



CHINESE HOSPITAL

Chinese Hospital
Community Health Needs Assessment

2022



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SECTION 1: Executive Summary

Chinese Hospital is part of the San Francisco Health Improvement Partnership (SFHIP), which is a collaborative body whose mission is to embrace collective impact and to improve community health and wellness in San Francisco. SFHIP includes the San Francisco Department of Public Health, San Francisco's non-profit hospitals, the Clinical and Translational Science Institute's Community Engagement and Health Policy Program at UCSF, the San Francisco Unified School District, the Office of the Mayor, community representatives from the Asian and Pacific Islander Health Parity Coalition, Human Services Network, Chicano/Latino/Indigena Health Equity Coalition, and African American Community Health Council, Community Clinic Consortium, Faith-based and other philanthropic partners. SFHIP completes a community health needs assessment (CHNA) once every three years.

Since the declaration of the COVID-19 Pandemic in March 2020, leaders at the national, city, and community levels have pivoted to adapt to emerging challenges and needs. As we move forward from adjusting to changes brought forth by the pandemic, we are refocusing on the collective efforts such as conducting the CHNA. As the citywide CHNA conducted by the SFHIP is the foundation for each non-profit Hospital's CHNA in San Francisco, we plan to update this CHNA report to include the comprehensive SFHIP CHNA findings.

Meanwhile, Chinese Hospital proceeded with conducting a supplemental CHNA with a focus on the Chinese subpopulation in San Francisco, which is the primary population served by the Chinese Hospital. We are delighted to report the findings we've learned from the Chinese community members as they shared their experiences, insights, and recommendations to address new and/or exacerbated unmet needs.

SECTION 2: 2019 SFHIP Community Health Needs Assessment (CHNA) Findings

Based on the latest CHNA conducted by SFHIP, racial health inequities and poverty were identified as fundamental issues contributing to local health needs. The following were identified as the five health needs impacting San Franciscans: 1) access to coordinated, culturally and linguistically appropriate care and services, 2) food security, healthy eating, and active living, 3) housing security and an end to homelessness, 4) safety from violence and trauma, and 5) social, emotional, and behavioral health.

***Please refer to Appendix A for the Detailed Summary of 2019 SFHIP CHNA Findings**

SECTION 3

Chinese Hospital Supplemental Community Health Needs Assessment (CHNA)

Introduction

The San Francisco Health Improvement Partnership (SFHIP) is a collaborative body whose mission is to embrace collective impact and to improve community health and wellness in San Francisco. Members of SFHIP includes the San Francisco Department of Public Health, San Francisco's non-profit hospitals, the Clinical and Translational Science Institute's Community Engagement and Health Policy Program at UCSF, the San Francisco Unified School District, The Office of the Mayor, community representatives from the Asian and Pacific Islander Health Parity Coalition, Human Services Network, Chicano/Latino/Indigene Health Equity Coalition, and African American Community Health Council, Community Clinic Consortium, Faith-based and other philanthropic partners. SFHIP completes a CHNA once every three years.

The citywide CHNA conducted by the SFHIP is the foundation for each non-profit Hospital's community health needs assessment in San Francisco. As Chinese Hospital is a part of the SFHIP, a city-wide assessment of the community health needs is conducted every three years. Since Chinese Hospital primarily serves the Chinese community, we have decided to conduct a supplemental community health needs assessment in addition to the citywide CHNA to specifically look at the subpopulation Chinese Hospital serves.

Community Profile

The Chinese Hospital Health System is an integrative health system, consisting of Chinese Hospital and Clinics, Chinese Community Health Plan (CCHP), and Jade Health Care Medical Group.

Each entity performs an important role in achieving the common goal of providing the community with quality, affordable care that is culturally competent and linguistically appropriate. The community Chinese Hospital serves has a majority of low-income, monolingual or linguistically isolated senior population. Of the inpatient population at Chinese Hospital, 88% are of Chinese ancestry, 87% are over the age of 60, and 91% are Medicare/Medi-Cal beneficiaries.

Methodology

The Chinese Hospital Supplemental CHNA was conducted through focus groups designed to assess the health status, concerns, and access among the Chinese population that Chinese Hospital serves in the city and county of San Francisco. The recruitment of these focus groups was conducted through ethnic media press releases, CCHP Member Services, as well as through popular Chinese social media App, WeChat. The focus group participants were recruited from over 19 different zip code neighborhoods. Please see community profiles of these zip code neighborhoods.

A series of seven (7) focus groups were conducted to assess and identify the predominant health concerns of the Chinese-speaking population.

The focus groups were conducted between March 24th – April 12th, 2022. Two focus groups took place at Chinese Hospital with an average of 12 participants per group. Five (5) focus groups were held via Zoom with an average of 6 participants per group. The facilitator of the focus group by bilingual, trained Health Educators with more than 10 years of experience in conducting qualitative interview sessions. All seven (7) focus groups were conducted in Cantonese Chinese, the preferred Chinese dialect of the participants. All participants completed a demographic survey, and the focus group sessions were audio/video recorded with participants' consent. The facilitators utilized a question guide to solicit feedback from participants through a semi-structured focus group format. The facilitators hand recorded the meeting notes. Participants were asked to rank their health needs from 1-5, with 1 being the most important.

Focus Group Demographics (N = 57)

Age, Gender, Marital Status, & Children in the Household

The average age of our participants was 61 years old, with the youngest participant being 21 years old and the oldest being 79. Less than one third of our focus group participants were male. Among all participants, 70% were married, 11% were single, and 9% were either widowed or separated. 40% of participants reported children under 18 years old in the household.

Birthplace

As Chinese-speaking residents are the primary target population of this study, all of our focus group participants who reported their birthplace indicated they were foreign born. Two participants declined to provide their place of birth. Participants born in mainland China comprised 89% of our total respondents, and 7% of participants were born in Hong Kong. The average number of years spent in the US among individuals was about 17 years.

Languages

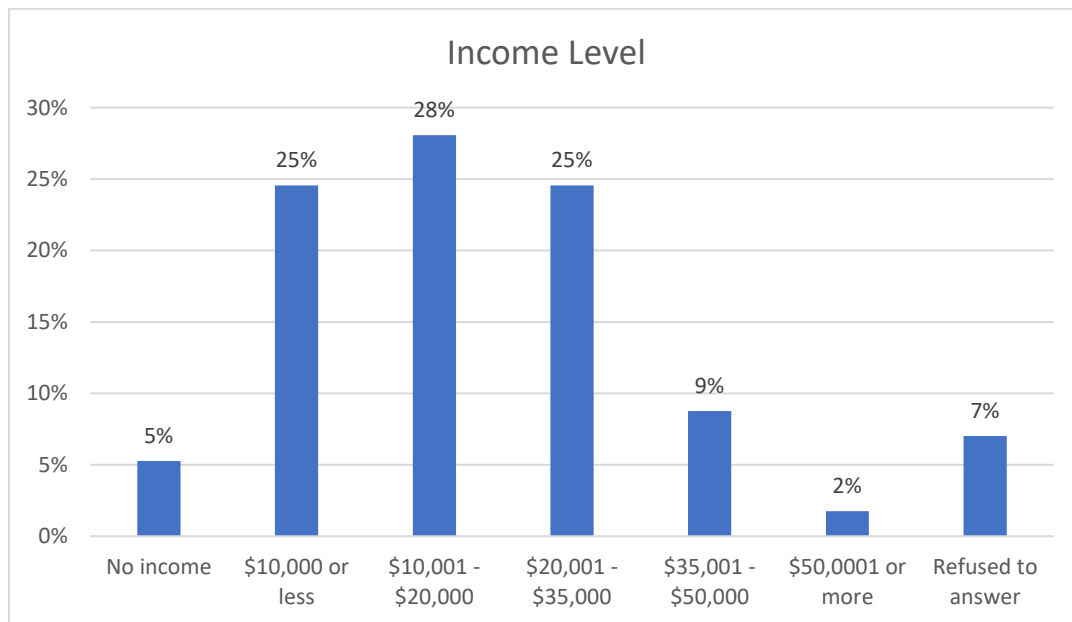
Approximately 88% of participants identified Cantonese among their native languages, and similarly listed Cantonese as their preferred language. Ten percent (10%) of all participants considered their English-speaking ability sufficient, 56% of participants classified their English-speaking ability as “so-so”, and 33% spoke no English at all.

Education Level

Nearly half of all participants 42% reported having a below high school-level education. Meanwhile, 39% of participants were high school graduates and only 21% held higher-level degrees. Sixty-seven percent (67%) of all participants have taken an English as a Second Language (ESL) course during their residency in the United States.

Income

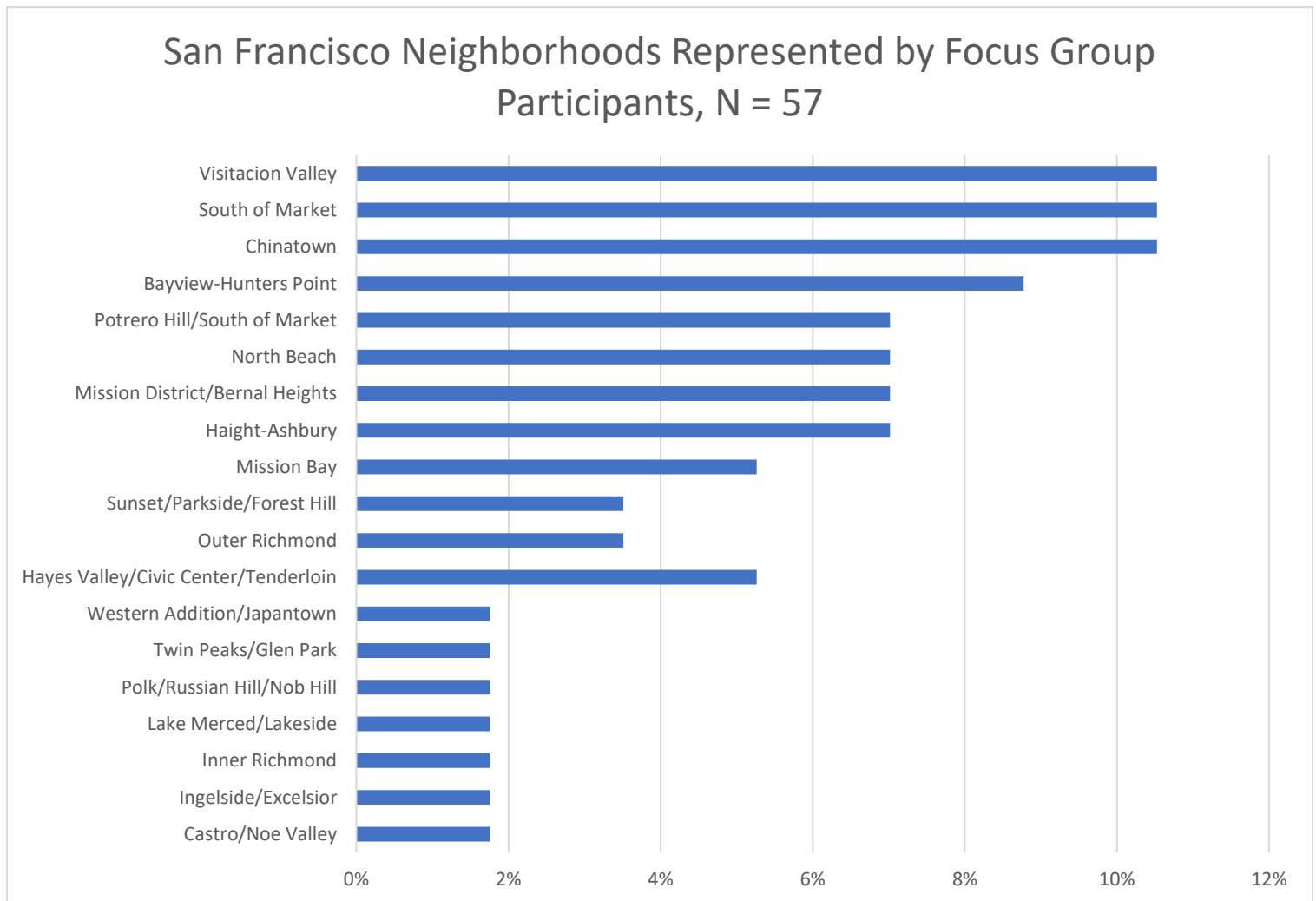
One-fourth reported \$10,000 or less, nearly one-third of the participants reported an annual income between \$10,001-\$20,000, and one-fourth reported between \$20,001-\$35,000. Nine percent (9%) of the participants reported an annual of \$35,001-\$50,000. Moreover, less than 5% report no income and 7% refused to share annual income information.



Neighborhoods

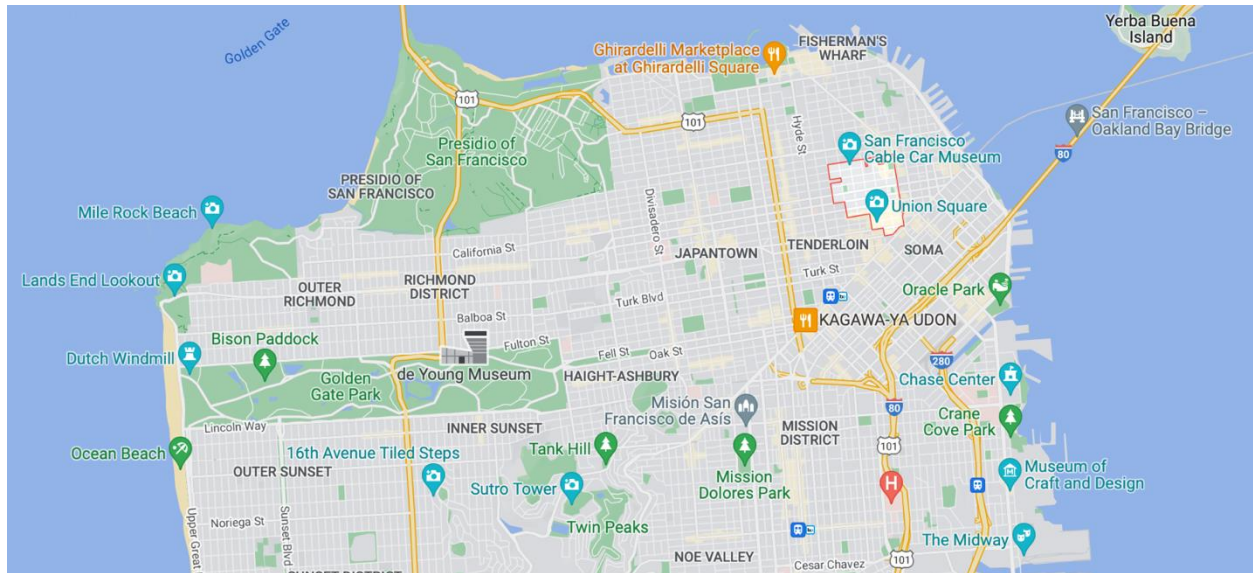
The focus group participants (N=57) represented a diverse cohort of neighborhoods, namely Visitacion Valley (11%), South of Market (11%), Chinatown (11%), Bayview Hunters Point (9%), Potrero Hill/ South of Market (7%), North Beach (7%), Mission District/ Bernal Heights (7%), Haight-Ashbury (7%), Mission Bay (5%), Sunset/Parkside/Forest Hill (4%), Outer Richmond (4%), Hayes Valley/ Civic Center/ Tenderloin (5%), Western Addition/ Japantown (2 %), Twin Peaks/ Glen Park (2%), Polk/Russian Hill/ Nob Hill (2%), Lake Merced/ Lakeside (2%), inner Richmond (2%), Ingelside/ Excelsior (2%), and Castro/ Noe Valley (2%). See Figure 1: San Francisco Neighborhoods Represented by Focus Group Participants.

Figure 1. San Francisco Neighborhoods Represented by Focus Group Participants



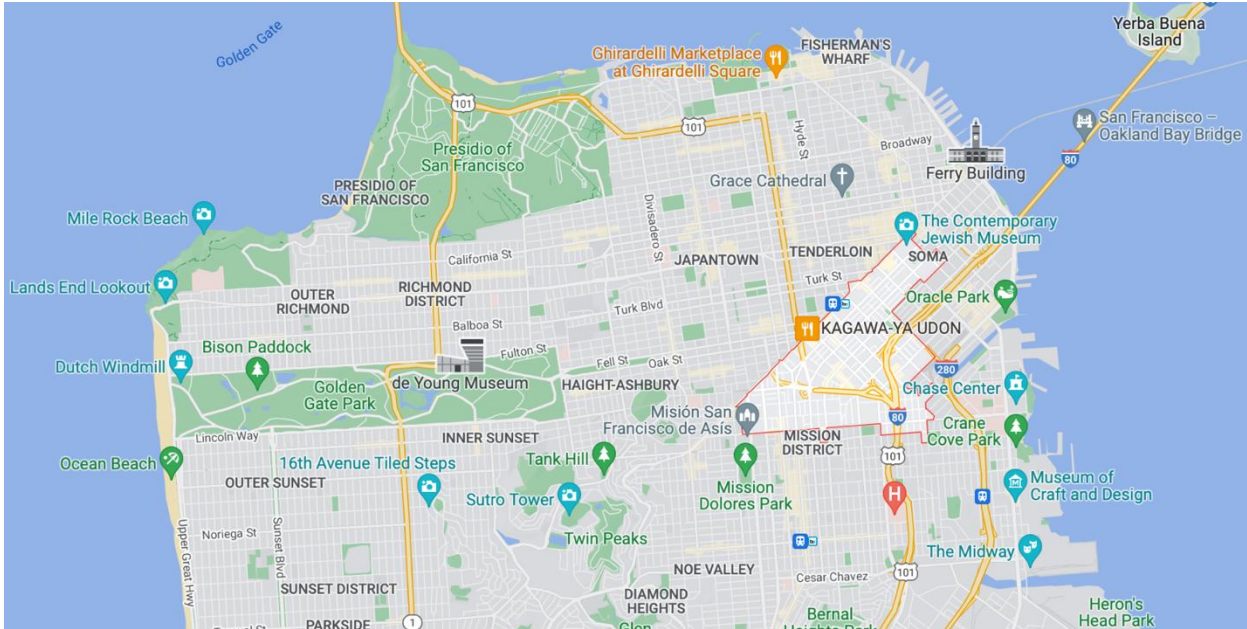
Community profiles of the Top Eight (8) Zip Code Neighborhoods Represented by the Focus Group Participants

Chinatown (94108)



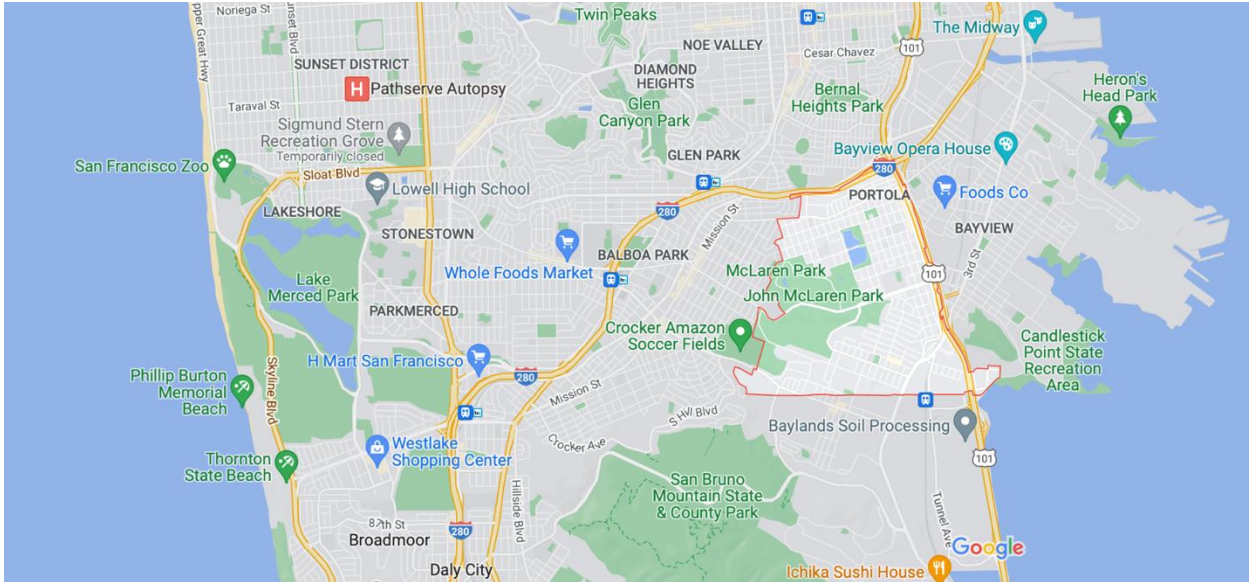
Zip code	94108
Population	13,535
Percentage of foreign-born population	49.7%
Population by race (%)	
Asian	54.3%
Latino	4.1%
White	36.5%
Black or African American	1.8%
American Indian and Alaska Native	0.4%
Native Hawaiian and Other Pacific Islander	0.3%
Other	2.3%
Multiethnic	4.4%
Chinese Population	6142
Chinese population percentage	45.4%
Per Capita Income	\$57,624
Median household income	\$64,908
Percentage of persons 65 years and over	23.0%
Percentage of individuals below poverty level	18.0%

South of Market (94103)



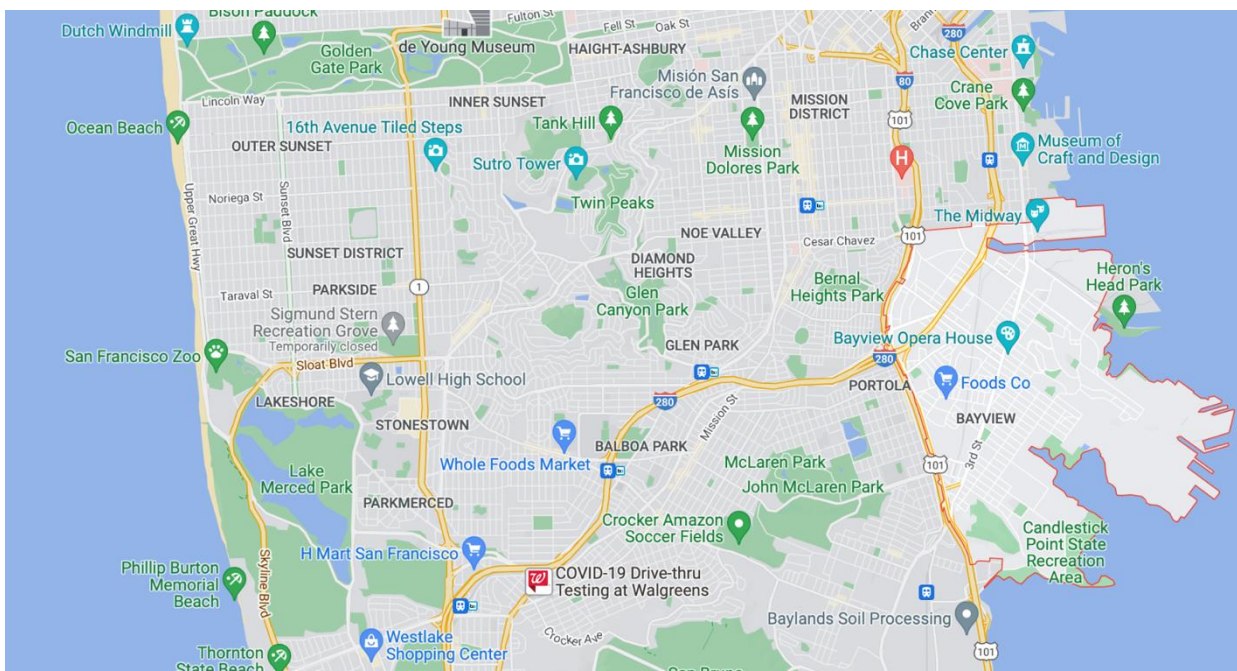
Zip code	94103
Population	31,585
Percentage of foreign-born population	36.0%
Population by race (%)	
Asian	32.1%
Latino	19.9%
White	40.0%
Black or African American	8.7%
American Indian and Alaska Native	2.5%
Native Hawaiian and Other Pacific Islander	0.6%
Other	9.3%
Multiethnic	6.8%
Chinese Population	4,283
Chinese population percentage	13.6%
Per Capita Income	\$69,611
Median household income	\$87,587
Percentage of persons 65 years and over	10.9%
Percentage of individuals below poverty level	18.2%

Visitation Valley (94134)



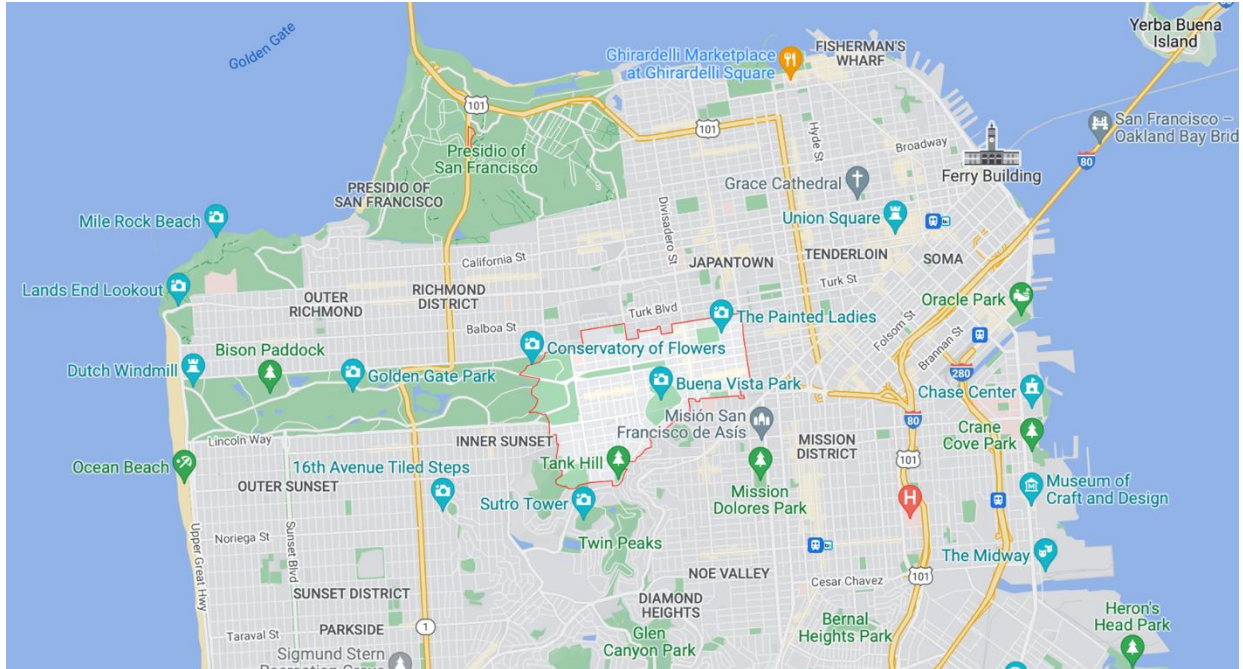
Zip code	94134
Population	43,286
Percentage of foreign-born population	51.6%
Population by race (%)	
Asian	56.4%
Latino	23.4%
White	16.0%
Black or African American	5.9%
American Indian and Alaska Native	0.4%
Native Hawaiian and Other Pacific Islander	1.1%
Other	15.2%
Multiethnic	5.0%
Chinese Population	17,252
Chinese population percentage	39.9%
Per Capita Income	\$36,655
Median household income	\$82,810
Percentage of persons 65 years and over	16.3%
Percentage of individuals below poverty level	11.2%

Bayview/Hunters Point (94124)



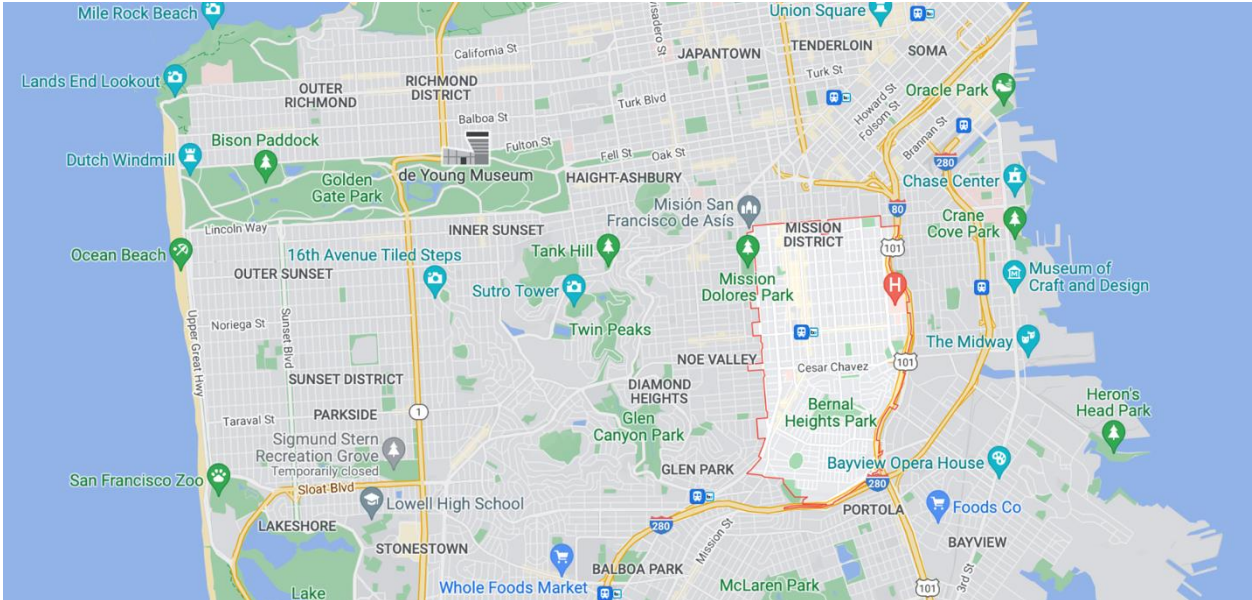
Zip code	94124
Population	36,278
Percentage of foreign-born population	40.0%
Population by race (%)	
Asian	36.6%
Latino	24.5%
White	13.1%
Black or African American	27.6%
American Indian and Alaska Native	0.2%
Native Hawaiian and Other Pacific Islander	1.7%
Other	16.5%
Multiethnic	4.2%
Chinese Population	9,305
Chinese population percentage	25.6%
Per Capita Income	\$33,301
Median household income	\$67,094
Percentage of persons 65 years and over	14.8%
Percentage of individuals below poverty level	16.3%

Haight-Ashbury (94117)



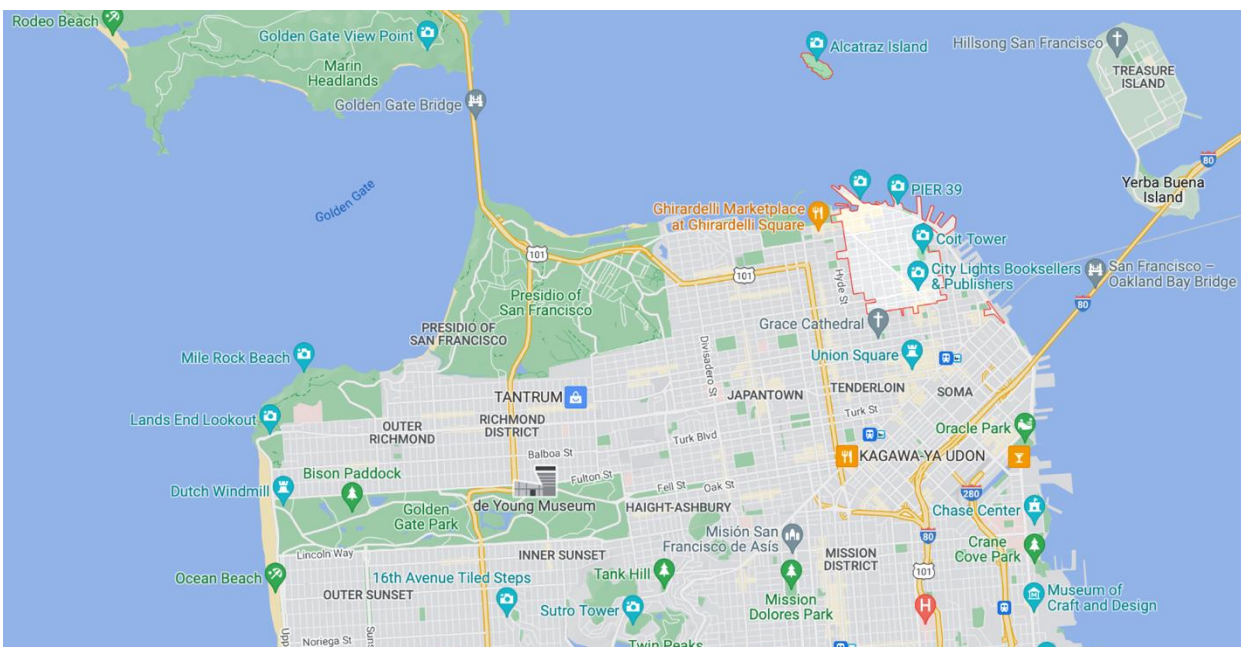
Zip code	94117
Population	43,526
Percentage of foreign-born population	17.8%
Population by race (%)	
Asian	14.3%
Latino	9.9%
White	70.1%
Black or African American	5.1%
American Indian and Alaska Native	0.4%
Native Hawaiian and Other Pacific Islander	0.03%
Other	3.5%
Multiethnic	6.5%
Chinese Population	2,209
Chinese population percentage	5.1%
Per Capita Income	\$87,799
Median household income	\$167,807
Percentage of persons 65 years and over	9.0%
Percentage of individuals below poverty level	7.7%

Mission District/Bernal Heights (94110)



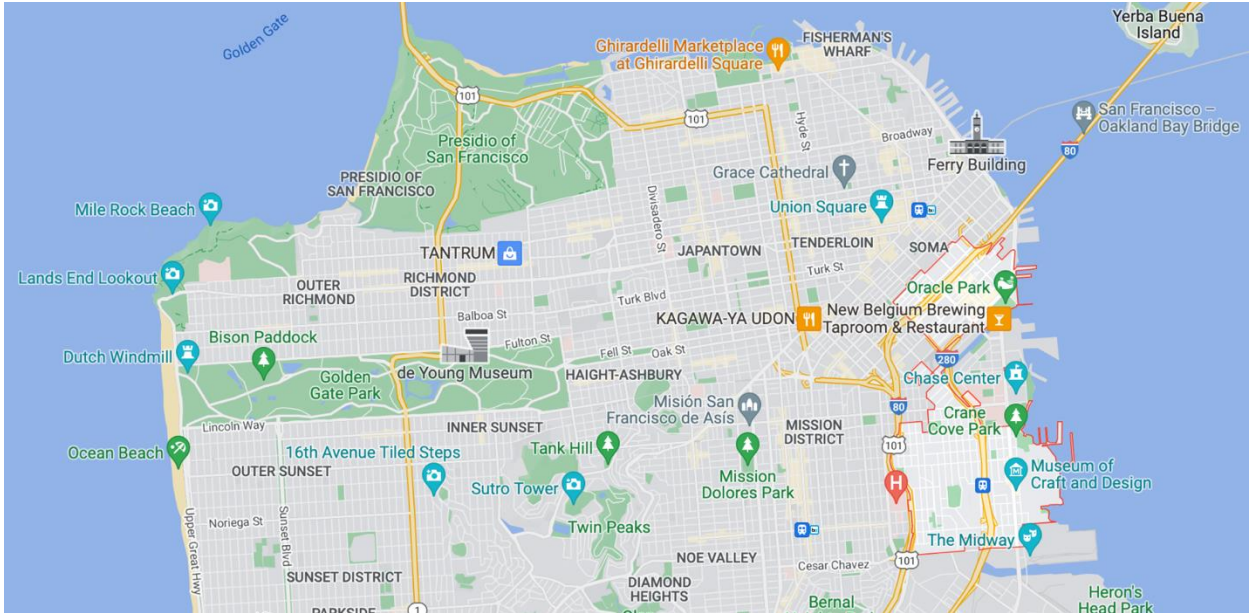
Zip code	94110
Population	72,765
Percentage of foreign-born population	28.8%
Population by race (%)	
Asian	15.2%
Latino	33.3%
White	51.5%
Black or African American	4.1%
American Indian and Alaska Native	0.7%
Native Hawaiian and Other Pacific Islander	0.1%
Other	18.5%
Multiethnic	9.8%
Chinese Population	4,381
Chinese population percentage	6.0%
Per Capita Income	\$72,471
Median household income	\$138,890
Percentage of persons 65 years and over	11.1%
Percentage of individuals below poverty level	9.1%

North Beach (94133)



Zip code	94133
Population	26,930
Percentage of foreign-born population	46.4%
Population by race (%)	
Asian	51.3%
Latino	7.8%
White	39.2%
Black or African American	1.7%
American Indian and Alaska Native	0.3%
Native Hawaiian and Other Pacific Islander	0.1%
Other	2.3%
Multiethnic	5.1%
Chinese Population	12,095
Chinese population percentage	44.9%
Per Capita Income	\$64,039
Median household income	\$68,423
Percentage of persons 65 years and over	23.2%
Percentage of individuals below poverty level	14.1%

Potrero Hill/South of Market (94107)



Zip code	94107
Population	29,708
Percentage of foreign-born population	29.7%
Population by race (%)	
Asian	29.0%
Latino	10.3%
White	53.7%
Black or African American	4.8%
American Indian and Alaska Native	0.1%
Native Hawaiian and Other Pacific Islander	0.1%
Other	4.2%
Multiethnic	8.1%
Chinese Population	3,918
Chinese population percentage	13.2%
Per Capita Income	\$103,998
Median household income	\$166,430
Percentage of persons 65 years and over	10.5%
Percentage of individuals below poverty level	9.8%

Literature Review

A literature review of San Francisco community health status, reports from national, local, and community forums along with field notes from community engagements activities, including patient advisory board meetings, community town halls, and community leaders' networks. Community demographics were extracted and analyzed from demographic survey data collected during focus group sessions. The literature review helps to set the direction and build the framework of our study.

Key Findings

A total of N=57 focus group participants were asked to list their top health concerns, which were then tabulated into the top five areas of health concerns and barriers.

Top Three (3) Health Concerns/ Interests

1. Mental Health

The negative impacts of COVID-19 may have been attributed to the multiple layering factors affecting mental health. Approximately 44% of the total focus group participants listed mental health as their top health concern. Specifically, the voiced concerns were related to COVID-19, anti-Asian hate/ racism, stress, anxiety, depression, and the need of mental health programs and services.

2. Community Safety and Access to Health

Community members live in fear and anxiety because their neighborhood in which they live, work, and play has become unwelcoming and unsafe. Thirty-seven percent (37%) of participants raised community safety concerns that included challenges of the unhoused community, substance use in the neighborhood and apartment complex, and crime/theft related public safety as well as their implications on our community as a whole. Due to the negative implications of COVID-19 pandemic, community members are facing additional barriers in accessing health related information and services.

3. In-Language Health Education

Thirty-seven percent (37%) of participants requested more resources for expansion on in-language health education information, programs, and services. Participants also reported the needs of linguistically and culturally appropriate capacities in hospital and medical facilities in San Francisco. Furthermore, participants emphasized the importance of having information, programs and services in their preferred language.

Noteworthy highlights of Additional Prominent Health Concerns

Health Care Services: The participants shared insights of emerging challenges in navigating the health and medical system for wellness checks and health maintenance in the COVID-era. Thirty-five percent (35%) of participants listed health care services as a top concern. The concerns in this area identified needs for improvement in the following areas: a) wait time for appointment, b) location for services to be centralized, c) preventive health services, d) efficient and effective communication frequency and format with health care providers.

Health Insurance Coverage: The limitations of health insurance coverage fails to address unmet needs. Thirty-two percent (32%) of the participants listed access concerns related to health insurance coverage. Specifically, the participants raised concerns brought forth concerning health insurance coverage included the limitations in programs/ services for dental, eye, hearing, and COVID at-home testing for the senior population.

Language Barriers: The lack of language appropriate materials and services persist as barriers to access. Thirty percent (30%) of participants listed the lack of language services as a top concern. Participants expressed language needs such as having access to the following: a) health care providers who are of the same culture, b) culturally and linguistically appropriate information, and c) language interpretation services.

Other Health Topics of Concerns

The participants raised multiple additional health topics as concerns. Approximately one-quarter and less of the participants mentioned the following topics:

- o Physical Health (26%)
- o Social Health (21%)
- o Discrimination/Racism (16%)
- o Prescription Medication (16%)
- o Substance Use (16%)
- o Nutrition (14%)
- o Role of the Police Department (11%)
- o Stress (11%)
- o Physical Activity/ Exercise (5%)
- o Youth Services (11%)

Recommendations for Health Concerns

The following **recommendations** were provided by the focus group participants in the areas of:

Mental Health

To:

- Increase resources culturally and linguistically appropriate resources for mental health
- Use technology to deliver health information such as through culturally appropriate and credible websites, ethnic media, and social media
- Use technology to address topics associated with stigma such as mental health and provide safe environment to give and receive social support
- Provide programs for stress management, social support, and counseling for mental health through preferred platforms including website, culturally appropriate social media (i.e., WeChat), text messages, online seminars (i.e., Zoom) during this COVID era
- Provide educational programs on raising awareness of mental well-being for all ages and breakdown culture-related stigma
- Improve in follow-up procedures to strengthen communications between mental health providers and patients and/or caregivers of patients
- Increase in-home support through volunteers visiting elderly who lives alone

Community Safety and Access to Health

To:

- Increase the role and presences of the Police Department in neighborhood such as through beat routes and regular patrolling
- Re-evaluate the prosecution process and policies related to theft and misdemeanor conducts
- Re-evaluate and limit marijuana and therapeutic injections use to restricted locations such as clinics and individual homes, specifically to refrain from use in public areas and/or communal areas
- Provide educational programs on raising awareness of community and personal safety along with providing information on community resources
- Increase in-home services, especially for the elderly population who are home bounded and/or too fearful to leave home due to crime in the neighborhood.

In-Language Health Education

To:

- Offer bilingual health education programs and services through website, culturally appropriate social media (i.e., WeChat), text messages, online seminars (i.e., Zoom) during the COVID-era
- Increase access to community resource through trained bilingual patient/ community navigators who are from the Chinese immigrant community
- Provide educational programs on raising awareness of community and personal safety along with providing information on community resources

SECTION 4: Implementation Strategy for the Next 3 Years

Implementation strategy to meet the community needs identified through the CHNA

Among all the community health needs identified by Chinese Hospital 2022 Supplemental CHNA, based on the resources available, Chinese Hospital selects the following 3 main areas as our priorities to address in the next three years.

- 1. *Mental Health***
- 2. *Community Safety and Access to Health***
- 3. *In-Language Health Education***

*See **Table 1** for Summary of Implementation Strategy for the Next 3 Years.

Table 1. Summary of Implementation Strategy for the Next 3 Years

Health Concerns	How will the need be addressed?	When	Who	Current status
Mental Health	a. Promote the system-wide mental/behavioral health services	On-going	G. Yam	<ul style="list-style-type: none"> Case management
	b. Continue to expand culturally and linguistically appropriate educational programs on mental health including video conferencing for support		G. Yam	<ul style="list-style-type: none"> Since 2018, Chinese Hospital and clinics continue to provide psychiatry therapy services.
	c. Expand the outpatient mental health services		J. Cheng	<ul style="list-style-type: none"> CH continues to partner with CCHRC to provide bilingual educational programs through its website and seminars.
			G. Yam	<ul style="list-style-type: none"> Chinese Hospital clinics actively explore collaborations to build a bilingual Mental Health Center in our community.
Community Safety and Access to Health	a. Provide educational programs on raising awareness of community and personal safety along with providing information on community resources		J. Cheng	<ul style="list-style-type: none"> CH continues to partner with CCHRC to provide bilingual educational programs through its website and seminars.
	b. Advocate for a safer community through partnership with local city departments and community organizations		G. Yam & J. Cheng	<ul style="list-style-type: none"> CH and CCHRC will continue to advocate for community safety and health needs concerns.

In-Language Health Education	<p>a. Expand the existing culturally and linguistically appropriate bilingual (English and Chinese) health education programs based on the community concerns</p> <p>b. Deliver health education materials and programs including through website and social media</p>	On-going	<p>J. Cheng</p> <p>G. Yam & J. Cheng</p>	<ul style="list-style-type: none"> CH continues to partner with CCHRC to expand the inventory of culturally and linguistically appropriate materials and linkage to community resources. CH continues to partner with CCHRC to collaborate in efforts in health promotion and community education through CH and CCHRC websites and social media networks.

1. Mental Health

Based on the findings from this qualitative health needs assessment, mental health was among the top concerns. The need for accessible, culturally, and linguistically appropriate mental health information and programs in communities Chinese Hospital serves remained high. To meet these demands, we will continue to expand the Chinese Hospital's programs and services as follow:

a. Promote the system-wide mental/behavioral health services.

Chinese Hospital promotes the mental health services through the communications such as system-wide announcement flyers, newsletters, websites, etc. to the community on a regular basis.

b. Continue to work with our partner, Chinese Community Health Resource Center (CCHRC) to expand culturally and linguistically appropriate educational programs on mental health including video conferencing for support.

Chinese Hospital clinics outpatient mental health program provides outpatient psychiatric and mental health therapy services including video conferencing (WebEx). To increase access to mental health providers, video conferencing will connect patients with their care team remotely. Through the partnership with CCHRC, online seminars on mental health, stress management, and healthy living will continue to be offered to the community free of charge

c. **Expand the outpatient mental health services**

Chinese Hospital clinics are actively exploring collaborations to expand the outpatient mental health services with a future direction of building a bilingual Mental Health Center in our community.

2. Community Safety and Access to Health

Focus group participants identified the need for information on community safety and access to health as one of the top concerns.

a. **Provide educational programs on raising awareness of community and personal safety along with providing information on community resources**

Chinese Hospital will work with CCHRC to continue to provide education seminars on the topic of community safety, stress management, and depression awareness as well as to provide navigation for accessing relevant community resources and information.

b. **Advocate for a safer community through partnership with local City departments and community organization**

Chinese Hospital and CCHRC will participate on community advisory boards to advocate for community safety and ensure access to health.

3. In-Language

Based on the concerns of the unmet needs of culturally and linguistically competent health education information, programs, and services.

a. **Continue to work with CCHRC to expand the bilingual (Chinese & English) health education materials on the health topics of community's concern.**

Chinese Hospital and CCHRC will expand the free bilingual (Chinese & English) health education materials to include the health concerns identified by the focus groups on mental health, community safety, and other health concerns.

b. **Work with our partner, CCHRC to deliver health education materials and programs including through websites and social media.**

Based on the recommendations of using technology to deliver health information, Chinese Hospital will work with CCHRC and will continue to make bilingual

(Chinese & English) educational websites (www.chinesehospital-sf.org and www.cchrhchealth.org). Given the feedback received from the conducted focus groups, WeChat is regularly used within the Chinese community of San Francisco. When able to, we will incorporate WeChat as a tool to inform and engage patients in programs offered by the hospital.

In the COVID-19 era, Chinese Hospital and CCHRC will offer bilingual health education programs and services through websites, culturally appropriate social media (i.e., WeChat), text messages, and online seminars (i.e., Zoom). In-person educational programs and services along with community health events are available for community members who are ready and comfortable to participate.

In the effort to increase access to community resources, trained bilingual patient/community navigators who are from the Chinese immigrant community will assist in navigating existing information and/or resources to serve the community members in need.

SECTION 5:

Evaluation of the 2019 CHNA Implementation Strategy

Based on findings from the 2019 Community Health Needs Assessment, Chinese Hospital adopted an Implementation Strategy to address the needs identified. Below is an evaluation of the work Chinese Hospital has accomplished and the achieved outcomes.

1. Chronic diseases and low screening rates

Strategy A: Expand the existing chronic disease management programs to address chronic conditions that are concerning the Chinese population.

Chinese Hospital Patient-Centered Diabetes Programs continue to offer comprehensive diabetes care to the community with a multidisciplinary approach. Our multidisciplinary team consists of bilingual primary care doctors, an endocrinologist, nurse practitioners, certified diabetes care and education specialists (CDCES), registered dietitians, care coordinators, medical assistants, a podiatrist, and other providers and staff. We also provide American Diabetes Association certified Diabetes Self- Management Education (DSME) to patients and families. The courses are provided in Cantonese, Mandarin, and English, and education materials are bilingual in Chinese and English. The center is also expanding its program to serve the population with prediabetes by adding the bilingual CDC recognized Diabetes Prevention Program.

Chinese Hospital Support Health Services also continues to provide chronic disease management for Chronic Obstructive Pulmonary Disease, Congestive Heart Failure, Hepatitis B, and other chronic diseases.

For safety precautions, preventive health education and services shifted online (i.e. Zoom conferences, phone calls) and all in-person promotional events, such as health fairs with free health screenings were paused from 2020 -2021.

Using multimedia approaches, such as Chinese TV or radio channels, newspapers, and health plan newsletters targeting the Chinese community, for outreach and raising public awareness of preventive health is recommended. Bilingual health education resources need to be made available to the public online, as well as by printed copies to certain populations who have little or no access to the internet.

Strategy B: Promote patient usage of the technology-based patient dashboard system in Chinese Hospital patient rooms to increase patients' access to educational videos on the prevention and management of chronic diseases.

Since August 2019, Chinese Hospital has implemented an interactive patient dashboard in all patient rooms. This dashboard system enables patients to access health education materials, inpatient services, and entertainment during their stay at Chinese Hospital. We aim to increase patients' usage of this dashboard system to access bilingual (Chinese & English) educational videos on the prevention and management of chronic

diseases. To provide patient-centered care, each patient will receive a tailored list of educational videos specific to their needs, which will be selected by their health care team.

In another effort to increase patient access to educational health information, Chinese Hospital continued to include relevant health and community resources in the discharge packet for patients returning home.

Additionally, the Patient Experience Liaison program is another effort to intentionally create a patient-centered environment and to enable positive patient experience. With regular contact with a patient during their stay at the hospital as well as follow up procedures to stay connected after discharge, the aforementioned frequent contacts with our patients allows opportunities to receive insights and feedback regarding their experience as a patient.

Strategy C: Continue to work with our partner, Chinese Community Health Resource Center (CCHRC) to expand the bilingual (Chinese & English) health education materials on chronic diseases and health topics of community's concern.

Chinese Hospital, in collaboration with Chinese Community Health Resource Center (CCHRC), will expand the free bilingual (Chinese & English) health education materials to include the health concerns identified by the focus group on chronic conditions, such as oral disorders, eye health, and chronic pain.

Strategy D: Work with our partner, CCHRC to deliver health education materials and programs including through websites and social media.

Based on the recommendations of using technology to deliver health information, Chinese Hospital will work with CCHRC and continue to expand the bilingual (Chinese & English) educational websites (www.chinesehospital-sf.org and www.cchrhchealth.org). Additionally, Chinese Hospital and CCHRC will explore the use of culturally appropriate social media to deliver health information. Specifically, we will explore the incorporation of WeChat, a free mobile application, in the distribution of health education materials and programs. WeChat is one of the most widely used social media platforms in China and Chinese individuals globally, including Chinese immigrants in the United States (Tencent, 2017). Given the feedback received from the conducted focus groups, WeChat is regularly used within the Chinese community of San Francisco. When able to, we will incorporate WeChat as a tool to inform and engage patients in programs offered by the hospital.

Strategy E: Continue to work with NICOS, and the Chinatown Children's Oral Health Taskforce to address the need for improved children's dental health education and services.

Chinese Hospital continues to work with NICOS, a coalition of community based organizations, and the Chinatown Children's Oral Health Taskforce to address the need for improved children's dental health education and services. Chinese Hospital plans to work with its community partner, the Chinese Community Health Resource Center, to produce further health education material on oral health.

Additional Initiatives on Chronic Diseases

Although the following were not included in the 2019 strategies, Chinese Hospital also spearheaded the following initiatives to address chronic diseases related needs.

Cancer Center

Since 2019, the Chinese Hospital Cancer Center has been positively received by the physician and patient community and, as a result, has grown considerably. Led by an experienced oncologist and medical director, the Cancer Center provides comprehensive and holistic cancer management, including cancer diagnosis, treatment, palliative care, and wellness services. The oncology medical director specializes in the management of targeted therapies, immunotherapies, and standard chemotherapies so patients receive and benefit from the latest medical treatment regimen. The Cancer Center utilizes a multidisciplinary team, patient-centered approach to providing care. When patients seek care at the Cancer Center, they are surrounded by a compassionate care team of infusion nurses, clinical pharmacists, palliative care specialists, nurse practitioners, social workers, radiologists, and other supportive staff who work together to ensure that all of the patient's needs are coordinated and met.

Stroke Program

The collaboration between University of California, San Francisco (UCSF) Neurology and Chinese Hospital aims to improve neurology and stroke care in the Asian community by working together towards establishing a certified stroke center at Chinese Hospital. Under this collaboration, UCSF Neurology provides teleneurology services, where a UCSF neurologist is available 24 hours, 7 days a week to provide video consultation on stroke cases. UCSF also provides medical directorship to guide and educate Chinese Hospital on building a certified stroke program.

National health data indicates that stroke is among the leading causes of death among Asian Americans and of serious long-term disability in the United States. Since every second counts when treating a stroke, Chinese Hospital is working closely with UCSF to ensure that the team is trained and prepared to treat patients as quickly and efficiently as possible. Chinese Hospital is also launching educational campaigns to raise community awareness and recognition of common symptoms associated with a stroke disorder.

Ophthalmology Collaboration

UCSF Ophthalmology, Zuckerberg San Francisco General Hospital, and Chinese Hospital are piloting a cataract surgery program together, bringing ophthalmology physicians and patients to the operating rooms at Chinese Hospital.

Cataract surgery is a procedure to treat cataracts which clouds the lens of the eye and cause blurry vision. The surgeon removes the diseased lens and replaces it with a new lens implant, which helps to improve vision clarity.

This pilot program has proved mutually beneficial for both sides, allowing Chinese Hospital to leverage its surgical space capacity while enabling UCSF physicians to offer increased convenience and appointment access for their San Francisco patients who are often waitlisted. As a result, many more patients are able to receive their surgical care sooner.

2. Palliative care

Focus group participants identified the need for more palliative care educational materials and services as one of the top concerns.

Strategy A: Establish, implement and evaluate an outpatient palliative care program at Chinese Hospital.

The Outpatient Palliative Care program was originally funded with a three-year grant of \$600,000 from the Stupski Foundation, which this year was leveraged with a \$150,000 grant from the Hearst Foundations. Both foundations have been steadfast allies, offering analysis and evaluation resources to track performance and maintain service projections. This outpatient palliative care project included the recruitment and onboarding of a certified palliative care specialist/geriatrician, the development of policies and protocols, the implementation and monitoring of a data tracking system, and its evaluation and improvement. Aging in place, in contrast with institutionalization – is seen by many families as a better solution for chronic or end-of-life care. State-of-the-art Outpatient Palliative Care programs like that offered by Chinese Hospital, pursue goals of symptom management, pain relief, patient comfort, and a focus on quality of life, whether patients face a life-limiting diagnosis or a serious, chronic disease.

Strategy B: Expand bilingual (Chinese & English) educational materials on palliative care.

Chinese Hospital worked with our partner CCHRC to develop bilingual (Chinese & English) educational materials on palliative care/comfort care and an educational video on pain management. Furthermore, CCHRC continued to provide online seminars on advance health care directives and assisted with the completion of the advance health care directives forms throughout the COVID-19 pandemic.

Strategy C: Continue to collaborate with CCHRC to provide education programs and services on advance health care directives as well as provide assistance in form completion.

Chinese Hospital worked closely with CCHRC in continuing to provide education seminars, counseling sessions on the topic of advance health care directives as well as continue to provide service to assist with advance health care directive form completions. Additionally, CCHRC served on the community advisory board for multiple

task forces focused on end-of-life and palliative care initiatives to spearhead collaboration and resources sharing among academic institutes and community organizations.

3. Dementia/Caregiver burden

The focus group participants also identified one of the top concerns was the awareness of dementia and the burden of caregivers providing care for individuals living with dementia.

Strategy: Provide education information and programs on dementia and practical information for providing care to individuals living with dementia

Chinese Hospital will work with CCHRC to develop bilingual (Chinese & English) educational materials and training to raise the awareness of caregiver burden and to provide practical information on symptom recognition and care management for caregivers of individuals living with dementia. Through the community partnerships with the Alzheimer's Association and local community centers, Chinese Hospital and CCHRC provided seminars focused on brain health and Alzheimer's/dementia awareness.

4. Mental health

Strategy A: Promote the system-wide mental/behavioral health services.

Chinese Hospital promoted the mental health services through the communications such as system-wide announcement flyers, newsletters, websites, etc. to the community on a regular basis.

Strategy B: Continue to expand culturally and linguistically appropriate educational programs on mental health including video conferencing for support.

Chinese Hospital clinics outpatient mental health program provided outpatient psychiatric and mental health therapy services including video conferencing (WebEx). To increase the access to mental health providers, video conferencing connected patients with their care team remotely.

***Please refer to Appendix B for the 2019 CHNA Implementation Strategy.**

APPENDIX A: Detailed Summary of 2019 SFHIP CNHA Findings

Overall, SFHIP CHNA finds that health has improved in San Francisco since the last assessment three years ago:

- More San Franciscans have insurance.
- The estimated rate of new HIV infection in San Francisco continues to decrease.
- Life expectancy increased for all San Francisco with the biggest gains seen by Black/African Americans.
- Mortality rates due to lung, colon, and breast cancers and influenza and pneumonia continue to decline.
- The availability of tobacco products has decreased. At 11%, rates of smoking are lower than the HP2020 goal of 12%.
- 2017 had the lowest number of traffic-related fatalities since record keeping began in 1915.

The SFHIP CHNA identifies two foundational issues contributing to local health needs:

- **Racial health inequities**
Health inequities result from both the actions of individuals (health behaviors, biased treatment by health professionals) and from the structural and institutional behaviors that confer health opportunities or burdens based on status.
- **Poverty**
Sufficient income generally confers access to resources that promote health such as good schools, health care, healthy food, safe neighborhoods, time for self-care and the ability to avoid health hazards like air pollution and poor-quality housing conditions.

The SFHIP CHNA identifies five health needs that heavily impact disease and death in San Francisco:

- **Access to coordinated, culturally and linguistically appropriate care and services**
An estimated 3.6% of the population (31,480 residents) still do not have health insurance. Access to services is influenced by location, affordability, hours of operation, and cultural and linguistic appropriateness of health care services.
- **Food security, healthy eating, and active living**
Inadequate nutrition and lack of physical activity contribute to 9 of the leading 15 causes of death in San Francisco including heart failure, stroke, hypertension, diabetes, prostate cancer, colon cancer, Alzheimer's, breast cancer, and lung cancer. Just 2.5 hours of moderate intensity physical activity a week is associated with a gain of approximately 3 years of life.

- **Housing security and an end to homelessness**

Housing stability, quality, safety, and affordability all have very direct and significant impacts on individual and community health. An estimated 24,000 people in San Francisco live in crowded conditions and about 7,500 homeless persons were counted in San Francisco.

- **Safety from violence and trauma**

Violence not only leads to serious mental, physical, and emotional injuries, and potentially, death for the victim, but it also negatively impacts the family and friends of the victim and their community. Persons of color are more likely to live in neighborhoods not perceived to be safe and to be victims of violence and inequitable treatment through the criminal justice system.

- **Social, emotional, and behavioral health**

Presence of mental illness can adversely impact the ability to perform across various facets of life. In San Francisco, the number of hospitalizations among adults due to major depression exceed that of asthma or hypertension.

APPENDIX B: 2019 CHNA Implementation Strategy

Chinese Hospital prioritizes the community health needs based on the inputs from surveyors and availability of resources. The sources of resources include Chinese Hospital and Chinese Community Health Plan operational and capital budget, federal and other grants, and community donations. Among all the community health needs identified, the following four areas are selected as our priorities to address in the next three years based on the importance rated by the surveyors and resources availability:

1. Chronic disease and low screening rates
2. Palliative care
3. Dementia/Caregiver burden
4. Mental health

Table 1. Summary of Implementation Strategy

Health concerns	How will the need be addressed?	When	Who	Current status
1. Chronic diseases and low screening rates	<ol style="list-style-type: none"> 1. Expand the existing chronic disease management programs to address chronic conditions that are concerning the Chinese population 2. Promote patient usage of the technology-based patient dashboard system in Chinese Hospital patient rooms to increase patients' access to educational videos on the prevention and management chronic diseases 3. Work with our partner, Chinese Community Health Resource Center (CCHRC) to develop bilingual (Chinese & English) health education materials on chronic diseases and health topics of community's concern 	Ongoing	G. Yam G. Yam A. Sun A. Sun J. Zhang	<ul style="list-style-type: none"> • Ongoing free one on one diabetes self- management courses provided to diabetes patients • Free or low-cost diabetes prevention program for pre-diabetic patients • In August 2019, the technology-based patient dashboard system in Chinese Hospital patient rooms was implemented • Develop bilingual educational information by CCHRC

	<ol style="list-style-type: none"> 4. Work with our partner, CCHRC to deliver health education materials and programs including through website and social media 5. Continue to work with NICOS, and the Chinatown Children's Oral Health Taskforce to address the need for improved children's dental health education and services. 			<ul style="list-style-type: none"> • Free educational classes offered by CCHRC • Chinese Hospital is working with NICOS and the Chinatown Children's Oral Health Taskforce
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2. Palliative care	<ol style="list-style-type: none"> 1. Establish, implement, and evaluate an outpatient palliative care program at Chinese Hospital 2. Expand bilingual (Chinese & English) educational materials on palliative care 3. Continue to collaborate with CCHRC to provide education programs and services on advance health care directives as well as provide assistance in form completion 	Ongoing	G. Yam G. Yam A. Sun A. Sun	<ul style="list-style-type: none"> • Case management • Provide bilingual health education information on medication management, advance health care directives, end of life and hospice care • Educational seminars/counseling sessions on advance health care directive and assistance service with form completion provided by CCHRC
3. Dementia/ Caregiver burden	Provide education information and programs on dementia and practical information for providing care to individuals living with dementia	Ongoing	G. Yam A. Sun	Continues to provide bilingual health education information, programs, and services to the community

4. Mental Health	<ol style="list-style-type: none"> 1. Promote the system-wide mental/behavioral health services 	Ongoing	G. Yam	<ul style="list-style-type: none"> • Case management • Since 2018, Chinese Hospital
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	2. Continue to expand culturally and linguistically appropriate educational programs on mental health including video conferencing for support		G. Yam A. Sun	clinics provide outpatient psychiatry and mental health therapy services. <ul style="list-style-type: none"> • CCHRC provides bilingual educational programs through its website and seminars
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1. Chronic diseases and low screening rates

Based on the findings from this qualitative health needs assessment, chronic disease and its screenings are among the top concerns. The need for accessible, culturally, and linguistically appropriate chronic disease management programs in communities Chinese Hospital serves remained high. To meet these demands, we will continue to expand the Chinese Hospital's programs and services as follow:

a. Expand the existing chronic disease management programs to address chronic conditions that are concerning the Chinese population

Chinese Hospital Patient-Centered Diabetes Programs continue to offer comprehensive diabetes care to the community with a multidisciplinary approach. Our multidisciplinary team consists of bilingual primary care doctors, an endocrinologist, nurse practitioners, certified diabetes educators, registered dietitians, care coordinators, medical assistants, a podiatrist and other providers and staff. We also provide American Diabetes Association Certified Diabetes Self- Management Education (DSME) to diabetic patients and families. The courses are provided in Cantonese, Mandarin, and English, and education materials are bilingual in Chinese and English. The center is also expanding its program to serve the pre-diabetic population by adding the bilingual CDC recognized Diabetes Prevention Program.

Chinese Hospital Support Health Services also continues to provide chronic disease management for Chronic Obstructive Pulmonary Disease, Congestive Heart Disease, Hepatitis B, and other chronic diseases.

As low health screening rates were among the top concerns identified by the focus group, Chinese Hospital will continue the efforts in improving preventive health education and services. Chinese Hospital will continue to hold promotional events targeting the Chinese population, e.g., community health fairs will continue to be held on a regular basis. These fairs have and will continue to provide free health screenings and bilingual health education materials for those who participate. Free or low-cost fitness classes will be provided to the community at a convenient location and time.

Using multimedia approaches such as Chinese TV or radio channels, newspapers, health plan newsletters targeting the Chinese community, for outreaching and raising public awareness of preventive health is recommended. In addition, Chinese Hospital and CCHRC are developing and expanding its health education programs on preventive screenings, health behavior and healthy lifestyle to address the identified behavioral health concerns, e.g., smoking. Bilingual health education resources need to be made available to the public online, as well as by printed copies to certain populations who have little or no access to the internet.

b. Promote patient usage of the technology-based patient dashboard system in Chinese Hospital patient rooms to increase patients' access to educational videos on the prevention and management of chronic diseases.

Chinese Hospital implemented an interactive patient dashboard in all patient rooms in August 2019. This dashboard system enables patients to access health education materials, inpatient services, and entertainment during their stay at Chinese Hospital. We aim to increase patients' usages of this dashboard to system access bilingual (Chinese & English) educational videos on the prevention and management of chronic diseases. To provide patient-centered care, each patient will receive a tailored list of educational videos specific to their needs, which will be selected by their health care team.

c. Continue to work with our partner, Chinese Community Health Resource Center (CCHRC) to expand the bilingual (Chinese & English) health education materials on chronic diseases and health topics of community's concern.

Chinese Hospital together with Chinese Community Health Resource Center (CCHRC) will expand the free bilingual (Chinese & English) health education materials to include the health concerns identified by the focus group on chronic conditions such as oral disorders, eye health and chronic pain.

d. Work with our partner, CCHRC to deliver health education materials and programs including through websites and social media.

Based on the recommendations of using technology to deliver health information, Chinese Hospital will work with CCHRC will continue to make bilingual (Chinese & English) educational websites (www.chinesehospital-sf.org and www.cchrhchealth.org). Additionally, Chinese Hospital and CCHRC will explore the use of culturally appropriate social media to deliver health information. Specifically, we will explore the incorporation of WeChat, a free mobile application, in the distribution of health education materials and programs. WeChat is one of the most widely used social media platforms in China and Chinese individuals globally, including Chinese immigrants in the United States (Tencent, 2017). Given the feedback received from the conducted focus groups, WeChat is regularly used within the Chinese community of San Francisco. When able to, we will incorporate WeChat as a tool to inform and engage patients in programs offered by the hospital.

e. Continue to work with NICOS, and the Chinatown Children's Oral Health Taskforce to address the need for improved children's dental health education and services.

Chinese Hospital will continue working with NICOS, a coalition of community-based organizations, and the Chinatown Children's Oral Health Taskforce to address the need for improved children's dental health education and services. Chinese Hospital plans to work with its community partner, the Chinese Community Health Resource Center, to produce further health education material on oral health.

2. Palliative care

Focus group participants identified the need for more palliative care educational materials and services as one of the top concerns.

1. Establish, implement, and evaluate an outpatient palliative care program at Chinese Hospital.

Utilizing funds awarded to Chinese Hospital by the Stupski Foundation (2019-2022), the current inpatient palliative care services is being expanded to outpatient services as well. This outpatient palliative care project will include the recruitment and onboarding of a certified palliative care specialist/geriatrician, the development of policies and protocols, the implementation and monitoring of a data tracking system, and its evaluation and improvement.

2. Expand bilingual (Chinese & English) educational materials on palliative care.

Chinese Hospital will work with our partner CCHRC to develop bilingual (Chinese & English) educational materials on palliative care/comfort care and an educational video on pain management.

3. Continue to collaborate with CCHRC to provide education programs and services on advance health care directives as well as provide assistance in form completion.

Chinese Hospital will work with CCHRC will continue to provide education seminars, counseling sessions on the topic of advance health care directives as well as continue to provide service to assist with advance health care directive form completions.

3. Dementia/Caregiver burden

The focus group participants also identified one of the top concerns was the awareness of dementia and the burden of caregivers providing care for individuals living with dementia.

Provide education information and programs on dementia and practical information for providing care to individuals living with dementia

Chinese Hospital will work with CCHRC to develop bilingual (Chinese & English) educational materials and training to raise the awareness of caregiver burden and to provide practical information on symptom recognition and care management for caregivers of individuals living with dementia.

4. Mental health**a. Promote the system-wide mental/behavioral health services.**

Chinese Hospital promotes the mental health services through the communications such as system-wide announcement flyers, newsletters, websites, etc. to the community on a regular basis.

b. Continue to expand culturally and linguistically appropriate educational programs on mental health including video conferencing for support.

Chinese Hospital clinics outpatient mental health program provides outpatient psychiatric and mental health therapy services including video conferencing (WebEx). To increase the access to mental health providers, video conferencing will connect patients with their care team remotely.

APPENDIX C: 2019 Community Health Needs Assessment

Focus Group Question Guide

I. Health Concerns

1. What are the top 5 health concerns/needs you have? And for family/friends?

a. Please rank these concerns/needs in order of importance. Most important as #1, least important as #5.

2. What are the top 5 health concerns/needs for the Chinese Immigrant/American community?

Prompt: Same prompts as above.

a. Please rank these concerns/needs in order of importance. Most important as #1, least important as #5.

3. In your opinion, what needs to be done in the area of [redacted]?

Prompt: raise awareness, educate general public, promote of available services, make service available, increase access to services

Any suggestions or recommended strategies?

Definition: The definition of [redacted] is...

a. Is [redacted] important to you and your family/friends?

i. If yes, why?

ii. If no, why not?

b. Have you or your family/friend used these programs and or services related to [redacted]?

i. If yes, how was your/their experience using these programs and or services?

- If the experience was satisfactory, what went well?

- If the experience was not satisfactory, what can be improved?

ii. If no, why not?

Focus Group Question Guide (Chinese)

2019年社區健康需求評估

小組指南

健康問題

1. 您, 家人和朋友的五大健康問題的需求是什麼？

a. 請按重要性排列這些問題與需求。最重要的是 # 1, 最不重要的是 # 5。

2. 華人移民与美国社區的五大健康問題需求是什麼？

提示：與上述提示相同。

a. 請按重要性排列這些問題與需求。最重要的是 # 1, 最不重要的是 # 5。

3. 在您看來，在這個領域需要做些什麼？

提示：提高認識，教育公眾，推廣現有服務，提供服務，增加對服務的使用

有什麼建議或推薦策略嗎？

定義：_____的定義是.....

a. _____對您,您的家人及朋友很重要嗎？

i. 如果是，為什麼？

ii. 如果不是，為什麼不呢？

b. 您或您的家人及朋友是否使用過與_____相關的程序和/或服務？

i. 如果是，您/他們使用這些程序和/或服務的經歷如何？

• 如果經驗令人滿意，哪些做得好？

• 如果經驗不令人滿意，哪些方面可以改進？

ii. 如果不是，為什麼不呢？

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