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Editorial

Addressing Bias and Racism Against Asian American, Native Hawaiian, and Pacific Islander Individuals: A Call to Action to Advance Health Equity and Leadership

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Recent hate crimes against Asian American, Native Hawaiian, and Pacific Islander individuals, including against health care professionals, are a stark reminder that racism and bias against Asian American, Native Hawaiian, and Pacific Islander people and their communities in the US are realities.[1] Structural racism and implicit biases harm Asian American, Native Hawaiian, and Pacific Islander people,[2] whether through outright violence and the mental toll from fear of being a targeted group, public ethnic slurs (eg, racist descriptions of SARS-CoV-2) that enable this dangerous climate, or more subtle biases, such as underrepresentation in leadership positions because they may not fit a dominant US stereotype of leadership.[3,4] Racial discrimination ultimately contributes to health inequities in Asian American, Native Hawaiian, and Pacific Islander subpopulations. For example, COVID-19–related discrimination was associated with increased depression and anxiety in Asian American and Pacific Islander students.[5]

US society regularly promulgates perspectives that simultaneously harm and make invisible the long history of discrimination and violence faced by Asian American, Native Hawaiian, and Pacific Islander communities.[2] Asian American, Native Hawaiian, and Pacific Islander people have long been viewed as "perpetual foreigners," the "yellow peril," and "the Other."[6] For example, Chinese immigrants were lynched on the West coast by mobs in the late 19th century, Japanese American individuals were incarcerated in US concentration camps during World War II, and Vincent Chin was murdered in 1982 by White autoworkers who thought he was Japanese.[6,7] Lumping diverse populations, such as Vietnamese, South Asian Indian, and Chinese, as a single Asian American population ignores heterogeneity of ethnicities, languages, histories, cultures, and socioeconomic backgrounds and subsequent differences in health service access and health outcomes.[8]

The seemingly laudatory "model minority" myth is also harmful. It perpetuates the stereotype that Asian American, Native Hawaiian, and Pacific Islander individuals are uniformly successful, academically high-achieving, and financially prosperous, thereby downplaying challenges and inequities within these heterogeneous communities.[9] The "model minority" myth leads to lack of recognition, prioritization, and resources to address health inequities, racism, and implicit biases. One example of bias is that Asian American, Native Hawaiian, and Pacific Islander health care professionals are underrepresented in leadership positions and often encounter the so-called *bamboo ceiling*.[3,4] Asian American, Native Hawaiian, and Pacific Islander students report being excluded from diversity and inclusion efforts and programming.[10] Empirical evidence demonstrates that narrow definitions of leadership, stereotypes, and unconscious bias play roles in keeping Asian American, Native Hawaiian, and Pacific Islander people out of leadership positions for which certain qualities, such as expressiveness and assertiveness, are overvalued, and other qualities, such as being pragmatic, analytic, and deliberate, are undervalued.[3,11] Intersectional issues also are important. Asian American women sometimes have to deal with stereotypes of the quiet, docile Asian woman who is not a leader.[12]

We recommend steps to create an accurate narrative about Asian American, Native Hawaiian, and Pacific Islander people, promote Asian American, Native Hawaiian, and Pacific Islander leadership, and spur health research that will advance health and well-being for Asian American, Native Hawaiian, and Pacific Islander people and all other communities in the US. Our

recommendations are based on more than 70 collective years of experience building equity across the continuum of clinical care, medical and nursing education,[13,14] research and scholarship,[2] and leadership and policy.[15,16]

Recommendations to Advance Antiracism and Asian American, Native Hawaiian, and Pacific Islander Health Equity Research and Leadership Development

The first step we recommend is to address bias and racism against Asian American, Native Hawaiian, and Pacific Islander individuals. Society should raise awareness about challenges and inequities faced by Asian American, Native Hawaiian, and Pacific Islander patients, clinicians and other health care workers, and communities. Health care institutions should provide health equity and cultural humility training in workplace and interprofessional curricula to address biases, stereotypes, and racism about Asian American, Native Hawaiian, and Pacific Islander people.[13-15] The National Academy of Medicine (NAM), supported by the Robert Wood Johnson Foundation, is developing papers on structural racism and health, including on Asian American groups and Native Hawaiian and Pacific Islander groups. We should not use sanitizing language or euphemisms to downplay anti–Asian American, Native Hawaiian, and Pacific Islander racism,[7] and people who use slurs and other racist language should be accountable for the harm endured.

Second, we recommend amplifying diverse voices of Asian American, Native Hawaiian, and Pacific Islander people, promoting accurate narratives, and debunking misperceptions. Society should amplify voices of Asian American, Native Hawaiian, and Pacific Islander communities, health care workers, and leaders to highlight diverse experiences and expertise, and challenge misperceptions.[9] Through storytelling, potentially in partnership with the news media and entertainment industry, we can create new narratives to counter myths around Asian American, Native Hawaiian, and Pacific Islander people.

Third, we must increase Asian American, Native Hawaiian, and Pacific Islander representation in health care leadership, including by advocating for inclusive and equitable hiring and promoting fair and just leadership development opportunities for emerging and established Asian American, Native Hawaiian, and Pacific Islander leaders. It is essential to increase Asian American, Native Hawaiian, and Pacific Islander representation across the entire academic health sciences spectrum and types of leadership positions and ensure that Asian American, Native Hawaiian, and Pacific Islander people are able to access leadership development programs.[16] Current leadership programs should incorporate core competencies to advance heath equity, such as those described in the equity-centered leadership framework by Corbie et al,[17] including meaningful community engagement and addressing social drivers of health. Programs should train Asian American, Native Hawaiian, and Pacific Islander individuals interested in general leadership and those aiming to advance Asian American, Native Hawaiian, and Pacific Islander health equity. While Native Hawaiian and Pacific Islander persons qualify as underrepresented in health-related sciences for some National Institutes of Health program announcements, additional Asian ethnic subgroups are underrepresented, such as Hmong people.[18]

Fourth, we must develop and fund a national research agenda to advance high-quality Asian American, Native Hawaiian, and Pacific Islander equity research. Creation of a national research agenda should include Asian American, Native Hawaiian, and Pacific Islander communities and other diverse stakeholders, and we recommend the following several points.

Detailed sociodemographic data about Asian American, Native Hawaiian, and Pacific Islander populations should be routinely collected to enable disaggregated analysis across diverse subpopulations. Disaggregated Asian American, Native Hawaiian, and Pacific Islander subgroup data collection and analysis are foundational.[19]

Research should use intersectional conceptual models that recognize time, place, multidimensional health, and the impact of structural racism and other systems of oppression.

Important health issues exist across time and space for Asian American, Native Hawaiian, and Pacific Islander children, adults, and older adults.[2] Life course perspectives analyzing the effects of history, cohort, and age, as well as intergenerational trauma and resiliency, are essential for understanding Asian American, Native Hawaiian, and Pacific Islander subpopulations. Place (where we work, play, live, and learn) and geography (eg, neighborhood, postal code indicators) influence health. Issues may vary between concentrated ethnic enclaves (eg, "Chinatowns") or areas where there are more Asian American, Native Hawaiian, and Pacific Islander residents (eg, California) to where Asian American, Native Hawaiian, and Pacific Islander individuals may be few in number compared with other populations (eg, some rural and suburban areas). Health has many dimensions, such as physical, mental, social, and cognitive. Structural racism, including institutional, personally mediated, and internalized racism, and other systems of oppression impact the health of Asian American, Native Hawaiian, and Pacific Islander individuals.[14] Examples include hate crimes, hostile environments, and how colonialism has affected Asian American, Native Hawaiian, and Pacific Islander people historically and today.[20]

Furthermore, Asian American, Native Hawaiian, and Pacific Islander health equity research should be accelerated throughout the triad of description, etiology, and intervention. The errors of the general health equity field should not be repeated for Asian American, Native Hawaiian, and Pacific Islander communities. Intervention research should not be stalled while researchers spend years documenting disparities with disaggregated data sets. Health equity research on description, etiology, and intervention are all important and can be done simultaneously in collaboration with Asian American, Native Hawaiian, and Pacific Islander communities and frontline health care and public health workers.[15]

Additionally, researchers must understand and respect community knowledge and strengths through community-engaged research and mixed methods research. Authentic research partnerships with Asian American, Native Hawaiian, and Pacific Islander communities that amplify community voice and share power can accelerate learning; address social drivers of health, including racial discrimination; scale and spread interventions; and earn trust from these communities.[2,15] Culturally grounded interventions should be prioritized, rather than imposing a generic intervention or merely adapting an intervention developed for other populations to Asian American, Native Hawaiian, and Pacific Islander populations. For example, a cultural dance program improved hypertension control in Native Hawaiians.[21] Mixed methods research approaches with strong qualitative components are critical for investigating the complicated issues impacting heterogeneous Asian American, Native Hawaiian, and Pacific Islander communities.

We also recommend the development and evaluation of education, training, and communications programs that aim to change minds and actions around bias and racism against Asian American, Native Hawaiian, and Pacific Islander individuals. Education and training programs for general and health care audiences related to Asian American, Native Hawaiian, and Pacific Islander health equity and leadership issues should not just transmit facts but change attitudes and biases and produce antiracist actions. Implicit bias training and antiracist education must be accompanied with structural reforms for sustainable improvements.[13]

Fifth, we must create an action coalition to advance Asian American, Native Hawaiian, and Pacific Islander health equity across federal, state, academic, and community organizations. The time to create such an action coalition is now. In May 2021, President Biden signed Executive Order 14031 that launched an initiative "to Advance Equity, Justice, and Opportunity for Asian American, Native Hawaiian, and Pacific Islander Communities."[22] On May 25, 2023, National Academy of Medicine collaborated with Asian American Pacific Islander Nurses Association and National Council of Asian Pacific Islander Physicians to cohost an event with the stated goal of "Advancing Health and Well-Being of Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Communities through Leadership Development and a Shared Health Equity Research Agenda."[16] This event convened leaders, researchers, community members, and professional organizations to discuss strategies for

advancing health equity and leadership development for Asian American, Native Hawaiian, and Pacific Islander communities.[16]

Moving Forward: Call to Action

Asian American, Native Hawaiian, and Pacific Islander heritage month often serves as an opportunity to highlight strengths and issues of the Asian American, Native Hawaiian, and Pacific Islander populations. However, these issues should not be relegated to a single month. The harm and distress endured by Asian American, Native Hawaiian, and Pacific Islander communities, especially in the last 3 years, must not be in vain. We see 2023 as a window of opportunity—a chance to build on existing initiatives by the federal government and influential organizations, such as the National Academy of Medicine, to create an action coalition of diverse Asian American, Native Hawaiian, and Pacific Islander communities and partners to advance Asian American, Native Hawaiian, and Pacific Islander health equity and leadership. Asian American, Native Hawaiian, and Pacific Islander individuals have been invisible for too long.[2] Together, we can develop and implement a health equity research agenda, nurture and promote Asian American, Native Hawaiian, and Pacific Islander leadership, and create a world in which all people have a fair and just opportunity to reach their full health potential.

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