



# BEST PRACTICES



Researching Asian Americans,  
Native Hawaiians and Pacific Islanders



A Collaborative Project of the Applied Research Center  
& the National Council of Asian Pacific Americans  
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This *Best Practices* document is designed to help guide researchers interested in developing projects that include or are focused on Asian American, Native Hawaiian & Pacific Islander (AA & NHPI) communities.

## PURPOSE

To prevent the dissemination of data and research that oversimplifies the ethnically and socioeconomically diverse AA & NHPI community and perpetuates the “model minority” myth;

To ensure that researchers use detailed data that accurately reflects the difference between the diverse AA & NHPI populations;

To encourage researchers to ground their work in the research contributions of community- based organizations, and whenever possible, engage in a Community-Based Participatory Research (CBPR) model.

# 101 FUNDAMENTALS: WHO ARE AAs & NHPIs?

## DIVERSITY

AAs & NHPIs – the fastest growing racial groups<sup>1</sup> in the United States according to the most recent Census – represent 6 percent of the total United States population<sup>2</sup>. The 18.5 million AA & NHPIs (including multi-racial and multi-ethnic community members) residing in the United States represent over 50 ethnic groups, speak over 100 different languages in addition to English, and practice a range of faiths<sup>3</sup>.

An estimated 60 percent of the total Asian American population is foreign born, compared to 14 percent of NHPIs, 38 percent of Latinos and only 8 percent and 4 percent of the Black and non-Hispanic White populations, respectively<sup>4</sup>.

## BACKGROUND & HISTORY IN THE UNITED STATES

AAs & NHPIs represent three distinct categories that reflect important differences in their relationship with the United States both historically and economically:

1 Asian Americans arrived as either immigrants or refugees, have lived in the United States for over three and a half centuries, and have contributed greatly to the foundation and economic success of this nation.

2 Native Hawaiians are “First Nations<sup>5</sup>” people that predate the United States and are not immigrants or refugees. As such, they are treated as a political class with the right to self-determination and self-governance.

Pacific Islanders are persons having origins in the original peoples of American Samoa, Guam, the Northern Mariana Islands, the Polynesian Islands, the Micronesian Islands, and the Melanesian Islands. Pacific Islanders are from United States unincorporated territories or insular areas; the Freely Associated States or from independent island nations which are one of four political divisions of the United States. While AAs, NHs and PIs are three distinct ethnic groups, historically, we have been grouped together by the government. Additionally, amongst our own communities it is a means of building coalitions, and an ongoing process of self-determination.

## BREAKING THE “MODEL MINORITY” MYTH

Throughout the United States, AAs & NHPIs face the “Model Minority” Myth stereotype, which among other things, presumes that AAs & NHPIs are, or are inevitably on their way to becoming predominantly financially well-off professionals who have achieved greater academic and socioeconomic success, encountering few if any problems. While there are many successes of which the community can be justifiably proud, it is important to note that many AA & NHPI communities do indeed face unjust, significant barriers and challenges; do not experience socioeconomic success, let alone inevitable success; and the myth itself is used to implicitly or explicitly place other people of color – Blacks, Latinos and American Indians – in a negative light (See *Some of the Significant Barriers, Challenges and Consequences of the “Model Minority” Myth*).

# SOME OF THE SIGNIFICANT BARRIERS, CHALLENGES AND CONSEQUENCES OF THE “MODEL MINORITY” MYTH

Foreclosure rates near those of African Americans and Latinos<sup>6</sup>, compounded by adverse treatment in the housing market more than 20 percent of the time, comparable to the level of discrimination faced by African American homebuyers and significantly higher than the level reported by Latino homebuyers<sup>7</sup>;

An increase in poverty among AAs & NHPs growing faster than most other ethnic groups from 2007 – 2011, increasing by 38 percent to over 2 million (37 percent increase for AAs and 60 percent increase for NHPs)<sup>8</sup>;

AAs & NHPs have the lowest utilization rate for mental health services among all populations, regardless of age, gender, and geographical location<sup>9</sup>. This results in increased severity of problems including post traumatic stress disorder, depression and suicide.

The current workforce is ill equipped to provide quality care that reflects the cultural and linguistic needs of AAs & NHPs. Often times this results in the inappropriate use of interpreters, including the use of children, which can seriously compromise the quality of services<sup>10,11</sup>.

Rather than being universally healthy, AA & NHP populations suffer from disproportionate rates of uninsurance and disparities in many preventable and chronic diseases. *(See Research Needs)*

The myth obscures a wide-range of experiences across different ethnicities within the AA & NHP communities stemming, in part, from varying migration circumstances and opportunities here in the United States (e.g., while the median family incomes for Indian American families tend to be higher than the median family incomes for whites, Vietnamese, Hmong and Laotian median family incomes lag far below those of white families, and compare closely to Black and Latino family figures).

The myth creates a division among people of color, where Asian Americans as the “model” minority are pitted against Blacks and Latinos as the “problem” minority. This contributes to the increasing invisibility of the uniqueness and diversity of the Asian American experience, as well as an ignorance of the oppressions Asian Americans share with other communities of color.

# RESEARCH NEEDS

## SOME OF THE GREATEST NEEDS FOR RESPONSIBLE, INCLUSIVE DATA AND RESEARCH ON THE AA & NHPI COMMUNITIES INCLUDE:

### DISAGGREGATED DATA

The AA & NHPI communities are incredibly diverse. Data and research should strive to capture the similarities and differences across ethnic groups and/or nations of origin. Other key subgroups in need of new data and research include, but are not limited to, immigrant and refugee status, language spoken, gender identity, sexual orientation, socioeconomic class, religion, and geographic location (especially in the case of Hawaii and the Pacific Island territories).

### CLASS & POVERTY

The current realities of economic hardship that exist within AA & NHPI communities challenge the traditional, monolithic research depictions of the community. Data and research is needed to lift the veil of invisibility on the underserved AA & NHPI (whether or not they are a member of an AA or NHPI ethnic group that, as a whole, suffers from high rates of poverty), and their lack of access to jobs and services. More data and work on the impact of concentrated poverty, job access, health insurance status, health services access, internet access, and intra- and intergroup relations are also notable research needs. A related need is to further explore the possible structural explanations for the socioeconomic “success” of some Asian Americans, besides the simplified, popular explanations of their hard work or personal agency.

## DISCRIMINATION AND RACISM

Bullying, xenophobia, hate crimes, racial and religious profiling, and immigration status, all represent research needs in this area. Equally important research needs exist to further document and amplify the voices of AA & NHPs experiencing discrimination based on sexual orientation, gender, gender identity and gender expression. Research regarding discrimination and racism toward those with darker skin tones, accents, and lower-class backgrounds – both within and outside the community – is also needed.

## PHYSICAL AND MENTAL HEALTH

Presently, nearly one in seven, or 2.8 million Asian Americans and 162,000 Native Hawaiians and Pacific Islanders are uninsured<sup>12</sup> – a fact that is more often than not left obscured by research that frames AA & NHPs as a “model minority.” Rather than being universally healthy, AA & NHP populations suffer from disproportionate disparities in many preventable and chronic diseases. AA & NHPs also experience significant barriers to behavioral, mental, and primary health care due to higher rates of uninsurance and lack of properly trained culturally and linguistically competent workforce that the myth obscures.

## YOUTH & OLDER POPULATIONS

The burdens of the “model minority” myth often fall most detrimentally on the shoulder of young people. More data and research is needed on young AA & NHP perspectives and experiences – particularly those from disadvantaged backgrounds economically and socially – in our criminal justice, education, employment, and other systems. In 2008, 1.3 million of the AA & NHP population was over 65 years old. This translates to 3.4 percent of the total population at the time. At the rate that the AA & NHP community is growing, estimates state that by 2050 the AA & NHP older community will comprise 8.6 percent of the total older United States population. With this population doubling, it is important to note that this population has a significant rate of poverty at 12.1 percent (2.4 points higher than the overall rate)<sup>13</sup>.



## MEDIA REPRESENTATION

A survey done in 2005 by the Asian Americans Advancing Justice indicated that only 16 Asian Pacific Islander Americans (APIAs) were featured as regulars on prime time television. If the APIA population were properly depicted based on its U.S. population, in 2005 it should have had at least 28 regulars. (Plus more in areas with high concentrations of APIAs). Thus, APIA regulars (at 2.8 percent) are represented well below their U.S. population percentage of 5 percent<sup>14</sup> (this figure would be even greater today as the population has grown to 6 percent of the total U.S. population). Thus, we need more analysis and national discussion of media representations of the AA & NHPI community, including gender portrayals and the relative silence and invisibility of AA & NHPI voices and faces.

## METHODOLOGY

### GROUND YOUR RESEARCH WITH COMMUNITY-BASED KNOWLEDGE

Research should be grounded in the expertise and knowledge of community-based organizations, whose experience and work often defy popular misconceptions that stem from traditional research that lumps AA & NHPIs into one monolithic community and/or neglects to collect enough data to produce reliable findings on many smaller or medium-sized ethnic populations. This grounding should come at a minimum from a literature review of some community-based research and the active participation of appropriate AA & NHPI advisory committee members, and at a maximum, from a Community-Based Participatory Research Model (*see sidebar*).

Design your research to collect accurate data on racial, ethnic groups - collecting accurate, detailed data that can capture the unparalleled ethnic and linguistic diversity of the AA & NHPI community depends on:

- the demographic questions asked
- the sample design
- the extent of Asian-language support

**Demographic question design:** When collecting demographic information, researchers should include separate race categories for AA and NHPIs as two distinct groups, as well as ethnic categories that capture both large and small AA and NHPI ethnic groups<sup>15</sup>. Data collection efforts should also provide write-in categories that allow respondents to self-identify as a racial or ethnic group not captured by existing categories.

**Sample design:** To ensure meaningful disaggregated analysis, research should also oversample AA and NHPI ethnic groups.

**Language support:** Since 32 percent of AAs and 8 percent of NHPIs nationwide are limited-English proficient, research should translate questionnaire instruments into as many AA and NHPI languages as possible.

## PROVIDE DISAGGREGATED RESULTS

To avoid producing research that masks the critically important differences in experiences and conditions that exist within the AA & NHPI community, researchers should provide disaggregated results of their data by ancestry, nationality, language access, etc., whenever possible. In order to achieve this, researchers should strive to provide resources that will allow for disaggregated data collection by ethnicity, locality, and socioeconomic status.

When it is not possible due to the absence of a statistically significant sample size for all of the represented groups, researchers should explicitly state this, and should actively work to support improved data collection, while also citing existing research from community-based organizations that reveal sub-community attitudes, experiences and contexts.

## COVER LOCAL CONTEXTS, NOT JUST NATIONAL

One way to better understand the diverse AA & NHPI communities is to conduct local or regionally-based research, which can reveal hidden disparities that nationally-based research may often miss. Local communities may also find local/regional data more useful and accessible, especially since the vast majority of AA and NHPI populations reside in several large states. This data also has growing significance as the AA & NHPI population growth shifts to various states of the Midwest region.

## COMMON PITFALLS

When conducting research in – or working with data about – the AA & NHPI community, a number of common pitfalls exist that can serve as stumbling blocks to producing useful and quality products for the community.

1 The first common pitfall is to produce a report that does not address the ***needs of the community*** – that is, provides data points on issues not relevant to the community.

2 Another common pitfall is to present the data in a ***highly technical*** and sometimes academic manner that makes it difficult for the layperson to understand or utilize in their day-to-day work.

3 A third common pitfall is to produce a report that does not fully tell the story about the data. This occurs when the document ***oversimplifies the data*** and fails to provide context and nuances about the community.

Many of these pitfalls can be avoided by engaging the community throughout the process of producing the document. (See Sidebar “Guidelines for Engaging with AA & NHPI Communities in Community-Based Participatory Research” below).

# GUIDELINES FOR ENGAGING WITH AA & NHPI COMMUNITIES IN COMMUNITY-BASED PARTICIPATORY RESEARCH

When practiced effectively, Community-Based Participatory Research (CBPR) should promote principles of ethics that emphasize collaboration, democratic participation, and elevating social awareness in each step of the research project. Here are some top guidelines for engaging with AA & NHPI communities that promote principles of ethical CBPR.

## DEVELOPING PARTNERSHIPS BASED ON MUTUAL RESPECT

During the planning phase, researchers should engage respected AA & NHPI community leaders as experts to develop agreements on who should be involved, what the goals of the project are, and identify research priorities that advance the needs of the community.

- 1 Researchers should strive to ensure full participation of the entire diverse AA&NHPI community, including Limited English Proficient (LEP) participants, in order to design a study relevant to the long-term goals of the community members.

## CONDUCTING RESEARCH THAT IS RESPONSIBLE AND COLLABORATIVE.

During the data collection and investigation phase, it is important for researchers to work with the community by developing a Memorandum of Agreement (MOA) with roles and responsibilities clearly laid out, a budget that is distributed fairly and equally between the community partner and research/academic partner; and a clear method to address challenges that may arise.

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## PRODUCING RESEARCH RESULTS THAT ARE MEANINGFUL AND BENEFICIAL

CBPR should produce research that creates positive changes for communities involved by producing a collectively developed and agreed vision of how the research will be used for advocacy, to inform policy and practice within the initiating agreement. Importantly, researchers and community leaders should create a clear plan for sharing the knowledge gained back to community, by including ethnic and social media components. The CBPR research results should be accessible to low-literacy and LEP community members.

- 3

# CONCLUSION

## FIVE BASIC TIPS FOR CONDUCTING AA & NHPI RESEARCH RESPONSIBLY

### CREATE AN INCLUSIVE ADVISORY COMMITTEE

This means one that provides input, and at a minimum, represents some of the ethnic, linguistic, and class diversity of the AA & NHPI community.

### FILL THE RESEARCH GAPS IDENTIFIED BY COMMUNITY GROUPS

Listen to the voices of community-based organizations who, for example, have listed disaggregated data, poverty, media representation, racial discrimination, and mental health amongst research priorities.

### PROCEED WITH EXTREME CAUTION BEFORE RELEASING SEEMINGLY “POSITIVE” FINDINGS ON “ASIAN AMERICANS” AS A MONOLITHIC GROUP

Many past studies that capture the diverse range of conditions and outcomes in the community, strongly caution against the “model minority” myth and a “one-size-fits-all” approach. Research that engages in broad-sweeping generalizations often has dire consequences for various subpopulations. So, be explicit and transparent about who has been included and who has been excluded in the study, while always attempting to minimize the latter list.

### PROVIDE DISAGGREGATED DATA WHENEVER POSSIBLE

Findings on the “average” or “median” Asian American are rarely useful. This is particularly true when such average data lack accompanying results that have been separated into ethnic subgroups, geographic location, class groupings, gender, sexual identity, and/or other instructive categories. Whenever possible, we recommend oversampling on ethnic subgroups and/or other categories, and to report out data where the margins of error for each group reach up to 10 percent.

### CONSIDER PURSUING COMMUNITY-BASED PARTICIPATORY RESEARCH (CBPR)

While not always feasible, this model of research emphasizes collaboration, democratic participation in each step of the research project, and ideally results in the maximum mutual benefit of researchers and community-based organizations alike.

# ENDNOTES

- <sup>1</sup>U.S. Census Bureau, "Asians Fastest-Growing Race or Ethnic Group in 2012, Census Bureau Reports," June 13, 2012. <http://www.census.gov/newsroom/releases/archives/population/cb13-112.html>
- <sup>2</sup>U.S. Census Bureau, Facts for Features: Asian/Pacific American Heritage Month: May 2012.
- <sup>3</sup>U.S. Census Bureau, 2000 and 2010 Census, American Community Survey, 2010.
- <sup>4</sup>Asian American Center for Advancing Justice, "A Community of Contrasts: Asian Americans in the United States: 2011," 2011. [http://www.advancingjustice-aajc.org/sites/aajc/files/Community\\_of\\_Contrast.pdf](http://www.advancingjustice-aajc.org/sites/aajc/files/Community_of_Contrast.pdf)
- <sup>5</sup>First Nations peoples are the indigenous peoples to the United States, and include Native Americans, Native Hawaiians, and Alaska Natives.
- <sup>6</sup>"Lost Ground, 2011: *Disparities in Mortgage Lending and Foreclosures*," CLR November 2011
- <sup>7</sup>"Discrimination in Metropolitan Housing Markets: Phase 2 – Asian and Pacific Islanders," Department of Housing and Urban Development 2003
- <sup>8</sup>"Spotlight on Asian American and Pacific Islander Poverty," National CAPACD 2013 [http://nationalcapacd.org/sites/default/files/u12/aapi\\_poverty\\_report-web\\_compressed.pdf](http://nationalcapacd.org/sites/default/files/u12/aapi_poverty_report-web_compressed.pdf)
- <sup>9</sup>Francis G. (2002). The poor mental health care of Asian Americans. *Western Journal of Medicine* vol. 176.
- <sup>10</sup>Lee, E. (1997). The Assessment and Treatment of Asian American Families in E. Lee (ed) *Working with Asian Americans: A guide for clinicians*. New York: Guilford Press.
- <sup>11</sup>Ida, D; Yang, P., Working with Southeast Asian Children and Families (2003). In Taylor-Gibbs, J. & Huang, L (Eds) *Working with Children of Color*.
- <sup>12</sup>Rose Chu, Kenneth Finegold, Wilma Robinson, and Daniel Wong, "The Affordable Care Act and Asian Americans and Pacific Islanders." ASPE Office of Health Policy, Department of Health and Human Services, May 2012, (p. 2).
- <sup>13</sup>"A Statistical Profile of Asian Older Americans Aged 65+," Department of Health and Human Services, Administration on Aging, April 2010. [http://www.aoa.gov/AoARoot/Aging\\_Statistics/minority\\_aging/Facts-on-API-Elderly2008-plain\\_format.aspx](http://www.aoa.gov/AoARoot/Aging_Statistics/minority_aging/Facts-on-API-Elderly2008-plain_format.aspx)
- <sup>14</sup>Asian Americans Advancing Justice: AAJC, "Asian Pacific Americans in Prime Time: Setting the Stage," 2005. [http://www.advancingjustice-aajc.org/sites/aajc/files/aajc\\_tv\\_06\\_2.pdf](http://www.advancingjustice-aajc.org/sites/aajc/files/aajc_tv_06_2.pdf)
- <sup>15</sup>Following Institute of Medicine (IOM) recommendations, questions capturing a respondent's racial or ethnic background should use existing Office of Management and Budget (OMB) race and Hispanic ethnicity categories as well as more fine-grained categories of ethnicity and language need. <http://minorityhealth.hhs.gov/templates/browse.aspx?vl=2&vlID=172>

# CONTRIBUTING ORGANIZATIONS

This document was written by members of a working group convened by the Applied Research Center and the National Council of Asian Pacific Americans (NCAPA), a project of Tides Center. For a full, updated list of supporting organizations and additional resources on engaging in CBPR with AA & NHPI communities, please visit [ncapaonline.org](http://ncapaonline.org).

