



醫護行者 Health In Action

To eliminate health inequity in societies 消除社會上的健康不公平

Mr. Matthew Cheung Kin-chung, GBM, GBS, JP
Chief Secretary for Administration

6 December 2018

Follow Up Position Paper Regarding the Meeting on 22 Nov 2018, Organized by The Zubin Foundation

Submission from Health In Action

We are delighted to hear Mr. Matthew Cheung Kin-Chung, the Chief Secretary, acknowledged the health needs of ethnic minorities in Hong Kong during the meeting on 22nd Nov 2018, organized by the Zubin foundation. We also appreciated the government in paying attention to the needs of ethnic minorities concerning education, employment and different kinds of social service; **however, without any health policies implemented.** Therefore, this submission paper highlights and illustrates the health needs of ethnic minorities (South-Asian population) and suggestions to the government.

Researchers found ethnic minorities have poorer health status than Chinese population. For example, compared with Chinese diabetes patients, those who are ethnic minorities were much younger and more obese. Deficiencies exist in the comprehensive management of diabetes in these ethnic minorities, particularly concerning glycaemic control¹. On the other hand, legislative councilors also claimed that healthcare services provided by the Hospital Authority and the Department of Health are insufficient to ethnic minorities². These all result in health inequality in the ethnic minority population.

Given Health In Action's frontline experience in providing health services, education, and training to ethnic minorities in Hong Kong, we wish to highlight the following concerns and suggestions in order to promote health equity for all in our city:

1. Gaps in language and medical interpretation services

Language remains the most significant barrier for ethnic minorities to access equitable healthcare services in Hong Kong, despite multilingual cue cards and medical interpretation provided at public hospitals and clinics (through a service contractor, part-time court interpreters, volunteers and consulate offices). Some ethnic minorities are not aware of their legitimacy to request for official medical interpretation services in public hospitals and clinics,



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and there are cases where ethnic minorities unknowingly paid unqualified personnel as interpreters.

Suggestions:

- a. *We suggest the Hospital Authority proactively arrange medical interpretation for clients who cannot speak in Chinese, English or Mandarin in order to ensure effective communication during medical consultations.*
- b. *We also suggest the Hospital Authority hire **in-house ethnic minority interpreters** in order to provide timely interpretation service for the A&E department.*

2. Interpretation requests by ethnic minority clients

Medical interpretation service requires approval from the medical staff. It is one of the significant barriers for an ethnic minority service user to request for medical interpretation service due to the additional screening process.

Suggestions:

- a. *We suggest the Hospital Authority allow ethnic minority service users to request for interpretation service with front-line healthcare professions compulsorily follow up the requests.*
- b. *We also suggest the Hospital Authority provide training, set up guidelines and monitoring system to ensure frontline healthcare professionals introduce and make good use of interpretation services.*

3. Enhance existing medical interpretation services

There are two organizations providing medical interpretation services, namely the Hong Kong Translingual services and CHEER. Although they have done their best to provide quality interpretation service, they could not serve enormous and increasing demand of ethnic minority population³. Meanwhile, Health In Action has conducted medical interpreter training with CHEER for a year, and we observed that it is an excellent opportunity to promote health through knowledge enhancement.

Suggestions:

We suggest the Department of Health provide extra resources to train up more healthcare interpreters to cater to the needs of the clients.

4. Lack of data on ethnic minorities health status

Currently, the Department of Health manages health statistics, while the Census and Statistics Department manages medical and health statistics related to demographics (including ethnicity). Our frontline experience discovered that certain health status, such as Body Mass Index, could be entirely different between ethnic groups and yet there is no official data available. Such data segregation creates a knowledge gap in ethnic minorities health status which is important for monitoring and service planning.



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Suggestion:

We suggest the Department of Health include and publish health statistics stratified by ethnicity and also suggest the Hospital Authority add ethnicity as a demographic category in patient profile.

5. Barriers to access to sports facilities

The increase in the number of ethnic minority patients may attribute to the inadequate health prevention measures such as health promotional programmes and sports facilities. Regarding sports, ethnic minorities face many barriers in using sports facilities due to cultural and religious differences. An example is that female has to wear a swimsuit covering the whole body because of the religious practice. However, it is prohibited to wear such swimsuit in the public swimming pools which fails the ethnic minorities to exercise their right in accessing sports facilities.

Suggestions:

- a. *We suggest the Leisure and Cultural Service Department identify and eliminate sports access barriers such as insufficient sports ground and non-cultural-friendly rules in sports facilities utilization.*
- b. *We also suggest the department provide sports-related information with ethnic minority languages and set up multi-purpose sports ground to encourage ethnic minorities to do their cultural sports activities in the community.*

We are delighted to contribute more ideas or suggestions for promoting ethnic minority health. We look forward to the reply and hope to arrange a meeting with you in the future.

Background of Health In Action

Health In Action was established in 2011 and is a registered non-governmental organization in Hong Kong. Our vision is to eliminate health inequity in societies, and we firmly believe that health is a fundamental human right for all, irrespective of race, religion, gender or political affiliation. We aspire to drive positive social change through cycles of service, research, and advocacy. Our current target beneficiaries include working low-income residents and ethnic minorities in Hong Kong. Health In Action is a member of the Hong Kong Council of Social Service and is in Special Consultative Status with the Economic and Social Council.

For years, we have lobbied with legislative councilors for a system to systemically mark down patients' preferred languages when recording their particulars, to facilitate the arrangement for interpretation services in public hospitals and clinics⁴. Hospital Authority has considered our suggestion and is now exploring a new initiative to record patients' preferred languages in their

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electronic profiles which will help streamline the procedures of arranging interpretation services for patients in future.

Besides working with the Hospital Authority, we also engaged with other community partners such as CHEER in providing regular medical interpretation training to their interpreters. **HIA are ready to provide medical interpretation training to any parties or government departments in need.**

Reference:

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2. K.L. Lee (2018), Better healthcare services for ethnic minorities. Available from: <http://www.ejinsight.com/20180831-better-healthcare-services-for-ethnic-minorities/>. Accessed Nov 2018
3. 香港 01 (2017), 少數族裔病人難預約傳譯服務 遭醫院要求覆診須懂英語親友陪同. Available from: <https://www.hk01.com/社會新聞/134714/少數族裔病人難預約傳譯服務-遭醫院要求覆診須懂英語親友陪同>. Accessed Nov 2018
4. Legislative Council (2018), 醫院管理局為少數族裔病人提供的傳譯服務. Available from: <https://www.info.gov.hk/gia/general/201803/21/P2018032100242p.htm>. Accessed Nov 2018

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Dear Mr. Cheung,

Yours faithfully,
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Chairman
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