

Note: All names, including the name of the medical center (represented here as X Medical Center), have been omitted from this version of the report to preserve confidentiality.

PROGRESS REPORT

on

X Medical Center's Relationship with the Chinese Community

**June 1, 2008
Produced by Gail Terry Grimes**

(Image omitted to preserve confidentiality)

X Medical Center Team
at the Chinese community's
Dragon Boat Festival

“We are committed to giving our Chinese patients, visitors, physicians and friends an experience of healthcare that goes far beyond medicine. Our goal is true cultural competence. We want to blend seamlessly with the other organizations that serve the Chinese community. We want everyone who walks through our doors, calls us on the phone, visits our web site or participates in our programs to feel well served and right at home.”

-- Name of Chief Executive Officer
X Medical Center

TABLE OF CONTENTS

Purpose	3
Introduction.....	3
Alliances Between X Medical Center and Local Chinese Institutions	8
How X Medical Center Serves the Chinese Community.....	8
Women's and Children's Services for the Chinese Community	8
Child Development Center Feeding Clinic.....	9
Addressing Childhood Obesity in the Chinese Community	9
Chinese Language Support	9
Chinese Dishes on the Hospital Menu	10
Pastoral Care and Pastoral Education	10
Integrating Western and Traditional Chinese Medicine	11
Fighting Hepatitis B in the Chinese Community	11
Community Grants and Sponsorships in the Chinese Community	11
Charitable Care for the Chinese Community's Most Needy.....	11
Fighting Cancer in the Chinese Community	12
Fighting Cardiovascular Disease in the Chinese Community.....	12
Taking Care of the Elderly	12
Hospice	13
Psychosocial Support Groups	13
Fruitful Exchanges between X Medical Center and Chinese Health Professionals/Researchers from Asia	14
Planning for Future Generations	14
Giving to Family and Community by Supporting X Medical Center Foundation	14
Summary of Key Challenges and Opportunities	15
Appendices.....	17

*“Whatever endures can be created only gradually,
by long-continued work and careful reflection.”*

--The I Ching

Purpose

This report provides a baseline for understanding and planning around X Medical Center’s relationship with the local Chinese community. It is intended to demonstrate recent progress made by the medical center in addressing the needs of the Chinese community and to identify opportunities for further improvement.

In these pages we describe:

- Relations between X Medical Center and Chinese or Asian/Pacific Islander (A/PI) health and service organizations
- Financial support given by X Medical Center to Chinese (or A/PI) organizations
- Outreach and charitable care initiatives targeted to Chinese constituencies
- X Medical Center departments and programs with a noteworthy Chinese caseload or staff expertise in serving a Chinese constituency
- Efforts made to integrate Western and Eastern medical models
- Efforts made to achieve cultural competence
- Gaps in service, misperceptions, connections, plans, opportunities for improvement, and unanswered questions

The audience for this report is threefold:

- Community leaders, including physicians, that they may better advise the medical center on how best to serve the Chinese community
- X Medical Center managers, that they may see the overall picture more clearly, and thus make more fully informed decisions in their planning and implementation
- Chinese philanthropists, that they may better understand the medical center’s value to their own family and community, its intentions to do good, and their importance to the successful fulfillment of the medical center’s mission.

Introduction

In the mid-1880s, a small group of Caucasian female physicians opened two Western medicine clinics in the city’s Chinatown. These were the same women who, five years earlier, had started (a) hospital, now the Y Campus of X Medical Center. Outsiders to the white-male-dominated healthcare establishment, they were probably the first Westerners

to address the need for healthcare in the city's Chinese community. Those early clinics were an anomaly, however.

Healthcare in the city developed mostly along ethnic lines.

Like the city's other ethnic populations, for many decades Chinese residents always took care of their own, in their own facilities, where they felt the most at ease. Even today, senior physicians can recall a time when Western-trained Chinese doctors felt less than welcome on the medical staffs of the hospitals that would eventually join together as X Medical Center.

Gradually, times changed, and integration came about.

Today, one in four patients of X Medical Center is Asian or Pacific Islander (A/PI), and the majority of these is Chinese. Forty-one percent of X's employees are A/PI. In high-volume departments, between 18 and 38 percent of X physicians are Chinese. And, of the nearly 350 physicians in the (local Chinese physicians' association), three quarters (79 and 76 percent respectively) are also on staff at X Medical Center.

25% of X Medical Center patients are A/PI.		
Inpatients	34,773	25%
Outpatients	490,775	25%
Total	525,548	25%

X is now one of multiple pillars supporting health and social services in the city's Chinese community.

All the major Chinese healthcare institutions in the city have formal working relationships of long standing with X Medical Center. In addition, the medical center's outreach initiatives and financial grants to community organizations benefit the Chinese community more than any other single ethnic group. X is integral to the health and well-being of the city's extended Chinese family.

From the medical center's perspective, progress toward cultural competence has been deliberate, steady and heartfelt. It manifests in patient education materials, way-finding signs, menu choices, interpreter services, and employee training for cultural sensitivity. Feng shui consultation is incorporated into the design of new facilities. The Y Campus, which has the highest percentage of Chinese patients and visitors among X Medical Center's four campuses, has made the greatest progress in all these regards, and what has been accomplished there—in Obstetrics, Neonatology and Pediatrics—is now serving as the model for other X service lines and campuses.

Yet, concerns are still voiced that X Medical Center could and should be doing more for its large Chinese constituency.

X's A/PI staffing is 41% overall but low in some programs.	
Program	% of Staff who are A/PI
Breast Center	13%
Cardiac Rehab	12.5%
Diabetes Services	11%
Labor and Delivery	10%
Cardiac Cath Lab	9.6%
Child Development	5.8%
Telephone Operators	0%

Examples of true cultural competence are still regrettably uneven across the medical center, in some instances dramatically so. X's management and voluntary leadership both remain overwhelmingly Caucasian. Overall, less than 10 percent of the medical staff is Chinese, and there is no Chinese physician or surgeon in more than half the specialties and subspecialties listed on the medical center's web site. Although most hospital units have between 20 and 28 percent A/PI employees, Filipino nurses far outnumber Chinese, and some entire programs fall far short of an appropriate representation, again not by design but because X nurses choose their own assignments and are not rationed by ethnicity.

Some physicians say their Chinese patients, especially those with limited or no English, still have trouble finding their way around the medical center and do not feel entirely understood here. Of greatest concern is this: in programs for preventive care, early detection and psycho-social support, Chinese patients remain under represented, possibly to the detriment of their health status and their recovery from illness or injury. Although X Medical Center has made progress toward cultural competence, especially in recent years, there is evidently still plenty of room for improvement.

In certain respects the Chinese community differs from all other populations served by X Medical Center.

The Chinese community has its own highly developed and entirely autonomous medical system, with its own paradigm, practitioners, facilities and pharmaceuticals. Ironically, X Medical Center was one of the first Western hospitals in the world to acknowledge the value of traditional Chinese medicine. Today, Chinese medicine is not only respected but practiced and taught at X Medical Center, in programs as diverse as stroke rehabilitation and pediatric oncology. Even so, Chinese residents of our city have said it does not occur to them to choose X Medical Center when seeking "traditional" care.

CHINESE NURSES WANTED!

(Proprietary historic photo omitted here.)

Asian nurses were the exception in 1954 when (name of Asian nursing students show in photo) graduated from the training program at what is now X Medical Center.

Today, 41 percent of all registered nurses at X are A/PI, but the majority of these are *not* Chinese. "We see very few Chinese applicants," says Vice President of Nursing (Name omitted).

Challenge and Opportunity:
Should Chinese applicants be more actively recruited to the Nursing staff?

Often mentioned but seldom directly addressed is the assumption that many Chinese Americans distrust Western medicine and Western institutions. Where such feelings exist, they may influence behavior, especially among the least assimilated. Although A/PI residents of our city are the least likely among us to delay seeking some kind of healthcare when they have symptoms, many, it is said, seek *Western* healthcare only after traditional methods have failed. Or, they mix traditional with Western medicinals, or substitute the former for the latter without informing their Western physician, sometimes

with serious negative medical consequences. Even among Chinese Americans who are faithful users of Western healthcare, philosophical differences between the Western and Eastern cultures may foster misgivings.

Chinese giving to X Medical Center Foundation is very low.

In 2006, philanthropic donors with Chinese surnames contributed less than two tenths of one percent of the (Dollar amount omitted) raised by X Medical Center Foundation. Only 39 of the Foundation's nearly 8,000 donors have Chinese surnames, and only

	All Donors	Chinese Donors
Total X Medical Center Foundation donors	7,817	39
Dollars raised in 2006	\$28 million	\$53,505
Donors with cumulative giving of \$100,000 +	457	1

one Chinese donor has made cumulative gifts of \$100,000 or more, compared with 457 donors of other ethnicities who have done so. This difference—between services provided and support reciprocated—is explored in more detail later in this document. For now, suffice to say that something is keeping the Chinese community from fully embracing X Medical Center as part of its extended family. This cannot be good for the community or the institution.

Cultural competence begins with an understanding of the Chinese community's internal diversity.

For health professionals and volunteers at X Medical Center, every encounter with a patient or visitor raises the same question: What can I learn about you to make your experience more positive? When that person is Chinese, the answer probably involves some combination of the following factors, which are presented here not to categorize individuals but rather to shed light on the complexity of individual needs.

LANGUAGE DIFFERENCES. There may be as many as 8,000 different spoken Chinese dialects, roughly classified into Mandarin, Gan, Kejia Hakka, Min, Wu, Xiang and Cantonese. These tend to be mutually unintelligible. Although the standard Chinese language spoken worldwide is Mandarin, the majority of Chinese speakers in the city are Cantonese. There is only one *written* Chinese language, although a debate simmers at X Medical Center as to whether traditional or simplified characters should be used for signage and brochures.

Language is a particular challenge to American born (or American-raised) adults who speak only a few phrases of Cantonese but are responsible for the care of elderly parents who have little or no English. The grown children seldom read much Chinese, and they struggle to interpret for their parents, especially with medical terminology and sensitive personal subjects. X Medical Center personnel must anticipate these challenges by proactively alerting interpreters and by offering written materials in both Chinese *and* English.

ECONOMIC DIFFERENCES. Fully 87 percent of Chinese residents of the city have health insurance, and their median family income (\$67,000) exceeds that of the city overall (\$62,000). However, X medical Center personnel must always remember that the range of economic status within the Chinese community is huge. Many are in great need.

MEDICAL DIFFERENCES. In diagnosing or treating Chinese patients, healthcare professionals more accustomed to working with Caucasians must allow for differences in body weight, drug reactions, diet, lifestyle, and the prevalence or rarity of certain disease conditions.

CULTURAL DIFFERENCES. A villager from Gansu Province has little in common with a Hong Kong businessman, even if they do both now live in our city. Some local Chinese residents have ancestors who came to (our area more than a century ago); others arrived last week. Some are more, some less, assimilated. Some hold doctoral degrees; some have no formal education. Some enjoy positions of stature in America; others are marginalized. Most live somewhere in between. The goal should be to learn what might contribute to an individual's comfort and peace of mind, within *their* life experience.

Challenge and Opportunity: Chinese patients and community leaders report high satisfaction with the quality of X Medical Center's patient care. To excel in cultural competence, however, may require additional training for employees, physicians and volunteers. Is this a priority? Will Chinese philanthropists help provide funding?

Alliances Between X Medical Center and Local Chinese Institutions

(The next several pages of the report describe each of the local Chinese healthcare institutions with which X Medical Center has an alliance. This information is omitted here to preserve confidentiality. We pick up the report again, below, with a description of each of X Medical Center's major services to the Chinese community.)

How X Medical Center Serves the Chinese Community

Women's and Children's Services for the Chinese Community

(Proprietary text omitted.)

Diabetes in Pregnancy Program.

Chinese American women are twice as likely as Caucasians to develop gestational diabetes, a condition that occurs in about 14 percent of pregnancies.¹ With dietary changes and other treatment, most women go on to deliver healthy babies. After the birth, the mother's blood glucose levels may return to normal, but she still has an increased risk of developing type 2 diabetes in the future. Whatever healthy new habits she learns while pregnant, she should continue for the rest of her life.

Chinese women often require extra guidance with their diet. Large portions of rice, sweet sauces and other traditional foods may raise their blood sugar to dangerous levels.¹

# of obstetricians at X	84
# who are Chinese	30 (36%)
% of these who are fluent in one ore more Chinese languages	80%

% of X Medical Center Women's & Children's Patients who are A/PI	
Ante-Partum Testing	40%
Breast Health Center	31%
Gestational Diabetes	45%
Gynecology	39%
Neonatology	39%
Obstetrics	39%
Pediatrics	28%
Pre-Natal Care	40%

Nearly half the 400 patients in X Medical Center's (diabetes education) program are Asian, primarily Chinese. (Proprietary text omitted.)

Chinese Women and Osteoporosis

Conventional wisdom holds that Chinese American women have an elevated risk of this debilitating loss of bone mass, based on three supposed risk factors: Asian ancestry; a thin, small-boned frame; and a low-calcium diet—but X Medical Center researcher (Researcher's Name) , M.D., says the assumptions do not hold up.

Asian women *are* smaller, so they tend to get an osteoporosis diagnosis," Dr. (Name) agrees. "But, that's because the machines we use to scan bone density are biased against small people. Small bones always look a little less dense. If you take that into account,

Challenge and Opportunity: Dr. (Name) suggests drawing on X Medical Center's database of patients for epidemiological studies of health and healthcare in Chinese American women. Is this a possibility? Would Chinese American donors step forward to help?

Chinese women's true bone density is not that different from Caucasians." (Proprietary information omitted.)

Child Development Center Feeding Clinic

Not all babies learn to eat on their own, not if their first nourishment comes from intravenous or tubal feeding. By the time they are toddlers, such children may still not know how to suck or swallow without choking. They don't grow, and their brains can't develop. Any parent or grandparent would fret. In Chinese families, they may also disagree about what to do. (Proprietary information omitted.)

Addressing Childhood Obesity in the Chinese Community

Chinese children tend to have a height-to-weight ratio that elevates their risk of cardiovascular disease. This makes all the more troubling the fact that Chinese American children, eager to join the mainstream and assert their independence from family, have acquired a taste for American burgers, cokes and fries. Chinese parents and grandparents, who recall a time when a large child was a sign of prosperity, may not be motivated to object. Now Chinese community leaders and X Medical Center are working together to fight childhood obesity through its (program names).

Since (Date), X Medical Center's (Childhood Obesity program) has been working with students and teachers in local schools to promote weight control and good health through physical exercise, cooking and nutrition lessons, stress management, and body-image counseling. (Proprietary information omitted.)

Chinese Language Support

According to the U.S. Census, half of all Chinese Americans do not speak English "well or at all" and a third are "linguistically isolated," meaning that no one in their home is fluent in

English. Although patient volume statistics suggest that most of X Medical Center's Chinese patients do speak English, physicians and community leaders see a need for further progress. X Medical Center takes seriously its responsibility to provide seamless communication to all. The following services are now provided:

X Medical Center Patient Volume by Language Preference	# of Patients	% of Total
Total Cantonese Speakers	12,101	3%
Total Mandarin Speakers	1,100	<1%
Total X Patient Volume	417,568	100%

- **Face-to-Face Interpreters.** (Proprietary information omitted.)
- **Telephone Interpreters.** (Proprietary information omitted.)

Anonymous version of a Stakeholder Analysis produced by Gail Terry Grimes for an urban medical center that serves a large Chinese American population.

- **Chinese Patient Relations Phone Line.** (Proprietary information omitted.)
- **Signage.** (Proprietary information omitted.)
- **On the Web.** According to the 2000 U.S. census, two thirds of the nation's A/PI adults have a computer at home. Although this is certainly not true of all local Chinese residents, the X Medical Center web site is there for the majority who do. On the home page (www.X.org) is a link to the medical center's all-Chinese portal, which in turn has links, in Chinese, to: (Proprietary information omitted.)
- **Printed Materials.** (Proprietary information omitted.)

Challenge and Opportunity: Three out of four post-menopausal U.S. women who develop osteoporosis go undiagnosed. . . .Should X Medical Center sponsor an outreach initiative about osteoporosis to reach Chinese women? Would Chinese philanthropists help?

THIS INTERPRETER FEELS BLESSED. (Story and photograph omitted here.)

Chinese Dishes on the Hospital Menu

In (date), (X Medical Center) started offering a menu of Chinese dishes at every meal, with selections chosen in part for their traditional role at the time of a birth. In the campus kitchen, two thirds of the cooks are Chinese. The jook is made fresh every day. Baked goods come from the Chinese-owned (Name) Bakery. Everything else is made to order. There is no extra charge. Since the Chinese menu first appeared, patient satisfaction scores at the Y Campus have risen (Proprietary information omitted.)

Challenge and Opportunity: Although jook (Chinese rice porridge) is available upon request at all X Medical Center campuses, the full Chinese menu is only featured daily at the Y Campus, which has by far the largest number of A/PI patients. Would there be enough interest at the other campuses to warrant a Chinese menu in every X cafeteria and on every patient tray?

Challenge and Opportunity: Not everyone gives the entire Y Campus Chinese menu an unqualified thumbs up. When critics said the entrees were too salty, hospital dieticians cut back on the soy. Others have said the taste is "not the same" as what they eat at home, not as rich...or as salty. Is it possible to please everyone?

Pastoral Care and Pastoral Education

(Proprietary information omitted.)

Challenge and Opportunity: (Proprietary information omitted.)

Integrating Western and Traditional Chinese Medicine

Western and Chinese medicine have long been practiced side by side in China, but in the U.S. this still seldom happens. X Medical Center . . . (Proprietary information omitted.)

Fighting Hepatitis B in the Chinese Community

One hundred and fifty thousand years ago, when humans migrated out of Africa, they took the hepatitis B virus with them to Asia and throughout the world. Globally, the virus has predominantly been passed down from mother to child at birth, one generation to the next, until today an estimated one in 10 Asians, including Asian Americans, carries the virus and has a chronic liver infection from it. . . .

(Additional details about Hep B omitted here for brevity)

(Proprietary information about X Medical Center's response to Hepatitis B omitted.)

X Medical Center's
Financial Assistance
Application in Chinese
(Omitted here)

Challenge and Opportunity: X Medical Center does not have a hepatologist who is Chinese or who speaks a Chinese language. Such a person is hard to find. Is a Chinese specialist vital to the success of any hepatitis B outreach in the local Chinese community? Should X make a greater effort to recruit such a specialist?

Challenge and Opportunity: (Local agencies test and treat local A/PI residents for Hepatitis B) but nowhere near everyone who carries the virus (is being reached.) Will Chinese philanthropists step forward to . . . (Proprietary information omitted.) Will they want to contribute to charitable care, so that every (local Chinese resident) who needs treatment for liver disease will receive it, regardless of economic status?

Community Grants and Sponsorships in the Chinese Community

(Proprietary information omitted.)

Charitable Care for the Chinese Community's Most Needy

Most Chinese residents of our city have some kind of insurance coverage, but thousands do not. X Medical Center has a legal and philosophical obligation to help, but . . . (Proprietary information omitted.) In addition to the program grants described on

previous pages, X directly absorbs the cost of caring for many patients who would otherwise go without. This is done in the following ways:

- **Financial Assistance Program.** (Proprietary information omitted.)
- **Uninsured Patient Discount.** (Proprietary information omitted.)
- **Charitable Care Partnership Grants.** (Proprietary information omitted..)

Fighting Cancer in the Chinese Community

Chinese Americans have good reason to be concerned about cancer. Certain cancers are more prevalent, and more deadly, in the Chinese community than in the general population—not necessarily from genetic predisposition but because Chinese Americans are less likely than others to pursue preventive measures, routine screenings, or treatment before it is too late. For example, (Proprietary information omitted.)

TYPE OF CANCER	HOW CHINESE AMERICANS FARE
Nasopharyngeal	(Data omitted.)
Breast	
Colorectal	
Liver	
Lung	
Stomach	
Prostate	
Invasive Cervical	

At X Medical Center, an ambitious plan is now on the drawing board to . . . (Proprietary information omitted.)

Fighting Cardiovascular Disease in the Chinese Community

Cardiovascular disease is the leading cause of death in Asian/Pacific Islander Americans. . . . Of concern to cardiovascular specialists at X Medical Center is the reluctance of some Chinese patients to accept Western medications and a tendency to mix Western and Chinese treatments. Also of concern are aspects of the traditional Chinese diet, which is sometimes high in sodium, and which may include certain varieties of mushroom that are known to disrupt the activity of blood platelets.

Challenge and Opportunity: (Name of X Medical Center cardiologist) believes more should be done to communicate with patients and physicians about the risks of mixing Western and Eastern medications and that X Medical Center physicians would benefit from a greater understanding of the effects of traditional therapies. Would Chinese philanthropists support these educational efforts?

Taking Care of the Elderly

The average Chinese woman (in this city) lives to be 84.3 years of age, older than any other (local resident). Chinese men too tend to live somewhat longer than the rest of the population. . . . No other segment of the population has more to gain from the partnership

between X Medical Center and the Chinese community. The elderly use more healthcare services, they require more *advanced* medical expertise and technology, and they are more likely to need charitable care than any other group. Because the elderly tend to be less fluent in English and more reliant on cultural traditions, the leaders of X Medical Center are especially grateful to . . . and the other Chinese community organizations that serve them—grateful for their commitment and expertise, and for the guidance they have provided the medical center in its efforts to gain cultural competence.

In addition to the X Medical Center programs and services already described that reach the elderly, these too deserve mention:

- **Alzheimer’s Residential Care.** (Proprietary information omitted.)
- **Geriatric Clinical Nurse Specialist.** (Proprietary information omitted.)
- **Geriatric Nursing Education.** (Proprietary information omitted.)

Challenge and Opportunity: Depression among Chinese-American elders is known to be under-diagnosed and under-treated. Chinese-American women who are 65 or older have three times the suicide rate of Caucasian women. Among women older than 75, the rate is seven times that of Caucasian women. The majority of Chinese suicide victims are foreign born. Older Chinese Americans are less likely than others to communicate their intent to commit suicide. Is the medical center doing enough to address this serious problem? What should be done and what role can or should X Medical Center play?

Hospice

(Proprietary information about X Medical Center’s hospice facility omitted) .

Challenge and Opportunity: There is always a need for more residential hospice beds. Is there sufficient demand in the Chinese community for X Medical Center to sponsor, or perhaps co-sponsor with one or more of its Chinese partners, a branch of (its) Hospice in a neighborhood with a large Chinese population, . . . ? A second hospice is not a X Medical Center funding priority, and no such facility ever breaks even. A suitable building would have to be acquired and renovated, and the annual shortfall would be an estimated \$750,000. Would Chinese philanthropists step forward?

Psychosocial Support Groups

Primarily due to Chinese culture, Chinese residents of our city have historically not been drawn to situations where people share personal information about their health or family life outside of the family. Although Chinese women and men are certainly welcome to join any of X Medical Center’s many support groups, few do. One might think this is because the groups operate in English not Cantonese or Mandarin, but even (a local community clinic), which last year provided outpatient services to 35,000 Chinese

patients, and which is equipped to operate in any Chinese language, has had only limited success in hosting support groups. . . .

Challenge and Opportunity: (Proprietary information omitted.) Is there still an unmet need for psychosocial support among X Medical Center's Chinese constituents and in the Chinese community as a whole? If so, in what service lines? . . . Is the need being met by other organizations? Or, is the whole idea of support groups simply inappropriate for most Chinese Americans?

Fruitful Exchanges between X Medical Center and Chinese Health Professionals/Researchers from Asia

At any given time 10-20 percent of the post-doctoral scientists at X are recruited directly from China. Over the years, exchanges have been numerous in both education and research. For example:

(Proprietary historic research photo and story omitted.)

- (Proprietary information omitted.)

Challenge and Opportunity: (A researcher) at X Medical Center says his colleagues in Beijing and Hong Kong would value a sister relationship with X Medical Center to train Chinese investigators in Western clinical research methods and to collaborate on studies about the impact of emigration to the U.S. on health. Is this viable? Is it fundable?

Planning for Future Generations

X is embarking on an ambitious plan that will greatly benefit the Chinese community. (Proprietary information omitted) No single group of patients will benefit more from (these changes) than the Chinese community. (Proprietary information omitted.).

Giving to Family and Community by Supporting X Medical Center Foundation

Much of what sets X Medical Center apart is the result of generous philanthropic gifts from grateful patients and others who recognize the medical center's value to the community. For example: (Details omitted.)

All these and many other projects that have benefited the Chinese community were either "jump started" with donor dollars or have received donor support along the way. Without this support, these projects *would not be possible*.

Despite the benefits to the Chinese community, Chinese donors to X Foundation are few, and with a handful of deeply appreciated exceptions, their cumulative gifts have been low. Despite the fact that one patient in four at X Medical Center is A/PI, and most of these are Chinese, Chinese philanthropists represent only one third of one percent of all X Medical Center Foundation donors and they contribute less than one tenth of one percent of the total dollars raised(last year).

Friends of the medical center suggest various reasons why this might be so. A shortage of available dollars for giving is probably not one of them. Despite great disparities in wealth among Chinese Americans, as a group their average household income stands 30 percent higher than the national average. Even in our metropolitan region, with its many low-income immigrants, median household income is higher in the Chinese community than in the population as a whole. Here are the possible explanations that have been proposed for this difference in philanthropy:

- Some say Chinese Americans are “just not philanthropic,” yet some of America’s most generous donors have been Chinese, especially for educational institutions and family associations.
- Some say other priorities are more personally meaningful to Chinese philanthropists, yet the birth of a child, the passing of an elderly loved one, a life changed through surgery, a life saved—surely these *are* personally meaningful experiences. . . . A gift to X Foundation is a gift to one’s own family.
- Some say many Chinese Americans “think healthcare should be free.” But it is not free. Insurance reimbursements have not covered hospital costs in the U.S. since the 1960s, if they ever did. Gifts to X Foundation are not for “extras.”
- Some say Chinese patients and their families truly do not feel at home here and therefore do not see the medical center as a deserving recipient for their gifts. If this is the case, then X Medical Center must find out for sure, it must take full responsibility for failing to meet expectations, and it must work harder to earn the trust and respect of the Chinese community.
- Finally, there exists the possibility that few (local) Chinese residents have ever been *asked* to give.

ONE FAMILY’S LEGACY
(Donor story omitted)

Summary of Key Challenges and Opportunities

ACCESS TO CARE. While acknowledging that local Chinese residents are not the only population facing this challenge, Chinese community leaders say this is their top priority. X Medical Center’s charitable care, community grants and other activities make a difference, but are they enough? If broadly defined, access to care must include access to services for prevention, early detection , and psychosocial support. Here the medical

center may have fallen short—not in providing such services but in attracting Chinese individuals to them, especially the indigent, recent immigrants and anyone with limited English. Yet these kinds of services do reduce societal healthcare costs and improve quality of life. What, if anything, should X Medical Center do differently?

LEADERSHIP. X Medical Center will never be seen by leaders of the Chinese community as fully committed to the local Asian population—one in four of its patients—until a higher proportion of its leadership is Asian. Is there a commitment to make this happen?

LANGUAGE SUPPORT. The Chinese language is increasingly well represented in X Medical center’s written and online materials, but what about...

- **SIGNAGE.** What is there about signage at (other medical centers) that causes some (critics) to see them as the standard? Despite major investment, something here is still not working for everyone. What can, or should, X Medical Center do differently?
- **GREETERS.** Some Chinese X Medical Center “insiders” say multi-lingual Chinese receptionists are a must, at least during business hours, but key X Medical Center leaders say this is logistically problematic, too costly and probably unnecessary, given the availability of interpreters. Who is correct? What would it take to provide this and is it needed?

EPIDEMIOLOGICAL RESEARCH. With access to (a large) data pools of Chinese Americans, what more should X Medical Center do to contribute to our understanding of the impact of immigration on health, diseases prevalent in the Chinese community, conflicts between Western and Eastern medical models, the healthcare needs of Chinese Americans? Also, would it be possible to reduce the number of “Unknowns” derived when the ethnicity of data is collected at X Medical Center?

COMMUNICATION. (Name of X Medical Center manager omitted.) says, “Where we may have failed is not adequately communicating what we have done.” If we have indeed made progress toward cultural competency, what more can be done time to spread the word? Is it time for a tour of the facilities for the local Asian press?

PHILANTHROPY. How can colleagues at X Medical Center and the other institutions serving the Chinese community work together to encourage more giving, and more generous giving, so that all these vital institutions thrive, all people are served, and all needs are met?

Appendices

Appendix A: Facts About X Medical Center

MISSION. (Proprietary information omitted.)

SERVICE AREA. (Proprietary information omitted.)

ANNUAL VITAL STATISTICS. (Proprietary data omitted.)

NATIONAL & LOCAL RECOGNITION (Proprietary information omitted.)

Appendix B: (Proprietary information omitted.)

Appendix C: Chinese Representation in X Medical Center Specialties

Ninety-six specialties and subspecialties are represented on the medical staff. Chinese physicians and surgeons are represented in 54 of the 96. There are currently no Chinese specialists in the following areas: (Department names omitted.)

Appendix D: X Medical Staff Asian/Pacific Islander Nursing Staff By Unit (Proprietary data omitted.)

Appendix E: A/PI Patients at X by Department (Proprietary data omitted.)

Appendix F: Community Health Grants/Sponsorships to A/PI Groups (Proprietary data omitted.)

Appendix G: Process for Routing/Assisting Non-English Speaking Incoming Callers to X Medical Center

Note: X Medical Center telephone operators are given the following instructions for assisting non-English-speaking callers. (Proprietary data omitted)

Appendix H: Y Campus Chinese Menus (Proprietary menu omitted)

Appendix I: Ethnic Distribution of X patients (at its multiples campuses) (Proprietary data omitted)
