15 Engaging the Community

What have we heard?

- ❑ There was a lack of coordination with the community to manage SARS
- ❑ There was not enough information provided for chronically ill patients living in the community
- ❑ Residential care homes for the elderly are very vulnerable to the spread of infection because of the lack of space
- ❑ Collaboration between hospitals and elderly care agencies needs to be strengthened
- ❑ The representative groups for the healthcare professions played a useful part in the epidemic but were insufficiently mobilised
- ❑ The resources of the private sector were not fully mobilised and no effective partnership with HA was developed
- ❑ The contribution of the private sector to maintaining services through the SARS epidemic was not fully recognised
- ❑ The academic sector made an important contribution but there was no formal coordination between the universities and the Government.

INTRODUCTION

15.1 There was naturally a great deal of anxiety in the community in Hong Kong during the SARS epidemic. People were concerned not only about their health and the possibility of infection, but also what they could do to combat the disease, prevent its spread, and help those in need. It is important to engage the support of the community and harness this energy when faced with an emergency crisis on the scale of the SARS epidemic.

15.2 In particular, there is a need to –

- promote a population-based concept of health protection
- coordinate the involvement of different sectors of the community
- pay particular attention to groups with specific needs, for example the elderly and chronically ill
- engage the support of the private medical sector and voluntary sector
- obtain feedback from the community.

POPULATION-BASED HEALTH PROTECTION

15.3 There appears to be a lack of population-based thinking in health protection, with two important consequences. First, there is a tendency to overlook the specific needs of sections of the community, such as children, older people, or mentally handicapped people. Second, it is easy to miss opportunities to involve sections of the community such as schools, non-government organisations, and district organisations, which may be quite ready to play a part in health promotion and public education campaigns.

15.4 There were several efforts made to engage the community during the SARS epidemic. DH introduced, with partners, a large-scale health awareness programme to publicise the importance of personal and environmental hygiene. There was also a partnership with the media that involved providing public health professionals to speak on special 'Fight SARS' programmes produced by commercial television and radio stations.

15.5 In order to develop the concept of population-based health protection, better communication, coordination and networking at the local level is required. DH should devise a framework for engaging the community in health promotion and public education initiatives. Community feedback is an essential element in implementing population-based health protection. DH should consider how regular surveys should be conducted.

MEETING THE NEEDS OF VULNERABLE GROUPS

15.6 Particular attention needs to be paid to vulnerable groups in the community. First, there should be a surveillance system that is sensitive enough to allow early detection of public health threats among vulnerable groups, eg older people in residential care homes. Second, special care must be taken to provide for the needs of these groups, particularly during an epidemic.

Older people

15.7 Probably the group most vulnerable to infection are older people living in residential care homes. They are usually frail, or chronically ill, or requiring intensive nursing care. They often live in overcrowded accommodation with few facilities to maintain good standards of infection control, and they sometimes experience difficulties in obtaining adequate medical advice and assistance. There is also a shortage of trained nursing staff in this sector, and care assistants have little knowledge of infection control.

15.8 To prepare for the possible resurgence of SARS, it is important to strengthen communication at the local level between DH, hospitals, Social Welfare Department (SWD) and residential care homes for the elderly. There was general support for isolating older people with suspected SARS in hospitals, as residential care homes are not properly designed, equipped or staffed to provide isolation facilities. However, operators

SARS and Homes for the Elderly

All residential care homes for the elderly in Hong Kong are licensed by the Social Welfare Department (SWD). Currently, there are 759 residential care homes for the elderly offering a total of 70,500 places. Of these, 30% are in subvented homes and 65% are in private for-profit homes, while the remaining 5% are not-for-profit homes run by non-government organisations on a self-financing basis.

SARS cases started to appear among residents of the residential care homes for the elderly in late March, the majority of whom acquired the infection from hospitals. A total of 72 residents in 51 residential care homes for the elderly were infected. The proportions of residential care homes for the elderly with SARS cases were 15% for subvented homes and 5% for private homes. In addition, 11 staff of the residential care homes for the elderly were found to be SARS patients, but not all of them had contracted the disease in their workplace.

The Committee learnt from the home operators the following problems or issues encountered during the epidemic –

- Differing messages in guidelines issued separately by DH and HA; even advice provided by the different units of DH were inconsistent with each other
- Fear of cross-infection arising from space constraints and inadequate isolation facilities for cohorting residents discharged from hospitals
- Inadequate information about the health status of hospitalised residents, and the care needed when they were discharged from hospitals
- Unfamiliarity with infection control measures and use of personal protection equipment, as well as problems with the procurement of the latter.

The Committee also learnt from SWD, DH and HA the actions that they had taken, including –

- DH, SWD, and residential care homes for the elderly networked for information exchange, with DH relaying relevant information from e-SARS regarding hospitalised residents to residential care homes for the elderly
- SWD and DH visited all residential care homes for the elderly in late April to assess compliance with precautionary measures, and distributed packs of personal protection equipment and disinfectants
- DH offered onsite health education and training to staff of residential care homes for the elderly where there had been SARS cases
- To minimise the need for hospitalisation, HA strengthened its Visiting Medical Officer scheme with help from the Hong Kong Medical Association to offer medical and triage services to residential care homes for the elderly.

of residential care homes for the elderly should also develop infection control policies, and improve training in infection control for their staff. There is also an urgent need for operators to review the availability of isolation facilities in residential care homes for the elderly, and for

regulators to consider how best to improve infection control facilities and procedures in this sector. To ensure ongoing support from the public sector, the Community Geriatric Assessment Team should be further strengthened. The Visiting Medical Officer scheme should also be made permanent.

15.9 Contingency plans should include arrangements for designating a centralised coordinator or contact person in each hospital to give information and advice to residential care homes for the elderly. Plans should also address how best to coordinate the exchange of information and practical assistance between organisations serving older people and residential care home operators. During a public health emergency, the Government should be ready to provide assistance to residential care homes in purchasing personal protection equipment.

- Infection control arrangements in residential care homes for the elderly, including infection control training for staff and improving isolation facilities, should be strengthened.

Chronically ill people

15.10 During the SARS epidemic, some out-patients with chronic illness felt that they were not provided with sufficient information or medical support. There was a lot of anxiety about whether they might be exposed to SARS if they attended the hospital for treatment, or came into contact with other patients. They did not know whom they could approach for advice and were offered little guidance or psychological support.

SARS and Chronically ill Patients

During the epidemic, many non-urgent medical services in public hospitals, particularly those at the specialist out-patient clinics, were suspended because the capacity of the hospitals were already over-stretched. Public hospitals had also become a high-risk area as a result of hospital outbreaks. Non-SARS patients, including those with chronic illness, were keeping away as much as they could. The ensuing problems are reflected in the following quotes from remarks made by patients or their representatives –

"Many chronically ill patients have to pay frequent visits to public hospitals to receive treatment or follow-up consultations. They were really worried during the outbreak. They dared not go back to the hospitals for follow-up. As a result they don't get their drugs dispensed even for their chronic illness."

"In fact I was really scared… My appointment was up and yet nobody told me what I should do upon return from the hospital, what sort of disinfection I should undergo, what sort of cleaning practice I should adopt. So I was really scared."

During hospital outbreaks, it was necessary to reduce the reliance of chronically ill patients on hospital services. It was also necessary to allay the fear and anxiety of those who genuinely needed hospital services but were too scared to go to the hospitals. Patients' queries needed to be answered. They needed simple and clear instructions about their medical appointments during a hospital crisis. A representative of a patient group suggested: *"I wonder if some contingency plan could be formulated for chronic patients. For example, if certain things happen, then what they should do, etc, and if they want to reschedule their appointments, how they should do it."*

15.11 DH, HA and SWD should explore how best to make use of the existing network of patient groups to help disseminate information during an epidemic. There may be scope for diverting the care of chronically ill patients from overloaded public hospitals to the private sector during times of emergency. This requires advance planning in collaboration with the private sector and better coordination of healthcare resources. The Committee also sees merit in developing a more integrated community care model. This should incorporate primary care functions and some of the more basic community care functions that hospitals traditionally perform for the chronically ill.

Children

15.12 Schools and childcare centres are important focus points for sentinel surveillance. They are also vulnerable areas for the spread of communicable diseases. During the SARS epidemic, public announcements were made and guidelines issued to schools and childcare centres to encourage case reporting and to advise on preventive measures. Some of these activities could usefully be developed as part of a long-term health protection strategy for this sector.

ENGAGING PRIVATE, ACADEMIC AND VOLUNTARY SECTORS

The private healthcare sector

15.13 During the epidemic, SARS patients were all referred for treatment in public hospitals. Private doctors and hospitals offered to assist in looking after non-SARS cases, but this capacity appears not to have been fully utilised. The skills of other professions in the allied healthcare sector, such as pharmacists, were not well used either. One example of good collaboration was the Visiting Medical Officer scheme to assist residential care homes for the elderly. Overall, private practitioners felt that their dedication in maintaining services throughout the SARS epidemic was not adequately recognised. There is scope for both DH and HA to develop a stronger partnership with private practitioners and private hospitals to help manage public health emergencies.

The academic sector

15.14 A key role played by the academic sector in public health is to fill gaps not covered by Government. Apart from research and training (see chapter 13), the academic sector also gives specific professional advice in terms of public health education during an epidemic, with a view to raising alertness and promoting proper preventive action, without causing panic. It is important for the academic sector to remain independent, especially in relation to politically sensitive issues. The academic sector can provide useful input in terms of surveying and giving feedback on the effectiveness of

Government's public health education programme. Coordination of the work among different universities is also required.

Other professional groups

15.15 It is important to recognise that a wide variety of professions may have expertise and skills that can prove valuable in managing communicable disease emergencies. In the SARS epidemic, expertise on the design of ventilation and air-conditioning systems in hospitals, and of infrared thermal scanning equipment for temperature monitoring at border control points was invaluable. An inter-disciplinary approach, that drew on expertise in building ventilation, drainage systems, and environmental contamination, also proved vital to the investigation and management of the SARS outbreak at Amoy Gardens.

The ambulanceman

A university student had chosen to serve on an ambulance during the period when all schools were suspended during SARS outbreak to help transport patients including SARS victims to hospitals. He joined as a volunteer to serve in an ambulance service a few years ago. Despite family opposition, he opted to continue his voluntary service during the SARS period. There were times when he had to be called on duty to take suspected SARS patients to hospitals four to five times a night. That meant he had to put on new protective gear every time his service was called. He said the work was tough and tiring, not to mention the risk involved, but someone had to do it.

The student nurses

Some 40 young student nurses had joined a scheme that provided for them to work in hospitals temporarily during the SARS period. These were mainly student nurses who were waiting to get their formal qualification to become nurses. They were sent to hospitals such as Prince of Wales Hospital and Princess Margaret Hospital. Part of their duties was to serve chronically ill patients who were vulnerable to contracting SARS. Although they were not battling SARS directly, their work had provided relief to their veteran colleagues on the frontline.

Voluntary sector and the business sector

15.16 The response to a major public health emergency also inevitably involves a very wide range of organisations and agencies within and without the health sector. This was amply demonstrated in the SARS epidemic by the resourcefulness of the voluntary sector and the concerted efforts of the business community.

15.17 The Auxiliary Medical Service (AMS) and the Civil Aid Service (CAS) provided invaluable assistance throughout the epidemic, particularly in relation to isolation and quarantine arrangements. In a territory-wide cleansing campaign organised by non-government organisations together with several Government departments, a large number of volunteers were mobilised to help elderly persons in need to carry out cleaning work. It is important to make sure that these efforts are properly coordinated and that full use is made of all the available resources. The best way to

A volunteer helping an older lady to clean her home during the SARS outbreak

do this is to fully involve organisations such as these in the development of contingency plans for public health emergencies.

INVOLVING THE WIDER COMMUNITY

15.18 During the SARS epidemic, community organisations, non-government organisations, and professional groups between them staged more than 1,000 events and activities. These called on the public for a concerted effort against SARS through better personal and environmental hygiene, as well as spreading the message of caring for others. Examples include –

- **Operation UNITE:** This was an action group formed in mid-April that pooled resources and manpower from almost every sector of the community. Through a variety of different activities, the group urged the public to pay more attention to their personal and environmental hygiene to fight SARS. The group mobilised 6,000 voluntary workers, many of them from the social welfare sector, to help clean up the homes of some 2,000 vulnerable old or disabled people and to distribute health messages. It also organised many other activities to promote mutual care in the community.
- **Hong Kong is our home – support frontline healthcare workers:** This was a joint action group formed by over 600 community organisations that arranged activities to show the community's appreciation to frontline medical and other healthcare workers. The group raised HK$5 million to fund different activities.
- **Business Community Relief Fund for Victims of SARS:** This fund was set up by the industrial and commercial sectors to provide financial assistance to help SARS victims. The fund collected HK$17 million in a single day.
- **Project Blossom and 1:99 Charity Concert:** Initiated by artists in Hong Kong, the projects raised some HK$18 million for educational expenses of all children affected by SARS.
- **The 'We Care' Education Fund:** Four senior female Government officers set up this fund. It provided long-term education assistance to children who had lost their parents to SARS. It also aimed to show that civil servants cared for the community. The fund collected HK$76 million through donations.

15.19 The Committee commends very highly such spontaneous community efforts. It is important that Government maintains this community network, and harnesses the community spirit that has generated it, now that the epidemic has passed.

- A population-based framework should be devised for times of outbreak –
  - To coordinate services across all sectors, (hospital, public health and social services) taking particular account of the vulnerable populations
  - To fully utilise the skills of nurses and other healthcare professionals in caring for the needs of vulnerable groups (children, elderly and chronically ill patients) and in sentinel surveillance
  - To involve private practitioners in providing services
  - To involve the voluntary sector, organisations such as AMS and CAS and non-government organisations in providing care not only for those who are affected, but also for those who are chronically ill
  - To engage the community in health promotion activities and health campaigns.
- DH should conduct regular surveys to obtain community feedback on public health issues.
- A contingency fund for public relief supported by contributions from the Government and the community should be considered.