

For discussion

On 10 April 2017

**Legislative Council House Committee
Subcommittee on Rights of Ethnic Minorities**

Measures to facilitate the use of healthcare services by ethnic minorities

Purpose

This paper briefs members on the measures to facilitate the use of public healthcare services by ethnic minorities.

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. The public healthcare system is made available to all members of the public regardless of their race and ethnic origin. Having regard to the special circumstances of ethnic minorities in terms of language proficiency, cultural and religious preferences, a number of measures have been put in place to ensure that ethnic minorities could receive proper public healthcare services and health information.

(a) Interpretation services

3. To cater for the needs of ethnic minorities, interpretation services are arranged for those who are in need of such services in public hospitals and clinics of the Hospital Authority (HA) through a service contractor, part-time court interpreters¹ and consulate offices. The interpretation services provided by the service contractor cover 18 languages, including Urdu, Hindi, Punjabi, Nepali, Bahasa Indonesia, Vietnamese, Thai, Korean, Bengali, Japanese, Tagalog, German, French, Sinhala, Spanish, Arabic, Malay and Portuguese.

4. 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 interpreters¹. The scope of interpretation service covers languages of many countries such as India, Pakistan, Indonesia, the Philippines, Nepal, Vietnam, Thailand and Japan etc.

5. Public hospitals and clinics display in conspicuous locations multilingual

¹ The list of part-time court interpreters issued by the Judiciary for reference of other government departments covers over 50 languages or dialects.

posters advising patients the availability of 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.

6. The HA provided emergency interpretation service for 2 309 times in 2012-2016 (up to November 2016). On average, an interpreter was able to arrive within an hour to provide interpretation for the ethnic minority service users. For urgently arranged telephone interpretation service, the waiting time ranged from about a few minutes to less than half an hour and the average waiting time was 23 minutes.

7. 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 has increased in the past few years. The number of interpretation services provided by the HA in its public hospitals and clinics increased from 4 976 in 2012-13 to 10 449 in 2015-16. The total number of interpretation services provided at the health centres and clinics of the DH remained at around 600 times per year from 2012-13 to 2015-16.

8. 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 2015-16, among the 10 449 sessions of interpretation services provided in public hospitals and clinics under the HA, only 2 complaints were received. The complaints were mainly about miscommunication between interpreters and front-line healthcare personnel. HA

has taken follow-up actions and sought improvement in this regard. HA will continue to take heed of the views and comments of service users to ensure the quality of interpretation services.

9. 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 languages² to communicate with the ethnic minority patients and provide them with various kinds of healthcare information and services. Response cue cards and health information leaflets in ethnic minority languages are used by the DH for providing services for ethnic minority users in the absence of interpreters.

(b) Training and recruitment of healthcare personnel

10. Apart from healthcare personnel, front-line staff such as staff at the enquiry counters, nurses and clerks in hospital and clinics are also 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 2012 to December 2016, over 7 000 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. In 2012-2016, over 2 400 staff of the DH at various ranks received training related to anti-discrimination and equal opportunities.

Health Education and Dissemination of Healthcare Information

11. In respect of health education, the DH has translated a variety of key information on health, e.g. cough etiquette, proper steps of hand washing, personal and environmental hygiene, individual infectious diseases, etc. into different languages, including Hindi, Nepali, Urdu, Thai, Bahasa Indonesia and Filipino. The translated information has been used to prepare health education materials, including pamphlets, posters and booklets, which have been uploaded onto the website of the Centre for Health Protection of the DH and related websites. The DH has also distributed the health education materials to non-governmental organisations (NGOs) and religious groups serving ethnic minorities, and disseminated health information through newspapers and newsletters targeting ethnic minority readership. To promote elderly health, health talks are organised by the DH in collaboration with an NGO serving ethnic minority elders and delivered with simultaneous interpretation services. Topics of the health talks

² The 18 languages used in the cue cards in HA include Urdu, Hindi, Punjabi, Nepali, Bahasa Indonesia, Vietnamese, Thai, Korean, Bengali, Japanese, Tagalog, German, French, Sinhala, Spanish, Arabic, Malay and Portuguese.

covered healthy diet, mental health, health checks, as well as information on the Elderly Health Care Voucher (EHV) Scheme. In addition, health messages are provided in different languages on the websites of the Elderly Health Service and the EHV Scheme respectively.

12. The HA launched a dedicated website for ethnic minorities in mid-2015, providing the essential information given on the current HA website in five languages, including Hindi, Nepali, Punjabi (Indian), Punjabi (Pakistani) and Urdu. The website contains information about the HA and the accident and emergency service, as well as the addresses, telephone numbers and consultation hours of general out-patient clinics. Revamp of the website was completed in February 2017 to make the content available in three more languages, namely Thai, Bahasa Indonesia and Tagalog, so that more ethnic groups can better understand the information provided by the HA.

13. To cater for the needs of ethnic minorities in Hong Kong, the HA's Smart Patient Website has set up a disease information webpage which provides information about cancer, chronic diseases and other diseases in eight languages, namely Thai, Bahasa Indonesia, Tagalog, Nepali, Punjabi (Indian), Punjabi (Pakistani), Hindi and Urdu. The HA will continue to enhance the Smart Patient Website to improve the disease management and self-care abilities of ethnic minorities.

14. As regards infectious diseases, the DH will, based on risk assessment findings and scientific evidence, carry out targeted publicity measures to promote awareness. For example, the DH has stepped up health education and publicity on Middle East Respiratory Syndrome among local pilgrimage tour groups, religious groups and tourists, during the period when many Muslims would make pilgrimages to the Middle East. Moreover, the DH will inform the relevant NGOs and community groups of the latest information on individual infectious diseases, e.g. avian influenza, via email.

Catering for Religions and Customs

15. In addition to different languages, many ethnic minorities may have their own religious and cultural customs/preferences. These also require special attention in the provision of healthcare services.

16. The hospitals of the HA have put in place various measures to cater for the needs of patients of different religious/cultural backgrounds. For example, public hospitals have special meal arrangements for patients of different religious/cultural 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 up small chapels and prayer rooms, as well as bereavement rooms in the mortuary for use by people of different religious/cultural backgrounds.

Besides, the hospitals will work with religious groups in the community to provide pastoral care for patients.

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

Community Outreach Service

18. In general, community nurses in HA are provided with appropriate training to enhance communication skills with ethnic minority patients. During home visits, community nurses will make use of the response cue cards to communicate with the patients and disseminate relevant health education materials available in various ethnic minority languages. If possible, community nurses will invite patients' family members and friends to assist in interpretation. The nurses will also encourage the patients and their families to get access of the related disease information and public healthcare services through the Smart Patient Website of HA.

Way Forward

19. The Government and the HA will continue to implement all necessary measures with a view to assisting all patients including the ethnic minorities in receiving proper 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.

Advice Sought

20. Members are invited to note the content of the paper.

**Food and Health Bureau
Department of Health
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