

Beauty + Justice Podcast

Ep 6: + Experiences of the Asian Immigrant Community with Dr. Lucy Chie

LISSAH JOHNSON

You're listening to the Beauty + Justice Podcast where we talk with folks from a variety of fields about what it will take to create a more clean and equitable future beauty for everyone. These conversations are led by Dr. Tamarra James-Todd, a trailblazer at Harvard TH Chan School of Public Health and head of the Environmental Reproductive Justice Lab, and I'm your host, Lissah Johnson, a PhD candidate at Harvard Chan.

Hey listeners, we hope your 2023 is what you hoped it would be so far, and I'm glad you're here for another episode. So, we've talked a lot on the Beauty + Justice podcast about differences in environmental exposures and health outcomes experienced by communities of color, particularly the Black community. A community that we haven't yet highlighted is the Asian immigrant community some of whom are also burdened by personal care product chemical exposures driven by beauty standards and other social pressures.

What work can be done by clinicians to ensure equitable access to resources and information across all of the communities that they serve?

DR. LUCY CHIE

We should be doing all we can to empower patients to enhance our counseling so that they can live as healthily as possible before, during, and after their pregnancy.

LISSAH JOHNSON

That was Dr. Lucy Chie an OBGYN at Beth Israel Deaconess Medical Center as well as South Cove Community Health Center which primary serves the Chinese immigrant community including in Boston's Chinatown. For folks not familiar with this area, Chinatown is a neighborhood located between the South End neighborhood and Downtown district in Boston. It's one of the cultural hubs of East Asian and Southeast Asian communities in Massachusetts. The residents of Chinatown are predominantly Asian and of lower socioeconomic status, though the demographics of the neighborhood have been changing in recent years with the increase in luxury condos and short-term rentals that are pushing longtime residents from the area.

Today, Dr. Lucy Chie is joining Dr. Tamarra James-Todd to talk about beauty product use among Chinese immigrants and how acculturation, which is the process of assimilating into a dominant culture, may drive this. Now here's Tamarra to get the conversation started.

DR. TAMARRA JAMES-TODD

I'm so delighted to be joined today by colleague and friend Dr. Lucy Chie. Lucy would you mind telling our listeners a bit about yourself?

DR. LUCY CHIE

Sure, I'm Lucy Chie, she/her pronouns. I am an obstetrician gynecologist at Beth Israel Deaconess Medical Center and at South Cove Community Health Center, which is a federally qualified Health Center located in Boston, Malden and North Quincy, to the suburbs of Boston. At South Cove my team provides care primarily for the Chinese immigrant community.

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DR. TAMARRA JAMES-TODD

Wonderful, I'm so glad that you are here with us today. You know the goal of this podcast show is to really highlight the intersection of beauty and justice, and so I'm excited today that we'll have a chance to talk about that really in the context of the work that you are doing within the Chinese immigrant community and beyond, and it's often times a community that we don't spend a whole lot of time talking about in healthcare as much, particularly in health disparities, and I would really like to highlight that as we talk today. And so, just, you know, before we get started can you tell us a little bit about your path to and why you decided to pursue a career in obstetrics and gynecology and a little bit about working within this particular population?

DR. LUCY CHIE

Sure, my father was born and raised in Malaysia. My mother born in China and raised in Taiwan. They met in New York City, and I was born in Boston along with my three siblings. We grew up in central Massachusetts where we were one of a few Asian immigrant families. My father is an OBGYN, so this early exposure of seeing him so dedicated to this work definitely had some influence. Although I love learning all fields of medicine, I quickly realized the care within OBGYN is my passion. It's a field of education, of empowerment, and of advocacy. I love being able to partner with patients and building their knowledge to live their most healthy lives to help shed the shame and stigma that accompanies so much in OBGYN. And to talk with patients, what might be taboo in their own homes, families and communities. Nothing is too embarrassing to talk about in the OBGYN's office. In addition, it's such a privilege to share in some of the momentous times in the patients' life and possibly a time when a patient is most motivated to make positive changes. So, at South Cove we care for over 30,000 patients, and as I've mentioned already, many of these patients are Chinese immigrants. During my residency training at Beth Israel, I was fortunate to spend some of my residency time at South Cove Community Health Center, and so since finishing residency, I began as a staff position and now direct our OBGYN department, which is a fantastically committed team of physicians, nurse practitioners, nurses, assistants, labor doulas, and more, each year we help over 200 to 350 patients through their pregnancies and births.

DR. TAMARRA JAMES-TODD

Lucy, I'm always amazed at, you know, the passion and dedication you bring to the table around ensuring that people have amazing and excellent healthcare in this space where we know that disparities exist. And I'm wondering if you could maybe highlight because I think many of our listeners don't really have a great sense of you know what are some of the conditions that, some of the, you know, population that you're treating may face. And then also, what are some of the ways in which you may, you know, bring the kind of a unique perspective to that care because one of the amazing things that about South Cove is the holistic approach that is really brought to the table.

DR. LUCY CHIE

My clinical work and research work has been grounded in the care and needs of the patients. So, the patients I care for have higher rates of hepatitis B, gestational diabetes, perinatal anxiety and depression, and many other healthcare disparities that you can imagine when folks are of limited English proficiency or of lower income or don't know how to navigate the American health system.

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And just a note about gestational diabetes—so diabetes is a condition in which the body's blood glucose, or blood sugar, is too high. Now gestational diabetes is diabetes that occurs for the first time during pregnancy. Asian pregnant people, specifically South Asian, Chinese, and Filipinx pregnant people in addition to Latinx pregnant people, bear the brunt of the burden of gestational diabetes. Notably, Asian and Latinx pregnant people are 2x more likely to have it. And pregnant people who develop gestational diabetes are also 7x more likely to develop type 2 diabetes in the first 5-10 years following pregnancy.

DR. LUCY CHIE

So much of the services provided at South Cove is to tend to these needs—our assistance and staff speak multiple language to try to address the language barriers and we have a robust finance and social department to help patients navigate how to apply for insurance and how to navigate working within the clinic and the health system, and I've partnered with many groups to examine the various areas that I've mentioned to see how we may work together towards improving the care in the areas of diabetes and mental health and I partner with folks as yourself at Harvard School of Public Health to look at how environmental factors may be influencing pregnancy health. So, specifically, with the 200 to 350 pregnant patients a year that we take care of at South Cove, we've been particularly interested in trying to address the needs of our patients with gestational diabetes and with your group looking at how we might provide greater education not only on diet and exercise, but things in the areas of environmental health.

DR. TAMARRA JAMES-TODD

I think so much in the kind of field of medicine broadly, but certainly in in some disciplines and fields such as obstetrics and gynecology. There's been, you know, when we say the word environment and environmental health, oftentimes it's kind of relegated to physical activity and diet, so these kind of lifestyle factors and I'm curious when you first started considering or hearing from your patients or just within the kind of broader obstetrics community about these other environmental factors that, you know, people may be concerned about or that may impact health, such as chemicals and personal care products. Is that something that has come up at all, I know that we've talked about this, but how did you first become aware of that?

DR. LUCY CHIE

Yes, so I think we have been very limited as OBGYNs and how we addressed environmental health with our patients and their families. Historically, we've always counseled about the dangers of smoking and smoking and secondhand exposure, of alcohol use, of air pollution, of mercury exposure and fish consumption. But we didn't take a broader view of environmental health and so together with working alongside you, I've learned a lot in this realm in the last 5-6 years that it goes beyond just the diet and exercise or that there is a lot more to diet and exercise besides just the fish that we eat, besides just the dairy products that we may take in, and also not just only the exercise that we do, but when we do the exercise and where we do that exercise. So, taking a more global view of environmental health, you know it's where you live, where you work, what you do and in terms of the products that you may be using day-to-day, the kinds of food that you are eating, how those foods are packaged also when you

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might exercise, where you might exercise, is it a time of lots of traffic, high pollution. And some of those factors patients may or may not be able to change, but every piece of information education that we can give to our patients helps them make healthier choices for themselves.

DR. TAMARRA JAMES-TODD

Lucy, you know when you highlight these, you know, different influences on our health, some that are much more traditional that we study such as diet and physical activity or smoking and alcohol use. And some that I think are continue to kind of emerge as you know, impacting particularly pregnancy complications and health outcomes like air pollution and so on. It's not just you know what who we are as individuals, but it's where we live, what we eat, what we are using, and its impact and that can really in some ways, I think be influenced by our culture and so thinking about in the context of caring for populations of individuals who may not have been born in the US what are some of the, you know, things that you've taken into consideration in caring for, you know, individuals expecting individuals who you know may be using different products because their products are not from here or that you know diet may differ. I ask this because we have seen differences in chemical concentrations from these personal care product chemicals that differ based on how long individuals live in the United States and and whether or not they were born in the United States. So, do you do you have any insight on what might be driving some of that? Are there differences in product to use and what to some extent, what drives that?

DR. LUCY CHIE

Tamarra, that's a great question along with your group, we have looked at personal care product use in our patient population. We know some beauty products can be a major source of endocrine disrupting chemicals such as phthalates and have potential adverse health outcomes through pregnancies such as possible increased risk of gestational diabetes. So, the longer someone has spent in the US, the more conversational English they may be speaking at home and with friends. And with your group we have found that those who do speak more English at home and with their friends do have a higher use of personal care products that have higher endocrine disrupting chemicals. It may be that patients who learn more English may adopt more of the habits of their other English-speaking friends and peers. Patients definitely do ask about whether it's OK to use such a such a product from here or there. It is a challenge for us at our health center when they do bring in products from abroad because they're not necessarily labeled with the things that we know and study here in the US. But I, but we do have a list of chemicals that we know have potential harm and that we can give to our patients to look at the products that they're using within the US so that they can choose better products for themselves. Or maybe consider using best products during the time of pregnancy. So, in this community, product use and I think in all communities you know women are using products and we should be addressing this question if we don't bring it up, they many times don't even know to ask or think about this matter.

DR. TAMARRA JAMES-TODD

It's a, it's a great great point and I think my follow-up question to that is, you know we're doing some ongoing work right now where we're looking in different communities or neighborhoods around the city of Boston and we're finding fairly, you know, fairly significant differences in the products that are available and sold in different communities. I think a lot of times, you know, in general we put the onus on the individual and we think that the individual ohhh well you know in this particular case you know

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people are choosing to use products that may not be from the US, or people are choosing to use products that you know they may not know a lot about, but in this case, what we're finding is the products that are available in the communities differ and that becomes not just an individual issue. Certainly, it impacts the individual, but it's a community level issue and so this really kind of harkens back to this justice piece. I'm curious is that something that you've noticed about, you know, again, you mentioned some of this may be a challenge for individuals that have lived in the US for a shorter period of time, are using products that maybe are less regulated, less well-regulated here in the United States? South Cove kind of cross cuts, you know, lower income to higher income communities. Do you notice any differences in what your, you know, the individuals that you're caring for have access to within their communities?

DR. LUCY CHIE

That's a great question, Tamarra. I don't know if I can answer it completely. I'd love to investigate this more. The access primarily has to do with language. I believe if patients don't know how to find the safer products, they aren't going to access it or buy it. If a product is in Chinese, they have more comfort in what they are actually buying, even for very standard things that we treat many patients for such as a yeast infection or even just over the counter pain medicines. You know, we really need to spell out and write it out where they take pictures so they know exactly which over the counter medication to pick up from a local pharmacy. So, pictures are very helpful and so I believe a lot of it is involved in education for a patient and the price point. You know, many of these safer products may be more costly, so it's important to just be mindful that. As we're offering safer alternatives that it's actually accessible from an economic standpoint too.

DR. TAMARRA JAMES-TODD

It's a really great point, and I think oftentimes we're thinking about these issues around language barrier and also around access and availability thinking about, for example, personal care products and how we're communicating risk is it can be a challenge and yet this is, you know, this is an environmental justice issue when you're thinking about this, even in my own community, you know there's certain beauty norms and so on, that really may make people from, you know, again, this is not necessarily just solely an individual choice, but oftentimes it's driven by what society, social norms are around beauty so that can range from the way that we wear our hair to the various skin creams that we use to make sure that, you know, skin may be light lighter because that is a beauty norm and other things. Are there certain beauty norms or, you know, cultural, social customs that you know may really intersect with this idea of being exposed to chemicals in personal care products within the population that you care for.

DR. LUCY CHIE

Yes, lighter skin is a socially constructed beauty norm and the Asian community is no different there. Many Asian Americans will use skin lightening creams, but so providing that education that, you know, there may be downsides to using these creams is highly important. The patients definitely do ask that specific question during pregnancy, but I would say even outside of pregnancy there are safety concerns as well.

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For skin lightening creams the main chemicals of concern include mercury and hydroquinone, which are added because they effectively inhibit the production of melanin in skin, and melanin is the pigment that makes skin darker, so these chemicals are known to be harmful to several different organs in the body, including the kidneys, nervous system, skin, and the respiratory tract. And unfortunately, it's not always clear that these toxic substances are included in products because they can be listed under different names.

DR. TAMARRA JAMES-TODD

Yeah, I think it this is such a challenge, right? Because this is being driven by our culture and if you say to someone. No, don't do anything don't use anything that's not necessarily always an option for people you know so much of this is driven by what like you know what are the social gains? What are the economic gains if you know particularly you know, potentially make choices that will you know be more aligned with the social norms and the cultural norms of our society. I have two more like big questions I want to make sure that we have time and so one of the other things that you know thinking about okay, there's these social and cultural drivers of product use but I think one of the challenges too within a population that may have more limited language of, you know, English, particularly here in the United States, but also for some you know, there's the kind of these limitations around economic empowerment and other things that are that are going on within and you know, in this case a lower sometimes a lower income immigrant population in in some settings.

Can you say a bit more about work-based differences? So, do questions around work-based exposure or working during pregnancy come up within your population? Are those things that you know you and your colleagues are thinking about in this particular case?

DR. LUCY CHIE

Sure, there's many jobs that do present some potential environmental health exposure risks for our patients. Many patients may be in hotel service workers, they may be restaurant workers and as you mentioned, nail salon workers. So especially with COVID and the pandemic we understand that service industries have increased viral exposure risk I think everybody has a clear understanding that needing to be in person presents a certain environmental health risk to an specific individual, so I that has opened the door to discussing many other risks, for example, with hotel work, whether it be physical, chemical exposures in restaurant work, there also may be different cleaners and also the different COVID risk there as well, and you know how do we mitigate these risks? We can't eliminate someone's job or change their job, but you know what are the healthier choices or potentially safe, somethings a patient could do to help reduce their exposure. For example, you know, wearing masks, wearing gloves, taking certain kinds of outdoor breaks may help reduce some of these risks.

DR. TAMARRA JAMES-TODD

I agree with you, COVID has really brought about an awareness of our indoor environment and what we're exposed to indoors, and that includes in the workplace, and recognizing that that's not equitable, right? Like that, you know individuals who may be in the service industry aren't necessarily always there by choice. It might be because of limitations in seeking careers in other fields, and yet that may put them at risk of different exposures. And in this case, in the context of beauty and beauty justice really

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thinking about you know exposures that come from personal care products at kind of higher levels than the average public may be exposed to, so I really appreciate that you are thinking about that and integrating that into your practice.

LISSAH JOHNSON

As Lucy and Tamarra discussed—folks from Asian immigrant communities may be occupationally exposed to environmental chemicals, such as endocrine disruptors and carcinogens from working in nail salons in particular. Research has noted that the majority of nail salon workers are Asian, identify as female, and are foreign born, notably from Vietnam. This not only highlights how Asian immigrant communities may be at a particular risk of occupational exposure through working at nail salons, but more broadly it highlights the structural drivers of exposure to personal care product chemicals and how these systemic and structural factors limit opportunities and silo individuals into certain fields.

DR. TAMARRA JAMES-TODD

And so that kind of leads me to my last question and how can we, you know, what's the way forward? Because I do think that clinicians play such a key role in being health, you know, communicators and being able to provide needed information. So much of what we said today was really about the accessibility of information to people, people want to do their best, they want to do what they can to make sure that they have a healthy pregnancy that they have a healthy baby. But if they don't have information, then it's going to be really hard to do that, and it's not just information, it's information that is accessible to them in the language that they speak that is interpretable, so how, how do you think other OBGYN's and clinicians can get involved in in beauty justice efforts, particularly when caring for immigrant communities?

DR. LUCY CHIE

You are so right in that OBGYN providers can play such a critical role because our pregnant patients are often at this time when they're open to making significant lifestyle changes, not only for themselves, but for their future child and families. They may quit smoking, eat better, exercise more, and so we should be doing all we can to empower our patients to enhance our counseling so that they can live as healthily as possible before, during, and after their pregnancy. Besides our typical counseling regarding safe fish consumption to reduce mercury exposure, we really can do more in trying to discuss simple, actionable items patients can take whether it be choosing less processed packaged foods, when possible, use fragrance free products and to be open to our patients' questions in this area. We also can do a lot more to work alongside our public health and medical colleagues and community leaders who are working to ensure clean water, air and that the products that are available to us in the community are safe and with clear labels. So, there's many fronts OBGYN can take action both in their individual offices as well as in the larger community.

DR. TAMARRA JAMES-TODD

Thank you so much Lucy, I think that's that multi prong approach is really needed and it's particularly needed when we're working in populations that have been, you know, and I'm a researcher so I say understudied. But I think also, just like less awareness of the challenges. And so, I'm really amazed at the work that you're doing it's incredible. And are there any other thoughts or points that you wanted to share with us before we have to head out today?

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DR. LUCY CHIE

I also want to say that we can learn a lot from our patients and their lives. You know, many immigrant patients actually have many healthy lifestyle choices that are healthier than those who are born in the US and so learning from them, adopting some of those where there's more home cooked meals sometimes, there's tai chi exercises, so there's a lot to be learned from our patients as well, and that some of these healthy choices are actually coming from these communities and that we should also be sharing those out too.

DR. TAMARRA JAMES-TODD

And I really love that you highlight this point of what we often in epidemiology sometimes we in my field in public health, we spend so much time thinking about risk factors and such less times talking about protective and resilience factors and so I love that you highlighted this and some work with one of our colleagues really focusing in on ethnic enclaves, and so the resilience that comes from community and really working together because I think at the end of the day when we're dealing with these issues of beauty justice, it's really going to be a collective effort where we incorporate and recognize those resilience factors that we can really learn healthier lifestyle choices, but also recognizing to really debunk rid ourselves of these structural factors it's going to be working together within communities to really empower peoples to be able to affect change. So, I'm really grateful for your time today and I look forward to continuing to do this work with you.

DR. LUCY CHIE

Thank you, Tamarra.

DR. TAMARRA JAMES-TODD

Thank you.

LISSAH JOHNSON

When thinking about achieving beauty justice for all communities—access to information and resources is an important aspect of that. There are clear gaps in ensuring equitable access to things particularly in healthcare. So, we have work to do to make sure that culturally relevant and appropriately translated information and clinicians who are knowledgeable about a variety of environmental health concerns and have similar experiences and a shared language with their patients is the norm not the exception. Dr. Lucy Chie and her colleagues at South Cove Community Health Center demonstrate that this can become a reality.

Lucy also highlighted the importance of listening to and learning from the community. Research continues to show that for a variety of areas, assimilation into dominant American culture makes people more unwell and may expose them to more personal care product chemicals of concern. As Lucy said, we have a lot to learn from our immigrant community members about how to live and exist healthfully. And with that we've reached the end of our dive into the role of clinicians in beauty justice and in the next few episodes, we'll be shifting towards the role of businesses in ensuring safer products. Tune into the next episode when we talk with Boma Brown West, previous Director of Environmental Defense Fund+Business, to discuss the positive transformations already taking place within the beauty industry. Thanks so much listeners for joining us for another episode of Beauty + Justice, don't forget to leave us a



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