

In This Issue

The articles in this issue are from a response to two calls for papers in 2004, one covering health and the other employment. The issue contains two clusters of articles, three of which are on the health statistics and three on the glass ceiling. *AAPI Nexus* is fortunate to have had Professor Marjorie Kagawa-Singer as the guest editor for the former and Professor Deborah Woo for the latter. This issue also refines and implements our commitment to constantly improve the articles published by *AAPI Nexus*. There are now three categories of articles: Practitioner's Essay, Research Article, and Resource Paper. The first category continues our practice of providing a forum for community leaders and professionals to express opinions derived from their real-world experiences about broad policy challenges facing Asian Americans and Pacific Islanders. Writers are encouraged to offer examples of effective strategies, actions and programs. A Practitioner's Essay is meant to be prescriptive and normative and to set an agenda for the future.

Another important goal for the journal is to publish original research articles, and starting with this issue, we are categorizing them under the rubric of Research Article. To bridge "gown and town," the journal encourages submissions based on applied and policy-oriented research. A Research Article should be theoretically grounded and analytically rigorous using primary data or state-of-the-field analysis of secondary data. We continue to use double blind reviews to ensure scholarly quality. Along with soliciting evaluations from leading scholars, we also solicit input from professionals and community leaders to assess a submission's relevance and accessibility to a non-academic audience.

The new category of Resource Paper clarifies the original intent behind the old "Almanac" category and expands the types of submissions we are seeking. A Resource Paper can present and discuss (a) new data or data not otherwise readily available to our audience, (b) research designs and methods of interest to community groups and other applied researchers, (c) summaries of policies and practices within a topical area based in part or entirely on the existing literature, and (d) discussions of teaching and training relevant to AAPI communities and applied researchers.

We hope our readers find the changes useful, and we encourage you to provide comments and submissions.

Editors' Note

Two Foci: "Glass Ceiling?" and "Health Data"

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and Deborah Woo

In this issue, we shift gears to examine topics related to employment and health. AAPIs are very heterogeneous with respect to both labor-market and health outcomes. While our previous issue on employment (Volume 3, Number 2, Summer/Fall 2005) focused on those at the lower end of the economic ladder, the three articles that form the employment cluster in this issue are related to the "glass ceiling," which has been defined as the adverse impact of artificial barriers limiting women and minorities from rising to managerial and leadership positions. We purposefully use a question in the title for this cluster of articles because the authors take disparate positions regarding the "glass ceiling" and thus the phenomenon remains an empirical question.

The world of practice does not wait for conclusive research findings. In the Practitioner's Essay, "Become Visible: Let Your Voice Be Heard," Pham, Hokoyama, and Hokoyama argue that there is an absence of Asian Pacific American leaders in the private, public and nonprofit sectors, and that this underrepresentation is not due to a lack of skill or interest. Instead, AAPIs are invisible, because they lack role models and mentors and because they and non-AAPIs are not perceived as "leadership material." These authors bring a unique perspective to the journal through their work at LEAP (Leadership Education for Asian Pacifics), the leading APA leadership training organization in the United States. While there are numerous other leadership programs, LEAP is unique in anchoring their training on an approach that is culturally sensitive and community oriented.

Determining whether AAPIs are underrepresented requires accounting for not only racial but also non-racial factors that influence the odds of holding a managerial position. In the Research Article, "Are Native-Born Asian Americans Less Likely To Be Managers? Further Evidence on the Glass-Ceiling Hypothesis," Sakamoto, Woo, and Yap use multivariate models to analyze a large national sample to test for a glass ceiling for native-born Asian

Americans. Their overarching finding is that native-born Asian Americans are at least as likely as whites to be employed as managers in the private sector (excluding self employment). They also find some differences in outcome by ethnicity and gender. The estimated impacts of being Asian American vary with which independent variables are included in the model. It should be noted that their overall conclusion is inconsistent with Mar's finding reported in last year's issue on employment that the educated AAPIs encounter occupational discrimination. The discrepancy may be due in part to the specification used to model outcomes and differing coverage (one excluded immigrants and the other did not). The conflicting findings from these two articles, and more important the policy implications, point to the need for future research. Significantly, the authors acknowledge that their data specifically exclude an examination of Asian Americans at higher levels of the managerial hierarchy.

The final piece on the glass ceiling is a Resource Paper, "Asian Pacific American Senior Executives in the Federal Government," by Jeremy Wu and Carson Eoyang. The authors present a far more pessimistic picture of how Asian Pacific Americans have fared with respect to the glass ceiling and focus on representation at the highest career levels in the federal government. Each author has over twenty years of government service and is a member of the Asian American Government Executives Network (AAGEN), an organization dedicated to promoting Asian Pacific American leadership at all levels of government. Their article, based on Congressional testimony given by AAGEN in October 2003, draws upon two major reports from the General Accountability Office (GAO), to document "the pervasive and pernicious existence of glass ceilings for Asian Pacific Americans throughout the federal government." Based on these available data, they recommend the development of agency-specific plans and actions, and closer Congressional and Office of Personnel Management oversight. One of the key points is the need for accurate and timely workforce information to monitor progress and facilitate accountability.

There is also a critical need for accurate and timely information in the health field. In our previous special issue on health (Volume 3, Number 1, Spring/Summer 2005), Kagawa-Singer and Ong noted that a lack of disaggregated statistics on Asians and Pacific

Islanders obscures the enormous disparities within this ethnically and economically diverse population. Detailed data and information is necessary for formulating sound policies and programs. Three articles in this issue examine some of the challenges, accomplishments and potentials in collecting, analyzing and reporting of health data.

In the Practitioner's Essay, "Glancing Back, Looking Forward: Some Comments on Health Research in Asian American Communities," Takeuchi and Hong argue for a policy focus to guide the type of data that should be collected, including information on historical and contextual factors affecting health status. Along with improving data collection, they recommend a more creative and ambitious research agenda that goes beyond simple statistics to examining the underlying causes that produce poor health, including individual socioeconomic characteristics and broad societal factors. Implementing some of their suggestions, however, is daunting because collecting data on AAPIs is extremely difficult and expensive due to their geographic dispersion and ethnic and linguistic diversity.

In the Research Article, "Singhs, Watanabes, Parks and Nguyens: A Comparison of Surname-list Samples to Probability Samples Using the California Health Interview Survey, 2001," Ponce and Gatchell describe one method of increasing the sample size used by the California Health Interview Survey (CHIS). This large-scale effort is conducted in five Asian American languages and supplements its random-digit-dialing (RDD) sample with an over sample based on Asian surnames listed in telephone directories. The latter is included as a cost-effective approach to reaching this population, but a critical empirical question is whether this generates a representative sample. The authors answer this question by comparing the RDD and surname-based samples for South Asians, Japanese, Koreans and Vietnamese. The findings offer both good news and bad news. The writers find demographic differences, with the magnitude and significance of the disparities, vary by ethnicity. The positive news is that the two samples do not deviate significantly from each other for most of the health status and health access measures. The bottom line is that using surname lists for a survey is appropriate for some purposes but not for others.

The Resource Paper, "Measuring State-Level Asian American and Pacific Islander Health Disparities: The Case of Illinois"

by Tao, Han and Shah highlights the potentials and limitations of state-level government statistics. The findings for Illinois, which has the nation's sixth largest AAPI population, are applicable for those working on health-issues in states outside of California and Hawaii. The available information show that AAPIs in Illinois suffer higher incidence, morbidity and mortality rates from certain cancers and infectious and chronic diseases. Not surprisingly, state agencies largely fail to provide ethnic-specific information, thus seriously hampering the ability to address the significant needs of disadvantaged AAPI groups. The writers conclude with a call to improve data collection and fund research on AAPI ethnic groups to address inequities in services and care and to eliminate the undue burden of diseases borne by Asian Americans and Pacific Islanders.

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