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Using Data to Better Serve Asian Americans and Pacific Islanders with Disabilities

**An Interview with Peter J. Wong, PhD, MScEcon, MPP
Pacific and Southwest Regional Health Equity Council (RHEC IX)**



Peter J. Wong, PhD, MScEcon, MPP, is a Research Director with the Asian and Pacific Islanders with Disabilities of California. Dr. Wong completed his doctorate in urban planning at the UCLA Luskin School of Public Affairs. His dissertation topic focused on employment challenges and successes for Asian American Pacific Islanders (AAPIs) with disabilities. AAPIs include individuals from the Asian continent and from the Pacific islands of Melanesia (New Guinea, New Caledonia, Vanuatu, Fiji, and the Solomon Islands), Micronesia (Marianas, Guam, Wake Island, Palau, Marshall Islands, Kiribati, Nauru, and the Federated States of Micronesia), and Polynesia (New Zealand, Hawaiian Islands, Rotuma, Midway Islands, Samoa, American Samoa, Tonga, Tuvalu, Cook Islands, French Polynesia, and Easter Island).

Due to the ethnic, language, and cultural diversity within the Asian American population and the severe lack of specific data on disabled AAPIs, Dr. Wong utilized a parallel mixed-methods design to conduct research on this hard-to-reach population.

Dr. Wong is a member of the Pacific and Southwest Regional Health Equity Council. We invited him to discuss some of the issues faced by AAPIs with disabilities, both around employment and within their communities.

NPA Blog (NB): What is the link between employment and health?

Peter J. Wong (PJW): The Americans with Disabilities Act (ADA) defines a disability as the “inability to engage in any substantial gainful activity (SGA), by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.” Many times, individuals with disabilities might not be aware that they can request accommodations as dictated by the ADA; this is often a barrier to seeking employment.



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Employment is one of those factors that impacts health and well-being because it provides income, insurance coverage, and self-sufficiency. Many individuals obtain health insurance through employment. This access to care allows individuals to seek preventative care and to address health conditions. The income from employment also serves as an avenue for other benefits, such as transportation and housing; these also impact health and well-being.

NB: What are some key points that are critical to understanding the impact of disabilities on employment rates in AAPI populations and/or the obstacles faced by AAPIs with disabilities?

PJW: Not only do workers with disabilities have lower labor market participation rates, they also have lower annual wages than non-disabled workers. In surveys, AAPIs with disabilities report that they worked fewer hours than the non-disabled, or not at all, over the previous year. Living with a work disability reduces annual income from salary and wages by as much as \$29,478 for Asian Americans with disabilities, compared to individuals without a work disability. This reality greatly impacts access to adequate housing, transportation, and health services—conditions known as social determinants of health.

Lack of employment opportunities not only affects quality of life but also shapes how AAPIs are viewed within their communities due to stigma associated with disability, unemployment, or underemployment. Unfortunately, many individuals with disabilities are not seen as fully productive members of their households. They face stigma both in their own households and in the community. As such, they often choose not to share their disability status and face further isolation.

The challenges are even greater for AAPIs who have limited English proficiency. Just 9.2% of non-English-speaking AAPIs are employed; this is lower than the rate of all other racial and ethnic groups. It is important to note that there is a lack of English-learning programs tailored to AAPIs. One interviewee in California, a visually impaired Korean woman, told a counselor that she wanted to learn English. She was referred to an English class; however, the class was for Spanish-speaking/bilingual individuals. Since not many Koreans were asking for this service, not much of an incentive existed to provide such a class.

NB: How does the “model minority” myth impact AAPIs? How can data be leveraged to address the inequities faced in employment rates for AAPIs with disabilities?

PJW: Data are critical to this population, because it provides insight on subgroups that could otherwise remain invisible, so to speak. AAPIs are often referred to as the “model minority” and are not thought of as having health problems, which means that they are less likely to receive interventions. However, when the data are disaggregated and we look at indicators such as country of origin, refugee status, English-speaking ability, and disability status, we begin to see a different picture in those subgroups.

I use a parallel mixed-methods design to conduct research on this hard-to-reach population. Quantitative data come from iPUMS (ACS) 2005 and 2013 micro samples and qualitative data come from 18 lengthy interviews with working age Asian Americans with disabilities conducted in English, Vietnamese or Korean.



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There are variations within the AAPI category that are missed when the data are not disaggregated. Immigration patterns vary, and, as a result, so do the needs of newcomers. For example, in California, many Chinese Americans are economic immigrants, compared to Cambodian or Vietnamese people who have come to the US as refugees. Cambodian immigrants often arrive with post-traumatic stress disorder (PTSD), although this is not frequently acknowledged within their communities.

AAPIs without disabilities have employment rates higher than white non-Hispanics and black non-Hispanics — this would support the model minority myth and imply that employment is not an issue within this community. When you factor in disability, these groups have the lowest employment rates of any race.

Part of the model minority myth is the perception that people do not need services; this is propagated by people not requesting them. There is, therefore, a lack of incentive to create programs and services that could provide much-needed interventions. Although AAPIs with disabilities comprise 10% of the total AAPI population, there is a lack of data on this group. This information shortage further masks disparities and renders the disabled invisible to the community.

NB: What are some of the strategies and actions that can be implemented at the community and policy levels to promote health equity for AAPIs with disabilities?

PJW: I work with an organization called [The Asian and Pacific Islanders with Disabilities of California](#). One of the things we do is organize a conference every few years for which we convene health providers—including culturally competent providers and city and national officials—to identify problems specific to AAPIs with disabilities and to provide targeted solutions that bridge the gap between services and needs. During these conferences, community speakers and attendees talk about language, accommodation, and disability. The response has been very positive. We also provide a youth training leadership conference that takes place over three weekends, during which we discuss civil rights for people with disabilities. This dialogue helps to spread awareness of the services and support to which individuals with disabilities are entitled.

Asian American Pacific Islanders with disabilities face barriers to employment that can create economic security, expand opportunity, and improve health and wellbeing. However, the lack of data among this group, make it challenging to document their health problems and needs. We hope that this Q&A with Dr. Wong can help to start a national dialogue about solutions to enhance data on this group and targeted strategies to address the inequities faced in employment rates for AAPIs with disabilities.