



CHINESE HOSPITAL

Chinese Hospital
Supplemental Community Health Needs Assessment

2025



This 2025 Supplemental Community Health Needs Assessment was reviewed and adopted by the Chinese Hospital Board of Trustees on 10/28/2025.

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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.

As the citywide CHNA conducted by the SFHIP is the foundation for each non-profit Hospital's CHNA in San Francisco, this supplemental CHNA was designed to further understand the subpopulation in the San Francisco Chinatown and proximal neighborhoods, 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 unmet needs.

In 2025, Chinese Hospital collected feedback from Chinatown residents to better understand current health needs, barriers to care, and areas where additional support and services are needed.

This assessment includes input from 183 community members living in or connected to San Francisco Chinatown. Surveys were offered in English, Cantonese, and Mandarin, and were administered in-person at properties of the Chinatown Community Development Center (CCDC) as well as made available online.

SECTION 2: 2025 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) Economic Security and Food Access 3) Housing Stability and Homelessness 4) Mental Health, Substance Use, and Community Safety and 5) Healthy Living and Chronic Disease Prevention.

***Please refer to Appendix A for the Detailed Summary of 2025 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 affiliated medical groups.

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 administered through in-person and online digital surveys 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 promotion of these surveys was through our partners at Chinatown Community Development Center and its buildings within their portfolio as well as through our outreach unit's (Chinese Community Health Resource Center) network via

the popular Chinese social media App, WeChat. The survey participants were representing San Francisco Chinatown and 13 different zip codes in and proximal neighborhoods. Namely, 94133, 94108, 94109, 94110, 94112, 94124, 94116, 94118, 94134, 94102, 94103, 94107, and 94132.

A series of (5) in-person survey sessions were convened and an online survey was made available for participants who preferred the digital format. The survey was designed to capture six domains (6), namely, demographic characteristics, access to care, health education & services, mental health & chronic illness, aging, caregiving & support, and community safety & environment of the Chinese-speaking population. The surveys were collected between August 25-October 24, 2025. Survey sessions are held at CCDC (Chinatown Community Development Center) locations and online surveys were made available through a message posting sent to WeChat followers. The survey sessions were led by bilingual (Chinese and English), trained Health Educators and Community Navigator who had 3-10 years of experience in community field work. All, except two, surveys were completed in Chinese, and the sessions were facilitated in Cantonese, the preferred Chinese dialect of the participants. The survey data were anonymous and were entered, cleaned, management, and descriptive analysis were performed.

Survey Participant Demographic Characteristics (N = 183)

Age, Gender, Marital Status, & Housing Type

The average age of respondents was approximately 61 years old, with participants ranging from 21 to 100 years old. Among survey respondents, 77% identified as female, 22% as male, with less than 1% identifying as non-binary or preferring not to disclose. Fifty-five (55%) of respondents were married, 20% were single, 16% were widowed, and 3% were divorced or separated. The majority of respondents (69%) reported living in apartments, followed by 12% in single-family homes, 10% in shared or multi-unit housing, and 6% in other types of housing (e.g., senior or subsidized housing).

Race and Preferred Language

The majority of survey respondents (96%) identified as Chinese, while small percentages identified as Filipino (0.5%), Japanese (0.5%), Korean (0.5%), and Vietnamese (0.5%). Most participants (about 71%) reported Cantonese as their primary language, followed by Taishanese (7%), and Mandarin (5%). A small portion of respondents (6%) reported speaking both Cantonese and Taishanese, and 1% spoke English as their main language.

Birthplace

Most residents surveyed were born in Mainland China (about 89%), showing the community's strong connection to Chinese immigrant roots. Another 6% were born in

Hong Kong, and smaller groups (about 2-3%) came from Vietnam, Taiwan, or the United States. This shows that the majority of respondents are foreign-born, which helps explain the continued importance of Chinese-language health programs and culturally tailored services in our outreach work.

Education Level

The majority of survey respondents had below high school-level education. Twenty-four (24%) completed elementary school, 32% reached middle school, 27% completed high school or equivalent, while only 3.5% held a college or associate degree, and 1% attained a bachelor’s degree or higher. A small number (about 5%) reported having no formal education, and 5% had completed vocational or technical training.

These findings indicate that over 80% of respondents have an education level below high school, underscoring the ongoing need for accessible, plain-language health communication and bilingual educational materials within the Chinatown community.

Income

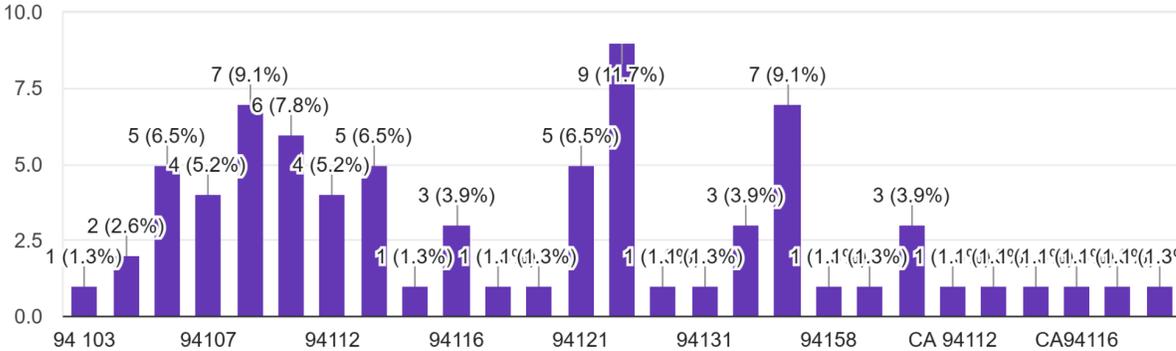
Most survey respondents reported very low household income levels. Seventy-three (73%) of respondents reported earning \$0–\$24,999 per year, 12.5% reported earning \$25,000–\$49,999, 2% reported earning \$50,000–\$74,999, and 12.5% preferred not to disclose their income.

These results show that the majority of respondents live well below San Francisco’s median household income, reflecting persistent economic vulnerability and housing insecurity in the community.

Neighborhoods

6. 郵區號碼:

77 responses



The survey respondents (n=138) represented a wide range of neighborhoods across San Francisco. The majority lived in or near Chinatown and North Beach (94133 and 94108), accounting for nearly 45% of all responses. Other commonly reported zip codes included Tenderloin/Nob Hill (7%), Bayview-Hunters Point (7%), and Visitacion Valley/Portola (6%). Smaller numbers of respondents resided in the Mission Bay/ South of Market area (7%),

Excelsior District (4%), Sunset District (3%), and Richmond District (6%), fifteen percent (15%) of the respondents had a reporting error in providing zip code.

Key Findings

Among 128 respondents, 54.3% reported that they have used Chinese Hospital and/or CCHP services, while 45.7% indicated they have not used these services. Thirty percent (30%) did not answer. This suggests that more than half of community members surveyed have already engaged with the Chinese Hospital Health System, reflecting continued community trust and reliance on its bilingual, bicultural services.

The following were key findings on 1) Chronic condition management, 2) Mental health, 3) Access to service and resources in their preferred language.

1. Mental Health and Emotional Well-Being

Prevalence of Stress:

Among 140 respondents, over 63% reported experiencing some level of stress or mental health issues. Specifically, 12.9% experienced them “often,” and 50.7% “sometimes.” Only 25% reported rarely experiencing stress, and 11.4% said they never experienced it.

This indicates that more than six in ten of respondents face recurring emotional or mental health challenges.

Help-Seeking Behavior:

When asked about seeking help for stress or mental health concerns, among 122 respondents, 32% had considered seeking professional or community-based support, and 48.4% said they might consider it, while 19.7% had not considered seeking help. This demonstrates that while interest in mental health support is growing, nearly one in five residents remain hesitant to reach out.

Preferred Education Topics:

When asked about topics of greatest interest for bilingual health education, 39.4% of respondents selected mental health as one of their top priorities, following aging (48.5%), nutrition (47.7%), and diabetes (47.7%). This reflects a significant community demand for culturally relevant mental health information and stress management resources.

Access to Culturally Sensitive Care:

A majority of respondents (over 80%) reported speaking Cantonese or Mandarin, which underscores the need for linguistically appropriate counseling and wellness programs. Expanding bilingual mental health services (Mandarin/Cantonese) remains essential to address accessibility barriers.

2. Chronic Condition Management

Prevalence of Chronic Illness:

Among 121 respondents, 66.1% reported having one or more chronic conditions, while 33.9% reported none. This means two of every three respondents are living with ongoing health conditions that require regular management and monitoring.

Common Chronic Conditions Reported:

The most frequently reported conditions were: High blood pressure (55.4%); High cholesterol (50.9%); Arthritis or joint problems (51.8%); Diabetes (42%); Heart disease (15.2%); Asthma or other lung disease (7.1%); Cancer (2.7%). These findings suggest cardiometabolic conditions such as high blood pressure, diabetes, and high cholesterol remain major health burdens in Chinatown and surrounding Chinese-speaking communities.

General Health Perception:

Among 152 respondents, 58.6% rated their health as “fair,” 21.7% as “good,” and 15.8% as “poor.” Only 4.6% rated their health as “very good” or “excellent.” This shows that a majority of residents perceive their health as below optimal, likely linked to their chronic disease burden and limited access to preventive services.

Health Education and Self-Management:

Many respondents expressed interest in nutrition (47.7%), diabetes (47.7%), and mental health (39.4%) as preferred topics for bilingual health education programs. This reinforces the need to strengthen community-based disease self-management education, especially around diet, medication adherence, and stress management.

Access and Preventive Gaps:

Findings from prior CHNA strategy sections confirm that low screening rates and limited awareness of preventive care remain challenges for early detection and management. Targeted outreach through Chinese-language media, WeChat, and neighborhood health fairs can help improve screening participation and disease follow-up.

3. Access to Services and Resources in Preferred Language:

Language and Communication Barriers:

When asked about challenges in accessing medical services, 62.3% of respondents cited language or communication barriers as their primary difficulty, making it the most frequently reported barrier. This indicates that despite bilingual resources in San Francisco, language remains a major concern among Chinese-speaking residents.

Ease of Finding a Language-Compatible Provider:

Among 160 respondents, 37.5% said it was very easy and 46.9% said it was somewhat easy to find a doctor who speaks their language. However, 14.4% reported it was difficult, and 1.3% found it very difficult to locate a language-compatible provider.

Utilization of Bilingual Health Providers:

Approximately 70% of respondents reported using services at Chinese Hospital or its affiliated bilingual clinics, underscoring the critical role of Chinese-language healthcare institutions in bridging cultural and linguistic gaps

Need for In-Language Health Information:

Open-ended survey comments emphasized a strong desire for more health education, outreach, and printed materials in Cantonese and Mandarin. Respondents expressed that having health information available in their native language helps them better understand medical advice, follow treatment plans, and feel more comfortable seeking care.

Noteworthy Highlights

Community Voices: Open-ended feedback reinforced the need for more outreach and health education in residents' mother tongues, with comments such as:

“希望社区用母语向我们宣传有关健康的知识” (“We hope the community provides health education in our native language”)

“我听不懂医生说的英文，希望医院有更多讲广东话的医生。”

“I don't understand English well—I hope the hospital has more Cantonese-speaking doctors.”

Perceived Barriers:

Open-ended feedback suggested that stigma, limited awareness, and language barriers continue to discourage mental health discussions. Residents also expressed appreciation for trusted community-based health education and support from the Chinese Hospital and its affiliates.

When asked about seeking help for stress or mental health concerns, among 122 respondents, 32% indicated they had considered seeking professional or community-based support, and 48.4% said they might consider it. About 19.7% had not considered seeking support.

These findings highlight that mental health concerns are prevalent in the community, with many residents experiencing periodic or frequent stress but still showing hesitation in accessing care. The data underscores the importance of increasing mental health education, reducing stigma, and improving awareness of available bilingual mental health services such as those offered by Chinese Hospital and its affiliates.

SECTION 4: Implementation Strategy for the Next 3 Years

Implementation strategy to meet the community needs identified through the 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 and Emotional Well-Being
2. Chronic Condition Management
3. Access to Services and Resources in Preferred Language:

*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 and Emotional Well-Being | <p>a. Continue to expand culturally and linguistically appropriate educational programs on mental health including video conferencing for support</p> <p>b. Expand the outpatient mental health services through partnerships, and integration opportunities through initiatives such as CalHIVE.</p> | On-going | <p>M. Alonso</p> <p>J. Cheng</p> <p>M. Alonso</p> | <ul style="list-style-type: none"> ● Since 2018, the Chinese Hospital and clinics continue to provide psychiatry therapy services. ● CH continues to partner with CCHRC(Chinese Community Health Resource Center) to provide bilingual educational programs through its website, newsletters, and seminars. ● Chinese Hospital clinics Launch Collaborative Care Model (CoCM) to promote integrated behavioral health at primary care clinics. |
| Chronic Condition Management | a. Continue to work with our partner, Chinese Community Health Resource Center (CCHRC) to develop bilingual (Chinese & English) health education materials on chronic | On-going | M. Alonso & J. Cheng | <ul style="list-style-type: none"> ● Continue to develop bilingual education information that is responsive to the community concerns and needs. |

| | | | | |
|--|---|----------|---|---|
| | <p>diseases and health topics of community's concern</p> <p>b. Continue to work with our partner, CCHRC(Chinese Community Health Resource Center) to deliver health education materials and programs including through workshops, website, and social media.</p> <p>c. Host, co-host, and support community health resource fairs to access health education, screening, and resources.</p> | | <p>M. Alonso & J. Cheng</p> <p>M. Alonso & J. Cheng</p> | <ul style="list-style-type: none"> Free educational classes offered by CCHRC (Chinese Community Health Resource Center). Chinese Hospital will continue to work with community partners to conduct free health fair events for the community. |
| Access to Services and Resources in Preferred Language | <p>a. Develop multilingual health campaigns across radio, TV, and print media.</p> <p>b. Grow digital newsletter subscriber base and segment content for seniors, caregivers, and youth audiences.</p> <p>c. Engage with community-based organization partners to broaden outreach to diverse populations</p> | On-going | <p>M. Alonso</p> <p>M. Alonso</p> <p>M. Alonso</p> | <ul style="list-style-type: none"> CH continues to produce culturally tailored radio, TV segments, newsletter publication on chronic disease, mental health, and aging. CH continues to promote the digital venue to deliver information on health education, services, and events. CH continues to build partnership with local organizations to increase access to health information to diverse communities |

SECTION 5: Evaluation of the 2022 CHNA Implementation Strategy Highlights

Based on findings from the 2022 Community Health Needs Assessment, Chinese Hospital adopted an Implementation Strategy to address the needs identified. Below is an evaluation and highlights of the work Chinese Hospital has accomplished and achieved in the area of:

1. Mental Health

Chinese Hospital continues to expand and promote its system-wide mental and behavioral health services through multiple communication channels, including flyers, newsletters, digital platforms, and community workshops. Efforts in 2024 emphasized mental health awareness, caregiver support, and culturally responsive provider education.

To raise awareness about psychosocial and emotional well-being, Chinese Hospital and the Chinese Community Health Resource Center (CCHRC) jointly conducted a series of bilingual online health seminars focused on stress management, depression, and coping with chronic illness, engaging 47 participants. In addition, mental health education materials received over 1,000 page views through CCHRC's web platforms.

The hospital also developed and distributed bilingual newsletters and outreach materials featuring mental health topics, dedicating over 30 staff hours to content creation, translation, and design. These materials were disseminated throughout the Chinese Hospital Health System and shared with community partners such as the Alzheimer's Association, Asian American Research Center on Health, NICOS Chinese Health Coalition, and UCSF's Palliative Care and Cognitive Impairment projects.

Chinese Hospital continued to expand its outpatient behavioral health capacity, adding a psychiatrist to the clinical team and extending telemedicine services to partner sites across the Bay Area. The hospital also actively participated in the CalHIVE Behavioral Health Integration Improvement Collaborative, a three-year initiative led by the California Quality Collaborative, to strengthen behavioral health integration across care settings.

In collaboration with UCSF and the City and County of San Francisco's Palliative Care Workgroup, CCHRC provided bilingual community workshops on palliative care and advance directives, assisting residents in understanding and completing their Advance Health Care Directives.

Together, these initiatives demonstrate Chinese Hospital's ongoing commitment to promoting mental health awareness, expanding culturally and linguistically appropriate behavioral health services, and reducing stigma through continuous education and community engagement.

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 continues to partner with the Chinese Community Health Resource Center (CCHRC) to expand bilingual, culturally sensitive mental health education and outreach.

Through this collaboration:

- Bilingual education programs on mental health, stress management, and healthy living were delivered through webinars, community seminars, and town halls, reaching a broad audience of Chinese-speaking residents.
- Video conferencing (WebEx) and telehealth counseling remain integral to increasing access for patients with limited mobility or transportation barriers, connecting them remotely with their psychiatric care team.
- Digital outreach has been strengthened through newsletters, CCHRC and Chinese Hospital websites, and social media platforms, where bilingual materials are regularly posted to reduce stigma and increase visibility of available services.
- Trained CCHRC navigators and hotline staff continue to provide assistance with healthcare navigation, mental health referrals, and social support resources, ensuring linguistic and cultural alignment for Chinese-speaking patients.
- Cross-program collaboration integrates mental health promotion into chronic disease workshops, encouraging whole-person wellness and addressing comorbidities such as diabetes and depression.

Chinese Hospital also participates in the CalHIVE Behavioral Health Integration Improvement Collaborative, a three-year statewide initiative aimed at improving behavioral health integration across primary care clinics. These efforts strengthen early intervention and coordinated care for patients with mental health needs while promoting culturally competent communication among providers.

Together, these initiatives demonstrate an ongoing commitment to accessible, bilingual, and community-centered mental health services, ensuring patients receive support that is linguistically concordant and culturally respectful.

c. Expand the outpatient mental health services

Chinese Hospital continues to strengthen its Outpatient Mental Health Program, expanding both clinical capacity and accessibility through culturally and linguistically appropriate care. In 2024, the program broadened services to include psychiatric consultations, therapy sessions, and care coordination for Chinese-speaking patients, delivered through both in-person visits and secure video conferencing (WebEx).

To better meet community needs, a psychiatrist was added to the multidisciplinary clinical team, and telemedicine access was extended to several Bay Area partner sites, ensuring continuity of care for patients with limited mobility or transportation barriers. These efforts were guided by participation in the CalHIVE Behavioral Health Integration Improvement Collaborative, a statewide initiative aimed at improving coordination between behavioral and primary care providers.

The hospital also continued exploring partnerships for a potential bilingual Mental Health Center, to build sustainable infrastructure for culturally responsive mental health services. Meanwhile, Chinese Hospital and CCHRC (Chinese Community Health Resource Center) remained active collaborators in community mental health outreach, providing educational seminars, self-care resources, and wellness toolkits through bilingual channels.

These collective initiatives demonstrate Chinese Hospital's long-term commitment to expanding outpatient behavioral health services, integrating mental health into whole-person care, and ensuring access to culturally competent, language-concordant mental health support for the community.

2. 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

Chinese Hospital and the Chinese Community Health Resource Center (CCHRC) continued their commitment to improving community safety and access to health information through bilingual educational initiatives and partnerships with local media and city agencies.

The hospital worked with local ethnic media (TV, radio, and newspapers) to produce culturally tailored programs on COVID-19 prevention, emergency preparedness, and community safety, dedicating more than 700 hours collectively to planning, translation, and dissemination. Health and safety information was also shared through Sing Tao Radio, KTSF Channel 26, and Sing Tao Daily, helping extend outreach to monolingual Cantonese- and Mandarin-speaking residents.

Through its partnership with CCHRC, Chinese Hospital also offered online and in-person safety classes, distributed bilingual flyers on fire and burn prevention, and collaborated with the San Francisco Department of Public Health, San Francisco Department of the Environment, and other city agencies to promote safe, healthy living environments.

In 2024, the Hospital System dedicated substantial resources to community outreach, newsletters, and press conferences to highlight key safety topics, including infectious-disease control, environmental health, and fall prevention for seniors. These activities collectively supported greater awareness of community resources and reinforced the hospital's role as a trusted hub for health and safety education in San Francisco's Chinese-speaking neighborhoods.

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

Chinese Hospital and the Chinese Community Health Resource Center (CCHRC) continued to advocate for a safer, healthier community by partnering with San Francisco city agencies, community-based organizations, and advisory boards that focus on public safety, emergency preparedness, and environmental health.

Through the hospital system's collaboration with agencies such as the San Francisco Department of Public Health (SFDPH), San Francisco Department of the Environment, San Francisco Unified School District, San Francisco Municipal Transportation Agency, and San Francisco Health Improvement Partnership (SFHIP), the hospital helped advance initiatives aimed at reducing health disparities, improving safety, and expanding access to culturally and linguistically appropriate resources.

CCHRC staff actively participated in community advisory boards and workgroups including the Center for Aging in Diverse Communities at UCSF, Asian Alliance for Health, SFCAN, and the Palliative Care Workgroup, ensuring that the needs of the Chinese-speaking community are represented in citywide planning efforts. These collaborations also supported education on fall prevention, chronic disease management, and mental wellness, issues that directly affect safety and health in vulnerable populations.

In addition, Chinese Hospital and CCHRC jointly promoted public service announcements on local Chinese-language media to disseminate safety messages related to infectious disease prevention, environmental hazards, and senior safety awareness. These multi-sector collaborations strengthened the hospital's role as both a health provider and community advocate, ensuring that Chinatown and other Chinese-speaking neighborhoods have equitable access to a safe, informed, and supportive environment.

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 concern.

The Chinese Hospital and the Chinese Community Health Resource Center (CCHRC) continue to expand bilingual health education programs and materials to meet the evolving needs of the Chinese-speaking community.

Together, the hospital and CCHRC (Chinese Community Health Resource Center) developed and distributed bilingual (Chinese and English) newsletters, flyers, and online resources, ensuring that residents can access health information in their preferred language. Educational materials were made available both digitally and in print, reaching community members through the CCHRC website, social media, clinics, and health fairs.

In addition to printed materials, CCHRC (Chinese Community Health Resource Center) hosted online educational sessions and video seminars on mental health, stress management, nutrition, and preventive care. Chinese Hospital's Marketing and Community Outreach teams worked collaboratively to produce radio and TV infomercials, as well as web content in both Chinese and English, broadening accessibility for older adults and limited-English-proficient residents.

This initiative also included close coordination with local partners such as the San Francisco Department of Public Health, Asian Alliance for Health, and NICOS Chinese Health Coalition, ensuring that bilingual messaging remained accurate, culturally appropriate, and widely disseminated.

By strengthening in-language education and communication, Chinese Hospital and CCHRC (Chinese Community Health Resource Center) reaffirm their shared mission to reduce linguistic barriers, promote health equity, and empower Chinese-speaking residents to make informed decisions about their health and wellbeing.

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

Chinese Hospital and the Chinese Community Health Resource Center (CCHRC) continue to expand their digital and social media presence to reach a broader audience with bilingual (Chinese and English) health education resources. Recognizing the importance of technology in connecting with the community, the organizations use a combination of websites, e-newsletters, and social media platforms to share timely, culturally tailored health information.

Both the Chinese Hospital website (www.chinesehospital-sf.org) and CCHRC's website (www.cchrchealth.org) serve as key educational portals, offering a wide range of free health materials including articles, videos, and event announcements in Chinese and English. These resources cover priority topics such as mental health, chronic disease prevention, COVID-19, community safety, and healthy aging.

Building on feedback gathered from focus groups and community partners, CCHRC(Chinese Community Health Resource Center) has also integrated WeChat as a communication channel to connect with the local Chinese-speaking population. This platform has become an essential tool for promoting upcoming events, sharing health education content, and engaging residents in wellness programs.

Through these online efforts, Chinese Hospital and CCHRC ensure that health education remains accessible, linguistically appropriate, and culturally relevant to both seniors and younger digital users. Together, they continue to evolve their outreach strategies to meet the community where they are- online and in-language.

APPENDIX A: Detailed Summary of 2025SFHIP CNHA Findings

The 2025 San Francisco Community Health Needs Assessment (CHNA), led by the San Francisco Health Improvement Partnership (SFHIP), reaffirms the city's ongoing commitment to addressing health inequities through community voice and data-driven collaboration. The assessment, conducted in 2024 and published in June 2025, combined quantitative public-health data with insights from six focus groups and 14 key informant interviews representing diverse neighborhoods and populations across San Francisco. <https://sfhip.org/chna/sf-chna/>

According to the 2025 SFHIP Community Health Needs Assessment, overall health outcomes in San Francisco continue to show improvement: (https://sfhip.org/wp-content/uploads/2025/07/SFHIP-2025-CHNA-Report-FINAL_June-2025.pdf)

- High Insurance Coverage:
San Francisco maintains one of the highest rates of health insurance coverage in California, reducing barriers to care for most residents. (pg 27)
- Long Life Expectancy:
On a range of health, social, and economic indicators, San Francisco is doing better than many other cities.. An example of this is in life expectancy. On average, San Franciscans have a life expectancy of 82.4 years. (pg 20)
- Decline in HIV and Chronic Diseases:
New HIV infections and mortality rates from chronic diseases such as heart disease, stroke, and cancer have declined compared to previous years.
- Increased Preventive Care:
Older adults report greater access to routine checkups, preventive screenings, and vaccinations.
- Reduced Tobacco Use:
Smoking prevalence continues to drop, now below state and national averages, aided by strong citywide tobacco control measures.
- Improved Mental Health Awareness:
Citywide screening and outreach for mental health and substance use have expanded through coordinated behavioral health initiatives.
- Public Health and Safety Gains:
San Francisco continues to report fewer preventable deaths related to infectious diseases and environmental causes, contributing to better overall health outcomes.
- Persistent Health Inequities:
Despite overall progress, disparities remain for low-income, immigrant, and limited-English-proficient residents, particularly in neighborhoods such as Bayview-Hunters Point, Tenderloin, and Visitacion Valley.

The 2025 SFHIP CHNA identifies two foundational issues contributing to local health needs: Equity and Community. (page 12)

https://sfhip.org/wp-content/uploads/2025/07/SFHIP-2025-CHNA-Report-FINAL_June-2025.pdf

- Equity emphasizes fair access to health opportunities for all, supported by inclusive systems and policies. Defined as ensuring everyone can achieve their best possible health regardless of background or circumstance. The report explains that health equity depends not only on individual behavior but also on “broader policies that support fair access to health opportunities.”

- Community recognizes the critical role of social connection, cultural engagement, and collective resilience in achieving citywide health and well-being. Emphasized as essential to health and resilience. It highlights the importance of rebuilding social connections through “inclusive policies and community engagement” to counter isolation and promote a healthier, more equitable San Francisco.

The 2025 SFHIP CHNA identifies three primary health needs that most significantly affect San Franciscans: (page 12)

https://sfhip.org/wp-content/uploads/2025/07/SFHIP-2025-CHNA-Report-FINAL_June-2025.pdf

1. Access to Care: addressing affordability, cultural responsiveness, and service availability, especially for aging and disabled populations. This continues as a top health need. The 2025 report describes it broadly to include aging, culturally responsive services, disability, oral health, and transportation. Access is still affected by affordability, provider availability, and cultural responsiveness, with persistent language and financial barriers for older adults and people with disabilities
2. Behavioral Health: encompassing mental health and substance-use challenges influenced by socioeconomic stressors and limited service access. This expands the 2019 “social, emotional, and behavioral health” category. It now covers both mental health and substance use, highlighting how housing instability, trauma, and cost of living affect emotional well-being and quality of life.
3. Economic Security: covering the intersecting needs of housing, employment, food, and income stability that underpin overall well-being. This combines the 2019 categories “food security, healthy eating, and active living,” “housing security,” and “safety from violence and trauma.” The 2025 report defines economic security as including education, employment, food, housing, and income, each essential for accessing healthcare, transportation, and safe living conditions. It links poverty and high costs of living to health inequities across San Francisco.

APPENDIX B: 2022 CHNA Implementation Strategy

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***

Summary of Implementation Strategy

| Health Concerns | How will the need be addressed? | When | Who | Current status |
|------------------------|--|-------------|------------|-----------------------|
|------------------------|--|-------------|------------|-----------------------|

| | | | | |
|---------------|--|----------|---|--|
| Mental Health | <p>a. Promote the system-wide mental/behavioral health services</p> <p>b. Continue to expand culturally and linguistically appropriate educational programs on mental health including video conferencing for support</p> <p>c. Expand the outpatient mental health services</p> | On-going | <p>G. Yam</p> <p>G. Yam</p> <p>J. Cheng</p> <p>G. Yam</p> | <ul style="list-style-type: none"> ● Case management ● Since 2018, Chinese Hospital and clinics continue to provide psychiatry therapy services. ● CH continues to partner with CCHRC to provide bilingual educational programs through its website and seminars. ● Chinese Hospital clinics actively explore collaborations to build a bilingual Mental Health Center in our community. |
|---------------|--|----------|---|--|

| | | | | |
|--|---|-----------------|--|--|
| <p>Community Safety and Access to Health</p> | <p>a. Provide educational programs on raising awareness of community and personal safety along with providing information on community resources</p> <p>b. Advocate for a safer community through partnership with local city departments and community organizations</p> | | <p>J. Cheng</p> <p>G. Yam & J. Cheng</p> | <ul style="list-style-type: none"> ● CH continues to partner with CCHRC (Chinese Community Health Resource Center) to provide bilingual educational programs through its website and seminars. ● CH and CCHRC (Chinese Community Health Resource Center) will continue to advocate for community safety and health needs concerns. |
| <p>In-Language Health Education</p> | <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> | <p>On-going</p> | <p>J. Cheng</p> <p>G. Yam & J. Cheng</p> | <ul style="list-style-type: none"> ● CH continues to partner with CCHRC (Chinese Community Health Resource Center) 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. |
|--|--|--|--|----------------------------|

APPENDIX C: Survey Question Items of 2025 Supplemental Community Health Needs Assessment

ENGLISH Survey Question Items

2025 Community Health Assessment Survey in San Francisco

Thank you for participating in this community health assessment survey. This survey is designed to collect data on the health and well-being of the San Francisco Chinatown community. Your responses will help Chinese Hospital/Chinese Community Health Plan's understand the community's health needs and how we can better serve you. All responses are confidential.

Section 1: Demographic Characteristics

1. Year of Birth: _____

2. Gender:

- Male
- Female
- Non-Binary
- Prefer not to say
- Other (specify): _____

3. Marital Status:

- Single
- Married
- Divorced/Separated
- Widowed
- Prefer not to say

4. Race (check all that apply):

- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian: _____
- Other: _____

5. Preferred Language:

- Cantonese
- Mandarin
- Toishanese
- Shanghainese
- English
- Other (specify): _____

5. Zip Code: _____

6. Length at this address:

- <1 yr
- 1-5 yrs
- 6-10 yrs
- >10 yrs

7. Housing Type:

- Single Room Occupancy (SRO)
- Apartment/Condo
- Townhouse
- Single-Family Home
- Other: _____

8. Family / Household Structure (check all that apply):

- Live alone
- Live with spouse/partner
- Live with children
- Live with parents
- Live with extended family (grandparents, relatives)
- Other (specify): _____

9. Education Level:

No formal education Elementary school Middle school / Junior high High school / GED Trade school / Vocational program Some college or Associate degree Bachelor's degree or higher

10. Employment:

- Full-time
- Part-time
- Retired
- Seeking
- Prefer not to say

11. Country of Birth: _____

12. Yearly Household Income:

- \$0-24,999
- \$25k-49,999
- \$50k-74,999
- \$75k+
- Prefer not to say

Section 2: Access to Care

13. Do you have health insurance? Yes No Not sure

If yes, what type of insurance do you have? (Select all that apply):

- Medical Insurance (General)
- No Insurance
- Medicare
- Medi-Cal
- SF Health Plan
- CCHP
- CCHP – Covered California
- CCHP – Senior Select/Senior Program
- NEMS
- Blue Cross / Blue Shield
- Kaiser Permanente
- Other (please specify): _____

14. How often do you visit a healthcare provider for check-ups?

- Annually
- Every 2 yrs
- When sick
- Never

15. What challenges make it difficult for you to get medical care when you need it?

(Select all that apply):

- Language / Communication
- Cost / Can't afford care
- Transportation difficulties
- Mobility or disability challenges
- Hours of operation don't fit my schedule
- Work schedule / job responsibilities
- Family caregiving responsibilities (children, elders, etc.)
- Don't know where to go for care
- Other: _____

16. How easy is it to find a doctor who speaks your language?

- Very easy
- Somewhat easy
- Difficult
- Very difficult

17. Chinese Hospital and CCHP has bilingual and bicultural clinicians and staff. Have you used services at Chinese Hospital or its affiliated clinics?

- Yes
- No

If yes, specify: _____

If yes, please check all that apply:

Chinese Hospital – 845 Jackson Street, San Francisco (Main Campus): Emergency Department / Urgent Care

- Inpatient / Hospital Stay Services
- Surgical / Operating Rooms / Same-day surgery
- Radiology / Imaging / Diagnostic Services
- Laboratory / Pathology
- Primary Care / Internal Medicine / Family Medicine
- Specialty Care (Cardiology, Endocrinology, Nephrology, ENT, etc.)
- Cancer / Oncology / Chemotherapy
- Health Education / Wellness / Community Programs
- Other: _____

East West Health Center – 445 Grant Avenue, San Francisco: Acupuncture / Traditional Chinese Medicine (TCM)

- Herbal Medicine / Chinese herbal therapy
- Cupping / Moxibustion / Electro-acupuncture
- Massage / Bodywork (TCM-related)
- Wellness / Holistic care / Integrative services
- Other (please specify): _____

Chinese Hospital Outpatient Center – 386 Gellert Blvd, Daly City:

- Primary Care / Internal Medicine
- Specialty Care (various)
- Laboratory / Diagnostic Services
- Imaging / Radiology
- Health Education / Wellness Programs
- Other: _____

CCHP Member Services – 445 Grant Avenue, San Francisco: Insurance Enrollment & Benefits

Member Services Support Health Education / Outreach Other: _____

Other CCHP service (please specify): _____

18. Have you used services through CCHP?

- Yes
- No

If yes, which services have you used?

- Primary Care
- Specialist Care
- Telehealth
- Pharmacy
- Other: _____

19 .Do you feel that CCHP helps make healthcare more accessible for people in the Chinese community?

- Yes
- Somewhat

- No
- Not sure

20. What should Chinese Hospital and community partners do more to help you get the care you need? (Select all that apply):

- Provide more bilingual health education materials
- Offer more free or low-cost health screenings
- Offer more infectious disease services (e.g., COVID-19 testing, flu shots, vaccinations)
- Increase clinic hours, including evenings/weekends
- Provide more assistance with insurance enrollment and renewal
- Offer more mental health services
- Improve wait times for appointments
- Provide more health education classes (e.g., nutrition, exercise, chronic disease management)
- More community events and outreach in Chinatown
- Other (please specify): _____

Section 3: Health Education & Services

The Chinese Hospital works closely with the Chinese Community Health Plan (CCHP) and the Chinese Community Health Resource Center. Together, we provide bilingual and bicultural health education and services to support the community's health and wellness.

21. Chinese Hospital and CCHP provides bilingual education on many health topics. Which topics are you most interested in learning more about?

- Diabetes
- Stroke
- Hepatitis B
- Mental Health
- Aging
- Nutrition
- Cancer
- Other: _____

22. Chinese Hospital and CCHP share health education through multiple formats. How do you prefer to receive information?

- Flyers
- Classes
- Website
- Ethnic media
- Patient/Member Portal
- Other: _____

23. Is the health information you receive from Chinese Hospital and its affiliated clinics culturally appropriate?

- Yes

- Somewhat
- No

Section 4: Mental Health & Chronic Illness

24. Do you experience stress or mental health concerns?

- Often
- Sometimes
- Rarely
- Never

25. Chinese Hospital offers bilingual support services. Would you consider seeking help for stress or mental health from Chinese Hospital or its affiliated clinics?

- Yes
- Maybe
- No

26. Chinese Hospital provides chronic illness care and management programs. Do you have any chronic health conditions?

- Yes
- No

If yes, please select all that apply (or write in below):

- Diabetes
- High blood pressure / Hypertension
- Heart disease
- High cholesterol
- Asthma or other lung conditions
- Arthritis / Joint problems
- Cancer (current or past)
- Other: _____

27. How would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

Section 5: Aging, Caregiving & Support Chinese Hospital, CCHP and the Chinese Community Health Resource Center (CCHRC) already offer services such as social services / discharge planning, referrals to home care, patient navigation, health education, palliative care, and spiritual support.

We'd like to learn more about the support older adults and caregivers in the community need.

28. Do you or someone in your household provide regular care for an older adult, person with chronic illness, or someone with a disability? Yes No

29. Are you aware of any of the following support or referral services offered by Chinese Hospital / CCHRC / CCHP? (Select all that you have heard of or used): Home care / in-home support referrals (via social services / discharge planning) Palliative / comfort care or advance care planning counseling Spiritual / pastoral care support Patient navigation / case management Health education / seminars / caregiver training None of these / I'm not aware
If yes, which service(s)? _____

30. What additional support would you or caregivers benefit from most? (Select all that apply): Caregiver training / workshops (e.g. medication management, dementia care) Respite / temporary relief care (so caregiver can rest) Better discharge planning / transitions support when a patient leaves the hospital or clinic In-home services (e.g. home safety assessments, assistive devices, personal care) Transportation for older adults to medical appointments or services Support groups / peer groups for caregivers Emotional / spiritual / counseling support for caregivers Telehealth / remote check-ins / home monitoring for seniors More outreach to senior housing / communities Other: _____

31. What challenges do you face (or anticipate) when caring for an older adult or supporting their health needs? (Select all that apply): Time / balancing caregiving with work or family obligations Cost / financial burden Difficulty coordinating multiple services or referrals Lack of information about available services Physical or mobility constraints of the care recipient Emotional stress / burnout Language or cultural barriers Transportation / distance Other:

32. Among the following services, which would most encourage you to use CH / CCHP support more often for aging or caregiver needs? (Select all that apply): More in-home or home-based care or visits Better coordination between hospital, clinic, and home services More caregiver education / training Stronger follow-up after hospital discharge More culturally / linguistically tailored caregiver support More communication via remote / telehealth / phone check-ins More spiritual / counseling support More outreach specifically targeting seniors and caregivers Other:

33. Please share any additional ideas, stories, or suggestions about caregiving, aging, or support services that our community needs:

Section 6: Community Safety & Environment

We want to learn about your thoughts on health, safety, and the environment in your community. Your answers will help Chinese Hospital, CCHP, and our partners plan programs that better serve Chinatown residents.

34. Do you feel safe in your neighborhood?

- Always
- Usually
- Sometimes
- Rarely
- Never

35. What are your main concerns in your neighborhood? (Select all that apply):

- Access to medical care
- COVID-19 testing and vaccination
- Flu shots and other immunizations
- Chronic disease prevention screenings (e.g., diabetes, heart disease, cancer)
- Cancer screenings (breast, cervical, colon, etc.)
- Mental health and stress
- Senior health and fall prevention

Other:

CHINESE Survey Question Items:

2025年舊金山社區健康評估調查

感謝您參與此社區健康評估問卷調查。此問卷旨在收集舊金山華埠社區居民的健康與福祉相關資料。您的回答將有助於東華醫院/華人保健計劃了解社區居民的健康需求，並幫助我們更好地為您服務。所有回覆將保密處理。

第一部分：人口統計

1. 出生年份:_____

2. 性別:

- 男性
- 女性
- 非二元性別
- 不想回答

其他(請註明): _____

3. 婚姻狀況:

單身

已婚

離婚/分居

喪偶

不想回答

4. 種族(選擇所有適用項):

中國人

菲律賓人

日本人

韓國人

越南人

其他亞裔: _____

其他: _____

5. 首選語言:

廣東話

國語

台山話

- 上海話
- 英語
- 其他(請註明): _____

5. 郵區號碼: _____

6. 目前地址居住多久:

- <1 年
- 1-5 年
- 6-10 年
- >10 年

7. 住房類型:

- 散房
- 公寓
- 鎮屋
- 獨立屋
- 其他: _____

8. 家庭/家庭結構(選擇所有適用項):

- 獨居
- 與配偶/伴侶同住
- 與孩子同住

- 與父母同住
- 與大家庭(祖父母、親戚)同住
- 其他(請註明): _____

9. 教育程度:

- 沒有接受過正規教育
- 小學
- 中學/初中
- 高中/普通教育文憑
- 職業學校/職業課程
- 大學或副學士學位
- 學士學位或更高學歷

10. 職業:

- 全職
- 半職
- 退休
- 求職
- 不想回答

11. 出生國家: _____

12. 家庭年收入:

- \$0-24,999
- \$25,000-49,999
- \$50,000-74,999

\$75,000+

不想回答

第 2 部分：獲得護理

13. 你有醫療保險嗎？ 有 沒有 不確定

如果有，您有哪種類型的保險？（選擇所有適用項）：

普通醫療保險

沒有保險

紅藍卡

白卡

三藩市健康計劃

華人保健計劃

華人保健計劃 – 投保加州

華人保健計劃 – 東華耆英計劃

東北

藍十字/藍盾

凱撒醫療集團

其他(請註明): _____

14. 您多久見一次醫生進行身體檢查？

- 每年
- 每兩年
- 生病時
- 從不

15. 當您需要醫療服務時，哪些困難會讓您難以獲得醫療服務？（選擇所有適用項）：

- 語言/溝通
- 費用/無力負擔醫療費用
- 交通不便
- 行動不便或殘疾
- 營業時間不符合我的時間安排
- 工作時間/工作職責
- 家庭照護責任（兒童、老人等）
- 不知道去哪裡接受護理
- 其他：_____

16. 要找到一位能說你的語言的醫生有多容易？

- 非常容易
- 有點容易

- 困難
- 非常困難

17. 東華醫院和華人保健計劃擁有雙語和雙文化的臨床醫生和工作人員。您是否使用過東華醫院或其附設診所的服務？

- 有
- 沒有

如果有請註明: _____

如果有, 請選擇所有適用項:

東華醫院– 845 Jackson Street, San Francisco (Main Campus):

- 急診/緊急護理
- 住院病人/住院服務
- 外科/手術室/當日手術
- 放射科/影像科/診斷服務
- 化驗室/病理學
- 初級保健/內科/家庭科
- 專科護理(心臟科、內分泌科、腎臟科、耳鼻喉科等)
- 癌症/腫瘤科/化療

健康教育/保健/社區計劃

其他: _____

中西醫學門診中心– 445 Grant Avenue, San Francisco:

針灸/中醫 (中草藥療法)

草藥/中草藥療法

拔罐/艾灸/電針

按摩療法/(中草藥療法)

保健/整體護理/綜合服務

其他(請註明): _____

中西醫學門診中心– 386 Gellert Blvd, Daly City:

家庭科/內科

各種專科護理

化驗室/診斷服務

影像/放射科

健康教育/保健計劃

其他: _____

華人保健計劃會員服務中心— 445 Grant Avenue, San Francisco:

- 保險登記及福利
- 會員服務支援
- 健康教育/外展
- 其他: _____

其他華人保健計劃診所或服務(請註明): _____

18. 您是否使用過華人保健計劃提供的服務?

- 有
- 沒有

如果有, 您曾經使用過哪些服務?

- 家庭科
- 專科
- 遠程醫療
- 藥房
- 其他 _____

19. 您是否認為華人保健計劃有助於讓華人社區的居民更容易獲得醫療保健?

- 是
- 有些
- 不是
- 不確定

20. 東華醫院和社區合作夥伴應該採取哪些措施來幫助您獲得所需的護理? (選擇所有適用項):

- 提供更多雙語健康教育資料
- 提供更多免費或廉價的健康檢查
- 提供更多傳染病服務(例如, 新冠病毒檢測、流感疫苗、預防疫苗注射)
- 延長門診時間, 包括晚上/週末
- 為保險登記及續保提供更多協助
- 提供更多心理健康服務
- 改善預約等待時間
- 提供更多的健康教育課程(例如營養、運動、慢性病管理)
- 華埠將舉辦更多社區活動和外展活動
- 其他(請註明)_____

第三部分: 健康教育與服務

東華醫院與華人保健計劃以及華人社區健康資源中心緊密合作, 共同提供雙語且符合文化背景的健康教育和服務, 以支援社區的健康與福祉.

21. 東華醫院和華人保健計劃提供很多健康主題的雙語教育。您最感興趣的主題有哪些?

- 糖尿病
- 中風

- B型肝炎
- 心理健康
- 老齡化
- 營養
- 癌症
- 其他: _____

22. 東華醫院和華人保健計劃透過多種形式分享健康教育。您希望透過哪些方式獲取資訊？

- 傳單
- 課程
- 網站
- 少數族裔媒體
- 華人保健計劃醫療記錄平台
- 其他: _____

23. 您從東華醫院及其附屬診所獲得的健康資訊是否符合當地文化？

- 是
- 有些
- 不是

第四部分：心理健康與慢性疾病

24. 您是否感到壓力或心理健康問題？

- 經常
- 有時
- 很少
- 從不

25. 東華醫院提供雙語支援服務。您是否考慮向東華醫院或其附屬診所尋求壓力或心理健康的協助？

- 是
- 可能
- 不是

26. 東華醫院提供慢性病護理和管理計劃。您有任何慢性疾病嗎？

- 有
- 沒有

如果有，請選擇所有適用項(或在下方填寫)

- 糖尿病
- 高血壓
- 心臟病
- 高膽固醇

- 氣喘或其他肺部疾病
- 關節炎/關節問題
- 癌症(目前或過去)
- 其他: _____

27. 您如何評估自己的整體健康狀況?

- 極好
- 非常好
- 好
- 一般
- 差

第五部分：老齡化、護理與支援

東華醫院、華人保健計劃以及華人社區健康資源中心已經提供以下服務：社會服務/出院規劃、居家護理轉介、患者導航、健康教育、臨終關懷以及心靈支援。

我們希望了解更多有關社區老年人和照護者所需的支援。

28. 您或您的家人是否定期照顧老年人、慢性病患者或殘障人士?

- 是
- 不是

29. 您是否知道以下由東華醫院/華人社區健康資源中心/華人保健計劃提供的支援或轉介服務？(請選擇所有您聽過或使用過的服務)：

- 居家照護/居家支援轉介(透過社會服務/出院規劃)

- 臨終關懷/舒適照護或加州醫療照護事前指示諮詢
- 心靈/宗教關懷支援
- 病患導航/個案管理
- 健康教育/講座/照顧者培訓
- 以上皆無/我不知道

如果有, 哪些服務? _____

30. 您或照顧者最需要哪些額外支援? (選擇所有適用項):

- 照顧者訓練/座談會(例如藥物管理、失智症照護)
- 暫托服務/暫時緩解照護(以便照顧者休息)
- 患者離開醫院或診所後, 提供更完善的出院規劃/過渡支援
- 居家服務(例如居家安全評估、輔助設備、個人照護)
- 長者就診或其他服務的交通支援
- 互助組/護理人員同伴小組
- 為護理人員提供情感/精神/諮詢支援
- 遠程醫療/遠程登記//長者居家健康監測
- 更多針對長者公寓/社區外展服務
- 其他: _____

31. 你在照顧年長者或支援其健康需求時面臨(或預期會面臨)哪些挑戰? (選擇所有適用項):

- 時間/在工作或家庭責任與照護之間取得平衡

- 成本/經濟負擔
- 難以協調多項服務或轉介
- 缺乏有關可用服務的資訊
- 護理對象的身體或行動能力受限
- 情緒壓力/倦怠
- 語言或文化障礙
- 交通/距離問題
- 其他: _____

32. 下列哪一項服務最能鼓勵您更頻繁地使用東華醫院/華人保健計劃支援來滿足老齡化或照顧者的需求？（選擇所有適用項）：

- 更多居家或居家照護或探訪
- 更好地協調醫院、診所和居家服務
- 更多照顧者教育/培訓
- 加強出院後跟進
- 提供更多文化/語言特色的照顧者支援
- 透過遠程/遠程醫療/電話問診進行溝通與追蹤
- 更多精神/諮詢支援
- 更多專門針對長者與照顧者的外展服務
- 其他: _____

33. 請分享任何其他關於我們社區所需的照護、老齡化或支援服務的想法、故事或建議：

第六部分：社區安全與環境

我們想了解您對社區健康、安全和環境的看法。您的答案將有助於東華醫院、華人保健計劃以及我們的合作夥伴更好地服務華埠居民。

34. 您覺得您的社區安全嗎？

- 總是
- 通常
- 有時
- 很少
- 從不

35. 您對社區環境最關心的問題是什麼？（選擇所有適用項）：

- 獲得醫療服務
- 新冠病毒檢測和疫苗接種
- 流感疫苗及其他免疫接種
- 慢性病預防篩檢（如糖尿病、心臟病、癌症）
- 癌症篩檢（乳癌、子宮頸癌、結腸癌等）
- 心理健康與壓力
- 老年人健康與預防跌倒

其他：

References

- 1) 2025 SFHIP CHNA:
https://sfhip.org/wp-content/uploads/2025/07/SFHIP-2025-CHNA-Report-FINAL_June-2025.pdf