



**基督教聯合那打素社康服務**  
**UNITED CHRISTIAN NETHERSOLE COMMUNITY HEALTH SERVICE**

## **South Asian Health Support Programme Annual Report 2010/2011**



**Change for Healthier community – population based interventions**

Funded by the Community Chest



Health promotion is a process of enabling people to increase control over and to improve their health. To reach a state of complete physical, mental and social well being, an individual or a group must be able to identify and to realize aspirations to satisfy needs and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living. It is a positive concept emphasizing social and personal resources. Thus, health promotion is not just the responsibility of the health sector, but goes beyond healthy life styles to well being.

### **Introduction:**

South Asian Health Support Programme (SAHP) is a health promotion programme targeting South Asian ethnic minority community in Hong Kong particularly the Indians, Nepalese and Pakistani community. It was established in 2007.

### **Why South Asians?**

Hong Kong's health indices rank among the best in the world. Unfortunately among the 5% of the population-the ethnic minorities, many still struggle to access basic services such as health care. There are increasing evidence that South Asians are more prone to many non-communicable diseases\* such as cardiovascular diseases and some cancers, however there is paucity of such information in Hong Kong.

### **Objectives:**

1. Improve family and child health through maternal education.
2. Raise awareness of Chronic Diseases amongst South Asian community in Hong Kong
3. Prevention of Chronic Diseases such as Hypertention, Diabetes and metabolic syndrome among South Asian men through early screening.
4. To promote healthy lifestyle through health activities such as health talk, workshops, health literacy classes, health campaigns, healthy cooking, exercise class etc.
5. To promote healthy eating habits, hygiene practices, prevention of infectious disease and reduce injury among South Asian School going children.
6. Empower South Asian community with health knowledge and raise their self-esteem.

### **Our services:**

1. Health Advocate Training for women to tackle the problem on
  - Childcare and prevention of infectious disease among infant and toddlers
  - ☐Lifestyle and prevention of chronic disease such as hypertension and diabetes
  - Women's health, awareness on cervical and breast cancer
  - Prevention of home injury and first aid management at home
  - Oral health
  - Mental health and strengthen social support network
2. Health literacy class to empower with daily health maintenance skills
3. Wellness programme such as healthy cooking and exercise class
4. Health talks on a community level, schools and community organizations.
5. Community based health campaign and screening for chronic diseases (measuring blood pressure, blood sugar, cholesterol and body fat) at community event.
6. Cancer screening for women
7. Monthly women's health day at our Wo Lok Community Health Centre and in collaboration with 3 NGO's at different territories of Hong Kong.

\* R.Bhopal. What is the risk of coronary heart disease in South Asians? A review of UK research [Journal of Public Health](#) .Volume22, Issue3 .Pp. 1

## **2010/11 SAHP in summary:**

In the year 2010/11, we organized 5 health training courses for 123 South Asian women. 45 health talks were conducted with 927 attendances. 180 home visits were conducted. Over 350 Pap smear screening was done for South Asian women. In collaboration with different organizations 18 major outdoor health campaign was organized territory wide, which was attended by over 4500 people. Health screening for hypertension, diabetes, obesity was done 9640 times. 73 volunteers participated in SAHP events and provided over 1500 volunteer service hours.

Women cancer prevention workshop (cervical and breast cancer) and exercise class was attended 1139 times.

In addition, in 10/11 intensive volunteer training in the form of health literacy was implemented, with an aim to empower women in taking care of themselves, their family member by developing health maintenance skills. Practical training was provided on basic first aid, reading food labeling, measuring blood pressure, sugar and body fat by using machine.

243 South Asian men received our Health talks and workshops. 6 schools with majority of South Asian children joined our health promotion initiatives.

We produce quarterly newsletter with health related topics in 4 languages including 3 South Asian languages (English, Hindi, Nepali and Urdu) was produced. Our website was linked with Hong Kong Department of Health ([www.health-southasian.hk](http://www.health-southasian.hk)).

SAHP team also provided 397 times medical interpretation (face to face or telephone) to the service user.

Students from City University and Chinese University of Hong Kong attended for summer internship and came for visits.

All we achieved was through support and continuous collaboration with many Government, Non Government organization, religious organizations, Hospitals, schools, community self help group, health professionals, community leaders.

**Health promotion has a crucial role to play in fostering healthy public policies and healthy-supportive environments, enhancing positive social conditions and personal skills, consequently improving health profile on a population base.**



## Milestones of 2010/2011

### April 2010

With our past 2 yrs experience, we have observed many more gaps in the health needs among South Asian community, therefore to address some of the challenges

we added an element Health literacy. The objectives were to equip women with health maintainace skill for daily life, such basic first aid t, reading food labeling , self breast



Food labeling class by dietitian



Cancer prevention workshop for women

### May 2010:

High prevalence of obesity among the south Asians was identified hence greater emphasis was given on physical activity. In May we started our first exercise class.

Over the year 38 exercise classes were conducted with attendance of 430. The class continued for 8 sessions. At the beginning of the each class, blood pressure, body fat%, height and weight were measured. Same measurement was done after 8 weeks. Some changes in the body fat % were observed. Those women were again followed up after 3 months if they were still continuing any form of exercise. The result was significant, more than 40% of them had adopted habit of doing some form of exercise if not they were keen and aware of the need.



Exercise class for women

## June 2010:

One of our main health activities is the Health Advocate Volunteer (HAV) training. In June 2 HAV training course was started reaching out to over 75 women. It included series of health training to tackle problem on child, women's and family health. Such as infectious disease and its prevention, home safety and first aid, women's cancer and screening.



Health advocate Training "Women's Health"



Oral Health talk

## July 2010:

We were occupied with several HAV training health talks, exercise classes during the month of July. It was one of the busiest months with 48 events. 2 summer interns from the City University joined our team, who were more than interns in the level of their assistance to the programme.

They were fully involved in the programme in assisting the health promotion and provided much needed mental health support programme to South Asian community.



City University Summer placement students in action





## August 2010

Though we had expanded our project to men there was difficulty in recruiting them. Our first health talk for men was held on 19<sup>th</sup> August at Sikh temple. 33 men attended the talk on Prevention of chronic diseases (Hypertension and Diabetes). Subsequently we had several health events for men.



Health workshops and talks for men

## September 2010

In addition to men, from this year our programme was also expanded to School, particularly those schools attended by many South Asian children. Our aim is to raise awareness on healthy eating, personal and environmental hygiene, prevention of infectious disease, injury prevention at school and home,. The intervention is done through talk and school health ambassador training. Our first talk was on 26<sup>th</sup> September in association with Islamic Primary School Tin Sui Wai, followed by several other schools. In total in the year 2010/2011 we reached out to 6schools.



Health Ambassador training and talk at school

## October 2010

On 10<sup>th</sup> October in collaboration with the Non Resident Nepalese Association we organized a health promotion event with anti drug message “Building Harmonious and Healthy community”. In the previous year the theme was on Anti Drug this year on Health and Harmony, despite of disruption of heavy rain over 300 people participated the event.



**Volunteers with T-Shirt logo “Say No to Drugs”**

## November 2010

14<sup>th</sup> Nov is the World Diabetes day. Though Diabetes is becoming one of the prevalent diseases globally and many South Asian are suffering from it, there is still huge lack of knowledge about the disease. With basic understanding about the disease and adopting healthy lifestyle, this chronic disease if not prevented, can be deferred to later age, thus adding more healthy years to life.

As in the past years in the month of November series of talks on “Diabetes Prevention” was provided followed by screening (measuring blood sugar). The event was celebrated with healthy diet.



**The Diabetes day event was driven mainly by volunteers**



## December 2010

In addition to several school talks we also participated during parent day event at Islamic Primary School, Taoist Primary School, Yau Ma Tei Kai Fong Primary School, and Caritas Modern Foundaiton School. A remarkable opportunity for health promotion among both parents and children at the same time.



School talks during parents days

## January 2011

Collaboration is key in reaching out to the community. Over the past years South Asian Health Support Programme has been collaborating with Gov and Non government organizations, schools, religious organization, ethnic minority self help groups and association to get access to the community for the health promotion.

On 16<sup>th</sup> and 23<sup>rd</sup> January in collaboration with Caritas Community Centre Aberdeen and WanChai District Social Welfare association we organized a health screening event, apart from the South Asian community we also served the local elderly group. It was indeed a good experience for the South Asians to work and serve the local elderly despite of the language barrier.



Community based health campaign.



## February 2011

Outdoor health event is one of the most effective way in reaching out to the community. In addition a cultural sensitive approach is key in reaching out to those in need. In February we continued several community based health promotion activities



Community based health campaigns

## March 2011

To celebrate international women's day and health on 7<sup>th</sup> March an outdoor health event was organized at a community Park and women and children were given health information in addition to health screening.



Celebration of International women's day by promoting women's health

**Home Visit 2010-2011:** In addition to all the above events, 180 visit was conducted 180 throughout the year. The objective was to reach out to those who could otherwise be not reached, consequently promote home safety, healthy eating habit, hygiene practice and prevent infectious diseases. During the home visit around 50% also sought information on other services such as housing and education.

## Pre and post KAP analysis

Demographic background (145 women were invited for the study but only those who completed 75% of the training were included)

Characteristic	Frequency n=90	%
<b>Nationality</b>		
Nepalese	24	26.7
India	26	28.9
Pakistani	41	41.1
Others	6	3.3
<b>Age group</b>		
<20	1	1.1
20-30	17	18.7
31-40	41	45.1
41-50	11	12.1
51-60	9	9.9
>60	11	12.1
<b>Education level</b>		
Primary	37	40.7
Secondary	38	41.8
College	11	12.1
University	1	1.1
Uneducated	4	4.4
<b>Marital status</b>		
Single	4	4.4
Married	85	93.4
Divorced	1	1.1
Widow	1	1.1
<b>No. of children</b>		
0	5	5.5
1-2	42	46.2
3-5	38	41.8
>5	6	6.6

Majority of the women who attended our training were middle aged (31- 40 yrs old), majority with primary and secondary level education. Over 90% were married and had children.



## Pre and Post KAP survey indicators

Variables	Pre KAP		Post KAP		Difference
	N = 91		N = 91		
	Frequen cy	Valid percent	Frequen cy	Valid percent	%
<b>Had Pap smear in last 12 months</b>					
Yes	30	33.0	57	62.6	29.6
No	56	61.5	33	36.3	-25.2
Unsure	5	5.5	1	1.1	-4.4
<b>Household consumption of fresh fruits</b>					
0	5	5.5	3	3.3	-2.2
1	46	50.5	39	42.9	-7.6
2	29	31.9	37	40.7	8.8
3	8	8.8	11	12.1	3.3
4	1	1.1	1	1.1	0
5	2	2.2	0	0	-2.2
<b>Household consumption of vegetables</b>					
0	0	0	1	1.1	1.1
1	18	19.8	10	11.0	-8.8
2	40	44.0	47	51.6	7.6
3	12	13.2	21	23.1	9.9
4	10	11.0	8	8.8	-2.2
5	11	12.1	4	4.4	-7.7
<b>Daily Walking Habit</b>					
<15mins	21	23.1	11	12.1	-11
15-29mins	29	31.9	33	36.3	4.4
30-44mins	20	22.0	26	28.6	6.6
=>45mins	21	23.1	21	23.1	0

We observed significant difference in uptake of Pap test, daily exercise habit and consumption of vegetables. However due to small sample size the result may not be as standard but it has definitely identified the need and the intervention was effective.

## Results of Health Screening On Chronic Diseases 2010-11 :

Table 1 Screening

Screening item	Total cases	Positive cases	%
Diabetes	2400	142 *	6
Hypertension	2764	844 **	30.5
Obesity	2235	1783 ***	80 (72% female, 8% male )

\*Random Blood Sugar was  $\geq 11.1$ mmol/L),\*\* Blood pressure measure  $\geq 140/90$  mmHg),\*\*\* for female body fat % $>27\%$  and male  $>23\%$ )

Among those screened as shown in the above table over 30% had high blood pressure, 6% had high blood sugar and over 80% were obese.

### Our Interventions:

- All those screened positive for Diabetes, Hypertension or Obesity were followed up within a month and repeat follow up within 3 months. In addition intensive targeted health education on prevention and lifestyle management of these conditions was conducted.
- Community based exercise classes was initiated. Weekly exercise session over a 10 weeks period. In each class pre and post BP and Body fat % was measured (38 classes were conducted and 430 people participated).
- 36.8% (14/38 who had at least 80% class attendance) had reduced body fat by 2.2% or more. Some of them continued doing exercise regularly after exercise classes.
- 10 Healthy cooking classes were conducted. After cooking classes, all the participants learnt about healthy cooking style (according to the feedback forms)

### Result of Cervical Cancer Screening 2010 and comparison from 2008-2010:

Year	Total No	First time uptake of Pap smear	Total all case abnormalities
2008	205	158 (77%)	28
2009	305	241(79%)	58
2010	352	178(51%)	45

Several overseas researches\*\* have revealed that the prevalence of uptake of cervical cancer screening test among South Asian remains low despite of being prone to higher incidence of cervical cancer. Though there is no such research done in Hong Kong, since we started SAHP from 2007 we identified lack of knowledge about the mass cervical cancer screening programme introduced in Hong Kong. Hence since we started our project in 2007 we did intensive promotion regarding the need for the Pap smear screening.

\*\* 6. Gupta A. Kumar A et al .. Cervical cancer screening among South Asian women in Canada: the role of education and acculturation. Health Care Women Int 2002 Feb;23(2):123-34. 2.

A Szczepura .Access to health care for ethnic minority populations. Postgrad Med J 2005;81:141-147



There is a significant change in uptake of Pap smear from 2008-2010. The percentage of first time uptake of Pap smear decreased by 26% in 2010, which indicates that many of the South Asian women are indeed aware of the Pap smear. In addition the actual number of Pap smear increased year to year. There is over 25 % increase in uptake of Pap smear 205 in 2008 to 352 in 2010.

### **Our Interventions:**

- Follow up call and information on Pap smear in South Asian languages for those who had attended the workshop but had not booked Pap smear
- All the ASCUS cases were followed up within 2 weeks of the result and were encouraged to seek medical consultation as soon as possible.
- Follow up monitoring according to HKCOG guidelines on management of abnormal Pap smear

### **Key lessons learnt during the 2010/2011 health promotion**

- This ambitious South Asian Health Support programme succeeded due to the strong coordination and support from other organizations, community groups, health care professionals and the people themselves
- Dialogue with religious and cultural objectors was successful in persuading their followers to get actively involved in health actions. We partnered with Mosque, Satya Sai Baba Centers and Sikh temple. As a community health promotion project we will continue with these groups to ensure continued health services for members of their communities, especially mothers and children.
- District outreach programmes must be revitalised and supported to prevent accumulation of unreached people
- Interpersonal contact, although time consuming, is the best means of social mobilization. The SAHP programme is also a the bridge between the community and the formal health system and it must be scaled up to support health promotion and other community health programmes.
- The pre-campaign assessment was critical in identifying gaps at community level before the health campaign. These gaps mainly related to cultural sensitiveness and language barrier facilities were immediately resolved with our multinational and multilingual team

**Way Ahead:** Continuation of SAHP health promotion is key in promoting health of Hong Kong's South Asian community thus raising their health profile.

**Community health is all about people and for the people.  
We learn every day.  
This is the third year of SAHP  
Some dedicated people share their experience**



*Kiran*

My name is Kiran and I have been working in UCN as a Community Officer since two years. In the beginning I had difficulty in adjusting to the working environment since I was totally new in health background. Now I have gained related knowledge which encourages me to learn more about health. Working in this programme for improving South Asian women becomes a great experience of my life, and I would like to go on. Thanks UCN for providing a platform in this area and I am very grateful for having such co-operative colleagues. Though we all are from different backgrounds, we have an opportunity to learn from each other's culture.



*Ghamal*

To be honest, in the beginning I was pessimistic about this program as it is only for health training and educating South Asian Women. There were no any free picnic, no free medical check up...

I got a big question mark...Will this program really benefits women? Even if so but "will they use our service?" It's a tough situation. As time passed by, I interacted with many complicated situations that our ladies were facing. I realized that I was so wrong before, I got all the answers of my own question. All I want to convey is - this program changed my mind from negative to positive way. The same thing is happening to other women. Slowly, even they are realizing with time that how important is our health. I'm heartily thankful to UCN organization and our South Asian team. With their love and support, everyday I'm learning new things. I'm thankful to our ladies too because of them I got opportunity to know more about health. Lastly, I agree that Health really does come first. We should not neglect it. Thank you.

***Ms Ghamal is not working with us but continuously volunteers for our health project. We always cherish charisma and the enthusiasm of this young lady 😊. SAHP team***



*Neelam*

Hello, I am Neelam, a Psychology student from City University of Hong Kong. Working in UCN in the South Asian Support Programme has been a very enduring and enlightening experience which will last me a life time. Coming from the similar background, I learnt the importance of such medical services. I certainly learnt a lot in the health area as well as psychology. I also learnt how to work with many different people and to work under pressure. I would like to thank the team currently working at UCN for

making my experience so easy and memorable. 😊



*Rock*

Hi, I am Rock from, Psychology student. I spend my summer here for my internship course. I found that it is not just a course but a very precious experience. Thanks to the trust from my supervisor and colleagues, I could learn new things not only in psychology and health because they let me to do many kinds of tasks and treated me like a real staff. I am definitely sure that the experience here would be very helpful in my life, and it is more worthwhile than doing any summer job.

***Rock is the one who technically supported our SAHP website [www.health-southasian.hk](http://www.health-southasian.hk) during its first establishment, one of the first health website in Hong Kong targeting particularly South Asians in Hong Kong. 😊SAHP team.***



## **Sharing from one of our Dedicated Volunteer for past 1.5 years, a South Asian housewife with two young daughters. We call her “Baji” (elder sister in Urdu).**

### **How it started and what she has to say:**

Baji has been living in Hong Kong over 17yrs, she speaks fair Cantonese, had never worked before worked before. She came to know about our service about 2 yrs back when we were doing health promotion during parent’s day at a School.

She said after joining our service, she learned a lot about health issues particularly on Hypertension and Diabetes. She now knows how to measure it herself and knows the normal value

Before she started to become our volunteer she participated in our health activities mainly HAV training and health talks. She also did her Pap smear test for the first time.

### **When she was asked, what do you want to tell the community? Her answer was:**

Health is very important and the fact is we often ignore it by saying we do not have time for check-up or to do exercise. I think to remain healthy is very important and I have been telling this to people, especially ladies. Our ladies are not so familiar with many health issues such as chronic diseases, Cervical and Breast cancer. Therefore, I still want to tell the people to adopt healthy lifestyle by eating less oily food and doing regular exercise.

SAHP is a health promotion service hence conducted many health activities at community level hence during the course of her volunteering service Baji had many opportunity to meet people from different culture.

### **What did you learn apart from health?**

I learnt that a sense of team work and understanding of culture is very important when we reach out to people of different communities. Now, I just not only have Pakistani friends but also Nepalese and Indians.

### **What do you think about her present health?**

Before I had no idea about hypertension, Diabetes and Obesity but now I do. I have become much more health conscious compared to past years, I do regular exercise and eat a balanced diet. Therefore, at present I think I’m healthy.

### **Best part of volunteering at SAHP:**

The best part of volunteering at SAHP is that we don’t only provide health information to other service users but meanwhile we learn and become more health conscious. Moreover, we meet people from different part of the world and it’s very exciting to know talk with them and know more about their culture.

Baji’s suggestion to SAHP: more training for volunteers. And thanks to SAHP glad to be a part of before I had very little knowledge on health issues.



**Acknowledgement:**

Special thanks are given to (in alphabetical order):

All the dedicated staffs of United Christian Nethersole Community Health Service

All the volunteers of SAHP without whom we could not have achieved more than we expected.

California School

Caritas Social Service Aberdeen

Caritas Social Service, Tsuen Wan

Caritas Tuen Mun Marden Foundation Secondary School

Christian Action – Jordan Centre

Christian Action – Shine Centre

Community Support Team for Pakistani Community, Tin Shui Wai

Delia Memorial School (Broadway)

Department of Health

Education and Manpower Bureau Hong Kong

HKSKH Lady MacLehose Centre, Kwai Chung

Hong Kong Christian Service

Hong Kong Family Welfare (Kwai Chung)

Hong Kong Intergraded Nepalese Society

Hong Kong International Social Service

Hong Kong Society for Protection of Children, Tai Kok Tsoi

Hong Kong Taoist Tuen wan

Hong Kong Taoist Association School

Islamic Primary School

Kuwn Tong District Council

Kuwn Tong Resident Association

Kwai Chung Mosque

Li Sing Tai Hang School

Man Kiu Association Primary School

Mong Kok Kai Fong Association Ltd, Chan Hing Social Service

Non Resident Nepalese Association

Race Relation Unit

Satya Sai Baba Centre, Tsim Sha Tsui

Satya Sai Baba Centre. Tuen Wan

Sham Shui Po Mosque

Sikh Temple, Wanchai

Taoist Association Primary School

Tuen Mun Hospital

United Christian Hospital

Yaumatei Kaifong Association School

Yuen Long Town Hall (Chomolongma Multicultural Community Centre)

Urdu Neighbour Centre, To Kwa Wan

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