Public Awareness and Recognition Survey 2011

Commissioned by
The Centre for Health Protection,
Department of Health, HKSAR Government
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Objectives
Objectives

– To assess public awareness and perception of the Centre for Health Protection (CHP) and its work on disease outbreaks;

– To examine the most effective means of risk communication with respect to public health issues; and

– To gauge public perception of the CHP and its accountability in terms of quality of the health message
Methodology
Methodology – Data collection

Telephone Survey
• Target: Aged 16 or above, Cantonese/Putonghua/English speaking, local residents
• Sampling: Random household telephone numbers + “Last Birthday” method
• Respondents: 1,006 (response rate: 66.5%)

Focus Group Study
• Target: Aged 16 or above, Cantonese speaking, local residents
• Screening criteria: prior knowledge of CHP and its work
• Number of focus groups: 12 (Total participants : 92)

<table>
<thead>
<tr>
<th>Groups (12)</th>
<th>Demographic characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students (4)</td>
<td>Full-time F.4 – F.7 / University or above students; monthly HH income below $20,000 / $20,000 or above</td>
</tr>
<tr>
<td>Working adults &amp; homemakers (4)</td>
<td>Aged 18-39 / Aged 40+; Monthly household income below $20,000 / $20,000 or above</td>
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<tr>
<td>Retirees (4)</td>
<td>Living with family members / Living with spouse or alone</td>
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</table>
Findings – Telephone survey
– Part 1 –

Awareness and Knowledge of the CHP
Awareness & Knowledge of the CHP

Organization(s) Identified as Responsible for Dealing with and Providing Information on Communicable Disease Outbreak (N = 1006)

- DH and/or CHP: 71.6%
- DH: 69.7%
- CHP: 6.0%
- Hospital Authority: 32.9%
- Food and Environment Hygiene Department: 10.6%
- Centres related to prevention and control of diseases: 7.0%
- Government hospital/ clinic: 5.7%
- Health related Government department: 3.2%
- Food and Health Bureau: 2.5%

Remarks: Those mentioned by less than 2% of respondents are not shown.
Awareness & Knowledge of the CHP

Self-perceived Knowledge of the CHP

2 in 3 respondents have not heard of CHP / Just heard of its name (66.5%)

Respondents who had knowledge of the CHP:
- 40-59 years old
- Monthly household income: $30,001 or above

Base: N=1006
Awareness & Knowledge of the CHP

Perceived responsibilities of the CHP

Only 1 in 3 respondents (38.2%) correctly identified “Prevention & control of non-communicable diseases (NCDs) as responsibilities of the CHP.

Respondents who had better knowledge:
- Below 60 years old
- Secondary education or above
Adequacy of work done by the CHP

- 3 out of 7 areas of work were less recognized as the CHP’s responsibilities and received less positive rating:
  - Prevention & control of NCDs (34.8%)
  - Prevention & control of tuberculosis, HIV/AIDS and sexually transmitted diseases (38.2%)
  - Health promotion (41.8%)
Awareness & Knowledge of the CHP

Adequacy of work done by the CHP

- 4 out of 7 areas of work were better recognized as the CHP’s responsibilities and received more positive rating:
  - Preparedness and planning for public health emergencies (59.4%)
  - Dissemination of information on disease outbreaks (59.3%)
  - Vaccination programs (58.5%)
  - Prevention and control of communicable diseases (CDs) (57.4%)
– Part 2 –

Perception of Information Released by the CHP:

Communication Channels
Information released by CHP-Communication channels (N = 1006)

- TV
- Newspapers
- Radio
- Non-government websites
- Government websites
- Family members/relatives/friends/colleagues
- Healthcare personnel/hospital/clinic
- Health education materials
- Community centre/Elderly centre
- Advertisement at public transport
- SMS
- Social network service/Blog/Instant messenger
- Email

Respondents who preferred non-govt websites:
- Below 40 years old
- Student
- Secondary education or above

Remarks: Channels mentioned by only a very small percentage of respondents are not shown

p <0.05 by Proportion Z-test.
– Part 2 –

Perception of Information
Released by the CHP:

Health Message
Information released by CHP-Health message

• 1 in 2 respondents (50.7%) have heard of public health messages released by the CHP in the past 3 months (July – September 2011)

• Mainly from TV (85.3%), newspaper (33.2%) and radio (22.7%)
Information released by CHP-Health message

Quality of information

<table>
<thead>
<tr>
<th></th>
<th>Satisfied</th>
<th>Average</th>
<th>Dissatisfied</th>
<th>No comment/ Refused to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information can easily be understood</td>
<td>62.1</td>
<td>27.2</td>
<td>9.4</td>
<td>1.3</td>
</tr>
<tr>
<td>The information is useful</td>
<td>59.0</td>
<td>30.7</td>
<td>8.7</td>
<td>1.5</td>
</tr>
<tr>
<td>The information is reliable</td>
<td>54.9</td>
<td>35.8</td>
<td>8.7</td>
<td>0.6</td>
</tr>
<tr>
<td>Delivery of information on disease outbreaks is timely</td>
<td>46.3</td>
<td>35.1</td>
<td>16.4</td>
<td>2.2</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>49.7</td>
<td>40.4</td>
<td>9.6</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Factors associated with the ratings on overall quality:

(a) Higher ratings
- Student
- Knew something of CHP

(b) Lower ratings
- Younger age group
– Part 3 –
Overall Perception of the CHP
Overall Perception of the CHP

- High level of confidence
  - Over half of the respondents (54.8%)

- High degree of transparency
  - 1 in 3 (36.4%)

- Good to excellent overall performance
  - 1 in 2 (47.2%)
    - Respondents who gave higher ratings to overall performance
      - Students
      - Better self-perceived knowledge of CHP
    - Respondents who gave lower ratings to overall performance
      - Younger age group
Findings – Focus group study
– Part 1 –
Awareness and Knowledge of the CHP
Awareness & Knowledge of the CHP

• Most respondents knew the CHP:
  – Was a government agency;
  – Was under the DH; and
  – Mainly dealt with CDs outbreaks
Awareness & Knowledge of the CHP

Most respondents were NOT aware of CHP’s work in NCDs because:

- CHP promoted more on CDs;
- CDs outbreaks caught more public attention;
- Responsibilities in NCDs overlapped by DH/HA/NGOs;
- 「傳染病喺時係咁提佢個名，所以會將佢個名聯想到傳染病，但冇人同你講有心臟病要搵衞生防護中心。」
- 「傳染病嘅消息緊要，啲人就會留意係邊度發放，其他非傳染病啲人未必留意，就唔會知佢有做。」
- 「衞生防護中心只係同迫切性的疾病有關，其他非傳染病應該係由衞生署負責。」
– Part 2 –

Perception of Information
Released by the CHP:

Communication Channels
Information released by CHP-Communication channels

• Most respondents received information from TV, newspapers, radio and non-government websites

• Views on whether the channels were adequate were diversified

• Gov’t websites were unpopular because:
  – Not easy to search information; and
  – The respondents already got information from TV.

• Other channels:
  – SMS and Apps on Smartphones;
  – Non-Gov’t websites such as Yahoo/Google.
– Part 2 –
Perception of Information
Released by the CHP:
Health Message
Information released by CHP-Health message

• Most respondents considered the message:
  – Reliable: 「相信佢嘅判斷能力，以佢哋專業知識分析過應該係可靠。」
  – Easily understandable: The information was accompanied by pictorial demonstrations like instructions on washing hands which were clear and easy to follow.
  – Delivered timely:
    ➢ 「通常(衛生防護中心)都即刻會講，例如邊間學校有幾多人感染，都會即刻公布，好快。」
  – Adequate and useful: 「會令我有意識去預防，例如會多啲洗手、唔好去咁多人嘅場合、出街戴口罩。」

• Some respondents considered the message concerning diseases in other places:
  – Not Delivered timely as the media announced such information earlier than the CHP:
    ➢ 「唔好等到有事先做，譬如之前歐洲啲菜話食咗有病毒會死，但因為香港冇就冇資訊發過。」;
– Part 3 –
Overall Perception of the CHP
Overall Perception of the CHP

A. Level of Confidence

Many respondents are confident in the CHP because -

- Actions taken to control and prevent diseases are quick and forceful;
- The CHP is official and the only organization to rely on;
- They have confidence in the professionalism of the CHP: 「相信佢嘅判斷能力，以佢哋專業知識分析過應該係可靠。」;
- The CHP implements swift action to control spread of disease：「之前有事嘅時都隔離得好快速，俾到個良好印象我。」;
- The CHP performs much better than similar organizations in other places：「香港雖然係一個好細嘅地方，但係防疫方面其實真係做得唔差架，已經做得好過好多國家。」
Overall Perception of the CHP

B. Transparency

Many respondents find the CHP transparent because -

- The CHP disseminates the most updated information: 「唔會話隔一、兩日先公布。」; and
- The CHP has no cover-up of such information: 「透明度高啲就會respect 佢多啲，原來衛生防護中心係咁勁嘅，啲人咪會願意跟住做，會更加了解佢其實做啲乜嘢，要問啲都唔會問錯人。」
Overall Perception of the CHP

C. Recognition

Many respondents are satisfied with the CHP’s work in –

- Prevention of CDs: though some may not associate this with the day-to-day promotional efforts by the Government;
- Control of CDs: as it is carried out fast and forceful;
- Dissemination of health information during disease outbreaks: though some look forward to more proactive and more platforms to search for such information;
- Vaccination: though some look forward to more sponsorship

BUT many respondents are NOT aware of the CHP’s work in –

- Control of NCDs: because they do not know what the CHP has done in this aspect: 「其實呢方面嘅資訊而家係好足夠，問題係其實唔知係咪衛生防護中心做嘅。」
- Health promotion: not aware whether and how the CHP is involved: 「唔同部門都講，但其實邊個 organize 唔知，想查詢搵邊個部門亦唔知。」
Overall Perception of the CHP

D. Overall Performance of the CHP

In general, most participants were satisfied with the overall performance of the CHP in terms of control of disease outbreaks, timely dissemination of information, quality of information and control and prevention of communicable diseases. On areas of improvement, the following suggestions were made -

- Promote and build up a professional image of the CHP;
- Provide more detailed information on disease outbreaks so the public can get not only general information from the media;
- Build up its image as the authoritative spokesman and provide more timely clarification of rumours or confusing messages;
- More promotion on NCDs in collaboration with relevant stakeholders (e.g. districts, schools, business sector and NGOs) in promotion of public health.
Conclusions

The Telephone Survey and Focus Group Study have much in common in their findings
Conclusions

A. Build Up the Professional Image of the CHP

Not many know the background or organization of the CHP. Some may not even know that the CHP is the designated centre under the DH for disease prevention and control, particularly, amongst the lower education level and lower income groups. Nonetheless, many are satisfied with the work of the CHP mainly because of its professionalism.

Conclusion

To continue to build up the professional image of the CHP, especially amongst the lower education level and lower income groups.
Conclusions

B. Strengthen Partnership with Other Stakeholders

Not many people know that the CHP is responsible for health promotion or the prevention and control of non-communicable diseases (NCDs), partly because other stakeholders are doing similar work in the settings of schools, workplaces, etc.

**Conclusion**

To strengthen CHP’s partnership with other stakeholders in terms of health promotion and prevention and control of NCDs, in the area of health promotion.
Conclusions

C. Use of New Communication Channels to Disseminate Information on Disease Outbreaks and General Health

Most people still rely on traditional media channels (such as the television, radio and newspapers) to have access to health information. There are increasing aspirations and demands from the respondents (especially the younger age groups and those with higher education/income level) for the CHP to diversify and multiply its platforms for dissemination of information to the public.

Conclusion

To explore new and multiple channels (including facebook, Apps, etc.) for dissemination of information.
Conclusions

D. Sharpen its Edge in Dissemination of Authoritative, Reliable and More In-depth Information on Public Health and Disease Outbreaks

The CHP has an edge over others in terms of its authoritativeness and reliability in the information released. Some respondents have suggested that the CHP strengthen its edge in these areas, and provide more detailed and in-depth information on disease outbreaks so that the public can get not only general information from the media.

Conclusion
To continue to sharpen its edge in the dissemination of authoritative, reliable and in-depth information on public health and disease outbreaks.
End of Presentation