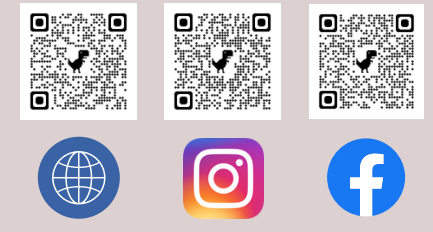


# CHOOSE HEALTH SCHEME- A TELEHEALTH INTERVENTION



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## INTRODUCTION

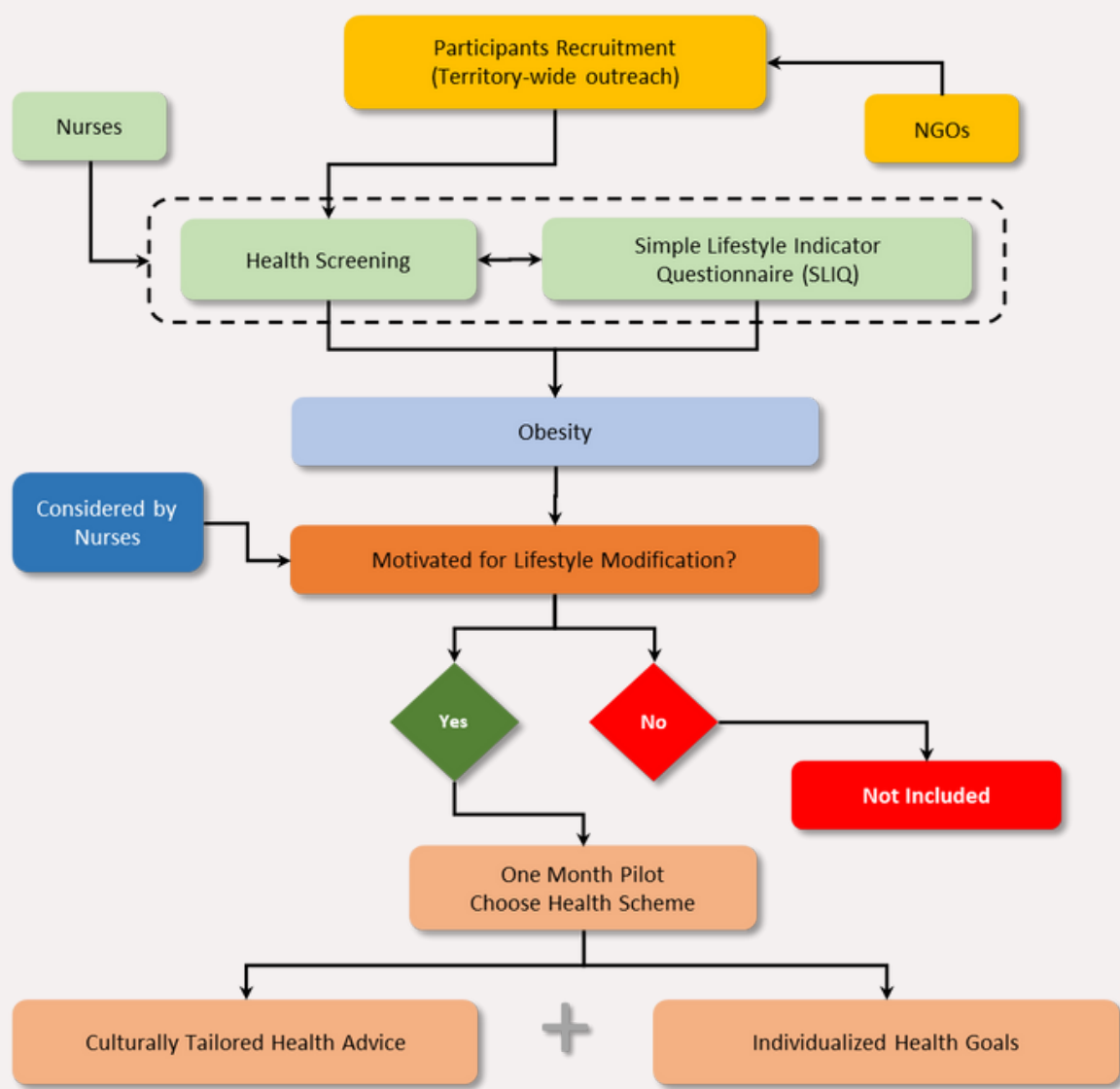
- Telehealth interventions have gained increasing attention in recent years, and research has shown the potential of technological-based health management programmes. [1]
- For improving access and quality of care for South Asian (SA), the fastest growing ethnic minority group in Hong Kong, telehealth approach presents huge potential given their cultural, linguistic, geographic and economic barriers. [2]
- A small-scale, mobile-based pilot health behavioural change project was conducted to (a) promote healthy behavioural change, (b) better understand participants' motivation, and (c) develop trust between healthcare service providers and participants.

## OBJECTIVES

- To explore the effectiveness of a telehealth model in promoting lifestyle modifications among high-risk SA service-users.
- To have a better understanding on how to motivate SA service-users to implement healthy behavioural changes.

## METHODOLOGY

- Territory-wide health screening outreach services for ethnic minority populations held in Hong Kong between June and September 2022.
- Based on the presence of obesity and motivation to adopt lifestyle modifications, participants were selected from those who participated in the health screening.



## KEY FEATURES OF CHOOSE HEALTH SCHEME (CHS)

### A. Tailored Health Advice from Professionals

- In one month, participants regularly shared their daily meals, exercise sessions, self-care activities, and other progress made to meet their health goals via photos, videos, audio or text.
- In response, nurse-led team provided personalized and culturally-tailored health advice on how to improve, implement and sustain healthy lifestyle modifications. Cultural and language support provided by South Asian staff, and participants could communicate in either their native language or English.

### B. Peer Support

- WhatsApp group format was established to create peer support and motivation among participants, as social isolation is often a risk factor for the health of ethnic minorities [3].
- Participants were encouraged to share stories of their progress, support one another in achieving their goals and discuss their challenges.

### C. Reward

- Participants completed the intervention were provided with reward: air fryer, step machine; or blood pressure monitor.

## CONCLUSION

- Remote intervention could overcome language, time, and location barriers, and was suited for South Asian female occupied by familial responsibilities.
- Personalized and culturally-tailored advice was effective in improving confidence, knowledge and health behaviors.
- Strong potential for telehealth interventions to reach inaccessible populations.

Please scan this QR code for more information about the CHS.

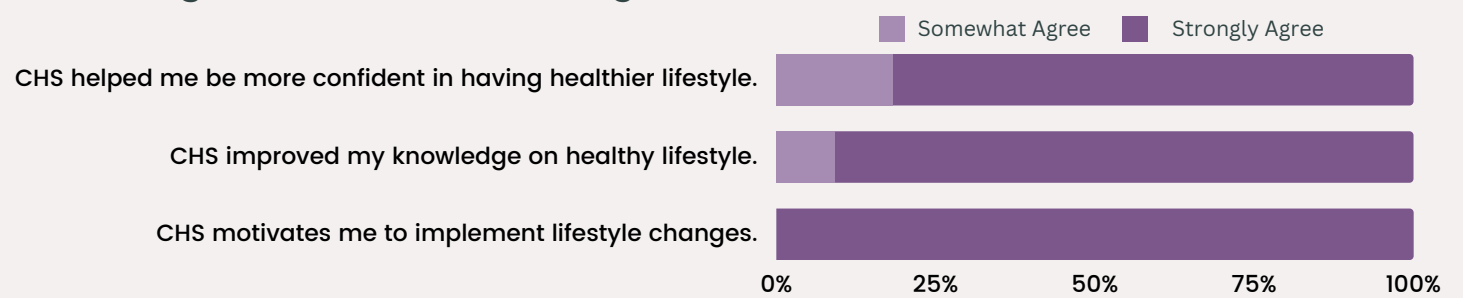


## RESULTS

- 15 participants were recruited (1 drop-out). Among those who completed the one-month intervention, the median age was 37, with 93% being female, and were predominantly Pakistani (67%) and Nepalese (20%).

### A. Effectiveness

- Participants reported improved confidence, health literacy and self-management skills in dealing with their health conditions.



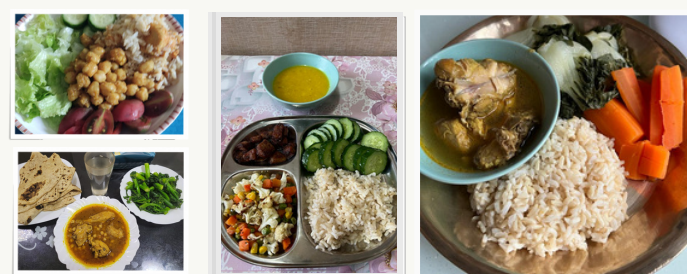
- The intervention demonstrated positive lifestyle changes in participants including eating behaviours and physical activity.

- More balanced diet with better portion control, notably more fruits and vegetable intake, replace white rice and refined carbohydrates with whole grains.

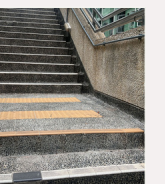
Photos shared by participants in week 1



Photos shared by participants in the subsequent weeks



"Good morning everyone.. walked up the stairs instead of the lift"

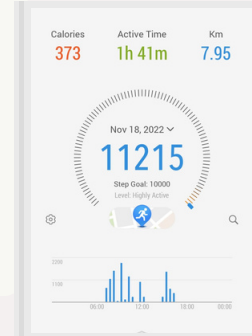


"I walk 30 mins morning and evening. Feeling light and energetic nowadays"



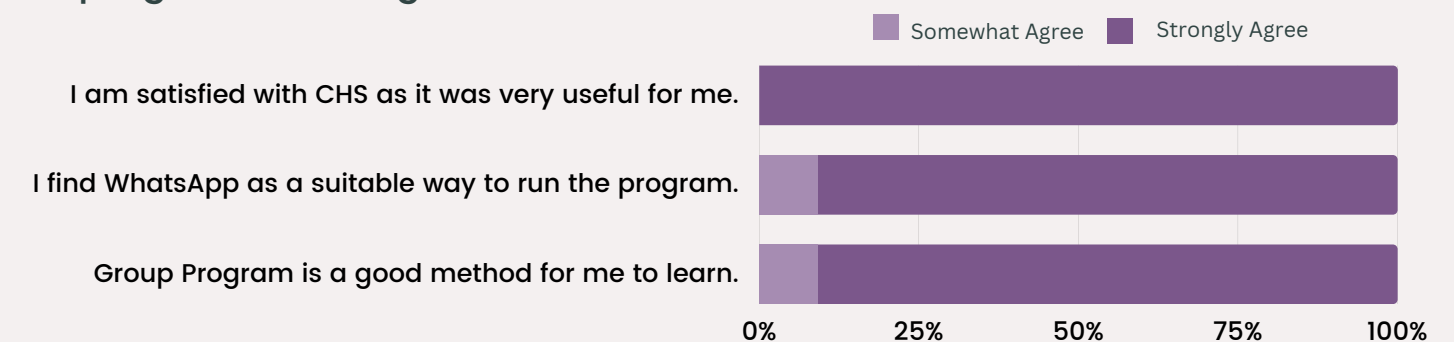
"Whenever I have to go somewhere, I don't choose bus I go by walk"

"Took out the badminton rackets for a few rounds tonight..it's been a while"



### B. Satisfaction

- All participants indicated they were satisfied with the programme due to its usefulness and agreed that this mobile-based group programme is a good and suitable method.



- Participants also expressed their satisfaction through qualitative feedback:

"I would like to thank the entire team & members of the group for helping us maintain a healthy lifestyle & encouraging us which kept me going despite the initial difficulties to adapt to changes. Now I am happy & satisfied with the program."

"I am so happy to be in the group. even my son keeps asking me if i have uploaded pictures today"

"Everything was smooth and full of information. I learn alot in one month. I would love to join again w/o any reward only for sake of my health."

### C. Participation

- High participant engagement was observed as there was rich communication between staff and participants, and also among participants.
- One to five interactions per participant each day were observed.

## REFERENCES

[1] Pellegrini CA, Verba SD, Otto AD et al. (2012) The comparison of a technology-based system and an in-person behavioral weight loss intervention. Obesity (Silver Spring) 20, 356-363.

[2] Kozak AT, Buscemi J, Hawkins MA et al. (2017) Technology-based interventions for weight management: current randomized controlled trial evidence and future directions. J Behav Med 40, 99-111.

[3] Miyawaki C. E. (2015). Association of social isolation and health across different racial and ethnic groups of older Americans. Ageing and society, 35(10), 2201-2228.

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