

Vital Voices, a podcast from the Josiah Macy Jr. Foundation
Episode 5 Transcript

Holly Humphrey:

Welcome back to Vital Voices, a podcast from the Josiah Macy Jr. Foundation. I am Dr. Holly Humphrey, president of the Macy Foundation. On today's episode we are going to address a particularly difficult, but very important topic. How do we address bias against the Asian, Pacific Islander, and Native Hawaiian communities in our health professions learning environment? To help us with this conversation, I am honored to be joined by Dr. Howard Koh, who is the Harvey V. Feinberg professor of the Practice of Public Health Leadership at the Harvard T. H. Chan School of Public Health and the Harvard Kennedy School. In these roles, he advances leadership education and training across Harvard University. Dr. Koh has extensive experience in public service, having served as the assistant secretary for Health and Human Services for five years under president Barack Obama, and as the commissioner of public health for the Commonwealth of Massachusetts under Governor Bill Weld. Howard is also a familiar face to the Josiah Macy Jr. Foundation, as he is a member of our board of directors.

As always, this conversation is a follow-up to our webinar series discussing the Macy conference recommendations on [Taking Action on Harmful Bias and Discrimination in Clinical Learning Environments](#). If you haven't already done so, I encourage you to watch the recording of the webinar featuring Dr. Howard Koh. You can find all our webinars, the conference recommendations, and other resources, on our website at macyfoundation.org.

Now, here's my conversation with Dr. Koh. Dr. Koh, thank you so much for being with us today.

Howard Koh:

Thanks so much Holly. It's so great to be here and I'm so delighted to join you in advancing the Macy Foundation mission through this discussion.

Holly Humphrey:

Let's jump right in. I think it's very important to provide some context for today's discussion, because I think before we can really understand issues related to anti-

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Asian bias in health and healthcare, we need to better understand how these issues are playing out in our society. What do you see as some of the most pressing issues when it comes to anti-Asian bias in America today, and has the coronavirus pandemic impacted this in ways that we may not all be aware of?

Howard Koh:

This is a very timely discussion we're having today for a number of reasons. First, the national census figures have just been released. It's been all over the news lately, and it shows once again that we are in an increasingly diverse nation by race and ethnicity. We have to track that as a nation and a society. In that context, the health equity themes are front and center. And then of course, we are still going through this terrible pandemic that has exposed all these health inequities that have disproportionately affected so many people of color across the country. And then also in this context, Holly, just recently *JAMA*, the *Journal of the American Medical Association*, published a dedicated issue on racial, ethnic health disparities. I'm very proud to say that I joined my colleagues, Juliet Choi and Jeff Caballero in writing an [article](#) about the need for healing and health equity for Asian-American, Native Hawaiian, and Pacific Islander populations. That's the broad context.

Historically we should start by noting and recognizing Americans of Asian descent who have contributed to the social fabric of our country for literally centuries. The Asian American, Native Hawaiian, Pacific Islander community, I'll use the term AANHPI for short, is a very vital part of our past, our present, and our future. Also, the AANHPI community is the fastest growing racial ethnic group in this country, about 7% of the population, about 23 million people. That's really important to everyone, whether you're a member of this community or not. But having said that, if you look over history, the AANHPI community is not well understood. We're often invisible and we're subject to all kinds of stereotypes, if I can say, professionally and personally, as a Korean American.

Sometimes we're viewed as the model minority. Other times we are viewed as foreigners in our own country. That is a source of great pain and anguish. And then on aggregate, the Asian American, Native Hawaiian, Pacific Islander

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community is viewed as a monolithic group, when of course we are extremely heterogeneous. In fact, this is a community that's linked to some 100 languages and 50 ethnicities and stemming from some 20 countries around the world. All these forces are now converging at the time of COVID, and we all know in the last year and a half whenever you turn on the news, there are a whole series of very disturbing articles on TV and in the press about Americans of Asian descent being the victims of hatred and violence.

I won't go into great detail about all the verbal and physical assaults that have received national attention, but one major example was in March of this year when eight people were gunned down in Atlanta spas. Six were American women of Asian descent. There are colleges around the country who are now tracking the rates of these assaults and these hate incidents in recent months. It's often backed up by quotes of what people are saying as they launch these assaults on the AANHPI community. For example, if an American of Asian descent is being assaulted and at the same time being told, "Go back to where you came from." What does that mean if you came from the United States of America?

Holly, this is a source of great passion for me, because I'm a oldest son that we are very proud Korean family. My folks immigrated to this country a generation ago, literally searching for the American dream, and they have raised six of us kids and put us through good schools and told us the importance of serving the society. All these themes are front and center for me, personally and professionally as I look at the state of bias and discrimination, and quite honestly, xenophobic hate in this country right now.

Some of these themes, we discussed in a previous [webinar](#) that you and the Macy Foundation generously hosted. Thank you for that. I want to thank my wonderful colleague, [Dr. Karen Kim](#), who joined me in that webinar with you. We noted in that webinar that these themes of bias and discrimination are spilling over into the healthcare arena. Holly, it was you who alerted me to this story of a New York medical student of Asian background, who was assaulted on her way to work at a hospital. That was yet another tragic example of the challenges the Asian American, Native Hawaiian, Pacific Islander community is feeling right now.

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That's the challenge. That's the context. That's the situation we're in right now, but fortunately there is now some movement, for example, just a number of months ago President Biden signed a [COVID-19 Hate Crimes Act](#) that received very strong bipartisan support from Congress. It's going to focus greater attention on hate crimes, whether it's against Asian American, Native Hawaiian, Pacific Islander individuals or anyone else for that matter. People may not know that under President Clinton, a former [White House Initiative on Asian Americans and Pacific Islanders](#) was created and has lived on through each successive president. When I was assistant secretary for health, I had the great honor of being very active working with that White House Initiative under President Obama. It was a source of great pride and satisfaction. There is some effort to have national attention focused on all this right now, and I think that's where the Macy Foundation efforts are very much appreciated.

Holly Humphrey:

Thank you, Howard, for sharing such a rich background about our society in general, and about you and your family's personal lived experience. Related to this issue, a comment that you made a moment ago, I think is relevant to our colleagues in health and healthcare. That is that, when our society has the issues permeating throughout in the many different ways that you just articulated, it's not at all surprising that these same issues will show up as healthcare is being provided to patients and their families. As you and I both know, our students, faculty, doctors, and nurses all across America are in the position of providing healthcare and often seeing and experiencing several of the types of discriminatory behaviors that you referred to.

You yourself have a long history in academic medicine, having earned multiple degrees and a very deep and rich experience. So let's just shift gears a bit, and I'd love to hear your thoughts about what academic medicine itself can do to recruit and support the career development for individuals of Asian descent, so that they don't feel invisible, but in fact feel valued and not only feel valued, but have the chance to rise to leadership positions much more broadly across our health professions in America.

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Howard Koh:

Thank you, Holly. That's so thoughtful. I'm delighted to respond to that. Again, very professionally and very personally, if I can say, you mentioned the term leadership, it's a concept I've thought a lot about in my career as a physician and a public health professional. I now teach public health leadership at the Harvard Chan School of Public Health. That's another topic for discussion. And then I also always note to anybody who wants to hear that when I was appointed Massachusetts commissioner of Public Health, I was the first Asian American to serve in that role. When I was appointed by President Obama as assistant secretary for health, I was the first Asian American to serve in that role.

I often reflect now that it's one thing to be a first, which I've gotten used to, I guess, in my career. But it's more important for our community to have a second and a third and a fourth. For the Asian American, Native Hawaiian, Pacific Islander community, there are so few role models for young people to look up to and learn from. A lot of that applies particularly to academic medicine and medical centers right now. Right now in COVID, Holly, we've this bitter irony: some 21% of physicians in the US are of Asian American, Native Hawaiian, Pacific Islander background and 9% of RNs are of Asian American, Native Hawaiian, Pacific Islander background. So in the midst of COVID, these healthcare heroes are putting their lives on the line to care for people with COVID while they're being subject to the risk of verbal and even physical assaults that affect the whole AANHPI community right now.

We need more leaders to step up to address these issues explicitly in the healthcare setting and the academic medical center setting. For a long time, people have said, "Oh, well, Asian Americans are not underrepresented minority groups, so we don't have to really think about them." But that makes us invisible again, and that's just not right in this country where diversity is growing and should be treasured even more over time. Interestingly, in the same issue of JAMA that I noted just a couple of minutes ago, my colleague, Dr. Augustine Choi of Cornell Medical School, has [written](#) about the lack of Asian American, Native Hawaiian, Pacific Islander leaders in academic medicine, asking for discussions

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about why that's the case, addressing issues of bias and stereotypes and lack of role models.

Of course, these are challenges that affect so many other groups, women, and other people of color, but I think to be explicit in addressing your very good question, Holly, we need to create a stronger environment where diversity, equity, inclusion are front and center, where there are explicit goals for any learning environment and healthcare, and where we explicitly reach out to professionals of Asian American, Native Hawaiian, and Pacific Islander backgrounds and include them in all diversity, equity, inclusion discussions. If people want to be leaders in the future, we try to identify them and give them mentors and encourage them. It'd be very important to set goals and track progress over time.

And then by the way, I'm very proud to say that there are some incredible national organizations who care deeply about these issues. I think we in academic medicine have got to stay close to these partners. I mentioned [Juliet Choi](#) of the Asian & Pacific Islander American Health Forum and [Jeff Caballero](#) who heads the Association of Asian Pacific Community Health Organizations, the community health centers in the country dedicated to service to these populations. There's also a [National Council of Asian Pacific Islander Physicians](#). I think the more we all work together and bring explicit attention to these issues, we can better serve our patients and improve healthcare and public health in the future.

Holly Humphrey:

That's a wonderful aspirational agenda, Howard. Thank you for sharing that. Let me just add that in addition to the organizations you meant, there's also a very active [organization](#) for medical students, and perhaps there are student organizations for other health professions as well. I know that those serve as very important affinity groups for students at the beginning of their careers in the health professions, but I really loved your broad approach to the agenda for building leaders. We should consider doing a follow up conversation because you do spend a good part of your current role at Harvard, deeply engaged in developing future leaders. Certainly, for our Asian American colleagues and for the

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pipeline of future leaders, it would be terrific to be able to really see the fruit of the labor along the lines that you've just outlined.

Let me take a deeper dive into one of the issues that's somewhat related, but it's even bigger than developing future leaders in academic medicine. It's an issue that came up during our webinar related to the very important set of issues around trying to understand health disparities as it impacts these communities and the real difficulty in data collection, and in trying to do meaningful research. One of the things that came up during the webinar is that desegregation of data is important. Could you say a little bit more about that and maybe talk a little bit about whether there are ways that we can support data collection in a more precise and uniform way so that we have a better understanding of where disparities really exist so that we can try to make a difference in addressing them?

Howard Koh:

What a key question that is. When you first start thinking about issues related to data, some people think, oh, this is dry, this is for the statisticians, this is for somebody else. But if you stop and think about it, without data you can't identify health disparities. Without data you can't track progress and reducing disparities and reaching true health equity. Without data you can't see if there's any problem at all in terms of addressing specific challenges related to specific populations.

Again, this is very personal for me, Holly, because I remember even back when I was a young medical student, I was looking for specific health information on Asian American populations. Time and again, I would look at studies and research. Asian Americans were not even listed as a population to be studied, or have research conducted on. We were often put in the, other, category, if I can say. Over time, I had to get used to that. As I reached out to some very cherished Asian American health colleagues around the country, there was a joke that there was an acronym for this because there is a lack of data, and the acronym was "TIALOD." If you're asked, "Gee, how are Asian Americans affected with respect to this health issue or that?" The answer is always, "TIALOD." There is a lack of data.

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Holly, back then the unspoken message was, if there's no data there's no problem. If there's no problem, go away and don't worry about that. We all knew that was not the case. The good news is, many years later there has been progress in data and research, but not nearly enough. You may know that even though Asian Americans, Native Hawaiians, Pacific Islanders make up some 7% of the US population, only 0.17% of the NIH budget has been focused on research for our population. And so we are starving for better research. We are starving for explicit attention to the needs of our population. And then when you see the data that are collected, they are usually aggregated, which can lead to misleading extrapolations. They're not disaggregated. They're often incomplete. They're often misclassified. Often, they are still simply absent, as if it was something that was supposed to be optional. But we are the fastest growing minority group in this country, and so it's very important for society at large to be tracking this so we can identify specific issues and address them with specific solutions.

Let me just say a little bit more about when I had the honor of serving in the Obama administration. Through the passage and implementation of the Affordable Care Act, there was one section of the ACA that required for all federally conducted health surveys, requiring self-reported racial, ethnic information, that for Asian Americans, there should be seven subcategories, including Chinese, Japanese, Korean, Indian, Vietnamese, and Filipino, and for Native Hawaiian Pacific Islander, there were four subcategories to choose from, including Native Hawaiian, Guamanian, Samoan.

And so when you get granular data like this on key issues, then these glaring disparities come rushing forward. My prime example is COVID because I've been tracking these data over the last 15 months. Overall, the burden on the AANHPI community for COVID seems to be what we see for non-Hispanic whites, because you put it in aggregate terms. But if you look more closely, the impact on Native Hawaiian Pacific Islander populations is extremely high for reasons that are not well understood. You have to search really hard to find those data, but those systems are out there and getting some more attention. I'm hoping that we're going to have more efforts going forward, where we have this granular data sub-categories identified for Asian Americans and Native Hawaiians and Pacific

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Islanders. And then we can try to celebrate efforts to make progress in health equity.

A final comment on the sector, because you got me going! A couple years ago after I left D.C and was back at Harvard, an Asian American graduate student at my school and excellent colleague, Dr. John Park, came to me and said, "Dr. Koh, there's never been an analysis on health insurance coverage disparities for Asian Americans." I said, "What? Are you kidding?" "Well, no, the communities of color have higher insurance rates than white populations in this country. They've been analysis for African-Americans and for our Hispanic Americans."

He and I did a couple of studies and I was very proud to join some great colleagues at Harvard and Washington University. To our great delight, we found that over the years of the Affordable Care Act, the gap in insurance coverage between Asian Americans and whites narrowed, in fact closed by 2016. Although we can't prove it, we credit the closure of that gap and the elimination of that disparity at that time, due to the efforts of advocates around the country, who reached out to Asian American populations in multiple languages, through navigators and assisters. People used to say, "Oh, this population is too heterogeneous, you can't reach them. You have to have so many language translation materials." But these advocates did it.

And so those results were very stunning and we're very proud to publish those in [JAMA Internal Medicine](#) and Health Affairs. We also saw those improvements in all the subcategories I mentioned. And so that was a source of great pride, but our results ended in 2016 and now it's five years later and we need more updated data. That's one example of how if you pay attention to this, you can identify disparities, close them, and then thank the advocates and the leaders around the country who made that happen.

Holly Humphrey:

That is a powerful example, Howard. Thank you so much for sharing that. It was a welcome example having listened to the history of being other and being not counted. It's certainly an equally powerful way to better understand why our Asian

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American colleagues feel invisible if you're not even being counted or being referred to as others. That example is one that I hope we can learn from and build on.

Let's turn to another topic that we did not have time to address during the webinar, but I think it's very important. That is, this COVID-19 pandemic has been very hard on our healthcare professionals and particularly hard on nurses. Interestingly, the registered nurses who have died, disproportionately are nurses of Filipino descent. I'm wondering if you have any thoughts about, first of all, why that might be the case. Secondly, if there are specific things that we can do as a health professions community to not only better understand this, but make sure that we address whatever it is that may be leading to this disparity and disproportionate increase in deaths among those nurses.

Howard Koh:

Thanks Holly. That's such an important question. And let's just start by saying the United States has an incredible debt of gratitude to Filipino American nurses. If you look back over history, and most people don't realize this, nurses from the Philippines have come to the United States to work and serve and become new Americans. Philippines and United States have had a long tradition of connection with respect to cooperation on healthcare and public health. In fact, all the non-US born nurses who come to the US, the Philippine ranks as the leading country for sending nurses here to the US.

Howard Koh:

Now, there are a lot of reasons to explain that which other experts can perhaps delve into more wisely than I can. But my understanding is that because health professionals in the Philippines are often trained in an environment similar to that of the US, so they're comfortable with concepts of health in the US and healthcare. They're often fluent in English, so once they get here, they can get up the learning curve really fast and really be outstanding health professionals in caring for sick people in our country.

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With all that as backdrop, Holly, to read from now multiple reports, the disproportionate burden of suffering and death among Filipino American nurses, that's tough for anybody to accept as something that is part of society right now. If nothing else, now I'm hoping that everybody in healthcare can recognize the service that Filipino American nurses have given to this country over decades now and past health crises, not just in addition to this one, but understand their history, thank them for their service, identify leaders who can be role models for nurses of the future, and really add to this very important discussion about how this country is getting increasingly diverse. The world is getting smaller. This is a great example of that. If we're ever going to get through COVID and this pandemic and get ready for the next one, we all have to work together.

Holly Humphrey:

Thank you for that, Howard, and I join you in standing in awe and with great gratitude to our Filipino nursing colleagues for their many decades of service in this country.

Let's turn to a topic that is near and dear to my heart, and I know to yours, and that is the classroom where our health professionals are learning. One of the participants in our webinar raised a question about the utility of using case-based teaching as one way to bring up questions of harmful bias and discrimination. The specific question related to the fact that using cases to discuss bias and discrimination may in and of themselves create more bias in the way in which the cases are presented and or discussed. I know that you have found case-based teaching to be a valuable methodology for teaching. I'd be really curious to know your opinion related to this question.

Howard Koh:

Thanks Holly. All your questions are so insightful. As you've noted, I now have the honor of teaching public health leadership at my school, and I've thought long and hard about how to do that with these fantastic students who want to be the leaders of tomorrow in our country and around the world. You can give lectures, that's standard. You can assign readings and discuss the readings. That's valuable

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and helpful. But what I've learned, particularly from my business school colleagues, is that if you have cases written that encapsulate the situation and the challenge at hand, and make it really come alive, and then even better have the protagonist come in and join in the discussion of his or her case, it really makes it indelible and unforgettable. In my teaching career I spend more time identifying public health leaders who can serve as role models for so many, and then have cases written about them and then bring them in.

Leadership is about trying to create change, especially in the face of unbelievable challenges sometimes. People who accept that challenge often go through amazing personal struggles. The case method is a way to shed light on that in a very personal way and exposing the biases and challenges that these leaders have faced. I think, Holly, that by identifying these biases and then trying to combat them and overcome them, especially in a personal conversation with a leader who has gone through this himself or herself, it really makes it come alive and it's an opportunity for learning. In terms of teaching about overcoming bias, whether it's against the Asian American population or any community of color or people of different backgrounds of any kind, I think the case-based strategy can be very powerful.

And then what do we teach? If I can just offer, if you have a colleague or a peer or a patient of Asian American, Native Hawaiian, Pacific Islander background, everyone should be aware that we all have biases. They may not be explicit, they may be implicit, but they are there. And so if you have a peer, a patient, a colleague of AANHPI background, my first piece of advice is don't assume anything, because if you do then it leads you down into these biases and stereotypes. Don't assume anything about their race, their ethnicity, about where they were born, where they were raised, what their first languages, or who their spouse or partner is. Don't assume anything about their worldview, their sexual orientation. Just ask, and then listen respectfully. I will assure you that what you will hear back is a fascinating story about what it is to be an American in 2021.

And then if I can say, I think the more we do that for our patients, this is really what delivering true patient centered care is all about. Because we often have a patient of AANHPI background in front of us. We don't ask, we probably go

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through all kinds of assumptions and that hurts quality of care. In a time like COVID, even a simple comment of, "Gee, this is a very difficult time for everybody. By the way, I'm aware that the Asian American, Native Hawaiian, Pacific Islander community is going through a lot right now," that at least signals respect and a sense of a compassionate, if I can say. I think any patient would appreciate that from their physician or healthcare provider.

Holly Humphrey:

Howard, I think that is a statement that in and of itself embodies the healing that so often is missing from our health professions today. I think it is a perfect sentiment on which to end today's podcast, because it is what this whole conversation is ultimately about. That is the care that we provide to our patients and to their families. Thank you for sharing that statement. Most of all, thank you for sharing your expertise, both your professional expertise and your personal lived experience. I know that I have learned a lot. I always learn a lot listening to you or reading your writing, and I know that our audience will learn as well. Thank you very much for being with us today.

Howard Koh:

Holly, thanks so much. It's such a pleasure. Thank you for your leadership.

Holly Humphrey:

For more on this discussion, I encourage you to watch the webinar featuring Dr. Howard Koh, and to read the Macy conference recommendations and related resources, which you can find on the Macy Foundations website at macyfoundation.org. Thank you for listening today and we hope you will share this conversation with others. Be sure to subscribe wherever you get your podcasts, so you'll be notified when the next episode drops. Make sure you're signed up to receive email updates from the Macy Foundation.