THE HONG KONG POLYTECHNIC UNIVERSITY 香港理工大學

COLLEGE OF PROFESSIONAL AND CONTINUING EDUCATION 專業及持續教育學院

School of Professional Education and Executive Development 專業進修學院 SPEED

東華學院 TUNG WAH COLLEGE

CPCE Health Conference 2025 Programme Book

PRIMARY HEALTHCARE POLICY DEVELOPMENT IN THE ASIA-PACIFIC REGION

Date: 4 & 5 July 2025 (Friday & Saturday)

Time: 9:00 am - 5:30 pm (HKT)

Venue:
- WK-N203, 2/F, North Tower, PolyU West Kowloon Campus, 9 Hoi Ting Road, Yau Ma Tei, Kowloon, Hong Kong, China (Face-to-Face)
- Zoom Meeting (Online)

Learn more

Supporting Organisations (in alphabetical order):

Organising Units:

Sponsors:

Acknowledgement: The conference is partially supported by a grant from the Research Grants Council of the Hong Kong Special Administrative Region, China (Project No.: UGC/IIDS24/H02/24)

I. INTRODUCTION

The College of Professional and Continuing Education (CPCE) of The Hong Kong Polytechnic University (PolyU), incorporating the School of Professional Education and Executive Development (SPEED) and the Hong Kong Community College (HKCC), is currently the largest self-financing tertiary education provider in Hong Kong. It has around 10,000 full time students. It offers a range of programmes in many different disciplines including health related programmes at Associate Degree, Honours Bachelor's Degree and Master's levels.

This Conference is the tenth CPCE Health Conference since 2016 and the theme is "**Primary Healthcare Policy Development in the Asia-Pacific Region**". The conference is partially supported by a grant from the Research Grants Council of the Hong Kong Special Administrative Region, China (Project No.: UGC/IIDS24/H02/24).

Speakers for the Keynote Presentations on 4 July 2025 include: (1) **Professor Samuel WONG**, Director, JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, to speak on "*From Local to Global: Lessons in Primary Healthcare Policy Development*", (2) **A/Professor Zhanming LIANG**, Associate Dean (Research Education) and Associate Professor in Health Systems Management and Policy, College of Business, Law and Governance, James Cook University, Australia, to speak on "*Enhancing Primary Healthcare Policy Development in the Asia-Pacific Region: Building Competencies and Promoting Evidence-Informed Decision-Making*", (3) **Professor Tomonori HASEGAWA**, Professor, Toho University School of Medicine, Japan, to speak on "*Ageing Society and Primary Health Care (PHC): Trends in PHC in Japan*" , (4) **Professor Dongwoon HAN**, Professor, College of Medicine, Hanyang University, South Korea, to speak on "*Reforming Korea's Primary Healthcare Towards an Integrated and Sustainable Model*", (5) **Mr John RASA**, Lecturer, School of Medicine, Deakin University, Australia, to speak on "*Building Resilient Primary Healthcare Systems in the Asia-Pacific Region: Lessons from Research and Practice*", (6) **Professor Eleanor HOLROYD**, Professor in Nursing and Associate Dean, International, and Engagement, Faculty of Health and Environmental Sciences, Auckland University of Technology, New Zealand, to speak on "*Advancing Health Equity in Primary Healthcare: A Social Justice Approach*", (7) **Ms Kathy CHEUNG**, President, Hong Kong College of Community and Public Health Nursing, to speak on "*Transforming Primary Healthcare in Hong Kong: Strategies for Equitable and Comprehensive Care Delivery*", (8) **Professor Joanne REEVE**, Professor, Primary Care Research, Hull York Medical School, University of Hull, United Kingdom, to speak on "*Promoting People-Centred Primary Care: Building a Framework for Policy Development -reflections from UK experience*", and (9) **Professor Peter YUEN**, Dean, College of Professional and Continuing Education, The Hong Kong Polytechnic University, to speak on "*Achieving Sustainable Financing for Primary Healthcare: Balancing Public and Private Sectors*". Speakers for the Keynote Presentations on 5 July 2025 include: (1) **Dr Luis Gabriel BERNAL-PULIDO**, Principal Lecturer, School of Public Health and the Department of Family Medicine and Primary Care, University of Hong Kong, to speak on "*Multi-stakeholder design and assessment of primary healthcare policies:*

Insights from the Primary Health Care Performance Initiative (PHCPI) and the collective impact approach", (2) **Professor HU Bing-jie**, Vice President, Guangzhou Medical University, China, to speak on "*Service Status of Primary Healthcare Institutions in the Development of Effective and Equitable Primary Healthcare Policies*", (3) **Professor Elizabeth HALCOMB**, Professor, Primary Health Care Nursing, University of Wollongong, Australia, to speak on "*Building a Sustainable Primary Healthcare Workforce: Policy Approaches and Best Practices*", (4) **Professor Sally CHAN**, President, Tung Wah College, to speak on "*Empowering the Future of Primary Healthcare: Equipping Students for Active Engagement in Policy Development*", and (5) **Professor Rick KWAN**, Associate Dean (Programmes) & Professor, School of Nursing, Tung Wah College, to speak on "*Gaps in Research in Primary Healthcare Policies*".

There are six parallel sessions on 5 July 2025 containing a wide range of important topics pertinent to technology and innovation in healthcare, sustainable health policy and governance in primary healthcare, innovative approaches to primary healthcare delivery, nurturing future primary healthcare academics and practitioners, and student presentations.

II. ORGANISATION OF CONFERENCE

Conference Co-Chairs

Professor Peter P. YUEN
Dean, College of Professional and Continuing Education (CPCE);
Professor, Department of Management and Marketing, The Hong Kong Polytechnic University (PolyU)

Professor Sally CHAN
President,
Tung Wah College

Joint Organisers

School of Professional Education and Executive Development, PolyU

Tung Wah College

Organising Committee

Chair — **Dr Ben Y. F. FONG**, Professor of Practice, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University

Members — **Dr Karly CHAN**, Senior Lecturer, Division of Science, Engineering and Health Studies, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Dr Simon CHEUNG, Senior Lecturer and Senior Continuing Education Consultant, Division of Science, Engineering and Health Studies, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Dr Oscar CHIU, Senior Lecturer, Division of Science, Engineering and Health Studies, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Professor Rick KWAN, Associate Dean (Programmes) & Professor, School of Nursing, Tung Wah College

Dr Fowie NG, Associate Professor, School of Management, Tung Wah College

Professor Lorna SUEN, Dean and Professor, School of Nursing, Tung Wah College

Secretariat — **Mr Tommy K. C. NG**, Project Associate, Centre for Ageing and Healthcare Management Research (CAHMR), College of Professional and Continuing Education, The Hong Kong Polytechnic University

Mr Billy HO, Part-time Research Assistant, School of Professional Education and Executive Development, The Hong Kong Polytechnic University

Scientific Committee

Chair — **Dr Karly CHAN**, Senior Lecturer, Division of Science, Engineering and Health Studies, College of Professional and Continuing Education, The Hong

Kong Polytechnic University

Members **Professor Sally CHAN**, President, Tung Wah College
Dr Vincent LAW, Associate Division Head, Division of Social Sciences, Humanities and Design, College of Professional and Continuing Education, The Hong Kong Polytechnic University
Dr Fowie NG, Associate Professor, School of Management, Tung Wah College
Dr Pimtong TAVITIYAMAN, Associate Division Head, Division of Business and Hospitality Management, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Supporting Organisations

- Australasian College of Health Service Management
- Centre for Health Education and Health Promotion, The Chinese University of Hong Kong
- College of Pharmacy Practice
- DoctorNow NEEDS
- Hong Kong Association of Family Medicine and Primary Health Care Nurses
- Hong Kong College of Community and Public Health Nursing
- Hong Kong College of Community Health Practitioners
- Hong Kong College of Health Service Executives
- Hong Kong College of Nursing and Health Care Management
- Hong Kong Institute of Asia-Pacific Studies, The Chinese University of Hong Kong
- Hong Kong Public Administration Association
- Hong Kong Telemedicine Association
- Rare Disease Hong Kong
- Rehabilitation Alliance Hong Kong
- Research Centre for Gerontology and Family Studies, PolyU
- School of Chinese Medicine, The Chinese University of Hong Kong
- Sik Sik Yuen
- Society for Health Administration Program in Education, Australia
- Society for Innovative Healthcare HK
- Society for the Promotion of Hospice Care
- The Hong Kong Society for Rehabilitation
- The HKMA Institute of Healthcare Management
- The Society of Hospital Pharmacists of Hong Kong

Organising Units

- Centre for Ageing and Healthcare Management Research, PolyU CPCE
- Division of Science, Engineering and Health Studies, PolyU CPCE

Sponsors

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III. PROGRAMME

Speakers

Professor Peter P. YUEN

Dean, College of Professional and Continuing Education (CPCE); Professor, Department of Management and Marketing, The Hong Kong Polytechnic University

BA, MBA [S.U.N.Y. (Buffalo)]; PhD (Birm.); FCHSM (Aust.)

Achieving Sustainable Financing for Primary Healthcare: Balancing Public and Private Sectors

Prof. Peter P. Yuen is Dean of the College of Professional and Continuing Education (CPCE) of The Hong Kong Polytechnic University (PolyU). He is also Professor of PolyU's Department of Management and Marketing. He received his Bachelor of Arts degree in Cellular and Molecular Biology and Master in Business Administration degree from the State University of New York at Buffalo, USA, and his Doctor of Philosophy degree in Health Economics from the University of Birmingham, UK.

Prior to his appointment as Dean of CPCE, Prof. Yuen held a number of management positions at PolyU, including Associate Vice-President (Management), Director of the Public Policy Research Institute, and Head of the Department of Management. He was also the founding Director of the Doctor of Business Administration programme in the Faculty of Business.

Prof. Yuen's research mainly focuses on public policy formulation and evaluation, and health services management. He is the Co-Editor-in-Chief of Public Administration and Policy and an Editorial Committee member of Asia Pacific Journal of Health Management. He was also a consultant for the Hong Kong Special Administrative Region (HKSAR) Government and the Bauhinia Foundation on a number of public policy related projects including the West Kowloon Cultural District, Sustainable Built Environment, Subsidised Homeownership, Managed Care in Hong Kong, and Health Systems Reform.

Prof. Yuen is currently the immediate Past Chairman of the Federation for Self-financing Tertiary Education (Hong Kong). He has served as a member of the HKSAR Government Manpower Development Committee, Health and Medical Development Advisory Committee, and the Committee on Self-financing Post-secondary Education. He is a founding Fellow of the Hong Kong College of Health Services Executives, and an Honorary Fellow of the Australian College of Health Services Management. He once served as Vice-President of the Chinese National Institute of Health Care Management Education, and President of the Hong Kong Public Administration Association.

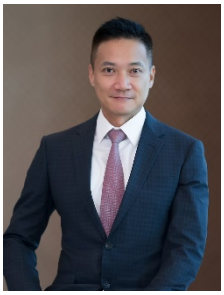
Professor Sally CHAN

President, Tung Wah College

Empowering the Future of Primary Healthcare: Equipping Students for Active Engagement in Policy Development

Prof. Sally Chan is the third President of the Tung Wah College. Prof. Chan has rich management experience in tertiary institutions. During her terms of service as the Pro Vice-Chancellor (PVC) of the University of Newcastle Singapore Campus (UON Singapore), she successfully led the University to achieve prudent growths in student population and financial capacity. Prior to that, she was the Dean of the School of Nursing and Midwifery of UON in Australia from 2014 to 2019, and she led the School to attain a worldwide ranking of top 47 in Nursing (QS World University Rankings by Subject 2019). The School's research was ranked well above the world standard and obtained the highest score of 5 in Excellence in Research for Australia for consecutive terms in 2015 and 2018. In 2016, she obtained the UON Vice-Chancellor's Award for International Engagement, and the UON Faculty of Health and Medicine International Award as a recognition of her achievement in building international relationship for the University.

Prof. Chan is an international renowned scholar in nursing education and research. Her fields of specialisation include mental health care and psychosocial interventions, perinatal mental health and health professional education. Most of her studies are translational research involving interdisciplinary and international collaboration. She has been supported by more than 100 funded studies and has over 400 publications in international healthcare journals and international presentations. She was named by the Journal of Advanced Nursing (JAN) as the top 10 Australia and New Zealand Professors with the highest education-focused citations in 2018. In 2016, she was appointed as the Deputy Director of Priority Research Centre of Brain and Mental Health, University of Newcastle to lead multidisciplinary teams related to brain and mental health research in the University.



Professor Samuel WONG

Director, JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong

From Local to Global: Lessons in Primary Healthcare Policy Development

Prof. Samuel Wong is a clinician with training and experience in both Family Medicine and Public Health. He earned his Doctor of Medicine (MD) degree from the University of Toronto and completed his Family Medicine residency in Canada. Furthering his education, he obtained a Master of Public Health (MPH) from Johns Hopkins University in the USA and a Doctor of Medicine (MD) research degree from The Chinese University of Hong Kong (CUHK).

Currently, Prof. Wong serves as the Director of the School of Public Health and Primary Care at CUHK, where he also directs the Thomas Jing Centre for Mindfulness Research and Training. Since July 2019, he has held the position of Associate Dean (Education) at the Faculty of Medicine at CUHK. His international roles include being a Global Faculty Member of the Stanford Medicine Centre for Asian Health Research and Education (CARE) since 2022 and a Selection Committee Member of the National Institute of Health Care Research Professorship in the United Kingdom since 2023. In recognition of his contributions, Prof. Wong was awarded the Faculty of Medicine Outstanding Fellowship in 2021. His research interests are primarily focused on the evaluation and development of mindfulness-based and mental health interventions in primary care, as well as the evaluation and development of primary care services and models, particularly in the context of multimorbidity.

Prof. Wong has published over 370 peer-reviewed papers in international journals has also been successful in securing substantial research funding, with more than 160 million Hong Kong dollars (approximately 20.5 million US dollars, given the exchange rate of 1 US$ = 7.8 HK$) in external competitive research grants and donations for various community interventions aimed at improving mental health and primary care. He played a pivotal role in establishing the Thomas Jing Centre for Mindfulness Research and Training in 2018. Prof. Wong was named a “highly cited researcher 2024” by Clarivate Analytics.

In terms of public service, Prof. Wong has served the Hong Kong SAR Government in various capacities, including as a member of the Steering Committee of the Primary Care Development and other advisory councils and committees related to health and environmental hygiene. He has also been involved in education and accreditation committees for medical and dental councils in Hong Kong. In addition to his academic and research responsibilities, Prof. Wong provides clinical services in Family Medicine for the Hospital Authority as an Honorary Consultant in Family Medicine.

A/Professor Zhanming LIANG

Associate Dean (Research Education) and Associate Professor in Health Systems Management and Policy, College of Business, Law and Governance, James Cook University, Australia

Enhancing Primary Healthcare Policy Development in the Asia-Pacific Region: Building Competencies and Promoting Evidence-Informed Decision-Making

Dr. Liang is an accomplished academic and leader in health service management. With a focus on transforming health management education and research in Australia and the broader Asia-Pacific regions, Dr. Liang is dedicated to enhancing the effectiveness of health management through evidence-based training and research initiatives.

Dr. Liang is founder of the JCU Health Management Group and also President of the Society for Health Administration Programs in Education (SHAPE), where she plays a pivotal role in shaping health service management training across the Asia-Pacific. Her expertise spans areas such as evidence-based decision-making, health workforce development, organisation management capacity building, healthcare quality, and project management.

An extensive scholar, Dr. Liang has authored numerous publications on leadership, health system development, and management. Notably, she co-authored the widely used evidence-informed textbook Project management in health and community Services: a contemporary guide to practice, now in its 4th edition, with the 2nd edition translated into Mandarin and published in China. This book is a key resource in Master of Public Health and Master of Health Administration programs across Australia.

Professor Tonomori HASEGAWA

Professor, Toho University School of Medicine, Japan

Ageing Society and Primary Health Care (PHC): Trends in PHC in Japan

Prof. Hasegawa is a Professor and Chair of the Division of Health Policy and Health Service Research Department of Social Medicine at the Toho University School of Medicine of Japan. He had his medical education at the Tokyo University School of Medicine, where he also received his Doctor of Philosophy. He was previously a Resident at the Tokyo University Hospital in Internal Medicine.

He is a member of the Japanese Society of Public Health, Japanese Society of Hygiene, Japanese Society of Transplantation, Japanese Society of Hospital Administration, and Japanese Society of Healthcare Management. He also holds membership of the following specialist councils or committees: Ministry of Labour, Health and Welfare, Committee on Disclosure of Healthcare Information, Committee on the Administration of Healthcare Organisations, Cabinet Office Council for Regulatory Reform, Office for the Promotion of Regulatory Reform and Private Finance Initiative, Japan Council for Quality in Health Care Center for Medical Accident Prevention (vice-chair).

Prof. Hasegawa's research background includes health policy, health economics, and quality assessment of health care.

Professor Dongwoon HAN

Professor, College of Medicine, Hanyang University, South Korea

Reforming Korea's Primary Healthcare Towards an Integrated and Sustainable Model

Prof. Dongwoon HAN, MD, MPH, PhD (in health service management) is a Professor at College of Medicine, Hanyang University, College of Medicine, and the Chairperson of Global Health and Development. He was also a chairperson of both the Department of Preventive Medicine, College of Medicine, and the Department of Medical Administration at Graduate School of Public Policy. He is also currently the Director of Institute of Health Services Management, Hanyang University. He received a bachelor's degree in medicine from College of Medicine, Hanyang University College of Medicine, master's degree (MPH) from Seoul National University, Graduate School of Public Health, and a doctoral degree from The University of Birmingham (UK). Prof. Han was a member of WHO working group for various health related topics including traditional medicine. For many years, he has worked as short-term consultant at many developing countries, Vietnam, Nepal, Cambodia, Iraq, Afghanistan, Peru, Honduras and so on. In his country, he has advised national and local governments on health promotion, health planning, and Official Development Assistant (in Health). Since 2004, he has been working to establish a public health programme using traditional Korean medicine in public health care system. Prof. Han is serving as Director of the National Traditional Korean Medicine Research and Development Centre. From 2010 to 2012, he had also directed a research team on the evaluation of Korean Case Payment System (KCPC) funded by the Health Insurance Review Agency (HIRA).

Mr John RASA

Lecturer, School of Medicine, Deakin University, Australia

Building Resilient Primary Healthcare Systems in the Asia-Pacific Region: Lessons from Research and Practice

John has over 40 years' senior health management experience including executive roles at Eastern Health, General Practice Victoria and Networking Health Victoria. He is currently a Director – Australian Centre for Leadership Development, and Unit Chair in Healthcare Operations and Healthcare Financing at Deakin University – School of Medicine, Faculty of Health. He is also Chair of the Mental Health Professional Network.

Former roles include Deputy Chair of Latrobe Regional Hospital and Chair of the Quality Committee of Latrobe Regional Hospital. John holds a Bachelor of Arts (Clinical Psychology)

and a Master of Health Planning, is a member of the Australian Institute of Company Directors and a Fellow of the Australasian College of Health Services Management, and Australian Institute of Management. John has an extensive skill base in leadership, strategic planning, clinical and corporate governance to lead the organisation.

Professor Eleanor HOLROYD

Professor in Nursing and Associate Dean, International, and Engagement, Faculty of Health and Environmental Sciences, Auckland University of Technology, New Zealand

Advancing Health Equity in Primary Healthcare: A Social Justice Approach

Eleanor is a Professor in Nursing and Associate Dean International, and Engagement, Faculty of Health and Environmental Sciences, Co-director of the AUT Centre For Migrant and Refugee Health Research (CMRHR), has a Ph.D. in Medical Anthropology, from HKU, as well as being a nursing alumna of AUT. She has 30 years of experience working in the international university sector, predominantly in Asia (the Chinese University of Hong Kong, National University of Singapore, University of Hong Kong campus Shenzhen) and Australia (Head of Nursing, RMIT, and Edith Cowan University), as well as more recently in East Africa, (Aga Khan University). Her research and teaching focus on health equity, human rights, and social justice has spanned nursing, public health, and social sciences academic disciplines. A key focus of her work is with international PHD students.

She has been focusing on social impact, with community outreach projects and NGO board memberships as well contributing to the set up of steering committees, hosting a re-launch event for the CMRHR, building relationships and partnerships with key community organizations, and writing joint publications and proposals.

Ms Kathy CHEUNG

President, Hong Kong College of Community and Public Health Nursing

Transforming Primary Healthcare in Hong Kong: Strategies for Equitable and Comprehensive Care Delivery

Over the past three decades, Ms. Cheung has accumulated extensive experience in the development of community and primary health care in Hong Kong, and has participated in the development and implementation of many service plans and projects, especially in chronic disease management and patient empowerment. Over the years, Ms Cheung had made many

improvements to improve the quality of community and primary health care services, especially in the management and processes of services, thereby increasing the efficiency of services.

In the area of nursing education, Ms Cheung serves as a guest lecturer/part-time tutor/external consultant for nursing education training programmes at a number of local universities in Hong Kong. She has also contributed to the development of the Hospital Authority's Post-Registration Certificate Programme in Primary Health Nursing and the core competencies for primary health care nurses.

Contributions to hospital service quality and safety management include hospital accreditation, quality and standards, risk management and incident management, nursing training and development, outpatient services and patient service management.

Professor Joanne REEVE

Professor, Primary Care Research, Hull York Medical School, University of Hull, United Kingdom

Promoting People-Centred Primary Care: Building a Framework for Policy Development - reflections from UK experience

Joanne is an academic GP committed to excellence in academic primary care at the heart of the design and delivery of quality primary care. Primary care is the bed rock of the NHS, and is underpinned by a discipline of academic primary care which delivers the workforce, research evidence and strategic vision for practice and policy.

Joanne graduated from Liverpool Medical School in 1997, and started out planning a career in public health medicine. A Masters in Public Health rekindled her interests in the professional, clinical and academic challenges of developing person-centred healthcare. She returned to General Practice and successfully applied for doctoral funding from the NCCRCD (the precursor to NIHR) to look at person-centred management of distress in terminal illness. Following her PhD, she worked in Manchester, Liverpool and Warwick developing a portfolio of work on Primary Care redesign based on the principles of medical generalism (whole person medical care). Her work has been supported by fellowships from the NIHR (including a Clinical Lecturership at Manchester, and a Clinician Scientist Award at Liverpool). Joanne joined Hull York Medical School in 2017 to establish the Academy of Primary Care - championing innovative scholarship driving excellence in primary care provision.

Dr Luis Gabriel BERNAL-PULIDO

Principal Lecturer, School of Public Health and the Department of Family Medicine and Primary Care, University of Hong Kong

Multi-stakeholder design and assessment of primary healthcare policies: Insights from the Primary Health Care Performance Initiative (PHCPI) and the collective impact approach

Dr Luis Gabriel Bernal Pulido is Principal Lecturer at the School of Public Health and the Department of Family Medicine and Primary Care of the University of Hong Kong. Before joining the University, he worked for almost 20 years in clinical practice in primary care organisations in Colombia, particularly serving marginalised and migrant populations. He has been faculty of several Schools of Medicine and Health Sciences in Colombia for nearly 2 decades, where he was also head of Family Medicine residency programmes.

He has served in the Colombian Government as National Director of Human Resources for Health at the Ministry of Health; member of the National Public Health Strategic Committee that prepared and implemented the response of the Colombian health sector to the COVID-19 pandemic; and Representative of the Intersectoral Commission for Human Resources for Health in the National Intersectoral Commission of Quality Assurance in Higher Education of Health Disciplines at the Ministry of Education.

He has worked as international consultant for the Results for Development Institute, the World Bank, the Pan American Health Organization, and the United States Agency for International Development, on topics related to the strengthening of Primary Health Care and Human Resources for Health, in Colombia, Latin-America, Africa and Asia-Pacific, facilitating communities of practice, assessing the performance of primary health care at country level, and developing health facility performance assessment tools.

Professor HU Bing-jie

Vice President, Guangzhou Medical University, China

Service Status of Primary Healthcare Institutions in the Development of Effective and Equitable Primary Healthcare Policies

MD, Ph.D., Professor, Chief Forensic Physician, Doctoral Supervisor. Currently serving as

Vice President of Guangzhou Medical University. A core member of the third batch of Huang Danian-style teacher teams nationwide. Director of the Key Laboratory of Philosophy and Social Sciences of Guangdong Universities for "Health Governance Based on Big Data Utilization". Outstanding Talent in Medical and Health Care (General Practice) of Guangzhou. Visiting scholar at the University of Wales in the UK, and the University of Maryland in the USA, and Professor (by courtesy) at the Chinese University of Hong Kong. He has long been engaged in teaching and scientific research in forensic medicine and general practice, as well as health management and related research. He has published more than 100 papers in domestic and foreign journals such as Cell Reports and Cell & Bioscience. He has edited 8 textbooks and works, and also has served as an associate editor, associate chief translator, and participated in compiling more than 20 other works on general practice, primary care, public health and forensic medicine. He has presided over and participated in more than 20 national and provincial scientific research projects, and has won 5 scientific and technological awards, including the First Prize and Third Prize of Guangdong Province Science and Technology Progress Award, and the Second Prize of Science and Technology Progress Award of the State Education Commission.

Professor Elizabeth HALCOMB

Professor, Primary Health Care Nursing, University of Wollongong, Australia

Building a Sustainable Primary Healthcare Workforce: Policy Approaches and Best Practices

An international award-winning nurse academic, Liz has a strong interest in Primary Health Care nursing. In particular, her PHC research expertise relates to the nursing workforce in primary care, chronic and complex disease and lifestyle risk factor reduction. Additionally, Liz has undertaken research around the nursing academic workforce, research training and teaching and learning in nursing. She has extensive experience in mixed methods research, as well as having led numerous systematic reviews.

In 2018, Liz was inducted into the Sigma Theta Tau International Nurse Researcher Hall of Fame in recognition of the significant and sustained national / international recognition of her work and its positive impact on the profession and the community. In 2019, she was the first nurse to be awarded the Bridges-Webb medal by the Australasian Association for Academic Primary Care. In 2020, Liz was named in 100 Outstanding women nurse and midwife leaders by the Women in Global Health (https://yonm.org/).

At the University of Wollongong, Liz plays a leadership role developing PHC nursing research, as well as engaging multidisciplinary academics within Primary Health Care to address the growing challenges in providing health care within the community.

Professor Rick KWAN

Associate Dean (Programmes) & Professor, School of Nursing, Tung Wah College

Gaps in Research in Primary Healthcare Policies

Prof. Rick Kwan is the Associate Dean (Programmes) and Professor of the School of Nursing, Tung Wah College. His research area focuses on gerontology nursing, specialising in applying e-health technology (e.g., virtual reality and wearable devices) to promote the health of older people with cognitive impairment and frailty. In education, he specialises in using information and communication technology (e.g., virtual reality) to promote teaching and learning experiences and efficacy. He is active in advocating professional development in nursing and gerontology. He is the founding president of the Pi Iota At-large Chapter of Sigma Nursing, Regional Coordinator (Asia) of Sigma Nursing, council member of the Hong Kong Association of Gerontology, co-opted member of the Nursing Council of Hong Kong, Associate Editor of European Review of Aging and Physical Activity, and specialist of Hong Kong Council of Accreditation of Academic & Vocational Qualifications. He published approximately 100 articles in international SCI journals and book chapters. He led or participated in more than 40 funded research projects at a value of over 60 million Hong Kong Dollars. He led the development of the virtual reality therapeutic programmes leading to more than 5 awards (e.g., ICT award), one patent, and many interviews by media. His academic achievements were also recognized by the Distinguished Educator in Gerontological Nursing, National Hartford Centre for Gerontological Nursing Excellence in 2018, the Emerging Research/Scholarly Award by Sigma in 2020, the Alumni Award, School of Nursing, PolyU in 2022, the Fellow of Hong Kong Academy of Nursing in 2022, Research Excellence Award, Tung Wah College in 2023, Fellow of American Academy of Nursing in 2024.

Moderators of Keynote Presentations

Professor Lorna SUEN

Dean and Professor, School of Nursing, Tung Wah College

Dr Karly CHAN

Senior Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Dr Eliza WONG

Associate Professor, School of Nursing, Tung Wah College

Dr Ben FONG

Professor of Practice, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University

Dr Oscar CHIU

Senior Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Moderators of Parallel Sessions

Session A: Sustainable Health Policy and Governance in Primary Healthcare

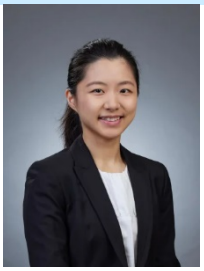
Dr Ben FONG

Professor of Practice, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University

Dr Anson TANG

Associate Dean (Practical Education) & Associate Professor, School of Nursing, Tung Wah College

Session B: Innovative Approaches to Primary Healthcare Delivery



Dr Kelly MA

Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Dr Alice CHAN

Senior Lecturer, School of Nursing, Tung Wah College

Session C: Nurturing Future Primary Healthcare Academics and Practitioners
Session D: Technology and Innovation in Healthcare

Dr July ZHOU

Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Dr Wilson LEUNG

Assistant Professor, School of Nursing, Tung Wah College

Session E: Student Presentation I

Dr LEUNG, Chung-bo, MH

Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Dr Jasmine CHEUNG

Assistant Professor, School of Nursing, Tung Wah College

Session F: Student Presentation II

Dr Fiona CHEN

Senior Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Dr Jingjing SU

Assistant Professor, School of Nursing, Tung Wah College

Programme Rundown

4 July 2025 (Friday)

Time	Event
9:00 am – 9:20 am	**Reception and Registration**
SESSION I: CURRENT STATE AND CONTEMPORARY DEVELOPMENT OF PRIMARY HEALTHCARE POLICIES IN THE ASIA-PACIFIC REGION **Moderator:** **Prof. Lorna SUEN** ***(Dean and Professor, School of Nursing, Tung Wah College)***	
9:20 am – 9:40 am	**Opening Address by Guest of Honour** **Dr. LEE Ha Yun, Libby, JP** *(Under Secretary for Health, Health Bureau, HKSAR)*
9:40 am – 10:00 am	**Welcoming Speeches** **Prof. Peter P. YUEN** *(Conference Chair and Dean, PolyU CPCE)* **Prof. Sally CHAN** *(Conference Chair and President, Tung Wah College)*
10:00 am – 10:30 am	**From Local to Global: Lessons in Primary Healthcare Policy Development** **Prof. Samuel WONG** *(Director, JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong)*
10:30 am – 11:00 am	**Enhancing Primary Healthcare Policy Development in the Asia-Pacific Region: Building Competencies and Promoting Evidence-Informed Decision-Making** **A/Prof. Zhanming LIANG** *(Associate Dean (Research Education) and Associate Professor in Health Systems Management and Policy, College of Business, Law and Governance, James Cook University, Australia)*
11:00 am – 11:30 am	**Morning Tea Break**
11:30 am – 12:00 pm (online)	**Ageing Society and Primary Health Care (PHC): Trends in PHC in Japan** **Prof. Tomonori HASEGAWA** *(Professor, Toho University School of Medicine, Japan)*
12:00 pm - 12:30 pm	**Reforming Korea's Primary Healthcare Towards an Integrated and Sustainable Model** **Prof. Dongwoon HAN** *(Professor, College of Medicine, Hanyang University, South Korea)*
12:30 pm – 2:30 pm	**Lunch**
SESSION II: BEST PRACTICES IN PRIMARY HEALTHCARE AND SUSTAINABLE POLICY DEVELOPMENT **Moderator:** **Dr Karly CHAN** ***(Senior Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University)***	
2:30 pm - 3:00 pm (online)	**Building Resilient Primary Healthcare Systems in the Asia-Pacific Region: Lessons from Research and Practice** **Mr John RASA** *(Lecturer, School of Medicine, Deakin University, Australia)*
3:00 pm - 3:30 pm (online)	**Advancing Health Equity in Primary Healthcare: A Social Justice Approach** **Prof. Eleanor HOLROYD** *(Professor in Nursing and Associate Dean, International, and Engagement, Faculty of Health and Environmental Sciences, Auckland University of Technology, New Zealand)*
3:30 pm - 4:00 pm	**Transforming Primary Healthcare in Hong Kong: Strategies for Equitable and Comprehensive Care Delivery** **Ms Kathy CHEUNG** *(President, Hong Kong College of Community and Public Health Nursing)*
4:00 pm - 4:30 pm (online)	**Promoting People-Centred Primary Care: Building a Framework for Policy Development -reflections from UK experience** **Prof. Joanne REEVE** *(Professor, Primary Care Research, Hull York Medical School, University of Hull, United Kingdom)*

4:30 pm - 5:00 pm	**Achieving Sustainable Financing for Primary Healthcare: Balancing Public and Private Sectors** **Prof. Peter YUEN** *(Conference Chair and Dean, College of Professional and Continuing Education, The Hong Kong Polytechnic University)*
5:00 pm - 5:30 pm	**Discussion**

5 July 2025 (Saturday)

Time	Event
SESSION III: THE ROLE OF STAKEHOLDER ENGAGEMENT IN THE DEVELOPMENT OF EFFECTIVE AND EQUITABLE PRIMARY HEALTHCARE POLICIES **Moderator:** **Dr Eliza WONG** ***(Associate Professor, School of Nursing, Tung Wah College)***	
9:00 am – 9:30 am	**Multi-stakeholder design and assessment of primary healthcare policies: Insights from the Primary Health Care Performance Initiative (PHCPI) and the collective impact approach** **Dr Luis Gabriel BERNAL-PULIDO** *(Principal Lecturer, School of Public Health and the Department of Family Medicine and Primary Care, University of Hong Kong)*
9:30 am – 10:00 am (online)	**Service Status of Primary Healthcare Institutions in the Development of Effective and Equitable Primary Healthcare Policies** **Prof. HU Bing-jie** *(Vice President, Guangzhou Medical University, China)*
10:00 am – 10:30 am (online)	**Building a Sustainable Primary Healthcare Workforce: Policy Approaches and Best Practices** **Prof. Elizabeth HALCOMB** *(Professor, Primary Health Care Nursing, University of Wollongong, Australia)*
10:30 am – 11:00 am	**Morning Tea Break**
PANEL DISCUSSION: NAVIGATING CHALLENGES AND ADDRESSING CONCERNS: STAKEHOLDERS' PERSPECTIVES ON PRIMARY HEALTHCARE IN HONG KONG **Moderator:** **Dr Ben FONG** ***(Professor of Practice, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University)***	
11:00 am – 12:30 pm	***Panel Members*** **Dr CHAN Kam Leung** *(Development Manager, School of Chinese Medicine, CUHK)*, **Dr Karly CHAN** *(Senior Lecturer, PolyU CPCE)*, **Dr Oscar CHIU** *(Senior Lecturer, PolyU CPCE)*, **Mr Alex LAM** *(Chairman, Hong Kong Patients' Voices)*, **Mr Max MAK** *(Pharmacist, Kwong Wah Hospital)*, **Dr Fowie NG** *(Associate Professor, School of Management, Tung Wah College)*, **Ms NG Yuk Mun** *(Director (Services), The Hong Kong Society for Rehabilitation)*, **Prof. Lorna SUEN** *(Dean and Professor, School of Nursing, Tung Wah College)*, **Mr Jimmy WONG** *(Former President, Hong Kong College of Public Health and Community Nursing)*, **Prof. William WONG** *(Clinical Professor and Department Chairperson, Department of Family Medicine & Primary Care, HKU)*
12:30 pm – 2:30 pm	**Lunch**
SESSION IV: STRATEGIES ON NURTURING FUTURE PRIMARY HEALTHCARE ACADEMICS AND PRACTITIONERS **Moderator:** **Dr Oscar CHIU (*Senior Lecturer, College of Professional and Continuing Education, The Hong Kong Polytechnic University*)**	
2:30 pm – 3:00 pm	**Empowering the Future of Primary Healthcare: Equipping Students for Active Engagement in Policy Development** **Prof. Sally CHAN** *(Conference Chair and President, Tung Wah College)*
3:00 pm –	**Gaps in Research in Primary Healthcare Policies**

3:30 pm	**Prof. Rick KWAN** *(Associate Dean (Programmes) & Professor, School of Nursing, Tung Wah College)*
3:30 pm – 3:40 pm	**Closing Remarks** **Dr Ben FONG** *(Professor of Practice, Faculty of Health and Social Sciences, The Hong Kong Polytechnic University)*
PARALLEL SESSIONS	
3:40 pm – 5:30 pm	**Session A: Sustainable Health Policy and Governance in Primary Healthcare** Venue: WK-N203 Moderator: Dr Ben FONG (*The Hong Kong Polytechnic University*) & Dr Anson TANG (*Tung Wah College*) (1) **A review about HPV vaccination policy for college-age males and females in Hong Kong** (Louis LAM, C. L. CHUNG, H. S. CHIU, Candies LAM, *Tung Wah College*) (2) **Filling in the service gap of primary healthcare: Towards a culturally competent environment for ethnic minority population in Hong Kong** (Flora P. Y. LAU, *Hong Kong Shue Yan University*) (3) **A Proposed Model for Type 2 Diabetes Mellitus Prevention in Primary Care Setting Among People-At-Risk in a Northeast Province in Thailand** (Benjayamas PILAYON, Arunrat UTAISANG, *Nakhon Phanom University*; Satjaporn PANOMSAK, Thisachon THANYAWARATHORN, *Artsamat Subdistrict Health Promoting Hospital*; Nitikorn PHOOSUWAN, *Thammasat University*)
	Session B: Innovative Approaches to Primary Healthcare Delivery Venue: WK-N203 Moderator: Dr Kelly MA (*PolyU CPCE*) & Dr Alice CHAN (*Tung Wah College*) (1) **'A Trip of Memory' – A Narrative-based Cognitive Stimulation Program (NCSP): Development and Preliminary Findings on Visually Impaired Elderly with Dementia** (Armstrong T. S. CHIU, *The Hong Kong Society for the Blind*; Winsy W. S. WONG, Tony K. K. WONG, *The Hong Kong Polytechnic University*; Lily L. M. CHEUNG, *The Hong Kong Society for the Blind*; Samuel CHIEN, *Hong Kong College of Health Service Executives*; Carmen K. M. NG, *Kowloon Motor Bus Company (1933) Limited*) (2) **Healing through Empowerment and Active Listening (HEALing): a mixed-methods evaluation of the feasibility and acceptability of a nurse-led self-care support intervention for patients with diabetic foot ulcer** (Julia ZHU; Frederick H. F. CHAN; E. S. LEE, Konstadina GRIVA, *Nanyang Technological University*) (3) **A Scoping Review on the influence of ARDs on Mental Health** (Alina PANT, Kwang Mo YANG, *Mahidol University*)
	Session C: Nurturing Future Primary Healthcare Academics and Practitioners Venue: WK-N201 Moderator: Dr July ZHOU (*PolyU CPCE*) & Dr Wilson LEUNG (*Tung Wah College*) (1) **Career Motivation to Care for Underprivileged Older Adults: Concept Analysis of the Attributes, Antecedents, and Consequences** (Nuo SHI, Arkers K. C. WONG, *The Hong Kong Polytechnic University*) (2) **Bridging Classroom and Community: Mixed-Methods Evaluation of a Reflective Observational Training Model in Primary Healthcare for Undergraduate Students** (Nittiya NONTUNHA, *Kasetsart University*)
	Session D: Technology and Innovation in Healthcare Venue: WK-N201 Moderator: Dr July ZHOU (*PolyU CPCE*) & Dr Wilson LEUNG (*Tung Wah College*)

(1) **Vulnerable Students and Toy Tourism: An Innovative Education-assisted Method** (Joseph L. M. LEE, Chammy Y. L. LAU, Helen S. M. WONG, Andy C. L. TAI, *PolyU CPCE*)
(2) **Factors Influencing student adoption of smartwatch health monitoring technology in Hong Kong: A Cross-sectional Study** (Teddy CHAN, David LAI, Fowie NG, Louis LAM, *Tung Wah College*)
(3) **A Photoacoustic-guided Temperature-controlled Controllable Microneedles System for Advanced Close-loop Drug Delivery** (Siyang ZHENG, *PolyU*; Yingying ZHOU, *PolyU CPCE*)
(4) **Measuring the Emotional Impact of Film on Palliative Care Understanding: A Southeast Asian Perspective** (Ian DIXON, Andy HO, Michelle CHIANG, Angela FRATTOROLA, *Nanyang Technological University*)
(5) **How digital inclusiveness programs promote the health-related outcomes among older adults in Hong Kong?** (Gigi LAM, Bobo LAU, Fan LUI, C. K. TSANG, *Hong Kong Shue Yan University*)

Session E: Student Presentation I
Venue: WK-N213
Moderator: Dr CB LEUNG, MH (*PolyU CPCE*) & Dr Jasmine CHEUNG (*Tung Wah College*)

(1) **Evaluating a Challenge-Based Learning Intervention for Dysphagia Awareness Among Hong Kong Seniors and Caregivers: A Pilot Study** (Y. T. CHEUNG, Vishti S. W. NG, S. Y. WONG, S. K. LEUNG, C. W. YAU, W. K. LEUNG, C. Y. CHOW, Johnny C. H. LAU, C. K. LI, S. TIAN, K. M. CHU, K. Y. LOK, T. W. SO, S. CHAN, *Tung Wah College*)
(2) **Understanding Cat Scratch Disease: Transmission Dynamics and Prevention Strategies for Pet Owners** (Joshua H. T. CHAN, *PolyU SPEED*; Ricky W. T. LEUNG, *PolyU CPCE*)
(3) **Scoping review of service-learning in undergraduate nursing education** (Gi Gi S. Y. NG, Andy C. Y. CHONG, Jasmine K. M. CHEUNG, *Tung Wah College*)
(4) **The effectiveness of Mind Body Exercises (MBE) on balance and mobility among people with Parkinson's disease- A scoping review** (N. W. CHAN, Sarwat FATIMA, *Tung Wah College*)
(5) **Enhancing healthcare accessibility: A student-led exploration of audio description techniques for deafblind individuals in clinical settings** (Dorothy S. Y. NGAN, Alice M. L. CHAN, *Tung Wah College*)
(6) **Evaluation of a Theory-Driven Oral Hygiene Education Programme Promoting Oral Health among Self-Independent Elderly in Hong Kong** (P. L. WONG, W. L. LAU, M. C. IP, S. M. LAM, Ricky C. C. CHAN, M. C. CHIANG, C. Y. CHEUNG, Reymond CHEN, H. M. LEE, N. N. KWOK, P. Y. LEUNG, Y. H. TSAI, Andy C. Y. CHONG, *Tung Wah College*)

Session F: Student Presentation II
Venue: WK-S215
Moderator: Dr Fiona CHEN (*PolyU CPCE*) & Dr Jingjing SU (*Tung Wah College*)

(1) **Modeling the Affordability of Cancer Drug Expenditures in Hong Kong Public Healthcare System: A System Dynamics Analysis** (Zhengwei HUANG, *The Chinese University of Hong Kong*)
(2) **A Scoping Review on the Effectiveness of Disease-Specific Health Apps in Patients with Diabetes Mellitus** (C. Y. YUEN, Candy L. P. FUNG, *Tung Wah College*)

(3) **Photobiomodulation Therapy: A Non-invasive Innovative Approach for Knee Osteoarthritis Management in Primary Healthcare** (Angus C. H. WONG, *PolyU SPEED*; Yingying ZHOU, *PolyU CPCE*)
(4) **Promotional Strategies and Behavioural Changes After COVID-19 for Mobile Health Application Adoption Among Chinese Older Adults: A Qualitative Interview Study Among Geriatric Care Practitioners** (Janice N. L. CHOW, Wilson K. C. LEUNG, Connie Y. C. YAU, Simon C. LAM, Lorna K. P. SUEN, *Tung Wah College*)
(5) **The views, experience and recommendations for digital mental health tools: an exploratory mixed-method study** (Ruoyu YIN, Frederick CHAN, Phoebe LIM, Julia ZHU, Helen SMITH, Lorainne TUDOR CAR, Mythily SUBRAMANIAM, Konstadina GRIVA, *Nanyang Technological University*)
(6) **Creating an Employment Green Channel for Cancer Patients in Mainland China: Exploring Policy Support and Practical Approaches** (Pengfei LYU, Nana BAO, Junshen LIN, *Hong Kong Shue Yan University*)

IV. KEYNOTE PRESENTATIONS

Keynote I: Leveraging Global Frameworks and Validated Assessment Tools to Inform Local Primary Care Reform

Professor Samuel Y. S. WONG

Director, JC School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong

Correspondence: Professor Samuel Y. S. Wong (yeungshanwong@cuhk.edu.hk)

Abstract

Primary healthcare remains the foundation of resilient and equitable health systems. As nations pursue universal health coverage through the advancement of quality primary care, the adoption of global policy frameworks and validated assessment tools becomes essential for guiding and evaluating reform efforts. In this plenary session, Professor Samuel Yeung Shan Wong will examine how internationally recognized frameworks and robust measurement tools can be applied to assess health system performance and inform local policy development. Drawing on research conducted in Hong Kong and insights from the Primary Health Care Performance Initiative, the presentation will showcase practical examples of using validated assessment tools to identify pressure points and prioritize areas for reform. Attendees will gain valuable perspectives on integrating global standards with local context to drive effective primary care transformation.

Keynote II: Enhancing Primary Healthcare Policy Development in the Asia-Pacific Region: Building Competencies and Promoting Evidence-Informed Decision-Making

A/Professor Zhanming LIANG

Associate Dean (Research Education) and Associate Professor in Health Systems Management and Policy, College of Business, Law and Governance, James Cook University, Australia

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Abstract

Effective primary healthcare (PHC) policy development in the Asia-Pacific region requires a strategic focus on building leadership and managerial competencies to drive sustainable, system-wide change. Drawing on over 15 years of research and practice in management competency development and healthcare organisational capacity building, this presentation explores how integrating competency assessment and development into PHC strategies can enhance service delivery and overall system performance. By aligning system-level governance with organisational leadership initiatives, health systems can strengthen the capabilities of managers and leaders through an evidence-informed approach. The presentation provides actionable insights and practical examples drawn from real-world initiatives to support policymakers and health leaders in advancing workforce capability, improving service efficiency, and embedding competency-driven approaches in health policy. Ultimately, it argues that investing in leadership development is essential to creating resilient, equitable, and patient-centred PHC systems across the Asia-Pacific region.

Keynote III: Ageing Society and Primary Health Care (PHC): Trends in PHC in Japan

Professor Tonomori HASEGAWA

Professor, Toho University School of Medicine, Japan

Correspondence: Professor Tonomori HASEGAWA (tommie@med.toho-u.ac.jp)

Abstract

In older adults, the ability to adapt to new environments declines, and hospitalization can lead to a rapid deterioration in activities of daily living (ADL). Furthermore, medical care and long-term care services are often inseparable, making it essential to develop a comprehensive care system that leverages community resources. In emergency care for older adults, when the patient's condition or preferences are unclear prior to emergency transport, treatment often does not align with the patient's wishes, placing a significant burden on the entire system. In Japan, the Community-based Integrated Care System was proposed in 2016 as the basic model for healthcare and long-term care in an aging society, and its implementation is currently underway. PHC is positioned as a frontline service for elderly people living at home. In fact, the importance of outpatient and home-visit medical care has been increasing, with a particularly notable trend in recent years.

Interest in healthcare quality and safety has risen rapidly in many countries since the year 2000. Although much knowledge has been accumulated, most of it comes from resource-intensive acute inpatient care, and it remains necessary to examine whether these insights can be applied to PHC settings such as outpatient and home-visit care. In our research, approximately 20% of patients receiving home health care experienced some kind of incident, many of which were related to insufficient information sharing or communication among service providers. Additionally, only about 20% of hospitals conducted any form of risk assessment for outpatients or patients receiving home health care—an evaluation that is routinely conducted

for inpatients. In most hospitals, the scope and items of such assessments remain undefined.

To ensure that PHC services for the elderly—often involving multiple service providers—are safe and of high quality, it is crucial to standardize information-sharing mechanisms at the community level, and to establish and share standardized targets and items for risk assessments. Particularly, outpatient and home health care patients with specific diseases or treatments should be prioritized. Furthermore, to appropriately address emergency situations among the elderly, it is essential to implement systemic reforms to advance care planning (ACP) so that not only the patient's medical condition but also their preferences can be confirmed in advance and shared among all relevant parties.

Keynote IV: Reforming Korea's Primary Healthcare Towards an Integrated and Sustainable Model

Professor Dongwoon HAN

Professor, College of Medicine, Hanyang University, South Korea

Correspondence: Professor Dongwoon HAN (dongwoonhan@gmail.com)

Abstract

Background: South Korea's healthcare system has long relied on specialist-centered care, with limited gatekeeping by primary care providers. This has contributed to overutilization of tertiary hospitals, inefficiencies in chronic disease management, and rising healthcare expenditures. Recognizing these issues, the Korean government has recently initiated reforms aimed at strengthening primary healthcare (PHC) as a foundation for an integrated and sustainable health system.

Methods: This presentation draws on a comprehensive review of current PHC policies, government documents, and stakeholder debates, including pilot programs, payment reforms, and institutional restructuring efforts. Particular focus is given to the evolving roles of clinic-based physicians, adjustments to the health insurance fee schedule (particularly service-type-based conversion indices), and the integration of PHC into broader healthcare governance.

Results: Key reform strategies include the rollout of PHC innovation pilot projects in select regions, development of team-based care models, expanded family doctor systems, and payment reforms linking reimbursement to health outcomes. The government seeks to reclassify clinics into "general" and "specialist" types, reduce unnecessary high-cost services, and enhance chronic disease management at the community level. Central to the reforms is a shift in the reimbursement system using differentiated conversion indices by service type, which enables targeted fee adjustments for specific procedures. While this aims to reduce overuse and redirect funding toward tertiary hospitals, it has raised concerns about equity, financial viability of clinics, and access to specialized care in local settings.

Conclusion: South Korea's efforts to restructure its primary healthcare system represent a significant shift toward preventive, person-centered care. However, achieving sustainable reform will require not only strategic resource reallocation but also trust-building with primary care providers, strengthened PHC workforce development, and clearer role definitions across

the healthcare delivery system. These lessons are highly relevant for countries across the Asia-Pacific region facing similar challenges in aligning health system efficiency with equity and continuity of care.

Keynote V: Building Resilient Primary Healthcare Systems in the Asia-Pacific Region: Lessons from Research and Practice

Mr John RASA

Lecturer, School of Medicine, Deakin University, Australia

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Abstract

In 2024, The Center for Asia-Pacific Resilience and Innovation maintained that Asia-Pacific health systems remain vulnerable but, despite inherent political and economic variations, many nations in the Asia-Pacific can offer lessons for the global community. Four years post COVID-19 pandemic, Asia-Pacific countries' health care systems have demonstrated critical lessons in building adaptable primary healthcare systems that have aided recovery from the stresses of pandemics, climate events, cyberattacks and systemic workforce shortages. The threats have not disappeared, so what are the lessons that can be learned leveraging research and recent reforms that can enable better responses to these crises? Can regional collaboration enable countries to learn from each other how to better address three interconnected priorities relating to the essential implementation of 1) enabling policies and resourcing, 2) early detection systems, and 3) capability-building, thereby achieving readiness to respond to emerging threats?

Keynote VI: Advancing Health Equity in Primary Healthcare: A Social Justice Approach

Professor Eleanor HOLROYD

Professor in Nursing and Associate Dean, International, and Engagement, Faculty of Health and Environmental Sciences, Auckland University of Technology, New Zealand

Correspondence: Professor Eleanor HOLROYD (eleanor.holroyd@aut.ac.nz)

Abstract

This presentation, Advancing Health Equity in Primary Healthcare: A Social Justice Approach, explores the critical role of primary healthcare in addressing health disparities and promoting equitable health outcomes. Grounded in principles of social justice, the session examines how structural inequities—such as poverty, racism, and marginalisation—both shape access too, as well as determine health care outcomes. Current research drawn from New Zealand with refugee populations, older Chinese and Fijian India migrants will be drawn upon to suggest novel evidence-informed strategies. The presentation highlights the importance of culturally responsive, community-engaged and driven, and policy-driven interventions. Attendees will gain insights into practical approaches for integrating equity into everyday practice, empowering healthcare professionals to become active agents of change within their systems and communities.

Keynote VII: Transforming Primary Healthcare in Hong Kong: Strategies for Equitable and Comprehensive Care Delivery

Ms Kathy CHEUNG

President, Hong Kong College of Community and Public Health Nursing

Correspondence: Ms Kathy CHEUNG (cyh312@ha.org.hk)

Abstract

Hong Kong's primary healthcare (PHC) system faces mounting challenges, including an aging population, rising chronic disease burdens, professional staff shortage and ever-increasing community demands of healthcare service. This presentation outlines transformative strategies to achieve equitable and comprehensive PHC, drawing on Hong Kong's Primary Healthcare Blueprint (2022).

Key initiatives include:
1. District Health Centres (DHCs): A prevention-oriented, family-centric model integrating medical and social services through public-private partnerships (PPPs). DHCs/DHCEs in 18 districts offer health promotion, health education, chronic disease management and community rehabilitation, targeting underserved populations.
2. Financial Accessibility Schemes: The Elderly Health Care Voucher Scheme and Chronic Disease Co-Care Scheme (CDCC) subsidize private care, though challenges persist in redirecting vouchers from episodic to chronic care.
3. Technology Integration; Telemedicine and AI diagnostics enhance early detection and resource efficiency.
4. Workforce and Service Integration: multidisciplinary teams in Community-based Primary Health Centers and expended Chinese Medicine Services address holistic needs.

Equity gaps persist, further directions emphasize sustainable financing, global collaboration, and strengthening the family doctor model thorough the Primary Care Register. By leveraging policy agility, technology, and community engagement, Hong Kong can transition toward a resilient PHC system that balances innovation with equity – ensuring health for all in alignment with the Alma-Ata Declaration.

Keynote VIII: Promoting People-Centred Primary Care: Building a Framework for Policy Development -reflections from UK experience

Professor Joanne REEVE

Professor, Primary Care Research, Hull York Medical School, University of Hull, United Kingdom

Correspondence: Professor Joanne REEVE (Joanne.Reeve@hyms.ac.uk)

Abstract

International research shows that strong primary care delivers efficient, effective and equitable healthcare. All three outcomes are priorities for health systems around the world given the

urgent demographic, social and healthcare changes we are all experiencing. We need strong primary healthcare, now more than ever.

But what does that look like, in practice and on the ground? Using examples from our work in the UK, I will start by outlining our 3 biggest challenges – burden, burnout and imbalance. Before describing 3 examples of solutions we have been exploring: tackling problematic polypharmacy (burden), the primary care workforce (burnout) and public expectations (imbalance).

I'll conclude by inviting us to think about the opportunities for an international community of practice to collectively address these challenges.

Keynote IX: Achieving Sustainable Financing for Primary Healthcare: Balancing Public and Private Sectors

Professor Peter YUEN

Conference Chair and Dean, College of Professional and Continuing Education, The Hong Kong Polytechnic University

Correspondence: Professor Peter YUEN (peter.yuen@cpce-polyu.edu.hk)

Abstract

This presentation analyzes primary healthcare in Hong Kong from an economists' perspective. At the macro level, the public-private mix in the financing of primary healthcare services in Hong Kong is compared to that in other countries. It shows that Hong Kong relies heavily on out-of-pocket payment for primary health care services, and that the percentage of funding from government is significantly less than the average spending in countries of similar income level as well as that in lower income countries. It points out that reliance on private out-of-pocket payment for prevention and early detection services is highly undesirable because of the high price elasticity nature of these services, which often leads to underconsumption. At the micro level, the funding method, fees and payment systems of primary care services in Hong Kong are examined, including initiatives recently launched by the government – District Health Centres and Chronic Diseases Co-care Scheme (CDCC). While there are some innovative elements in the CDCC schemes, the bulk of the funding to the services delivered by the Department of Health, the public general outpatient departments and the District Health Centres are based on block-grants, which do not align with outcomes or patients values. Payment systems for private providers do not totally aligned either.

Keynote X: Multi-stakeholder design and assessment of primary healthcare policies: Insights from the Primary Health Care Performance Initiative (PHCPI) and the collective impact approach

Dr Luis Gabriel BERNAL-PULIDO

Principal Lecturer, School of Public Health and the Department of Family Medicine and Primary Care, University of Hong Kong

Correspondence: Dr Luis Gabriel BERNAL-PULIDO (lbernal@hku.hk)

Abstract

Drawing on experiences and methods of the Primary Health Care Performance Initiative (PHCPI), a global initiative that pioneered innovative conceptual frameworks and tools to measure and improve Primary Health Care (PHC) performance worldwide; together with applications of the collective impact approach, which promotes cross-sector collaboration and shared accountability towards the achievement of common goals, this talk delves into the importance of multi-stakeholder engagement in win-win relationships to ensure effective, equitable, and sustainable PHC policy development, implementation and evaluation.

Key elements include the identification of relevant stakeholders, strategies to meaningfully engage them and get political will, and the role of data for decision-making and comprehensive assessment in PHC policy development and implementation. Exemplars cases will illustrate how multi-stakeholder collaboration has led to measurable progress in PHC performance, such as service delivery optimization and better health outcomes. Challenges, including power dynamics and conflicting priorities, will also be addressed, as well as ways to overcome them.

Keynote XI: Service Status of Primary Healthcare Institutions in the Development of Effective and Equitable Primary Healthcare Policies

Professor HU Bing-jie

Vice President, Guangzhou Medical University, China

Correspondence: Professor HU Bing-jie (2018990016@gzhmu.edu.cn)

Abstract

As the core carriers of primary medical and public health services, the efficiency and equity of primary healthcare institutions directly impact the achievement of universal health goals. Since the new round of deepening healthcare system reforms, Guangzhou has adhered to the principles of “ensuring basic services, strengthening grassroots capacity, and establishing institutional mechanisms” to advance comprehensive reforms in primary healthcare. However, deep-rooted contradictions in resource allocation and service efficacy remain unresolved systematically.

This study aims to analyze the service status, operational efficiency, and equity of primary healthcare institutions in Guangzhou through multidimensional perspectives, identify core bottlenecks constraining grassroots service capabilities, and propose integrated reform pathways that balance efficiency enhancement and equity optimization. The goal is to support the construction of a balanced and efficient primary healthcare service system.

Based on data from 2009 to 2019, this study employs Data Envelopment (DEA) to evaluate the efficiency of primary healthcare reforms in Guangzhou. Input indicators include the number of healthcare professionals, hospital beds, and general practitioners, while output indicators encompass total outpatient visits and chronic disease management cases. Additionally, Lorenz curves and Gini coefficients are used to quantify the equity of human and material resources across population and geographic distributions.

In 2019, the number of primary healthcare institutions increased to 356, with a 77.68% growth in healthcare professionals and 6.54 hospital beds per 1,000 populations. Family doctor contract coverage reached 35.25%, and primary care visits accounted for 33.48% of total healthcare utilization. Innovative models such as “HuaDu One-Yuan Medical Service” and “ZengCheng Dean-led Hospital Management Model” (Provide financial security in accordance with the standards of Category I public welfare institutions, and implement performance management in accordance with the standards of Category II public welfare institutions) emerged as nationally replicable practices. In 2019, the average comprehensive efficiency of primary healthcare institutions was 0.755, with only 27.27% operating at optimal efficiency. Dynamic analysis from 2009 to 2019 revealed declines in total factor productivity for community health service centers and township hospitals during 2013–2016 and 2017–2018. While the Gini coefficient for human resources was below 0.4, geographic inequities were pronounced: healthcare professional density in northern mountainous areas was one-third of central urban regions, and the geographic Gini coefficient for beds reached 0.731 in 2016. Family doctor service accessibility in remote areas was less than half that of urban zones. Disparities in equipment coverage (e.g., CT scanners and ultrasound devices) persisted in rural townships like Conghua and Zengcheng, coexisting with underutilized equipment and staff shortages.

Primary healthcare reforms in Guangzhou have achieved significant progress in resource expansion and service volume. However, the contradiction between “scale expansion and efficiency lag” and regional resource imbalance remains critical. It is recommended that strategies such as targeted resource allocation, technology-driven innovation, management optimization, and equity enhancement be adopted to promote the transformation of grassroots medical care from “quantitative increase” to “quality and efficiency coordination”.

Keynote XII: Building a Sustainable Primary Healthcare Workforce: Policy Approaches and Best Practices

Professor Elizabeth HALCOMB

Professor, Primary Health Care Nursing, University of Wollongong, Australia

Correspondence: Professor Elizabeth HALCOMB (ehalcomb@uow.edu.au)

Abstract

As we face population aging and an increase in chronic conditions, robust primary care systems are necessary to ensure efficient, effective, and equitable healthcare. The workforce is a vital component of strong primary care systems. As the need for primary care continues to grow, so too do the demands on the workforce. This necessitates planning and effective policy-making to ensure that the workforce is well-supported. This presentation will examine the key challenges in building and sustaining the primary care workforce to ensure strong primary care.

Drawing on examples from the Australian context, the presentation will discuss policy shifts aimed at expanding the primary care workforce, as well as explore how policy is evolving to enhance the multidisciplinary nature of primary care. The presentation will use examples from our research to highlight best practices, as well as the barriers and facilitators faced in building

primary care teams. This will provide an opportunity for attendees to reflect on practical approaches to integrating these considerations into their practice and contribute to developing solutions that support the workforce in their context.

Keynote XIII: Empowering the Future of Primary Healthcare: Equipping Students for Active Engagement in Policy Development

Professor Sally CHAN

President, Tung Wah College

Correspondence: Professor Sally CHAN (sallychan@twc.edu.hk)

Abstract

Strong policy development is crucial for sustainable and fair primary healthcare. This presentation examines innovative educational approaches for equipping future healthcare professionals with the essential skills and knowledge necessary for policy development.
The presentation will emphasize the importance of interprofessional education in understanding healthcare policies and their effect on community health. By integrating policy development into medical, nursing, and allied health programs, institutions can educate healthcare leaders to effectively navigate and influence policy.
This presentation will provide practical examples that illustrate the integration of policy education and collaborative workshops, enhancing critical thinking and effective communication. It will also highlight the role of mentorship and experiential learning in connecting theoretical knowledge with real-world application. By encouraging an informed approach among healthcare students, we can prepare them to contribute to improvements in primary healthcare services globally. As educators, it is essential to equip healthcare professionals with the skills to become both caregivers and policymakers, with a focus on public health outcomes.

Keynote XIV: Gaps in Research in Primary Healthcare Policies

Professor Rick KWAN

Associate Dean (Programmes) & Professor, School of Nursing, Tung Wah College

Correspondence: Professor Rick KWAN (rickkwan@twc.edu.hk)

Abstract

Over the past five years, the Hong Kong government has implemented various primary healthcare policies, including the Primary Healthcare Blueprint, aimed at enhancing community-based services and integrating healthcare delivery. As the city seizes increasing healthcare demands and a shifting policy environment, many new questions could not be answered by the existing body of knowledge. Therefore, understanding the research gaps is essential for improving service delivery and patient outcomes.

The presentation focuses on three key areas: the integration of mental health services, digital health adoption, and interdisciplinary collaboration. First, we examine the current policies

aimed at integrating mental health into primary healthcare. Despite significant initiatives, there is a notable lack of comprehensive evaluation studies and patient-centric research, hindering the assessment of service effectiveness and accessibility.

Next, we address the growing adoption of digital health technologies, including artificial intelligence, robotics, and extended realities. While these innovations have the potential to enhance healthcare delivery, research on user experiences and effectiveness across diverse populations remains limited. This gap raises concerns about equitable access and the potential for a digital divide.

Finally, we discuss the importance of interdisciplinary collaboration in enhancing primary healthcare. Although collaborative practices are recognized as vital to effective care, there is insufficient exploration of effective collaboration models and the dynamics within interdisciplinary teams. This lack of research may impede the ability to implement comprehensive health solutions.

In conclusion, this presentation highlights the significance of addressing these research gaps to inform policy development and improve healthcare outcomes in Hong Kong. By fostering a deeper understanding of these areas, we can better meet the needs of the population and create a more effective primary healthcare system. Attendees will be encouraged to engage in discussions on potential research directions and collaborative efforts moving forward.

V. PARALLEL SESSIONS

Parallel Session A: Sustainable Health Policy and Governance in Primary Healthcare

A1. A review about HPV vaccination policy for college-age males and females in Hong Kong

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Abstract

Background of study: This report addresses the issue of healthcare HPV vaccines for students in Hong Kong, with a focus on college students among males and females. While related vaccine services have been supported and available for primary 5 and 6 schoolgirls since 2019, the catch-up program and further assistance support have failed to provide college students. The research aims to fill the gap in literature regarding HPV vaccination for college students in Hong Kong and provide a comprehensive understanding of the imperative reasons and effectiveness for college students to take up the HPV vaccine. The study also aims to improve awareness and information of HPV for college students in Hong Kong, as a lack of understanding and concept can negatively impact their sex life and health. Additionally, the report explores the methods provided in other countries as a reference for HPV vaccination with college students.

Research methodology: A literature review was conducted, summarizing findings from 76 research articles. It included 40 foreign articles, 10 articles from Hong Kong, and 6 relevant articles from government and private organization websites. Supplementary information from foreign health agencies, academic literature, and educational institutions added 20 articles.

Conclusion and recommendation: At the end of the literature review, it was clear that Hong Kong faces challenges in providing college students with HPV vaccination, particularly those who are male. The vaccine system's existing policies disregard male vaccination and college-aged catch-up, and its metrics and resources are inadequate, leading to inadequate assistance. To address these challenges, improved support services for HPV vaccination uptake require more funding and cooperation from educators, legislators, medical professionals, and the public.

A2. Filling in the service gap of primary healthcare: Towards a culturally competent environment for ethnic minority population in Hong Kong

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Abstract

Cultural competence in the context of healthcare refers to the awareness, knowledge, understanding, sensitivity and skills needed to effectively conduct and complete professional activities with people of diverse cultural backgrounds and affiliations. Although there has been substantial attempt to implement culturally competent healthcare policies in the developed world, the idea of cultural competence is encountering the following challenges: first, the best way to implement cultural competence into the healthcare system remains a point for discussion amongst experts. Second, many societies have tackled this cultural competence issue with a 'top-down' approach, i.e. from a policy making point of view rather than a service user's one and ignore the voice of the minority population. Third, the actual outcome of these measures to relevant users is yet to be identified.

In Hong Kong, at the Legislative Council level, there have been discussions as to ethnic minorities and their access to healthcare. Specific to cultural competence, measures such as compulsory cultural sensitivity training in staff orientation for frontline healthcare workers, enhancing collection of data on ethnic minorities' health status, and strengthening and promoting the interpretation services provided at hospital have been recommended and implemented in recent decade (Health in Action, 2017).

This presentation aims to examine the practices and insufficiencies of cultural competence from a holistic perspective based on a recent project involving the ethnic minority cancer patients. The presenter completed 38 in-depth interviews with ethnic minority cancer patients/ survivors (21), caregivers (3) and healthcare practitioners (14) including medical doctors, nurses, social workers and grassroot NGO practitioners between April 2022 and October 2023. Through an evaluation of the healthcare measures from the perspective of various stakeholders, this presentation illustrates what difficulties ethnic minorities face in navigating the healthcare system. It also demonstrates which areas are most important and effective in helping them, whether such assistance comes from a top-down policy level, or a bottom-up grassroots approach.

Although cultural competence is often written off as one of the professional practices of human services, the findings indicate that it very much exists in Hong Kong's healthcare system. NGOs and ethnic minority patients are also very much alive to these issues and understand that they must navigate their way through it in order to obtain the treatment they need and answers to their medical questions. Based on the user's perspectives, cultural competence needs to be implemented at different levels of society: from the macro policy level to the micro frontline level. Last but not least, cultural competence is not the sole practice of human services, it should be embraced by everyone living in the same society.

A3. A Proposed Model for Type 2 Diabetes Mellitus Prevention in Primary Care Setting Among People-At-Risk in a Northeast Province in Thailand

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Abstract

Introduction: Type 2 Diabetes Mellitus (T2DM) is a current major concern for public health, where there is a rising trend in both prevalence and incidence of people with T2DM in Thailand. In addition, many people remain at risk of T2DM without exhibiting symptoms, emphasizing the urgent need for effective preventive strategies in primary care. Therefore, this study was aimed at describing a prevention model for people-at-risk of T2DM in a northeast province in Thailand, where the province is closed to the Thai-Laos friendship bridge. **Methods:** This qualitative study was conducted in one sub-district of the target province. Key informants were 15 individuals identified as being at risk of developing T2DM (people-at-risk), selected using purposive sampling based on their medical records. Data collection involved in-depth interviews using a semi-structured interview guide that had been piloted. A qualitative content analysis was used to analyse the data. **Results:** Most of the key informants were female (87%), mean age and standard deviation were 55 and 9.22, and 86% of the informants had no chronic disease. There were four categories came from analysis: (1) Policy driven in community for primary care makes sustainability, emphasizing the role of local health policy and leadership in mobilizing resources and sustaining health initiatives; (2) Health literacy from primary care providers and volunteers, highlighting the importance of accessible, understandable information delivered by trusted local health personnel; (3) Information and knowledge from online sources, recognizing the growing influence of digital platforms in shaping health behaviors; and (4) Taking care of oneself, underlining the role of personal commitment and lifestyle modification in T2DM prevention. **Conclusions:** The results suggest that a model to prevent T2DM among people who are at high risk of T2DM in primary care setting should come on policy from local community, the people should take care by themselves for T2DM prevention. They may receive knowledge and information from online sources. However, they may get specific health literacy from experts in the community, like public health providers and village health volunteers. An intervention program should be based on not only individual level, but also community and policy levels for the people at high risk of getting T2DM in primary care settings.

Parallel Session B: Innovative Approaches to Primary Healthcare Delivery

B1. 'A Trip of Memory' – A Narrative-based Cognitive Stimulation Program (NCSP): Development and Preliminary Findings on Visually Impaired Elderly with Dementia

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Abstract

Non-pharmacological interventions, such as cognitive stimulation, have been proven effective in improving the cognitive functions of people with dementia (PwD; Woods et al., 2023). Storytelling has been commonly used as a therapy for PwD in which narratives relevant to their personal experiences can be adopted for life review or reminiscence (Damianakis et al., 2010). Nevertheless, the efficacy of cognitive intervention in individuals with visual impairment and dementia has rarely been investigated. The present pilot study aimed to investigate the efficacy of 'A Trip of Memory', a narrative-based cognitive stimulation program on PwD with visual impairment.

A total of 36 visually impaired PwD (mean age = 87.2 years) residing in the Kowloon Home for the Aged Blind participated in the current study. Convenient sampling was adopted. The participants attended 10 sessions of narrative-based therapy in groups of five to six. In each session, the participants listened to a story related to a local bus trip, which was followed by cognitively stimulating activities and questions regarding the story and discussion/sharing of personal events related to the plot of the story. Outcome measures included the Hong Kong Version of Montreal Cognitive Assessment for the Visually Impaired (HK-MoCA-VI, Yip et al., 2024), semantic category fluency, the Cantonese version of the Amsterdam Nijmegen Everyday Language Test (CANELT; Wong, 2024), Communication Outcomes for People with Dementia Scale for the Visually Impaired (COPD-VI; Ho et al., 2024) and the Holden Communication Scale (HCS; Holden & Woods, 1995).

Adherence to therapy was satisfactory. Gains in HK-MoCA-VI and verbal fluency after therapy reached statistical significance ($p \leq .01$). Nevertheless, no improvement in CANELT, COPD-VI and HCS was noted.

The study provided preliminary clinical evidence for 'A Trip of Memory' in improving global cognition and executive functions of PwD with visual impairment. In the second phase of the study, a multi-center controlled study will be implemented.

B2. Healing through Empowerment and Active Listening (HEALing): a mixed-methods evaluation of the feasibility and acceptability of a nurse-led self-care support intervention for patients with diabetic foot ulcer

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Abstract

Background

Diabetic foot ulcers (DFU) impose substantial physical and psychological disturbances on patients and significant financial burden to healthcare systems. Self-care is the key to successful DFU management, yet adherence to self-care recommendations is poor.

Purpose

To assess the feasibility, acceptability, and implementation of a personalized, clinic-integrated self-care intervention—HEALing (Healing through Empowerment and Active Listening)—delivered through three 30-minute face-to-face sessions over six weeks by trained wound care nurses to support DFU healing.

Methods

A mixed-methods, single-arm hybrid effectiveness–implementation pilot and qualitative interview study was conducted within a large primary care sector in Singapore. Feasibility was assessed through enrolment, retention, attendance, and data completeness. Acceptability was explored via qualitative interviews, while implementation was evaluated by tracking intervention delivery time. Potential effectiveness was examined by measuring changes in clinical (HbA1c), psychosocial (illness beliefs, foot care confidence, diabetes distress, quality of life, autonomy support), behavioural (foot self-care practices), and knowledge outcomes at baseline and four weeks post-intervention. Data were analysed using descriptive statistics, paired-samples t-tests, and thematic analysis.

Results

A total of 29 patients participated in this study (response rate = 78%), with enrolment occurring between August and September 2024. Retention and attendance rates were 93% (N=27) and 90% (N=26), respectively. The average duration of each HEALing session was 32 minutes (range: 15–50 minutes). Statistically significant improvements in both clinical and patient-reported outcomes were observed from baseline to post-intervention (all $p<0.005$; Cohen's $d = 0.8–1.1$). Qualitative findings further substantiated the intervention's high acceptability, with participants emphasizing how the HEALing person-centred approach fostered enhanced knowledge, emotional healing, and empowerment through autonomy—key factors that

collectively contributed to increased motivation, self-efficacy, and engagement.

Conclusions

The pilot study indicated good feasibility and acceptability of the HEALing intervention, and its integration into usual wound care services, to support patients with DFU adopting adaptive self-care and positive psychological adjustment.

B3. A Scoping Review on the influence of ARDs on Mental Health

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Abstract

Allergic respiratory diseases (ARDs) such as asthma and allergic rhinitis, are among the most prevalent illnesses globally, contributing significant healthcare cost and economic burden. ARDs are chronic respiratory conditions defined by overactive immune response to foreign antigens or allergens, which leads to inflammation within the respiratory passages. Frequently reported symptoms of ARDs involve coughing, breathlessness, nasal obstruction, itchy eyes, and skin rashes. Due to their long-lasting effects, ARDs create a substantial burden on both socioeconomic structures and public health systems.

While direct causal relationship has not been confirmed, chronic ARDs are often associated with higher risk of mental disorder, particularly in individuals with existing psychological vulnerabilities. Addressing psychological disorders in individuals with respiratory illnesses involves a range of considerations. These include management in acute or critical care environments, the intersection of substance use disorders and respiratory diseases, considerations in chronic care settings for mental disorders alongside chronic respiratory conditions. Common mental disorders, such as depression and anxiety, are associated with increased morbidity and mortality in patients with respiratory illnesses. Chronic respiratory diseases, which primarily affect the lung parenchyma, include conditions such as chronic obstructive pulmonary disease (COPD), bronchial asthma, occupational lung diseases (OLDs), and pulmonary hypertension. Adolescents with allergic conditions are especially vulnerable, often experiencing lower self-esteem and a reduced quality of life. This underscores the need for integrated care approaches.

Primary health care (PHC) plays a pivotal role in addressing the complex interplay between respiratory diseases and psychological comorbidities. As the initial point of contact within the healthcare system, PHC providers are uniquely positioned to identify mental health conditions, implement integrated care strategies, facilitate timely referrals to specialists, and engage in patient education. The adoption of a multidisciplinary, biopsychosocial and behavioral health approach is therefore critical to enhancing the effectiveness of PHC and optimizing clinical outcomes.

Parallel Session C: Nurturing Future Primary Healthcare Academics and Practitioners

C1. Career Motivation to Care for Underprivileged Older Adults: Concept Analysis of the Attributes, Antecedents, and Consequences

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Abstract

Background

Underprivileged older adults—those marginalized by poverty, limited healthcare access, or systemic discrimination—face disproportionate high chronic disease burdens and critical gaps in care. Addressing these inequities is hindered by a global shortage of geriatric nurses, further exacerbated by nursing students' insufficient career motivation in this field. This lack of motivation often stems from entrenched ageist stereotypes and limited educational exposure to underserved communities, which obscure the realities of caring for this vulnerable population. However, existing research lacks a structured framework analyzing the key components of career motivation, its antecedents, attributes, and consequences, within the context of marginalized older adults. This gap in understanding limits the development of targeted educational strategies necessary to cultivate a committed and capable geriatric nursing workforce.

Objectives

This study aimed to: (1) identify antecedents, attributes, and consequences of nursing students' motivation to care for marginalized older adults and (2) develop a conceptual framework to inform targeted community practicum educational interventions.

Methods

This qualitative study involved 210 students participating in a structured program from May to October 2024, consisting of an orientation, three practicum sessions, and a reflective session. Students documented their experiences through reflective journals guided by Gibbs' Reflective Cycle. Using Rodgers' evolutionary methods, a concept analysis was conducted to identify antecedents, attributes, and consequences. Two researchers independently coded the written reflections and extracted themes using NVivo 14.

Results

Five personal attributes (e.g. confidence and empathy) and four professional qualities (e.g. mission-driven mindset and proactive care) were identified from the reflections. Throughout the community practicum, nursing students' career motivation progressed from personal attributes to professional qualities. The antecedents of career motivation were categorized into three levels: individual (e.g., attitudes and role identification), organizational (e.g., practice

environment), and systematic (e.g., resource inequities and social engagement). The consequences were observed across three domains-- clients (enhanced community health and preventive services), nursing students (personal growth), and society (strengthened advocacy and social engagement).

Conclusions

This study explored the factors, characteristics, and outcomes influencing nursing students' motivation to provide care for disadvantaged elderly individuals. The proposed conceptual framework for career motivation in geriatric care provides practical guidance for educators in developing targeted training programs. Future studies should expand on this concept analysis using multidisciplinary perspectives and literature-based exploration to identify additional antecedents, attributes, and consequences. Such efforts will further enhance nursing students' career motivation and help mitigate workforce shortages in the rapidly growing and vulnerable aging population.

C2. Bridging Classroom and Community: Mixed-Methods Evaluation of a Reflective Observational Training Model in Primary Healthcare for Undergraduate Students

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Abstract

This study presents a mixed-methods evaluation of a reflective observational training model designed to bridge academic learning with real-world practice in primary healthcare (PHC). Conducted in collaboration with local health stations, the initiative involved 130 undergraduate public health students from a Thai university, who completed short-term observational placements at subdistrict health promoting hospitals near their hometowns. The training aimed to contextualize students' classroom knowledge—such as health promotion, disease prevention, and community-based care—through structured observation and reflective journaling. A validated evaluation tool consisting of eight Likert-scale items and four open-ended questions was used to assess learning outcomes and personal insights.

Quantitative results from 130 respondents revealed high agreement across all eight evaluation domains. The highest average score was observed in the item *"awareness of healthcare access limitations in rural areas"* (Mean = 4.7, SD = 0.48), followed by *"recognition of local health leadership roles"* (Mean = 4.6, SD = 0.52). More than 60% of students rated "strongly agree" for key indicators related to professional motivation and interdisciplinary collaboration, indicating a highly positive perception of the experience.

Qualitative analysis of open-ended responses identified four major themes: (1) real-world understanding of PHC operations—especially wound care, health education, and health

information systems, (2) critical observation of systemic limitations, such as staff shortages and resource gaps, (3) appreciation for teamwork and the role of community health volunteers (CHVs), and (4) enhanced professional motivation and clarity in career goals. Many students expressed a newfound commitment to working in rural or underserved areas after the training.

This model of observational, community-based training demonstrates strong pedagogical value in shaping socially responsive, context-aware public health professionals. Integration of such field experiences into undergraduate curricula can enhance critical thinking, empathy, and long-term engagement with primary healthcare systems.

Parallel Session D: Technology and Innovation in Healthcare

D1. Vulnerable Students and Toy Tourism: An Innovative Education-assisted Method

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Abstract

To improve the wellbeing of vulnerable students, especially in educational settings, toy tourism makes use of the entertaining and therapeutic qualities of toys. The psychological self-congruence theory, put forth by Charles Osgood and Percy Tannenbaum in 1955, suggests that students are more likely to interact with experiences that align with their self-concept. This theory can be used to analyze how students perceive toy tourism. Vulnerable students are more likely to find toy tourism experiences rewarding and helpful in relieving study stress when they believe that the playful and therapeutic aspects of the activity fit with their own self-concept and personal values. The total learning experience may be improved by this alignment, which may result in more contentment, emotional health, and a stronger connection with the destination. Toy tourism can be customized to match the psychological requirements and preferences of vulnerable students by incorporating the concepts of self-congruence. This will maximize its beneficial effects on the study experience and emotional health of the participants in this study. It is expected that interdisciplinary approaches will be used in well-designed empirical research. Health professionals, educational institutions, practitioners in the tourism sector, and caregivers of vulnerable students can all plan toy-destination educational activities to help students with mental distress feel less stressed and more secure. Additionally, this study would look at whether these stakeholders may improve the connection between toy tourism and vulnerable students' learning experiences and emotional health in the context of higher education.

With an emphasis on the final year learning experience of graduating business students, a mixed research technique will be used to examine vulnerable students' perspectives on toy tourism. This investigation will employ the most widely used mixed research methodology. To estimate their degree of stress and their thoughts about toy tourism in connection with their demanding

academic project work, final-year students who have experienced emotional discomfort in the previous six months will be asked to complete a questionnaire. Around 120 students will be the initial sample size for questionnaire surveys, and 20 to 40 students will be the initial sample size for in-depth interviews. since they are final-year students working on projects. Descriptive statistics, T-test, and factor analysis of SPSS and SmartPLS will be used to interpret quantitative data. Nvivo will be used to transcribe, code, and conduct content analysis on qualitative data. The purpose of this study is to provide the HKSAR Government with an overview of the research findings and action recommendations to promote the usage of toy tourism by vulnerable students.

D2. Factors Influencing student adoption of smartwatch health monitoring technology in Hong Kong: A Cross-sectional Study

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Abstract

Background: Smartwatches have advanced significantly, featuring real-time communication and healthcare monitoring. The Apple Watch exemplifies this with functions like contactless payments, messaging, and health tracking, including electrocardiograms and sleep monitoring. Customization options, such as various straps and cases, enhance user appeal. Major brands like Apple, Samsung, and Huawei dominate the market, with Apple holding over 20% of the share as of Q1 2024. In Hong Kong, smartwatches were the top choice in the watch category in 2022. A survey by the Hong Kong Trade and Development Council indicated that half of respondents believed smartwatches would lead the market, up from under one-third in 2019. Mechanical watches ranked second, chosen by 16%. The survey also showed 64% of participants were optimistic about smartwatch growth in 2023, compared to 38% in 2019. Notably, around 70% of individuals aged 16-24 are interested in wearable technologies, indicating a need for further research on smartwatch adoption.

Research methodologies: This study evaluates the adoption of smartwatch health monitoring technology among Hong Kong students, using a model based on the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2). This model incorporates perceived usability and privacy concerns, enhancing our understanding of technology adoption behaviors.

The UTAUT framework emphasizes factors such as facilitating conditions, social influence, effort expectancy, and performance expectancy. The extended UTAUT2 model highlights the role of perceived usability and privacy, which significantly influence attitudes toward adoption. Usability factors focus on interface design and ease of use, while privacy concerns address data security and personal information protection, impacting trust and willingness to adopt. A cross-sectional approach is adopted to collect data on students' attitudes towards smartwatch health monitoring technology across different aspects of the proposed research model. Online surveys

will be distributed to a diverse sample of students, ensuring representativeness. The survey will include 5-Likert scales to measure constructs such as usability, privacy concerns, and adoption intentions. Both quantitative and qualitative data will be analyzed, with linear regression using SPSS employed to test the relationships between variables. Additionally, open-ended questions will allow participants to express their thoughts in detail, providing deeper insights into user perceptions and experiences. This comprehensive approach enables a thorough investigation of user inclination and willingness to adopt smartwatches within Hong Kong's technology landscape.

Conclusion and recommendations: The findings of this study have shown positive correlation between the intention of using smartwatches' health monitoring technologies and perceived usability, hedonic motivation, and perceived effectiveness. The expectation built by customers on smartwatch health monitoring technologies, such as stable tracking of health status and sleep patterns, encourages the intention to use it. The enjoyment of using smartwatch health monitoring technologies also motivates customers to regularly use it. The easier the use of smartwatch health monitoring technologies, the more positive the attitude of students to use it. School should promote good health with activities and training about the use of health technology. The government should also consider take proactive and preventive measures by mean of health technologies in the community.

D3. A Photoacoustic-guided Temperature-controlled Controllable Microneedles System for Advanced Close-loop Drug Delivery

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Abstract

Conventional drug delivery approaches such as oral and intravenous administration suffer from limitations including first-pass metabolism, low bioavailability, and poor patient compliance, especially for macromolecular drugs. Microneedle (MN) arrays have emerged as a promising minimally invasive strategy for transdermal drug delivery. However, real-time monitoring and precise control of drug dosage and release rate remain significant challenges. To address these issues, we propose a novel photoacoustic (PA)-guided, thermally controlled microneedle drug delivery system capable of closed-loop regulation. This system integrates hydrogel-based microneedles loaded with indocyanine green (ICG), a clinically approved dye, with a soft, wireless thermal actuation module utilizing embedded copper wire heaters. The microneedles, fabricated using a two-step casting method with hyaluronic acid (HA), offer precise and tunable drug release. By adjusting the temperature of the copper heating element, the swelling behavior and diffusion rate of the hydrogel matrix can be modulated, allowing dynamic control of drug release kinetics. Simultaneously, a photoacoustic computed tomography (PACT) platform noninvasively monitors drug distribution in real-time, based on the optical absorption signals

of ICG. A closed-loop feedback mechanism enables automatic adjustment of thermal parameters—such as heating intensity and duration—according to the PA signal, thereby maintaining optimal drug concentrations at the target site. This approach eliminates the need for invasive sampling or external dosing corrections. The thermally actuated platform provides safe, repeatable, and precise drug administration suitable for long-term use in homecare environments. Overall, this research aims to establish a portable, user-friendly, intelligent drug delivery system that supports personalized dosing regimens. The integration of smart thermal control and real-time photoacoustic feedback represents a significant advancement toward autonomous and adaptive treatment strategies in chronic disease management and digital healthcare.

D4. Measuring the Emotional Impact of Film on Palliative Care Understanding: A Southeast Asian Perspective

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Abstract

This presentation builds on last year's CPCE paper exploring how cinema and literature communicate end-of-life (EoL) care concepts often inaccessible through conventional healthcare rhetoric. We now report on the completed short film *Ashes & Sighs* (2025), a character-driven narrative centred on Ai Chen, a caregiver navigating grief, duty, and cultural taboos in a Southeast Asian context. Grounded in interdisciplinary research and the Dignity Model (Chochinov, 2002), the project employed Community-Based Participatory Action Research (CBPAR) and included interviews with palliative caregivers in Singapore.

Our kinaesthetic and affective filmmaking methodology, drawing on Mike Leigh, Walter Murch, and Sergei Eisenstein, was refined through feedback from test audiences, including caregivers and clinicians. This iterative approach informed a final recut shaped by viewer responses to themes such as denial, filial piety, and moral transcendence. Audience engagement was assessed using qualitative measures, revealing increases in emotional literacy, empathy, and engagement with Advance Care Planning (ACP).

The project further incorporates Trifonova's theorization of the human body as the ultimate source of signification in cinema—relevant to medical humanities through its potential to deepen practitioners' sensitivity to nonverbal cues such as facial expression and gesture. Deleuze's concept of cinematic representation as dissociation, alongside O'Sullivan & Ekman's work on decoding complex emotions, underscores how film can challenge perception and enhance diagnostic empathy. Ekman's observations on concurrent emotional states invite reflection on fine-grained emotional reception in caregiving contexts.

Ashes & Sighs has been integrated into five NTU courses and presented at international festivals. We argue it offers a scalable, interdisciplinary model of healthcare education through cinema—one attuned to Southeast Asia's sociocultural dynamics, and capable of reshaping public attitudes toward dying and caregiving through embodied, affective experience.

D5. How digital inclusiveness programs promote the health-related outcomes among older adults in Hong Kong?

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Abstract

Hong Kong has already entered a super-aged society when the population aged 65 or above accounts for 23.3% in 2024. While digital divide is commonly found, smartphone ownership of older adults aged 65 and above has significantly increased from 68.1% in 2020 to 90.7% in 2022, which is the combined result of the mandatory scanning of a QR code using smartphone to enter various premises, an introduction of LeaveHomeSafe app and donation of smartphones to some underprivileged older adults by some organizations.

The current study aims at examining how digital inclusiveness courses targeting older adults enhance their health literacy and health-related outcomes. The current study conducted semi-structures in-depth interviews lasting for an hour with the program staff from three organizations from April to May 2025, which organized digital inclusiveness program, digital buddy program and the launch of e-health mobile app for older adults. The deductive thematic analysis was conducted based on four stages of evaluation research (i.e. needs assessment, program design and theory, program implementation and program outcomes) by NVivo 15.

The programs were implemented in response to the needs assessment, which is jointly caused by the growing aging population and an increasing smartphone ownership among the older adults. Moreover, the digital inclusiveness programs were designed based on program theory, which is evidently demonstrated by digital buddy program embedding mental health literacy into digital inclusiveness programs because mental health literacy is always associated with stigma and a sole promotion of mental health is less acceptable among the older adults. Another e-health mobile app is designed based on the Integrated care for older people (ICOPE) model proposed by the World Health Organization with the premise of introducing one app comprising health-related functions and knowledge to the older adults, carers and organizations at both individual and community levels.

Moreover, difficulties are always found in the program implementation, namely the difficulties in learning apps and smartphone and divergent learning progress among the older adults. All the programs were implemented and coordinated in a good manner given that training sessions were provided for the teachers and digital buddies (the university students), and a good

organizational structure was provided (i.e. program coordinator leads the learning session and teachers can ask the program coordinator in case of queries). To test whether the program achieved the objectives and derived program outcomes, the organizations conducted surveys and focus groups to solicit feedback from the older adults. It is found that the immediate outcomes such as the knowledge of using smartphone and apps application were enhanced. Another immediate outcome is that the mental health literacy of the older adults was enhanced as shown by the pre and post comparison of mental health literacy. It is accompanied by the strengthening of intergenerational transfer of knowledge and caring and social network. The distal outcome is the enhancement of health literacy through the e-health mobile apps, resulting in empowerment of older adults in making informed choice of health services.

Parallel Session E: Student Presentation I

E1. Evaluating a Challenge-Based Learning Intervention for Dysphagia Awareness Among Hong Kong Seniors and Caregivers: A Pilot Study

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Abstract

Background: The rising prevalence of dysphagia among Hong Kong's ageing population presents significant dietary management challenges for both affected individuals and their caregivers. Despite the critical need for dietary modifications, public awareness remains limited, and negative perceptions of soft diets persist. This pilot study assessed the feasibility and preliminary effectiveness of a Challenge-Based Learning (CBL) intervention designed to improve knowledge, attitudes, and acceptance of dysphagia management strategies among at-risk adults aged 50-70 and their caregivers.

Methods: This pilot quasi-experimental study used the Difference in Differences design to implement a health education program that included part (A) didactic sessions on dysphagia pathophysiology and management, part (B) demonstrations of thickener preparation, and part (C) interactive sessions on soft diet tasting. This study used pre-post analysis to evaluate changes in knowledge and attitudes. In the pre-event assessment questionnaire, a total of 23 questions were designed to be completed, including 5 items, (1) demographic data, food preference, (2) knowledge and awareness level of dysphagia, (3) impression and acceptance level of soft diet, (4) self-swallowing-screening in using Eating Assessment Tool-10, and (5) community resources suggestion and event expectations. In the post-event assessment questionnaire, a total of 13 questions were designed by the project team for evaluation with the pre-event assessment items (1) to (3) and the event feedback and suggestions.

Results: Among the 29 participants who attended the community-based event, 20 completed the pre- and post-questionnaires. Baseline assessments revealed substantial knowledge gaps, with 25% of participants unaware of dysphagia, 30% unfamiliar with soft diets, and 55% not recognizing the need for food texture modification. Negative perceptions of soft diets were prevalent, particularly regarding palatability and presentation. Post-intervention data demonstrated significant improvements: the proportion of individuals lacking dysphagia awareness decreased markedly, 90% reported an enhanced understanding of dietary requirements, and interest in soft diets increased from 30% to 45%. Participant satisfaction was exceptionally high, with 90% rating the program positively and 80% indicating it exceeded expectations.

Discussion: Our findings suggest that CBL methodologies can effectively deliver complex health information while addressing deeply ingrained food preferences. The intervention successfully improved immediate knowledge outcomes and modified negative attitudes toward therapeutic diets. The combination of theoretical knowledge with hands-on experiences appeared particularly impactful in changing perceptions about soft diets. However, the small sample size and single-session design limit our ability to assess knowledge retention or behavioural changes. The high satisfaction ratings support the program's feasibility, although future iterations should incorporate longitudinal follow-up and objective outcome measures.

Conclusion: This pilot study demonstrates the potential of experiential, CBL-based approaches to address critical gaps in dysphagia awareness. Future research should examine scalability across diverse community settings and evaluate sustained impact through larger, controlled trials with extended follow-up periods. These findings have important implications for public health strategies targeting Hong Kong's rapidly ageing population.

E2. Understanding Cat Scratch Disease: Transmission Dynamics and Prevention Strategies for Pet Owners

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Abstract

Background: Cat Scratch Disease (CSD) is a zoonotic infection caused by *Bartonella henselae*, transmitted primarily through scratches and bites from infected cats or contact with environments contaminated by cat fleas. While the disease is generally self-limiting, it poses significant public health challenges, particularly for vulnerable populations. Children between the ages of 5 and 9 years have been consistently identified as the most affected demographic group.

Objective: This literature review aims to examine patterns of CSD transmission, with a specific

focus on its prevalence among children, contributing environmental and social factors, and potential interventions to reduce disease incidence.

Methods: A review of peer-reviewed literature and epidemiological reports was conducted to analyze the prevalence, transmission mechanisms, and demographic trends associated with CSD. Sources were selected based on relevance to zoonotic transmission, pediatric health, and urban ecological settings.

Results: The reviewed studies consistently highlight that CSD disproportionately affects younger individuals, particularly in urban regions with higher stray cat populations. Both male and female children are susceptible, though recent data suggest an upward trend in incidence among females. Environmental conditions—especially warm, humid climates—further exacerbate disease transmission. This is due in part to the reproductive success of *Ctenocephalides felis* (cat fleas), which are effective vectors for *B. henselae*. Additionally, households with pet cats that receive infrequent veterinary care are at heightened risk. A pervasive lack of awareness among pet owners regarding zoonotic diseases significantly contributes to disease spread, suggesting that behavioral and educational interventions are critical.

Discussion: The findings emphasize the importance of public education to promote safe interactions with pets and underscore the need for regular veterinary checkups. Moreover, community-based strategies, such as Trap-Neuter-Return (TNR) programs, can reduce stray cat populations and therefore lower the risk of CSD outbreaks. Collaborative efforts involving public health authorities, pet owners, veterinarians, and local organizations are essential to manage and prevent the spread of CSD.

Conclusion: This review highlights the multifactorial nature of CSD transmission and calls for a comprehensive, community-centered approach to disease prevention. By improving public awareness, increasing access to veterinary care, and implementing stray cat control initiatives, it is possible to mitigate the spread of CSD—especially among children in high-risk areas. Future research should explore more targeted interventions and assess the long-term effectiveness of integrated public health strategies in urban environments.

E3. Scoping review of service-learning in undergraduate nursing education

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Abstract

Purpose:

Service-learning (SL) is an experiential learning and reciprocal learning pedagogy widely adopted in undergraduate nursing education. Nurses, as the largest global health workforce, have a key role in meeting the increasing demand for primary healthcare. Developing a sense

of social responsibility through cultivating partnerships among nursing students and community members is the key for building a sustainable primary healthcare system.

Emerging body of literature on the captioned topic demonstrates knowledge gaps in the design of SL activities. The agenda of promoting healthy ageing and wellbeing for the rapidly ageing population in primary care potentially narrows SL recipients to the focus on specific population in the community. Considerations in addressing diversity in the community, equity, accessibility and availability of primary healthcare in the design of SL activities pose a starting point for empirical inquiries in this scoping review. Furthermore, existing literature primarily focuses on highlighting the advantages of SL for nursing students. The benefits of mutuality between nursing students and community members received little empirical research attention. Investigation on questions of an exploratory nature, such as the SL experience of nursing students, contributes to the understanding of breadth and depth in the current design of SL activities in nursing education.

This scoping review aims to consistently report descriptive variables that inform the design of SL activity, and to map the perceived benefits and challenges encountered by nursing students in their SL experiences, hence enhancing insight on strategies to nurture future primary healthcare academics and practitioners.

Methods:

A scoping review research approach was adopted. Relevant studies focused on SL conducted by undergraduate nursing students were obtained from ScienceDirect, PubMed and ProQuest. Search strategies were developed in accordance with the PCC framework. Data synthesis and charting focused on the components, benefits and challenges of SL implemented by nursing students in the community.

Results:

Data from 26 studies were finally synthesised after screening 2173 searches. A summary of the targeted groups demonstrated elements of community profile, including demographics, social characteristics, and economic conditions. Diverse populations were defined by age, location, health conditions, and vulnerability, with children (11.5%), older adults and/or elderly (19.2%), geographically defined (23.1%), patients with specific physical/ mental diagnosis, such as diabetes or depression (11.5%), and vulnerable groups that consists of poverty, domestic violence, homeless, ethnic groups and pregnant teenagers (23.1%). Three studies (11.5%) reported having public or community members from different settings as participants. Over 60% of the studies reported the provision of pre-service training or orientation for students before the SL activity. Duration of SL activities ranged from 40 mins to 2 years.

Fear, communication barriers, limited resources and knowledge deficit were the challenges perceived by nursing students. Benefits and opportunities of fostering cultural sensitivity, empowering personal growth and professional development were highlighted in the implementation of SL activities.

Conclusion:

The findings identify implications for decision-making in the future design of service-learning

activities. These insights can serve as a reference for healthcare educators to improve the service-learning program, optimise the benefits for both nursing students' learning and community health.

E4. The effectiveness of Mind Body Exercises (MBE) on balance and mobility among people with Parkinson's disease- A scoping review

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Abstract

Purpose: Parkinson's Disease (PD) is a progressive neurodegenerative disorder with clinical features of bradykinesia, rigidity, and tremor, leading to a significant and growing global health burden. Current primary pharmacological treatments are associated with complications including motor fluctuations ("wearing off") and dyskinesias. While Deep Brain Stimulation (DBS) therapy offers other alternatives, its strict patient selection criteria limit its applicability. This review targets the effectiveness of MBEs (Tai Chi, Qigong, and Yoga) in improving balance and mobility in PD patients. Furthermore, it aims to map the symptom-specific advantages of each MBE, determining which motor symptoms (e.g., postural instability, gait impairment, rigidity) are most responsive to these MBEs. By analyzing relevant research, the review aims to uncover patterns of efficacy among these therapies and clarify how each MBE addresses particular motor symptoms associated with PD.

Method: A scoping review was undertaken according to PRISMA-ScR guidelines, and three databases were searched (PubMed, Medline, and CINAHL). Studies involving participants with idiopathic PD were included if MBE were applied. Data synthesis and charting emphasized the the relative efficacy of MBE interventions in improving balance and mobility outcomes in PD patients.

Results: Data from 17 studies was compiled and analyzed following the screening of 283 articles. Tai Chi emerged as the most consistent intervention for improving balance with multiple studies demonstrating significant improvement in Berg Balance Scale (BBS) scores and a decrease in falls. Long-term training (6-12 months) also improved gait parameters such as step width and velocity, whereas short-term interventions (e.g., 16 weeks) showed limited efficacy. Conversely, Yoga proved effective in improving static balance and flexibility. Qigong showed notable benefits for both balance and gait, with studies reporting that reduction of falls, along with improvements in stride length and walking speed, are mainly observed during extended long-term intervention.

Conclusion: Tai Chi demonstrates the most comprehensive advantages for balance and gait in patients with mild-to-moderate PD. Qigong also provides outstanding dual benefits, while Yoga mostly improves static stability and flexibility. Overall, these MBEs provide alternatives for managing PD motor symptoms.

E5. Enhancing healthcare accessibility: A student-led exploration of audio description techniques for deafblind individuals in clinical settings

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Abstract

Background*:* Individuals experiencing significant visual and hearing impairment greatly impact their daily routines especially accessing medical care. They require specialized and personalized services that are far more complex than those designed solely for either deaf or blind people. While audio description techniques can be one of the supportive tools for the people with deaf blindness, related training of audio description in nursing curriculum is lacking.

Aims*:* To assess the effectiveness of audio description techniques in supplementing visual information when providing nursing care to the individuals with deaf blindness.

Methods*:* The study utilized a pretest-posttest design. The study included two activities: 1) hosting two sessions of a 2-hour training workshop on audio description technique and experience-based activities for individuals who are nurses or nursing students; and 2) providing a 2-hour experiential learning where nursing students provide nursing care to deafblind individuals. The application of audio description focused on describing the ward and bedside environment, toilet facilities, medicine, set meal, orientation of time and direction. Data was collected by questionnaires. Paired t-test was performed to analyse the data. A p-value of < 0.05 is considered to be statistically significant. The study took place at Nursing Laboratories at Tung Wah College during April and July 2024.

Results*:* Total 17 participants recruited in this study, people with visual impairment (n=6) recruited from the Resources Centre for the Deafblind of the Hong Kong Society for the Blind, nursing students (n=10), and registered nurse (n=1) were open recruited. The responses of “In which aspect of descriptive components included can help the patient with deaf blindness in knowing more essential visual information?” indicated a significant difference, $t(16) = 7.59$, $p < .001$. Besides, “knowing the form and colour of medicine, the shape of assistive device, to enhance the medical compliance and safety” was most important, $t(16) = 2.22$, $p = .041$. In the accuracy check of visual information received by the individuals through audio description, the average accuracy rate is 90%.

Conclusion*:* The use of audio description techniques can be applied when providing nursing care to individuals with deaf blindness. Training on audio description should be strengthened to improve its application in such context. The project offered a holistic competency development in personal and professional perspectives for nursing students. Policy makers should consider developing policies or revising nursing curricula to ensure the provision of accessible visual information for patients with special needs, who have the right to receive

quality healthcare.

E6. Evaluation of a Theory-Driven Oral Hygiene Education Programme Promoting Oral Health among Self-Independent Elderly in Hong Kong

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Abstract

Introduction

Oral health is the state of the mouth, teeth and orofacial structures for human essential daily functions. Literature has revealed a sharp rise in the prevalence of various dental problems among the ageing population in Hong Kong. However, underlying causes related to knowledge deficit, financial burden of dental care, and low engagement with preventive services further underestimate the urgency of targeted interventions, resulting in a community service gap in oral health promotion for the local elderly. Service learning, combined with health behavioural theories, provides tertiary nursing students with the opportunity to address the issue by promoting oral health among the self-independent elderly in Hong Kong.

Methods

This study aimed to report and evaluate the effectiveness of the challenge-based learning (CBL) project, which promotes health among community-dwelling elderly in Hong Kong through a theory-driven oral hygiene education programme. The project, conducted by nursing students and academics at a tertiary institution in 2024, was divided into two phases. In Phase I, need assessment (from CBL) was conducted using a mixed-methods research approach. A survey study was conducted in March 2024. The questionnaire included (1) questions adopting the 2011 Hong Kong Government Survey, and (2) a survey on elderly oral health adapted from the Health Belief Model (HBM) and Social Cognitive Theory (SCT). Quantitative data were collected from 42 self-independent residents of two local elderly homes. Qualitative data from a semi-structured interview with a local dental professional were used for triangulation.

In Phase II, an education programme was developed by integrating the findings in Phase I with the theoretical ground of HBM and SCT. Combining a series of gamified activities and demonstrations, the programme targeted at enhancing participants' oral care literacy and mitigating perceived barriers to motivate their long-term oral hygiene practices. 34 older adults aged 59 and above participated in a daycare centre in June 2024. Evaluation was conducted through a survey administered to participants after the programme.

Results

Results from triangulation in Phase I revealed the elderly's misconceptions about seeking

dental care and utilising oral hygiene instructions. They also showed poor oral health literacy and a lack of awareness regarding the active prevention of dental problems and access to dental services. Moreover, economic constraints were perceived as a common barrier, while the elderly were unaware of the actual fees and the availability of subsidised social welfare. Multiple service gaps were identified, such as insufficient hands-on education and underutilised subsidy programmes.

In Phase II, activities in the oral hygiene education programme strategically addressed psychological and economic barriers through practical engagement. The evaluation results showed a high level of satisfaction (4.65 out of 5). Over 90% of participants agreed that they benefited from those activities in multiple dimensions. Positive feedback also reinforced the effectiveness and practicality of the programme.

Conclusions

The findings suggest that interactive health education by nursing students can help address the systemic service gaps in oral health among Hong Kong's elderly. It also supports the reciprocity of pedagogical innovation by combining CBL-based community service with the application of theory.

Parallel Session F: Student Presentation II

F1. Modeling the Affordability of Cancer Drug Expenditures in Hong Kong Public Healthcare System: A System Dynamics Analysis

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Abstract

Background: Limited affordability of cancer drugs poses a significant challenge to the health and well-being of cancer patients in Hong Kong, driven largely by escalating costs of self-financed medications and inadequate financial support from government subsidies. Existing research has yet to comprehensively quantify the financial burden of cancer drug expenses on both patients and the public healthcare system. This study aims to fill this gap by evaluating the affordability of cancer drugs under various policy scenarios through a mathematic modeling method, with the goal of identifying effective strategies to alleviate the economic strain on patients and the healthcare system.

Methods: Building on insights from a previously conducted stakeholder interview study, we identified key variables influencing the economic burden of cancer drugs within Hong Kong's public healthcare system. Using these variables, we developed a system dynamics model to simulate the effects of various policy interventions, including: (1) reducing drug prices through negotiation initiatives; (2) expanding eligibility criteria for safety net schemes; (3) incentivizing private health insurance to foster public-private collaboration; and (4) assessing

the combined impact of these policies. The model focused on key outcome measures related to financial burden, such as the incidence of catastrophic health expenditures at the patient level, overall cancer drug costs, and their impact on the Hospital Authority's funding pool at the system level. The simulation period will be from 2023 to 2040 with the aim of forecasting the long-term effect of proposed policies.

Results: Simulation results indicate that, under the current public healthcare financing system, rising healthcare expenditures will surpass available revenues, placing significant strain on the Hospital Authority's (HA) funding pool by 2033 if no interventions are implemented. Baseline analysis revealed that out-of-pocket (OOP) expenses accounted for 45% of total cancer drug expenditure within the Hospital Authority Drug Formulary (HADF), disproportionately affecting middle-income patients who do not qualify for safety net programs. Scenario analyses demonstrated that tested policy interventions can effectively alleviate the economic burden on individuals and the healthcare system. When combined, these policy measures are projected to reduce OOP expenses related to cancer drugs by 58% by 2040 and delay the depletion of the HA funding pool by approximately three years. The system dynamics model was validated and showed strong concordance with real-world data, supporting the robustness of these findings.

Conclusions: Our findings highlight the lack of long-term financial sustainability in Hong Kong's public healthcare system under current financing strategies, particularly in light of escalating cancer drug costs. While the proposed policy interventions demonstrated effectiveness in improving affordability through simulation modeling, further studies are needed to assess their practical feasibility and implementation challenges. This study provides quantitative evidence supporting the urgent need for proactive healthcare financing reforms in Hong Kong, including the introduction of diversified funding mechanisms.

F2. A Scoping Review on the Effectiveness of Disease-Specific Health Apps in Patients with Diabetes Mellitus

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Abstract

Background: Type 2 Diabetes Mellitus (T2DM) is one of the major global health issues, with a rising prevalence and significant complications, such that effective management strategies to prevent complications are also warranted. However, traditional glucose monitoring methods have their shortcomings in offering real-time data; thus, integrating Continuous Glucose Monitoring (CGM) systems with Mobile health (mHealth) applications is emerging to be an alternative. The research has shown improvement in diabetes management by using CGM. This scoping review examines the effectiveness of mHealth apps in T2DM care, focusing on (1) how demographic factors, namely, age, educational level, and income level, impact the success of mHealth apps for T2DM management, and (2) how implantable Continuous Glucose

Monitoring (CGM) systems support long-term controlling glycemic and HbA1c level for T2DM patients using health apps.

Methods: A systematic search was conducted across 5 major databases, including PubMed, Embase, EBSCOhost, Google Scholar, and Cochrane Library that comprehensively searched for studies published between 2019 and 2024. The search keywords included “type 2 diabetes mellitus”, “diabetes health app”, “glycaemic control”, “HbA1c”, and “implantable CGM systems”. Analysis that adhered to Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) guidelines was then conducted, and key findings were summarized through the use of thematic analysis. 20 studies were included. Demographic influence, glycemic control and HbA1c level improvements, and app engagement were targeted for data extraction.

Results: 20 studies were selected for final analysis, which shows that CGM-integrated mHealth apps are shown to reduce HbA1c levels, improve self-management behaviours and improve patient engagement. Also, the findings indicated that younger and lower-educated patients engage more with mHealth apps. Nevertheless, financial barriers, technological literacy, and accessibility still major hinder adoption among older and low-income individuals. CGM-integrated apps significantly enhance glycemic control, HbA1c levels, and self-management behaviors. However, cost and accessibility remain key limitations.

Conclusion: The research affirms CGM-integrated mHealth apps to be an ideal methodology for managing T2DM as they enable real-time glucose monitoring, predictive alerts and personalised feedback. Future research should explore CGM technology’s ability to revolutionise long-term diabetes care and integrate with Artificial Intelligence (AI) technology to be a diagnostic tool.

F3. Photobiomodulation Therapy: A Non-invasive Innovative Approach for Knee Osteoarthritis Management in Primary Healthcare

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Abstract

In 2019, approximately 528 million people worldwide lived with osteoarthritis, with 75% of the patients aged over 55 years. In Hong Kong, up to 7% of men and 13% of women suffered from knee osteoarthritis in 2020, posing a significant public health challenge amid aging populations. Traditional treatments, including medications, injections, and surgery, often carry risks of side effects, invasion, and high costs. Photobiomodulation therapy (PBMT) offers a promising non-invasive alternative that uses low-level laser light to stimulate cellular activity,

reduce inflammation, and relieve pain.

This study aims to: (1) examine the mechanisms of PBMT in osteoarthritis treatment; (2) compare PBMT efficacy with conventional therapies such as medication, injections, and surgery; (3) assess clinical evidence of PBMT in osteoarthritic patients; (4) identify barriers of PBMT implementation in Hong Kong's public healthcare system; (5) explore strategies for integrating PBMT as a mainstream osteoarthritic treatment in Hong Kong.

Based on the aims, this study synthesizes scientific literature and clinical evidence on PBMT mechanisms and efficacy of PBMT for knee OA, comparing them with conventional treatments. Key mechanisms include: angiogenesis regulation, cellular ATP production stimulation, arthritis-related gene modulation, joint enzyme secretion regulation, and cytokines expression modulation. Clinical studies indicate PBMT's effectiveness in pain relief, improved joint function, and potential for long-term disease management with minimal side effects.

Challenges to PBMT adopting in Hong Kong's public healthcare system include limited stakeholder awareness, absence of standardized protocols, insufficient professional training, and financial constraints. To address these, recommendations include: (1) developing localized clinical guidelines; (2) integrating PBMT curricula into physiotherapy training; (3) launching public hospital pilot programs.

PBMT's non-invasive profile and evidence-based benefits position it as a valuable innovation for primary healthcare in osteoarthritis management. Integrating PBMT into Hong Kong's healthcare system may improve patient outcomes, reduce dependence on invasive therapies, and enhance sustainability in chronic musculoskeletal condition management.

F4. Promotional Strategies and Behavioural Changes After COVID-19 for Mobile Health Application Adoption Among Chinese Older Adults: A Qualitative Interview Study Among Geriatric Care Practitioners

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Abstract

Background: Mobile health (mHealth) applications are now incorporated into a multitude of healthcare services, yet their adoption among older populations was seemingly low as compared to younger populations. Since the COVID-19 pandemic, some mHealth services (e.g., telemedicine and remote monitoring) have emerged. This implicates that COVID-19 seems a prime driver of technological adoption in healthcare. Previous studies have shown that although Hong Kong and the Netherlands share similar socio-economic characteristics, there are still some other determining factors (e.g., policy and legislation) that are unique to their cultural contexts to drive and impede technological uptake entailing completely different technology

penetration patterns. Therefore, the objective of this study was to explore the perspectives of geriatric care professionals pertaining to the promotional strategies for mHealth application adoption among Chinese older adults. The adoption behavioural changes among older people since the COVID-19 pandemic were also explored.

Methods: A descriptive qualitative design using an individual in-depth interview approach was adopted. Thematic analysis was used to explore and analyse the geriatric care professionals' perspectives of older people's mHealth utilization.

Results: A total of 21 healthcare professionals (nurses, social workers, Chinese medicine practitioners, geriatricians, and occupational therapists) having more than 10 years of working experience in aged care were interviewed. Regarding the recommended promotional strategies, a total of six themes were identified. Increased publicity (e.g., adverts placed in General Out-patient Clinics, district health centres, and old age homes, public talks, and multimedia) (85.7% [18/21]), facilitation by people around (e.g., carers, family, friends, and healthcare professionals) (76.2% [16/21]), and education measures (e.g., outreach training services and individual trainings) (71.4% [15/21]) were found to be the most common themes. The findings regarding the behavioural changes were equivocal as evidenced by nearly half of the respondents (47.6% [10/21]) agreeing on the increased acceptance and use of mHealth applications among older people after the COVID-19 pandemic and 19.0% (4/21) of them highlighting no observable changes.

Conclusions: The present study provides empirical evidence for age-appropriate promotional strategies to enhance mHealth acceptance among older Chinese populations.

F5. The views, experience and recommendations for digital mental health tools: an exploratory mixed-method study

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Abstract

Background

Digital mental health tools (DMHTs) have the potential to support the rising mental health needs of older adults. However, older adults face challenges in using existing DMHTs and have different needs from younger populations. This study aimed to qualitatively and quantitatively explore the views, experience and recommendations for DMHT by older adults in Singapore.

Methods

This study adopted a sequential exploratory mixed-method design. Sixteen semi-structured interviews and five focus group discussions were conducted with adults aged ≥65 years in English or Chinese. Interview transcripts were analysed thematically. An online questionnaire

was then developed based on these qualitative findings and the senior technology acceptance model. All Data collection (qualitative and quantitative parts) took place between April 2024 and April 2025. The study was approved by NTU Institutional Review Board (IRB-2024-178).

Results

Interview data on 38 older adults with an age range from 65 to 84 years old revealed low awareness and use of DMHTs. The themes included life concerns, mental health coping strategies, experience with current digital tools, readiness to adopt DMHTs, recommendations for DMHTs, and alternative programs to DMHTs. Barriers to DMHT adoption were negative experiences with current digital tools, stigma of mental disorders, the lack of human contact, and uncertainty over their value. DMHTs were recommended to adopt a simple design, offer multilingual information, be implemented with technical support, and provide incentives such as vouchers. Questionnaire data on N= 235 older adults aged ≥50 years showed technology anxiety was more prominent in participants aged 65 years or above than those aged between 50 and 64 years. Around 20% of participants were very willing to try DMHTs. Participants expressed low trust in the reliability of information provided by AI-based mental health tools and indicated a clear preference for human therapists. Participants acknowledged the potential benefits of DMHTs, including easy to find information, non-judgement, and less stigma. However, key concerns included scams, privacy issues, and cost. Participants provided similar recommendations for developing DMHTs that are easy to use, trustworthy, and affordable.

Conclusion

Although many older adults in Singapore had experience with digital health, DMHT awareness was still low. Our study highlights important concerns about that need to be addressed, especially technology anxiety due to scams. To increase their usability and appeal for older adults, future DMHTs are recommended to be developed by trusted sources, incorporating accessibility enhancers, and be implemented with sufficient technical support and incentives.

F6. Creating an Employment Green Channel for Cancer Patients in Mainland China: Exploring Policy Support and Practical Approaches

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Abstract

With the advancement of society and medical care, significant progress has been made in cancer treatments, substantially extending the life expectancy of cancer patients. Following rehabilitation and comprehensive medical interventions, many cancer survivors are assessed as capable of returning to society and resuming employment. Moreover, a strong willingness to re-enter the workforce has been observed among cancer survivors, highlighting the importance of ensuring their financial stability, assisting them in realizing self-worth, and facilitating their

social reintegration. Consequently, addressing employment issues for cancer patients has become a critical research focus.

However, in the current societal context, cancer survivors still encounter numerous obstacles when attempting to return to the workplace. These challenges include biases and misconceptions toward cancer patients within professional environments, particularly in physically demanding industries, where employers frequently question survivors' abilities to independently fulfill job responsibilities. Such cognitive prejudices directly lead to discriminatory practices, including rejection during the recruitment process or unfair treatment within the workplace. Additionally, certain industries or positions impose explicit health-based entry restrictions (e.g., health requirements mandated for civil service examinations). For employed cancer survivors returning after treatment, their career advancement is often negatively impacted, and they may not receive the same recognition or opportunities from their employers as before.

This study conducted interviews with 20 cancer survivors in Mainland China, revealing that the primary employment barrier currently faced is the absence of targeted employment support and guidance systems in existing social policies. The interviewed cancer survivors expressed a pressing need for improved social policies that would guarantee equal employment and promotion opportunities, as well as promote a caring and inclusive workplace environment. Thus, establishing a specialized “green channel” for cancer patient employment is both urgent and essential.

In terms of policy support, the government should refine relevant laws and regulations to safeguard cancer survivors' equal employment rights, explicitly prohibiting discrimination based on medical history. Additionally, policies such as tax incentives and loan guarantees should be introduced to encourage enterprises to hire cancer survivors. The establishment of special funding programs is recommended to provide employment training and entrepreneurial support for survivors, alongside strengthening social security mechanisms to alleviate their economic burdens related to employment.

Regarding practical approaches, constructing a comprehensive multi-party collaboration mechanism is necessary. Enterprises should offer flexible work arrangements, foster inclusive workplace environments, and implement effective communication channels to promptly identify and address cancer survivors' work-related difficulties. Social organizations should establish employment information platforms, provide vocational training and guidance, and support survivors' integration into society. Furthermore, it is essential to enhance public awareness campaigns and education on cancer prevention and treatment, thereby improving societal recognition of cancer survivors' employment potential, eliminating biases, and fostering an equitable employment environment. Through the close integration of policy support and practical strategies, it is anticipated that a dedicated employment green channel for cancer survivors can effectively be realized, substantially improving their quality of life and social integration.