

Disaggregating the Term AAPI for Nuanced Mental Health Research

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Despite being a profoundly heterogeneous group, the Asian American/Pacific Islander (AAPI) community is often addressed as a monolith. This is most evidenced by the "model minority" myth, a negative racial stereotype that characterizes AAPIs as universally successful, quiet, and hardworking (Chow, 2017).



Figure 1 Photograph by Photo by This is Zun. https://www.pexels.com/photo/road-people-friends-women-1679379/. CCO.

"Data disaggregation offers a restorative, community-driven approach for disentangling historically conflated—and thus invisibilized—narratives about the mental health of AAPIs to ultimately establish mental health equity."

This problematic myth neglects glaring and important withingroup differences. For example, while the median household income of AAPIs, \$86,000, is the highest of all racial groups in the U.S.,¹ this number does not convey the vast wealth inequality found among AAPIs. Burmese Americans have an annual median household income of \$44,000, and a quarter of Mongolian Americans live in poverty.¹

Highlights

Asian American and Pacific Islander (AAPI) is an umbrella term that includes fifty different ethnic groups speaking over one hundred languages.

There is profound diversity and unique experiences among AAPIs including historical trauma and mental health care needs.

Mental health research today addresses the AAPIs as a monolith and obscures the complex diversity of the communities.

In fact, according to the Pew Research Center, the AAPI community is the most economically fragmented and polarized racial group in the U.S.². These inequalities exist across various facets of life for AAPIs but are rarely highlighted due to lack of nuanced data collection that accounts for intra-group diversity. Research conducted on AAPI mental health is rarely done in a disaggregated way. Intergenerational and historical trauma are particularly relevant to the invisible diversity of the AAPI community. For example, mental health research that assesses the AAPI population does not distinguish between the distinct traumatic histories--and consequences--of the mass incarceration of Japanese Americans during World War II and U.S. imperialism in the Philippines.

HOW DID A COMMUNITY PSYCHOLOGY PERSPECTIVE INFORM YOUR WORK?

Community Psychology is a field that that drives meaningful social change and transformative justice through stakeholder-engaged research. My work was guided by community members in the low-income AAPI community of South Stockton. They helped me shape the research aims, methodologies, and implications of this research. This work sits at the critical juncture between academia and social justice that Community Psychology thrives in.

As a California Civic Action Fellow serving at Little

Manila Rising, a Filipinx equity-advancing non-profit serving the historically disenfranchised area of South Stockton, I examined the power of disaggregative community-engaged storytelling as a restorative justice framework. How do data and narrative disaggregation empower members of the notably diverse AAPI community? To what extent is mental health equity tied to data disaggregation and community-driven narratives? Is the widespread implementation of a culturally-informed mental healthcare model possible without intentional recognition of the within-group diversity of AAPIs?

Methods

I engaged in critical participatory action research with local AAPI youth and advocates through Little Manila Rising's community network. To gather qualitative, primary information on the equity-advancing role of data disaggregation, I conducted unstructured interviews with three different Filipinx mental health and research experts: Hannah Rhea Divino, the Holistic Health Director at Little Manila Rising; Krystle Abalos, the Community Health Equity Specialist at Little Manila Rising; and Roy B. Taggueg Jr., Director of Research at the University of California, Davis' Carlos Bulosan Center. Equipped with their insight, I organized a community-engaged storytelling workshop on intergenerational trauma and decolonizing mental health for the Little Manila After School Program and gathered the qualitative feedback of the participants with their permission.

¹ Budiman, A., & Ruiz, N. G. (2021). Key facts about Asian Americans, a diverse and growing population.

² Kochhar, R., & Cilluffo, A. (2018). Income inequality in the US is rising most rapidly among Asians. *Pew Research Center*, 12.

Results

- > The current predominant paradigm of mental health care does not grasp the nuanced and socio-historically produced barriers to mental health the AAPI community faces.
- > The development of research methods and psychometric tools that examine the distinct lived experiences of AAPI by ethnicity/sub-community are vital to establishing mental health equity and best practices for cultural competency.

What Does This Mean For?

Research and Evaluation: Researchers should rethink the umbrella term "AAPI" when designing studies about and collecting data on quality of life outcomes. Is use of that term truly representing the lived experiences of the AAPI community? If the full range of those experiences isn't being represented, who is being left behind, excluded, and further marginalized?

Practice: Practitioners should re-evaluate how they conceive of cultural competency and if is truly derived from the needs of the communit(ies) they aim to serve.

Original Citation: Zhong, G. (2022, April 30). <u>Mind the gap: Disaggregating data in an effort towards mental health equity in the AAPI community</u> [Poster presentation]. Pacific Undergraduate Research and Creativity Conference, Stockton, CA, USA.

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