CHINATOWN
Community Information Book 2001

Taiko Drummers at the Oakland Chinatown StreetFest
Acknowledgements

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Introduction

Why a community information book?

The Alameda County Public Health Department is working together with neighborhood residents to build healthier communities. Partnerships are being formed for the Public Health Department to share health information with residents and for residents to share information on the assets and strengths of their communities with the Public Health Department. Information on the community assets, health problems, and community concerns are all important in order to make effective, long-term change and build healthier communities.

This information book is meant to be a useful tool and a way to share Public Health information with the community. As Community Health Teams and residents join together to look at strengths of the community, information on community assets and strengths can be added to this book.

The purpose of the community information book is to:

- describe the geography of the community and those who live in it
- look at the health and social issues that are affecting the community.

Who is this book for?

This book is for community health team members, public health nurses, community outreach workers, anyone who works or lives in the community and wants to find out about the neighborhood and its health issues, or wants to plan programs or activities in the community.

How should Community Health Teams and Community Partners use this book?

Here are some ways that you can use the community information book:

- Orient new staff to the community or reinforce the knowledge of old-timers
- Prioritize and/or plan for programs and activities
Identify issues that are important to the community

Write grants

Use as a starting point for, or in addition to, your own collection of information about the community

**We need your help!**

Community residents and people working in the community are the experts! Help us improve this community information book by letting us know what you think about it and how we can improve it. Please contact us at:

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Community Maps

Information contained in this community information book covers the Chinatown portion of Alameda County Public Health Department's Community Health Team Area in Supervisorial District 3. The map on the next page shows where all the Community Health Team Areas are located.

The census tracts included in this information book are 4030, 4031, and 4033. You can see this area shaded in light green on the map on the last page of this section.
Alameda County Public Health Department Community Health Team Areas

Community
Health Team
Areas - 1998
Population and
Census Tract
Definition:

North Oakland
Population: 29,210
Tracts: 4007-4014, 4028

West Oakland
Population: 19,052
Tracts: 4015-4019, 4021-4027

Chinatown/San Antonio
Population: 38,217
Tracts: 4030-4031, 4033, 4054-4060

Fruitvale
Population: 47,725
Tracts: 4061-4063, 4065-4066, 4070-4072

East Oakland
Population: 75,054
Tracts: 4073-4076, 4084-4089, 4091-4097, 4102-4104

Ashland/Cherryland
Population: 29,593
Tracts: 4337-4340, 4355-4356

South Hayward/Harder-Tennyson
Population: 32,782
Tracts: 4374-4378, 4382.01, 4382.02

Contempo and Decoto
Population: 20,796
Tracts: 4402, 4403.04, 4403.06, 4403.08

Centerville
Population: 47,439
Tracts: 4417, 4419.02, 4425-4428, 4445

Livermore
Population: 10,676
Tracts: 4514

Supervisorial District Number
1

Source of population data: Claritas; Produced by Alameda County Public Health Department Information Systems CAPE Unit 9/02/99
Neighborhood History

History of Oakland Chinatown

Chinese immigrants began arriving in California beginning in the mid 1800's to mine gold and work on the Transcontinental Railroad alongside many African-Americans from the South. Oakland Chinatown began to develop in the late 1800's, near Eighth and Webster Streets. Chinatown developed as a result of laws that segregated Chinese residents to one area of the City. These residents developed self-sufficient communities within the designated "exclusion zone" which have now become Chinatown. Similar laws also limited Chinese residents' choices in employment and education. Chinese immigrants were prohibited from becoming U.S. citizens until 1943, and racially restrictive covenants were not struck down until 1948.

The 1906 earthquake had a devastating impact on both San Francisco and Oakland Chinatowns. Oakland Chinatown was rebuilt and was expanded to accommodate the thousands of Chinese who moved from San Francisco after the earthquake.

Today, Oakland’s Chinatown is a thriving retail and service center, as well as a residential community.

Source: OCCUR, "Chinatown and Central Oakland Neighborhood Profiles," and http://ousdmail.ousd.k12.ca.us/~sdonahue/history/oh_34.html
Demographic & Social Profile

Knowing who lives in the neighborhood is one way to get to know the community in which you live or work. This section describes the social and demographic characteristics of Chinatown residents. Demographic characteristics are information about the population, such as race, ethnicity, age, and sex.

The information contained in this section comes from different sources. We have used the most recent data available, including the new 2000 Census data. At this time, only the total population and race/ethnicity information are available through Census 2000. Therefore, we rely on 1999 estimates for other social and demographic information.
Census 2000

The latest figures from Census 2000 show that 6,691 people live in Chinatown, an increase of 24% since 1990. The race and ethnicity information from the Census show that Chinatown is home to people of diverse cultures and backgrounds.

- Chinatown consists of 73% Asian and Pacific Islanders, 12% African Americans, 7% Whites, 7% Latinos, 1% people reporting two or more races, and less than 1% American Indians. In Alameda County, the racial and ethnic make-up is 41% Whites, 21% Asian/Pacific Islanders, 19% Latinos, 15% African Americans, 4% mixed race residents, and less than 1% American Indians.

- Of the Asian and Pacific Islanders, less than 1% are Native Hawaiians and other Pacific Islanders, and over 99% are Asians.

Chinatown Racial and Ethnic Composition, 2000

Total Population = 6,691

Source: Census, 2000
- The Chinatown Asian and Pacific Islander population grew by 41% from 1990 to 2000 to 4,859.
- The Latino population also experienced an increase in Chinatown between 1990 and 2000 of 65% reaching 464.
- The African American population saw the largest decrease of 23% between 1990 and 2000, with a 2000 population of 772, followed by the White population, which declined by approximately 19% to 492.

### Chinatown Racial and Ethnic Composition, 1990 vs. 2000

<table>
<thead>
<tr>
<th>Race/Category</th>
<th>1990</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>1,000</td>
<td>1,200</td>
</tr>
<tr>
<td>Afr. Am.</td>
<td>1,500</td>
<td>1,800</td>
</tr>
<tr>
<td>Asian/PI</td>
<td>2,000</td>
<td>3,200</td>
</tr>
<tr>
<td>Latino</td>
<td>200</td>
<td>340</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>50</td>
<td>60</td>
</tr>
<tr>
<td>Other</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>2 or more</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>

Total Population 1990 = 5,389
Total Population 2000 = 6,691

*Information on multiracial residents was collected for the first time in the 2000 Census. Therefore, 1990 comparison is not available.

Source: Census, 1990 and 2000
Population Characteristics

Chinatown is an intergenerational neighborhood with men and women of all ages. The 2000 Census data on age and sex is not yet available. The following information is based on 1999 estimates.

- In 1999, Chinatown had more men (57%) than women (43%). This is compared to Alameda County, which had 49% men and 51% women.
- Children under 14 years of age made up 11% of the community in Chinatown, as compared to 21% in Alameda County as a whole.
- Seniors (65 and older) made up 24% of Chinatown residents, as compared to 11% countywide.

Chinatown Age Distribution by Sex, 1999

Households

In 1999, there were 2,267 households in the Chinatown community, an 11.5% increase over the 2,034 households counted in 1990.
Languages Spoken

People in Chinatown speak many different languages. The most recent data for languages spoken in the neighborhoods is from 1990. While the population in Chinatown has changed significantly since 1990, this information provides a sense of the diversity of languages spoken in the neighborhood.

In 1990, 60% of Chinatown residents age 5 years and older spoke Chinese at home. This included people who can speak English in addition to Chinese.

About 4% spoke Spanish, 2% spoke Tagalog, and 1% spoke Vietnamese at home. In addition, 31% spoke only English at home.

Source: Census, 1990
**Income**

Income level is often associated with the health status of a community. Higher income is generally associated with better health status and access to health care, while lower income is often associated with poorer health status and less access to health care.

- Over two-thirds (69%) of households in Chinatown earned an income of less than $30,000 in 1999, as compared to 28% in Alameda County as a whole.

- In 1997, half of all households in Alameda County earned more than $46,795 (U.S. Census Bureau). In 1999, in Chinatown, half of the households in the richest census tract earned more than $31,429. Half of the households in the poorest census tract in Chinatown earned less than $10,607 (Claritas).

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**Chinatown Household Income Distribution, 1999**

- <$30K: 69%
- $30-50K: 17%
- $50-75K: 7%
- $75-100K: 3%
- >$100K: 4%

Total Number of Households = 2,267

Source: Claritas, 1999
Poverty

There are different ways to measure the number of people living in poverty. One way is through their participation in government programs that are available to low-income families. This section discusses people's participation in two programs: CalWORKs and Medi-Cal. The percent of people who participate in these two programs helps us estimate the number of people who are living in poverty in Chinatown. Because not everyone who is poor participates in these programs, the estimates are conservative.

CalWORKs and Medi-Cal Participation

CalWORKs: California's welfare program is called California Work Opportunity and Responsibility to Kids or CalWORKs. It gives cash aid and services to eligible families with children. It was previously known as AFDC (Aid to Families with Dependent Children) and GAIN (Greater Avenues to Independence). The number of people who participate in CalWORKs is an estimate of the number of children and parents living in poverty.

Medi-Cal provides health insurance coverage to low-income families and individuals who are elderly or disabled. More people are eligible for Medi-Cal than for CalWORKs. The Medi-Cal data presented here represents people who participate only in Medi-Cal. All CalWORKs participants are eligible for Medi-Cal. However, Medi-Cal participants who are also enrolled in CalWORKs are not included here to prevent overlap. Looking at the number of people who participate in Medi-Cal in addition to CalWORKs participation will give us a sense of the number of people living in poverty.

In December 1999, almost 15% of Chinatown residents were participating in either CalWORKs or Medi-Cal only. This compares to about 9.4% countywide.

Source: Alameda County Social Services Agency
Almost a quarter (23.3%) of children under 18 in Chinatown was participating in CalWORKs, as compared to 10.8% countywide.

CalWORKs participants were 68% Asian/Pacific Islander, 25% African American, 7% White and 1% Latino. Among the Asian/Pacific Islanders, participants were primarily Chinese and Vietnamese.

About 89% of Medi-Cal participants were Asian/Pacific Islander, 7% African American, 2% Latino, and 2% White. Of the Asian and Pacific Islanders, most were Chinese.

Children Living in Poverty

Another way to look at poverty is through a ceiling (maximum income) established by the federal government. According to this method, people living under a certain income level are considered poor. At this time, only 1990 data is available on poverty by census tract. The map on the following page shows the percent of children living in poverty in 1990. While a lot has changed since 1990, the map gives us a sense of where poor children live.
Percent of Children in Poverty by Census Tract, Alameda County 1990

Source of Data: 1990 Census; Produced by: Alameda County Public Health Department CAPE Unit and Information Systems March, 2000
Employment and Occupations

About 2,177 people in Chinatown age 16 years and older were employed and in 1999 and held a variety of jobs.

- Machine operators, fabricators, transportation operators, and laborers made up 28% of the workers in Chinatown. These included assemblers, truck drivers, crane and tower operators and construction laborers.

- Approximately 25% of employed Chinatown residents worked in technical, sales, and administrative occupations. These included electrical technicians, computer programmers, retail workers, secretaries, and postal clerks.

- Firefighters, police, housekeepers, childcare workers, cooks, waiter/waitresses, janitors, and hairdressers were categorized as service occupations and made up 23% of Chinatown workers.

- About 16% were employed in executive, administrative, managerial, and professional occupations. These included executives, engineers, teachers, lawyers, and nurses.

- Only 7% of Chinatown workers were employed in precision production, craft, and repair occupations. These included mechanics, skilled construction workers, sheet metal workers, and bakers.

- A few (1%) worked in farming, forestry, and fishing occupations.
Neighborhood unemployment rates were not available. However, we can look at unemployment trends for the City of Oakland.

### Average Annual Unemployment Rate, Oakland, 1990-1999

<table>
<thead>
<tr>
<th>Year</th>
<th>Unemployment Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>6.4</td>
</tr>
<tr>
<td>1991</td>
<td>8.4</td>
</tr>
<tr>
<td>1992</td>
<td>10.1</td>
</tr>
<tr>
<td>1993</td>
<td>10.3</td>
</tr>
<tr>
<td>1994</td>
<td>9.6</td>
</tr>
<tr>
<td>1995</td>
<td>9.0</td>
</tr>
<tr>
<td>1996</td>
<td>7.8</td>
</tr>
<tr>
<td>1997</td>
<td>7.0</td>
</tr>
<tr>
<td>1998</td>
<td>6.5</td>
</tr>
<tr>
<td>1999</td>
<td>5.5</td>
</tr>
</tbody>
</table>

*Source: California Dept. of Finance, 2000*

- In 1999, approximately 5.5% of Oakland residents age 16 or older were unemployed and were looking for work. This is compared to 3.4% in Alameda County as a whole.
- Unemployment in Oakland has declined steadily since 1993.
Education

Education is an important part of neighborhood well-being. People in Chinatown had varying levels of education.

Chinatown Educational Attainment, 1999

- In Chinatown, about 11% of residents aged 25 and older had completed college (bachelor’s degree) or held a graduate/professional degree. For Alameda County as a whole, this figure was 29%.
- About 14% in Chinatown had completed some college (but had not graduated) and 7% had completed an associate degree, as compared to 22% who had attended some college and 8% who had completed an associate degree in Alameda County as a whole.
- Almost 20% of Chinatown residents had graduated from high school or passed the General Educational Development (GED) exam. In Alameda County as a whole, 23% had finished high school or held a GED certificate.
- Almost half (49%) of Chinatown residents ages 25 and over did not have a high school degree. This figure was 18% in Alameda County as a whole.

Source: Claritas, 1999
Housing

The Bay Area's housing situation has changed rapidly within the past few years. Up-to-date information on housing in the neighborhoods is not available at this time, but here is some city-level information.

### Oakland/Alameda County Housing Estimates, 2000

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of Housing Units</th>
<th>Vacancy</th>
<th>Average Number of Persons per Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland</td>
<td>155,676</td>
<td>6.7 %</td>
<td>2.7</td>
</tr>
<tr>
<td>Total Alameda County</td>
<td>536,495</td>
<td>5.0 %</td>
<td>2.8</td>
</tr>
</tbody>
</table>

*Source: California Department of Finance, 2000*

- In Oakland, there were about 155,676 housing units in the year 2000. This was almost 30% of the total housing units in Alameda County.
- Approximately 6.7% of housing units in Oakland were vacant in 2000.
- On average, there were 2.7 persons per household in Oakland.
Health Indicators

This section covers health information on 1) maternal and child health, 2) hospitalization and 3) deaths. Each topic includes several indicators. For each indicator, we have used the most recent data available for the neighborhood and made comparisons to Alameda County. Also, whenever possible, we have included comparisons to the Healthy People 2000 objective, age and race breakdowns, and trends.

In presenting neighborhood level information, we faced many limitations due to the small number of cases. Sometimes we were not able to provide breakdowns by age and race, so we present the overall rates only. In some instances, we could not calculate a reliable rate and only provide the number of cases. We also use three-year averages for some indicators to make rates from small numbers more reliable.

What is a Health Indicator?

A measure of health and wellbeing in a population.

Why Look at Health Indicators?

- To help identify areas of need
- To monitor changes and trends in the health of the community
- To serve as a guide in planning programs

What are Healthy People 2000 Objectives?

Healthy People 2000 objectives are benchmarks developed by the U.S. Department of Health and Human Services to measure and improve the public's health. Many local, state, and national organizations use these objectives for health planning and action.

Healthy People 2000 objectives are organized into three main goals:
1. Increase the years of healthy life for Americans,
2. Reduce health disparities among Americans, and
3. Achieve access to preventive services for all Americans.

To achieve these goals, Healthy People 2000 has set objectives for specific health indicators.
**Maternal and Child Health**

Pregnant women and their infants are key members of the community. The health of mothers and their babies is often used as an important measure of the overall health of a community.

Factors associated with healthy mothers and babies include:

- Receiving early quality prenatal care
- Giving birth between ages 19 - 34
- Non-smoking mothers and fathers
- Drug and alcohol-free parents
- Good nutrition

This section discusses indicators traditionally chosen to represent the status of maternal and child health in a community. These include overall births, infant deaths, low birth weight, early entry into prenatal care, teen births, and child abuse/neglect.
**Overall Births**

Births contribute to the general growth of the community, and tell us about the future make-up of the community.

- In 1999, there were 53 live births in the Chinatown community.
- In 1999, Chinatown residents were having less babies per 1,000 people (9.0 births per 1,000 people) than in Alameda County as a whole (14.1 per 1,000 people).
- In the last decade, the Chinatown birth rate decreased by 22% from 11.5 births per 1,000 people in 1990 to 9.0 per 1,000 in 1999.
- In 1999, most births in Chinatown were to Asian/Pacific Islanders (69.8%); 15.1% were to African Americans, 11.3% were to Whites and 3.8% were to Latinas.
- The majority (70%) of births were to mothers ages 20 to 34 years, and 30% were to women ages 35 and older.
- In 1999, almost 70% of the mothers in Chinatown had at least a high school diploma, compared to the County rate of 79%.
Infant Deaths

Rate of infant deaths is often used to measure the health status of a community, as it signifies the overall health of mothers and their ability to access health care. It is highly sensitive to changes in the social, physical, and economic environment of the community.

Some infant deaths, such as those caused by congenital anomalies (i.e. problems with formation of the baby before birth), are difficult to prevent. However, many infant deaths can be prevented. Examples include deaths caused by car crashes, abuse, poor nutrition, and accidents at home. Also, inadequate prenatal care, substance abuse and smoking by mother during pregnancy, preterm birth, low birth weight, and complications during pregnancy are associated with high risk of infant deaths.

- From 1990 to 1998, there were 7 infant deaths in the Chinatown community.
- The primary causes of infant deaths in Chinatown were problems that develop around the time of birth (perinatal conditions), such as infections in the mother, malnutrition and slow growth of the unborn baby, and birth trauma.
Low Birth Weight

Achieving a healthy weight is crucial for a newborn's survival. Babies born with low birth weight (LBW) have a greater risk of illness and death. Therefore, improvements in infant birth weight can contribute substantially to reducing a baby's risk of illness and death.

- From 1997 to 1999, about 7.5% of the babies born in Chinatown were low birth weight, close to the County rate of 6.9%. There were about four low birth weight births in Chinatown each year. The National Objective for Year 2000 for percent of babies born low birth weight is 5%.

Percent Low Birth Weight Babies
Chinatown, 1997-99 (3-year Average)

- In the last decade, percent of babies born weighing less than 2,500 grams in Chinatown has not declined.
**Early Prenatal Care**

Pregnant women are encouraged to get prenatal care during the first three months of their pregnancy. Early prenatal care is important in:

- identifying and treating health problems early in the pregnancy to reduce future complications;

- recognizing risk factors in the mother's behavior such as drug and alcohol abuse that put the fetus at risk for poor birth outcomes;

- providing a healthy start for newborns.

Many factors affect a woman's ability to receive early prenatal care. These include the lack of culturally appropriate pregnancy testing sites, young age of mother, and multiple previous pregnancies. Domestic violence, cultural beliefs, drug abuse, single parenthood, and poverty also can prevent women from receiving timely prenatal care.

Between 1997 and 1999, most pregnant women (87.4%) in Chinatown sought early prenatal care. This was similar to the County rate of 87.4% and close to the National Year 2000 Objective of 90%.

Approximately 89.3% of pregnant Asian and Pacific Islander women in Chinatown received prenatal care on time.
**Teen Births**

Youth are an important part of the community. They bring to the community many assets, including their energy and creativity. Helping young people grow up to be healthy, caring, and responsible adults is one way to build a healthy community.

The more assets young people have, the more likely they are to be healthy, succeed in school, resist danger, and persevere in difficult times. These assets include support from caring adults, high self-esteem, positive role models, and a positive view of his or her future.

These assets help youth overcome the many challenges including lack of accessible health care, poverty, lack of after-school and community activities, violence and substance abuse.

One of the major challenges teenagers face is unintentionally becoming a parent. Being a teen parent makes it more difficult for teens to achieve their educational goals, get a good job, and become financially independent.

- From 1990 to 1993, there was a total of 3 births to girls ages 15-17 in Chinatown, and none from 1994 to 1999.

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**Understanding Teen Births**

Teen births are the number of babies born to girls ages 15-17.

The number of teen births is not the same as the number of teen pregnancies. One study showed that about half (51%) of all teen pregnancies end in birth, 35% in abortion, and 14% in miscarriage (Guttmacher Institute, 1994). Therefore, the number of teen pregnancy may be much higher than teen birth.
Child Abuse and Neglect

Child abuse and neglect are complex issues that need to be addressed in a multitude of ways. Child abuse consists of any act that endangers or impairs a child's physical or emotional health and development. Child abuse includes physical, emotional, and sexual abuse, as well as physical and emotional neglect.

Child abusers are found among people of all income levels, religious and ethnic groups, and are often ordinary people who are having problems coping with their own stressful life situation.

It is very difficult to measure the actual number of child abuse cases in a community. Data reported here is the number of cases that were investigated and confirmed by the Alameda County Social Services Agency as child abuse. Since many child abuse cases are not reported, this figure may underestimate the actual rate.

- The rate of child abuse cases in Chinatown cannot be calculated reliably. However, in Alameda County as a whole, as of December 1999, about 6 out of 1,000 children were confirmed as abused or neglected.
Hospitalization

Information on hospitalization provides important clues to a population’s health problems. In this section, leading causes of hospitalization are shown for the zip code that covers the Chinatown Community Health Team area. This is followed by sections on asthma, diabetes and injury hospitalizations.

The Chinatown area is covered by zip code 94607, the same zip code that covers West Oakland. Therefore the information on hospitalization includes an area much larger than Chinatown.

What do the Hospitalization Data tell us?

- They tell us about those illnesses or injuries that are serious enough to get people admitted to the hospital.

- They tell us the number of hospital discharges. Thus, a person hospitalized twice is counted twice.

- They give us information at the zip code level, so if a zip code covers a large area, we cannot know if the illnesses are evenly dispersed within that zip code or if they are concentrated in certain areas.

- They do not tell us about the prevalence of a given illness in the population since many who have the illness are not hospitalized for it.
Leading Causes of Hospitalization

- There was an average of 3,172 hospitalizations per year (1996-1998) in the Chinatown/West Oakland area.

- Childbirth and complications of pregnancy was the leading cause of hospitalization. Many such births are completely normal deliveries or deliveries with routine complications. Others involve more serious complications.*

- Respiratory disorders were the second leading cause, followed by heart disease, mental disorders and injuries. Respiratory Disorders commonly include upper respiratory infections, bronchitis, pneumonia, and asthma.

* Common complications include tubal pregnancy, miscarriage, maternal high blood pressure, early labor, late delivery, breech presentation, problems with placenta or umbilical cord, cesarean or previous cesarean, fetal distress, perineal tearing, forceps or vacuum delivery.
- **Heart Disease** commonly includes high blood pressure, heart attack, blood clot in the lungs, irregular heart beat, heart failure and other kinds of heart disease, both acute and chronic.

- **Mental disorders** commonly include alcohol and drug dependence and associated psychotic states, schizophrenic disorders, other types of psychotic disorders, depression, and adjustment reaction disorders.

- The most common types of *injuries* were fractures, followed by head injuries, other types of wounds, and poisoning.

- **Digestive system disorders**, which are seen among the five leading causes of hospitalization for some race/ethnic groups in the next section, commonly include ulcers, appendicitis, abdominal hernias, gastroenteritis, colitis, chronic liver disease, diseases of the gall bladder and pancreas.
The leading causes of hospitalization vary among different racial/ethnic groups and by community. The table below shows the leading causes of hospitalization for each race/ethnic group. The numbers in parentheses reflect the yearly average number of hospitalizations for a given cause.

**Leading Causes of Hospitalization by Race/Ethnicity (3-Year Average, 1996-98), Zip Code 94607**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Latino</th>
<th>African American</th>
<th>Asian/Pacific Islander</th>
<th>White</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Childbirth/Comp Preg*   (52)</td>
<td>Respiratory Disorders (232)</td>
<td>Childbirth/Comp Preg* (70)</td>
<td>Mental Disorders (45)</td>
</tr>
<tr>
<td>2</td>
<td>Injuries (15)</td>
<td>Childbirth/Comp Preg* (222)</td>
<td>Respiratory Disorders (52)</td>
<td>Injuries (28)</td>
</tr>
<tr>
<td>3</td>
<td>Digestive system (12)</td>
<td>Heart Disease (198)</td>
<td>Heart Disease (47)</td>
<td>Heart Disease (21)</td>
</tr>
<tr>
<td>4</td>
<td>Respiratory Disorders (11)</td>
<td>Mental Disorders (177)</td>
<td>Digestive system (45)</td>
<td>Respiratory Disorders (20)</td>
</tr>
<tr>
<td>5</td>
<td>Mental Disorders (8)</td>
<td>Injuries (165)</td>
<td>Cancer (27)</td>
<td>Digestive system (19)</td>
</tr>
</tbody>
</table>

Note: Ranks for American Indians are not shown due to the small number of hospitalizations. *Includes complications of both childbirth and pregnancy.

- Among Latinos, childbirth and complications of pregnancy was the leading cause of hospitalization, followed by injuries, digestive system disorders, respiratory disorders, and mental disorders.

- Among African Americans, respiratory disorders were the leading cause of hospitalization, followed by childbirth and complications of pregnancy, heart disease, mental disorders and injuries.

- Among Asian/Pacific Islanders, childbirth and complications of pregnancy was the leading cause of hospitalization, followed by respiratory disorders, heart disease, digestive system disorders, and cancer.

- Among Whites, mental disorders were the leading cause of hospitalization, followed by injuries, heart disease, respiratory disorders, childbirth and complications of pregnancy, and digestive system disorders. Whites were the only group for whom mental disorders were the leading cause of hospitalization.

- Asian/Pacific Islanders were the only racial/ethnic group for which cancer ranked in the top five. Further work is needed to see if Asian/Pacific Islanders have higher rates of hospitalization for cancer or if cancer ranks in the top five simply because other illnesses seen in other racial/ethnic groups, such as mental disorders, do not.
Hospitalization for Asthma

Asthma is a serious respiratory condition that affects about 10 million people in the United States. It is more common among children than adults. The level of asthma in the population is thought to be increasing. Environmental factors, including both indoor and outdoor air pollution, may have contributed to this increase. Access to health services is important for proper treatment of asthma.

What is an Age-Adjusted Rate?

It is a single, summary number that reflects the rate of hospitalizations across different age groups, but in a way that is comparable to other populations (communities, counties or states) with age groups of different sizes. (See note in section on overall deaths).

- From 1996 to 1998, asthma hospitalization rates were highest among children 14 years and under. There was an average of 88 asthma hospitalizations per year in the 94607 zip code (Chinatown and West Oakland). Among these, 44 (50%) were children 14 and under.

- The age-adjusted rate of asthma hospitalizations in the 94607 zip code was 969 per 100,000 children age 14 and under.

- The community rate was 2.7 times higher than that for children in the county as a whole, and it was more than 4 times the national Healthy People 2000 objective of 225 per 100,000 children 14 and under.

### Age-Adjusted Rates of Asthma Hospitalization Children Age 14 and Under (1996-98 Three-Year Average)

![Age-Adjusted Rates of Asthma Hospitalization Children Age 14 and Under](chart)

Source: Office of Statewide Health Planning and Development
A map of asthma hospitalization rates for all Alameda County zip codes is shown on the next page. These are age-adjusted rates per 100,000 people and are for the total population.

- The age-adjusted rate for all asthma hospitalizations in the 94607 zip code (Chinatown and West Oakland) was 512.5 per 100,000 population (based on a three-year average of 88 hospitalizations per year).

- This rate is three times the Healthy People 2000 national objective of 160 asthma hospitalizations per 100,000 population for all ages (note that this objective is slightly lower than that established for children 14 and under).

- For Alameda County the comparable rate was 175.2, not far above the national objective.

Higher rates of hospitalization for asthma may mean that there is more asthma in the population. It may also mean that those who have asthma do not obtain the medical care they need to manage their asthmatic condition. Without proper health care, asthmatics are more likely to have a severe attack that results in admission to the hospital.
Age-Adjusted Asthma Hospitalization Rates in Alameda County, 1996-1998 (3-Year Average)

Data Source: California Office of Statewide Health Planning and Development
Healthy People 2000 Goal=160 per 100,000 population
Hospitalization for Diabetes

There are two forms of diabetes, Type I (insulin dependent) and Type II (non-insulin dependent). About 90% of diabetes is Type II. It is estimated that about half of the Type II cases are the result of obesity. Diet, exercise, and weight control, therefore, are thought to be the primary prevention strategy for reducing Type II diabetes.

What is an Age-Specific Rate?

It is the rate of a disease in a single age group. It is the count of hospitalizations in a given age group divided by the population in that age group and expressed in units of 100,000. Age-specific rates are presented when it is important to show which age groups are most affected by an illness.

Age-Specific Diabetes Hospitalization Rates
(1996-98 Three-Year Average)

- The rate of hospitalization for diabetes was highest in the oldest age groups.
- There was an average of 55 diabetes hospitalizations per year in 94607. Forty-two of these (76%) were among adults age 35 and older.
- Diabetes hospitalization rates in these age groups exceeded those at the county level by two or three times.
A map of diabetes hospitalization rates for all Alameda County zip codes is shown on the next page. These are age-adjusted rates per 100,000 people and are for the total population.

- The age-adjusted rate for diabetes hospitalization in the 94607 zip code area was 300.4 per 100,000 population (based on a three-year average of 55 hospitalizations per year).

- For Alameda County the comparable rate was 100.4 per 100,000 population, one-third the local rate.
Age-Adjusted Diabetes Hospitalization Rates in Alameda County, 1996-1998 (3-Year Average)

Data Source: California Office of Statewide Health Planning and Development
Hospitalization for Injury

Every year there are about 2.5 million injuries in the United States that require hospitalization. Among young people, males are hospitalized more often than females for injury, while among elderly people, females are hospitalized more often than males. The most common types of injuries are fractures, followed by poisonings, open wounds and head injuries.

- An average of 218 injury hospitalizations occurred each year in the 94607 zip code area (Chinatown and West Oakland).
- The highest rate of injuries requiring hospitalization was among those aged 55 and older, most often from fractures.
- While the rates of injury hospitalization in 94607 exceeded those in the rest of Alameda County, the most notable differences were in the 15-34 and the 35-54 age groups.
- In the Chinatown/West Oakland area, 41% of injury hospitalizations in the 15-34 age group and 34% in the 35-54 age group were due to assault (that is, intentional harm), while in the other age groups 11% or fewer injury hospitalizations were due to assault.
- By comparison, in Alameda County, 22% of injury hospitalizations in the 15-34 age group and 15% in the 35-54 age group were due to assault, while in the other age groups 6% or fewer injury hospitalizations were due to assault.

![Age-Specific Injury Hospitalization Rates (1996-98 Three-Year Average)](chart.png)

Source: Office of Statewide Health Planning and Development
A map of injury hospitalization rates for all Alameda County zip codes is shown on the next page. These are age-adjusted rates per 100,000 people and are for the total population.

- The age-adjusted rate of injury hospitalization was 1158.3 per 100,000 total population in 94607 (based on a three-year average of 9,115 hospitalizations per year.

- For Alameda County the comparable rate was 553.5 per 100,000 population, one-half the Chinatown/West Oakland rate.
Age-Adjusted Injury Hospitalization Rates in Alameda County, 1996-1998 (3-Year Average)

Data Source: California Office of Statewide Health Planning and Development
Overall Deaths

Information on deaths plays an important role in assessing the health status of a community. Data collected from death certificates can provide information about the frequency and the seriousness of disease or injury as it occurs in a community and can guide prevention efforts. In this section, we examine how many people are dying, who is dying and of what causes, and present the overall age-adjusted death rate and the leading causes of death.

**Age-Adjusted Death Rate:**

An age-adjusted death rate is a measure of the number of deaths in a community that takes into account the age distribution of the population. It is expressed as the number of deaths per 100,000 people. The main purpose for using age-adjusted death rates is to compare the rates from one population to that of another population. For example, one community may have a large population of seniors, while another community may have a lot of young families with children. The community with more seniors is more likely to have a higher number of deaths than the younger community. Therefore, it is difficult to compare these two communities without taking into account the different age make-up of each community. By using this measure, we adjust for the differences in the age make-up of the community so that we can compare across different communities.

- The overall age-adjusted death rate in Chinatown for the years 1996-98 was 453.3 deaths per 100,000 residents per year. This rate was slightly higher than Alameda County’s rate of 431.7 deaths per 100,000.

**Overall Age-Adjusted Death Rate**

Chinatown and Alameda County 1996-98 (3-year Average)

<table>
<thead>
<tr>
<th></th>
<th>Deaths per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinatown</td>
<td>453.3</td>
</tr>
<tr>
<td>Alameda Co.</td>
<td>431.7</td>
</tr>
</tbody>
</table>

*Adjusted to 1940 US standard population*
In Chinatown, there were 193 deaths between 1996-1998, an average of 64 deaths per year.

Among those who died, 60% were males and 40% were females.

Nineteen percent of all deaths were among adults aged 45 to 64.

Seventy-six percent of all deaths were among adults aged 65 and older.

Sixty-nine percent of those who died were Asian/Pacific Islanders, 15% were African Americans, 13% were Whites, and 4% were Latinos.
Leading Causes of Death

The five leading causes of death in Chinatown were the same as those in Alameda County as a whole.

- The number one cause of death in Chinatown during 1996-98 was heart disease, which accounted for 27% of all deaths.
- The second leading cause of death was cancer, which made up 21% of all deaths, followed by stroke, which accounted for 12% of all deaths.
- The top three causes of death accounted for 61% of all deaths in Chinatown during 1996-98.
- Influenza and pneumonia ranked fourth and chronic obstructive lung disease ranked fifth in leading causes of death in Chinatown.

Leading Causes of Death by Age

- For adults aged 45 to 64, heart disease and cancer were the two leading causes of death.
- For seniors aged 65 and older, the five leading causes of death were heart disease, cancer, stroke, influenza and pneumonia, and chronic obstructive lung disease. These were the same as in the overall group, and accounted for 81% of all deaths in this age group.
Leading Causes of Death by Sex

- For both sexes, the top four causes of death were the same as in the overall group.
- For males, unintentional injuries excluding motor vehicle accidents also ranked fourth.

Leading Causes of Death by Race and Ethnicity

- Heart disease and cancer were the top two causes of death for Asian/Pacific Islander, African American, and White populations in Chinatown.
- The third leading cause of death for Asian/Pacific Islanders was stroke, followed by influenza and pneumonia, and chronic obstructive lung disease.

Leading Causes of Death by Race/Ethnicity in Chinatown, 1996-98

<table>
<thead>
<tr>
<th>Rank</th>
<th>White</th>
<th>African American</th>
<th>Asian/Pacific Islander</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Heart Disease (9)</td>
<td>Heart Disease (8)</td>
<td>Heart Disease (33)</td>
</tr>
<tr>
<td>2</td>
<td>Cancer (5)</td>
<td>Cancer (6)</td>
<td>Cancer (30)</td>
</tr>
<tr>
<td>3</td>
<td>*</td>
<td>*</td>
<td>Stroke (23)</td>
</tr>
<tr>
<td>4</td>
<td>*</td>
<td>*</td>
<td>Influenza and Pneumonia (10)</td>
</tr>
<tr>
<td>5</td>
<td>*</td>
<td>*</td>
<td>Chronic Obstructive Lung Disease (6)</td>
</tr>
</tbody>
</table>

Note: Ranks for Latinos and American Indians are not shown due to the small number of deaths.
The numbers in ( ) are 3-year total number of deaths.
* Fewer than 5 cases during the 3-year period

Source: Alameda County Public Health Department Vital Statistics
Education

School Profiles

Schools are core institutions in the neighborhood. The table that follows contains information on schools in the Oakland Unified School District. The information is provided by the California Department of Education and is based on enrollment for the 1999-2000 school year. Terms used in the school profile tables are defined in the box below. Each school in the district is listed in alphabetical order by name.

<table>
<thead>
<tr>
<th>Grade Span</th>
<th>is the range of grade levels attending a given school. 'UG' that appears in some cases stands for 'Ungraded.'</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enrollment</td>
<td>is the number of students formally enrolled in the school.</td>
</tr>
<tr>
<td>English Learners</td>
<td>are those students whose primary language is not English and who are not proficient in a range of English language skills.</td>
</tr>
<tr>
<td>Four-Year Drop-out Rate</td>
<td>is an estimate of the percent of students who would drop out in a four year period based on the single year dropout rate of 9th through 12th graders. The information is only presented for schools that have grades 9-12 attending. All other schools have ‘***’ in the column.</td>
</tr>
<tr>
<td>Pupil/Teacher Ratio</td>
<td>is the school enrollment divided by the number of full-time teachers.</td>
</tr>
<tr>
<td>Average Class Size</td>
<td>is the school enrollment divided by the number of classes.</td>
</tr>
<tr>
<td>Free or Reduced Price Meals</td>
<td>This is the number of eligible economically disadvantaged students who are signed up for the program.</td>
</tr>
<tr>
<td>CalWORKs</td>
<td>is the number of students participating in the California Work Opportunity and Responsibility to Kids welfare reform program.</td>
</tr>
<tr>
<td>School</td>
<td>Grade Span</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>ALLENDALE ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>AMERICAN INDIAN PUBLIC CHARTER</td>
<td>6 to 9</td>
</tr>
<tr>
<td>ARTS (ALTERNATIVE)</td>
<td>K to 8</td>
</tr>
<tr>
<td>BELLA VISTA ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>BREWER (EDNA) MIDDLE</td>
<td>6 to 8</td>
</tr>
<tr>
<td>BROOKFIELD VILLAGE ELEMENTARY</td>
<td>K to 5</td>
</tr>
<tr>
<td>BUNCH CONTINUATION HIGH</td>
<td>7 to 12</td>
</tr>
<tr>
<td>BUNCHE/WHITTON (TR/OH)</td>
<td>K to 12</td>
</tr>
<tr>
<td>BURBANK ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>BURCKHALTER ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>CARTER MIDDLE</td>
<td>6 to 8</td>
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<tr>
<td>CASTLEMONT SENIOR HIGH</td>
<td>9 to 12</td>
</tr>
<tr>
<td>CHABOT (ANTHONY) ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>CLAREMONT MIDDLE</td>
<td>6 to 8</td>
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<tr>
<td>CLAWSON SENIOR HIGH</td>
<td>9 to 12</td>
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<tr>
<td>CLEVELAND ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>COLE ELEMENTARY</td>
<td>4 to 8</td>
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<tr>
<td>COX ELEMENTARY</td>
<td>K to 5</td>
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<tr>
<td>CROCKER HIGHLANDS ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>DEVELOPMENT CENTER FOR THE HAND.</td>
<td>UG-UE</td>
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<tr>
<td>DEWEY/BAYMART SENIOR HIGH (CONT.)</td>
<td>7 to 12</td>
</tr>
<tr>
<td>School</td>
<td>Grade Span</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>EAST BAY CONSERVATION CORPS CH</td>
<td>K to 12</td>
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<tr>
<td>ELMHURST MIDDLE</td>
<td>6 to 8</td>
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<tr>
<td>EMERSON ELEMENTARY</td>
<td>K to 5</td>
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<tr>
<td>FAR WEST (CONT.)</td>
<td>9 to 12</td>
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<tr>
<td>FOSTER MIDDLE</td>
<td>5 to 8</td>
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<tr>
<td>FRANKLIN YEAR-ROUND ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>FREMONT SENIOR HIGH</td>
<td>10 to 12</td>
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<tr>
<td>FRICK MIDDLE</td>
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<td>FRUITVALE ELEMENTARY</td>
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<td>GARFIELD YEAR-ROUND ELEMENTARY</td>
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<td>GLENVIEW ELEMENTARY</td>
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<tr>
<td>GOLDEN GATE ELEMENTARY</td>
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<tr>
<td>GRANT SENIOR HIGH</td>
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<td>GRASS VALLEY ELEMENTARY</td>
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<tr>
<td>HARTE (BRET) MIDDLE</td>
<td>7 to 9</td>
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<tr>
<td>HAVENSCOURT MIDDLE</td>
<td>6 to 8</td>
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<tr>
<td>HAWTHORNE YEAR-ROUND ELEMENTARY</td>
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<tr>
<td>HIGHLAND ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>HILLCREST ELEMENTARY</td>
<td>K to 7</td>
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<tr>
<td>HOOVER ELEMENTARY</td>
<td>K to 4</td>
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<tr>
<td>HOWARD ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>School</td>
<td>Grade Span</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>HUERTA (DOLORES) LEARNING ACADEMY</td>
<td>0-6</td>
</tr>
<tr>
<td>JEFFERSON YEAR-ROUND ELEMENTARY</td>
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<tr>
<td>KING (MARTIN LUTHER JR.) ELEMENTARY</td>
<td>K to 3</td>
</tr>
<tr>
<td>KING ESTATES MIDDLE</td>
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<td>LA ESCUELITA ELEMENTARY</td>
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<td>LAFAYETTE ELEMENTARY</td>
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<td>LAKEVIEW ELEMENTARY</td>
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<tr>
<td>LANEY MIDDLE (OPPORTUNITY)</td>
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<td>LAUREL ELEMENTARY</td>
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</tr>
<tr>
<td>LAZEAR ELEMENTARY</td>
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<td>LINCOLN ELEMENTARY</td>
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<td>LOCKWOOD ELEMENTARY</td>
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<td>LONGFELLOW ELEMENTARY</td>
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<td>LOWELL MIDDLE</td>
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<td>MADISON MIDDLE</td>
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<td>MANN (HORACE) ELEMENTARY</td>
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<td>MANZANITA ELEMENTARY</td>
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<td>MARKHAM ELEMENTARY</td>
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<td>MARSHALL ELEMENTARY</td>
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<td>MAXWELL PARK ELEMENTARY</td>
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<tr>
<td>MCCLYMONDS SENIOR HIGH</td>
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<td>School</td>
<td>Grade Span</td>
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<tr>
<td>MELROSE ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>MERRITT MIDDLE COLLEGE HIGH</td>
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<td>MONTCLAIR ELEMENTARY</td>
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<tr>
<td>MONTERA MIDDLE</td>
<td>6 to 8</td>
</tr>
<tr>
<td>MUNCK (CARL B.) ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>OAK TREE CHARTER</td>
<td>0- 8</td>
</tr>
<tr>
<td>OAKLAND CHARTER ACADEMY</td>
<td>6 to 8</td>
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<tr>
<td>OAKLAND SENIOR HIGH</td>
<td>10 to 12</td>
</tr>
<tr>
<td>OAKLAND SPECIAL PROGRAMS</td>
<td>K to 12</td>
</tr>
<tr>
<td>OAKLAND TECHNICAL SENIOR HIGH</td>
<td>9 to 12</td>
</tr>
<tr>
<td>PARKER ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>PERALTA YEAR-ROUND ELEMENTARY</td>
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<tr>
<td>PIEDMONT AVENUE ELEMENTARY</td>
<td>K to 6</td>
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<tr>
<td>PRESCOTT ELEMENTAL</td>
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<tr>
<td>REDWOOD HEIGHTS ELEMENTARY</td>
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<tr>
<td>REEMS (ERNESTINE C.) ACADEMY</td>
<td>0- 6</td>
</tr>
<tr>
<td>ROOSEVELT MIDDLE</td>
<td>6 to 8</td>
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<tr>
<td>RUDSDALE SENIOR HIGH</td>
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<td>SANTA FE ELEMENTAL</td>
<td>K to 6</td>
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<tr>
<td>SEQUOIA ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>SHERMAN (ELISABETH) ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>School</td>
<td>Grade Span</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>SIMMONS (CALVIN) MIDDLE</td>
<td>7 to 9</td>
</tr>
<tr>
<td>SKYLINE SENIOR HIGH</td>
<td>10 to 12</td>
</tr>
<tr>
<td>SOBRANTE PARK ELEMENTARY</td>
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</tr>
<tr>
<td>STREET ACADEMY (ALTER)</td>
<td>9 to 12</td>
</tr>
<tr>
<td>SWETT (JOHN) ELEMENTARY</td>
<td>K to 8</td>
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<tr>
<td>THORNHILL ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>TILDEN ELEMENTARY (DEAF EDUCATION)</td>
<td>K</td>
</tr>
<tr>
<td>TOLER HEIGHTS ELEMENTARY</td>
<td>K to 3</td>
</tr>
<tr>
<td>WASHINGTON ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>WEBSTER ACADEMY</td>
<td>K to 6</td>
</tr>
<tr>
<td>WEST OAKLAND COMMUNITY</td>
<td>6 to 8</td>
</tr>
<tr>
<td>WESTLAKE MIDDLE</td>
<td>6 to 8</td>
</tr>
<tr>
<td>WHITTIER ELEMENTARY</td>
<td>K to 6</td>
</tr>
<tr>
<td>WHITTON (OH) (CHARLES) CENTER</td>
<td>K to 12</td>
</tr>
<tr>
<td>District Total:</td>
<td>K to 12</td>
</tr>
<tr>
<td>County Total:</td>
<td></td>
</tr>
<tr>
<td>State Totals:</td>
<td></td>
</tr>
</tbody>
</table>

Source: California Department of Education, Educational Demographics Unit (http://www.cde.ca.gov)
Government

There are many levels of government, including city, county, state, and national. Below is a partial listing of elected officials that represent Chinatown. For additional information about the officials and how to contact them, please see the following pages.

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<th>Government Districts</th>
<th>Elected Official</th>
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<td>Oakland City Council</td>
<td>Danny Wan</td>
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<td>Alameda County Board of Supervisors</td>
<td>Alice Lai-Bitker</td>
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<tr>
<td>California State Assembly</td>
<td>Wilma Chan</td>
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<td>California State Senate</td>
<td>Don Perata</td>
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<td>U.S. Congress</td>
<td>Barbara Lee</td>
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<td>U.S. Senate</td>
<td>Barbara Boxer Dianne Feinstein</td>
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Oakland City Council Districts and Representatives

Source: adapted from http://www.oaklandnet.com/maproom/gallery/council.html
CITY OF OAKLAND OFFICIALS:

Standing:
- Danny Wan (District 2)
- Roland E. Smith (City Auditor)
- Henry Chang (At-Large)
- Nancy Nadel (District 3)
- Robert C. Bobb (City Manager)
- John Russo (City Attorney)
- Larry Reid (District 7)

Seated:
- Dick Spees (District 4)
- Ceda Floyd (City Clerk)
- Jerry Brown (Mayor)
- Jane Brunner (District 1)
- Ignacio De La Fuente (District 5)
- Moses L. Mayne, Jr. (District 6)
Councilmember Wan's Home Page

Danny Wan
COUNCILMEMBER
DISTRICT 2

E-mail: dwan@oaklandnet.com

One Frank Ogawa Plaza
(One City Hall Plaza), 2nd Floor
Oakland, CA 94612
Phone: (510) 238-7002
FAX: (510) 238-6910

DISTRICT 2 LINKS:

- Municipal Codes
- Oakland Public Schools

Alameda County is governed by a five-member Board of Supervisors, each of whom is elected on a non-partisan basis from a separate district where he/she lives. Within the broad limits established by the State Constitution, State General Law, and the Alameda County Charter, the Board exercises both the legislative and the executive functions of government. The Board of Supervisors is also the governing body for a number of "special districts" within Alameda County.

Alameda County Public Hearings on Redistricting
Tuesday, July 24, 2001  11:00 a.m.
Board of Supervisors Chambers
1221 Oak Street, 5th Floor, Oakland.
Click Here for More Information
To make the supervisorial districts equal in population, the boundaries are adjusted every ten years through the process called "redistricting." That process is underway (click here for more information). Terms of office for the Supervisors are four years. Alternate elections are held every two years for three supervisors and then for two supervisors. The salary of the Board members is fixed by the Board itself. A President of the Board, chosen from the membership of the Board every two years, presides at all meetings of the Board and appoints committees to handle work involving the major programs of the County.

- As defined by the Alameda County Charter, the duties of the Board of Supervisors are as follow
- Appoint most County officers and employees, except elected officials
- Provide for the compensation of all County officials and employees
- Create [officers, boards, and commissions](#) as needed, appointing the members and fixing the terms of office
- Award all contracts for public works
- Adopt an [annual budget](#)
- Provide, publish, and enforce a complete code of rules prescribing the duties and the systems of office and management, accounts, and reports for each County department
- Have an annual audit made of all County accounts, books, and records
- Supervise the operations of departments and exercise executive and administrative authority throughout County government
- Serve as appellate body for employee grievances, planning and zoning

The Board of Supervisors meets at 8:30 a.m. for closed sessions and at 9:30 a.m. for regular calendar on Tuesday mornings at the County Administration Building, 1221 Oak Street, Oakland, in the 5th Floor Board Chambers. All meetings are open to the public, and residents are encouraged to attend. Click here for specific agenda information, or contact the Clerk, Board of Supervisors, at (510) 272-6347.

**Sister Site**

Alameda County has a sister county in Taiwan! Learn more about [Taoyuan, our Sister County](#).
ABOUT ALICE LAI-BITKER

In December 2000, Alice Lai-Bitker was appointed to the Alameda County Board of Supervisors to represent District 3 (Oakland, Alameda and San Leandro).

Alice chairs the Board's Health Committee, serves on the Board's Social Service Committee, and is a member of the Alameda County Interagency Children's Policy Council. In addition, she is a member of the Alameda County Transportation Authority and the Alameda County Economic Development Alliance for Business and also represents the Board of Supervisors on the Bay Conservation and Development Commission, the Tobacco Control Coalition, and the Alameda County Lead Poisoning Prevention Joint Powers Authority. Within District 3, Alice serves as co-chair of the Alameda Collaborative for Children, Youth and Their Families, and on the Executive Committee for the San Leandro Collaborative for Children, Youth and Their Families.

Before her appointment to the Board of Supervisors, Alice had been a staff assistant to Alameda County Supervisor Wilma Chan. After joining the Supervisor's staff in 1995, Alice had been instrumental in shaping the county's policies and programs related to social services and health care, particularly mental health, child welfare, and welfare reform issues.

During her tenure as a county staff member, Alice facilitated an innovative neighborhood approach to help welfare recipients in District 3 achieve self-sufficiency. She also led a concerted effort to expand citizenship services throughout Alameda County at a time when immigrants were faced with losing their benefits. In addition, Alice played a critical role in the effort to expand comprehensive services to senior citizens in Alameda County.

Prior to joining the staff of Supervisor Wilma Chan, Alice had been a social worker at Asian Community Mental Health Services where she provided direct services and therapeutic intervention and treatment. During her ten year career as a social worker and clinical supervisor, Alice became well-versed in mental health policy issues and a strong advocate for these programs. She was a co-founder of the Association of Chinese Families of the Disabled and the East Bay Chinese Alliance for the Mentally Ill.

Alice received her Bachelor's degree in Sociology from Hong Kong Shue Yan College in 1981. She earned a Master's degree in Social Work at San Francisco State University in 1987 and has been a Licensed Clinical Social Worker since 1990.
Alice came to the United States in 1983 and has lived in Alameda with her family since 1988. Her husband, Steve Bitker, is a sports broadcaster at KCBS radio and her daughters, Mei-Ling and Janelle, attend public schools in Alameda.

For more information, please contact the staff of Supervisor Alice Lai-Bitker at 510.272.6693.
Biography

Wilma Chan represents the cities of Oakland, Alameda and Piedmont in the California State Assembly. Ms. Chan's legislative priorities include health care, senior services, children's programs, environmental health and sustainable economic development.

Ms. Chan is the Assembly Majority Floor Whip and is a member of the Assembly Committees on Health; Human Services; Aging and Long Term Care; Public Employees, Retirement and Social Security; and Banking and Finance. Chan is Chair of the Select Committee on Childrens Health.

Ms. Chan is a tireless advocate for children and youth. She has taken a leadership role in developing collaborative programs for children in Oakland and Alameda. She has also led trade delegations to Asia to encourage business development and trade with the San Francisco East Bay region.

Ms. Chan was elected to the Board of Supervisors in 1994 and re-elected without opposition in 1998. On the Board of Supervisors, Ms. Chan chaired the Health Committee and served as a member of the Budget Committee and the Personnel, Administration and Legislative Committee. Ms. Chan was the first Chair of the Children and Families Commission, which is distributing $20 million in new funds for the children's services. Ms. Chan also served on the Alameda Retirement Board.

Her accomplishments at the Board of Supervisors include:

- Expanding the number of school-based health clinics from 4 to 7.
- Working with local officials to gain release of 220 acres of the Alameda Naval Air Station land for local needs.
- Leading lobbying efforts to restore benefits to legal immigrants.
- Championing efforts to build a new Emergency Room and Critical Care Building for the Alameda County Medical Center, Highland Hospital - Oakland Campus
- Initiating a pilot welfare-to-work project in Oakland's San Antonio neighborhood.
• Developing the strategic plan on the future of health care services in Alameda County.
• Ms. Chan was the first Asian American to serve on the Board of Supervisors and the Oakland School Board.

Ms. Chan has been honored by numerous organizations for her work, including:

• California Hospital Council County Meals-on-Wheels
• Community Bank of the Bay
• National Asian Women's Health Assn.
• Native American Health Center
• Rotary International - Paul Harris Award
• High-Risk Infant Follow Up Network
• Sons in Retirement
• Alameda Breakfast Lions Club
• East Bay Asian Youth Center

Prior to her election to the Board of Supervisors, Ms. Chan was elected to the Oakland Board of Education in 1990. She also worked as Program Coordinator for Effective Parenting Information for Children, a nationally recognized school-based prevention program.

Ms. Chan holds a BA from Wellesley and an MA in Education Policy from Stanford University. She lives in Alameda with her husband, a public school teacher, and her two children.

Updated: 2/08/2001
Greetings:

Thank you for visiting my web page. I use this site as a virtual meeting place where constituents can access all of the resources my office provides. Most information is updated daily and comments or requests are responded to promptly! I encourage you to bookmark this site.

My top priority is to improve our schools, especially in Oakland. I am also proposing new ways to reduce traffic congestion, maintain a safe and clean environment, expand healthcare for children and seniors, and create economic opportunities for urban residents.

To see the bills I am carrying, click on Legislation. For daily news, click on Press Room. To be kept up to date by e-mail on a specific topic, click on Feedback. Click on E-mail to send me a message or make a request. You can also reach local government agencies and media outlets through the Links page.

Don Perata
Hello Friend,

Welcome to California’s 9th Congressional District website. This site will provide you with information about my activities as a member of Congress as well as a variety of links to other important federal, state, and local government websites.

As your representative, I would like to keep you informed on current topics affecting our district, the nation, and the world. The internet provides great tools for individuals needing access to quick and valuable information. Please continue to visit this website for updates on issues and current events.

Thank you for taking the time to visit my website. I hope it proves to be a valuable and informative online resource tool.

Please do not hesitate to contact any of my offices if we can be of assistance.

Barbara Lee
M.C.
Senator Boxer wants to hear from you.

E-MAIL SENATOR BOXER

• Click here to send an e-mail to Senator Boxer. Please note that because of the high volume of e-mails she receives, it may take up to three weeks to receive a response.

CONSTITUENT SURVEY

COMING SOON

E-MAIL LIST

• Click here to subscribe to Senator Boxer’s e-mail list.

▲ top of page
Contact Senator Feinstein

Phone or Fax - If you wish to phone or fax the Washington, D.C. office:

Phone: (202) 224-3841
Fax: (202) 228-3954
TTY/TDD: (202) 224-2501

Write a letter - You can send an email using my [New e-mail web form](http://www.senate.gov/~feinstein/contact.html) or send postal mail to:

Senator Dianne Feinstein
United States Senate
331 Hart Senate Office Building
Washington, DC 20510

All electronic mail sent is tallied and your opinions are noted and appreciated. **If you wish a response to your email, please include your California postal mailing address in the text of your message. Due to the volume of email we receive, we are only able to respond to messages that contain a California postal address.** Please ensure that your email is in plain text format and does not include any attachments.

California offices - Contact one of my offices in California.

Requests for Casework assistance - If you are writing because you are having difficulty with a government agency and wish to request help, please send a letter including your name, address, phone number, Social Security number, and information about your problem and a Privacy Release form to:

Senator Dianne Feinstein
United States Senate
One Post Street, Suite 2450
San Francisco, CA 94104
Email issue briefs - Subscribe to one of my issue email briefs.

Tour information and ticket requests - To request Washington tour information or tickets, call (202) 224-3841 or send an email. Please include the dates you will be in Washington and your postal address. Also, please indicate in the subject of your email that you are requesting tour information. Please note that tours should be booked at least six months in advance to guarantee availability.

U.S. Flags - Purchase a flag flown over the U.S. Capitol.

Internships - Information on internships in my Washington, DC or California offices.

Return to Menu
Community Information Books 2001 References


United States Census Bureau, Department of Commerce (http://www.census.gov; http://factfinder.census.gov).


County Health Status Report 2000. Alameda County Public Health Department Community Assessment, Planning and Education Unit. July, 2000 (http://www.co.alameda.ca.us/publichealth)