.
- At least 100 new users will have registered to the Channel.
- At least 80% of the teachers to be interviewed in the post-evaluation will agree that the resources are useful.
- At least 80% of the teachers to be interviewed in the post-evaluation will agree that the resources are useful.
- At least 80% of the attendants of the international colloquium will agree that the activity have broadened their horizon in health and school health promotion.
- The needs of parents will have been explored qualitatively and at least 15 new videos will be produced based on the findings.
- Students' media health literacy will have been accessed in a selected sample of students in participating schools.

Sustainability of project outcomes

GoSmart.Net built-on project will deliver various project activities and generate a substantial number of health videos accessible to the education sector and the public including parents. Its sustainability can be described at the following three levels: 1) *Community sustainability* is how the participants carry out the project activities even after CHEP leaves. The project will offer training to students on school health promotion and video production. After the training, these students and their teachers will then share their knowledge with other people in their schools. Teachers will be encouraged to use the resources on the Channel after the project as long as they are active users. In this way, the project will continue to reach indirect beneficiaries after official project activities are completed.

Financial sustainability is how the financial support required for running the platform will continue after the grant has ended. GoSmart.Net is now placed under the domain of ***cuhk.edu.hk*** and will continue to receive technical support by the university after official project activities are completed. As part of the dissemination initiative, CHEP will consolidate the experience of running this project and continue to promote the project deliverables (such as presentations at local and international seminars/ conferences, and advocacy campaigns working with media partners), and will write new proposals to funders/ donors to further sustain the platform.

Organisational sustainability is how CHEP itself continues to function after the project. The project aims at developing an enriched online resource hub for quality school health promotion and education. The platform will continue to provide resources to the education sector and the public after official project activities are completed. It will also help attract new users, volunteers and guests to be interviewed, as well as new media partners to help promote the project deliverables.

Dissemination/ Promotion of Project Outcomes

Towards project completion, CHEP will work with key stakeholders, including teachers, student leaders, parents to ensure that robust and actionable recommendations and guidance are generated, and to maximise the use of the resources on the Channel. We will also present the work at different occasions, and will collaboratively explore how our resources and research findings fit with the current curriculum and education policy, in what ways they could inform improvements to practice at all levels (classroom education, Other Learning Experience, parent education, teacher training and community

health promotion), and how best to translate health knowledge and research findings into usable and effective outputs. The project experience and its deliverables will be disseminated through a multi-faceted approach including:

- A major media campaign including articles in professional journals (e.g. Education Journal), press releases to general (e.g. [redacted]), and social media to raise awareness.
- Success stories, and newsletters distributed via the contact list of teachers (currently at over 800 individuals) who had ever participated in health promotion programmes/ activities initiated by CHEP, other appropriate outlets (e.g. [redacted] and HKEdCity).
- Presentations at local and international seminars, conferences, meetings (e.g. Teachers' Professional Experience Sharing Month organised by QEF, and the World Conference on Health Promotion organised by The International Union for Health Promotion and Education (IUHPE).

Report Submission Schedule

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

Project Management (Should be submitted via the "Electronic Project Management System" (EPMS))		**Financial Management** (Hard copy together with supporting documents should be submitted to the QEF Secretariat by mail or in person)	
Type of report and reporting period	**Report due on**	**Type of report and reporting period**	**Report due on**
Progress Report 01/12/2020 - 31/05/2021	30/06/2021	Interim Financial Report 01/12/2020 - 31/05/2021	30/06/2021
Progress Report 01/06/2021 - 30/11/2021	31/12/2021	Interim Financial Report 01/06/2021 - 30/11/2021	31/12/2021
Progress Report 01/12/2021 - 31/05/2022	30/06/2022	Interim Financial Report 01/12/2021 - 31/05/2022	30/06/2022
Progress Report 01/06/2022 - 30/11/2022	31/12/2022	Interim Financial Report 01/06/2022 - 30/11/2022	31/12/2022
Progress Report 01/12/2022 - 31/05/2023	30/06/2023	Interim Financial Report 01/12/2022 - 31/05/2023	30/06/2023
Final Report 01/12/2020 - 30/11/2023	29/02/2024	Final Financial Report 01/06/2023 - 30/11/2023	29/02/2024

Asset Usage Plan

Category	Item / Description	No. of Units	Total Cost($)	Proposed Plan for Deployment
Equipment	One advanced computer for video editing and website management	1	$18,000	The equipment will be used in University for various activities upon completion of the project
	License for HD videos, background music, photo images and graphics for video production	50	$28,000	
	film camera	1	$18,000	
	Tripod	1	$1,500	
	video slider	1	$5,000	
	memory card	1	$500	
	wireless video microphones	1	$3,000	
	shotgun microphones	1	$2,000	
	battery packs and chargers	1	$1,800	
	tele-converter	1	$3,000	
	wide attachment	1	$3,500	
	gear backpack	1	$2,000	

Remarks

- Centre for Health Education and Health Promotion, The Chinese University of Hong Kong (CHEP) ensures that the ownership and copyright of the deliverables is vested in the Grantor so that it can be disseminated to all schools.
- CHEP understands that the expenditure items funded by the QEF are one-off. CHEP will bear the recurrent expenditure incurred, including maintenance costs, daily operating costs, etc. and the possible consequences that may arise.
- CHEP ensures that all procurement of goods and services is conducted on an open, fair and competitive basis with measures taken to avoid conflict of interests in the procurement process.