



Health In Action 醫護行者

**The Legislative Council Subcommittee on Rights of Ethnic Minorities**  
**10 July 2017 Meeting on**  
**"Poverty problem of ethnic minorities"**

**Submission from Health In Action**

1. Hong Kong is now the world's second-most city with the largest wealth disparity, as reflected from our latest Gini coefficient of 0.539 in 2016 [1]. With a population-level poverty rate (post-intervention) of 15.2%, South Asians are a particularly vulnerable group with a poverty rate standing at 22.6%, which rises to 50.2% for Pakistanis [2]. In line with the repeated emphasis by the HKSAR government's Commission on Poverty that "employment is the best route out of poverty", we wish to highlight that good health is crucial to fruitful employment, and the aim of this written submission is to bring into focus the important dimension of health in both the cause and outcome of poverty among ethnic minorities.
2. As reflected in *Hong Kong Poverty Situation Report on Ethnic Minorities 2014*, many South Asian households are considered working poor, especially since the average household size of South Asian households is higher than that of the general population, while the average number of working family members is lower. This indicates that the breadwinners of South Asian families face a greater burden in supporting their families and in case they fall ill (e.g. work injury), the risk of the family falling under poverty line is higher. Indeed, the proportion of South Asians working in elementary occupations is higher than that of the general population, and hence are at higher risk of work injuries. This forms a vicious cycle between poverty and poor health, and we wish to raise three concerns and corresponding suggestions in order to prevent ethnic minorities from falling into such vicious cycle.
3. **Ethnic minorities who are poor are more likely to have poor health due to engaging in high-risk occupations**
  - a. The proportion of ethnic minorities working in high risk occupations (e.g. construction, manufacturing, transportation and courier services) is higher than that of the general population. For example, 17.4% of employed Pakistanis work in the construction industry as compared to 8.4% of the general working population [2]. In fact, research by the Hong Kong Polytechnic University (funded by the government's Central Policy Unit) showed that ethnic minorities were more likely to have work-related injuries than local workers [3]. Yet, official statistics are only available regarding the number of

ethnic minorities with occupational fatalities, but not occupational injuries nor industrial accidents [4].

*Suggestion:* In view of the higher risk of ethnic minorities in suffering from work-related accidents and injuries due to their higher proportion of elementary occupation workers, we urge the Labour Department to collect and publish official statistics regarding the number of occupational injuries and industrial accidents categorized by ethnicity, such that vulnerable groups can be identified for investigation and intervention.

- b. Given the high risk of occupational hazards among ethnic minorities, it is crucial to educate them on the importance of occupational health to prevent work-related injuries in the first place. Although the Occupational Safety and Health Council (OSHC) publishes educational materials in ethnic minority languages, study showed that about 60% of ethnic minority respondents had not come across any printed material published by the OSHC [5]. In fact, our frontline experience shows that many ethnic minorities working in construction sites are not aware that occupational health training courses are available and some of the safety messages printed on the signs at construction sites are even incorrectly translated.

*Suggestion:* In order to lower the likelihood of ethnic minorities suffering from work-related injuries, especially those working in elementary occupations, we urge the Labour Department to enhance its occupational health preventive education by providing additional language- and culture-appropriate outreach education to ethnic minorities with the presence of on-site interpreters, instead of only publishing printed translated materials.

#### **4. Ethnic minorities with occupational injuries/diseases are more likely to become poor due to lack of compensation and difficulties regaining employment**

- a. Due to language and cultural barriers, ethnic minorities who suffer from occupational injuries face additional difficulties in navigating the subsequent journey, including accessing legal, medical, financial, and social services. Many ethnic minorities are unaware of their labour rights, and study showed about half of them did not know about the Employees Compensation Ordinance (Cap. 282) which entitles employees to seek statutory compensation from employers when they are injured in the course of employment [5]. Our frontline experience shows that language is still the main barrier for ethnic minorities to access needed services, and many of them choose to give up in the middle of the journey due to the lengthy and complicated process involved.

*Suggestion:* In view of the language barrier in accessing services, we urge the Labour Department to raise awareness among its staff to use interpretation services when working with ethnic minority cases, and to enhance the awareness among ethnic

minorities about labour rights and ordinances by collaborating with religious places and NGOs for dissemination of information.

- b. Rehabilitation services, including physical and mental health support, are important to enable ethnic minorities with work-related injuries to regain employability and re-integrate into the society. However, study showed that about 70% of the ethnic minority respondents did not know that the Labour Department offers occupational therapy for workers suffering from occupational diseases [5], and indeed our frontline cases show that interpretation services are not available at all rehabilitative services for ethnic minorities (e.g. physiotherapy). Moreover, mental health support has long been scarce for ethnic minorities, such as the lack of language-appropriate services at Integrated Community Centre for Mental Wellness (ICCMW).

Suggestion: In order to facilitate ethnic minorities with occupational injuries or diseases to acquire entitled compensation and to facilitate their re-employment and re-integration in the long run, we urge the Labour Department, Employees Retraining Board, Social Welfare Department, Home Affairs Department, and other public authorities involved to strengthen rehabilitation services for ethnic minorities by providing mandatory interpretation services at follow up appointments for clients who required interpretation at first intake.

## 5. Tackling poverty requires addressing its root causes

While poverty alleviation measures are important, we believe it is more crucial to tackle poverty at its root causes. Ethnic minorities face a lack of opportunities to maximize their potentials in the society due to unequal treatment in education and employment. This often results in narrow career options for ethnic minorities, which tend to lead to inter-generational poverty. As an example, although the healthcare sector is facing a shortage of manpower, ethnic minorities find it difficult to enter into the healthcare workforce due to the written Chinese requirement of many public hospital and clinic positions.

Suggestion: In order to release the potential of the ethnic minority workforce in order to tackle poverty at its root cause, we urge the Education Bureau to follow up on the motion passed on “Chinese language as the second language” curriculum and language support measures for ethnic minority students; the Labour Department to follow up on the motion passed on setting up an Ethnic Minority Employment Division to coordinate ethnic minorities employment strategies; and the new term of government to review systematically the requirements of written Chinese proficiency for various grades of the public service (including the Hospital Authority) as listed in Mrs. Carrie Lam’s election manifesto with regards to policies relating to ethnic minorities.

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5. Catholic Diocese of HK Diocesan Pastoral Centre for Workers – Kowloon, Hong Kong Workers' Health Centre (2011). “2011 香港少數族裔工人－職業健康行動研究報告” (Chinese Only) <[http://dpcwkln.hkccla.org.hk/document/I08\\_02.pdf](http://dpcwkln.hkccla.org.hk/document/I08_02.pdf)> accessed 29 June 2017.