Adding New Lenses:
Making Health Equity Work in Immigrant Communities Marked by Various Forms of Violence

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Dedication /Acknowledgments:

I'd like to acknowledge that God was my strength and wisdom through this challenging life changing experience. I also acknowledge the work and sacrifice of my loved ones in order for me to get to this point in my academic path. In addition, my professors in the Community Studies Department at University of California, Santa Cruz for imparting their knowledge and providing encouragement. Also, I want to acknowledge the staff at La Clínica de la Raza and Casa CHE promotores for giving me the opportunity to learn and thrive on my field study. Lastly, my Youth in Action participants who inspired me every day while on field study with their perseverance and courage during life's adversity. They were the constant reminder of the reason I decided to focus my Community Studies major in Health Justice. I dedicate this work to God and you all.

Introduction

I was five years old when my family immigrated to the U.S. from Mexico. One fateful night, I was awakened by alarmed voices coming from the living room. When I opened the bedroom door to see what was happening, the scene before me left me paralyzed. One of my aunts was holding my nine year old sister who was sobbing due to an excessive nosebleed. Meanwhile, my other aunt was trying to reassure my mother, saying: "Todo va estar bien (everything will be okay)." My mother in turn was crying out, "Mi hija se esta muriendo (my daughter is dying)." On one corner my uncle was on the phone with an emergency dispatcher explaining the situation to them in his broken English. When one of my aunts saw me standing there, she urgently directed me back to my bedroom. I went back to sleep that night asking myself if my sister would be alive the next day and wondering: what made my sister deathly sick? The answer to both of these questions are found in this essay. To begin, when this event occurred, I lived in Santa Ana, California. This city is ethnically diverse with a large immigrant population and afflicted with gang related violence. The U.S. Health Resources and Services Administration recognizes Santa Ana as a medically underserved city (U.S. Department of Health and Human Services/Health Resources and Services Administration [HRSA], 2019). However, these types of communities are also found in other locations on the national map. Not responding to improve the access to healthcare and health outcomes of medically underserved communities would be an injustice. As Martin Luther King, Jr. stated, "Of all forms of inequality, injustice in healthcare is the most shocking and inhuman."

The question is, how can health justice be achieved? According to WHO, health inequities are differences in health which are avoidable and unnecessary and considered unfair and unjust (Whitehead, 1991, p. 219). The solution to health inequities is health equity, which

according to Whitehead (1991), provides the opportunity for everyone to achieve a healthy life through policy and reducing or eliminating factors that lead to health inequities. The authors of *Challenging Inequities in Health: From Ethics to Action,* describe how we need to look upstream into the political, local, national, and federal mechanisms of society and downstream into human biology and clinical issues of disease and people (Evans et al., 2010). The factors leading to illness, whether they are physical or psychosocial, are not simply due to biological diseases cured with a medical treatment. These factors can be social, economic, educational, or environmental. Additionally, legislative policy at the local, state, and federal level creates systems that result in health inequities. With this in mind, this essay investigates the following questions:

- What is the relationship between health and health equity?
- How are health and health equity understood in a clinic serving low-income culturally diverse residents of a community marked by various forms of violence?
- What are the implications in practice for looking through cultural, linguistic, and ACE (Adverse Childhood Experiences) lenses in these types of communities?

In order for community health organizations to further health equity, health needs to be seen as holistic. Furthermore, these organizations need to apply a cultural, linguistic, and ACE lens in diagnosing individual and community health. La Clínica de la Raza, or La Clínica, applies these lenses to improve the health of the ethnically diverse community in Oakland's Fruitvale District. My analysis of La Clínica, and some of the programs in their Community Health Education Department (Casa CHE), sheds light on how health equity can be achieved even in the midst of normalized violent crime, as well as institutionalized violence perpetrated by the Oakland school system, PG&E, and the new Public Charge rule. These intersecting local, state, and federal systems of inequality come together and can be observed in the Fruitvale community

La Clínica serves. These are the external factors that affect the patients, but the organization also has its own internal threats associated with neoliberal pressures, such as the drive to constantly expand their facilities and programs.

Oakland's Fruitvale District is segregated by income, race, and ethnicity. These segregations are reinforced by state infrastructures, such as Highway 580 and Piedmont's Highway 13. La Clínica's historical relationship with this community began in the 1970's with the Chicano Power Movement, which believed all people had a right to healthcare. This paper analyzes La Clínica's current view of healthcare, in relation to its structure, programs, and guiding principles and to Whitehead's health equity principles. Following this, I examine the multiple lenses (cultural, linguistic, and ACE) La Clínica uses to diagnose the health of individuals in order to further health equity. I conclude with my critique of the factors limiting La Clínica's work, such as the priority of La Clínica's expansion over the quality of the programs they offer. Also, I explore the implications of adding new lenses (environmental or climate change) in order to improve the health of the various communities (Central American, African American) that have different cultures, languages, and everyday social structure.

Methods

From July 2019 to December 2019, I engaged in ethnographic research as an active participant at La Clínica de la Raza located in Oakland, California's Fruitvale District. I conducted most of my research in their Community Health Education Department, also known as Casa CHE. Much of my data comes from observations working as the Youth Program Coordinator for Casa CHE's Youth in Action Violence Prevention Program for middle school youth. Additionally, I collected data by shadowing my supervisor to meetings in different

departments and locations of La Clínica. I did a formal interview with a Casa CHE promotor, and held a series of casual conversations with La Clínica staff where I asked numerous questions about the causes of health inequities and the framework or work being done to address them. I conducted these informal interviews when assisting my supervisor and health educators in Casa CHE. To protect confidentiality, names, job positions, and personal details have been changed.

Towards the end of the field study, I made qualitative observations while working on Census 2020 community outreach events. I searched online databases and course readings, as well as, internal documents from La Clínica and printed archival materials (newsletters, internal emails, annual reports) on La Máquina, La Clínica's internal website. Additionally, I gathered literature for this essay from their official website and different printed media that was available. Because the Fruitvale District has a predominantly Latino population and many of my coworkers at Casa CHE were Latino, I do write in Spanish at times when I quote someone directly or indirectly. Health equity is the conceptual framework I used throughout this essay. It's also worth noting that I came into the field study location as an immigrant Latina who wasn't born or raised in the Oakland community, unlike most of my coworkers at La Clínica and the community members I came in contact with. To them, I was an outsider and this could have had an effect in their willingness to fully open up in informal conversations and interactions.

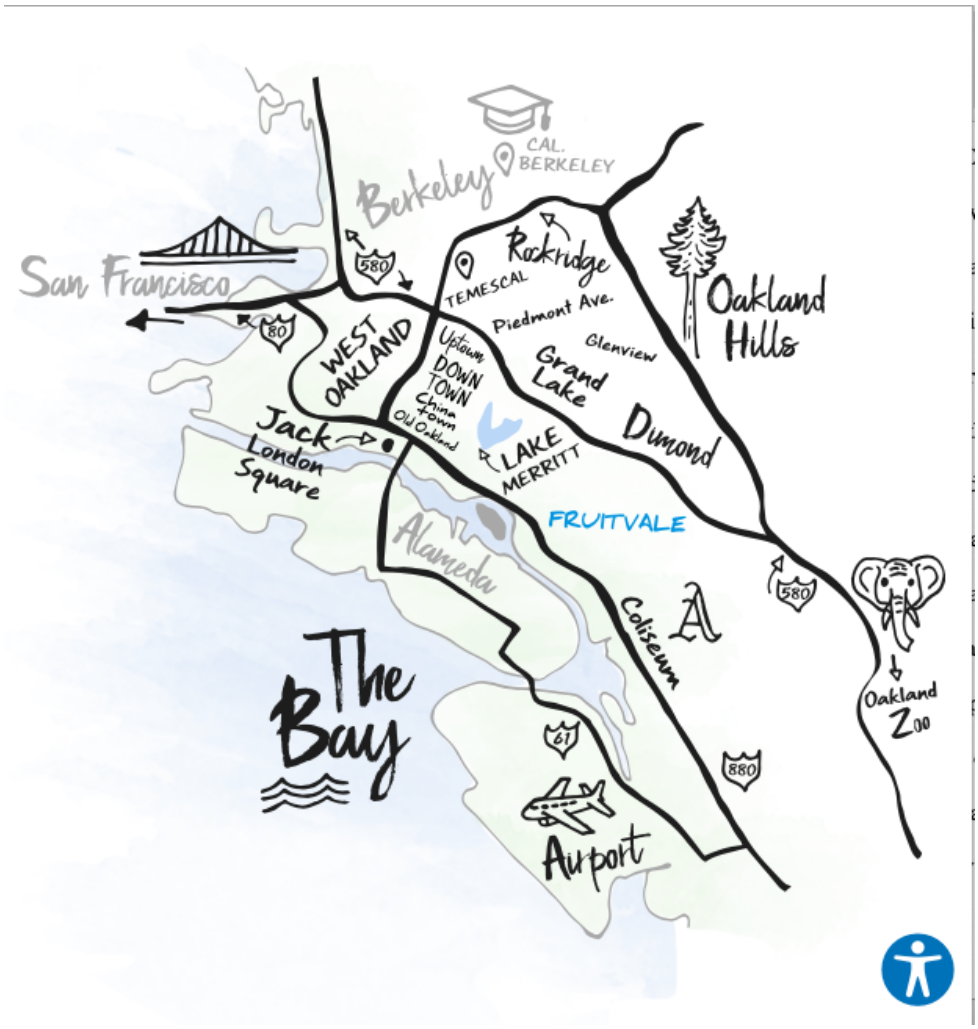
Oakland's Fruitvale District Community

A discussion of segregation and violence in Oakland's Fruitvale community provides insight into health issues which La Clínica works to address. To begin, Oakland is located in the inner part of the bay area and is right across the San Francisco Bay Bridge. It's a city known as "the East Bay" and is divided into various neighborhoods or districts (Visit Oakland, 2019). The

Visit Oakland website states the names of these neighborhoods: West Oakland, Downtown, Glenview, Dimond, Oakland Hills, and Fruitvale [See Figure 1].

Figure 1

Oakland's Neighborhoods Map



From *Neighborhoods*, Retrieved March 13, 2020, from https://www.visitoakland.com/things-to-do/neighborhoods/. Copyright 2020 by Visit Oakland.

A staff member at La Clínica described the districts also including: Temescal, Montclair, and Grand Lake Highway (Field Notes, 72). Highway 13 and 580 are the two major freeways that geographically make a distinction between the more affluent Oakland Hills known for its forestry scenery, mountain town vibe, and considered "desirable real estate" (Visit Oakland, 2019). In contrast, the Dimond and Fruitvale Districts are left of the Highways 580 and 13 and are labeled as "the flatlands" (Field Notes, 71). According to a staff member from La Clínica:

> The flatlands are those low-income cities with people of color that live on the left side of Highway 580. The flatlands, like the Fruitvale District, lack a lot of things. I mentioned: like clean streets, uncracked streets? Yes, they replied, but the buildings are also poorly made. Most of the buildings here don't even have soundproof walls, even though BART passes right over them. (Field Notes, 71)

Poor housing structures in the Fruitvale District cause health inequities in the community. These health inequities in turn, lead to poor health outcomes that affect the life expectancy of Fruitvale residents. One of the promotores I interviewed at La Clínica mentioned how "The flatlands are cities like Richmond or Oakland where there is a 14 year life expectancy gap compared to the Hills" (Field Notes, 33). Segregation as a result of socioeconomic status became more evident when a coworker pointed out the following:

> Piedmont, they explained, is not a district. It's a city within the city of Oakland. Only white and affluent people live there. They mentioned if you are a person of color walking there, the police will actually stop you. On the map [See Figure 2], she also pointed out another freeway I never noticed before: Highway 13. She explained this highway was

built for those in Piedmont. By using this freeway they don't have to go through the flatlands in order to get to other cities, like San Francisco. (Field Notes, 72)

Figure 2:

Map of the East Bay with Highways

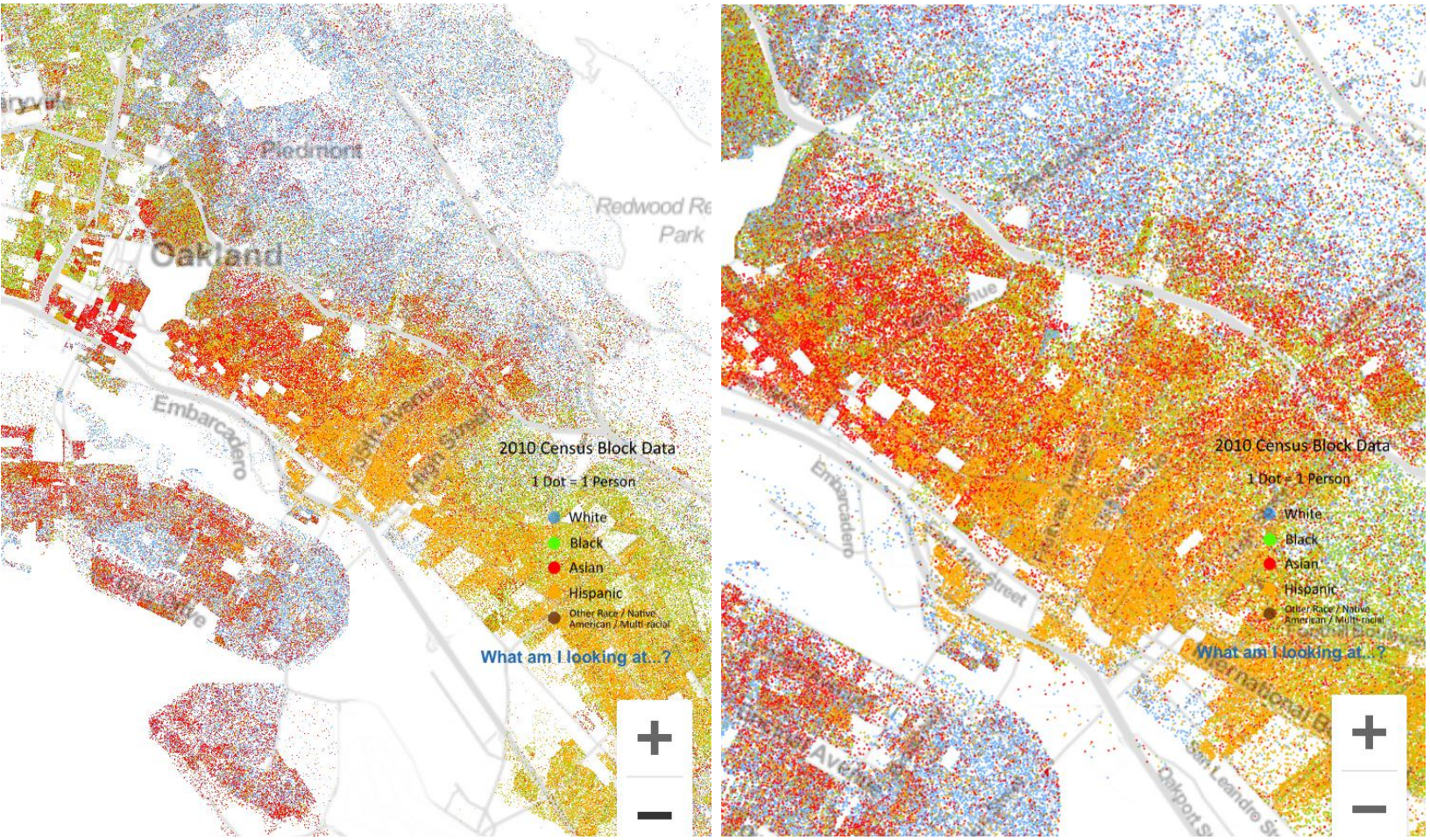
Retrieved from La Clínica de la Raza, personal communication, December 1, 2019.

My coworker's statement also mentions how Oakland's segregation is based on race and ethnicity, not just income. It doesn't take long to realize how diverse the community in Oakland is. While working at La Clínica, I did community education work during Family Day at Franklin Recreation Center, Fruitvale Unity Council's Día de los Muertos Festival, Best Foot Forward Back to School Giveaway in Oakland's Coliseum, and Census 2020 outreach at Garfield Elementary School's Family Day. Those who attended these events included: African American, Asian, Tongan, and Middle Eastern families. However, the Fruitvale District is predominantly Latino. In my field notes I write how within the Latino community, Mexicans are not the only ethnic group (Field Notes, 63). There are people from different parts of Latin America. The book: *Homegirls in the Public Square* by Marie "Keta" Miranda, states how the Fruitvale district is a place not just of long-standing Chicanos, but has been impacted by massive immigration of Mexicans and Central Americans (Miranda, 2003, p. 10).

The segregation of the Oakland community by race and ethnicity is more visual through racial dot maps where blue stands for white people, green for African American, Orange for Hispanic, and Red for Asian. [See Figure 3 Below]

Figure 3

The Oakland Racial Dot Map



From *The Racial Dot Map,* retrieved March 13, 2019, from https://demographics.virginia.edu/DotMap/index.html. Copyright 2013 by Dustin Cable.

The segregation of people of color by Highway 13 and 580 is distinctive in these racial dot maps by comparing the Visit Oakland website city map with the racial dot map. West and Downtown Oakland is mostly peppered with green, meaning a large African American population presence there. On the lower part of Lake Merritt you see lots of red color and some orange and green to describe a large Asian population along with an African American and

Hispanic population. While in the Fruitvale District there is predominantly orange color, meaning it is mostly a Hispanic population residing there. There is little red/Asian or green/African American population around the Fruitvale neighborhood. According to the Kaiser Foundation Hospital Board of Director's Community Health Committee (2019), the population in Oakland is 587,090 and the Visit Oakland (2019) website mentions how in the Fruitvale community there is a population of 4,213 which contains first and second generation Mexican Americans. Compared to Fruitvale, Oakland Hills is mostly a blue/White population with some green/African American population close to Highways 580 and 13 and with some scattered red/Asian population more north. By analyzing the community with the racial dot map and through reading the descriptions of it through the Visit Oakland website, it is apparent how segregated Oakland districts are by socioeconomic status, race, and ethnicity and how its infrastructure marks these divisions.

Another characteristic of Oakland's Fruitvale District is the presence of normalized violent crime and local, state, federal systems perpetuating violence. According to data from the "Kaiser Foundation Hospital's 2019 Community Health Needs Assessment in Oakland" (2019), rates for domestic violence hospitalization of women and girls 10 and older, of violent crimes, assault injury ER visits, jail admissions of fifteen- to sixty-four-year-olds, youth bullied in schools, and homicides are all higher in Oakland than the state average [See Figures 4, 5, 6 Below]

Figure 4

Violence in Oakland Compared to CA State Averages (A)

Selected Safety Indicators: Service Area

HEALTH NEED INDICATOR	STATE AVERAGE	SERVICE AREA
Violent Crimes	402.7	716.8
Domestic Violence Hospitalizations (females aged 10+)	4.9	5.7

Rates per 100,000 people. / SOURCES: Crimes: National Archive of Criminal Justice Data, FBI Uniform Crime Reports, 2012–2014. Hospitalizations: California Department of Public Health, EpiCenter Overall Injury Surveillance, 2013–2014.

Figure 5

Violence in Oakland Compared to CA State Averages (B)

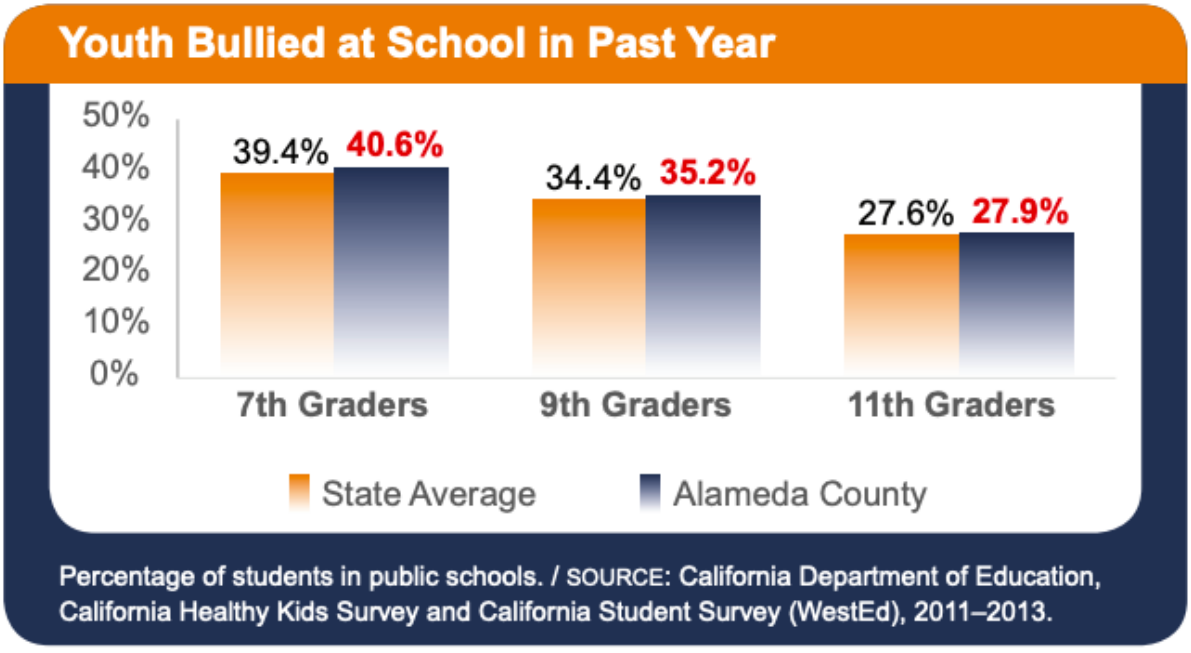


Figure 6

Violence in Oakland Compared to CA State Averages (C)

Selected Safety Indicators: Alameda County

HEALTH NEED INDICATOR	STATE AVERAGE	ALAMEDA COUNTY
Assault Injury ER Visits	322.6	422.2
Jail Admissions (aged 15–64 years)	3,805.9	4,356.6
Homicide	5.0	8.0

Rates per 100,000 people. / SOURCES: ER visits: Office of Statewide Health Planning and Development, 2012-2014. Jail admissions: Vera Institute of Justice, Incarceration Trends, 2015. Homicide: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 1999–2017 on CDC WONDER Online Database. Data for the year 2017 are compiled from the Multiple Cause of Death File 2017, Series 20, No. 2W, 2018.

The "2019 Community Health Needs Assessment at Kaiser Foundation Hospital" (2019) further describes how the Oakland community cited an increase in violence and violent crimes in general. Residents described a concern about Oakland developing into a place for human trafficking and noted that discrimination and racially motivated violence impacted their mental health. The community worried about the victimization of children and youth by online and in-person bullying. During my first week in the Fruitvale District, I was told that it was:

> …not considered a safe neighborhood, there are homeless people sleeping on the street, and I got asked by a man for spare change. For this reason, there are security guards outside both La Clínica de la Raza's medical clinic, the Human Resources building, and

right outside Casa CHE buildings. They only let patients, volunteers, employees, and Casa CHE program participants inside the building. (Field Notes, 8)

Even with the security guards in place, I noticed my coworkers would walk in pairs when walking to get coffee, lunch, or to take a walk during break. When I asked one of my coworkers why they didn't like to walk by themselves, they mentioned walking around with someone else prevents people, mostly men, from catcalling or saying other disrespectful things (Field Notes, 28). Safety was something I also had to consider when planning out activities for the Youth in Action (YIA) Program. When I wanted the YIA participants to go to the library to use the computers, my coworker suggested I speak with the librarians about not being disturbed. "Since the library is a public space, it has issues with homeless or creepy men coming in and trying to talk to kids. They had an incident where a man was bothering her students." (Field Notes, 121) Another time the police came to interview a Casa CHE staff member to help file a police report. A man had been stalking a patient as she pushed her baby in a stroller and toddler from La Clínica's Transit Village Medical Clinic to the building next to Casa CHE to get MediCal assistance. When she got to the entrance of said building, the man cornered her and attempted to sexually assault her. A patient inside the building heard the mother scream and came out to help, at this point the aggressor ran away (Field Notes, 221-222).

Authors Scheper-Hughes and Bourgois (2004) define structural violence as "a chronic political-economic oppression and social inequality, ranging from exploitative international terms of trade to abusive local working conditions and high infant mortality rates." (p.426) *Righteous Dopefiend* (2009) authors further elaborate this definition by adding how structural violence "wreaks havoc on vulnerable categories of people." (p. 16) The police, PG&E, and the current federal administration are the systems inflicting structural violence on the vulnerable

low-income and ethnically diverse Fruitvale Community. First, Fruitvale has a history of police brutality. The Fruitvale Riots were the result of police brutality against Oscar Grant in 2008. According to an article in The New York Times (2009), during this incident the police shot Oscar Grant, an African American man when many in the community considered there was no substantial reason to do so. The article further states, the Fruitvale community was upset when the police officer who shot Grant was only charged with involuntary manslaughter (McKinely, 2009). Police brutality in Oakland is commonplace, according to one of my coworkers who shared the following incident:

> When their son was in high school, he went to a dance with friends, some were African American. On their way back home a police car told them to stop. Their son then called to let them know that the police had stopped them and he didn't know why. He also told them where they were located. My coworker and their spouse actually went to where they were. They went up to talk to the police officer and asked him why he had arrested the kids? The police officer told them it was none of their business. They replied it was because that was their son right there. He told them they had committed an infraction. They asked what it was. He just said an infraction. They insisted on knowing what it was. The officer never told them. In the end, he never admitted it, and let their son and his friends go without a ticket. (Field Notes, 79-80)

To Fruitvale residents of color, the police are not protectors who instill in them a sense of safety. Instead, the police department is seen by the community as the oppressor. Both parties distrust each other, leading to a vicious cycle of hate and fighting that sometimes leaves members of both parties shot to death.

Second, the police department isn't the only institution furthering structural violence. PG&E is a private corporation with no regard for the Fruitvale community. During my field study, all departments at La Clínica in the Fruitvale area had to be evacuated when an employee reported smelling gas. An investigation was done and it was found that PG&E was working on street pipes that were releasing gases (Field Notes, 188). They assured everyone the gases were not deadly. Yet, this didn't subdue the concerns everyone at La Clínica had for themselves and the Fruitvale community overall. It was shocking to know housing locations and businesses never evacuated their buildings because they were never told about PG&E's street pipe work. Regardless of the fact that the gases were not deadly, this event shows the disregard PG&E had for the health of the Fruitvale community.

Finally, as has been mentioned, the Fruitvale District is ethnically diverse and predominantly populated by Latinos and Central Americans. The current federal administration has produced structural violence by targeting Fruitvale's immigrant community through the new Public Charge Rule (U.S. Citizenship and Immigration Services [USCIS], 2019). The new ruling discourages immigrant residents in Fruitvale from applying for health-related public services out of fear that their immigration status in the U.S. will be jeopardized for utilizing them (Field Notes, 189). As a result, positive health outcomes in Fruitvale could potentially decline since community members are not receiving the preventative care they need or addressing the illnesses they might be experiencing, which can possibly turn chronic. Health inequities in the community persist as a result of individuals not accessing healthcare out of fear of the new federally mandated Public Charge Rule.

Overall, the racial, ethnic, and socioeconomic segregation in Oakland combined with violent crimes and systemic violence by local, state, and federal institutions serve as obstacles in

being able to reduce or eliminate health inequities and further health equity in Oakland's Fruitvale District.

La Clínica de la Raza History in the Fruitvale District

La Clínica is a community health organization with a historical relationship among the Fruitvale community since its founding in 1973. According to La Máquina, La Clinica's historical narrative, it was founded by three UC Berkeley students from the School of Public Health (La Clínica de la Raza, personal communication, August 30, 2019). These students were part of a student movement that rose up across the nation to break down institutional barriers and racism targeted towards minorities. The "Movimiento" (Movement), as it was called, was spreading across college campuses and the farm worker fields and was looking to form better life outcomes for minorities and their future generations (La Clínica de la Raza, personal communication, August 30, 2019).. The Movimiento's purpose was to advance access and opportunities for minorities in education, health, civil rights, and economics (La Clínica de la Raza, personal communication, August 30, 2019). La Máquina further narrates how from the Movimiento, the Chicano Power Movement branched out to focus on the needs of the Chicano/Latino population who, during this time, had no access to healthcare. As a result, La Clínica's mission statement was founded on the idea that healthcare was a right and access needed to be affordable and cultural. It's important to discuss the origins of La Clínica because it demonstrates that La Clínica has had an in-depth understanding of the Fruitvale community since its inception. As a community health organization, they are in tune with the community's health issues and are not blind to the barriers, like segregation and systemic violence, leading to health inequities experienced by the community they serve.

La Clínica de la Raza's Framework: Health Equity

La Clínica was not just influenced by the Chicano Power Movement in the past; they are still in a constant health justice movement to remove the barriers obstructing the Fruitvale community from accessing appropriate high-quality healthcare. They do this through furthering their mission to improve the quality of life of the diverse community by providing culturally appropriate, high quality, and accessible healthcare for all (La Clínica de la Raza, 2015) According to La Máquina archives, La Clínica has stipulated six guiding principles to accomplish their mission which when analyzed are similar to Whitehead's health equity principles.

The first guiding principle of La Clínica, similar to Whitehead's sixth health equity principle, is to provide affordable, high quality health services that are culturally and linguistically accessible to the community (La Clínica de la Raza, personal communication, August 30, 2019). In this case, La Clínica goes beyond providing high quality healthcare access but delineates providing healthcare that is culturally and linguistically relevant to the community they serve. La Clínica's second guiding principle is to serve patients with the ability to pay and to subsidize those who can't afford to pay (La Clínica de la Raza, personal communication, August 30, 2019). In this way they are making healthcare accessible to all, regardless of socioeconomic status. Furthermore, Whitehead's first principle involves creating policies which will improve living and working conditions. This works along with La Clínica's third principle to recognize the overall health needs of the patient population by taking into account psychological, social, economic, and physical needs (La Clínica de la Raza, personal communication, August 30, 2019). The fourth guiding principle of La Clínica is to advocate for the short- and long-term healthcare needs of the patients and advocate for them to obtain a more

humane and effective healthcare system (La Clínica de la Raza, personal communication, August 30, 2019). This relates to health equity's second principle, which is to create policies that assist people to acquire healthier lifestyles. The last guiding principle of La Clínica is to respond to new economic opportunities and service needs brought by new technology, a changing healthcare industry, political environment, and social, health, and economic demographics of the communities La Clínica serves (La Clínica de la Raza, personal communication, August 30, 2019).

Although La Clinica doesn't explicitly state it anywhere, they also apply health equity's principle to decentralize power and decision-making while encouraging people to participate in drafting health-oriented policy. The Promotores program at La Clínica is a prime example of this principle. The purpose of this program, according to La Clinica's Connection newsletter (2015), is to empower its own community members to become leaders in their communities who educate the community with the strategies they have also been taught and to live out safe and healthy lifestyles (p.3). In addition, different groups of promotores, including members of the community, are asked to participate in focus groups which are used to research into the health impact of the programs at La Clínica (Field Notes, 190-191). This demonstrates how La Clínica is implementing health equity's fourth principle. Research done by La Clinica is then used to assist in creating ordinances to improve the health of the Fruitvale community (Field Notes, 159). Thus, health equity's last principle that policies should be based on appropriate research which includes assessment and evaluation is implemented in La Clínica, although it might not be stated explicitly. Overall, La Clínica's guiding principles enhanced Whitehead's health equity principles in order to address the health needs of the community they serve.

La Clínica de la Raza Furthering Health Equity

In addition to La Clinica applying their own personalized health equity framework, their view of a healthcare system is holistic and involves assessing health through the social and societal determinants of health. The social determinants of health serve as lenses focusing on environmental conditions affecting the health and overall quality of life of people and communities (Birn et al., 2017). These determinants can be where people are born, live, learn, work, play, worship, and age. In contrast extension, *societal* determinants focus on the contexts affecting the health of a community. They are the social, political, cultural, historical, and economic systems affecting health (Birn et al., 2017). In order to further health equity it is imperative for community health organizations to look at upstream mechanisms, like social and societal health determinants, affecting the health of a community because they play a role in keeping health inequities in place.

By combining a holistic view of a healthcare system and using social and societal health determinants, La Clínica has structured its community health organization to recognize and address the overall health needs of an individual patient, and Fruitvale's population, by taking into account their psychological, social, economic, and physical needs. For this reason, La Clínica offers various health services and programs in the Fruitvale community. La Clínica's organizational chart from La Máquina lists these departments: medical and pharmacy services, dental services, behavioral health services, and business and community relations (La Clínica de la Raza, personal communication, August 30, 2019. All of these departments serve to provide La Clínica with services to address health issues related to: adolescents, behavioral health, case management, dental, health and nutrition education, laboratory, medical, pediatric services,

pharmacy, prenatal and postnatal care, preventive medicine, radiology, referral services, vision and eye care, women's health, and WIC.

Within La Clínica's departments there are programs and projects implemented to improve the health of Fruitvale's population. During my field study, I worked under the business and community relations department, which oversees the Community Health Education branch of La Clínica. Community Health Education includes Casa del Sol for mental health services and Casa CHE. According to a PowerPoint presentation given by a coworker, Casa CHE includes the following services:

- **Casa En Casa:** community teach-ins at people's home.
- **Escuela de Promotores/as:** training for community members to become health educators in their community.
- **Casa En Las Escuelas:** community teach-ins at schools.
- **Youth Brigade:** a youth leadership development group.
- **Tobacco Prevention Program:** a tobacco prevention program for high school students.
- **TRUCHA: T**ogether **R**eaching **U**sers **C**ombating **H**IV & **A**IDS program.
- **Day Laborers Project:** brings weekly breakfast to day laborers in Oakland and basic medical services and education to wherever they are located with the collaboration of Street Level Health Project.
- **Food Co-op:** brings access to affordable fresh fruits and vegetables. Includes Healthy Food Champions promotoras and the Food Pharmacy.
- **La Feria De La Salud:** a community health fair offering preventive health screenings and access to local organizations that provide services.
- **Grupo de Hombres (Group of Men):** a support group for men dealing with violence in their lives.
- **Amor Latino/ Translatinas:** a recently merged support group for LGBTQ people.

These departments and programs reduce the different medical issues, trauma, and mental health problems the Fruitvale community faces through different forms of segregation and structural violence producing poor health outcomes.

It is also worth noting how La Clínica goes further than mitigating the effects of systemic violence in the Fruitvale community. They work towards eliminating the factors producing health inequities and implement the interventions necessary to improve the health of the community, which sometimes means addressing the root causes of systemic violence. Casa CHE is a department that works toward empowering the community to create this change in health inequities through the Community Action Model (CAM), which aims to reduce health disparities by promoting healthier lifestyle practices (Anderson, 2015, p. 3). It is a 5-step process which addresses social determinants of health disparities by grassroots policy development and change in organizational practices (Hennessey et al., 2005). The CAM in turn is a product of Paulo Freire's theory known as popular education which he delineates in his book, *Pedagogy of the Oppressed*. In his book, Freire describes how popular education theory integrates educational practice to produce liberation from an oppressive state and includes participatory action research approaches. By analyzing the CAM article, I saw clearly how Freire's theory could be applied in order to create change from within by using the strengths of the community and working in collaboration through the Community Action Model (Hennessey et al., 2005).

The CAM article also mentions how the goals of this model are to promote environmental changes by focusing less on changing individual lifestyles and behaviors. Instead the focus is in enabling the oppressed community and agencies to eradicate characteristics of the community producing their economic, environmental, and other inequities which lead to the community's health disparities. The other goal of CAM is to assist community members in

acquiring the skills and resources they need to be able to mobilize their community themselves (Hennessey et al., 2005). Overall, CAM is one method for the theory of Freire's popular education, which La Clínica explicitly mentions they integrate throughout its programs in their Community Health Education Department. CAM and popular education are additional frameworks which can be applied to further transform and advance health equity in a community like Oakland's Fruitvale District because they work to challenge factors like segregation due to socioeconomic, racial, and ethnic segregation.

As has been mentioned, the Fruitvale District is a segregated area with poor housing that produces poor health outcomes. During my field study, Casa CHE promotores were being educated about the CAM Model, the effects of poor housing structures, tobacco and asthma prevention. According to the health educator coordinating the Promotor program, the promotores were working to pass a housing policy which would have landlords improve housing conditions so that tobacco smoke did not go through the walls into family apartments (Field Notes, 159). During a grant proposal meeting at Casa CHE, it was discussed there was a need to acquire a grant in order to pass this housing policy which would eliminate the number of children contracting asthma from secondhand smoke due to poor housing structures (Field Notes, 15).

The work of La Clínica includes abolishing structural violence by the federal government that targets the community they serve. When it was confirmed that the new Public Charge rule would pass, La Clínica partnered with the National Immigration Law Center, the Asian Health Center and the California Primary Care Association (CPCA) and other organizations to begin litigation procedures to stop the new Public Charge rule from going into effect (J. Garcia, personal communication, October 21, 2019), It is through these local and national partnerships that La Clínica is able to further health equity and address the health issues of the Fruitvale

community. They effectively implement interventions, which can reduce and also eradicate, poor health outcomes created by the segregation and systemic violence experienced by the Fruitvale community.

La Clínica de la Raza Adds New Lenses

La Clinica de la Raza uses a holistic lens in their healthcare system along with social and societal determinants of health, to improve the health outcomes of the Fruitvale community. However, they add on three new lenses (culture, language, and ACE) to assess and diagnose the health of individuals. These lenses point to the cause of the health issues individuals are facing and the cause of health inequities in the Fruitvale community.

Adding the Cultural Lens

"Me duele el corazón (my heart hurts)..." - La Clínica Patient

This was a quote from one of La Clínica's patients, who the Intervention Disciplinary Team (IDT) was discussing in their meeting. The IDT is made up of a patient navigator, social worker, medical healthcare provider, and a Casa CHE staff member who is from the Fruitvale community. The IDT was discussing different patient cases, and in this case, the patient kept coming weekly to La Clínica complaining about chest pain. The healthcare providers would check her vital signs, but found no signs of heart problems. After learning the patient was a Mam-speaking Guatemalan immigrant, a Casa CHE staff member who is also Guatemalan informed the IDT that this patient was actually describing emotional pain. In Guatemalan culture they describe emotional pain as pain in the heart. Before knowing this information, the team was only considering cardiovascular diseases that were potentially causing her chest pain. However, when the Casa CHE staff member added a cultural lens to the patient's symptoms, the patient

navigator began to discuss the housing and family issues the patient was experiencing in her life bringing about her emotional pain.

By adding a cultural lens to the patient's case, the IDT was able to find the root cause of her actual pain and provide her with housing options and mental health resources needed to improve her health. It is also apparent how a community health organization needs to know the culture of the community they serve. By culture I mean the geographic, ethnic, religious, and personal beliefs and practice of people or a community. This lens helps to understand the underlying factors impacting the health of an individual or community to provide the correct interventions.

Adding the Linguistic Lens

> *"If they say they have "nervios" or "mucha tristeza" we tell them they should talk to one of our "consejeros" - Cultura y Bienestar (CB) Promotora*

These words are from a Cultura y Bienestar (CB) promotora I spoke to during field study. In this instance, she was describing interactions she has with community members during community events she attends in the Fruitvale District. After many interactions, she has come to realize that when people come and disclose to her that they have constant "mucha tristeza" this is a code word for depression. If they mention having "nervios", this is another code word for experiencing some type of mental health issue, like anxiety or panic attacks. In the Latino community there is an assumption that an individual that visits a mental health provider means the person is "loco/crazy". Since the CB promotora is aware of the stigma associated with visiting mental health providers, she will then advise individuals with mental health issues about seeing a CB "consejero" to help with their symptoms. In this case, the language lens assists in

identifying the mental health issue the individual is experiencing. At the same time, language is used to take away the stigma associated with seeing a therapist.

The importance of language in diagnosing is also discussed in "The State Construction of Affect: Political Ethos and Mental Health Among Salvadoran Refugees" by Janis Hunter Jenkins. In Jenkin's article, she describes how Salvadoran refugees used the word "nervios" to describe a chief complaint. Yet, behind this word, there is "a deeply embedded life context of chronic poverty and exposure to violence" (Jenkins, 1991, p. 151). She further states how suffering is described through language and Salvadoran refugees "describe their emotional experiences in terms of bodily sensations" (Jenkins, 1991, p. 151). According to Jenkins, language can signal the environmental factors, like chronic poverty and violence, causing emotional pain and poor health outcomes. This pain is then described as a physical symptom. Similar to their use of a cultural lens, La Clínica uses a linguistic lens to assist finding the individual or societal factors leading to the physical and emotional pain experienced by individuals in the Fruitvale community.

Adding the ACE Lens

> *"...he was waiting at a bus stop and a man inside a car told him to get inside the car or else he'd shoot him with a gun if he didn't." - Youth in Action (YIA) Participant*

The story described by this YIA participant is an example of the type of violence the middle school participants witnessed in the Fruitvale community. Not long before this occurred, one YIA participant personally experienced something similar:

> Lynn mentioned that on Saturday she was walking to her church for catechism class. As she was walking through a parking lot, she noticed this man in a truck park right in front

> of where she was walking. He yelled at her if she needed a ride. She said no and kept walking, fast now. Then he told her he could give her a ride. At this she didn't know what to do so she started running to the corner of the street to take a turn. The man in the truck actually drove to where he thought she was going to get there before her...Somehow Lynn was able to get on a bus, but even then she saw the man in the truck driving alongside the bus before he took a different turn. (Field Notes, 65)

The violence experienced by Lynn and the YIA participant's classmate is common adversity that Fruitvale District youth encounter in their everyday lives. Therefore, as the Youth Program Coordinator, I informally used the ACE test. This test, according to the book *The Deepest Well* (2018), is a questionnaire quantifying different types of adversity, which are the following:

- emotional abuse
- physical abuse
- sexual abuse
- physical neglect
- emotional neglect
- substance abuse in the household
- mental illness in the household
- mother treated violently
- divorce or parental separation
- criminal behavior in household

The author of *The Deepest Well*, Dr. Nadine Burke Harris, identifies a consistent relationship between ACEs and poor health outcomes (Burke Harris, 2018, p. 38). Each category of abuse counts as one point and the highest ACE score possible is ten. Dr. Burke states that individuals

with an ACE score of 4 or higher are twice as likely to develop heart disease and cancer, and seven and a half times as likely to develop chronic obstructive pulmonary disease compared with someone with an ACE score of zero (Burke Harris, 2018, p. 38). Furthermore, "people with high ACEs were also shown to be at a much greater risk for depression and anxiety…" (Burke Harris, 2018, p. 181).

Although I didn't have access to the YIA participant's medical records and know what medical issues they had, I did notice how these events affected the emotional well-being of the YIA participants. A few days after Lynn's incident she casually mentioned she might be cutting herself. I was able to set up a meeting with her and my superior. During this meeting, Lynn confessed she was now having a hard time going out with friends because she felt scared and unsafe. She also confessed to feeling so scared one day as she was waiting at a bus stop that she had to call her older sister to calm her down (Field Notes, 132).

A week after the YIA participants shared these experiences, they went through another adversity: their middle school cancelled all their 7th and 8th grade classes. I had been in contact with the school receptionist before the school cancelled classes because the YIA participants let me know their school was sending them out in charter buses to receive class in different locations. At one point, the school was sending them all the way to Berkeley for class (Field Notes, 134). The week before the YIA participants informed me that they were attending new schools, they shared how the situation at their school was getting worse. Not only were some of their classmates getting into fights (something that didn't happen often before), but one morning while they were waiting inside the charter buses to depart to the class locations, they saw a parent get in a fight with a staff member from their school (Field Notes, 154). They also described how a lot of teachers were calling in sick and how upset they were when Mr. T, one of

their favorite teachers, was removed from their class to teach another grade (Field Notes, 154). The events at school affected the emotional well-being of the YIA participants. In a way, the school became the institution responsible for their emotional pain, as well as the system inflicting trauma when the YIA participants had to start over in a new school environment. The middle school became a form of structural violence affecting their emotional and mental health.

La Clínica's Youth in Action program served as an important buffer during the YIA participants' adverse experiences. The YIA program was a third place for the participants. A third place is defined as a place that fosters community and communication outside of work or school (Jeffres et al., 3). The authors further describe these third places as providing a space for community building and emotional expressiveness providing stress relief, and a feeling of safety and security. The YIA program was the third space where participants were able to develop healthy friendships/healthy relationships among their peers, have emotional support from Casa CHE staff, and be provided with resources to help them with mental health issues due to challenges and traumas they experienced outside of the program.

In addition, the Youth in Action Program developed its participants to become Peer Health Educators, educated about topics such as: bullying, relationship violence, sexual violence, conflict resolution, LGTBQ issues, and healthy communication styles. The youth were also able to develop presentation and facilitation skills through meeting activities and participation in educating the Oakland community about bullying at Best Foot Forward Back to School Shoe Giveaway health fair, Family Day at Franklin Recreation Center and Urban Promise Academy Middle School. Meeting activities reinforced topics learned through group discussions and individual presentations, arts and crafts, writing activities like journaling, creating and solving scenarios related to topics addressed, and writing poems.

Another central YIA activity was that public speakers came, one from Barrios Unidos in Santa Cruz. They spoke to YIA and facilitated an activity about conflict resolution and restorative justice. The last public speaker during my field study came from Bay Area Women Against Rape (BAWAR) who spoke and facilitated an activity about sexual abuse prevention. Overall, the Youth in Action program provided the participants with a safe space where they could be educated and provided with tools to live out a healthy life, meet role models from similar backgrounds, and produce change in their community through the educational presentations they did in community events and a middle school class of sixth graders.

Limitations in the Furthering of Health Equity

Although the work La Clínica does further health equity, it's not exempt from the effects of neoliberal pressures. Neoliberalism, according to the article "Neoliberalizing Space," prompts a "growth first" approach to urban development and reducing social investment in order to have economic growth (Peck & Tickell, 2002, p. 394). It prioritizes staying current with the competitive markets. La Clínica de la Raza began with one building in the Fruitvale District, which is part of Alameda County, according to La Máquina. However, historical records show, La Clínica expanded due to them merging with other health centers and expanding to counties outside of Alameda. In 1984 it merged with the San Antonio Neighborhood Health Center who was on the brink of being defunded by the federal government, states La Máquina. La Clínica's expansion outside of Alameda County began with another federal expansion grant enabling them to open a clinic in Pittsburg, East Contra Costa. Afterwards the County of Solano reached out to La Clínica to take over operations in Redwood Family Health Center, a community health center who was struggling financially and within their leadership.

These expansions in property, through the provision of federal funds, merging with other institutions, and partnerships, have helped them acquire altogether 35 locations in Solano, Contra Costa, and Alameda Counties. All these expansions have shaped La Clinica into what it is today, and it's still growing. They are currently in the process of making a new and larger medical facility in Vallejo. Expanding for La Clínica means it's also staying competitive and thriving compared to the community health centers it took over. This expansion in turn has also provided La Clinica with substantial funding, and consequently, economic influence. The economic power of La Clínica is due to its private and public funders, which range from individuals to local, state, and federal grant-making government agencies, and even large corporations.

However, this growth has not improved the financial situation of its staff. During my time at La Clínica I witnessed the discontent of La Clínica staff, who were protesting to be able to renew a contract with La Clínica for the new fiscal year, which would secure them a raise and living wages (Field Notes, 106). La Clínica thought otherwise. An email correspondence, sent out by La Clínica's CEO, stated the staff had to understand that La Clínica was going through financial struggles due to the current federal administration's policies affecting a grant which provided them with a large source of their funds (La Clínica de la Raza, personal communication, September 26, 2019). Due to this, La Clínica staff needed to take austerity measures (Field Notes, 136). This meant not getting a raise for the next three years, in order to help keep La Clínica financially stable. At the same time, one wonders how, if this is the case, why La Clínica is expanding construction in building a new medical facility in Vallejo? (Field Notes, 80). It's evident La Clínica would rather invest in this expansion than the wellbeing of its staff. Neoliberalism is affecting the internal structure of La Clínica by prioritizing developmental

and economic growth over its staff's well-being, despite the fact that many staff members are part of Oakland's community.

Another consequence of austerity measures is a high turnover rate for La Clínica staff, who leave the organization when they find jobs with better wages and opportunities (Field Notes, 203). In addition, this affects the quality of the work La Clínica provides the community, as well as, its ability to further its mission. Constantly changing staff creates instability in the programs. When the former health educator left Youth in Action, the program had to be suspended for some weeks until I was able to begin my field study and take over the coordination of the program. In a way, I had to start the program all over again because I had to meet the parents, the participants, and develop and facilitate the program without a curriculum due to this program being the first violence prevention program targeted to middle school students. All these changes affected the quality of the program for the time there was no one running it and consequently, possibly depriving the middle school youth of the support or resources they needed. La Clínica de la Raza is a pioneer in furthering health equity, yet neoliberal measures are negatively impacting the quality of the community health education programs they provide for the well-being of the community.

Conclusion

La Clínica uses a health equity framework with personalized guiding principles to further their mission to reduce, and when possible eradicate, the presence of health inequities that translate to poor health outcomes in Oakland's low-income and ethnically diverse Fruitvale community. La Clínica is able to accomplish this despite the intersecting violent crimes and structural violence the community faces by local, national, and federal entities. They are able to

do this by viewing the healthcare system as holistic and using social and societal determinants of health to identify the health needs of the community they serve. By viewing the healthcare system through a holistic lens and using the social and societal determinants of health, La Clínica has been able to structure their community health organization to address the health issues the community faces, whether they are physical, emotional, mental, and social. They add new lenses, like culture, language, and ACE in order to assess and diagnose the health of individuals and find the root cause of health issues in the community. As a community health organization they truly are pioneers in improving health equity in the community they serve, which in turn means improved health outcomes for the community. At the same time the work of La Clínica is not exempt from neoliberal pressures inhibiting their work towards health equity. La Clínica should also focus on providing living wage to its staff who are part of the community they serve, as well as, prioritize high quality preventative health education programs, the same way it prioritizes expansion of the organization.

Analyzing La Clínica de la Raza implies that other community health organizations can obtain valuable insight into understanding different ways of molding health equity principles to fit the health needs of the communities they are serving. For one, adding a holistic healthcare system is essential to improve the health of the community. Looking at the health of individuals and the community using social and societal determinants of health can also be beneficial in identifying the upstream factors affecting health in order to address them. In addition, adding cultural, linguistic, and ACE lenses can be helpful in assessing and diagnosing health issues in individuals and the community. The cultural lens can be applied to any community because every community contains one or more cultures. The Fruitvale District was predominantly influenced by Latino culture, but included cultures from different Latin American countries, like

Guatemala which differs from Mexican culture. The culture lens changes depending on the demographics of the community a health organization is serving, and it helps to understand how the community defines health and how they address illness according to their culture. The language lens can also be applicable in other communities because it helps to see language as a means to communicate and understand symptoms and the underlying cause of these symptoms at the individual and community level. Lastly, the ACE lens can be applied to everyone regardless of socioeconomic status, race, and ethnicity, or any other factor because toxic stress due to adversity "happens in every community…[because it] is about basic biology" (Burke Harris, 2018, p. 177). Of course, there are other lenses which can be applied and are outside the scope of this essay. One example is an environmental lens, which puts into focus how climate change is affecting the health of a community.

In the beginning I shared a personal anecdote of when, as a five-year old, I went to sleep asking myself what caused my older sister to become deathly sick. In order to answer this question, it is necessary to apply two lenses: cultural and linguistic. In Latino culture, home and herbal remedies are common treatments for illness. For this reason, my mother first tried to cure my sister's nasal congestion symptoms with herbal teas. Since my sister's symptoms were getting worse, my mother began to ask around where she could take my sister for a medical appointment. Through a neighbor, she learned about a community health clinic where she could take my sister. However, as a recent immigrant, my mother only spoke Spanish. During my sister's medical appointment language became a barrier for her. My mother was only able to understand when the doctor diagnosed my sister with chronic sinusitis and that the slip of paper she was given was a prescription for medicine. The rest of what was said during the medical appointment, she didn't understand. On the night of my sister's chronic nosebleed, the

emergency dispatcher on the phone was able to help my family members stop my sister's nose from bleeding. Nonetheless, to this day, my mother doesn't know if my sister's chronic nose bleed was due to her not understanding during the medical appointment conversation with the doctor, if they mentioned that nose bleeds were a side effect of the prescribed medication. By using the linguistic and cultural lens it is evident how interventions, like translation services and outreach work by the community health clinic in the Santa Ana neighborhood, could have prevented my sister's sinus condition from becoming chronic and prevented my family the emotional pain from that night. The moral of this story is: add on new lenses.

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