Health In Action 醫護行者

The Legislative Council Subcommittee on Rights of Ethnic Minorities
10 April 2017 Meeting on
"Issues relating to the use of healthcare services by ethnic minorities"

Submission from Health In Action

1. The right to health is a fundamental part of human rights and health is a valuable resource for each person to attain his or her life aspirations. The International Covenant on Economic, Social and Cultural Rights recognizes the right to health as "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health", which is applicable to Hong Kong through Article 39 of the Basic Law, without discrimination on the basis of race, religion, political belief, economic or social condition.

2. Fulfilling the right to health encompasses not only equitable access to healthcare services for all, but also addressing the underlying determinants that enable people to lead healthy lives, such as adequate nutrition, healthy working conditions and education, hence is closely linked to structural inequalities in the society. We raise our deep concern that particular ethnic minorities groups in Hong Kong are facing multiple barriers in exercising their right to health due to language, cultural, and social factors, which is a form of health inequity.

3. In view of 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:

4. **Existing gaps in language and medical interpretation services**
   Language remains the greatest 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):
   a. Ethnic minorities patients reflected difficulties in booking general out-patient clinic (GOPC) appointment by the telephone system which is currently in Cantonese and English only, as well as the unfeasible time limit in requesting for medical interpretation at GOPC and Accident and Emergency Department.
      Suggestion: We suggest Hospital Authority to establish medical interpretation as standard service, such as setting as default in the Alert Box of its Clinical Management System (CMS) and stationing in-house medical interpreters in clusters with high ethnic minorities patient load.

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b. Medical interpretation services provided through Hospital Authority do not include clinics managed by Department of Health, such as Maternal and Child Health Centres, hence there is a lack of coordinated interpretation service in the public health care system.
Suggestion: We suggest Hospital Authority and Department of Health to streamline the provision of coordinated medical interpretation services across public clinics.

c. Some ethnic minorities are not aware of their right to request for official medical interpretation services at public hospitals and clinics, and there have been cases where ethnic minorities unknowingly paid unqualified personnel as interpreters instead. *Suggestion:* We suggest Hospital Authority to strengthen its promotion of the service to ethnic minorities, such as through community groups, religious institutes and NGOs.

d. A number of cases showed that some healthcare staff do not understand the roles of medical interpreters and asked ethnic minorities to bring their own relatives or friends as interpreters, which may impede upon patient confidentiality.
Suggestion: We suggest Hospital Authority to enhance staff knowledge of professional medical interpreters as best practice for patients who do not speak local languages, such as including such training in staff orientation.

e. Drug labels are printed in either Chinese or English, and ethnic minorities who do not read either language find it difficult to recall the correct administration instructions for their medicines, especially for ethnic minority elderlies.
Suggestion: We suggest Hospital Authority to provide multilingual recorded standard voice messages through Hospital Authority mobile applications (such as TouchMed) or include a third language option for printing drug labels in the form of symbols and pictorials, which can also benefit Chinese elderlies who are illiterate.

5. Insufficient mental health support for ethnic minorities

The recent case of an ethnic minority mother with mental illness killing her infant highlights the insufficient mental health support available for ethnic minorities. The Integrated Community Centre for Mental Wellness (ICCMW) established by the Social Welfare Department does not provide language-tailored services for ethnic minorities.
Suggestion: We suggest the Administration to enhance language- and culture-appropriate mental health support services to ethnic minorities, and address the root causes of mental health problems among ethnic minority groups.

6. Ineffective health promotion to ethnic minorities

Our frontline experience showed that ethnic minorities are much less aware of public health promotion programs than the local Chinese population, such as the Government Vaccination Programme, Elderly Health Care Voucher Scheme, Colorectal Cancer Screening Pilot

Programme etc.

Suggestion: We suggest Department of Health to enhance health promotion to ethnic minority populations, such as developing multilingual information for public health programs and working with NGOs to disseminate the information.

7. <u>Inadequate cultural competence of health care workers</u>

At present, cultural sensitivity training is optional for Hospital Authority staff, and many are unaware of such training available. Cases have shown that a lack of culture competence can result in misunderstandings between health care workers and patients, impeding quality of care.

Suggestion: We suggest compulsory cultural sensitivity training to be included in staff orientation for all frontline health care workers, including those working in Hospital Authority and Department of Health.

8. <u>Low proportion of ethnic minorities in public health care workforce</u>

We support the Administration in implementing measures to ensure that ethnic minorities have equal job opportunities in the Government. However, employment at Hospital Authority is not coordinated by Civil Service Bureau and there are currently very few ethnic minorities working in the public health care sector. Increased employment of qualified ethnic minorities in the health care sector shall promote health equity and also help cater for growing patient demands, including ethnic minorities patients.

Suggestion: We suggest Hospital Authority and Department of Health to review their language employment policies for roles that do not in-practice require written Chinese proficiency, and suggest Employees Retraining Board and Vocational Training Council to extend employment support services for ethnic minorities to the health care industry.

9. <u>Lack of data on ethnic minorities health status</u>

Currently, health statistics are managed by Department of Health and demographic statistics (including ethnicity) are managed by Census and Statistics Department separately. Our frontline experience showed that certain health status, such as Body Mass Index, could be quite different between ethnicity groups and yet there is no official data available. Such data segregation creates a knowledge gap in ethnic minorities health status which is needed for monitoring and service planning.

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

3 April 2017