

愛+人：賽馬會和諧社會計劃

Family 愛+人

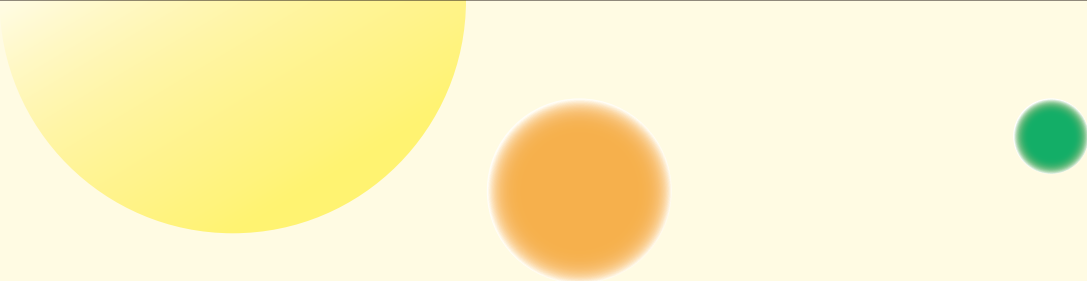
健康康樂 開開心心 和和氣氣
Health Happiness Harmony

賽馬會和諧社會計劃
A Jockey Club Initiative for a Harmonious Society



FAMILY Project Achievement Report

2007 - 2017



Sharing the Fruits of Our Collaborative Success : FAMILY *Health, Happiness and Harmony*

———— FAMILY Project Achievement Report ————

十載共營・家有康和樂——賽馬會「愛 + 人」計劃成果冊

2007 - 2017



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Mr. Leong Cheung
Executive Director, Charities and Community,
The Hong Kong Jockey Club

Joining our community partners to build a harmonious society

In recent years, demographic shifts, economic upheavals and changing societal norms and values, together with immigration across borders, are creating new processes and relationships within families. Family structure in society has become more complex and diverse, creating many areas of discord in family life.

To address these evolving challenges, The Hong Kong Jockey Club Charities Trust earmarked HK\$250 million in 2007 to launch a citywide project titled "FAMILY: A Jockey Club Initiative for a Harmonious Society" ("FAMILY Project"), in collaboration with the School of Public Health of The University of Hong Kong. The project included a citywide household survey, the development of intervention projects and a wide range of programmes for community participation. Approaching with a public health perspective, the project aims to devise suitable preventive measures and strengthen the message of FAMILY Health, Happiness and Harmony ("the FAMILY 3Hs") for better family holistic health.

Over the past ten years, different community partners have come together to implement more than 20 community-based intervention programmes under the FAMILY Project, attracting participants of all ages and from all sectors. At the same time, diversified, interactive training workshops have been organised for social service practitioners to help them promote the FAMILY 3Hs and FAMILY Holistic Health more effectively through community-based programmes. The project has also provided channels for family co-operation and sharing, while promoting the FAMILY 3Hs across three generations to build a better and more harmonious society for all. Today, the FAMILY Project has directly benefited over 350,000 members of the public.

In addition, we have published a series of practice manuals and project reports to share the valuable data and experiences collected for the FAMILY Project from household surveys and community-based programmes. We hope these can serve as useful reference for policy

makers and social service providers to help foster a more harmonious community.

On behalf of The Hong Kong Jockey Club Charities Trust, I would like to express my deepest gratitude to the FAMILY Project Team of the School of Public Health of The University of Hong Kong, the government and all participating social welfare and other organisations for their incredible support in making the project such a success, and in helping to spread the FAMILY 3Hs and FAMILY Holistic Health messages to everyone in the community.



Prof. Lam Tai Hing, BBS, JP
Sir Robert Kotewall Professor in Public Health;
Chair Professor of Community Medicine,
School of Public Health,
Li Ka Shing Faculty of Medicine,
The University of Hong Kong; and
Principal Investigator, FAMILY Project

The making of a better society starts from the family

We are most grateful to The Hong Kong Jockey Club Charities Trust for their generous support and sponsorship, and for inviting the School of Public Health of The University of Hong Kong to collaborate in spearheading “FAMILY: A Jockey Club Initiative for a Harmonious Society” (“FAMILY Project”) for the benefit of the community. Taking the family as the starting point, the project adopted theories and practices from the public health and evidence-based approaches as its design framework as well as integrated the concepts of “Best Science, Best Practice”. This enabled the project to provide a solid foundation for future policy formulation, so as to realise the goals of FAMILY Health, Happiness and Harmony (FAMILY 3Hs) and FAMILY Holistic Health for all.

As the ancient Chinese saying goes, “Harmonious families can foster domestic felicity and prosperity; domestic unity in turn can foster national stability and solidarity.” To benefit our society, the FAMILY Project has cultivated a collaborative platform between the academia and different non-government partners – including various district and government organisations – in developing a series of community-based projects to prevent and

alleviate family problems. Over the years, the Project has established a world-leading reputation with its innovative family and community service models, with notable influence on the social service and public health sectors. Furthermore, different community events founded on the principles of positive psychology were organised to publicise innovative concepts like “Enjoyable, Easy and Effective” “Zero Time Exercise”. While promoting holistic health messages to the public, the project also emphasised positive family communication to foster closer, more harmonious families and a more harmonious Hong Kong.

Apart from implementing various community-based projects, the FAMILY Project also investigated the FAMILY 3Hs status of families in all 18 districts through “territory-wide household surveys” and “Hong Kong Family and Health Information Trends Surveys” to support the government and others in the planning of family-based, health-related programmes and policies. Furthermore, public education events were held to encourage family participation in healthy lifestyle activities to disseminate messages on FAMILY Holistic Health, and to promote FAMILY 3Hs at all levels of our community.

The FAMILY Project owes its continuous developments and achievements to the support and collaboration of many organisations and individuals. They include government departments – Social Welfare Department, Family Council, Department of Health; non-governmental organisations – Caritas Hong Kong, Christian Family Service Centre, International Social Service Hong Kong Branch, Hong Kong Christian Service, Hong Kong Family Welfare Society, Hong Kong Island Women’s Association, Hong Kong Sheng Kung Hui Welfare Council, The Boys’ and Girls’ Clubs Association of Hong Kong, The Hong Kong Council of Social Service, Tung Wah Group of Hospitals; and the Committee on Home-School Co-operation and the numerous schools, district organisations and members of the public who have participated in the Project. On behalf of the FAMILY Project Team, I would like to convey my sincerest gratitude to you all, and I wish you will benefit from the best in FAMILY Health, Happiness and Harmony and FAMILY Holistic Health.

A large, stylized sun with a bright yellow center and orange rays. The rays are thick and have rounded ends. The background is a gradient of yellow and orange. In the bottom left corner, there are several overlapping circles of various sizes, some solid yellow and some with a gradient, creating a bubbly effect.

People

With strong leadership and influence that shined through to every level of the project, our enthusiastic supporters and team members steered the FAMILY Project toward continuous growth in achievements and stature.

Words of Recognition

“The FAMILY Project is an innovative social project which aims to make Hong Kong a more caring and inclusive society through promoting traditional family values from a public health perspective. It adopts a tripartite approach based on family, community and evidence to integrate theories and practices. By bringing together the efforts of the public, the business sector, the government, social enterprises and academia, the project encourages cross-sector and inter-disciplinary collaborations to promote the spirit of a caring community. The project focuses on getting to the root of family problems and implementing preventive measures. I believe that this meaningful project is conducive to both the future development of the social services sector as a whole and the effective formulation of government policies.”



「愛+人」是一項創新的社會工作計劃，透過公共衛生的理念提倡傳統家庭觀念，促進香港的關愛共融文化。計劃以家庭、社區和實證為本，理論與實踐並重，力求體現跨界別和跨專業協作，凝聚民、商、官、社企和學術機構的力量，宣揚關愛精神。計劃着眼於家庭問題的根源，防患於未然，以收正本清源之效。這項計劃別具意義，對社福界未來發展和政府施政皆有助益。

Mr. Cheung Kin Chung, Matthew, GBM, GBS, JP
Chief Secretary for Administration
The Government of the Hong Kong Special Administrative Region
 張建宗先生, GBM, GBS, JP
 政務司司長, 香港特別行政區政府

“In line with our strong support lent to this project (the FAMILY Project), the Social Welfare Department, together with many other social welfare organisations, have all fully acknowledged the importance of “Happy Families”. Faced with all the pressures and problems in the community today, we firmly believe that a happy family will bring hope into our lives and to every family member. A happy family serves a highly important role or function – which produces positive impact far exceeding the limits of our imagination.”

“社會福利署一直大力支持這項計劃，我們和其他社福機構亦全面肯定「快樂家庭」的重要性。今天香港雖然面對不少壓力和問題，但我們深信快樂家庭能夠為個人和整個家庭帶來希望。一個快樂的家庭扮演非常重要的角色，其發揮的作用往往超乎想像。”



Ms. Carol Yip, JP
Director of Social Welfare
 葉文娟女士, JP
 社會福利署署長

“The FAMILY Project has come a long way in terms of promoting family holistic health in the community. A healthy lifestyle is a crucial foundation for every family. By adopting the programme models developed by the Project, family members can support and influence each other to adopt a healthy lifestyle which includes healthy eating, regular exercise and staying positive.”

“「愛+人」計劃多年來在社區推廣「家家好健康」的訊息已獲得顯著的成績。健康的生活方式是家庭的重要基石。這計劃創造了各種項目模式，包括學習健康飲食、做運動和保持心境開朗，使每家每戶可透過家人的互相鼓勵、支持、影響來活得更健康。”

Dr. Ko Wing Man, GBS, JP
Former Secretary for Food & Health
 高永文醫生, GBS, JP
 前食物及衛生局局長



“I am delighted to see the Jockey Club, the School of Public Health of The University of Hong Kong and NGOs join hands in working on community-based projects to convey the message of “FAMILY Health, Happiness and Harmony”. Using Zero Time Exercise to encourage more physical activity among time-starved Hong Kong people is a wonderful idea! I would like to congratulate all participating NGOs for their hard work and contribution to the Project.”

“喜見賽馬會、香港大學公共衛生學院和非牟利機構為這個社區為本計劃出力，帶出「家有康和樂」的信息。我認為使用零時間運動去推動生活忙碌的香港人多做運動是很好的主意！在此感謝各非牟利機構在計劃中付出的努力。”

Prof. Chan Siu Chee, Sophia, JP
Secretary for Food & Health
(Former Under Secretary for Food & Health)
 陳肇始教授, JP
 食物及衛生局局長
 (前食物及衛生局副局長)



Family Project Team Members

Investigators

Professor	LAM Tai Hing	林大慶教授	Principal Investigator
Professor	LEUNG Gabriel Matthew	梁卓偉教授	Co-Investigator (until 17 September 2008) (from 1 July 2012 onwards)
Professor	CHAN Siu Chee, Sophia	陳肇始教授	Co-Investigator (until 31 Oct 2012)
Professor	STEWART Sunita		Co-Investigator

Administration Team

Ms WAN Ngai Teck, Alice 溫艾狄女士 Project Administrator

Current Staff (as at 19 Jan 2017)

Ms	KELU Jarita	盧芷茵女士	Executive Assistant
Ms	LEUNG Shuk Man	梁淑敏女士	Executive Assistant
Ms	LO Ka Man	羅嘉雯女士	Office Assistant
Ms	PANG Ka Lai	彭嘉麗女士	Executive Assistant
Mr	WONG Hoi Wa	黃凱華先生	Technical Manager
Ms	YIP Wing Ki, Candy	葉穎琪女士	Executive Officer (Part-time)

Former Staff

Mr	CHAN Kam Wing	陳鑑榮先生	Mr	CHAU Ming Lung	周銘龍先生
Ms	CHENG Lan	鄭蘭女士	Ms	CHEUK Siu Man, Maggie	卓紹雯女士
Ms	CHUNG Yuen Yan, Jenny	鍾婉欣女士	Mr	LAU Wai Leung, Bosco	劉煒亮先生
Ms	LEE Geok Eng	李玉英女士	Ms	LIN Guanting	林觀婷女士
Mr	TO Yi Foo	杜宜寬先生	Dr	YU Ying Ying	俞瑛瑛博士
Ms	YUEN Ming Chun, Jenny	袁明珍女士			

Family harmony is interrelated to our health and well-being. The family-based service approach developed by the FAMILY Project can foster better family communication and positive relationships because it engages families as a unit. I believe that practices advocated by the Project – such as expressing more appreciation and spending more quality time among family members – can foster more harmony within families and our society.

“和睦家庭與我們整體健康息息相關。「愛+人」計劃研發出來的服務模式以家庭作為基本單位，並強調整個家庭的參與，有助促進家人之間互相溝通及提昇正向關係。我認為計劃主張的行動——如多表達讚美及共享更多優質時間——可為家庭以及社會帶來更多和諧美善。”

Ms. Hui Hiu Fai, Florence, SBS, JP
Former Under Secretary for Home Affairs
許曉暉女士, SBS, JP
前民政事務局副局长

The theories and concepts of the public health approach are not confined to the medical field – they are also applicable to the social welfare sector. Besides, cross-sector partnership in working towards the same goal is highly worth promoting in the social welfare sector. It is easy to inspire individuals, but much harder to inspire entire families. The FAMILY Project advocates family-based participation, a practice that I strongly support. I hope that this project will continue.

“公共衛生的理念不單局限於醫學界，也適用於社福界；而為共同目標跨界別合作，亦很值得在社福界推廣。啟發一個人容易；啟發整個家庭困難。「愛+人」鼓勵一家人的參與，我十分認同，希望這個計劃可以延續下去。”

Prof. Shek Tan Lei, Daniel, SBS, JP
Chairman, Family Council
石丹理教授, SBS, JP
家庭議會主席

Health Communication Team

Current Staff (as at 31 Mar 2017)

Ms	CHAN Yan Tung, Jamie	陳欣彤女士	Programme Assistant (Part-time)
Mr	CHENG Ka Man	鄭嘉文先生	Programme Assistant
Mr	FUNG Kevin Walter	馮永佳先生	Technical/Clerical Assistant
Dr	HO Chun Yip, Henry	何振業博士	Project Manager
Mr	KING Chie Yung, Jackie	金志勇先生	Programme Assistant
Dr	LAI Yuen Kwan, Agnes	賴婉君博士	Project Team Leader
Ms	LAU Chieh, Grace	劉 婕女士	Team Coordinator
Mr	LAU Shing Oh	婁聖軻先生	Programme Assistant (Part-time)
Ms	LEE Letitia	李 悅女士	Programme Assistant
Ms	MA Ke	馬 可女士	Programme Assistant
Ms	NG Yuen Kiu	伍婉翹女士	Programme Assistant
Dr	SHEN Chen	沈 沉博士	Project Manager
Ms	SOONG Sze Sze	宋思思女士	Senior Research Assistant (Part-time)
Ms	SUEN Man Tung, Michelle	孫敏童女士	Programme Assistant
Mr	WONG Ka Kin	黃家健先生	Technical/Clerical Assistant (Part-time)
Ms	ZHOU Yi	周 易女士	Programme Assistant

Former Staff

Dr	AU Wing Han, Doreen	歐穎嫻博士	Ms	CHAN Ka Ying	陳嘉盈女士
Ms	CHAN Wai Yin	陳慧妍女士	Ms	CHEN Qiuting	陳秋婷女士
Mr	CHEUNG Man Chung, Man	張文進先生	Dr	CHEUNG Yee Tak, Derek	張懿德博士
Mr	CHIU Kwok Hoi	趙國凱先生	Dr	CHU Ting Wai, Joanna	朱庭煒博士
Mr	CHUNG Yuet Ming	鍾悅皿先生	Ms	DENG Yuanjie, Sasha	鄧元婕女士
Ms	HO I Tong	何綺彤女士	Mr	HO Ka Chun	何家俊先生
Mr	JAW King Hei	姚景禧先生	Ms	KWOK Cheuk Ting, Joanna	郭卓婷女士
Ms	LAU Cheuk Yin	劉卓賢女士	Dr	LEE Ka Yiu	李嘉耀博士
Ms	LEUNG Ho Ting	梁皓婷女士	Ms	LEUNG Man Sze, Carmen	梁文詩女士
Mr	LI Chi Hang	李志恒先生	Ms	LO Chung Man	盧頌雯女士
Dr	MA Man Sze, Cecilia	馬汶詩博士	Mr	NG Chi Hei	吳志氣先生
Ms	NG Ngar Ting, Janice	吳雅婷女士	Dr	NG Yin Lam	吳彥琳博士
Ms	TIN Sze Pui, Pamela	田詩蓓女士	Dr	WANG Man Ping	王文炳博士
Ms	WANG Xin	王 欣女士	Mr	WONG Chun Hin	黃震軒先生
Mr	WONG Ka Hei, Kevin	黃家熙先生	Ms	WONG Shuet Ying	黃雪瑩女士
Mr	WONG Siu San	黃兆新先生	Ms	WONG Ying Ying, Rita	黃英瑩女士
Dr	XIE Yaojie	謝瑤潔博士	Mr	YAU Yue Chi	邱豫之先生
Ms	YUEN Cheuk Yam	袁卓音女士	Ms	ZHOU Jingwen	周靜文女士
Dr	ZHOU Qianling	周倩齡博士			

Cohort Team

Former Staff

Ms	CHAN Chong	陳 莊女士	Dr	CHAN Ho Yeung, Brandford	陳浩洋博士
Ms	CHAN Wai	陳 慧女士	Mr	FONG Wan Chung, Brian	方允中先生
Ms	HO Tsz Ching	賀梓菁女士	Dr	KAVIKONDALA Sushma	蘇舒瑪博士
Ms	LAI Kit Hang	黎潔恆女士	Mr	LAM Hoi Wah	林凱華先生
Mr	LAW Kam Lun	羅錦麟先生	Dr	LEE Hong	李 匡博士
Mr	LEE Lap Man, Ken	李立民先生	Ms	LI Angel	李沛賢女士
Dr	LI Kin Kit	李健傑博士	Mr	LIM Jin Wai, William	林振威先生
Ms	LIU Xiaoshi	劉曉詩女士	Ms	LOK Yin Sun, Viviane	駱燕生女士
Ms	LU Jiayi	盧嘉怡女士	Dr	NAN Hairong	南海榮博士
Mr	NG Chung Kwong, Marcus	伍頌光先生	Mr	NG Ngok Chung	伍岳宗先生
Dr	TAM Wai San, Wilson	談維新博士	Dr	TANG Kwok Hung	鄧國鴻博士
Dr	WONG So Wan	黃素雲博士	Mr	WONG Tsz Kin, Paul	黃子健先生
Ms	WU Yueming	鄔月明女士	Ms	YAU Yik Shi, Cynthia	丘亦詩女士
Mr	YIU Kar Lai	姚家禮先生	Dr	YU Ho Yan	余浩欣博士

Intervention Team

Former Staff

Ms	CHAN Man Wai	陳汶慧女士	Ms	CHOI Wan Ling, Ranee	蔡韻齡女士
Ms	DANG Yan Yan, Beatrice	鄧恩欣女士	Dr	FABRIZIO, Cecilia Stover	傅莉雅博士
Dr	HIRSCHMANN Malia Anne Richmond	張艾佳博士	Ms	IP Ka Yan	葉嘉茵女士
Ms	LEE Sze Tsai, Esther	李思齊女士	Mr	TSE Yan Ching	謝殷正先生
Dr	WONG Po Shan, Joy	黃寶珊博士	Dr	YU Xiaonan, Nancy	于肖楠博士



An interview with **Ms. Imelda Chan,**

*Head of Charities (Grant Making – Elderly, Rehabilitation,
Medical, Environment and Family), The Hong Kong Jockey Club*

1

How did the Hong Kong Jockey Club Charities Trust (the Trust) first get the idea of funding a family-based project? Can you tell us how the collaboration with the School of Public Health (SPH) of The University of Hong Kong all started?

Back in 2006, we found that our society had developed so rapidly that the family structure became more complex and diverse, creating a range of discords to family life. Traditional Chinese values like treating the family as a cohesive unit and society as 'one big family' seemed to have faded with the advent of our social and economic progress. We believed that reinstating these traditional family values may help alleviate some of these social problems.

After numerous consultations with different non-governmental organisations (NGOs), universities and government departments, we realised that the social work approach may not be the only way to go about this because it was very focused, mainly remedial and personalised. Then we met the SPH, and we learnt about the public health approach advocated by the World Health Organization. After much research and discussion, we decided this was the approach that we would like to try as it could be used to reach a wider audience through public education programmes. To be more focused, Prof. Lam suggested we should concentrate on FAMILY Health, Happiness and Harmony (3Hs), and that was how the FAMILY Project and our collaboration with SPH started.

2

How would you describe the collaboration between the Trust, The University of Hong Kong, and other FAMILY Project collaborators? What were the synergies and common goals uniting you in driving such a long-term, large-scale project?

As the initiator and funder of this project, we actively researched social problems and explored innovative approaches to engage different sectors with the aim of filling service gaps and creating synergies across sectors in society.

The project would not have been possible without the support of our NGO partners. However it was not easy to convince them to adopt the public health approach at the beginning. They were used to doing things in a very structured way, like organising a series of consultation training sessions for each specific topic or intervention. The public health approach was more flexible because it tackles problems from a broader perspective at different levels. Since our aim was to increase people's awareness and motivate them to take appropriate action, we focused on several key objectives and engage more people in a less in-depth way.

Besides, many NGOs were not familiar with the rigorous evaluation and follow-up sessions – what Prof. Lam called 'Best Science, Best Practice'. Their normal practice was to use customer satisfaction surveys for project evaluation to gauge participants' feelings at the end of the programme. But, it might not be an effective way to assess the impact of a particular project. After collaborating on the five intervention programmes, our NGO partners all exclaimed that the FAMILY Project had opened up their eyes by taking evaluation standards to a new level. At last, they had acquired the 'Best Science' methods to prove that they were implementing the 'Best Practices', which enabled them to benefit more people, and based on the evaluation results of their projects, they could get more funding from other sources.

The Trust has also been actively engaging the government by inviting them to our events and updating them on our accomplishments, so that they can make reference to our service models for further revamping the existing services, if necessary.

3

In your view, what is the most valuable contribution of the FAMILY Project to the community?

I think the establishment of the Family Council by the Hong Kong SAR Government was the biggest testament to the contributions of the FAMILY Project, because it showed that the government recognised that family is the foundation of our society and that good family relationships build a harmonious society. In fact, Professor Lam was invited to sit in the Family Council and has continued to influence the Government to build a family-friendly Hong Kong. Recently, the Council piloted a project which has adopted the practices on application procedures, evidence-based evaluation and NGOs co-operation model similar to the FAMILY Project. Our project also provided useful reference for the government's Review Committee on Mental Health and for the Department of Health's Joyful@HK campaign, which used the same principles for funding and programme implementation.

Like other Trust-initiated projects, the FAMILY Project successfully developed a showcase of new, tried-and-tested methods for the sector, so that effective models could be incorporated into our society's mainstream services. Strong engagement of the government was always a key element of the projects – principal officials were invited to officiate at our events, and we kept the government informed of the project progress. As a result, the FAMILY Project is able to make an impact on the system level. We were invited to introduce the project to high-level officials such as committee members of the Family Council, Director of Social Welfare and her senior staff, and at annual district welfare planning forums, where our recommendations have been incorporated.

Another valuable contribution was the cohort study – a pioneer survey in Hong Kong which collected data from 20,000 households. The data were analysed and compiled into district reports and a comprehensive report of the whole territory to provide relevant parties an excellent reference on the 3Hs of Hong Kong people at different levels. It was the first survey in Hong Kong to study households as a unit, making it different from the approach of the Census and Statistics Department which mainly collected data from individuals.

Thirdly, I think the FAMILY Project has changed the way the social service sector organises their programmes. They would now think more carefully about the goal and design of their programmes to better achieve their intended objectives. And most importantly, the project contributed to the community as a whole through its widespread communication programmes and targeted interventions like new immigrants and grassroots families. The FAMILY Project has definitely benefitted the general public and made a great impact on the community.

4

In what ways would you say the FAMILY Project is unique among the various community projects funded by the Trust?

The FAMILY Project was initiated by the Trust, which was different from other Trust-funded projects based on applications submitted by NGOs. The most distinct feature of the FAMILY Project is that it was led and revolved around the notion of a family. In addition, we have teamed up with government departments, hundreds of NGOs, schools and community partners in the past 10 years, and they all have contributed to the success of the project.

5

How would you describe the journey of the FAMILY Project since it started in 2007? What would you say were the project's major milestones?

I would say that the Enhancing Family Well-being Project in Shamshuipo was a major milestone. With only minimal resources, we successfully engaged dozens of NGOs, and managed to mobilise the entire district towards the same goal. The enthusiastic participation of NGOs and government officials created an uplifting ambience which amplified the impacts beyond families to the entire district. The large-scale collaboration among different parties in the district and the project's remarkable success were both touching and very memorable.

Another milestone was the Learning Families Project targeted residents of public housing estates in Kwun Tong. We adopted an innovative approach to reach out to residents through Estate Managing Advisory Committees (EMACs) and Mutual Aid Committees (MACs), and made use of traditional Chinese ethics in our model. As such intervention models were very rare internationally, we received a delegation led by the Dean of the Harvard School of Public Health who were keen to learn more about the project. They were very impressed with the level of engagement of the residents, who were mostly from grassroots families. Instead of just distributing handouts or promotional leaflets, we introduced unconventional methods to engage the residents direct and exemplified a new practice model for the social service sector.



6

The FAMILY Project has been running for ten years with numerous academic, scientific and social health achievements; it has gained reputation and exerted influence on the local policy level and on public health research internationally. In what ways do the project fulfil the Trust's current and future directions in community involvement?

The FAMILY Project has made a lasting influence on our other projects in many ways. We have started placing more emphasis on evaluating the impacts of our programmes since adopting the 'Best Science and Best Practice' approach. We also saw the value of providing training for our NGO partners because we facilitated them to develop a more outcome-oriented way of thinking in addition to building up their capability for organising various family programmes.

Besides, the FAMILY Project also pioneered the holding of 'practice wisdom forums'. These forums enabled us to showcase our innovative models and successful experiences to the sector, including NGOs which have not participated in the project. Our methods have all been documented for social workers' future reference in organising similar programmes of their own. In this way, the benefits of our programmes were not confined to programme participants, but extended to all front-line service providers and the entire sector.

As I mentioned before, the main objective of Trust-initiated projects like the FAMILY Project was to fill service gaps and tackle a social problem by establishing evidence-based practices or service models for the reference of policy-makers and service practitioners. We have succeeded in developing several service models with the FAMILY Project, CADENZA for the senior, and Read & Write Project for dyslexic children, which have all been assimilated into related policy development. In recent years, we noticed that the government has started commissioning various organisations to pilot new community services, as exemplified by the Health Care Promotion Fund of the Food and Health Bureau. The government's taking a more proactive stance in research and evidence-based practices is very encouraging.

7

What is your future outlook of the FAMILY Project?

Quite a number of innovative and effective service models have been developed from the FAMILY project through its pilot programmes. As the project's initiator, we hope that the spirit and various strategies of the project will be sustained through our partners in the public sector, such as implementing more preventive programmes in addition to the remedial programmes that focuses on tackling specific social problems.



An interview with Prof. Lam Tai Hing, BBS, JP

*Sir Robert Kotewall Professor in Public Health,
Chair Professor in Community Medicine, School of Public Health,
The University of Hong Kong and Principal Investigator, FAMILY Project*

1

**Spanning the last ten years,
can you share with us some of your most
memorable moments from your engagement
with the FAMILY Project?**

Introducing Family Day 2016 in Hong Kong just before the 10th anniversary of the FAMILY Project was definitely one of them. We were overwhelmed by the enthusiasm from the business sector in helping us promote FAMILY Health, Happiness and Harmony (3Hs), and by the setting of a Guinness World Record. We advocate that Family Day should be celebrated every year like Mother's Day and Father's Day. The International Day of Families is in May, and the Hong Kong Council of Social Service has launched the Happy Family Month in the Happy Family Kitchen Movement

in 2016. As we engage more organisations and sectors to celebrate Family Day 2017, we hope that it will become a popular family festival in the "Happy Family Month" in Hong Kong to cherish our families.

Another memorable programme was the 3Hs Family Drama Project. We organised a drama tour to 200 primary schools, and students brought the DVD home and watched the show with their family, setting a new record in terms of students and family participation. We trained 41 primary students, and they gave ten incredibly successful performances in the community drama tour. We had enthusiastic feedback that the audience enjoyed the show and had learnt a lot on healthy diet, Zero Time Exercise and family communication. Many schools requested to have more of such events to benefit more students and their families.

2

You advocate "Best Science and Best Practice". During the integration of the two, were there any obstacles you had to overcome? Ultimately, what would you say is the best outcome of this?

Public health approach aims at prevention. The results of preventive work are not always easy to observe or measure, especially because our programmes are simple, brief and targeted at relatively healthy people. "Best Science" evaluation methods enable us to adopt the best practicable intervention designs and assess the impacts using multi-methods at multi-time-points based on world standards. We also deeply respect and rely on the expertise of our social service partners – that is, their "Best Practice" - in developing our programmes.

We usually start by asking our partners whether they could make their interventions simpler and increase the number of beneficiaries. Then we worked together to modify the programme design and contents to ensure they are evidence-based and the outcomes could be measured. For instance, rather than teaching participants twenty things from positive psychology, can we focus on one thing first, like getting participants to say "thank you" more often to their family members? Our partners were receptive to the idea because the programmes could be simplified, and could reach more participants with less resources. In fact, integrating "Best Science" with "Best Practice" was not our biggest challenge – the thoughtful planning behind was harder as we emphasised on family participation. We would ask the service organisation planning an elderly field trip to let their service user invite a family member, because it would make both the elderly and their family member happier; similarly, the drama school tours was supplemented by students bringing the DVD home and watching it with family members. Taking a family-oriented approach can make a huge difference.

There are many "best outcomes" of the FAMILY Project. Firstly, many different organisations and social workers have learned to use the public health approach and promoted it within their organisations one year after the programmes, according to our evaluation studies. On a higher level, the FAMILY Project has been invited to share its survey results and community impacts at annual district planning forums and to work directly for service users through our partnership with the Social Welfare Department. The project also had influenced the Joyful@HK Project launched by the Department of Health and on the Family Council's initiative to launch

new family intervention projects with reference to our methods and framework. All in all, the models and impacts of the FAMILY Project have extended far beyond its direct beneficiaries – it has also made a deep and lasting impact on social service practitioners and on the strategies of many NGOs and some government departments.

3

One of the beauties of the FAMILY Project is giving social welfare organisations the autonomy to perform the part of "Best Practice". How do you make this happen while successfully promoting FAMILY 3Hs? Are there any balances you have to strike?

The "balance" we had to strike was how to get our partners to put "Best Science" into their best practice. Social service organisations mostly survey participants only once immediately after the event, while we follow-up with them up to several months to a year to see if their behaviours or 3Hs have improved. This can be difficult for our partners because they already have a huge burden from their daily work. So we introduced what we call the "Logic Model" in our capacity building programmes. Our partners had a lot of experiences and brilliant ideas in organising activities, but we would first ask them: what changes do you want to see in participants after the programme? Starting from the expected and measurable outcomes can help them strengthen the design and contents of the intervention to help participants to take a first step, which can lead to further changes later.

In order to strike a balance, we tried to develop a "Best Science" method that is feasible for our partners while deeply respecting their expertise in organising the programmes. Often it's just about asking them to simplify it, conduct follow-up assessments and stay focused on the most easily achievable behavioural changes during programme design. And the entire process has proven a very meaningful experience for all of us.

4

Why was it important to take the research of the FAMILY Project further from evidence-based to evidence generating?

“Evidence-based” means we do what previous research had suggested to be effective, like promoting family communication because it has been shown to increase family well-being. The FAMILY Project has also generated new evidence as rigorous evaluation methods were used to assess the effectiveness of our interventions. For instance, we know that exercise is good for our health, but how about Zero Time Exercise, which is a new approach? If the evidence shows effectiveness in increasing physical activity and fitness, then we know that Zero Time Exercise as a simple approach works too. This new evidence can help us promote Zero Time Exercise to more people and improve it further.

Evidence-based and evidence generating are important because it is only with “Best Science” – scientific evaluation and the systematic consolidation and dissemination of our findings – that we can contribute research evidence and show the world the great things that the FAMILY Project and our social services sector have been doing. We like learning from other countries because they have documented evidence of effectiveness of some interventions. Similarly, if we in Hong Kong can contribute new research evidence, our efforts will be recognised and other countries can learn from us too.

5

In what ways do the FAMILY Cohort and Hong Kong Health and Information Trends Survey provide a blueprint for the development of the intervention projects?

Both of these population-wide studies have identified specific issues to support the development of our programmes. The insights collected were useful in helping us plan interventions that were both relevant and well-received by the Hong Kong population. The results disseminated through the mass media have aroused much interest in promoting FAMILY 3Hs and provided key data for further campaigns and programmes.

6

Can you tell us a bit more about using Zero Time Exercise to promote holistic health? What sparked this idea?

We are pleased that Zero Time Exercise is so well received. We have already collected evidence of its effectiveness such as increased fitness and happiness, which has been disseminated in scientific papers and conferences. I hope that more and more people will start doing it and we shall further promote it beyond Hong Kong.

I got this idea because we know that many people claim they do not have time to exercise, including myself. The World Health Organization recommends at least 30 minutes of medium- to high-intensity exercise a day, but most countries have had little success in getting their people to follow. The US may have won the most Olympic gold medals in 2016, but obesity problems are still rising, suggesting that people’s exercise habits – even in countries with outstanding achievements in sports – are no better off than the rest of us.

The most unique characteristic of the public health approach – and everything we have been doing – is its simplicity. When we found that “no time” was the main reason people didn’t exercise, we looked for a way to make exercise part of their daily life. If they have no time, how about “zero time”? Better yet, you can see your progress very quickly – like you may only be able to stand on one leg for 10 seconds today, but after doing it for a few days you will be able to do it for 30 seconds or more. Zero Time Exercise has many benefits such as burning energy, strengthening muscles and preventing knees and other joints problems, which are quite common among Hong Kong people.

7

As a 10-year endeavour, what do you think is the Project’s biggest accomplishment so far, and what more do you envision the Project to achieve looking ahead?

As I always like to say, the FAMILY Project is not a mere fireworks display – we want to make a profound and high-level impact on society for Hong Kong and beyond. I really hope that we can take the positive findings and experiences we have consolidated over the last 10 years and inject new elements so we can make continuous improvements and breakthroughs. This is important because the Family Council has launched a pilot project where organisations can get funding for implementing programmes following the model developed by the FAMILY Project, and many different community organisations have adopted and made reference to our approach. We anticipate more evidence-based and evidence generating activities involving entire families in the future, benefitting more and more people, especially those in need.



The background of the page features a stylized illustration of fruit branches with various fruits including apples, pears, and oranges. The fruits are rendered in a soft, painterly style with warm colors like yellows, oranges, and reds. Several small, semi-transparent yellow circles of varying sizes are scattered across the page, creating a sense of movement and depth. The overall aesthetic is clean and modern, with a focus on natural elements.

The fruits of success always grow on trees of strong dedication and collaboration. The FAMILY Project can best be summarised by its pioneering surveys, intervention programmes and striking number of collaborators, participants and beneficiaries. It is hoped that the Project will produce long-lasting impacts with far reaching implications on society.

Executive summary

FAMILY Project: Programme Showcase 2007 - 2017

Intervention Programmes

H.O.P.E. Project

- Hope-oriented communication
- Story-telling method
- Higher resilience in children



Be Healthy, So Easy: FAMILY Education Project

- Zero Time Exercise
- Motivate family members
- Enhance parent-child interaction



Effective Parenting Programme

- Emotional management
- Positive parenting skills
- Enhance parent-child relationships



Harmony@Home Project

- Parenting intervention
- Conflict management skills
- Enhance parent-child relationships



Boosting Positive Energy Programme

- Intervention for new immigrants
- Increase personal resilience and public service knowledge



Share the Care, Share the Joy

- First-time mothers
- Conflict management skills
- Maintain harmony with in-laws



Happy Transition to Primary One

- Reduce adjustment difficulties
- Increase children's problem-solving skills
- Manage parents' expectations



3Hs Family Drama Project

- Drama school tour in 100 schools
- Positive family communication
- FAMILY 3Hs concepts



Family Interactive Drama with Exercise and Fun

- 100 school tours in all 18 districts
- 10 community performances by primary students
- FAMILY Holistic Health messages



More Appreciation and Less Criticism Project

- One-session intervention programme
- Increase appreciation and reduce criticism from parents
- Positive parent-child interaction



School-based Interventions

FAMILY Goes Green

- Primary Four to Six students
- Environmental protection activities
- Deeper understanding of FAMILY 3Hs

Community-based Interventions

Community Health Campaign: Fitter Families Project

- Zero Time Exercise
- Enhance family bonds
- Expand community networks
- Stronger neighbourhood cohesion



Learning Families Project

- Estate Management Advisory Committee and Mutual Aid Committees
- Promote "learning families" culture in a public housing estate
- Stronger neighbourhood cohesion



Enhancing Family Well-being Project

- Positive psychology
- Improve family relationships
- Stronger community ties



Holistic Health Family Project

- Clients with special needs of Social Welfare Department
- Zero Time Exercise, self-efficacy and psychosocial well-being
- One-on-one casework approach



Happy Family Kitchen I & II Projects

- Positive psychology
- Eating as a family communication platform
- Enhanced model in Phase II



Happy Family Kitchen Movement

- City-wide movement
- FAMILY Holistic Health messages
- Happy Family Month (May 2016)



Family Holistic Health Community Promotion

- Zero Time Exercise and healthy diet
- Women ambassadors delivered interventions



Health Communication Programmes

Train-the-Trainer and Ambassador Programmes

- Training for social workers and volunteers
- Positive psychology and Zero Time Exercise
- Implement community programmes



Milestones 2007 ~ 2011

2007

2008

2009

2010

2011

2007

- NOV** • Launch of the FAMILY: A Jockey Club Initiative for a Harmonious Society
「愛 + 人：賽馬會和諧社會計劃」正式展開

2008

- OCT** • Inaugural Symposium for FAMILY: A Jockey Club Initiative for a Harmonious Society cum Training Workshops - Public Health Approaches to Family Health, Happiness and Harmony
「愛 + 人」計劃研討會及工作坊
- FAMILY Project Launching Ceremony
「愛 + 人：賽馬會和諧社會計劃」啟動禮

2009

- JAN** • Launch of H.O.P.E. Project
「愛家·Teen希望」希望故事計劃正式展開
- Launch of Harmony@Home Project
「家多·和諧」研究計劃正式展開
- MAR** • Launch of the 1st Household Visit
全港性家庭追蹤調查第一次家訪正式展開
- APR** • Launch of Effective Parenting Programme
「有教·無慮」家庭和諧計劃正式展開
- JUN** • Launch of Happy Transition to Primary One
「愉快學習上小一」計劃正式展開
- SEP** • Launch of Share the Care, Share the Joy
「共育共樂」計劃正式展開
- NOV** • Symposium and Workshops for FAMILY: Multidisciplinary Collaboration to Promote Family Health, Happiness and Harmony – Sharing of Experiences and Findings
「愛 + 人」計劃研討會及工作坊
- Launch of the 1st Hong Kong Family and Health Information Trends Survey (HK-FHInTS)
第一期香港家庭及健康資訊問卷調查正式展開

2010

- JUL** • Launch of Learning Families Project
「齊來學·愛家」計劃正式展開
- SEP** • Launch of Happy Family Kitchen I Project
「快樂家庭廚房 I」計劃正式展開
- DEC** • Symposium cum Training Workshops for FAMILY: Best Science for Best Practice: Building a Harmonious Society using a Community-based Participatory Approach
「愛 + 人」計劃研討會及工作坊
- Launch of the 2nd Hong Kong Family and Health Information Trends Survey (HK-FHInTS)
第二期香港家庭及健康資訊問卷調查正式展開
- Launch of FAMILY Goes Green
「愛 + 人·愛綠色」小四至小六環保專題研習活動正式展開

2011

- JUN** • Launch of Boosting Positive Energy Programme
「家添正能量」計劃正式展開
- AUG** • Launch of the 2nd Household Visit
全港性家庭追蹤調查第二次家訪正式展開

Milestones 2012 ~ 2017

2012

2013

2014

2015

2016

2017

2012

- FEB** • Launch of Enhancing Family Well-being Project
「家」「深」幸福計劃正式展開
- Launch of Happy Family Kitchen II Project
快樂家庭廚房 II 計劃正式展開
- MAR** • Launch of 3Hs Family Drama Project
「家添戲FUN」計劃正式展開
- APR** • Launch of More Appreciation and
Less Criticism Project
「多讚少彈康和樂」計劃正式展開
- MAY** • Symposium cum Training Workshops for FAMILY:
Generating Evidence for Family Health,
Happiness and Harmony (3Hs) in the Community
「愛 + 人」計劃研討會及工作坊
- JUN** • Launch of the 3rd Hong Kong Family and
Health Information Trends Survey
(HK-FHInTS)
第三期香港家庭及健康資訊問卷調查正式展開

2013

- OCT** • Launch of the 4th Hong Kong Family and
Health Information Trends Survey (HK-FHInTS)
第四期香港家庭及健康資訊問卷調查正式展開
- FAMILY 3Hs Gathering Day
「愛 + 人」: 家家樂聚日

2014

- APR** • Community Wisdom Forum – Supporting and
Strengthening Families
「愛 + 人」計劃研討會:
社區智慧論壇—支援及強化家庭
- OCT** • Launch of the FAMILY Project Geographic
Information System (GIS) Beta Version
「愛 + 人」計劃地圖資料系統測試版正式開放
- DEC** • Launch of Family Interactive Drama with
Exercise and Fun
家添好動好戲FUN正式展開
- Sha Tin Festival 2014
沙田節

2015

- MAR** • Launch of Be Healthy, So Easy:
FAMILY Education Project
「健易樂」家庭教育計劃正式展開
- APR** • Launch of Train-the-Trainer and
Ambassador Programme
同工及健康大使培訓計劃正式展開
- JUN** • Launch of Happy Family Kitchen Movement
快樂家庭廚房全城運動正式展開
- Launch of Community Health Campaign:
Fitter Families Project
健康「家」加油社區計劃正式展開

2016

- MAR** • Launch of Family Holistic Health
Community Promotion
多動 識食 GO! 正式展開
- Launch of the 5th Hong Kong Family and
Health Information Trends Survey (HK-FHInTS)
第五期香港家庭及健康資訊問卷調查正式展開
- MAY** • Family Day 2016
家庭節 2016

2017

- FEB** • Launch of the 6th Hong Kong Family and
Health Information Trends Survey (HK-FHInTS)
第六期香港家庭及健康資訊問卷調查正式展開
- MAY** • Symposium cum Training Workshops for FAMILY:
Family + Well-being = Health + Happiness +
Harmony
「愛 + 人」計劃研討會及工作坊
- Family Day 2017
家庭節 2017



Background, objectives and approach

“*The beginning is the most important part of the work*.”*
Sprouting from theory and evidence-based needs assessment, each component of the FAMILY Project was carefully designed and implemented following the “Best Science and Best Practice” approach, with rigorous evaluation and wisdom sharing to contribute to future practices.

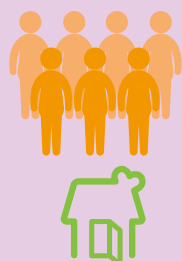
**quote from Plato*

Unique Features of the FAMILY Project

1

Largest ever family cohort study in Hong Kong

Family structure and dynamics in Hong Kong have become more complex in the wake of socio-economic and technological advances, which can give rise to family discord. The FAMILY Cohort was the largest survey of its kind to assess the family as a unit and gather information about FAMILY 3Hs from 46,001 individuals from 20,279 households in all 18 districts. Its follow-up rate of nearly 70% had reached the highest standards in major international cohort studies, providing valuable insights on the evolving FAMILY 3Hs situation of Hong Kong families.



46,001
PEOPLE

20,279
HOUSEHOLDS

2

Preventive and minimal approach

The FAMILY Project adopts a positive preventive and public health approach. It aims to devise suitable preventive measures to strengthen and promote FAMILY 3Hs, rather than trying to rectify family problems. Comprised of brief interventions to induce small but critical changes in individuals, the public health approach is a cost-effective "minimal approach" that can be effectively integrated with social service and public education practices to target large sectors of the population.

3

Wide engagement and coverage

Under the FAMILY Project initiative, community-based projects have mobilised over 700 government bodies, non-governmental organisations (NGOs) and schools and over 350,000 participants; more than 57,000 people have taken part in district health promotion events, through which FAMILY 3Hs awareness and best practices were spread to thousands of Hong Kong families. No other public health project in Hong Kong has even come close in terms of the level of community and government engagement in such a short period of time.



714
GOVERNMENT BODIES, NGOs
AND SCHOOLS
were engaged in the Project



357,595 PEOPLE
participated in the Project



57,045 PEOPLE
took part in the
health communication events

4

Highest scientific rigour

Projects were designed to integrate the best science from the academia with the best practice from social service providers to develop a sustainable service delivery model which could improve FAMILY 3Hs for Hong Kong families. All of the interventions were designed, implemented and evaluated with scientific rigour, and the gold research standard of randomised controlled trials (RCT) was adhered to as much as possible. Being evidence-based and evidence generating, the programmes have generated new evidence to support programme dissemination and further development.

5

Community collaboration and advocacy

The FAMILY Project adopted a community-based and deep collaborative approach, which involved key community stakeholders including NGOs, social service units and government departments. The project's goal of increasing FAMILY 3Hs and fostering a harmonious society is welcomed by all levels of the community, thus creating a unity of purpose and a co-learning environment for capacity building. For instance, themes and programme models originating from the FAMILY Project have been adopted by NGOs and various government departments and related organisations for the implementation of health-related programmes.

6

Impact on local policy

The positive impacts of the FAMILY Project on increasing FAMILY 3Hs throughout Hong Kong have gained the recognition and compliments of many government and non-government organisations, thus raising its significance and impacts to a policy level. The FAMILY Project Team was invited to share the FAMILY Cohort findings at eight district welfare planning forums of the Social Welfare Department. Findings from the survey were also quoted by the Department of Health to support a programme for World Health Day 2013 and were presented at several meetings of the Family Council.

7

International influence

The FAMILY Project has established a remarkable international reputation through publishing over 50 scientific papers in SCI (Science Citation Index) journals and presenting over 100 international conference papers (with 8 awards). The methods and findings of the Project were also presented to the Harvard School of Public Health and the TOTE Board (Singapore Totalisator Board) on the basis of its sound scientific research methods and social health impacts.

51 SCIENTIFIC PAPERS



OVER 100 INTERNATIONAL
CONFERENCE
PAPERS (with 8
awards)



About the FAMILY Project

The family forms the basis of every society. Family relationships have a direct impact on our personal well-being, and mutually loving and supportive families are the building blocks of a harmonious society. Nevertheless, as society makes continuous economic, social and technological progress, family values and dynamics inevitably start to change, and discords can arise. Such could be the case of Hong Kong today, as well as many other urbanised cities whose fast-paced, mobile lifestyles have given way to increasingly complex family structures and dynamics.

In 2007, The Hong Kong Jockey Club Charities Trust invited the School of Public Health of the University of

Hong Kong to jointly launch a project entitled "FAMILY: A Jockey Club Initiative for a Harmonious Society" (FAMILY Project) with a donation of HK\$250 million. The Project aims to create a more harmonious society by reinforcing positive family values and relationships.

The FAMILY Project has been implemented based on the premise that traditional Chinese family values of cherishing family relationships could still be adapted to modern-day life, and could help promote 3Hs – Health, Happiness and Harmony – across generations. Based on a public health approach and being preventive in nature, the Project focuses on taking preventive actions rather than trying to rectify existing problems.

Objectives of the FAMILY Project

- Identify the sources of family problems
- Devise suitable preventive measures that are wide-reaching and cost-effective
- Promote FAMILY Health, Happiness and Harmony (3Hs) through a territory-wide prospective household survey, intervention projects and public education
- Advocate FAMILY Holistic Health for building Fitter and Finer Families (3Fs)

Project themes

1 FAMILY 3Hs

FAMILY Health, Happiness and Harmony (3Hs) should be good indicators of family and individual well-being and hence, the well-being of our society. The FAMILY Project has been carried out based on the premise that raising the levels of FAMILY 3Hs could contribute to a healthier, happier and more harmonious society.

FAMILY 3Hs is more than just a theme – it is the ultimate goal of the FAMILY Project. It has provided a clear direction and purpose for each initiative and resonated through every step of the Project from goal-setting, programme planning, implementation and evaluation to results dissemination and experience sharing.

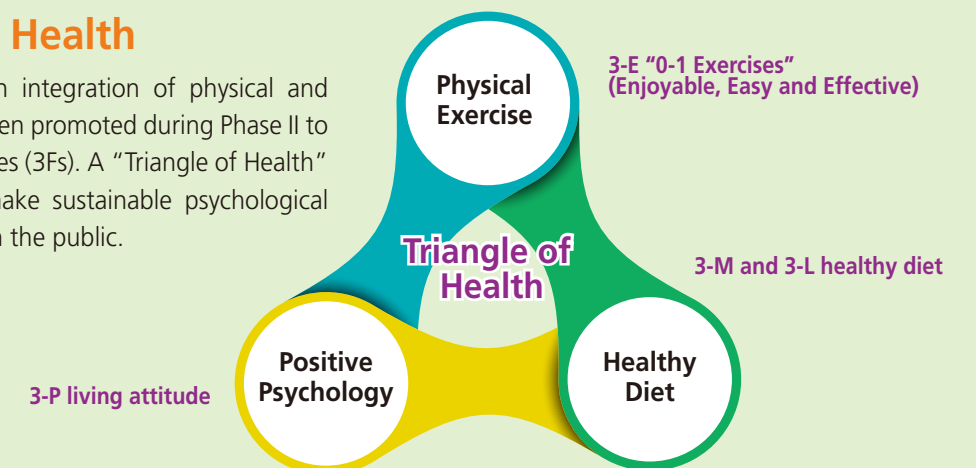
2 FAMILY Holistic Health

In light of the valuable contributions of the FAMILY Project toward public health research, social service practice and social health policy in Hong Kong and beyond, Phase II of the Project was launched in July 2014 with continuous sponsorship from The Hong Kong Jockey Club Charities Trust. Phase II aims to strengthen the efforts of Phase I in promoting FAMILY 3Hs, with a special focus on FAMILY Holistic Health which advocates healthy lifestyles with more exercise, a healthy diet and a positive living attitude.



FAMILY Holistic Health

FAMILY Holistic Health, an integration of physical and psychosocial health, has been promoted during Phase II to build Fitter and Finer Families (3Fs). A "Triangle of Health" has been advocated to make sustainable psychological and behavioural changes in the public.



• 3-E (Enjoyable, Easy and Effective) and 0-1 Exercises

0-1 (Zero Time, Negative Time and Minimal Time) Exercises can be performed by anyone at any place, any time, and are suitable for the entire family. They help burn more energy, strengthen muscles, enhance cardiopulmonary functions, lift our spirits and relieve stress.

- Zero Time Exercise: need no extra time, money or equipment (3 Zero)
- Negative Time Exercise: physical exercises that save your time
- Minimal Time (1-minute) Exercise: exercises that only take a minute or less time



• 3-M and 3-L healthy diet

- More vegetables, More fruits and More fibres
- Less sugar, Less salt and Less fat



• 3-P living attitude (Positive psychology)

- Positive emotions
- Positive family communication
- Positive family relationships



Project Components

The FAMILY Project comprises three components: (1) household surveys and interviews that serve as a barometer of social needs; (2) intervention and community-based programmes; and (3) public education programmes.

1 Social barometer

a) Territory-wide household survey

The FAMILY Cohort, a population-based cohort study focusing on the family as a unit, was carried out from 2007 to 2014. It aimed to identify the source of domestic problems and derive preventive responses that are complementary, wide-reaching, pervasive and cost-effective. Survey findings can provide useful information to relevant organisations for the planning of future programmes and initiatives.

b) Hong Kong Family and Health Information Trends Survey (HK-FHITS)

During 2009 to 2017, the FAMILY Project Team has conducted one Hong Kong population cross-sectional telephone survey almost every year to assess changes in family and health information seeking behaviours among the general public and the impact of the Project's programmes in promoting FAMILY 3Hs. Six surveys were completed in 2009, 2010, 2012, 2013, 2016 and 2017 respectively, with extensive media coverage which have helped raise public awareness of FAMILY 3Hs messages.

Highlights of the FAMILY Cohort:

- A total of 20,279 households (with 46,001 individuals) participated in the survey
- Personal and family particulars, including participants' work status, religious beliefs, lifestyles, FAMILY 3Hs indices, neighbourhood relationships, use of medical and social resources, etc. were collected
- Two household visits, five telephone follow-up surveys and other web-based follow-ups were conducted over the 8-year study period
- The follow-up rate of nearly 70% had reached the highest standards in major international cohort studies
- In 2014, the FAMILY Project disseminated the overall and district-specific reports to the public. These reports outlined the relationships of Hong Kong people and their FAMILY Health, Happiness and Harmony (3Hs) as a whole and in each of the 18 districts
- An interactive web-based inquiry platform, the FAMILY Geographic Information System (GIS) Beta Version was launched in October 2014 to present the survey findings graphically on a user-friendly online interface: <http://familycohort.sph.hku.hk/gis>

20,279
HOUSEHOLDS
participated in the survey

70%
FOLLOW-UP
RATE OF
NEARLY
on par with major
international studies



2 Intervention and community-based programmes

The FAMILY Project Team has been working closely with numerous social service and related organisations to develop and implement interventions to strengthen family relationships across generations throughout Hong Kong. The results and effectiveness of these projects have been shared with the government, non-governmental organisations (NGOs), community service workers and the general public in various districts.

From 2009 to 2012, five intervention projects were completed in partnership with four NGOs and the Department of Health with the objectives of enhancing family and parent-child relationships. Their positive results have led to two larger projects with improved design, fewer sessions, more participants and broader district coverage – the Boosting Positive Energy Programme and the More Appreciation and Less Criticism Project, a school-based intervention project – from June 2011 to June 2013 to extend the positive impacts of the interventions to more social groups.

Besides, two extensive school-based intervention programmes were organised with nearly 200 schools to spread FAMILY 3Hs messages across generations. From 2010 to 2011, FAMILY Goes Green was implemented in 85 primary schools for over 18,000 Primary Four to Primary Six students and their families to deepen their understanding of FAMILY 3Hs. In 2012 and 2013, a drama (musical) school tour under the name of 3Hs Family Drama Project was performed in 100

primary schools, and the children also brought the DVDs to share with their family members to promote healthy diet, exercise and positive communication among children and their families. The high acceptance and popularity of the programme called for a second phase of the project to promote Zero Time Exercise and FAMILY 3Hs messages to more schools and families.

In addition, a series of community-based engagement projects were launched with government departments (Social Welfare Department and Department of Health), District Councils and NGOs with the aim of promoting FAMILY 3Hs through local organisations and agencies. Four mega-sized projects – Happy Family Kitchen I & II Projects, Learning Families Project and Enhancing Family Well-being Project – were completed as of June 2014 (Phase I), each engaging tens of community organisations and benefitting about a thousand families. The Learning Families Project held in Kwun Tong, in particular, has piloted a world-leading service model involving housing estate leaders and garnered attention from the international academia. Four other community-based projects, namely Happy Family Kitchen Movement, Family Interactive Drama with Exercise and Fun, Be Healthy, So Easy: FAMILY Education Project, and Community Health Campaign: Fitter Families Project, were organised from 2014 to 2017 during Phase II of the FAMILY Project.

Highlights:

7
INTERVENTION
PROJECTS
122 GOVERNMENT/NGO
SERVICE UNITS
17,087
BENEFICIARIES

- 8 community-based projects with 1,387 professionals, 40,695 beneficiaries and 530 government/NGO service units
- 4 school-based projects with 327 schools and 28 NGO service units, with 93,414 beneficiaries
- 78 district-based community events with 9 schools and 314 government/NGO service units, with 54,606 beneficiaries
- 7 intervention projects with 122 government/NGO service units and 17,087 beneficiaries
- 14 short intervention projects with 44 government/NGO service units and 1,191 beneficiaries

8
COMMUNITY-BASED
PROJECTS
530 GOVERNMENT/NGO
SERVICE UNITS
40,695
BENEFICIARIES

78
DISTRICT-BASED
COMMUNITY EVENTS
9 SCHOOLS and
314 GOVERNMENT/NGO
SERVICE UNITS
54,606
BENEFICIARIES

All of the project interventions were designed using a public health framework, which was brief, preventive, cost-effective, and targeted a large number of people at the same time. The community-science partnership between the academia, government departments and NGOs also ensured that the projects were developed by practitioners who understood the needs of the Hong Kong people, were delivered by key community stakeholders, and were conducted with scientific rigour to generate evidence for future social health programmes and policies.

3 Health communication and public education

Apart from engaging different community stakeholders in various intervention projects, it is equally important to spread the key messages of the FAMILY Project far and wide into the community to promote positive family values and harmonious relationships.

FAMILY Health, Happiness and Harmony (3Hs) and FAMILY Holistic Health messages have been disseminated to the general public through various channels to raise public awareness and create a positive environment for family participation. These have been complemented by community-based projects and community-wide events to promote FAMILY 3Hs all around Hong Kong.

Volunteering programmes

Previous research and the FAMILY Cohort have suggested that volunteering can improve individual health and psychosocial well-being. The FAMILY Project Team has implemented a number of volunteer training programmes in collaboration with different community organisations for specific groups, such as adolescents and women. These programmes have successfully enriched participants' knowledge and adoption of healthy lifestyles, increased their social participation and even boosted their self-confidence.

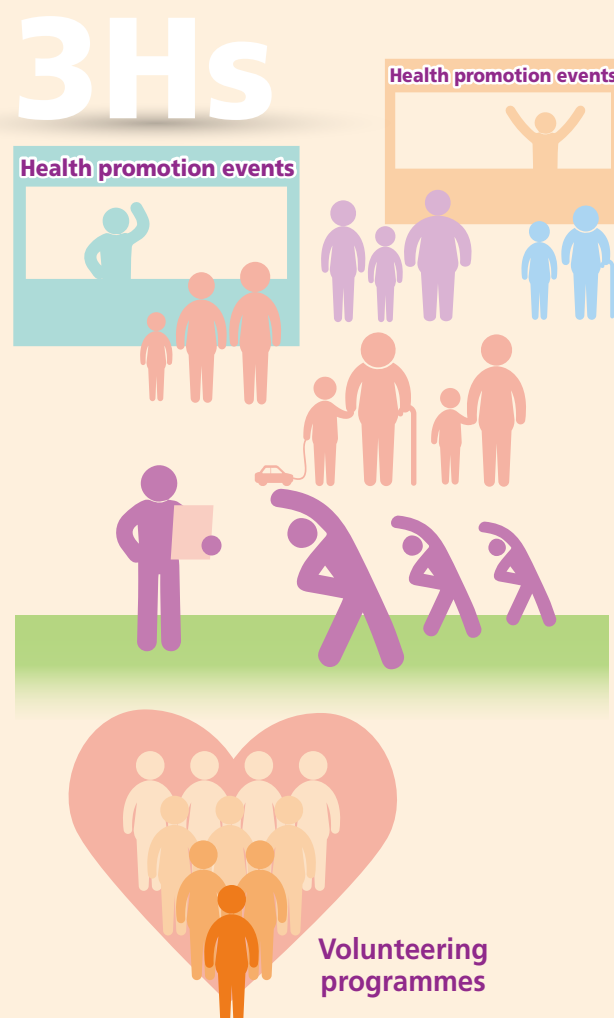
Train-the-Trainer and Ambassador Workshops

From April 2015 to January 2017, a number of Train-the-Trainer and Ambassador Workshops have been organised to train 1217 community leaders, teachers, social service workers and volunteers as Health Ambassadors, or health role models so that they can enjoy the benefits, then promote the benefits to others. Trained Health Ambassadors have helped with the implementation of community-based programmes, led simple physical activities to targeted audiences and promoted knowledge of healthy living to participants and the community.

Health promotion events

The FAMILY Project Team has actively co-organised and participated in various kinds of community events with different social service units and community organisations, with the aim of promoting FAMILY 3Hs messages by means of exhibitions, game booths and talks, etc. As of November 2017, the FAMILY Project has connected with over 87,500 individuals through 64 district-based health promotion events and short interventions.

Some examples included the 3-day Sha Tin Festival co-organised with the Sha Tin District Office and the Family Council to spread positive family messages through themed games and performances, and the annual Central & Western District Health Festival jointly hosted with the Central and Western District Office which provided health-related knowledge and activities to the public. In 2016 and 2017, Family Day has been introduced as a new festival in Hong Kong with enthusiastic support from the business, academic, social service and health sectors.



Public Health Approach

The intervention projects have adopted a public health approach, a cost-effective yet powerful intervention approach to develop and test simple and focused family-based health service models. The public health approach is well-adapted to modern-day lifestyles as it involves brief interventions designed to bring about small but critical changes in the behaviour of many individuals and the whole community simultaneously through concerted efforts of various sectors. Being preventive in nature, it seeks to prevent rather than rectify family and social problems. This approach can be used to engage multiple partners and service targets including hard-to-reach grassroots groups, and can be applied to large sectors of the population at the same time.

The FAMILY Project has piloted and developed various collaborative approaches to community engagement:

One to multiple partners

- 1) one partner, one programme
- 2) one partner, multiple programmes with many NGOs in selected districts
- 3) one partner, different housing estates and their community leaders

Multiple target groups

Parents, pregnant women, new immigrants, students and children, community leaders, disabled persons, the youth and the elderly have all been targets of the FAMILY Project.

There have been no similar precedents to the FAMILY Project using the public health approach, so the Project has developed its own approach through evidence-based and evidence generating practices, step by step, with continuous review and evaluation to guide further progress, sharing and dissemination.

Characteristics of intervention projects



Integrating Best Science and Best Practice

The FAMILY Project has integrated the best science from the academia, and the best practice from social and related service providers to develop and evaluate different service programmes and collaboration models to promote FAMILY 3Hs to Hong Kong families. It is a ground-breaking initiative in Hong Kong which has integrated “Best Science” and “Best Practice” to generate the “Best Evidence”.

By using a “Best Science” public health approach for

project planning, implementation and evaluation on the one hand, and gathering the wisdom and experiences of social welfare organisations, local groups, schools and government departments to carry out the projects through “Best Practice” on the other, the FAMILY Project has been able to maximise benefits for participating families and the society, as well as for its collaborating partners.

Best Science

Using the knowledge of public health researchers, each FAMILY intervention project has been designed, implemented and evaluated following a theoretical conceptual model which is evidence-based, i.e. supported by tested scientific theories and models and the associated interventions. A randomised controlled trial (RCT), the gold standard for testing effectiveness, has been adhered to when possible in the study design and evaluation.

In addition, rigorous and longitudinal evaluations (i.e. evaluations at different time points before, during and after the intervention) have been done using quantitative and qualitative methods to assess the effectiveness of the interventions, as well as the effectiveness of the training programmes of service workers and volunteers (ambassadors). Each intervention session has been fidelity checked by trained researchers to ensure its theoretical objectives and practice guidelines have been met.

Apart from developing and evaluating new evidence-based practice models, the FAMILY Project has taken a major step forward to generate new evidence to support programme dissemination and further development into future larger-scale projects. The evidence-based and evidence generating (EBEG) principles of the project have also contributed to continual improvements in the practice models over time.

Evidence-based and evidence generating (EBEG)

Rigorous quantitative and qualitative methods have been used to evaluate the effectiveness of each intervention. All interventions have been grounded on theory and previous research results (evidence-based), and new evidence has been collected (evidence generating) to support future enhancements and implementation, as well as to contribute new knowledge to the scientific literature.

Academia

Intervention group vs Control group

Follow-up evaluation
(e.g. 3 months after intervention)

Before and after intervention

Short questionnaire

Randomised controlled trials

Follow-up assessment

Pre-post evaluation

Simple evaluation

Qualitative

Quantitative

BEST SCIENCE BEST PRACTICE

Each intervention project has been organised in collaboration with social service units, schools and community leaders who possess a deep knowledge of the needs of their service users and the community, have led community service programmes and have established communication networks for recruiting participants and disseminating psychosocial health messages. Their participation has ensured that the projects can meet the needs of Hong Kong people, and can be developed and implemented quickly while building capacity for generating evidence and dissemination.

Best Practice

Furthermore, NGOs and other community partners have been asked to play a key role throughout the FAMILY Project from needs assessment to the design, implementation and evaluation of the intervention programmes. Advocating the fusion of “Best Practice” with “Best Science” to increase the strength and effectiveness of social services, capacity building workshops, practice manuals and forums have been developed with the purpose of empowering social service organisations to integrate scientific practices into their new, existing and future programmes.

Government and District Councils

NGOs and schools

Public housing estates



Social barometer

“Trees must develop deep roots in order to grow strong and produce their beauty*.” The FAMILY Project is anchored by deep and solid roots – extensive population-based research of the social needs and situations of families – which have provided a bedrock to nurture its magnificent growth and development.

**quote from Marcus Garvey*

Social Needs Assessment

As an initial step of the FAMILY Project, community needs information was sought from different sources to inform project planning. Community leaders and members from the typical Hong Kong family were interviewed to gain insights into the underlying issues that affect FAMILY Health, Happiness and Harmony (3Hs). This qualitative research data have also helped with the design of more effective public education campaigns to promote FAMILY 3Hs and social harmony.



Family interviews were conducted to identify social needs



Social needs assessment findings were presented at the Social Welfare Department's annual district welfare planning forums



Interviews with community leaders

In-depth interviews were conducted with 26 community leaders from different districts representing neighbourhoods of diverse socio-economic status (SES) to get their perspectives on the topic of family well-being. In order for the FAMILY Project Team to analyse FAMILY 3Hs issues from multiple community aspects, leaders spanning various community sectors were selected including social services, healthcare, education and government district councils.

The leaders' opinions were compiled and grouped under several themes, including current social problems faced by Hong Kong families, groups facing the greatest challenge in sustaining FAMILY 3Hs, their perceptions of FAMILY 3Hs and suggestions on promoting FAMILY 3Hs in Hong Kong. On the whole, the findings were consistent with the quantitative research on the correlates of family well-being, suggesting that communication and close family interaction are core components that contribute to FAMILY 3Hs.

Interviews with Hong Kong families

Qualitative research was also conducted with members of the general population in Hong Kong to identify some initial domains and gather suggestions for appropriate measures of FAMILY 3Hs. Based on pre-specified criteria meeting census proportions which included age, gender, occupation, education, household size and household district distribution, 41 Hong Kong Chinese family members were drawn using computer-generated random-digital dialing for individual face-to-face interviews.

Interviewees' overall perceptions of the relationships and the key components of FAMILY 3Hs were gathered to develop a blueprint for the FAMILY Project. Results revealed that FAMILY 3Hs were seen as interrelated concepts built on good family communication, mutual respect and contentment, and allowing for family time.

Also, family harmony was regarded as a core element of good family functioning, with strong influence on family happiness and health.

These interviews with community leaders and families provided a good understanding of the needs of the Hong Kong society and were used to inform the planning and direction of the FAMILY Project. For instance, groups with a high vulnerability to FAMILY 3Hs problems were identified, and the project team was able to devise suitable preventive programmes for them. Public education programmes focused on enhancing family relationship skills and increasing awareness of FAMILY 3Hs have been implemented under the suggestion of community leaders, while data on the public perceptions of FAMILY 3Hs have been effectively used for the design of programmes and assessment tools to address the needs of Hong Kong families.



Published journal papers on the interviews with community leaders and families



Individual in-depth interviews were conducted with community leaders from different districts



FAMILY Cohort: A Population-based Household Survey

The FAMILY Cohort began as a population household survey to examine the FAMILY 3Hs status of families in Hong Kong. Study participants were randomly sampled from all 18 districts, with an excellent coverage of 99.8% of neighbourhoods in Hong Kong, enabling prospective analyses of FAMILY 3Hs at the individual, household and neighbourhood levels. By taking a cohort of subjects and following them over a long period of time, valuable evidence on the sources of domestic problems or positive outcomes can be gathered for reference in social health programmes and policy design and implementation.

The FAMILY Cohort was carried out from 2007 to 2014 and engaged over 20,000 families and 40,000 individuals, or just under 1% of Hong Kong's 2,368,796 households. One baseline and one follow-up (two waves) household visit were made, complemented by telephone and

web-based follow-ups in between. It has been the largest population-representative cohort study ever conducted in Hong Kong, with a follow-up rate (about 70%) comparable to the highest standards in major international cohort studies.



3Hs

Objectives

The cohort study aims to investigate the Health, Happiness and Harmony (3Hs) of individuals, their households and the neighbourhoods in which they live, in a society that is undergoing rapid social and economic change. By recording the evolving 3Hs levels of the same group of subjects over time, the study is able to identify factors that are amenable to social actions and policy interventions in Hong Kong.



Topics covered

Personal and household information, including living habits (such as eating habits and physical activities), health status (physical and mental), happiness index, family harmony level, religion, neighbourhood relations, work status, use of medical and social resources, etc. were gathered during the cohort study.

Survey period

The cohort survey was undertaken from 2007 to 2014, over a 6-year period. Data were collected from selected households at seven time points:

- Baseline household survey (Wave 1):
March 2009 – April 2011
- Second household survey (Wave 2):
August 2011 – March 2014
- Five web-based and telephone follow-up questionnaires were administered at 3, 9 and 15 months following Wave 1, and at 4 and 8 months following Wave 2

Methods

A family was eligible for the study when all members aged 15 or above, who lived at the same address and could understand Cantonese, agreed to participate. Sampling was based on a random selection of residential addresses provided by the Hong Kong Census and Statistics Department. The random core sample included residents from all 18 districts in Hong Kong, with over-sampling of three new towns. All eligible members were interviewed by trained interviewers who entered their responses into tablet PCs.

The second household survey (Wave 2) involved all households in the baseline household survey (Wave 1). The average follow-up rate for Wave 2 was nearly 70%.

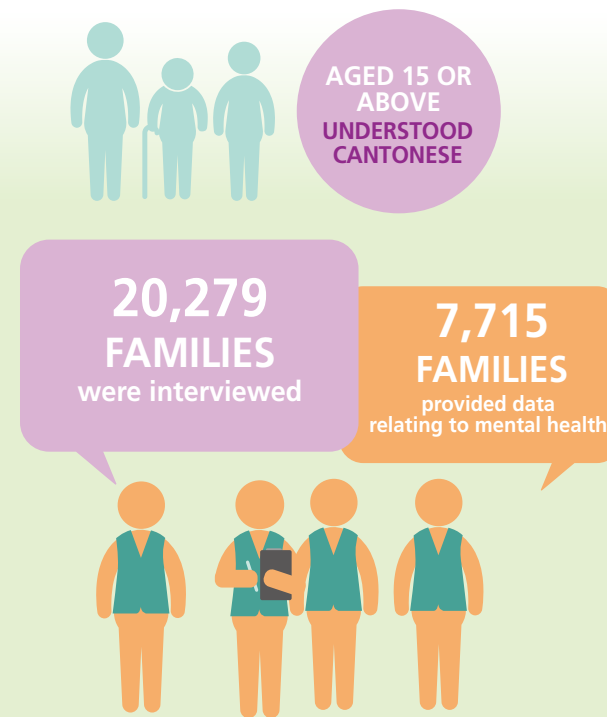


Health measurements of family members were taken during household visits



Included participants

- 20,279 families (46,001 individuals), or just under 1% of Hong Kong's 2,368,796 households, were interviewed in the baseline household survey, including 8,115 families (19,553 individuals) randomly selected from the general population (mean age: 44.1, 46.7% male)
- Of the above, 7,715 families (including 17,082 individuals) provided data relating to mental health and family satisfaction (mean age: 46.4, 48.0% male), which were included in the study results
- Purposive sampling of special groups which were undergoing significant social readjustments included 10,305 households from these categories:



- Newly married couples (365 households)
- Families with members recently diagnosed with critical illness (70 households)
- Families with children in Primary One (474 households)
- New towns with a high proportion of new immigrants: Tung Chung, Tin Shui Wai and Tseung Kwan O (2,891 households)
- First-degree relatives of participants in random core sample (4,658 households)
- Single-member households (1,847 households)

Findings dissemination

- Five press conferences were held in 2011, 2012 and 2013 to announce the findings of the study, which received extensive media coverage. Media interviews were conducted with key representatives of the FAMILY Project, and findings of the study were shared in the "Tuesday Report" on TVB Jade
- The FAMILY Cohort Team produced a comprehensive report for Hong Kong as a whole, available online at <https://familycohort.sph.hku.hk>, as well as reports for each of the 18 district councils to inform localised decision-making
- A geographical information system (GIS) was launched in October 2014 to allow users to visualise and analyse data from the cohort study: <http://familycohortgis.sph.hku.hk>
- The ground-breaking findings and methods of the study were published in 16 academic journals, providing high research value for multiple disciplines including fitness, nutrition, psychology, dentistry, sport science, epidemiology and others



GIS user interface with a projection of the Hong Kong population in Wave 1



A comparison of the neighbourhood cohesion (a family harmony index) of all survey participants in Wave 1 and Wave 2 using the multiple map feature. Up to 4 maps can be displayed simultaneously



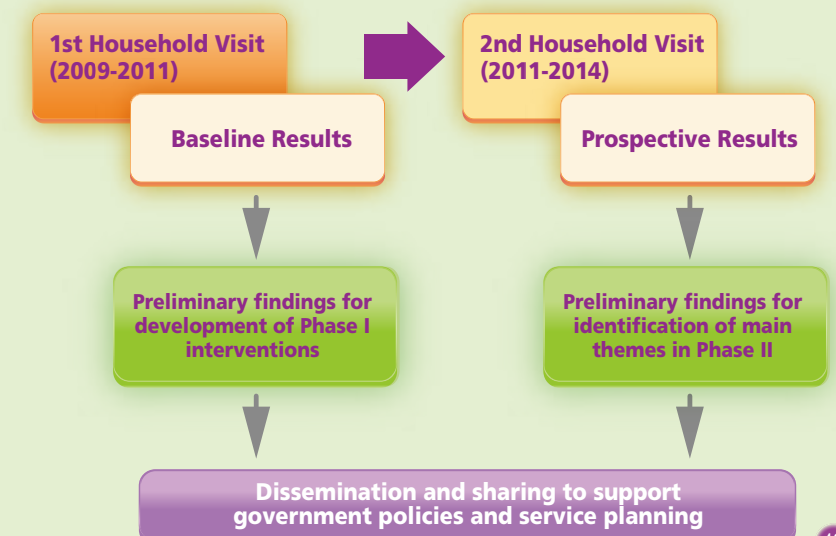
Overall happiness of all survey participants in Wave 2, with two charts providing details on their age and gender distribution

Use of FAMILY Cohort Results

Baseline and Prospective Results

- On a policy level, the cohort study findings were shared at eight district welfare planning forums of the Social Welfare Department. Blood pressure results have been quoted by the Department of Health as evidence for carrying out health-related programmes. They were also presented at meetings with the Family Council and to the director and senior staff of the Social Welfare Department

Study findings and further information are available on the FAMILY Cohort website: <https://familycohort.sph.hku.hk/en/>



Hong Kong Family and Health Information Trends Survey (HK-FHInTS)

The HK-FHInTS model integrated the Health Information National Trend Survey (HINTs) of the Harvard School of Public Health with the objectives of the FAMILY Project. As part of a territory-wide social barometer to gather more information on the family and health information searching habits of Hong Kong people, six population-based telephone surveys were conducted during 2009 to 2017. The surveys explored a wide variety of topics related to family communication patterns, family relationships and the indices of FAMILY Health, Happiness and Harmony (3Hs), which have significant implications for the planning and development of family and health-related programmes and policies in Hong Kong.

Objectives & topics

The surveys aimed to explore the family and health information searching and communication patterns of Hong Kong families.

Information related to FAMILY 3Hs status, health information seeking behaviours, patterns of physical activity, family communication and relationships, etc. was gathered.

Survey period

Six surveys were conducted as follows:

- Wave 1: November 2009 – December 2009
- Wave 2: December 2010 – March 2011
- Wave 3: June 2012 – August 2012
- Wave 4: October 2013 – December 2013
- Wave 5: March 2016 – August 2016
- Wave 6: February 2017 – June 2017

Target participants

Hong Kong residents aged 18 or above who spoke Cantonese. More than 1,500 Hong Kong residents were interviewed for each survey.



Guests promoting FAMILY 3Hs messages at survey press conferences



Methods

Random telephone interviews were commissioned to the Public Opinion Programme of The University of Hong Kong (HKU POP). Upon successful contact with a target household, one qualified member of the household was selected for an interview.

In order to increase representativeness, the raw data collected have been weighted according to the gender-age distribution of the Hong Kong population in the survey year from the Census and Statistics Department.



KEY FINDINGS

2009

The survey found that while frequent family interactions, praise and physical touch could have significant effects on FAMILY Happiness and Harmony, they were used by less than 25% of respondents. Furthermore, intergenerational relationships between father and children and between older adults (aged 45 to 64) and their children had room for improvement.

2010

Results showed that families should increase the use of the Internet to search for family and health-related information. The mean communication time between family members had also increased from 128 to 141.4 minutes per day, with participants spending more time to communicate with children and on work-life balance, which reflected a small shift in the focus of Hong Kong people from work to family issues.

2012

Over 50% of respondents who had used the Internet had actively looked for health information either for themselves or others, with "healthy eating" and "disease prevention" being the most searched for topics. Also, 33% of respondents had obtained information on "family communication skills" and "getting along with children" among the various types of family information available.

2016

In spite of the high prevalence of information and communication technologies (ICTs), face-to-face was the most frequent method of family communication, followed by phone and instant messaging (i.e. WhatsApp Messenger and WeChat). Frequent face-to-face communication, as well as video calls, were strongly associated with better FAMILY 3Hs. The survey results also demonstrated the "Inverse ICT Law": those who were most in need had less use of services and hence, derived less benefits from advancements in medicine and health-related ICTs.

2013

Nearly half (49.5%) of the respondents had inadequate physical exercise. On average, Hong Kong people only spent one or two days a week on medium- to high-intensity exercises, with the working population spending even less time on medium-intensity exercises.

A stylized orange tree with thick, curved branches and a vertical trunk on the right. Yellow circles of various sizes are scattered around the tree, representing leaves or fruit. A large, soft orange circle is in the background on the left.

Like a tree's infinite branches, the FAMILY Project's intervention programmes have explored in many directions with government and different community partners to produce positive impacts on FAMILY Health, Happiness and Harmony. Each of these programmes is unique in their target group and in their level of community engagement, but they have all been rigorously evaluated.

Intervention and community-based programmes

Intervention and community-based programmes

School-based
Interventions

Community-based
Interventions

Intervention
Programmes

Intervention Programme

H.O.P.E Project

「愛家·Teen希望」

希望故事計劃

Partner



香港基督教服務處
HONG KONG CHRISTIAN SERVICE

PROJECT PERIOD

January 2009 – January 2010

PARTNER

Hong Kong Christian Service

FAMILY TRANSITION POINT

As children reach adolescence, increased exposure to the outside world requires broader coping skills and the maintenance of close ties with their parents.

PROJECT REACH

94 parents and children aged 8 to 10 from Sham Shui Po, North Point, Kwun Tong, Tin Shui Wai and Tsim Sha Tsui districts

Hope stories for family happiness and harmony

Story-telling and hope-oriented communication, based on the Hope Theory by C. R. Snyder, were used to improve children's resilience, increase family happiness and harmony and enhance parent-child bonds in families with adolescent children. The pilot RCT emphasised the role of parents in developing and supporting children's coping skills by telling them hope stories. Training was provided to parents through a four-session H.O.P.E. (Hope Oriented Parents Education) programme, and they were asked to continue telling stories to their children for another 4 weeks. All participants were assessed before, immediately after, 4 weeks and 3 months after the intervention. The parents showed an increase in hope levels after the training, while the children reported an increase in family happiness and harmony, which were sustained for 3 months. To boost the impact of the project, 500 hope story books and 150 professional manuals were published and disseminated to NGOs and the general public.

“I'm very glad I participated in the FAMILY: H.O.P.E. Project as I learned a lot. I didn't know the importance of nurturing hope to children before. We (parent and child) used to criticise and argue a lot; however, after the programme, I learned to communicate with him in a more positive and encouraging manner. Our relationship has improved and become more harmonious. I feel so happy about it.”

“我以前不知道向孩子培育希望是那麼重要的，常常跟孩子互相批評及吵架。參加計劃之後，我學會了用正面和鼓勵的方法與他溝通。彼此的關係變得更好更融洽，實在令我非常開心。”

A participant 一位參加者



Harmony@Home Project

「家多·和諧」
研究計劃

Partner



香港家庭福利會
Hong Kong Family Welfare Society

PARTNER

Hong Kong Family Welfare Society

FAMILY TRANSITION POINT

As children transition to secondary school, they become more independent and assertive, and family dynamics start to change. Parent-children conflict often increases, adversely affecting family harmony.

PROJECT REACH

Pilot study:

181 parents with children aged 10 to 13 from Tseung Kwan O district

Main study:

383 parents with children aged 10 to 13 from Tseung Kwan O and Tuen Mun districts

PROJECT PERIOD

Pilot study:

January 2009 – April 2009

Main study:

October 2010 – June 2011 (Phase 1);

February 2011 – December 2012 (Phase 2)

“I changed the way I taught my son. In the past, I would make him do homework even if he was unhappy. Now I learned a new method, which is to play with him first so he'd have more motivation to do his homework later. From the project, I learned that I can't be so harsh all the time – I am learning to understand his feelings.”

“我改變了教兒的方式。從前，即使兒子不開心，我也會迫他做功課；但現在我發現一個新方法：我會先和他玩，讓他覺得更有動力做功課。從計劃中，我明白不能只是嚴格地要求孩子，我在學習如何更了解他的感受。”

A participant 一位參加者

Minimising conflict with pre-adolescent children

Parent-child conflict generally increases during adolescence and continues to late adolescence, which could harm family relationships and family functioning. There is evidence that positive child relationships could be a factor influencing children's behavioural and academic outcomes, especially in a Chinese family context. Hence, the Harmony@Home Project was launched with the aim of promoting parent-child relationship and FAMILY Health, Happiness and Harmony (3Hs).

Consisting of a pilot randomised controlled trial (RCT) followed by a main RCT, this positive preventive project focused on improving parent-child relationships and reducing parent-child conflicts by enhancing parents' positive parenting skills using the Health Action Process Approach (HAPA). Many parents showed strong positive responses toward the intervention with high rates of satisfaction, and most would recommend the programme to others.

Pilot study

This pilot RCT tested a parenting intervention whereby parents were encouraged to express more warmth and reduce their impulse for negative control on children. A three-arm RCT was used including a Harmony@Home group, a conflict management intervention group and a control group. During the four 2.5-hour intervention sessions, parents in the Harmony@Home group were asked to identify “wrong” parenting practices in everyday parent-child interaction scenarios and come up with their own action plan following the HAPA model. Data collected before, immediately after and 3 months after the intervention showed evidence of increased frequency in desirable parenting behaviours and more satisfaction in parent-child relationships, with improvements in family happiness and harmony.

Main study

To build on the results from the pilot study, a main RCT was conducted to further test the effectiveness of two parenting styles for improving parent-child relationships: by enhancing parents' self-worth and boosting their communication and conflict resolution skills, and by increasing positive parenting and reducing negative control on children. Rolled out in two phases in Tseung Kwan O (Phase 1) and Tuen Mun (Phase 2), the expanded study included a zero- to three-session booster intervention and had a longer follow-up of 6 months. Furthermore, improvements were made to the study design and intervention content to help participants see the impact of certain parenting skills on their FAMILY 3Hs and make the desired behavioural changes.

Participants were assessed at four time points: before, immediately after, 3 months and 6 months after the intervention. Compared with the control group, parents from the two intervention groups reported higher satisfaction with their parent-child relationship and their self-efficacy as a parent, which were sustained at 3-months. The results also showed a reduced frequency in parent-child conflict at 6-months after the intervention, which could be attributed to the programme's success in increasing the frequency of parents' targeted behaviours. Besides, the booster sessions were found to be effective in reinforcing some of the key parenting behaviours, and participants' levels of family health and happiness increased as a result.

Effective Parenting Programme

「有教·無慮」家庭和諧計劃



PROJECT PERIOD

April 2009 – April 2012

PARTNER

Caritas Hong Kong

FAMILY TRANSITION POINT

As children grow older and face more pressure at school, conflicts may develop around their academic and behavioural performance which could undermine family harmony.

PROJECT REACH

Pilot study:

133 mothers of Primary One to Three children from Yuen Long and Tin Shui Wai districts

Main study:

365 mothers of Primary One to Three children from Yuen Long and Tin Shui Wai, Tuen Mun, Tsuen Wan and Kwai Tsing districts



“After I changed myself, my emotions turned better. My son noticed my great change and he changed positively, too. My son used to be rebellious – perhaps he was modelling after our bad temper.”

“自己改變了自己之後，情緒好了很多。兒子發現我的大轉變，亦有正面的轉變。以前兒子十分反叛，可能是模仿了我們父母的暴躁及責罵。”

A participant 一位參加者

Emotional management to improve parent-child relationships

In Hong Kong, parents typically put great emphasis on children's academic performance as soon as their formal education begins in primary school. Mismanaged expectations and emotions may lead to scolding or hitting children, which could cause children to misbehave or become resentful and hurt family harmony in the long run. This two-part pilot and main randomised controlled trial (RCT) tested the effectiveness of different parenting interventions in enhancing parent-child relationships and FAMILY Health, Happiness and Harmony (3Hs). A special emphasis was placed on emotional management, which has been shown to promote parent-child interaction. The project was well received with high participant recruitment and retention rates, as many parents felt it met their needs.

Pilot study

This pilot RCT tested the effectiveness of two parenting interventions in enhancing parent-child relationships and FAMILY 3Hs: emotional management and positive parenting. Four 2-hour weekly training sessions were provided to each intervention group on the two different parenting styles, and no intervention was given to the control group. Participants were assessed three times: before, immediately after and 3 months after the intervention, and some were invited to a post-intervention discussion group to share their opinions on the programme. After the study, parents from the emotional management

group reported an increased ability to control their emotions and improved levels of family harmony and health compared with the control group.

Main study

A larger RCT was carried out with longer follow-up time and more rigorous testing methods. Parents were randomly assigned to two groups: an intervention group, which received four 2-hour sessions of emotional management training applying the cognitive behavioural theory, and a control group, which attended two sessions of 2-hour health-topic presentations. The intervention group was also randomised to receive either zero, one or two 1-hour booster sessions to test the effectiveness of post-programme boosters. All participants were assessed before, immediately after, 3 months and 6 months after the intervention programme.

The results showed that the emotional management programme was successful in enhancing parents' use of emotional management strategies, leading to self-perceived changes in their behaviours with children. In addition, the intervention parents reported significant improvements in their emotional well-being, greater satisfaction with their parent-child relationship and increased FAMILY 3Hs, which were maintained at 6-months. The programme also generated evidence to support a booster session, which helped parents maintain and even enhance the gains they made during the intervention.



Happy Transition to Primary One

「愉快學習上小一」計劃

PROJECT PERIOD

June 2009 – April 2010

PARTNER

Hong Kong Sheng Kung Hui Welfare Council

FAMILY TRANSITION POINT

Many children face difficulties when transitioning from kindergarten to primary school, which could create stress and conflict within the family.

PROJECT REACH

142 families, including a parent and a child advancing from Kindergarten Three to Primary One in Tung Chung district

Partner



香港聖公會福利協會
Hong Kong Sheng Kung Hui
Welfare Council

“Happy back to school” for primary school children

Children starting primary school are required to adapt to a more structured learning environment; at the same time, parents also begin having expectations in their study performance. This pilot RCT facilitated the transition by helping parents identify high-risk situations that could lead to adjustment difficulties and enhancing their self-efficacy in dealing with these challenges. Children were also given the opportunity to learn problem-solving skills and to practise new school routines through play activities. Evaluation of both children and parents' responses collected before, 6 weeks and 3 months after the intervention showed that the children experienced greater happiness, fewer worries and less difficulty in psychological adjustment following their transition to Primary One, thus generating evidence to support a play-integrated programme to prepare children for primary school.

“I know how to prepare my schoolbag on my own and write a handbook; the time schedule is very important. The skills I learned are useful for the coming academic year. I no longer worry about going back to school.”

“我會自己收拾書包，自己寫手冊，時間表很重要。在這裡學到的東西可以在新一年用。我不怕上學！”

A student participant 一位學生參加者



Share the Care, Share the Joy

「共育共樂」計劃

PROJECT PERIOD

Sept 2009 – May 2010

PARTNER

Maternal and Child Health Centres (MCHCs) of Family Health Service of the Department of Health

FAMILY TRANSITION POINT

When a couple gives birth to their first child, they often experience conflicts with their in-laws due to transitions in their family roles.

PROJECT REACH

156 pregnant women from two-generation families with parents-in-law providing childcare after childbirth from six selected MCHCs (Sai Ying Pun, Sai Wan Ho, Hung Hom, North Kwai Chung, Lek Yuen and Ma On Shan) in four Hong Kong regions (Hong Kong, Kowloon, New Territories East, New Territories West)

Partner



衛生署
Department of Health

Maintaining intergenerational harmony

In this brief group antenatal intervention to promote FAMILY Health, Happiness and Harmony (3Hs) during transition into parenthood, four 2-hour weekly sessions were used to equip pregnant women with the social skills to build better relationships with the grandparents. The effectiveness of the programme was evaluated by collecting questionnaires during recruitment, after the intervention, and at 6 to 8 weeks after child delivery. The intervention programme improved the self-efficacy of first-time mothers in managing conflicts with their in-laws, and fostered closer intergenerational relationship by increasing participants' ability to co-operate with grandparents in childcare. Positive changes were experienced by the intervention group, including increased happiness and less tension with in-laws immediately after the intervention. New mothers with depressive symptoms, especially, reported significantly less stress and greater happiness after participating in the programme.

“This workshop taught me to listen to other's opinions. Although I may not agree with them, at least their intentions were good. Since I adopted this new attitude, I have started to interpret their messages differently.”

“工作坊提醒我要多聽對方意見，即使我有不認同的地方，但至少明白對方出發點是好的。自從我抱著這個態度，聆聽對方時會有不同的理解。”

A participant 一位參加者



Boosting Positive Energy Programme

「家添正能量」計劃



PROJECT PERIOD

June 2011 – June 2013

PARTNER

International Social Service
Hong Kong Branch (ISS-HK)



Partner



International
Social Service
HONG KONG BRANCH
香港國際社會服務社

PROJECT REACH

220 new immigrants living in Sham Shui Po and Kwun Tong districts (Phase I)

251 new immigrants living in Sham Shui Po, Kwun Tong, Northern District, Yuen Long and Hong Kong East districts (Phase 2)

Easing the psychosocial rift of new immigrants

New immigrants from the China mainland are often confronted with housing and economic challenges when they have arrived in Hong Kong. Adapting to cultural differences, finding employment and living under a reunited family situation could all add to their helplessness and frustration. International research evidence (Claasen, Ascoli, Berhe, & Priebe, 2005; Dalgard & Thapa, 2007; Lee & Hadeed, 2009) suggests that new immigrants are more prone to mental health disorders, social exclusion and domestic violence, highlighting the need for psychosocial support to improve their FAMILY Health, Happiness and Harmony (3Hs).

The Boosting Positive Energy Programme was launched to bolster the resilience and hence, the FAMILY 3Hs of new arrivals from the China mainland. Guided by the resilience framework, two to four sessions of 2.5-hour interventions were developed to enhance participants' self-appreciation, positive thinking and optimism on the one hand, and increase their understanding of public services on the other to help them settle more comfortably into Hong Kong.

Breaking new ground in resilience research

This was one of the first randomised controlled trials (RCT) ever conducted to investigate the effectiveness of resilience interventions on new immigrants. Only two similar RCTs had been conducted in the past using nonclinical samples (Steinhardt & Dolbier, 2008; Dolbier, Jaggars, & Steinhardt, 2009), and no RCT had been done on new arrivals. Implemented in two phases, this programme refined the practice model with an enhanced intervention in Phase 2 and generated new evidence for resilience research.

Participant follow-up results up to 6 months showed that the programme was effective in reducing the adaptation difficulties of new arrivals, including those with mild depressive symptoms. Compared with the control group, the Resilience Group reported a greater increase in personal resilience; the Information Group acquired better knowledge of public services and had more service utilisation; while the Resilience + Information Group experienced the combined benefits of both interventions.

Through deploying brief, cost-effective interventions, the Boosting Positive Energy Programme helped hundreds of new immigrants adjust to a new life with more optimism. Many new arrivals expressed great eagerness to join the programme, and feedback from participants was unanimously positive. Social service organisations also welcome this evidence-based service model to enhance the resilience of new immigrants and other vulnerable groups in Hong Kong.

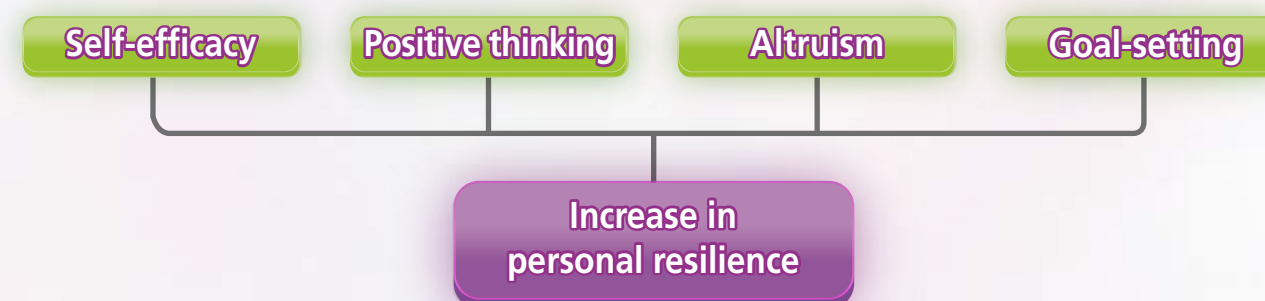
“The collaboration which combined the strength of both parties – the service experiences of ISS HK and the research capabilities of the University – proved to be successful. A resilience model demonstrated as effective in new arrivals have been developed and introduced to practitioners for better service provision.”

“計劃結合了香港國際社會服務社的經驗及香港大學的研究能力，取得良好的成果。一個有效提高新來港人士抗逆力的服務模式從此誕生，讓社福機構能提供更好的服務。”

Mr. Yau How Boa, Stephen, SBS, JP
Chief Executive, International Social Service Hong Kong Branch

邱浩波先生, SBS, JP
香港國際社會服務社行政總裁

Conceptual model of the resilience framework



51 PEOPLE
were assessed
in 7 focus groups and
3 interviews

Needs assessment focus groups and interviews
Interviews with parents and their children, social workers and community stakeholders were conducted to understand the psychosocial needs of new immigrants.

Programme was trial
tested by
17 PARTICIPANTS

Pilot study of trial groups

A pilot study was conducted to test the feasibility and efficacy of the proposed intervention programme.

Intervention programmes

Using a randomised controlled trial (RCT), participants were randomised into a Resilience Group, an Information Group and a control group. A fourth Resilience + Information Group was added in Phase 2.

Structured group activities such as sharing, discussions, games, videos and volunteering were used during the two- to four-session interventions of 2.5 hours each. Participants were assessed before, immediately after, 3 months and 6 months after the programme.



220 PEOPLE
from 2 districts participated in Phase I



251 PEOPLE
from 5 districts participated in Phase 2

Phase 2 enhancements

In Phase I, the Resilience Group showed increased resilience but not knowledge, while the Information Group had improved knowledge but not resilience. Hence, a combined four-session Resilience + Information intervention was introduced in Phase 2.

Modifications were also made in terms of the districts, inclusion criteria, and screening and randomisation procedures.

Capacity building and knowledge transfer

Collaboration at every stage of the project led to capacity building for ISS-HK, the NGO partner of the programme. Project activities and experiences were consolidated into an intervention manual and distributed to social workers, counsellors and the general public at a Knowledge Transfer and Sharing Workshop.

Be Healthy, So Easy: FAMILY Education Project

「健易樂」家庭教育計劃

PROJECT PERIOD

March 2015 – February 2017

PARTNER

Caritas Hong Kong

PROJECT REACH

24,892 participants and their families

An innovative "3-Zero" approach to exercise

For many people with busy urban lifestyles, the physical activity guidelines from the World Health Organization are difficult to follow; at the same time, various studies have revealed the physical and psychosocial health of Hong Kong families to be less than optimal. Given the little success of past studies on reducing sedentary behaviour, the FAMILY Project Team designed a new concept of exercise – Zero Time Exercise (ZTE) – and used a family-based approach to increase physical activity in the community. Like other FAMILY Project interventions focused on promoting FAMILY



Holistic Health, this project aimed to improve participants' level of physical activity, healthy diet and positive family interaction in order to enhance their FAMILY Health, Happiness and Harmony (3Hs).

Working in partnership with Caritas Hong Kong, 23 parent education programmes were launched in eight Integrated Family Service Centres (IFSCs). ZTE, which can be done while sitting, standing and walking and requires zero time, zero money and zero equipment (Three Zeroes) was used to motivate participants to exercise with their family members. Besides, a community-based education campaign and a Family holistic health day were organised to promote FAMILY Holistic Health messages to the public.

Making healthy lifestyle habits a family affair

Participants recruited from eight IFSCs were randomised into two groups: a physical activity (PA) intervention group and a healthy eating (HE) control group. Both groups reported significantly increases in moderate physical activity and ZTE. The PA Group increased significantly, compared with the HE Group. All participants also consumed more fruits and vegetables and less sweetened beverages after

“Our eating habits have improved, and exercise has become a regular part of our daily life, so we have become healthier!”

“飲食有改善，運動變得恆常，生活有規律，更健康了！”

A parent participant 一位參與家長



the intervention. The HE Group increased significantly compared with the PA Group. These healthy lifestyle improvements led to higher perceived 3Hs among both groups, with a greater improvement in the PA group over the 1-year study period.

The study results also found the importance of family support in changing physical activity behaviours of participants. Parents' attitude and behaviours had a significant influence on children's participation in exercise, and positive correlations were also observed between family involvement and participants' exercise self-efficacy. These findings highlighted the important role of family

participation, especially in a collectivist Chinese culture where group and social relationships are emphasised.

This programme demonstrated the success of a brief and well-structured intervention on promoting physical activity, and the high acceptability of ZTE as a means for improving FAMILY 3Hs. In view of the importance of family involvement and encouragement in influencing participants' behaviours toward physical activity, the community-based parent education model of this programme provides a simple and wide-reaching intervention model, which can be used to support public health priorities by reaching large numbers of the public.

Pilot study

Social workers and parents were invited to give feedback on the questionnaire and intervention design to enhance the applicability of the programme.



28 STAFF AND PARENTS took part in the pilot trial

Parent education programmes

A randomised controlled trial (RCT) was used with a physical activity (PA) intervention group and a healthy diet (HE) control group.

23 parent education programmes adopting the same methods and duration were organised to enhance the practice of Zero Time Exercise (ZTE) and healthy eating respectively. Participants' and their family's involvement in healthy living habits were assessed with questionnaires before and at 3, 6 and 12 months after the intervention.



Over 2,000 PARTICIPANTS AND THEIR FAMILIES joined 23 intervention programmes

Training workshops for staff and ambassadors

Nine workshops were conducted to equip IFSC staff and volunteers with the knowledge and skills to implement community-based parent education programmes. Participants were assessed before and after the workshops.



180 STAFF and AMBASSADORS were trained in 9 workshops

Family holistic health day

A media event, an awards presentation ceremony and a carnival were held in December 2016 to promote FAMILY Holistic Health messages.



250 PARTICIPANTS and their families joined family holistic health day

Community-based education campaign

Short videos were produced and broadcasted to students and IFSC service users. A family photo contest and a ZTE slogan competition were organised to promote ZTE and healthy living habits to the public.



22,186 PEOPLE participated in the campaign

Practice manual

Knowledge on family holistic health and techniques for implementing FAMILY 3Hs programmes were summarised for future use by Caritas Family Service units.



2,000 MANUALS were distributed to IFSC units and schools

Practice wisdom sharing workshop

Programme impact and practice wisdom were shared with social workers and stakeholders from different service settings.



456 PARTICIPANTS joined the workshop

Intervention programmes



FAMILY Goes Green

「愛 + 人 · 愛綠色」

小四至小六環保專題研習活動

PROJECT PERIOD

December 2010 – June 2011

PROJECT REACH

Over 18,000 children in Primary Four to Six from 85 schools, and 938 parents

Building a greener living environment with FAMILY 3Hs

Primary school marks a period where important ideas and habits start to develop in children, and much academic learning of Hong Kong primary students takes place at home with involvement from parents. FAMILY Goes Green was introduced under this context to deepen young children and their families' understanding of FAMILY Health, Happiness and Harmony (3Hs) on the one hand, and reinforce their green living Knowledge, Attitudes and Practices (KAP) on the other.

Four intervention activities designed to lead to positive changes in participants' FAMILY 3Hs and "Go Green" concepts were implemented in 85 primary schools for over 18,000 students and their families. Each intervention required parental involvement to encourage more sharing and communication between students and their parents.

Family participation as an essential ingredient

Questionnaires were administered to students in 21 schools before and 1 month after the intervention to assess the effectiveness of the programme. Evaluation results showed that about 60% of the students noticed positive changes in their FAMILY 3Hs and green living KAP, and over four times as many students agreed than disagreed with the favourable effects of the programme. The two houseware

“Our family has become healthier because we reduced our waste and became more eco-friendly. We talk and we laugh together, so I am happy.”

“減少廢物，環保一點，家庭生活更加健康；跟家人有講有笑，很開心。”

A student participant 一位學生參加者

creation projects were the most popular of the four activities, and higher ratings were received from younger students in general.

The programme had positive effects on the parent-child relationships, healthy habits and green living KAP of the students and their families. For instance, it was found that parents generally did more activities with their children, and the frequency of praise from fathers also increased after the programme. Post-intervention findings also showed that the students exercised and washed their hands more frequently. Moreover, the percentage of students whose families reduced their usage of electricity and recycled more paper at home also increased significantly.

Most importantly, family participation was found to be essential for the success of the interventions. Improvements in FAMILY 3Hs were more notable among students with family participation compared to the one-third of students without family participation, and significant interactive effects were found between family participation and

family harmony. Besides, students who completed the exercises on their own showed more deterioration in their green living KAP after the programme, suggesting that parental involvement might have nurtured a better understanding of green living concepts among the children.

With its wide coverage of schools and positive outcomes, FAMILY Goes Green generated unique findings that have important implications for other school-based intervention programmes – in particular on the role of parental involvement. Project-based activities developed from the “Go Green” theme were found to be effective in promoting better parent-child communication and a deeper understanding of FAMILY 3Hs among students and their families. Greater family involvement and more direct and structured activities are recommended for such programmes in the future.



Four activities designed to foster parent-child communication were used to increase FAMILY Health, Happiness and Harmony (3Hs) and green living Knowledge, Attitudes and Practices (KAP):

1) 3Hs and green living checklist

Students were asked to observe their family habits and practise FAMILY 3Hs and green living habits at home by performing each of the tasks on the checklist for three weeks.

2) Parents' interview notes

Taking the role of a reporter, students interviewed both parents on their views about FAMILY 3Hs and environmental protection.

3) Eco-friendly houseware creation

Students created their own eco-friendly housewares using recycled waste materials at home. By working as a team with family members, students learned to appreciate the value of family participation, and parent-child communication and understanding were enhanced.

All participants received student participation certificates, and awards were presented to the best-performing students and schools at the awards presentation ceremony.

4) The making of eco-friendly houseware creation

Students documented the making process of their housewares with five photos and photo captions, all of which had to express the theme of FAMILY 3Hs. At least one photo of the finished work and all the team members had to be included.

Students' evaluations were collected through questionnaires before and 1 month after the programme. On 24 September 2011, an awards presentation ceremony was held to present the prizes and invite students to share their experiences.

Over
18,000 STUDENTS
and their families
participated

85 PRIMARY SCHOOLS
were involved



830 ECO-FRIENDLY HOUSEWARES
were created



3Hs Family Drama Project & Family Interactive Drama with Exercise and Fun

Partner



「家添戲
Fun」
計劃
家添好動好戲
Fun



3Hs Family Drama Project	Family Interactive Drama with Exercise and Fun
Project period: March – October 2012 – 2013	Project period: December – December 2014 – 2016
Partner: The Boys' & Girls' Clubs Association of Hong Kong; PIP Theater Limited	Partners: The Boys' & Girls' Clubs Association of Hong Kong; Committee on Home-School Cooperation (supporting organisation); Drama Gallery
Project reach: 25,062 Primary Four to Six students and their families from 100 schools (drama school tour); 7,453 Primary Four to Six students from 30 primary schools (project evaluation)	Project reach: 30,734 Primary students from 100 schools (drama school tour); 3,528 students from 11 schools (Physical Exercise Fun Days); 1,942 people all over the community (community shows); 8,744 students from 50 schools, 1,354 parents from 11 schools and 560 teachers from 86 schools (project process and outcome evaluation)



Bringing FAMILY 3Hs from script to real life – 3Hs Family Drama Project

For young children, the family is the ultimate source of happiness, protection, sharing and support. Good parent-child communication enhances family relationships and hence, plays a vital part in children's development and psychological well-being. This was what the 3Hs Family Drama Project organised jointly with The Boys' and Girls' Clubs Association (BGCA) had set out to achieve: to engage young children and their families with fun and interactive drama performances which could facilitate better communication and a healthy lifestyle, with the goal of improving their FAMILY Health, Happiness and Harmony (3Hs).

A musical drama featuring professional actors of PIP Theatre Limited was performed in 100 schools for over 20,000 students and their parents, with a script adapted from FAMILY 3Hs-themed lyrics and script-writing workshops and competitions opened to the public. Students were also given a DVD of the drama to watch at

home with their family, complemented by worksheets and a family behaviours checklist to help them assimilate FAMILY 3Hs practices into their daily life. Using a highly engaging method of an interactive drama and the effective dissemination of its FAMILY 3Hs messages via DVDs, worksheets and a broad network of schools, this project was a shining example of how FAMILY 3Hs could be improved in a fun and captivating way, and its benefits extended to the wider community.

The results of the project were evaluated with a cluster randomised controlled trial of 30 schools. Groups A and B received the intervention of watching the live drama and DVD, or just the DVD, while Group C was the control group. All three groups were assessed before, 1 week and 4 weeks after the intervention to investigate the immediate and short-term effects of the project on students' health behaviours and parent-child interactions, as well as to gauge students' ratings of the project.

“I noticed amazing changes in the students since their first performance: from just fooling around to becoming serious about their parts; from feeling incompetent to performing with full confidence; and learning to compromise and accept sudden changes. These are all valuable experiences they could not learn from textbooks.”

“自第一次上台表演開始觀察到學生在改變，由不認真變得重視自己的演出；從不相信自己的能力變得滿有自信去表演；也有願意接受突如其來的改變等，這些都是不能從課本中得到的寶貴經驗。”

A school social service worker
一位學校負責社工





Putting school-based drama on the community stage – Family Interactive Drama with Exercise and Fun

This fun, engaging and interactive model using drama performances was taken to a new level in the second phase, as it opened the curtains to a community-level stage to engage a wider range of stakeholders. Building on the promising results of the 3Hs Family Drama Project, a drama musical was performed in 100 schools for an expanded audience of over 30,000 students. As an important breakthrough, primary students were casted to act out the entire musical themselves, and featured in ten community performances to promote FAMILY 3Hs to the wider public. Since parents who had participated in phase one reported that children liked to sing along with the performers and could remember the lyrics even after some time, more positive messages were added to the lyrics of the musical. Besides, the script was renewed to focus more on FAMILY Holistic Health, especially on the promotion of physical activity among children and their families.

Three new elements were added to enhance the project's design and community impacts: a Health Ambassadors Programme which engaged students, parents, teachers, social workers and BGCA volunteers in spreading FAMILY 3Hs messages in schools and deeper into the community; Physical Exercise Fun Days in schools to spark students' interest in exercise; and as the main highlight of phase two, the staging of ten community-based drama shows in places

like community halls, public squares and shopping malls to publicise the project's messages to a broader audience. Together, they created a stronger ripple effect for disseminating FAMILY Holistic Health concepts to different levels of the community.

The evaluation process in phase two was also greatly enhanced, with the number of participating schools being increased from 30 to 42. Besides using DVDs and worksheets, Group A and Group B students watched drama shows of different lengths, and Group A also took part in specific school activities. Questionnaires were administered to participants three times – at baseline, 1-month and 3-month after the baseline, and qualitative feedback were collected not just from the students, but also from parents and teachers. Group A and Group B students who participated in the physical fitness surveys were also given a simple equipment to encourage them to exercise more at home.

In order to promote the importance of physical activity and cultivate wider interest in exercise, "3 Zero" or Zero Time Exercise (physical activity requiring zero money, zero time and zero equipment) was introduced and highlighted in the



“This drama delivers meaningful messages – it has many funny parts, so we can remember them together with the messages without extra effort.”

“話劇帶出了有意義的訊息，同時又很『搞笑』，我們記住『搞笑』的情節，也就記得話劇的訊息。”

*A student participant
一位參與的學生*



tried before. I taught all them to my family when I got home, and competed in the exercises with my brother!”

“我覺得這個活動很好玩，因為當中的運動項目都是我從未嘗試過的。回到家中，我向家人介紹所有運動項目，並與弟弟一起比試！”

*A student participant in “Physical Exercise Fun Day”
一位參加了「好玩運動同樂日」的同學*

interactive drama performances. They were also promoted in the school activities of Group A students and in game booths during Physical Exercise Fun Days. Besides, students were invited to come up with their own Zero Time Exercise ideas for a competition.

A school-based performance designed for community engagement

By combining a school-based intervention with a community-based engagement approach, these two

projects laid the framework for a highly influential model for promoting FAMILY 3Hs messages to schools and the general public. Overwhelming positive responses were received from student participants in the first phase, with 85% and 70% of Group A and Group B students saying they wanted or very much wanted to watch another new show. Moreover, 73.6% of the students from Group A claimed they strongly liked or liked the live drama, while 64.8% and 50.9% from Group A and Group B strongly liked or liked the DVD.

Not only was the 3Hs Family Drama Project enthusiastically





received by primary students and parents alike, but evaluation results showed that the intervention had positive effects on the children's health behaviours, parent-child communication and FAMILY 3Hs. Fruits and vegetables intake, physical activity and positive parent-child interactions all increased significantly in Group A and Group B versus the control group. The intervention groups also reported joking, playing, holding hands and jogging with their parents more, with greater effect size in Group A. As a consequence of these positive family interactions, both groups also perceived an increase in their FAMILY 3Hs.

With an improved work model, wider participation from community stakeholders and extended audience reach, Family Interactive Drama with Exercise and Fun produced more "dramatic" community impacts than the first phase. Most of the students who watched the musical drama agreed or strongly agreed that the songs were nice (79.5%), the



interaction of the programme was fun (73.7%) and more than 60% would recommend the programme to other primary school students. Approximately 70% of them assessed they would eat more fruits and vegetables per day and express gratitude verbally to their family members. From the parent's perspective, 62% to 62.4% of them reported that their families became healthier, happier and more harmonious after joining the project. 50.7% of students who participated in the Physical Exercise Fun Day did more

"I think the concepts and messages promoted by this project are very positive and meaningful. Parents, students and the general public learned to express love to their family members, develop good living habits, and the importance of creating a harmonious society."

"我覺得整個計劃的概念及傳達的訊息都十分正面及有意義，讓家長、學生以及社會大 明白到關愛家庭、養成良好生活習慣及建設和諧社會的重要性。"

A Health Ambassador
一位「健康戲FUN」大使



"I benefitted a lot from this project. For one, I learned to appreciate the importance of teamwork. I also acquired new knowledge about healthy living, such as 'eating two servings of fruits and three servings of vegetables a day' and 'Zero Time Exercise'. Besides, I learned acting techniques under the guidance of the director, which increased my confidence on stage."

"這次的活動讓我獲益良多。首先，我學會了團隊合作的重要，此外還學會生活上的健康小知識，例如：「二果三菜」、「零時間運動」。在導演的指導下，我學會了演戲的技巧，讓我對舞台的表演更有信心。"

A student actor 一位學生演員

moderate to vigorous exercise than before. 88.9% of teachers strongly agreed or agreed the students would share the health message of the drama show to their parents.

Putting school-based drama on the community stage had marvellous effects on the FAMILY 3Hs behaviours of the student performers, while increasing the public's receptiveness to FAMILY Holistic Health messages with fun and engaging student-performed musical drama. The appeal of physical exercise was also enhanced by the introduction of Zero Time Exercise to students, health ambassadors and the public. Most importantly, the all-round evaluation of students, parents and teachers generated further evidence of the project's positive impacts and consolidated a new model for promoting FAMILY 3Hs from the classroom to the community.

The encouraging results of these projects showed that a

musical drama performed by professional actors and the students themselves, accompanied with family-viewing DVDs, worksheets and activities provided a powerful and effective method for improving healthy living habits and family communication among primary students and their families. Whether performed in schools or on the community stage, the interactive musicals with student actors and popular sing-along songs radiated a warm and enthusiastic atmosphere, helping people of all ages embrace 3Hs-enhancing practices into their daily lives. Better yet, these positive FAMILY 3Hs impacts can be extended to the community through public performances, health ambassadors and themed competitions, thus creating a valuable work model for the public and education sectors to spread the benefits of FAMILY 3Hs to all levels of society.

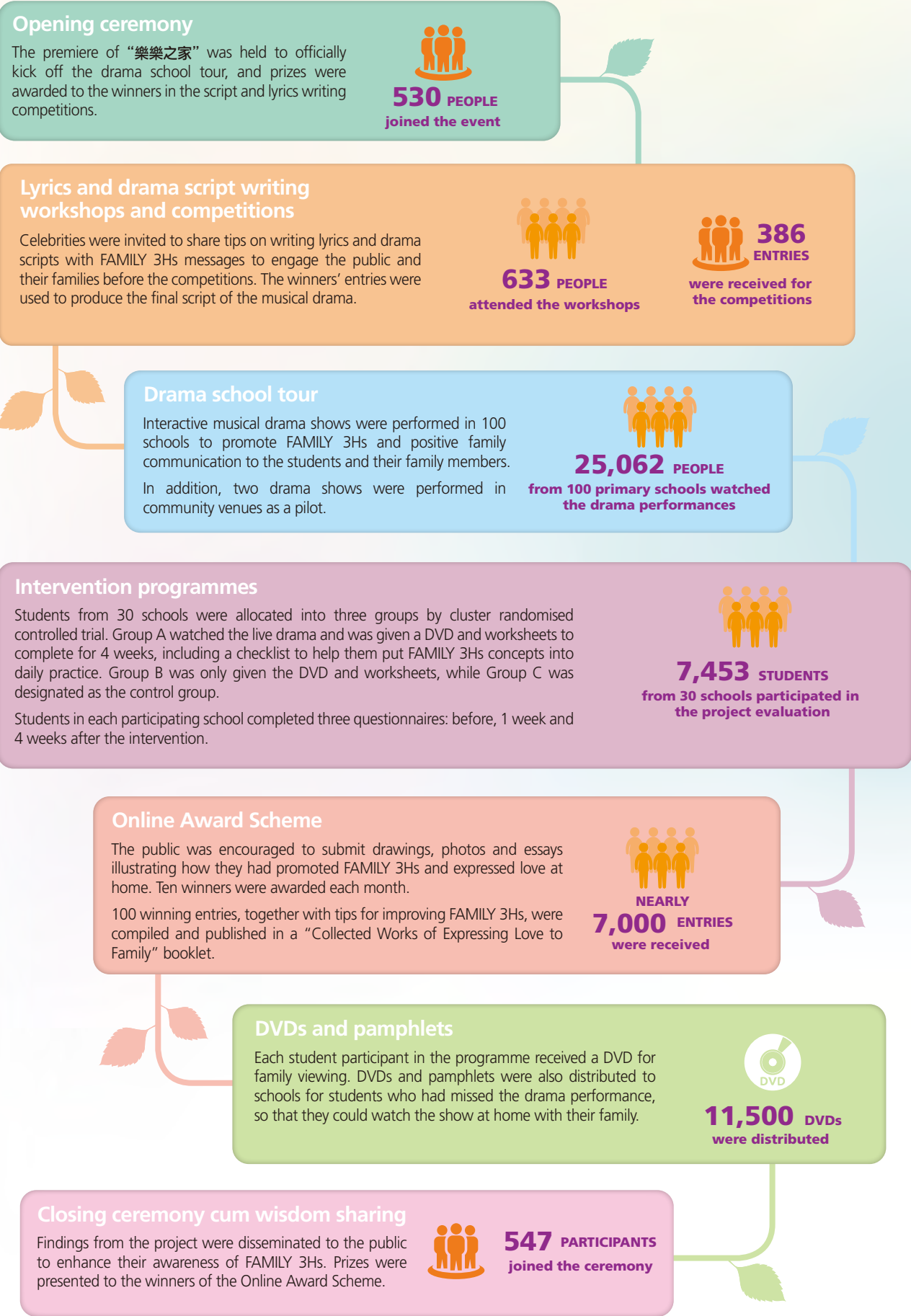


An extraordinary feat for the student actors

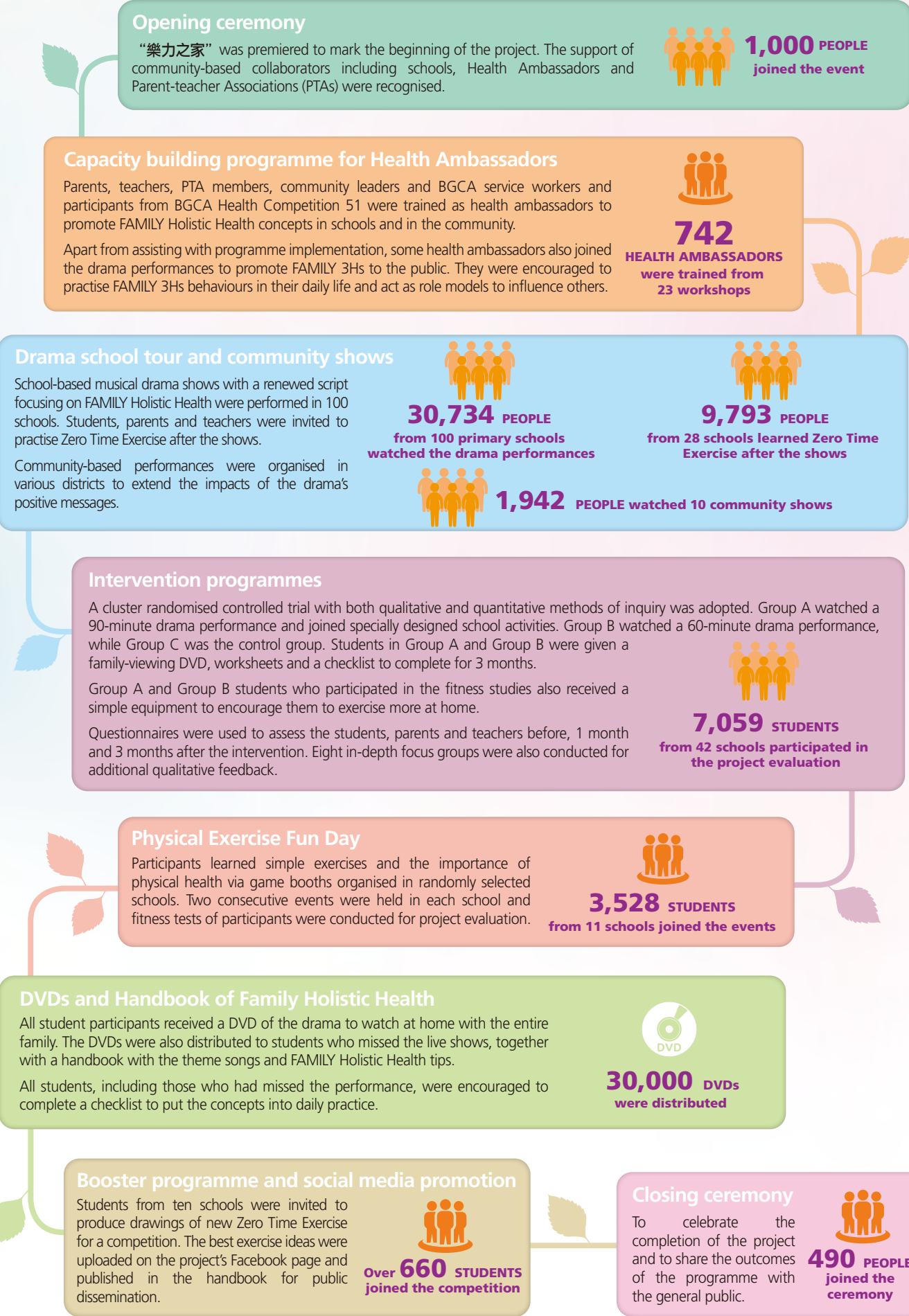
While professional actors were featured in the school performances for the 3Hs Family Drama Project, Family Interactive Drama with Exercise and Fun casted only primary school students for ten live community shows directed by Drama Gallery. As each role in the drama was divided among several students of different schools, it required extraordinary teamwork on the part of the student actors to facilitate a smooth transition between the scenes.

The final on-stage performances were fantastic – with remarkable impact on the student performers. Teachers and social workers were amazed at the increase in students' self-confidence and self-management skills. Parents were also pleased to see their children become more communicative and caring, as they had become true ambassadors of FAMILY 3Hs after acting in the drama.

3Hs Family Drama Project



Family Interactive Drama with Exercise and Fun



More Appreciation & Less Criticism Project

Partner



東華三院

Tung Wah Group of Hospitals

「多讚少彈康和樂」

計劃



PROJECT PERIOD

April 2012 – May 2013

PARTNERS

Tung Wah Group of Hospitals, 62 schools, integrated services centres and parent-teacher associations in Sha Tin, Tin Shui Wai, Southern District, Northern District, Islands District and Yau Tsim Mong districts

PROJECT REACH

938 parents with children studying in Primary Three to Primary Six

Reversing an age-old doctrine in teaching children

Chinese culture emphasises Guan (管, or “to care for” and “govern”) and Chiao Shun (教訓, or “training, teaching or educating children”) to preserve harmonious family relationships and the integrity of the family unit (Chao, 1994; Lau & Cheung, 1987). These doctrines are widely applied to the teaching of children. Expressing appreciation or praise – a communication method closely associated with family happiness and harmony, according to the 2009 Hong Kong Family and Health Information Trends Survey (HK-FHITS) conducted by the FAMILY Project – was used by only 23.9% of the respondents, and thus seldom practised in Hong Kong families.



The More Appreciation and Less Criticism Project was carried out to achieve what its name implied with the aim of promoting FAMILY Health, Happiness and Harmony (3Hs). By partnering with the Tung Wah Group of Hospitals, nearly 1,000 parents with children studying in Primary Three to Primary Six were recruited through a vast network of schools covering six districts.

In this randomised controlled trial (RCT), parent participants were allocated into three groups – a More Appreciation (MA) Group, a Less Criticism (LC) Group and a Fruit and Vegetable (FV) Group (control group). Each group attended a 2-hour intervention workshop designed to induce positive behavioural changes in their parent-child interaction or eating habits. The Health Action Process Approach (HAPA) and the cognitive dissonance theory, both of which have

been found to be effective for brief, single-session interventions, were incorporated into the planning of the workshops. All participants were assessed by questionnaires four times – before, immediately after, 2 weeks and 6 weeks after the workshop.

The project represented the first attempt of the FAMILY Project Team to adopt a brief, single-session intervention following the public health approach, which focuses on prevention by making small positive changes in participants before problems occur. Its positive results highlighted the effectiveness and feasibility of the public health approach as a cost-effective, brief intervention approach for wider application in the community.

“I used to be too harsh and criticising, but now I use appreciation more to encourage my son. His attitude has obviously improved and so has our father-son relationship.”

“我一向很嚴厲、多批評。現在用讚賞的方法鼓勵兒子，發現他態度明顯改善，我們父子關係變得更密切。”

A father 一位父親



“Parents were asked to develop a plan for showing appreciation, which motivated them to put it into everyday practice to encourage children to develop their strengths. We are grateful for this workshop.”

“邀請家長訂立讚賞計劃，鼓勵他們於日常生活中實踐讚賞，鼓勵孩子發揮所長。我們很欣賞這個工作坊。”

*Participating school of the
“More Appreciation” Workshop*
「增加讚賞和樂家長工作坊」參與學校



One spark to get a fire going

After the intervention workshops, the motivation and self-efficacy of parents in showing more appreciation and reducing criticism towards their children, and in eating more fruits and vegetables all increased significantly. These improvements were observed in the behavioural changes of the MA and FV Group participants 6 weeks later. Over 60% of the participants in the MA Group said they appreciated their children more after the workshop. Most importantly, both the personal and FAMILY 3Hs scores of all the participants showed significant increases 6 weeks after the intervention.

The More Appreciation and Less Criticism Project represented a successful case of learning from past experiences and adopting new strategies to improve the efficacy of the interventions. Recognising the positive results of brief, multi-session programmes in the past, the FAMILY Project Team took the public health approach one step further by reducing the intervention to one session. “Best Science and Best Practice” methods such as videos and attributional questions were used to develop a powerful but brief intervention programme,

which led to positive behavioural changes in parents when interacting with their children, and in turn, promoted their overall FAMILY 3Hs.

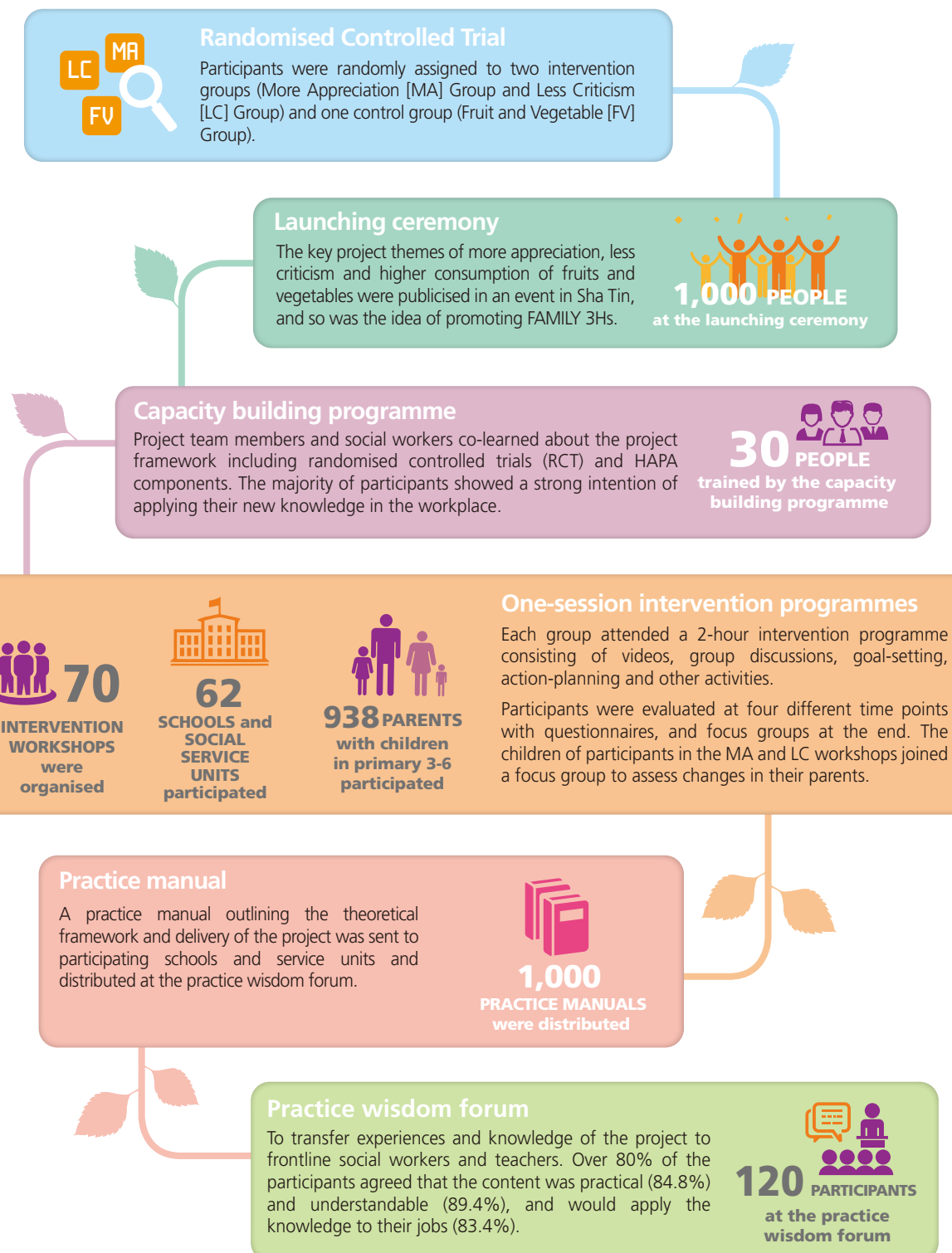
Scarcely showing praise or appreciation for children seems to be deeply ingrained in Chinese cultural values: Hong Kong parents are portrayed as “withholding praise” and having “impossibly high standards”, based on findings from a FAMILY Harmony@Home Project youth focus group. Nevertheless, this RCT was able to foster positive behavioural changes in parents. Such a public health approach using brief and inexpensive interventions could potentially benefit a large number of people at the same time. This project can be a valuable pioneer for many other larger-scale community health projects to come.



“Showing more appreciation has given my children greater motivation to do the things they should be doing themselves, so we have happier relationships.”

“多鼓勵子女，可讓他們主動去做自己應該做的事，自己和子女相處得更愉快。”

A parent participant in the “More Appreciation” Workshop
一位參與「增加讚賞和樂家長工作坊」的家長



School-based intervention programmes



Happy Family
Kitchen I & II
Projects

Social Service

Happy Family
Kitchen Movement

快樂家庭廚房全城運動
快樂家庭廚房 I 及 II



Happy Family Kitchen I Project	Happy Family Kitchen II Project	Happy Family Kitchen Movement
Project period: September 2010 – November 2011	Project period: February 2012 – August 2013	Project period: February 2015 – June 2017
Partners: The Hong Kong Council of Social Service (HKCSS)		
23 units from 18 non-governmental organisations (NGOs) and one government department, and eight schools	31 units from 24 non-governmental organisations (NGOs), including eight schools	54 units from 28 non-governmental organisations (NGOs), one government department and seven schools
Project reach: 2,447 participants from 1,006 families living in the Yuen Long district, including Tin Shui Wai	Project reach: 2,519 participants from 1,014 families living in Tsuen Wan, Kwai Chung and Tsing Yi districts	Project reach: 3,419 participants from 1,420 families from different districts all around Hong Kong



Finding the right recipe for family communication – Happy Family Kitchen I Project (HFK I)

Chinese people traditionally place great importance on their families – and on dining together as a family. Dinner at home is often made into a family gathering, and no festival or celebration is complete without a big family meal. Nevertheless, the busy lifestyles of Hong Kong people leave little time for family gatherings and communication. According to the Thematic Household Survey Report No. 44 analysing family relationships published by the Hong Kong Special Administrative Region Census and Statistics Department in 2010, nearly 78% of respondents occasionally, rarely or never listened to their parents' concerns and views. The Hong Kong Family and Health Information Trends Survey (HK-FHITS) conducted by the FAMILY Project in 2009 also revealed that only 25% of respondents praised their family members.

The Happy Family Kitchen I Project was organised by the Hong Kong Council of Social Service (HKCSS) in collaboration with the FAMILY Project Team to increase FAMILY Health, Happiness and Harmony (3Hs) by creating a positive environment for improving communication in

the family. Riding on Chinese family-based cultural values, “cooking” and “dining” were used as a platform to help families learn and practise new behaviours developed from five positive psychology themes – Happiness (嘗快樂), Flow (嘗投入), Gratitude (嘗讚美), Savouring (嘗細味) and Health (常健康). Given that Hong Kong people have little time to spend with their families, the project has provided a practical solution by integrating positive psychology behaviours into their daily routine of eating and cooking family meals together.

In one “Gratitude” themed intervention activity, for instance, participants were asked to list all the tasks undertaken by their family members in preparing a meal for them. Then they identified the family members involved and their contributions, and thanked them openly with words of gratitude, a kiss or a hug. Participants were also encouraged to practise the principle of “Flow” at home by turning off their television once a week during family meals, so they could be more engaged in communicating with each other.

“Not only did we carry out many activities, but we developed a set of rigorous tools and a new service model. These tools will continue to be used by many social service units.”

“計劃不但推出很多活動，而且還建立了一套嚴謹的工具和服務模式，讓機構持續應用。”

*Mr. Mui Wai Keung, Moses, Chief Officer,
Family and Community Service,
The Hong Kong Council of Social Service*
梅偉強先生, 香港社會服務聯會總主任 (家庭及社區)





Apart from improving the quality of family communication and FAMILY 3Hs, Happy Family Kitchen I successfully piloted the public health research methodology of large community-based engagement projects, which emphasises the active involvement of all partners and the strengthening of community resources.

Led by HKCSS, an important NGO with about 400 NGO agency members in Hong Kong, experienced social workers from 23 service units of 18 NGOs were trained to deliver a series of intervention activities for over 1,000 families in Yuen Long district.

As an evidence-based, evidence generating project designed to integrate the best science from the academia and the best practice from social service providers, Happy Family Kitchen I has created the prototype of an effective community-based engagement project which has brought immense value for the academia, the social service sector as well as the larger community. The practice model and findings of the project were enhanced in two subsequent extension projects: Happy Family Kitchen II and Happy Family Kitchen Movement.

A specially designed Happy Family Cookbook containing healthy recipes and positive communication tips was published to motivate the general public to take simple steps towards improving their FAMILY 3Hs. Each participating family received a cookbook, and the rest of the 10,000 copies were distributed to the community via different social service units. At the end of the project, a practice wisdom forum was held for participating NGOs to share their experiences, and the key concepts of the project model were summarised into a practice manual and distributed at the forum to provide NGOs with guidance on implementing similar programmes in the future.

“The project is worth implementing as its title is already very attractive. Chinese people love to eat and put great emphasis on eating, so it’s easier for social workers to bring out the theme. It would be worthwhile to implement the project again.”

“計劃值得推行，名稱本身已經很吸引。中國人喜歡食，以食為主。社工容易帶出這個主題，值得再推行！”

A social worker 一位社工



Spreading positive family impacts to more districts – Happy Family Kitchen II Project (HFK II)

Encouraged by the favourable outcomes of the first project, Happy Family Kitchen II was expanded to cover two districts – Tsuen Wan and Kwai Tsing. Also adopting a community-based engagement project model, HKCSS recruited 31 units from 24 NGOs including eight schools, which were trained to design and implement the extended project. Over 1,000 families took part in 31 intervention programmes designed to increase their overall FAMILY 3Hs by enhancing family communication while eating and cooking family meals together.

In order to strengthen its impacts and refine the practice model for broader application and sustainability, Happy Family Kitchen II was implemented with an improved, more rigorous research model. Based on the learnings from Happy Family Kitchen I, the five positive psychology themes (known as the “Five-Taste Model”) were modified to include Joy (嘗喜樂), Gratitude (嘗讚美), Flow (嘗投入), Savouring (嘗細味) and Listening (嘗聆聽), and behaviour indicators were drawn out under each theme to guide the NGOs in programme design. As before, the NGOs also had to submit their proposals to a steering committee for approval to ensure the quality and consistency of their programmes. Furthermore, participating service units and schools were divided into three groups using a cluster randomised controlled trial to test the effectiveness of the core and booster sessions.

Following the success of the first cookbook, a new Happy Family Cookbook 2 was published to promote the project themes to the public. Daily actions involved in the preparation and eating of family meals were used to bring out the five positive psychology themes, with attractive family recipes and nutritional information to encourage readers to put the book’s suggestions into practice. A total of 15,000 copies were distributed to the community through HKCSS, NGOs, schools and District Councils. Social service practitioners also received a practice guide – Professional Tool Kit 2 – at the 2013 family forum, which served as a more detailed reference guide for their future programme planning.

The enhanced model of Happy Family Kitchen II has clearly demonstrated that the community-based engagement project approach was effective in engaging all relevant parties in an active partnership that could ultimately improve FAMILY 3Hs. By using short but effective interventions that participants could easily follow while “cooking” and “dining” and helping social workers develop the capacity to apply the practice model, the project was able to capitalise on the community’s existing resources and benefit its participants. Its success paved the way for a third phase of the project which had an even broader scope and community involvement.



快樂家庭廚房體驗日





Turning the project into a city-wide movement — Happy Family Kitchen Movement (HKFM)

Building on the strong foundation of Happy Family Kitchen I and II, the third phase was escalated into a territory-wide movement with increased participation from over 50 social service units and schools across all districts in Hong Kong. In addition, Happy Family Kitchen Movement also expanded its focus to FAMILY Holistic Health to address the findings of the FAMILY Cohort (2014), which had found that 88.6% and 70.6% of Hong Kong people had inadequate fruits and vegetables intake and physical exercise respectively, while 26.4% and 5.4% were overweight and obese.

Healthy diet and physical exercise, especially Zero Time Exercise – simple exercises that can be done while sitting, standing or walking with health benefits – and positive

psychology were used as a platform to build Fitter and Finer Families (3Fs). The holistic health messages of Happy Family Kitchen Movement were also promoted extensively through social media, and 15,000 copies of Happy Family Cookbook 3 were distributed to the public via the networks of NGOs and schools. A “Happy Family Month” campaign featuring public education events in 11 districts was launched in May 2016 to publicise FAMILY Holistic Health messages to people all over Hong Kong.

The enriched practice model and wider engagement of Happy Family Kitchen Movement has demonstrated its scalability and the positive impacts it can have on the holistic health of families and our community. Apart from engaging over 3,500 participants in 58 community-based positive psychology intervention programmes, the project has also enhanced the capacity of many NGOs and schools for running family-oriented holistic health programmes in the future. Happy Family Kitchen Movement was well received by the public, and overall results showed that the project was effective in fostering behaviour changes that can promote better physical and psychosocial health.

The first community-based family intervention model

All in all, participants in the Happy Family Kitchen projects showed great enthusiasm towards the intervention programmes, Happy Family Cookbooks and home assignments, and parents actively participated in the cooking activities with their children. The idea of using “cooking” and “dining” as a platform for family communication was also a huge success, as the positive psychology practices could be blended more easily into the everyday lives of participants.



Happy Family Month (快樂家庭月)

A variety of family activities and events were organised throughout the entire month of May 2016 to spread the holistic health messages of Happy Family Kitchen Movement around the territory.

Held for four consecutive weekends across 11 districts, these activities included family barbecues, parent-child day camps, family carnivals with educational game booths, and Zero Time Exercise demonstrations and practices for all ages and generations.

As participants and their families actively took part in these events, they also learned and practised positive psychology behaviours, a healthy diet and regular physical exercise, thus taking a step towards improving their FAMILY 3Hs.



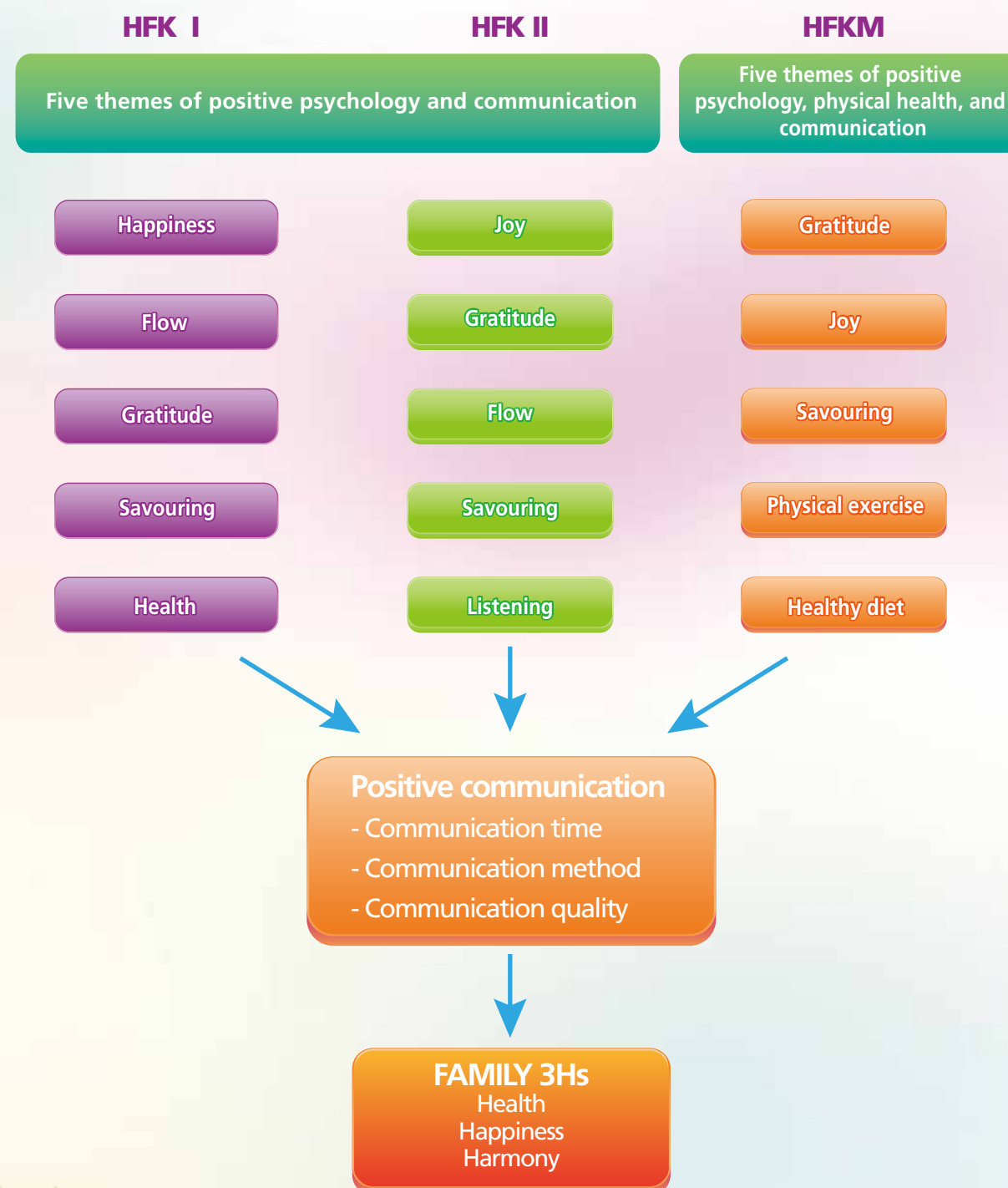
In addition, the intervention themes chosen for all three projects had certain positive effects on improving the family communication and FAMILY 3Hs of participants over time. In Happy Family Kitchen I, both participants' weekly communication time and communication quality increased at 12 weeks after the intervention. Participating families also reported changes in their communication behaviours, such as saying "Let's eat together", expressing thanks and praising their family members more often, which were likely to create positive effects in improving FAMILY 3Hs in the long run.

With its longitudinal study design, Happy Family Kitchen I generated initial evidence to support interventions on family communication, FAMILY 3Hs and subjective happiness. Happy Family Kitchen II strengthened the support of interventions on family health, happiness and subjective happiness with a cluster randomised controlled trial (CRCT). Finally, Happy Family Kitchen Movement integrated the holistic health model in the CRCT to extend the benefits to participants' physical health, providing further support for the effectiveness of community-based family interventions on FAMILY Holistic Health.

As the first-ever series of large-scale, family-oriented projects implemented through a community-based engagement project approach in Hong Kong, the Happy Family Kitchen projects represent a landmark in terms of both their scale and innovative practice models. The projects were among the first and probably the largest community-based engagement projects focusing on FAMILY 3Hs and FAMILY Holistic Health by working in partnership with a large number of social service providers. Another breakthrough of the project was the "minimal approach" of the interventions, being comprised of only two to three sessions. Such brief interventions still made an impact towards improving family communication and FAMILY 3Hs, thus generating new evidence to support a more cost-effective social service

model. Besides, each NGO had to design their own intervention programme based on a positive psychology theme, which greatly enhanced the flexibility of the programmes in meeting the needs of different service users.

The three projects have made a positive impact on many levels of society. At the individual level, participants learned strategies which can be applied in their daily lives to foster better communication with their parents, siblings, children and spouses. At the family level, participants learned and shared experiences in the community-based programmes, leading to improved family communication and well-being. At the community level, social workers and teachers were trained to conduct community-based family intervention programmes in different service settings using a more cost-effective approach. At the policy level, the effectiveness of the project has built a strong case for the future implementation of similar interventions to create healthier, happier and more harmonious families and hence societies, in Hong Kong and beyond.



“My impression of the project is very good, as family-based activities are used to foster harmonious community relationships. Together, participating organisations helped spread the influence of the project into every corner of the community.”

“整體印象很好：能夠以家庭為本去推動和諧的社區關係。參與機構把項目散佈到社區每個角落，感染力很強。”

Mr. Chow Yick Hay, BBS, JP,
Vice Chairman, Kwai Tsing District Council
周奕希太平紳士, BBS, 葵青區議會副主席

Happy Family Kitchen I

Launching ceremony

Promoted the objectives of the project and increased public awareness of FAMILY 3Hs in Yuen Long.

746 PEOPLE
at launching ceremony



Capacity building programme

Professional academics, a clinical psychologist and a nutritionist taught participants about the project framework and the five positive psychology themes during the 2-day training.

At 6-month follow-up, 85% agreed that the five principles of positive psychology can help improve family communication and FAMILY 3Hs, while 75.6% extended the use of the five principles into their other programme designs.

50  **SOCIAL WORKERS**
trained from capacity
building programme

Community-based intervention programmes

23 family-based intervention programmes were designed based on one of the five positive psychology themes for residents in Yuen Long. Each intervention comprised two core sessions and one booster session.

 **2,447 PARTICIPANTS**
joined 23 intervention programmes

Happy Family Cookbook

Free copies were distributed to motivate the public in applying positive psychology practices to enhance family communication. Over 95% of the questionnaire respondents said they would apply the cookbook's suggestions to their daily lives.

A practice manual summarising the methods and findings of the project was distributed for knowledge transfer to social workers and other community stakeholders.

 **10,000 COOKBOOKS**
were distributed to Yuen Long residents
and the general public

Practice wisdom forum

Social workers, professionals from the social welfare sector and other community stakeholders attended the forum to share their collective experiences from the project.

 **145 PARTICIPANTS**
attended

Happy Family Kitchen II

Public education event

Held in Tsuen Wan as a launching ceremony to promote the project and its key messages to the public.

Capacity building programme

2 to 3 days of training were provided to frontline social workers and teachers on the Five-Taste Model of Positive Communication, programme design and evaluation. The trainers also explained the application of the Logic Model of community-based engagement projects for greater research rigour.

The training programme was highly rated by over 70% of participants and had sustainable effects on their understanding of positive psychology and rigorous programme design.

 **61** **SOCIAL WORKERS**
trained from capacity
building programme

Community-based intervention programmes with cluster randomised controlled trial (CRCT)

31 programmes pre-approved by the steering committee were implemented based on the five positive psychology themes. Each intervention consisted of one core session, one booster session and one tea gathering. Participating organisations were divided into three groups using a CRCT.

 **2,519 PARTICIPANTS**
joined 31 intervention programmes

Happy Family Cookbook 2

More attractive recipes and tips for positive communication were added following the success of the Cookbook 1. A questionnaire was included for quantitative evaluation.

A Professional Tool Kit 2 consolidating the wisdom from both projects was developed to transfer knowledge to the social service sector. Moreover, three sessions of professional workshops were held to promote the project framework to social workers in different regions.

 **15,000 COOKBOOKS**
were distributed in Tsuen Wan, Kwai Tsing
and other districts

Family forum

Participating organisations and schools, HKCSS, the FAMILY Project Team and other community stakeholders were invited to share their outcomes and insights from the project.

 **111 PARTICIPANTS**
attended

Happy Family Kitchen Movement

Happy Family Month and district promotion events

Public awareness was raised at a launching event using themed game booths. A "Happy Family Month" with promotion events in 11 districts was held to deliver the project's messages.

Capacity building programme

Two batches of training totaling up to 30 hours were delivered to service practitioners and health ambassadors by professional academics, a clinical psychologist and a social worker.

The training programme was enhanced by the family holistic health intervention model which included positive psychology, physical exercises (such as Zero Time Exercise) and healthy diet. Programme design and evaluation methods were also covered.

 **377** **SOCIAL WORKERS and AMBASSADORS**
trained from capacity building
programme

Community-based intervention programmes with cluster randomised controlled trial (CRCT)

58 programmes were carried out by the NGOs and schools throughout the community, each focusing on a positive psychology and a physical health theme. Participating organisations were allocated into three groups in a CRCT. Each intervention consisted of one core session, one booster session and one follow-up session.

Programme proposals vetted by a steering committee before implementation.

 **3,419 PARTICIPANTS**
joined 58 intervention programmes

Happy Family Cookbook 3 and social media

Apart from food recipes and family communication tips, Cookbook 3 contained suggestions for practising Zero Time Exercise and a healthy diet, also with a questionnaire attached.

The cookbooks were widely distributed to all districts through the networks of NGOs, schools, District Councils and other community stakeholders involved in the project.

A Professional Tool Kit 3 was published to disseminate the positive evidence and experiences of the project to social workers, teachers and professionals across Hong Kong.

Social media were used to educate the public on FAMILY Holistic Health to widen public engagement.

 **15,000 COOKBOOKS**
were distributed to all districts

Project finale

The achievements of the project were consolidated at a final event, where participating NGOs and families shared their learnings and experiences from the project.

 **392 PARTICIPANTS**
attended



Learning Families Project

Partner



基督教家庭服務中心
Christian Family Service Centre

「齊來學·愛家」計劃



PROJECT PERIOD

July 2010 – March 2012

PARTNER

Christian Family Service Centre (CFSC)

PROJECT REACH

980 residents of Tsui Ping (South) Estate in Kwun Tong

First housing estate with a FAMILY 3Hs learning culture

Social Welfare Department statistics in 2010 highlighted Kwun Tong as a district with a relatively high occurrence of family problems such as child abuse (9.8%), elderly abuse (8.2%) and domestic violence (9.4%). Against this background, the Christian Family Service Centre (CFSC), a large non-governmental organisation (NGO) headquartered in Kwun Tong developed a large-scale programme in collaboration with the FAMILY Project Team using the community-based engagement approach to promote FAMILY Health, Happiness and Harmony (3Hs) among the district's residents. Since approximately 56% of Kwun Tong's residents lived in public housing estates, two housing estates – Tsui Ping (South) Estate (the intervention estate) and Shun Tin Estate (the control estate) – were chosen.



The Social Learning Theory (Bandura, 1977), Social Development Theory (Vygotsky, 1978) and Health Belief Model (Stretcher & Rosenstock, 1997) were used as a guiding framework to develop a series of programmes aimed at cultivating a self-regulated family learning culture in Tsui Ping (South) Estate. Resident training and learning activities, self-learning booklets and publicity events were used to create a motivational learning atmosphere on the one hand, while housing estate leaders were trained and actively engaged to enhance the delivery of FAMILY 3Hs messages on the other. The engagement of the Estate Management Advisory Committee (EMAC) and Mutual Aid Committees (MACs) in each building block fostered a collaborative platform which enhanced social networking as well as neighbourhood cohesion.

The Learning Families Project was the first known intervention study in Hong Kong to develop and evaluate interventions for improving FAMILY 3Hs in a public housing

estate by motivating self-regulated learning behaviours. The engagement of housing estate leaders like the EMAC and MACs was also rare among community service projects, thus attracting attention from prestigious academia like the Harvard School of Public Health (HSPH). In 2014, the FAMILY Project Team organised a study tour for 30 people including the Dean from HSPH who were interested in learning more about the project's pioneering service model, and Professor Kasisomayajula Viswanath, Professor of Health Communication of the Department of Social and Behavioral Sciences, remarked "This is a unique project and we were able to learn a lot." The Learning Families Project provided support for a community-based collaboration model consisting of academics, social workers and housing management committees for promoting FAMILY 3Hs to an entire public housing estate, including its hard-to-reach residents.



“The project is very down-to-earth, as actual household visits were made to understand and address the needs of families.”

“計劃很踏實，真正可以探訪到家庭，也可以幫助到家庭的需要。”

Dr. Chan Chung Bun, Bunny, GBS, JP, Chairman, Kwun Tong District Council
陳振彬太平紳士, GBS, 觀塘區議會主席

“Seeing every family listen so attentively at the talk with a ‘Learning Families Booklet’ in their hands, I could feel that they really wanted to learn how to love their families. They just didn’t have the chance before, which explains the popularity of this programme as soon as it was launched.

“看見每個家庭都手持著《愛家手冊》，很認真地聽講座，我們感到大家都很想學習如何去愛家人，只是一直沒有類似的機會而已。所以這個計劃一推出來，就有很多家庭參與了。”

Ms. Lee, Member, Mutual Aid Committee
李女士, 互助委員會委員

Fostering neighbourhood cohesion through family learning

Data of participants collected before, immediately after and 6 weeks after the programme showed that participants’ knowledge, attitude and behaviours in improving FAMILY 3Hs had increased through applying “learning family” concepts. Improvements in their family communication and relationships were also sustained at 6-months. Cross-sectional household studies administered in the intervention and control estates before and one year after the programme showed that while social support and neighbourhood cohesion improved significantly in the intervention estate, the same indicators had remained stable or decreased in the control estate.

Capacity building programmes organised for the EMAC and MACs were found to be effective in enhancing their knowledge, attitude and motivation in promoting FAMILY

3Hs, and their self-efficacy in using their leadership skills also increased. Their higher motivation and self-confidence after the training led to increased efforts in motivating residents to engage in FAMILY 3Hs learning activities at the 12-month follow-up.

All in all, the Learning Families Project was welcomed by both the residents and community partners, who expressed appreciation for its values, collaborative model and intervention methods. The success of the project supported the beneficial effects of using specially designed resident training programmes, complemented by active involvement from the housing estate management as a foot-in-the-door approach to strengthen FAMILY 3Hs and the neighbourhood bonding of grassroots families. Given the programme’s potential impacts on district and government policy related to the family well-being of hard-to-reach neighbourhoods, future programmes should explore the integration of these methods into NGO and housing management practices.



Needs assessment

Views were collected from the Estate Management Advisory Committee (EMAC) and Mutual Aid Committees (MACs) with regard to the FAMILY 3Hs needs of the residents. Their suggestions were used to design resident interventions and a capacity building programme for the resident leaders.

Launching ceremony

A kick-off ceremony was held at Tsui Ping (South) Estate to promote FAMILY 3Hs messages and “learning family” concepts to its residents.

1,000 RESIDENTS
at the
launching ceremony

Leaders’ capacity building programme

The EMAC and MACs received training on FAMILY 3Hs concepts, programme organisation and leadership skills. Their involvement fostered a collaborative platform which enhanced social networking and neighbourhood cohesion.

Participants were asked to complete questionnaires at three time points: before, immediately after and 12 months after the training programme.



32 MEMBERS
from the EMAC and
MACs were trained

Household studies

Baseline and post-programme household studies were conducted in Tsui Ping (South) Estate (intervention estate) and Shun Tin Estate (control estate) to assess residents’ FAMILY 3Hs, family satisfaction and neighbourhood cohesion.

1,167 and 1,108 RESIDENTS
of the intervention and control estates were
evaluated in the baseline study

1,323 and 1,108 RESIDENTS
of the intervention and control estates were
evaluated in the post-programme study



Community-based intervention programmes

24 resident training programmes (i.e. talks and thematic activities to encourage families to learn FAMILY 3Hs skills), 14 learning programmes (i.e. craftmaking and exercise classes which enabled residents to practise their learning skills) and 10 promotion programmes (i.e. activities used to publicise the training and learning programmes) were organised to promote FAMILY 3Hs, “learning family” concepts and cultivate a self-learning culture in Tsui Ping (South) Estate.

Participants in the resident training programmes were evaluated before, immediately after and 6 weeks after the programme; learning programme participants were assessed with questionnaires after each class.



1,188 RESIDENTS
joined the resident training
and learning programmes

670 RESIDENTS
joined the promotion
programmes

Learning Family Booklet

Distributed as a training tool and record book for residents to document their participation in FAMILY 3Hs learning activities. An award campaign was used to motivate residents’ self-regulated learning behaviours.

Nearly
1,000 BOOKLETS
were distributed



Booster session

Residents who attended at least one resident training programme were invited to a booster session themed “Love your family eco-farm visit” 6 weeks after the programme.



365 RESIDENTS
joined 6 booster sessions

Recognition ceremony

Over 40 awards were presented to recognise families with the most active participation. An exhibition was held to display the creative works of the residents.



503 PEOPLE
attended the ceremony

Enhancing Family Well-being Project

Partner



「家」
「深」
幸福計劃



PROJECT PERIOD

February 2012 – May 2013

PARTNERS

Sham Shui Po District Social Welfare Office of Social Welfare Department, 46 units from 37 participating organisations including schools and non-governmental organisations (NGOs)

PROJECT REACH

1,734 participants from 1,069 families living in the Sham Shui Po district

Bigger collaboration, stronger results

Building on the success of the Sham Shui Po Well-Being Movement in 2009 which applied the principles of positive psychology to enhance family well-being, the Sham Shui Po District Social Welfare Office of Social Welfare Department teamed up with the FAMILY Project Team to roll out a more comprehensive community-based initiative – the Enhancing Family Well-Being Project in 2012.

Three positive psychology principles – Gratitude, Hope/Resilience and Open-mindedness – were identified as the main themes, which were built on past experiences from the Sham Shui Po Well-Being Movement and derived from the collaborative insights of all partners involved.

Conceptual Framework of Using Positive Psychology to Enhance the 3Hs

Three positive psychology themes were used to promote positive family relationships and FAMILY 3Hs.



The Enhancing Family Well-Being Project was the first large-scale community-based engagement project carried out to enhance FAMILY 3Hs through improving family relationship in Hong Kong. This approach emphasised the active participation of community members at every stage of the process, thus strengthening community ties and cooperation within the district. 29 themed intervention programmes were designed and implemented by the 37 NGO partners, each focusing on one specific theme and targeted at different service groups to benefit the Sham Shui Po community as a whole.



“It is important to foster stronger mutual support within the families in Sham Shui Po.”

“展現家庭的互助支持對深水埗家庭尤其重要。”

A district councillor from Sham Shui Po
一位深水埗區議員

“A rare and valuable opportunity for different service units and social workers to unite their efforts in implementing family-based, positive family activities.”

“這計劃實在是一個很難得的契機，能去結連區內不同的服務單位及同工，讓他們共同努力去為區內服務使用者推行「家庭為本」的正向家庭活動。”

Mr. Li Yum Kwok, Co-ordinator, Kowloon District Supervisor (Elderly Services)
The Neighbourhood Advice-Action Council/Project Convener
李蔭國先生，鄰舍輔導會九龍區安老服務總監 / 計劃召集人

Improved family relationships

Families in the Sham Shui Po district reported significant improvements in their FAMILY 3Hs alongside their family relationships after participating in the project. All three aspects on the Family Relationship Scale – family cohesion, mutual understanding and avoidance of conflicts – showed marked improvements 3 months after the intervention. Moreover, participants' self-perceived happiness and mental health, which coincided with the 3Hs and contributed to a more favourable family environment, were greatly enhanced.

The intervention programmes and participant booklet also showed strong evidence of increasing participants' intentions to continue with the suggested behaviours, which could lead to sustainable effects in enhancing family relationships and FAMILY 3Hs over time.

The Enhancing Family Well-Being Project provides a strong testimony to the cross-sector collaboration between the

government, academia and NGOs for launching community-based projects to enhance family well-being. One notable benefit of the collaboration was stronger co-operation and understanding among the residents, government, and NGOs within the Sham Shui Po community – a distinctive feature of community-based engagement projects.

The family is an essential social unit and the basic building block of a harmonious society, providing people with a source of care and support and helping them find their place in society. The emphasis on positive family relationships is especially important for the Sham Shui Po district, which has more people at risk. By enhancing FAMILY 3Hs in one of the most densely populated districts in Hong Kong, the project was able to bring enormous value to both the participants and our community.

“Different organisations, government departments, the Hospital Authority and NGOs working together to deliver the positive messages to Sham Shui Po residents using different methods and through different platforms.”

“不同團體、政府部門、醫管局、非牟利機構一起合作，將正向信息在不同層面，用不同方法帶給深水埗居民。”

Mr. Fong Kai Leung
Assistant Director (Rehabilitation and Medical Social Services),
Social Welfare Department
(Former District Social Welfare Officer (Sham Shui Po))

方啟良先生
社會福利署助理署長（康復及醫務社會服務）
（前社會福利署深水埗區福利專員）



“This project taught us to treasure the people around us, so that we can build more harmonious and happier families together.”

“計劃教我們珍惜身邊人，共建更和諧和快樂的家庭。”

A community leader from Sham Shui Po District
一位深水埗地區領袖

Launching ceremony

To publicise the project to the public in Sham Shui Po, a mass choreography of the word 'HEART' was created to promote positive family relationship and FAMILY 3Hs.

2,400 PEOPLE
at launching ceremony

Capacity building programme

A 1-day training programme about the community-based engagement approach and the positive psychology framework was conducted for the social workers. 87.5% of participants rated the training programme as good or very good.

94 SOCIAL WORKERS
trained from capacity
building programme

Community-based intervention programmes

29 programmes, each focusing on one intervention theme, were designed and implemented using a "minimal approach" to achieve maximal effect with minimal contact time (one core session and two follow-up sessions).

In one programme, participants practised different ways of hugging their family members and learned to express "Gratitude" with physical contact. In another programme for "Hope/Resilience", family members took turns naming each other's positive traits and inserted paper strips into a bottle until they could visualise their family's combined positive energy.

1,734 PARTICIPANTS
1,069 FAMILIES

Booster session and Tea gathering

Reiterated the contents of the core session to encourage participants to continue with what they had learned and integrate the new behaviours into day-to-day practice. The effectiveness of the project was evaluated.

72% SOCIAL WORKERS
willing to apply
positive psychology
again in the future

Positive Family Book & Positive Family Practice Manual

A Positive Family Book was distributed to Sham Shui Po residents with daily exercises for practising each of the three themes in everyday family interactions. A cluster randomised controlled trial was used to gauge its effectiveness.

A Positive Family Practice Manual was distributed to social service units and other community stakeholders to transfer useful knowledge from the project.

10,000 POSITIVE FAMILY BOOKS
were distributed

Practice wisdom forum

Provided a platform for sharing among the social service sector and disseminating the project's findings to the public. 89.3% of participants experienced positive changes in their attitudes towards both the values and feasibility of applying positive psychology in family activities.

165 PARTICIPANTS
at the practice
wisdom forum

Community Health Campaign: Fitter Families Project

Partner



基督教家庭服務中心
Christian Family Service Centre

健康「家」加油
社區計劃

PROJECT PERIOD

June 2015 – November 2016

PARTNER

Christian Family Service Centre (CFSC)

PROJECT REACH

953 residents living in the Kwun Tong district

FAMILY Holistic Health starts from an active community

Regular exercise has many benefits such as helping one maintain optimal body weight and physique, preventing non-communicable illnesses like cardiovascular disease, diabetes and cancer, and boosting psychological well-being. Nevertheless, a survey conducted by the Department of Health in 2014 revealed that up to 62.5% of adults in Hong Kong were physically inactive. The rate was even higher among low-income families which had greater vulnerability to health and other family problems. The Kwun Tong district, having the highest poverty rate (25.9%) as per the Hong Kong Poverty Situation Report 2012, was a case in point.

Grounding on the successful experience of the Learning Families Project, the Christian Family Service Centre (CFSC) collaborated with the FAMILY Project Team once again to launch another community-based project in Kwun Tong with the purpose of increasing residents' FAMILY Health, Happiness and Harmony (3Hs) by promoting a more active lifestyle. Initiated by ambassadors in the neighbourhood, the project reached families that lived in squatters and subdivided flats. Participants were recruited through household visits and mobile counters. Easy, enjoyable and effective Zero Time Exercise, together with a simple fitness equipment (handgrip), were introduced and distributed to residents in Kwun Tong via a host of community-based programmes (health talks, boosters and gatherings), reminder calls and mobile counters to produce positive and sustainable changes in their mindsets and behaviours towards exercise.



“Since joining the programme, I would sometimes stand on my toes while riding on the MTR. I think Zero Time Exercise is good as I can take the chance to exercise anytime and anywhere, so no extra time is needed.”

“加活動後，搭地鐵有時都會踮着腳尖，零時間運動不錯，可以隨時隨地找到機會做運動，不會浪費時間！”

A participant 一位參加者



The Social Ecology Model, founded on the belief that different aspects of influence including individual, interpersonal, community and societal can lead people to change their behaviours, was used as a guiding framework for the project. By motivating participants to perform Zero Time Exercise together with their family members, their FAMILY 3Hs, neighbourhood cohesion and physical fitness all improved significantly after the community-based intervention programme. In addition, those participants who received a handgrip (to test the effectiveness of home-based exercise equipment) were found to have increased hand grip strength.

The Fitter Families Project was an all-out health campaign that rallied the participation and support of different community stakeholders, including local leaders and volunteers, with the result that both residents' physical and psychological well-being and neighbourhood cohesion were increased. The project's successful work model can provide valuable reference for communities faced with the challenge of promoting happier and fitter families and closer social bonds, including among low-income groups.



“I made friends from the programme. As we were in the same group, we got the chance to talk while visiting the University. We are still keeping in touch.”

“參加活動之後認識了新朋友。因為同組，故參觀大學時有傾有講，我們一直都有聯繫。”

A participant 一位參加者

Capacity building programme

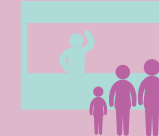
Training was provided to service workers and volunteers on how to promote FAMILY Holistic Health in the community. Evaluations were conducted at four time points (before, immediately after, 1 month and 3 months after the programme) and physical fitness tests at three time points (before, 1 month and 3 months after the programme) to assess the effectiveness of the training.



71 PEOPLE
attended 4
training programmes

Mobile health community counter

Physical activity-themed mobile counters were set up in different locations in Kwun Tong to promote FAMILY Holistic Health and increase residents' awareness of the project.



106 COMMUNITY COUNTERS
were set up

Community-based intervention programmes

Participants were randomly assigned into three groups based on the District Council areas in which they lived. Groups A and B attended a 2-hour health talk about Zero Time Exercise, received regular reminder calls and joined two booster sessions, and Group B additionally received a simple fitness equipment (i.e. a handgrip). The control group was offered a general health talk and two booster sessions.

All participants were evaluated before, immediately after, 4 weeks and 3 months after, and fitness tests were used to monitor their physical changes before and at 4-weeks and 3-months after the health talk.



953 RESIDENTS
attended
25 health talks

Reminder call

Trained local leaders called participants at 2-week intervals to remind them to do Zero Time Exercise and practise their handgrip strength.

Booster session

20-minute booster sessions were used to encourage sharing among participants and review Zero Time Exercise with them 4 weeks after the health talk. Another gathering session was organised 3 months after the health talks.



19 BOOSTER SESSIONS and
33 GATHERING SESSIONS
were organised



Family Holistic Health Community Promotion

Partner



香港島婦女聯會
HONG KONG ISLAND WOMEN'S ASSOCIATION

多動
識食

GO!



PROJECT PERIOD

January – December 2016

PARTNER

Hong Kong Island Women's Association (HKIWA)

PROJECT REACH

1,256 participants

Spreading healthy lifestyle habits from individuals to the community

A report by the World Health Organization (WHO) in 2015 found that non-communicable diseases (NCDs) such as cardiovascular problems, cancer and diabetes claimed the lives of 38 million people each year. Four modifiable risk factors have been recognised for NCDs: insufficient exercise, unhealthy diet, tobacco use and alcohol abuse. As government studies have found that over half of the Hong Kong population had insufficient physical activity and less than one-fifth of respondents had a healthy diet with an adequate fruits and vegetables intake, a community-based project was carried out to address these common health risks, with the ultimate goal of increasing the FAMILY 3Hs (Health, Happiness and Harmony) of participants.



As the project's name suggests, physical activity (多動) and healthy diet (識食) were the main principles of this community-based project. Participants were encouraged to reduce their consumption of sugary drinks and foods or practise Zero Time Exercise (exercises that can be performed while standing, sitting or walking and require no extra time) with mutual encouragement from family members and trained volunteers. Unlike other FAMILY Project interventions where the programmes were delivered by experienced social service workers, volunteers from the Hong Kong Island Women's Association (HKIWA) were trained to lead the programmes as "Health Ambassadors", with promising results in raising FAMILY 3Hs among themselves, participants and their families.

The programme adopted a three-stage conceptual framework. In stage one, a Train-the-Ambassadors Programme was held, and HKIWA volunteers learned to self-motivate as well as promote healthy eating and physical activity habits to participants. The Health Ambassadors then implemented core and booster sessions in stage two, which aimed to enhance the health behaviours of participants and help them spread these positive habits to friends and family members. Finally, the Health

Ambassadors helped participants sustain these new health behaviours with text messages in stage three. Changes in both the Health Ambassadors and participants were closely monitored using questionnaires and follow-up calls, so as to develop an effective one-to-many model for spreading healthy behaviours and FAMILY 3Hs throughout the community.

After the programme, increases in the frequency of performing Zero Time Exercise were observed in both the Healthy Diet groups and Physical Activity groups. Participants from both groups also showed increases in the frequency of healthy diet and physical activity-related interactions with family members. Compared with the Physical Activity groups, the Healthy Diet groups showed greater increases in encouraging their family members to choose low-sugar food and beverages and in making low-sugar choices together with family members. Participants from both the Healthy Diet groups and Physical Activity groups perceived increases in their FAMILY 3Hs. They also rated the events and training content of the programme highly as they found the content applicable to their daily lives.

"The duration of this project was one year. To HKIWA, this was novel.

"計劃推行一整年，這對婦聯來說，十分新穎。"

A HKIWA community leader
一位香港島婦女聯會的社區領袖





HD – Healthy Diet groups
PA – Physical Activity groups

Intervention model design

Member associations of the HKIWA were allocated into eight groups in a cluster randomised controlled trial. Each group used a different mix of methods such as WhatsApp messages in social groups, tablemats with healthy diet messages and handgrips to sustain the positive impacts on participants.

Group	Healthy diet / Physical activity intervention	Ambassador's social groups	WhatsApp and tablemat / handgrip reminders
HD 1	✓		
HD 2	✓	✓	
HD 3	✓		✓
HD 4	✓	✓	✓
PA 1	✓		
PA 2	✓	✓	
PA 3	✓		✓
PA 4	✓	✓	✓

The Family Holistic Health Community Promotion Project used physical activity and healthy diet – two common health concerns in Hong Kong and today's urban cities – as platforms to promote FAMILY 3Hs. The project harnessed the power of community leaders to train and empower Health Ambassadors. These Health Ambassadors then went on to engage participants in a community-based programme, designing their own booster sessions to promote FAMILY 3Hs and healthy lifestyles to over a thousand participants. Given the multiple social roles of each participant as a mother, wife, daughter-in-law, employer and so on, the positive health messages and practices were quickly spread among

participants' social circles and into the wider community.

The positive outcomes of this community-based project show that everyone has the power to facilitate health-promoting changes in the family and beyond. HKIWA volunteers were able to strengthen the community's capacity for sustaining health promotion efforts through enhancing participants' health awareness and behaviours. Similarly, other community groups could also be mobilised in the future to promote healthy lifestyle habits, so that we can together build a better society with high FAMILY 3Hs.



“This project combined academic research with community service... we have never done this before. Our working relationship with the University of Hong Kong was very close...”

“活動最大的特色是學術研究結合地區服務，這是第一次。我們跟香港大學的合作既嚴謹又細緻。”

A HKIWA community leader 一位香港島婦女聯會的社區領袖



Stage 1: Spark and start

Opening ceremony

The key health messages of the project – eating a healthy diet, increasing physical activity and FAMILY 3Hs enhancing behaviours – were promoted to the community.

200 PARTICIPANTS
joined the opening ceremony

Train-the-Ambassadors Programmes

The Health Ambassadors were encouraged to practise healthy behaviours among themselves and with family members via training delivered by the FAMILY Project Team. They also developed skills that empowered them to promote healthy diets and physical activity to community participants.

The ambassadors were assessed eight times throughout the entire project: before and after the first training session, before and after the second training session, and at 3 months, 4 months, 6 months and 9 months after the programme.



138

HEALTH AMBASSADORS
were trained in 2 sessions

Intervention programmes

Community participants were shown how easy it was to adopt healthy eating and physical activity habits (e.g. Zero Time Exercise) to increase their confidence to practise these behaviours. Participants were also encouraged to influence their friends and family members with these healthy habits.

Participants were assessed with questionnaires before and immediately after the intervention.



1,256

PEOPLE attended
8 intervention sessions

Stage 2: Spread and serve

Booster sessions and reminder text messages

The Health Ambassadors designed programmes to reinforce the health information previously delivered to participants. Individual messages were sent to participants via WhatsApp Messenger to create a health-promoting environment.

On-going evaluation was conducted with participants before and after the booster sessions.



1,150

PEOPLE attended
8 booster sessions

Stage 3: Share and sustain

Follow-up phone interviews

Two phone interviews were conducted with participants at 3 months and 6 months after the first intervention by Health Ambassadors to assess how well their healthy behaviours were sustained.

Sharing session cum awards ceremony

Participants shared their health journeys and experiences of the programme, and top performing groups were awarded. Focus groups and interviews were conducted with the Health Ambassadors, community participants and community leaders to collect their views on the project.



499 PARTICIPANTS
joined the closing ceremony

Holistic Health Family Project

Partner



PROJECT PERIOD

April 2015 – March 2017

PARTNER

Social Welfare Department (SWD)

PROJECT REACH

567 rehabilitation service users and their families

A new “holistic” concept of rehabilitation

Given the objective of the FAMILY Project was to increase the FAMILY Health, Happiness and Harmony (3Hs) in different sectors of the society, a special collaborative project was launched with SWD in 2015 to boost the 3Hs of their rehabilitation service users and their families.

Using positive psychology and the Social Learning Theory as the basis of design, physical exercise – namely Zero Time Exercise (ZTEx) – was used as a platform to enhance participants' physical and mental health as well as family communication. Trained SWD officers delivered a brief and a combined ZTEx intervention to the participants. They were encouraged to record their exercise goals and practices in a homework booklet to reinforce positive exercise habits.



Using exercise to strengthen family relationships

To test the effectiveness of using ZTEx to promote FAMILY 3Hs among service users, 317 participants were randomised into three groups: a care-as-usual control group (Group A), a brief intervention group (Group B) and a combined intervention group, which received both the brief intervention and participated in group activities (Group C).

All participants reported significant increases in their subjective happiness, use of praise and gratitude towards

family members, practising ZTEx and family health during the study period. Results also showed that both Group B and Group C had greater increases in moderate physical activity, expressed praise towards family members and improved family relationships compared with Group A. More importantly, the increases reported by Group C were greater than Group B, thus generating evidence for the effectiveness of the combined intervention. In particular, Group C showed a greater improvement in their physical fitness performance compared with Groups A and B after the programme.

These findings highlighted the importance of engaging family members in physical activities, which could be used as a platform to enhance family communication and relationships. The family holistic health approach of the present project has important implications for rehabilitation and social policies.

Needs assessment

Focus group interviews were conducted with SWD officers to identify their needs and challenges.

Capacity building programme

Training was provided to the officers to enhance their knowledge and self-efficacy for implementing the intervention programme.

28
SOCIAL
WORKERS
were trained from
the programme

Practice manuals

Each officer received a practice manual which provided them with the guidelines of the project as well as information on positive communication, physical activity, and Zero Time Exercise (ZTEx).

Intervention programmes

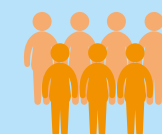
Service users meeting specific age and psychological criteria were allocated into three groups by randomised controlled trial (RCT).

The care-as-usual control group (Group A) continued to receive routine counselling from the officers. They were offered the combined intervention upon completion of the 3-month follow-up assessment.

The brief intervention group (Group B) received an intervention designed to enhance their personal and behavioural attributes related to physical exercise and to encourage them to practise exercises with their families. The interventions were delivered by the officers during their monthly consultations with the service users.

The combined intervention group (Group C) received the brief intervention plus family group activities led by the officers.

All participants were assessed with questionnaires and fitness tests at three time points: pre-intervention, 1 month and 3 months after the intervention. Participants' family members were assessed with questionnaires at the same time points.



567
SERVICE USERS AND
THEIR FAMILIES
joined the programmes

Homework booklets

Groups B and C received homework booklets to help them keep record of their exercise goals, fitness test results, and daily ZTEx practices.



「家·心健康」計劃

Community-based intervention programmes





Just as a great tree must expose its leaves to the bright sunlight to continue to grow in grandeur, public education plays a vital role in maximising the influence and sustainability of the FAMILY Project. Through various health communication events, the core messages of the Project have been disseminated to numerous people in the community.

Health communication and public education

Health Communication Events

The FAMILY Project has actively organised, co-organised and participated in many health communication events in different districts with numerous non-government organisations and government departments to promulgate the concepts of FAMILY Health, Happiness and Harmony (3Hs) to the Hong Kong public. These included family fun fairs, roadshows, health promotion festivals, exhibitions, sports and other activities. The FAMILY Project booth with FAMILY 3Hs games, souvenirs, simple health checks (such as percentage of body fat and hand grip strength) has always been one of the most popular attractions as shown by the long queues. At most of these events, scientific methods such as administering FAMILY 3Hs questionnaires both inside and outside the venue and tallying booth attendance and participation were used to evaluate the impacts.

Anti-inertia Reminders (AIR), or constant reminders every 5 to 10 minutes, were used during health talks and presentations to get participants into the habit of doing Zero Time Exercise. Trained staff observed the attendees every two minutes to see if they actually performed the exercises.

In April 2015, two health check stations were set up at the Hong Kong Jockey Club's betting branches in Whampoa and Tin Shui Wai to raise public health awareness. Healthy diet and Zero Time Exercise were promoted on attractive information boards, and visitors were offered fitness measurements including blood pressure, muscular strength, flexibility and Body Mass Index (BMI) to encourage them to take a more proactive stance on their health.



40 COMMUNITY EVENTS



243 SERVICE UNITS and **4** SCHOOLS



Connected with over
57,045 PEOPLE

Date	Event
2010	
11 Apr	Kowloon City World Health Day 2010
20 & 30 Oct	Sham Shui Po Well-being Movement Road Show and Launching Ceremony
25 - 27 Dec	Sha Tin Festival
26 Dec	Central & Western District Community Concern Day
2011	
17 Apr	Kowloon City World Health Day 2011
15 May	Radio Television Hong Kong "Give Me Five – 一屋住家人" Event on International Day of Families
10 - 11 Sep	Central & Western District Health Festival
20 Oct	Sham Shui Po Well-being Movement Road Show
3 Dec	Sha Tin Family Art & Fun Day
2012	
12 Feb	Sham Shui Po Community Event
18 Feb	Opening Ceremony of Haven of Hope Hospital, Tseung Kwan O and Sai Kung Regional Support Centre
25 Feb	Chuk Yuen District Suicide Prevention Awareness Fair
15 Apr	Kowloon City World Health Day 2012
30 Oct	Sham Shui Po Well-being Movement Road Show
3 - 4 Nov	Central & Western District Health Festival
16 Dec	Central & Western District Healthy City Carnival
2013	
19 Oct	FAMILY 3Hs Gathering Day
2 - 3 Nov	Central & Western District Health Festival
29 Dec	Central & Western District Healthy City Carnival
2014	
6 Apr	Kowloon City World Health Day 2014
1 - 2 Nov	Central & Western District Health Festival
30 Nov	Sha Tin Rotary Happy Run
21 Dec	Central & Western District Healthy City Carnival
26 - 28 Dec	Sha Tin Festival
2015	
4 Jan	賽馬會耆樂年年計劃
18 Jan	Tung Wah Group of Hospitals "I-Run" - Hong Kong Jockey Club Special Marathon
12 Apr	Kowloon City World Health Day 2015
20 Apr	Whampao Health Awareness Campaign
24 Apr	Tin Shui Wai Health Awareness Campaign
4 Jul	Social Welfare Department Sha Tin District Social Service Promotion Day
29 - 30 Aug	Central & Western District Health Festival
26 Sep	Sai Kung District Healthy City Carnival
3 Oct	Play Together Family Day
1 & 15 Nov	"Stay Hearty Stay Healthy" Health Exhibition 2015
2016	
16 Jan	「我好叻」麗閣社區健康推廣計劃嘉年華
23 Jan	九龍城區家長教師會聯會「家校合作顯關愛」嘉年華
21 Feb	我愛家庭同樂日
10 Apr	Kowloon City World Health Day 2016
22 May	Family Day 2016
6 Aug	Wofoo 愛從家開始 2016：全家動融
16 Oct	130 Years of Medicine in Hong Kong - Kickoff Ceremony
29 Oct	HKU Medics Health Exhibition
5 - 6 Nov	Central & Western District Health Festival
19 Nov	Institute of Cardiovascular Science and Medicine 20th Anniversary Scientific Meeting
20 Nov	18th Beijing Hong Kong Medical Exchange
2017	
9 Apr	Kowloon City World Health Day 2016
28 May	Family Day 2017

Social Welfare Department District Welfare Planning Forums, Presentations and Health Talks

The FAMILY Project Team has been invited to present its findings at the Social Welfare Department's District Welfare Planning Forums to inform its annual district planning.

In addition, health talks promoting FAMILY Health, Happiness and Harmony (3Hs) and healthy lifestyle habits have been delivered to various government departments and community sectors by the FAMILY Project.

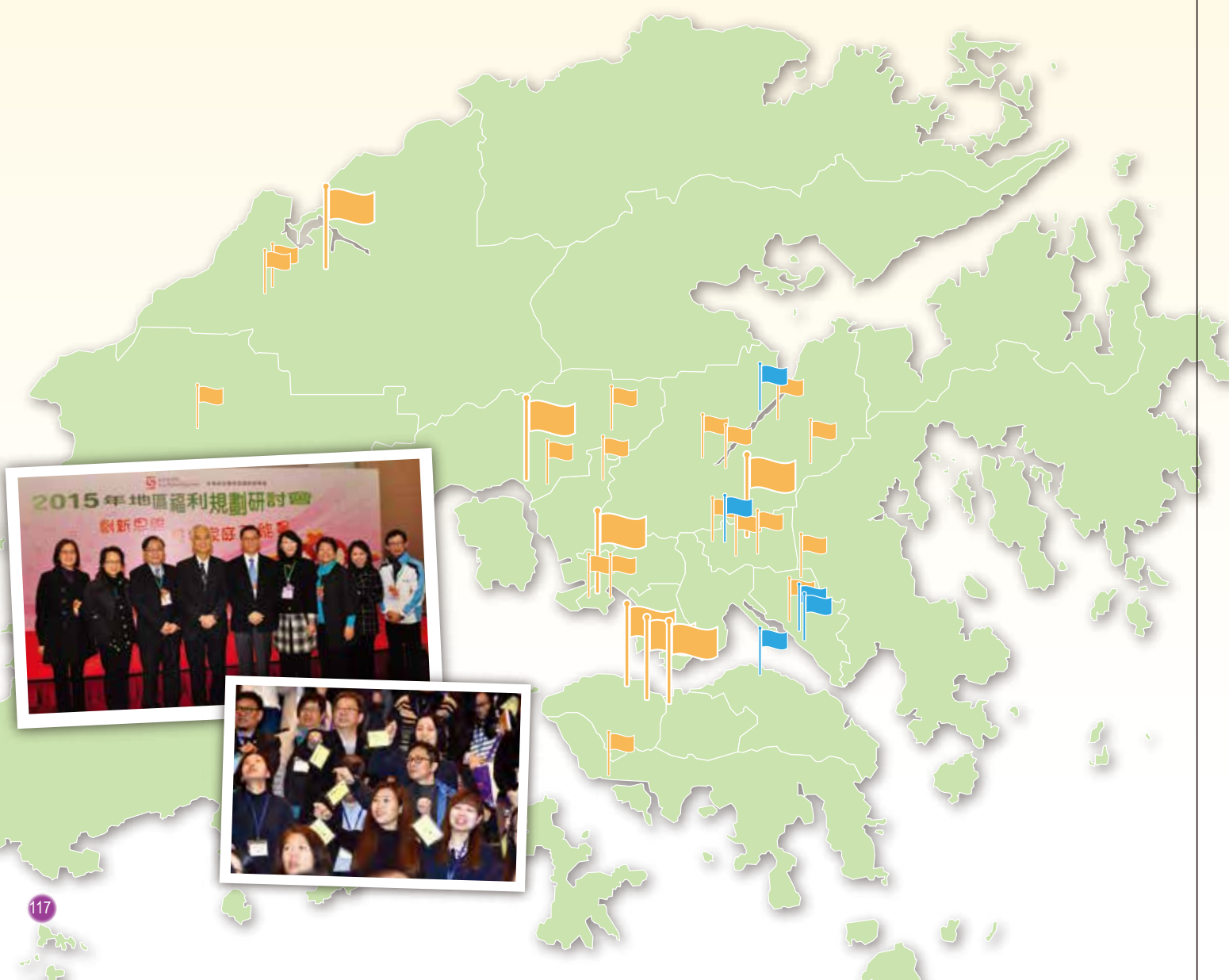


8 Presentations made at
DISTRICT WELFARE PLANNING FORUMS

Project messages disseminated to
2,931 ATTENDEES



Health talks organised for
THE DEPARTMENT OF HEALTH AND **18** HOUSING ESTATES



Date			Planning forums, presentations and health talks
Social Welfare Department and other government departments			
	Mar 2011		Yuen Long District Welfare Planning Forum
	3 Mar 2012		Sham Shui Po District Welfare Planning Forum
	3 Mar 2012		Central & Western, Southern and Islands District Welfare Planning Forum
	15 Mar 2012		Steering Committee on Healthy City in the Central & Western District
	16 Mar 2012		Wong Tai Sin & Sai Kung District Welfare Planning Forum
	27 Jun 2014		Hong Kong Customs and Excise Department Health Talk
	23 Jan 2015		Central & Western, Southern and Islands District Welfare Planning Forum
			衛生署 — 「我好『叻』」社區健康推廣計劃
	30 Jun 2015		Lok Fu Health Talk
	23 Jul 2015		Aberdeen Health Talk
	31 Jul 2015		Tin Shui Wai Health Talk
	6 Aug 2015		Tin Shui Wai Health Talk
	1 Sep 2015		Shun Lee Health Talk
	2 Sep 2015		Choi Hung Health Talk
	4 Sep 2015		Kwai Chung Health Talk
	16 Sep 2015		Kwun Tong Health Talk
	15 Oct 2015		Lei Muk Shue Estate Health Talk
	22 Oct 2015		Sham Shui Po Health Talk
	4 Nov 2015		Wong Tai Sin Health Talk (1)
	4 Nov 2015		Wong Tai Sin Health Talk (2)
	13 Nov 2015		Mei Lam Estate Health Talk
	27 Nov 2015		Kwai Shing Health Talk
	3 Dec 2015		Cheung Sha Wan Health Talk
	9 Dec 2015		Health Talk at Yan Oi Estate, Tuen Mun
	9 Dec 2015		Health Talk at Chun Shek Estate, Sha Tin
	2 Feb 2016		Health Talk at Shek Mun Estate, Sha Tin
	26 Feb 2016		Central & Western, Southern and Islands District Welfare Planning Forum
	17 Mar 2016		Tsuen Wan & Kwai Tsing District Welfare Planning Forum
	8 Sep 2016		Social Welfare Department Integrated Family Services (Tuen Mun) staff training
NGOs and community groups			
	2 Nov 2012		Happy Health Society Conference
	18 Jul 2015		潮州商會健康講座
	7 Sep 2015		觀塘扶輪社健康講座
	12 Sep 2015		扶輪社齋宴
	10 Apr 2016		明愛馬會思達計劃 — 男士社交及情緒支援服務：「健康營男大本營」
	23 Apr 2016		保良局蕭漢森小學家教會 — 「健康與生活」
	30 Sep 2016		Sham Shui Po International Social Service short intervention
	22 Oct 2016		The Mission Covenant Church Holm Glad Primary School short intervention
	18 Dec 2016		St. Barnabas' Society and Home - Health Talk for parents and children
	18 Dec 2016		St. Barnabas' Society and Home - Health Talk for the elderly
	9 Feb 2017		Lecture one at the Master of Nursing, The University of Hong Kong
	23 Feb 2017		Lecture two at the Master of Nursing, The University of Hong Kong
	24 Feb 2017		Caritas professional sharing session
	16 Mar 2017		Harvard College in Asia Program - Hong Kong Conference
	8 Apr 2017		"Explore the World of Medicine" public lecture



Sha Tin Festival – “FAMILY 3Hs Fun Fest”

沙田節：「愛 + 人」家家康和樂嘉年華

EVENT DATES

25-27 December 2010; 26-28 December 2014

PARTNERS

Organising Committee of Sha Tin Festival,
Sha Tin District Office, Family Council



沙田節統籌委員會



沙田民政事務處



家庭議會
Family Council
www.familycouncil.gov.hk

PARTICIPANTS

Over 10,000 people (2010) and over 40,000 people (2014) from thousands of families

Jointly organised by the FAMILY Project, Sha Tin District Office and Family Council, Sha Tin Festival was launched in December 2010 as a fun-filled family festival cum district promotional campaign to further the FAMILY Project's goal of spreading FAMILY Health, Happiness and Harmony (3Hs) messages in the community. Being the first event of its kind in Sha Tin, the festival attracted tens of thousands of people with a colorful assortment of games, exhibitions and performances.



In 2010, activity booths were grouped into three zones according to the FAMILY 3Hs, and each day featured a different theme to strengthen the impact of the message. Participants of "Harmony Day", for instance, all took a pledge to express more appreciation to their family members. In the 2014 event which focused on healthy diet and exercise, 0-1 (Zero Time, Negative Time and Minimal Time) Exercise demonstrations and competitions were held on stage to get participants to exercise more at home. At each festival, children engaged a lot in activities like riding ponies and mini motor boats, and in a variety of game booths and performances. Visiting the festival was a delightful day out for the whole family.

Apart from promoting FAMILY 3Hs, Sha Tin Festival also enabled the FAMILY Project to strengthen its connections with different NGOs and communities in the district. The 2010 festival was used as a platform to engage families who took part in the FAMILY Cohort (2007-2014). Participants' feedback were also collected via "3Hs mobile booths" and follow-up phone surveys, and new contacts were gathered to promote the awareness of FAMILY 3Hs to more people in the community.

Central & Western District Health Festival

中西區健康節

EVENT DATES

10-11 September 2011; 3-4 November 2012;
2-3 November 2013; 1-2 November 2014

PARTNERS

Steering Committee on Healthy City in the Central and Western District, The Working Group on Health and Rehabilitation Service of the Central and Western District Council, Central and Western District Office and non-governmental organisation (NGO) groups



Rehabilitation Service of the
Central and Western District Council



Central & Western
District Council

PARTICIPANTS

360 people (2011); 2,244 people (2012 and 2013); 1,824 people (2014)

Since 2012, the FAMILY Project has been a co-organiser of the Central & Western District Health Festival supported by the Central and Western District Office and local community groups. This annual event stressed the importance of a healthy lifestyle including good practices for increasing FAMILY Health, Happiness and Harmony (3Hs) by providing a variety of health-related activities suitable for family members of all ages.

Besides getting free health measurements and playing thematic games, participants also joined exercise demonstrations and attended free health talks which all aimed to cultivate health promoting attitudes and behaviours. When learning how to make a blended fruit juice, for instance, participants also gained knowledge about the nutritional values and health benefits of consuming five servings of fruits and vegetables a day. Souvenirs with various health messages were also distributed at the events to remind participants to exercise and to eat healthily.



Following the "evidence-based and evidence generating" principle of the FAMILY Project, participants' FAMILY 3Hs were measured both inside and outside the venue to gauge the impact of each event. Headcounts were taken at fixed time points every hour and at 5-minute intervals to evaluate the popularity of the booths, and questionnaire surveys were administered inside and outside the venue to compare the FAMILY 3Hs attitudes and practices of participants with passersby. The data collected generated evidence to inform the planning of future events so that they can make a wider and deeper impact on the community.





Jockey Club Summer Visits Programme

賽馬會暑期參觀活動



PROGRAMME DATES

Every July to August from 2011 to 2013

PARTNERS

The Hong Kong Jockey Club and
The Hong Kong Federation of Youth Groups (HKFYG)



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust
同心同步同進 RIDING HIGH TOGETHER



香港青年協會
the hongkong federation of youth groups

PROGRAMME REACH

32 visits for 3,450 elderly and their families on average each year

The Hong Kong Jockey Club has been organising guided visits every summer as a social service programme for different social groups to enjoy a day out at the Club's facilities and have a delightful lunch gathering together. From 2011 to 2013, the FAMILY Project teamed up with the Hong Kong Federation of Youth Groups (HKFYG) in co-organising the summer visits programme with family participation to spread the messages of FAMILY Health, Happiness and Harmony (3Hs) to over 10,000 elderly people and their families, while also enhancing the holistic health of youth volunteers. The positive impacts of volunteering on adolescents' health and psychosocial well-being have long been documented in Western studies.

The 3-hour visit consisted of DIY workshops, horseracing talks, health measurement booths and brief interventions delivered as mealtime games. Participants were assessed before and immediately after the event to evaluate the impact of the interventions. Meanwhile, youth volunteers acquired leadership and programme implementation skills and learned how to work with the elderly by attending 1- to 2-day training workshops. They were asked to rate the programme pre- and post-training, immediately after and 1 month after the event.

The interventions were found to have beneficial effects on both participants' self-efficacy and their intention to practise 3Hs-enhancing actions such as eating more fruits and vegetables, walking more and expressing more appreciation to family members. High ratings were also received from the youth volunteers, who learned and practised new skills through implementing the programmes. These outcomes suggest that brief interventions delivered by trained youth volunteers can lead to desirable attitude changes, which can translate into behaviour changes towards a healthier lifestyle.

Amazing Body, Mind and Soul Women's Health Project

奇妙身·心·靈婦女健康計劃

PROJECT PERIOD

December 2012 – February 2013

PARTNER

Hong Kong Island Women's Association (HKIWA)



PROJECT REACH

2,017 women living on Hong Kong Island (household survey); 106 women volunteers

This project investigated the FAMILY Health, Happiness and Harmony (3Hs) status, psychological health and social relationships as well as the effects of volunteering – with a special focus on women. It consisted of a pioneering household survey, a volunteer training programme and a health exhibition co-organised by the Hong Kong Island Women's Association (HKIWA) and the FAMILY Project Team.



Over a hundred women volunteers from HKIWA attended a 1-day workshop developed by the FAMILY Project to learn the basic techniques of administering a questionnaire survey. The volunteers were then mobilised to conduct a survey on the psychosocial health of women living on Hong Kong Island following the "Best Science" methods of the FAMILY Project. Their interview efforts were complemented by the setting up of promotional booths in four main districts (Central, Wan Chai, Southern District and Eastern District) on Questionnaire Survey Day on 29 December 2012. A total of 2,017 completed questionnaires were collected.

An evaluation of the women volunteers showed that the training boosted their self-confidence and had positive effects on their family communication, neighbourhood support network and community involvement. The survey findings were also disseminated to HKIWA and the public through a seminar and media reports, providing social service organisations with valuable insights to develop related services for improving women's FAMILY 3Hs and holistic health. Last but not least, the positive outcomes of the project supported the feasibility of adopting a community partner approach for conducting large-scale population surveys in Hong Kong.



"I had joined the programme for fun during summer vacation. Through the activities, I learned communication skills with the elderly and children which are useful in daily life. The programme was also a breakthrough for me because it transformed me from a quiet introvert to a more proactive and assertive person."

“參與活動前只是想玩，想開心過暑假，但活動中學懂對長者及小朋友的相處技巧，可用於日常生活，令我更加了解自己，由內向文靜變得主動大膽，突破自己。”

A youth volunteer 一位青年義工





CERTIFICATE

The largest dumbbell mosaic
is 100 m² and was achieved by
**FAMILY: A Jockey Club Initiative for a
Harmonious Society (Hong Kong)**
in Hong Kong, China
on 22 May 2016

OFFICIALLY **AMAZING!**

Family Day 家庭節 2016

Family Day 2016

家庭節 2016

EVENT DATES

22 May 2016 (Family Day);
April - June 2016
(all Family Day activities)



PARTICIPANTS

Over 1,000 families for "Family Day 2016 Fun Fair"; thousands of families from all 18 districts (all Family Day activities)

Family Day was debuted by the FAMILY Project in 2016 on the second Sunday after Mother's Day – just between Mother's Day and Father's Day – as a celebration for the whole family. A multi-sectoral collaboration among the business, academic, social service and health sectors in Hong Kong, Family Day comprised a series of activities to encourage Hong Kong families to spend more time together so as to celebrate and enhance their FAMILY Health, Happiness and Harmony (3Hs).

Announcement Press Conference and Survey Results

A press conference was held in April 2016 to announce the events of Family Day and the results of a "Mother's Day and Family Day Celebration in Hong Kong" Survey commissioned to an NGO, Action Power. A random

"Happy Today to You"

Happy today to you
Happy today to me
Happy today to families
Happy today to you.



telephone and online survey of 513 Hong Kong residents aged 18 and above had found that 97% and 51% of Hong Kong people would celebrate Mother's Day and Family Day in 2016 respectively, thus supporting the establishment of Family Day as an annual event.

Family Day 2016 Fun Fair and Guinness World Record

Held in Kowloon Park, "Family Day 2016 Fun Fair" was a large signature event for Family Day. It consisted of game booths and "Zero Time Exercise" competitions to spread the messages of FAMILY 3Hs and FAMILY Holistic Health, attracting thousands of participants. Introduced by the FAMILY Project, "Zero Time Exercise" is a brand-new physical exercise concept used to encourage people to do simple exercises anytime and anywhere.

As a highlight of the event, families from different communities created the world's largest "FAMILY" pattern using 2,700 water bottle dumbbells while singing the Family Day theme song "Happy Today to You" to symbolise harmonious communication among the family. The pattern covered an area of 100m² and set a new Guinness World Record for Hong Kong.



Family Day @ Community

Organised across all 18 districts, "Family Day @ Community" comprised a series of activities aimed at getting people to take more family photos and to share their happy moments together. "Family Day – Let's Photo Shoot" booths provided all visitors with free instant family portraits. The "Family Day – Family Photo and Video Online Sharing Competition" encouraged participants to upload their favourite family photos and videos on the FAMILY Project's Facebook page to foster closer family ties via the social media. The heart-warming photos were made into a collage for public display at the "Family Day – Photo Exhibition".

Besides, "Family Appreciation Workshops" were held around the city to encourage people to create small handmade gifts as an expression of love and gratitude to their family members. A total of 34 activities were hosted for this community-wide campaign.



Family Day – Shopping Fun

This 2-week campaign from May to June rounded up support from nearly 700 retail outlets and restaurants which provided various discounts, offers and rewards to customers by showing a "Family Day" label in their shopfront. Under the theme of "Clothing, Dining, Living, and Commuting", families were encouraged to spend more quality time in activities like shopping and dining to enhance their mutual communication and relationships.

Family Day 2016 was met with enthusiastic participation from thousands of Hong Kong families, and received overwhelmingly positive feedback from different sectors of the community. It is advocated by the FAMILY Project as an annual festival for raising public awareness and promoting FAMILY 3Hs in Hong Kong. Family Day 2017 will be held on 28 May.

“By organising ‘Family Day 2016’, we hope to educate the public on the importance of family harmony and encourage everyone to engage in family communication, which will not only benefit participating families, but the wider community.”

“透過舉辦家庭節2016，希望大家明白和諧家庭的重要性，鼓勵大家實行以家庭為重心的

A spokesperson from a partner organisation
一位合作伙伴代表



Family Day 家庭節 2017

Family Day 2017

家庭節 2017

EVENT DATES

28 May 2017 (Family Day);
April - June 2017
(all Family Day activities)



PARTICIPANTS

Over 3,000 participants for "Family Day 2017 Fun Fair"; thousands of families from all 18 districts (all Family Day activities)

FAMILY Project proposes to designate the second Sunday after Mother's Day each year (28 May for 2017) as Family Day, with the aims of promoting FAMILY 3Hs. FAMILY Project organised the Family Day 2017, a large-scale celebration comprising a series of events held during April to June specifically designed for people of different generations to enjoy quality time with their families.

The Family Day 2017 was kicked start by the Survey on Hong Kong People Celebrating Family Day Press Conference cum Family Day 2017 Kick-off Ceremony. A series of celebration events for Family Day 2017 was unveiled at the kick-off ceremony. There were three main themes, namely Shopping Fun, Express Your Love to Family, and Fun Fair.



Shopping Fun

Over 250 brands, with more than 1,500 retail outlets and restaurants, strongly supported Family Day and provided various kinds of offers. The offers covered 3 categories including "Shopping", "Dinning" and "Entertainment", so as to encourage families to shop or dine together to enjoying quality family time. The public could be benefited from the offers listed in the 50,000 free copies of Family Day 2017 Guidebook, Family Day website and Facebook page.

Express Your Love to Family

A promotion truck with 3Hs postcards ran across different locations in Hong Kong to collect citizens' love messages to their families. Participants were encouraged to write and express their love to their families via writing postcards. During the event, the public was also invited to enter the Family Day – Express Your Love to Family Photo Competition, which encouraged families to take family photos together to capture the loving moments.



Fun Fair

The Family Day 2017 Fun Fair was held in Tsuen Wan on the Family Day to strengthen family cohesion and generate positive energy in families.

At the Fun Fair, all the 3Hs postcards collected earlier were placed one by one like "solitaire", and this successfully achieved the Guinness World Record for the "longest line of postcards" by using 13,706 postcards. The postcards were mailed to the participants' families afterwards.

The Fun Fair had various family activities for different generations, including thematic game booths, family photo-taking zone, "little creative zone" for children, as well as "Zero Time Exercise classroom" with our trainers teaching participants Zero Time Exercise.

Flash mob musical was another surprising highlight at the Fun Fair. The musical was written and arranged by renowned local script writer and song composer. The professional musical actors and actresses performed the musical at different locations, delivering a touching family story and 3Hs messages to the audiences. Separately, the clowns gave performances at the Fun Fair.



Happy Today to You

Happy today to you
Happy today to me
Happy today to families
Happy today to you

齊齊共尋快樂
齊齊令人快樂
祝你家添快樂
祝你今日快樂



Train-the-Trainer & Ambassador Programmes

同工及健康大使培訓計劃

“I was quite impressed because it covered a lot of things we rarely noticed, such as hand grip strength and, for example, how to keep the elderly from falling down. This information is very helpful for our future work, and we can share such useful information with future users.”

“培訓計劃當中很多資訊是我們平時忽略了的，例如手握力，還有怎樣預防長者跌倒。這些資訊對我們日後的工作很有用，我們亦會和使用者分享這些資訊。”

A trainee of the programme 一位參加培訓者

PROJECT PERIOD

April 2015 – January 2017

PARTNERS

The Boys' and Girls' Clubs Association of Hong Kong, Christian Family Service Centre, The Hong Kong Council of Social Service, Hong Kong Island Women's Association, Social Welfare Department

PROJECT REACH

825 staff and volunteers from various organisations



Strengthening the workforce capacity for community-based projects

Ever since its inception, the FAMILY Project has collaborated with many different organisations in implementing innovative community-based programmes to promote FAMILY Health, Happiness and Harmony (3Hs) in Hong Kong. These partners included government departments, non-governmental organisations (NGOs), schools and key community stakeholders, which were instrumental in spreading the Project's impacts on different sectors and districts. The Train-the-trainer and Ambassador Programmes were launched with a view to strengthen the workforce capacity of the social services and related sectors for implementing family intervention programmes, thereby keeping the practices and impacts of the FAMILY Project strong and sustainable in the community.

To meet local and global health challenges, the FAMILY Project has started putting more emphasis on FAMILY Holistic Health since 2014. The Behavioural Risk Factor Survey of the Department of Health in that year revealed that 52% and 60% of respondents did not engage in any moderate and vigorous physical activity for at least 10 minutes a day in the seven days prior to the survey, raising public health concerns for problems associated with the lack of exercise. The content of the training workshops for both trainers and ambassadors focused on enhancing participants' knowledge and skills to promote physical activity, healthy eating, family communication and relationships, as well as to design and implement family holistic health interventions and promotion activities in the community.



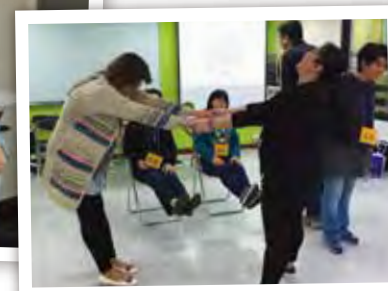
Through well-designed sessions reinforced by the mobile message reminders, social service workers (i.e. trainers) developed simple, cost-effective family interventions customised to different needs of participants and service programmes. Likewise, volunteers from different community groups (i.e. ambassadors) were trained to assist with the implementation of community-based projects and to act as health role models to influence those around them.

The effectiveness of the workshops was evaluated with questionnaires before, immediately after, and 3 months, 1 year and 2 years after the delivery of the programme. Results showed that the programme enhanced the trainees' competence and performance in designing and implementing community-based intervention programmes. Furthermore, positive impacts were found in the personal health behaviours, personal well-being and FAMILY 3Hs of the trainees as well as the community participants, leading to increased neighbourhood cohesion in the community. By training lay volunteers to become health promoters, the programmes have not only increased participants' knowledge in public health at the local level, but also reduced the burden on our social health services by building greater community workforce capacity to deliver FAMILY 3Hs services and messages to the public.



Participating organisations / Service units

The Aberdeen Kai-fong Welfare Association Social Service Centre
 Alliance Primary School, Whampoa – Staff
 The Boys' & Girls' Clubs Association – Staff
 The Boys' & Girls' Clubs Association – Youth Group
 Chinese YMCA of Hong Kong – Kwun Tong Centre
 Chinese YMCA of Hong Kong – New Territories Centre
 Chinese YMCA of Hong Kong – Tuen Mun Centre
 Christian Family Service Centre – Family Energizer (Integrated Family Service)
 Christian Family Service Centre – Tsui Ping Community Centre
 Christian Family Service Centre – Volunteers
 The Church of the United Brethren in Christ – Tuen Mun Integrated Children and Youth Service Centre
 ELCHK Hung Hom Lutheran Primary School
 ELCHK Ma On Shan District Elderly Community Centre
 ELCHK Shatin District Community Centre for the Golden-Aged
 Free Methodist Mei Lam Primary School
 Fuk Tak Education Society Primary School
 HKSKH Lady MacLehose Centre – Family Activities & Resource Centre and Sze Pang Nien Family Mutual Support Centre
 Holy Carpenter Church Community Centre
 The Hong Kong Catholic Marriage Advisory Council – Grace and Joy Integrated Family Service Centre
 Hong Kong Children & Youth Services – Hung Hom Integrated Family Service Centre
 Hong Kong Children & Youth Services – Jockey Club Fanling Integrated Children & Youth Service Centre
 Hong Kong Children & Youth Services – Jockey Club Fong Shu Chuen Integrated Children and Youth Services Centre
 Hong Kong Children & Youth Services – Jockey Club Tin Ping Integrated Children & Youth Services Centre
 Hong Kong Christian Service – The Hong Kong Jockey Club Community Project Grant: Integrated Service Centre for Local South Asians
 Hong Kong Christian Service – On Wah Day Activity Centre and Small Group Home
 The Hong Kong Down Syndrome Association
 The Hong Kong Federation of Youth Groups – Parent-Child Mediation Centre
 Hong Kong Island Women's Association – Volunteers
 Hong Kong Playground Association – Jockey Club Upper Kwai Chung Integrated Service Centre for Children and Youth
 Hong Kong Sheng Kung Hui Tung Chung Integrated Services
 The Intellectually Disabled Education and Advocacy League
 International Social Service Hong Kong Branch – Tin Shui Wai (North) Integrated Family Service Centre
 Kowloon Tong Bishop Walsh Catholic School – Staff
 The Lutheran Church Hong Kong Synod – Lutheran Family Life Education Unit (Sha Tin)
 The Lutheran Church Hong Kong Synod – Riviera Garden Lutheran Children & Youth Centre
 The Mission Covenant Church Holm Glad Primary School – Staff
 New Life Psychiatric Rehabilitation Association – Chuk Yuen Halfway House
 Our Lady of China Catholic Primary School – Staff
 Pok Oi Hospital Fung Tak Family Multiple Intelligences Centre
 The Salvation Army – Chuk Yuen Integrated Service
 The Salvation Army – Tai Wo Hau Children and Youth Centre
 The Salvation Army – Tung Chung Family Support Centre
 San Po Kong Rhenish Nursery
 Seventh-Day Adventist Church – Shan King Integrated Children and Youth Services Centre
 Sham Shui Po District Social Welfare Office – Family and Child Protective Services
 Shatin District Social Welfare Office – Ma On Shan (South) Integrated Family Service Centre and
 Ma On Shan (North) Integrated Family Service Centre
 S.K.H. Chu Oi Primary School
 S.K.H. Kei Lok Primary School – Staff
 Social Welfare Department – Chai Wan (East) Integrated Family Service Centre and Chai Wai (West) Integrated Family Service Centre
 Social Welfare Department – Probation Officers – Staff
 Social Welfare Department – Sai Kung Integrated Family Service Centre
 The Spastics Association of Hong Kong – Parents' Resource Centre
 S.R.B.C.E.P.S.A. Lee Yat Ngok Memorial School
 St. James' Settlement Wanchai Integrated Family Service Centre
 Wong Tai Sin and Sai Kung District Social Welfare Office – Tseung Kwan O (East) Integrated Family Service Centre and
 Tseung Kwan O (North) Integrated Family Service Centre
 Yan Chai Hospital 24th Term Board of Directors Social Service Centre
 Yan Chai Hospital Law Chan Chor Si Primary School
 Yan Oi Tong Hong Kong Toi Shan Association – Neighbourhood Elderly Centre
 Yuen Long Long Ping Estate Wai Chow School – Staff
 Yuen Long Social Service Centre of United Brethren in Christ
 YWCA Tuen Mun Integrated Social Service Centre



Training workshops

Train-the-trainer: 2- to 3-day workshops were conducted to enhance the capacity of social service workers for conducting community-based family intervention programmes and other health-related activities for service users.

Train-the-ambassador: 1- to 2-day workshops to prepare health ambassadors from different sectors and community groups to assist service workers in the implementation of community-based family intervention programmes, as well as health-related activities for the public.

Participants were assessed with questionnaires before, immediately after and at different time points after the delivery of the workshops.



168 TRAINERS
attended 7 workshops



675 AMBASSADORS
attended 29 workshops

Electronic information

Mobile text messages via WhatsApp Messenger were used to provide holistic health information for each project. The frequency and content of the messages varied according to the characteristics of different projects.



44,618
MOBILE HEALTH MESSAGES
were sent to the trainees

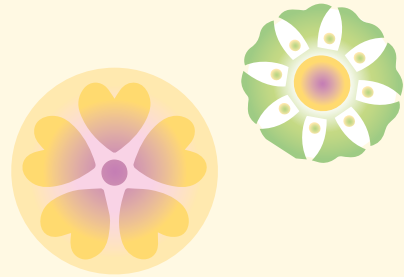
Health communication and public education





The beauty and fragrance of the flowers covering a tree turn it into a huge bouquet to capture the attention and delight everyone who looks upon it. In the same way, the FAMILY Project's accomplishments have blossomed for local and international communities to hold in esteem and harvest for practical use.

Accomplishments

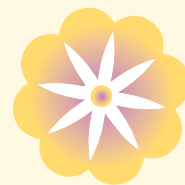
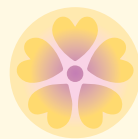


Journal Articles



FAMILY Cohort

1. Lee, P. H., Yu, Y. Y., McDowell, I., Leung, G. M., Lam, T. H., & Stewart, S. M. (2011). **Performance of the international physical activity questionnaire (short form) in subgroups of the Hong Kong Chinese population.** *International Journal of Behavioral Nutrition and Physical Activity*, 8(1), 1.
2. Lee, P. H., Macfarlane, D. J., Lam, T. H., & Stewart, S. M. (2011). **Validity of the international physical activity questionnaire short form (IPAQ-SF): A systematic review.** *International Journal of Behavioral Nutrition and Physical Activity*, 8(1), 1.
3. Yu, X., Stewart, S. M., Wong, P. T., & Lam, T. H. (2011). **Screening for depression with the Patient Health Questionnaire-2 (PHQ-2) among the general population in Hong Kong.** *Journal of Affective Disorders*, 134(1), 444-447.
4. Yu, X., Tam, W. W., Wong, P. T., Lam, T. H., & Stewart, S. M. (2012). **The Patient Health Questionnaire-9 for measuring depressive symptoms among the general population in Hong Kong.** *Comprehensive Psychiatry*, 53(1), 95-102.
5. Nan, H., Lee, P. H., McDowell, I., Ni, M. Y., Stewart, S. M., & Lam, T. H. (2012). **Depressive symptoms in people with chronic physical conditions: prevalence and risk factors in a Hong Kong community sample.** *BMC Psychiatry*, 12(1), 1.
6. Lee, P. H., Stewart, S. M., Lun, V., Bond, M. H., Yu, X., & Lam, T. H. (2012). **Validating the concord index as a measure of family relationships in China.** *Journal of Family Psychology*, 26(6), 906.
7. Lee, P. H., McGrath, C. P., Kong, A. Y., & Lam, T. H. (2013). **Self report poor oral health and chronic diseases: the Hong Kong FAMILY project.** *Community Dentistry and Oral Epidemiology*, 41(5), 451-458.
8. Nan, H., Lee, P. H., Ni, M. Y., Chan, B. H., & Lam, T. H. (2013). **Effects of depressive symptoms and family satisfaction on health related quality of life: the Hong Kong family study.** *PLOS One*, 8(3), e58436.
9. Lee, P. H., Nan, H., Yu, Y. Y., McDowell, I., Leung, G. M., & Lam, T. H. (2013). **For non-exercising people, the number of steps walked is more strongly associated with health than time spent walking.** *Journal of Science and Medicine in Sport*, 16(3), 227-230.
10. Lee, P. H., Macfarlane, D. J., & Lam, T. H. (2013). **Factors associated with participant compliance in studies using accelerometers.** *Gait & Posture*, 38(4), 912-917.
11. Lee, P. H., Yu, Y. Y., McDowell, I., Leung, G. M., & Lam, T. H. (2013). **A cluster analysis of patterns of objectively measured physical activity in Hong Kong.** *Public Health Nutrition*, 16(8), 1436-44.

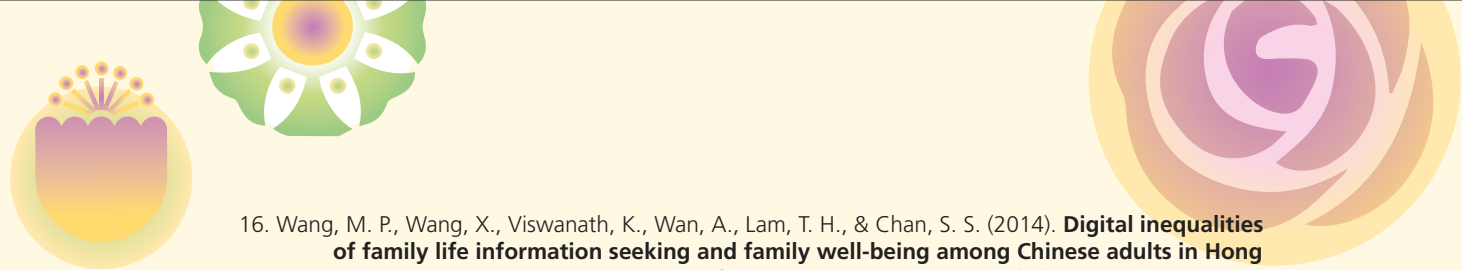


12. Nan, H., Ni, M. Y., Lee, P. H., Tam, W. W., Lam, T. H., Leung, G. M., & McDowell, I. (2014). **Psychometric evaluation of the Chinese version of the Subjective Happiness Scale: evidence from the Hong Kong FAMILY Cohort.** *International Journal of Behavioral Medicine*, 21(4), 646-652.
13. Lee, P. H., McGrath, C. P., Kong, A. Y., & Lam, T. H. (2014). **Self-reported oral health and quality of life: a latent growth curve analysis.** *International Journal of Behavioral Medicine*, 21(2), 358-363.
14. Leung, G. M., Ni, M. Y., Wong, P. T., Lee, P. H., Chan, B. H., Stewart, S. M., Schooling, C. M., Johnston, J. M., Lam, W. W. T., Chan, S. S. C., & McDowell, I. (2015). **Cohort profile: FAMILY Cohort.** *International Journal of Epidemiology*, dyu257.
15. Ni, M. Y., Li, T. K., Nancy, X. Y., Pang, H., Chan, B. H., Leung, G. M., & Stewart, S. M. (2016). **Normative data and psychometric properties of the Connor-Davidson Resilience Scale (CD-RISC) and the abbreviated version (CD-RISC2) among the general population in Hong Kong.** *Quality of Life Research*, 25(1), 111-116.
16. Kavikondala, S., Stewart, S. M., Ni, M. Y., Chan, B. H., Lee, P. H., Li, K. K., McDowell, I., Johnston, J. M., Chan, S. S. M., Lam, T. H. & Lam, W. W. (2016). **Structure and validity of Family Harmony Scale: an instrument for measuring harmony.** *Psychological Assessment*, 28(3), 307.

Interventions and Health Communication Programmes

1. Chan, S. S., Viswanath, K., Au, D. W., Ma, C. M. S., Lam, W. W. T., Fielding, R., Leung, G. M., & Lam, T. H. (2011). **Hong Kong Chinese community leaders' perspectives on family health, happiness and harmony: a qualitative study.** *Health Education Research*, 26(4), 664-674.
2. Stewart, S. M., Fabrizio, C. S., Hirschmann, M. R., & Lam, T. (2012). **Developing community-based preventive interventions in Hong Kong: a description of the first phase of the family project.** *BMC Public Health*, 12(1), 1.
3. Li, H. C. W., Mak, Y. W., Chan, S. S., Chu, A. K., Lee, E. Y., & Lam, T. H. (2012). **Effectiveness of a play-integrated primary one preparatory programme to enhance a smooth transition for children.** *Journal of Health Psychology*, 1359105311434052.
4. Lam, W. W. T., Fielding, R., McDowell, I., Johnston, J., Chan, S., Leung, G. M., & Lam, T. H. (2012). **Perspectives on family health, happiness and harmony (3H) among Hong Kong Chinese people: a qualitative study.** *Health Education Research*, cys087.
5. Leung, S. S., & Lam, T. H. (2012). **Group antenatal intervention to reduce perinatal stress and depressive symptoms related to intergenerational conflicts: a randomized controlled trial.** *International Journal of Nursing Studies*, 49(11), 1391-1402.
6. Fabrizio, C. S., Hirschmann, M. R., Lam, T. H., Cheung, T., Pang, I., Chan, S., & Stewart, S. M. (2012). **Bringing scientific rigor to community-developed programs in Hong Kong.** *BMC Public Health*, 12(1), 1.
7. Fabrizio, C. S., Lam, T. H., Hirschmann, M. R., & Stewart, S. M. (2013). **A brief parenting intervention to enhance the parent-child relationship in Hong Kong: Harmony@Home.** *Journal of Child and Family Studies*, 22(5), 603-613.
8. Wang, M. P., Viswanath, K., Lam, T. H., Wang, X., & Chan, S. S. (2013). **Social determinants of health information seeking among Chinese adults in Hong Kong.** *PloS One*, 8(8), e73049.
9. Li, H. C. W., Chan, S. S., Mak, Y. W., & Lam, T. H. (2013). **Effectiveness of a parental training programme in enhancing the parent-child relationship and reducing harsh parenting practices and parental stress in preparing children for their transition to primary school: a randomised controlled trial.** *BMC Public Health*, 13(1), 1.
10. Wang, M. P., Wang, X., Lam, T. H., Viswanath, K., & Chan, S. S. (2013). **Health information seeking partially mediated the association between socioeconomic status and self-rated health among Hong Kong Chinese.** *PloS One*, 8(12), e82720.
11. Yu, X., Stewart, S. M., Chui, J. P., Ho, J. L., Li, A. C., & Lam, T. H. (2014). **A pilot randomized controlled trial to decrease adaptation difficulties in Chinese new immigrants to Hong Kong.** *Behavior Therapy*, 45(1), 137-152.
12. Xie, Y. J., Stewart, S. M., Lam, T. H., Viswanath, K., & Chan, S. S. (2014). **Television viewing time in Hong Kong adult population: associations with body mass index and obesity.** *PloS One*, 9(1), e85440.
13. Fabrizio, C. S., Stewart, S. M., Ip, A. K., & Lam, T. H. (2014). **Enhancing the parent-child relationship: A Hong Kong community-based randomized controlled trial.** *Journal of Family Psychology*, 28(1), 42.
14. Yu, X., Stewart, S. M., Liu, I. K., & Lam, T. H. (2014). **Resilience and depressive symptoms in mainland Chinese immigrants to Hong Kong.** *Social Psychiatry and Psychiatric Epidemiology*, 49(2), 241-249.
15. Wang, M. P., Wang, X., Lam, T. H., Viswanath, K., & Chan, S. S. (2014). **Ex-smokers are happier than current smokers among Chinese adults in Hong Kong.** *Addiction*, 109(7), 1165-1171.





16. Wang, M. P., Wang, X., Viswanath, K., Wan, A., Lam, T. H., & Chan, S. S. (2014). **Digital inequalities of family life information seeking and family well-being among Chinese adults in Hong Kong: a population survey.** *Journal of Medical Internet Research*, 16(10).
17. Wang, M. P., Wang, X., Lam, T. H., Viswanath, K., & Chan, S. S. (2015). **The tobacco endgame in Hong Kong: public support for a total ban on tobacco sales.** *Tobacco Control*, 24(2), 162-167.
18. Lam, T. H., Stewart, S. M., Hirschmann, M. R., Fabrizio, C. S., & Yu, N. X. (2015). **Can randomized controlled trials be conducted in community social service settings?** *Public Health*, 129(5), 601-603.
19. Fabrizio, C. S., Lam, T. H., Hirschmann, M. R., Pang, I., Yu, N. X., Wang, X., & Stewart, S. M. (2015). **Parental emotional management benefits family relationships: A randomized controlled trial in Hong Kong, China.** *Behaviour Research and Therapy*, 71, 115-124.
20. Wang, M. P., Chu, J. T., Viswanath, K., Wan, A., Lam, T. H., & Chan, S. S. (2015). **Using information and communication technologies for family communication and its association with family well-being in Hong Kong: FAMILY Project.** *Journal of Medical Internet Research*, 17(8).
21. Chen, J., Wang, M. P., Wang, X., Viswanath, K., Lam, T. H., & Chan, S. S. (2015). **Secondhand smoke exposure (SHS) and health-related quality of life (HRQoL) in Chinese never smokers in Hong Kong.** *BMJ Open*, 5(9), e007694.
22. Soong, C. S., Wang, M. P., Mui, M., Viswanath, K., Lam, T. H., & Chan, S. S. (2015). **A “community fit” community-based participatory research program for family health, happiness, and harmony: design and implementation.** *JMIR Research Protocols*, 4(4).
23. Nancy, X. Y., Lam, T. H., Liu, I. K., & Stewart, S. M. (2015). **Mediation of short and longer term effects of an intervention program to enhance resilience in immigrants from Mainland China to Hong Kong.** *Frontiers in Psychology*, 6.
24. Zhou, Q., Chan, S. S. C., Stewart, S. M., Leung, C. S. C., Wan, A., & Lam, T. H. (2016). **The effectiveness of positive psychology interventions in enhancing positive behaviors and family relationships in Hong Kong: a community-based participatory research project.** *The Journal of Positive Psychology*, 11(1), 70-84.
25. Lai, A. Y., Mui, M. W., Wan, A., Stewart, S. M., Yew, C., Lam, T. H., & Chan, S. S. (2016). **Development and two-year follow-up evaluation of a training workshop for the large preventive positive psychology Happy Family Kitchen Project in Hong Kong.** *PloS One*, 11(1), e0147712.
26. Ho, H. C., Mui, M., Wan, A., Ng, Y. L., Stewart, S. M., Yew, C., Lam, T. H. & Chan, S. S. (2016). **Happy Family Kitchen II: a cluster randomized controlled trial of a community-based family intervention for enhancing family communication and well-being in Hong Kong.** *Frontiers in Psychology*, 7.
27. Ho, H. C., Mui, M., Wan, A., Ng, Y. L., Stewart, S. M., Yew, C., Lam, T. H. & Chan, S. S. (2016). **Happy Family Kitchen II: a cluster randomized controlled trial of a community-based positive psychology family intervention for subjective happiness and health-related quality of life in Hong Kong.** *Trials*, 17(1), 1.
28. Ho, C. Y. H., Mui, M., Wan, A., Ng, Y. L., Stewart, S. M., Yew, C., T. H. Lam, Chan S. S. (2016). **Happy Family Kitchen: a community-based research for enhancing family communication and well-being in Hong Kong.** *Journal of Family Psychology*, 30(6), 752-762.
29. Wang, X., Wang, M. P., Viswanath, K., Wan, A., Lam, T. H., Chan, S. S. **Smoking and secondhand smoke exposure at home were associated with poor perceived family well-being: findings of FAMILY project.** Accepted by *PLoS One* on July 4, 2016.
30. Zhou, Q., Stewart, S. M., Wan, A., Leung, C. S., Lai, A. Y., Lam, T. H., Chan, S. S. **Development and evaluation of a train-the-trainer workshop for Hong Kong community social service agency staff.** Accepted by *Frontier in Public Health* on January 25, 2017.
31. Shen, C., Wang, M. P., Chu, J. T. W., Wan, A., Viswanath, K., Chan, S. S., Lam, T. H. **Health app possession in smartphone/tablet owners in Hong Kong: emergence of an "Inverse ICT Law"? Findings from FAMILY Project.** Accepted by *JMIR mHealth and uHealth* on April 15, 2017.
32. Chu, J. T. W., Chan, S. S., Stewart, S. M., Zhou, Q. L., Leung, C. S. C., Wan, A., Lam, T. H. **Exploring community stakeholders' perceptions of the Enhancing Family Well-being Project in Hong Kong: a qualitative study.** Accepted by *Frontiers in Public Health* on April 25, 2017.

Conferences and Presentations



1. Lam, T. H., Chan, S. S. C., Tam, W. W. S., Wong, P. T. K., **Developing e-health platforms to promote family health, happiness and harmony: the Hong Kong experience,** *Microsoft Research Asia eHealth Workshop 2010*, China, February 4-5, 2010.
2. Fabrizio, C., **Developing community-based 18th Annual Meeting of the Society for Prevention Research (SPR) interventions to support the family in Hong Kong,** *The 18th Annual Meeting of the Society for Prevention Research (SPR)*, United States, June 1-4, 2010.
3. Fabrizio, C., Cheung, T. W. S., Pang, I. S. Y., Choi, R., Hirschmann, M., Lam, T. H., Stewart, S., **Randomized controlled trial of a primary prevention parenting program to enhance parent-child relationship and reduce family conflict in a Hong Kong Chinese,** *The 18th Annual Meeting of the Society for Prevention Research (SPR)*, United States, June 1-4, 2010.
4. Lam, T. H., **International, community-based, primary prevention research: the Hong Kong Family Project,** *The 18th Annual Meeting of the Society for Prevention Research (SPR)*, United States, June 1-4, 2010.
5. Stewart, S., **Developing culturally: sensitive interventions - The Hong Kong Family Project,** *The 18th Annual Meeting of the Society for Prevention Research (SPR)*, United States, June 1-4, 2010.
6. Yu, X., **The premise and development of the intervention models: The Hong Kong Family Project,** *The 18th Annual Meeting of the Society for Prevention Research (SPR)*, United States, June 1-4, 2010.
7. Yu, X., Hirschmann, M., Pang, I. S. Y., Fabrizio, C., Lam, T. H., Stewart, S., **A randomized controlled trial of emotion management training to improve family harmony and happiness in a Hong Kong Chinese population: a pilot study,** *The 18th Annual Meeting of the Society for Prevention Research (SPR)*, United States, June 1-4, 2010.
8. Chan, Y. H., Tam, W. S., Wong, H. W., Ho, L. M., Chau, Y. K., Schooling, C. M., Leung, G. M., Lam, T. H., **Hong Kong Jockey Club Family Project Cohort, novel physical activity variability index and impact on haemodynamics: Implications for cardiovascular prevention,** *The 23rd Scientific Meeting of the International Society of Hypertension (ISH)*, Canada, September 26-30, 2010.
9. Lam, T. H., **Best science for best evaluation: use of randomized controlled trial (RCT) in community settings,** *The 3rd Symposium cum Training Workshop of the FAMILY Project*, Hong Kong, December 4-7, 2010.
10. Yu, X., Tam, W. W. S., Wong, P. T. K., Lam, T. H., Stewart, S. M., **The Patient Health Questionnaire-9 (PHQ-9) for measuring depressive symptoms among the general population in Hong Kong,** *The Society of Australian Social Psychologists Annual Conference*, Australia, April 14-17, 2011.
11. Hirschmann, M. A. R., Fabrizio, C. S., Pang, S. Y., Lam, T. H., Stewart, S. M., Yu, X., **Does planning enhance behavior change for parents learning to control their anger? The Hong Kong FAMILY Project,** *The 2011 Annual Conference of the Hong Kong Psychological Society (HKPS)*, Hong Kong, June 4, 2011.
12. Yu, Y. Y., Tam, W. W. S., Lam, T. H., **Harmony in family relations: exploratory analysis in search of a harmony scale,** *IEA World Congress of Epidemiology*, Edinburgh, United Kingdom, August 7-11, 2011.
13. Chan, S. S. C., Mui, M., Soong, C. S. S., Lam, T. H., **A community based participatory research partnership increases family harmony, happiness and health in Hong Kong: findings from a community based programme in the Hong Kong FAMILY Project,** *Hong Kong College of Community Medicine Annual Scientific Meeting – “Global Public Health Challenges”*, Hong Kong, November 27, 2011.
14. Fung, S. S. W., Yu, X., Hirschmann, M. A. R., Stewart, S. M., Lam, T. H., **A brief theory-driven pilot intervention to increase fruit and vegetable consumption in Hong Kong Chinese adults,** *The 2011 Annual Scientific Meeting of the Hong Kong College of Community Medicine (HKCCM)*, Hong Kong, November 27, 2011.
15. Lee, P. H., Chan, B. H. Y., Nan, H., McDowell, I., Leung, G. M., Lam, T. H., Stewart, S. M., **The association between housing type and medical service usage in Tseung Kwan O: The Hong Kong FAMILY Project,** *Hong Kong College of Community Medicine Annual Scientific Meeting – “Global Public Health Challenges”*, Hong Kong, November 27, 2011.
16. Nan, H., Lee, H., Chan, B. H. Y., McDowell, I. W., Leung, G. M., Lam, T. H., **Family satisfaction, chronic diseases and depressive symptoms in a community sample: the Hong Kong Family Project,** *Hong Kong College of Community Medicine Annual Scientific Meeting – “Global Public Health Challenges”*, Hong Kong, November 27, 2011.

17. Fung, S. S. W., Yu, X., Hirschmann, M. A. R., Stewart, S. M., Lam, T. H., **A pilot brief intervention to enhance intention and self-efficacy for increasing fruit and vegetable intake in Hong Kong Chinese men and women**, *The 16th Research Postgraduate Symposium (RPS 2011)*, Hong Kong, December 7-8, 2011.
18. Xie, Y. J., Chan, S. S. C., Viswanath, K., Lam, T.H., **The Hong Kong Family and Health Information Trends Survey (HK-FHINTS): changes of health information seeking behaviors from 2009 to 2010**, *The Second Asia-Pacific Conference on Health Promotion and Education*, Taiwan, May 4-6, 2012.
19. Zhou, Q., Chan, S. S. C., Mui, M., Lam, T. H., **Promoting family communication through a Happy Family Cookbook: The Happy Family Kitchen Project**, *The Second Asia-Pacific Conference on Health Promotion and Education*, Taiwan, May 4-6, 2012.
20. Chan, B. H. Y., McDowell, I. W., Nan, H., Lee, H., Lam, T. H., **Perceived social cohesion and education: individual and combined effects on daily smoking and heavier drinking in Hong Kong Chinese females and males**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
21. Chan, S. S. C., Kwok, L. T., Soong, C. S. S., Wang, X., Lam, T. H., **Can social learning enhance family communication, health, harmony and happiness in Hong Kong? Preliminary findings from the Learning Family Campaign (LFC) in Hong Kong**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
22. Chan, S. S. C., Mui, M., Soong, C. S. S., Wang, X., Lam, T. H., **A community based participatory research partnership increases family harmony, happiness and health: findings from the Happy Family Kitchen (HFK) Project in Hong Kong**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
23. Chan, S. S. C., Xie, Y. J., Soong, C. S. S., Wang, X., Viswanath, K., Lam, T. H., **Impact of family communication patterns on family health, happiness, and harmony (3Hs): findings of the Hong Kong Family and Health Information Trends Survey (HK-FHINTS)**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
24. Fabrizio, C. S., Cheung, W. S. T., Pang, S. Y. I., Hirschmann, M. A. R., Lam, T. H., Stewart, S. M., **A randomized controlled trial of a primary prevention parenting program to enhance parent-child relationship and reduce family conflict in a Hong Kong Chinese population**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
25. Fung, S. S. W., Yu, X., Hirschmann, M. A. R., Stewart, S. M., Lam, T. H., **A brief theory-driven pilot intervention to increase fruit and vegetable consumption in Hong Kong Chinese adults**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
26. Lam, T. H., **Generating evidence for 'FAMILY 3Hs in Hong Kong'**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
27. Lee, H., Nan, H., Chan, B. H. Y., McDowell, I. W., Leung, G. M., Lam, T. H., **Physical activity as a protective factor for health-related quality of life among people experiencing stressful life events**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
28. Nan, H., Lee, H., Chan, B. H. Y., McDowell, I. W., Lam, T. H., Stewart, S. M., **Family satisfaction, chronic conditions and depressive symptoms in a community sample: The Hong Kong FAMILY Project**, *4th Annual FAMILY Symposium - FAMILY Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community*, Hong Kong, May 24, 2012.
29. Lam, T. H., Nan, H., Chan, B. H. Y., Lee, P. H., Kavikondala, S., Chan, S. S. C., **Development of a 10-point Healthy Living Index (HELI): The Hong Kong FAMILY Project**, *2012 ACSM Annual Meeting & World Congress on Exercise is Medicine*, United States, May 29 - June 2, 2012.
30. Nan, H., Lee, P. H., Chan, B. H. Y., McDowell, I., Lam, T. H., Ni, M. Y. N., Stewart, S. M., **Family satisfaction, chronic conditions and depressive symptoms in a community sample: The Hong Kong FAMILY Project**, *2012 ACSM Annual Meeting & World Congress on Exercise is Medicine*, United States, May 29 - June 2, 2012.
31. Chan, S. S. C., Zhou, Q., Mui, M., Lam, T.H., **Exploring families' experience in practicing positive communication to promote health, happiness and harmony: A community-based participatory project**, *2nd Global Congress for Qualitative Health Research*, Milan, Italy, June 28, 2012.
32. Chan, S. S. C., Mui, M., Soong, C. S. S., Wang, X., Lam, T. H., **Family communication is a mediator to increase family harmony, happiness and health: findings from a Community-based Participatory Research (CBPR) project in Hong Kong**, *The 12th International Congress on Behavioral Medicine (ICBM)*, Budapest, Hungary, August 29 - September 1, 2012.
33. Lam, T. H., Nan, H., Chan, B. H. Y., Lee, H., Kavikondala, S., Chan, S. S. C., **Development of a 10-point Healthy Living Index (HELI): Hong Kong Jockey Club FAMILY Project Cohort Study**, *The 12th International Congress of Behavioral Medicine (ICBM 2012)*, Budapest, Hungary, August 29 - September 1, 2012.
34. Nan, H., Lee, H., Chan, B. H. Y., McDowell, I., Lam, T. H., Ni, M. Y., Stewart, S. M., **Family satisfaction, chronic conditions and depressive symptoms in a community sample: the Hong Kong FAMILY Project**, *The 12th International Congress of Behavioral Medicine (ICBM 2012)*, Budapest, Hungary, August 29 - September 1, 2012.
35. Nan, H., Lee, P., McDowell, I., Stewart, S. M., Lam, T. H., **Factors associated with depressive symptoms in a Hong Kong community sample of people with chronic physical conditions**, *The 12th International Congress of Behavioral Medicine (ICBM 2012)*, Budapest, Hungary, August 29 - September 1, 2012.
36. Chan, B. H. Y., Nan, H., Lee, H., Ni, M. Y., McDowell, I. W., Lam, T. H., **Perceived social cohesion and education: individual and combined effects on daily smoking and heavier drinking in Hong Kong Chinese**, *Annual Scientific Meeting, Hong Kong College of Community Medicine*, Hong Kong, September 15, 2012.
37. Lee, H., Nan, H., Chan, B. H. Y., Ni, M. Y., Lam, T. H., Stewart, S. M., **Stressful life events as a moderator of the relationship between physical activity and depressive symptoms**, *Annual Scientific Meeting, Hong Kong College of Community Medicine*, Hong Kong, September 15, 2012.

38. Nan, H., Chan, B. H. Y., Lee, P. H., Ni, M. Y., Lam, T. H., **Higher family satisfaction, favorable mental health-related quality of life and less depressive symptoms: The Hong Kong Family Study**, *Annual Scientific Meeting, Hong Kong College of Community Medicine*, Hong Kong, September 15, 2012.
39. Chan, S. S. C., Kwok, L. T., Soong, C. S. S., Wang, X., Lam, T. H., **Community leaders engagement increase family communication, Health, Harmony and Happiness (3Hs): Evidence from a Community-based Participatory Research (CBPR) Program in Hong Kong**, *3rd CIFA Regional Symposium - Asia Families: Innovations in Practice and Policies*, Singapore, December 11-13, 2012.
40. Chan, S. S. C., Mui, M., Soong, C. S. S., Wang, X., Lam, T. H., **Community based participatory research – an effective approach to increasing family communication, Harmony, Happiness and Health (3Hs): findings from the Happy Family Kitchen (HFK) project in Hong Kong**, *3rd CIFA Regional Symposium - Asia Families: Innovations in Practice and Policies*, Singapore, December 11-13, 2012.
41. Fung, S. S. W., Stewart, S. M., Chan, S. S. C., Lam, T. H., **Investigations of behaviors that relate to positive family relationships and family harmony**, *The 17th Research Postgraduate Symposium (RPS 2012)*, Hong Kong, December 12-13, 2012.
42. Lam, T. H., Wang, M. P., Wang, X., Viswanath, K., Chan, S. S. C., **Tobacco endgame in Hong Kong: public support for total ban on smoking**, *Society for Research on Nicotine and Tobacco 2013 International Meeting*, United States, March 13-16, 2013.
43. Chan, B. H. Y., Nan, H., Lee, P. H., Ni, M. Y., McDowell, I., Lam, T. H., **Lower perceived neighborhood cohesion (NC) was associated with daily smoking particularly among Chinese with lower educational attainment**, *Society for Epidemiologic Research 46th Annual Meeting*, United States, June 18-21, 2013.
44. Chan, B. H. Y., Nan, H., Lee, P. H., Ni, M. Y., McDowell, I. W., Lam, T. H., **Perceived neighborhood cohesion (NC) and education: individual and combined effects on daily smoking and heavier drinking in Hong Kong Chinese**, *Society for Epidemiologic Research 46th Annual Meeting*, United States, June 18-21, 2013.
45. Lee, P. H., Stewart, S. M., McDowell, I., Nan, H., Chan, B. H. Y., Ni, M. Y., Lam, T. H., Leung, Gabriel M., **Validating the Family Harmony Scale in Hong Kong Chinese: Jockey Club FAMILY Project**, *Society for Epidemiologic Research 46th Annual Meeting*, United States, June 18-21, 2013.
46. Nan, H., Ni, M. Y., Lee, H., Chan, B. H. Y., Ng, K. W., Morisky, D. E., Lam, T. H., Leung, G. M., McDowell, I. W., **Psychometric evaluation of the Chinese version of the Morisky Medication Adherence Scale: evidence from the Family Cohort**, *Society for Epidemiologic Research 46th Annual Meeting*, United States, June 18-21, 2013.
47. Nan, H., Ni, M. Y., Lee, P. H., Tam, W. W. S., Yu, Y. Y., Lam, T. H., Leung, G. M., McDowell, I., **Psychometric evaluation of the Chinese version of the Subjective Happiness Scale**, *Society for Epidemiologic Research 46th Annual Meeting*, United States, June 18-21, 2013.
48. Nan, H., Tam, W. W. S., Lee, P. H., Ni, M. Y., Yu, Y. Y., Lam, T. H., Leung, G. M., McDowell, I., **Psychometric evaluation of subjective happiness in a Chinese population in Hong Kong**, *Society for Epidemiologic Research 46th Annual Meeting*, United States, June 18-21, 2013.
49. Chan, B. H. Y., Ni, M. Y., Kavikondala, S., Nan, H., Lam, T. H., Leung, G. M., **Are the religiously unaffiliated less likely to engage in health-related behaviours compared to Christians or Catholics? Evidence from the Family Cohort**, *Hong Kong College of Community Medicine Annual Scientific Meeting – “Medical Leadership and Management: Global Outlook and Local Landscape”*, Hong Kong, September 28, 2013.
50. Kavikondala, S., Ni, M. Y., Lam, T. H., Schooling, C. M., Leung, G. M., **Social mobility and adiposity in a recently transitioned population of Hong Kong: evidence from the Family Cohort**, *Hong Kong College of Community Medicine Annual Scientific Meeting – “Medical Leadership and Management: Global Outlook and Local Landscape”*, Hong Kong, September 28, 2013.
51. Lam, T. H., Wang, M. P., Wang, X., Viswanath, K., Chan, S. S., **Factors associated with supporting total ban on tobacco sale in 2022 in Hong Kong**, *Hong Kong College of Community Medicine Annual Scientific Meeting – “Medical Leadership and Management: Global Outlook and Local Landscape”*, Hong Kong, September 28, 2013.
52. Nan, H., Ni, M. Y., Lee, H., Chan, B. H. Y., Ng, K. W., Morisky, D. E., Lam, T. H., Leung, G. M., McDowell, I. W., **Psychometric evaluation of the Chinese version of the Morisky Medication Adherence Scale: evidence from the Family Cohort**, *Hong Kong College of Community Medicine Annual Scientific Meeting – “Medical Leadership and Management: Global Outlook and Local Landscape”*, Hong Kong, September 28, 2013.
53. Ni, M. Y., Lee, H., Chan, B. H. Y., Ng, N. C., Lam, T. H., McDowell, I. W., Johnston, J. M., Leung, G. M., **A randomized factorial design to assess the effect of survey mode and question wording on measuring family harmony: evidence from the Family Cohort**, *Hong Kong College of Community Medicine Annual Scientific Meeting – “Medical Leadership and Management: Global Outlook and Local Landscape”*, Hong Kong, September 28, 2013.
54. Wang, M. P., Lam, T. H., Wang, X., Viswanath, K., Chan, S. S., **Ex- smokers are happier than current smokers among Chinese adults in Hong Kong**, *Hong Kong College of Community Medicine Annual Scientific Meeting – “Medical Leadership and Management: Global Outlook and Local Landscape”*, Hong Kong, September 28, 2013.
55. Lam, T. H., **Evidence based and Evidence generating positive psychology community based participatory research to promote family health, happiness and harmony: The Hong Kong Family Project**, *The 1st Asia-Pacific Conference on Applied Positive Psychology (ACAPP): Applying Positive Psychology in the 21st Century*, Hong Kong, January 9-11, 2014.
56. Ni, M. Y., Nan, H., Lee, P. H., Chan, B. H. Y., Ng, N., Morisky, D. E., Lam, T. H., Leung, G. M., McDowell, I., **Psychometric evaluation of the Chinese version of the Morisky Medication Adherence Scale: evidence from the FAMILY Cohort**, *Society for Research on Nicotine and Tobacco Annual Meeting*, United States, February 5-8, 2014.
57. Ni, M. Y., Ng, N., Pang, H., Chan, B. H. Y., Lee, P. H., Schooling, C. M., Lam, T. H., McDowell, I., Leung, G. M., **A randomized factorial design to access the effect of survey mode and question wording on measuring family harmony: evidence from the FAMILY Cohort**, *Society for Research on Nicotine and Tobacco Annual Meeting*, United States, February 5-8, 2014.
58. Ho, S. Y., Chan, R. C. H., Ho, K. C., Lam, T. H., **Enhancing parent-child interactions through “3Hs Family Drama Project”**, *Family: Community Wisdom Forum – Supporting and Strengthening Families*, Hong Kong, April 11, 2014.

59. Soong, C. S. S., Kwok, L. T., Wang, M. P., Wang, X., Lam, T. H., Chan, S. S. C., **Enhancing social support and cohesion through social learning: findings from the Learning Family Campaign (LFC) in Hong Kong**, *Family: Community Wisdom Forum – Supporting and Strengthening Families*, Hong Kong, April 11, 2014.
60. Tin, P. S. P., Leung, C., Wang, M. P., Soong, C. S. S., Wang, X., Lam, T. H., Chan, S. S. C., **The ‘Enhancing Family Well-being Project’: an effort to enhance family relationships, health, happiness and harmony using community-based participatory research**, *Family: Community Wisdom Forum – Supporting and Strengthening Families*, Hong Kong, April 11, 2014.
61. Wang, M. P., Mui, M., Soong, C. S. S., Wang, X., Lam, T. H., Chan, S. S. C., **Happy Family Kitchen II: a community-based participatory project to enhance family communication, relationships and 3Hs**, *Family: Community Wisdom Forum – Supporting and Strengthening Families*, Hong Kong, April 11, 2014.
62. Wang, X., Wang, M. P., Lam, T. H., Chan, S. S. C., **Impact of family and health information on family health, happiness, and harmony (3Hs): findings of the Hong Kong Family and Health Information Trends Survey (HK-FHInTS)**, *Family: Community Wisdom Forum – Supporting and Strengthening Families*, Hong Kong, April 11, 2014.
63. Kavikondala, S., Ni, M. Y., Leung, G. M., Schooling, C. M., **Social mobility and adiposity in a recently transitioned population of Hong Kong: evidence from the FAMILY Cohort**, *The 47th Annual Meeting of the Society for Epidemiologic Research (SER 2014)*, United States, June 24-27, 2014.
64. Lam, T. H., Leung, C., Wan, A. N. T., Soong, C. S. S., Wang, X., Chan, S. S. C., **Strengthening family relationship to increase family health, happiness and harmony: findings from a Community-based Participatory Research (CBPR) project under FAMILY: A Jockey Club Initiative for a Harmonious Society Project in Hong Kong**, *6th Global Conference of the Alliance for Healthy Cities*, Hong Kong, October 29 - November 1, 2014.
65. Lam, T. H., Mui, M., Wan, A. N. T., Soong, C. S. S., Wang, X., Chan, S. S. C., **Happy Family Kitchen II, a Community-based Participatory Research (CBPR) to enhance family health, happiness and harmony in Hong Kong: A cluster randomized controlled trial under FAMILY: A Jockey Club Initiative for a Harmonious Society Project**, *6th Global Conference of the Alliance for Healthy Cities*, Hong Kong, October 29 - November 1, 2014.
66. Wang, X., Wang, M. P., Lam, T. H., Viswanath, K., Chan, S. S. C., **Physically active adults reported higher levels of family happiness, harmony and health: findings from the Hong Kong Family and Health Information and Trends Survey (FHInTS) under FAMILY: A Jockey Club Initiative for a Harmonious Society Project**, *6th Global Conference of the Alliance for the Healthy Cities*, Hong Kong, October 29 - November 1, 2014.
67. Lam, T. H., Chen, J., Wang, M. P., Wang, X., Soong, C. S. S., Wan, A. N. T., Chan, S. S. C., **Secondhand smoke exposure and health related quality of life in never smokers: The Hong Kong Jockey Club FAMILY project**, *16th World Conference on Tobacco or Health - Tobacco and Non-communicable disease*, Abu Dhabi, United Arab Emirates, March 17-21, 2015.
68. Chan, B. H. Y., Pang, H., Yuan, B. Y., Li, T. K., Leung, G. M., Ni, M. Y., **A randomized factorial design to examine the effect of requesting Hong Kong identity card (HKID) numbers and participation incentives on participant's consent to health record linkage: evidence from the FAMILY Cohort**, *Annual Scientific Meeting, Hong Kong College of Community Medicine*, Hong Kong, September 19, 2015.
69. Ni, M. Y., Li, T., Yu, N. X., Pang, H., Chan, B. H. Y., Leung, G. M., Stewart, S. M., **Normative data and psychometric properties of the Connor-Davidson Resilience Scale (CD-RISC) and the abbreviated version (CD-RISC2) among the general population in Hong Kong**, *Annual Scientific Meeting, Hong Kong College of Community Medicine*, Hong Kong, September 19, 2015.
70. Yao, X. I., Ni, M. Y., Chan, B. H. Y., McDowell, I., Leung, G. M., Pang, H. H., **Systematic evaluation of factors associated with health-related quality of life: a high-dimensional multivariate multilevel analysis in the FAMILY Cohort**, *Annual Scientific Meeting, Hong Kong College of Community Medicine*, Hong Kong, September 19, 2015.
71. Lai, A. Y., Mui, M. W. K., Wan, A., Stewart, S. M., Yew, C., Lam, T. H., Chan, S. S. C., **Development and model-based evaluation of a train-the-trainer workshop for the large preventive positive psychology Happy Family Kitchen Project in Hong Kong**, *6th International Nursing Conference*, Hong Kong, December 10-11, 2015.
72. Lam, T. H., Chan, B. H. Y., Yuan, B., Ni, M. Y., **Smoking and family harmony in Hong Kong Chinese: evidence from the FAMILY Cohort**, *Society for Research on Nicotine and Tobacco Annual Meeting 2016*, United States, March 2-5, 2016.
73. Lai, A. Y., Mui, M. W., Wan, A., Stewart, S. M., Yew, C., Lam, T. H., Chan, S. S., **Training workshop for applying logic model framework in designing, implementation and evaluation of community-based family intervention in Happy Family Kitchen Project in Hong Kong**, *37th Annual Meeting & Scientific Sessions, Society of Behavioral Medicine*, Washington D.C., United States, March 30 - April 2, 2016.
74. Lam, T. H., **Zero-time Exercise (ZTE): enjoyable, easy and effective – an innovative concept to promote exercise for anybody, anytime and anywhere: A new initiative from the Hong Kong Jockey Club FAMILY Project**, *The XIII International Congress on Obesity*, United Kingdom, May 1-4, 2016.
75. Lam, T. H., Chan, B. H. Y., Li, T. K., Ni, M. Y., **Change in body mass index (BMI) among Chinese in a general population: the FAMILY Cohort**, *The XIII International Congress on Obesity (ICO)*, Vancouver, Canada, May 2016.
76. Lam, T. H., Chen, S., Wan, A. N. T., **Zero-time Exercise, a new approach to promote physical activity – Hong Kong FAMILY Project: A Jockey Club Initiative for a Harmonious Society**, *The XIII International Congress on Obesity*, United Kingdom, May 1-4, 2016.
77. Lam, T. H., Lai, A. Y., Wan, A., Chu, J. T. W., **Zero-time Exercise (ZTE), a new approach to promote physical activity and mental health: A pilot study under Hong Kong Jockey Club FAMILY Project**, *The XIII International Congress on Obesity*, United Kingdom, May 1-4, 2016.
78. Ni, M. Y., Chan, B. H. Y., Li, T. K., Lam, T. H., **Child neglect and body mass index (BMI) in adulthood: a sibling study nested in the FAMILY Cohort**, *The XIII International Congress on Obesity (ICO)*, Vancouver, Canada, May 2016.
79. Lam, T. H., Lai, A. Y. K., Wan, A. N. T., Chu, J. T. W., **Zero-time Exercises (ZTE), a new approach to promote physical activity and mental health: a pilot study under Hong Kong Jockey Club FAMILY project**, *FPH Annual Conference and Public Health Exhibition 2016*, Brighton, United Kingdom, June 14-15, 2016.

80. Ho, H. C. Y., Wan, A., Mui, M., Chan, S. S., Lam, T. H., **The mediating effect of physical exercise on family health, harmony and communication in a community-based family intervention: Happy Family Kitchen Movement under Hong Kong Jockey Club FAMILY Project**, *Annual Conference on Disaster Preparedness and Response*, Hong Kong, October 8, 2016.
81. Shen, C., Wan, A., Kwok, L. T., Lam, T. H., **A community based intervention of Hong Kong Jockey Club FAMILY Project to enhance Zero-time Exercise and grip strength: Fitter Families**, *Project Annual Conference on Disaster Preparedness and Response, Hong Kong Academy of Medicine*, October 8, 2016.
82. Ho, H. C. Y., Wan, A., Ki, B. H. S., Chan, S. S., Lam, T. H., **The mediating effect of positive psychology behaviors on family health, happiness and harmony in a community-based family intervention: Happy Family Kitchen Movement under Hong Kong Jockey Club FAMILY Project**, *5th CIFA Regional Symposium*, Seoul, Korea, November 3-5, 2016.
83. Lam, T. H., Wan, A., Mui, M., Ho, H. C. Y., Chan, S. S., **An innovative and public health approach to promote family holistic health - The FAMILY: A Jockey Club Initiative for a Harmonious Society in Hong Kong**, *5th CIFA Regional Symposium*, Seoul, Korea, November 3-5, 2016.
84. Shen, C., Wan, A., Kwok, L. T., Pang, S., Wang, X., Stewart, S. M., Lam, T. H., Chan, S. S., **A community based intervention program to enhance family communication and family well-being: The Learning Families Project in Hong Kong**, *5th CIFA Regional Symposium*, Korea, November 3-5, 2016.
85. Lai, A. Y. K., Wan, A. N. T., Lee, D. P. K., Lam, T. H., **Zero-time Exercise: A cluster randomized control trial to promote physical activity, health, happiness and family harmony under Hong Kong Jockey Club Family Project**, *The Institute of Cardiovascular Science and Medicine, Twentieth Anniversary Scientific Meeting 2016*, Hong Kong, November 19, 2016.
86. Lam, T. H., Wan, A., Ho, H. C. Y., Lau, G., Lai, A., **Zero-time Exercise and Anti-inertia Reminder (AIR) Model: The Hong Kong Jockey Club FAMILY Project**, *20th Anniversary Scientific Meeting of the ICSM*, Hong Kong, November 19, 2016.
87. Lam, T. H., Lai, A., Wan, A., Lau, G., King, J., **Zero-time Exercises for families: The Hong Kong Jockey Club FAMILY Project**, *18th Beijing Hong Kong Medical Exchange*, Hong Kong, November 20, 2016.
88. Lai, A., Wan, A., Lam, T. H., **FAMILY Project: Training workshops for lay health promoters to implement a community-based intervention program**, *21st Research Postgraduate Symposium*, Hong Kong, December 1-2, 2016.
89. Lam, T. H., Wang, M. P., Shen, C., Wan, A., Chan, S. S., **Pattern of health app use and associated sociodemographic factors in Hong Kong smokers – findings from FAMILY Project**, *Annual Meeting on The Society for Research on Nicotine & Tobacco*, Florence, Italy, March 8-11, 2017.
90. Ho, H. C. Y., Wan, A., Mui, M., Chan, S. S., Lam, T. H., **The effectiveness of a community-based positive psychology family intervention on physical exercise and fitness of older adults: Happy Family Kitchen Movement under Hong Kong Jockey Club FAMILY Project**, *12th International Symposium on Healthy Aging*, Hong Kong, March 11-12, 2017.
91. Lai, A., Wan, A., Lam, T. H., **Hong Kong Jockey Club FAMILY Project: A 15-min Zero Time Exercise intervention to enhance well-being in older people**, *12th International Symposium on Healthy Aging “Wellness and Longevity: From Science to Service”*, Hong Kong, March 11-12, 2017.
92. Shen, C., Wang, M. P., Wan, A., Chan, S. S., Lam, T. H., **Zero-time Exercise and subjective happiness in older people: findings from Hong Kong Jockey Club FAMILY Project**, *12th International Symposium on Healthy Aging “Wellness and Longevity: From Science to Service”*, Hong Kong, March 11-12, 2017.
93. Lam, T. H., Ho, H. C. Y., Lau, G., Wan, A., Chan, N., **Promotion of Zero Time Exercise (ZTE) through Anti-inertia Reminders (AIR): New initiative from The Hong Kong Jockey Club FAMILY Project**, *Primary Care Research Symposium*, Hong Kong, March 25, 2017.
94. Lam, T. H., Lai, A., Wan, A., **Normative data for absolute and relative hand grip strength in Hong Kong: FAMILY Project, a Hong Kong Jockey Club Initiative for a Harmonious Society**, *International Symposium 2017 Physical Activity & Fitness of Young Generation in Asia-Pacific*, Hong Kong, May 20, 2017.
95. Lai, A., Wan, A., Lam, T. H., **The effectiveness of a clustered randomized control on Zero-time Exercise to reduce sedentary behaviour, enhance physical activity and improve personal well-being in Hong Kong**, *ISBNPA 2017 Annual Meeting*, Victoria, Canada, June 7-10, 2017.
96. Lam, T. H., Shen, C., Wang, M. P., Wan, A., Chan, S. S., **Factors associated with use of physical activity apps in smartphone and tablet owners in Chinese: findings from Hong Kong Jockey Club FAMILY Project**, *Annual Meeting on The International Society of Behavioral Nutrition and Physical Activity*, Victoria, Canada, June 7-10, 2017.
97. Shen, C., Wang, M. P., Wan, A., Chan, S. S., Lam, T. H., **Patterns of health apps use in smartphone and tablet owners in Chinese: findings from Hong Kong Jockey Club FAMILY Project**, *Annual Meeting on The International Society of Behavioral Nutrition and Physical Activity*, Victoria, Canada, June 7-10, 2017.
98. Wan, A., Lai, A., Lam, T. H., **Train-the-ambassador workshop for a community-based family health promotion project to reduce excess dietary sugar intake: A cluster randomised controlled trial**, *ISBNPA 2017 Annual Meeting*, Victoria, Canada, June 7-10, 2017.
99. Ho, H. C. Y., Wan, A., Mui, M., Chan, S. S., Lam, T. H., **Mediating effect of positive psychology behaviors on subjective happiness and life satisfaction in a family intervention: Happy Family Kitchen Movement under Hong Kong FAMILY Project**, *Fifth World Congress on Positive Psychology*, Montréal, Canada, July 13-16, 2017.



FAMILY Project Symposiums and Training Workshops

人:社區智慧論壇
Community Wisdom Forum

和諧
Harmony
快樂
Happiness

Date	Theme
22-27 Oct 2008	Public Health Approaches to FAMILY Health, Happiness and Harmony
6-9 Nov 2009	Multidisciplinary Collaboration to Promote FAMILY Health, Happiness and Harmony - Sharing of Experiences and Findings
4-7 Dec 2010	Best Science for Best Practice: Building a Harmonious Society using a Community-based Participatory Approach
24-25 May 2012	Family Participation: Generating Evidence for FAMILY Health, Happiness and Harmony (3Hs) in the Community
11 Apr 2014	Community Wisdom Forum - Supporting and Strengthening Families
11-12 May 2017	Family + Well-being = Health + Happiness + Harmony

Starting from 2008, symposiums and training workshops have been hosted by the FAMILY Project Team regularly to provide a community platform for exchanging views on the family agenda and strategies among policy makers, researchers, community leaders, and social service, health and education professionals. Speakers with different backgrounds and experiences were invited to share their wisdom through presentations, workshops and breakout discussions to promote the public health approach and showcase the local and international social and health impacts of the FAMILY Project.



2,219
ATTENDEES



217
VIP GUESTS AND
SPEAKERS



Media Coverage & Press Conferences



Media Coverage



Newspapers:
Over 231 articles



Magazines:
Over 28 articles



Websites:
Over 74 articles



Radio:
Over 50 spots



Television:
Over 38 programmes

Press conferences

29 Mar 2009

FAMILY Project Household Survey:
Tracks Health, Happiness and Harmony of Families

8 May 2010

FAMILY: Effective Parenting Programme –
Effective Parenting Programme Yields Preliminary Results
with Scientific Evidence

26 Sep 2010

Study on Family Communication Patterns in Hong Kong:
More Praise More Happiness

28 Nov 2010

FAMILY: Harmony @ Home Project – Proven Effectiveness
to Increase Family Harmony and Happiness

21 Dec 2011

FAMILY Cohort Study:
“60% of Hong Kong Families Receive a Passing Grade in
Health – Healthy Living Index (HELI)”

21 May 2012

Study on Family Support: An Effective Way to Enhance
Family Support – “Happy Family Kitchen” Project

3 Dec 2012

FAMILY Cohort Study – Social Barometer for HK:
From Family Harmony to Social Cohesion

13 Dec 2012

FAMILY Cohort Study –
3Hs in Hypertension Control: Act Together to Save Lives Now

5 Jan 2013

FAMILY Cohort Study –
Social Barometer: Poverty & Disparities on Health,
Happiness & Harmony

14 May 2015

Kick-off Ceremony of “Family Holistic Health” cum
Hong Kong Family and Health Information Trends
Survey: “Zero-time Exercise” Concept to Improve
Health-related Quality of Life and Family Harmony

19 Jan 2016

Using Information and Communication Technologies
and Family Well-Being in Hong Kong:
“Quality Face-to-face Communication” to Improve
Family Harmony

26 Apr 2016

“Family Day 2016” cum Survey of “Mother’s Day and
Family Day Celebration in Hong Kong”:
“Family Day” is welcomed by most Hong Kong people
Let us Celebrate Together to Promote Family Harmony

25 Apr 2017

Survey on Hong Kong People Celebrating Family Day
cum Family Day 2017 Kick-off Ceremony

11 May 2017

Launch of FAMILY Project Achievement Report and
Hong Kong Subjective and Family Happiness Index
Survey 2016 Results

Practice Manuals and Souvenirs

The "Best Science and Best Practice" service models of the FAMILY Project have been consolidated into practice manuals to provide practical references for social and related service providers to adopt the family-oriented approach for programme planning and evaluation. Electronic copies of these manuals are available on the FAMILY Project website at www.family.org.hk.

Moreover, a variety of health-related souvenirs have been distributed at the Project's community-based events to encourage the public to practise healthier lifestyles with their family members. These souvenirs were found to be very attractive and useful by the participants.







Impacts on the Hong Kong Community

The household surveys and family-based intervention projects developed by the FAMILY Project have provided a respected source of information and practice models for relevant government departments and NGOs, influencing them in areas from strategic and policy development, decision-making to district welfare planning. Valuable findings from the Project were also recognised and used in various government and NGO communications to support public health campaigns.

Social Welfare Department District Welfare Planning



Research findings of the FAMILY Project have been presented at eight District Welfare Planning Forums on invitation of the Social Welfare Department to help the government understand local needs and set service priorities. These presentations have contributed to the welfare policy formulation of the following districts: Sham Shui Po; Wong Tai Sin; Central & Western; Southern; Islands; Kwai Tsing; Sai Kung; Tsuen Wan and Yuen Long.

Pilot scheme of thematic sponsorship for family-related Initiatives



Launched jointly by the Home Affairs Bureau and the Family Council, this sponsorship scheme shares the vision of the FAMILY Project: to increase awareness of family core values and promote the importance of families, thus enhancing family well-being in the community. Its approach and assessment criteria (particularly on "parent education") were both modelled after the FAMILY Project.

Laying solid groundwork for the work of the Family Council



The FAMILY Project Team was invited to share the results of the FAMILY Cohort and its Geographic Information System (GIS) with the Family Council in 2010, 2014 and 2015 respectively, as well as at the 2011 International Day of Families "Give me Five" Contest Finale organised by the Council. A summary report for Hong Kong as a whole and specific reports for each of the 18 districts were also submitted to the Council to provide a basis of reference for its strategic planning and initiatives.

Moreover, valuable insights from the FAMILY Cohort have brought forth the importance of family-based considerations with respect to government policy-making. As cited in a Family Council discussion paper (Paper FC 1/2013): "With effect from April 1, 2013, the assessment of family implications is a mandatory and integral part of the decision-making process and policy formulation within Government."

Thirdly, in a 2011 policy recommendations paper of the Family Council's Sub-Committee on Family Support, it was suggested that the public health approach – the preventive approach advocated by the FAMILY Project – be adopted for the Council's family-focused strategies and measures. As quoted from the paper: "strategies and measures with family perspective should form the basis and the 'public health' approach with multi-level intervention as the means."

Community partnership invitation for Joyful@Hong Kong Mental Health Campaign



The FAMILY Project Team was invited to join the 3-year community partnership of the "Joyful@Hong Kong" campaign launched in 2016. Sponsored by the Health Care Promotion Fund of the Food and Health Bureau, the mental health promotion campaign consisted of evidence-based programmes to address the needs of the public. Some of the programme ideas have been adopted and modified from those of the FAMILY Project.

The relevance of the FAMILY Project to the campaign was stated in the invitation letter from the Food and Health Bureau: "The recent experience of the FAMILY Project is very relevant to address the key themes of the Campaign in enhancing mental well-being through 'sharing', 'mind' and 'enjoyment'."

Sound research evidence to support World Health Day theme

"Hypertension" was announced as the theme for World Health Day 2013 by the Centre for Health Protection of the Department of Health on the basis of the statistics uncovered by the FAMILY Cohort: "A study by the School of Public Health of The University of Hong Kong in 2012 revealed that about 1 in 3 adults in Hong Kong has hypertension, and among them, half did not know about it. In other words, about 1 in 6 persons in Hong Kong has hypertension without knowing it. Among those ever diagnosed with hypertension, 70% were prescribed blood pressure lowering medication, but only about 40% of this treated group attained good control of blood pressure."



Promotion of Zero Time Exercise in Maternal and Child Health Centres



The FAMILY Project Team was invited by the Department of Health to produce a 5-minute educational video promoting positive family communication and Zero Time Exercise – a time-saving, easy and effective exercise concept suitable for the entire family. The video was broadcasted in Maternal and Child Health Centres all around Hong Kong to encourage families to do simple exercises together and show appreciation for one another.

World-leading family and community service models

Over the years, the FAMILY Project has established an international reputation for its world-leading public health service models, which continue to exert notable influence on family-oriented research as well as on the social service and public health sectors today. The Project's "Best Science, Best Practice" approach which emphasises the strategic input from both social service providers and the academia; its capacity building model which perpetuates the implementation of its new service models; and its emphasis on generating new research evidence to support improved service models have set a world-leading example for the government, academia and public health sectors all over the world.

Customised training programmes for the social and health services sectors

With a good reputation built through our capacity building programmes, the FAMILY Project has been invited by the Social Welfare Department, hospitals and NGOs to conduct various training programmes for their staff and service workers. In May 2017, for instance, the Social Welfare Department invited us to conduct a training workshop for social workers and health care professionals on how to guide physically challenged individuals – especially the elderly in wheelchairs – in performing simple, muscle-training exercises to boost their holistic health.



International Impacts

Founded on the “Best Science, Best Practice” approach, the family-based studies and innovative work models of the FAMILY Project resonated strongly with international communities and produced remarkable impacts on public health and academic circles worldwide. Apart from publishing its findings in academic journals, the Project Team has won accolades at international conferences. Its achievements have also been regarded by prestigious institutions as an innovative and impactful model.

Study tour from the Harvard School of Public Health



In 2014, the FAMILY Project Team received a delegation from the Harvard School of Public Health which had come especially to study the unique service model of the Learning Families Project – a unique housing estate-based project that enhanced the neighbourhood bonding of grassroots families. The delegation was given an overview of the FAMILY Project and taken on a site visit of the intervention estates that benefitted from the project.

Sharing of programme models with the Tote Board of Singapore



The different types of intervention models and impacts of the FAMILY Project have been shared with the Tote Board (Totalisator Board) of Singapore during their visit to Hong Kong in 2014. Acknowledging the impressive results of the FAMILY Project, the Tote Board is now exploring the possibility of implementing similar models in Singapore.

Poster Presentation Award from the UK Faculty of Public Health



The FAMILY Project Team landed second place in a poster presentation competition at the 2016 Annual Conference and Exhibition of the UK Faculty of Health. The winning poster was entitled “Zero-time exercise (ZTE), a new approach to promote physical activity and mental health: A pilot study under Hong Kong Jockey Club FAMILY Project.”

Received recognition in the Avant Garde Positive Psychology Clinical Intervention Challenge



The FAMILY Project team was honoured to receive the recognition of “Outstanding Submission in the Avant Garde Positive Psychology Clinical Intervention Challenge” at the Fifth World Congress on Positive Psychology, which was held by the International Positive Psychology Association, in July 2017 in Montréal, Québec.

Over 50 papers published in reputable international journals



Following from the evidence-based and evidence generating approach of the FAMILY Project, study findings from its cohort survey, intervention projects and health communication programmes have been consolidated and published in 51 international journal papers. The papers have raised the profile of Hong Kong-based family studies and contributed valuable results and experiences for future research, directions and methodologies on family-based surveys and intervention programmes.

Best Poster Award at CIFA Regional Symposium



The FAMILY Project was honoured with the “Best Poster Award” for its poster, “Happy Family Kitchen: A Hong Kong experience in strengthening families through collaborative partnership” at the 5th CIFA Regional Symposium 2016 co-organised by CIFA (Consortium of Institutes on Family Limited) and KAHR (Korean Association of Family Relations). The poster outlined the background, objectives and methods of Happy Family Kitchen, a landmark project that showcased the community-based engagement approach undertaken by the FAMILY Project.

Zero Time Exercise at the Harvard College in Asia Programme

The FAMILY Project was honoured to be invited to share the novel concept of “Zero Time Exercise” at the Harvard College in Asia Programme’s spring conference in Hong Kong in March 2017. During this workshop in this academic and cultural exchange programme, student delegates from the Harvard College and The University of Hong Kong showed great enthusiasm in trying out these simple and fun exercises that have proven benefits on personal and family health.

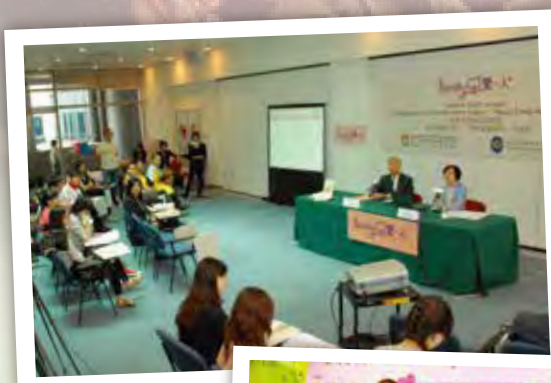


Project sharing at Harvard School of Public Health Exchange Programme

In March 2016, the FAMILY Project Team was invited to participate in “The Community-based Participatory Research Collaboration Exchange Programme” at The Viswanath Lab of the Harvard School of Public Health in Boston, US. The work of the FAMILY Project was presented to the staff of the lab as well as to the Mayor and CEO of the City of Lawrence and to the President and CEO of YMCA, who had collaborated in the city’s welfare planning and development.



Accomplishments



港大調查：僅14%有做義工
逾60%港人自評家庭和睦

港大：家人讚賞為抗壓良

Collaborating Organisations

Government / Statutory Bodies / District Council
Committee on Home - School Cooperation
Department of Health
Department of Health - Community Liaison Division
District Council
Central and Western District Council
Islands District Council
Kwai Tsing District Council
Sha Tin District Council
Southern District Council
Tsuen Wan District Council
Family Council
Grantham Hospital
Healthy City Committee
Hong Kong Customs and Excise Department
Hong Kong West Cluster Organ Transplant Coordination Services
Hong Kong West Hospital Cluster, Organ Transplant Coordinator Service
Housing Society - Elderly Resources Centre
Kwai Chung Hospital
Leisure and Cultural Services Department
Sheung Wan Sports Centre
MacLehose Medical Rehabilitation Centre
Queen Mary Hospital
Department of Central Nursing
Department of Family Medicine & Primary Healthcare
Department of Occupational Therapy
Department of Physiotherapy
Osteoporosis Centre, University of Hong Kong
Sai Kung District Council and Sai Kung Healthy and Safe City
Sha Tin District Social Welfare Office
Social Welfare Department
Aberdeen Integrated Family Service Centre
Central Western, Southern and Islands District
Central and Islands Integrated Family Service Centre
Chai Wan Integrated Family Service Centre
Family and Child Protective Services Unit - Sham Shui Po
Family and Child Protective Services Unit - Sha Tin
High Street Integrated Family Service Centre
Kai Tak Integrated Family Service Centre
Kwai Chung (South) Integrated Family Service Centre
Ma On Shan Integrated Family Service Centre
Sai Kung Integrated Family Service Centre
Shatin (North) Integrated Family Service Centre
Tai Hang Tung Integrated Family Service Centre
Tsuen Wan and Kwai Tsing District
Steering Committee on Healthy City in the Central and Western District
Tsan Yuk Hospital
Specialist Outpatient Clinic
Department of Obstetrics
Yan Chai Hospital
24th Term Board of Directors Social Service Centre
Chinese Medicine Clinics, BOC Medical Centre
Social Services Department (Elderly - Hostel)

NGO & Community Stakeholders
18 districts EMAC
Aberdeen Kai-fong Welfare Association
Social Service Centre
Association of Hong Kong Nursing staff
Baptist Oi Kwan Social Service
Caritas - Hong Kong
Central and Western District Service Units
Cheng Shing Fung District Elderly Centre - Sham Shui Po
Community Centre - Aberdeen
Community Centre - Caine Road
District Elderly Centre - Yuen Long (Tin Chak Centre)
Dr. & Mrs. Olinto de Sousa Integrated Family Service Centre
Elderly Centre - Aberdeen
Elderly Centre - Central District
Elderly Centre - Kwun Tong
Elderly Centre - Lai Kok
Elderly Centre - Lei Muk Shue
Elderly Centre - Ngau Tau Kok
Elderly Centre - Sai Kung
Elderly Centre - Sha Tin
Elderly Centre - Tin Yuet
Elderly Centre - Tung Tau
Human Empowerment & Achievement Training - Kowloon Centre
Integrated Family Service Centre - Tung Tau
Integrated Family Service Centre - Aberdeen
Integrated Family Service Centre - Fanling
Integrated Family Service Centre - Sha Tin
Integrated Family Service Centre - Shau Kei Wan
Integrated Family Service Centre - Tin Shui Wai
Integrated Family Service Centre - Tsuen Wan
Integrated Family Service Centre - Tuen Mun
Integrated Family Service Centre - Tin Shui Wai
Integrated Family Service Centre - Tung Tau
Jockey Club Hostel - Choi Wan
Jockey Club Integrated Service for Young People - Cheung Chau
Jockey Club Integrated Service for Young People - Tak Tin
Lok Miu Early Education & Training Centre
Mok Cheung Sui Kun Community Centre
Parents Resource Centre
Pelletier Hall
Pui Tak Centre
Social Work Service Centre - Aberdeen
Social Work Service Centre - Tsuen Wan & Tin Shui Wai
Wellness Link - Tsuen Wan
Center for Health and Medical Research
Cheng Si Yuan (China-International) Hepatitis Research Foundation
CHEST Delegation Hong Kong and Macau Limited
Chinese YMCA of Hong Kong
New Territories Centre
Kwun Tong Centre

Tsuen Wan Centre - Integrated Service Centre
Tuen Mun Centre
Choi Fook Estate Management Advisory Committee
Christian Family Service Centre
Family Energiser - Integrated Family Service
Tsui Ping Community Centre
College of Nursing Hong Kong
Community College of City University
CSY China - International Hepatitis Research Foundation - Hepatitis Free Generation
Department of Obstetrics and Gynecology, Lady Helen Woo Women's Diagnostic and Treatment Centre, The University of Hong Kong
Evangelical Lutheran Church Hong Kong
Ma On Shan District
Elderly Community Centre
Shatin District Community Centre for the Golden-Aged
Free Methodist Church
Chuk Yuen IVY Club
Leung Tin Children & Youth Integrated Services Centre
Fu Hong Society - Sunrise Centre
Haven of Hope Christian Service
Hear Talk Foundation
Hong Kong Breast Cancer Foundation
Hong Kong Chiuchow Chamber of Commerce
Hong Kong Down Syndrome Association Tiptop Training Centre
Hong Kong Island Women's Association
Hong Kong Baptist Hospital
Hong Kong Breast Cancer Foundation
Hong Kong Buddhist Association Youth Centre
Hong Kong Cataract Foundation
Hong Kong Children and Youth Services
Fanling Integrated Services Centre
Hung Hom Integrated Family Services Centre
Jockey Club Fong Shu Chuen Integrated Children & Youth Services Centre
Jockey Club Tin Ping Integrated Children and Youth Services Centre
Hong Kong Christian Service Small Group Home
Hong Kong Christian Service The Hong Kong Jockey Club Community Project Grant:
Integrated Service Centre for Local South Asians
Hong Kong College of Cardiology
Hong Kong Council of Social Service
Hong Kong Council on Smoking and Health
Hong Kong Eating Disorders Association Limited
Hong Kong Geriatrics Society
Hong Kong Lung Foundation Limited
Hong Kong Museum of Medical Sciences
Hong Kong Playground Association
Tsuen Wan & Kwai Tsing District
Jockey Club Upper Kwai Chung Integrated Service Centre For Children & Youth
Hong Kong Prosthetists and Orthotists Association
Hong Kong Red Cross
Hong Kong Sheng Kung Hui Holy Carpenter Church Community Centre
Hong Kong Sheng Kung Hui Lady MacLehose Centre

Lei Muk Shue Integrated Service Centre
Sze Pang Nien Family Mutual Support Centre
Hong Kong Sheng Kung Hui Tuen Mun Integrated Services - Jockey Club Youth Express
Hong Kong Sheng Kung Hui Welfare Council Tung Chung Integrated Services
Hong Kong Sheng Kung Hui Western District Elderly Community Centre
Hong Kong Society for Diabetic Limb Care
Hong Kong Society for the Aged
Hong Kong Society of Certified Prosthetist-Orthotists
Hong Kong Thoracic Society
Hong Kong Workers' Health Centre
Hong Kong Young Women's Christian Association
Tsing Yi Integrated Social Service Centre
Tuen Mun Integrated Social Service Centre
International Social Service - Hong Kong Branch
Sham Shui Po (South) Integrated Family Service Centre
Tin Shui Wai (North) Integrated Family Service Centre
Jockey Club Riviera Gardens Lutheran Integrated Service Centre
Kei Yam Alliance Church
Lai Kok Estate Estate Management Advisory Committee
Lim Por Yen Integrated Home Care Services Centre
Lutheran Family Life Education Unit - Sha Tin
Medical Society, The Hong Kong University Students' Union
Mutual Caring Association Limited
Neighbourhood Advice-Action Council - Tung Chung Integrated Services Centre
New Life
Psychiatric Rehabilitation Association - Chuk Yuen Halfway House
Psychiatric Rehabilitation Association - The Wellness Centre
New Territories East Home Support Service - The Society of Anaesthetists of Hong Kong
Padma & Hari Hariela Integrated Rehabilitation Centre
Po Leung Kuk Cheung Hong Youth Development Centre
Pok Oi Hospital Fung Tak Family Multiple Intelligences Centre - Fung Tak
Praise Dance Hong Kong
Rehabilitation Alliance Hong Kong
SAHK
On Ting Hostel
Shek Wai Kok Parents' Resource Centre
Sai Kung District Community Centre
Sai Kung Healthy and Safe City
San Po Kong Rhenish Nursery
Service 100
Seventh-Day Adventist Church Shan King Integrated Children and Youth
Centre
Shun Lee Neighbourhood Elderly Centre
St. James' Settlement
Parkside Residence & Parkside Integrated Service Team
Wanchai Integrated Family Service Centre
St. John's Cathedral HIV Education Centre
Stewards Sha Kok Youth & Children
Take Your Way Clubhouse
Youth Online - Integrated Service Centre for Youth People
The Boys' and Girls' Club Associations of Hong Kong

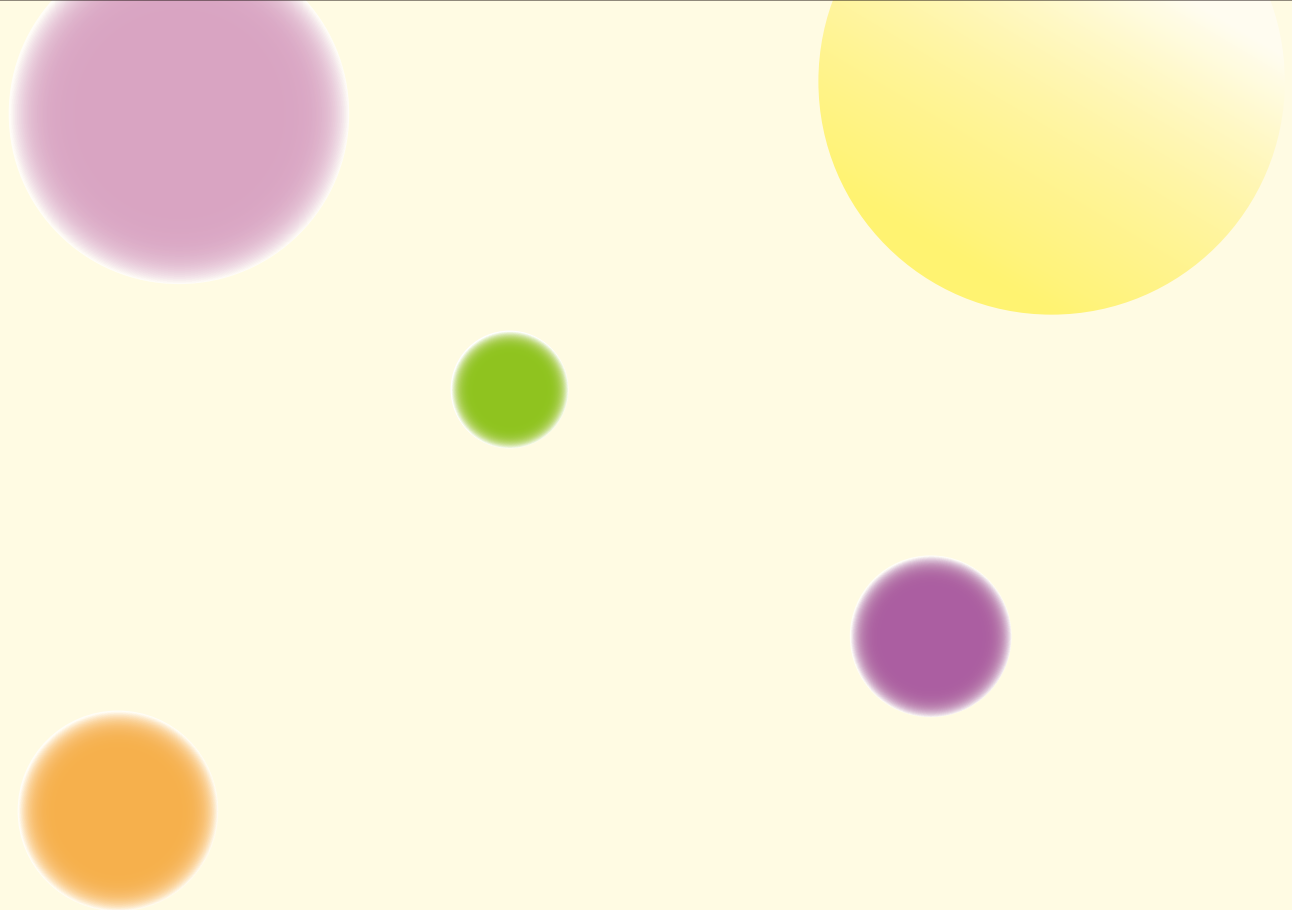
JC Cheung Sha Wan C&Y ISC
JC Southern District C&Y ISC
JC South Kwai Chung C&Y ISC
The Church of United Brethren in Christ
Tuen Mun Integrated Children and Youth Service Centre
Yuen Long Social Service Centre
The Duchess of Kent Children's Hospital at Sandy Bay
The Federation of Medical Societies of Hong Kong
The Hong Kong Asthma Society
The Hong Kong Catholic Marriage Advisory Council - Grace and Joy Integrated Family Service Centre
The Hong Kong Federation of Medical Societies Foundation Limited
The Hong Kong Federatoin of Youth Groups
Jockey Club Jat Ming Youth S. P. O. T.
Jockey Club Kwai Fong Youth S. P. O. T.
Parent and Child Mediation Centre - Tai Po and North District
Parent and Child Mediation Centre - Yuen Long District
The Hong Kong Society for Diabetic Limb Care Limited
The Hong Kong Tuberculosis, Chest and Heart Diseases Association
The Salvation Army
Chuk Yuen Integrated Service Chuk Yuen Children and Youth Centre
Tai Wo Hau C & Y Centre
Tai Wo Hau Integrative Services
Tung Chung Family Support Centre
Tin Yan Estate Cheung Lai Wan Community Services Centre
Tin Yat Estate Management Advisory Committee
Tseung Kwan O Integrated Family Service Centre
Tung Wah Group of Hospitals
District Elderly Community Centres
Fung Yiu King Hospital
Integrated Centre on Smoking Cessation
Lok Hong Integrated Community Centre
Radio i Care
United Christian Nethersole Community Health Service
Upper Wong Tai Sin Estate Estate Management Advisory Committee
Wilson T. S. Wang District Elderly Community Centre
Yan Oi Tong Hong Kong Toi Shan Association Neighbourhood Elderly Centre
Schools

Aberdeen St. Peter's Catholic Primary School 香港仔聖伯多祿天主教小學
Alliance Primary School - Tai Hang Tung 大坑東宣道小學
Alliance Primary School - Whampoa 黃埔宣道小學
Baptist Lui Ming Choi Primary School 浸信會呂明才小學
Baptist Rainbow Primary School 浸信會天虹小學
Bishop Ford Memorial School 福德學校
C. C. C. Chuen Yuen First Primary School 中華基督教會全完第一小學
C. C. C. Kei Wai Primary School (Ma Wan) 中華基督教會基慧小學(馬灣)
C. C. C. Yuen Long Chun Kwong School 中華基督教會元朗真光學校
Canossa Primary School (San Po Kong) 嘉諾撒小學(新蒲崗)
Canossa School (Hong Kong) 香港嘉諾撒學校
Carmel Alison Lam Primary School 迦密愛禮信小學
Chan Sui Ki (La Salle) Primary School 陳瑞祺(喇沙)小學
Ching Chung Hau Po Woon Primary School 青松侯寶垣小學
Christian Alliance H.C. Chan Primary School 宣道會陳元喜小學
Christian Alliance S. Y. Yeh Memorial Primary School 宣道會葉紹蔭紀念小學
Diocesan Girls' Junior School 拔萃女小學
Diocesan Preparatory School 拔萃小學
ELCHK Hung Hom Lutheran Primary School 基督教香港信義會紅磡信義學校
ELCHK Kwai Shing Lutheran Primary School 基督教香港信義會葵盛信義學校
Farm Road Government Primary School 農圃道官立小學
Free Methodist Mei Lam Primary School 循理會美林小學
Fresh Fish Traders' School 鮮魚行學校
Fuk Tak Education Society Primary School 福德學社小學
Fung Kai Liu Yun Sum Memorial School 鳳溪廖潤琛紀念學校
G. C. C. I. T. K. D. Cheong Wong Wai Primary School 東莞工商總會張煌偉小學
Hennessy Road Government Primary School 軒尼詩道官立小學
Heung Hoi Ching Kok Lin Association Buddhist Wong Cho Sum School 香港正覺蓮社佛教黃藻森學校
Hoi Pa Street Government Primary School 海壩街官立小學
Holy Angels Canossian School 天神嘉諾撒學校
Hong Chi Lions Morninghill School 匡智獅子會晨崗學校
Hong Kong Baptist Convention Primary School 香港浸信會聯會小學
Hong Kong Southern District Government Primary School 香港南區官立小學
Immaculate Heart of Mary College 聖母無玷聖心書院
Jordan Valley St. Joseph's Catholic Primary School 佐敦敦聖若瑟天主教小學
Ka Ling School of The Precious Blood 寶血會嘉靈學校
Kam Tsin Village Ho Tung School 金錢村何東學校
Kowloon Tong Bishop Walsh Catholic School 九龍塘天主教華德學校
Kowloon Tong Government Primary School 九龍塘官立小學
Kowloon True Light School Primary Section 九龍真光中學(小學部)
Kwong Ming School 光明學校
Kwun Tong Government Primary School 觀塘官立小學
Leung Kui Kau Lutheran Primary School 路德會梁鉅鏐小學
Lingnan University Alumni Association (Hong Kong) Primary School 嶺南大學香港同學會小學
LKWFS Lau Tak Yung Memorial Primary School 世界龍岡學校劉德容紀念小學
LST Yeung Chung Ming Primary School 樂善堂楊仲明學校
Ma On Shan St. Joseph's Primary School 馬鞍山聖若瑟小學
Medical Society, The Hong Kong University Students' Union 香港大學學生會醫學會

Methodist School 循道學校
Mui Wo School 梅窩學校
Ng Wah Catholic Primary School 天主教伍華小學
North Point Government Primary School (Cloud View Road) 北角官立小學(雲景道)
N. T. Women & Juveniles Welfare Assn. Ltd Leung Sing Tak Primary School 新界婦孺福利會梁省德學校
Oblate Primary School 獻主會小學
Our Lady of China Catholic Primary School 天主教佑華小學
Pak Tin Catholic Primary School 白田天主教小學
PLK Fong Wong Kam Chuen Primary School 保良局方王錦全小學
PLK Fung Ching Memorial Primary School 保良局馮晴紀念小學
PLK Horizon East Primary School 保良局志豪小學
PLK Tin Ka Ping Primary School 保良局田家炳小學
PLK Wong Wing Shu Primary School 保良局黃永樹小學
PLK Women's Welfare Club (WD) Fung Lee Pui Yiu Primary School 保良局西區婦女福利會馮李佩瑤小學
Pok Oi Hospital Chan Kwok Wai Primary School 博愛醫院陳國威小學
Precious Blood Primary School (South Horizons) 海怡實血小學
Pui Kiu Primary School 培僑小學
Pui Tak Canossian Primary School 嘉諾撒培德書院
Queen Elizabeth School Old Students' Association Branch Primary School 伊利沙伯中學舊生會小學分校
Queen Elizabeth School Old Students' Association Primary School 伊利沙伯中學舊生會小學
Raimondi College Primary Section 高主教書院小學部
S.I.K.H. Chu Oi Primary School 聖公會主愛小學
Salesian Yip Hon Primary School
Salvation Army Centaline Charity Fund School 救世軍中原慈善基金學校
Shak Chung Shan Memorial Catholic Primary School 天主教石鐘山紀念小學
Shau Kei Wan Government Primary School 筲箕灣官立小學
Shek Lei St. John's Catholic Primary School 石籬聖若望天主教小學
Shun Tak Fraternal Association Ho Yat Tung Primary School 順德聯誼總會何日東小學
Shun Tak Fraternal Association Wu Mien Tuen Primary School 順德聯誼總會伍冕端小學
Shun Tak Fraternal Association Wu Siu Kui Memorial Primary School 順德聯誼總會胡少渠紀念小學
S. K. H. Fung Kei Primary School 聖公會奉基小學
S. K. H. Kei Lok Primary School 聖公會基樂小學
S. K. H. Kei Oi Primary School 聖公會基愛小學
S. K. H. Kei Wing Primary School 聖公會基榮小學
S. K. H. Tak Tin Lee Shiu Keung Primary School 聖公會德田李兆強小學
S. K. H. Yan Laap Memorial Primary School 聖公會仁立紀念小學
S. R. B. C. E. P. S. A. Lee Yat Ngok Memorial School 柏立基教育學院校友會李一譔紀念學校
St. Charles School 聖嘉祿學校
St Patrick's School 聖博德學校
St. Patrick's Catholic Primary School (Po Kong Village Road) 聖博德天主教小學(蒲崗村道)
St. Peter's Catholic Primary School 聖伯多祿天主教小學
Tai Kok Tsui Catholic Primary School 大角嘴天主教小學

Tai Po Government Primary School 大埔官立小學
Tai Po Old Market Public School 大埔舊墟公立學校
Taoist Ching Chung Primary School (Wu King Estate) 道教青松小學(湖景邨)
The Endeavourers Leung Lee Sau Yu Memorial Primary School 勵志會梁李秀娛紀念小學
The Mission Covenant Church Holm Glad Primary School 基督教聖約教會堅樂小學
The Hong Kong Federation of Youth Groups Lee Shau Kee Primary School 香港青年協會李兆基小學
The Salvation Army Lam Butt Chung Memorial School 救世軍林拔中紀念學校
Tin Shui Wai Government Primary School 天水圍官立小學
Tin Shui Wai Methodist Primary School 天水圍循道衛理小學
Tsang Mui Millennium School 曾梅千禧學校
Tsung Tsin Primary School and Kindergarten 崇真小學暨幼稚園
Tung Chung Catholic School 東涌天主教學校
TWGHs Chow Yin Sum Primary School 東華三院周演森小學
TWGHs Hok Shan School 東華三院鶴山學校
TWGHs Leo Tung-Hai Lee Primary School 東華三院李東海小學
TWGHs Yiu Dak Chi Memorial Primary School (Yuen Long) 東華三院姚達之紀念小學(元朗)
TWS ST. Bonaventure Catholic Primary School 慈雲山聖文德天主教小學
Wong Tai Sin Catholic Primary School 黃大仙天主教小學
Wong Tai Sin Government Primary School 黃大仙官立小學
Yan Chai Hospital Chiu Tsang Hok Wan Primary School 仁濟醫院趙曾學韞小學
Yan Chai Hospital Choi Hin To Primary School 仁濟醫院蔡衍濤小學
Yan Chai Hospital Law Chan Chor Si Primary School 仁濟醫院羅陳楚思小學
Yan Oi Tong Tin Ka Ping Primary School 仁愛堂田家炳小學
Yuen Long Long Ping Estate Wai Chow School 元朗朗屏邨惠州學校
Yuen Long Po Kok Primary School 元朗寶覺小學

The following list is not exhaustive and may not include all of our collaborators. We apologise to the organisations whose names are incorrect or do not appear in the list. We shall correct the errors and update the list in the e-version of this report.



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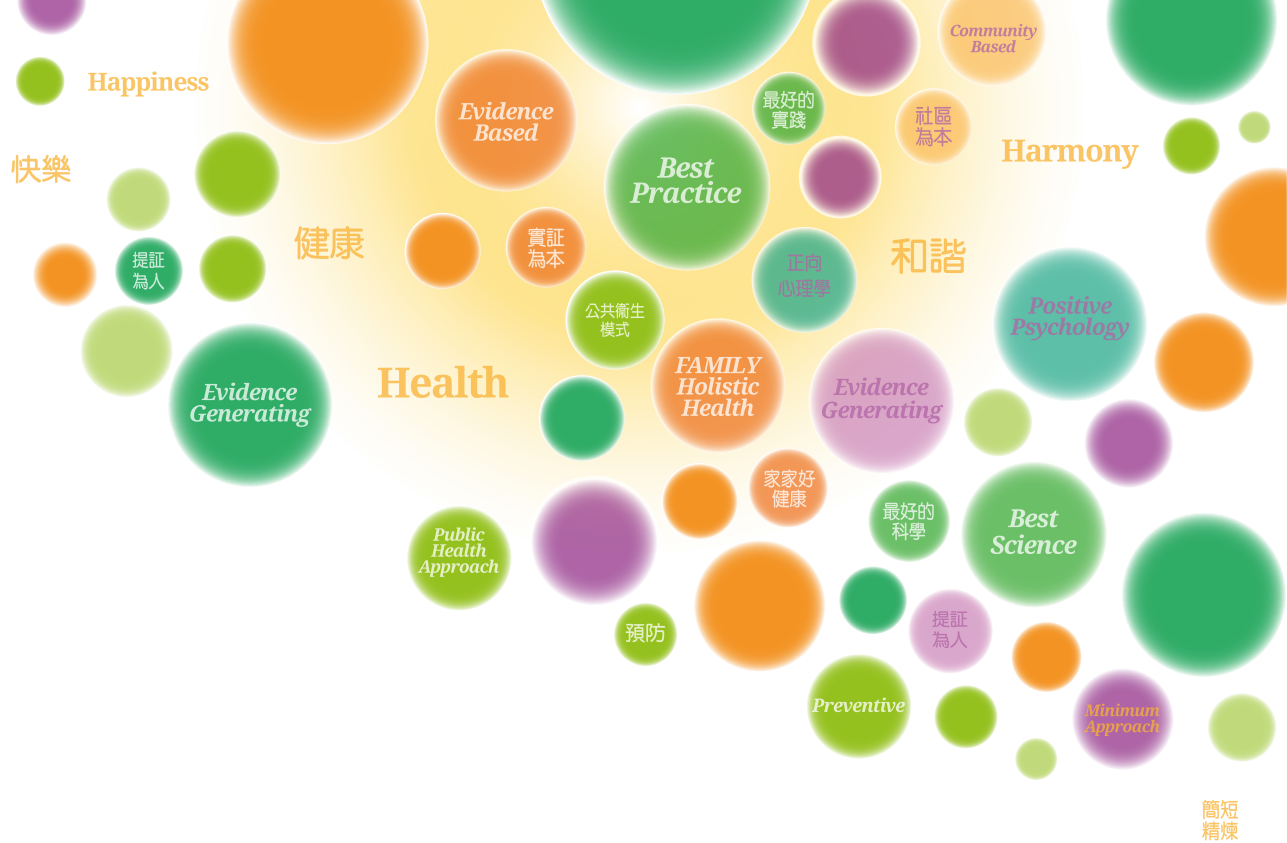
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