

Inspiring Women

Episode 49: Dr. Insha Haque

Laurie McGraw:

Welcome to Inspiring Women with Laurie McGraw. I am your host, Laurie McGraw. I have spent the past 30 years in leadership and over the years, I've come to learn one thing, women need women, and not just any women but inspiring women. Tune in every week to hear from women at the pinnacle of their careers and from others who are just starting out. Episodes can be found at inspiringwomen.show, or subscribe on your favorite podcast app. Thanks for listening and I hope you will be inspired

Today on inspiring women, we're speaking with Dr. Insha Haque, and Dr. Haque is a family medicine physician who practices in New Hampshire. She completed her dual residency at Dartmouth in both family medicine and preventative medicine. She went to medical school in Kentucky at the Kentucky College of Osteopathic Medicine. She has a BA in Spanish, and so a lot of languages actually in terms of what she knows, from the University of Louisville. And she also is a physician who is committed to a life of public service, she's been doing quite a bit of volunteering over the years, serving in many things we'll talk about, but also as a translator for the Children's Aid Mission International and Dr. Haque, I'm really excited to be speaking with you this morning.

Dr. Insha Haque:

Laurie, it's a pleasure. Thank you for hosting me today and I look forward to having a conversation, a great one.

Laurie McGraw:

Well, great. Well, let's get started. We always start on Inspiring Women, we speak with so many incredible women who have amazing careers. You starting out as a physician, what are you doing right now? Give us a sense of what you do professionally today.

Dr. Insha Haque:

Of course. Oh Laurie, I've got to tell you, I love my job. I absolutely love my job. So this is a very interesting timing, I'm actually in the last week of my very first year of employment as an attending physician in full, completely out of training and feet on the ground running. So my job is a mix of clinical and nonclinical roles. The clinical side of my job is as an outpatient family physician in the Capital Region of New Hampshire. I work in a town called Penacook. It is a wonderful, wonderful job there.

I am an outpatient clinician, I take care of a panel of patients as a primary care physician here. It's in a really beautiful community of people in the New Hampshire Capital Region, and I was so lucky in this part of my clinical role to have inherited a panel of patients from one of the most iconic women in our region here in New Hampshire who practiced in the same practice, the same location for 33 years. So it was such an incredible gift almost to take on that practice where my predecessor, Dr. Carol Niegisch, had established care and relationships for 33 years, and I was so fortunate to take that on for the clinical side of my role.

At nonclinical side of my role is a very interesting, intricate mix of different goals and metrics centered on diabetes care improvement across our health system. So I'm accountable for usually around 7,500 to 8,000 patients with diabetes who are part of the Concord Hospital catchment area, and the work that is centered in this non-clinical piece is under the umbrella of our health system called Value Innovation. It's really a marriage between population health and quality improvement, and growing some of the programming to impact change for that globally for the population of all patients with diabetes within our hospital system.

Laurie McGraw:

Well, that's a lot of patients who have diabetes and certainly chronic conditions are something that is, I don't know, taking over in terms of the population. So I want to talk more about that because part of your residency included preventative medicine, not just the family medicine. But Insha, are you in a rural area? Would where you practice be considered rural?

Dr. Insha Haque:

That's a great question, Laurie. I think in terms of the specifics of the location, yes, my practice location is in a rural setting. The communities and the social determinants of health, the social vulnerability index, it's on the higher side for where I practice and so it dips into both places, both from the rural perspective and from the social vulnerability perspective.

Laurie McGraw:

And I imagine you have to have some special techniques or new techniques for how to deal with the health of a population dealing with chronic conditions, due to the specifics of the geography that you're in.

Dr. Insha Haque:

Oh my gosh. It really hits at the center of the work that I studied really throughout the fellowship period with preventive medicine, and honestly, have had an opportunity to apply in full force. And at that, during a pandemic to really understand, live, breathe, see what it means to care for our community that has at times fewer resources, and in other ways, more resources in their resilience of really holding together through one of the most difficult times I think many people have experienced in their healthcare journey, and really just their life journey.

Laurie McGraw:

Sure. And New Hampshire, so always different weather circumstances to deal with as well. And I want to actually talk a little bit, how did you get into medicine? You're not the only physician in your family, so was it always expected of you that you would become a physician, or is this something that you chose early on? Give us a sense for the beginning.

Dr. Insha Haque:

Of course, of course. So the path of medicine for me was a journey, it was a journey indeed. So in the broader context of my family, there are far and few between for physicians. In my nuclear family, my sister, older sister by three years, she was the first physician. So I was number two right after her, and in reflecting on my family and the tapestry of the family, law and engineering, that is front and center. There's nobody who dared to venture outside of those professions. So the pursuit of medicine was a little bit novel I think for both of us to seek and see, are we ready to break the mold? Is this really something that is what we really want? Or is this chasing a dream that's not true and not real for us.

So for myself, really, this journey began in full force in, I'd have to say 2008 was the beginning of this process. It was my second year of college and that was the year in which I was considering to apply for medical school and starting to explore this journey more concretely. This also coincides with the timing of the Accountable Care Act and the emergence of the ACO, Accountable Care Organization models within the US health system. And it really marked a shift in my mind and in my experience for an opportunity to be a change agent in a field that was always something that was pretty core to what I wanted to do. Whatever I went into, if it was law, if it was engineering or if it was medicine, that was central, I had to be able to shape and shift change in that space. And when the ACA took root and planted and sprouted and blossomed, that really solidified my interests and aspirations to full force, buckle down, get serious and make that jump as my sister had a couple of years prior, to pursue medicine.

Laurie McGraw:

So you come from a family that has expectations for a higher calling, making an impact, doing something larger, starting with law and engineering and then moving over to medicine, so that is terrific that you have that foundation to begin with. I was also, just in doing my research about you, Incha, is understanding you come from, it seems, a lifetime of service, a lot of volunteer organizations. I mentioned one in the beginning in terms of translation, you have, it seems, a love of languages and how that might influence some of your ideas about having an impact. Maybe if you could give us some more information about what is this volunteer? How was that instilled in you in whether it is your family environment or things that you decided to pursue? And how did that influence your thinking about what you pursued for your own professional pursuits?

Dr. Insha Haque:

Oh, of course. And you hit it right on the nail. A life of service was really, it was how I grew up. It really dates way, way beyond the date of my birth. So my parents, I have to really give them full and due credit for growing that nature in us. So from really just the most basic perspective, they immigrated from India in the late '70s, early '80s timing, and at that time, they both came

from a country and a place where they were settled, they were established. And this pursuit to have that American dream, the idealism of an opportunity, I have to give them this eternal credit that they left a place where they were really established to set up a future for children they didn't even have yet. And I will be forever grateful to their interest in really promoting an opportunity for us when there was no us yet as their kids.

But I think that really, it draws from where and how they grew up themselves. So my mom, she had always gone through convent schooling when she was growing up in India. And interestingly, Mother Teresa was her head master, was her principal when she was-

Laurie McGraw:

Oh, my goodness. Wow.

Dr. Insha Haque:

Yeah. When she was in elementary school. So I think really to give the credit where it's due, searching deeper, searching deeper, and the root comes from the tree from which I came. So that level of service extends way, way far beyond what I came to grow up and live in Kentucky and understand where my roots came from. And visiting periodically in the summers and just going back to visit the place where my parents came from, and to see and to understand the fabric of people and the lived experience of so much that was way beyond what you could consider culture shock, but to see that a whole world apart laid the most rich and beautiful life with the most dire circumstances at times.

Laurie McGraw:

Tell me about Healthy Hands. So I was looking at that organization that you founded to help, it seems, people in India learn about hand washing hygiene. So you did not grow up in India, your parents immigrated from there, but you seem to have ties and service directions towards that country still.

Dr. Insha Haque:

Absolutely, absolutely. So that project really kind of grew out of, I'd have to say, the experience and the reflection as I got older. So when we would visit to India, during our summers, we'd go for the whole three months of the whole summer every couple of years, and we never really had much more than a touristy experience. But as I got older, again, the credit goes to my parents that they took it upon themselves to really make sure that when we went there, it was not just to have fun and take in the touristy fun of a summer vacation there, but to go to the slums, to see and understand what it means to have come from that root of India, and to see this is real. It's not just what you see on a movie. It's not just what you see on a National Geographic magazine. This is the true circumstances of people's lives and this is how and the way in which they live.

Interestingly, throughout this process, one of those summers, my mom got sick. She got sick while she was there and she was hospitalized. So that experience itself was another one of these

shaping and shifting times in which I reflected and really, myself, my siblings saw an opportunity to really... Well, if we have this opportunity that we're coming from America and there's such a distinct difference of perception of an ex-pat going back, so my parents and then their kids and like, well, what is America like? What do you do? What are those things that make you this iconic American person?

And when we ourselves had that experience of seeing, myself as a medical student and then my sister was a resident at that time and seeing what a stark difference it was to be a patient in the hospital in India versus a patient in the hospital in America, it became clear to us that an opportunity that was on the table to give back and teach some of the things that we sometimes think are so basic here such as hand hygiene, in the pre pandemic world, that was where we grouped together as a team to incorporate this nonprofit and bring back some teachings and workshops of something just as basic as hand hygiene to the hospital systems and the system of care where my own mom was hospitalized.

Laurie McGraw:

It's a lot of experience that I think probably really shaped how you approach being a physician and caring for populations now in a rural area where you're practicing today. But understanding those cultural differences, those cultural competencies, you're also quite fluent in multiple languages, which is also interesting and I have to believe has some influence and impact in terms of how you think about the care for your patients. And that service orientation, it's just really interesting background entering And I could just hear the passion that you have for what you're bringing to medicine. I want to ask you about being a woman and being an Indian woman and being in New Hampshire where you're practicing, which is not overly diverse in terms of its populations. What are the cultural differences that you see with the patients that you serve? Are they oftentimes helpful? Are the differences problematic? How do you handle those? Maybe some insights there.

Dr. Insha Haque:

Yeah, it's a great, great question. So it's such an interesting juxtaposition for how I came to practice here and where I came from. So one of the characteristics that drew me to New Hampshire was actually the rural setting. I grew up in a small intimate town in Kentucky, picturing the rolling hills and horses in the fields. And at that time, tobacco farms and corn and soybeans, and that was home for me and that's how I grew up my whole life. I was never in a big place. And when I came here, it was a very similar experience of taking care of people that were just the same as the communities that raised me growing up. The cultural piece is such an interesting one. I think one of the most interesting and valuable lessons I've taken out of not looking like my patients, not having the same physical characteristics and skin tone as my patients is to be authentic and to bring forward that piece of yourself as a person, as humanity. And to really work hard to bridge that common and shared experience, and to engage with those elements of variety.

People are not the same and it's beautiful, and it's so beautiful to really explore that narrative of human experience and that is where that commonality lies. It's less in what color my eyes are and

how tanned my skin is, but it more is working past that superficiality of a meet and greet and really getting down to the heart of who someone is, and that has been such a rich and a deep learning experience in the five or six years that I've been up here.

Laurie McGraw:

So as you've been doing this work and you've met, I'm confident, thousands of patients and so you're bringing your authentic self and really appreciating the differences or similarities between a physician, patient relationship go beyond skin tone, have you encountered circumstances where there is bias against you because of how you look in, again, an area of the country that is not known for its diversity? And if you have, how have you dealt with those in a way that has worked for you? Because there's lots of challenges out there in terms of how people deal with these things, and I think I, myself come from New England. I lived in Vermont for many, many years, and I've seen the variety of a lot of comfort and open-mindedness with different communities, and then plenty which are not that case. So how have you worked through I'm imagining a variety of circumstances?

Dr. Insha Haque:

Oh boy. There's certainly stories out there, and those battle wounds will live forever with us. But I think at the end of the day, communication has been always really the centerpiece for my foundational process. I think there's two things I do believe very strongly in, it's people and process. Those have really shaped my personal life, my professional life and continue to do so? So when I come to those challenges, those times of full misalignment of perspective and ideals and sometimes ethical concerns, what is my process forward?

And it has been one of being okay with vulnerability and learning how to accept difference, and that has been really two hard lessons at times, but important ones, to really work together to be accountable for who you are and to be proud of that, and not to shy back and not to turn the corner and diminish a part of yourself that is different than someone else. If anything, it is an opportunity to grow that part of yourself and to share that part of yourself, but I think that an opportunity for being okay with being vulnerable is something that I've grown to understand and grown to embrace over time.

Laurie McGraw:

There is a lot of strength in how you are talking about that that suggests it comes from experience, and I really appreciate how you are saying that because certainly as a physician, you are in a position of power and recognizing that you're dealing with patients who are looking to you for advice and being able to speak with that level of strength and deal with a variety of circumstances is just terrific. It's really exciting to hear you talk about it in that way. And I wanted to also ask you about during residency, you were involved in a women's leadership program that started within your residency. Can you tell us about that and why was that an important group to be a part of? And how did that help you as a female physician who is now taking care of quite a large population today?

Dr. Insha Haque:

Oh boy, it was one of my favorite experiences, I think ever, to have come across a setting that was so incredibly diverse and thoughtful in reflecting, in introspection and experience, and learning those vicarious lessons from the women who were ahead of me in their careers. And looking to the women who were in my contemporary and understanding what are those challenges? And I think it centers back to that principle of vulnerability. It is a time and a place and a space that is so hard, to be willing to say, "I don't know where I'm going and I don't know how to get there." It is a very tough place to be exposed.

And to have that forum of women who were brave enough, courageous enough to share the intricacies of their interpersonal experiences within medicine and their journey to get to where they were, it was shifting. It was one of these kind of seismic shifts in how I have taken my own career forward. And it was an opportunity for building skillsets, role-playing, negotiating difficult situations, understanding how to move forward through adversity, and how to seek inspiration from this tribe of women with the same interesting experiences in different ways.

Laurie McGraw:

I really like the way that you're talking about embracing vulnerability, and that is an action approach. And again, there's a deep strength that I'm hearing from you that I think is really powerful and I really appreciate you sharing this. As we close out on this conversation on Inspiring Women, Dr. Haque, I'd just love for you to share any closing advice that you might have for listeners today as you begin to advance your terrific career in medicine.

Dr. Insha Haque:

Of course. Laurie, it was such a pleasure to speak with you all. If there's one piece of parting recommendation of guidance I could give to any of the listeners, it would be working on personal mastery. Personal mastery is absolutely a requisite skillset for making change and improving any system, whether it is personal, professional or a mix of both. I think we live in this climate of change, and we have to engage with not only the experts but the inspired to create these changes and to make ripples. When there is that narrative of experience by all of us together, we really have a village of inspired minds and dedicated spirits who are committed to doing the hard work that needs to be done, and I look forward to growing and being part of this village of inspired colleagues, women, and people.

Laurie McGraw:

Well, I'm pretty confident you are well on your way to not only taking your own advice, but also making a tremendous impact for the people that you serve, and Dr. Haque, I really appreciate this conversation today. We have been speaking with Dr. Insha Haque on inspiring women, and Dr. Haque, thank you so much.

Dr. Insha Haque:

My pleasure, Laurie. Thank you so much.

Laurie McGraw:

This has been an episode of Inspiring Women with Laurie McGraw. Please subscribe, rate, and review. We are produced by Kate Kruse at Executive Podcast Solutions. More episodes can be found on inspiringwomen.show. I am Laurie McGraw and thank you for listening.