

Speaker 1 ([00:01](#)):

When I was diagnosed with diabetes, I didn't realize how much of a food addict that I was. I didn't realize how addicted to the wrong foods, the comfort foods, the unhealthy foods, because that was what I was raised on. You know, that that's all I knew is how to eat unhealthily. And to me, healthy food was bland and didn't have any, you know, no pizzazz to it. And I didn't know that I had diabetes and I started feeling pain on the bottom of mine, but, and I was driving on the 4th of July, 2005. I was driving from New York to Washington, D C with three friends, I'm driving. And for some reason everything was blurry. I couldn't, I kept blinking my eyes, trying to get clarity of sight. I barely read the signs. I've got my friends, reading the signs for me while I I'm driving. I'm driving half blind.

Speaker 1 ([00:53](#)):

And when we got to Baltimore and I knew that I had stopped at the rest stops 20 minutes, every 30 minutes, I'm drinking incessantly, I'm drinking all the wrong things. I'm drinking Apple juice, I'm drinking green juice, I'm drinking slushies and sloping. Yeah. And didn't know what I was dealing with because that wasn't a conversation that we had all folks in my family calls it, the sugar, got the sugar. And I, it wasn't something that, yeah, we understood or realize how dangerous it was. And surely didn't think that it was hereditary and could be passed down. Yeah. And I finally, God really told me, we go to the hospital. We were in Baltimore. And when I heard go to the hospital, I drove about maybe 200 feet and there was an eight sign, the hospital sign. And I literally just pulled off the highway and went to the hall at the Baltimore hospital.

Speaker 1 ([01:41](#)):

I went in nobody while he was in there. I went into the bathroom. And when I finished the book, I caught myself getting dizzy and I started to faint and I pulled the cord emergency cord. And it came in my blood sugar level was over 700. And, uh, I was, my A1C was 13 and I could barely see. And that's when I found out that I had diabetes. And then even after that, I knew I had that, but I didn't know how it affected the rest of my body. I didn't know how it affected my heart. I didn't know how it effected my eyes on was that they put me on Metformin. Then they changed me to injections. Yeah. Insulin. But the information, it wasn't really something that I could, that I could really understand. And these kinds of companies are key to helping common people understand the practical aspect of managing their health, understanding how the link between diabetes and the heart is so connected that they need to really pay attention to how they're living, what they're doing, how they're eating and how to better their lives. But there needs to be an ongoing conversation that we can continue to drive the point home about how this horrible thing called diabetes is manageable and how, if unmanaged, how it picks our heart on

Speaker 2 ([03:00](#)):

Our lines and the everybody else that wants to know more about this for you and your loved ones. All you gotta do is go to know diabetes by heart.org. The American heart association is proud to be a relentless force on a mission for longer healthier lives and our pursuit of that mission. We're having some amazing conversations along the way. These are the voices of the relentless.

Speaker 3 ([03:33](#)):

You just heard the voice of pastor, world renowned gospel artists and new Yorker, Donnie McClurkin. Who's also host of the Danny McClurkin show share about his family's eating traditions that ultimately led to him having diabetes, which if left untreated can and has led to many serious medical problems for millions, including heart failure, heart attacks, and strokes. While Danny by all accounts is successful. His

health story underscores just how deeply rooted the challenges are in communities of color. In other words, if he's been impacted, imagine the plight of those less fortunate and without access to healthy options and healthcare today, we're shining the light on these issues and much needed solutions for underserved communities in New York city, which can still translate to communities all over the country. Health disparities in New York city, often rooted in racial and economic inequality, individuals living in neighborhoods only one or two subway stops apart may differ more than 10 years in life expectancy.

Speaker 3 ([04:31](#)):

In this podcast, we're bringing together two passionate and relentless leaders who are using their expertise, efforts, and resources to tackle the challenges at hand head on, Hey, I'm your host, Troy mainly. And this is the third and final installment of the relentless cities, New York city series, capturing a communities or limitless pursuit of health in the face of COVID-19 racial injustice systems, limitations, and health inequities, all being met by an unyielding spirit of resilience. We complete this three part series confronting health disparities here to help us better understand the dichotomy of health disparities in NYC is dr. Lawanda Harris assistant clinical professor of medicine at Columbia university Irving medical center, and the associate chief quality officer at New York Presbyterian hospital, who worked as a tireless advocate to advance health equity and to eliminate racial disparities for women and communities of color. She's also a member of the American heart.

Speaker 3 ([05:27](#)):

Association's New York city board of directors. Also joining our conversation today is Liz Elting. She's the founder and CEO of the Elizabeth Elting foundation, a new Yorker, and one of the wealthiest self-made women in the country who recognizes her privilege and her responsibility to improve the health outcomes of every resident of the country's most diversity. Also an aha NYC board member. Liz learned about the disparities present in this city. And as a result has become a strong financial to eliminate health disparities together. In this episode, these two leaders discuss solutions to health, disparities, and opportunities for relentless growth, empowerment, and progress in NYC dr. Harris, it's great to talk with you today. Uh, first as we begin, I'd love for you just to tell us a little bit more about yourself and why this issue of health equality, why it matters to you and how it's impacting communities of color.

Speaker 4 ([06:24](#)):

I am dr. Lawanda Harris for me, this is professional personal. And so what I mean by that is I am a physician who always has patients as my true North for everything that I do. And it is important to me. The population that I serve is in Washington Heights, which is mainly a Latinex community. And these people from this community are disenfranchised in many different ways. There are definitely many health disparities that we witness. And so for me, when a patient comes in, the personal side of it is I am my mom. I have a 13 year old son when another mother comes in to visit, or if a father comes in to visit with their child, I want to make sure that they have the best care that they can get. I want to make sure that they have access to all those things where they can have the best outcomes. So I care because I see the humanity in everyone, and I believe it is a right to be able to have the right access at the right time. So people can attain their highest health potential

Speaker 3 ([07:39](#)):

Jump in right there. And talk about health equality first. Why does it actually matter in the real world? What does it, what does it even mean? Right. Health, health, equality. It sounds kind of, you know, kind of benign, but what is it, how do you define it as it's playing out in NYC?

Speaker 4 ([07:55](#)):

Healthy quality is when there is no difference between the distribution of health resources and the health status. But what we really want to achieve is health equity, which means that everyone has a fair and just opportunity to attain their highest level of health. And what we've seen are glaring health disparities. And when we think about health disparities, health disparities means that there is a difference among groups as it relates to social economic factors or social determinants of health. And that can include whether or not someone has access to transportation. Someone has access to food. Someone has access to insurance.

Speaker 3 ([08:40](#)):

I'd like to bring you into this conversation. Tell us more about yourself and why is health equity important to you?

Speaker 4 ([08:47](#)):

I'm Liz Elting and I'm the president and CEO of the Elizabeth Elting foundation. In my entrepreneurial years, I saw issues with people not being treated the way they should, whether it was women, people from certain zip codes. And I thought when I get through this phase of my life and move on to my nonprofit work, my philanthropy, I want to focus on people. I saw challenges for myself as a woman, but then I saw challenges for other people because they weren't born into a certain situation. They weren't fortunate enough to have education or have the right health care or have access to the right food. It's not right. It's not fair. The least I can do is make an effort to help people because everyone deserves to be treated equally. And that's what it's all about. And I just want to do whatever I can to help make that happen.

Speaker 3 ([09:40](#)):

I know you're passionate about helping women, especially how does health equity connect to that? That mission?

Speaker 4 ([09:47](#)):

My passion is the work of breaking down barriers that hold back women in marginalized populations and advancing true equality for all. So with an eye toward that future, my foundation that I started two years ago after being an entrepreneur for many years is committed to promoting progressive and feminist efforts to eradicate systemic barriers, promote public health and education, to achieve workplace equality, to rise beyond the glass ceiling and open the doors to economic independence. For those that society is far too often shut out. And as far as the American heart association, I actually attended a go red for women luncheon about eight years ago. Absolutely loved it. And I loved it. The AAJ had a movement to help women protect themselves from their number one killer heart disease. And I became involved and I eventually ended up being the executive chair of the event. And then my involvement grew from there. I joined the local New York city board, and now my foundation has donated to the American heart association social impact fund because it aligns perfectly with the foundation to go to eradicate systemic barriers, promote public health and education, and to achieve overall equality.

Speaker 3 ([10:57](#)):

Speaking of making the connections across communities, uh, dr. Harris, I want to ask you, you know, it's been said that COVID-19 has really reveal just how significant health disparities in this country really are and how has all that played out in New York,

Speaker 4 ([11:13](#)):

But given the pandemic, we've seen different examples of how people may not have access to their providers. Even when we look in New York city and particularly across the country, we see that the black community and the Latino community have been disproportionately impacted looking at COVID related deaths. There was a disproportionate rate of COVID-19 illness within the black and Latinas communities. We know that a zip code should not determine what your health status is going to look like, who you love, you know, your family, they should not be impacted by where you live, but at the same time during this pandemic,

Speaker 5 ([11:54](#)):

I think it's been a great opportunity for us to see these existing disparities. We know what we need to work, and that is toward health equity, where everyone has a right to food, to access of insurance, to their providers, living status, quality of life. And that's what we want to see, that everyone is able to attain their highest potential.

Speaker 3 ([12:17](#)):

Pastor Donnie McClurkin talked earlier about his family's unhealthy diet and his experience with diabetes, which of course, as we all know, can lead to some really serious issues, right? Some serious illnesses, including heart disease. Dr. Harris, can you break it down for us and elaborate on how race and socioeconomic status are factors or how the two collide,

Speaker 5 ([12:39](#)):

You know, there there's so many factors that influence how diabetes plays out. I mean, millions of Americans are affected by diabetes, but we do see a higher number in black and Latino community. And when we look at those communities, you ask the question of whether or not race has anything to do with it, or where someone lives or their, their income level, those social economic factors do tie into how it presents itself. Meaning if you know, I have a patient who has prescribed a particular medication for them to take, you know, they may or may not be able to afford the medication. They may have to decide between their diabetic medication or paying their rent. There may be some differences in them, you know, their level of understanding if I'm trying to, uh, describe the instructions, although, you know, we, of course we do have interpreting services to help, but there may be a health literacy level that we may not have addressed.

Speaker 5 ([13:42](#)):

And we have to think about diet is a huge factor when it comes to diabetes and you're you're right. Um, you know, when you look at, um, black communities, because of the type of foods that we have traditionally eaten, they may not be as healthy. And so, um, because they're not as healthy, those people in those communities may have more complications associated with diabetes. And so there are so many factors that can influence and impact how a particular condition plays out. And we see that. And so we know that when a patient comes in, we have to look at more than just the biomedical aspect that is you are presenting the diabetes. And that's the only thing that I may focus on. No, we also have

to look at what your access to care is. Transportation. Can you get back to the appointment? What type of insurance do you have?

Speaker 5 ([14:40](#)):

You know, that is, can you afford the medication or do you need some type with, um, you know, pharmacy assistance program, which hyper neighborhoods you live in? So, so we have to look at all those different types of factors when we're coming up with a plan to help out. It is one of those conditions among many that it just demonstrates that it's not just looking at the biomedical aspect, but we also have to look at the psychosocial factors that may tie into whether or not someone is going to have their diabetes controlled, or they may have complications or not.

Speaker 3 ([15:14](#)):

When it comes to health disparities, what makes New York unique?

Speaker 5 ([15:18](#)):

So we have this great mix of different cultures, different ethnicities, and then you tack on it is a very densely populated city, and then how that infrastructure is built. And so within that, you have these different institutions, health institutions, financial institutions that are sort of speaks to the center of the rest of the nation. The rest of the universe is some people may call it. New York city tends to be at the forefront when it comes to any particular health concern. It's already always been a city that has taken the lead in addressing public health issues, whether or not that was looking at birth and low-SES whether or not that was some of the policy work that we've done in New York city, looking at smoking in some public spaces or work we've done is American heart association looking at chain restaurants. What are the calorie counts look like or making sure that our menu have as a default healthy choices for our kids.

Speaker 5 ([16:31](#)):

Your city has always been just that place if that's the forefront, but it's unique because look, this is a big sort of pot. You know, I would not say it's a microcosm, but what happens here that goes forward for everyone else. And so we know that youth Cohen, for example, we were the epicenter when it happened. And so we saw all these disparities that's when everything was sort of brought to the forefront. And we knew that this was very representative of what was happening across the United States. What makes us unique was that we were at the forefront, I believe on all levels of our New York state government, as well as it, you know, at our health institution to end the health policy institutions in a non-for-profit institutions to have a conversation about what we were seeing, what was happening as it relates to health disparities, we wanted to really bring awareness, what are we really going to do about this? And how can we really impact and influence discussions across the United States?

Speaker 3 ([17:39](#)):

And this question I want to pose to both of you, what does a vibrant, healthy neighborhood actually look like?

Speaker 5 ([17:46](#)):

When I think about a vibrant community, you know, a community

Speaker 4 ([17:50](#)):

Is made up of a whole host of many members and many factors. You know, the community are the people who go about their day to day experience milling around, but it also means that there has to be an intersection of their local governments, their state governments, to ensure that they have the right resources in order to have a great quality of life. When I think about a vibrant community, I also think about the walkability factor. When I walk outside of my building, do I have access to clean and safe parks? Do I have an access to a library? Do I have access to a supermarket that has fresh, nutritious, culturally sensitive foods, which we have seen in New York city, there are food deserts that exist here. And that shouldn't be, as Liz has said before, your zip code should not determine how you live. And so a vibrant community will have all of those things, right?

Speaker 4 ([18:57](#)):

No, I agree with everything you're saying, the ones, uh, you know, I personally just as an aside, I mean, one of the things I think, no matter what situation I'm in, it's all about all of us coming together, all of us from all walks of life races, all religions, different backgrounds, and that is the kind of neighborhood I would love to be a part of. And I think everybody deserves to be a part of, but with access to all of those resources that are the minimum to get to where we all deserve in life. So I think that's a nice thing to think about and aspire to what is a great neighborhood.

Speaker 3 ([19:30](#)):

Well, let's switch to looking at integrated solutions here as a business woman, Liz, how do healthy communities, how business, and can you talk about the connection there between a healthy community and healthy economy and, and what's, you know, what are the opportunities for residents in this

Speaker 4 ([19:44](#)):

Well, healthier communities help to cultivate a healthy, more productive workforce, fueling future economic growth and education is critical in a more educated prepare potential workforce pool is absolutely necessary. Healthier communities are associated with higher rates of education, which can benefit both workers and employers and corporate America really needs to be involved in community health because they want to increase the health of their employees and reduce the amount of money spent on healthcare benefits. They're aware of the importance of keeping the nation's health in line, which is vital to keep business thriving. So that's the case with big companies, but then also small businesses thrive in healthy communities. They bring growth and innovation to the community in which the business is established. And they also help stimulate economic growth by providing Optim employment opportunities to people who may not be employable by larger corporations. So those are some of the ways in which healthy communities help business.

Speaker 4 ([20:42](#)):

You know, Liz, I really liked the idea of, and the commitment that I have seen businesses make to communities. And I think there definitely needs to be more of that. You're clearly are a leader in what you're doing with your foundation, you know, to have those community business partnerships is critical because like you said, it's the businesses that provide economic development to make sure that there are thriving communities, but at the same time, you know, businesses also have to demonstrate some humanity to make sure that those people in the community are able to, to have sustainable quality lives. And that's where those partnerships are critical for those businesses to understand what the people in those communities are going through and to work with them, to come up with solutions in order to

make improvements. And this can only be done if businesses and communities partner together. I totally agree.

Speaker 3 ([21:41](#)):

What does success look like? How will we know if we've been successful?

Speaker 4 ([21:45](#)):

We will know when we're successful when we have achieved health equity, which we've talked about over and over again in terms of making sure that there is no difference in everyone has an opportunity for a fair and just means of reaching their full health status. And the one marker measure of whether or not we've achieve health. Equity is looking at health disparities. As Liz mentioned before, looking at health disparities, as it relates to hypertension, as it relates to strokes, as it relates to obesity and the black and Latino communities. When we don't see that there is a difference among different groups. Right now, we know that blacks and Latinos and native Americans have a higher rate of hypertension, obesity, diabetes than their white counterparts. We'll also know that we've been successful when we really looked at those societal factors, those social determinants of health. So tidal factors like systemic racism and social determinants of health, like access, whether or not that's access to insurance, access to your providers, having, you know, food, having transportation once we've really taken a very good view and reviewed, evaluated those different societal factors and no social determinants of health, and really try to level the playing field.

Speaker 4 ([23:14](#)):

And then we start to see that there is a shift, a change, a decrease elimination of health disparities. That's when we know that we have achieved health equity and that we are indeed successful as a society

Speaker 3 ([23:29](#)):

In this current climate, with the economic fallout from COVID-19 and so much hurt and pain on the economic front. And then we have on the other side and the issue of racial injustice and this reckoning on race, how does all of this and our health challenges on top of that bearing on us and bearing down our mental health. What is one thing that we need to be focusing on? What should we be focusing on?

Speaker 4 ([23:52](#)):

You know, I think the one thing that has become apparent in the current climate that we're in, that we have not taken into consideration, although there has been literature published on it is how systemic racism and racism impacts one's health status and systemic racism is a very large topic. It could be when you look at environmental racism, you look at the South Bronx, the South Bronx has one of the highest rates of asthma, particularly in New York city. And if you look at the environment and how things are sorta set in, in the Bronx, you know, the air quality there that impacts asthma, but you have to take a step back and look at how certain rules or regulations or policies are set in terms of how there may be set in that community, you know, sanitation. So I think that's been the biggest thing. And that's one of the things that we have to recognize. That's a huge stressor for people who are trying to live a really great quality life. And that's something that we know that we need to address. And we also need to recognize that it is a health risk factor and that it is a stressor as it relates to someone's health.

Speaker 3 ([25:13](#)):

Black women seemed to disproportionately bear, um, an undue burden of so much in society. And they're often the main caregivers at home. What could women in New York be doing better to help themselves to stay healthy and sane, given all the pressures that they are so often

Speaker 4 ([25:32](#)):

I am a black woman and I'm also a mother. And I think as women and particularly women of color, black women, we have to be very cognizant and aware of our health and our health status all too often in the black community. We may not want to know something that we know is going to impact us. And so we have to increase the awareness of different diseases or conditions that disproportionately impact black communities as women. We tend to be the ones who will grab our partners and say, Hey, you need to go to the doctor. We take care of everyone in our family, but we don't take care of ourselves as women. And so I think that we have to make sure that we are taking care of ourselves. I know you're very familiar with this analogy. When you get on a plane, the flight attendant says to you in the event of an emergency, please grab the mask and place it on yourself before you place it on the person next to you, the child, they always have that illustration and that applies in life.

Speaker 4 ([26:36](#)):

We have to take care of ourselves so we can take care of our partners. Our husbands take care of our families, take care of our communities, but it starts with awareness. And we have to recognize we are those stewards. We are the ones that people look to to help them out. We have to make sure that we're taking care of our bodies. So awareness and not being afraid to say, I want to learn more about my body. I want to know what's going on. I want to be a partner with my physician, with my healthcare provider in order to make sure I'm taking care of myself so I can take care of my community. Yeah. I think that black women have more challenges than so many, because so often they are the sole caretaker at home. That's just the way it is. And it I've looked into how do we deal with childcare amidst the pandemic.

Speaker 4 ([27:31](#)):

If our kids are not able to go to school and women are trying to work, if they're essential workers or they're in whatever role they are and they can't send their children to school and they're living alone, they have challenges there. But the other thing that comes to mind when you say they have higher rates of hypertension and diabetes and asthma, certainly that's the case. And then also doing the most important thing. We all do delivering children, right? The number of black women who die in childbirth, it's appalling, what is it? Something like four times the number of white women. And so we need to do more. And I think you're right. It starts with women trying to help themselves being educated and are providing them with education so they can talk to their doctors and get the help they need and deserve. Yeah. What you're saying is so meaningful and so powerful. And I think that's, that's a big part of what we need to accomplish

Speaker 3 ([28:23](#)):

In the spirit of this series. I do want to ask what makes new Yorkers and New York with limitless. I live here. I understand it. You know, as well as most new Yorkers are a special brand of American, but why are they so relentless? Why are we so relentless?

Speaker 4 ([28:43](#)):

I have to disclose that that is, I am not from New York Fe. I am not from New York city. I am from Memphis, Tennessee. I am a Southern woman. What I can say, what I appreciated during the pandemic, because I was not here for nine 11. But what I, what I appreciate is what governor promo said, which is new Yorkers are tough. They are. And I think it really has a lot to do with, it's a cultural thing. If I can say thing, but it's really cultural. You think about where we are, you know, what is here? This is the epicenter of almost every industry that you can think of. We are in the concrete jungle. You know, it is an urban, densely packed city when you have to navigate and negotiate through so many different layers of people of, and we have been through so many different crises before and we have handled it so well. And we came together in a way that, you know, as an outsider, looking in when nine 11 happened was commendable, and to be here doing the whole 19 pandemic, get to see with this state and this city, New York city did well. We were able to do for the sake for the good of all. That's what makes New York state new Yorker, tough and resilient. We get it. It's not just about us. This is for the good of all. Like, even though I'm not from New York city, I am very proud to be a new Yorker.

Speaker 3 ([30:30](#)):

This has been a true honor and a privilege to have this conversation. Um, I learned a lot and I'm sure so many others out there listening have also learned a lot. And I want to just as a, as a closing ask, if there are any final remarks and Liz let's start with you,

Speaker 4 ([30:44](#)):

No, the bottom line is I've loved this conversation. I've loved to hear what dr. Harris had to say. She's absolutely right. And I think we all just need to continue doing whatever we can to help people from all different races, religions, backgrounds, zip codes, be given what they need so they can have proper health and healthcare and education and the kind of futures they deserve. But I think we all just need to do our best to do our part, be helpful, be open-minded volunteer or given whatever way we can and try to create an integrated and equal society. And I think we're on our way. I think we're going to get there. And I'm, I'm just excited about continuing with this type of work and excited about what's to come. Yes, I want to thank the American heart association for this platform. This platform here demonstrates how much the conversation needs to continue to happen and how having a partnership with entrepreneurs like Liz with non-for-profits, who are doing great work in the health sector, like the American heart association. This is a conversation we need to have. And we are the ones who can take the Baton and really go out in the communities to make sure that we are partner with them. And so I look forward to future discussions and future actions that we take to ensure that we do achieve the goal of health equity,

Speaker 3 ([32:20](#)):

Liz Elting, and dr. Lawanda Harris. Thank you so much for joining us to our listeners. Of course. Thank you for sticking with us for the third and final part of relentless cities and YC. Please share this show with someone who needs it during this pandemic. Remember to wash your hands often, keep your from other people and stay home as much as possible to learn more about health inequity, please visit heart.org. That's H E R t.org.

Speaker 2 ([32:49](#)):

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heart.org. Thanks for joining us and keep listening. Your next episode is on the way. Stay tuned for more stories of the relentless.