

Health and Medical Research Fund
Health Care and Promotion Scheme
Thematic Priorities for 2018

A higher priority for funding is considered for applications targeting at ill-health **underprivileged groups** and health promotion programmes carried out in **community settings**. To maximise the effects of health promotion interventions, multidisciplinary approaches, cross-sectorial collaborations and community engagement are the prerequisites for success. These all contribute towards a supportive and sustainable environment that empowers individuals to take ownership and self-responsibility of their health. Higher funding priorities would be accorded to the following thematic areas –

I. Tobacco control

While smoking is well known to cause many fatal diseases and cancers, continuous effort is required to put “what we know” into “what we do”. Measures to prevent and reduce tobacco exposure include –

- (a) Motivating smokers, in particular middle-aged men and women as well as elderly, to cease smoking and empowering them to forego cigarettes during the times of day when they face their toughest smoking triggers and peers; and
- (b) Exhorting youth, women or high-stress career workers not to start smoking and also to abstain from tobacco use and connecting them with proven evidence of its damage to health.

With an increasing promotion of e-cigarettes worldwide, there are valid concerns that use of e-cigarettes may enhance the attractiveness of smoking and never-smoking users may eventually switch to cigarette smoking. Besides, the trade also tries to promote e-cigarettes as smoking cessation aids. In August 2016, the World Health Organization (WHO) issued a report on e-cigarette which expresses that the evidence for the effectiveness of e-cigarette as a method for quitting smoking is limited and does not allow conclusions to be reached. Therefore, WHO recommends that efforts should be made to regulate these products appropriately, so as to minimise consequences that may contribute to the tobacco epidemic and to optimise the potential benefits to public health. Measures to prevent the use of e-cigarette include –

- (a) Discouraging the general public particularly youth from using e-cigarette, the contents of which, as well as e-liquid, are heterogeneous; and
- (b) Warning them about the possible harms of e-cigarettes.

The Hong Kong Government has proposed to amend the prescribed forms of the health warnings, the size and number of the health warnings and messages for the packet or retail container of cigarettes and tobacco products. Measures to evaluate the impact of the new requirements of pictorial health warnings include –

- (a) Increasing public's knowledge and awareness of the harms of tobacco use as delivered by the new pictorial health warnings;
- (b) Reducing the chance for the non-smoking children/adolescents/adults to start smoking; and
- (c) Changing the behavioural responses of smokers, e.g. increasing the motivations and willingness of quitting smoking and the likelihood of a quit attempt.

II. Lifestyle, nutrition and physical activity

Adopting a healthy lifestyle, such as balanced diet and regular physical exercise, is fundamental for the prevention of chronic diseases. While the government initiatives are taking a stronger lead, community involvement should also be used to foster active living, encourage healthy eating, tackle obesity and promote a health-supportive workplace. Successful community involvement is based upon information and dialogue. An informed community can be part of the decision-making process and thus benefit from –

- (a) Enabling optimal young child feeding practices such as improving the nutritional quality of young children's diet, increasing consumption of fresh fruits and vegetables and reducing intake of processed food like artificially sweetened snacks and beverages, promoting developmentally appropriate feeding skills and behaviours;
- (b) Increasing the knowledge and support the healthy eating and physical activities of women and their families during pregnancy and lactation;
- (c) Effectively conveying the healthy eating and lifestyle promotion message to the ethnic minorities taking into consideration their cultural practices, in particular families with the young children, pregnant and breastfeeding women;
- (d) Improving the choice of affordable healthy food and beverages to families and decision makers of schools;
- (e) Effectively conveying to and supporting the younger generation the practice of healthy lifestyle, such as avoiding excessive screen time activities including internet addiction, unsafe sexual activities, alcohol and drug misuse, and maintaining balanced diet;
- (f) Increasing the public's awareness and knowledge of balanced diet in an easy-to-understand manner, for instance by taking the food pyramid as

reference, so as to increase fruit and vegetables consumption and reduce salt, sugar and fat consumption in their diet;

- (g) Incentivising employers to create a safe and healthy working environment that promotes work safety, reduces risk of occupational hazards and supports the working population to practise health-enhancing behaviours. Actions include modification of the physical environment, enhancement of organisational policies and provision of task-related health knowledge to the employees; and
- (h) Encouraging the public to actively participate in physical activities in lieu of sedentary lifestyle.

III. Mental well-being

Good mental health is an integral part of good overall health. Mental well-being promotion incorporates any action taken to maximise mental health and well-being among population and individuals by addressing the potentially modifiable determinants of mental health. Family, school, workplace and community are all important settings for mental well-being promotion. Actions are required to maintain and enhance mental well-being by –

- (a) Building mentally friendly policies, practices and atmospheres that reduce/relieve stress experienced by individuals;
- (b) Promoting social values that respect difference and diversity;
- (c) Raising public awareness and understanding of the ways to mental well-being as well as mental health literacy (e.g. common mental health disorders, depression and dementia);
- (d) Reducing stigma against people with and recovering from mental disorders;
- (e) Building relevant knowledge and personal skills that are targeted at the whole population, and tailored for different life stages and different settings (e.g. school, workplace and family), according to the specific needs, risks and protective factors;
- (f) Establishing community partnership to provide supportive environments and empower the public to engage in actions to promote mental well-being;
- (g) Empowering parents, carers and teachers to understand, promote and respond to issues related to the mental health and well-being of children and adolescents;
- (h) Promoting mental health and well-being for employers and employees in workplace settings; and
- (i) Encouraging active and healthy ageing.

IV. Injury prevention

Injuries cause significant mortality and morbidity in the community. Emphasis is placed on injury prevention which covers domestic injuries, sports injuries, falls and drowning/near drowning by –

- (a) Encouraging community stakeholders to take the lead in coordinating actions to prevent or reduce injuries;
- (b) Identifying environmental and behavioural risk factors of vulnerable populations;
- (c) Facilitating effective communication of injury data, development and implementation of prevention programmes that involve more extensive collaboration among public and private sectors, academics, professional groups and non-governmental organisations; and
- (d) Evaluating the effectiveness and health benefit of existing or past local programmes on safety promotion and injury prevention.

V. Reducing alcohol-related problems

Alcohol consumption is a well-proven and yet highly reversible risk factor for copious health and societal problems. Special attention has to be paid to the increasing trend of underage drinking and alcohol-related harms. Effective measures are through –

- (a) Identifying and engaging stakeholders that can represent a diverse constituency such as health professionals, academia, educational institutions, sports sector and parents, to denounce the use or promotion of alcohol;
- (b) Educating the public about immediate and long-term harmful effects of alcohol consumption, in particular the carcinogenic effects of alcohol, along with diseases related to alcoholism (e.g. liver cirrhosis, stroke, coronary heart disease and hypertension), and alcohol-related harms (e.g. road traffic accidents, domestic violence and sexual assault);
- (c) Helping young adults make informed decisions on alcohol use at the point of purchase or consumption;
- (d) Preventing binge drinking, in particular among young adults;
- (e) Enabling young people to resist peer pressure to drink and stay vigilant to misleading marketing tactics deployed by the alcohol industry; and
- (f) Empowering parents to discuss with their children on alcohol-related issues.

VI. Promoting family doctor model of care

The family doctor model of care, which emphasises continuity of care, holistic care and preventive care, is essential to provision of primary care and achieving better health. Awareness and understanding of this model needs to be further promoted in the community so that patients will be more receptive to the care of their family doctor and reduce doctor-shopping behaviour. The required activities include –

- (a) Promoting the benefits of having a family doctor as the first point of contact in the healthcare system for continuous, comprehensive, coordinated and person-centred care;
- (b) Empowering the public to improve their own health and that of their family members by establishing a long term partnership with their family doctors and adopting a preventive approach in improving health;
- (c) Identifying the barriers to establish a long term partnership with one family doctor and recommend cost-effective measures to overcome such barriers; and
- (d) Demonstrating the benefits of health promotion measures and preventive health services to facilitate the general public to adopt the family doctor concept.

VII. Empowering patients and the community in the management of chronic diseases and strengthening preventive care in children and older adults

Reference frameworks on hypertension and diabetes as well as specific population group including older adults and children in the primary care settings are being promulgated by the government. These frameworks provide common reference to healthcare professionals for the provision of quality primary care in the community, as well as emphasising the importance of empowering patients, carers and the public to play an active role in health improvement, and disease prevention and management. The required activities include –

- (a) Equipping patients with diabetes mellitus and hypertension with the necessary knowledge and skills to properly manage these two chronic diseases and prevent complications and actively partner with their family doctors and allied health professionals in managing their diseases;
- (b) Promoting to the general public the benefits and importance of supporting their family members, neighbours and friends with diabetes mellitus and hypertension in managing their health conditions; and
- (c) Raising the public's awareness on the importance of health promotion and disease prevention for children and older adults.

VIII. Cancer prevention

Cancer is a major public health problem in Hong Kong. There is an increasing trend in the number of new cancer cases and registered cancer deaths as a result of various factors including ageing population and population growth. It is projected that the number of new cases of colorectal cancer, prostate cancers and female breast cancers will further increase. Primary prevention is of the utmost importance in reducing cancer risk. On the other hand, early detection of cancer symptoms and evidence-based screening for suitable cancers may lead to early treatment and better health outcome. The required activities include –

- (a) Raising public awareness and changing behaviour for primary prevention of cancer and related risk factors, such as unhealthy diet, physical inactivity, obesity, smoking and consumption of alcohol, and unsafe sex;
- (b) Promoting cancer awareness and empowering the public to recognise early warning symptoms of cancer, so as to seek prompt medical attention for early detection;
- (c) Promoting public awareness of evidence-based screening strategies, such as screening for cervical cancer and colorectal cancer;
- (d) Enhancing the public understanding about the potential pros and cons of screening tests, and the risk and potential harm of over-diagnosis and over-treatment for certain cancers, in particular for breast, colorectal and prostate cancers in order to make an informed choice; and
- (e) Facilitating underprivileged groups such as new immigrants, low income groups, marginalised groups and ethnic minority groups to receive regular cervical cancer screening.

IX. Breastfeeding

Breastfeeding provides optimal nutritional, immunological and emotional nurturing for growth and development of infants and is an effective way in primary prevention of chronic conditions in later life. Multi-level actions taken by health professionals and the community to support mothers to achieving optimal breastfeeding practices, in terms of exclusiveness and duration, include –

- (a) Promoting the awareness and compliance with the WHO's and local guidances on the appropriate marketing of formula milk and related products, and food products for infants and young children among the relevant stakeholders;
- (b) Promoting breastfeeding as the norm of infant and young child feeding to the general public, in particular the younger generation, through effective communication strategies;

- (c) Promoting breastfeeding friendly community facilities and the respect for mothers' freedom to breastfeed anywhere to the general public and service providers of public venues and public transport systems;
- (d) Empowering family members, in particular fathers and grandparents, and carers in supporting mothers to achieve exclusive and sustained breastfeeding;
- (e) Empowering and engaging healthcare professionals, especially for those working in the private sector, in supporting breastfeeding mothers by building relevant knowledge and personal skills on breastfeeding management and creating a breastfeeding friendly environment in the healthcare facilities;
- (f) Encouraging and enabling community stakeholders to provide effective mother-to-mother support;
- (g) Engaging and motivating employers and management of public venues to create breastfeeding friendly environments that support mothers to breastfeed in workplace and public venues respectively; and
- (h) Identifying and empowering specific subgroups of mothers who may have more barriers to initiate and sustain breastfeeding, e.g. teenage mothers, mothers of disadvantaged families and ethnic minority.

X. Healthy Use of Internet and Electronic Screen Products

With the increasing use of new technology in learning and the affordable package to keep oneself online with various electronic screen products, children start contacting such technology and using these products at a much younger age, even before they enter schools; primary school students are starting to browse Internet for homework assignment and majority of students are spending significant amount of time everyday online for learning, entertainment and social networking. According to the e-Report of the Advisory Group on Health Effects on Use of Internet and Electronic Screen Products, inappropriate and excessive use of these products will result in adverse health effects especially to children and adolescents. The required activities include –

- (a) Raising public awareness on the potential health risks in inappropriate and excessive use of Internet and electronic screen products;
- (b) Promoting health messages and practice on appropriate use of Internet and electronic screen products through different channels and media to the general public; and
- (c) Enhancing parents, students and teachers to adopt appropriate practice and measures on healthy use of Internet and electronic screen products.

XI. Organ Donation

Traditional beliefs and family factors, such as the traditional mindset of full body burial, objection by family members, the issue being irrelevant to young people, and elderly people who consider their organs as not suitable, together with certain misunderstandings and worries about the process of organ transplantation and organ donation registration have led to reservations about organ donation. Therefore, it is important to enhance public understanding about organ donation so as to alleviate their concerns and to increase their willingness to donate organs after death. The required activities include –

- (a) Strengthening publicity and promotion to enable the public to realise how organ donation may save a person's life or significantly improve their health and quality of life, and reduce their misunderstandings and worries;
- (b) Encouraging the public to express their wish of donating organs to family members so that they could accomplish their wish to benefit others after death; and
- (c) Encouraging the public to become prospective organ donors through online registration at the Centralised Organ Donation Register or sending organ donation registration forms to the Department of Health.