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Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, the question of our time or at least in Connecticut last week was you got power, and most people unfortunately answered no. We had quite a week here last week in Connecticut. Most of the state was without power from a freak Halloween weekend snowstorm. It would take a while before everything is fully back to normal. We lost some power here right at the radio station and also people are now trying to figure out what happened and why did it take so long to restore the power.

Margaret Flinter: Well, it really took everyone by surprise and of course, the topic most of the week was weather and power but given that health care is our area of passion and interest we couldn't help but notice how important it was that we provide some emergency medical providers to those shelters that were all over the state.

Mark Masselli: Well, we sure had a record year of weather. Margaret, do you know how many times Connecticut has declared a state of emergency this year? I think in fact, for the last 12-month period we had been without power for 4% of the year.

Margaret Flinter: Well that's pretty amazing and this is probably the longest conversation we have ever had about the weather so you can tell it's been really bad.

Mark Masselli: And also, there is a lot of activity going on in the Congress. They are focused in on the super committee trying to get its work done by the Thanksgiving deadline and as always it's a battle between Republicans and Democrats over tax increases and cuts to Medicaid and Medicare.

Margaret Flinter: You know, I am amazed that one thing I keep hearing about is the idea of raising the eligibility age for Medicare. I thought after those town hall meetings a few years ago nobody would ever go near that but maybe this is just a case of not in my lifetime but be my guest for the election this year.

Mark Masselli: Well, I agree with you that lots of people came out in opposition to increasing the age but surprisingly GOP Presidential contender Mitt Romney became one of the latest to call for this in his proposed budget plan.

Margaret Flinter: And while congressional leaders and politicians continue the battle over entitlement programs and federal health reform, certainly on the

grassroots level are health care providers and community leaders looking at some of the larger social issues around health care outcomes. And the Department of Health and Human Services announced its leading health indicators for the next decade. Do you remember Mark, we did a whole show on the whole system of the health objectives and it looks like the big focus and I think this is the right focus is going to be on social determinants, education and income and race, powerful determinants of health?

Mark Masselli: You are right Margaret. We know these are all strongly linked to health. It is a long list. It covers the waterfront from access to mental health to oral health and social determinants such as substance abuse and tobacco so lots of focus to keep our attention on.

Margaret Flinter: And I am always reminded that the single thing that changes the game most is increasing education so we will be keeping our eye on that. And our guest today knows firsthand how individual, cultural and social factors contribute to poor health outcomes among African-Americans. Dr. Michelle Gourdine is a physician, a health policy consultant and the author of a new book *Reclaiming our Health: A Guide to African American Wellness*. We are delighted that she can join us today.

Mark Masselli: And no matter what the story, you can always find all of our shows and hear more about us by Googling CHC Radio.

Margaret Flinter: And don't forget, if you have feedback, email it to us at [www.chcradio.com](http://www.chcradio.com). We love to hear from you.

### **(Music)**

Mark Masselli: Today, Margaret and I are speaking with Dr. Michelle Gourdine, physician, author and health policy specialist. Dr. Gourdine is CEO of the Michelle Gourdine & Associates, a health policy consultant firm and her new book is called *Reclaiming our Health: A Guide to African American Wellness*. Welcome, Dr. Gourdine.

Dr. Michelle Gourdine: Thank you for having me.

Mark Masselli: This summer, the nation celebrated the opening of the Martin Luther King Memorial in Washington DC. This is another great milestone since the passage of the Civil Rights Legislation in 1964. In your book, you note the progress that Black men and women have made on a number of fronts, political, economic and education accomplishing some of what Martin Luther King said needed to be done if America is to be a great nation. But clearly, the journey is not done and you paint a very detailed and I might add distressing portrait of the health of Black Americans. You suggest it's still one of the unfinished battles in

the civil rights movement. Tell us why African Americans haven't experienced the same gains in health outcomes as they have in so many other areas.

Dr. Michelle Gourdine: Sure. That's an issue that physicians like myself and scientists have been struggling about for many, many years. African-Americans are impacted by serious health conditions at far greater rates than any other group in this country. And what are we talking about here? We are talking about the fact that African-Americans have the highest rates of high blood pressure in this country, that they are more likely to be overweight or obese and obesity is what I consider to be a gateway condition that leads to heart disease and diabetes and stroke. And so when I began to learn about all of these statistics obviously when I was in medical school and then beyond, they impacted me in a number of ways because they were not only sort of detached statistics but they were relevant to me and to my family and to my community. And so one of the things I wanted to do in *Reclaiming Our Health* was to try to figure out what's behind these statistics, why is it that African-Americans are more impacted by serious disease and then more importantly, try to outline what we know from all the research that's been done over several decades, what we know about how we can begin to turn this problem around. Because as you stated, I do consider this to be our last civil rights frontier. We have got an African-American in the White House, we have African-Americans leading both parties currently in this current race for presidential election so why is it that we can't make those same strides with our health. That's what *Reclaiming Our Health* attempts to investigate and to evaluate.

Margaret Flinter: Dr. Gourdine, as an African-American physician yourself, you speak with such clarity about those core cultural issues that may have an impact on health. And you are always throughout your book peeling back the layers to try and get down to root causes and saying that African-Americans need to consider these but also health care providers need to consider from the role of traditional soul foods, delicious but maybe not the best for hypertension or obesity or diabetes to a reluctance to exercise and work up the sweat for very practical reasons. And as you have worked through that, what are the conclusions you have come to about how we train this generation of health care providers to be not just sensitive to and competent but very aware of and working directly with those issues as they care for their African-American patients.

Michelle Gourdine: It turns out that not only is it important to understand the biological basis of disease but that two of the most important factors in creating disease and/or wellness are culture and environment and *Reclaiming Our Health* explores the connection between culture, environment and health. And so when we are training future physicians clearly they need to be knowledgeable about the biological basis of disease to understand how disease happens but they also need to understand how culture and environment interact with biology to create illness. And so let me give you a really practical example and you brought it up as you were speaking before. And this is one that to be quite frank some of my

colleagues have considered to be sort of frivolous point but it actually is very, very important because culture does influence how we act. African-American women, I am one, have a very special relationship with our hair. Many of us don't have wash and wear hairdos and so we spend many, many hours on a Saturday afternoon and many, many dollars in a hair salon getting our hair done. You would be hard pressed to ask those same woman who spend all day Saturday and upwards of a \$100 in the salon getting her hair done to then go on Monday morning and work out on a treadmill, work up a sweat and ruin their hairstyle. This is not frivolous. Culture really does shape people's behaviors. It's based on people's beliefs and it's extremely important to try to understand the cultural factors that motivate people's behaviors because only then once we have identified people's motivations can we offer practical advice as physicians that's going to be followed and going to be effective for our patients in helping them on their journey to reclaiming their health. And so we explore that. The other piece of it though is not just culture but its environment. I give the example all the time. I am a pediatrician and I used to, when I saw patients full time, advise their parents to make sure your child eats a balanced diet, gets plenty of fruits and vegetables, drinks lots of water and often times the advice that I was giving was very hollow because many of my patients lived in neighborhoods where there were no supermarkets, there were no farmer's markets, in terms of physical activity there were no sidewalks for children to safely walk on or backyards or parks for children to safely play in, neighborhoods were unsafe in some instances and so parents were reluctant to allow their children to go outside. So if you imagine living in an environment where you can't access the resources that you need to be healthy, those resources being fresh produce, fresh foods, accessibility to affordable physical activity, then telling a patient to eat right and to get plenty of exercise is pretty hollow advice. So, we need to look at culture and we need to look at environment and health care providers and ensure that we are providing the proper environments for individuals to be maximally healthy.

Mark Masselli: Dr. Gourdine, pull the thread on that for us a little. You say that place matters, in fact where one lives, their zip code is as important as economics and ethnicity plays a role in their health. There are a lot of things one can do for their health as far as walking and eating right which you recommend but what does someone do if they are trapped in a neighborhood that they can't move out of, how do we start building and making healthier communities?

Michelle Gourdine: Well you know even as important as it is to take individual steps to be healthy, eating right, exercising, seeing doctor on a regular basis, what's equally as important is being vocal. There is a lot of power in each of our individual voices. Participating in the policy-making process as it were is something that you don't typically teach people to do in terms of maintaining good health but it's extremely important. For example when elected officials come to your neighborhood soliciting your vote or come to your neighborhood hosting a town hall meeting, speak up, demand that your neighborhood have supermarkets, demand that your streets are safer with better police presence

and better lighting. Make sure that those officials that you elect into office understand that those factors are important to you. So health is obviously not only individual action but it's also little bit of advocacy and the progress that African-Americans and other groups have made in this country over decades has come because of political action and advocacy and that same advocacy is going to be important in ensuring that all of us have the equal resources and equal opportunities to be healthy.

Margaret Flinter: Well that's a sort of segue into your three Ss that you talked about in the book: the impact of stress, smoking and sleep or the lack thereof on people's health. And I would like focus on the stress piece which certainly ties to the other two. You know that stress is kind of an equal opportunity problem for Americans, people generally operate at a high level of stress but there are additional and unique burdens and stressors that African-American communities and individuals have faced from both perceived racism and discrimination and also some of the economic barriers that have persisted. And we often say, I will make the analogy to the obesity epidemic, not going to be solved in the clinician's exam room, it's going to take something much broader and deeper than that. What's the conversation with your patients or with communities, with the health care community about how you lower stress for an entire population of people to improve health?

Dr. Michelle Gourdine: Stress is something that African-Americans have had to deal with and have dealt with in very unique ways based on history. I talk about the fact that African-Americans often employ stoicism and silence in dealing with stress; stoicism putting on a front that gives you appearance that everything is okay, not showing any emotion and silence being reluctance to talk about the stressors of their lives and in vernacular terms, not putting out business out on the street. And some of that really does I believe stem back to slavery days when if slaves showed any type of emotion at all despite all of the turmoil that was happening in their lives, families being torn apart from each other, wives being sold out from under husbands, children being taken away from slaves, if they showed any emotion in relation to those traumatic life events they were beaten. And that sort of stoicism and that silence, that resistance to showing any type of emotion, holding emotion in has passed down through generations and generations of African-Americans and there is actually research that shows now that there can be two African-Americans who experience similar types of discrimination either in the workplace or elsewhere and that the African-American who tends to employ the traditional response to stress that is holding that emotion in, not talking about it, is much more likely to experience major health effects from holding it in like elevated blood pressure and all of the various conditions that come along with high blood pressure. Conversely, the African-American who talks about or expresses emotion in relation to that stressor tends to have better health outcomes and less adverse health effects from experiencing that same type of stress. So it's less the stressor that we experience and more related to the way that we deal with stress that has an

impact negatively on our health and so as African-Americans, we need to begin to adopt better stress-coping mechanisms in order to begin to improve our health.

Mark Flintner: This is Conversations in Health Care. Today, we are speaking with Dr. Michelle Gourdine, physician, health policy expert, and author of the book *Reclaiming our Health: A Guide to African American Wellness*. Your book is filled with some excellent medical advice and you walk through the chronic diseases that face the African-American community, heart disease, stroke, cancer, diabetes and high blood pressure. You are also a little bit of a preacher here, you had a clarion call in your book to action and you note that we must lament our current circumstances but we must also act to change the way we are defined not by our poor health but by our inner-faith, our inner strength, faith, and determination. That's clearly not a medical prescription to better health, or is it?

Dr. Michelle Gourdine: Well I think it is because I think that physical and emotional and spiritual health are linked, I don't think that you can separate those three. And so the point I was trying to make in that passage was that yes, we have a history of poor health but that doesn't have to be our destiny going forward just in the same way that we could have let slavery or Jim Crow or racism or discrimination to feed us. We chose not to do that, we have a long legacy of making something out of nothing. And so the point in that passage was to say that there is hope and there always will be hope. We can draw on strengths that we have used to excel in other areas of our lives and utilize those same strengths to reclaim our health.

Margaret Flintner: So Dr. Gourdine, towards the end of your book you move from some of the root causes of poor health and the actions people can take to delving into the health care system, and I was so stuck that you were so inclusive of everybody regardless of where they might fall on the insurance, un-insurance, economic stratum and directing people to save for private insurance, use it wisely, if you don't have insurance look for community health centers, look for some of the systems that are set up to support that. So we live in this moment when the Affordable Care Act is being implemented and we hope that no insurance will become a thing of the past. Tell us what you see the promise of the Affordable Care Act in terms of making a significant improvement in the health of African-Americans as well as all Americans. What are the elements of the act that are really going to make a difference; what are your hopes?

Dr. Michelle Gourdine: The Affordable Care Act does place an emphasis on prevention. There are certain preventive health services that are going to be offered free to certain populations and I think that that's very important because currently if you look at the \$2.2 trillion a year that we spend on health care, 95% of that money or 95 cents out of every dollar that we spend on health care is spend on treatment and only 5 cents is spent on prevention. The ACA in emphasizing prevention is creating a more balanced health care system which I

think is extremely important because the main conditions that are the leading causes of death not only for African-Americans but for all Americans, heart disease and cancer and stroke and diabetes are largely preventable by very simple steps that we all know about eating right, exercising, not smoking, getting checkups on a regular basis, maintaining a healthy weight. And so by emphasizing prevention in the Affordable Care Act, hopefully what we will do is begin to encourage people to take their health into their own hands. If you think about it, if you are even moderately healthy, you may see the doctor four or five times a year. So who is responsible for your health the other 365 days of the year, you are and there are very important steps that I outline in *Reclaiming Our Health*. And actually to be honest with you, *Reclaiming Our Health* is a book that could be read and use by anyone. These steps are not necessarily exclusive to African-Americans they are written in regards to African-American culture but certainly they can be utilized by anybody. And by utilizing these steps we can take better charge of our health and the ACA helps do that by focusing on prevention and providing access to care.

Mark Masselli: I think you are absolutely right the book could be read by anyone. But there is an enormous gap between African-Americans and White Americans and I think we sort of gloss over it when we say there is ethnic and racial health disparities. You lay out sort of four things that African-Americans should know about their health status and they are really profound in terms of how different the outcomes are for people in terms of the length of life, the impact on chronic disease. Can you tell our listeners a little more, give them a little more texture about the depth of the disparity?

Dr. Michelle Gourdine: Yes. African-Americans, again I can't emphasize this enough, suffer from serious health conditions at far greater rate than any other race or ethnic group in this country. African-Americans' life expectancy is about five years less on average than whites, African-Americans have higher death rates from heart disease, African Americans actually have higher death rates from cancer than whites which is remarkable especially when you look at breast cancer where white women are more likely to be diagnosed with breast cancer but Black women are more likely to die from breast cancer and that's because the cancer is discovered in a more advanced stage. African-Americans have the highest rates of high blood pressure in the world. When you look at African-Americans who have diabetes, they are more likely to lose a limb to amputation than whites with diabetes. The list goes on and on, the disparities are real and they have been persistent. Despite all of the medical advances that have been made in disease diagnosis and treatment over the years, African-Americans have not benefited as much as whites from the advances in health care. So that's why I felt compelled to write this book because we need to understand that. And one the things I talk about in the book is that Americans in general, Black and white and otherwise, are not aware of these disparities and awareness is the first step to addressing them.

Mark Masselli: Today, we have been speaking with Dr. Michelle Gourdine, physician, health policy expert, and author of the book Reclaiming Our Health: A Guide to African American Wellness. Thank you so much for joining us today.

Dr. Michelle Gourdine: It's been my pleasure.

Margaret Flinter: Each Conversations highlights a bright idea about how to make wellness a part of our community and everyday lives. This week's bright idea focuses on one Mississippi church that's on a mission to fight obesity. Mississippi has one of the highest rates of obesity in the country and the Delta region which is also the poorest ranks the worst on just about every list of health indicators. Because the church is very much a part of everyone's life in the Delta, one reverend felt he had a duty to install healthier habits for his parishioners. High obesity rates are fueled in large part by the deep fried Delta diet, a tradition passed down through the generations and sustained through cultural mainstays like the church. About 10 years ago, the Reverend Michael O. Minor stops serving fried food, soft drinks and sweet teas in his Oak Hill Church, he even built a track around the building for organized walks. He wanted other churches in the area to follow but that was going to take some work. He approached hesitant pastors with a simple convincing argument, sick members can't tithe. Several churches in the area have adopted Reverend Minor's message over the past few years. Most recently the National Baptist Convention which represents roughly 10,000 churches will embark on an ambitious health campaign organized by Reverend Minor. It will place a health ambassador in every member church by September 2012. Spreading the message of health in a culturally appropriate way and with leadership that the community trusts, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care; I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

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