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Model Minority Myth and Oral Health Disparities in Asian Americans of Multnomah County in Oregon

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by

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Abstract

This thesis explores the concept of the Model Minority Myth (MMM) and its impact on Asian American communities as a minority group. It discusses how the MMM is one of the many reasons why health disparities such as oral health disparities, may exist for these groups, particularly in the context of White-majority places like Oregon. These disparities, as a result, prevent communities from achieving racial equity in areas such as employment, education, occupation, and income, to name a few. At first glance, the MMM seems to shed an optimistic light with its false portrayal that Asian communities seemingly fare better than other communities of color in Oregon. The myth attempts to homogenize the experiences of people of Asian descent when in reality, they represent over thirty ethnic groups using over three hundred languages and have undergone multiple waves of immigration periods dating back to the 1600s. Overgeneralizing the diverse experiences of different Asian American perspectives could leave Asian Americans out of important research and policy considerations that could be vital to their well-being. This thesis will not try to falsify the Model Minority Myth, but rather, it will examine the complex impacts of the MMM on the Asian American communities within social, educational, and oral health and overall health well-being contexts.

Keywords: Asian Americans; model minority; stereotype; racism; health; oral care

Background

The Model Minority Myth

In a *New York Times* article published in 1966, American sociologist William Petersen introduced the concept of the "model minority" for the first time in public and academic discourse [1]. He commends Japanese Americans for overcoming various socioeconomic challenges despite exclusionary racist policies like Executive Order 9066, a xenophobic legislative act that uprooted "all alien Japanese and native-born citizens of any degree of Japanese descent" from their homes into internment camps during the Second World War [1] [2]. However, a weakness in Petersen's writing is that he only accounts for one of several perspectives belonging to the Asian American subgroups spread out throughout the United States. The Coalition Communities of Color report presented the 2009 American Community Survey to assert that the lived experiences of the Asian and Pacific Islander communities on a national scale differ from the lived experiences of the community on a smaller scale such as Multnomah County [3]. Data collected on the national situation of the Asian and Pacific Islander communities together suggest that they have better incomes, education, and occupations when compared with the White community [3], reinforcing the idea that Asian Americans have "successfully" assimilated into a white-dominant society through their numerous advancements in both professional and academic settings as a product of being a model minority. However, when the focus was concentrated on the Asian and Pacific Islander communities and their experience in Multnomah County, they were found to exist in circumstances three times worse than what the White community experienced. Examples of these circumstances include the chances of attaining less than a high school degree or experiencing poverty within a single-parent household [3].

The distinction in data from a national scale compared to a local one is due to a myriad of reasons that will be further elaborated upon in the literature review section. These disparities point to how future research could aim to explore the differences between other contexts, such as comparing the data collected on the national scale to the data collected from the White majority states, cities, and towns.

"Asian American"

In order to fully comprehend the depth and breadth of the MMM, it is essential to address some keywords/phrases that will be used throughout the thesis, particularly in the literature review. For example, in the late 1960s, Yuji Ichioaka during the ethnic-consciousness movements coined the term *Asian American* to unify the different ethnic groups in the United States and abandon the Westernized term, *Oriental* [2]. Today, *Asian American* is an umbrella term that describes anyone of Asian descent, both U.S. citizens and immigrants alike. However, classifying several Asian ethnic groups under one term has led to the overgeneralization of their experiences such as the unique struggles each group undergoes [2]. This lack of distinction creates the impression that these groups are monolithic and comparable [2] when in actuality, being an *Asian American* could hold several meanings: they could belong to one or more ethnic descents (i.e. Japanese, Indonesian, Thai) or have unique historical roots of arriving to the United States as a refugee, which is closely tied with significant mental health challenges like depression or social isolation [3]. This is similar to the Pacific Islander experience of being categorized with the Asian American community under the combined term, *Asian Pacific Islander* [4], despite having their own struggles related to sovereignty and decolonization.

With Asian Americans being among the fastest-growing racial group in the United States and are projected to become the largest immigrant group by 2065 [2], recognizing the multiplicity

of their needs (i.e. unmet mental health needs) [5] is vital for adequately meeting them in a timely manner, as the demands emerge. While this thesis will not comprehensively profile these various ethnic groups' specific experiences and needs as the Coalition Communities of Color report [3] does, it will discuss the Model Minority Myth's influence on these needs through the findings of the overall literature review. This thesis will also present the creation of an interview guide for future research to analyze the impacts of the MMM beyond it being just a theoretical framework. For further refinement, this guide was also reviewed by some peers who identified as being of Asian descent. By providing the interview guide, I hope to encourage future researchers to consider utilizing the guide to organize their own interview questions.

All in all, the objective of this thesis is to explore the complex impacts of the Model Minority Myth on the Asian American and Pacific Islander communities within social, educational, and health conditions [6] which as a result, could lead to both Asians and non-Asians alike, becoming more aware of their actions and consequences of further feeding into the Model Minority Myth within their own respective lives. Additionally, while there have been multiple reports that have demonstrated the myth and its impact on Asian Americans' mental health [5][2], there has not been little to any research examining oral and overall health except for a few studies related to alcohol and substance use [6]. Hence, it is worthwhile to develop a more in-depth understanding of the myth and its influence on racial/ethnic minority communities' oral health, especially considering that dental care is an essential component of comprehensive health care that unfortunately, a substantial proportion of the United States population, particularly the Asian American population, lacks access to [7].

Literature Review

The Impacts of the Model Minority Myth

The Model Minority Myth points to the idea that Asian Americans are more "academically, economically, and socially successful than any other racial minority group associated with their supposedly stronger values emphasizing hard work, perseverance, and belief in the American meritocracy." [1] William Petersen regards the resilience of Japanese Americans even before the exclusion act was put into place; how no "degradation affected this people as might have been expected." Degradation, in this case, was exemplified by Japanese businesses that were picketed, or the Japanese that were assaulted or arrested on the streets of San Francisco [1]. It seems that he recalls these instances as an effort to show that their overall behavior and attitude toward hardship and trial was what sustained them during and after the time of the internment camps. Petersen even went as far as to compare Japanese Americans to other minority groups like African Americans who he criticized for not being as "successful" in overcoming racial structural barriers [1]. This suggests that none of the minority groups are safe from the assumptions of the MMM which will put groups like Asian Americans and African Americans against each other despite the underlying problem at hand, which is institutional racism and structural inequality that could hinder other racial minorities' demand for social justice [3].

Because "success" has been used to differentiate Asian and Asian American communities from other communities of color in the United States, it raises the question of how the MMM defines success. When individuals of Asian descent are viewed as the model minority, which is often associated with ideas of being more academically, economically, and socially "successful" than other ethnic minority groups, it often leads to the misconception that they do not experience

difficulties, are problem-free [2] and/or are better able to manage and overcome such problems compared to other minority groups [5]. Due to the stereotypical trait of Asian passivity (which can be used as a strategy to protect oneself against racism in this instance), Asian Americans are commonly perceived to be psychologically well-adjusted [5][2] when in reality, they are suffering from several psychological stressors such as the pressure of acculturation, racism, and microaggressions [2]. A study was done which utilized the model minority stereotype as a prime, which is typically done to "understand the underlying automatic cognitive processes in social behaviors" [5]. When college students were primed with the positive/model minority stereotype, they perceived those, regardless of race/ethnicity, as having a higher mental health functioning [5]. The internalization of these seemingly "positive" and harmless characteristics attached to the model minority stereotype, however, negatively impacts Asian Americans' mental health significantly to the extent of suicide, which is the leading cause of death for Asian American young adults aged 20 to 24 [5][2]. Asian American college students, in particular, are at higher risk of having suicidal ideation and attempting suicide than their European American counterparts [2]. For example, a study done at Cornell University found that 55% of completed suicides were students of Asian descent even though they only made up 14% of the overall student population [3]. This could be due to how college-age years represent a key period linked with the onset of major lifetime mental disorders [5].

Additional studies analyzing the psychological health impacts of Asian Americans when they consider the myth and internalize its stereotypes have found that there is an increase in depression and anxiety but oddly, fewer depressive symptoms. In fact, the MMM may be a "potential buffer against depression" if the participants truly deem themselves as the "model minority," or as a group of people who are naturally intelligent and successful [6]. Due to these

conflicting results and findings, more research in this area needs to be conducted before coming to a definite conclusion.

Furthermore, the belief that Asian Americans do not experience mental health challenges understandably comes in lower rates of mental health service utilization as well [5][2]. Asian American elders in particular who tend to experience greater socioeconomic vulnerability, and higher levels of depression, anxiety, loneliness, physical illness, and social difficulties, report low mental health service utilization due to the social and cultural stigma which relays the perception that service providers are unhelpful, inappropriate, or irrelevant [5][2]. It is also important to note that mental health professionals are not immune to cultural stereotypes such as the model minority stereotype, and its association with minority groups like Asian Americans. As a result, a misdiagnosis or underdiagnosis could occur, resulting in further neglect of their needs [5]. Not to mention that there is still inadequate access to mental health professionals who can offer linguistically and culturally appropriate care for Asian Americans [5].

Why Oral Health?

As a result, the existence of disparities, whether visible or hidden, among various Asian ethnic groups, is persistent in various sectors of their lives – socially, academically, mentally, and physically. Asian Americans and their oral health are particularly fascinating because of their lack thereof in current discourse, despite how oral diseases are among the most common conditions children and adults in the United States experience [8]. However, Amira Caluya [8], carefully remarks on how oral diseases can be easily diagnosable and managed only by virtue of being in a readily accessible location [8]. She regards the data retrieved from the National Survey of Children's Health, noting how despite Asian American children (as compared to White children) being more likely to live in households with higher incomes, more parental education,

and dental insurance, it was discovered that 12% had never seen a dentist, and only 33% rated their oral health as excellent. Additionally, Yoon et al [7] decided to examine how individual-level variables (i.e. age, gender, ethnicity, education, place of birth, length of stay in the U.S., dental insurance) in addition to neighborhood-level variables (i.e. poverty level, density of Asian population, dentist availability, Asian-related resources and services) were considered for the prediction of preventative dental care use in Asian American communities in Austin, Texas – a city that attempted to improve their response to the recent growth of their Asian American population within the last decade [7]. This was done by issuing a questionnaire that would revisit the dental care issues in their population, but by considering a sample that would reflect the population's cultural and linguistic diversities such as translating the questionnaire into the native languages belonging to the five Asian subgroups in Austin, Texas [7]. Translating these questionnaires, although seemingly a small act, could be imperative in fully understanding their needs. One motivation for this would be given the fact that English-speaking Asian Americans compared to those with limited English proficiency, are likely to be well-acculturated individuals who have more education, higher incomes, and more favorable health status [7]. Another reason why considering this bias is vital is that disparities between children in non-English-primary language (NEPL) and English-primary-language households are revealed. For instance, even though Asian American and Pacific Islander children in NEPL households had a lower oral disease burden than those in EPL households, the NEPL children underwent fair/poor teeth conditions more often [8]. This is also considering how 40% of the children in NEPL households would not have proper access to oral care due to cost and lack of insurance compared to 22% of the EPL children [8].

In the end, the study in Austin ultimately found that about 43% of the present samples did not utilize any preventive dental care services, which was higher than the 38% of those who reported in the national adult samples of Asian Americans. This is a similar finding to the results in the Coalition Communities of Color report which found that Asian Americans living in Multnomah County are experiencing far worse conditions locally than nationally, including more alarming poverty rates [3]. Thus, if we were to more carefully assess the substantial impacts of the Model Minority Myth on the lives of Asian American and Pacific Islander communities through more extensive oral health research and systemic data collection, we can expose any existing oral health disparities [8].

Significance of Multnomah County

Since the Austin, Texas study did not mention the actual makeup of its Asian American population, their numbers can't be compared with the white-majority state such as Oregon. Because there is evidence that our systems and institutions result in major disparities that are connected to one's identity, such as being Asian American [3], the draw to analyzing what transpires in Multnomah County for the Asian American and Pacific Islander communities specifically, necessitated the need for the proposed study on the Model Minority Myth. This is because the main criticism of the Model Minority Myth is how it assumes that those of Asian descent living in white-majority places do not experience social disadvantages because their lives are more seemingly comparable to their White counterparts instead of to other communities of color [2]. This was ironic considering that in the 1960s, Japanese men in higher levels of white-collar employment jobs were still not employed in higher senior positions and did not earn as much as their White male counterparts [1]. Walton and Truong [6] quote Du Bois, who completely describes what a person of color living in a white-dominated society may feel like,

which is the sensation that they are living double lives or a "double consciousness" by experiencing both an internal (i.e. internalizing racists beliefs about themselves) and external struggle.

Even though Multnomah County's Asian and Pacific Islander communities are diverse, there is much more nuance to the deep history of racism, discrimination, and suffering that they have undergone by living here in Oregon. The disparities may be worse here than across the nation due to several lines of inquiry, including how there may be more refugees, more recent immigrants, or more wealthy Asian communities here. The second question that is illuminated is whether or not Asian and Pacific Islander communities here follow the patterns of other communities of color due to the inherent nature of racism and white privilege that sinks into Multnomah County's history. In the end, it was discovered that the latter hypothesis was more apparent in understanding the disparities that exist in these communities.

Methodology

Literature Review and Interview Guide: 4 Domains

Due to the nature of this thesis, the methodology is composed of the literature review which examines articles that have been published within the last 12 years (2011-2023) that included keywords like Asian Americans, model minority, stereotype, racism, health, oral care, and understudied populations. The reference sections of those respective articles were searched to retrieve original research and more documents relevant to the scope of this research. These included articles that were published 12+ years ago if only to explain the origination of the Model Minority Myth, which was initially introduced in the 1960s. While most, if not all articles studied the Model Minority and its various impacts on the Asian American experience, Walton and Truong [6] directly outlined the capacity to integrate itself across three specific domains: social, educational, and overall health and well-being [6]. They defined social impacts as those

related to people's interactions with various forms of identity, including the way Asian Americans struggle with their ethnic or cultural identity at school and in the community based on the perceptions people have of Asians being naturally high-achieving and intelligent, as well as excelling in maths and science [6]. When these stereotypes are integrated into an academic context, students who do not fit into this ideal framework can be excluded [6] and essentially left behind [2] On the other hand, those who are in fact high-achieving students may experience bullying and discrimination from their peers who might describe them as "geeks," or "nerds," and "weak" [2]. Walton and Truong [6] defined educational impacts to be related to perceptions surrounding educational aspirations, achievement, and support, as well as challenges, pressures (pressure to succeed), and expectations (high expectations from parents, peers, teachers, and students to do well at school). These perceptions altogether bring upon feelings of unease, anxiety, and fear to meet these expectations, and how this relates back to their self-esteem and identity. Lastly, health and well-being impacts were mainly linked to individuals' psychological health (mainly depression and psychological distress) than their physical health (alcohol and substance abuse) [6].

Since there is limited research on (preventative) dental care, oral health disparities, and oral diseases, I added an additional domain that concentrates on the way people manage their oral health. As a result, I created a replicable interview guide including 3-4 questions related to each of the four domains: social, educational, and overall health and well-being (including oral health). I asked for feedback on the interview guide from four Asian and Asian American students currently living in Multnomah County who provided their own opinions by revising the phrasing of certain questions to bring clarity, or by answering the questions as if they were being interviewed. They also attempted to answer the questions to further understand the interviewees'

perspectives if the interview were to be replicated. These peers fit into the following demographic categories that would be utilized to find the appropriate interview participants:

- At least 18 years of age

- Current students

- Asian or Asian American

- Currently living in Multnomah County

- Hold any generational status (i.e. first, second, third generation)

- Hold any immigration status (i.e. temporary or permanent resident)

The demographic categories were developed based on my position as an "insider researcher." One advantage to this is that I created these parameters around my own circumstances as a 21-year-old Asian-American student currently living in Multnomah County. I furthermore chose this concept of the Model Minority Myth as my topic of choice because I have personally experienced its impact on various sectors of my life. This allows me to interact with the information with a deeper understanding of the material. On the other hand, my prior knowledge and predetermined judgment of the concept could skew my analysis of the myth and its honest effect on other individuals and communities. Despite these reasons, I ultimately decided to study the Model Minority Myth because of the way it changed not only my life but also the lives of those I cherish in both temporary and permanent ways. Why I decided to focus on Asian and Asian American college students is then simple: college-age years are associated with the onset of major lifetime medical disorders, most likely due to how there are many life changes that go on during these pivotal years [5]. Therefore, I want to have Asian and Asian American college students understand the MMM in its complete description so that they can

prevent themselves from conforming to the beliefs that attempt to segregate them from other

communities of color.

For these reasons, I decided to move forward with presenting the following unedited,

interview guide to my fellow peers:

<u>Social Impacts:</u>

1. How much do you feel connected to your culture?
2. Growing up, what are some values that have been instilled in you by your culture? How were you taught these values?
3. How are your cultural values different from "American" cultural values? (If applicable, follow up): How easy/difficult was it for you to adjust to these differences?)
4. What certain perceptions/assumptions do you think people have of you because of your culture + how has this affected you?
5. What do you think are the most positive + negative parts about being a part of your culture/ethnic group?

<u>Educational Impacts:</u>

1. How important is education to you and to your family?
   a. If you were to suddenly drop out of school, why do you think your family would be/would not be supportive of your decision?
2. How much did your family (or other external sources) influence what you are currently studying?
3. Do you consider your parent(s) jobs to be "successful"? Why or why not?
   a. Based on your answer, does this influence your attitude toward what you want to do as a career?
4. Do you feel that people assume things about your character if you were to tell them your major?

<u>Oral Health Impacts:</u>

1. How often do you brush and/or floss your teeth? How were you taught to do these things?
2. How often do you visit the dentist for a check-up (i.e. cleaning) compared to how often you go in for an emergency dental appointment?

<u>Overall Health and Well-being Impacts:</u>

1. What do you do and who do you turn to for help when your family has needs or troubles?
2. Does your culture have any perceptions/assumptions about receiving counseling/therapy?

3. How important is it for you to have a healthcare provider of your culture (of origin)? Do you believe that it helps them to understand you and your needs more?

More about the type of revisions that were made and how these questions were interpreted are detailed in the results section of this paper. Peer feedback was analyzed by how much they aligned with the findings derived from the literature review. I decided to include the literature review and the feedback as my two forms of methodology to offer a more holistic approach to observing the Model Minority Myth and its complex nuances that vary depending on the context in which it is observed from. From this thesis and other additional research, the specific needs of future generations can be addressed through awareness and advocacy of updated new and policy considerations.

Results

Interview Guide

The interview guide integrated questions derived from the four domains as it relates to the Model Minority Myth and its social, educational, oral health, and overall health and well-being impacts on individuals.

The interview guide was challenged and refined accordingly by my fellow peers. For example, a couple of peers suggested that the questions that ask about one's "culture" or "culture (of origin)" were changed to "ethnic culture" to avoid miscommunication about what sector of culture I was referring to. It was also recommended to add a quantitative scale (1-4) to describe the data beyond just asking "how much" or "how important." This would be useful in the scenario where numerous participants were interviewed so that a proper analysis of both qualitative and quantitative data could be collected. However, another peer argued that adding

this scale would interrupt the "flow" of the question or the nature in which the question would be answered. Leaving the question up for interpretation would allow the participants to elaborate on their understanding of the concepts. I decided to follow the latter piece of advice and exclude the quantitative scale.

Their feedback was also imperative in bringing to light some questions that needed to be slightly altered to offer more clarity and cohesiveness. For question #1 (listed under the Overall Health and Well-being Impacts domain) peer advised that the question be more directed toward the participant's needs or troubles instead of directed toward the participant's family. Furthermore, for question #2 (listed under the Overall Health and Well-being Impacts domain), some peers advised that the beginning wording be changed to "what/how" instead of "does" so that there is room for participants to explain their answers and respond to an open-ended question, instead of simply answering yes or no to a close-ended question.

Some questions were modified and brought upon a clear distinction between asking a question about an individual's personal life compared asking a question asking about the Model Minority Myth's impact on an individual's personal life.

One question I want to highlight is question #4 (listed under the Educational Impacts domain) which was brought to my attention through feedback given by an Asian American peer of mine that is currently pursuing a Ph.D. degree in Mathematics to become a professor. In response to that question, he expressed that people would "assume [he would] either be really smart overall just because [he is] majoring in math." Although this might be interpreted as a caveat to majoring in a STEM field, especially as an Asian American student vulnerable to the Model Minority stereotype which "funnels students into specific fields of study and careers" that could "[limit] their opportunity to explore their ability and talents" [2]. However, he noted that

external sources like his family did not pressure him to pursue teaching but rather, inspired him to teach because of their own experiences as teachers. A different peer offered a similar perspective, in which despite being slightly influenced by her family to pursue some career in the health field, she found "public health on [her] own accord." Despite the narrative that Asian American students' educational success is due to their family background and parental emphasis and investment in their children's education [2], analyzing their responses was intriguing because, despite some sort of input from their parents, both peers decided to carve out their own educational path in the end. Due to the advice of another peer, this question was altered to say: "Do you feel that people associate your personality with your major?" This modification was done in the hopes to see which keywords, which are typically used in association with Asian Americans, would arise such as "hardworking" and "successful" [2].

Another question that I want to emphasize is question #3 (listed under the Overall Health and Well-being section) which was adjusted to say: "How important is it for you to have a healthcare provider of your ethnic culture? How does this relate to your unique experiences and struggles/barriers to accessing healthcare?" by a peer of mine that is soon to be graduating with a Public Health degree. The second inquiry to that two-part question, in particular, I think, would be the best way to start a conversation about what exactly those unique experiences and struggles are as it relates to their cultural identities. For instance, a peer of mine who is a fifth-generation Japanese Okinawan discusses how their blood is shared with those who oppressed other Asian ethnic groups. And while this peer noted back in question #1 (listed under the Social section) how he does not feel as connected to their ethnic culture "enough," they still feel as if their everyday life – from the needs of his family to his identity in school, or even perceptions of the

people he creates a relationship with – "are interwoven into their biological and cultural identities."

As a result of these useful ideas and advice, the *revised* interview guide is listed below.

Social:

1. How much do you feel connected to your ethnic culture?
2. Growing up, what are some values that have been instilled in you by your ethnic culture? How were you taught these values?
3. How are your ethnic cultural values different from your "American" cultural values? (If applicable, follow up): How easy/difficult was it for you to adjust to these differences?)
4. What certain perceptions/assumptions do you think people have of you because of your ethnic culture + how has this affected you?
5. What do you think are the most positive + negative parts about being a part of your ethnic cultural group?

Educational:

1. How important is education to your family?
   a. Do you believe that this factor influences how important education is to you?
2. How much did your family (or other external sources) influence what you are currently studying?
3. Do you feel that people associate your personality with your major?

Oral health:
1. How often do you brush and/or floss your teeth? How were you taught to do these things?
2. How often do you visit the dentist for a check-up (i.e. cleaning) compared to how often you go in for an emergency dental appointment?

Overall health and well-being:

1. Who do you go to for help when you're in need or in trouble and why?
2. What perceptions/assumptions does your ethnic culture have about receiving counseling/therapy? Do you agree or disagree with these perceptions/assumptions? Why or why not?
3. How important is it for you to have a healthcare provider of your ethnic culture? How does this relate to your unique experiences and struggles/barriers to accessing healthcare?

Discussion

All in all, this thesis attempted to explore the social, educational, and health impacts of the Model Minority Myth on the Asian American community as a whole. Particularly, it wanted to explain how the MMM holds various meanings in different settings such as White-majority places like the city of Portland and Multnomah County in Oregon. The thesis explained how the disparities that existed in these spaces are much more apparent on a local level (in Multnomah County) than on a national level depending on the historical context, but also because the MMM impacts each location, ethnic group, and overall context, differently. In other words, there is beauty in the nuance and complexity of each individual's story – their unique struggles and unique wins included. This thesis tries to highlight the dangers of homogenizing several people groups under one general umbrella term of "Asian American" and suggests that we need to carefully consider the distinct needs of each person, in all contexts.

The results of the interview guide were not entirely expected based on what was gleaned from the literature review. On one hand, the literature review closely followed the feedback of the interview guide, including the myth's emphasis on certain values such as hard work, perseverance, and belief [2]. Similarly, the values of emphasizing family, and putting forth hard work/strong effort were shared by two of my peers. On the contrary, there were also a lot of conflicting findings as well. While the literature review harbored the idea of Asian American students' educational success often being "attributed to their family background and parental emphasis and investment in the children's education" [2], one of my peers answered one of the questions with a surprising twist. When asked if their parents would be/would not be supportive of their decision to drop out of school, they responded that their parents would not most likely due to the fact that he is pretty far along in his academic journey, especially with a Master's

degree under his belt. Another peer of mine who will be graduating soon, however, stated that their parents would not be supportive of their decision to drop out of school, due to how much their parents invested in her future successes. I found these vital to my understanding that the stage of life the student is in, determines the extent to which the Model Minority Myth has an influence on their lives.

Therefore, one potential weakness of mine was how this study was not involved in conducting an actual study or experiment and because of this, a clear and direct hypothesis could not be formulated. Because of this, the resulting findings from this thesis could be interpreted as more suggestive than backed up by concrete evidence. Another potential weakness of mine is with my methodology, in which I retrieved feedback from my peers by asking them to provide their feedback about the interview guide through a Google document rather than simply asking them face-to-face, where I could ask further questions about their reasonings/explanations. Most importantly, there is always the possibility of my bias as an Asian American who is passionate about the Model Minority Myth's influence on my own personal life, warping the way I understand the conclusions. This research could have also been further improved by the inclusion of additional questions in the Oral Health section of the interview guide. While the conciseness of this section was primarily because of the lack of discourse regarding oral health and diseases, I feel as if asking more peers for their feedback would have been extremely useful. Or, better yet, contacting the authors of the existing discourse as a way to start a new conversation that could lead to more curiosities and maybe even, more answers.

While the literature review and interview guide provided multiple avenues for analyzing the Model Minority Myth in its entirety, there are certainly ways in which it left me still confused with its mixed and sometimes conflicting results. Regardless, I believe that if there's one thing I

took away from this study, is how the myth needs to be treated with a holistic approach that "takes into consideration how experiences of the MMM and its impacts are interrelated and cannot be understood in isolation" [6]. To me, the Model Minority Myth should be comprehended as a choice and possibly even a lifestyle that people feed into, both knowingly and unknowingly. Therefore, it is my sincerest hope that all individuals of all ethnicities recognize this before it is too late.

Conclusion

All in all, this thesis describes the concept of the Model Minority Myth and its direct and indirect impacts on Asian American communities. Particularly, it demonstrates how the myth's false portrayal that Asian American communities are better than other communities of color (thereby rendering the term, "model minority") is extremely detrimental when in White-majority settings such as the city of Portland and Multnomah County in Oregon. When Asian Americans are considered to be more closely related to their White counterparts, there is a significant emergence of health disparities that prevent these minority groups from achieving racial equity in social, educational, and health domains. This thesis reports how these disparities are exceptionally apparent on a local level (in Multnomah County) than on a national level because of the specific historical context of Oregon that is rooted in institutional racism and white privilege [3]. While the findings from the literature review did not correspond to the feedback of the interview guide, it does point to the need for future research in discovering the beauty that lies in the nuance and complexity of each community or even, each individual's *entire* story – whether it be regarding their experiences as an immigrant or refugee, as a single parent, as someone who grew up in a poverty-stricken neighborhood, or even as someone without basic health insurance. When emphasizing the line of this research, it is extremely vital to consider the

nuances that lie within the health domain, including how it is categorized into mental and physical health. While most of the references contained pieces regarding Asian Americans and their mental health, there were very few regarding their physical health and even fewer regarding their oral health. Oral health, however, just like mental health, is just as crucial in developing one's quality of life. Just as the mental health of Asian Americans was once overlooked but through continual research and awareness, is presently being brought into the light, I desire for the oral health of Asian Americans can follow that same trend for years to come.

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