



The
**State of
Asian Americans
& Pacific Islanders
in Arizona**





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**A report presented by
The APAZI Coalition,
ASU Asian Pacific American Studies Program
and ASU for Arizona, Office of Public Affairs**

The individuals photographed for this report represent the diversity of the Asian American and Pacific Islander communities in Arizona, including Asian Indians, Chinese Americans, Filipino Americans, Japanese Americans, Korean Americans, Laotian Americans, Maori Americans, Native Hawaiians and other Pacific Islander Americans (e.g., from the Mariana Islands), Southeast Asian Americans, Vietnamese Americans and individuals of multi-racial backgrounds.

Portraits

- pg. 4, Susie Sato, historian of Asian Americans in Arizona
- pg. 6, Varen Barryman (left) and Benny Stillman, Aloha Festival board members
- pg. 15, Kalpana Batni, Asian Indian American community leader
- pg. 17, Claudia Kaercher, Pacific Islander American community leader
- pg. 24, Kelly Hsu, physician & community health advocate
- pg. 26, Leon Nguyen, pre-med student
- pg. 27, Conrad Ballacer, anesthesiologist
- pg. 30, Ken Komatsu, epidemiologist
- pg. 35, Mona Faussane, Korean American Chamber of Commerce
- pg. 37, Melissa Ho, attorney
- pg. 42, Jeannine Kuropatkin, public school teacher
- pg. 43, Subhash Mahajan, university professor
- pg. 46, Stella Faussane, student
- pg. 47, Catherine Chan, student
- pg. 51, Evita Saquilayan, nurse & translator
- pg. 53, Trinh Vu, Vietnamese American community leader
- pg. 57, Josephine Gin Morgan, Kwei Gin, and Jacque Larriva, 3 generations of one family
- pg. 65, Roxanne Song Ong, judge
- pg. 67, Jimmy Wing, police officer, and son
- pg. 68, Angela Kwan, police lieutenant
- pg. 69, Michael Somsan, attorney
- pg. 73, Ethel Luzario, Philippine Cultural Day board member
- pg. 77, Doris Asano and Ted Namba, Matsuri Festival board members

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October 2008

Congratulations to Arizona State University Asian Pacific Arizona Initiative on the publication of *The State of Asian American and Pacific Islanders in Arizona*, which documents the current diversity, population growth, health, economic footprint, educational and political participation, language and immigration issues faced by Arizona's Asian Americans and Pacific Islanders today. The report is the first to comprehensively describe the current status of the Asian American and Pacific Islander community in Arizona in all its complexities and diversity: from the Chinese-American families who have been part of Arizona history since the early 1900s to the more recent immigrant families who are still learning to speak English and every variation in between.

The publication of this report could not be more timely. The Asian American and Pacific Islander population is one of the fastest growing minority groups in Arizona, showing a 28% increase from 2000 to 2005. *The State of Asian Americans and Pacific Islanders in Arizona* report will help public policy makers in all fields better understand who Arizona's Asian American and Pacific Islander community is—one part of our "Many lands, many people, many faiths, one Arizona."

Thank you for your efforts and congratulations.

Yours very truly,

A handwritten signature in black ink that reads "Janet Napolitano".

Janet Napolitano
Governor





Arizona State University is pleased to present the inaugural ***State of Asian Americans and Pacific Islanders in Arizona*** report.

As a public institution dedicated to the advancement of education, social embeddedness, and research that supports societal transformation, ASU is proud to provide a new resource for the people of Arizona. This report is the result of a diligent and collective effort by ASU personnel, students and community members to offer special insight into the more than 30 Asian American and Pacific Islander communities who call our state home and enrich our lives through their rich heritage and countless meaningful contributions. Through descriptions of the historical engagement of these communities, their current needs, interests and challenges, and the significant role they will play in the future of Arizona, we are afforded an opportunity to gain significant understanding and awareness.

I commend the groundbreaking work of the many individuals who inspired and guided the creation of this report, including the Asian Pacific American Studies program faculty, staff and students and the essay writers who helped to produce this valuable document.

I hope that you will find this report to be a useful and thought-provoking resource, and I thank you for your steadfast support of ASU.

A handwritten signature in black ink that reads "Michael Crow".

Michael M. Crow
President
Arizona State University



Foreword



First Steps

You are beginning to read a document that is the result of a remarkable collaboration of perspectives and people—often the source and sign of dynamic communities.

The Arizona State University Asian Pacific American Studies (APAS) program, in partnership with ASU for Arizona-Office of Public Affairs, is pleased to present *The State of Asian Americans and Pacific Islanders in Arizona*. Like many transformative documents, this report arose from a recognition that policy-makers lack adequate information. In this case, there is a dearth of information on Asian Americans and Pacific Islanders (AAPI). Given that unmet need, a coalition gathered and created the Asian Pacific Arizona Initiative—APAZI. The project represents a year-long collaboration between APAZI, APAS, ASU for Arizona, and numerous community leaders, members and professionals throughout the state. We hope this report serves as a starting point for future research on Arizona AAPI communities.

Why is this report necessary?

First, the AAPI population in Arizona is growing at a rapid rate, more than doubling over the last 30 years. Expanding numbers certainly signal expanding needs. But that is only part of the next chapter in the Arizona AAPI history.

The APAZI team saw that poorly adapted policy would flow from a failure to understand the complexity and richness of diverse communities. Although AAPIs comprise dozens of different communities in the state, these communities tend to be identified as one, under the assumption that AAPIs share similar experiences. Through this report, the APAZI team seeks to highlight the diversity of the communities and their experiences, increase awareness and visibility of AAPIs and prepare the state for their growth. We hope to educate the broader public as well as policy-makers and community leaders on the current status of AAPIs in Arizona.

The APAZI team worked with an advisory council consisting of leaders and professionals within AAPI communities. The council discussed current issues and concerns facing AAPI communities and advised the APAZI team on the areas of focus for the report. The APAZI team then condensed the issues and concerns to the five topics of health, education, public safety, immigration and business/finance. Within those five topics, common themes appeared: access, cultural competency, representation and influence at high levels of decision-making, assessment of existing programs and/or need for new programs, and opportunities that AAPIs present to the state.

Following the advisory council

“Through this report, the APAZI team seeks to highlight the diversity of the communities and their experiences, increase awareness and visibility of AAPIs and prepare the state for their growth.”

meeting, the APAZI team began collecting statistical and census data as well as focus group information. APAZI data collectors relied on a variety of data from many sources, including the U.S. Census Bureau, the Bureau of Vital Statistics, the Institute for Educational Statistics and state data from the Arizona Department of Education and the Department of Health Services. To balance the statistical and census data, the APAZI team also gathered input from many of the AAPI communities directly, conducting a survey and a series of focus group discussions.

The essays and data in this report represent the APAZI group's effort to collect a broad variety of information on the diverse AAPI communities. Such an ambitious endeavor contains its own challenges, however. Although we attempted to gather information on all AAPIs of different backgrounds, the information may be missing certain perspectives. For example, the document focuses primarily on Maricopa and Pima counties, where the core of Arizona's AAPI populations is concentrated. In addition, the survey and focus group information often reflected first-generation immigrant

experiences more than second- and third-generation concerns. Perhaps future research will be able to capture more of these perspectives.

The APAZI team will continue to gather data about Arizona's AAPI communities, and we look forward to working further with the many communities who contributed to this report. We hope that this document will educate our readers and inspire continued research on Asian Americans and Pacific Islanders throughout the state.

We also hope that you will become an active partner in our community's historic collaboration.

The APAZI Coalition

ASU Asian Pacific American Studies Program

ASU for Arizona, Office of Public Affairs

Please visit apas.clas.asu.edu for updates on the APAZI collaboration. ■



I. The History of Asian Americans & Pacific Islanders in Arizona



Diversity Out of Adversity

By Karen J. Leong

When people think about the history of Asian Americans and Pacific Islanders (AAPIs) in the United States, Arizona does not immediately come to mind, given that California and Hawaii have the largest AAPI populations in the nation. However, focusing primarily on the experiences of AAPIs in states where they are one of the larger ethnic minority groups skews the reality of the AAPI experience in states in which they are a numerical and ethnic minority. This report's focus on AAPIs in Arizona thus seeks to illuminate what it means to be AAPI neither on the West Coast nor in the Northeast, but in the rest of the nation that is not as acquainted with the history, diversity and complexity of being AAPI, and in a region where the rate of growth is projected to increase rapidly over the next few decades.

Historical Background

To understand the rapid expansion of AAPI communities in Arizona beginning in the 1970s, one must understand the historical context of AAPI immigration to Arizona. Although the current U.S. Census classification of Asian Americans is quite broad, this historical background focuses on those popularly considered Asian at the time—those from what Americans consider East Asia, South Asia and Southeast Asia. Immigrants from the Philippines, China and India traveled from the West Coast states

to work in Arizona's agricultural industry beginning in the late 19th century. The construction of railroad lines to Prescott and Tucson, and the mining industry in Williams, also provided employment for Chinese and Japanese workers at the turn of the 20th century.

Within the following two decades, however, the majority of Asian American communities would settle in Maricopa County. Chinese American-owned businesses were located in downtown Phoenix. In the first decade of the 20th century, Japanese and Punjabi families were cultivating farms in Maricopa County or working in the seed or shipping businesses. There also exist records of Koreans and Filipinos living in Arizona from that decade. This early migration resulted in the eventual settlement of some families in Arizona who today can boast at least four to five generations as Arizonans. Pacific Islanders, in contrast, experienced the United States coming to their own lands during the 19th century, creating a series of political, economic and personal relationships between the islands and their new home in the late 19th and early 20th centuries that facilitated migration from the Pacific Islands to the United States.

Racial antagonism combined with economic duress in the 1870s resulted in anti-Asian sentiment and mobilization. Hence, during the

periods of the highest ratio of immigration to the United States, Asians were denied entry on the basis of their race. The U.S. Congress passed subsequent restrictions on immigration from any Asian country beginning with the Page Law of 1875—the first restrictions on the basis of nationality, race, and gender enacted in United States history. This was followed by the 1882 Chinese Exclusion Law, extended indefinitely in 1902, which restricted most Chinese immigrant workers from entering the United States. After restricting Japanese migration in 1907, Congress barred migration from the Asian subcontinent in 1917. Several Punjabi immigrants farmed in Maricopa County during the first decades of the 20th century, but all of these families fled Arizona after the anti-alien movement that seized the county from 1934 to 1935 as a result of the nation's economic downturn. Because the Philippines was under U.S. governance, Filipinos were able to immigrate during the 1910s and 20s, and they found work in Arizona's agricultural and hotel industries. However, their immigration was restricted in 1934.

Only after 1943 were very limited numbers of Asian immigrants able to become naturalized citizens. After the passage of the 1965 Immigration and Naturalization Act, Asian immigrants finally gained unrestricted access to entry into the United States.

The relatively recent lifting of restrictions in 1965 explains why there has been such a dramatic increase

in migration from Asian nations to the United States in the past 40 years, and why the majority of Asian Americans currently are foreign-born. These restrictions on Asian immigration to the United States also explain the longstanding stereotype of Asian Americans (including those born in the United States) as “perpetual foreigners” who are assumed to neither share American values nor desire U.S. citizenship.

AAPI migration to Arizona thrived in the 1960s, with the prospect of employment in service industries such as landscaping and hotel service. Filipino and Pacific Islanders have in more recent decades worked in the hospitality industry that is so vital to the state's economy. Since the 1980s, Asian Americans of Filipino, Chinese, Asian Indian and Pakistani heritage have contributed to the knowledge economy in Arizona. These workers developed communities that attracted further migration. The growth in the AAPI community was rapid; from 1980-2006 the rate of growth for Asian Americans was 599% with the Native Hawaiian or other Pacific Islander rate at 738.6%. Figure 1-1 shows growth in these populations throughout the state from 1990–2000. Population growth was centered in the Phoenix and Tucson areas, with AAPIs comprising more than 10% of the population in some pockets of the Phoenix Valley (see Figure 1-2).

United States military involvement in Southeast Asia also further diversified Arizona. Refugees from Vietnam

Figure 1-1
Change in Asian Americans and Pacific Islanders Total Population by Census Tract, 1990–2000

Data source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

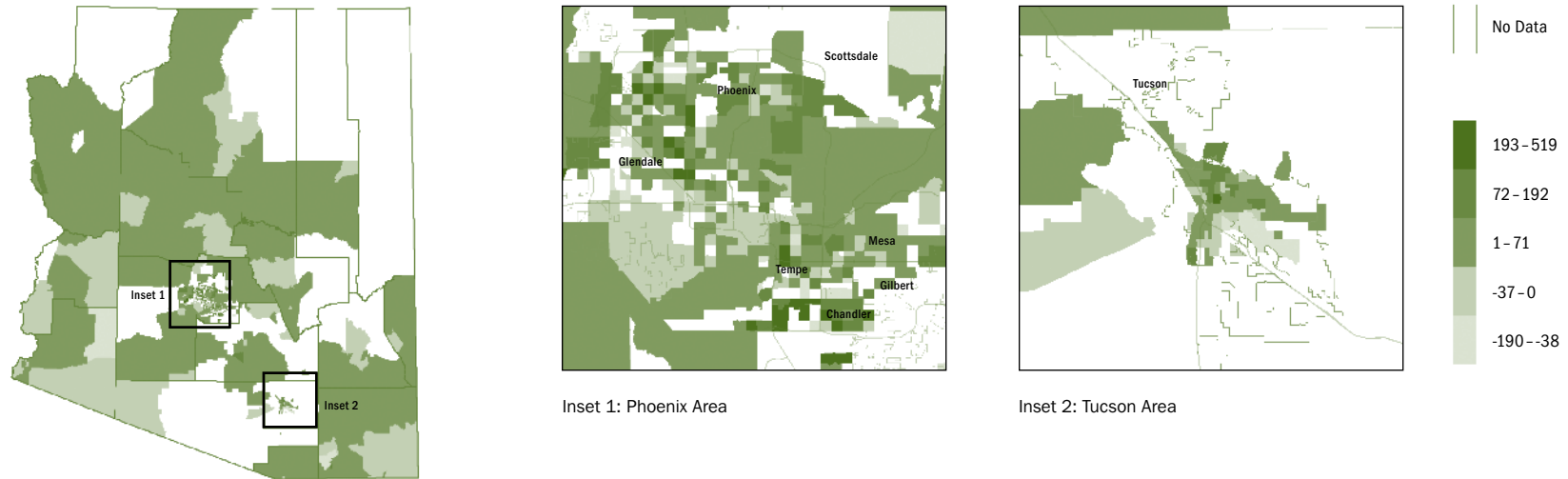
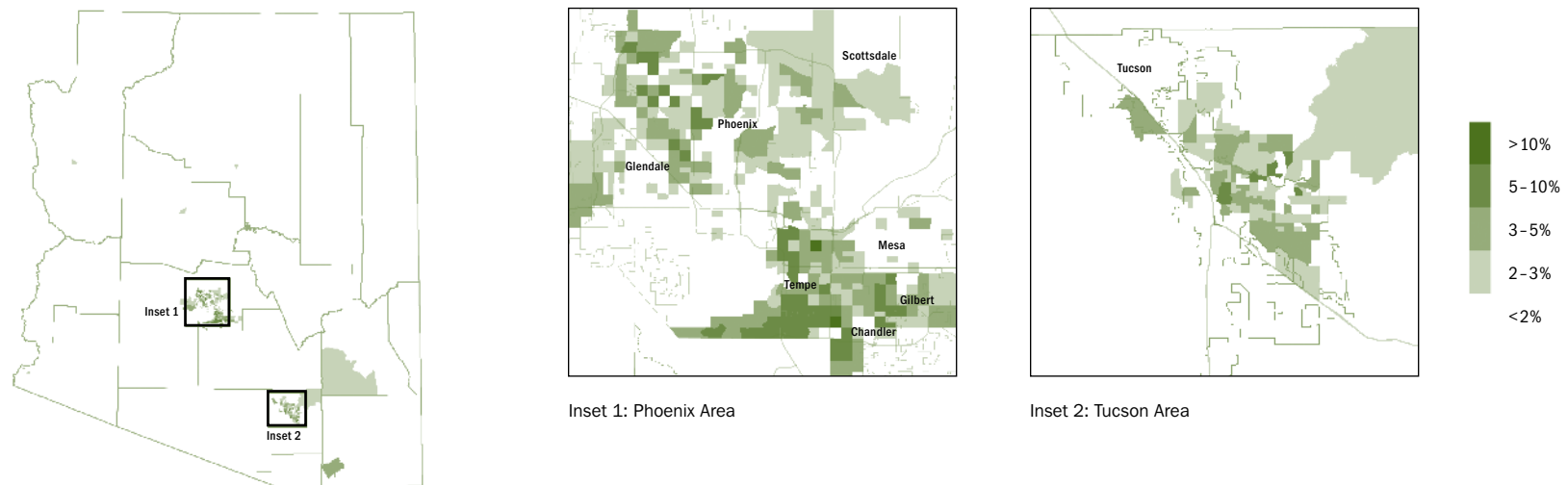


Figure 1-2
Percentages of Asian Americans and Pacific Islanders in Total Population by Census Tract, 2000

Data source: Census 2000 Summary File 1 (SF 1) 100-Percent Data





were relocated to more than 800 ZIP codes throughout the United States, and a strong community developed in north Phoenix during the 1980s. The Vietnamese American community enjoyed the largest rate of growth of any Asian ethnic group between 2000 and 2006 (U.S. Census, 2000; ACS, 2006). A snapshot of the diversity of the AAPI population in Arizona is provided in Figure 1-3. Chinese Americans, Filipino Americans and Asian Indian Americans comprise more than 50% of the AAPI population in Arizona.

The “Perpetual Foreigner” Stereotype

The tendency to lump all persons of Asian and Pacific Islander heritage together within a simplistic category is a historical tradition that continues even today and has implications for policy and socioeconomic mobility (as will be seen in the subsequent sections of this report). A continual frustration for fourth- or fifth-generation Asian American Arizonans is that they often are assumed to be foreign-born by virtue of their ancestry and physical appearance. The stereotype of a “perpetual foreigner” can result in the exclusion of Asian Americans from discussions of local, state, regional and national policy.

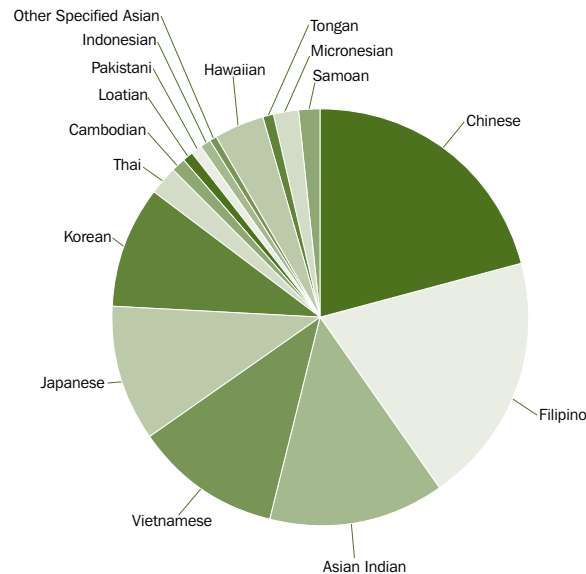
Despite the fact that close to 50% of Asian immigrants will become naturalized U.S. citizens (although distinct differences in naturalization rates exist depending on ethnic group), Asian Americans continue to be linked in the U.S. popular imagination to Asian nations. Thus, shifts in U.S.–Asian relations can have a profound impact on Asian American communities. The most obvious example is the removal of Japanese Americans (two-thirds of whom were American-born citizens) from the West Coast into internment camps after the government of Japan bombed Pearl Harbor in December 1941. Arizona’s American Indian communities at Gila River and the Colorado River reservations were sites of the two largest internment camps.

Pacific Islanders, on the other hand, because of their relatively smaller numbers, are often entirely ignored when it comes to understanding issues facing their communities. Understanding the differences between native Hawaiians, Chamorro, and Tongans, and between Pacific Islanders and Asian Americans, is critical. Pacific Islanders have a different political and economic relationship with the United States. Pacific Islander migration to the United States is documented to have occurred as early as the 1850s, but migration particularly surged during the postwar era. The dominance of the U.S. military in the Pacific over Guam, Micronesia, part of Samoa, and Hawaii resulted in economic, social and political ties

that influenced the movement of Pacific Islanders to the 48 contiguous states. The legacies of militarization of the economy and the islands themselves have resulted in unique challenges for the Pacific Islander community in areas of educational opportunities, socioeconomic mobility and health. Arizona is seventh among the states with the largest Pacific Islander population. It thus is important for Arizonans—including Asian Americans—to be aware of these distinctions when it comes to interactions and policy-making.

The desire of U.S.-born Asian Americans to be recognized as American may result in the exclusion of or distancing from those Asian Americans who are foreign-born, yet who are just as committed to participating in U.S. society and Asian American communities. Moreover, many Asian Americans embrace their Asian heritage, sometimes maintaining global ties with their families and communities, while also identifying as American and participating in American institutions. Although the smaller size of communities in states like Arizona may serve to promote pan-Asian American collaboration, the relatively smaller size may also heighten socioeconomic, political, religious and other cultural differences within and among these communities. National Asian American and Pacific Islander advocacy organizations are only now coming into their own, but most of their advocacy relies on and focuses on AAPI experiences in California, New York and other very

Figure 1-3
AAPI Population Distribution in Arizona
(Source: 2006 ACS)



large urban populations. These organizations are only beginning to address the distinctive experiences of smaller concentrations of Asian Americans in the interior west or southern states. (Asian Pacific Legal Center, 2004).

What is at stake in educating Arizonans about the diversity of Asian Americans and Pacific Islanders, and repudiating the stereotype of the “perpetual foreigner,” is perhaps most strikingly exemplified by the post-9/11 harassment and violence against persons of Persian, Asian Indian and Pakistani descent or Islamic faith. Despite President George W. Bush’s public statement urging that Americans of Arabic ancestry not face “retaliation” after the 9/11 terrorist attacks, Sikh immigrant and Mesa gas station owner Balbir Singh Sodhi was shot to death on Sept. 15, 2001. His attacker assumed that, because Sodhi wore a turban and had a beard, he somehow must be associated with terrorist leader Osama bin Laden. Sodhi, however, was of the Sikh faith and from India. The prompt and proactive response of the local community and Mesa city officials in addressing and mourning this tragic event and embracing the Sikh community as fellow Americans and Arizonans was an important part of the healing process.

Asian American National and State Legacies

The historical record, moreover, shows that Asian Americans have demonstrated a deep commitment to the fundamental tenets of U.S.

democracy and freedom expressed in the Constitution. During what is called “the exclusion era” (1875–1965), Chinese immigrants contributed to the development of U.S. civil rights law with a series of 1868 court cases that helped to define the Constitution’s 14th Amendment “equal protection under the law.” Although unsuccessful, challenges in the 1920s by Asian Indian Americans and Japanese Americans to the Naturalization Laws, which excluded persons of Asian ancestry from

naturalized citizenship, laid bare how racial prejudice shaped definitions of U.S. citizenship. During World War II, Japanese American court challenges to the constitutionality of detaining U.S. citizens without formal charges or a trial of their peers were rejected by the Supreme Court, only to be reversed at the end of the war. This series of cases further developed civil rights and constitutional law for all Americans.

Asian Americans in Arizona also actively participated in these efforts

to secure their rights and create positive change in the state. Chinese immigrant Wing F. Ong successfully ran for election to Arizona’s House of Representatives in 1946. Judge Thomas Tang challenged the politicized appointment of judges, resulting in his being the first Asian American elected to the bench in the 1963; he was the first Asian American appointed to the federal courts in 1977. His wife, Dr. Pearl Tang, worked in public health to dramatically lower the infant mortality rate in Arizona.



Victory Day Parade, 1945. Copyright Fred Ong. Used with permission.



Members of the Japanese American Citizens League actively lobbied Arizona congressmen to support the Walter McCarren Act, which allowed first-generation Japanese Americans to apply for and receive naturalized citizenship beginning in 1952. In 1959, Hank Oyama of Tucson and his wife were one of five couples whose civil suit ended the anti-miscegenation laws in Arizona.

Just as Asian Americans have contributed to the development of civil rights in Arizona, they also helped to build the state's economic infrastructure. In the late 1890s, Japanese immigrant Hachiro Onuki settled in Phoenix and with his

business partners founded an electrical power company (today known as APS) and introduced electric street-lamps to the city. At the turn of the century Asian immigrants worked to complete the railroads. By far the primary area of impact in the first half of the 20th century, however, was in agriculture. Japanese American farmers also created innovative techniques for growing cantaloupes and strawberries. In the 1940s, Asian Indian Rala Singh founded Singh Farms close to what is now Glendale, and was one of the most successful farmers of watermelons and onions in the country (Sachdev, 2008).

Implications of Contemporary AAPI Population Growth for Arizona

The rate of growth of these Asian American ethnic communities in the interior west, mountain and southern states has implications for the state and its Asian American and Pacific Islander communities. The population growth in general reflects the economic growth of the mountain and southern states. The Selig Center for Economic Growth notes that from 1990 to 2006, of the top 10 states with the greatest percentage increase of buying power, Nevada (281%) and Arizona (211%) ranked number one and number two. The center estimates that Asian Americans'

buying power will increase by 434% between 1990 and 2011, compared to the increased buying power of Hispanics (457%), American Indians (270%), African Americans (237%), the U.S. population as a whole (190%), and Euroamericans (175%). Pacific Islanders are notably absent from this analysis.

The Asian American market in the United States in 2006 was \$427 billion. Projecting Asian Americans to constitute 5% of the U.S. population by 2011, the Selig Center estimates the Asian American market will grow to \$622 billion. According to center director Jeffrey M. Humphreys, this buying power reflects the "rapid growth" of this group, the higher earning power due to higher rates of education, and the fact that 95% of Asian Americans live in urban and metropolitan areas. Arizona is sixth out of the top 10 states with the largest rate of Asian American buying power from 1990 to 2006, with an increase of 481%, and 20th among states with the largest Asian American consumer markets. Center director Humphreys suggests:

The group's fast-paced growth in buying power demonstrates the increased importance of Asian consumers and should create great opportunities for businesses that pay attention to their needs. Because the group contains consumers of so many national ancestries, languages, and such diverse cultures, firms that target specific subgroups—Chinese or

Filipino, for example—may find niche markets particularly rewarding. (Humphreys 2006, p. 5)

Arizona is projected to be among the states with the highest increase in African American, Asian American and Euroamerican buying power from 1990 to 2006; it already was among the top 10 states for American Indian and Hispanic buying power in 2006. Clearly, Arizona is in a strong position with its already and increasingly "multicultural economy." It remains to be seen whether Arizonans will be able to cultivate the state's ever-more diverse population into a multicultural community. ■

Karen J. Leong (Ph.D., History) is an associate professor of Asian Pacific American Studies and Women and Gender Studies at Arizona State University and is the former director of the APAS program.

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Rala Singh Farms Label, ca. 1955. Courtesy of Vince Murray, Arizona Historical Research.





II. Health Issues in Arizona AAPI



Risks, Services & Usage

By Howard J. Eng

The U.S. Census Bureau has reported that Asian Americans are the fastest-growing population (by portion) of the four major minority groups. Together with Pacific Islanders, they comprise 4.3% of the U.S. population (13.9 million Asian Americans and 976,395 Pacific Islanders) in 2004. In Arizona, although the Asian American and Pacific Islander community is smaller than other ethnic minority groups, AAPIs grew by 57.4% between 2000 and 2006.

As the AAPI population continues to grow, there will be increases in need and demand for health services. In order to meet these needs in Arizona, health care providers need to understand the AAPI health-related issues.

AAPI Health Profiles

Health can be defined by the individual's self-perception of health or defined by the individual's health problems (i.e., physical, mental, social and spiritual health). Table 2-1 compares the U.S. population and the AAPI population for the top 10 causes of death in 2005. There are distinct differences between the two groups. The primary cause of death for the U.S. population overall is heart disease, whereas for the AAPI population it is cancer (malignant neoplasm).

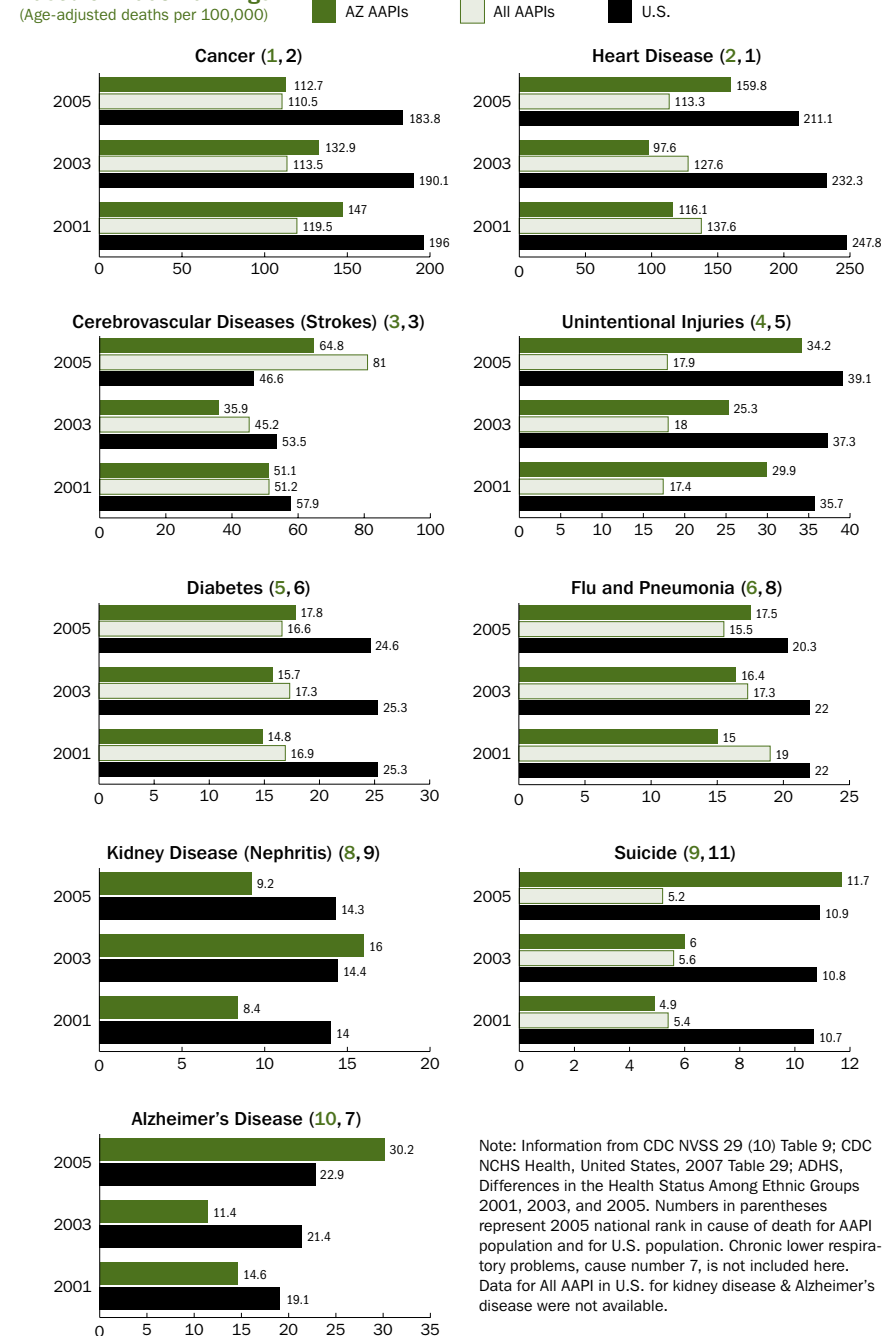
Of the top 10 national causes of death for the AAPI population, there were declines in three causes of death from 2001 to 2005: heart diseases, cerebrovascular diseases, and influenza and pneumonia. Figure 2-2 shows the age-adjusted death

Table 2-1
U.S. Total Population and U.S. AAPI Population Top 10 Causes of Death in 2005

Rank	U.S. Population	Asian Americans and Pacific Islanders
1	Heart diseases	Malignant neoplasms
2	Malignant neoplasms	Heart diseases
3	Cerebrovascular diseases	Cerebrovascular diseases
4	Chronic lower respiratory diseases	Unintentional injuries
5	Unintentional injuries	Diabetes mellitus
6	Diabetes mellitus	Influenza and pneumonia
7	Alzheimer's disease	Chronic lower respiratory diseases
8	Influenza and pneumonia	Nephritis, nephritic syndrome, and nephrosis
9	Nephritis, nephritic syndrome, and nephrosis (Kidney diseases)	Suicide
10	Septicemia	Alzheimer's disease

Source: CDC NCHS Health, United States, 2007, Table 31.(National Vital Statistics Reports)

Figure 2-2
Top Causes of Death, U.S., All AAPI for U.S. & Arizona AAPI
Based on 2005 Rankings



Note: Information from CDC NVSS 29 (10) Table 9; CDC NCHS Health, United States, 2007 Table 29; ADHS, Differences in the Health Status Among Ethnic Groups 2001, 2003, and 2005. Numbers in parentheses represent 2005 national rank in cause of death for AAPI population and for U.S. population. Chronic lower respiratory problems, cause number 7, is not included here. Data for All AAPI in U.S. for kidney disease & Alzheimer's disease were not available.

rate changes in the top causes of death for the U.S. population overall, and for all AAPI and AAPI in Arizona during the five years. Unlike the national trends, Arizona had net rate increases in 8 of the 10 leading causes of death for the AAPI population during 2001 to 2005.

A total of 260 Arizona AAPI adults (18 years of age or older) completed the APAZI Community Survey. The APAZI AAPI adults were healthier than the general population in Arizona. Of the respondents, 158 (69.9%) had reported their health status was either very good or excellent, and 17 (7.5%) had reported their health status was either fair or poor. This was higher than the Arizona 2006 Behavioral Risk Factor Surveillance System (BRFSS) of 52.7% and lower than the BRFSS of 16.3%, respectively.

In addition, 62.3% of the respondents indicated having no health problems. Twenty-seven percent reported having one health problem.

AAPI Health Risk Patterns

Starfeld suggested that health status can be influenced by four major factors: (1) a person’s individual behaviors, (2) genetic makeup, (3) medical practice, and (4) the environment. The Centers for Disease Control (CDC) estimated that premature death in the U.S. population can be directly related to individual lifestyle and behaviors (50%), individual’s inherited genetic profile (20%), social and environmental factors (20%), and inadequate access to medical care (10%).

Health risk factors included predisposing factors (e.g., high

blood pressure, overweight and high cholesterol levels) and individual lifestyle, behavior and health practices (e.g., lack of exercise and tobacco use). For example, uncontrolled high blood pressure over a long period of time can lead to stroke and heart problems, and individuals who are overweight are at greater risk for heart disease, high blood pressure, diabetes, arthritis-related disabilities and some cancers.

The APAZI survey showed most Arizona AAPI have low health risk factors (see Figure 2-3), with less than a quarter of the respondents reporting high blood pressure or high cholesterol levels. Just 8% of the respondents were smokers, much lower than the 2006 BRFSS report for Arizona overall, where 18.2% were smokers. Less than one-third of the

APAZI respondents reported being overweight; in comparison, in 2000, more than 57% of the U.S. adult population was overweight. The high rate of physical activity in our respondents may be one reason for the APAZI respondents’ low rates of being overweight; more than 60% said they exercise regularly at least three times a week.

AAPI Health Service Usage Barriers

There are many barriers to access to health services that can influence their use. These include: financial barriers, cultural and language, lack of a medical home (regular source of health care), and availability of health services. Having health care coverage is the primary means for reducing the financial barriers and increasing

Figure 2-3
Arizona APAZI Respondents’ Health Indicators
(N=260)

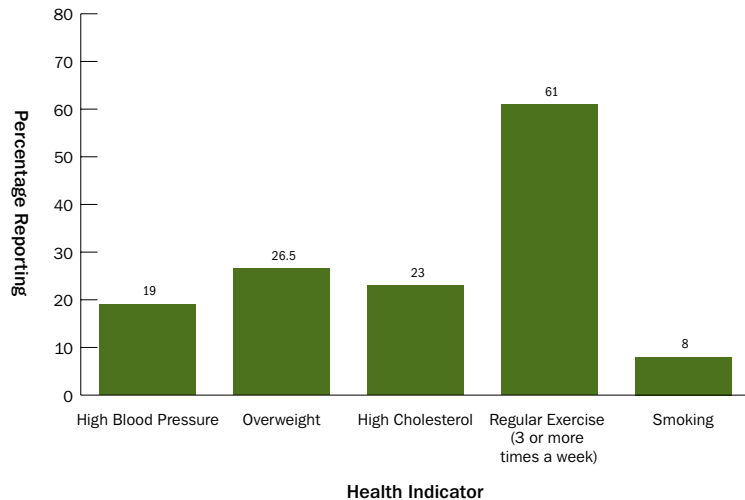


Table 2-4
Health Insurance Coverage of the U.S. Non-elderly Population, 2005

Race/Ethnicity	Private	Public	Uninsured
Total Non-elderly Population	66.2%	15.9%	17.9%
White only	75.0%	11.8%	13.2%
Black or African American only	50.7%	28.4%	20.9%
American Indian and Alaska Native only	42.6%	23.2%	34.2%
Asian American and Pacific Islanders only	70.3%	10.3%	19.4%
Hispanic or Latino	45.3%	22.7%	32.0%

Source: The Kaiser Commission on Medicaid and the Uninsured, Health Insurance Coverage in America 2005 Data Update Report, 2006.



the access and availability to health services. Most health insurance is provided by employers. Medicare is the largest publicly funded health coverage program in the United States. Federally and state funded Medicaid (AHCCCS) and the State Children Health Insurance Program (KIDS CARE) provide health care coverage for low-income individuals and children, respectively.

Although Asian Americans have higher median family incomes than the general population, they also have higher poverty rates, with the Chinese, Thai, Korean, Vietnamese, Pakistani, Lao, Cambodian and Hmong American populations having much higher poverty rates than both the Asian American and general population rates. These groups were the most likely not to have health insurance.

Table 2-4 compares the 2005 national health coverage profiles for AAPI with the total non-elderly, White, Black/African American, American Indian/Alaska Native, and Hispanic/Latino populations. AAPI had a higher private health insurance rate than the general population, but 19.4% of its population was uninsured. AAPI had the lowest publicly funded health coverage (10.3%) of the five racial/ethnic groups.

Eighty-four percent of the APAZI survey respondents indicated that they had health care coverage. This is higher than the Kaiser Commission on Medicaid and the Uninsured reported for AAPI (80.6%) in 2005. However, this is slightly lower than

for the total U.S. population in 2006 (84.2%) reported by the U.S. Census Bureau, but higher than for Arizona as a whole (79.1%, reported by the U.S. Census Bureau, and 80.4%, reported by BRFSS). The Kaiser Commission also reported that those with lower family incomes were more likely to be uninsured (Asians at less than 200% of the Federal Poverty Level had 40% uninsured rates, compared to those at greater than 200%, who had 12% uninsured rates in 2003).

Even if one has health care coverage, culture and language can be major barriers in the use of health services. One's perceived health status, health beliefs, health practices and lifestyles are also influenced by culture. In 2000, the U.S. Census Bureau reported that Asian Americans nationally had five times the percentage of foreign-born, non-citizen and non-English or English spoken not very well at home than the general population. Eighty-one percent of the APAZI survey respondents indicated that they were U.S. citizens (the majority were foreign-born, naturalized citizens). Forty-one percent of the respondents spoke English only at home. The remaining respondents indicated that another language other than English was spoken at home, and both English and another language were spoken at home. Several comments from the APAZI community focus groups indicated that there is a need for more AAPI medical interpreters and culturally competent health professionals in Arizona as well as health education materials translated

into different Asian languages.

Lack of a medical home can also be a barrier to access to health services. Even though 83.5% of the APAZI survey respondents reported they had health care coverage, only 42.8% indicated that they had a regular source of health care. This is significantly lower percentage than for Arizonans in 2006 (71.7%), reported by the BRFSS, and for Asian Americans nationally in 2004–05 (81.2%), reported by the CDC National Center for Health Statistics.

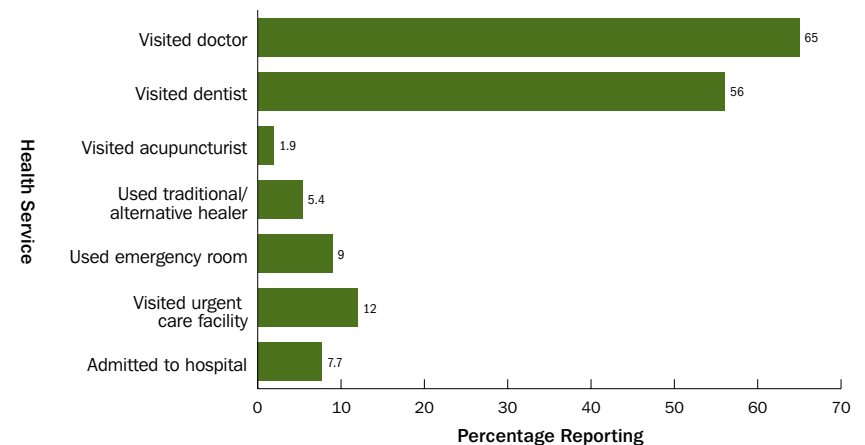
AAPI Health Services Usage Patterns

Nationally, AAPI adults have lower user rates of medical care (doctor visits, urgent care visits, emergency room visits and hospital admissions) than does the general population.

The APAZI survey also showed most Arizonan AAPI adults are low users of medical services. It is more likely for U.S. citizens, women and those with health care coverage to use medical services.

Figure 2-5 includes information on APAZI participants' use of health services. Although a majority of the APAZI survey respondents indicated that they had visited a doctor during the past two years, it was lower than the rate reported by the CDC for Asian Americans nationally (79%) and the overall population (84%) during the past year. A majority of APAZI respondents reported that they had visited a dentist during the past two years. In addition, a small number of APAZI survey respondents had also visited an acupuncturist and/or a traditional/alternative healer during the past

Figure 2-5
Arizona APAZI Respondents' Use of Health Services During the Past 2 Years
(N=260)



two years. Most of these were U.S. citizens and had health care coverage.

The percentage of APAZI respondents who had visited urgent care or an emergency room in the last two years was also lower than national statistics. Although less than 8% of APAZI respondents reported they were admitted to the hospital during the past two years, this was twice the rate reported by CDC for Asian Americans (3.8%) admitted to the hospital during the past year who were 1 year of age or older in 2004. However, this was close to the national annual rate of 7.4%.

Influenza and pneumonia was the sixth cause of death for AAPI in 2005. Vaccination is an important preventative step taken before the flu season. It can reduce the chances of getting the flu and/or reduce the

severity of the flu. The CDC reported that only 39.5% of the adult population received influenza vaccination during the past 12 months in 2005, and for Asian Americans, it was much lower—30.6%. Thirty-four percent of the APAZI survey respondents had reported that they had a flu shot during the past two years (see Figure 2-6).

In 2005, cancer was the top cause of death for the AAPI population. Timely screenings can detect early stages of cancer and lead to early treatment and prevent unnecessary deaths. The CDC reported nationally that Asian American women had the lowest mammogram and Pap test rates of the four major minority populations in 2005, although the APAZI survey respondents had higher rates for both screenings (see Figure 2-6). It has been recommended that

women aged 40 or over should routinely have mammograms every one to two years. A mammogram is an X-ray of each breast to look for breast cancer. Sixty-four percent of APAZI survey female respondents aged 40 or over indicated they had a mammogram during the past two years. This was higher than the average for Asian American women reported by the CDC in 2005 (54.6%). A Pap test is used to detect cervical cancer. It is recommended that women should begin getting a Pap test no later than 18 years of age. Seventy-two percent of the women respondents reported that they had a Pap test during the past three years. In 2005, the CDC reported a lower Pap test rate for Asian American women during the past three years (64.4%).

For men, two of the most common tests used by doctors to screen for prostate cancer are the digital rectal exam and the prostate specific antigen test. Less than half of APAZI AAPI men respondents aged 40 or over indicated that they have had a prostate exam during the past two years.

The several comments from the APAZI community focus groups indicated that there are access issues and cultural barriers preventing AAPIs from getting timely cancer screenings, especially for women:

- “AAPI women don’t access mammograms and Pap smears at the rates that non-Asian women do... and we think the reasons are in part cultural. Maybe there are issues of modesty or concerns what

the husband thinks, about another man examining his wife. Could be financial barriers, maybe the person doesn’t have health insurance or can’t afford to see a doctor or get the test, get the screening test.”

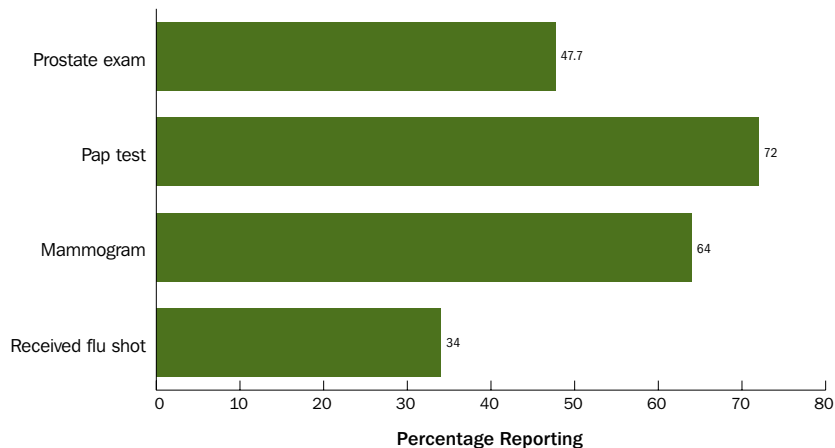
- “The idea of Yin and Yang and their body being in balance or out of balance, works, in some respects, against the notion of preventive screening because what it philosophically is saying, that when your body is out of balance, you know that because you get sick. And so for tests like mammograms and Pap smears that are trying to detect, in many cases, possibly asymptomatic disease, it’s not culturally consistent because the culture’s saying you’ll know when you’re sick because something will happen to alert you, and that works against the notion of preventive screening.”

- “I think that a lot of time, we view Asian people as being shy, being quiet, and I think that there is some truth to it, because we do not like to discuss our personal feelings, our personal problems. ... So [with] mental health, and depression, or even if you have a mass in the breast, you don’t want to share it, you don’t want to show it to people.”

Summary and Recommendations

There are differences in the top causes of death between the general population and the AAPI population.

Figure 2-6
Arizona APAZI Respondents Receiving Flu Shot and Cancer Screenings During the Past 2 Years (N = 260)





“ There should be increases in the number of AAPI medical interpreters and culturally competent health professionals in Arizona. There should also be an increase in the availability of health education materials translated into different Asian languages.”

Although nationally there has been improvement in reducing the rates of top causes of death for AAPI, Arizona has not done as well. Studies are needed to determine why there are significant improvements in reducing the AAPI death rates at the national level, but not in Arizona. Specific health programs are also needed to reduce the overall Arizona AAPI top causes of death rates.

Most of the AAPI who received the APAZI community survey and participated in the community focus groups were at the higher family income levels and low health risks. However, it is not known if the general AAPI population in Arizona has the same health, health risks and health coverage as the APAZI respondents; that is especially the case for those with lower family incomes. Many of the survey respondents encountered the same cultural and language barriers, lack of a medical home, and low health services usage rates as the national AAPI population. Health studies that include a broader representation of the Arizona AAPI population are needed to obtain a more complete picture of health profile, health risks and health coverage.

Nationally, the AAPI population has higher uninsured rates than the general population, but Arizona AAPI were doing better in this area. Arizona AAPI who are the mostly likely to be uninsured are those with low-paying jobs in which health insurance is not offered, part-time workers with no benefits, family-owned small businesses, and recent immigrants. Nationally, AAPI has the lowest percentage of publicly funded health care coverage of the four major minority groups. It is not known whether this is the situation in Arizona.

The common barriers to access to health services include: financial barriers, lack of a medical home, and culture and language. Even though the majority of the APAZI survey respondents reported they had health care coverage, less than half indicated that they had a regular source of health care. Nationally, AAPI have low usage rates of health services (e.g., doctor visits, urgent care visits, emergency room visits, hospital admissions, mammograms, Pap smears and flu vaccinations). Similar patterns appear in Arizona. In addition, because cancer is the AAPI top cause of death, timely screenings

are critical in detecting early stages of the disease.

There is a need to increase the percentage of AAPIs with a medical home. The APAZI community focus groups recommended that there should be increases in the number of AAPI medical interpreters and culturally competent health professionals in the Arizona. There should also be an increase in the availability of health education materials translated into different Asian languages. Overcoming the cultural and access barriers is also crucial in raising screening rates.

There are a number of health areas that can be improved in Arizona AAPI communities. To make these improvements will require community changes at different levels. AAPI community members need to develop a greater self-awareness of community health and health services needs. AAPI community leaders need to increase their community awareness of health issues, to enhance their advocacy skills to bring about community health solutions, and to improve community response to health and health services needs. In addition, the AAPI community needs to work with health agencies, institutions and

organizations to increase their awareness of the health issues (e.g., advocate for community health assessment) and to improve their response to AAPI health and health services needs. These changes are vital to the improvement of health status in AAPI communities. ■

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Improving Outcomes

By Doug Hirano

Often characterized as the nation's "model minority," Asian American and Pacific Islanders are frequently assumed to be healthy and wealthy. However, in terms of health, there are in fact several problem areas for AAPIs.

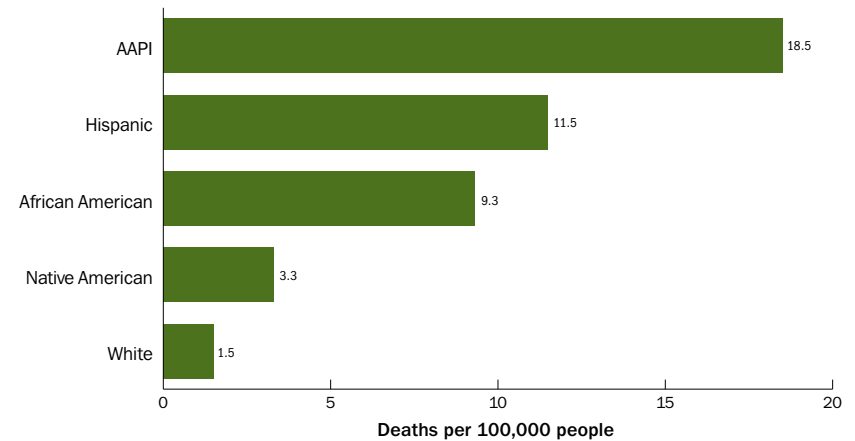
It is estimated that 10% of all AAPIs in the United States are chronically infected with the hepatitis B virus—a major cause of liver cancer. This compares to an infection rate of just 0.4% (1 in 250) among all U.S. residents. One in four individuals with chronic hepatitis B infection will suffer serious, if not fatal, liver disease without adequate monitoring and treatment. In Maricopa County, local hepatitis B screening clinics have found an infection rate of approximately 8% among AAPIs. Statewide, more than half of all pregnant women found to have chronic hepatitis B infection are AAPIs.

Rates of tuberculosis are also disproportionately high among AAPIs in Arizona. In 2006, the rate of tuberculosis cases among AAPIs was 18.5 per 100,000 Arizona residents—more than 12 times the rate (1.5 per 100,000) for non-Hispanic Whites (see Figure 2-7). Data from the Arizona Department of Health Services indicates that within the AAPI group, individuals from Vietnam, India and the Philippines had the highest tuberculosis rates.

AAPIs in Arizona carry a disproportionate burden of poor health due to infectious diseases, such as hepatitis B and tuberculosis. Culturally proficient outreach and education can assist in identifying and treating infected individuals. Chronic conditions such as diabetes and selected cancers are on the increase among AAPIs and require improved access to preventative services, such as mammography and Pap smears, as well as effective health promotion services in the areas of nutrition, physical exercise and tobacco cessation. Community-wide leadership and participation can improve the effectiveness of these efforts.

In this regard, the Asian Pacific Community in Action (APCA), a Phoenix-based nonprofit organization, has been working since 2002 to improve the health of AAPIs in Maricopa County. The overarching goal of APCA is to establish a sustainable community-wide approach toward maintaining optimal health and wellness within the AAPI community. This larger goal includes multiple subgoals: (1) monitoring AAPI health status, health-seeking behaviors and community capacity; (2) coordinating the provision of culturally and linguistically proficient health education and preventive clinical services; (3) establishing enduring and broad-based health partnerships; (4)

Figure 2-7
Arizona Deaths Due to Tuberculosis
(Source: Arizona Department of Health, 2006)



improving community capacity for health improvement; and (5) continuously advocating for policies and programs that improve AAPI health. APCA currently boasts a staff of six employees and an annual budget of \$450,000.

In the past six years, APCA has made considerable progress in addressing the aforementioned goals. Achievements include holding the first seminars, workshops, conferences and health fairs targeting the local AAPI community; establishing programs in the areas of breast cancer prevention, hepatitis B screening and education, tobacco prevention and cessation, and diabetes screening and education; and conducting surveys and focus groups to better understand local AAPI health needs and behaviors. Much of the progress made by APCA is a testament to its support from volunteers, private donors, and corporate and government partners.

Most recently, APCA was one of eight AAPI organizations nationally chosen to participate in the "Health Through Action" program funded by the W. K. Kellogg Foundation. This groundbreaking program is the largest AAPI health initiative ever launched. Through this four-year initiative, APCA will be building a community-wide coalition to develop and implement a long-term cancer prevention program in the AAPI community. This coalition-building work offers an opportunity for the many subgroups that constitute AAPIs in Maricopa County to create a broad-based community health movement and a realistic opportunity to improve its health status indicators related to cancer. This project also can serve as a model for the AAPI community to address other health and human services issues. ■

Doug Hirano is an epidemiologist by training and the current Executive Director of the Asian Pacific Community in Action.



Mental Health Strengths & Risk Factors

By Brandon Yoo

Asian Americans and Pacific Islanders are an extremely diverse group. Tracing their roots to more than 40 Asian countries of origin or ethnic groups, AAPIs significantly vary by socioeconomic status, language, values, nativity, generational status, acculturation, religion, purpose of immigration, and many more factors (Okazaki & Hall, 2002). They also continue to be one of the fastest-growing populations in Arizona and in the larger United States (U.S. Census Bureau, 2002, 2007). Despite this diversity and continual population growth, very little is known about the mental health status and needs of AAPIs, particularly in Arizona.

Research examining mental health issues among AAPIs and their ethnic communities is limited. According to a recent first-ever national study of mental health focused on AAPIs, mental health issues are of great concern in this community, with significant variability in the rates of mental disorders based on demographic, cultural and immigration factors (Takeuchi, et al., 2007). Although there are a number of collective strengths in this community (e.g., family cohesion, educational achievements, motivation for upward mobility, strong work ethic), there are equally as many risk factors for mental illnesses (e.g., acculturative stress, achievement pressure,

language difficulties, individual and cultural racism) (U.S. Department of Health and Human Services, 2001). Continual empirical studies are warranted to systematically identify rates and distribution of mental health problems, as well as their protective and risk factors.

Culture can significantly influence the experience and expression of mental disorders among AAPI individuals. For instance, White Americans often describe symptoms of depression based on affect (e.g., "I feel sad"), whereas less-aculturated AAPIs describe symptoms of depression based on physical complaints (e.g., "My stomach hurts"). Our current classification system of mental disorders (*i.e.*, the Diagnostic & Statistical Manual of Mental Disorders) does not take this into consideration. Consequently, understanding how AAPI individuals experience mental disorders may be limited. Research and clinical service need to take into account these cultural differences to understand the full complexity in the experience of mental disorders among Asian Americans and their ethnic subgroups.

AAPIs have the lowest rates of utilizing mental health services among all other racial groups. This underuse is comparable regardless of gender, age and geographic location. However, Asian Americans who seek

care for mental illness often present with more severe illnesses (U.S. Department of Health and Human Services, 2001). The low use of mental services may be accounted for by a number of factors, including stigma and shame over using services, lack of financial resources and language barriers. In addition, culturally sensitive treatment services may not be available. This is particularly unfortunate given that culture-sensitive interventions among racial minorities are often greatly beneficial in treatment effectiveness (Kurasaki, Sue, Chun, & Gee, 2000; Lau & Zane, 2000). Development of culturally and linguistically appropriate services for AAPIs are sorely needed. ■

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The Mental & Behavioral Health of AAPI Youth

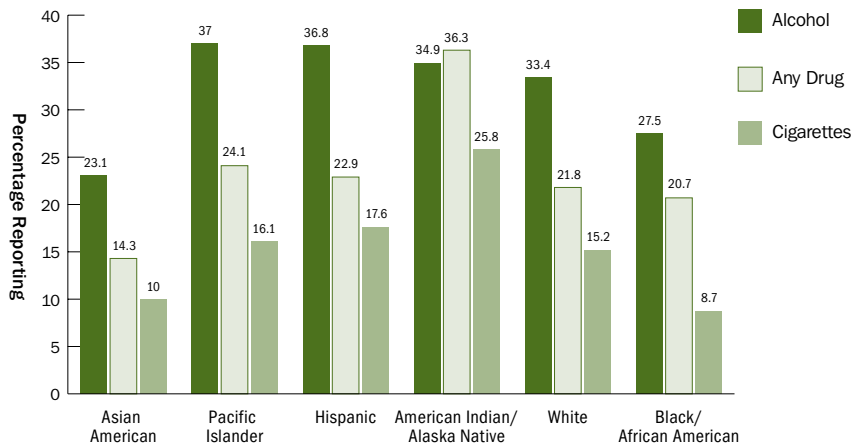
By Angela Chia-Chen Chen

Empirical evidence suggests that Asian American adolescents have higher levels of depressive symptoms than do their White counterparts (Greenberger & Chen, 1996). They are, however, less likely to receive services for emotional problems due to the model-minority myth (Chang & Sue, 2003). Depression has been found to be associated with many negative outcomes, such as academic problems, risky sexual behavior, substance abuse, physical health problems, impaired social relationships and risk of completed suicide among youth (Horowitz & Garber, 2006). In Arizona, Asian American and Pacific Islander youth also have varying rates of substance abuse (see Figure 2-8), with Pacific Islander youth

reporting the highest rate of alcohol consumption.

Arizona has the second-highest suicide mortality rate in the United States among adolescents 15–19 years old (Arizona Department of Health Services, 2003). Furthermore, children with non-English-speaking parents experience barriers to accessing medical care and have greater risk for unmet medical needs (Yu, Nyman, Huang, & Schwalberg, 2004). In 2005, among people 5 years old and older in Arizona, 27% spoke a language other than English at home, and 43% reported that they did not speak English “very well” (U.S. Census, 2006). Early and culturally appropriate intervention services are essential to reduce racial and ethnic

Figure 2-8
Substance Use Among Arizona 8th, 10th and 12th Graders, 2006
(Source: Arizona Youth Survey, State Report, 2006)



disparities in mental health and behavioral issues among AAPI youth.

The impact of the family and the potential interactions among different social environments on youths' well-being has been recognized but often neglected in empirical studies. Parents represent powerful socializing agents for their children (Collins, Maccoby, Steinberg, Hetherington & Bornstein, 2000). The use of unsupportive parenting practices has been linked to more depressive symptoms in children of immigrants (Dumka, Roosa & Jackson, 1997). Asian American/immigrant parents who are widely separated from their children in terms of acculturation may be more inclined to use unsupportive parenting practices because of the lack of shared understanding between parents and children, which in turn may increase depressive symptoms in their adolescent child. Thus, it is urgent to research contextual factors, such as family environment, that are critical to influencing the mental health of AAPI youth.

To understand the factors that can result in depressive symptoms among youth, we examined the relation between parent–child differences in cultural orientation (acculturation), parenting, and depressive symptoms among 451 Chinese American families residing in Northern California (Weaver, Kim & Chen, 2007). Categories for acculturation were *bicultural*, *more American*, or *more Chinese*. The findings suggested that the most advantageous group (those who had the least depressive symptoms) comprised families in which parents and adolescents reported bicultural orientation; the parent–child dyads with the least supportive parenting and highest depressive symptoms were in families in which the adolescent was *more American* but the parents were *more Chinese* (Weaver & Kim, 2008).

Although the association between acculturation, parenting and adolescent mental health in Chinese American and other AAPI families has been largely unexamined, findings of this empirical study highlight the importance of assessing intergenerational cultural dissonance, conflict and parenting practices when working with AAPI families.

Future studies that target Chinese American and other Asian American/immigrant youth in Arizona will help policy-makers and health care providers understand the underlying mechanism of these influential factors affecting the mental health of AAPI youth and assist in designing culturally appropriate preventative interventions and services. In addition, the following recommendations should be implemented:

- Mental health and behavioral service providers should examine carefully the differences in parent–child cultural orientation (acculturation) and parenting practices for optimal mental and behavioral health among AAPI youth.
- More rigorous studies should be done to determine whether acculturation has positive or negative implications for parenting practices and, in turn, whether it influences child mental and behavioral health among AAPI families. ■

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Growing Older in Arizona

By Linda K. Don & Lynne T. Tomasa

Arizona’s AAPI general population is increasing rapidly as the state’s entire population is aging. In 2003, the over-65 age group comprised 13% of Arizona’s population, and it is projected to increase to 17% by 2015 and 21.3% by 2025. Researchers estimate that Arizona will have the 13th-highest proportion of elderly in 2025 among the 50 states, including the District of Columbia. Putting all this in context, the number of older AAPIs in Arizona may be growing, but it is still a very small population. The small size makes it difficult to accurately characterize this group.

Describing Arizona’s AAPI community is challenging because of its diversity and getting access to the various communities is not easy. There are numerous definitions of who is an “elder,” and there is no general agreement on the age at which a person becomes old. In American culture, the chronological age of 65 is commonly used and is tied into what was viewed as the age of retirement or access to governmental benefits like Medicare. Census data are often calculated using the below-65 and over-65 categories. In contrast, Social Security benefits can begin at age 62 and other discount based benefits may begin as young as 50. Due to increasing longevity, we also see sub-grouping of our older population into the young-old (65–74); middle-old (75–84); and old-old (85 and up).

In considering the AAPI elderly, it is important to note the group’s heterogeneity. The term “AAPI” encompasses Arizonans of Chinese, Japanese, Korean, Indian, Hmong, Samoan and Filipino descent—just to name a few. There are also considerable differences within the ethnic/cultural groups according to the proximity of the immigration experience. Elders who are immigrants have different worldviews, needs and values than do those who are American-born and whose families may have been in the United States for generations. Most Arizona-born AAPIs and those who have lived in the state for many years also have acknowledged differences in lifestyle and group perspectives compared to AAPI communities in other states.

Considering all these factors, it is no wonder that the main observation to make about our state’s AAPI elders is that data are greatly lacking for this population. Consequently, many comments about Arizona’s AAPI elders must be drawn from national data and extrapolated to the local group.

Health

Specific state-by-state data are scarce, but nationally, AAPIs seem to suffer fewer health disparities compared to other ethnic minority groups—with a caveat, though. While AAPIs appear to have excellent health status, there are higher than average rates of specific diseases for many

of the groups when the population is disaggregated. For example, despite many epidemiological rates that are better even than for Whites, AAPI groups individually still have higher incidences for specific cancers, as can be seen in the following snapshot:

- Filipinos have the second-poorest five-year survival rates for colon and rectal cancers of all U.S. ethnic groups (second to American Indians).
- Koreans have the highest incidence and mortality rates of stomach cancer among all Asian subgroups. This is a fivefold increased rate of stomach cancer over White American men. Koreans have the lowest rate of colorectal cancer screening.
- Lung cancer rates among Southeast Asians are 18% higher than among White Americans.

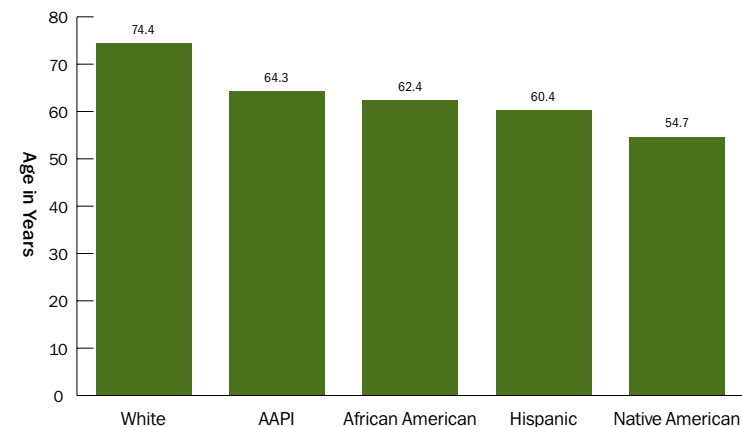
- Cervical cancer incidence rates in Vietnamese women are five times higher than the rate among White American women.
- Vietnamese men have the highest rates of liver cancer for all racial/ethnic groups.
- The incidence of liver cancer in Chinese, Filipino, Japanese, Korean and Vietnamese populations are 1.7 to 11.3 times higher than rates among White Americans.

(Asian American Network for Cancer Awareness, Research and Training, 2007).

A main indicator of a group’s health status that is indicative of a group’s level of health disparities is average age of death. Figure 2-9 suggests a disparity in overall health between Asian-descent Arizonans and their non-minority counterparts. As reflected below, there is a 10 year dif-

Figure 2-9
Arizona Average Age at Death

(Source: Health Disparities in Arizona’s Racial and Ethnic Minority Populations, Arizona Public Health Association—November, 2005)





ference between the average age of death for Caucasians and AAPI in Arizona.

Access to Services/Quality of Life

A major concern for Arizona's AAPI elders is transportation as a way to access health care, shopping and other services. The ability to travel around one's community is also a key to reducing feelings of isolation, depression, and dependency that frequently accompany debilitating conditions associated with aging. *Aging Americans: Stranded Without Options* notes, "As people grow older, they often become less willing or able to drive, making it necessary to depend on alternative methods of transportation" (Surface Transportation Policy Partnership, 2004). A report by the Arizona Department of Transportation (2008) on rural transit reported that nearly one-third of the state's elderly population (defined as ages 60 and older) resides in rural Arizona, where mass transit is severely lacking. Lack of transportation can impact access to preventive health services. For example, the Office of Minority Health (2007) reports, "In 2005, Asian/Pacific Islander adults aged 65 years and older were 40% less likely to have ever received the pneumonia shot, compared to non-Hispanic white adults of the same age group." More data are needed about Arizona's AAPI elders and their need for public transportation.

In both rural and urban areas, AAPI communities are seeing a change in the ability of adult children to care

for and support their aging relatives. Whether it involves providing transportation, companionship, or financial assistance, some AAPI elders may experience a lower quality of life and increase their risk for health problems. Changing cultural traditions, coupled with the fact that fewer adult children can afford to stay at home to care for aging relatives, may be increasing the demand for culturally sensitive assisted-living apartments and nursing homes. Needs assessments also should be conducted into what kinds of alternative living arrangements may be required for AAPI elders.

The mental health of AAPI elders is something that needs to be addressed. Often viewed as a model community, many face the same mental health problems as other groups. The American Psychiatric Association (2007) highlights the rates of addiction, gambling and family violence that affect this community, and in some instances the prevalence rates are estimated to be higher. For example, suicide rates among Asian American women over 65 were estimated to be 10 times higher than among White elderly women. Immigration also can make this group at risk for post-traumatic stress disorder.

Finally, Arizona's Attorney General cautions that the state's seniors are frequent targets of financial exploitation crime, such as household repair, sweepstakes and magazine subscription scams. Again, ethnic-specific data are sorely needed to better assess the level of risk for our AAPI elders. ■

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Health

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III. Economic & Financial Issues in Arizona AAPI



Profiting From a Diverse Community

By Wei Li

Asian Americans and Pacific Islanders have been instrumental in building the state of Arizona since the 19th century, when they were miners, farmers, small business owners and domestic laborers. As Arizona’s economy grows and prospers and AAPI communities become increasingly larger and more diverse, those communities play more important roles in contemporary Arizona and beyond as business owners, a work force and a consumer base. They have become an inseparable component of Arizona’s economic and financial structure.

The AAPI Labor Force in Arizona

With abundant natural resources, Arizona’s economy traditionally relied on the “5Cs”: copper, citrus, climate, cotton and cattle. However, high-tech employers have increased dramatically in recent decades along the Phoenix–Tucson corridor, dubbed the “Silicon Desert,” and Arizona views itself as a key player in the knowledge-based economy. The employment patterns of AAPI individuals over time closely mirror this statewide economic structural change.

Asian Americans possess overall higher levels of human capital and occupational prestige, but a closer look shows that Native Hawaiian and other Pacific Islanders (NHOPI) fare less well. For example, more than 45% of all Asian Americans 25 years and older hold at least a bachelor’s degree (the figure for the state is 25.5%), whereas the figure for

NHOPI is less than 20%. Such varied educational attainment levels partially contribute to the divergent occupational structures in the state.

In 2006, three quarters of the Asian American adult civilian work force (16 years or older) engaged in the following five industries: education, health and social services; manufacturing; retail trade; professional, science and technical services; and arts, entertainment, recreation, accommodation and food services (see Table 3-1). However, women were more likely to work in education, health and social services (25%) and less likely in manufacturing (17%) than were men (16% and 26%, respectively, in the same categories). Three primary occupations held by Asian Americans are management, professional and related occupations; sales and office; and services (see Figure 3-2). But gender difference again is important, as men hold more management, professional and related occupations (52% vs. women, 40%) and less in sales and office (16% vs. 31%).

Among NHOPIs in 2000, the top five industries were retail trade; education, health and social services; arts, entertainment, recreation, accommodation and food services; professional, science and technical services; followed by manufacturing (see Table 3-1). The three primary occupations by rank are sales and office; management, professional and related occupations; and services

(Figure 3-2). Women, again, were more likely to work in education, health and social services (24 %) or sales and office occupations (49%) compared to men (4% and 20%, respectively).

Subgroup differences were striking, as well. For example, among Asian Indian Americans, 78% of men and 58% of women hold management, professional and related occupations. In contrast, less than 23% of Polynesian Americans hold these positions. Such variations in occupations have great impacts on earning, purchasing power and capability for asset building.

AAPI Businesses

Some AAPI adults participate in the economy as self-employed individuals or serve as unpaid family labor. AAPI-owned businesses are generally small, with limited numbers of (or no) paid

employees and relatively low revenue. They are most likely concentrated in service and retail sectors. Large-scale “Asian-theme” malls, such as the Chinese Cultural Center in Phoenix and Mekong Plaza in Mesa, anchored by Asian supermarkets (e.g., Ranch Market and Manila Oriental Market, respectively) and other large Asian supermarkets such as Lee Lee’s Oriental Market, have emerged and become more prominent over time. AAPI businesses are also no longer just locally owned but reflect the transnational and cross-regional nature of financial flows. For example, the two shopping plazas named here are financed and/or were developed by a mainland China firm and a California-based Vietnamese American developer, respectively.

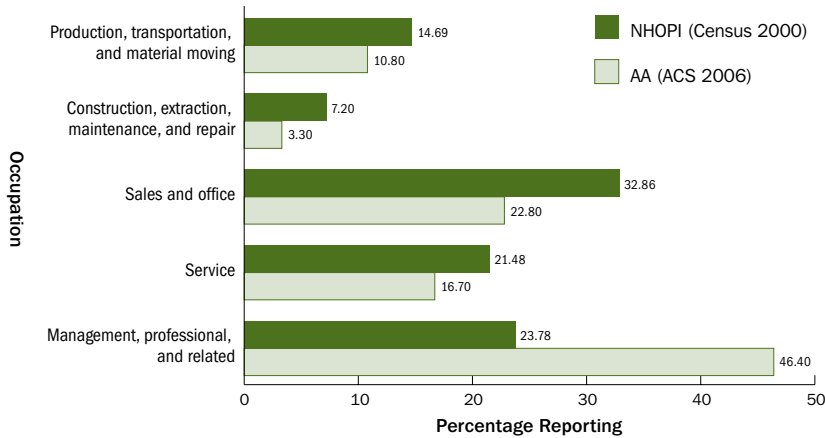
The U.S. Economic Census reported rapid growth of Asian American- and Pacific Islander-owned busi-

Table 3-1
Distribution of Arizona AAPI in Industry
 (Source: ACS 2006 for AA; U.S. Census 2000 for NHOPI)

Industry	% AA	% NHOPI
Educational, health, and social services	22.00	13.09 (2)
Manufacturing	18.20	10.87 (5)
Retail trade	12.60	15.24 (1)
Professional, scientific, management, administrative, and waste management services	11.90	11.39 (4)
Arts, entertainment, recreation, accommodation and food services	10.20	12.02 (3)
Other services (except public administration)	6.40	2.97
Finance, insurance, real estate and rental and leasing	5.20	5.16
Public administration	4.10	6.79
Transportation and warehousing, and utilities	3.60	7.23
Construction	2.40	5.34
Wholesale trade	2.00	4.67
Information	1.30	4.93
Agriculture, forestry, fishing and hunting, and mining	0.20	0.30

NOTE: Ordered by rankings for Asian Americans, ranking of top 5 industries for NHOPI are in parentheses.

Figure 3-2
Distribution of Employed Arizona AAPI Civilian Population
Among Occupations (16 Years and over)



nesses in Arizona in recent years. For example, the total number of Asian American-owned businesses increased 48% in a five-year span, with more than 10,000 businesses reported in 2002. Total sales and receipts of these businesses reached \$2.4 billion, a 27% increase, with an average revenue total of more than \$230,000 per business. NHOPI-owned firms also increased 48% in 2002, to nearly 350 businesses, with average revenue at just under \$110,000 per business. Asian Americans as a whole have a self-employment rate comparable to the state average (above 6%), with a lower average among NHOPIs (below 3%).

AAPI Income & Finance

As a result of their overall higher human capital and job prestige, Asian Americans earn a higher average income compared to state averages. One conventional image of immigrants is that they earn money in the United States and remit these funds to their home countries. To the contrary, as a result of rapid economic growth in some Asian countries, many Asian immigrants now bring financial resources

with them; others pump money to Arizona by either directly transferring money from their home country to support their families, or by parents paying bills in their home country for their children’s spending in Arizona as international students. Therefore, the contemporary income and financial picture of AAPIs are complex, multifaceted and transnational.

The APAZI survey results indicate that 68% of respondents have at least two people working per household. Figure 3-3 includes information on median household and per capita income. According to census data, the Asian American median household income was almost \$46,000 in 1999, with NHOPI’s median household income almost \$40,000. Per capita mean income was about \$22,000 for Asian Americans and just over \$15,000 for NHOPIs, compared to the state per capita mean of \$24,110 and \$20,275 in the same years. Differences among various AAPI ethnic groups reflect the wide disparity between salaries. For example, the per capita mean income of Asian Indian Americans was more than \$30,000, in comparison to Tongan Americans, whose mean per capita income was

just over \$8,500. However, the Tongan Americans have a higher median household income than the state median, a reflection of more people in the labor force per household.

Figure 3-4 provides information on the percentage of individuals living below the poverty level for each ethnic group. Although that percentage for Asian Americans in Arizona is less than the state average (12% vs. 13.9%), for NHOPI communities it is higher than the state average (16%). Like income, there is a wide disparity in this analysis, with Indonesian Americans and Tongan Americans having the highest rate, at 18.5%.

There is a popular perspective that AAPIs rely primarily on family, friends or informal financial mechanisms for loans and other financial needs; this is not borne out by the APAZI survey. More than 86% of APAZI survey respondents have received a loan from a bank. In 2006, the Asian Bank of Arizona established its headquarters in the Chinese Cultural Center in Phoenix, in response to the growing AAPI communities with different income and wealth levels and various financial needs in the state. The bank hires about equal numbers of Asian and non-Asian employees and is able to support the growing population of new immigrants who lack a U.S. credit history, have different cultural or business traditions or may have English-language difficulties. Within the Asian Bank’s short history, its financial record demonstrates rapid growth, with total deposits of \$17.8 million and total assets of \$25 million in 2007. The bank is able to absorb deposits from, and to leverage assets among, Asian Americans and Pacific Islanders and beyond, and it has become a player in the Arizona financial scene as a small but growing niche community bank.

Challenges & Policy Implications
 Despite the apparent economic and

financial success among AAPIs in the state, they still face many challenges. The communities are extremely diverse with different needs and demands, requiring various research and policy responses.

- The lower socioeconomic status and educational attainment among Native Hawaiians and other Pacific Islanders must be recognized. The grouping of NHOPI with the broader Asian American community does not help NHOPI communities receive the proper support or resources.
- For first-generation adult immigrants, there is often a language barrier, including speaking with an accent, that can be a major obstacle in obtaining mainstream jobs as well as getting promotions. This is true not only for immigrants with limited English proficiency, but also for educated Asian Americans with professional skills. The resolution of such challenges will rely, in part, on changing expectations in a global economy to value international experiences, expertise and linguistic diversity.
- There is a glass ceiling in the mainstream corporate world that hinders career advancement for both Asian immigrants and native-born Asian Americans and Pacific Islanders. For example, 14% of APAZI survey respondents agree with the statement “I have been passed up for a promotion based on my race or ethnicity.” Managerial training should offer a level playing field and equal opportunities for aspiring Asian Americans and Pacific Islanders in public and private sectors.
- Many well-educated professional Asian immigrants have credentials that are not recognized in the United States. This contributes to a



Figure 3-3
Arizona AAPI Median Household and Per Capita Income

(Source: U.S. Census, 1999)

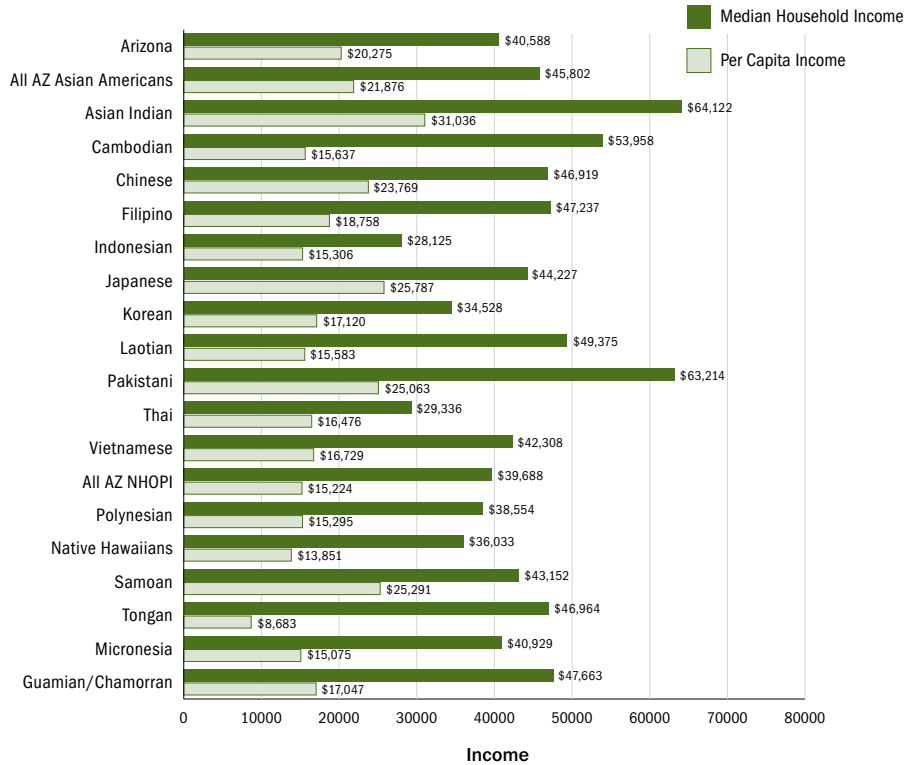
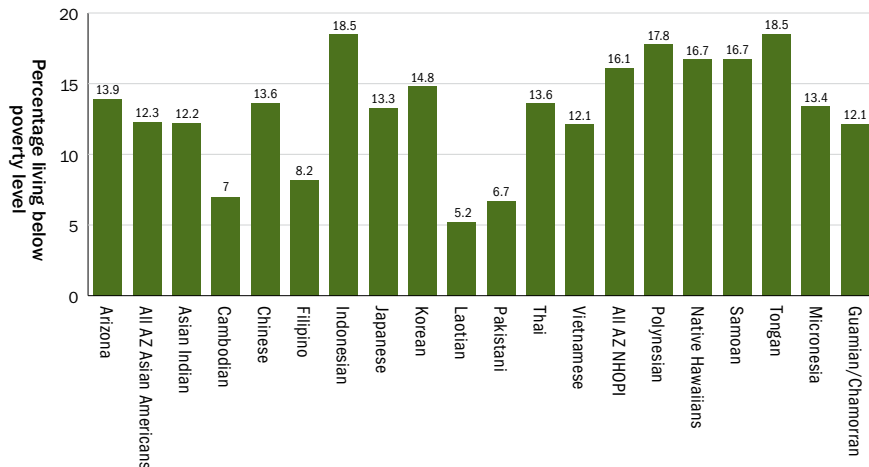


Figure 3-4
Arizona Poverty Rates

(Source: U.S. Census, 1999)



“brain waste” when individuals have difficulty finding jobs that match their expertise and potential; they then turn to lower-skill positions or self-employment as a last resort. Other highly skilled international migrants (e.g., H-4 visa holders, often women, who are spouses of H-1B non-immigrant visa holders) are prohibited from working by federal immigration law. Offering on-the-job training and internship opportunities might help skilled AAPI immigrants gain required U.S. credentials, especially in the economic sectors that increasingly need more professionally trained workers, such as health care and education. Comprehensive immigration law change is needed to change visa restrictions.

The APAZI survey found that more than 73% of respondents obtain knowledge of the U.S. bureaucratic system via some form of help from either family or community, and only 2.5% learn directly from government sources. Those immigrants who open small businesses often lack an understanding of U.S. laws and practices, as well as the accounting and tax system. Such challenges are also faced by native-born AAPI who had not previously owned or run a business of their own. Education and native-language assistance are crucial, such as holding business workshops in different languages or translation of important government documents to various Asian or Pacific Island languages.

New immigrants often lack a U.S. credit history and knowledge of the banking system, regardless of their assets and wealth. Many

small businesses rely on cash transactions, which may hinder their development and finances in the long run. Slightly more than 25% of APAZI survey respondents receive help from the public sector in securing their loans. Therefore, financial education is crucial, and streamlining financial documentation would help.

Arizona AAPI businesses should be supported in expanding their customer base. For example, some serve AAPI communities but also have a Latino customer base. The current debate on immigration reform is not only important for the future of our state and nation, but also vital to business success among AAPI communities in Arizona.

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IV. AAPI Educational Issues in Arizona



Moving Beyond the Model Minority Myth

By Kathy Nakagawa

Arizona doesn't even see us. ... I think AAPIs in Phoenix and in Arizona are invisible. I think they don't understand us; I don't think they care to understand us. And when they do see us, I think it's a stereotype of "All Asians are intelligent and succeed" and therefore they don't need any type of encouragement or counseling or tutoring and the like.

(APAZI focus group participant, May 8, 2008)

The stereotype of the Asian American “model minority” was coined during the 1960s in response to questions about educational equity and school success of racial and ethnic-minority students in public schools. The stereotype was a double-edged sword, on the one hand increasing the public visibility of Asian Americans and on the other hand pitting Asian Americans against other racial/ethnic groups. Despite research dispelling the myth of the model minority, the popular perception of Asian American and Pacific Islander students persists. As in other areas, the stereotype reinforces a view of AAPI students as a homogeneous group, veiling the diversity of AAPIs and harming those students in need of greater educational support.

The Arizona AAPI educational data that are available also make it difficult to gain an accurate picture of the state of AAPI students. In the

aggregate, AAPIs often exceed other groups on indicators of high school graduation, educational attainment and test scores. However, the limited data that disaggregate the “Asian American” label indicates that educational success and opportunities are not equally achieved by all AAPI groups.

AAPI and K–12 Public Education

Table 1 provides a snapshot of kindergarten through 12th-grade AAPI public school students. AAPIs comprise nearly 3% of Arizona public school enrollments. Of the approximately 32,000 AAPI students in Arizona public and public charter schools, 40% are enrolled in one of eight districts in the Phoenix area, with the greatest number of AAPI students (more than 2,600) attending Chandler Unified School District outside of Phoenix. According to 2004 National Center for Education Statistics (NCES) data, 14% of AAPI students in Arizona are part of “gifted and talented” classes, and the high school dropout rate for AAPIs is just 2.2%. The Arizona Department of Education (ADE) reports that more than 80% of AAPI high school students in Arizona are passing the Arizona Instrument to Measure Standards (AIMS) in both reading and math.

Because so little K–12 information is available on specific AAPI backgrounds in Arizona, we do not

know how AAPI children differentially achieve. A number of recent studies have detailed the difficulties that AAPI students face in K–12 education at a national level. In particular, Southeast Asian and Pacific Islander immigrant groups often lack adequate educational support to bridge language and cultural differences. The current educational climate, which limits bilingual educational support and emphasizes testing under the No Child Left Behind Act, provides few resources for immigrant AAPI children who are English Language Learners (Asian American Legal Defense and Education Fund, 2008).

Other researchers also have found an effect of generational status with ethnic background for Pacific Islander children in particular. For example, Pacific Islander children who were

born in another country but immigrated to the United States as children (designated the “1.5” generation) score lower than other immigrant and ethnic-minority groups on measures of academic performance (Glick & Marriott, 2007). In addition, looking more closely at the long-term achievement of Asian immigrant children by specific groups shows that Lao, Cambodian, Indian and Filipino immigrants do not do as well as Vietnamese, Chinese and other Asian-origin immigrants (Glick & Marriott, 2007).

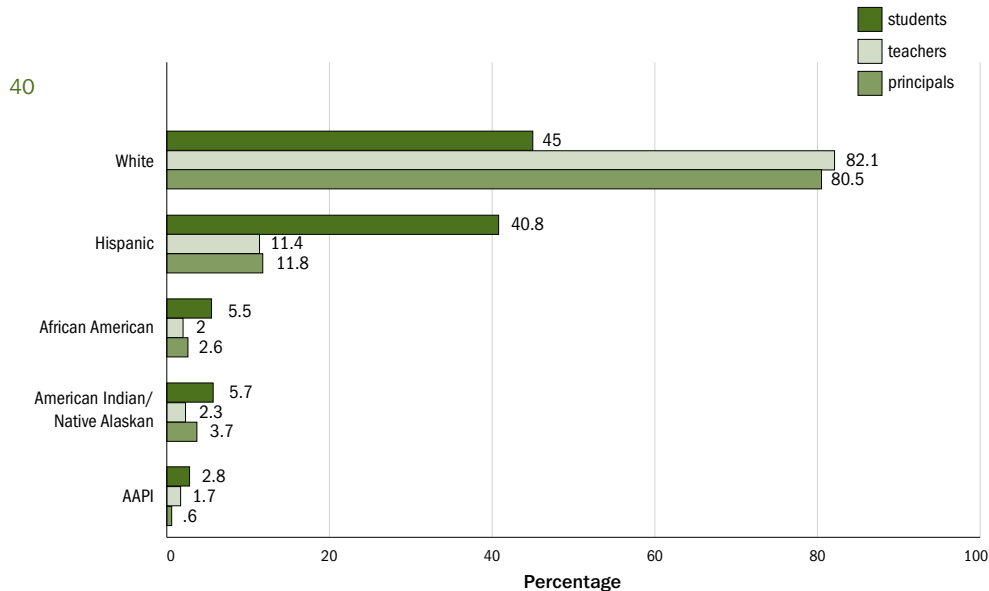
Given the makeup of Arizona’s AAPI population, many of the findings from these studies are likely to apply to Arizona students. According to the 2000 Census, 60% to 70% of the total AAPI population in Arizona is foreign-born. Of the more than

Table 4-1
Arizona AAPI Public School Information

	AZ AAPI	Arizona
Number of Students in Public Schools (including charters) (ADE, 2007)	32,126 (2.8% of all students)	1,148,696
Number in Public Charter Schools (ADE, 2007)	3,014	99,634
Percent High School Dropouts (NCES, 2003–04)	2.2%	6.7%
Percent Graduating High School in 4 years (ADE, 2007)	86.7%	74%
Percent Classified as “Gifted & Talented” (NCES, 2004)	13.9%	5.9%
Number of 5–17 year olds who speak English “Less than very well” (ACS, 2006)	2,363	100,656
Percent of 10 th Graders Meeting or Exceeding Reading Portion of AIMS (ADE, 2006)	82%	72%
Percent of 10 th Graders Meeting or Exceeding Math Portion of AIMS (ADE, 2006)	84%	65%

Figure 4-2
Arizona Principals, Teachers and Students by Ethnicity, K-12

(Source: NCES, 2003-2004)



Note: NCES 2003-2004 mixed and minority not included. Interpret small numbers with caution

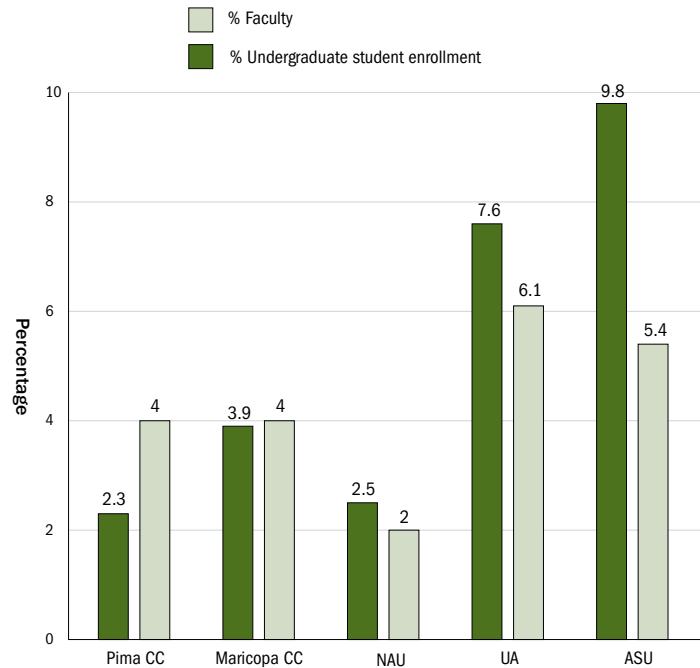
16,000 AAPI children aged 5 to 17 in Arizona, 13% lived below the poverty line. Of the approximately 9,100 children in Arizona aged 5 to 17 who spoke an Asian or Pacific Island language at home, 29% spoke English less than “very well,” and 22% (more than 3,500 children) were classified as “linguistically isolated,” meaning no one in their household aged 14 or over spoke only English or spoke English “very well.” These factors suggest that Arizona’s AAPI population should be studied more closely to ensure the public school system is meeting the needs of this very diverse population.

Although AAPI students are a small percentage of the student population in public schools, the representation of AAPI teachers and principals is

even smaller. Figure 4-2 compares the percentage of public school teachers and principals with the student population. Less than 2% of teachers and principals are from AAPI communities; in fact, all ethnic/racial minority groups are underrepresented as teachers and administrators in Arizona.

Having AAPI educational mentors and role models for AAPI youth was an issue raised by our focus group participants. One participant observed, “I do have quite a few Asians that I’ve mentored or just kind of come to, not just necessarily in my classroom, but just seek me out as a teacher. I’m the only Asian teacher on our campus.” Having AAPI teachers has additional importance in terms

Figure 4-3
AAPI Faculty and Students in Arizona Colleges/Universities, 2006/07

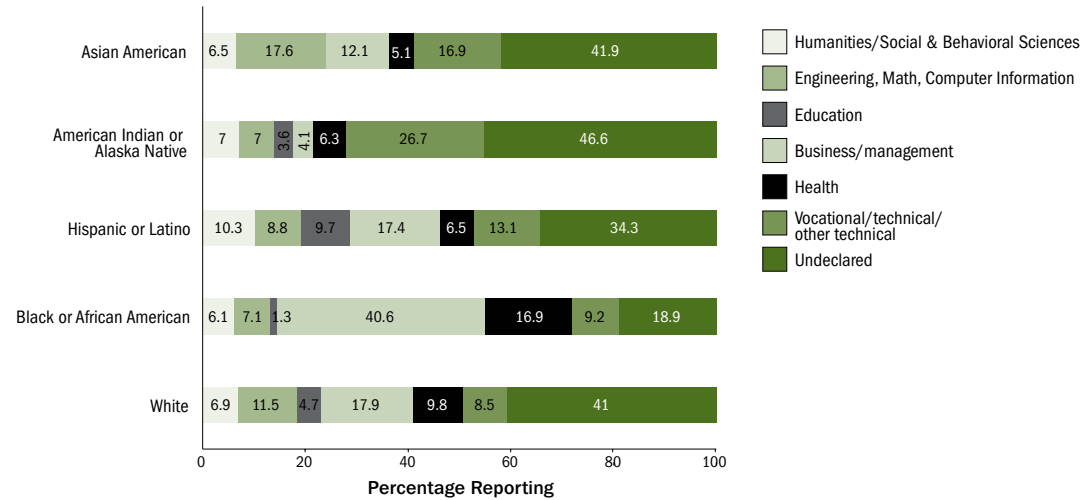


of the curriculum. Some AAPI teachers choose to add materials to their classes that better reflect the AAPI experience. As one teacher said, “One of the things that I’ve gone to that JAAC [Japanese American Citizens’ League] does is about the internment camps. If you look at most of the history books in the United States, they still seem to leave out the whole history of World War II and the issues, looking at it from the United States or ‘White’ United States’ perspective rather than other perspectives.” Similarly, another focus group participant observed, “There is a very quick one paragraph in a whole book, dedicated to any Asian Pacific Islander [issue]. It’s very, very brief, if at all.”

One program attempting to build leadership capacity in AAPI high school students and provide some of the missing curriculum is the Asian “Leadership Enrichment Assertiveness Development” (LEAD) Academy, held for two weeks each summer at Arizona State University. Offered since 1994, the program is open to AAPI high school students and those who have just graduated high school. Its mission is “to provide opportunities and resources for youth, particularly Asian American and Pacific Islander high school students and incoming college freshmen, to reach their full potential as leaders in a multicultural society.” The LEAD Academy curriculum covers AAPI history and other issues in addition to leadership



Figure 4-4
Arizona College Majors by Ethnicity/Race
 (Source: NCES, NPSAS, 2003-04)



training. Students who have not been exposed to AAPI history in their K–12 schooling appreciate the chance to learn about these issues in the LEAD Academy. One 2006 graduate of the program wrote about his experience, “LEAD revealed many aspects of Asian American history that I was not aware of before. ... Through the speakers at Asian LEAD, I came to realize the obstacles and hardships the first-generation Asian Americans had to endure.”

AAPIs and Postsecondary Education

In 2005 there were 545,597 students enrolled in degree-granting postsecondary institutions throughout Arizona. Of these students, 64% were White, 9% were Black, 16% were Hispanic, 4% were AAPI and

3% were American Indian/Native Alaskan (NCES, 2005). Figure 4-3 includes information on AAPI students and faculty in a sample of Arizona community colleges and universities. Of the five systems represented, the University of Arizona (UA) enrolls the greatest percentage of AAPI students, and Arizona State University (ASU) has the greatest percentage of AAPI faculty.

Except for Northern Arizona University (NAU), the percentage of AAPI students at each of these universities/colleges is greater than the percentage of AAPIs in Arizona overall. The representation of AAPI faculty is also encouraging. However, there are still very few AAPI higher education administrators. For example, in 2007 there were six AAPI administrators at UA (3.5% of all administrators), three

at NAU (1.1%) and just two AAPI administrators at ASU (2%).

Figure 4-4 dispels the myth of AAPI students majoring primarily in the science, technology, engineering or math (STEM) fields. For all Arizona college students in this 2003–04 NCES sample, the greatest percentages of all students are “undeclared.” Although a greater percentage of Arizona AAPI students major in STEM fields than students from other ethnic backgrounds, many AAPI students also major in business and vocational areas. As might be expected based on our K–12 data on teachers, in this sample of AAPI students there were no education majors.

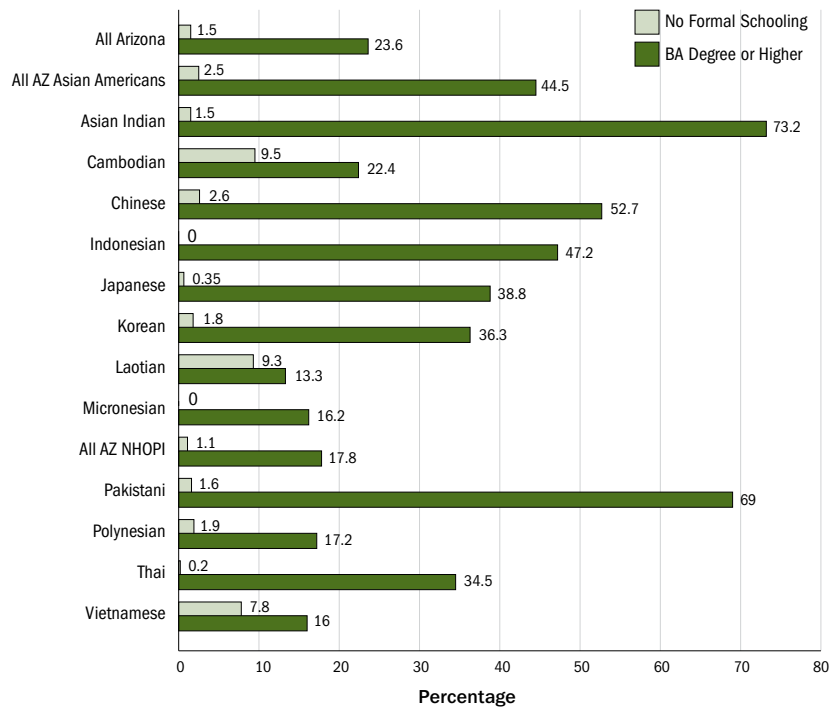
A 2008 report published by the National Commission on Asian American and Pacific Islander Research in Education and the College Board

provides additional information on AAPI college students in the United States. The report, *Facts, Not Fiction: Setting the Record Straight*, addresses the problem with the model minority myth and demonstrates the diversity of the AAPI student population. Even the successes of AAPI students parallel, rather than exceed, the successes of other ethnic-minority groups. For example, the number of AAPI students attending college is increasing, but at the same rate as Hispanic and Black students. And standardized test scores for AAPI students show a wide range of diversity, with those AAPI students who score the highest having parents with more education and more income, just as with other populations.

Figure 4-5 includes information on educational attainment for Arizona as



Figure 4-5
Arizona AAPI Educational Attainment
 (25 years and older, Source: U.S. Census 2000)



a whole and the various Arizona AAPI groups in particular. Asian Indian and Pakistani Americans have the highest rates of educational attainment, with nearly 70% of Pakistani and more than 70% of Asian Indians age 25 or over having a college degree or more. In contrast, nearly 10% of Cambodian, Lao and Vietnamese Americans have no formal schooling at all. Again, these data highlight the importance of disaggregating information in order to gain a full educational portrait of Arizona AAPI communities. In combination with the high rates of poverty in some of these communities, the attainment of a college degree is difficult.

The importance of attaining a college education was a theme raised by many of the participants in our APAZI focus groups; this was particu-

larly echoed by Samoan and Tongan community members. Participants discussed trying to build the social and cultural capital necessary to support their children's success. As one parent said:

I am talking about how important education is to my life. I think education is one of the most important things to us parents today because when I'm here I don't have a good education, but I want to train my kids to have a good education. I just call around the friends that I have and they help me out all the time, how to take care of my kids when they are at home with us. And then I do my best to make sure that every day they do their homework and everything before they go to school, and I keep the

rules at home. 10:30 at night the light is out, 6 o'clock in the morning everybody is up; I train them, and I ask them every day if they do their homework, and the only things that comes back to me [to] feel good about is that my three kids, they have all scholarships to college, this just makes me feel good.

Conclusion

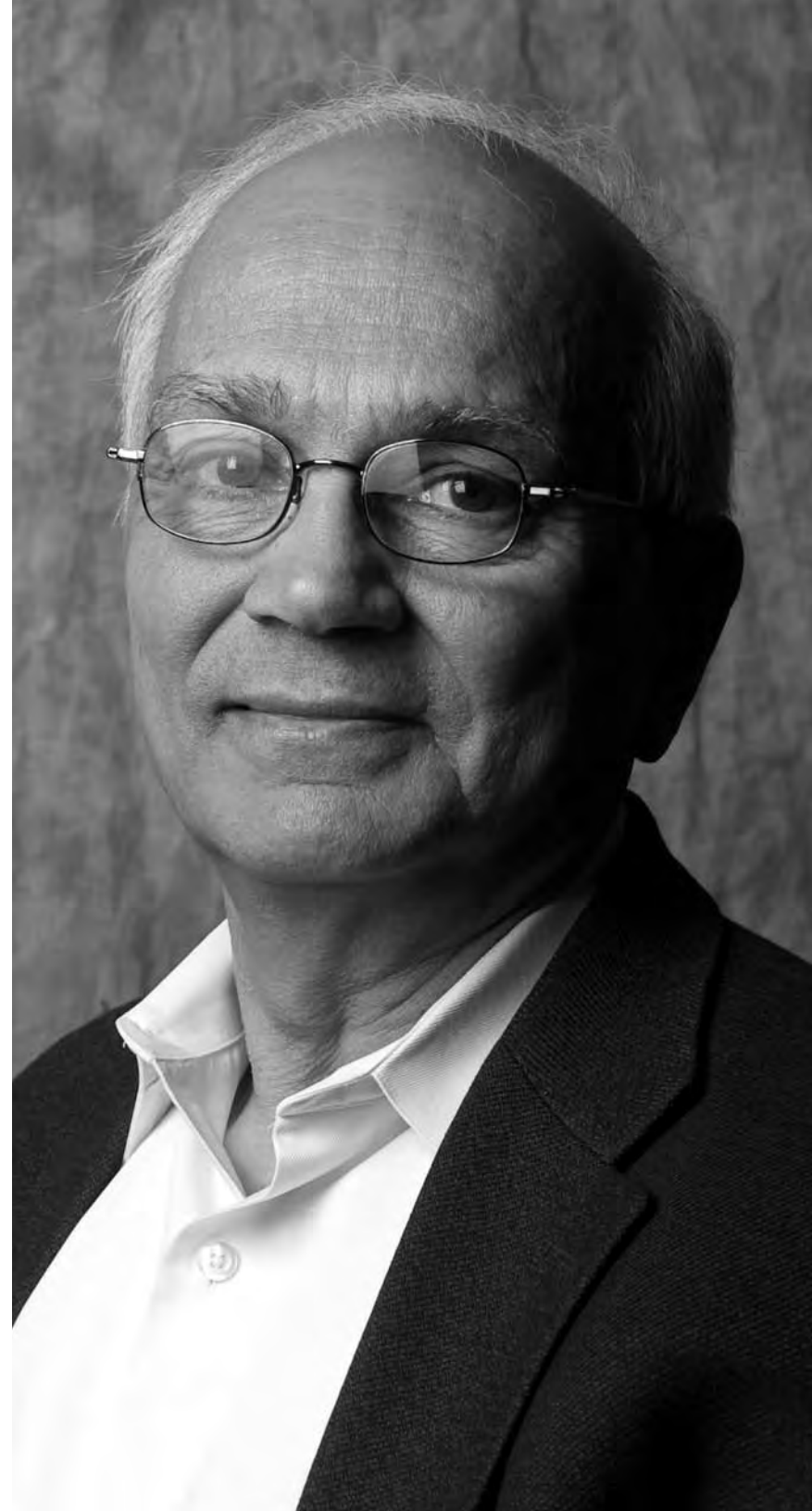
The educational success of all students in Arizona is contingent on how successfully we address the needs of our diverse student populations. AAPI students must begin to be recognized for their diversity. In order to provide better support and resources for AAPI students, it is important that we begin gathering data that capture the unique strengths and needs of each of the various AAPI communities. Promoting increases in the numbers of AAPI teachers, faculty and administrators will further broaden both curricular and programming opportunities.

Such changes are crucial for all AAPI students, but especially for K–12 students. By failing to recognize the diversity of the AAPI population at this level, we are denying these children the chance to develop to their full potential. Our educational system provides the opportunity to promote change in society by empowering students to envision possibilities for the future. When discussing how to engage the diversity of the AAPI population in Arizona, one of our APAZI participants said, “The educational system is clearly a way that can bring a better awareness, can broaden the acceptance of a variety of views ... not only in what they’re teaching, but how they teach, and allowing the students to offer their perspectives.” ■

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V. Biracial & Multiracial Issues in Arizona AAPI



Increasing Complexity By Christine C. Iijima Hall

In 2000, for the first time in U.S. history, the Census Bureau allowed individuals to identify themselves as being of two races—biracial—or of more races—multiracial. The question posed to the household was, “What is this person’s race? Mark one or more races to indicate what this person considers himself/herself.” The census also expanded the choices of Asian categories to Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Native Hawaiian, Guamanian/Chamorro, Samoan, Other Pacific Islander and Other Asian. The results showed that more than 6.8 million people—or 2.4% of the U.S

population—chose two or more races. Of this group 1,655,830 checked Asian as one of the racial groups. This number represents 14% of all Asian Americans.

In Arizona, the percentages of those identifying themselves as multiracial are higher than the U.S. average (see Figure 5-1): Twenty-two percent of Asian Americans and Pacific Islanders in Arizona considered themselves multiracial. This is similar to our Arizona APAZI sample, in which 19% of the respondents indicated biracial or multiracial affiliations.

Figure 5-2 summarizes the different background combinations of

those individuals reporting a mixed-race Asian American background for the U.S. as a whole and Arizona in particular. Among the Asian American multiracial individuals in Arizona, 59% reported an Asian American–White mixture. Asian American–Other and Asian American–Native Hawaiian/ Other Pacific Islander (NHOPI) have the next largest percentages. According to 2000 Census data, the largest Asian American–White group (in the United States and Arizona) is Japanese American–White. In fact, the Japanese American–White birth-rates in the United States surpassed the Japanese American interethnic marriage rate in 1981.

The Japanese American–White biracial group is largely due to Japanese American–White interracial marriages increasing over the

past 50 years. Approximately 70% of Japanese American marriages are to non-Japanese American individuals. This is most likely because Japanese Americans have been in the United States for more than 100 years, and the longer an “immigrant” group is in the United States, the greater the amount of interracial marriages. Thus, there are fewer intermarriages in Cambodian, Laotian and Hmong American communities than in Japanese, Chinese and Korean American communities.

The number of Asian American multiracial individuals has reached a “critical mass” in the Asian American community, so much so that these children/adults are not viewed as atypical. This was not true just 30 years ago, when research on biracial individuals began to flourish. Early

Figure 5-1
AAPI Reporting Mixed Backgrounds
(Source: U.S. Census, 2000; APAZI Survey, 2008)

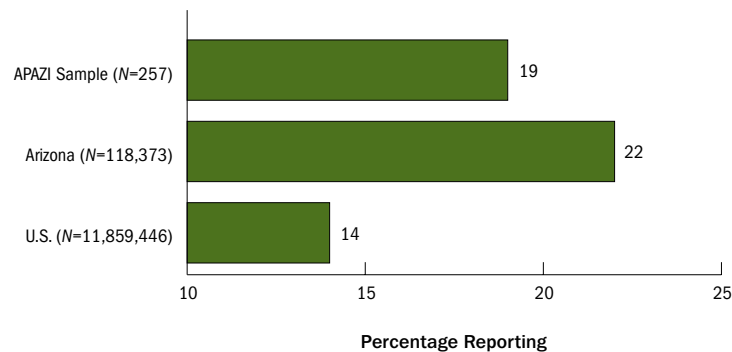
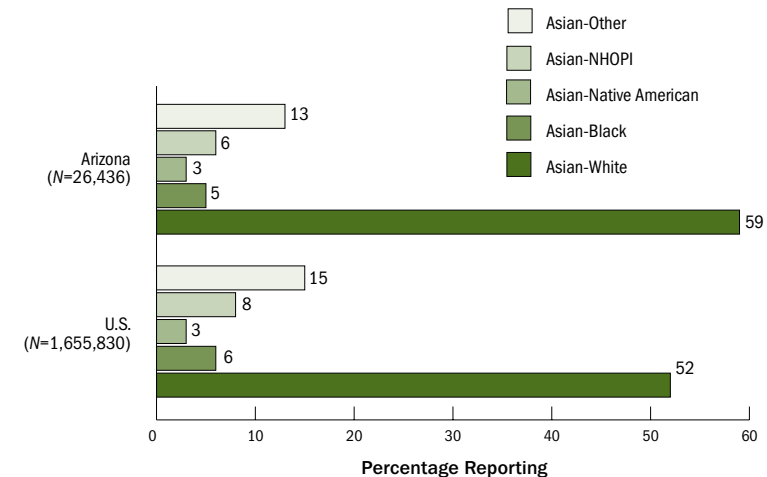


Figure 5-2
AAPI Biracial Combinations
(Source: U.S. Census, 2000)





and subsequent research found that most multiracial individuals identify as minorities. The research also found that multiracial individuals encounter racism similar to that experienced by other minorities. Furthermore, if a multiracial individual identifies as minority and embraces both (or more) of his or her racial groups, she or he is more likely to be psychologically healthy.

Several factors have been found to influence identity formation and acceptance of biracial/multiracial individuals. Some of these factors are:

- **Racial composition:** Asian American–White individuals may have different experiences than Asian American–minority individuals. Asian American–White individuals may have more identity choices because they can identify as a minority and/or as White. Asian American–minorities, however, can identify only as a minority.
- **Physical characteristics:** If multiracial individuals look Asian American, they are more likely to be perceived as Asian American and therefore more likely to identify as such. In Arizona, Asian American–mixed individuals may also be mistaken for Hispanic or Native American.
- **Geographic location:** Certain areas of the United States may be more accepting of multiracial families and children. For example, the majority of Asian Americans reside on the West Coast, which is more politically liberal. Thus, multiracial Asian Americans may be more accepted and may feel more comfortable identifying as Asian American on the West Coast than in other parts

of the country. In Arizona, the political and racial climate is more conservative; thus, multiracial Asian Americans may be less accepted if they identify as minority.

- **Gender/sex:** There is no conclusive evidence that gender makes a major difference in establishing a multiracial identity, but women tend to adapt better to ambiguous and new situations than do men. If a multiracial woman identifies as Asian American, and she has traditional Asian physical characteristics and behaviors, she may feel more comfortable identifying and being accepted as Asian American. The stereotypes of Asian American men are often positive in the intellectual realm but not necessarily in the “macho” realm. Thus, depending on the physical characteristics and behaviors of the multiracial man, he may be accepted and feel more comfortable in the Asian American community or other communities.

Many other factors may affect identity and the psychological adjustment of multiracial individuals. Although not covered in this essay, some of these factors may include generation/immigration status, last name, socioeconomic status and sexual orientation. Significant also is the perception of inter-Asian American marriages and offspring. However, as discussed elsewhere in this report, much variety exists among and across Asian American communities, and some have volatile histories. Thus, many Asian Americans themselves may perceive inter-Asian marriages and individuals as they do other interracial marriages and children.

Situational identity is a recently coined term that refers to the knowledge of multiple cultures possessed by a biracial/multiracial individual and how that individual understands the rules of engagement required for different situations. This identity allows her or him to move in and out of different communities with varying degrees of comfort. All people encounter situational identity in their daily lives. For instance, we may behave differently with elders than we do with our younger peers; we may interact differently at work than we do at home. This should not be construed as changing one's core identity, which does not alter. Instead, our reaction to a situation or environment may entail using different tools.

Biracial AAPI individuals have knowledge of their heritage community and customs, and they are taught their community's morals and beliefs. In fact, a second-generation biracial Asian American individual probably has more knowledge and traditional Asian beliefs than does a third- or fourth-generation individual with two Asian American parents. Regardless of the person's depth of knowledge of the Asian culture, other members of the AAPI community may discriminate against these Asian American biracial/multiracial individuals; they may question the commitment to Asian identity and cultural and political affiliations of the multiracial AAPI person.

Multiracial individuals also may suffer discrimination from the other communities of color. For example, on the educational and economic front, many Asian Americans have begun businesses in low-income Black and Hispanic neighborhoods, and these groups may perceive these Asian Americans as the new "Whites."

Thus, mixed Asian American–Black or Asian American–Hispanic individuals may not be entirely accepted by the African American or Hispanic communities. The skepticism that was described in the previous paragraph of not being "Asian enough" also may emanate from other minority communities—that is, these individuals may not be seen as Black, Hispanic or Native Indian "enough," and their political and cultural affiliations may be constantly questioned.

Though discrimination may be extensive, most biracial/multiracial individuals develop psychological lives that are normal and healthy. The incidence of psychological problems among these individuals is no different than it is in the rest of the population. In terms of questions regarding identity for multiracial individuals, perhaps the best response was one given by a young biracial man at a multiracial conference program. He explained that when people ask him, "What percentage of you is Asian and what percentage is Black?" he would respond, "A child does not love his mother 50% and his father 50%. He loves them both 100%. I am 100% Black and 100% Japanese American." ■

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VI. Arizona AAPI & Language Issues



Multilingual Diversity, Access & Heritage

By Karen L. Adams

Language is an important issue for members of the Asian American and Pacific Islander communities. As with other ethnic groups, language affects all aspects of life, both at home and in the broader society. In general, AAPI communities have many multilingual homes that follow a pattern of unstable bilingualism, in which younger generations born in Arizona lose facility with their heritage Asian language, eventually becoming monolingual English speakers.

Figure 6-1 shows the complexity of language use among our APAZI survey participants. Of the 257 responses, 60% reported their primary language

at home being a language other than English or a combination of another language and English. A few individuals reported fluency in two to three languages other than English. The patterns of language use in the communities vary depending on the language situation in the heritage country, territory or state, which includes both the native languages and languages of wider communication used in education and for trade and government, such as English, Spanish, French and Arabic.

Arizona AAPI families also may include different heritage backgrounds through marriage. They also differ in

Table 6-1
Arizona APAZI Survey Primary Language Spoken at Home
(N = 257)

	Percentage
English	40.5
English and another language	16
English and Bengali	0.4
English and Chamorro-Micronesian-Marshallese	0.4
English and Chinese	2.7
English and Filipino	0.4
English and Filipino and Chinese	0.4
English and Hindi	0.4
English and Korean	0.4
English and Lao	1.2
English and Lao and Thai	0.8
English and Marathi	0.4

Table 6-1 (continued)

	Percentage
English and another language (continued)	
English and Marathi and Hindi	0.4
English and Tagalog	2.7
English and Tamil	0.4
English and Thai	1.2
English and Urdu	1.2
English and Urdu and Punjabi	0.4
English and Vietnamese	1.9
English and Visayan Dialect	0.4
Non-English	43.4
Bengali	0.8
Cantonese	1.6
Chinese (unspecified dialect)	7.4
Filipino	1.2
Gujarati	0.8
Hindi	0.4
Ilokano	0.4
Japanese	0.8
Korean	7.4
Lao	3.5
Mandarin Chinese	2.7
Marathi	0.4
Panagasinan	0.4
Punjabi	0.8
Tagalog	1.9
Taiwanese	0.4
Tamil	2.7
Telugu	0.4
Tongan	1.2
Urdu	1.2
Vietnamese	7.4

Figure 6-2
Arizona AAPI English-Language Abilities

(Source: U.S. Census, 2000)

50

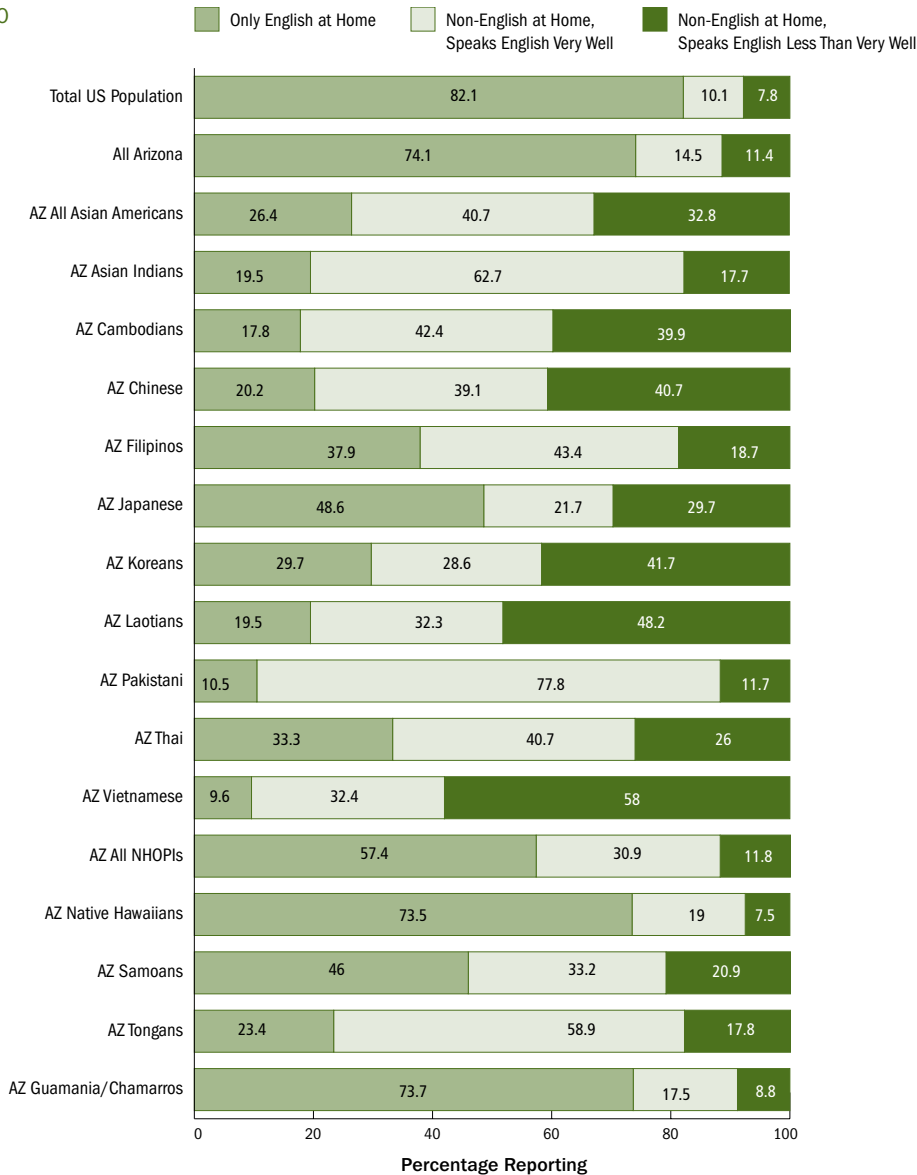


Table 6-3
Arizona Asian Heritage Language Schools

Chinese	
Chinese Linguistic School of Phoenix	Tempe
Contemporary Chinese School	Tempe
Greater Phoenix Chinese Christian School	Chandler
Evangelical Free Church Chinese School	Glendale
Phoenix Chinese School	Phoenix
Tucson Chinese School	Tucson
Hope Chinese School	Mesa
Japanese	
Arizona Gakuen School	Tempe
Korean	
Arizona Academy of Korean Heritage	Phoenix
Greater Phoenix Korean School	Phoenix
Korean Language School	Chandler
Sierra Vista Korean School	Sierra Vista
Tempe Korean School	Chandler
Tucson Korean School	Tucson

the length of time the generations of a community have been in an English-speaking context and perhaps also had the opportunity to learn other languages spoken in Arizona, such as Spanish. Because many Asian heritage communities are multilingual, the language skills of a speaker may be underreported or not clearly reported. For example, someone may say they speak Lao, but she or he may also be fluent in Khmu, another language spoken in the Lao People's Democratic Republic. Others may say they speak Chinese, but dialects of Chinese can be very different from each other and may not be mutually intelligible when spoken.

Language is critical for access to services and benefits such as education and health care, and many studies focus on identifying the English-language skills of communities as an indicator of access. The U.S. Census directly categorizes families as "linguistically isolated" when there is no one in the household age 14 or older who speaks only English or who speaks English "very well." Of those speaking Asian and Pacific Islander languages in Arizona, 24% were classified as linguistically isolated, according to the 2006 American Community Survey. Unfortunately, people frequently under- or overreport their skills with language. In addition,



when looking at notions of isolation, studies sometimes do not account for alternative means of access, such as translation by family and community members, professionally trained or not.

Despite these potential problems in accurate reporting of language abilities, according to 2000 Census figures, approximately 33% of the Asian American community in Arizona speaks English “less than very well” (see Figure 6-2). The subpopulations of AAPI in Arizona reported a range of English-language abilities, with Vietnamese Americans having the highest percentage of those speaking English less than very well (58%), and Native Hawaiians reporting the highest rate of speaking English only (73.5%).

The assessment of language skills and the roles they play is an area in need of attention. Language ability is often treated in broad categories of “very well,” “well,” “not well” and “not at all.” However, language requires very different skills in spoken and written genres. Language is not just a set of grammatically acceptable usages but also the ability to be casual as well as formal and to know how to carry on conversations and interactions in polite and even impolite ways. Expectations of appropriate norms also can differ depending on age and gender; even knowing how to say “yes” or “no” is not as straightforward as some might think.

It is necessary to develop better assessment of real language skills for different contexts of language use and different languages/dialects. Also

important to understand is that even when one is skilled in a second language, norms of appropriate interactional styles for the first language may carry over into the second language for more than one generation. For those not yet fluent in English, there also should be assessments of what constitutes an opportunity to learn English, especially for adults who work at multiple jobs and may not have transportation or much free time.

One’s ability to speak an Asian heritage language should be considered a resource. It is a way of maintaining a hybrid of cultural competency in a global context. However, this recognition of strength is often missing from policy discussions. Some languages that are national languages, such as Korean or Japanese, may be available for study in postsecondary educational contexts. Communities also may provide instruction through local organizations, temples or mosques. Some of these “language schools” meet on the weekends, offering instruction not only in the heritage language but also in cultural arts and school subjects. Table 6-3 provides examples of some of the Asian heritage language and cultural schools in Arizona.

There are few formal opportunities for bilingual and multilingual education in AAPI languages due to many factors, including a lack of materials and available teachers as well as an educational environment that is hostile to bilingual instruction. In elementary and high school education, the local Arizona educational context deems

illegal many bilingual programs, making it hard for younger generations to maintain these rich linguistic skills. But as one focus group participant pointed out, even when schools offered bilingual education, “They had ... Spanish and English, none of the Asian languages.” The representation and influence of AAPI languages are limited even when there are formal opportunities for learning languages other than English.

Hopefully, in the future, maintaining AAPI linguistic diversity will be promoted and viewed as beneficial rather than as a problem. Language provides access to rich cultural traditions that enhance society. And, as society becomes increasingly global, business, government and other institutions will depend more on those who have multilingual abilities. ■

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VII. Arizona AAPI Immigration Issues



Growth in the Southwest

By Karen J. Leong

In a surprising twist to historical settlement patterns, growing numbers of Asian Americans are beginning to bail from the places that have long been their main gateways to the West: California and Washington. Wearing by the same crushing home prices, poor schools, jammed freeways, and persistent crime that have sent millions of other Californians packing, Asian Americans are moving to spots in the West they hope will produce better lifestyles—namely Las Vegas and Phoenix.
(El Nasser, USA Today, 2008)

This July 2008 article in *USA Today* notes that Asian immigrants are growing at a faster rate during the current decade in the inland western states, with increasing numbers of Asian immigrants no longer initially settling in the coastal gateway states of California, New York, or Washington. ASU faculty member Dr. Wei Li coined the term “ethnoburb” to describe this new settlement pattern among Asian immigrants as “a suburban ethnic cluster of residential areas and business districts in a large metropolitan area. It is a multiracial, multiethnic, and multicultural community in which one ethnic minority group has a significant concentration but does not necessarily comprise a majority of the total population” (Li, 2006, p. 12). Indeed, Asian American and Pacific Islander communities are rapidly emerging in

the metropolitan areas of both the southern and mountain regions of the United States (see Table 7-1).

Because those regions historically have not had large concentrations of AAPI groups, the rate of growth appears to be quite dramatic. Asian immigrants have dominated the category of both immediate family visas (which are not limited in number) and family preference visas (which are capped annually by category). From 1992–2006 they received 39 to 40% of immediate relative visas issued annually. In 2007, eight of the top 15 countries to receive family preference immigration visas were Asian. The Philippines, China, and Vietnam were among the top five countries for all family preference categories (unmarried adult children, married adult children, and siblings of U.S. citizens; spouses/minor children of lawful permanent residents), and India in the top five for four of the categories (Asian American Justice Center, 2007).

Additional factors include highly debated policy issues regarding temporary worker visas for highly skilled workers as well as debates over unauthorized immigrants. Asian immigrants have been heavily represented among temporary work visa holders in both the skilled worker, educator, and health categories. It is estimated that at least 50% of H1B visa holders will adjust their status to permanent residency while in the

Table 7-1
States with Fastest Asian American Population Growth, 2000-2004

(Source: U.S. Census, 2004 Population Estimates)

	Percentage growth
Nevada*	37
New Hampshire	33
Georgia	29
Delaware	28
Florida	26
Arizona*	26
North Carolina	25
Connecticut	25
Arkansas	24
Virginia	23

* Nevada and Arizona are also in the top 10 states with the highest percent of Pacific Islanders, along with Hawaii, Utah, Alaska, Washington, California, Oregon, Colorado and Idaho

United States (Asian American Justice Center, 2007).

Immigration to Arizona also comes from other states. During the period from 1995–2000, Arizona received the majority of its domestic immigration (almost one-third) from California. Combined with out-migration, net domestic Asian migration during these same five years totaled 5,719, and Asian migration from countries abroad came to 15,138. While Nevada had the highest rate of Asian domestic immigration in the nation (a staggering 323.1% increase), Arizona posted the highest numerical gains from immigration abroad among the mountain states with a total gain of 15,138 Asian immigrants (Perry, 2003). The 2006 ACS population estimates suggest that Pacific Islander communities—native Hawaiian, Chamorro, Samoan, and other Pacific Islander—may have grown the most rapidly of all Asian American or Pacific Islander groups, at rates between 15 and close to 30% (ACS, 2006; U.S. Census, 2000).

Another source of Asian migration to Arizona during the 1980s

and 90s in particular were refugees from Vietnam, Lao, and Cambodia. Refugees are legally authorized by the US government to enter the United States, and are placed into different locations nationally, including Arizona. Refugees have unique situations and do not identify as immigrants—they do not necessarily come voluntarily to the United States, but are fleeing political persecution in their countries of origin. The growth of the Vietnamese American community in Arizona over the past two decades is striking, and reflects the development of a strong community network created by the refugees. Recently, a very small number of refugees from Burma also have been relocated to Arizona.

Asian migration contributed in part to Arizona having one of the highest percentages of foreign-born residents in the nation, with 11% estimated to be of Asian descent. Immigrants are mostly likely to settle in three counties: Maricopa (68.7%), Pima (11.8%), or Yuma (7.3%). The diversity among Asian immigrants—religious, education level and employment, income level, and the existence of community

networks—plays a role in settlement patterns (Gans, 2007).

The largest concentrations of Tongans are in Mesa and Phoenix; Mesa may be attractive because of the religious institutions that exist there and the high rate of Church of Jesus Christ of Latter-day Saints (Mormon) affiliation among the Tongan population. Persons of Chinese, Asian Indian, and Filipino descent are more likely to reside in the metropolitan centers of Phoenix, Chandler, and Tempe—possibly due to the location of both high-tech industries and service industry opportunities in those cities. The surprising concentration of those of Asian Indian descent in Kingman City may be related to the tourist industry and the presence of Asian Indian-owned motels, while Sierra Vista's US Army base and Military Intelligence Training Center may help to explain the concentrations of Korean and Filipino Americans in that city (Oberle & Li, 2008; U.S. Census, 2000).

Immigration also impacts Asian Americans who are American-born. Although close to two-thirds of Asian Americans in Arizona are foreign-born, one-third are American-born. New immigrants come with their own cultural capital but lack the knowledge of the struggles for civil rights that have been fought by earlier generations of Asian Americans. First-generation immigrants from Asia may not understand the term "Asian American" and may choose to continue to identify with their country of origin rather than with a pan-ethnic identity developed over the past 140 years in response to racial discrimination and lumping by dominant society. These generational differences can present significant obstacles to a community that is already so diverse.

Although unauthorized immigration is overwhelmingly associated with immigrants from Mexico, particularly in the border state of Arizona, any proposed policies addressing these immigrants will impact Asian American and Pacific Islander communities as well. Based on population estimates, Asian immigrants were approximately 13% (1.3 million) of the United States' unauthorized migrant population (11.1 million) in 2005 (Passel, 2006). Moreover, since the Homeland Security measures were implemented in 2001, after 9/11, there has been a significant backlog in the processing of visa applications due to the required background checks, slowing down the ability of all immigrants to attain permanent resident status or to reunite their families through the family preference program.

The focus group discussions conducted by the APAZI researchers did not reveal a consistent perspective on the issue of unauthorized immigration. Both long-time and recent immigrant Asian American and Pacific Islander Arizonans raised questions about fairness for those immigrants who sought residency through authorized channels; some supported measures to restrict unauthorized migration. Yet one fourth-generation Japanese American pointed out that, "My great-grandfather was a wetback. He entered through Mexico." Participants in other ethnic-specific focus groups stated that Mexican immigrants are hard workers and contribute to the local economy. This kind of reflection, upon similarities between immigrant populations—both in the challenges faced and the immigrant contributions to Arizona—was articulated by several of the participants across all Asian American and Pacific Islander focus groups.

However, two non-Asian Americans whose work brings them in regular contact with Asian American communities shared similar observations that Asian American communities in Arizona appeared to be less vocal about immigrant rights, less politically active in advocating for their communities, and less organized in providing community outreach and resources. One stated that "I have clients who receive more benefits from community outreach programs like Los Angeles than they'll get from Phoenix, Arizona. And it's kind of shameful." The other observed "There are few community outreach programs to immigrants. There are chambers of commerce and there are Asian newspapers and ways of communicating information, but I don't think their main purpose is to be an outreach kind of program." Part of this may reflect the very recent and rapid growth of diverse Asian American and Pacific Islander communities in the past twenty years, and that the existing community was too small to institutionalize infrastructure. The APAZI focus groups and survey suggest that most Asian Americans and Pacific Islanders tend to get the information they need from their family, friends, and community.

Arizona's political climate regarding immigrants and immigration, moreover, has affected unauthorized and authorized Asian and Pacific Islander immigrants alike. For example, Arizona's anti-bilingual measure—primarily focused against Spanish speakers—has had a significant impact upon Asian American children who are not yet fluent in English. Issues of mistaken identity—due in part to a lack of knowledge—have affected Pacific Islanders and persons of Pakistani, Asian Indian, and even Thai and Lao descent. Attempts by

local government officials to identify unauthorized immigrants, because of the focus on persons of Mexican heritage, have affected those who have dark brown hair and darker complexions. Several focus group participants shared examples of being stopped by the police or being singled out in a traffic accident to show identification. One focus group participant noted that socioeconomic status intersects with physical markers of ethnic difference, and expressed concern that less affluent Asian Americans and Pacific Islanders may be more affected by what appears to be racial profiling by local officials in Arizona.

Clearly, the projections of continued Asian and Pacific Islander migration and the growth of the AAPI population in Arizona requires attention of city and state officials and the general public. First and foremost, AAPIs are not perpetual foreigners. Any development of an inclusive policy for the future of Arizona socially and economically must begin with the expectation that AAPIs will be active participants in the state's ongoing development and growth. Second, AAPIs are incredibly diverse ethnically and socioeconomically, and the range of experiences, ambitions, and cultural capital represented will provide challenges and opportunities for the state. Third and finally, the AAPI population will continue to expand and diversify over the next few decades, as will other ethnic minority groups. What can we imagine for Arizona as this future approaches, and how can we begin to make this a reality? ■

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Filipino Nurses in Arizona

By Amanda Gutierrez & Linda K. Don

For decades, the Philippines has supplied nurses to the United States. Indeed, nurses from the Philippines comprise 83% of all foreign-educated nurses in the United States. Over the past several years, nurses from the Philippines have become a significant Asian American/Pacific Islander work group in Arizona. Figure 7-2 includes information on the number of foreign-educated nurse applicants in Arizona over the past five years. As the data demonstrate, the Philippines provides the greatest number of applicants, followed by India. Although the exact number of Filipino nurses working in Arizona is not available, the number of Filipino nurses applying for licensure in the state is clearly on the rise. Calls made to a sampling of Arizona hospitals indicate that Filipino nurses are actively recruited by and employed in their facilities.

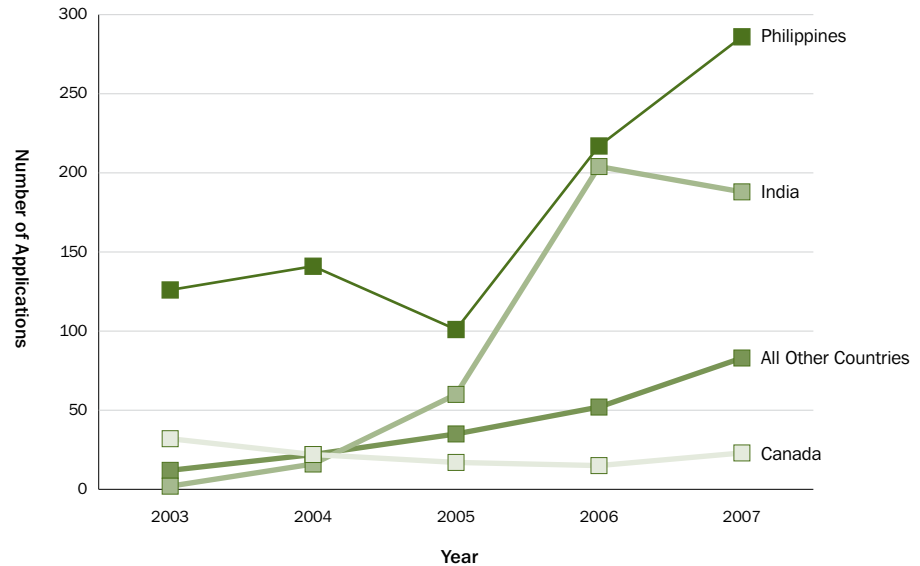
The impact of nursing shortages and the implications of an aging RN workforce have prompted hospitals in U.S.–Mexico border states, such as Arizona, to recruit Filipino nurses. The Filipino and Hispanic cultures share similar values with respect to the importance of family and family participation in care, as well as various cultural customs. Jane Matte, director of nurse recruitment at University Medical Center in Tucson, has noted that Filipino nurses are “very well-trained, experienced nurses (that) ... come from a very compas-

sionate, caring, family-oriented type of culture. They are very enthusiastic, and they are very articulate.” Although this makes Filipino nurses desirable health care employees and may make it easier to assimilate them into the workforce and community, there are challenges for this group.

Nurses from the Philippines come to Arizona looking for higher income as well as opportunities for their families to immigrate and achieve better economic stability. The recruitment of these nurses benefits both the nurses and the state. Nevertheless, with job responsibilities and assimilation into a new community, many Filipino nurses experience several levels of stress. Nurse researchers and others have become interested in how Filipino nurses’ traditions and cultural background affect their perception of stressors in the workplace. Stressors include the effects of different cultural views about aspects of patient care—such as death and dying; cultural conflicts or differences in communication style with patients, physicians, nurse colleagues and supervisors; and inadequate preparation for work in U.S. facilities. According to Nelia “Nelly” Peterson, a well-known and respected Filipino nurse-leader in Arizona:

The major stressor for our newly-arrived Filipino nurses ... is the communication gap. Communica-

Figure 7-2
Foreign Education RN Applicants in Arizona
(Source: AZ Hospital & Healthcare Association, 2007)



tion issues may include a lack of assertiveness, fear of being misunderstood related to accentuation, and mis- or not understanding the colloquial American–English language. Filipino nurses are also trained to be respectful. ... For them not to verbalize back when there are issues or conflicts is due to the cultural tradition of “let us work together in peace and harmony.” Traditionally, we handle stress through reaching out to other Filipinos within the community.

These nurses may experience a sense of isolation in communities with small Filipino populations, and they may endure discrimination and anxiety due to uncertainty about immigration

status. A recent study conducted by California State University indicated that Filipino nurses rated a number of stress factors as “occasionally or frequently stressful.” These included lack of support from nursing administration; not enough time to complete all nursing tasks; unpredictable staffing and scheduling; being in charge with inadequate experience; physicians not being present in medical emergencies; and patients making unreasonable demands. Though these stressors are present for most nurses, regardless of ethnic or cultural background, ethnicity and culture do affect both the perception of stressors and how the individual nurse handles the stress.



“Arizona’s Filipino nurses are an integral part of our state’s health care workforce.”

On the other hand, culture can be a source of strength. Researcher Anna Romina Guevarra points out that Filipino nurses can use their status as valued members of the staff-short nursing workforce as “a form of cultural capital ... a coping and survival strategy in an intimidating work environment as they deal with multiple social and institutional barriers in a foreign workplace.” In the final analysis, it is important to understand stress from the perspective of ethnocultural differences with respect to Filipino nurses in Arizona. Although this can be an immense task, it can help reduce burnout and aid staff retention. Arizona’s Filipino nurses deserve this level of insight and attention to their workplace challenges.

Hospitals throughout Arizona increasingly are developing better orientation and support programs for the nurses they recruit from the Philippines. In the Phoenix area, hospitals and the Maricopa Community College system have been creating and expanding programs to recruit Filipino nurses for the past several years. These programs assist the nurses with finding housing, dealing with work visa and immigration matters, meeting the social support needs, and passing the NCLEX nursing licensure exam. Workshops and other activities help them

become familiar with the U.S. system of nursing practice and even with the idiosyncrasies of American English. One example is the *Enfermeras en Escalera* (Nurses on a Ladder) or E3 Program offered by Mesa Community College. E3 is designed not only for Filipino nurses, but for other foreign-educated nurses who have resided in the United States for many years and are interested in obtaining licensure as registered nurses.

Some of the best support comes from other Filipino nurses who have successfully transitioned into the Arizona nursing workforce. Nelly Peterson came to the United States in 1980. Today, she is a nursing faculty member at Glendale Community College, and she works with the Banner Fellowship Nursing Program. She has received numerous awards for her service to other nurses, including 2007 Nurse Educator of the Year award from the Philippine Nurses Association of Arizona, Inc. (PNAAZ). She also has been inducted into the Minority Nurse Hall of Fame at the Arizona State University Nursing Museum. As an active community volunteer and mentor, especially for Filipino nurses who are new to the state, Ms. Peterson helps connect Filipino nurses to local Filipino and AAPI communities. She observes

that most of her involvement in these organizations is “dedicated to helping new Filipino nurses strive for more involvement in higher education and leadership positions.” In her role as a leader of the PNAAZ, she serves as an advocate for the needs of this work group. “My goal is to make us Filipino nurses visible, through education, and understanding of our cultural background, without feeling the need to assimilate within our culture.”

Arizona’s Filipino nurses are an integral part of our state’s health care workforce. Not only do they help address the critical shortage of nursing personnel in hospitals and clinics, but their work effort, as well as the injection of their earned salary dollars into the state’s economy, contributes to the overall economic development of Arizona. With nursing shortages forecast for many years into the future, this AAPI group will likely continue to increase and evolve as a significant work group in our state. ■

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Detained AAPI Immigrants in Arizona

By Lindsay Marshall

First-generation Asian American and Pacific Islanders who come to the United States as immigrants may arrive with visas or other authorized travel documents, or they may arrive as asylum seekers or refugees. The federal immigration laws went under significant revision in 1996 and after the terrorist attacks of September 11, 2001. As a result, it is now much more common for AAPI immigrants to be placed in removal (deportation) proceedings and be detained in immigration detention centers throughout this process. There are currently five different detention facilities holding detained adult immigrants in Pinal County, Arizona. This article provides some general information on how AAPI immigrants may find themselves in this system and their access to legal services and other support networks.

AAPI Immigrants, Removal Proceedings and Detention

An immigrant to the United States may arrive with a lawful visa or some other authorizing travel document or may come without documentation and enter the country in violation of federal immigration laws. In the majority of cases, an AAPI immigrant in Arizona, like immigrants from other countries that do not border the United States, arrives with some form of lawful status, whether it be a visa to temporarily visit, work or study in the

United States, as a refugee placed in a resettlement program or as a family member being sponsored by a U.S. citizen or lawful permanent resident already present in the United States. Others may arrive without documentation and cross the border or arrive by air or sea with the help of a smuggler, as asylum seekers fleeing persecution or as victims of human trafficking operations.

Once present in Arizona, unless an immigrant has naturalized or acquired U.S. citizenship, he or she may be at risk of being placed in removal proceedings and being detained in prison-like detention facilities. In 1996, Congress revised the federal immigration laws so that a large number of immigrants with lawful status, including lawful permanent residents (“green card” holders), may be removable due to past criminal convictions. These convictions may be for nonviolent and relatively minor offenses, such as DUIs, petty theft and possession of drug paraphernalia. Moreover, a conviction may be for an offense that took place several years ago and for which the immigrant has fully completed his or her sentence, whether or not it included time in jail. The change in immigration laws in the mid-1990s and the focus on enforcement and security that has grown and intensified in the years following September 11, 2001, have also resulted in “mandatory detention” laws and

an exponential increase in detention bed space for immigrants in removal proceedings. Arizona currently has a detention capacity of approximately 3,000 beds, representing approximately 10% of the national detention population.

An AAPI immigrant may wind up in removal proceedings and detained in Arizona if he or she attempts to enter the country without legal authorization or is unlawfully present because some lawful status previously held has expired. He may be arriving as an asylum seeker fleeing past persecution or fear of future persecution in his home country and arrive in Arizona without authorization and be placed in detention. She may have been a victim of human trafficking and be living in a forced work situation. Or, an AAPI immigrant may be lawfully present in the United States as a lawful permanent resident but, through an encounter with immigration officials or local police, a past criminal conviction may surface that now subjects him to mandatory detention and deportation.

Legal Services and Other Support Networks

Once detained, and facing removal from the United States, an AAPI

immigrant usually has several opportunities to see an immigration judge in detention through a series of master calendar hearings. There, the immigrant will be confronted by the trial attorney for the Department of Homeland Security who is seeking his or her removal from the United States. There is no right to paid counsel at the government’s expense for immigrants in removal proceedings; there is no public defender or civil legal aid system for this population. As a result, approximately 90% of immigrants appear before an immigration judge without representation. They must navigate a complicated legal process, including presenting their case for relief from deportation, on their own.

In Arizona, the Florence Immigrant & Refugee Rights Project, a nonprofit organization, provides free group “know your rights” presentations and individual intakes for all immigrants in detention before they see an immigration judge. The Florence Project has extremely limited resources and has therefore adopted a Pro Se Empowerment Model for assisting immigrants. In that model, individuals are provided support by Project attorneys and legal assistants to represent themselves

“ Detained AAPI immigrants are particularly likely to face longer periods of detention, sometimes lasting for months to years if their cases are appealed to higher courts.”



before the judge. The Florence Project also identifies and refers select legal cases to outside *pro bono* attorneys. Florence Project legal staff routinely encounters AAPI immigrants detained in Arizona. The most common countries represented are Vietnam, China, Fiji, the Philippines and Thailand.

Being detained presents enormous obstacles for AAPI immigrants fighting a case from removal from the United States. The five Arizona detention centers are in remote locations more than an hour from both Phoenix and Tucson, making it difficult to access legal counsel and rely on the support of family or friends. Detainees face language obstacles, cannot accept or make phone calls without purchasing a phone card, and are isolated in detention facilities while they serve an indefinite sentence with an unknown outcome. There are few programs offering mental stimulation while immigrants are detained, and in some facilities there is no access to outdoor recreation. Detained AAPI immigrants are particularly likely to face longer periods of detention, sometimes lasting for months to years if their cases are appealed to higher courts.

Conclusion

Detained AAPI immigrants facing removal from the United States are a vulnerable population whom the larger Arizona community should be aware of. Many of these immigrants have legal relief to stay in this country and ultimately win their cases and are released from detention back into their community. Social services and

support networks for this population are much needed, both while they are detained and immediately after release. ■

Lindsay Marshall is Executive Director of the Florence Immigrant & Refugee Rights Project, a nonprofit organization providing free legal and related social services to indigent men, women and children detained in Arizona by the Department of Homeland Security for removal proceedings. Lindsay holds a B.A. in Political Science from the University of Michigan, a J.D. from Northwestern University School of Law and a Master's in Criminal Justice Policy from the London School of Economics and Political Science.

For more information about immigration detention in Arizona and how to assist this population, visit the Florence Immigrant & Refugee Rights Project's Web site (www.firrp.org). For more about immigration detention on a national level, visit www.detentionwatchnetwork.org

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VIII. AAPI Public Safety, Law & Politics in Arizona



Safety Through Outreach & Understanding

By Joanne Robertson

Public safety encompasses police, fire, traffic, Homeland Security, crime prevention, personal and public safety. Ideally, resources and programs that promote personal and public safety should be available to all communities. However, several of the APAZI focus group participants have expressed knowing little about public safety resources and programs, which can affect personal safety and rights. Furthermore, law enforcement may lack knowledge and cultural competency regarding Asian American and Pacific Islander communities, only exacerbating the issue. To address some of these concerns, community members have recommended that Arizona's public safety system improve the distribution of information that is available. In addition, AAPI communities and the public safety system need to work together, collaboratively and proactively, including hiring more AAPIs into the work force.

The public safety outreach programs and resources that are available are generally offered to the general public. The local courthouse may display a wall of public safety brochures for domestic violence and other services related to public safety. Visit Arizona's Crime Victims Website (www.azvictims.org) and you will find many services addressing many issues, including child abuse, domestic violence, identity theft and sexual

assault. There are many organizations that provide such services, such as the Children's Advocacy Center, Chrysalis Shelter for Victims of Domestic Violence or the Southern Arizona Center Against Sexual Assault. However, services specifically tailored to AAPIs are lacking. One specific program offered to AAPI communities—South Asians for Safe Families—is not even listed on the public safety Web site.

While there are myriad services listed on the site, how can individuals in crisis access them? What about those who do not have access to a computer, let alone the internet? Finally, the Web site may not be as “user-friendly,” and the list of services may seem daunting for those who lack English-proficiency skills.

According to one focus group participant, Arizona needs to improve publicizing the information that is available and do a better job addressing not only AAPI communities, but minority communities as a whole. Many AAPIs are not aware of the services that are available, or even aware of their own rights. Some of this may be attributed to language barriers, but some people simply are not aware of what is available. One focus group participant expressed the need to have all current services and programs advertised to communities who may not have regular access to these services, especially for those who do

not own televisions or computers. “[It] seems to me that they need to get the word out a little better to publicize what is available ... and to encourage people to make use of that.”

The same participant suggested that public service announcements could simply advertise general messages that if you do not speak English or are not comfortable with it, ask for help. In addition to simplifying the messages, Arizona needs to inform its residents that “You are part of this community, and therefore you should avail yourself of the services that are out there.”

One particular problem that needs to be addressed is domestic violence. Although often viewed as violence against women, domestic violence involves the whole family. It can include men, women, children and elders. It affects all communities, and as one participant noted, “no community owns it as such.” However, in many AAPI communities, domestic violence is often underreported and many community members have conceded that while they know it exists, they do not know to what extent it affects families and communities.

Cultural issues often play a factor in reporting and preventing domestic violence. Domestic violence is often viewed as a social taboo and a “matter of shame in the community.” People may be afraid that their neighbors and community members will know what is happening in the family, fearing that it will bring shame to the family. As one individual commented, families and victims are not to com-

plain, it is just a part of life. “Family matters are family matters and you don't go outside your family to settle differences.”

Such reluctance to speak out can have dire consequences. When victims and family members fail to report domestic violence, it risks escalating until it is too late to resolve anything, perhaps ending in an “ugly divorce” or worse. Some participants have reported hearing of cases of domestic violence that resulted in murder. Community members have stressed, again, that to resolve such issues, the state must try to reach out and encourage victims and families to open up and speak out, and informing communities of available resources.

Another serious concern is that those who may not be aware of their own rights may decide not to report crimes committed against them. For example, some community members have expressed reluctance to report a crime, fearing that it would affect their visa/citizenship status. One international student organization stated that it would be beneficial to have law enforcement educate immigrant/foreign citizens about their rights, “to clearly state out the rights that we have as international students.”

Some individuals, especially first-generation immigrants, may not be familiar or comfortable with the American criminal justice system and laws. Some may come to Arizona suspicious of law enforcement, based on experience in their home country. As such, it may require more patience and willingness on the part of the law

enforcement officer to take the time to explain how the system works, what happens if the offender fails to appear in court, and so forth. If the officer feels that the person does not understand, he or she should try to find a mediator or advocate who can explain. “Otherwise they may not go to court or they may not understand what it is required of them. Or they may interpret their signature as meaning an admission of guilt. ... Better communication is needed.”

Regarding cultural competency, one participant noted the success of some of the efforts made by the state. “I think they do a really good job at immersion and language and culture programs for city employees ... and police officers do take it, to better understand and serve our [communities].” However, though some officers receive cultural competency training, other law enforcement officers may not be able to differentiate between the different ethnic communities. Many focus group participants have recommended that law enforcement simply ask “What nationality are you?” In addition to asking, cultural competency for responding officers also includes understanding Asian cultures, how to collect evidence of a crime, how to talk to a victim reporting a crime, and an understanding of family dynamics.

Although there have been more efforts by law enforcement to understand Asian American and Pacific Islander cultures, one participant remarked that the communities must also make the effort to learn what

is available: “It takes the community itself to embrace the law enforcement and be educated.” Another participant suggested meeting personally with law enforcement every few months or so to discuss what is going on in the neighborhood, the schools and the community. “[I]f we can have this, we know what is going on. ... This is the connection that we should do.”

Many community members have expressed the desire to have more AAPI police officers, firefighters and other law enforcement personnel. As of 2000, the U.S. Census Bureau listed 168 AAPIs in the protective services in Arizona, which comprises approximately 1% of the entire work force (see Table 8-1). On having an AAPI police officer, a participant recounts his experience: “[W]hen I was a child, when we had to call the police they sent a Chinese police officer, and you just felt better. ... [H]e was very nice, very polite ... very culturally sensitive ... So, I think if you have more people, police officers who are [of] Asian background ... it might help in the community a little bit better.” ■

Joanne Robertson received her B.A. in History and French from the University of Alaska Anchorage in 2006. She is currently a Ph.D. student in the Department of History at Arizona State University, where she studies Indigenous history.

Table 8-1
Number of Arizona AAPI Employed in Firefighting and Other Law Enforcement Positions (U.S. Census, 2000)

	Firefighting, Prevention & Law Enforcement	Other Protective Services	Total
Arizona	32,302	21,820	54,122
All Arizona AA	168	156	324
Filipino	37	37	74
Japanese	51	15	66
Vietnamese	24	25	49
Chinese	16	25	41
Thai	4	22	26
Pakistani	14	0	14
Korean	0	12	12
Asian Indian	0	11	11
Laotian	5	0	5
Cambodian	0	0	0
All Arizona NHOPI	94	56	150
Native Hawaiian	52	5	57
Guamanian and Chamorro	5	29	34
Samoan	20	6	26
Tongan	0	9	9



Language, Culture & the Courts

By Marjorie S. Zatz

Language and culture are critical elements of court processing and decision making, which often go unnoticed by scholars (but see Portillos, 2006; Zatz & Rodriguez, 2006). However, language barriers and cultural misperceptions regarding appropriate behavior and demeanor are common problems encountered by immigrants and others living in ethnic enclaves when they appear in U.S. courts. Defendants in criminal court who are not fluent in English are entitled to an interpreter. Yet as members of the APAZI focus group on public safety pointed out, finding an interpreter who speaks a dialect uncommon in Arizona may delay cases for months or result in reliance on persons who are not trained interpreters. Even with an interpreter, it may be difficult for participants in the case to fully understand the proceedings if their native language does not have words for the legal concepts invoked.

This problem is particularly acute for immigrant parents whose English-speaking children come into contact with the juvenile justice system. Although parents are defined as “parties” to juvenile court proceedings under Arizona law (Title 8-308 of Arizona Criminal Law and Rules of Procedures) and thus are entitled to an interpreter, this service is limited to court appearances and is of little help to parents who do not understand instructions given by police or probation officers

(e.g., conditions of probation). And, if the youth speaks English, the defense attorney and court officials are likely to spend very little time talking with parents who require an interpreter. As a result, these parents are at the mercy of their children or other relatives or neighbors, who may not be capable of providing adequate linguistic and cultural translations. This problem is exacerbated if the youth is 18 years old or if his or her case is sufficiently serious to be transferred to criminal court. Parents are not parties to the case in criminal court and thus are not entitled to an interpreter, although the ramifications of case outcomes in criminal court may be much more serious than they are in juvenile court.

Linguistic and cultural barriers are especially pronounced for immigrants from Asia and the Pacific Islands because of the large number of languages and dialects and the small number of people fluent in each language in Arizona. The APAZI survey referred to in this report found that at least 23 distinct languages or dialects are spoken by members of the AAPI community in Arizona. Consequently, the courts may need to rely on persons who are not professionally trained interpreters. A member of the public safety focus group who works with families noted the problem:

We’re seeing people who are translating who are not really trained to

translate. Sometimes they don’t actually know the language that well that they are translating in the court. We don’t have enough trained translators. So that means not all the languages are covered, or, even the languages that are covered are not really covered well because they are not really trained, either as a translator, or they don’t really know the language that well. ... Sometimes just knowing the language is also not enough, because there are also different dialects. And when you have language barriers and when somebody’s trying to tell such emotionally charged experiences that they had in their lives, it becomes very important that you know exactly what the dialect actually means. So that creates more problems.

Another member of this focus group, an attorney, added that access to services including the police and the courts is hindered by linguistic and cultural barriers: “[I]f you have someone who speaks Tagalog, or Cantonese or something ... it’s more difficult to have access to a lot of other things that other people have ... and so I think that definitely ... affects Asians perhaps more than others.” Another lawyer noted that the diversity of the various AAPI communities makes it even more difficult to find interpreters with appropriate linguistic and cultural competencies: “I hear stories of where, if you’re Southeast Asian, they pull you in for every Southeast Asian victim or offender that they ... encounter, and so there’s ... that language issue.” This participant acknowledged that the Phoenix Police Department has a number of officers who speak different Asian languages, but he concluded, “Clearly it doesn’t

cover the breadth of the AAPI community.”

Linguistic and cultural miscommunications are compounded by a lack of knowledge of U.S. legal institutions and structures, particularly for immigrants who may have been familiar with very different judicial institutions and norms in their countries of origin. As a result, immigrants and others living in ethnic enclaves are less likely to call upon the police for assistance or to report crimes in their communities. Adding to these difficulties, cultural stereotypes depicting Asians as the “model minority” too often result in a lack of culturally appropriate services for at-risk AAPI youth struggling with substance abuse, gangs and other problems (see Laidler, 2006, and Tang et al., 2001).

To remedy these problems, it is critical that information about parents’ rights in juvenile court reach the multiple linguistic communities making up the AAPI population, along with a clearinghouse with contact information so that families can locate skilled interpreters to assist in communicating with service providers and government officials. In addition, resources must be invested in creating culturally appropriate services for AAPI youth and their families. ■

Marjorie S. Zatz is professor and director of the School of Justice and Social Inquiry and an affiliated faculty member in African and African American Studies, Asian Pacific American Studies, Criminology and Criminal Justice, and Women and Gender Studies at Arizona State University. Her research and teaching interests address the ways in which race, ethnicity and gender impact juvenile and criminal court processing and sanctioning, the social construction of race and gender, Chicano/a gangs, and comparative justice, particularly Latin American legal systems.





An Emerging Political Force

By Barry Wong

Asian American and Pacific Islander participation in Arizona politics is advancing, but it has room to improve. As candidates for elective and appointed political or judicial offices, AAPIs have had a scattering of successes throughout the past half century, with greater achievement in the recent past. And as more AAPIs started entering the legal profession, some have campaigned successfully for judicial positions as well.

AAPIs as Candidates

Many AAPIs have been elected to state and local offices. One of the earliest was Wing F. Ong, elected in the 1940s to the Arizona state legislature. Other AAPIs won campaigns for city council and mayoral positions in major or emerging cities and rural communities, and others earned judicial appointments. Table 8-2 includes a sample of AAPI individuals who have served in various political or judicial positions.

In recent decades, AAPIs have been elected or appointed to political positions with relatively greater frequency. As AAPIs became more integrated in the broader community and political system, they have developed relationships with senior-level elected and community leaders, resulting in higher-level positions. For example, in 1977 Thomas Tang (who had also served on the Phoenix City Council) was appointed by President Jimmy Carter to be a judge on the United States Court of Appeals for the Ninth Circuit. He was one of the first Chinese Americans chosen for a federal judiciary position, and he served on the court for 16 years.

AAPIs as the Electorate

Over the years, AAPI leaders have learned the value of consolidating their voting power and financial resources when supporting politicians. In the past, AAPI leaders were dutiful in helping politicians raise campaign funds, but they did not know or were too timid to ask for community support in return. During the past 20 years, AAPIs continued to support politicians but now ask for and receive AAPI appointments to important government and judicial positions.

AAPIs are now more immersed in the political system, understanding and participating in the voter registration and candidate nomination petition processes as well as the funding of campaigns. However, AAPIs are not necessarily more active than other ethnic groups in voter participation. There are still many voter-eligible AAPIs from all socioeconomic levels, but especially immigrants, who choose not to exercise their rights as U.S. citizens to vote by participating in the American political system.

AAPIs have done relatively well in Arizona as elected and appointed leaders. However, there is still much work to be done to educate and engage AAPIs to be a strong and reliable voting bloc of either major political party. ■

Barry Wong is a lifelong Arizonan and received his B.A. in accounting from Arizona State University and his J.D. from the University of Arizona. He served four terms in the Arizona House of Representatives from 1993 to 2000 and on the Corporation Commission in 2006. He was also a candidate for the Corporation Commission in 2008.

Table 8-2
Examples of Arizona AAPI in Political or Judicial Positions

Name	Position
Wing F. Ong	Arizona State Legislator (House, Senate)
Albert J. Ong	Holbrook City Council
James Don	Pinal County Judge in Florence
Thomas Tang	Phoenix City Council, Maricopa County Judge, Federal Judge
Edmund Tang	Peoria City Council/Mayor
Willie Wong	Mesa City Council/Mayor
Michael O. Hing	Superior City Mayor
Herbert Kai	Marana City Council/Vice Mayor
Bob Lee	Eloy City Council/Mayor
Vivian Woo Robinson	Somerton City Council/Mayor
Barry Wong	Arizona State Legislator (House), Corporation Commissioner
Harry Gin	Pima County Judge in Tucson
Kenneth Lee	Pima County Judge in Tucson
Paul E. Tang	Pima County Judge in Tucson
Brian Ishikawa	Maricopa County Judge in Phoenix
Rosa Mroz	Maricopa County Judge in Phoenix
Roxanne Song Ong	Phoenix City Presiding Judge

Public Safety, Law & Politics
References & Further Readings

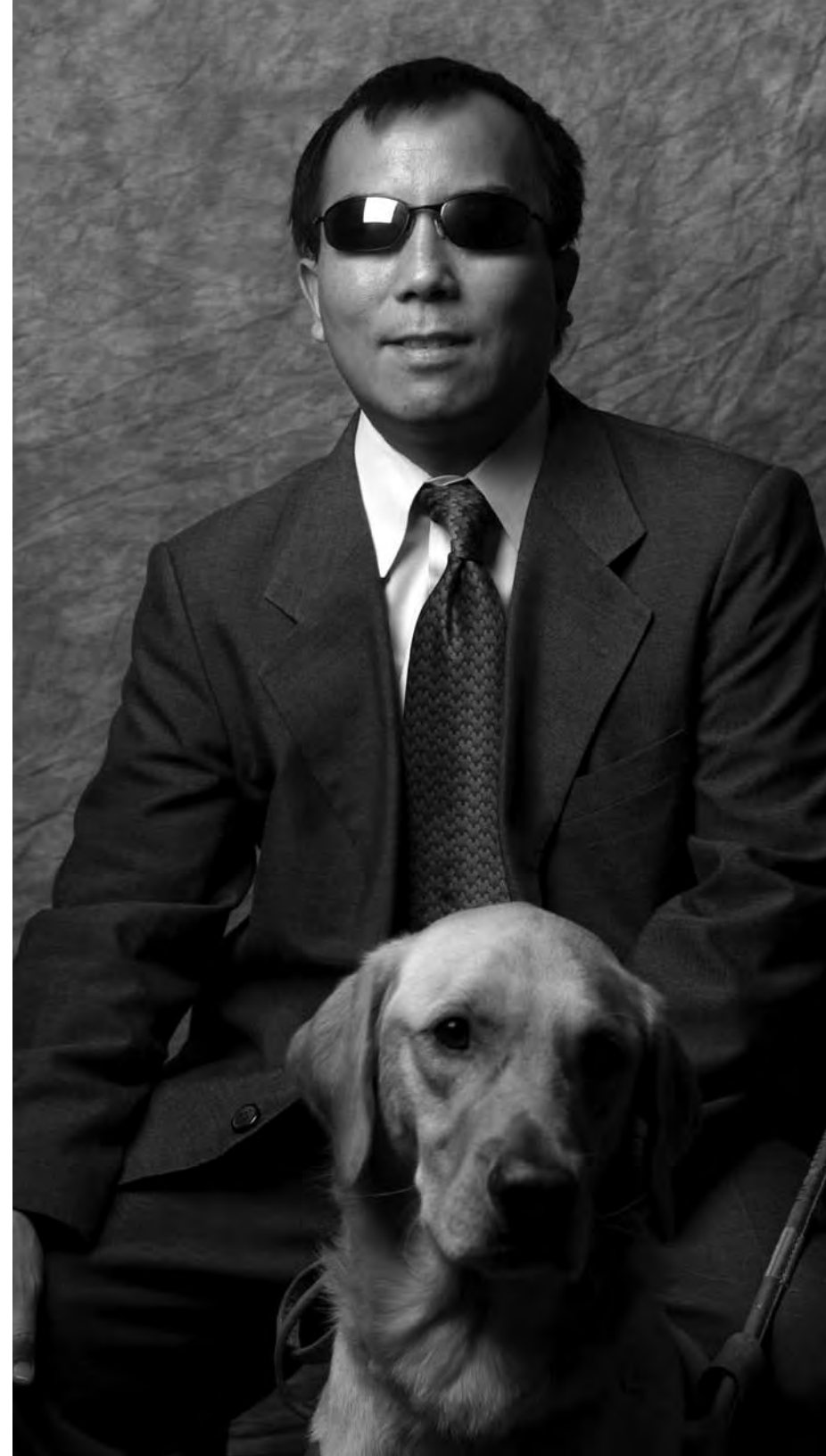
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IX. Cultural Festivals & Arizona AAPI Communities



The Meaning of “Festival” in Arizona

By Karen Kuo

There are other programs now that are starting to come in, like the Aloha Festival, and the Matsuri Festival that we've had ... and it's very beneficial to give you a sense of being proud of your culture and to share that with the community, both the Asian Pacific Islander communities and our entire Arizona community.

(APAZI Focus Group participant, Mar. 24, 2008)

Strike up a conversation about ethnic festivals with anyone from Arizona and you will most likely find that they have attended at least one Asian American or Pacific Islander festival, or plan to go to one in the near future. The Chinese festival, the Aloha Festival, the Korean Festival, the Asian Festival, the India Festival and the Japanese Matsuri all bring together the larger public and its Asian American and Pacific Islander communities in Arizona to eat, mingle, shop and celebrate Asian, Asian American and Pacific Islander culture and its many accomplishments.

The season of Asian American and Pacific Islander festivals begins every year with the start of the Chinese New Year. Many of these festivals take place in spring, with the Chinese festival ushering in a vibrant and auspicious new year. The second-oldest Asian festival, the Chinese festival, is held at the COFCO Chinese

Cultural Center, an Asian shopping and business center. The longest-running Asian American festival in Arizona is Matsuri, held every year in February at Phoenix's Heritage Square Park. In 2009, Matsuri celebrates its 25th anniversary. Following Matsuri comes the Aloha Festival, which celebrated its 12th year in 2008. In the past several years, the list of festivals has increased, now including the Asian festival, the Korean Festival and, most recently, the India Festival (see Table 9-1).

These festivals not only bring the sense of “home” to AAPI communities but they also invite the rest of Arizona into our communities. Many of the cultural festivals function in similar ways. For one, they bring the Asian food together in one place. Sometimes thicker than blood ties, food conjures up images of and nostalgia for the homeland, our AAPI ancestral lineages, and the comfort of those ties and belongings. You start your day with some fabulous yakisoba from the Arizona Buddhist Temple, and then top it off with a Hawaiian shaved ice. Goodies such as Korean kimchi, Vietnamese spring rolls, and Indian samosas, just to name a few, invite the festival attendee to take with them a bit of Asia, literally. These festivals also showcase a number of cultural and historical performances, featuring Hawaiian dances and



Chinese ribbon dances, Korean wedding fashion shows and Vietnamese fashion shows, and martial arts from all over Asian—Tae Kwon Do, Judo and Kung Fu.

The appearance of more AAPI festivals indicates a change in Arizona's AAPI diversity. Along with longtime Chinese Americans and Japanese Americans, Arizona now has a number of Hawaiians and Pacific Islanders (Tongans, Chamorros and Samoans). There is a growing community of Southeast Asians (Vietnamese, Lao, Khmer, Cambodians and Filipinos) to add to the diverse South Asians (Punjabis, Gujaratis, Pakistanis, Bengalis, South Indians) and Koreans. The appearance of these many

festivals is visible proof that the different groups of Asian Americans and Pacific Islanders are now key contributors to Arizona's culture and politics, noted by the equal growth in AAPI organizations such as: the Arizona Asian American Association, Asian Chamber of Commerce, Chinese American Citizens Alliance, Desert Jade Women's Club, India Association, Japanese American Citizen's League, Korean Cultural Center, National Association of Asian American Professionals, Pakistani Information and Cultural Organization, Phil-American Alliance of AZ, Phoenix Asian League, Vietnamese Friendship Association of Arizona, and many more.

Table 9-1
Sample of AAPI Festivals in Arizona

Phoenix Area Events	Time of Year
Vietnamese New Year—Tet Nguyễn Đán	January/February
Annual Chinese New Year, 5K Run/Walk	February
Lunar New Year Spring Festival	February
Matsuri Festival	February
Miss Ao Dai Arizona & Vietnamese New Year's Celebration	February
Phoenix Chinese Week	February
Arizona Aloha Festival	March
Dragon Boat Festival	March
Korean Arirang Festival	March
Korean Cultural Festival	March
Taiwanese American Heritage Week Event	March
Arizona Asian Festival	April
Vietnam Remembrance Day	April
Philippine Independence Day Celebration—ASU West	June
India Nite—India's Independence Day	August
Pakistan Independence Celebration	August
Moon Festival	September
Korean Kimchi Festival	October
Thai Cultural Days	October
Discover India	November
Discover India Diwali Festival	November

Tucson Area Events	Time of Year
Tucson Japan American Society—New Year Celebration	January
Pan Asian Community Alliance—Annual Lunar New Year Celebration	January
Tucson Children's Museum—Festival of Friendship (New Year Celebrations from around the World)	January/February
Vietnamese New Year Celebration	February
Tucson Chinese Association—Lunar New Year Celebration	February
Southern Arizona Asian/Pacific Islander Conference (Tucson)	April
Sri Lankan/Thai Community—Buddhist Celebration (Tucson)	April
Asian Pacific Heritage Festival (Tucson)	May
FASCOT—Pista Sa Nayon (Filipino Independence Day in Tucson)	June
Chinese and Vietnamese Communities—Mid-Autumn Moon Festival	Late summer/Early fall

Still, one might wonder how festivals can generate ethnic community solidarity. The AAPI festivals are just one element among many that comprise Arizona's pan-Asian and Pacific Islander communities. Based on the idea of virtual enclaves, Arizona's AAPIs are unique. AAPIs here define community based on multiple linkages and ties, across space and place. The festival is merely one indication of how virtual ethnic enclaves in Arizona work to foster collective pan-Asian and Pacific Islander community and identity.

Thinking about Arizona as a different kind of space from the traditional urban ethnic enclaves in the United States runs counter to our visions of ethnic community organization, mobilization and identity. These familiar ethnic enclaves are the Chinatowns, Japanese towns, Manila towns, Korean towns, Little Saigons and Little Indias that exist in bounded density. These enclaves are localized places where new migrants learn how to survive in a new country with the help of agencies and centers developed to help them get jobs, apply for

work visas and obtain Social Security. These enclaves provide a network of people and services as an interface between the new individual and the United States—all in one place.

It is a challenge to imagine how AAPI communities come together in Arizona, especially in festivals. There are no boundaries, so to speak, for the Asian Americans and Pacific Islanders in Arizona. AAPIs spread out over the Arizona terrain, living and congregating in decentered urban spaces like Phoenix, suburbs like Glendale and Gilbert, and in rural

areas of Arizona. Coming together at Asian markets, restaurants and community centers located all over Arizona, we have to imagine that the AAPI enclave in Arizona is multiple and at the same time virtual.

This virtual enclave is where AAPIs imagine a community of their own, not centered on geography. Instead, the virtual enclave is a collection of aggregate local spaces—the shop, the restaurant, the house, the community center, the museums and, of course, the festivals. AAPIs do not have the luxury of gathering at a



traditional urban enclave in a community that envelops them. It is the reverse: AAPIs in Arizona envelop and embrace their community across these diverse spaces and places. The community here is proactive—we don't allow places and spaces to define us; we define our own vision of our community and then decide on where to embody that vision. We have to find ingenious ways to conjure that space, and that is precisely what the AAPIs have done in Arizona.

This virtual AAPI enclave is unique to Arizona, fostering a sense of pan-Asian and Pacific Islander identity and community that is not found in the more traditional ethnic enclaves. The definition of pan-Asian and Pacific Islander describes how AAPIs acknowledge a collective history and culture within the United States. Out of this idea of virtual AAPI enclaves in Arizona comes the festival as an event that bridges differences and promotes collectivity and cooperation. While the focus of each of the AAPI festivals is ethnic-specific, it is not always exclusively so. Many of the same restaurants and vendors, specialized associations and communities set up booths at all the festivals. These festivals do not just celebrate ethnic-specific culture and heritage but represent a very unique vision of AAPIs in Arizona. The virtual AAPI enclaves attest to the festivals' power

to create a community that is apart and unique from others, yet still a part of Arizona. ■

Karen Kuo is an assistant professor of Asian Pacific American Studies at Arizona State University. Her work focuses on the geopolitical and cultural representations of Asia and Asians in films and novels of early 20th-century America. She was also the lead principal investigator for the APAS program's grant on the International Nikkei Legacy Project (INRP) through the Japanese American National Museum. INRP features a database of international Nikkei sources in Arizona. She also has given presentations about role of Asian Americans and Pacific Islanders in U.S. history and culture to private and public organizations and communities within Arizona.

Further Reading

Rosa, J. P. (2007). Small numbers/big cities: Innovative presentations of Pacific Islander culture in Phoenix, Arizona. *aapi nexus*, 5(1), 59-77.



Appendices

What We Mean When We Say “Asian American and Pacific Islander”

By Jeffrey A. Ow

We use the term “Asian American and Pacific Islander” to refer to peoples who have a historical and cultural relationship to the continent of Asia and/or the Islands within the Pacific Ocean, who lived or are living in the United States. This category encompasses American-born citizens of Asian Pacific descent, as well as immigrants, refugees and residents from the Asian Pacific region who may or may not have U.S. citizenship.

It is important to disaggregate the category of Asian Americans and Pacific Islanders into subgroups due to the diversity of cultures, histories, issues and concerns within this grouping. Research, in conjunction with Census 2000 and 2006 ACS data, indicated the 19 AAPI groups listed in Table A-1 as the most populous within Arizona. These groups have significant issues and concerns worthy of further analysis and discussion at the state level.

The terms used to describe AAPIs are subjective. Individuals from these areas may not necessarily identify themselves with these categorical terms because of political, cultural or linguistic differences. With some exceptions, each term refers to those with a historical and cultural relationship to a specific country or nation-state in the Asia Pacific region. The following distinctions/definitions should also be noted:

- We use the term **Asian Indian** to differentiate those with a historical and cultural relationship to the nation-state of India from Native Americans groups, who may often be categorized as “American Indian.”
- We use the term **Chinese** to refer to those with a historical and cultural relationship to the nation-state of China, including Hong Kong and Taiwan. We acknowledge the political and cultural debates between the governance of the *People’s Republic of China* and the *Republic of China*, also referred to as Taiwan.
- We use the term **Micronesian** to refer to those with a historical and cultural relationship to the following Pacific Islands: Guam, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Northern Mariana Islands, Palau and Wake Island.
- We use the term **Melanesian** to refer to those with a historical and cultural relationship to the following Pacific Islands: Bismarck Archipelago, Fiji, Maluku Islands, New Caledonia, New Guinea, Norfolk Island, Solomon Islands, Torres Strait Islands and Vanuatu.

- We use the term **Polynesian** to refer to those with a historical and cultural relationship to the following Pacific Islands, including: Cook Islands, Easter Island, French Polynesia (including Tahiti), Hawaii, New Zealand, Niui, Pitcairn Islands, Samoa, Tonga, Tuvalu, Wallis and Futuna. We have disaggregated the islands of Hawaii, Samoa and Tonga into separate categories to discuss specific issues.
- We use the term **Hawaiian** to refer to those with a historical and cultural relationship to the sovereign nation of Hawaii, before statehood or the U.S. Territorial status of Hawaii.

- We use the term **Samoan** to refer to those with a historical and cultural relationship to the Samoan Islands, including those from the Independent State of Samoa and American Samoa, a U.S. Territory.

Further information about each of the Asian American and Pacific Islander groups in Arizona, as well as changes to the AAPI population in Arizona, may be found at: apas.class.asu.edu. ■

Jeffrey A. Ow is a Lecturer and Internship Coordinator in Asian Pacific American Studies at Arizona State University. He is currently working on his manuscript on the community preservation efforts at the Angel Island Immigration Station.

Table A-1
Most Populous Asian American and Pacific Islander Groups in Arizona

Asian American	Pacific Islander
Asian Indian	Hawaiian
Burmese	Samoan
Cambodian	Tongan
Chinese, including Taiwanese	Micronesian
Filipino	Melanesian
Indonesian	Polynesian
Japanese	
Korean	
Laotian	
Malaysian	
Pakistani	
Thai	
Vietnamese	

Data Sources

By Craig Kiyoshi Lowthorp

Data collection for *The State of Asian Americans and Pacific Islanders in Arizona* involved both the collection of original data and the use of existing data. Existing data sources included published reports and studies as well as information from the U.S. Census Bureau (both the 2000 Census and the 2006 American Community Survey); Centers for Disease Control and Prevention (CDC), National Center for Health Statistics; The Kaiser Commission on Medicaid and the Uninsured; Arizona Department of Health Services (e.g., Differences in the Health Status Among Ethnic Groups Reports); Arizona Behavioral Risk Factor Surveillance Survey; Arizona Department of Education; and the National Center for Education Statistics.

Original data collection was done through the use of a survey and a series of focus group meetings. The APAZI Asian American and Pacific Islander Community Survey was designed by Dr. Howard Eng of the University of Arizona Medical College, and Craig Lowthorp and Dr. Brandon Yoo of Arizona State University. The survey focused primarily on health issues, but also included questions related to occupational and educational background, language use and demographic information. The complete survey may be found at the APAZI Web site (apas.clas.asu.edu).

The total number of APAZI surveys completed by individuals aged 18 or over was 260. Of those, 65% identified themselves as immigrants (first generation), 19% as second generation, 10.7% as third generation and 2.7% as fourth generation. The median household income of the APAZI survey respondents was over \$100,000 and 68% identified themselves as having a college degree or more.

Focus group meetings centered on the key issues of the report (education, health, finance, public safety, immigration) as well as other concerns specific to the individuals and organizations who participated. Questions were open-ended during the discussion groups. The APAZI interns in charge of data collection, Joanne Robertson and Craig Lowthorp, received focus group moderator training from Barbara Shaw-Snyder of ASU's Office of Public Affairs. A complete list of the guiding questions for the focus group discussions may be found on the APAZI Web site.

Participants for the survey and focus groups were chosen based on several criteria. Most became participants because of their affiliation with the various community groups and organizations. A smaller number, around 50, were randomly chosen at events such as the Philippine Cultural Day, the Asian Pacific Community in Action (APCA) Mixer, and the APCA Commu-

nity Wellness event. The community groups were chosen through recommendations by the APAZI advisory council, discussions with community contacts and ASU student clubs, and research on Arizona AAPI community organizations. ■

Craig Kiyoshi Lowthorp is a recent graduate of Arizona State University and served as an APAZI intern during the 2007–2008 school year.



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Please note that the opinions expressed in this report are those of the essay authors and do not necessarily reflect those of Arizona State University, the APAZI Advisory Council or the individuals photographed for this report.





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