

[Announcer] Hello, and welcome to Go Red Talks, a production of the American Heart Association and Triangle Go Red for Women. Go Red for Women, The American Heart Association's signature women's initiative, is a comprehensive platform that works to raise awareness that heart disease is a woman's greatest health threat, and to empower women to take action to lower their risk. Go Red Talks are series of conversations on a variety of topics pertaining to women's heart health. They are aimed to educate, entertain, and inspire you to take action and prioritize your own health. Thank you to our Triangle cities Go Red sponsors, Allscripts and Broadstep Behavioral Health. The 2022 Go Red Talks series is presented by Broadstep Behavioral Health. This Go Red Talk on health equity is sponsored by RTI Health Advance. We hope you enjoy this Go Red Talk.

Hello and welcome. I'm Dr. Amy Helwig, the Executive Vice President of RTI's Health Advance. Our organization is a proud sponsor of this Go Red Talk as part of the American Heart Association's Go Red for Women campaign. Six facts about women. Women hold 50% of all jobs in the United States. 49% of working women are their family's primary breadwinner, 42% of whom are working mothers.

Women with children who are married or in relationships disproportionately handle key domestic chores, even as they work full time. Women bear the greater burden of managing work and family responsibilities compared to their male counterparts. Women earn 93 cents for every dollar a man earns.

And women make up 66% of caregivers tending to elderly relatives. Well, these facts tell us that we are as career oriented as men, as financially obligated to dependents, expected to simultaneously handle more at home while being paid less, and are expected to provide for the unique needs of the elderly. Alone, any one of these facts is startling. But compounded, these facts start to form the chapters of a bigger story. The theme of our story, the story of women, is responsibility. We're central characters in this epic tale of life. We're headliners. Much rests on our shoulders. We're the glue that holds so many things together. We take care of people, and problems, and tasks because we must. We're essential and necessary. And woven in this action-packed, tension-filled books

are the briefest scenes where we may steal a moment to feel, to think and to dream. I'm no different than

everyone else in your life
in that today, I'm going to ask
for something of you too.
I ask you to add a new
chapter to your grand story.
I want you to craft a section that focuses
on the responsibility you have to yourself
as a living, feeling, creative,
powerful, strong being.
Not on the responsibility asked of you
by yet one more committee,
or one more class or event.
Those chapters are already written.
We need more people, more women,
to be fully present in our own stories.
To think about our individual purpose
and the dynamic role that we play
in families and communities,
and the people that we influence daily.
To be present,
to be the central headlining
character of your story,
you must prioritize yourself,
your health, your wellbeing,
your comfort, your needs,
and your happiness.
You must listen to your character, instead
of leaving her out of those
important scenes of life.
Does that sound impossible?
No, it actually, isn't impossible.
Because the data shows that
you're already doing this,
and you're crushing it every single day.
So, start writing your chapter now.
You're entirely capable, and
your track record proves it.
On behalf of RTI Health Advance,
I hope you enjoy this Go Red
Talk, and the presentations
that my colleagues will
share with you now.

This story begins with a little girl
with a big imagination and big dreams,
growing up in a very small town.

So, I was raised on a farm,
in a very small town in
Eastern North Carolina.
My dad was a long distance truck driver,
So, he drove across country.
He was gone mostly during the week,
but home on the weekends.
My mom was a local educator,
So, she taught at the local
Head Start in our town.
I'm the oldest of four siblings.
I've got two sisters and one brother.
I'm gonna tell you something about myself
that you may find hard to believe.
But trust me when I tell you this,
I'm not a farm girl, okay?
I cared less about growing up on a farm.
I had big dreams.
There were so many things
that I wanted to do.
So it was quite interesting
growing up on a farm.
Pretty repetitive.
So, there's waking up in the morning.
There's doing your household chores,
doing the outdoors chores,
feeding the animals,
going to school,
coming home, doing homework,
doing more chores,
eat, sleep, repeat.
Pretty standard.
Pretty standard stuff.
My comfort area, and
where I find the most joy
was being inside, curled
up, reading a good book.
I'm a nerd.
I always have been.
Education was my escape.
And there was nothing
like me just sitting down
and getting lost in a good story.
Now, one of my favorite
fictional characters
was a little girl by the

name of Ramona Quimby.
Ramona was mischievous,
always getting into
something, opinionated,
and she was brave.
Ramona was my hero.
Now, on the few occasions
that my mom did strong-arm me
to get outside, I went outside
and I played with my siblings.
So as a kid, I was very skinny, long legs.
I take the build of my dad.
But I was fast, okay?
I was pretty hard to catch.
And I loved playing a game
of tag with my siblings.
But the game never lasted for too long.
I always found that I got
very, very winded, very tired.
Lots of fatigue when I was a kid.
And my mom didn't understand
what was causing it,
so eventually she decided
to take me to the doctor.
And after getting a physical
and getting a checkup,
we learned a couple of
things during that visit.
We learned that I had a very
slow resting heart rate,
very different from
the average 19-year-old
resting heart rate.
My heart rate was in the low thirties.
That wasn't a good sign.
Now, what we learned from the physician,
it was, I had a heart murmur.
But he told us it was harmless.
I wouldn't need to take medication.
It would be something that I
would eventually grow out of.
So, in my mind, everything
was going to be okay.
And everything was okay
for several years after.
You know, I'd still tire very easily.

There was still the shortness of breath.

But I coped.

I learned how to pace myself.

So, if I was outdoor
playing with my siblings,
and I got too tired,

I'd slow down.

I'd take a breath.

I learned how to live with it.

But things took a turn
for the worse for me
around my senior year of high school.

So, my condition got so bad
that I had to be admitted to the hospital.

And I'll never forget the day.

They had taken tests.

I was sitting in the hospital bed,
and I see the cardiologist
walk through the door.

And in my mind,

I always equate it to
seeing the storm clouds.

You see, I'm from the country,
so I used to stay with my
grandma during the summers.

And I remember sitting out on her porch,
and I would look out over the field,
and it was nothing like

seeing the storm clouds coming
across the field in the sky,
and knowing that it was
gonna be a nice summer storm
that was coming.

It always amazed me.

So, seeing that physician,
that cardiologist walk into the room,
I saw the storm clouds.

I knew it wasn't good news.

We learned two things that day.

We learned that I actually
did not have a heart murmur.

I call it my true diagnosis.

My true diagnosis was
that I had heart failure.

I had right-sided heart

failure, to be exact.
That meant the right side of my heart
wasn't pumping enough blood to my lungs.
Hence the fatigue, the
shortness of breath,
the sometimes dizzy
spells I had experienced
since I was a child.
The second thing we learned was
this condition would not get better.
It would actually deteriorate.
It would get worse.
And so I was going to need surgery.
I was going to need to have
a pacemaker implant.
The storm had arrived.
Now, I'm a pretty decisive person.
I have always been
decisive since I was a kid.
And you give me the information,
I think that through,
and I make a decision.
So, after hearing my true diagnosis,
and hearing about the
treatment, I decided.
I decided that I would
not have the surgery.
I said I'd wait.
I'd wait because I was
a senior in high school.
I was too young to have a pacemaker.
Pacemakers are for older people, right?
I was too young.
I'd wait because I was going to college.
I was escaping that farm life.
There was no way I was going to have surgery
before I went to school.
And I'd wait because
unknown to anyone else
outside of my household,
I knew that I didn't
have health insurance.
My family didn't go to the doctor
for annual physicals and checkups.
We saw the doctor when things got bad.
We saw the doctor when we

needed to see the doctor.
And so, I understood as the
oldest of four siblings,
I understood as the
daughter of a truck driver,
that there was no way I was gonna place
this financial burden on my family.
So, I decided.
I'd wait.
And life went on.
I graduated from high school
with my other classmates,
gave a good hug to the family,
and said so long to the farm life.
I relocated to the big city of Raleigh,
where I attended North Carolina
State University, go Pack.
I graduated from college
and I started my career.
I got a really good job which
had really good benefits.
Health insurance, to be exact.
Now, the thing about good health insurance
was I had the opportunity
for the first time in my life
to have annual physicals, annual checkups.
I saw the doctor on a regular basis.
And it was during one of those checkups
that she referred me
to see a cardiologist.
Guess what? The situation
was not getting better.
So, I went to see the cardiologist,
and he gave me the same spiel I'd heard
a couple of times before,
you've got heart failure.
It's not going to get better.
You've got to have a pacemaker.
Now, I'm a pretty analytical person.
My motto is, "Show me the data," okay?
Show me the facts.
And he showed me the facts.
The situation would get worse
if I did not have the surgery.
My condition would
continue to deteriorate.

My heart rate would continue to get lower.
And so I decided.

I decided to have the surgery.
I decided to have that surgery
because I had a long life to live.
Because I had to be here for my family.
Because I no longer had
that burden of worrying
about sending my family into
bankruptcy if I got a surgery.
And so I made the decision.

I always alluded to it being the choice.
I made the choice.

Within months, I had the surgery.
You know, when I look back at my life
and I think about that day,
and I think about making that choice,
there are three words
that come to my mind.

Life is good.

Life is good.

It's been close to 20 years
since I had the first surgery.

There will be several.

Several surgeries to come.

But 20 years since I had that first.

Since that time, I've become a wife.

I've become a mom, I had a healthy,
mischievous little boy who
turns nine later this year.

I'm blessed to still have
my parents here with me,
still living on the farm.

Although we no longer play a game of tag,
my siblings are still around.

We're still close.

I've had a great career,
where I've worked with some
really great companies,
really great people.

I have my own business now,
where I'm able to work with leaders
and help them to transform
their organizations,
transform their culture.

Life is good.

But this isn't how the story ends.
The story is so much bigger than myself.
I started working with the
American Heart Association
around the 2015, 2016 timeframe.
It was something about
learning about their mission,
and their focus around heart health,
and education and prevention.
Doing what you can to prevent
heart disease and stroke.
I was sold.
Since that time, I've had the
opportunity to share my story
with as many people as I can,
to advocate on prevention
and heart health.
Today, I serve on the board
with the Triangle
American Heart Association

with some heart warriors,
where we're working
to do great work in the Triangle region.
One initiative that really
stands close to home
for me is our focus on health equity.
We founded the task force
around health equity
to get out into the
communities and to partner
with women of color, in the communities
where they are actually doing the work,
to help them and provide
them with the tools
and the resources that they need
to help their communities
around heart health education,
and placing a greater
spotlight on health equity.
I know far too well the importance
and the impact of getting
the wrong diagnosis.
I also know the importance of being able
to get the treatment
sooner rather than later.

No, this story does not end with me.
There's so much more
work that has to be done.
So regardless if you're a
child on the West Coast,
or you're growing up in the Midwest,
or if you're up north, big city,
or if you're a little girl,
living in a small rural
town, with big dreams,
everyone deserves the
opportunity to live a healthier
and a longer life, free of
stroke and heart disease.
There's more work to be done.
So, we're going to continue to fight.
We're going to continue to
push on health equity
to make sure again, that
people have the opportunity
to live those longer lives.
Thank you.

Well, greetings everyone.
Greetings.
I am delighted to be with you today.
I'm Stephanie Hawkins, and
I am the Founding Director
of RTIs Transformative
Research Unit for Equity.
For those who may be listening
to our Go Red Talk on audio only,
I'd love to paint a picture for you.
I am a black woman.
I am about 5'4, have chocolate brown skin,
and I'm wearing black cat-eyed glasses.
And I am so delighted that
I'm wearing a red dress,
red and white dress just for you today.
But I also want you to know
that I'm wearing heels,
which I have not done in two years,
because this is my first public gathering.
But it is well worth wearing heels
for the opportunity to
amplify heart health,

especially for black women.
So black women are about twice as likely
as our white counterparts to die
from high blood
pressure-related illnesses.
We're also about twice as likely
than our Hispanic counterparts.
So, for me, talking about
heart health is personal.
But I'm here to talk about
my role as a researcher,
and how I center equity in my work.
So, I'd love to take you on that journey.
So, let's first set the
table and talk about
what is health equity.
Health equity is when the intersection
of all your social identities intersect.
When your residence in a
marginalized community,
when your experiences
with structural racism,
or other forms of oppression,
do not impact your health outcomes.
So those who don't have
access to health resources,
we have to be intentional and persistent
in removing obstacles in order
to achieve health equity.
We also have to support
culturally responsive
and bias-free health care.
So, let's talk about
where my journey started.
If you haven't realized, I'm a New Yorker.
I'm from Queens.
And I grew up in a legally
racially-segregated community.
So what do I mean by that?
It was an all-black community.
And so I am really clear
that the impact of structural
racism does play out
in many sectors of our lives.
But let me also just be clear
what structural racism is.

So let me explain what I mean by that.
So structural racism is
the totality of experiences
that maintain racial discrimination.
It is also the ways in which our systems
are mutually reinforcing
to maintain inequities,
and they all work to
privilege white people.
So that's what structural racism is.
But when I think about my role as a kid
having fun in New York,
that was never something I thought about.
But as I grew older, and
definitely more recently,
there's a lot of
conversation about redlining.
So, I asked my dad, "Hmm,
has this been an experience
of yours when you got our house?"
And so he tells me a story
about he and my mother
after they got married
wanting to purchase a home.
And the realtor is taking them around,
and they spot a home in a community
that my mother loved,
but the realtor made
up lots of reasons why
they weren't able to put an
offer in on a house there.
So, as we continue, my
mother is very persistent,
or as some think, stubborn,
but she decided we're just gonna wait.
So as time has gone on
there's new construction,
and there's an opportunity
for a black family
to buy a house.
Well, that opened up opportunities
for other families because
white residents began to leave
and move into other communities.
So commonly known as "white flight."
So, my parents buy a house,

and that is ultimately where I grew up.
And it was excellent.
I had a wonderful childhood.
But as I reflect back now,
I think about the grocery store
that was in my neighborhood.
I am pretty sure that if I think
about how health inspections work,
that grocery store would not have passed.
But my family, we had a
little bit of privilege.
We had a car.
And many families in New York don't.
So, each week we would
drive out to Long Island
for our grocery shopping.
So, we were able to get some of the benefit
that communities with more
resources are able to enjoy.
And that's fresh produce,
lots of choices for food.
But when I think about that grocery store
in my neighborhood,
and I think about the
fact that there are people
who had to go to that grocery store
because they didn't have any options,
it made me realize
that where you live impacts
your health outcomes.
So, let's talk about, as I
think about my neighborhood,
I also realized, hmm, RTI
has a lot of resources.
And so we've created a tool
called the RTI Rarity Tool.
And I asked my colleagues,
"Are you able to map my
neighborhood in Queens,
so that I can see sort of
what this tool can do?"
So, this tool is powered by
artificial intelligence,
and it helps to explain
how health outcome inequities exist.
They fuel it with lots of data

on social determinants of health,
and it's spectacular.
So, they created a tool,
and you'll see on this map
that the darker the color,
the less social inequities exist.
So that's a good thing.
The lighter the color,
the more social inequities exist.
So, my neighborhood in
Queens is mapped in yellow,
and it's purple.
So that's not too bad.
It's not black, but it's
definitely not super light.
So, I was feeling pretty good about it.
So, when I look at the data
associated with my neighborhood,
I realize 79 years is the
average life expectancy.
But then I look at the
historical redlining,
and we get a D.
Well, a D indicates hazardous.
And I realize that that was a signal
to the mortgage industry
that if you want a risky bet,
this is a risky bet.
The people in this community
are what we deem as undesirable,
not a good bet for a mortgage company.
So, the colleagues at RTI also said,
"Well, let's explore a
neighborhood that's all black
from the social inequities index."
Remember, all black is a good thing.
We look, and we just travel
three-and-a-half miles,
and we are in a community in Queens
that on the social inequities
index is all black.
And I look and realize
their racial redlining grade is a B,
and that signaled to the mortgage industry
that this is a safe bet.
This community is probably

nearly, if not all white,
so you should go ahead and
offer those mortgages there.
The most fascinating thing
though that blew my mind
about this rarity tool
is by moving three-and-a-half miles,
I gained four years to my life expectancy.
So, it went from 79,
and then added four more years to my life
just by moving three-and-a-half miles.
So that was fascinating to me.
But I'll take you back on my journey.
As I leave New York,
I head to Atlanta, Georgia.
I go to Spelman College,
I get a bachelor's degree.
I leave there, I go to DC.
I get a master's and a PhD
in clinical psychology from Howard.
And I then ultimately moved to Durham.
So I take a job at this place
called RTI International.
And I said, "Well, if where
you live impacts your health,
what decision did I make
when I moved to Durham?"
And it wasn't one that
I was intentional about,
but since we've got this rarity tool,
let's check it out.
So, we look at the map for Durham,
and we center the area that I lived
when I first moved here,
and, hmm, may not have
been a good decision,
because we moved from purple in Queens,
to a fuchsia-pinkish color in Durham.
And remember, the lighter the color,
the more social inequities exist.
But luckily, I'm still
hovering around 79 years
as my life expectancy.
So maybe that's okay.
But again, what's startling
is, my colleagues looked

at a community now just two miles away,
and now I'm able to gain
five years to my life.
So moving to Durham is great,
but moving to that
community that was two miles
from where I actually
purchased my home, may have led
to more life in terms
of my life expectancy.
So again, just really reinforcing
where you live matters to your health.
Now, I could have been a marathon runner.
I could have eaten only
fruits and vegetables.
But where you live also matters.
So, I thought that was really
important for me to see.
And I'm grateful that we
have these types of tools
to identify the really critical role
of structural determinants of health.
So, we launched TRUE,
and I mentioned the Transformative
Research Unit for Equity,
that was launched just this past December.
And it reflects RTI's commitment
to really centering equity
across all of our research,
sort of domestically and globally.
But it also is the opportunity
that we have at RTI
to explore the role that
structural racism plays,
as well as structural
determinants of health,
the roles that those forces play out
in the work that we do in
terms of health outcomes.
So, we've got 60 years,
60 plus years of amazing
research impacting
the human condition.
And the launch of TRUE
is an opportunity for us
to really center equity and

see, what else can we do?
What added value can we offer?
So, as I think about my journey
to becoming a researcher
that centers equity,
I feel like I'm just starting.
Because as we begin to understand
all of the intersections
and all of the factors
that play out for how one
achieves health equity,
we've got a lot of work to do.
So, I thank you for your time,
and I want to invite you
on the journey with me
to really figuring out what can we do
to ensure population health equity.
So, I thank you for your time.

[Announcer] We hope you
enjoyed this Go Red Talk.
Thank you again to our Triangles
Cities Go Red sponsors,
Allscripts and Broadstep
Behavioral Health.
The Go Red Talks series is presented
by Broadstep Behavioral Health.
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Red Talk on health equity
is RTI Health Advance.
For more information
about Go Red for Women
and heart health,
please visit www.goredforwomen.org.
Thank you for tuning in, and go red.