

Overview

Founded in 1972, Chinese Progressive Association (CPA) conducts tenant and worker organizing, youth and student organizing, civic engagement, and movement and alliance building for low-income Chinese immigrant communities in San Francisco.

Mission

“Chinese Progressive Association educates, organizes and empowers the low income and working class immigrant Chinese community in San Francisco to build collective power with other oppressed communities to demand better living and working conditions and justice for all people.” –CPA website



Constituency

- Asian & Pacific Islanders
- Ages 0-64
- Homeless
- Immigrants
- Low Wage Workers
- Tenants

Local Conditions & Critical Issues Impacting 0-5 Childhood Health in San Francisco

Unaffordable Housing

Including rent increases, gentrification, and displacement.

Economic Insecurity

There is a lack of good jobs and a high cost of living—26.8% of San Francisco Chinatown children live below poverty.¹

Unaffordable Childcare

Significant barriers faced by parents with low-wage jobs with obtaining publicly funded child care or pre-K due to eligibility income thresholds.

Cheap but Inadequate, Substandard Housing

Including Single Room Occupancy (SRO) hotels and their harmful public health impact—Chinatown has the highest population density of any neighborhood in San Francisco¹ with an estimated 457 families with children living in SRO hotels.²

“An [SRO] is a ten by ten sized room and five to seven people live in it. Sometimes up to three generations. And it is not a place for children...to grow up... there’s only one kitchen for the entire building of like 150 residents, kids having to wait til 11 PM for their [dinner], because there is a line to get to the kitchen. So, you have all of these things colliding with each other that impact people’s health... everything from anxiety to instability to environmental health issues, and [barriers to eating] healthy if they don’t have kitchens.”

– Alex Tom, Executive Director

Key Indicators of Childhood Health in San Francisco



17.2% of San Francisco children and adolescents had **2+ soda or sugar-sweetened beverages** yesterday.¹

\$11,987

The average annual cost of **home childcare** in San Francisco (from 2008), which continues to increase.¹



In San Francisco, lower-income children have higher rates of **asthma, hospitalization, obesity, and dental caries**.³

Current Wellness & Safety Efforts

- **Housing Justice via Community Linkages & Organizing (SRO Families United)**

A multiracial, multilingual collaboration of 5 community-based organizations (Coalition on Homelessness, SOMCAN, Dolores Street Community Services, Chinese Progressive Association and Chinatown Community Development Center) that share the common goals of organizing and empowering families living in SRO hotels to: defend their rights, improve conditions in their buildings, seek decent housing, and access services (by providing families and their children with resources, referrals, and support across a of range of immediate and social service needs).

“If the kitchen’s stoves are not working, the outreach workers will reach out to the landlord first. There’s a bunch of those kinds of things that you might be able to handle on your own, but if you’re new to the country it’s really hard.”

- **Youth Development Program (Youth Mojo-Movement of Justice and Organizing)**

A leadership development program (leadership, public speaking, communication, advocacy, and organizing skills) with a focus on low-income Chinese American high school-aged youth. Youth MOJO leaders have worked on social issues affecting youth and their families such as healthcare, education, immigrant and workers’ rights.

- **Career Workforce Development (Hospitality Vocational Training Program-HVT)**

In partnership with the City College of San Francisco’s ESL Department and Chinese for Affirmative Action, Chinese immigrant workers study vocational English, learn about the hospitality and service industry, develop interview skills, and receive assistance in applying for jobs that offer stable union employment and livable wages.

- **Worker’s Rights Assistance & Organizing**

Wage clinic that provides consultation and assistance to workers so they can recover stolen wages from employers, including organizing workers to take collective action and file legal claims.

CPA Accomplishments in Wellness & Safety

- **Worker’s Rights**

In partnership with Asian Law Caucus, organized a popular dim sum restaurant on the waterfront, Yank Sing, with a host of labor violations related to overtime pay, tips and wage theft, and shift breaks. They ultimately won a \$4.2 million back-pay and benefits settlement for 280 affected current and former employees. Employees also won improved long-term working conditions beyond the legal minimum wage, which have been implemented (i.e., fair scheduling, worker committee meetings, health and safety trainings).

- **Public Education & Civic Engagement**

Deepening the San Francisco Chinese American population’s understanding of key issues and initiatives (e.g., real estate transfer tax increases to fund the city’s education system, smoke free housing ordinance to protect the health of children and families).

Allies & Partnerships Working on Children’s Health

- Southeast Asian Freedom Network – Network organizations across the country
www.facebook.com/SEAFreedomnetwork
- Grassroots Asians Rising – <https://www.grassrootsasians.org/>



Community Defined “Best Practices” to Improve Childhood Health

- **Leadership Development Using a Relational, Long-Term Investment Approach**

Investing in residents and workers over the long-term by establishing trusting relationships, as well as providing on-going opportunities for leaders to continue to develop their organizing skills and political consciousness. This empowers leaders to speak for themselves and on behalf of community, get involved in direct actions on issues that matter most to them, and have a voice in shaping decisions.

“... everyone was afraid to speak up, including a [resident] that we worked with for 10 years. And it’s just the investment... even someone who’s been with us for 10 years was afraid to stand up to her employer. But if we weren’t around to build that relationship and everything, which means like the Lunar New Year’s parties to picnics to political education. I think what I’m speaking to is leadership development is not just one training or class, you become family to them. How do you do that for a whole decade? And this one worker was the key person to move the rest of the workplace at Yank Sing because people were really scared, and they were like ‘we’re going to stand up if she does.’ And she wasn’t the first to speak up, but once she did she tipped the balance over and we were about to bring at least 100 of the workers to sign onto the demand letter.”

- **Using a Transformational Movement Building Framework**

Building a movement that goes beyond just winning policy changes or conducting organizing focused on a single issue; intersecting factors are at play.

“One of the ways we think about addressing childhood obesity or childhood health, is [focusing] more on movement building...everything connects to everything. You can’t just pretend and [say to the community], ‘We’re not talking about Black and Asian tensions right now; we’re here to talk about health.’ Gentrification is [also] unhealthy. Wage theft is [also] unhealthy...I mean these are all really unhealthy things, but we think of health sometimes in a very narrow way. If you have a movement building framework, you can see everything is connected... But I think there’s kind of a transformational approach that’s needed because without that you end up siloing the movement.”



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2. Kam, K. (2015, November 29). Families live jammed into Chinatown rooms, with no hope of leaving. San Francisco Chronicle. Retrieved from <http://www.sfchronicle.com/bayarea/article/Families-live-jammed-into-Chinatown-rooms-with-6663902.php>
3. San Francisco Health Improvement Partnership. (2016). San Francisco Community Health Assessment. Retrieved from <https://www.sfdph.org/dph/files/hc/HCAgen/HCAgen2016/April%205/CHAsort.pdf>