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Project Brief

Community Health Campaign: Fitter Families Project

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

Community Health Campaign: Fitter Families Project

Introduction

Background

The Department of Health, Hong Kong Special Administrative Region (HKSAR) Government pointed out that about one-third of local adults were physically inactive in 2014. Physical inactivity is one of the four major risk factors for non-communicable diseases such as cardiovascular disease, diabetes and cancer. On the other hand, regular physical activity has many health benefits, such as improving cardiopulmonary function, helping one maintain optimum body weight as well as healthy bone, muscles and joints. Moreover, physical activity can promote psychological well-being and improve quality of life.

According to the Hong Kong Poverty Situation Report 2015, Kwun Tong district had the greatest number of poor people (161,300) and highest poverty rate (26.0%) among the 18 districts in Hong Kong. Hong Kong's poor have more health problems, are the unhappiest people in the city and have to grapple with more family problems than wealthier people. Furthermore, low-income groups are also likely to be more sedentary than the general population.

Under the FAMILY Project and building on the past successful experiences and work model of the Learning Families Project in Kwun Tong district during July 2010 to March 2012, the Christian Family Service Centre (CFSC) collaborated with the School of Public Health of The University of Hong Kong (HKU) again to further strengthen the key messages of FAMILY Health, Happiness and Harmony (3Hs) in Kwun Tong district, especially to underprivileged groups. The Community Health Campaign: Fitter Families Project was developed and implemented through promoting FAMILY Holistic Health and Zero-time Exercise (ZTEx) to enhance the residents' physical and psychological well-being. The FAMILY Project created a new approach called "Zero-time Exercise" which can be done with zero time (i.e. no extra time), zero money and zero equipment (3 Zeros) anywhere, anytime and by anybody (3As). Zero-time Exercise is easy, enjoyable and effective (3Es), suitable for all ages and can be readily shared among all family members.

The social ecological model, which suggests that people's behaviours can be influenced at the intra-personal, inter-personal, community and societal levels, was used as the guiding framework of the community-based intervention programme. The model was used to promote FAMILY 3Hs through encouraging participants to learn the knowledge and skills of Zero-time Exercise (intra-personal level), perform Zero-time Exercise with family members (inter-personal level) and receive neighborhood support from community health ambassadors (community level). Increasing physical activity in low-income groups is an important public health challenge which involves a process of change in both their mindset and behaviours. The Community Health Campaign: Fitter Families Project engaged different stakeholders in the community to build momentum, enhance community cohesion and improve the sustainability of positive changes in FAMILY 3Hs.

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Project Aims

1. To promote Zero-time Exercise and enhance FAMILY 3Hs in Kwun Tong;
2. To encourage community health ambassadors and volunteers to provide neighbourhood support to promote Zero-time Exercise among disadvantaged and low-income families;
3. To examine the benefits of performing Zero-time Exercise on both physical and psychological health; and
4. To examine the effect of interventions on enhancing neighbourhood cohesion.

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Community Health Campaign: Fitter Families Project

Project Design And Methods

Overall Project Design and Methods

The Fitter Families Project was a community-based intervention project with three main components – public education events, train-the-trainer/ambassador programmes, and community-based family intervention programmes.

Project components

Train-the-trainer/ambassador programmes

Train-the-trainer/ambassador programmes to promote the FAMILY Holistic Health of service workers and volunteers (n=36) from various institutions were conducted. Social service workers and volunteers helped with the implementation of health promotion activities in the community after receiving a 2-hour interactive training workshop. The training content focused on the promotion of a healthy active lifestyle. Quantitative evaluations were conducted to assess the effectiveness of the training programmes. Questionnaires were collected at four time points: before the training (T1) and immediately after the training (T2), as well as 1 month (T3) and 3 months (T4) post-training. Physical fitness tests were also conducted at T1 and T3 to measure physical changes in participants over time.

Community-based family interventions

Participants were randomly assigned to three groups using cluster randomisation based on District Council election constituency boundaries in Kwun Tong district in order to minimise neighbourhood contamination. The intervention focused on the effects of a core session (all three groups), neighbourhood support (Group A and Group B) and home-based exercise and fitness equipment (Group B). Groups A and B had a core session at baseline, a regular reminder from the health ambassadors, and a booster session at 1-month after the core session. Group B was additionally provided with a home-based fitness and exercise equipment (a handgrip). The 1.5-hour core session included the introduction of ZTEx and fitness tests. Regular telephone contact was made by trained health ambassadors at 2-week intervals to remind them to perform Zero-time Exercise (Groups A and B) and practise handgrip exercise (Group B) with family members. The 15-minute booster session reminded participants of the knowledge and skills of Zero-time Exercise (Groups A and B) and handgrip use (Group B) they had gained and enabled them to share their experiences in doing the physical activity. Groups A and B also had a gathering at 3-month after the core session. Group C had a core session at baseline, plus two gatherings at 1-month and 3-month after the core session. Quantitative evaluations were conducted at four time points: before the core session (T1) and immediately after the core session (T2), as well as 1 month (T3) and 3 months (T4) after the core session. Physical fitness tests (hand grip strength, 30-second chair stand, sit-and-reach and single leg stance) were also assessed at T1, T3 and T4 to measure physical changes over time. To ensure the quality of the community interventions, fidelity checks and process evaluations were conducted regularly.

Qualitative data were collected through focus groups and individual interviews with community stakeholders and participants for an in-depth understanding of the attitudes and behaviours that motivated them towards increasing FAMILY Holistic Health.

Public education events: Mobile community health counters

To arouse the awareness of community stakeholders, residents and the public towards this project, Zero-time Exercise and family well-being as well as investigate changes in physical activity behaviours, neighbourhood cohesion and FAMILY 3Hs after the programme, pre- and post-programme mobile community health counters were organised with the theme of physical activity in different locations and time slots around Kwun Tong.

Community Health Campaign: Fitter Families Project

Project Summary

Building on the past successful experiences and work model of the Learning Families Project implemented in Kwun Tong District during July 2010 to March 2012, Christian Family Service Centre (CFSC), collaborated with the School of Public Health of HKU again to further strengthen the key messages of FAMILY Health, Happiness and Harmony (3Hs) in Kwun Tong District, especially to underprivileged groups. The Community Health Campaign: Fitter Families Project was developed and implemented through promoting FAMILY Holistic Health and Zero-time Exercise to enhance residents' physical and psychological well-being.

By adopting the social ecological model as a guiding framework, CFSC and HKU worked closely in the project design, implementation, and evaluation. Eligible participants were randomised into three groups based on the council election constituency boundaries (cluster randomisation): a core session with neighbourhood support by health ambassadors, booster session at 1-month plus gathering session at 3-month after the core session (Group A, n=312); a core session with neighbourhood support by health ambassadors and providing a handgrip, booster session at 1-month plus gathering at 3-month after the core session (Group B, n=334); and a core session, gatherings at 1-month and 3-month after the core session (Group C, n=307). The core session was delivered by trained CFSC staff in 1.5-hour single sessions, which included the introduction of Zero-time Exercise and the implications of physical fitness. Also, a 15-minute booster session was implemented for Group A and B participants at 1-month after the core session to review Zero-time Exercise and encourage experience sharing. Neighbourhood support in the form of regular telephone reminders by trained health ambassadors at 2-week intervals were used to remind participants to perform Zero-time Exercise with family members. During July 2015 to November 2016, a total of four training sessions were conducted for 71 trainers and ambassadors. A total of 25 core sessions, 19 booster sessions, and 33 gathering sessions were conducted for 953 participants. Questionnaire assessments were made at baseline (T1), immediately after the core session (T2), and at 1-month (T3) and 3-month (T4) after the core session. Physical fitness tests (hand grip strength, 30-second chair stand, sit-and-reach and single leg stance tests) were conducted at T1, T3 and T4.

Quantitative results showed that the main outcomes including higher FAMILY 3Hs, neighbourhood cohesion and frequency of Zero-time Exercise, and fitness test performance substantially improved within all the three groups at T4. Neighbourhood support by community health ambassadors (Groups A and B) showed effectiveness on improving neighbourhood cohesion in Group B, and on subjective improvements in performing Zero-time Exercise and neighbourhood cohesion were found in Group A. However, the effects of neighbourhood support on improving FAMILY 3Hs, frequency of Zero-time Exercise and fitness test performance were not found. Providing a handgrip (Group B) showed positive effects on improving the frequency of performing strength exercise and hand grip strength. The successful work model can provide a valuable model for collaboration between academics and social service providers on large-scale community-based projects designed to promote happier and fitter families and closer social bonds, especially among low-income groups.

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