

Q&A: Dr. Kimberly Chang, Asian Health Services

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In observance of Asian Pacific Islander Heritage Month, NACHC is featuring leaders in the health center movement. Kimberly S.G. Chang, MD, MPH, is a NACHC Board Member and a Family Physician and Director of Human Trafficking and Health Care Policy at Asian Health Services (<https://asianhealthservices.org/>), a Community

Health Center in Oakland, California. Also, view our Q&A with Teresita Batayola of ICHS (<https://blog.nachc.org/qa-teresita-batayola-president-and-ceo-of-international-community-health-services/>).

NACHC: What was your path to the health center field?

Dr. Kimberly Chang : I've been lucky to have experiences in health centers early on in my medical career, starting with my first year in medical school at the University of Hawaii (UH). Back in the late 90s, UH was already at the vanguard of community health, primary care, and what we now call the Social Determinants of Health, and our curriculum was Problem-Based Learning, with the patient at the center of it all. In parallel to our academic learning, we had a longitudinal "Community Health" curriculum, where we would be placed in different health care sites across the state – mine happened to be at a Community Health Center (CHC) in Honolulu, called Kokua Kalihi Valley. Their patient base is underserved Asians and Pacific Islanders, many who do not speak English and need interpretation in languages like Chuukese, Tongan, Samoan. I learned some about their histories, cultures, and migration experiences to Hawaii.

Then, in my first summer of medical school, I returned to New York City where I went to college, and I did a community health summer internship at another CHC – the Boriken Neighborhood Health Center (<https://www.boriken.org/en/>). I spent that summer looking at childhood immunization completion rates by zip code – long before GIS was a thing because the internet was only in its consumer infancy – learning about place-based health, resources available in a community, and all about the different cultures and history in the surrounding East Harlem neighborhood.

These experiences are the foundation for my commitment and passion for CHCs.

NACHC: What are some of the challenges you have faced as an Asian American woman in your life and career?

Chang: Hmm, to answer this question, I'll share an exercise I had to do during my Commonwealth Fund Fellowship in Minority Health Policy at Harvard. Part of the

fellowship’s curriculum entailed several sessions working with the renowned organizational psychologist William Kahn. One session explored race, gender, and authority in the world – Bill asked my co-fellows and I to reflect upon two questions: 1) How does the world see you? (And to answer the question from the groups and identities that we visibly represented in the world), and 2) How do I see myself?

While I’m not going to share my answers to those two questions here, I will say that reflecting upon the questions revealed some interesting contrasts and dichotomies revealing areas of challenge and barriers, and some of the answers resonated as areas in which I felt the most confident and secure. The exercise was about getting into stereotypes, internalized and externalized oppressions, and areas of authenticity and strength. It was eye-opening.

Finally at the end of the session, we discussed what it means to be “representing” – as I am being asked to do so here on this forum for Asian American Pacific Islander Heritage Month. As I “represent” myself on here, I am also REPRESENTING all of the groups and social identities that I bring along with me. You probably wanted a specific story for me to share, but I think this is a better answer that can be helpful to the reader.

NACHC: What must we do to ensure better health equity for Asian Pacific populations?

CHANG: On an individual level – I wish more people would learn some basic Asian and Pacific Islander American history – this is something everyone can easily do on the internet or by picking up a book.

I recently co-authored a textbook chapter with a history professor (currently in press) titled “Immigration, Precarity, and Human Trafficking: Histories and Legacies of Asian American Racial Exclusion in the United States,” and I learned a lot of basic *American* history that I never learned during all my years of formal education. While our chapter focused on historical immigration policies and judicial legacies that negatively impacted Asians and Pacific Islanders, this history actually forms the basis for a lot of contemporary policies, stereotypes, biases, and

negative attitudes toward immigrants from Asian and non-Asian countries alike.

The past is prologue, as Shakespeare wrote. I wish also that learning about history would include lessons on positive contributions, political dynamics, migration histories, highlights of social and cultural strengths, how Asians and Pacific Islanders are part of the fabric of America, and not only the challenges and barriers of racism. So, I would say that ensuring better health equity for Asian Pacific Populations on an individual level means practitioners and systems making a concerted effort to understand the patient in context of these factors. AND I would also say that ensuring health equity for Asian Pacific populations is about ensuring health equity for ALL vulnerable populations.

On a policy level, first I'd look at language access across the board in every system that touches every individual. That means – health care, education, housing, transportation, legal, criminal justice, etc. All of it. This is quite aspirational given the breadth of languages, dialects, fluency, and educational and literacy levels of the Asian and Pacific Islander diaspora in the United States, but given the impact of social determinants on a person's health, if a person can't function or navigate society due to language barriers, then the social determinants have an amplified negative impact on the person. Second, disaggregation of data – not lumping everyone in a singular "Asian Pacific Islander" category is tremendously important to really get down to the level of disparate health outcomes.

Final thoughts, while I work at Asian Health Services (<https://asianhealthservices.org/>) (AHS) and was born and raised in Hawaii (where people with Asian and Pacific Islander heritage make up a majority), I am still acutely aware when I travel and work outside of AHS and the Bay Area, that Asians and Pacific Islanders only constitute 5.7 percent of the U.S. population. I am always hyper-aware that I, and the groups that I RE-PRESENT, are minorities in the United States.

NACHC: What gets you up in the morning after this difficult year?

Chang: Ha! I sleep in a lot. But, on days when I'm excited to roll out – it's probably the ability to genuinely connect with other people, make a difference, have

collective impact, see projects or goals moving forward and being met. That happens in both my policy work, as well as in my direct patient care. (But, sometimes I stay in bed.)

More about Kimberly Chang:

- **Kimberly Chang Recognized for Turning Human Trafficking into a Frontline Health Issue** (<https://blog.nachc.org/kimberly-chang-recognized-for-turning-human-trafficking-into-a-frontline-health-issue/>)
- **New Learning Collaboratives for Health Centers: Domestic Violence and Human Trafficking** (<https://blog.nachc.org/new-learning-collaboratives-for-health-centers-domestic-violence-and-human-trafficking/>)

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