



Impacts of COVID & Anti-Asian Racism on Older Chinese Immigrants Living in Low-Income Housing in San Francisco, CA: A Qualitative Study

Judy You Rong Tan, PhD

Associate Professor, Division of Population Sciences, Cedars-Sinai

February 20, 2025

COVID-19 Inequities in San Francisco Bay Area: Income and Race/Ethnicity

- ◇ COVID-19 pandemic provides a unique opportunity to study racial inequities in health.
- ◇ San Francisco Bay Area is the 12th largest metropolitan statistical area in the US
 - ◇ ~ approximately 7.7 million inhabitants (2020 US Census)
 - ◇ 36% Whites, 6% Blacks, 28% Asians, 24% Hispanics, and 6% other (2020 US Census)
- ◇ Marked income inequality: 11-fold income difference between households in 90th and 10th income percentiles, 1/3 of households characterized as very low income
 - ◇ Very low-income group in SF Bay Area is also racially and ethnically diverse (35% Hispanic, 25% Asian, 26% White, and 10% Black)

COVID-19 Inequities in San Francisco Bay Area: Income and Race/Ethnicity

- ◆ Minoritized communities were more exposed due to over-representation in the low-wage, essential workforce at the front lines, inability to physically distance
- ◆ Low-income housing, multigenerational households
 - ◆ Chinese-Americans, Japanese-Americans, and Filipino-Americans are more likely than their white counterparts to live in three-generational households
 - ◆ 43% of AAPIs provide support to elderly family members, compared with 19% of white Americans.

Wang, D., Gee, G. C., Bahiru, E., Yang, E. H., & Hsu, J. J. (2020). Asian-Americans and Pacific Islanders in COVID-19: emerging disparities amid discrimination. *Journal of general internal medicine*, 35, 3685-3688.



COVID-19 and Older, Low-Income Chinese Immigrant Communities in San Francisco



Older Asian American immigrants are more likely to be poor, have fewer assets and are less likely to own a home and vehicle than older white and Hispanic/Latinx immigrants

Older Asian immigrants are economically worse off than their U.S.-born Asian counterparts

U.S.-born vs. immigrant-born wealth gap is the largest of any racial/ethnic group

COVID-19 Inequities in San Francisco Bay Area: Anti-Asian Racism

- ❖ Racism targeting Asian Americans surged beginning 2020 (Haynes, 2020).
- ❖ Not the first time
 - ❖ Bubonic plague, San Francisco, 1900, public health officials quarantined Chinese residents in Chinatown (Barde, 2004).
 - ❖ East Asians across the globe experienced stigmatization during the SARS outbreak of 2002-2004 (Eichelberger, 2007).
- ❖ Underreporting of hate crimes
 - ❖ Inconsistencies in anti-Asian hate crime data

When Chinese Americans Were Blamed for 19th-Century Epidemics, They Built Their Own Hospital

The Chinese Hospital in San Francisco is still one-of-a-kind.



In 1933, Minnie Sun worked as a nurse in the baby ward of the Chinese Hospital. Bruce Lee would be born there seven years later. Bettmann / Contributor

California's first Chinese immigrants arrived at a tumultuous time. From the 1860s to the early 1900s, a raft of epidemics, from smallpox to cholera, ravaged the San Francisco Bay Area, and especially Chinatown. Lacking scientific

Tessler, H., Choi, M., & Kao, G. (2020). The anxiety of being Asian American: Hate crimes and negative biases during the COVID-19 pandemic. *American Journal of Criminal Justice*, 45, 636-646.

Gover, A. R., Harper, S. B., & Langton, L. (2020). Anti-Asian hate crime during the COVID-19 pandemic: Exploring the reproduction of inequality. *American journal of criminal justice*, 45, 647-667.

COVID-19 and Older, Low-Income Chinese Immigrant Communities in San Francisco



- ◊ Exacerbation of risks and disparities in COVID-related outcomes
 - ◊ Low-income housing – single-room occupancy
 - ◊ Inability to physically distance
 - ◊ Neighborhood, *mental health*, social isolation
 - ◊ Barriers to care, prevention
 - ◊ Language
 - ◊ Fear of going outside
- ◊ Experiences with *health* care during COVID-19 pandemic

METHODS

Community Partner

NICOS Chinese Health Coalition, founded in 1985 when 5 of the largest health care orgs in SF Chinatown joined forces, “is a public-private-community partnership of more than 30 health and human service organizations. The mission of NICOS is to enhance the health and well-being of San Francisco’ Chinese community. NICOS fulfills its mission through advocacy, research, training, coalition-building and program implementation.”



Recruitment

- ◇ Purposive sampling
- ◇ Individual, one-on-one interviews
 - ◇ Chinese immigrants 55 years or older, living in low-income housing in San Francisco, Bay Area
- ◇ Focus groups
 - ◇ Health care and service providers that serve this community

Eligibility Criteria

- ◆ One-on-one interviews
 - ◆ Age 55 or older immigrant of Chinese descent
 - ◆ Lives in low-income housing in San Francisco, CA
 - ◆ Willing and able to provide informed consent
- ◆ Provider focus groups
 - ◆ Currently works in health care setting serving older Chinese immigrants living in low-income housing

Interview & Focus Group Guides

Experiences with accessing care, preventive services during and after COVID-19

- ◆ Current health
- ◆ COVID-19 health, social impacts, access to services, resources
 - ◆ Sources of information
 - ◆ Western vs. Eastern medicine
 - ◆ Fear of going out - reasons
- ◆ Immigration experiences, family relationships
- ◆ Health and health care needs of this patient group
 - ◆ Impacts of COVID-19
 - ◆ Sources of barriers, sources of strength/resilience
 - ◆ Sources of health information
- ◆ Impacts of anti-Asian racism

Analysis Approach

◇ Framework analysis approach

1. Familiarization
2. Inductive coding
3. Development of a framework
4. Indexing
5. Mapping and charting
6. Interpretation and conclusion

◇ Saturation

FINDINGS

Chinese Immigrant Low-Income Housing years ago

$n = 12$

10 women, 2 men

$M_{age} = 67.0$ years,

Conducted Nov –

COVID-19 cases in San Francisco

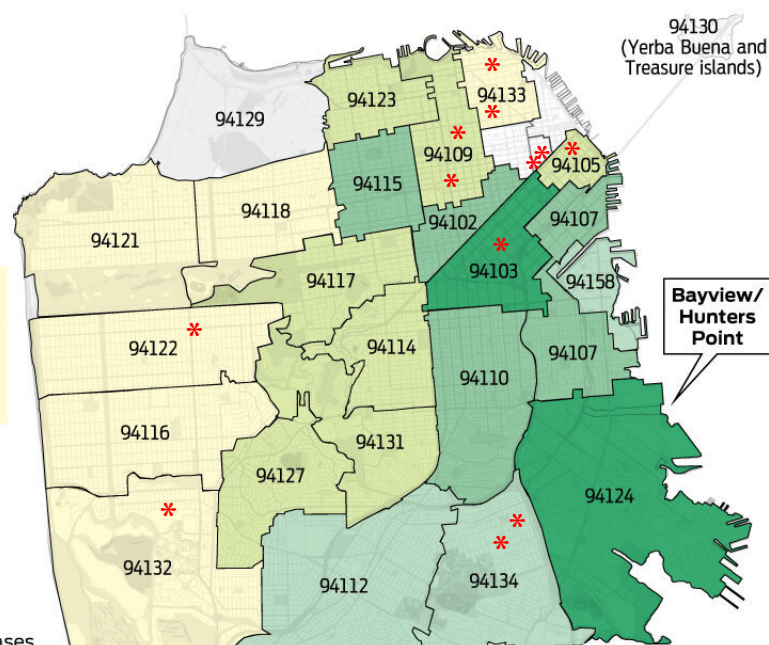
As of May 8.

Cases per 10,000 residents
by Zip Code

ZIP Code	Rate	ZIP Code	Rate	ZIP Code	Rate
94103	46.31	94105	19.54	94122	8.48
94124	41.42	94131	15.49	94121	7.79
94107	38.44	94109	15.37	94118	7.48
94110	38.38	94117	11.01	94116	6.29
94102	33.51	94123	11	94111	*
94115	32.73	94114	11	94104	*
94158	27.49	94127	10.9	94108	*
94112	27.06	94133	9.28	94129	*
94134	25.77	94132	8.99	94130	*

* Fewer than 10 cases

ID #	Gender	Age	"Are you of Chinese descent?"	SRO Occupancy	Preferred dialect	How did you hear about the research?	Zip Code
1	Woman	65	Yes	Yes	Cantonese	Friend	94103



94134
94105
94122
94132
94133
94108
94108
94133
94109
94109
94134

Themes

- ◇ $n = 12$, Nov – Dec 2022
- ◇ Economics, immigration higher on hierarchy of needs/concern than COVID
- ◇ Many lived alone or with spouse/partner, not with children
- ◇ While some encountered typical barriers to care, others rather savvy at navigating
 - ◇ Careful, vigilant, but did not deter from going out for medical appointments
 - ◇ Skeptical of information through social media like WeChat, turned to credible sources (e.g., KTSF news channel 26, Chinese radio station)
- ◇ Trusted Western medicine more for treatment (of COVID), trusted Eastern medicine more for prevention
- ◇ Masking no big deal, always wore

Health Care & Service Providers

n = 9

8 women, 1 man

ID	Gender	Age Range	Organization	Occupation/ Position Title	How long at current position?	Est. % Served Older Chinese Immigrant
2	Woman	50-59	Chinatown North Beach Mental Health Service (CTNB)	Clinic Director	5 years	100%
3	Woman	40-49	Chinatown North Beach Mental Health Service (CTNB)	Mental Health Intern	7 months	100%
4	Woman	30-39	Newcomers CONNECT Program & Community and Home Injury Prevention Program (CHIPPS) - (SFDPH)	Health Worker II	3 Years	100%
5	Woman	20-29	San Mateo Dept. of Human Service Agency	Trial Welfare Program Analyst	9 months	30%
6	Woman	70-79	University of California - San Francisco	Clinical Research Assistant & Translator	10+ years	100%
9	Woman	30-39	City of San Francisco	Social Worker	2 years	45%
10	Woman	20-29	Asian and Pacific Islander American Health Forum	Program Manager	1.5 years	10%
11	Woman	40-49	Southwest Community Corporation	Program Coordinator	4 years	10%
13	Man	20-29	Adult Day Services- Self-Help for the Elderly	Activity Coordinator	2 years	40%

Themes

- ◆ Contrast with interview findings
 - ◆ Self-selection bias, self-presentation bias
 - ◆ Perceived greater barriers to care, more needs or new needs post-COVID for this group
- ◆ COVID “definitely still a concern” for older Chinese immigrants
 - ◆ Concern for safety
 - ◆ Anti-Asian racism
 - ◆ Neighborhood safety
 - ◆ Community in the SRO senior housing vs. individual houses with family
 - ◆ Role of family – a double-edged sword
- ◆ Mental health needs are dire
 - ◆ Immigration trauma, poverty, differences
 - ◆ Mental health needs manifesting in physical symptoms, e.g., insomnia
 - ◆ Persistent social isolation after 3 years

“ How are we [providers] going to build up the trust again? People have been isolated for so long, and the scam calls [are something] new...because they know people are not going out anymore. [Senior folks] don't have other supports in the community. So, sometimes even when I am calling my clients to schedule [appointments], they do not pick up my calls, or just having a hard time for them to trust me that I am from [institution name]. So I have to make multiple calls to prove my identity. I have to build up trust and with my clients [all over] again.”

- Health Worker, San Francisco Department of Public Health

COVID-19 and the changes that came with it are forcing health care and social workers to have to rebuild trust among low-income, older Chinese immigrant patients/clients.

Discussion

Preliminary Thoughts



COVID-19 and Older, Low-Income Chinese Immigrant Communities in San Francisco

- ◇ Barriers to care are multifactorial given immigration, geographic location, housing, social changes since COVID-19
 - ◇ Glimpses of resilience
 - ◇ Housing community
 - ◇ Role of family
 - ◇ Social media, digital literacy
- ◇ Mental health needs may be unmet

Acknowledgments

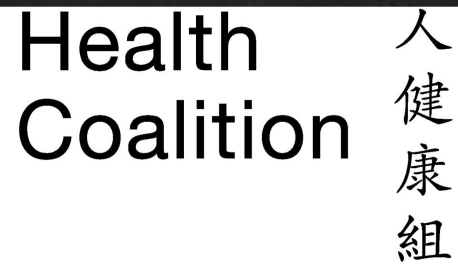


UCSF ARCH

Mentors:

Janice Tsoh, PhD

Tung Nguyen, MD



NICOS Chinese Health Coalition

Kent Woo, Executive Director

Michael Liao, MSW, Director, Programs

Iris Quach, Program Coordinator



Participants

Older Chinese immigrants living in SF low-income housing, and the health care workers who serve them.