

HKU Health & Primary Care Initiative: Health Empowerment for Low-income Families

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Introduction:

People from low-income families are at increased risk of poor health. This study aimed to empower members of low-income families of the Trekkers Family Enhancement Scheme (TFES) to become more health conscious and to have appropriate access to primary care services, in order to promote health and prevent diseases.

Method and analysis:

A prospective cohort study with 200 TFES and 200 comparable low-income families were recruited from 2013 to 2016 and followed up till 2021. The TFES families were invited to participate in the HKU Health Empowerment Programme (HEP), consisting of regular health assessments, health talks, and self-care enablement training activities that were delivered in collaboration with local NGOs and schools. Comparison families (CF) were invited to complete health assessments at recruitment and after 5 years. Both groups had repeat surveys on patient-reported outcomes (PRO) at recruitment and after five years. The primary outcomes were self-care enablement measured by the PEI-2, and health-related quality of life (HRQOL) measured by CHQ-PF-28 in adults and children, respectively. Secondary outcomes included HRQOL (SF-12v2), mental health (DASS) and ideal cardiovascular health index (ICHI) in adults, and behaviour (SDQ) in children. We used intention to treat and complete-case analysis. Multiple linear regressions were employed to determine the associations between changes in outcomes and the TFES-HEP intervention.

Results

289 adults (TFES n=162, CF n=127) had valid data for the analysis on the changes in PEI-2 and other PRO. The TFES group had significant greater increase in PEI-2 scores, decrease in DASS-depression score and increase in the SF-12v2 Mental Component Summary score than those of the CF. 219 adults (TFES n=103, CF n=116) had valid data for the analysis on the change in ICHI. TFES had greater increase in ICHI total score than CF. 239 children (TFES n=124; CF n=115) had valid data on CHQ-PF-28 and SDQ. TFES had significantly greater increase in the CHQ Psychosocial Summary score; greater decrease in the SDQ Total Difficulties score but a greater increase in SDQ Prosocial score than CF.

Conclusions

A medical-social integrated health empowerment programme led to long-term improvement in self-care enablement and health in both adults and children from low-income families. This may be a useful strategy to enhance social health equity.