Motion on
"Formulating a medical policy to
support ethnic minority elderly people"
at the Legislative Council meeting on 27 November 2013

Progress Report

Purpose

At the Legislative Council meeting on 27 November 2013, the motion on "Formulating a medical policy to support ethnic minority elderly people" moved by Prof Hon Joseph LEE and amended by Hon Claudia MO, Hon Alice MAK, Dr Hon CHIANG Lai-wan, Hon Cyd HO and Hon Emily LAU was carried. The full text of the motion carried is at **Annex**. This report sets out the measures implemented by the Government on the subject and the follow-up actions taken by the Government in respect of the motion.

Measures in support of ethnic minorities in the public healthcare system

2. The Government has all along been committed to promoting and protecting the health of our community and the public healthcare system is available to all members of the public regardless of their ethnic origins. Having regard to the special circumstances of ethnic minorities in terms of language proficiency, a number of measures have been put in place to ensure that ethnic minorities who do not understand local languages are not denied access to public healthcare services due to language barriers.

(a) Interpretation services

3. On-site interpretation services for a number of ethnic minority languages are available by appointment in all public hospitals, health centres, clinics and Maternal and Child Health Centres (MCHCs) such that interpreters would provide on-site help to ethnic minorities in need during medical consultation. Such interpretation services are free of charge. The service contractor engaged by the Hospital Authority (HA) provides interpretation services covering 17 ethnic minority languages[1]

[1] The interpretation services provided by the service contractor engaged by the HA covers 17

for advance booking. Interpretation services are also offered by the Department of Health (DH) through the Support Service Centres for Ethnic Minorities funded by the Home Affairs Department or part-time court interpreters[2]. The scope of interpretation service covers languages of many countries such as India, Pakistan, Indonesia, the Philippines, Nepal, Vietnam, Thailand and Japan etc..

4. Public hospitals and clinics have displayed in conspicuous locations posters showing information, printed in various ethnic minority languages, about the arrangement for applying for interpretation services. When making medical appointment, ethnic minorities may request in advance the hospital or clinic concerned to arrange for interpretation service. The front-line staff at enquiry counters will provide suitable assistance for ethnic minority patients, including the arrangement for interpretation services. On-site interpretation services will be arranged as far as possible to facilitate communication between ethnic minorities and healthcare personnel. For non-scheduled cases (such as hospital admission during emergency), hospital staff will make appropriate arrangements, such as utilizing telephone interpretation service, using multilingual cue cards or arranging on-site interpretation service as soon as possible where necessary to ensure medical treatment could be provided timely. As shown by past data, for requests of on-site interpretation services without appointment, interpreters were able to arrive at the sites and provide services within an hour on average.

5. Healthcare personnel of all units are well aware of the procedures for arranging interpretation services. The HA and the DH also maintain effective work relationship and communication with their interpretation service contractors. In fact, the utilisation rate of interpretation services is quite high. In the 2012-13 financial year, public hospitals and clinics under the HA provided interpretation services for about 4,900 times and the majority of services were provided for non-urgent cases (amounting to 94%), whereas health centres and clinics under the DH provided interpretation services for about 640 times. In general, the interpretation services mostly requested were in Urdu, Punjabi and Nepali, taking up 57%, 16% and 9% of the total number of requests respectively.

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languages, namely Urdu, Hindi, Punjabi (these three languages are used in India and Pakistan), Nepali, Bahasa Indonesia, Thai, Tagalog (used in the Philippines), Vietnamese, Korean, Bengali, Japanese, German, French, Sinhala, Spanish, Arabic and Malay.

[2] The list of part-time court interpreters issued by the Judiciary for reference of other government departments covers over 50 languages or dialects.

6. To ensure the quality of interpretation service, the HA provides, through its interpretation service contractor, training for all interpreters on medical-related knowledge. Such training includes those conducted by university lecturers and covers basic knowledge about the operation of hospitals, medical terminology and infection control, so that interpreters can provide interpretation services for ethnic minority patients in a prompt and accurate manner. So far, over 70 interpreters have received the above training. In collaboration with representatives of the Centre for Translation of the Hong Kong Baptist University, the service contractor commissioned by the HA also conducts annual inspection in hospitals to monitor and assess the service quality of interpreters. The annual surveys conducted by the inspectors indicate that the service standard of interpreters is very good. In fact, complaint records and annual surveys for patients also show that service users, including patients and healthcare personnel, are very satisfied with the interpretation services offered at hospitals and clinics. In the 2012-13 financial year, among the 4 900 sessions of interpretation services provided in public hospitals and clinics under the HA, only 12 complaints were received. The complaints were mainly about the failure of interpreters to arrive on schedule. The authorities concerned have taken follow-up actions and sought improvement in this regard. For the 2013-14 financial year, thus far the Administration has received no complaints about failure of interpreters to arrive on schedule. We will continue to take heed of the views and comments of service users to ensure the quality of interpretation services.

7. In circumstances such as daily enquiries and hospitalisation, the front-line staff of the HA will also use response cue cards, disease information sheets and patient consent forms in 18 ethnic minority languages[3] to communicate with the ethnic minority patients and provide them with various kinds of healthcare information and services. Response cue cards in five ethnic minority languages[4] are also used in the MCHCs of the DH for providing antenatal and postnatal services for ethnic minority women in the absence of interpreters.

(b) Training and recruitment of healthcare personnel

8. Apart from healthcare personnel, front-line staff such as staff at the enquiry counters, nurses and clerks in hospital and clinics are also

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[3] Covering the 16 languages (i.e. the ethnic minority languages mentioned in Note 1 above, excluding Sinhala used in Sri Lanka) offered by the HA's service contractor, together with Russian and Portuguese.

[4] The five languages used in the cue cards include Bahasa Indonesia, Hindi, Nepali, Thai and Urdu.

provided with appropriate training as they often come in contact with ethnic minorities. The training aims to enhance their communication skills with ethnic minority patients and their knowledge of these people's cultures, and to familiarise them with the procedures for arranging interpretation services so as to ensure service quality. From April 2011 to December 2013, over 4 400 HA staff of various levels received the relevant training in serving ethnic minority patients. Seminars on the cultural characteristics of ethnic minorities, anti-discrimination legislation and equal opportunities have also been organised.

9. Regarding the proposal of recruiting more healthcare personnel of ethnic minority origins, the HA has been upholding the principle of fairness and equality in staff recruitment. All applicants, regardless of gender, age, marital status, race, religion, degree of impairment and employment status, have equal employment opportunities. The Administration has taken the above-mentioned measures to overcome the language barriers in the communication between the healthcare personnel and ethnic minority patients. There are many kinds of ethnic minority languages and it will be more flexible and effective to communicate with ethnic minority patients through interpreters or the use of response cue cards rather than provide services by staff speaking ethnic minority languages. In fact, users of interpretation services, including ethnic minority patients and healthcare personnel, are in general satisfied with the interpretation services provided by hospitals and clinics.

Health Education and Dissemination of Healthcare Information

10. In respect of health education, the DH and the HA have provided healthcare information for different communities through various means so as to encourage the public to develop healthy living habits, prevent illness and seek treatment from doctors when getting ill. To facilitate members of the public who know neither Chinese nor English (e.g. some ethnic minorities) to get the information directly, the DH and the HA have translated the salient points of a series of healthcare information into different languages. Such information is available on the Internet as well as in public hospitals and clinics. It is also distributed to non-governmental organisations (NGOs) and religious groups serving ethnic minorities. Publicity materials on cough etiquette, proper steps of hand washing, personal and environmental hygiene, individual infectious diseases and immunisation, etc. are available in different languages such as Hindi, Nepali, Urdu, Thai, Bahasa Indonesia and Filipino. They are all uploaded to the website of the Centre for Health Protection. The DH also sends emails to inform the relevant NGOs and religious groups about

the latest information on individual infectious diseases such as avian influenza. The HA has prepared pamphlets in 18 ethnic minority languages[5] on some common diseases (e.g. headache, chest pain and fever), treatment procedures (e.g. blood transfusion and safety issues about radiotherapy) and information about the services of the HA (e.g. charges, the triage system of the Accident and Emergency Departments). Besides, the DH has sent letters to invite the relevant NGOs to promote to the ethnic minorities the Government Vaccination Programme and the Vaccination Subsidy Schemes, and disseminate to them information of the Elderly Health Care Voucher Scheme.

11. As regards infectious diseases, the Government will, based on risk assessment findings and scientific evidence, carry out publicity exercises among visitors from different regions and local residents returning to Hong Kong. Taking the Middle East Respiratory Syndrome (MERS) as an example, since the known cases are mainly found in the Middle East region or involve people falling ill after visiting the Middle East, apart from informing the general public through the established channels such as press releases, the DH has, during the time when the Muslims make pilgrimages to the Middle East, stepped up education and publicity among pilgrimage tours, religious groups and tourists by providing them with the information and suggestions on precautionary measures. The DH has also reminded local healthcare personnel to perform quick tests for MERS for visitors returning from the Middle East recently if they show symptoms of acute respiratory tract infection.

Catering for Religions and Customs

12. In addition to languages, the religious and cultural customs of some ethnic minorities may also be different from those of the general public. These also require our special attention in the provision of healthcare services. In fact, attention may also be called to similar religious customs for some Chinese, e.g. requests for vegetarian meals during hospitalisation.

13. The hospitals of the HA have put in place various measures to cater for the needs of patients of different religious backgrounds. First of all, public hospitals have special meal arrangements for patients of different religious backgrounds, such as halal food for Muslims and vegetarian food for Buddhists. As regards spiritual support service, subject to feasibility in the actual environment, some hospitals have set

[5] See Note 3.

up small chapels and prayer rooms, as well as bereavement rooms in the mortuary for use by people of different religions. Besides, the hospitals will work with religious groups in the district to provide pastoral care for patients.

14. If a Muslim patient passed away in an HA hospital, the hospital will follow the guidelines on how to handle a dead body under the HA's clinical protocols and transfer the body of the deceased directly to a specified mortuary instead of leaving it in the mortuary of the hospital so as to avoid violating the Muslim taboos.

Conclusion

15. The Government will continue to implement the above measures in order to assist the ethnic minorities in receiving public healthcare services and health information. We will step up support measures as necessary and consider other feasible means to promote the health of the ethnic minorities.

Food and Health Bureau
Department of Health
Hospital Authority
January 2014

Annex

Motion on
"Formulating a medical policy to support ethnic minority elderly people"
moved by Prof Hon Joseph LEE at the Council meeting of 27 November 2013

Motion as amended by Hon Claudia MO, Hon Alice MAK, Dr Hon CHIANG Lai-wan, Hon Cyd HO and Hon Emily LAU

That, while Hong Kong's ethnic minority population continues to increase, due to differences in culture and lifestyle, ethnic minority elderly people may have physical and psychological health problems; ethnic minority elderly people are generally unable to have access to clear healthcare information because of language problems, and the healthcare support targeting ethnic minorities is very limited, resulting in their being unable to properly prevent diseases and seek treatment for illnesses; in this connection, this Council urges the Administration to formulate a medical policy to support ethnic minority elderly people to protect their health; specific measures should include:

(1) to strengthen the training for frontline healthcare personnel by, such as increasing their understanding about the living habits and cultural background of ethnic minorities, and encouraging their optimization of the interpretation service at hospitals, etc., so as to facilitate them to communicate with ethnic minority elderly people and provide appropriate healthcare services;

(2) to co-operate with non-governmental organizations and ethnic minority groups, and through the networks of the relevant organizations and groups, to actively approach more ethnic minority elderly people, so as to provide them with more healthcare information;

(3) by way of a greater variety of channels, such as promotional advertisements and radio programmes, etc., to strengthen publicity on healthcare services for ethnic minority elderly people and provide them with disease prevention knowledge; and

(4) to set up dedicated counters and information kiosks in hospitals to provide ethnic minorities, especially elderly people, with healthcare service assistance and information; and

(5) with considerations such as language and religion, etc., to provide ethnic minorities (especially ethnic minority elderly people) with a variety of healthcare support;

this Council also urges the Administration to expeditiously draw up corresponding measures to take care of the needs of ethnic minority elderly people; this Council also urges the Administration to recruit more ethnic minority healthcare personnel and provide more healthcare information in various ethnic minority languages.