

# **Clemente Wellness Conference**

*April 11, 2008*



## **Keynote Address**

*Dr. Michael H. Friedman, M.D.*



# *“Common Sense Wellness”*

*Dr. Michael H. Friedman, MD*

When Dr. Hieu invited me to give the opening address at this, the first Clemente Wellness Festival, I was both flattered and bewildered. I had always thought of wellness as one of those states of mind that people sought in places like Sedona, Arizona or Poona, India; surely not in Chicago, which many of us wear like a crown of thorns. I remember having a telephone conversation with Vivian Losey, the Executive Director of Youth Guidance, the sponsor of the Wildcat student health center and the organizer of today’s conference. “I don’t know anything about wellness,” I complained. “What on earth am I going to talk about?” There was a pause on the other end of the line. “I thought you were a doctor.” Vivian said, immediately humbling me. It was clear I had to rethink my perspective.

As it happens, my wife and I were going out a few nights later with a couple of friends who happen to be CPS teachers. I told them of my dilemma, and asked how they thought I should frame this talk. “The first thing you have to do,” said one of them, as if it was obvious, “is tell the teachers that it is not acceptable to have a cup of coffee and call it lunch.” Then she mentioned something about not waiting until the last minute to fill out some kind of report, and I realized that wellness clearly means different things to different people. It also reminded me that no matter what your profession, we all battle the same demons.

I decided to do what any 21<sup>st</sup> century person does who feels clueless about something: I Googled wellness. After sorting through a myriad of sites that promoted one or another hospital’s “Wellness” programs, I did find my way to the web sites of people or groups that seemed to be legitimate authorities in the field. Through my search I learned that there are actually two distinct views of wellness in the popular literature, representing two different perspectives on the subject: one I guess you could call “spiritual” wellness, and the other medical wellness. The distinction didn’t surprise me- in fact, my initial reaction to Dr. Hieu’s request revealed that I myself tended to equate the concept with spiritual health, a subject on which I may have opinions but certainly no expertise. It’s not like I’m a nihilist, but I don’t think you’d want to invite me to address any group about achieving spiritual wellness. At least not until my own children finish grammar school. But even if inner peace doesn’t exist in my household, there is no doubt in my mind that there is a profound and intimate relationship between emotional and physical health.

So, armed with an understanding of the breadth of the subject and my own limitations, I decided that I was, in fact, very qualified to talk about wellness, but from a primarily medical perspective. I’ve worked in underserved communities since I finished my residency 17 years ago, first on the near west side of Chicago and for the last decade here in Humboldt Park. It’s not an exaggeration to say that wellness as we tend to think about it is not the first priority of the people I see in the office. I don’t have a lot of joggers in my practice, nor people who can afford to join health clubs or shop in stores that feature affordable, organic meats and produce. Mostly, they are struggling to deal with the environmental and financial stresses that define urban poverty. But that doesn’t mean that I can afford to ignore wellness. It merely means that I have to couch it in terms that are understandable and achievable.

And the more I thought about it, the more I realized that the fundamental principles of medical wellness are not very complicated. Indeed, they’re about as basic as anything you can imagine. One afternoon in preparing for this talk, I had a conversation with one of my colleagues, a wonderful, practical, committed physician who has lived and worked in Humboldt Park for nearly two decades. As I bounced ideas off him for this talk, we came to the same simple conclusion: Wellness is common sense: hence the title for this talk. Achieving it may be the single most difficult task of modern life, but understanding the ideas themselves? Not that hard.

I would like to think that the concepts of medical wellness are even intuitive, but I know after years of practice that I can’t make that claim. Let me give you an example: I have a patient who’s been infected with HIV for

nearly twenty years. By all measures, his infection is under excellent control, with none of the virus detectable in his blood and no evidence of any impairment. But he does engage in one behavior that, as his physician, just drives me crazy: he smokes 2 packs of cigarettes a day. I tell him: you've been infected with one of the most devastating infections of the modern era, and you're beating it. And yet you continue to threaten your health with a habit that's more likely to kill you than AIDS. His response? That the poisons in cigarettes are selectively killing the AIDS virus while not otherwise interfering with his overall health. In his mind, smoking is promoting wellness. I actually encounter countless similar examples in practice. What I regard as intuitive is not necessarily a shared opinion.

Within a very short time of starting my residency, I came to the realization that the primary determinants of well-being were our own behaviors; not random acts of God or bad luck, but willful acts of man. In a word: overindulgence. Maybe I should qualify that: careless overindulgence. Not long after I finished college, an English band named Ian Drury and the Blockheads released a song that would become a punk rock anthem: Called Sex and Drugs and Rock and Roll, the song actually ridiculed the lifestyle that the title seems to celebrate, a message lost of most of those who memorized its lyrics:

Sex and drugs and rock and roll  
Is all my brain and body need  
Sex and drugs and rock and roll  
Are very good indeed

I'm sure that the song wasn't intended to spell out the health care crisis in this country, but it does a pretty good job of highlighting many of the problems facing us. In fact, with a little tweaking, it pretty much covers all the bases. I would propose eliminating the reference to rock and roll and substituting in its place two post-punk indulgences: food and inactivity. Actually, the result might have made for a catchy song:

Sex and Drugs and Food and Sloth  
Are very good indeed

That's a sentiment that might well define the challenge of achieving wellness in 21<sup>st</sup> century America.

I thought what I would try to do this morning is share with you some of the data that underlie my assertion that wellness isn't rocket science; to demystify the numbers and prove the common sense notion that good clean living is good for your health. I would argue that for most people, these concepts are so obvious, they are self evident. Everyone- or rather, most rational people- wouldn't argue with the proposition that our behaviors and habits influence our health. But just how much is the impact? Our research isn't perfect, of course, but there are statistical tools out there that actually allow you to figure it out. They explain why doctors and the public health community harp on losing weight, getting exercise, stopping tobacco. Maybe, just maybe, quantifying the risk will convince a few people to consider a lifestyle modification or two.

First, a few warnings: The information I plan to share may be hazardous to your perception of your health. But it comes with a caveat: the predictions apply to populations, and may not describe an individual's risk. That's why some 95 year-olds can smoke a pack a day and have absolutely no signs of tobacco-related illness. In fact, like my patient with HIV, they may regard cigarette smoke as the fountain of youth. If I were a betting man, I wouldn't stake *my* health on the notion that I'm the guy who won't suffer from overeating, smoking, shooting drugs and having unprotected sex with everything that moves. But I know that in real life, people make choices like that every day.

Second, I would suggest that wellness not only *means* different things to different people, but it actually *can be* different things. That's where epidemiology comes in. Consider the neighborhoods around Clemente, for instance. It probably comes as no surprise to you that the community around the school is quite young, with one of the lowest median ages of any in the city. It's also fairly poor, another fact of life not lost on this group. What are the implications of these epidemiological facts for Wellness? Well, if you're an adolescent living in Humboldt Park, you best beware of guns and gangs and violence, because the rate of homicide (and suicide) in this area is among the highest in the city. So is the incidence of sexually transmitted infections, including HIV. If

you want to promote wellness, you need to understand your audience.

Similarly, wellness for your students is not the same as wellness for their parents or grandparents...or for you, for that matter- again, because each group has different risks. There is overlap, of course, but effective wellness education must take into account an understanding of population-based risk. For example, Humboldt Park has one of the highest rates of diabetes and diabetes-related mortality in Chicago. Of course, preventive health education has to start in childhood, but if I'm counseling young families in this community, I need to focus on diabetes prevention.

So let's turn our attention to you, the teachers of Clemente. What are your risks for ill health? Well, in a statistical sense, that depends on your age and gender, in addition to a number of other factors, including your genes, your behaviors, even your income. On the whole, though- assuming that the teachers and administrative staff of Clemente are all adults- far and away the leading cause of death of persons over 18 is heart disease, followed by cancer and stroke, in that order. Next come pneumonia and accidents.

If we break those numbers down further by age, a different picture emerges, one that informs Wellness in a very direct way.

If you're between 18 and 35 in Illinois, your leading cause of death is...accidents. Car accidents, bike accidents, rock climbing accidents, you name it. The second most common cause of death in that age group? Homicide. And third? Suicide. Cancer, heart disease and HIV come in a distant third to fifth. How do you promote Wellness to this generation of Americans? By telling them to wear seat belts, bike helmets, use smoke detectors at home, practice safer sex, and screen them for depression and gun ownership. At the same time, of course, you push the lifestyle choices that will prevent some of the health problems that occur later in life: such as exercising, quitting tobacco, using alcohol in moderation and other common sense options.

For those of you between 35 and 44, still a fairly young group by my standards, unintentional injuries remain your best chance of getting a ticket to the afterlife. However, after that things begin to reflect the fact that you're not a kid anymore. Now cancer is your second leading cause of death- with breast cancer number 1, followed by lung and colorectal cancer. Are these preventable? Not entirely, as genes certainly play an important role in cancers suffered by young people, but lifestyle choices clearly modify the risks. Heart disease also makes an appearance in the early middle age crowd, representing the third leading cause of death in this group. You've got to die of something, of course, but you don't have to die in your 30's.

Suicide, AIDS, and homicide round out the top 6 in this group of young adults, followed closely by chronic liver disease due to hepatitis and alcohol abuse. Settling comfortably in middle age, you're starting to see more clearly the ill effects of youthful excess; too much indiscriminate sex, too many drugs, too much food, and too little activity. Or, in my updated version of Ian Drury's catchy lyrics: Sex and drugs and food and sloth.

By the time you're cruising toward retirement- from ages 45 to 64- you enter a world in which cancer risk outweighs all others. Cancer is six times more likely in this age group than in the 30 and 40-somethings. I'm sure that many of you have had some first-hand experience with cancer in this age group. I know I have, and not just because of my profession. Among malignancies, cancer of the lung edges out breast cancer to be the number one killer of late middle-agers, a distinction it clings to until there are no more people to kill. But lest you think that cancer will get you if you don't watch out....beware, because heart disease is close behind and gaining ground. Heart disease is five times more likely in this age group than it is in the 35-44 year-olds, about 25% less likely than cancer. Injuries, strokes, diabetes and pneumonia complete the top 6 causes of death. I doubt that humankind will ever eliminate cancer, heart disease, cancer and diabetes from our lexicon. But there's absolutely no doubt that lifestyle modification can reduce their impact on the health of our citizens.

I haven't bothered to catalog the causes of death in the over 65 crowd, because I know that no one who works at Clemente is that old. All I'll tell you is that this is where heart disease really takes off, and where the effects of choices made at younger ages take their toll.

So how much impact can you really have on your risk of disease? And by extension, how can you best promote

wellness?

Let's start with the behaviors and lifestyle choices that affect us when we're young and carefree, and about which there is very little controversy. For the under-35 crowd, the advice is simple: to promote wellness, you shouldn't act stupid. It means you shouldn't drink and drive; you should wear seatbelts while riding in a car, put smoke detectors in your home, and remember that when you have sex with someone, you're having sex with everyone they've ever had sex with.. It also means staying away from situations where someone might lose control, and getting help if you're feeling that you're losing control yourself. I don't pretend to have a magic way of achieving these goals; young people have a remarkable sense of invincibility and resistance to advice, even if it seems to me to be common sense.

Besides exercising good judgment, young people looking to foster wellness should also consider adopting other lifestyle choices even though their effects may not be evident for decades: like not smoking; watching what you eat; and developing a regular exercise regimen. Let's look at those in more detail.

With few exceptions, most people- even those among us who smoke- understand that cigarettes impact health. Indeed, smoking is the single greatest cause of preventable death. Simplest to understand is its effect on lung disease. Cigarettes are far and away the biggest risk factor for lung cancer, emphysema and various other pulmonary diseases. They also increase the risk for developing cervical cancer, cancers of the head and neck, prostate cancer and some gastrointestinal malignancies. But their biggest impact is probably on incidence of America's number one killer, cardiovascular disease, a category that includes coronary artery disease, stroke, peripheral vascular disease, and aortic aneurysms. The constituents of cigarette smoke affect cardiac function through a variety of mechanisms, many leading to a common endpoint- the formation of arterial plaques, those things that cause that we used to call "hardening of the arteries." Summing up the health effects of tobacco, a study in the British Medical Journal concluded that about half of all regular cigarette smokers will eventually be killed by their habit. That's the same odds as flipping a coin, but without the drama, of course.

Why is it important to watch what you eat? Isn't a good to have a little extra reserve? In some cultures, as you may know, slim is considered unhealthy. What we've observed in this country, however, is that overeating seems to have become a national pastime. Two thirds of Americans are either overweight or obese, as defined by a measure called the Body Mass Index. In some communities, especially minority communities, the prevalence is even higher: almost 75% of Hispanic women, for example, fall into those categories. We are learning that being overweight, like smoking, has far-reaching health effects. In a broad sense, it stresses almost every organ system in your body: your heart has to work harder to supply the tissues with blood, your joints have to endure a greater load, and your endocrine system has to figure out a way to deal with excess fat and calories. It's that last effect, which leads to metabolic disturbances and, for many people to diabetes, that is probably the final pathway for damage to your health.

A landmark study begun in 1948 in Framingham, Massachusetts, and still generating data in 2008, has demonstrated that the risk of death increases by 1% for each extra pound of weight between the ages of 30 and 42, and by 2% between the ages of 50 and 62. I've been in practice nearly 20 years, following many of the same families during that time. I can't tell you how many people I see who have gained two to four pounds a year starting in their 20's. By the time they reach their mid thirties, they are shocked to see that they've gained 35 pounds since they graduated college. When you gain less than half pound a month, it's easy to lose sight of the weight. Do you know how many calories it takes to gain half a pound? About 1700. Which means, all other things being equal, if you take in an extra 450 calories per week above what it takes to maintain your weight- say a lunch consisting of a Coke and a Kit Kat bar- you've gained a half pound.

How does exercise help? I can tell you that exercise alone will not bring dramatic reductions in weight unless you become an absolute fiend about it. If any of you use a treadmill, you will know why. A fairly vigorous 30 minute workout on an elliptical trainer will burn 300 to 350 calories. If you are committed enough to do that 5 days a week, it will take you a couple of weeks to burn a pound worth of calories. If you eat a chocolate donut after you finish because you feel you've earned it, you will actually undermine your effort because the donut has more calories than you burned- more than 400. A lot of people get frustrated when they begin an exercise program because they don't see the results they expected. So how does exercise help? Besides its direct cardiovas-



-cular effects, which are numerous and almost universally positive, exercise will help most people *avoid* weight gain. Consider again doing a treadmill even 3 days a week, which represents about 1000 calories worth of effort. In month, you've burned off the equivalent of more than a pound. In a year, that's close to 13 or 14 pounds. In five years, it's 60 pounds of weight that might otherwise have been gained had you not exercised. It's not a lot per day or per week, but in a lifetime it amounts to a significant gain in health.

Exercise should be a part of everyone's Wellness plan, modified to reflect the reality of their lives. But don't expect miracles in terms in your waistline. If you're looking for the biggest bang for the buck in that department, you need to restrict calories. The principle here derives from basic physics: you can't gain weight if you don't put more calories in your mouth than your body burns. Some of my patients would deny the principle of Conservation of Energy, maintaining that they gain weight despite the fact that "I swear, I eat only 1 salad per day." But unless they operate in a parallel universe, such claims are difficult to swallow. Remembering that one pound of weight is equivalent to roughly 3500 calories, it is possible to design a weight loss program that will achieve your goals in a deliberate and very systematic way. And it doesn't have to bring you to the brink of starvation. Consider the person with a steady weight who drinks a can of Coke a day: eliminating just that one daily soft drink will yield a 17 pound weight loss in a year.

So we've highlighted a Wellness program built upon the common sense proposition that healthy behaviors can promote a healthy life. But how much impact can these changes have? Obviously, just as some people escape the statistical certainty that their bad habits will cut their lives short, others clearly don't benefit from the healthy lifestyles we promote. Redd Fox once joked, "Health nuts are going to feel stupid someday, lying in hospitals dying of nothing." That image notwithstanding, the odds clearly favor exercise over gluttony and moderation over overindulgence. And while we can't predict the precise health effects of every behavior, we do have some pretty good data of their impact, especially on heart disease. Given that the longer you live, the more likely you are to die of a cardiovascular problem, those relationships are probably worth looking at in a bit more detail.

What *do* we know about the risks of developing heart disease? More importantly, I suppose, is the related question: what can we do to modify those risks? I thought I'd spend the last part of this talk walking through some simple calculations, drawing on the work done over the past 60 years by the Framingham researchers.

Let's follow a hypothetical patient as he moves through his adult life and see what we can learn about Wellness.

[www.americanheart.org/presenter.jhtml?identifier=3003499#who](http://www.americanheart.org/presenter.jhtml?identifier=3003499#who)

Health and Wellness reflect the complicated interplay of physical and emotional factors, some of which we can control and others that are beyond our grasp. Many years ago while traveling in Southeast Asia, I met a guy from New Zealand who was following the same route as I, except in reverse. He reported being stricken by parasites, Dengue Fever and malaria, none of which detracted from what he called the best experience of his life. His philosophy, as he explained it to a crowd of awestruck backpackers in a cheap Nepali hotel: "When your time comes," he said, "your time comes." A few weeks later I found myself hiking with another guy who refused to eat any of the local cuisine, feared that every mosquito bite was going to be his last, and refused to do anything off the beaten track. In the long run, both of them survived and I suppose achieved some degree of Wellness. Myself, I favor the ancient maxim that was inscribed at the temple of Apollo at Delphi: "Everything in moderation." After all, what's life without a little life? As Woody Allen once famously said, "You can live to be 100...if you give up all the things that make you want to be 100."

---

[1] Printed and distributed to all faculty and staff with written permission of the author dated October 21, 2008 at 2:52 PM.

# Clemente Wellness Conference

## Keynote Speaker



***Dr. Michael H. Friedman, M.D.***

Dr. Michael Friedman is now the Program Director of Family Medicine Residency Training Program at Saints Mary and Elizabeth Medical Center. He joined the Saint Elizabeth Hospital Family Medicine Residency Program in 1998. In 2000 he added the responsibility of Medical Director of the Wildcat Student Health Center, a school based health clinic, located a few blocks from Saint Elizabeth Hospital.

Prior to joining Saint Elizabeth, Dr. Friedman was on the faculty of the UIC College of Medicine, where he remains an Associate Professor of Clinical Family Medicine. In addition, Dr. Friedman serves as a preceptor for medical students from Chicago Medical School and Chicago College of Osteopathic Medicine.

Dr. Friedman has earned several teaching awards from Saint Elizabeth Hospital and from UIC. He has presented at several national meetings and written on clinical reasoning. His most recent grant project focuses on cultural competency education in health care delivery. Previous grant awards established curricula in community oriented primary care (COPC) and helped establish the Wildcat Student Health Center at Roberto Clemente Community Academy.

When asked what he hopes for the future of family physicians, Dr. Friedman answered, "I hope that Americans come to recognize the simple elegance of our profession. Now more than ever, people need a physician who understands their health in the context of their family, however that is defined."

In 2005, he was named as the Family Medicine Teacher of the Year by the Illinois Academy of Family Physicians. On October 30, 2007, Dr. Michael Friedman was honored with the CPS "Outstanding Community Partner" Award for co-founding the Wildcats Student Health Clinic and for having served as its Medical Director for nearly a decade as a volunteer physician.



# ACKNOWLEDGMENT

We would like to acknowledge the following people who make the  
2008 Clemente Wellness Fest  
such a success at Clemente Community Academy:

**City of Chicago**

Richard M. Daley  
Mayor

**Chicago Board of Education**

Rufus Williams, President  
Clare Muñana, Vice President

Members:

Norman R. Bobins  
Tariq Butt, M.D.  
Alberto A. Carrero, Jr.  
Gene R. Saffold  
Roxanne Ward  
Peggy Davis

**Chicago Public Schools**

Arne Duncan  
Chief Executive Officer

**Area 21**

Dr. Pamela R. Randall  
Area Instruction Officer, Area 21

**Clemente Community Academy**

Leonard Kenebrew, Principal  
Raelyn Lilly-Riley, AP  
Mary Ann Soley, AP  
Antonio Perez, AP  
Sally Hill, AL

**Saints Mary & Elizabeth Medical Center**

Dr. Michael H. Friedman, MD  
Director, Family Medicine Residency Program  
Medical Director, Wildcats Student Health Center

\*\*\*\*\*

**DR. NGUYEN-TRUNG HIEU, EDD, PHD**

AP for Partnership Development  
Clemente Community Academy