

Introduction to the Special Issue on Disparities

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This special issue focuses attention on physical and mental health disparities within the Asian American community and the work done by researchers and affiliates of the Asian American Center for Disparities Research (AACDR) to understand and alleviate these disparities. The collection of articles in this special issue covers a range of topics related to health disparities, such as psychotropic medication adherence, quality of life, occupational health, and inpatient psychiatric care, and to sociocultural factors that may influence disparities, such as cultural competency, face concerns, and the model minority myth. A variety of methods and samples are used or suggested to answer questions related to Asian American health disparities, such as examining medical records, surveying service providers, using analogue and community samples, and involving community in research as equal partners.

Keywords: Asian Americans, health disparities, mental health disparities

It is our pleasure to introduce this special issue of the *Journal of Asian American Psychology* on Asian American health disparities. The impetus of this special issue is to focus attention on physical and mental health disparities within the Asian American community and the work done by researchers and affiliates of the Asian American Center for Disparities Research (AACDR) to understand and alleviate these disparities.

The need for a focused examination on Asian American disparities continues to grow. Indeed, despite decades of research showing that Asian Americans have health and mental health needs that are often unmet by systems of care, and that segments of the Asian American population have worse health outcomes compared with White Americans, public perception about Asian Americans' health care and health status is that, as a group, they are doing as well as White Americans (Benz, Espinosa, Welsh, & Fontes, 2011). Such inaccurate perceptions can impede progress in reducing and eventually eliminating health disparities for Asian Americans. Alleviating these disparities and correcting these misperceptions are central of AACDR's mission and work.

The History and Work of AACDR

The genesis of AACDR dates back to the 1980s, with the establishment of the National Research Center on Asian American Mental Health (NRCAAMH) at the University of California, Los Angeles, and the University of California, Davis (1988 to 2003). Headed by one of the founders of Asian American Psychology,

Stanley Sue, NRCAAMH's original aim was to train Asian American psychologists and produce research geared toward improving Asian American mental health (for an extensive history of Asian American Psychology, see Leong & Okazaki, 2009). In 2007, the National Institutes of Mental Health awarded funding to a team of researchers, headed by Nolan W. Zane, to continue NRCAAMH's work by establishing AACDR, a psychology research center focusing on Asian American disparities.

Since its inception, AACDR has pursued a systematic research agenda to advance our understanding of mental health through its research on Asian American populations. The center also has two additional goals. First, AACDR has been active in forming collaborative research teams across multiple universities, thereby enhancing Asian American Psychology's network. Second, AACDR continues NRCAAMH's original mission to train new generations of researchers who can continue and expand this research. The work presented in the current special issue represents the breadth of work conducted at AACDR, as well as the extent of its network of researchers and trainees.

The Current Special Issue

Although many of the articles in this issue pertain specifically to mental health (e.g., Okazaki, Kassem, & Tu, 2014), we also bring in articles that address health more broadly and cover a range of topics related to health disparities, such as psychotropic medication adherence (Fancher, Lee, Cheng, Yang, & Yang, 2014), quality of life (QL; Fradkin et al., 2014), occupational health (Leong & Mak, 2014), and inpatient psychiatric care (Kim, Saw, Zane, & Murphy, 2014), and to sociocultural factors that may influence health disparities, such as cultural competency (Berger, Zane, & Hwang, 2014) face concerns (Zane & Ku, 2014), and the model minority myth (Ibaraki, Hall, & Sabin, 2014). A variety of methods and samples are used or suggested to answer questions related to Asian American health disparities, such as examining medical records (Kim et al.), surveying service providers (Berger et al.), using analogue (Zane & Ku) and community (Fradkin et al.) samples, and involving community in research as equal partners (Okazaki et al.). Here, we provide an overview of the articles in the current special issue.

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Okazaki, Kassem, and Tu (2014) review the current state of state of knowledge about mental health disparities among Asian Americans, highlighting what is missed when Asian American ethnic groups are aggregated together. The authors suggest that community-based participatory research (CBPR) offers important tools for advancing research and action on Asian American mental health disparities, especially with respect to understanding disparities among vulnerable subpopulations of Asian Americans, promoting cultural competence among mental health providers, and addressing the shame and stigma that contribute to underutilization of services.

In the second article, Fradkin and colleagues (2014) focus on disparities in a wide range of domains of QL and well-being using a large multiracial sample of youth in fifth grade. They report that Asian American youth experienced worse QL and well-being compared with White American youth in three measures (i.e., physical QL, global self-worth, and social well-being), better QL and well-being compared with Hispanic youth on six measures, and better QL and well-being compared with African American youth on three measures. When adjusting for socioeconomic status, the observed advantages in QL and well-being status of Asian American youth over Hispanic and African American youth disappeared, whereas the disadvantages Asian American youth experienced relative to White American youth remained. These findings suggest that there are other structural and cultural influences that negatively impact Asian American and other ethnic minority youth compared with White American youth.

Fancher et al. (2014) review extant research on the important and understudied topic of psychotropic medication adherence among Asians and Asian Americans. Although the authors' primary goal was to identify and review research conducted with Asian Americans, it is notable that only studies conducted in Asia were found, as there have been no studies conducted with Asians in the United States. The majority of medication adherence interventions reviewed involved psychoeducation for both patients and caregivers. The effectiveness of interventions reviewed on medication adherence varied, yet many interventions demonstrated improvements in patients' clinical functioning and patients' and caregivers' knowledge and attitudes toward medication use. The authors raise important questions about how these interventions may be adapted for use in Asian American contexts and what specific intervention components are most effective.

The fourth article, by Kim and colleagues (2014), examines another understudied topic: adult inpatient hospitalizations among Asian Americans. In a sample of over 300 Asian American and White American inpatients, the authors found that although there were no differences in clinical severity at intake or length of hospitalization, Asian Americans tended to be hospitalized for more severe psychiatric diagnoses (e.g., schizophrenia spectrum disorders) compared with White Americans. Moreover, the Asian American subsample was younger and included a larger proportion of full-time college students compared with the White American subsample. This study fills important gaps in our knowledge of mental health disparities among those with the most intensive mental health service needs.

Leong and Mak (2014) provide a comprehensive review of occupational health disparities among Asian Americans. They highlight some of the workplace health and safety hazards experienced by Asian Americans of different ethnic subgroups, such as South Asian late-night retail workers and taxi drivers who are at higher risk for fatal injuries from workplace violence, Chinese immigrant restaurant

workers who at greater risk for nonfatal injuries due to unsafe workplace conditions, and Vietnamese women working in nail salons who are exposed to hazardous chemicals. They also review psychological determinants—namely, discrimination and work stress—that may contribute to occupational health disparities. Like Okazaki and colleagues (2014), Leong and Mak advocate for the use of CBPR methods for enriching the study of occupational health disparities among Asian American subgroups. Furthermore, the authors challenge researchers to study psychological mechanisms that may underlie occupational health disparities.

Berger and colleagues (2014) examine multicultural competencies in a sample of over 200 community mental health clinicians. They found that ethnic minority therapists and those who endorsed an eclectic theoretical orientation reported higher levels of multicultural awareness and better counseling relationships compared with White therapists, and these relationships were mediated by therapists' participation in, and knowledge of, the communities from which their clients come. These findings point to important ways of enhancing cultural competence among mental health providers working with ethnic minorities. The authors further discuss how these findings may be applied to Asian American mental health consumers.

The seventh article, by Zane and Ku (2014), utilizes an analogue research approach to study the effects of ethnic match, gender match, acculturation, cultural identity, and face concern on self-disclosure among Asian Americans in counseling. The study did not find any effects of ethnic match on self-disclosure but found that face concern was negatively related to self-disclosure about private habits, sex life, close relationships, and personal values and feelings. Zane and Ku's study highlights the importance of addressing face concerns in the therapeutic relationship in order to enhance the adherence to, and ultimately, the effectiveness of, psychotherapy.

The last article in this special issue, by Ibaraki, Hall, and Sabin (2014), advances a conceptual model that attempts to help explain an important health disparity affecting Asian American populations—low rates of preventative cancer screenings. Asian Americans are unique in being the only racial/ethnic group for whom cancer is the leading cause of death, yet rates of screening for cervical and breast cancer in Asian American women, prostate cancer in Asian American men, and colorectal cancer in Asian American women and men are below rates of other racial/ethnic groups, and well below targets set by the U.S. Department of Health and Human Services. Hall and colleagues suggest that the model minority myth may lead to positive health stereotypes by physicians, which then influences physician decision making and cancer screening recommendations in the context of time pressure and limited information. The conceptual model introduced in this article presents a rich guide for future research identifying psychological mechanisms underlying cancer screening disparities for Asian Americans and has important implications for improving physician training.

Future Directions

The Centers for Disease Control and Prevention (2013) characterize Asian Americans as representatives of extremes in health outcomes; therefore, more focused research is needed that targets the health conditions and communities most affected by disparities. Psychology is in a unique position to contribute to eliminating health disparities in several ways. First, as suggested by Leong and Mak (2014), it is critical to examine the sociocultural and psycho-

logical variables underlying health disparities, rather than simply examining disparities at the population level. Second, psychology research with Asian Americans has contributed much to our understanding of the psychological consequences of structural and historical inequalities. Factors such as perceived racial discrimination (Spencer, Chen, Gee, Fabian, & Takeuchi, 2010) and cultural mistrust (David, 2010) likely influence Asian Americans' experiences with the broader health care system in addition to specialty mental health services. We can begin to apply what we know about Asian American mental health to answer questions related to health disparities affecting Asian Americans.

In guest editing this special issue on Asian American health disparities, we hope to contribute to a larger body of literature that documents the complex challenges facing Asian Americans' health and health care and proposes solutions to address these challenges. Moreover, we hope this special issue speaks to the enormous efforts of Asian American Psychology researchers who have endeavored to reduce health disparities. Their innovative work is an important step in advancing the science of Asian American Psychology, as well as health disparities research in general.

References

- Benz, J. K., Espinosa, O., Welsh, V., & Fontes, A. (2011). Awareness of racial and ethnic health disparities has improved only modestly over a decade. *Health Affairs*, *30*, 1860–1867. doi:10.1377/hlthaff.2010.0702
- Berger, L. K., Zane, N., & Hwang, W.-C. (2014). Therapist ethnicity and treatment orientation differences in multicultural counseling competencies. *Asian American Journal of Psychology*, *5*, 53–65.
- Centers for Disease Control and Prevention. (2013). Asian American populations. Retrieved from <http://www.cdc.gov/minorityhealth/populations/REMP/asian.html#Disparities>
- David, E. J. R. (2010). Cultural mistrust and mental health help-seeking attitudes among Filipino Americans. *Asian American Journal of Psychology*, *1*, 57–66. doi:10.1037/a0018814
- Fancher, T., Lee, D., Cheng, J., Yang, M., & Yang, L. (2014). Interventions to improve adherence to psychotropic medication in clients of Asian descent: A systematic review. *Asian American Journal of Psychology*, *5*, 22–34.
- Fradkin, C., Wallander, J. L., Yamakawa, Y., Schwebel, D. C., Chien, A., Le, Y.-C. L., . . . Schuster, M. (2014). Quality of life among Asian American youth. *Asian American Journal of Psychology*, *5*, 13–21.
- Ibaraki, A. Y., Hall, G. C. N., & Sabin, J. A. (2014). Asian American cancer disparities: The potential effects of model minority health stereotypes. *Asian American Journal of Psychology*, *5*, 75–81.
- Kim, J. E., Saw, A., Zane, N. W., & Murphy, B. L. (2014). Patterns of utilization and outcomes of inpatient psychiatric treatment in Asian Americans. *Asian American Journal of Psychology*, *5*, 35–43.
- Leong, F. T. L., & Mak, S. (2014). Occupational health disparities among Asian Americans: A critical review with recommendations. *Asian American Journal of Psychology*, *5*, 44–52.
- Leong, F. T. L., & Okazaki, S. (2009). History of Asian American psychology. *Cultural Diversity and Ethnic Minority Psychology*, *15*, 352–362. doi:10.1037/a0016443
- Okazaki, S., Kassem, A. M., & Tu, M.-C. (2014). Addressing Asian American mental health disparities: Putting community-based research principles to work. *Asian American Journal of Psychology*, *5*, 4–12.
- Spencer, M. S., Chen, J., Gee, G. C., Fabian, C. G., & Takeuchi, D. T. (2010). Discrimination and mental health-related service use in a national study of Asian Americans. *American Journal of Public Health*, *100*, 2410–2417. doi:10.2105/AJPH.2009.176321
- Zane, N., & Ku, H. (2014). Effects of ethnic match, gender match, acculturation, cultural identity, and face concern on self-disclosure in counseling for Asian Americans. *Asian American Journal of Psychology*, *5*, 66–74.

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