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Project Brief

Be Healthy, So Easy: FAMILY Education Project

正向心理學
POSITIVE PSYCHOLOGY

提証為人
EVIDENCE GENERATING

實証為本
EVIDENCE BASED

3Hs • HEALTH • HAPPINESS • HARMONY • 家有康和樂 • 健康 • 快樂 • 和諧

Be Healthy, So Easy: FAMILY Education Project

Introduction

Background

For many people, the World Health Organization (WHO) physical activity guidelines seem too difficult to achieve and many are not even willing to try. A recent focus has been placed on the reduction of sedentary behaviour, which is defined as "those activities that do not increase energy expenditure substantially above the resting level, such as sitting, lying down, or viewing TV", or simply as "too much sitting". The primary determinants of sedentary behaviour are behavioural and context-based, such as watching TV and screen-focused behaviours at home and in work environments, sitting at work and sitting during transport. The health harms of sedentary behaviour include almost immediate metabolic and cardio changes and are independent of the harms from a lack of physical activity. As a result, public health leaders have called for reducing the time spent in sedentary behaviours as a possible public health priority.

There is emerging evidence of effective behavioural interventions to reduce sedentary behaviour. Some studies have focused on reducing screen time or providing active workstations that encourage standing at the computer. Others have focused on an increased use of stairs instead of lifts. These interventions used behaviour change techniques such as goal-setting and behavioural self-monitoring. As previous approaches have shown only limited results, new approaches are needed to reduce sedentary behaviour and increase exercise or physical activity.

An important barrier to increasing activity is the belief that regular exercise is time-consuming, expensive and separated from everyday life. To minimise these barriers, the FAMILY Project has created a new approach and the term "Zero-time Exercise" (ZTEx), which refers to simple movements or exercises that do not require extra time, money and equipment (3 Zeros) and can be done anytime, anywhere and by anybody (3As). ZTEx is easy, enjoyable and effective (3Es). Simple exercises while sitting, standing or waiting, watching TV, commuting or doing sedentary work were used as a foot-in-the-door approach to get people to start exercising.

The Hong Kong Jockey Club Charities Trust invited the School of Public Health of The University of Hong Kong (HKU) to collaboratively launch a project entitled FAMILY: A Jockey Club Initiative for a Harmonious Society ("FAMILY Project") to help build a more harmonious society. Since 2007, the FAMILY Project has been working on community-based projects to promote family well-being (FAMILY Health, Happiness and Harmony). In view of the health challenges locally and globally, phase 2 of the FAMILY project focused on promoting FAMILY Holistic Health, with an emphasis on the interaction and integration of physical and psychological health. A healthy lifestyle including regular physical activity, healthy diet and positive family relationship was advocated through the promotion of family activities to enhance personal and family well-being.

The Be Healthy, So Easy: FAMILY Education Project was organised during March 2015 to February 2017 by Caritas Hong Kong and the FAMILY Project Team with the aim of reducing sedentary behaviour, improving physical activity level, and enhancing personal and family well-being.

Project Aims

1. To enhance FAMILY Holistic Health, including physical exercise and healthy diet;
2. To promote positive parent-child interaction and enhance participants' health, happiness and harmony; and
3. To develop a new work model for parent education and disseminate this model to the social service and education sectors and the public.

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Project Design And Methods

Overall Project Design and Methods

This community-based research project was implemented to reduce sedentary behaviour, improve physical activity, and enhance personal and family well-being. The project was carried out in three stages.

Stage 1: Project Conception

Pilot Trial

A total of 18 participants, including frontline social workers and parents, were recruited for the pilot trial during May to June 2015. It aimed to obtain comments on the items and format of the questionnaire and on the intervention. The pilot trial helped promote the acceptability, clarity, relevance and comprehensiveness of the intervention and questionnaires, and enhanced the acceptability and applicability of the community-based parent education programme.

Stage 2: Project Implementation

Parent Education Programme

The project used a cluster randomised controlled design with one intervention group and one control group. All of the eight Caritas Integrated Family Services Centres (IFSCs) with their respective community participants were randomised into a Physical Activity (PA) Group, a Healthy Eating (HE) Group or control group (four centres per group). 23 intervention programmes were organised during July 2015 to September 2016. The intervention for PA Group focused on enhancing the knowledge and practice of Zero-time Exercise, and the control group focused on providing knowledge and information on healthy eating. Both groups adopted the same methods, number of sessions and class duration. Ongoing process evaluation was conducted throughout this stage by using questionnaires, focus groups and in-depth interviews.

Professional Training Programme

In order to promote the concept of public health approach and FAMILY Holistic Health in Caritas Family Service, nine training workshops (2 hours each) were conducted for its family service staff and ambassadors (e.g. clerical staff and volunteers) in May and August 2016. The staff and ambassadors of eight IFSCs were nominated and invited their staff and other ambassadors to attend the training, which equipped them with knowledge and skills to implement the community-based parent education programmes. The training content covered the general concepts of FAMILY Holistic Health (including physical health and psychosocial health) and positive psychology. In addition, the trainees were introduced to the public health approach for developing, delivering and evaluating community-based projects. Outcome evaluation was conducted by questionnaires before and after the intervention workshops.

Stage 3: Project Consolidation

Stage 3 of the project involved a Family Holistic Health Day, Practice Wisdom Sharing Programme, and a series of publicity and promotion activities.

A Family Holistic Health Day was organised in December 2016, which aimed to promote the concept of FAMILY Holistic Health in the community. A media event was held to promote this concept and share the results of the project evaluation.

Practice Wisdom Sharing Workshops were organised in October 2016 and February 2017. The practice wisdom of social service workers and the impacts of the project were shared with target audiences, including social service workers and interested parties from various institutions.

A series of publicity and promotion activities were conducted. A short video production was made to promote FAMILY Holistic Health to different age groups in the community, which was broadcasted to IFSC service users. With the help from the media (radio/newspapers), the FAMILY Holistic Health concept and the results from the study were broadcasted to the public. Practice manuals for FAMILY 3Hs (Health, Happiness and Harmony) programmes and on FAMILY Holistic Health were published and distributed to Caritas Family Service units and other relevant parties for use in future implementation.

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Project Summary

Families are the fundamental building blocks of Hong Kong society. Although there has been more focus on healthy lifestyle, different studies have shown that the physical and psychosocial health of Hong Kong family's need further improvements. Chinese cultures are collectivist in nature, meaning that more emphasis is placed on the group rather than the individual. As a result, the importance of family relationship is highly emphasised and therefore, family support for exercise should play an important role in changing physical activity behaviour. Parents' attitude and behaviours were shown to highly influence children's participation in physical activity. Family support has been correlated with an individual's physical activity and their exercise self-efficacy. Therefore, the Be Healthy, So Easy: FAMILY Education Project used family as a platform to motivate parents and their family members to start exercising, and to promote FAMILY Holistic Health.

The Be Healthy, So Easy: FAMILY Education Project was a community-based project organised by Caritas Hong Kong in collaboration with the School of Public Health of The University of Hong Kong. The project designed "Zero-time Exercise" (ZTEx) as a new approach to increase physical activity in the community. ZTEx includes simple movements and stretches that are easy, enjoyable and effective (3Es) and can be done while sitting, standing and walking, with zero time, zero money and zero equipment (3 Zeros) by anybody, anytime and anywhere (3As).

The staff and volunteers from eight Integrated Family Service Centres (IFSCs) were trained in nine workshops. The Parent Education Programme adopted a cluster randomised controlled trial design, and aimed to examine the effectiveness of using ZTEx to reduce sedentary behaviour and enhance physical activity. The eight Caritas IFSCs with their respective community participants were randomised into either a Physical Activity (PA) Group, or a Healthy Eating (HE) Group or control group (four centres per group). The intervention was designed by the multidisciplinary research team which consisted of academic public health professionals and registered social workers from Caritas. The cognitive dissonance theory and Health Action Process Approach guided the design of the intervention. The intervention, which focused on enhancing the knowledge and self-efficacy of participants in relation to ZTEx, included two interactive experiential learning sessions and two follow-up sessions. The control group received the healthy eating intervention with the same methods, number of sessions and duration. Participants and their family's involvement in healthy living habits including physical activity, diet and well-being were assessed by questionnaires at pre-intervention and at 3-month, 6-month and 12-month after the intervention.

A total of 673 participants (92% female) were randomised to participate in the PA Group (n=357) and HE Group (n=316) during July 2015 to September 2016. During the 1-year study period, both groups increased their frequency of engaging in moderate physical activity, ZTEx, and involving family members in ZTEx and physical fitness after the intervention. These increases were significantly greater in the PA Group than the HE Group. All participants also consumed more fruits and vegetables and less sweetened beverages, and increased involvement of family members in healthy eating habits after intervention. These improvements were significantly greater in the HE Group than the PA Group over the 1-year study period. Both groups also showed increases in their perceived health, happiness and family harmony after the intervention, without between-group difference. The PA Group showed greater improvement in perceived health compared with the HE Group over the 1-year study period.

In conclusion, the project demonstrated that the brief and well-structured intervention was effective in promoting the concept of Zero-time Exercise, which can reduce sedentary behaviour and improve personal and family well-being. This intervention, driven by the public health approach and strategies, offers an example of a simple, easy-to-implement and cost-effective intervention and serves as a new work model for social service, health and education sectors to benefit large numbers of people and families.