ASIANS WITH DISABILITIES OUTREACH PROJECT THINK-TANK

ADOPT

Chapter 2

The Status of Asian Americans with Disabilities: Cultural Challenges and Opportunities

The Silent Minority

Asian Americans with disabilities (AAWDs), much like other Asian Americans, constitute a "silent minority." This is partially attributed to the family's inability to articulate their position. It can also be related to the family's limited English-proficiency skills, lack of knowledge of their rights and entitlements, cultural barriers, and inaccessibility to service locations. Choi and Wynne (2000) reported similar challenges and barriers for AAWDs in their study with Asian Human Services. The method of data collection was mail-in surveys to 112 Chicago-based community service agencies, of which 32 usable surveys were returned. The director of each agency identified workers who had interfaced with Asian American clients with disabilities.

Choi and Wynne (2000) found that the barriers reported by respondents included communication difficulties due to language differences, lack of knowledge of the nature of developmental disabilities and of mainstream service delivery, issues related to perceived cultural differences, being a minority in the service delivery system, within-group differences among Asian Americans in the service delivery system, and lack of family resources. Many of this study's findings have also been identified by ADOPT. One unique finding the study reported was the inherent problem in providing services to a small minority population (Asian Americans) that contains an even smaller population (those with disabilities) and many subpopulations (South Asian, Chinese, Korean, Cambodian, Hmong, etc.).

Business forum committee members with Daphne Kwok, President's Advisory Commission on Asian Americans and Pacific Islanders

It is financially difficult to justify employing linguistically and culturally appropriate caseworkers who would be unable to serve the entire community. The researchers also highlight the inherent conflict between a society that assumes a cultural background that values autonomy and a client from a collectivist culture. Vocational rehabilitation (VR) counselors may become frustrated when a client must consult with significant family members before reaching an employment-related decision, but such cultural behaviors are important to acknowledge and accept while conducting case management.

Social and Cultural Characteristics of Asian Americans

The term *Asian American* does not refer to a homogeneous group. Asian Americans, more than any other ethnic category or minority, are highly diverse. In fact, the Asian American census category is an artificial device created via executive order (Wright, 1994) to use in the 1990 census. It includes all Americans "having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam" (U.S. Census, 2007).

These countries represent about half the world's population (Central Intelligence Agency, 2010) and encompass vast cultural and linguistic differences. The United Nations's broad definition of Asia serves our purposes; it includes more than 50 countries and more than 100 language and dialect groups (see Appendix C). Asian countries and cultural groups may have very little common history, culture, language, religion, or governance. Each ethnic group also has significant differences to consider, especially during day-to-day work and interventions. Other variables affect behavior, including the individuals' or families' experiences of migration and immigration, generational issues, degree of acculturation, geographic location, language, educational level, social class, and living arrangements, all of which impact employment and VR outcomes.

Asian Americans are a diverse group. They include people from many Asian countries including China, Japan, India, Afghanistan, Pakistan, and Korea.

Examining the Model Minority Myth and Research Challenges

Asian Americans have long been portrayed as the "*model minority*," who have no or minimal mental or physical disability issues and are successful based on merit alone. This supposed merit includes financial and educational success from hard work and plenty of resources. In essence, they are seen as having "made it" in American society (Brightman, Kim-Rupnow, & O'Brian, 2005). This stereotype reflects false and dangerous assumptions about education, income, social status, disability, and need for services. The myth obscures disparities in VR and makes it difficult for disability providers and policy makers to address these inequities.

The stereotype can mislead VR service providers to assume that Asian Americans have less need for services than other applicants (Park & Starbuck, 2012). Asian Americans are often seen as not needing social services because they are the healthy minority. As a result, Asian Americans have been excluded from service access and resources critical to community and workforce integration (Zhan, 2003).

Besides the "model minority" stereotype, other factors help explain the gaps in our understanding of VR needs for this group of Asians. Data are scarce, and what little data are available are sometimes misinterpreted because of definitional differences of disability, ethnicity, and race. Moreover, researchers often fail to find representative samples of groups for their surveys, an error that creates further difficulties for both policy makers and direct service providers who aim to be inclusive and responsive to this group's needs and challenges (Yang et al., 1996).

Understanding Patterns in Asian Immigration

Asians have arrived in many different immigration streams and circumstances. Some are highly skilled and affluent. Others are unskilled refugees with no savings, limited English proficiency, and few job skills. These highly varied streams create wide socioeconomic variations (Zhan, 2003). Moreover, Asians have come here at different times and for vastly different reasons. Some are escaping religious or ethnic oppression, war, or poverty. Some are seeking political asylum, while others want to pursue educational and economic opportunities. Newcomers such as the Bhutanese and Iraqis are likely to be quite different from those who come from India for specific educational and professional opportunities. All these variables determine how comfortable Asian-origin individuals are with the majority population and how or even if they use governmental services.

Acknowledging each culture's differences is important in the identification of ways to promote outreach in Asian American communities.

Researchers have found that Asian American immigrants who have a longer history in the United States are more likely to have higher levels of education and income. Those who have been here only a short time or who are refugees are likely to have less education and English fluency. In addition, more recent immigrants or refugees are more often employed in jobs that pose a higher risk of acquiring a disability than those who have lived here longer.

Several factors lead us to suspect that the research-based incidence and prevalence rates of disability for Asian Americans probably understates the reality. Even when the data are accurate, the diverse nature of Asian American ethnic groups suggests that between-group differences are significant. Indeed, terms such as cognitive disability (e.g., developmental disability, autism) do not exist in some Asian languages or are not easily translatable into a native language (Hasnain & Leung, 2010).

All cultures evolve, even among those who work hardest to maintain their home culture in their new land. Some traditions that were once highly valued in the country of origin and scrupulously maintained after immigration are no longer practiced in the country of origin. To explore another person's culture includes setting aside one's assumptions. Understanding how cultural practices originate and evolve requires more than simply gaining knowledge of a particular culture. It requires exploring the culture's social and political history, traditions, and spiritual and religious beliefs.

Asian American businesses and agencies can provide resources to help immigrants and refugees learn English and receive job training.

The Roles of Families and Communities

As is true for everyone, a person's, family's, or community's view of disability is important. Some families may identify the cause of disability with biomedical factors defined by disability professionals and physicians, while others may link the cause of the disability with personal actions or religious or folk explanations. Although little research has been conducted on the attitudes of various pan-Asian groups toward various disabilities (e.g., Down syndrome, deafness, polio, diabetes, etc.), it is clear that different cultures interpret disability in various ways (Hampton, 2003).

For instance, some Asian American families may think disability results from disobeying a higher power or God, or is the work of an evil spirit. For others, disability may be seen as bad luck or punishment for an ancestor's past sins or indiscretions (karma). Others may see it as good fortune or a blessing (Zhan, 2003). Whatever the cause of the disability, "many Asian Americans tend to rely on family members for support before seeking professional help and tend to distrust governmental agencies and therefore may not seek assistance from state VR systems" (Hampton, 2000, 2003).

It is helpful to use culturally based definitions and meanings of the term "disability" and other service jargon. For example, among many Asian American families of a particular social class or of modest educational level, the functionality of a person with a disability is given more weight than the specific label of disability. In other words, the disability terms may be meaningless to them as long as the individual can function in his or her community (Hasnain & Leung, 2010).

These perceptions can influence or reinforce the way a person with a disability and his or her family perceives the disability. Some individuals may not even think of themselves as having a disability or a significant health issue, given the way that issue is seen within their culture or family. For example, a young Pakistani man with a non-apparent disability who works at the family business may not be viewed as having a disability because he can perform his duties. Clearly, these variables can determine whether or not a person or family seeks services at DRS.

Local Spotlight

A 50-year-old Vietnamese man who immigrated to Chicago some years ago went to a local VR office several times to get help finding a job. Unfortunately, the office never provided an interpreter, so he did not understand what he needed to do to get the services he hoped for. Because the procedures were not fully explained to him, a breakdown occurred between him and the VR counselor. The proper language support was not provided until ADOPT connected him to the Chinese Mutual Aid Association, a local Asian agency that helps ease the process of connecting to VR services and employment in its cultural and linguistic supports.

The Role of Culture, Stigma, and Acculturation among Asian Americans

Cultural factors also affect VR service access among AAWDs. In exploring culture and its influence on VR access, one must consider the complexity of a specific cultural or ethnic context. Too often we turn to an individual's country of origin to identify values, attitudes, and traditions without realizing that immigrants make adaptations that essentially create a culture that differs from the home culture.

The degree of acculturation to U.S. society may also influence VR outcomes for AAWDs. Acculturation is a process that varies across individuals and families, so an acculturated person can be defined in a variety of ways. For many, acculturation is one-way: People bend their traditional patterns in the direction of the surrounding dominant culture. In other cases, individuals may interact with the dominant or mainstream culture on its terms yet continue to conduct most of their activities in accordance with the beliefs of their cultural group or enclave. Other individuals adhere to American practices and routines in some areas of living, such as education and work, but not at all in their views of disability and rehabilitation (Zhan, 2003).

It is important to be sensitive to each culture's traditions and ways of life.

Perceptions of Disability

Stigma and shame can play significant roles in how a cultural or ethnic group perceives a disability and helps its members get services and support. Simpson, Mohr, and Redman (2000) found that among Vietnamese, the shame of a traumatic brain injury, for example, extends to the whole family, which reflects the emphasis on family over individuals in some Asian American cultures. *Saving face* is a broad term linked with cultural values such as honor and its opposites, humiliation and disgrace. *Saving face* may carry different levels of meaning to an individual with a disability and to his or her family, but it most often involves hiding a disability within the family or the Asian American community and thus could deny AAWDs access to much needed supports and resources.

Given the complexity of acculturation issues, factors such as time spent in the United States, proximity to the traditional culture, and social class influence behavior and beliefs. All these factors may affect VR outcomes, yet few researchers have explored them, in part because things like values and perspectives are hard to identify, define, and measure.

Another important cultural factor is how an Asian American's family and community define success. For example, while traditional American culture views employment and advanced schooling as indicators of success, in other cultures, a family member's role in the community, such as civic participation or being a good homemaker, may be equally highly valued and thus, may need to be considered in the rehabilitation plan. It is important to note that the cultural tendencies mentioned here vary based on the culture or ethnic group, along with a family's place of residence, social class, profession, educational level, and individual factors, such as gender or birth order in a family (Hasnain & Leung, 2010).

To many Asian Americans, the concept of independence has a very different meaning than it does in Anglo-European cultures. Their views on independence may lead a family to make a decision about services that differs significantly from what the service provider believes is the best approach. This is particularly relevant because VR providers may have very different worldviews from those of the Asian American service consumer, particularly when the provider and consumer are of different races, socioeconomic classes, or ethnicities, but even when they have the same background (Leung, 1996).

Implications of Disability Perceptions in the Asian Community

Stigma and shame about disability may prevent an individual and his or her family from seeking needed VR training and support. Many Asian American families are not aware of the 22 types of services VR offers, such as vocational training, guidance counseling, job referral, independent living skills development, and transportation services. In many cases, AAWDs rely on their families or other resources in their ethnic community before seeking mainstream professional or public help (Hampton, 2000). Members of large Asian American families and communities may use fewer VR services because they tend to distrust the U.S. service systems (Park & Starbuck, 2002) and think the government will send them back to their home country or jeopardize their immigration status for permanent residency.

Elderly Muslim man.

Structural Barriers within the Vocational Rehabilitation System

Many Asian American individuals and families seeking VR services encounter a confusing and fragmented system known for its lengthy application processes and complex eligibility-determination procedures. Many Asian Americans who do access the system quickly discover that services are limited, that agencies have waiting lists, or that publicized services are not even available (Hasnain & Leung, 2010). The following case study illustrates this dynamic.

A Case Illustration: Breeding Better Connections

Samir is a 65-year-old father and husband originally from Pakistan. He got his degree in engineering from a prestigious school in India. Fifteen years ago, he moved to the United States. He has spent the last 10 years in Illinois and has a postgraduate diploma in business management. While in the United States, he has been unable to find work as an engineer despite his strong credentials.

"I earned my degree in engineering from the topmost school in India; it is very hard to get into that institution. But then [an American employer] said 'Okay, go to school again and get a Master's',… I didn't have to."

Although Samir took the required examinations and received acceptable scores, the company he applied to had its own grading system, and his score was not good enough. Even with a strong technical background, excellent communication skills, and a business management background, Samir has had great difficulty finding employment in his industry. Currently, Samir works 20 hours a week with an Asian American agency doing clerical and administrative activities. This part-time job does not meet his financial needs and covers only 60% of his medical costs. He approached ADOPT to see how DRS could help him find work in his field. He had never heard of the agency and was curious to learn more about how DRS could help him.

With some guidance from an ADOPT staffer, Samir decided to apply to DRS online to see if they could help him find a job that suits his interests. He received an automated notice that his online application was received but never heard back from the VR office. In fact, when Samir followed up with DRS with the help of ADOPT, he was told that his online referral and telephone referral were both lost. It was only after Samir met with an ADOPT staffer that his application was processed, and he was deemed eligible for services. Such breakdowns need to be minimized or, at best, eliminated.

Overall, it took 6 months and three attempts for Samir to connect with DRS, which was very frustrating for him. Only after the ADOPT staffer went to DRS personally did Samir finally get into the system. Then he was called to go to an orientation.

His appointment was for 9:00 am in early July. When he arrived at DRS, Samir was told that there was nothing they could do for him due to some paperwork issues that needed to be addressed first. He left and came back another day to meet with two DRS officials, but they only gave him some information explaining what DRS does and did not meet with him. Samir said that he knew what DRS did and that he already was in the system but that he wanted to see some action.

He recounts:
"The DRS officers sent me home. A half a day lost for that is nothing but inconvenient. That means they are fairly casual as far as I'm concerned. I don't think they are able to help me."

Samir's Outcome
Finally, Samir went with an ADOPT staffer to an initial interview. He was very organized, brought all his paperwork, and gave DRS the names of all his doctors. DRS claimed they processed his request, but Samir checked with his doctors, who had not heard anything from DRS.

Given that he had already qualified for services, the ADOPT staffer told Samir to contact DRS and to let them know he wants to work with Asian Human Services (AHS), a newly funded initiative and community-based rehabilitation provider, to find employment.

Since this contact, Samir has begun working with a job developer at AHS, searching for a tutoring position at a local community college. He wants to help future engineers in America get up to the international standard. AHS connected Samir with Truman College to help fulfill his dream of working in the field of his passion: engineering.

ADOPT worked with many agencies in the Chicago area to put together the first-ever Asian Americans with Disabilities Business Forum as an informational seminar to increase the awareness of the Asian business sector about the benefits of hiring someone with a disability.

A lack of consistent service delivery among DRS staff often confuses people and discourages individuals like Samir from returning. As noted earlier, these problems are further compounded by a lack of provider-level follow-through and efficiency. In addition, language and cultural factors often make interactions between Asian Americans and VR service systems difficult and frustrating.

In one example, a needs assessment conducted by the API Advisory Group (2010) and ADOPT found that "disrespect, disregard, and ignorance" among service providers were common systemic barriers. Similarly, service recipients and case workers who support clients have indicated that they were treated by VR service providers in ways they found intimidating, embarrassing, frustrating, and demeaning. These examples show that service providers may hold negative attitudes toward Asian American customers and often lack adequate training in cultural and linguistic competency to address the needs of this diverse population. Given such scenarios, it is clear that the shortage of ethnically diverse professionals in the VR system makes AAWDs less likely to use VR services. Chapter 14 of this toolkit offers some outreach strategies to address this shortcoming.

One of ADOPT's board members is an AAWD and a very talented artist and graphic designer. However, because of his disability and stereotypes attached to disability, he has had a very hard time finding meaningful employment.

Chapter 2 References

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Appendix C. - Asian Countries and Languages

Region	Country	Most-Used Languages (in Asia)
Central Asia	Kazakhstan	Kazakh, Russian
	Kyrgyzstan	Kyrgyz, Uzbek, Russian
	Tajikistan	Tajik
	Turkmenistan	Turkmen, Russian
	Uzbekistan	Uzbek, Russian
Eastern Asia	China	Mandarin, Cantonese, English
	China, Hong Kong SAR	Cantonese, English, Mandarin
	China, Macao SAR	Cantonese
	Japan	Eastern and Western Japanese
	Mongolia	Mongolian
	Republic of Korea (South)	Korean
	Democratic People's Republic of Korea (North)	Korean
Southern Asia	Afghanistan	Dari Persian, Pashto
	Bangladesh	Bangla
	Bhutan	Dzongkha
	India	Hindi, English, Nepali
	Islamic Republic of Iran	Persian
	Maldives	Dhivehi (Mahl)
	Nepal	Nepali
	Pakistan	Urdu, English
	Sri Lanka	Sinhala, Tamil
South-Eastern Asia	Brunei Darussalam	Malay
	Cambodia	Khmer
	Indonesia	Indonesian, Javanese, English
	Lao People's Democratic Republic	Lao, ASEAN, English
	Malaysia	Malay
	Myanmar	Burmese, Jingpho, English
	Philippines	Tagalog (Filipino), English, Bikol
	Singapore	Malay, Mandarin Chinese, Tamil
	Thailand	Thai

Appendix C. - Asian Countries and Languages

	Timor-Leste	Tetum, Portuguese, Indonesian, English
	Vietnam	Vietnamese
Western Asia	Armenia	Armenian, Russian
	Azerbaijan	Azerbaijani
	Bahrain	Arabic
	Cyprus	Greek, Turkish
	Georgia	Georgian, Russian
	Iraq	Arabic, Kurdish, Syriac
	Israel	Hebrew, Arabic, English
	Jordan	Arabic
	Kuwait	Arabic
	Lebanon	Arabic, French, English
	Occupied Palestinian Territory	Palestinian Arabic
	Oman	Arabic
	Qatar	Arabic
	Saudi Arabia	Arabic
	Syrian Arab Republic	Syrian (Arabic)
	Turkey	Turkish, English
	United Arab Emirates	Arabic
	Yemen	Arabic