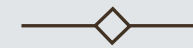


USING PERSONAL  
NARRATIVE AS  
FOUNDATION FOR  
HEALTH EQUITY  
EDUCATION: CREATING A  
CURRICULUM ON ASIAN  
AMERICAN, NATIVE  
HAWAIIAN, AND PACIFIC  
ISLANDER HEALTH

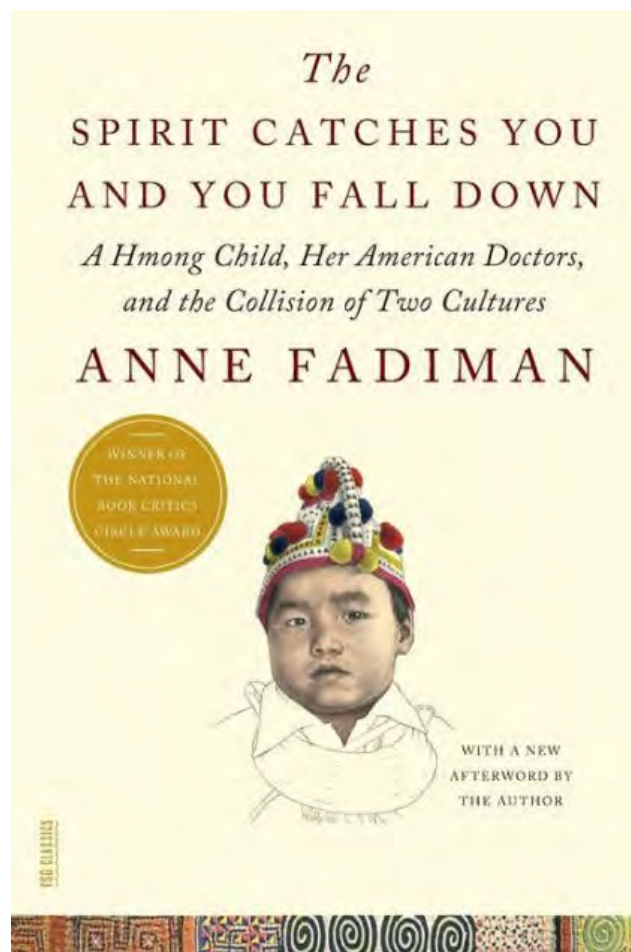


Ming Lin, MS; M3  
Founder of the HAAPIE Initiative  
*He/Him/His*

# Food for Thought

*Think about how Asian Americans, Native Hawaiians, and other Pacific Islanders are portrayed or discussed in...*

- *Healthcare*
- *Research*
- *Public health*
- *Public policy*
- *General discourse*



## 1985 “Heckler Report”

In one of the U.S.’s first efforts to address health inequities among racial and ethnic minorities, the **1985 Report of the Secretary’s Task Force on Black and Minority Health** or the “**Heckler Report**” used aggregated data that claimed “Asian/Pacific Islanders” were healthier than other racial groups.

What are the implications of this?

# Illuminating Health Disparities among AANHPIs

Studies consistently show that in fact, health disparities exist between AANHPIs and other U.S. racial groups as well as among AANHPI subgroups, such as:

- AANHPIs with any **mental illness** had the **lowest rate** among all racial and ethnic groups in the U.S. in seeking treatment (SAMHSA, 2019).
- The only racial group suffering from **cancer as the leading cause of death**, with lower screening rates than other U.S. groups (Lee et al., 2021).
- AANHPIs **jointly account for over half of all chronic Hepatitis B cases** in the U.S. (CDC, 2020).
- Diabetes affects approximately **20% of AANHPIs** and an estimated **32% of AANHPIs have pre-diabetes** (Joslin Diabetes Center).
- NHOPIs also experience **higher prevalence of diabetes and cardiovascular disease** compared to the general population (Mokuau, 2016).
- Hmong Americans have **3x higher risk for diabetes than whites** in Wisconsin (Thao, 2015).

# The Reality of Social Inequities among AANHPIs

## 1. Income inequality

- Has risen most rapidly among AANHPIs in the United States **out of any demographic group** (Pew Research Center, 2018)

## 2. Educational attainment

- 54% of Asian Americans are found to have a bachelor's degree or higher, compared to 33% of the overall U.S. population, but upon disaggregation, **only 15% of Bhutanese adults** in the same age range have equivalent levels of education attainment (Budiman, 2021)

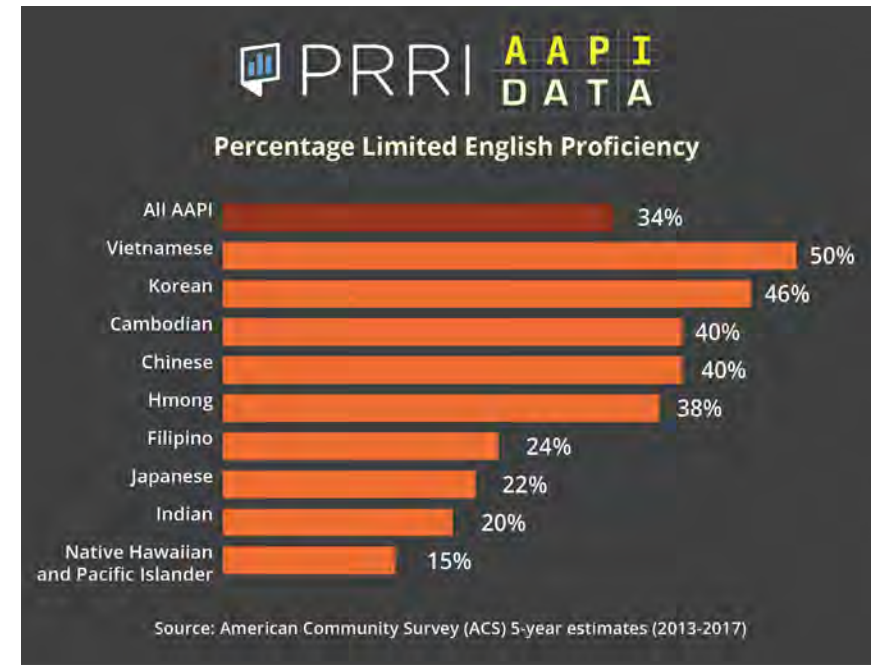
## 3. Food insecurity and social support

- **Only 3.2% of Malaysians** received benefits even though 25.1% of Malaysian Americans live in poverty. Similarly, while 15.3% of Vietnamese Americans are impoverished, **only 3.8% of them** received SNAP (Tran, 2018).

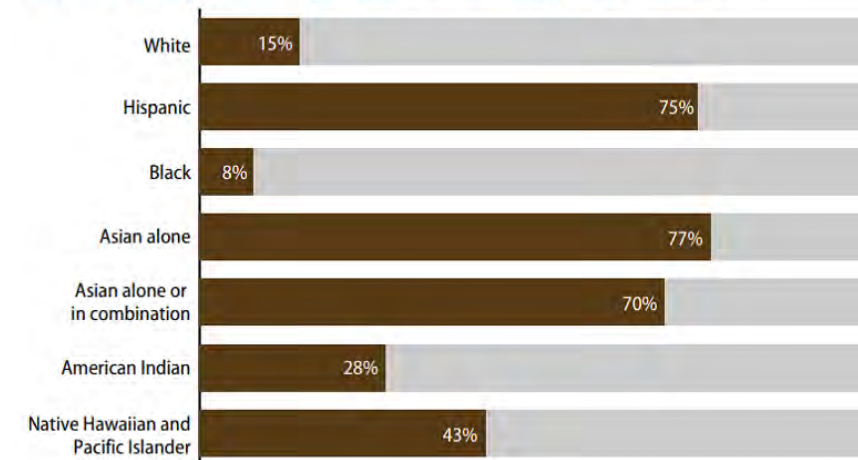
# CULTURAL AND LINGUISTIC CHALLENGES



AANHPIs additionally face cultural and language barriers, especially in healthcare settings.



## Percent who speak a language other than English at home



Note: Among ages 5 and older.  
Source: Authors' analysis of Public Use Microdata Sample from Bureau of the Census, "American Community Survey 2008-2012 American Community Survey 5-year Estimates," available at [http://www.census.gov/acs/www/data\\_documentation/pums\\_data/](http://www.census.gov/acs/www/data_documentation/pums_data/) (last accessed May 2014).



UNDERFUNDING  
IN RESEARCH



Between 1992 – 2018,  
only **0.17%** of the total  
NIH budget was given to  
fund research on AAPIs

*Doan et al. JAMA 2019*





## The Yellow Peril – “The Perpetual Foreigner”

Yellow Peril refers to a general fear, mistrust, and hatred of, first, Chinese in the US, and then these negative sentiments were transferred to other Asian-ethnic immigrant groups: Japanese, Korean, and Indian

*The most important thing to note is that Yellow Peril sentiment reduces Asians to always being foreign, never considered American.*

Adapted from slides provided by Professor Jennifer Ho as part of lecture “Anti-Asian Racism and COVID-19”

Turkmen  
Yapese Afghani  
Chamorro  
Tokelauan  
Mongolian  
Uzbek  
Niuean  
Kazakh  
Laotian Cambodian Mien Tongan  
Japanese Maldivians Tibetan Lankan  
Filipino Bangladeshi Armenian  
Malaysian Carolinian Burmese Papua  
Georgians Indonesian Pakistani Indian  
Fijian Bhutanese Marshallese Chuukese  
Okinawan Vietnamese Azerbaijani Hawaiian  
Tajik Singaporean Korean  
Taiwanese Nepali  
Kosraean Guamanian Sri New  
Native Bruneian Pohnpeian Timorese  
Chinese  
Palauan  
Thai  
Guinean  
Kyrgyz  
Samoan  
Hmong

## “Asians are not a monolith”

Over 40 different countries and distinct geographical regions such as East Asia, Southeast Asia, Central Asia, and South Asia.

Over 30 different languages spoken







SIGN IN

NPR SHOP

DONATE

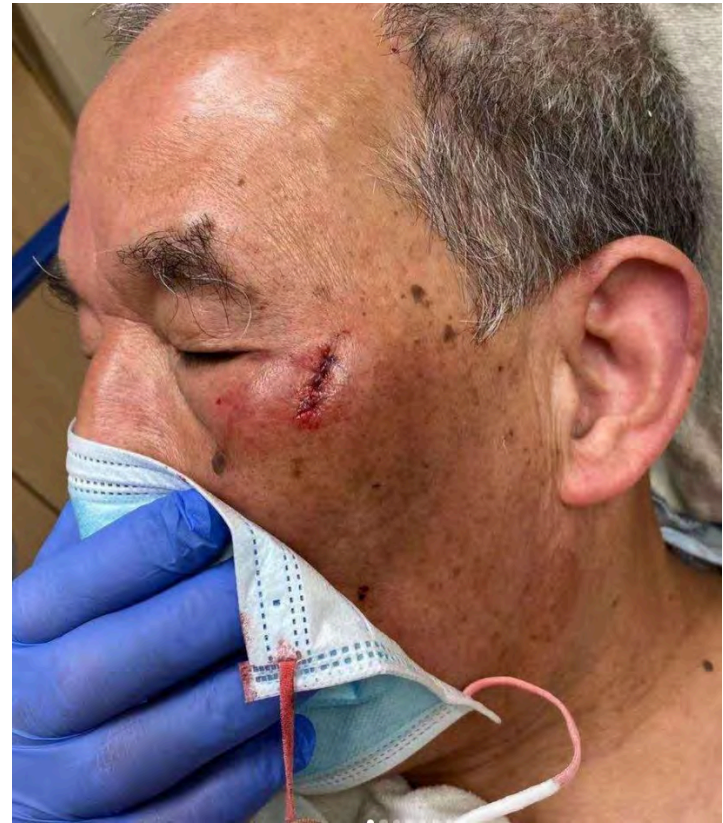
NEWS ARTS & LIFE MUSIC PODCASTS & SHOWS SEARCH

NATIONAL

# More Than 9,000 Anti-Asian Incidents Have Been Reported Since The Pandemic Began

August 12, 2021 - 6:02 PM ET

THE ASSOCIATED PRESS





Iaong Vang, MS3  
*Hmong American*

Ming Lin, MS3  
*Chinese American*



Joyce H. Lee, MS3  
*Taiwanese American*



”How do we best share  
the stories of our  
AANHPI communities?”

# HAAPIE

HEALTH ADVANCEMENT FOR ASIAN  
PACIFIC ISLANDERS THROUGH EDUCATION



## New Curriculum Opportunity

Goal: The HAAPIE Initiative aims to create the first comprehensive national curriculum on AANHPI health and health issues through an integrative lens of history, intersectionality, and other social determinants of health.

### Main Course Objectives:

- Define Asian American Native Hawaiian Pacific Islanders (AANHPIs) and discover the diversity of groups with AANHPI communities
- Identify healthcare barriers faced by AANHPIs
- Apply the concepts of cultural humility and structural competence to their clinical practice
- Demonstrate greater confidence in caring for AANHPI patients with diverse cultural backgrounds as current or future healthcare providers

# CREATING THE CURRICULUM



## Learning framework

- What instructional model will best achieve the curriculum objectives?

## Narrative arc of learning

- What is the experience we want to provide to learners?
- What is the learning trajectory?

# Cultural Intelligence

*Minschew, et al. 2021; Cultural Intelligence Framework in Pharmacy Education: Understanding Student Experiences*

- “cultural education is a never-ending, growth process”
- Singular framework combining multiple educational models: AAMC cultural competency guide, Van Dyne’s Four Factor Model of Cultural Intelligence, etc.



## Cultural Awareness

- self-examination and in-depth exploration of one’s own cultural background

## Cultural Knowledge

- seeking and obtaining a knowledge base about culturally diverse groups

## Cultural Practice

- interacting with patients from culturally diverse backgrounds and possessing the ability to gather relevant cultural data regarding the patient’s presenting problem as well as accurately perform a culturally-based assessment

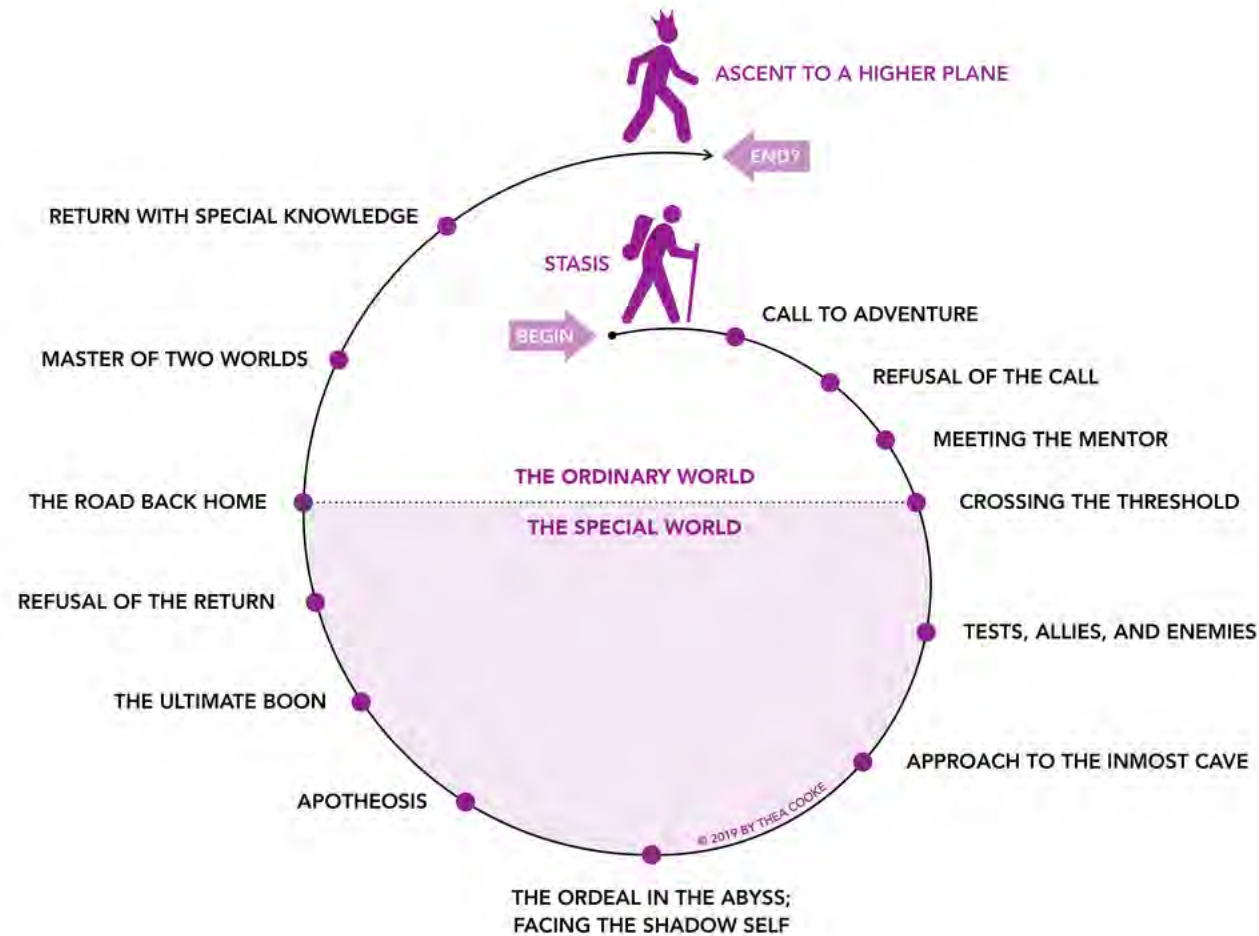
## Cultural Desire

- motivation of a health care practitioner to want to engage in the process of becoming culturally intelligent



# The Hero's Journey is the Learner's Arc?

Outcome:  
Transformation and  
self-growth



# The Hero's Journey is the Learner's Arc?

Elevation of knowledge and reevaluation of new goals



Belief or knowledge of the status quo

Receipt of new information

Realization of your own knowledge gaps and growth

Challenging current knowledge and perceptions

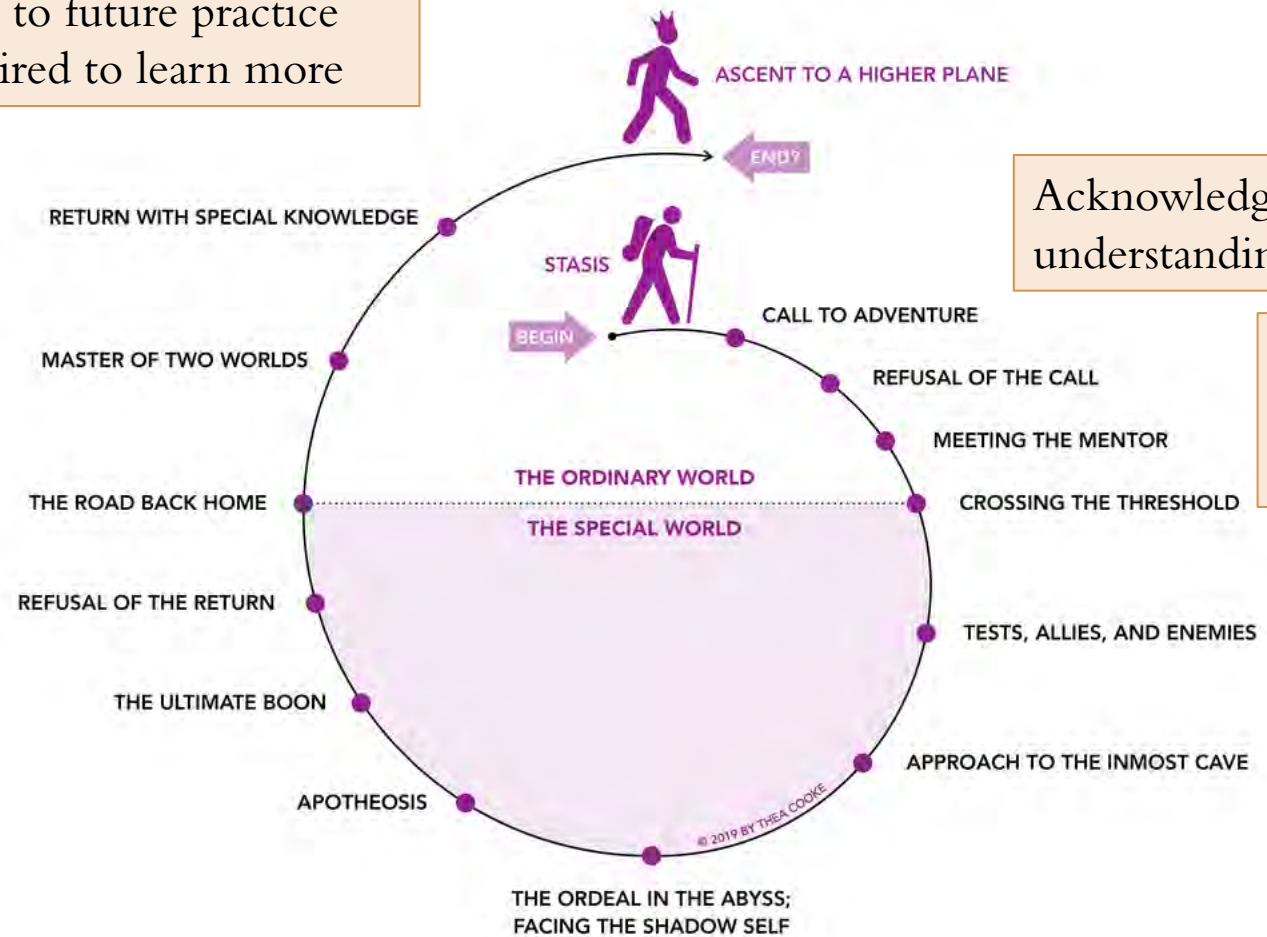
External and internal discovery

But maybe in reality the journey is not so clean and that's  
ok...



# The Hero's Journey is the Learner's Arc?

Apply skills to future practice and be inspired to learn more



Acknowledge current understanding/perceptions of AANHPIs

Compare/contrast what you know with “what really is”

Proceed through curriculum’s didactics, stories, and activities

Realization of your own knowledge gaps and growth

Continuous self-reflection and exploration of solutions for change



# The HAAPIE Initiative – Pilot 2021-2022



- Online e-learning: Google Classroom
- Rolling enrollment: MCW learners (students, staff, faculty)
- Requirements:
  - Introduction to AANHPIs
  - Local Spotlight
  - 2 additional modules of choice
- Pre/Post-Surveys to assess understanding, knowledge, and comfort in caring for AANHPIs (adapted from CCCQ (Wetzel 2013))

Wetzel A. Critical Synthesis Package: Clinical Cultural Competency Questionnaire (CCCQ).

MedEdPORTAL; 2013. Available from:

[www.mededportal.org/publication/9390](http://www.mededportal.org/publication/9390)

# PILOT DEMOGRAPHICS



	Overall cohort, n=77	Completed pre-survey, n=59	Completed post-survey, n=18
Age in years, mean (n=76)*	26.6	26.7	25.4
Gender, n (%)			
• Female	58 (75.3%)	45 (76.3%)	13 (72.2%)
• Male	16 (20.8%)	13 (22.0%)	3 (16.6%)
• Transgender	1 (1.3%)	0 (0.0%)	1 (5.6%)
• Non-binary/3 <sup>rd</sup> gender	2 (2.6%)	1 (1.7%)	1 (5.6%)
Race/Ethnicity, n (%)			
• White/Caucasian	37 (48.0%)	28 (47.5%)	9 (50.0%)
• Asian	21 (27.3%)	16 (27.1%)	5 (27.7%)
• Native Hawaiian and Pacific Islander	1 (1.3%)	1 (1.7%)	0 (0.0%)
• Latinx, Hispanic, Spanish origin	3 (3.9%)	2 (3.3%)	1 (5.6%)
• Black or African American	4 (5.2%)	3 (5.1%)	1 (5.6%)
• 2+ races	11 (14.3%)	9 (15.3%)	2 (11.1%)
Training, n (%)			
• Medical students	61 (79.2%)	47 (79.7%)	14 (77.8%)
• Pharmacy students	9 (11.7%)	8 (13.5%)	1 (5.6%)
• Faculty	3 (3.9%)	3 (5.1%)	0 (0.0%)
• Other	4 (5.2%)	1 (1.7%)	3 (16.6%)
Medical students, n (%)			
• 1 <sup>st</sup> year	40 (51.9%)	31 (52.5%)	9 (50.0%)
• 2 <sup>nd</sup> year	20 (26.0%)	16 (27.1%)	4 (22.2%)
• 3 <sup>rd</sup> year	1 (1.3%)	0 (0.0%)	1 (5.6%)
Pharmacy students, n (%)			
• 1 <sup>st</sup> year	1 (1.3%)	1 (1.7%)	0 (0.0%)
• 2 <sup>nd</sup> year	4 (5.2%)	4 (6.8%)	0 (0.0%)
• 3 <sup>rd</sup> year	2 (2.6%)	1 (1.7%)	1 (5.6%)
• 4 <sup>th</sup> year	2 (2.6%)	2 (3.4%)	0 (0.0%)

SPECIAL THANKS  
TO THE HAAPIE  
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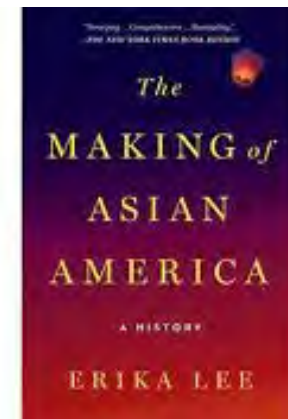
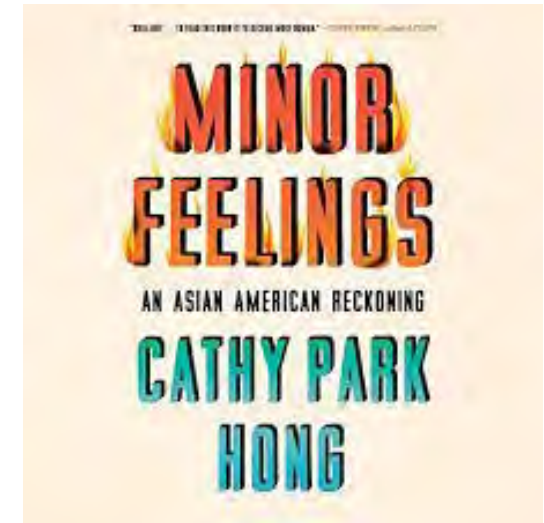
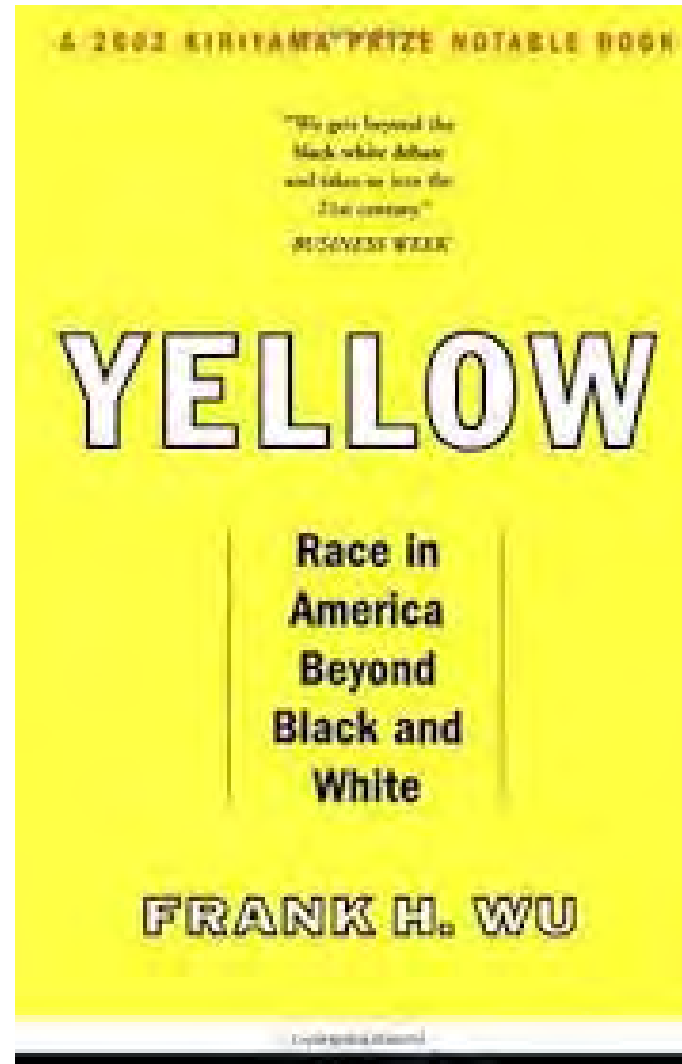
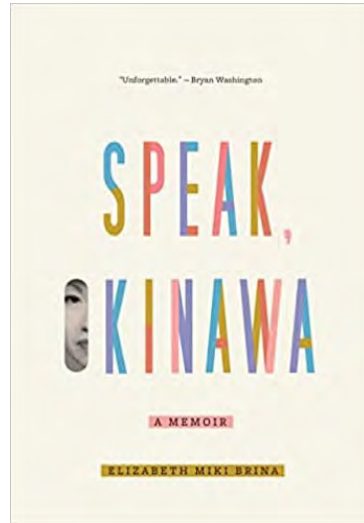
SPECIAL THANKS  
TO THE  
MCW FACULTY  
ADVISORS



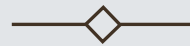
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# THANK YOU!



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