

Three women leading the charge for health equity in Boston

From keeping at-risk populations safe during COVID-19 to using data for better outcomes, these women are changing access to health care for good.



Massachusetts is home to many women working at the intersection of health care and equity. They are doctors, nurses, social workers, activists, and company presidents, all of whom have dedicated their careers to reducing barriers to top-quality health care. We sat down with three women championing equity in health care to learn about their work. 

Chien-Chi Huang is encouraging Asian women to prioritize their health



Chien-Chi Huang, founder of Asian Women for Health

When Chien-Chi Huang was diagnosed with an aggressive type of breast cancer in 2005, she found plenty of general education and support, but little information for Asian women like her.

“We’re taught to always put others’ needs before our own, to not be a burden to our families, and to suffer in silence,” explains Huang. “There’s also a reluctance to talk about cancer, especially cancers that involve breasts and reproductive organs.”

Because of this hesitancy, Asians have among the lowest rates of mammograms and pap smears compared to other ethnic groups.

Five years after Huang’s diagnosis, she created a peer-led nonprofit, the Asian Breast Cancer Project, that would educate and advocate for Asian women with breast cancer in a “linguistically and culturally responsive” way. As time went on, Huang realized that her organization could make a greater impact by expanding its focus to a wider range of health inequities that affect the community, and she renamed the organization [Asian Women for Health](#) (AWFH). She serves as its executive director.

AWFH promotes the physical and emotional health of its community in myriad ways. Its eight-week [Achieving Whole Health](#) program pairs people of Asian, Pacific Islander, and Native Hawaiian descent with peer coaches who teach them how to set and maintain personal health goals. Her group also provides cultural awareness training to health care providers, hosts a podcast, and was a constant presence at health fairs and cultural festivals pre-pandemic.

Huang is always on the lookout for innovative ways to reach her target audiences. At Asian cultural and arts festivals in Quincy, Chinatown, and Somerville, she organized flash mobs of dancers. After the performances, volunteers passed out breast cancer educational brochures and goody bags. The organization also encourages nail salon workers to schedule cancer screenings by sending outreach workers to salons and offering brochures in Vietnamese and Chinese that list community health resources.

Asian Women for Health also encourages the salon workers and other groups to participate in the National Institute of Health’s [All of Us project](#) to help remedy Asian Americans underrepresentation in critical health research. The three-year-old program has a goal of gathering long-term health data on one million Americans. Researchers can use the data in

their own investigations to better tailor treatments and prevention strategies to individual patients.

“If we don’t participate in research, there’s not enough data for investigators to create treatments tailored to Asian patients or predict diseases that disproportionately affect our communities. This is a health equity issue.”

— *Chien-Chi Huang, founder, Asian Women for Health*

While COVID-19 has paused AWFH’s in-person activities, its webinars on issues such as COVID-19 and Eastern medicine and self-care for Asians with diabetes during the pandemic have drawn viewers from all over the country and abroad. “We were able to turn the challenges of the pandemic into an opportunity,” says Huang.

When she thinks back on her own experience with breast cancer, she wonders how different it would have been if an organization like Asian Women for Health had existed. “I felt so ashamed and afraid and alone,” she says. “I was longing to talk to other cancer survivors who looked like me, thought like me, and felt like I did.”

Jean Yang sees solutions in collaboration between payers and providers



Jean Yang, president of public health plans, Harvard Pilgrim Health Care & Tufts Health Plan

As a college and graduate student, Jean Yang studied life sciences — but it was an early role as a consultant for hospitals and health plans that sent her down her career path. “I just became very intrigued in the complexity, but also in the impact of that work,” she says. When the opportunity to join Tufts Health Plan first arose back in 2004, she jumped on it. That, she says, was the start of her “permanent commitment” to health care. 2010 was

another milestone for Yang. That year, she joined MassHealth Connector, leading the state's online health insurance marketplace through challenges that "opened her eyes to the policy side."

Now, as president of public health plans at the combined Harvard Pilgrim Health Care and Tufts Health Plan, she oversees a network of public insurance coverage for residents of Massachusetts and Rhode Island. With both subsidized and unsubsidized plans, as well as options for dually eligible participants who qualify for both Medicaid and Medicare, Harvard Pilgrim and Tufts can offer more coverage to more people in both states. "It's very important to us," says Yang. "We wanted to make sure that we are the insurer that can have solutions for people irrespective of their age, circumstances, and income."

But offering coverage is only the first step. Even for those who are insured, barriers to good care remain — but Yang sees an opportunity for payers, providers, and policy to come together and make a difference.

"I think we all have work to do to make health care more affordable. That means working with provider organizations to deliver care in a more efficient manner," says Yang. Addressing issues of "avoidable utilization" — such as when a person who, lacking primary care, visits the ER instead — can help lower health care costs across the board. That means increasing access, another significant barrier to care.

"Doing community-based work to implement [and] push out policies is hugely important. The more successful we can be, the more impactful the policies could be."

— Jean Yang, president of public health plans, Tufts Health Plan & Harvard Pilgrim Health Care

Yang points to both behavioral health and primary care as areas where people, especially among vulnerable populations, have difficulty accessing quality care or finding doctors at all. "For children, behavioral health access is very, very challenging, particularly for neighborhoods that are highly represented by underserved populations," says Yang. "We

just don't have enough clinicians out there doing this type of work." But, improving access to both primary and behavioral health care for Massachusetts residents has been a priority under Governor Baker's current administration. Yang sees potential for future improvement with continued collaboration between policy-makers, payers, and providers. "Health plans certainly play a big role in the design of the right policies and putting the right program in place," she says. "We're very excited about the work."

In addition, Yang says, market stakeholders can collaborate to address patient needs outside the doctor's office. By working with providers to address the social determinants of health, such as housing and employment, organizations like Harvard Pilgrim and Tufts Health can improve the overall population health — once again lowering costs and increasing access across the board. "It takes a village to make that work," says Yang. "So what that means is the payers and providers need to sort of break away from their traditional boundaries of what they do as a business." Programs like the MassHealth Accountable Care Organization help payers and providers do just that, strategizing to better address patients' needs. On the patient care side, Tufts Health Plan is partnering with organizations such as CityBlock. Along with traditional doctor's services, CityBlock can also help members with housing, transportation, child care, food, and other needs. "There are different things that we can do for different types of patients," says Yang. "So we're very excited about this type of innovation."

What has Yang learned from ten years of working with government-run health plans?

"Never assume that when you have a policy, you have a great program, that you're able to just hit the ground running when dealing with complex issues that are affecting people's lives in significant ways," she says. She cites the current COVID-19 vaccine rollout as an example, where reaching vulnerable communities with the right message has been critical.

It's just another example of how every player has a part in making health care more equitable, and how locally driven solutions can help reach the people most in need. "Doing community-based work to implement [and] push out policies is hugely important," she

says. “The more successful we can be, the more impactful the policies could be. So we will, we always need to have huge respect for that.”

For Dr. Denise De Las Nueces, advancing health equity requires real-time data tracking



Dr. Denise De Las Nueces, medical director, Boston Health Care for the Homeless Program

It was the third week in March, a year ago, when Dr. Denise De Las Nueces’ daycare abruptly closed its doors. She and her husband, who is a hospital-based physician, were facing long workdays on the pandemic’s frontlines and were nervous about bringing the virus home to their then-two- and four-year-old children. So, they quickly packed clothes and toys and drove to De Las Nueces’ parents’ home out of state, where the kids would stay during the two-week shutdown. A fortnight turned into months as infection rates escalated and the daycare remained shuttered. Although the couple visited their children regularly, it

wasn't until the first week in July that they could bring their boys home. The separation was excruciating.

At the time, De Las Nueces had no idea she was about to face the biggest professional challenge of her life as well. As medical director of the [Boston Health Care for the Homeless Program](#) (BHCHP), she and the other members of the leadership team feared that COVID-19 would be devastating to Boston's unhoused population. Social distancing is nearly impossible when you live in a crowded shelter or on the streets. Additionally, many of BHCHP's unhoused patients have chronic diseases that make them especially vulnerable to the coronavirus.

So De Las Nueces and her colleagues went into overdrive, working 12- to 16-hour days, seven days a week. With the help of city and state collaborators, the team built an entire COVID-19 care system from scratch. They erected giant tents in a South End parking lot to serve as a COVID ward, built testing and contact tracing systems, and advised shelters on infection-control protocols.

The daughter of Dominican immigrants, De Las Nueces was cognizant that even her program, which prides itself in the high-quality care it delivers to the most underserved patients in the city, had to ensure it wasn't compounding health inequities. "We had to keep our patients with limited English proficiency at the forefront of our planning, ensuring that our COVID care sites were staffed as much as possible with bilingual staff," she says.

When it came time to design and implement a citywide COVID-19 vaccination program for unhoused people, De Las Nueces created and co-led a vaccine equity advisory group to make sure no patients were left behind. When it became clear that there was a high level of vaccine hesitancy among the city's unhoused Latinx population, De Las Nueces starred in a short video where she received the shot. In the video, which was shared in [English](#) and [Spanish](#), she talks about why she has confidence in the vaccine.