



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



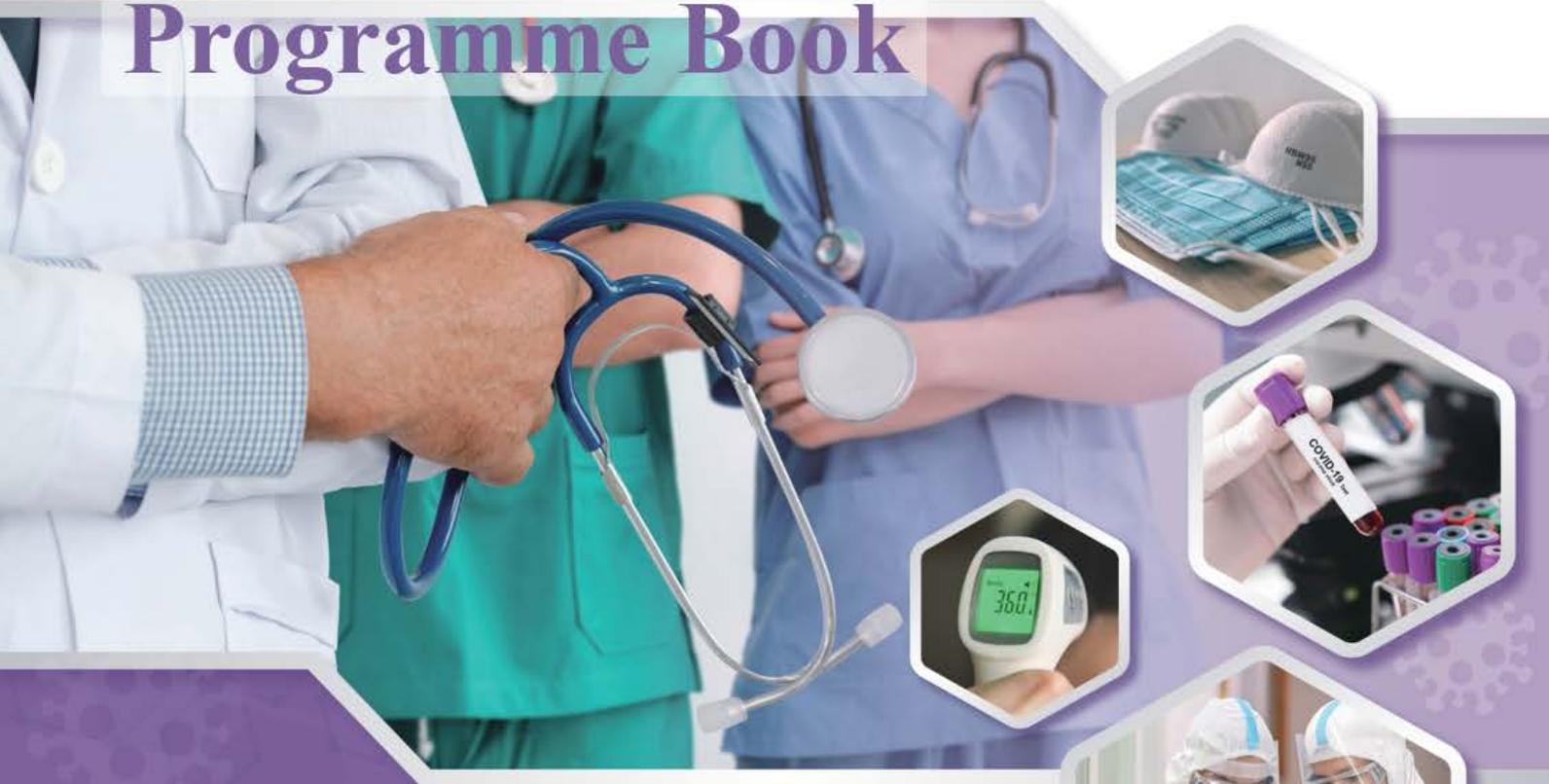
HONG KONG
COMMUNITY COLLEGE
香港專上學院

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



Centre for
Ageing and
Healthcare
Management
Research
老龄化與護理管理研究中心

CPCE Health Conference 2021 Programme Book



Post-pandemic health and long-term care: A new paradigm 疫情後醫護及長期護理的新局面

Date: 20 September 2021 (Monday)

Time: 9:30 am – 5:30 pm (HKT)

Venue: - Room 208, PolyU Hung Hom Bay Campus,
8 Hung Lok Road, Hung Hom, Kowloon (Face-to-Face)
- Zoom Meeting (Online)



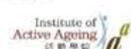
Co-organisers:



Sponsors:



Supporting Organisations (in alphabetical order):



The conference is partially supported by a grant from the Research Grants Council of the Hong Kong Special Administrative Region, China (Project No.: UGC/IDS24/18)

CONTENTS

I. INTRODUCTION	1
II. ORGANISATION OF CONFERENCE	3
Conference Chair	3
Conference Co-Chairs	3
Conference Organiser.....	3
Conference Advisors	3
Organising Committee.....	4
Co-organisers and Supporting Organisations.....	5
Co-organisers.....	5
Supporting Organisations (in alphabetical order).....	5
Sponsors	6
III. PROGRAMME	7
Speakers	7
Professor David BRIGGS AM	7
<i>Adjunct Professor, Faculty of Medicine and Health, University of New England, Australia and Mahidol University Thailand; Editor, Asia Pacific Journal of Health Management; Immediate Past President, Society for Health Administration Programs in Education (SHAPE).....</i>	<i>7</i>
Ms Alex Westcott CAMPBELL.....	7
<i>Senior Editor, Humanities and Social Science (Southeast and East Asia), Springer Singapore.....</i>	<i>7</i>
Professor Tung-liang CHIANG.....	8
<i>Professor and former Dean, College of Public Health, National Taiwan University</i>	<i>8</i>
Professor Ya-Mei CHEN.....	8
<i>Associate Professor, Institute of Health Policy and Management, College of Public Health, National Taiwan University.....</i>	<i>8</i>
Professor Dongwoon HAN.....	9
<i>Professor, College of Medicine, Hanyang University, South Korea.....</i>	<i>9</i>
Professor Tomonori HASEGAWA	10
<i>Professor and Chair, Division of Health Policy and Health Service Research Department of Social Medicine, Toho University School of Medicine, Japan.....</i>	<i>10</i>
Professor David S. C. HUI, BBS.....	11
<i>Chairman, Department of Medicine and Therapeutics, The Chinese University of Hong Kong (CUHK); Stanley Ho Professor of Respiratory Medicine, CUHK; Director, Stanley Ho Centre for Emerging Infectious Diseases, CUHK; Director,</i>	

<i>SH Ho Sleep Apnoea Management Center, CUHK; Honorary Consultant Physician, Prince of Wales Hospital</i>	11
Dr the Honourable LAM Ching-choi, SBS, JP	11
<i>Chairman, Elderly Commission; Member of Executive Council, The Government of the Hong Kong Special Administrative Region; Chief Executive Officer, Haven of Hope Christian Service</i>	11
Professor Kenneth K. C. LEE.....	12
<i>Professor of Pharmacy, School of Pharmacy, Monash University Malaysia</i>	12
Dr PHUA Kai Hong	13
<i>Adjunct Senior Research Fellow, Lee Kuan Yew School of Public Policy, National University of Singapore</i>	13
Dr Phudit TEJATIVADDHANA	14
<i>Director, ASEAN Institute for Health Development, Mahidol University, Thailand</i>	14
Dr TSANG Ho Fai, Thomas.....	14
<i>President, Hong Kong College of Community Medicine; Member, Government's Vaccination Program Task Force; Former Controller, Centre for Health Protection</i>	14
Professor Peter P. YUEN	15
<i>Dean, College of Professional and Continuing Education (CPCE); Professor, Department of Management and Marketing, The Hong Kong Polytechnic University</i>	15
Moderators of Keynote and Plenary Presentations.....	17
Professor Warren C. K. CHIU.....	17
<i>Associate Dean, College of Professional and Continuing Education (CPCE), The Hong Kong Polytechnic University</i>	17
Dr Ben Y. F. FONG	17
<i>Associate Division Head and Professor of Practice (Health Studies), Division of Science, Engineering and Health Studies and Programme Director, PolyU CPCE; Director, Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED</i>	17
Dr Vincent T. S. LAW	17
<i>Senior Lecturer, Division of Social Sciences, Humanities and Design, PolyU CPCE; Academic Convenor, Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED</i>	17
Professor Albert LEE	17
<i>Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong</i>	17
Dr S. H. LIU	17
<i>President, Hong Kong College of Health Service Executives</i>	17
Dr Jack M. K. LO	17
<i>Director, PolyU SPEED</i>	17
Dr Anthony W. K. LOH	18

<i>Division Head, Division of Science, Engineering and Health Studies, PolyU CPCE</i>	18
Dr C. C. LUK	18
<i>Cluster Chief Executive (HKEC), Hospital Authority</i>	18
Dr W. K. POON	18
<i>President, Hong Kong College of Nursing and Health Care Management</i>	18
Dr Pimtong TAVITIYAMAN	18
<i>Associate Division Head, Division of Science, Engineering and Health Studies, PolyU CPCE</i>	18
Professor Peter P. YUEN	18
<i>Dean, College of Professional and Continuing Education (CPCE), Professor, Department of Management and Marketing, The Hong Kong Polytechnic University</i>	18
Moderators of Parallel Sessions.....	19
Dr Ben Y. F. FONG	19
<i>Associate Division Head and Professor of Practice (Health Studies), Division of Science, Engineering and Health Studies, PolyU CPCE</i>	19
Dr Oscar W. K. CHIU	19
<i>Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE</i>	19
Dr Vincent T. S. LAW	19
<i>Senior Lecturer, Division of Social Sciences, Humanities and Design, PolyU CPCE</i>	19
Dr Carrie H. S. WONG	19
<i>Senior Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE</i>	19
Dr Pimtong TAVITIYAMAN	19
<i>Associate Division Head, Division of Business and Hospitality Management, PolyU CPCE</i>	19
Dr Anthony K. LUI	19
<i>Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE</i>	19
Programme Rundown	20
IV. WELCOMING SPEECH	23
Health and long-term care systems reform in Hong Kong: Insights from the COVID-19 pandemic	23
Professor Peter P. YUEN	23
<i>Dean, College of Professional and Continuing Education</i>	23
V. KEYNOTE PRESENTATIONS.....	23
Keynote I: What evolving trends in healthcare may we expect to see in a post-pandemic world?	23

Dr Thomas H. F. TSANG	23
<i>President, Hong Kong College of Community Medicine</i>	23
Keynote II: Pandemic situation in 2022: Variants of concern, vaccine effectiveness and lifestyle	24
Professor David S. C. HUI, BBS	24
<i>Chairman, Department of Medicine and Therapeutics, The Chinese University of Hong Kong</i>	24
VI. PLENARY SESSIONS	25
Plenary I: Lessons from COVID-19 pandemic; how to protect the elderly and to build a robust and sustainable healthcare system	25
Professor Tomonori HASEGAWA	25
<i>Professor, Toho University School of Medicine, Japan</i>	25
Plenary II: Sustainable savings for health and long-term care financing in Singapore	25
Dr PHUA Kai Hong	25
<i>Adjunct Senior Research Fellow, Lee Kuan Yew School of Public Policy, National University of Singapore</i>	26
Plenary III: Responses to an ageing society, long-term care policies, and COVID-19: The ASEAN and Thailand experience	26
Phudit TEJATIVADDHANA ^{a*} , VO T. H. Man ^b , Nalinee N. CHUAKHAMFOO ^a	26
^a ASEAN Institute for Health Development, Mahidol University, Thailand	26
^b Tokyo Medical and Dental University, Japan.....	26
Plenary IV: The need for authentic leadership in long-term care post pandemic: Australian perspectives	27
Professor David BRIGGS AM	27
<i>Adjunct Professor, UNE, Australia and ASEAN Institute of Health Development, Mahidol University Thailand</i>	27
Plenary V: COVID-19 and long-term care in Taiwan: Impacts and challenges	28
Professor Ya-Mei CHEN, Professor Tung-liang CHIANG	28
<i>College of Public Health, National Taiwan University</i>	29
Plenary VI: Community elderly care using AI/IOT during the COVID-19 pandemic: An experience of South Korea	29
Professor Dongwoon HAN.....	29
<i>Professor, College of Medicine, Hanyang University, South Korea</i>	29
Plenary VII: The economics of immunisation: Ensuring value amidst resource constraints	30

Professor Kenneth K. C. LEE.....	30
<i>Professor of Pharmacy, School of Pharmacy, Monash University Malaysia.....</i>	<i>30</i>
Plenary VIII: Long-term care in Hong Kong: Lessons learned from the pandemic.....	31
Dr The Honourable LAM Ching-choi, SBS, JP	31
<i>Chairman, Elderly Commission, HKSAR.....</i>	<i>31</i>
VII. SHARING SESSION.....	32
Book publishing with Springer, humanities and social sciences.....	32
Ms Alex Westcott CAMPBELL.....	32
<i>Senior Editor, Humanities and Social Science (Southeast and East Asia), Springer Singapore.....</i>	<i>32</i>
VIII. PARALLEL SESSIONS.....	33
Parallel Session A: Elderly Health and Care.....	33
A1. Residents’ perception on medical tourism development in Hong Kong: Benefits and limitations.....	33
<i>Joyce S. C. KWAN, Pimtong TAVITIYAMAN.....</i>	<i>33</i>
<i>School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i>	<i>33</i>
A2. Applications of systems thinking in health and education: Its roles and perspectives for a sustainable future in the time of pandemics	35
<i>Wang-Kin CHIU and Ben Y. F. FONG</i>	<i>35</i>
<i>Division of Science, Engineering and Health Studies, College of Professional and Continuing Education, The Hong Kong Polytechnic University.....</i>	<i>35</i>
A3. The accuracy of artificial neural network in predicting the impact of COVID-19 on students mental health	36
<i>Adam WONG^a, Kia TSANG^b, Joseph SO^a, and Ada CHAN^a.....</i>	<i>36</i>
<i>^a College of Professional and Continuing Education, The Hong Kong Polytechnic University, Hong Kong</i>	<i>36</i>
<i>^b School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong.....</i>	<i>36</i>
A4. Family caring for the elderly during and after the pandemic: Perspective from Confucian familism	37
<i>Andrew Tsz Wan HUNG</i>	<i>37</i>
<i>College of Professional and Continuing Education, The Hong Kong Polytechnic University, Hong Kong</i>	<i>37</i>
A5. Telemedicine and telehealth for health and long-term care in Hong Kong: A policy analysis	37
<i>Fowie S. F. NG*, Holly C. Y. NG.....</i>	<i>37</i>
<i>School of Management, Tung Wah College, Hong Kong</i>	<i>37</i>
Parallel Session B: Service Delivery	38

B1. Designing integrative medicine service delivery models: A review of international experiences	38
<i>Vincent C. H. CHUNG^{1,2*}, Leonard HO², Ting Hung LEUNG², Charlene H. L. WONG¹</i>	38
<i>¹Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong</i>	38
<i>²School of Chinese Medicine, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong</i>	38
B2. Effectiveness of nurse-led peri-discharge interventions for reducing 30-day hospital readmissions: Network meta-analysis	39
<i>Charlene H. L. WONG, PhD¹, Claire C. W. ZHONG, MPhil^{*1}, William K. W. CHEUNG, BSc¹, Eng-kiong YEOH, FFPH¹, Chi Tim HUNG, FHKAM¹, Benjamin H. K. YIP, PhD¹, Eliza L. Y. WONG, PhD¹, Samuel Y. S. WONG, MD¹, Vincent C. H. CHUNG, PhD^{1,2}</i>	39
<i>¹Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong</i>	39
<i>²School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong</i>	39
B3. Effectiveness of peri-discharge complex interventions for reducing 30-day hospital readmissions among patients with heart failure: Overview of systematic reviews and network meta-analysis	40
<i>Claire C. W. Zhong, MPhil¹, Charlene H. L. Wong, PhD^{*1}, William K. W. Cheung, BSc¹, Eng-kiong Yeoh, FFPH¹, Chi Tim Hung, FHKAM¹, Benjamin H. K. Yip, PhD¹, Eliza L. Y. Wong, PhD¹, Samuel Y. S. Wong, MD¹, Vincent C. H. Chung, PhD^{1,2}</i>	40
<i>¹Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong</i>	40
<i>²School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong</i>	41
B4. The use of arts-making activities among college students: A pilot study	41
<i>H. Y. TSANG, W. H. TO, S. Y. WONG, H. N. WONG, M. H. TAI, W. Y. TSANG, H. C. SZE, Y. P. WONG, H. T. YEUNG</i>	41
<i>Health and Life Sciences Discipline, Hong Kong Institute of Vocational Education (Kwai Chung)</i>	42
B5. NHS maternity care and the COVID-19 pandemic: What has changed, what is changing, and what seems to be the same?	42
<i>Francesca (Fran) QUATTRI[*], PhD</i>	43
<i>Department of Health Sciences, University of Leicester</i>	43
Parallel Session C: Health Promotion and Health Management	43
C1. Crisis management and public hospitals	43
<i>Edmund T. M. WUT</i>	43
<i>College of Professional and Continuing Education, The Hong Kong Polytechnic University, Hong Kong</i>	43
C2. Health literacy promotion and its institutional arrangements: Rethinking collaborative health promotion in Thailand	44
<i>Watcharabon BUDDHARAKSA^{a*}, Jonathan S. DAVIES^b, Phudit TEJATIVADDHANA^c</i>	44

	<i>^aDepartment of Political Science and Public Administration, Naresuan University, Phitsanulok, Thailand</i>	44
	<i>^bCentre for Urban Research on Austerity, De Montfort University, Leicester, UK</i>	44
	<i>^cASEAN Institute for Health Development, Mahidol University, Bangkok, Thailand</i>	44
C3.	Tourist perceptions on wellness tourism and behavioral intention through satisfaction in life: A case study in Thailand	45
	<i>Yodmanee TEPANON^{a*}, Wanlanai SAIPRASERT^b, Pimtong TAVITIYAMAN^c, Yeamdao NARANGAJAVANA^d</i>	45
	<i>^aFaculty of Business Administration, Kasetsart University, Bangkok, Thailand</i>	45
	<i>^bFaculty of Business Administration, Chiang Mai University, Thailand</i>	45
	<i>^cSchool of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong</i>	45
	<i>^dSchool of Management, Walailak University, Nakhornsithammarat, Thailand</i>	45
C4.	Handling COVID-19 at work under the occupational safety and health legislation	47
	<i>Nicole S. N. YIU^{a*}, Yui-yip LAU^b, Y. M. TANG^c</i>	47
	<i>^aTeaching Fellow, Department of Civil and Environmental Engineering, The Hong Kong Polytechnic University, Hong Kong</i>	47
	<i>^bLecturer, Division of Business and Hospitality Management, School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong</i>	47
	<i>^cSenior Teaching Fellow, Department of Industrial and Systems Engineering, The Hong Kong Polytechnic University, Hong Kong</i>	47
C5.	Acceptability and willingness to pay for influenza vaccination among healthcare professionals in Vietnam	48
	<i>Nguyen Thi Thu TRANG^{a*}, Viji KASEMSUP^b, Samrit SRITHAMRONGSAWAT^b, Sariyamon TIRAPHAT^a, Nalinee Nakittipha CHUAKHAMFOO^a</i>	48
	<i>^aASEAN Institute for Health Development, Mahidol University, Nakhon Pathom, Thailand</i>	48
	<i>^bDepartment of Community Medicine, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Nakhon Pathom, Thailand</i>	48
C6.	Health service utilisation and financial burden among people suffering from non-communicable diseases in Vietnam	49
	<i>Nguyen Thi Phuong LINH^{a*}, Viji KASEMSUP^b, Samrit SRITHAMRONGSAWAT^b, Sariyamon TIRAPHAT^a, Nalinee Nakittipha CHUAKHAMFOO^a, Tran Thi Mai OANH^c</i>	49
	<i>^a ASEAN Institute for Health Development, Mahidol University, Salaya, Phuttamontom, Nakornpathom, Thailand</i>	49
	<i>^b Department of community medicine, Faculty of Medicine, Ramathibodi hospital, Mahidol University, Nakornpathom, Thailand</i>	49
	<i>^c Vietnam Health Strategy and Policy Institute, Hanoi, Vietnam</i>	50
	ACKNOWLEDGEMENT	51

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, and Honours Bachelor's Degree levels.

This Conference with the theme “**Post-pandemic health and long-term care: A new paradigm**”. The COVID-19 pandemic is changing the world for more than a year and a half. All people are adapting to the “new normal” practices and behaviour, in addition to wearing facial mask, hand hygiene and social distancing which are predominantly mandatory particularly in public venues. Health care has undergone drastic reform in terms of precautions measures, especially in hospitals and during high-risk procedures. Human traffic and visits to health and residential care facilities have put on a nearly total halt, “neglecting” the usual pattern and empathy in patient care. Policy makers, public health officials and health professionals are encountering a very difficult time in human history from the COVID-19, the clinical and epidemiological nature of which are still not fully understood by the experts. The aim is to explore the emerging policy, practices and management of health care, including long-term care in the post-pandemic era.

The conference is partially supported by a funding of HKD2.45 million under the Institutional Development Scheme (IDS) of the Competitive Research Funding Schemes for the Local Self-Financing Degree Sector in 2018/19 of the Research Grants Council (RGC) to establish the **Centre for Ageing and Healthcare Management Research (CAHMR)** [Ref. no.: UGC/IDS24/18].

CAHMR will leverage the expertise and interest among faculty members, connecting them from a diverse array of disciplines and cultivating their scholarship in the realms of health care, health services management, finance, information technology, data science, public policy, marketing and hospitality management. The goal is to develop CAHMR into a centre of excellence with four fundamental objectives:

1. Generating novel and useful knowledge;
2. Developing research capabilities of faculty members;
3. Sharing insights with stakeholders; and
4. Informing curriculum development across related academic programmes.

Professor Peter P. YUEN, Dean, College of Professional and Continuing Education, The Hong Kong Polytechnic University, will speak on “*Health and long-term care systems reform in Hong Kong: Insights from the COVID-19 pandemic*” for the Welcoming Speech.

Speakers for the Keynote Presentations include: (1) **Dr Thomas H. F. TSANG**, President,

Hong Kong College of Community Medicine, to speak on “*What evolving trends in healthcare may we expect to see in a post-pandemic world?*”, (2) **Professor David SC HUI, BBS**, Chairman, Department of Medicine and Therapeutics, The Chinese University of Hong Kong, to speak on “*Pandemic situation in 2022: Variants of concern, vaccine effectiveness and lifestyle*”.

Speakers for the plenary sessions include: (1) **Professor Tomonori HASEGAWA**, Professor, Toho University School of Medicine, Japan, to speak on “*Lessons from COVID-19 pandemic; how to protect the elderly and to build a robust and sustainable healthcare system*”, (2) **Dr PHUA Kai Hong**, Adjunct Senior Research Fellow, Lee Kuan Yew School of Public Policy, National University of Singapore, to speak on “*Sustainable savings for health and long-term care financing in Singapore*”, (3) **Dr Phudit TEJATIVADDHANA**, Director, ASEAN Institute for Health Development, Mahidol University, Thailand, to speak on “*Responses to an ageing society, long-term care policies, and COVID-19: The ASEAN and Thailand experience*”, (4) **Professor David BRIGGS AM**, Adjunct Professor, Faculty of Medicine and Health, University of New England, Australia and Mahidol University Thailand, to speak on “*The need for authentic leadership in long-term care post pandemic: Australian perspectives*”, (5) **Professor Ya-Mei CHEN**, Associate Professor, Institute of Health Policy and Management, National Taiwan University, and (6) **Professor Tung-liang CHIANG**, Professor and former Dean, College of Public Health, National Taiwan University, to speak on “*COVID-19 and long-term care in Taiwan: Impacts and challenges*”, (7) **Professor Dongwoon HAN**, Professor, College of Medicine, Hanyang University, South Korea, to speak on “*Community elderly care using AI/IOT during the COVID-19 pandemic: An experience of South Korea*”, (8) **Professor Kenneth K. C. LEE**, Professor of Pharmacy, School of Pharmacy, Monash University Malaysia, to speak on “*The economics of immunisation: Ensuring value amidst resource constraints*”, (9) **Dr The Honourable LAM Ching-choi, SBS, JP**, Chairman, Elderly Commission, The Government of the Hong Kong Special Administrative Region, to speak on “*Long-term care in Hong Kong: Lessons learned from the pandemic*”, and (10) **Ms Alex Westcott CAMPBELL**, to speak on “*Book publishing with Springer, humanities and social sciences*”.

There are three parallel sessions containing a wide range of important topics pertinent to elderly health and care, service delivery, health promotion and health management that are not only crucial to Hong Kong and also to other international communities. We are delighted to report that contributors to these parallel sessions include scholars and practitioners from Hong Kong, Japan, Thailand, the United Kingdom, as well as Vietnam.

II. ORGANISATION OF CONFERENCE

Conference Chair

Professor Peter P. YUEN

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

Conference Co-Chairs

Dr S. H. LIU

President,
Hong Kong College of Health Service Executives (HKCHSE)

Dr POON Wai Kwong

President,
Hong Kong College of Nursing and Health Care Management (HKCNHCM)

Conference Organiser

Centre for Ageing and Healthcare Management Research (CAHMR) at SPEED, PolyU

Conference Advisors

Professor Peter FONG

President, Hong Kong Public Administration Association (HKPAA)

Dr the Honourable LAM Ching-choi, SBS, JP

Chief Executive Officer, Haven of Hope Christian Service and Member of Executive Council, The Government of the Hong Kong Special Administrative Region

Professor Albert LEE

Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong

Professor Kenneth K. C. LEE

Professor of Pharmacy, School of Pharmacy, Monash University Malaysia

Professor Ting-hung LEUNG, BBS

Director, School of Chinese Medicine, The Chinese University of Hong Kong

Professor Warren C. K. CHIU

Associate Dean, College of Professional and Continuing Education (CPCE), The Hong Kong Polytechnic University

Dr Simon LEUNG

Associate Dean, College of Professional and Continuing Education (CPCE), and Director, Hong Kong Community College (HKCC), The Hong Kong Polytechnic University

Dr Jack M. K. LO

Director, School of Professional and Executive Development (SPEED), The Hong Kong Polytechnic University

Dr Anthony W. K. LOH

Division Head, Division of Science, Engineering and Health Studies, College of Professional and Continuing Education (CPCE), The Hong Kong Polytechnic University

Organising Committee

Chair	Dr Ben Y. F. FONG , Associate Division Head and Professor of Practice (Health Studies), Division of Science, Engineering and Health Studies, PolyU CPCE
Publication	Dr Vincent T. S. LAW , Senior Lecturer, Division of Social Sciences, Humanities and Design, PolyU CPCE
Media and Publicity	Ms Sophia WONG , Marketing and Communications Officer, PolyU CPCE Ms Jasmine CHAN , Assistant Marketing and Communications Officer, PolyU CPCE
Administrative Support	Ms Isis CHEUNG , Administrative Manager, PolyU HKCC
Website & IT Support	Mr John CHEUNG , Senior Information Technology Manager, PolyU CPCE Mr William LO , Information Technology Manager, PolyU CPCE Mr Cheuk Lun WONG , Assistant Information Technology Officer, PolyU CPCE
Members	Dr Pimtong TAVITIYAMAN , Senior Lecturer and Associate Division Head, Division of Business and Hospitality Management, PolyU CPCE Dr Adam K. L. WONG , Senior Lecturer, Division of Science, Engineering and Health Studies and Programme Director, PolyU CPCE Dr Simon T. Y. CHEUNG , Senior Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE Dr Carrie H. S. WONG , Senior Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE Dr Oscar W. K. CHIU , Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE Dr Anthony K. LUI , Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE
Secretariat	Mr Tommy K. C. NG , Project Associate, Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED Ms Hilary H. L. YEE , Research Assistant, Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED Ms Niki T. N. CHEUNG , Research Assistant, PolyU SPEED

Co-organisers and Supporting Organisations

Co-organisers

- Hong Kong College of Community Health Practitioners (HKCCHP)
- Hong Kong College of Health Service Executives (HKCHSE)
- The Hong Kong College of Nursing and Health Care Management (HKCNHCM)

Supporting Organisations (in alphabetical order)

- ASEAN Institute for Health Development (AIHD), Mahidol University, Thailand
- Asia Pacific Journal of Health Management (APJHM)
- Association of Doctors for Social Responsibility
- Australasian College of Health Service Management (ACHSM), Australia
- Auxiliary Medical Service (AMS)
- Caritas Institute of Community Education (CICE)
- Centre for Health Education and Health Promotion, The Chinese University of Hong Kong
- College of Pharmacy Practice
- Department of Applied Science, Hong Kong Institute of Vocational Education (Kwai Chung)
- DoctorNow NEEDS
- Hong Kong Association of Family Medicine and Primary Health Care Nurses
- HKMA Institute of Healthcare Management
- Hong Kong Public Administration Association (HKPAA)
- Hong Kong Society for Rehabilitation (HKSR)
- Hong Kong Telemedicine Association
- Institute of Active Aging (IAA), The Hong Kong Polytechnic University
- Rare Disease Hong Kong
- School of Chinese Medicine, The Chinese University of Hong Kong
- Sik Sik Yuen
- Silverriders
- Society for Health Administration Programs in Education (SHAPE), Australia
- Society for the Promotion of Hospice Care (SPHC)
- Town Health International Medical Group Limited
- Tung Wah College
- Walailak University, Thailand

- Yee Hong Centre for Geriatric Care, Canada

Sponsors

Bronze Sponsor

- Pfizer Corporation Hong Kong Limited

Sponsor

- Human Health HK Limited

III. PROGRAMME

Speakers



Professor David BRIGGS AM

Adjunct Professor, Faculty of Medicine and Health, University of New England, Australia and Mahidol University Thailand; Editor, Asia Pacific Journal of Health Management; Immediate Past President, Society for Health Administration Programs in Education (SHAPE)

The need for authentic leadership in long-term care post pandemic: Australian perspectives

Prof. Briggs is Adjunct Professor at the Mahidol University of Thailand, and Editor of Asia Pacific Journal of Health Management. He is the Immediate Past President of Society for Health Administration Programs in Education (SHAPE). Prof. Briggs is Fellow, Life Member and Past National President of the Australasian College of Health Services Management (ACHSM) and Founding Fellow of the Hong Kong College of Health Service Executives. He was awarded the College gold medal for his contributions to health services and the NSW ACHSM Presidents Award 2014 for his extensive contributions to the College and to health services in NSW.

He has had extensive senior management and governance experience in the public health sector. His consultancy, research and publications include work in the health sector, most recently in PHC, in the Asia Pacific as well as Australia. Currently he is Deputy Chair, Director of a PHN network, HNECCPHN, a Director of DSB Consulting A/Asia P/L and chairs the Research, Innovation, Design and Planning Sub Committee. He is former Chair, New England Medicare Local, former Director, HealthWise P/L, and a former Director of North West Division of General Practice.

Prof. Briggs was previously Head of the Health Management Program at the University of New England and has taught across the range of course units in that program both domestically, and overseas at The Chinese University of Hong Kong. His research and publications interest focus on health policy, health reform, health systems management and the potential for distributed networks of practice in the delivery of primary health care. He has presented and published extensively in relation to his work in the Asia Pacific and this detail is available at https://www.researchgate.net/profile/David_Briggs/timeline.



Ms Alex Westcott CAMPBELL

Senior Editor, Humanities and Social Science (Southeast and East Asia), Springer Singapore

Book publishing with Springer, humanities and social sciences

Ms Alex Westcott Campbell is a senior publishing editor acquiring, commissioning and managing books for Springer in the humanities and social sciences in Southeast and East Asia, based in Singapore. She publishes scholarly books across HSS disciplines in a variety of formats — including research monographs, edited collections, handbooks, short-form Springerbriefs, and major reference works.



Professor Tung-liang CHIANG

Professor and former Dean, College of Public Health, National Taiwan University

COVID-19 and long-term care in Taiwan: Impacts and challenges

Prof. Tung-liang Chiang is a Professor and former Dean of the College of Public Health, National Taiwan University. In 1984, he received his ScD in health policy and management from the Johns Hopkins University. Prof. Chiang is one of the three pioneer architects of Taiwan's National Health Insurance, which was inaugurated on 1 March 1995. In 2014-2016, he served as the Executive Director of the Higher Education Evaluation and Accreditation Council of Taiwan.

Prof. Chiang's research interest has focused on health care reforms and social determinants of health. Since 2003, he has been the principal investigator for the Taiwan Birth Cohort Study, following up a nationally representative sample of more than 20,000 babies born in 2005. Prof. Chiang has published extensively, including three recent edited books: *Health Care System Reform and Policy Research in Taiwan* (World Scientific Singapore, 2020), *The Third Wave of National Health Insurance Reform in Taiwan* (Taipei: Commonwealth Publishing, 2021), and *Higher Education in Taiwan: Global, Political and Social Challenges and Future Trends* (Springer Nature Singapore, 2021).



Professor Ya-Mei CHEN

Associate Professor, Institute of Health Policy and Management, College of Public Health, National Taiwan University

COVID-19 and long-term care in Taiwan: Impacts and challenges

Prof. Ya-Mei Chen is an Associate Professor at National Taiwan University in the College of Public Health's Institute of Health Policy and Management. Her research focuses on the development of long-term care policy and services for older adults in the U.S. and Asia. She devotes herself to preventing disabilities, supporting healthy ageing and ageing at home, and providing support to family members who care for loved ones with long-term care needs. Her current research projects include efforts to understand how time-varying factors such as exercise and leisure time activity interact with development of functional disability, assess how health behaviors and other factors may shape the relationship between socioeconomic status and functional disability, evaluate policies and services that support disabled older adults and family caregivers, and assess factors that contribute to a system of long-term care services that better supports disabled older adults and their family caregivers. At a time when ageing has become a global challenge, Prof. Chen dreams of finding win-win strategies for supporting older adults toward healthy ageing at home with their loved ones. Prof. Chen earned two master's degrees and a doctoral degree at the University of Washington in the United States and worked as a faculty member there before beginning her work at National Taiwan University. She is currently an editor of the Journal of Long-Term Care in Taiwan and Journal of Population and Gender Studies, and a consultant of the Senior Citizens' Institution Section in the Keelung City and the Department of Long-Term Care in the Ministry of Health and Welfare.



Professor Dongwoon HAN

Professor, College of Medicine, Hanyang University, South Korea

MD, MPH, PhD

Community elderly care using AI/IOT during the COVID-19 pandemic: An experience of South Korea

Prof. Han, MD, MPH, PhD (in health service management) is a Professor at Hanyang University, College of Medicine, and Chairperson of Department of Global Health and Development. He is also a chairperson of both Department of Preventive Medicine, College of Medicine, and Department of Medical Administration at Graduate School of Public Policy. He is also currently Director of Institute of Health Services Management, Hanyang University.

He received a bachelor's degree in medicine from 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. For the Korean government, he has advised national and local governments on health

promotion, health planning and Official Development Assistant (in Health). Since 2004, he has been trying 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 also directed a research team for the evaluation of Korean Case Payment System (KCPC) funded by Health Insurance Review Agency (HIRA).

His research interests focus in interface research between Western and Asian medicine, health care management and economics, ethics, health promotion using traditional medicine and include health financing and insurance; health systems; the economic evaluation of health promotion programmes and emergency and humanitarian services; health and social justice; global health. He has led research and written many papers in health policy and health promotion programme using traditional Korean medicine, health care management, and global health.



Professor Tomonori HASEGAWA

Professor and Chair, Division of Health Policy and Health Service Research Department of Social Medicine, Toho University School of Medicine, Japan

MD, PhD

Lessons from COVID-19 pandemic; how to protect the elderly and to build a robust and sustainable healthcare system

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 David S. C. HUI, BBS

Chairman, Department of Medicine and Therapeutics, The Chinese University of Hong Kong (CUHK); Stanley Ho Professor of Respiratory Medicine, CUHK; Director, Stanley Ho Centre for Emerging Infectious Diseases, CUHK; Director, SH Ho Sleep Apnoea Management Center, CUHK; Honorary Consultant Physician, Prince of Wales Hospital

Pandemic situation in 2022: Variants of concern, vaccine effectiveness and lifestyle

Prof. David Hui graduated from the University of New South Wales in 1985. He then trained in Respiratory Medicine and Sleep Medicine in Sydney, Australia.

Prof. Hui was heavily involved in the clinical management of patients with SARS at the Prince of Wales Hospital during the major outbreak in 2003. He served as a WHO advisor to review the clinical management of influenza A (H5N1) during the early human outbreak in Vietnam in Feb 2004 and has since been a regular advisor to the WHO on the clinical management of severe acute respiratory infections. He joined urgent WHO missions for investigation of outbreaks of MERS in Riyadh and South Korea in 2013 and 2015 respectively. He has contributed to the WHO treatment guidelines including the clinical management of influenza A (H5N1) virus in 2007, clinical management of influenza A (H1N1) pandemic in 2009, and the Middle East Respiratory Syndrome (MERS) and the WHO training workshop in the clinical management of influenza A (H7N9) and COVID-19. He has served as an advisor to the HKSAR government on COVID-19 since January 2020.

Prof. Hui has published over 360 peer-reviewed journal articles and 24 book chapters since joining the CUHK in 1998.



Dr the Honourable LAM Ching-choi, SBS, JP

Chairman, Elderly Commission; Member of Executive Council, The Government of the Hong Kong Special Administrative Region; Chief Executive Officer, Haven of Hope Christian Service

Long-term care in Hong Kong: Lessons learned from the pandemic

Dr Lam Ching-choi is a specialist in paediatric and community medicine and is currently the Chief Executive Officer of Haven of Hope Christian Service. Under his leadership, Haven of Hope Christian Service is one of the pioneers in the provision of holistic care for the elderly in

Hong Kong.

Dr Lam is a non-official member of the Executive Council of the Government of the Hong Kong Special Administrative Region. He also serves as the Chairman of the Elderly Commission and the Council for Sustainable Development to advise the Government on the related policies. He is also the Supervisory Board Member of the HK Housing Society.

Dr Lam was awarded the Silver Bauhinia Star in 2019. Apart from receiving Honorary Fellowship from Lingnan University in 2018, he was also given the Ageing Asia Global Ageing Influencer Award (Special Recognitions) for his devotion to public services and his influence on policy-making for the global ageing trend.



Professor Kenneth K. C. LEE

Professor of Pharmacy, School of Pharmacy, Monash University Malaysia

BSc(Pharmacy), MPhil, PhD

The economics of immunisation: Ensuring value amidst resource constraints

Prof. Lee is Professor of Pharmacy at Monash University Malaysia. He obtained his undergraduate degree in pharmacy from the University of Washington in Seattle, USA, and his subsequent higher qualifications from The Chinese University of Hong Kong (CUHK) and the University of Oxford, UK.

He is widely recognised as one of the pioneers in pharmacoeconomics and outcomes research in Asia, and was the Founding President of the Hong Kong Chapter of the International Society for Pharmacoeconomics and Outcomes Research that was established in 1999. Prof. Lee was a Professor and Associate Director of External Affairs of the CUHK School of Pharmacy, of which he was a Founding Member before he moved to Malaysia.

His previous academic appointments included Adjunct Professor of the CUHK School of Pharmacy, Honorary Professor of the Li Ka Shing Faculty of Medicine of The University of Hong Kong, and Visiting Professor of the University of London School of Pharmacy, UK (2008-2011).

He was appointed by the HKSAR Government as a Justice of the Peace in 2003 for his outstanding community services. He has published extensively in international peer-reviewed journals. He has been the Editor-in-Chief of *Journal of Medical Economics* since 2006 and recently appointed as Topic Editor in Health Economics and Outcomes Research by *Frontiers in Pharmacology*.



Dr PHUA Kai Hong

*Adjunct Senior Research Fellow, Lee Kuan Yew School of Public Policy,
National University of Singapore*

Sustainable savings for health and long-term care financing in Singapore

Dr Phua is Adjunct Senior Research Fellow at the Institute of Policy Studies and held a previous professorship at the Lee Kuan Yew School of Public Policy, National University of Singapore. He is currently Visiting Professor, Graduate School of Public Policy, Nazarbayev University. He has taught health management and social policy, health economics and global health in the various programmes in public policy. He was Associate Professor and Head, Health Services Research at the NUS Department of Community, Occupational & Family Medicine, Faculty of Medicine. He graduated with honors cum laude at Harvard University and received graduate degrees from the Harvard School of Public Health (Master in Health Services Administration & Population Sciences) and the London School of Economics and Political Science (PhD in Social Administration, specializing in Health Economics). He was the recipient of a Harvard College Scholarship, the Sigma Scholarship from the Faculty of Arts and Sciences, Harvard University, and the National University of Singapore Overseas Graduate Scholarship. He delivered the 2012 ST Lee Lecture at Menzies Centre for Health Policy, University of Sydney and the Australian National University.

Dr Phua has produced over 200 publications and papers in the field of health policy & management and related areas, including the history of health services, population ageing, health economics & financing. He is author of *Singapore Chronicles: Healthcare* (2018) and principal co-editor of *Ageing Asia: Contemporary Trends and Policy Issues* (2019). He is lead editor of the *Social Science & Medicine* special issue on *Health Systems in Asia* (2017), led the Rockefeller Foundation-funded project on *Trends Monitoring in Asia*, from 1999-2014 as Principal Investigator, and is co-lead author of the overview for the *Lancet Series on Health in Southeast Asia* (2011). He is a Founding Member of the Asian Health Systems Reform Network (DRAGONET); was a past Chair, Executive Board of Asia-Pacific Health Economics Network; and past Associate Editor of *Asia-Pacific Journal of Public Health* and *Singapore Economic Review*.

He has undertaken numerous international consulting assignments for governments, multinational corporations and non-governmental organisations. He was a member of the WHO Expert Committee on the Economics of Healthy Ageing (2018-2019), Experts' Forum on NCDs in Emerging Countries (2019), and the International Think-Tank on Health Insurance, Executive Council, Government of Dubai (2007-2008). In the region, he has served as Chairman, Technical Advisory Group on Health Sector Development of the World Health Organization Western Pacific Regional Office (2000-2005) and moderated the Ministerial Roundtable on Health and Poverty at the WHO Regional Meeting in 2000 and the WHO Bi-

Regional Meeting on Health Care Financing in 2005. He has consulted to organisations like the Asia-Pacific Academic Consortium for Public Health, the International Red Cross, Asian Development Bank, United Nations Economic & Social Commission for the Asia-Pacific, World Bank and World Health Organization.



Dr Phudit TEJATIVADDHANA

Director, ASEAN Institute for Health Development, Mahidol University, Thailand

Responses to an ageing society, long-term care policies, and COVID-19: The ASEAN and Thailand experience

Dr Tejavaddhana, a general practitioner by profession, has been in senior executive roles in Thailand's public and private sectors for many years. He was the Founding Director of the Lower-northern Region Heart Centre at Naresuan University (NU), Phitsanulok, Thailand; advisor to the Minister of Public Health in Thailand; member of the Senate Standing Committee on Public Health; member of the Subcommittee on Health Services Reform of the National Reform Council; former Vice President of Navamindradhiraj University, Bangkok; former Director of the College of Health Systems Management at NU; and former Dean of the Faculty of Public Health at NU.

At Mahidol University (MU), he has been tasked to reform the AIHD to provide added focus on global health, health policy and development, and active ageing. He initiated a collaboration between MU and the International Labour Organization (ILO). He established the special track on social health protection (SHP) for the existing Master of Primary Health Care Management (International Programme) and the CONNECT (Regional Technical Facility on SHP) supported by ILO. Aside from being the Director of AIHD, MU, he is also designated as the Executive Director of the ASEAN University Network for Health Promotion Network (AUN-HPN) since 2021. In AUN-HPN, his role is to serve and facilitate its members to play an active role in promoting health for university staff and students and be a change agent in improving health promotions for better health for all.



Dr TSANG Ho Fai, Thomas

President, Hong Kong College of Community Medicine; Member, Government's Vaccination Program Task Force; Former Controller, Centre for Health Protection

What evolving trends in healthcare may we expect to see in a post-pandemic world?

Dr Tsang graduated from the Faculty of Medicine, the University of Hong Kong in 1990. He joined the Department of Health, HKSARG in 1992 where he worked until 2012. He became Controller of the Centre for Health Protection between 2007 and 2012.

Dr Tsang's main field of expertise lies in epidemiology and the public health prevention and control of communicable and non-communicable diseases. Dr Tsang is now President of the Hong Kong College of Community Medicine, Chairman of the Occupational Deafness Compensation Board, and member of the Hospital Authority. He serves in a number of expert and advisory committees in the Government including the Steering Committee on Non-Communicable Diseases, Advisory Panel on COVID-19 vaccines and Cancer Coordinating Committee (and Chairman of its subsidiary Cancer Expert Working Group on Cancer Prevention and Screening).



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.)

Health and long-term care systems reform in Hong Kong: Insights from the COVID-19 pandemic

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.

Moderators of Keynote and Plenary Presentations



Professor Warren C. K. CHIU

Associate Dean, College of Professional and Continuing Education (CPCE), The Hong Kong Polytechnic University



Dr Ben Y. F. FONG

Associate Division Head and Professor of Practice (Health Studies), Division of Science, Engineering and Health Studies and Programme Director, PolyU CPCE; Director, Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED



Dr Vincent T. S. LAW

Senior Lecturer, Division of Social Sciences, Humanities and Design, PolyU CPCE; Academic Convenor, Centre for Ageing and Healthcare Management Research (CAHMR), PolyU SPEED



Professor Albert LEE

Director, Centre for Health Education and Health Promotion, The Chinese University of Hong Kong



Dr S. H. LIU

President, Hong Kong College of Health Service Executives



Dr Jack M. K. LO

Director, PolyU SPEED



Dr Anthony W. K. LOH

*Division Head, Division of Science, Engineering and Health Studies,
PolyU CPCE*



Dr C. C. LUK

Cluster Chief Executive (HKEC), Hospital Authority



Dr W. K. POON

President, Hong Kong College of Nursing and Health Care Management



Dr Pimtong TAVITIYAMAN

*Associate Division Head, Division of Science, Engineering and Health
Studies, PolyU CPCE*



Professor Peter P. YUEN

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

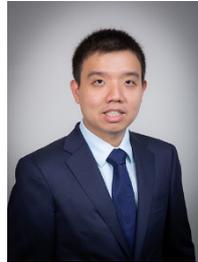
Moderators of Parallel Sessions

Session A: Elderly Health and Care



Dr Ben Y. F. FONG

Associate Division Head and Professor of Practice (Health Studies), Division of Science, Engineering and Health Studies, PolyU CPCE



Dr Oscar W. K. CHIU

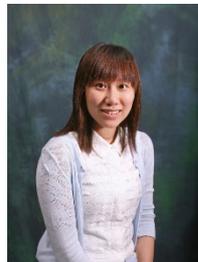
Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE

Session B: Service Delivery



Dr Vincent T. S. LAW

Senior Lecturer, Division of Social Sciences, Humanities and Design, PolyU CPCE



Dr Carrie H. S. WONG

Senior Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE

Session C: Health Promotion and Health Management



Dr Pimtong TAVITIYAMAN

Associate Division Head, Division of Business and Hospitality Management, PolyU CPCE



Dr Anthony K. LUI

Lecturer, Division of Science, Engineering and Health Studies, PolyU CPCE

Programme Rundown

Time	Event
9:00 am – 9:30 am	Registration and Coffee
9:30 am – 9:55 am	Welcoming Speech <i>Health and long-term care systems reform in Hong Kong: Insights from the COVID-19 pandemic</i> Professor Peter P. YUEN (Dean, PolyU CPCE)
	<u>Moderator:</u> Dr S. H. LIU (President, HKCHSE)
KEYNOTE PRESENTATIONS I	
9:55 am – 10:25 am	<i>What evolving trends in healthcare may we expect to see in a post-pandemic world?</i> Dr Thomas H. F. TSANG (President, Hong Kong College of Community Medicine)
	<u>Moderator:</u> Professor Warren C. K. CHIU (Associate Dean (Quality Assurance), PolyU CPCE)
PLENARY PRESENTATIONS I - VII	
10:25 am – 10:50 am	<i>Lessons from COVID-19 pandemic; how to protect the elderly and to build a robust and sustainable healthcare system</i> Professor Tomonori HASEGAWA (Professor, Toho University School of Medicine, Japan)
	<u>Moderator:</u> Professor Peter P. YUEN (Dean, PolyU CPCE)
10:50 am – 11:00 am	Morning Break
11:00 am – 11:25 am	<i>Sustainable savings for health and long-term care financing in Singapore</i> Dr PHUA Kai Hong (Adjunct Senior Research Fellow, National University of Singapore)
	<u>Moderator:</u> Dr Jack M. K. LO (Director, PolyU SPEED)
11:25 am – 11:50 am	<i>Responses to an ageing society, long-term care policies, and COVID-19: The ASEAN and Thailand experience</i> Dr Phudit TEJATIVADDHANA^a, VO T. H. Man^b & Nalinee N. Chuakhamfoo^a (^a ASEAN Institute for Health Development, Mahidol University, Thailand ^b Tokyo Medical and Dental University, Japan)
	<u>Moderator:</u> Dr Pimtong TAVITIYAMAN (Associate Division Head, PolyU CPCE)
11:50 am – 12:15 pm	<i>The need for authentic leadership in long-term care post pandemic: Australian perspectives</i> Professor David BRIGGS AM (Adjunct Professor, University of New England, Australia & ASEAN Institute for Health Development, Mahidol University Thailand)
	<u>Moderator:</u> Dr Anthony W. K. LOH (Division Head, PolyU CPCE)
12:15 pm – 12:40 pm	<i>COVID-19 and long-term care in Taiwan: Impacts and challenges</i> Professor Ya-Mei CHEN & Professor Tung-liang CHIANG (College of Public Health, National Taiwan University)
	<u>Moderator:</u>

12:40 pm – 2:00 pm	Dr Ben Y. F. FONG (Associate Division Head and Professor of Practice (Health Studies), PolyU CPCE) Lunch
2:00 pm – 2:25 pm	<i>Community elderly care using AI/IOT during the COVID-19 pandemic: An experience of South Korea</i> Prof. Dongwoon HAN (Professor, College of Medicine, Hanyang University, South Korea)
2:25 pm – 2:50 pm	Moderator: Dr W. K. POON (President, HKCNHCM) <i>The economics of immunisation: Ensuring value amidst resource constraints</i> Prof. Kenneth K. C. LEE (Professor of Pharmacy, School of Pharmacy, Monash University Malaysia)
	Moderator: Dr Vincent T. S. LAW (Senior Lecturer, PolyU CPCE)
KEYNOTE PRESENTATION II	
2:50 pm – 3:20 pm	<i>Pandemic situation in 2022: Variants of concern, vaccine effectiveness and lifestyle</i> Prof. David S. C. HUI, BBS (Professor, The Chinese University of Hong Kong)
	Moderator: Dr C. C. LUK (Cluster Chief Executive (HKEC), Hospital Authority)
PLENARY PRESENTATION VIII	
3:20 pm – 3:45 pm	<i>Long-term care in Hong Kong: lessons learned from the Pandemic</i> Dr The Honourable LAM Ching-choi, SBS, JP (Chairman, Elderly Commission, HKSAR)
	Moderator: Professor Albert LEE (Professor, The Chinese University of Hong Kong)
SHARING SESSION	
3:45 pm – 4:00 pm	<i>Book publishing with Springer, humanities and social sciences</i> Ms Alex Westcott CAMPBELL (Senior Editor, Springer Singapore)
	Moderator: Dr Ben Y. F. FONG (Associate Division Head and Professor of Practice (Health Studies), PolyU CPCE)
PARALLEL SESSIONS	
4:00 pm – 5:30 pm	Session A: Elderly Health and Care Moderators: Dr Ben Y. F. FONG (Associate Division Head and Professor of Practice (Health Studies), PolyU CPCE) & Dr Oscar W. K. CHIU (Lecturer, PolyU CPCE)
	(1) Residents' perception on medical tourism development in Hong Kong: Benefits and limitations (Joyce S. C. KWAN, <i>PolyU SPEED</i> ; Pimtong TAVITIYAMAN, <i>PolyU CPCE</i>) (2) Applications of systems thinking in health and education: Its roles and perspectives for a sustainable future in the time of pandemics (Wang-Kin CHIU & Ben Y. F. FONG, <i>PolyU CPCE</i>) (3) Using machine learning to examine the mental health of online learners during the COVID-19 pandemic (Adam WONG, <i>PolyU CPCE</i> ; Kia TSANG, <i>PolyU SPEED</i> ; Joseph SO & Ada CHAN, <i>PolyU CPCE</i>) (4) Family caring for the elderly during and after the pandemic: Perspective from

Confucian familism (Andrew Tsz Wan HUNG, *PolyU CPCE*)

(5) **Telemedicine and telehealth for health and long-term care in Hong Kong: A policy analysis** (Fowie S. F. NG & Holly C. Y. NG, *Tung Wah College*)

Session B: Service Delivery

Moderators: **Dr Vincent T. S. LAW** (Senior Lecturer, PolyU CPCE) & **Dr Carrie H. S. WONG** (Senior Lecturer, PolyU CPCE)

(1) **Designing integrative medicine service delivery models: A review of international experiences** (Vincent C. H. CHUNG, Leonard HO, Ting Hung LEUNG & Charlene H. L. WONG, *The Chinese University of Hong Kong*)

(2) **Effectiveness of nurse-led peri-discharge interventions for reducing 30-day hospital readmissions: Network meta-analysis** (Charlene H. L. WONG, Claire C. W. ZHONG, William K. W. CHEUNG, Eng-kiong YEOH, Chi Tim HUNG, Benjamin H. K. YIP, Eliza L. Y. WONG, Samuel Y. S. WONG & Vincent C. H. CHUNG, *The Chinese University of Hong Kong*)

(3) **Effectiveness of peri-discharge complex interventions for reducing 30-day hospital readmissions among patients with heart failure: Overview of systematic reviews and network meta-analysis** (Claire C. W. ZHONG, Charlene H. L. WONG, William K. W. CHEUNG, Eng-kiong YEOH, Chi Tim HUNG, Benjamin H. K. YIP, Eliza L. Y. WONG, Samuel Y. S. WONG & Vincent C. H. CHUNG, *The Chinese University of Hong Kong*)

(4) **The use of arts-making activities among college students: A pilot study** (H.Y. TSANG, W.H. TO, S.Y. WONG, H.N. WONG, M. H. TAI, W. Y. TSANG, H. C. SZE, Y. P. WONG & H. T. YEUNG, *Hong Kong Institute of Vocational Education (Kwai Chung)*)

(5) **NHS maternity care and the COVID-19 pandemic: What has changed, what is changing, and what seems to be the same?** (Francesca QUATTRI, *University of Leicester*)

Session C: Health Promotion and Health Management

Moderator: **Dr Pimtong TAVITIYAMAN** (Associate Division Head, PolyU CPCE) & **Dr Anthony K. LUI** (Lecturer, PolyU CPCE)

(1) **Crisis management and public hospitals** (Edmund T. M. WUT, *PolyU CPCE*)

(2) **Health literacy promotion and its institutional arrangements: Rethinking collaborative health promotion in Thailand** (Watcharabon BUDDHARAKSA, *Naresuan University*; Jonathan S. DAVIES, *De Montfort University*; Phudit TEJATIVADDHANA, *Mahidol University*)

(3) **Tourist perceptions on wellness tourism and behavioral intention through satisfaction in life: A case study in Thailand** (Yodmanee TEPANON, *Kasetsart University*; Wanlanai SAIPRASERT, *Chiang Mai University*; Pimtong TAVITIYAMAN, *PolyU CPCE*, Yeamdao NARANGAJAVANA, *Walailak University*)

(4) **Handling COVID-19 at work under the occupational safety and health legislation** (Nicole S.N. YIU, *PolyU*; Yui-yip LAU, *PolyU CPCE*; YM TANG, *PolyU*)

(5) **Acceptability and willingness to pay for influenza vaccination among healthcare professionals in Vietnam** (Nguyen Thi Thu TRANG, Viji KASEMSUP, Samrit SRITHAMRONGSAWAT, Sariyamon TIRAPHAT & Nalinee Nakittipha CHUAKHAMFOO, *Mahidol University*)

(6) **Health service utilisation and financial burden among people suffering from non-communicable diseases in Vietnam** (Nguyen Thi Phuong LINH, Viji KASEMSUP, Samrit SRITHAMRONGSAWAT, Sariyamon TIRAPHAT & Nalinee Nakittipha CHUAKHAMFOO, *Mahidol University*; Tran Thi Mai OANH, *Vietnam Health Strategy and Policy Institute*)

IV. WELCOMING SPEECH

Health and long-term care systems reform in Hong Kong: Insights from the COVID-19 pandemic

Professor Peter P. YUEN

Dean, College of Professional and Continuing Education

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

Abstract

The weaknesses of the health and long-term care systems of Hong Kong exposed by the COVID-19 pandemic are discussed. The over-reliance on public hospitals for services has left many with chronic conditions without care for months. Hong Kong's high percentage of elderly persons in residential nursing facilities put many elderly at high risk of being infected. The quality of life of the patients and residents in hospitals and nursing homes were seriously affected under no the visitation policy, with many died in isolation, away from their loved ones. A strong community based primary health care system, and a well-developed home care system, supported by IOT are the way forward. The global economic downturn caused by the pandemic will almost certainly lead to the early onset of the non-sustainability of the existing highly tax dependent health and long-term care financing system. Financing systems reform and measures to improve efficiency are proposed.

V. KEYNOTE PRESENTATIONS

Keynote I: What evolving trends in healthcare may we expect to see in a post-pandemic world?

Dr Thomas H. F. TSANG

President, Hong Kong College of Community Medicine

Correspondence: Dr Thomas H. F. TSANG

Abstract

The COVID-19 pandemic has brought unprecedented changes to healthcare across the world. While every country faces its own set of challenges, a number of trends have emerged that are shared by many places.

Health services planners and operators have to find ways to alleviate reductions in efficiency and capacity as a result of the pandemic and measures to counter it (e.g., additional infection control procedures). Increased adoption of telemedicine and digital healthcare solutions is probably one of the most evident trends. Re-distribution of healthcare delivery among providers, such as private-public partnerships, is a common response to address the backlog of

chronic disease patients whose elective consultations and non-emergency procedures are put on hold by the pandemic. The pandemic also forces healthcare systems to be more agile and rapidly adaptable in handling sudden patient surges and other emergency situations. Modifications in supply chain management are especially notable. Another trend is the focus on a sustainable health workforce over the long course of the pandemic, such as surge capacity building, flexible workforce planning, and work process automation. Last but not least, the pandemic exposes weaknesses of many healthcare systems in delivering care to the elderly (particularly those living in institutions), ethnic minorities and other vulnerable populations.

It is widely believed that some of these evolving trends will persist even when the acute pandemic phase is over. Their long-term impact on healthcare system performance remains to be investigated.

Keynote II: Pandemic situation in 2022: Variants of concern, vaccine effectiveness and lifestyle

Professor David S. C. HUI, BBS

Chairman, Department of Medicine and Therapeutics, The Chinese University of Hong Kong

Correspondence: Professor David S. C. HUI (dschui@cuhk.edu.hk)

Abstract

TBC

VI. PLENARY SESSIONS

Plenary I: Lessons from COVID-19 pandemic; how to protect the elderly and to build a robust and sustainable healthcare system

[Professor Tomonori HASEGAWA](#)

Professor, Toho University School of Medicine, Japan

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

Abstract

The COVID-19 pandemic has raised questions about what to do if the medical and long-term care system is heavily burdened in a country with large number of the elderly and vulnerable population. The case fatality rate of COVID-19 increases rapidly with age, 0.06% for those under 60 years old and 5.7% for those over or equal to 60 years old.

Since the first COVID-19 patient was recognised in January 2020, the Japanese government's policy has been Phase I: Prevention of borders, II: Delay in the spread of epidemics and improvement of the medical system during that period (including the development of vaccines and therapeutic agents). Phase III: Damage control (minimisation of becoming severely ill and mortality) has been pursued while considering the impact on the economy. Control of the epidemic of COVID-19 is still underway, but it provides valuable lessons for responding to the threat of infectious diseases in aged societies.

Most of the deaths from COVID-19 are in the elderly with underlying diseases. We experienced clusters with a large number of deaths in chronic hospitals, psychiatric hospitals, and long-term care facilities with poor infection control capabilities. How to protect the elderly is closely dependent on preventing clusters in these facilities. It was recognised that there is a need for a system that can receive advice and guidance from infectious disease specialists regarding prevention and response to cluster outbreaks in collaboration with acute care hospitals. In addition, in the facility, the importance of communication using the WEB system, securing space for zoning, and sufficient ventilation was recognised. In addition to the direct health effects, it has been pointed out that there are effects due to fear of infection, hesitation in using medical and long-term care services, exacerbation of underlying diseases, and lowering of ADL, but these long-term effects will be investigated in the future.

Until now, the importance of relatively small and familiar communities has been emphasised in the care of the elderly. With respect to the threat of infectious diseases, the importance of widespread and medical cooperation has been reaffirmed.

Plenary II: Sustainable savings for health and long-term care financing in Singapore

[Dr PHUA Kai Hong](#)

Adjunct Senior Research Fellow, Lee Kuan Yew School of Public Policy, National University of Singapore

Correspondence: Dr PHUA Kai Hong (spppkh@nus.edu.sg)

Abstract

The Singapore healthcare financing system has included an insurance component called Eldersshield where premiums are paid from a mandatory Central Provident Fund for old age security. It has been the philosophy of the health financing policy to shift away from a tax-based into a mixed public-private system with a compulsory Medisave from savings.

At the micro level, as in cases of novel COVID-19 infecting older populations with chronic disease or co-morbidities, are more vulnerable and expected to utilise very costly medical and intensive care.

Singapore's emphasis on savings has been a blessing in disguise as past investments are utilised effectively to serve as sufficient capital outlays to save livelihoods versus lives against extreme health shocks due to COVID-19.

At the macro level, past national reserves provided stimulus packages in the Singapore Resilience Budget of 2020 that were followed by more assistance in five subsequent revisions, and all these are only possible with prudent investments in the past.

Whether through risk-sharing in the form of taxation or insurance, Singapore has learnt that mandatory savings indeed, can play a more significant role. The savings concept is proving useful towards sustaining collective health during needy times, not only in long-term care for rising chronic conditions but also in a global pandemic for a prolonged period of high-cost acute care.

Plenary III: Responses to an ageing society, long-term care policies, and COVID-19: The ASEAN and Thailand experience

[Phudit TEJATIVADDHANA^{a*}](#), [VO T. H. Man^b](#), [Nalinee N. CHUAKHAMFOO^a](#)

^a *ASEAN Institute for Health Development, Mahidol University, Thailand*

^b *Tokyo Medical and Dental University, Japan*

*Corresponding author: Dr Phudit TEJATIVADDHANA (phudit.tej@mahidol.ac.th)

Abstract

Background: ASEAN societies are experiencing dramatic changes in population aging. It was estimated that around 74 million ASEAN individuals were 60 years old or over in 2020. Thailand is among the fastest-aging countries in the world. Thailand, as well as other ASEAN countries as a whole are finding solutions to ensure adequate long-term care (LTC) policies in response to the aging society. At the same time, the COVID-19 (SARS-CoV-2) pandemic has been presenting unprecedented challenges to the public health, especially the geriatrics care

system. Through summarising the available data and literature on older people in ASEAN, this report aimed to explore the aging society situation, LTC policy preparation, COVID-19 's impact on older people, and post-pandemic preparations in ASEAN and Thailand.

Methods: Online databases from international, national, and academic agencies including United Nations, World Bank, World Health Organizations, HelpAge International, Economic Research Institute for ASEAN and East Asia, The National Health Security Office of Thailand, The Office of the National Economic and Social Development Council of Thailand, and published articles on SCOPUS database were used for reporting as at July 2021 were utilised. Literature and data were selected and reviewed based on the relevance to the objectives of this report.

Results: The available evidence suggests that in the region, fertility has declined, together with rising life expectancy. Consequently, the proportion of the aging population is increasing. The current and future demand for effective healthcare in ASEAN will be better achieved with well-prepared policies such as the Universal Health Coverage and Primary Health Care system. While some countries, specifically, Thailand, is developing their LTC policies, as well as expanding the LTC benefit packages, there are some concerns regarding preparing the active aging policy for prevention of dependent condition. Most of the ASEAN countries are using the public domain for long-term care policy, and Thailand is not the exception. However, the COVID-19 pandemic has posed major challenge in implementation LTC and affected vulnerable aging population in many aspects, such as social protection issue in Thailand.

Conclusion and Implication: ASEAN countries, with support from international organisations have conducted a number of policy strategies in response to the increasing aging population including delivering more LTC in the community. The unplanned challenges from the COVID-19 pandemic provokes the policymakers to consider the resource allocations and the community-based services for the aging population. On the positive side, the COVID-19 outbreak has exposed the vulnerable aging group by bringing social protection to the forefront of the political debate and calling for appropriate policy response. Independent of this, priority should be given to prepare the health and social equity policies for possible future waves of the pandemic is currently the best measure to mitigate more serious effects on ASEAN and Thailand's aging society.

Keywords: Aging society, long-term care, COVID-19, ASEAN, Thailand.

Plenary IV: The need for authentic leadership in long-term care post pandemic: Australian perspectives

Professor David BRIGGS AM

Adjunct Professor, UNE, Australia and ASEAN Institute of Health Development, Mahidol University Thailand

Correspondence: Professor David BRIGGS (dsbriggs007@gmail.com)

Abstract

Introduction: Since the initial appearance of COVID-19, Australia like most countries, has been pre-occupied with containing, restraining, and overcoming its impact. It has also been subject to intense scrutiny of significant sections of our health systems, particularly long-term care, disability, mental health, suicide to the extent that during this period of the pandemic each of these areas has been subject to investigation through Royal Commissions of Inquiry while at the same time the nation has been subject to the impact of drought, bush fires, floods and pestilence of biblical proportions.

Australia views this context from being a Commonwealth, a Federation of States and Territories with divided powers and responsibilities for healthcare, in a vast continent with a population of approximately 25 million in communities affected by vast differences between population centres.

Method: The author draws on the published reports of the Royal Commission into aged care, the published literature on the pandemic to identify the challenges this context presents to public health policy and the health system, drawing on perspectives of structural interests' theory, leadership, and management in health care.

Results: Australia has been recognised as being relatively successful in its approach to addressing the pandemic. However, the ability to collaborate has been damaged by variability in approaches the populist politicians, the competitive approach of structural interests about how things should be done and by who, the logistics of vaccine supply, quarantine, and 'lockdown' approaches.

The Royal Commission into Aged Care, Quality and Safety has been highly critical of the aged care sector failure to adequately fulfil its role to an ageing society with inadequate funding, structures, governance, and leadership. The aged care workforce is a particular challenge.

There is significance evidence in both cases that governance leadership and management in these two aspects of healthcare delivery have been affected by reactive and disruptive management rather than a considered, strategic, and measured approaches.

Conclusion: The author concludes that Australia will adequately address the current pandemic and that the major challenge for the health workforce will be how to develop, educate and sustain an adequate health workforce. To address the reactionary approach to current policy and management of health systems will require a focus on authentic and ethical governance, leadership, and management of health systems. Health professionals should develop a 'voice' in ensuring the need for this emphasis.

Plenary V: COVID-19 and long-term care in Taiwan: Impacts and challenges

Professor Ya-Mei CHEN, Professor Tung-liang CHIANG

College of Public Health, National Taiwan University

Correspondence: Professor Ya-Mei CHEN (chenyamei@ntu.edu.tw)

Abstract

Taiwan, geographically adjacent to China, was expected to have a high incidence of Covid-19. From the start of the pandemic in late 2019 to April 2021, Taiwan has recorded relatively low infection and death rates compared to those of many other countries. The pandemic became more serious in May 2021, and, as of August 19, Taiwan has accumulated 15,891 cases and 821 deaths. However, although only 35% of diagnosed Covid-19 cases in Taiwan were in people 60 years and older, this group accounted for almost 90% of the deaths, and the overall mortality rate of people aged 80 years and over was up by 35% during the pandemic. Many of Taiwan's Covid-19 cases resulted from cluster infections in long-term care facilities.

Taiwan, the fastest aging country in the world, provides long-term care to anyone who is eligible through the National 10-Year Long-Term Care Plan. This plan provides services at home, in community settings, and in nursing care facilities to more than one-third of Taiwanese older adults who need long-term care services. The Covid-19 pandemic resulted in lockdowns in nursing homes, and many home- and community-based long-term care settings either closed or stopped providing services. Older adults in long-term care settings thus faced not only great threats to their lives from Covid-19, but also extreme loneliness and even abuse during isolation in nursing homes or in their own homes.

As Covid-19 cases in Taiwan decreased in late August, long-term care facilities and settings returned to normal function, and many clients were found to have experienced deterioration in both physical and psychological function. Impacts on long-term care facilities and workers have also been noted. Thus, while the Covid-19 pandemic has resulted in distress to Taiwan's long-term care systems, it presents new challenges to the ongoing paradigm shift to active aging.

Plenary VI: Community elderly care using AI/IOT during the COVID-19 pandemic: An experience of South Korea

[Professor Dongwoon HAN](#)

Professor, College of Medicine, Hanyang University, South Korea

Correspondence: Professor Dongwoon HAN (dwhan@hanyang.ac.kr)

Abstract

In the post-corona era, the evolution of the internet and third-generation digital transformation using artificial intelligence is expanding among non-face-to-face elderly care products and services worldwide. Among this trend, in order to prepare measures to resolve the gap in care for the elderly, the Republic of Korea (South Korea) initiated 'AI/IoT-based health service pilot project' for the elderly. The pilot scheme began in November 2020, across 24 public health

centers in South Korea where non-face-to-face care services using AI/IoT technology related to exercise, nutrition, and healthy living practices to the vulnerable elderly in the community was provided. Starting October this year, the program will expand to 80 public health centers across the country. So far, a review examining the short-term impact of the pilot program on the elderly shows its contribution to providing sustainable health care services with respect to the prevention and management of their health during the COVID-19. In the future, the demand for AI/IoT-based health services will increase steadily due to deepening social polarisation, rapid aging of the population, and increases in chronic diseases in Korea. This research aims to identify the current status of and the challenges faced by the public health sectors in dealing with the COVID-19 outbreak and to propose potential solutions in terms of popular technologies such as AI/IoT by reviewing the experiences from South Korea. Further, suggestions and future research direction concerning the technical standards for the elderly should be formulated as soon as possible and the existing public health program for elderly care platforms should be combined with AI/IoT technology. Thus central and local government/health authorities should pay attention to develop efficient and sustainable programs to cope with the demand for elderly care in the community using AI/IoT technology.

Plenary VII: The economics of immunisation: Ensuring value amidst resource constraints

Professor Kenneth K. C. LEE

Professor of Pharmacy, School of Pharmacy, Monash University Malaysia

Correspondence: Professor Kenneth K. C. LEE (kenneth.lee@monash.edu)

Abstract

Vaccines are globally recognised as the most successful approach in disease prevention. Yet due to reasons usually of socioeconomic background, vaccines are not accessible by all populations although the need is there. Hence patient's access to the health benefits brought about by vaccines often varies according to their background. Traditionally, vaccines are evaluated mainly by their effectiveness and safety from a payer's (or government's) perspective. Little emphasis is given to the patient's own benefits such as effects of complications, hospitalisations, cost of carer and loss of productivity. The recent approach of evaluation has been shifted to one that is more patient-centric and with greater focus on equity. The research methodology is still by projection using health economic models in view of the long-term benefits of vaccines but parameters projected will be more from a patient's perspective. The present lecture will start with a background on the cost-effectiveness of vaccines followed by a comparison of the traditional and the recent approach of evaluation and the rationale for the change.

Plenary VIII: Long-term care in Hong Kong: Lessons learned from the pandemic

Dr The Honourable LAM Ching-choi, SBS, JP

Chairman, Elderly Commission, HKSAR

Correspondence: Dr The Honourable LAM Ching-choi, SBS, JP (drccclam@hohcs.org.hk)

Abstract

The outbreak of COVID-19 has posed extraordinary challenges in the world whereas the long-term care was significantly disrupted with services suspended or altered to less deliverable way. The pandemic exposed the weaknesses in the long-term care system and the unpreparedness to respond to different situations.

Though Hong Kong's public health capabilities have been enhanced after the city learnt some hard lessons from SARS, infection control in residential care homes is yet to be improved. The outbreak clusters in the care homes uncovered deep flaws that have been worsening for decades: overcrowding, strained manpower, the excess number of temporary workers and untrained outsourced staff working in multiple units.

While compliance with infection control and ventilation standards should be regularly and continuously monitored, vaccination is another pillar of prevention. As the risk of severe illness from COVID-19 increases with age, older adults are considered to be the priority group for vaccination. However, elderly remain vulnerable as their vaccination coverage lagged behind other groups. Vaccine hesitancy among the elderly is in part linked with the doctors' conservative attitude towards vaccines. Though health professionals are the most trusted source of information on vaccines for the general public, some of them lack knowledge and confidence in vaccines and receive insufficient training on vaccine communication. Equipping them with knowledge and communication skills will support them to promote vaccination with creative approaches.

While COVID-19 has created challenges, it has also created some opportunities. The pandemic catalysed the rapid adoption of technologies and telehealth which was underused in the past. Tele-consultation and tele-rehabilitation emerged as highly desirable alternatives to provide medical care and rehabilitation when services were severely interrupted. The use of robotics and gerontechnology also played a role in helping the elderly to weather the storm during challenging times. The emergence of telecare and gerontechnology offers an opportunity for the development of new service models to provide quality and effective care for the older population.

Keywords: COVID-19, elderly, vaccination, infection control, vaccine communication, telehealth, gerontechnology

VII. SHARING SESSION

Book publishing with Springer, humanities and social sciences

Ms Alex Westcott CAMPBELL

Senior Editor, Humanities and Social Science (Southeast and East Asia), Springer Singapore

Correspondence: Ms Alex Westcott CAMPBELL (alexandra.campbell@springernature.com)

Abstract

This 15 minute presentation will tackle how to write a successful book proposal, outlining the process from idea formation to publication, highlighting key considerations for prospective authors and editors to maximise their research impact.

VIII. PARALLEL SESSIONS

Parallel Session A: Elderly Health and Care

A1. Residents' perception on medical tourism development in Hong Kong: Benefits and limitations

Joyce S. C. KWAN, Pimtong TAVITIYAMAN

School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong

* Corresponding author: Dr Pimtong Tavitiyaman (pimtong.t@cpce-polyu.edu.hk)

Abstract

Introduction: Medical tourism is defined as organised travel beyond national borders to enhance and restore tourists' health (Ebrahim & Ganguli, 2019). According to Birader and Ozturen (2019), medical tourism includes medical treatments and other services, such as relaxation activities. Hong Kong can promote its city as a medical destination because of its efficient medical care system; however, long waiting lists and waiting times are major constraints (Pacific Prime Hong Kong, 2018). Given that medical tourism involves various stakeholders, such as tourism business, hospital, government, and community (Kim et al., 2013), understanding the stakeholders' viewpoint on medical tourism development in Hong Kong is worth exploring. Thus, this study aims to (1) explore major criteria to establish medical tourism in Hong Kong from residents' perspective, (2) examine the benefits and limitations in developing medical tourism in Hong Kong by residents' age groups, and (3) assess the impact of limitations in developing medical tourism in Hong Kong toward residents' behavioral intention.

Methodology: This study used a quantitative method. Target population was Hong Kong residents, and a convenience sampling approach was conducted to recruit the respondents. A self-administered questionnaire with Chinese and English versions was created, including three sections with 38 questions. Section I asked about the major criteria for establishing medical tourism in Hong Kong. The second section mentioned respondents' perceptions on the benefits, limitations, and behavioral intention of developing medical tourism. The third section mentioned respondents' demographic information with a closed-ended question format. Five-point Likert-type scales with end-anchors labeled 1 "very unimportant" and 5 "very important" and 1 "strongly disagree" and 5 "strongly agree" were used for the first and second sections, respectively. The questionnaire was created in Google Form, and data were collected from 153 respondents through an online survey and distributed on social media, such as Instagram and Facebook, in April 2021. SPSS version 26 was a software used to analyse data. The descriptive technique was used to show frequencies and percentages of demographic statistics, mean and standard deviation of major criteria, ANOVA for benefits and limitations by age groups, and multiple regression on the influence of limitations toward behavioral intention.

Results: To explore the importance of criteria to establish the medical tourism in Hong Kong, among 13 criteria, the most important criteria were physician expertise (mean = 4.36, SD =

0.84), infrastructure of hospitals (mean = 4.35, SD = 0.78), and healthcare quality (mean = 4.30, SD = 0.75). The least important criteria were political condition of that destination (mean = 3.66, SD = 0.91), economic condition of that destination (mean = 3.70, SD = 0.85), and language (mean = 3.73, SD = 1.00).

Furthermore, the ANOVA results on the benefits and limitations of developing medical tourism by age showed significant differences. Among five benefits, only one benefit “gaining more medical experiences” was significant (F-value = 5.65, $p < 0.01$). Residents 18 to 29 years old (mean = 3.90), 30 to 39 years old (mean = 3.90), and 40 to 49 years old (mean = 3.87) were perceived more positive compared with residents ageing 60 years old or above (mean = 3.19). In contrast, no mean difference of other benefits by age was observed. Furthermore, among 14 limitations, mean differences of residents’ perception of “lack of private sector interest” by age were observed (F-value = 6.82, $p < 0.01$). Residents 60 years old or above (mean = 3.77) were perceived more positive compared with residents 18 to 29 years old (mean = 3.00) and 30 to 39 years old (mean = 2.90). Residents at 50 to 59 years old (mean = 3.63) were perceived more positive compared with residents 30 to 39 years old (mean = 2.90). Mean differences of perception of “high cost” by age (F-value = 5.88, $p < 0.01$). Residents 60 years old or above (mean = 3.39) and 50 to 59 years old (mean = 3.30) were perceived more positive compared with residents 18 to 29 years old (mean = 2.37). Other limitations were also significant: “lack of government support” (F-value = 5.19, $p < 0.01$), “shortage of nurses” (F-value = 4.49, $p < 0.01$), “lack of supportive facilities” (F-value = 3.54, $p < 0.01$), “great demand of healthcare needs for local” (F-value = 2.86, $p < 0.05$), and “lack scarcity for new hospital development” (F-value = 2.86, $p < 0.05$).

The impact of limitations of developing medical tourism on residents’ behavioral intention was presented ($R^2 = 0.22$, adjusted $R^2 = 0.14$, F-value = 2.79, $p < 0.05$). The limitation of “lack of an iconic type of organisation that patient can easily recognise” influenced behavioral intention (unstandardised $\beta = 0.13$, t-value = 2.40, $p < 0.05$). “Lack of government support” influenced behavioral intention (unstandardised $\beta = -0.14$, t-value = -2.16, $p < 0.05$). “Great demand of healthcare needs for local” affects residents’ behavioral intention (unstandardised $\beta = -0.18$, t-value = -2.18, $p < 0.05$). Other limitations had no impact on residents’ behavioral intention.

Implications and limitations of the study: Regarding medical tourism development, various implications are proposed to promote the benefits and minimise the constraints of medical tourism development in Hong Kong. The Hong Kong government can act as a leader in medical development. For example, the government can enact a policy that lessens the burden of healthcare staff shortage and enhances medical quality. According to the Report of Strategic Review on Healthcare Manpower Planning and Professional Development of 2017, Hong Kong will be short of 1,600 nurses by 2030 at the current hiring rate (Romann, 2019). The government could provide funding on adding more intakes of publicly-funded programs for medical subjects. More funding should be provided for the research and development of medical aspects to enhance the technology level. For supporting facilities, the government could conduct more land allocation for medical uses. Incentives can be created to attract medical investment by providing attractive lease conditions such as lowering land premiums. Visa with a longer expiration date for medical treatment can be offered to potential tourists

visiting Hong Kong for medical tourism purposes. The limitations of this study were small sample sizes with 153 Hong Kong residents and the limited period of data collection (i.e., two weeks in April 2021).

References

Birader, T.K. & Ozturen, A. (2019). Motivators and perceptions of island residents towards medical tourism in Mainland. *Journal of Tourism and Services*, 10(19), 164-176.

Ebrahim, A. H. & Ganguli, S. (2019). A comparative analysis of medical tourism competitiveness of India, Thailand and Singapore. *Tourism: An International Interdisciplinary Journal*, 67(2), 102-115.

Pacific Rim Hong Kong (2018). *The healthcare system in Hong Kong: An informative overview*. <https://www.pacificprime.hk/blog/healthcare-system-hong-kong-overview/>

Romann, A. (2019, May 31). *Hong Kong's nursing shortage remains a chronic problem*. Harbour Times. <https://harbourtimes.com/2019/05/31/hong-kongs-nursing-shortage-remains-a-chronic-problem/>

A2. Applications of systems thinking in health and education: Its roles and perspectives for a sustainable future in the time of pandemics

Wang-Kin CHIU and Ben Y. F. FONG

Division of Science, Engineering and Health Studies, College of Professional and Continuing Education, The Hong Kong Polytechnic University

* Corresponding author: Dr Wang-Kin CHIU (oscar.chiu@cpce-polyu.edu.hk)

Abstract

Established as a holistic approach in the exploration and understanding of the complex interactions between individual system elements, systems thinking has seen its extensive applications in various disciplines. The adoption of the systems thinking approach and its derived tools gives the advantage of enabling the practitioners to have a more complete and in-depth understanding of system dynamics. Furthermore, the approach also provides a pathway for the identification of underlying root causes and selection of key issues to be focused, subsequently leading to possibilities of system design or redesign incorporated with corresponding intervention measures. Likewise, systems thinking is considered a promising prospect and has significant applications in the healthcare sector. In recent decades, there have been reported examples on the adoption of systems thinking in the strengthening of health systems, as well as in other application areas including health management, research, and clinical practice. For example, there are reports demonstrating the application of systems thinking in reframing research study and clinical practice in the context of multimorbidity or mental health. Systems thinking is also an important approach regarding the study of prevention effects and planning of interventions for chronic diseases. This is of particular importance considering the prevalence of chronic conditions among the elderly and the

worldwide growing ageing population. Meanwhile, there are articles addressing the roles of systems thinking in the management of Covid-19 pandemic, as well as the development of relevant tools as one of the initiatives for informing policy interventions against the pandemic and outbreaks of infectious diseases in the future. With regards to the post-pandemic era in the future, systems thinking will continue to play its crucial role in the reframing of education towards a sustainable future environment, which is also one of the critical factors contributing to healthy ageing. In this paper, we will describe and highlight the advance of knowledge in systems thinking and its applications in various health-related issues. The article will also focus on the important issues behind the adoption of systems thinking in education, together with the prospects and applications of systems thinking in the time of pandemics. The lessons learnt from the pandemic and perspectives on the roles of systems thinking in the post-pandemic era will be further discussed.

A3. The accuracy of artificial neural network in predicting the impact of COVID-19 on students mental health

Adam WONG^a, Kia TSANG^b, Joseph SO^a, and Ada CHAN^a

^aCollege of Professional and Continuing Education, The Hong Kong Polytechnic University, Hong Kong

^bSchool of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong

* Corresponding author: Dr Adam WONG (adam.wong@cpce-polyu.edu.hk)

Abstract

Mental health is an important part of a person's overall well-being. However, unlike physical health, mental health is difficult to measure, and often ignored. If mental health issues are not properly resolved in time, it will cause more severe problems such as frustration, stress, and depression. The sudden appearance of the Corona Virus Disease (also known as COVID-19) in late 2019, created a worldwide public health crisis. It resulted in the restrictions of many activities including, but not limited to, learning. Schools at different levels are forced to convert from traditional F2F teaching to online learning. It is important to examine the effect of such a change on students in different age groups, from primary schools to adult learners. Traditional prediction methods may not be effective in predicting if a student will develop mental health issues if they are forced to use online learning instead of face-to-face classroom teaching. Machine learning can fill this gap by providing an alternative way to make such predictions that do not isolating out any 'important' factors.

This study uses a dataset that consists of survey responses from 1182 students of different age groups from different educational institutions in India. The students in the survey range from primary school students to adult learners. The survey asked the respondents about the impact of the COVID19 pandemic on their mental health. The respondents also reported the hours they spent on online study, sleep and social media. The study examines the accuracy of the artificial

neural network machine learning model in predicting if a student will have mental health issues. Then it will compare the performance of the artificial neural network machine learning model with that of the Naïve Bayes algorithm. Both algorithms are implemented using machine learning libraries written in Python. The study will also review an attempt to improve the accuracy by scaling the data before they are fed into the algorithms.

The results show that the artificial neural network machine learning model has a much better performance than the Naïve Bayes algorithm, and that feature scaling has no significant impact on the performance.

A4. Family caring for the elderly during and after the pandemic: Perspective from Confucian familism

Andrew Tsz Wan HUNG

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

* Corresponding author: Dr Andrew Tsz Wan HUNG (andrew.hung@cpce-polyu.edu.hk)

Abstract

Family support is important to the elderly persons. However, the COVID-19 pandemic has exposed the dilemma between maintaining public health through social distancing and sustaining elderly social psychological health through familial connection. Social distancing has aggravated the existing social isolation of the elderly, seriously affecting the connection between the elderly and their family members. This may lead to a long-term health crisis. Although safety measures are essential to prevent exposure to the virus, this approach must be linked to maintaining social familial connection. The pandemic has highlighted the importance of familial connections and has had a significant impact on the elderly living in the community. However, the burden of taking care of family members, in particular the elderly, can also affect the personal aspects of the family members, including their life plans, their social and professional development; and it also tends to foster family conflicts. From a Confucian perspective, taking care of parents and respecting elders are essential for one's moral formation, for one's becoming ren. While the government should promote citizens to take up the responsibility of taking care of their elderly parents, it should also provide support to families that are caring for the elderly, to reduce their burden. And for those who live in care homes and are isolated from their family members, the government may need to enhance and support elderly's digital literacy and engagement during and after the pandemic.

A5. Telemedicine and telehealth for health and long-term care in Hong Kong: A policy analysis

Fowie S. F. NG*, Holly C. Y. NG

School of Management, Tung Wah College, Hong Kong

* Corresponding author: Dr Fowie S. F. NG (fowieng@twc.edu.hk)

Abstract

Since the pandemic of COVID-19, telemedicine and telehealth have become a world-wide popular phenomenon in the health and long-term care sectors to tackle the challenges of health care delivery due to social distancing and containment policies, lockdown as well as the fear of getting infected when visiting physical health care facilities. Overseas examples have witnessed a sharp increase of adopting these models of care such as the increase of 2,000% of video telemedicine consultation at the Mayo Clinic of United States of America during the early stage of COVID-19 pandemic by July 2020. In Asia Pacific area, the Australian Government has added a list of temporary Medicare (funded) items to help health care practitioners including doctors, allied health practitioners, nurse practitioners, mental health professionals use telehealth services through phone or video conferencing mode. Since the outbreak of COVID-19, there is gradual increase in interest in Hong Kong to adopt telemedicine and telehealth models of care to provide different choices and levels of care. Varieties of digital health technologies such as wearable devices, remote patient monitoring devices, robots, and virtual and mixed realities have been deployed in clinics, hospitals, elderly care facilities as well as other caring facilities which has enhanced the ecosystem of using digital health, telemedicine and telehealth under the umbrella of ‘Smart Health’. Local start up companies are investing into developing gerontech products with the support from the government to target both local and international markets arising from the ageing population. The market also witnessed an increase in the deployment of telemedicine and telehealth in both public and private sectors. The policy development of health and long-term care in Hong Kong are under the auspices of two policy bureaus of the Government of Hong Kong Special Administrative Region. We examined the policy development of telemedicine and telehealth in Hong Kong with reference to the perspectives of government, healthcare professional and major stakeholders in an attempt to address the challenges and opportunities for future development of telemedicine and telehealth in Hong Kong and nearby regions. This can pose further insights for the benefits of health and long-term care in the Greater Bay Area of China.

Parallel Session B: Service Delivery

B1. Designing integrative medicine service delivery models: A review of international experiences

Vincent C. H. CHUNG^{1,2*}, Leonard HO², Ting Hung LEUNG², Charlene H. L. WONG¹

¹*Jockey Club School of Public Health and Primary Care, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong*

²*School of Chinese Medicine, Faculty of Medicine, The Chinese University of Hong Kong, Hong Kong*

* Corresponding author: Dr Vincent CH CHUNG (vchung@cuhk.edu.hk)

Abstract

Background: The World Health Organization promotes the integration of Traditional and Complementary Medicine (T&CM) into the conventional health services delivery system. Nevertheless, integrating quality services in a patient-centred manner faces substantial challenges when T&CM is delivered within a health system dominated by conventional medicine. This review aimed to synthesise international experiences of integration strategies across different contexts.

Methods: Publications describing international experiences of delivering T&CM service in conventional healthcare settings were searched from MEDLINE and EMBASE. Backward and forward citation chasings were conducted to screen potentially eligible studies from the bibliography of each included study and from subsequent citations in Google Scholar, respectively.

Results: International experiences showed that capable leaders are essential in seeking endorsement from stakeholders within the conventional medicine hierarchy and relevant regulatory bodies. Patient demands for integrative care can also be successful in promoting the use of T&CM for filling the effectiveness gaps in conventional medicine. Interprofessional communication is key to successful collaborations between conventional and T&CM practitioners. Different referral mechanisms between the professionals have been proposed for different contexts.

Discussion: Interprofessional communication can be strengthened by chart sharing, instant information exchange, and dedicated time for face-to-face interactions. Interprofessional education is also important to establishing mutual trust and understanding between professionals. The popular evidence-based condition-specific referral protocols with detailed integrative treatment planning should be explored in future case studies. Optimal methods for financing integrative care to guarantee equitable patient access and remunerating T&CM practitioners working in integrative healthcare are necessary as well. Safeguarding the quality and safety of integrative services is always the priority.

Conclusions: Policymakers should facilitate the communications and collaborations amongst T&CM and conventional practitioners, regulatory bodies, healthcare financing bodies, and the public, after considering the characteristics of their healthcare system.

B2. Effectiveness of nurse-led peri-discharge interventions for reducing 30-day hospital readmissions: Network meta-analysis

Charlene H. L. WONG, PhD¹, Claire C. W. ZHONG, MPhil^{*1}, William K. W. CHEUNG, BSc¹, Eng-kiong YEOH, FFPH¹, Chi Tim HUNG, FHKAM¹, Benjamin H. K. YIP, PhD¹, Eliza L. Y. WONG, PhD¹, Samuel Y. S. WONG, MD¹, Vincent C. H. CHUNG, PhD^{1,2}

¹*Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin, Hong Kong*

²*School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong*

* Corresponding author: Claire CW ZHONG (chenwenzhong@link.cuhk.edu.hk)

Abstract

Background: Thirty-day hospital readmissions are highly prevalent, costly, and associated with adverse outcomes in many health systems. Existing systematic reviews have compared the effectiveness of nurse-led peri-discharge interventions comprising different components with usual care on reducing all-cause 30-day hospital readmissions. However, conflicting results were reported.

Objective: We conducted a network meta-analysis to evaluate the comparative effectiveness of different nurse-led peri-discharge interventions, compared with usual care, for reducing all-cause 30-day hospital readmissions.

Methods: A total of five international databases were searched for systematic reviews of randomised controlled trials. Additional searches for most updated randomised controlled trials published between 2014 to 2019 were conducted. Data from included randomised controlled trials were extracted for random-effect pairwise meta-analyses. Pooled risk ratios with 95% confidence interval were used to quantify impact of nurse-led peri-discharge interventions on all-cause 30-day hospital readmissions. Network meta-analysis was used to evaluate the comparative effectiveness of different interventions. The overall quality of evidence was assessed using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

Results: From two systematic reviews and additional randomised controlled trials search, 12 eligible randomised controlled trials (n=150,840) assessing 15 different nurse-led peri-discharge interventions were included. For reducing all-cause 30-day hospital readmissions, pairwise meta-analysis showed that there was no significant difference between nurse-led peri-discharge interventions and usual care (pooled risk ratios = 0.86, 95% confidence interval: 0.71-1.04, moderate quality of evidence). Network meta-analysis indicated no significant difference across different interventions despite variation in complexity.

Conclusions: Our results indicated that nurse-led peri-discharge interventions were not significantly different from usual care for reducing all-cause 30-day hospital readmissions. Simpler nurse-led peri-discharge interventions are on par with more complex interventions in terms of effectiveness. Benefits of nurse-led peri-discharge interventions may vary across health system context. Therefore, careful consideration is required prior to implementation.

Registration details: The protocol for this study has been registered in PROSPERO (Registration No. CRD42020186938).

B3. Effectiveness of peri-discharge complex interventions for reducing 30-day hospital readmissions among patients with heart failure: Overview of systematic reviews and network meta-analysis

Claire C. W. Zhong, MPhil¹, Charlene H. L. Wong, PhD*¹, William K. W. Cheung, BSc¹, Eng-kiong Yeoh, FFPH¹, Chi Tim Hung, FHKAM¹, Benjamin H. K. Yip, PhD¹, Eliza L. Y. Wong, PhD¹, Samuel Y. S. Wong, MD¹, Vincent C. H. Chung, PhD^{1,2}

¹Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong, Shatin,

Hong Kong

²*School of Chinese Medicine, The Chinese University of Hong Kong, Shatin, Hong Kong*

* Corresponding author: Charlene H. L. WONG (charlene.wong@link.cuhk.edu.hk)

Abstract

Background: Heart failure is a leading cause of 30-day hospital readmissions. The effectiveness of difference peri-discharge interventions for heart failure remains uncertain. An overview of systematic reviews and network meta-analysis was conducted to evaluate comparative effectiveness of peri-discharge complex interventions for 30-day hospital readmissions among heart failure patients.

Methods: Protocol for this study has been registered in PROSPERO database (Registration No. CRD42020189557. Systematic reviews in MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, Global Health, and AMED were searched from their inception to August 2019. Additional search for randomised controlled trials in MEDLINE, EMBASE, and Cochrane Central Register of Controlled Trials published between 2003 to 2020 was conducted. Two reviewers screened the title and abstract and assessed full text for eligible systematic reviews and randomised controlled trials independently. Random-effect pairwise meta-analysis with pooled RR and 95% CI was adopted to quantify effect of peri-discharge interventions, and network meta-analysis to evaluate comparative effectiveness among peri-discharge interventions. The primary outcome was 30-day all-cause hospital readmissions. Secondary outcomes were 30-day heart failure-related hospital readmissions, 30-day mortality, and 30-day emergency department visits. We assessed the overall quality of evidence using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach.

Results: From 20 systematic reviews and additional randomised controlled trial search, 21 eligible randomised controlled trials (n=5,362) assessing 8 different peri-discharge complex interventions were included. Pairwise meta-analysis showed no significant difference between peri-discharge interventions and controls on all outcomes, except that peri-discharge interventions were significantly more effective than controls in reducing 30-day mortality (pooled RR = 0.68, 95% CI:0.49-0.95, 5 randomised controlled trials, high quality of evidence). Network meta-analysis indicated that for reducing 30-day all-cause hospital readmissions, supportive-educative intervention had the highest probability to be the best intervention, followed by disease management; while for reducing 30-day heart failure-related hospital readmissions, disease management was likely to be the best intervention.

Conclusions: Our results suggested that disease management had the best potential to reduce 30-day all-cause and heart failure-related hospital readmissions. Evidence-based peri-discharge complex interventions require local adaptation prior to implementation.

B4. The use of arts-making activities among college students: A pilot study

H. Y. TSANG, W. H. TO, S. Y. WONG, H. N. WONG, M. H. TAI, W. Y. TSANG, H. C. SZE, Y. P. WONG, H. T. YEUNG

Abstract

Background: Under the COVID-19 pandemic, mental health crises were emerging among population of Hong Kong. Due to the social distancing policies and suspensions of school activities, conventional methods of stress management for younger generation can be affected. This pilot experimental study aimed to explore a different way of mental stress management for college students in Hong Kong.

Objective: To investigate the impacts of online arts-making activities on college students by Quasi-experimental design.

Method: 13 students (Male=4; female=9; Age=19.77±0.73 years) from Institute of Vocational Education (IVE) were recruited by convenient sampling. Participants attended 3 sessions (1.5 hours/session) of arts-making activities in February 2021. “Draw all you can” was applied in all sessions to overcome the barriers of drawing skills and guide the process of artwork creation. Participants expressed and shared their feelings and thoughts at the end of each session. Demographic information and lifestyle was reported by self-administered questionnaire in the first meeting. Quality of life (QOL) and perceived mental stress were assessed before and after intervention by WHOQOL-BREF(HK) and PSS respectively. The data were analysed by paired samples t-test and Wilcoxon signed rank test through the application of the PSPP.

Results: 61.5% of participants reported a sedentary lifestyle. 38.5% reported no regular exercise while 38.5% had exercise habits of 1 to 2 times per week. Significant improvement in QOL was observed (p=0.002). The improvements were significant in physical (p=0.006), psychological (p=0.012) , and social (p=0.001) domains of QOL. No significant change was observed in the environmental domain of QOL and perceived mental stress.

Discussion: Findings of this pilot study indicates the potential of online arts-making activities for managing mental well-being. Online arts-making activities can be beneficial to the psychological health of participants. Through these activities, participants can communicate and build up some forms of social connection. In the results, positive changes of mental well-being were observed despite the stressors and external environment of the participants was not changed. Physical inactivity was common among participants. The participants were not managing their mental health by sports or outdoor activities due to lifestyle and constraints under COVID-19 pandemic. This study suggests that the intervention can be an alternative way of providing mental health services. Further research should be done with bigger samples and among other population groups.

Conclusion: Online arts-marking activities can be a potential method for mental health management among college students.

B5. NHS maternity care and the COVID-19 pandemic: What has changed, what is changing, and what seems to be the same?

Francesca (Fran) QUATTRI*, PhD

Department of Health Sciences, University of Leicester

* Corresponding author: Dr Fran QUATTRI (fq18@leicester.ac.uk)

Abstract

Unsurprisingly, the COVID-19 pandemic has greatly affected the NHS in the UK, and, with it, the NHS maternity care. This paper is a short review of the current state of affair of public maternity care in the UK. It reflects on things that have not changed, things that have improved and things that still need improvement as a result of the pandemic. This paper draws its conclusions from reviewing current and grey literature on maternity care including over the last 18 months, and it draws conclusions from some healthcare professionals' testimonies. This exercise will reveal that 'new' is not necessarily better and that the sought 'paradigm' for better and sustainable healthcare by the NHS may not necessarily imply building from scratch but instead providing enabling conditions to achieve long- and short-term goals. These goals include enabling focused and concerted efforts for improvement, quality and safety of care, compassionate leadership, sufficient funding and the creation of trust-building relationships among medical staff as well as among healthcare professionals and their clients. Insights will be shared on the feasibility of some of these goals, based on the collected evidence.

Parallel Session C: Health Promotion and Health Management

C1. Crisis management and public hospitals

Edmund T. M. WUT

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

* Corresponding author: Dr Edmund T. M. WUT (Edmund.wut@cpce-polyu.edu.hk)

Abstract

The purpose of this study is to investigate the past healthcare crisis and medical incident from the United Christian Hospital in Hong Kong, the crisis acknowledged the implementation of crisis response to control and minimise the negative consequences that came from the medical accident effectively. The crisis what the Unite Christian Hospital facing included past mistake of the missing report and unprofessional training on medical stuff, to be specific, Tang Kwai Sze case is one of the important events that alert United Christian Hospital is time to improve its healthcare quality as soon as possible. This paper is utilising Situational Crisis Communication Theory to investigate the accident of Tang Kwai Sze and demonstrate the importance of suitable and consistent crisis response when public hospitals facing various medical accidents.

The UCH is a general hospital under the HA that was established in 1973. UCH belongs to the

Kowloon East Hospital Cluster and is supervised by HA. It provides 24 hours emergency accident services and covers a wide range of medical services, including in-patient, daycare center, etc. (Lee et al., 2000). The UCH also promotes good partnership with other public and private medical centers to build a "hospital without walls" (Leung et al., 2011). However, the UCH has a relatively poor reputation among Hong Kong hospitals because it involved various kinds of medical accidents (Chan et al., 1998).

The importance of using a rebuilding posture is because it can quickly have a function of placation to the victim of the crisis and the public. The public hospitals should express a full apology or compensation to express in the medical crisis after the enactment of Apology Ordinance.

This paper is divided into three main sections.

The first section is the background information to:

- Provide basic information of the UCH.
- Crisis timeline of accident of Tang Kwai Sze

The second section is the crisis evaluation including:

- Define which crisis type of Tang Kwai Sze's incident belongs to.
- Describe and analyse the past crisis history of UCH.
- Elaborate the actual response from UCH for Tang's accident.
- Provide analysis of actual responses on Tang's accident to see how UCH perform

The third section mainly discusses how the learning outcome of the UCH according to the past medical crisis and gives out valid recommendations.

Public hospitals can minimise the negative outcomes caused by the crisis through a clear crisis management policy. Once the medical incident occurs, the public hospital may not report to the public immediately while the Hospital Authority decides the official announcement. The media may give pressure on the hospital with public awareness (Nam, 2003). It was found that the responses were not appropriate and the learning outcome was failure.

C2. Health literacy promotion and its institutional arrangements: Rethinking collaborative health promotion in Thailand

Watcharabon BUDDHARAKSA^{a*}, Jonathan S. DAVIES^b, Phudit TEJATIVADDHANA^c

^a*Department of Political Science and Public Administration, Naresuan University, Phitsanulok, Thailand*

^b*Centre for Urban Research on Austerity, De Montfort University, Leicester, UK*

^c*ASEAN Institute for Health Development, Mahidol University, Bangkok, Thailand*

* Corresponding author: Watcharabon BUDDHARAKSA (watcharabonb@nu.ac.th)

Abstract

This research explores institutional arrangements that govern health literacy promotion policies in Thailand since 2014. This study sets the main questions as what are the main institutional arrangements that governed health literacy promotion policies in Thailand since 2014 and can these arrangements be viewed as collaborative health governance? This paper argues that the military coup in 2014 transformed institutional-governing arrangements on health system management and health promotion greatly as many legal-political institutions and various social-political agencies were involved and brought together to promote health and health literacy. A so-called principle of ‘collaborative governance’ has been employed and implemented to promote health in Thailand recently, however, this study argues that the institutional constraints under authoritarian regime offer a ‘fictitious-collaborative health governance’ instead. Furthermore, deliberative processes on health literacy promotion regulated by many legal - institutional constraints had characteristics of ‘pseudo-deliberation’. This work is qualitative research, and it analyses and explains research results by looking through theoretical concepts of institutionalism and collaborative governance. This study argues that to reach the goal of health literate community and society, Thai health agencies and authorities should re-approach health and health literacy promotion from the bottom-up perspective. Also, overcoming fictitious collaborative health promotion and pseudo-deliberation are necessary. To do that, we need a long-term project of building up a ‘critical health regime’ based on critical education and anti-authoritarianism as major principles.

C3. Tourist perceptions on wellness tourism and behavioral intention through satisfaction in life: A case study in Thailand

Yodmanee TEPANON^{a*}, Wanlanai SAIPRASERT^b, Pimtong TAVITIYAMAN^c, Yeamdao NARANGAJAVANA^d

^a*Faculty of Business Administration, Kasetsart University, Bangkok, Thailand*

^b*Faculty of Business Administration, Chiang Mai University, Thailand*

^c*School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong*

^d*School of Management, Walailak University, Nakhornsithammarat, Thailand*

* Corresponding author: Yodmanee TEPANON (yodmanee.t@ku.th)

Abstract

A new lifestyle and a change in travel behavior create the growth of wellness tourism and products in many destinations. The concept of wellness is described as “multidimensional, which may include physical, mental, spiritual, sexual, educational, occupational, economic, political, social, cultural, ethical, environmental, and existential attributes (Chen et al., 2013, p. 123).” With these broad scopes of wellness, various types of wellness products and services can be introduced to target customers. Wellness service packages can include physical fitness/beauty care, nutrition/diet, relaxation/meditation, and mental activity/education (Meuller & Lanz Kaufmann, 2001). Therefore, the scope of wellness tourism includes a broaden criteria of health-related treatments; physical, mental, and spiritual activities; and

social, cultural, and aesthetic centers (Page et al., 2017). Examples of wellness tourism facilities and activities are retreat centers, rural and cultural tourism, camping, visiting beauty therapy or massage parlors, attending relaxation/energy-balancing/art/music classes, and nature appreciation (Brooker & Joppe, 2014; Kelly, 2012; Page et al., 2017).

Previous studies witnessed the importance of the motivation factors of tourists on perceived wellness and their satisfaction and behavioral intention. Choi et al. (2015) presented the importance of spas' functional and wellness values toward satisfaction and behavioral intention. The image of rural tourism, tourist happiness, and satisfaction positively influences behavioral intention (Wu et al., 2017). However, little research has looked at the relationship between tourists' cultural backgrounds and concepts related to wellness tourism and products. Han et al. (2017) tested the moderating effect of culture (individualism vs. collectivism) on the relationships among spa quality, value, affect, satisfaction, desire, and destination loyalty intention. The result only demonstrated the moderating effect of culture (especially collectivism) on the relationship between satisfaction and destination loyalty intention of wellness spa tourism.

Thus, this study aims to (1) explore tourists' motivation factors of perceived wellness on behavioral intention through their satisfaction in life and (2) assess the moderating effect of tourists' culture on the relationship between their motivation factors and satisfaction in life and between their satisfaction in life and behavioral intention. The significance of this study can contribute to theoretical development and managerial implications.

Methodology

Thailand is one of the travel destinations that can attract international tourists for the medical and wellness industry (Bangkok Post, 2020). The target population comprises international tourists who visited Thailand during the period of study and had experiences in wellness products and services. The convenience sampling approach was used to recruit the respondents to participate in the survey, which was divided into two sections. Section I contained tourist motivation factors (18 items, adopted from Deci and Ryan [2000], satisfaction in life [two items, cited from Pavot et al., 1991], and behavioral intention [three items, adopted from Wu et al., 2017]). The five-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), was applied to measure the items in Section I. In Section II, the respondents were asked to report their demographic profiles, such as age, gender, and country of origin with closed-ended questions. The data collection procedure was completed from April 2020 to May 2020 with the usable responses of 344. Various data analysis techniques (descriptive analysis, exploratory factor analysis, and multiple regression) were applied using SPSS 27. The findings and discussion will be further presented. This study thus illuminates the importance of culture in tourist motivation and satisfaction literature.

References

- Bangkok Post (2020, June 19). *Thailand as global medical & wellness hub*. Retrieved from <https://www.bangkokpost.com/business/1937860/thailand-as-global-medical-wellness-hub>
- Brooker, E., & Joppe, M. (2014). Entrepreneurial approaches to rural tourism in the

- Netherlands. Distinct differences. *Tourism Planning & Development*, 11(3), 343-353. <http://dx.doi.org/10.1080/21568316.2014.889743>
- Chen, K.-W., Liu, H.-H., & Chang, F.-H. (2013). Essential customer service factors and the segmentation of older visitors within wellness tourism based on hot springs hotels. *International Journal of Hospitality Management*, 35, 122-132. <https://doi.org/10.1016/j.ijhm.2013.05.013>
- Choi, Y., Kim, J., Lee, C.-K., & Hickerson, B. (2015). The role of functional and wellness values in visitors' evaluation of spa experiences. *Asia Pacific Journal of Tourism Research*, 20(3), 263-279. <https://doi.org/10.1080/10941665.2013.877044>
- Deci, E.L., & Ryan, R.M. (2000). The “what” and “why” of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227-268.
- Han, H., Kiatkawsin, K., Kim, W., & Lee, S. (2017). Investigating customer loyalty formation for wellness spa: Individualism vs. collectivism. *International Journal of Hospitality Management*, 67, 11-23. <https://doi.org/10.1016/j.ijhm.2017.07.007>
- Kelly, C. (2012). Wellness tourism: Retreat visitor motivations and experiences. *Tourism Recreation Research*, 37(3), 205-213. <https://doi.org/10.1080/02508281.2012.11081709>
- Page, S.J., Hartwell, H., Johns, N., Fyall, A., Ladkin, A., & Hemingway, A. (2017). Case study: Wellness, tourism and small business development in a UK coastal resort: Public engagement in practice. *Tourism Management*, 60, 466-477. <https://doi.org/10.1016/j.tourman.2016.12.014>
- Pavot, W., Diener, E., Colvin, C.R., & Sandvik, E. (1991). Further validation of the satisfaction with life scale: Evidence for the cross-method convergence of well-being measures. *Journal of Personality Assessment*, 57(1), 149-161. https://doi.org/10.1207/s15327752jpa5701_17
- Wu, H.-C., Cheng, C.-C., & Ai, C.-H. (2017). A study of experiential quality, equity, happiness, rural image, experiential satisfaction, and behavioral intentions for the rural tourism industry in China. *International Journal of Hospitality & Tourism Administration*, 18(4), 393-428. <https://doi.org/10.1080/15256480.2017.1289138>

C4. Handling COVID-19 at work under the occupational safety and health legislation

Nicole S. N. YIU^{a*}, Yui-yip LAU^b, Y. M. TANG^c

^aTeaching Fellow, Department of Civil and Environmental Engineering, The Hong Kong Polytechnic University, Hong Kong

^bLecturer, Division of Business and Hospitality Management, School of Professional Education and Executive Development, The Hong Kong Polytechnic University, Hong Kong

^cSenior Teaching Fellow, Department of Industrial and Systems Engineering, The Hong Kong Polytechnic University, Hong Kong

* Corresponding author: Dr Nicole S. N. YIU (nico.yiu@polyu.edu.hk)

Abstract

The novel coronavirus disease 2019 (COVID-19) is a new emerging infectious disease and the World Health Organization (WHO) declared its outbreak as a public health emergency of global concern in early 2020. As of 8 Aug 2021, there have been 202,608,306 confirmed cases of COVID-19, including 4,293,591 deaths. To the best of authors' knowledge, neither various vaccines nor effective medical treatments may be able to prevent the spread of virus in different parts of the world. In particular, a series of new COVID-19 variant (e.g., Alpha, Beta, Gamma, Delta) increased the uncertainty and unpredictable in the working environment. Individuals, industrial practitioners, researchers, and even communities worldwide are experiencing different levels of adverse effects due to the COVID-19 outbreak. Importantly, the government bodies, policymakers, and industrial practitioners performed a lack of relevant knowledge and no experience in handling COVID-19 at work. The safety guidelines, health practices, and anti-epidemic measures are various among different firms. In this sense, different clusters or groups of COVID-19 have been identified in different workplaces. As such, an employee will face a high risk of their working area. To this end, this paper addresses the common concerns about COVID-19 at work. The key issues being comprehensively reviewed include the national practices when handling COVID-19 infections in different work sectors; main roles and responsibilities of an employer and an employee for the prevention of COVID-19; most recent insights and analysis of the practicable safety precautions and innovative measures for the elimination of COVID-19 associated work risk. To unfold the potential challenges in an occupational setting, the applicable Occupational Safety and Health (OSH) legislation worldwide were defined and compared. In addition, some typical examples were deeply explained to illustrate how the mandatory and voluntary safety precautions to be reasonably implemented at work. In order to supplement the research findings, the study conducts a documentary analysis. The results offer valuable information to employers as well as researchers for better monitoring the COVID-19 emergency response plans and further research studies. In addition, the study may provide valuable insights for OSH to improve ordinance occupational setting in response to post COVID-19.

Keywords: COVID-19, occupational safety and health legislation, safety precautions, workplace

C5. Acceptability and willingness to pay for influenza vaccination among healthcare professionals in Vietnam

Nguyen Thi Thu TRANG^{a*}, Vijj KASEMSUP^b, Samrit SRITHAMRONGSAWAT^b, Sariyamon TIRAPHAT^a, Nalinee Nakittipha CHUAKHAMFOO^a

^aASEAN Institute for Health Development, Mahidol University, Nakhon Pathom, Thailand

^bDepartment of Community Medicine, Faculty of Medicine, Ramathibodi Hospital, Mahidol University, Nakhon Pathom, Thailand

* Corresponding author: Nguyen Thi Thu TRANG (trang.ngu@student.mahidol.edu)

Abstract

Background: While Vietnam's Expanded Program on Immunisation does not cover influenza vaccines, people must pay out-of-pocket for influenza vaccination. Healthcare professionals have a high risk of contracting influenza, but their vaccination rate is low.

Objective: to examine the willingness to pay (WTP) for influenza vaccination, factors affecting WTP, and influenza vaccine uptake among health care professionals in Vietnam. It also recommends financing sources for influenza vaccination among healthcare professionals and determines feasible measures to expand vaccine coverage.

Method: We interviewed 130 healthcare professionals in a national hospital in Hanoi in July 2021. The double-bounded dichotomous-choice questions were used to determine WTP for influenza vaccination. Collected responses were coded and analysed with SPSS for descriptive statistics and chi-square test of independence.

Results: There were 75, 4 % of healthcare professionals were female. The mean age of participants was 34, 08 years old, with the range between 22 to 63 years old. Of 130 participants, there were 79, 1 % reported the willing to pay for the influenza vaccine at market price. The average maximum WTP for influenza vaccination services was 357,000 VND (~US \$ 15, 3). 92, 3 % of participants thought that individuals should pay a part of the cost, and four-fifths believed that the government and medical insurance should also subsidise the service (80, 8 % and 85, 4 %). The most common reason for vaccinating the influenza vaccine was "protect self" (35, 7 %), and the two common reasons for not getting vaccinated were "influenza is not a serious disease" and "acquire immunity from exposure to influenza at work" (26 % and 25, 2 %). Chi-square test showed that there was a significant association between perceived severity and both the influenza vaccine uptake and the WTP, $X^2(1, N=130) = 7.185, p=0.007$, and $X^2(1, N=130) = 4.177, p=0.041$, respectively.

Conclusion: The WTP for influenza vaccination among healthcare professionals is relatively high, suggesting that price is not a primary barrier, and there is room to expand the immunisation program. Four-fifths of participants expected the government and medical insurance subsidies, so financing support from these sources could improve the vaccine uptake. Other health interventions such as influenza-related education and communication are also needed to expand vaccine coverage.

Keywords: Influenza, influenza vaccination, willingness to pay, healthcare professionals

C6. Health service utilisation and financial burden among people suffering from non-communicable diseases in Vietnam

Nguyen Thi Phuong LINH^{a*}, Vijj KASEMSUP^b, Samrit SRITHAMRONGSAWAT^b, Sariyamon TIRAPHAT^a, Nalinee Nakittipha CHUAKHAMFOO^a, Tran Thi Mai OANH^c

^a ASEAN Institute for Health Development, Mahidol University, Salaya, Phuttamonton, Nakornpathom, Thailand

^b Department of community medicine, Faculty of Medicine, Ramathibodi hospital, Mahidol University, Nakornpathom, Thailand

Abstract

Background: The prevalence and economic burden of non-communicable diseases (NCDs) are increasing worldwide. While evidence from many studies indicated that people suffering from chronic illnesses have a high health service utilisation rate and their households are at greater financial risk, little information is available on the pattern of service utilisation and the financial burden among this population in Vietnam.

Objective: To describe the health service utilisation of patients with NCDs and examine the magnitude of financial burden due to out-of-pocket (OOP) expenditures among households with NCD patients in Vietnam.

Method: This study uses secondary data obtained from a cross-sectional household survey on health service accessibility and utilisation that was conducted in 6 provinces in Vietnam in 2015. The selection criteria are households having at least one member suffering from hypertension or diabetes. The final sample size of 1736 households and 1955 patients was analysed using STATA software with descriptive analysis and multiple regression analysis.

Results: In this study, 61.8% of patients were elderly. Hypertensive patients accounted for 87.3% of all chronic cases, with 10.8% of them had co-morbidity with diabetes. The health insurance coverage among NCD patients was relatively high, at 85.1%. Among patients reporting health problems in the last four weeks, only 43.8% visited health care facilities, and 30.1% forgo treatment. Surprisingly, 20.3% patients with NCDs self-treated for their conditions, with an average expense of 145,000 Vietnam dong (approximately 6.3\$) for medicine monthly. With the threshold of 40% of capacity to pay, the results pointed out that about 14% of households with NCD members facing catastrophic health expenditure due to OOP payments. The number of household members with NCD, wealth quintiles, sex and age of household head, rural status, and use of inpatients services were significantly associated with adverse economic outcomes.

Conclusion and recommendations: Despite the high percentage of health insurance coverage, self-treatment is common among patients with chronic illnesses, and many households with NCD members incur financial burdens due to OOP expenditure. Policies and national programs on health service accessibility and financial support through health insurance and basic benefit packages at primary health care targeting this population should be considered.

Keywords: Health service utilisation, out-of-pocket, catastrophic health expenditure, financial burden, non-communicable disease

ACKNOWLEDGEMENT

The Conference Chair and Director of Centre for Ageing and Healthcare Management (CAHMR) of PolyU SPEED wish to thank members of the Organising Committee for making all of the arrangements for the CPCE Health Conference 2020. This Conference is partially supported by a funding of HKD2.45 million under the Institutional Development Scheme (IDS) of the Competitive Research Funding Schemes for the Local Self-Financing Degree Sector in 2018/19 of the Research Grants Council (RGC) to establish the CAHMR [Ref. no.: UGC/IDS24/18]. SPEED under PolyU CPCE is the grantee of this research funding. Thanks and gratitude should also be conveyed to the Conference Advisors, Co-organisers, colleagues and students of HKCC, SPEED, CPCE and The University, Sponsors, Supporting Organisations and Moderators of all the presentations for the great support to this important annual event.

We are honoured to have the blessings of the Dean of CPCE, Professor Peter P. Yuen, to deliver the welcoming remarks. Moreover, the presence of academics from Australia, Hong Kong, Japan, Singapore, South Korea, Taiwan, Thailand, the United Kingdom as well as Vietnam as speakers at the Conference has granted the programme a great learning opportunity for our students, our academic colleagues, as well as participating academics and professionals in health care and other disciplines.

The enthusiastic submissions by authors and presenters of papers in the Parallel Sessions reflect the importance of the themes under discussion at the Conference. We would like to express our sincere thanks for their contributions to the knowledge and ideas on the topics of concern in ageing and health with dignity.

We wish to thank all participants, from both local and overseas, for their time and support dedicated to the Conference and hope to meet them again in future seminars and events.

© The College of Professional and Continuing Education (CPCE) of The Hong Kong Polytechnic University and Centre for Ageing and Healthcare Management (CAMHR), School of Professional Education and Executive Development (SPEED), The Hong Kong Polytechnic University.