Health In Action 醫護行者

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The Legislative Council Subcommittee on Rights of Ethnic Minorities
8 May 2017 Meeting on
"Difficulties encountered by ethnic minorities in gaining access to housing and healthcare services, and views on services provided by Support Service Centres for Ethnic Minorities"

Submission from Health In Action

Follow up regarding Subcommittee's 10 April 2017 meeting on "issues relating to the use of healthcare services by ethnic minorities"

1. Health In Action has previously submitted in writing six major concerns and corresponding suggestions relating to the use of healthcare services by ethnic minorities for the Subcommittee's meeting on 10 April 2017 (please see Appendix).

2. Upon questioning by Subcommittee members at that meeting, we welcome Hospital Authority's and Department of Health's verbal replies to consider some of the proposed suggestions to ensure equal access to healthcare services by ethnic minorities, particularly on adding a language needs option in the clinical system, enhancing language sensitivity of GOPC telephone booking system, unifying service standards of medical interpretation between Hospital Authority and Department of Health, and strengthening language support during drug collection at the pharmacy. We look forward to seeing the implementation of such language enhancement measures.

3. However, we observed from the meeting that there is an urgent fundamental need to address the lack of data regarding ethnic minorities in the health sector, since such data gap tramples any effort of service evaluation or planning. Despite repeated requests from multiple Subcommittee members, it is regrettable that the authority refused to collect statistics about the number of ethnic minorities accessing public services. In response to the authority's reply that there is no basis for ethnicity to be included in routine health data collection, we hereby explicate the need for such data based on arguments of public policy, public health, and social justice.

Making the case for including ethnicity in routine health data collection

4. **The public policy rationale**
   In line with the Government's Administrative Guidelines on Promotion of Racial Equality, we are pleased that the Food and Health Bureau, Department of Health, and Hospital Authority have drawn up a checklist of measures to facilitate ethnic minorities to access

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public healthcare services. Yet, the lack of ethnic minorities patient data in the public sector provides no means of evaluating the appropriateness or effectiveness of such measures, such as the adequacy of medical interpretation services, cultural competence training for frontline staff, and patient information materials. From the policy point of view, collecting ethnicity information in the health sector enables the Government to identify and address racial discrimination and inequalities in all public policy aspects. The inclusion of ethnicity as part of routine health data collection allows the respective authorities to design and deliver better health policies, services, and programmes to ensure equal access for people of different ethnicities.

5. The public health rationale

At the individual patient level, information on ethnicity can guide clinical decisions and improve patient-centred care through evidence based medicine (EBM), for example latest research in pharmacogenomics have shown that certain drugs have a higher effectiveness in some ethnic groups than others. On the other hand, at the population level, it is as important to collect information on patients' ethnicity in order to identify health needs and measure disparities in care in order to improve the health status of different ethnic populations. It is a well known finding in the public health field that around the world, ethnic minority groups experience higher rates of disease and poorer health related outcomes compared to non-ethnic minority groups. In Hong Kong, there is a lack of relevant public data, but our frontline experience clearly indicated that such health disparities exist, for example South Asian females have more than triple the rate of obesity than Chinese females (50% VS 14%), and the Nepalese elderly have much lower influenza vaccination rates than their Chinese counterparts due to lack of awareness of the Government Vaccination Program. Hence, collecting ethnicity-specific health data is a public health imperative in order to identify health needs and disparities that are amenable to interventions.

6. The social justice rationale

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. Fulfilling the right to health requires equitable access to healthcare services for all in Hong Kong, and any unequal access due to modifiable factors is a form of health inequity and social injustice. It is important to highlight the difference between health inequality and health inequity. *Health inequalities* are differences in health status or in the distribution of health determinants between different population groups; where as *health inequities* are avoidable inequalities in health between groups of people within countries and between countries. In Hong Kong, ethnic minorities face barriers in accessing healthcare services and health information, which in turn place

them at higher risk of poor health. Collecting ethnicity information helps ensure that the Government can monitor health trends by ethnicity to reduce health inequities.

7. Examples of overseas practice

In view of the importance of collecting ethnicity information on health, many countries have already implemented such measures for many years.

- In the UK, recording ethnicity information was made mandatory across the National Health Service in 1991 alongside with the national census.
- In the USA, the Department of Health and Human Services Committee on the Collection of Race and Ethnicity Data recommended in 2004 that measures of ethnicity be obtained in all healthcare data systems whenever possible.
- In Australia, since 1992 the government has established health database containing information on ethnicity.
- In New Zealand, the Ethnicity Data Protocols for the Health and Disability Sector were developed for the standardized collection, recording, and output of ethnicity data for the health sector.

In summary, based on the above three rationales and examples from overseas, we hope that the authorities would reconsider including ethnicity information in routine health data collection in Hong Kong.

27 April 2017

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Appendix

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. **<u>Existing gaps in language and medical interpretation services</u>**
   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.

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. <u>Insufficient mental health support for ethnic minorities</u>

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. <u>Ineffective health promotion to ethnic minorities</u>

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. Inadequate cultural competence of health care workers

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. Low proportion of ethnic minorities in public health care workforce

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. Lack of data on ethnic minorities health status

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