

How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's  
Chinatown: Examining The Historical, Social and Global Upstream Influencers

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**Abstract**

A comparison of the San Francisco Chinese Hospital's Community Health Needs Assessment (CHNA) from the year 2019 to 2022 reveals striking transformations in top-reported community health concerns in San Francisco Chinatown during the COVID-19 Pandemic. The survey reports skyrocketing mentions of mental health, community safety, and linguistically appropriate health information. These concerns emerged as pressing unmet needs during the pandemic. The spread of the COVID-19 virus alone is not enough to explain these shifts, rather, the sudden change in community health needs highlights the interrelationship between the health of the individual and their environment. Major changes in social stigma, politics, and communication had a direct impact on health during the pandemic. This literature review synthesizes recent literature to uncover how the influence of historical, social, and global factors during COVID-19 catalyzed these shifts in health priorities among a vulnerable population. I argue that historical scapegoating, exclusionary policies, anti-Asian ethnic violence, and novel health communication framed and contributed to the greater concerns in safety, mental health, and in-language education, reiterating the embeddedness of health in the social sphere.

## **Introduction**

### **a. What is Community Health?**

Community health examines the health and well-being of a specific population defined by background, culture, or other shared traits. Communities throughout the U.S. experienced significant changes in their health needs during the pandemic, including Chinatowns.

December 12, 2019, marked the first case of SARS-CoV-2—the beginning of a three-year-long global pandemic. However, the health and social effects of the pandemic were not evenly distributed, with marginalized groups facing disproportionate challenges. The presence of mass hysteria, lockdowns, and overburdened healthcare facilities exposed deeply-rooted disparities in health.

San Francisco Chinatown is home to the second-largest Chinese American community in the U.S. with a history spanning over 100 years,<sup>1</sup> a testament to the community's resilience and solidarity. However, this community faced unique vulnerabilities during the pandemic due to factors such as high population density, low income, limited English proficiency, single-room occupancies, and preexisting health disparities.

This study focuses on how events during the COVID-19 pandemic have impacted and shifted community health needs toward safety, mental health, and language access, reinforcing the need to look at social determinants of health. This literature review highlights the impacts of medical scapegoating, anti-Asian ethnic violence, international tensions, and shifts in health communication impacting the findings from the Chinese Hospital's 2022 Community Health Needs Assessment. Understanding these evolving needs is paramount to creating tailored, culturally and linguistically appropriate health services to better serve this community.

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<sup>1</sup> "Chinatown | San Francisco General Plan," San Francisco Planning Department.

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

Ultimately, this paper highlights the need for an expanded view of health beyond the individual, one which places value in sociocultural and historical factors in addition to biological factors, using the COVID-19 pandemic as a case study.

**b. Chinese Hospital Community Health Needs Assessment**

Serving the Chinese community in San Francisco for the past ninety-nine years, the Chinese Hospital is located in the heart of San Francisco's Chinatown. It conducts a Community Health Needs Assessment (CHNA) every three years and provides a nuanced look into the specific concerns of its patient population. Through a series of focus groups in participants' preferred language of Cantonese, the Chinese Hospital's CHNA asks participants to list their top five health concerns. The majority of participants reside near or in Chinatown.<sup>2</sup> In 2019, a year before the pandemic, the top three concerns, recorded in the percentage of respondents who mentioned it, were dementia/caregiver burden (41%), palliative care (44%), and chronic diseases and health screenings (74%).<sup>3</sup> However, participants did not mention these concerns in the following report three years later during the pandemic. The top three health concerns in 2022 were instead replaced with concerns of mental health (44%), community safety and access to health (37%), and in-language health education (37%).<sup>4</sup> The disease mechanism of COVID-19 alone is not enough to explain these larger changes. Instead, the 2022 CHNA suggests the influence of larger social dynamics at play. This paper situates the changes in health needs towards greater linguistic services, mental health care, and community safety within the context of sociocultural and historical events during and leading up to the pandemic.

**Othering and Mental Health**

**a. Historical San Francisco's Chinatown and Medical Scapegoating**

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<sup>2</sup> "Chinese Hospital Community Health Needs Assessment 2019," Chinese Hospital, 2019,

<sup>3</sup> "Chinese Hospital Community Health Needs Assessment 2019"

<sup>4</sup> "Chinese Hospital Community Health Needs Assessment 2022," Chinese Hospital, 2022.

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

The origins of San Francisco's Chinatown can be traced back to the California Gold Rush beginning in 1848, which drew thousands of Chinese immigrants to California in search of economic opportunities.<sup>5</sup> Initially, Chinese immigrants were well-received but relations soured as the Gold Rush waned and anti-Chinese sentiment grew. In the 1860s, the U.S. passed a series of discriminatory ordinances that aimed to exclude Chinese immigrants from naturalization and access to health. The result of exclusionary policies had systemic impacts on Chinatown's community health, limiting wealth accumulation, housing, and occupation.

San Francisco's Chinatown was a scapegoat for epidemics, a continuing theme seen across many different minority communities. Scapegoating was used to justify healthcare inequities with only a select number of Chinese patients admitted into state health facilities.<sup>6</sup> The miasmatic theory of disease was used to further tie disease to the location of Chinatown, claiming foul air was produced by the ethnic enclave. Trauner writes, "the medical argument [of the 19th century], that the Chinese, ignoring all laws of hygiene and sanitation, bred and disseminated disease, thereby endangering the welfare of the state and of the nation."<sup>7</sup> San Francisco's Chinatown was the subject of stigma and racist health practices, being blamed as the source of disease. The community became the ubiquitous scapegoat for outbreaks, vices, and misfortune in San Francisco. Even today, medical scapegoating of Chinese Americans persists during the COVID-19 pandemic. Being phrased as the "Chinese Virus" by former United States President Trump, the COVID-19 pandemic further exemplifies the continued stigma of Chinese Americans as a racial contagion and source of disease.<sup>8</sup> Medical scapegoating is not merely a

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<sup>5</sup> Christopher Lee Yip, *San Francisco's Chinatown: An Architectural and Urban History* (1985).

<sup>6</sup> Joan B. Trauner, "The Chinese as Medical Scapegoats in San Francisco, 1870-1905," *California History* 57, no. 1 (April 1, 1978): 70-87, <https://doi.org/10.2307/25157817>.

<sup>7</sup> Ibid.

<sup>8</sup> Ayubi, M. Solahudin Al, Kalyana Almira Benedicta, Shafa Auli Ramadhanti, and Fatimah Az Zahra. "The Chinatown and The Rise of Ethnical Violence During Pandemic in the US: The Responses of International Cultural and Social Policy." *AEGIS: Journal of International Relations* 6, no. 2 (November 30, 2022).

trope used in the past; it permeates into anti-Asian rhetoric and aggressive international policies in modern day. It is a backdrop that influences the themes seen today, cascading into the events during the pandemic. Medical scapegoating during the pandemic fueled anti-Asian ethnic violence and racism, directly affecting community safety. This stigma is especially harmful to the Chinese community, fueling exclusionary and racist practices as well as dehumanizing community members.

**b. “Yellow Peril,” the Model Minority Myth, and Othering**

The pandemic marked a shift in problematic Asian American stereotypes from model minority to racial contagion. Both harmful labels may have had significant impacts on stress, mental health, and sense of belonging. Even more, the shifting verbiage was a stark reminder of Asian Americans' conditional status as scapegoats in times of strife and as standards in times of convenience.<sup>9</sup>

At the turn of the twentieth century, “yellow peril” marked the status of Asian Americans as threats, vectors of disease, and a nuisance needing to be eradicated.<sup>10</sup> Blamed for economic insecurity and an excuse for American imperialism, the status of Asian Americans was deemed by the motives of institutional powers. The Civil Rights Movement transformed the stereotype of Asian Americans from enemies of the nation to a monolithic, successful, and passive model minority for institutions to discredit the struggles of other minority communities and those within the AANHPI community.<sup>11</sup> During the pandemic, the fear and finger-pointing toward Asian Americans marked the revival of yellow peril xenophobia and the perception of Asian

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<sup>9</sup> Yao Li and Harvey L. Nicholson, “When ‘Model Minorities’ Become ‘Yellow Peril’—Othering and the Racialization of Asian Americans in the COVID-19 Pandemic,” *Sociology Compass* 15, no. 2 (February 2021): e12849, <https://doi.org/10.1111/soc4.12849>.

<sup>10</sup> Lin Wu and Nhu Nguyen, “From Yellow Peril to Model Minority and Back to Yellow Peril,” *AERA Open* 8 (January 1, 2022): 23328584211067796, <https://doi.org/10.1177/23328584211067796>.

<sup>11</sup> Lisa Sun-Hee Park, “Continuing Significance of the Model Minority Myth: The Second Generation,” *Social Justice* 35, no. 2 (112) (2008): 134–44.

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

Americans as an alien evil.<sup>12</sup> The alternating labels of “yellow peril” and model minority furthered ingrained the conditional, revokable, and labile status of Asian minorities. Both the model minority and yellow peril inscribe the narrative of an out-group, Asian Americans are the “other”, either as a second-class citizen dependent on docile behavior or a foreign, evil “other.” These two labels position Asian Americans as “perpetual foreigners,”<sup>13</sup> a status reinforced by the pandemic. For the community of Chinatown, which has been historically marginalized, the experience of exclusion and isolation during the pandemic may have been particularly traumatic. Additionally, the labeling and othering of the Chinatown community fostered further disconnect with the broader population. The rhetoric used to target Asian Americans during the pandemic had direct consequences on worsening mental health, stress, and social anomie.

**c. Race-Based Stress and Mental Health**

Racism as a chronic stressor and contributor to negative health outcomes has often been overlooked in psychiatric diagnoses. For instance, chronic experiences of race-based stress and trauma do not meet the requirements for PTSD based on the current diagnoses.<sup>14</sup> However, chronic experiences of racism have significant impacts on mental health. A qualitative analysis of anti-Asian incidence reports during COVID-19 identified five stigmatizing narratives that contributed to race-based stress and trauma of Asian Americans: “Pathologizing Cultural practices,” “Alien in One’s Own Land,” “Invalidation of Interethnic Differences,” “Ascription of Diseased Status,” and “Duality of Frontline Hero and Virus Carrier.”<sup>15</sup> While these themes were not limited to pandemic times, intensified anti-Asian rhetoric amplified emotions of fear,

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<sup>12</sup> Li and Nicholson, “When ‘Model Minorities’ Become ‘Yellow Peril’—Othering and the Racialization of Asian Americans in the COVID-19 Pandemic.”

<sup>13</sup> Ibid.

<sup>14</sup> Joyce P. Yang, Emily R. Nhan, and Elizabeth L. Tung, “COVID-19 Anti-Asian Racism and Race-Based Stress: A Phenomenological Qualitative Media Analysis,” *Psychological Trauma: Theory, Research, Practice, and Policy* 14, no. 8 (November 2022): 1374–82, <https://doi.org/10.1037/tra0001131>.

<sup>15</sup> Ibid.

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

avoidance, and distressing memories.<sup>16</sup> A study found statistically significant higher scores of racial trauma and PTSD among Asian-identifying individuals who experienced COVID-19 discrimination compared to those who did not.<sup>17</sup> Thus, othering and labeling of Asian Americans in San Francisco Chinatown can be understood as a contributing factor to the greater need for mental health support in the Chinatown community.

Additionally, targeting speech degraded one's sense of self, belonging, and identity. Coupled with outward global challenges, Chinatown community members had to rediscover their sense of identity in a politically hostile environment.

**d. Public Health Policies and “Double Unbelonging”**

Several years before the COVID-19 pandemic, US-China relations had already begun to sour with levied tariffs on Chinese imports and China's tit-for-tat retaliation practices. The Trade War between the U.S. and China—stemming from the U.S. urge to decrease foreign reliance and strengthen the U.S. economy—resulted in the othering of China.<sup>18</sup> Similar to rhetoric produced in the past, scapegoating during the U.S. economic downturn placed China at the center of economic blame. The origin of COVID-19 being in Wuhan, China created further opportunities to blame China for domestic strife.<sup>19</sup> One study found that U.S. citizens who solely blamed the Chinese government for the pandemic in the U.S. were more likely to support aggressive policies against China, such as confrontational military actions and economic sanctions.<sup>20</sup> This suggests a

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<sup>16</sup> Ibid.

<sup>17</sup> Joyce P. Yang, Quyen A. Do, Emily R. Nhan, and Jessica A. Chen, “A Mixed-Methods Study of Race-Based Stress and Trauma Affecting Asian Americans During COVID,” *Clinical Psychological Science*, July 11, 2023, 21677026231180810, <https://doi.org/10.1177/21677026231180810>.

<sup>18</sup> Brandon M. Boylan, Jerry McBeath, and Bo Wang, “US–China Relations: Nationalism, the Trade War, and COVID-19,” *Fudan Journal of the Humanities and Social Sciences* 14, no. 1 (March 1, 2021): 23–40, <https://doi.org/10.1007/s40647-020-00302-6>.

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<sup>19</sup> Ibid.

<sup>20</sup> Hsuan-Yu Lin, “COVID-19 and American Attitudes toward U.S.-China Disputes,” *Journal of Chinese Political Science* 26, no. 1 (March 1, 2021): 139–68, <https://doi.org/10.1007/s11366-020-09718-z>.

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

relationship between the pandemic and worsening US-China foreign relations. For the Chinese community in San Francisco Chinatown, this may have been particularly stressful, balancing two identities that were seemingly at odds with each other.

“Double un-belonging” refers to the sense of disconnect from one’s country of immigration as well as one’s home country.<sup>21</sup> During the pandemic, Chinese people faced a greater sense of “double un-belonging”, experiencing social exclusion and emotional estrangement from both the U.S. and China. The pandemic revealed that even small actions, such as wearing a mask, could lead to alienation. Before mask mandates in the U.S., face masks were almost exclusively worn by those who were sick, despite the norm of mask wearing in China. A lack of cultural understanding meant that healthy Chinese Americans wearing masks were immediately ascribed to be sick, perpetuating racial blaming of the pandemic.<sup>22</sup> By practicing measures that were encouraged in China and discouraged in the U.S., Chinese Americans experienced frustration and alienation from their local communities due to a divergence of oneself and the dominant culture. By the time new mandates were established for wearing masks in the U.S., some Chinese immigrants already felt betrayed by local health authorities,<sup>23</sup> even furthering the disconnect. This feeling was not exclusively towards the U.S.—Chinese immigrants also experienced isolation from their home country. Those who wanted to return to China could not due to travel restrictions, and those who expressed disdain towards Chinese public health policies were often met with social isolation, being excommunicated by relatives in China.<sup>24</sup> “Double un-belonging” provides insight into the mental health challenges of identity,

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<sup>21</sup> Zhipeng Gao, “Unsettled Belongings: Chinese Immigrants’ Mental Health Vulnerability as a Symptom of International Politics in the COVID-19 Pandemic,” *Journal of Humanistic Psychology* 61, no. 2 (March 1, 2021): 198–218, <https://doi.org/10.1177/0022167820980620>.

<sup>22</sup> Ibid.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

belonging, agency, and depression that Chinese immigrants experienced during the COVID-19 pandemic.

## **Anti-Asian Ethnic Violence and Safety**

### **a. Statistics and Public Safety**

Anti-Asian hate during the pandemic resulted from the culmination of historical rhetoric and current apprehension. Stop AAPI Hate—a national coalition built on advancing AAPI racial justice created during the rise of COVID-19-related anti-Asian racism—collected and analyzed 11,409 unique hate acts throughout 2020-2022. This included verbal harassment, physical harm or contact, institutional discrimination, and property harm.<sup>25</sup> During the first two months of the pandemic, over a quarter of the 1,843 reports at the time referenced “China” or “Chinese.”<sup>26</sup> Content analysis revealed that of these 502 reports, the majority of hate acts blamed Chinese people for the spread of COVID-19. One report from Stop AAPI Hate stated that they “Overheard in [a] public restroom, ‘Thank God, no Chinese children were at soccer practice to infect others.’”<sup>27</sup> revealing the continued stigma of Chinese Americans as a racial contagion. In San Francisco alone, the SF Police Department reported an increase of 567% in anti-AAPI hate crimes between 2020 and 2021,<sup>28</sup>. Such a dramatic uptick warranted concerns about local safety

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<sup>25</sup> Stephanie Chan and Becca Bastron, "Community Report to Stop AAPI Hate | 2020-2022 Key Findings," accessed December 30, 2023, <https://stopaapihate.org/wp-content/uploads/2023/10/23-SAH-TaxonomyReport-KeyFindings-F.pdf>.

<sup>26</sup> Mellissa Borja, Russell Jeung, Aggie Yellow Horse, Jacob Gibson, Sarah Gowing, Nelson Lin, Amelia Navins, and Emahlia Power, "Anti-Chinese Rhetoric Tied to Racism against Asian Americans Stop AAPI Hate Report," accessed December 30, 2023, <https://stopaapihate.org/wp-content/uploads/2021/04/Stop-AAPI-Hate-Report-Anti-China-Rhetoric-200617.pdf>.

<sup>27</sup> Ibid.

<sup>28</sup> “2021 Preliminary Hate Crime Statistics in San Francisco,” San Francisco Police Department Media Relations Unit, <https://assets1.cbsnewsstatic.com/i/cbslocal/wp-content/uploads/sites/15116056/2022/01/2021-Hate-Crime-Victim-Demographics-Final.pdf>.

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

for immigrant residents. Fear-driven motives sparked exclusion, discrimination, and violence, particularly targeting those presumed to be Chinese.

Racial prejudice also increased during the start of the pandemic. One study found an association between a rise in online searches of “Chinese people eat bats,”—a search closely related to the pandemic—and “Chinese people eat dogs,” an anti-Chinese rhetoric that had no direct relation to the pandemic.<sup>29</sup> The study suggested that during the upward trend in pandemic-related searches, anti-Chinese searches spiked as well. The continued relevance of race and disease in motivating racist ideology is particularly concerning as a theme that is neither exclusive to the COVID-19 pandemic nor exclusive to the Chinese community.

With a large population of Chinese descent, San Francisco's Chinatown was the target of many attacks. Famous murals were vandalized,<sup>30</sup> business owners robbed,<sup>31</sup> elderly grandparents attacked.<sup>32</sup> The complex relationship with city police posed an additional challenge to achieving community safety in San Francisco Chinatown. With only 12 San Francisco police officers of Chinese descent and eight Cantonese-certified officers, 68% of Chinese immigrants surveyed in San Francisco experienced a communication barrier when interacting with the police.<sup>33</sup> Elevated crime, along with barriers working with the San Francisco police, opened a need for further actions toward community safety in San Francisco Chinatown during the pandemic.

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<sup>29</sup> Justin T. Huang, Masha Krupenkin, David Rothschild, and Julia Lee Cunningham, “The Cost of Anti-Asian Racism during the COVID-19 Pandemic,” *Nature Human Behaviour* 7, no. 5 (May 1, 2023): 682–95, <https://doi.org/10.1038/s41562-022-01493-6>.

<sup>30</sup> Sergio Quintana, “Mural in San Francisco Chinatown Defaced by Taggers,” *NBC Bay Area (blog)*, May 6, 2022, <https://www.nbcbayarea.com/news/local/mural-in-san-franciscos-chinatown-defaced-by-taggers/2883940/>.

<sup>31</sup> Gia Vang, “Business Owners in San Francisco Chinatown Address Recent Spike in Crime,” *NBC Bay Area (blog)*, August 13, 2022, <https://www.nbcbayarea.com/news/local/business-owners-san-francisco-chinatown-crime/2976552/>.

<sup>32</sup> [Author name], “Suspect Arrested in SF Stabbing of 2 Asian Seniors, Police Investigating Attack for Racial Bias,” *KQED*, May 6, 2021.

<sup>33</sup> Doris C. Chu and Linda S.J. Hung, “Chinese Immigrants’ Attitudes toward the Police in San Francisco,” *Policing: An International Journal of Police Strategies & Management* 33, no. 4 (January 1, 2010): 621–43, <https://doi.org/10.1108/13639511011085051>.

## **Novel Health Communication and Language**

### **a. Rise of Telehealth and Mass Health Communication**

With social distancing and precautionary measures against COVID-19, many healthcare providers shifted towards remote options. According to the Centers for Disease Control and Prevention, telehealth use increased by 154% in March 2020 compared to 2019.<sup>34</sup> The rise of telehealth medicine was a reflection of the needs during the pandemic. However, telehealth services that were originally meant to increase access to care were inaccessible to those with limited English proficiency (LEP).<sup>35</sup> A study found that patients in California with LEP were half as likely to use telehealth services compared to patients proficient in English, and Asian patients had 76% less odds of telehealth use compared to their White counterparts.<sup>36</sup> The study indicated language being a major barrier to telehealth access. The lack of language options for a quintessential health service meant linguistically diverse communities such as Chinatowns had less access to primary and preventative care during the pandemic.

Additionally, novel health information and revised public health guidelines further created a disproportionate burden on non-English-speaking communities. Accurate, reliable, and timely information was crucial for navigating around changes in health care plans, services, and innovations. However, English-centric communication efforts often neglected and excluded linguistic minorities,<sup>37</sup> meaning individuals with LEP could not access the same timely and

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<sup>34</sup> Lisa M. Koonin, Brooke Hoots, Clarisse Tsang, Zanie Leroy, and Kevin Farris, "Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020," *MMWR. Morbidity and Mortality Weekly Report* 69 (2020), <https://doi.org/10.15585/mmwr.mm6943a3>.

<sup>35</sup> Kris Pui Kwan Ma, Adrian Matias Bacong, Simona C. Kwon, Stella S. Yi, and Lan N. Đoàn, "The Impact of Structural Inequities on Older Asian Americans During COVID-19," *Frontiers in Public Health* 9 (2021).

<sup>36</sup> Jorge A. Rodriguez, Altaf Saadi, Lee H. Schwamm, David W. Bates, and Lipika Samal, "Disparities In Telehealth Use Among California Patients With Limited English Proficiency," *Health Affairs* 40, no. 3 (March 2021): 487–95, <https://doi.org/10.1377/hlthaff.2020.00823>.

<sup>37</sup> Ingrid Piller, Jie Zhang, and Jia Li, "Linguistic Diversity in a Time of Crisis: Language Challenges of the COVID-19 Pandemic," *Multilingua* 39, no. 5 (September 1, 2020): 503–15, <https://doi.org/10.1515/multi-2020-0136>.

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

high-quality information as those fluent in English. For instance, immigrants were twice more likely to report COVID-19 vaccine hesitancy than non-immigrants,<sup>38</sup> revealing the desperate need for and lack of effective health communication to address immigrant community concerns about vaccine safety. Individuals who struggled to access care in their preferred languages were also less likely to have access to public health information from resources such as newspapers, the Internet, and community organizations,<sup>39</sup> furthering the information gap based. The lack of resources to meet the mass communication demands of the pandemic resulted in individuals with LEP being left behind and excluded from vital and timely information. The issue of language access is extremely pertinent to the Chinatown community with the largest population of individuals with LEP in San Francisco. The U.S. Census Bureau reported 14,607 Chinese residents in the San Francisco Chinatown district with limited English proficiency,<sup>40</sup> stressing the importance of language access in multicultural and diverse settings such as Chinatowns.

## **Conclusion**

This paper discusses the compounding effects of racism, politics, violence, and in-language access on community health. The breadth of this paper reflects the broad and intersecting pieces of social determinants of health. It analyzes wellness beyond the individual, evaluating the local, global, and historical climate that is crucial for understanding the community health of San Francisco Chinatown. One crucial finding is that Sinophobia and yellow peril still linger in rhetoric today. Their presence demonstrates the role of history in framing today's narrative of health. Health during the pandemic was more than just stopping the

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<sup>38</sup> Shen Lin, "COVID-19 Pandemic and Im/Migrants' Elevated Health Concerns in Canada: Vaccine Hesitancy, Anticipated Stigma, and Risk Perception of Accessing Care," *Journal of Immigrant and Minority Health* 24, no. 4 (August 1, 2022): 896–908, <https://doi.org/10.1007/s10903-022-01337-5>.

<sup>39</sup> Pilar Ortega, Glenn Martinez, and Lisa Diamond, "Language and Health Equity during COVID-19: Lessons and Opportunities," *Journal of Health Care for the Poor and Underserved* 31, no. 4 (2020): 1530–35, <https://doi.org/10.1353/hpu.2020.0114>.

<sup>40</sup> U.S. Census Bureau, "American Community Survey 2017-2021 5-Year Data Release."

*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

spread of COVID-19. It was dependent on safety, a sense of belonging, identity, and community. It required an understanding of the complex interaction of historical rhetoric and community identity as well as an active undertaking of culturally and linguistically appropriate services. Future research is needed toward inclusive health services as well as community-specific analysis and community-based participatory research.

San Francisco's Chinatown has experienced dramatic changes in community health needs since the pandemic. There are heightened concerns in mental health, safety, and linguistic services which have further exposed the dynamic relationship between health and the surrounding sociopolitical environment. Community health is not static, rather, it is constantly changing. In three years, the needs of a community can completely change, reiterating the importance of continual research and long-term support.

Chinatown was not alone in the challenges it experienced. Many historically marginalized and underserved communities had parallel experiences while navigating the new world created by the pandemic. To strive for health equity, there must be a redefining of health, one that is embedded in the social sphere, addresses the upstream issues, and acknowledges the community's roots and history.

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*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

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*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

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*How the COVID-19 Pandemic Reshaped Community Health Needs in San Francisco's Chinatown: Examining The Historical, Social and Global Upstream Influencers*

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