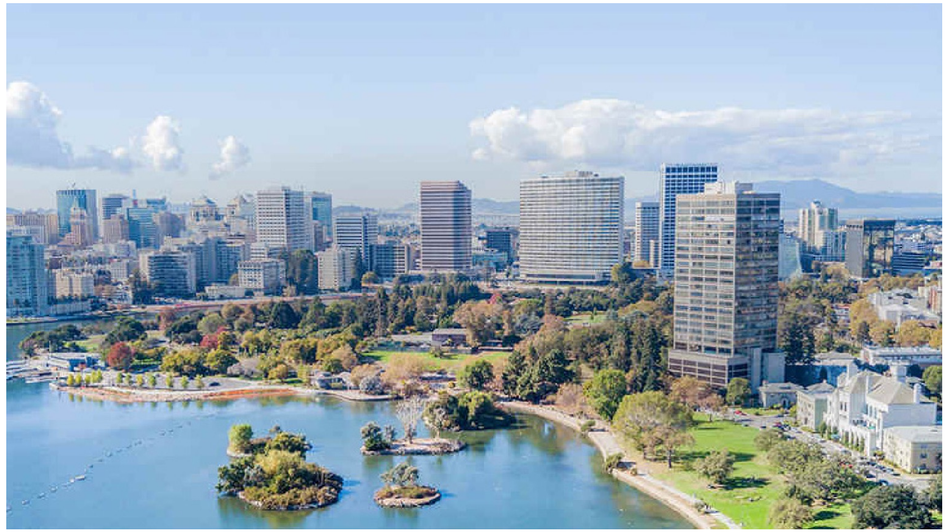
Looking at the Relationship between Race/Ethnicity & Health in Oakland, CA



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Historical Background

Old Oakland. A shopping area during Christimas in historic neighborhood Old Oakland. Its buildings have been remodeled to look like 1870s architecture (VisitOakland, 2020).

History of Racial Health Inequity in Oakland

The issue of the relationship between ethnicity/race and health exists in every community. According to a 2011 health report by PolicyLink, structural racism and segregation is prevalent in almost every city across America. This creates huge gaps in income and education level and affects the way people access healthcare (Bell and Lee, 2011). Racial health disparities are an important obstacle to overcome in the city of Oakland, especially with its highly diverse yet divided communities. For example, Chinatown, a neighborhood that is 79.2% Asian, and the Acorn Projects, a neighborhood that is 62.1% Non-Hispanic Black, both exist within the same city (BARHII, 2008).

This makes it important for city officials and policy makers to consider race/ethnicity when making decisions about healthcare access. Especially since studies have found that there are differences in life expectancy and infant mortality; for example, in the Bay Area, life expectancy is the highest for the Asian population and the lowest for the Black population (BARHII, 2008). In a place that is so ethnically diverse, how does the city accommodate for the different cultural backgrounds when providing different types of healthcare? What racial stigmas and instances of structural racism exist that limit community members from accessing the same level of healthcare? These are all difficult questions that do not have perfect solutions, but nonetheless they cannot be left out when considering the wellbeing of the city.

Black Panther Headquarters. Photo of the Black Panther Central Headquarters located in West Oakland from the 1900s. It was moved to a different location in 1972 (Oakland Museum of CA, n.d.).

Brief History of Oakland

The city of Oakland has an extremely rich and diverse history. Not only is its significance established as the birthplace of Gertrude Stein, Jack London, and the Black Panthers, but Oakland was also greatly impacted by landmark events in the Bay Area, such as the Civil Rights Movement. Since its start as a small town in the 1800s, Oakland has become one of the most ethnically diverse and artistically dense cities in America (Larrainzar et al., n.d.). The 1850s saw the development of Oakland Chinatown when Chinese migrants who were working on building railroads moved from San Francisco following the Opium Wars. The 1950s saw a rise in racism against the historic Black community when White migrants came from the Jim Crow South for better jobs during the Great Migration (Schwarzer, 2019). The settling of different cultures and ethnicities have contributed to making Oakland so diverse and vibrant, but these events have also led to deep racial tensions and xenophobia throughout Oakland's history.

Brief History of Racial Health Inequities in Oakland

The issue of race/ethnicity and health first emerged in Oakland with the Plague Epidemic in the early 1900s. Oakland was one of the cities hardest hit by the epidemic, and the plague was especially rampant in Oakland Chinatown. Many Chinese immigrants were infected, leading to a rise in xenophobia and racism against the Asian community, not unlike the effects of the Coronavirus pandemic today. According to a newspaper article from the *San Francisco Call* in 1900, the Oakland Board of Health ordered a quarantine of Chinatown to prevent the spread of disease, calling it a "nucleus" for the plague (Keat, 1900). The city took other measures as well, including recruiting hunters to kill infected squirrels. However, despite these attempts at controlling the plague, a journal report by the American Medical Association states that a lack of healthcare facilities in Oakland resulted in many people having to be treated at home, making spread of the disease even easier (Young, 2000). At this time, "healthcare" provided by the city for the Chinatown population was nonexistent.

In response to deep-rooted racism and xenophobia, improvements to Asian healthcare access have been spearheaded by independent community and student groups. As shown in a 1977 article from the UCSF student newspaper *Synapse* about Asian Health Week, racial tensions were high in Oakland following the closure of a neighborhood Emergency Center in Chinatown, and the Bakke decision, which constitutionalized affirmative action in the University of California system (The Asian Health Caucus, 1977). It was the establishment of the

Asian Health Services. The Asian Health Services Building located in Chinatown is committed to serve and advocate for the Asian community in regards to healthcare and access (Alameda Health Consortium, 2020).

nonprofit Asian Health Services in 1974 that the level of healthcare accessible to the Asian population began to improve. The *Synapse* documents some of the work of the AHS in 1976, noting its mission to advocate for Asian health (Tong, 1976). However, healthcare was still not fully accessible at the time for Asian immigrants in Oakland, especially due to a language barrier. In 1981, AHS filed a complaint with the Office of Civil Rights against Highland Hospital in Oakland for not having adequate language-translation services, which leads to discrimination against non-native English speakers (AHS, 2017). Since then, AHS has expanded from its humble clinic origins to include dental care, a wide range of language services, and adult education programs aiming to improve access and care for those for whom English is a second language (Tong, 1976) The start and growth of the AHS was a huge milestone and one of the first solutions to the issue of a racial health disparity in Oakland.

However, it is not just the Asian community that faced racial health disparities in Oakland. The Black community, which makes up 24.7% of Oakland, has faced issues regarding healthcare access linked to poverty and a lack of representation in the healthcare field (US Census Bureau, 2010). A 1979 article in the *Synapse* describes the plight of the Coalition to Fight Infant Mortality to push Highland Hospital to hire obstetrics staff that are bilingual and bicultural. At the time, Highland employed only one part-time Black obstetrician, despite the alarmingly high rate of infant deaths in East Oakland in the Black community (Bader, 1979). This discrepancy shows the possible correlation between racial/ethnic representation in the healthcare field and community health. In 1981, Black families were twice as likely as white families to wait over an hour at doctors' offices in East Oakland (Thomas Brom Pacific News Service, 1981). There is also evidence of higher infant and premature death in the Black community (BARHII, 2008). In addition, blatant racism and poverty are causes of psychological stress, another important factor of health (Patrick Glynn Pacific News Service, 1981).

Similar to the establishment of the AHS in the Asian community, improvements to Black healthcare access were made by community groups and members. One notable figure is Dr. Robert Scott who founded a predominantly Black medical practice Critical Care Medical Group in Oakland in 1981 (Thomas Brom Pacific News Service, 1981). With a focus on helping those families neglected by the established healthcare system and providing services through a diverse staff, he sought to remove some of the racial/ethnic boundaries between Black families and healthcare. This, along with the establishment of days such as Black Health Education Day on April 6 by UCSF students, are just some of the efforts made by the community to solve this issue of race/ethnicity and healthcare.

White Coats for Black Lives. Students hold a sign at a White Coats for Black lives rally at the University of California, San Francisco Parnassus Campus. The movement began in 2014 to raise awareness of health disparities and structural racism in the Black community (UCSF Campus News, 2019).

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Magnitude & Extent of the Issue

Highland Hospital. View of Highland Hopsital, the primary trauma center in Alameda County operated by the Alameda Health System. (Alameda Health System, 2017).

Magnitude & Extent of the Issue

With the dismantling of some racist policies and the establishment of core medical groups, racial health inequities may seem like a thing of the past. However, Oakland's racial/ethnic groups still face obstacles today.

Urban Issue in Oakland

In Oakland, Black communities are still more vulnerable with higher rates of asthma and diabetes than other racial/ethnic groups (BondGraham, 2020). Latinx, Black, and Asian groups are also more likely to not have health insurance (BondGraham, 2020). These factors also elevate risk during today's Coronavirus pandemic. To make a modern comparison, the 2009 Swine Flu epidemic affected communities of color harder than white communities (BondGraham, 2020). Inequities in income, housing, and education may all be factors contributing to the decreased level of health in these communities, but it is apparent that a lack of racial/ethnic/cultural diversity in the healthcare field is also an issue. A 2018 field study by a group of doctors and researchers found that being treated by a healthcare provider of the same race/ethnicity improved care and overall health of the patient. The patient was more likely to discuss questions and problems about their health, as well as allow more invasive procedures (Alsan et al., 2018). Clearly, diversity in the workforce is an important factor to healthcare access, and there is a need for further implementation of policies to diversify the healthcare field.

Spatially, the issue of race/ethnicity and health is most prevalent in lower income neighborhoods. Historically, East Oakland and Chinatown both face more racial health disparities due to poverty and a

lower quality of life. Today, things have not changed too much. There is a positive correlation between neighborhood poverty groups and mortality rates in Oakland and a clear contrast in life expectancy after birth for communities in Oakland's high-income versus low-income neighborhoods (Alameda Public Health Department, 2008). While it is true that lower-income neighborhoods face the issue of poor health, when looking at healthcare from a racial/ethnic perspective, it is not mainly a spatial issue. For example, Black populations experience lower health no matter what neighborhood they live in (Alameda Public Health Department, 2008). It appears that certain neighborhoods with a majority of these vulnerable racial/ethnic populations experience the lowest level of health.

1900-1904 Bubonic Plague. A political cartoon in a Chinese language newspaper depicting an experimental plague vaccine (Chung Sai Yat Po, 1900).

2019-2020 Coronavirus Pandemic. The Asian American Commission protests anti-Asian racism in the midst of the Coronavirus pandemic in Boston (Senne, 2020).

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Next Steps?

After looking at the issue of race/ethnicity and healthcare two main points are clear. The first is that racial/ethnic health disparities were and still are very much present in Oakland. Although some strides have been made, we are far from being able to provide access to the same level and amount of healthcare to all community members regardless of race/ethnicity.

There have been many responses to the problem, such as combatting the lack of racial/ethnicity in the healthcare field, breaking the language barrier, and creating awareness of health disparities. However, compared to the severe level of disparity, as evident from data compiled in this report, there is a lack of major plans or policies by the city to address this issue. Although it is difficult to find a solution to the entire problem, this report shows that there is a strong need for the city of Oakland to implement a new strategy to improve healthcare access for certain racial/ethnic groups. Whether it tackles the issue of racial/ethnic diversity in the healthcare workforce or combats instances of structural racism, creation of an official plan/policy would let people know that this is not a small issue and cannot be overlooked.

This report only gave a small glimpse into this urban issue. The problem of race/ethnicity and health is huge, one with many nuances and links to other factors. Further research should be conducted on these links. For example, what relationship is there between race/ethnicity and education level, and how does this affect the kind of healthcare people seek out? How is income related to race/ethnicity, and how does this affect healthcare access? More research should also be done on racism itself. How does structural racism contribute to a community with limited healthcare access? What psychological/mental components contribute to limited healthcare access for certain racial/ethnic groups?

It may also be insightful to research the solutions to these problems. What specific cultural practices have emerged due to racial/ethnic health disparities? Are these practices sustainable? Are the solutions in the community targeting the real source of the urban issue? What is the real source of the issue?

These are all questions that may not lead to any answers. But it is crucial to explore deeper this issue of race/ethnicity and health. Only then will a consciousness of the problem emerge, and this consciousness is necessary to create solutions.

Especially in the global world we live in today, the divisions of race/ethnicity should not be so blatant of an obstacle. Everyone deserves a chance at better health.

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Bibliography

Historical Background

Asian Health Services. (2017). History of AHS. Oakland, CA. Retrieved from https://asianhealthservices.org/history-of-ahs/

Bader, M. (1979, July 12). Second Highest Rate in Nation East Oakland Group Fighting Infant Mortality. Synapse: The UCSF Student Newspaper, Volume 24, Number 1. Retrieved from https://cdnc.ucr.edu/

Bay Area Regional Health Inequities Initiative (BARHII). (2008). Health Inequities in the Bay Area. Bay Area, CA.

Bell, J., & Lee, M. M. (2011). Why Place and Race Matter. PolicyLink. Retrieved from https://www.policylink.org/

Keat, W. (1900, May 30). Board of Health Orders Chinatown Quarantined. San Francisco Call, Volume 87, Number 191. Retrieved from https://cdnc.ucr.edu/

Larrainzar, J., Flynn, D., & Allen, A. (n.d.). Oakland's History of Resistance to Racism. Retrieved from https://www.oaklandca.gov/topics/oaklands-history- of-resistance-to-racism

Patrick Glynn Pacific News Service. (1981, January 29). The Odds Against Young Blacks. Synapse: The UCSF Student Newspaper, Volume 25, Number 15. Retrieved from https://cdnc.ucr.edu/

Schwarzer, M. (2019, May). Privatizing the Public City: Oakland's Lopsided Boom. Retrieved from https://placesjournal.org/

The Asian Health Caucus. (1977, April 14). Asian Health Week Held. Synapse: The UCSF Student Newspaper, Volume 21, Number 23. Retrieved from https://cdnc.ucr.edu/

Thomas Brom Pacific News Service. (1981, January 8). America's Barefoot Doctors: Mid-level Health Workers Bring Care to Inner City. Synapse: The UCSF Student Newspaper, Volume 25, Number 12. Retrieved from https://cdnc.ucr.edu/

Tong, G. (1976, January 15). A Growing Clinic. Synapse: The UCSF Student Newspaper, Volume 20, Number 13. Retrieved from https://cdnc.ucr.edu/

US Census Bureau. (2010). Race and Ethnicity in Oakland, California (City). Retrieved from https://statisticalatlas.com/place/California/Oakland/Race- and-Ethnicity

Young, R. K. (Ed.). (2000). A Piece of My Mind: A New Collection of Essays from Jama, the Journal of the American Medical Association. Chicago, IL: AMA Press.

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Alsan, M., Garrick, O., & Graziani, G. (2019). Does Diversity Matter for Health? Experimental Evidence from Oakland. American Economic Review, 109(12), 4071–4111. doi: 10.1257/aer.20181446

BondGraham, D. (2020, April 9). Will the Coronavirus Hit Oakland's Communities of Color Harder? Berkeleyside. Retrieved from https://www. berkeleyside.com/

The Alameda County Public Health Department. (2008). Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County. Retrieved from http://www.acphd.org/

Image Citations

Cover

"Spotlight: Oakland." VisitCalifornia. (n.d.). Retrieved from https://www.visitcalifornia.com/destination/spotlight-oakland

Historical Background

"Old Oakland." VisitOakland. (2020). Retrieved from https://www.visitoakland.com/things-to-do/ neighborhoods/old-oakland/

"Black Panther Headquarters." Oakland Museum of CA. (n.d.). Retrieved from https://www.visitoakland.com/blog/post/black-panther-party/

Asian Health Services." Alameda Health Consortium. (2020). Retrieved from https://www.alamedahealthconsortium.org/health-center/asian- health-services/

"White Coats for Black Lives." UCSF Student News. (2019). Retrieved from https://www.ucsf.edu/news/2019/12/416126/five-years-later-white-coats- black-lives-die-continues-create-change

Chapter 4: Magnitude & Extent of Urban Issue

"Highland Hospital." Alameda Health System. (2017). Retrieved from http://www.alamedahealthsystem.org/ highland-hospital-named-east-bays-first-adult-level-1-trauma-center/

"1900-1904 Bubonic Plague." Chung Sai Yat Po. (1900). Retrieved from http://books.google.com/books?id=sFg7AAAAIAAJ&pg=PA844#v=onepage &q&f=false

"2019-2020 Coronavirus Pandemic." Senne. (2020). Retrieved from https://news.berkeley.edu/2020/04/09/racist-harassment-of-asian-health- care-workers-wont-cure-coronavirus/

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