

Speaker 1 ([00:00](#)):

I was introduced to healthcare because my mother was sick and my mother got the best of care. And I assumed that everybody was getting that. And I was a child. And as I grew up, I learned that my mother got the best of care because her doctor really loved her and therefore she had access. And then when I grew up and started to get involved with health care, I discovered that that's not the scenario that everybody has in this country, especially if people of color. And they, when I really started to understand it, I got really into it. The American heart associations mission is to be a relentless force for a world of longer healthier lives and our pursuit of that mission. We're having some amazing conversations along the way. Welcome to the special edition series on equity, honoring the life leadership and legacy of Bernard J Tyson. These are the stories of the relentless

Speaker 2 ([01:00](#)):

Everyone. Um, thank you for joining us. I'm Tanya Odom and I'm a global diversity and inclusion consultant and coach. And I've been working in the field of diversity equity and inclusion for over two decades. So today's episode is how equity impacts heart health. That we'll be discussing topics like social determinants of health, addressing the whole person, mental health and stress and anxiety and its impacts on health. So we look forward to inviting you to this profession. And it's my pleasure to speak with Dr. Keith Churchwell today, before we begin the interview, we're going to hear some words from CEO of the American heart association, Nancy Brown, who many of us know regarding Bernard Tyson as a dear friend, and as a person who she looked to both personally and professionally. So we'll hear from Nancy when Bernard

Speaker 3 ([01:49](#)):

J Tyson died in his sleep last Sunday, Kaiser Permanente lost its CEO and chairman. The American heart association lost a board member. Healthcare lost an influential leader who was on a quest for affordable, equitable coverage. Social justice lost a devoted champion. And I like, many of you lost a dear. Dear friend. I met Bernard in 2006 and we connected instantly. We were both raised in loving middle-class families. We both joined our organizations in entry-level jobs. And at the same time we met, we both worked our way up to be chief operating officers of our organizations. Within a few years, we both became CEO by then. He was also a wonderfully active member of the American heart association board of directors. And well, I'm fortunate to work with so many fantastic board members and CEOs, the parallel nature of Bernard's life and mine made our relationship unique.

Speaker 3 ([03:01](#)):

We shared many challenges and often pursued similar solutions. I learned so much from watching him and talking to him. Likewise, he bounced things off of me personally and professionally. Once I got over the traumatic news of his death, I was flooded with many memories, not of so much of his impressive accomplishments, but the many moments that best revealed his essence Bernard had a laugh and a smile that warmed every room he entered. He exuded the humility joy in wonder of a man who never forgot where he came from at the world. Economic forum in Davos, Switzerland Bernard was part of a mental health panel alongside Prince William, as a CEO who frequently said, you cannot disconnect the brain from the body. We're Nard knew he belonged on such a stage still. He was giddy about sharing it with a member of the Royal family leading up to the event, Bernard, Denise and I fussed over everything from what he would wear to learning how to address the Prince years ago, Bernard was named to the time magazine's list of 100.

Speaker 3 ([04:16](#)):

Most influential people at a banquet for all honorees Bernard was asked to make a toast. He shared several anecdotes about his dad, thus conveying the man's wisdom to all of the distinguished people in that ballroom in 2006 Bernard's perspective, expanded again, he suffered a heart attack and underwent open-heart surgery. It was a few months later when he and I met for the first time. One of the stories he told me is that, well, his doctors saved his life. His soul was soothed by a nurse who had held his hand and told him everything would be okay. He liked telling the story, I believe because it was a metaphor of how he ran his health system. Yet Bernard did not limit himself to healthcare. He lent his powerful, eloquent voice to address everything he considered unjust, including racism, gun violence, poverty, and homelessness. He did this simply because the people at the root of those issues needed him through his words, his actions, and the way he made people feel. He left the world of healthcare and the world at large, better than he found it. Their fruits of his labors will be reaped for generations.

Speaker 2 ([05:38](#)):

Thank you, Nancy. As always, your words are inspiring and grounding. Thank you for being with us. And Dr. Churchwell is the president of Yale, new Haven hospital and national board of directors, member of the American heart association and the chair of the national advocacy committee of the American heart associations. And I have to also someone who and I became an American heart association volunteer. I always thought Dr. Churchwell as someone who was literally in the middle of the very important conversation that aha was having. And so it's my pleasure to welcome Dr. Churchwell here. Can you just share how you came to know Bernard Tyson and one of your fondest memories of him?

Speaker 4 ([06:17](#)):

So, uh, Tonya, I got to know Bernard because of my association with American heart association and the fact that we were on the national executive board together. I had not met him previously. I obviously heard of him and heard of his great work. So in some respects, the first meeting, you're a bit intimidated given the portfolio I've been described by many and also particularly by Nancy of being in Davos with them and actually meeting the Prince with him. So what do you find you find the same individual that, uh, that probably lived down the street from you when you were growing up barge to his sensibility, his friendliness, his interaction with people. So, uh, I came home to my wife and I say, you know, I just met one of the most remarkable individuals I've ever met in medicine and opportunity to sit with them for a couple of days. So, uh, so I, I came to know him and, uh, and to see him work actually at our board meetings. And, and in that, uh, made a little investment turns, trying to get to know him a bit better through the, through, through the Google machine, obviously, but also sitting down with him and have discussions about his work and his life, uh, and how things had evolved for him over this period of time. It's, you know, it's a remarkable story to hear and, uh, and for us to bear witness to.

Speaker 2 ([07:46](#)):

Hmm. That's good. Yeah. It's interesting. You know, when I look at some of the questions I'm going to ask you one of the things that come to mind for me, you know, not knowing what the Tyson is also the word courage, right? So their language of passion, but also the courage to name some things that we don't always want to talk about or are easy to talk about. Um, and so we know that the place of deeply believed in the mission of addressing social determinants of health. And I'm wondering if you could sort of give us a definition or framing of social determinants of health and give us some examples of why they're they might be.

Speaker 4 ([08:21](#)):

So when we talk about social determinants of health, uh, one of the things that we realized that, uh, the impact that has on our day-to-day health, on the health of the patients that we take care of is actually remarkably significant. The data would point towards a greater than 60% impact in terms of health of health, of patients greater than the degree of the medications that we give, or the operative procedures that we do. So it's important for us to really think this through and understand what we mean by the social determinants are the determined, the issues around, uh, housing and housing insecurity, food insecurity, but even a better term. That's evolving. I think there's nutritional insecurity, uh, education and the, and the lack thereof and the insufficient educational plans and processes we have for, for both the individuals and the populations, and especially within the underserved environments, uh, uh, underserved populations and underserved neighborhoods in our, in our country.

Speaker 4 ([09:23](#)):

These are the, these are what we describe as a social determinants that actually have, have an impact, a huge impact of familial impact of, uh, of the, that particular disconnect is incredibly important. That has had that we have actually started begun to understand the, the, what has been impact has actually on our overall health, uh, you know, and our work that we did over the past. Oh, the number of years for the aha to look at social determinants and, and the disparities in terms of health. Uh, you know, one of the things that struck me that I did not know was actually in this work and this particular issue was, you know, childhood trauma, uh, the stresses of childhood and the events that occur actually to children that has an impact not only, uh, initially to them, but also the lifelong impact and the impact it has actually, uh, and the impairment of them, but laterally to actually have to break out of the social determinants, but also the impact of overall health, uh, because of the stress that then the stressors that actually come from those particular events, uh, and the impact those stressors have and the longterm and those individuals.

Speaker 4 ([10:36](#)):

So we talk about social determinants, we're really talking to those, those particular issues and then thinking about solutions and opportunities for their overall advancement and to the overall improvement that actually are going to equal the improvement in the overall health, cardiovascular health, cerebral, vascular health, early to tribal health.

Speaker 2 ([10:53](#)):

Um, that's really important. And I think for me, you know, working with aha, I had these sort of awareness of these things just from an equity perspective, you know, having studied sort of sociology and undergrad, et cetera. But I think one of the framing pieces that it really helps to reframe is, um, rather than sort of looking at someone and blaming someone, right, for some of these things to acknowledge the structures and systems around them. Um, so, you know, you actually started to talk about this, you've talked about trauma and you've talked about stress and can you speak to, uh, Mr. Tyson's work in this area and how you think the stress of what's going on in our communities today caused increased risk on the hearts?

Speaker 4 ([11:38](#)):

So one of the things that he actually, I think did, if you do do a review of his work with Kaiser and review of his life was, was connecting the dots, uh, in regards to the pathways of care that improve the overall health of the individual and, and, and understanding that that happens not only within the environment

of the hospital or the acute care institution, but also within the communities that we actually live. And in that, how do we actually enhance those overall communities? So those stressors of, in terms of a lack of education stress in terms of, uh, of, uh, uh, you know, housing insecurity, nutritional insecurity, that is stressors that have actually the impact of mental health on the individual and also on the family, uh, he had, and put together initiatives with a significant amount of funding from Kaiser and with his leadership to think about, uh, thinking about how to improve those particular issues within the communities that they serve, uh, and to tie it all together so that they, these things actually are truly connected.

Speaker 4 ([12:42](#)):

That one siccing one or improving one will lead to the improvement of the other. So, uh, leading to a greater degree of mental health services within the primary care environment with Kaiser needs to actually improve. And then the overall health and wellbeing of the individual, which, which will improve their overall general health, they take their medicines, they actually make their appointments. They actually have an opportunity to think about the next stages in regards to their overall educational and, uh, and social attainment that they actually need to actually work towards. Uh, these were important issues, uh, the funding that he actually worked towards for, uh, to combat homelessness, actually within the Oakland area and tying that to an initiative for Kaiser Permanente to say that homelessness in itself actually is a major determinant. It actually is a major cause of actually the decrease in the overall health of the population that they served. So providing housing is one of these connecting dots so that people can have us have a roof over their head, can have, uh, can, can live in a way that allows them to actually interact within the, their own personal society, the society of the neighborhood that they're, that they're living in for a much greater degree, and then allows them to have that personal connection with their care providers, and also allows them to actually then work towards an opportunity to, to have a place and to have a process for them to actually attain better health.

Speaker 2 ([14:13](#)):

Hmm. So I'm going to ask a little bit more about this sort of, um, issues of mental health. So we know that health inequities in the country are historical, including the, the disparities of cardiovascular diseases, as you mentioned. And so when we think about treating the whole person, which was the Tyson was passionate about and pointing out what, how does mindset and mental health impact heart disease? Can you dig a little deeper on that?

Speaker 4 ([14:43](#)):

Uh, you know, talking about the stresses of day-to-day of our day-to-day existence and the impact that has in terms of our overall health and health in particular, we know that there is a direct line of sight and, uh, and the fact that, uh, it increased stress, both mental and physical stress actually has significant impairment of the overall cardiovascular health and not addressing those issues is actually is going to be deleterious to the individual, to the, to the patient. So someone with hypertensive disease, we traditionally have thought that, uh, medical therapy, which we have a country incredible armamentarium, and, uh, that are provided to the patient is going to be the pathway to improve their overall hypertension, uh, in the longterm and improve their cardiovascular health. But what we miss is actually some of the underlying issues for their hypertension is actually both it there, there's probably, there is a degree of genetic basis, their degree of environmental basis.

Speaker 4 ([15:39](#)):

And they're in a very, in terms of their, their social economic and their environment basis, which actually has impairment of their overall health and their mental health. So if we don't address the stresses and strains on their everyday life and to have them understand it and actually how they can adapt to it and improve it to a greater degree, we're not going to achieve our long-term goal, improve their overall hypertensive hypertensive health. So we're going to have a greater degree of failure. So with that, we're going to have a greater degree of actually incidents of cardiovascular incidences and cerebral vascular events in the population. If we don't actually take all that into consideration. So it's a combination of course, of talk therapy and understanding the stresses that people are under understanding actually, if they have a focal and it's discrete diagnosis from a mental health issue and how to actually compress that with the right personnel, both from a, from a pharmaceutical perspective, but also from a talk perspective, uh, to have someone there to actually that who understands what their issues are, and actually can combine the issues, uh, in a way that, uh, that things aren't left out in regards to their, both their medical issues, that they have their mental health issues and that overall combination.

Speaker 4 ([16:50](#)):

So with number one, we don't have interactions with just the medical therapy that we give and actually actually have an adverse effect to the pay from the patient. Right. Uh, and understanding of course, that actually, if we're going to give a combination therapy, are they going to be, having really have access to an eye really are how they're going to take it and, and what is the process and plans that we can put in place to really understand that and ensure that happens. Right. So, you know, so, and I really so putting that into the, into the, into the whole mix, having that particular perspective, as we think about the primary care of the patient, but overall the whole holistic care of the patient I think was important. And I would think it was a, he understood too it's to a great degree and w and worked to put plans in place in regards to, in his environment. And he had great control over it to have people understand that and move forward to, uh, an initiative to, to fix that.

Speaker 2 ([17:43](#)):

Yeah. I mean, it's such an important language right now, a lot of leaders are talking about or being to remember the whole employee as we live during these times of COVID-19 in quarantine. Yeah. I mean, I think what you just said for me, at least, I hope people are hearing the connection to now that the whole person being addressed can help us. You have a big job as president of Yale, new Haven hospital. And, uh, I think the next question really is about what would you say to, um, hospital administrators and physicians in terms of what they can do better at, in terms of addressing the social determinants of health? I mean, you just talked about it in terms of integration. What else might you say?

Speaker 4 ([18:29](#)):

Oh, you know, the, the, you know, the, the, I think we're on a, I hope we're on the right path of thinking about the maturation maturation of the true health system environment. Traditionally, what we've done extremely well is put plans and processes in place to take care of the acute issues that people actually have from a health health issue. Someone comes to our emergency room, having a stroke, someone who comes in with an acute AMI, we have remarkable capability to treat those patients that has evolved over the past generation. And it's just amazing that when I was an intern, that patient stayed for seven to 10 days in the hospital, and we had actually limited capability to actually have an impact on that particular patient for the acute event. And thinking about the chronic issues that actually spooled out from that particular vet. Now, patients come to the, our emergency room with these particular problems.

Speaker 4 ([19:23](#)):

And within minutes, sometimes hours, sometimes within minutes, we've resolved their heart. We stopped our heart attack. We've stopped trope. We've actually brought them back to baseline, but in actuality, we're discharged. And then we're surprised when they come back a week later with a hypertensive crisis or with heart failure or with other medical issues that we actually did not address at the time of that particular acute event. So from a, from a health system perspective, from a hospital perspective, I think what we're learning and starting to understand is that we are actually, uh, partners with our patient on their journey, through their health issues. That is not only in the acute situation where, which we do fantastically. Well, we have to think about, and the, in their very issues, I'm coming from the ambulatory side before the event, and also the consequences of our therapy and of the event itself and the post event phase.

Speaker 4 ([20:23](#)):

And how can we actually stay with them, develop a plan of care, develop a processes of actually understand our basic understanding for the patient and their family about what happened to them and the why and what interdictions that we can make in the long-term for them and with them to reduce the possibility of that happening at camp. I happening again, and also thinking about the pathway to a healthier life. What are those things that they're going to need to actually to achieve that particular goal? What are the deficits actually in the, in the area and the arena where they live that we actually need to address, if not ourselves, with partners, actually within the health community, within the communities that we live to help them to actually think through, how do we best better have a very good conversation and conversations about their health so that they understand what we're trying to convey.

Speaker 4 ([21:16](#)):

And we understand what they're trying to tell us about their needs and their anxieties and the issues that surround their, their, their opportunity to actually improve their health. So I think that's where we are in terms of thinking of the next step. Now that that's where Bernard was and thinking about the, the, the utilization of the resources are at an Kaiser and his role that actually developing their whole pathway of care, I think, and I, and again, I think that's where we all are, uh, in thinking about what's the next big step. What's the next big opportunity for us to actually have an impact on the health of the individuals that we serve?

Speaker 2 ([21:52](#)):

Hmm. So Mr. Tyson has shared how seeing his mother and her experiences with access to healthcare was a huge driver for him choosing healthcare as a career for approximately 50 million people in the United States and growing after COVID-19 and are really strapped and being asked or forced to make trade off between paying rent, purchasing medicine, healthy food, medical care, what are some viable solutions in this current state?

Speaker 4 ([22:20](#)):

So, uh, there are, uh, resources that I think probably each community that should be tapped that should actually be brought together to number one, understand the problem, think about what are the opportunities to actually to address the particular problem for the individual and for the population. And then, and then put together a plan of action that surrounds that, especially in this particular case, you know, uh, uh, that type of, uh, the deficit you're talking about is actually just almost overwhelming,

uh, both at the personal level and actually at the population level, but we have actually been, I think many of us and in many institutions have been thinking about this for a long period of time of how we actually bring resources to bear both at the public service level, at the philanthropic level, at the community level, at the hospital level to actually help address these particular needs over the short term and the intermediate term, as we think about, uh, plans and actually solutions in the longterm. So, uh, there's not a good reason that we should actually think about this as, as a problem that we have to solve by ourselves. We should actually think actually about, uh, leveraging expertise, leveraging capabilities of those within the community who actually are also thinking about this, who actually bring their part to it. That actually be incredibly important in terms of problem solving and then worked then worked together to actually, to, to resolve these particular.

Speaker 2 ([23:46](#)):

Hmm. Um, makes me think about the impact side, which we'll talk about in a moment, right? Yeah. I mean, exactly right. Like where are the, where are those sort of are the people who understand what at first I remember, I mean, I remember my dad grew up in Harlem, um, in the 1940s and fifties. And he used to say, whenever the lights went out, you know, meaning, you know, street lights, when he said all the volunteers would go home, all of these great people who would come to sort of work with the community would go home. And I never forgot that, that whenever I'm in a community, I go home better to ask than the people who are living there when the lights are out. As I think of it, my dad's analogy. So I'm listening to aren't members of any disproportionately impacted demographic sector, like people of color, like some of the lower income people. We may be talking about lower socioeconomic status, aside from just human compassion. Why should they be concerned? Why should this be important to them?

Speaker 4 ([24:48](#)):

Uh, well it not only has an impact on them personally, but also the impact of their own, their families, the next generation and generation is actually the follow-up right. I mean, I think we all think about the fact that we're on a pathway for improvement, not only personal improvement, but thinking about what the next generation that we actually have we've invested in and where they should be, where we want them to be, where their opportunity is in terms of their believing, a leading a healthier existence all your life, but a truly a healthier time actually on the planet. So I think, I think our investment is important, but invested by the, on the communities is just as important for, for that understanding about how we can actually continue to move things forward.

Speaker 2 ([25:34](#)):

Um, everything you said, I just want to sort of say, and even right now, it feels so much more important. Just listening to you thinking about sort of, if we recorded this pre COVID 19 pandemic pre you know, what, you know, whatever's happening around sort of the racial injustice awareness, like all of these things feel so incredibly important right now. Not that they weren't before, but right now, even more important. Um, so what would you like people to know about Mr. Tyson as we sort of come to the end of this sort of conversation?

Speaker 4 ([26:07](#)):

Um, I don't think he took himself terribly seriously, and because of that, uh, he was comfortable in any environment and because of that, he was incredibly effective in regards to conveying his personal message and getting people to rally around him in regards to what he wanted to accomplish, uh, uh,

that he was, uh, set to do good things. Uh, and, uh, and that's, I think something that all of us should actually be seriously thinking about in regards to our lives. And I think he also knew that he had to do that. He actually needed to, uh, bring people around him and, and, uh, and, and institutions around him that can help him do that and to convince them that this was the right thing to do. Uh, and that was the power of his intellect. There was a power of his persuasion, uh, and his understanding of the opportunity that was actually on the table and how to seize it.

Speaker 2 ([27:14](#)):

So my last question for you, um, you know, we've talked about finding that genius or the solutions from within communities. And so what is the Bernard J Tyson impact fund mean to you and how can we all engage in advancing, uh, Mr. Tyson's legacy and also that mission that you just described, right? This sort of caring about the whole person, the caring about who people are, what they're experiencing, what their thoughts about that in connection to the impact fund and how people can engage in that.

Speaker 4 ([27:46](#)):

Tanya, I think about how he would want us to approach it, or if, uh, at this point, right. And I think he would ask us here, that's great to have the money, but where are the ideas? Right. And, and, and, and just as important, if we're going to have the ideas, how do we actually execute them and then bring them to completion? So there, we're actually moving, we're moving things in the right direction and would charge us to understand that it's not just money. It's not just the raising of the money, but it's actually finishing, getting to that particular finish line in regards to, uh, that we all should be invested in.

Speaker 2 ([28:26](#)):

Well, can you talk a little bit about the connection between stress and anxiety and health and cardiovascular health?

Speaker 4 ([28:34](#)):

Yeah, that's a great question, Tom. You know, there are both long-term effects we think of, but also short-term and acute effects that are, can be quite profound on the heart than the cardiovascular system. Uh, in the short term, uh, can acute, we actually have a syndrome that's been described over the past few years. Uh, we call it, uh, we kind of the Takotsubo syndrome and a Takotsubo is actually the shape of a Japanese boss. Uh, the part then actually takes that shape. And when it actually is affected by this particular event, uh, stress can lead to, we think are high adrenaline levels that actually has more toxic effect on the heart muscle, acutely bleeding into the heart muscle, actually, literally, uh, having a remarkably decrease in overall its overall function, uh, leading to signs and symptoms that are very consistent with a heart attack, but, uh, but without evidence of major obstruction of one of the coronary vessels, uh, the good news and the great majority of the time that people can recover from this, uh, as their stress level actually resolves a great example actually has happened to someone in midst of a significant life-changing event, like the death of a parent or the death of a spouse or the stresses and strains that can happen actually with the change of a job or the loss of a job.

Speaker 4 ([29:52](#)):

This is what we've seen this happen to people being admitted to the hospital and then the identifying it. And then you have the long-term effects of stress actually on the system, uh, from a cardiovascular standpoint, which you lead to some persistent problems with hypertension, uh, you know, persistent problems actually with your diabetes, uh, as a, as a, as a, as a, as a, as part of the overall symptomatology and



accumulative effect in terms of its, uh, their reproduction in terms of their overall cardiovascular function that kind of can occur. And then, uh, that, that actually stress is trained, uh, putting a, you know, significant impact from, uh, from, uh, whether in a Rhythmia can occur or, uh, and other issues from a cardiovascular standpoint. So I think, you know, we've been able to identify both short term issues where acute stress and high degrees of stress can actually have a major impact on the cardiovascular system. And then the long-term effects that actually have that have really, uh, can have a total body effect, but in Tikrit bins, particularly on the cardiovascular and the heart and also on brain, thank you, John. It was great being with you.

Speaker 1 ([30:57](#)):

I used to argue early on that it was about equality that everybody has to be treated equally. And I later discovered that's not the right framework. That's not the right narrative is about equity. Everybody gets what they need to get the same outcomes. Thanks for joining us and keep listening. Your next episode is on the way, stay tuned for more stories.