HERology Transcript—From Passion to Purpose

[00:00:00]

Stop Worrying Advice

Joanne Stone: What do you think you would tell your, I don't know, 20 or 30-year-old self that you know now?

Carolyn Rowan: Probably not to worry. I probably spent a lot of energy on worry, and I think we all know that, like, that's a future thought. And so getting your mind back to, how do I be here now?

Joanne Stone: Yeah. I like that. I like it a lot

Meet Herology Guests

Joanne Stone: Hello, and welcome back to Herology, the Mount Sinai Health System's new round table video podcast dedicated to women's health and wellness. I'm your host, Joanne Stone, an OBGYN here at the Mount Sinai Health System. On this episode, we discuss the opening of the Carolyn Rowan Women's Health Center. What inspired it?

Why is it so necessary? And what do women gain from having this kind of comprehensive care center at a place like Mount Sinai? To walk us through this incredible journey, we're joined by Carolyn Rowan herself, a renowned designer in her own right, and a trailblazer in philanthropy. We're also [00:01:00] joined by our co-hosts, Dr.

Leslie Shaw and Dr. Anna Barbieri. So welcome to the show.

Carolyns Sinai Story

Joanne Stone: All right, Carolyn, I have a question for you. Okay. So this commitment to Mount Sinai is huge, and so can you walk us through a little bit about why you're so committed to Mount Sinai? Like, what, what's your history behind it?

Carolyn Rowan: Sure. So I was born at Mount Sinai, and at the time it was called the Baby Alumni Club.

I don't know if they have that anymore. Really? Yes. And then it just felt like a natural place to give birth to our four children, and it was a really awesome experience when I think about- You're nervous. It's a hard experience. You don't know what to expect, and each time, the nurses were really incredible.

My doctors were great, too, but the nurses, who you spend so much time with while you're being prepped and you're getting your medication and you're lying there and you're, like, waiting for something to happen. And the aftercare was great, too. Yeah. So I have a natural loyalty to the hospital that did so much for me.

Joanne Stone: I think that's so... Like, [00:02:00] we see that all the time. I think people that have children here, and then really that you have the rest of your healthcare often in that hospital where you gave birth, or you send your kids or your family, your husband, your mother to that hospital. I mean, I think that's something that we see, you know, all the time.

So I know something special about giving birth. I mean, of course, as an obstetrician, you know, I, I think that, but, you know, I think glad to hear that's- I think

Anna Barbieri: that's really true. You know, women are often the entry point to healthcare for their families. It is, after all, women, and often, especially if someone has children, they are the ones handling healthcare decisions.

So I think experiences like that really, really matter.

Carolyn Rowan: Right. Yeah. I think it's a natural feeder to the pediatric board. Yes. That's totally

Anna Barbieri: true. I think the OB experience also often colors how a woman will perceive her care later on in life. It's often the first time that somebody gets hospitalized. Yes.

It's often the first kind of up close and personal experience with a healthcare team.

Leslee Shaw: There's this old adage in medicine that the [00:03:00] more your care team knows about you, the better care you're gonna get, and that's, you,

what you just told me was really consistent with that. The longer that you've had to, to interact with the healthcare team at, at Mount Sinai, the better care you're gonna get, and that's probably true for, that's true for all of us.

Joanne Stone: Yeah.

Leslee Shaw: You know?

One Roof Care Services

Joanne Stone: And I think that's one of the really wonderful things about the Rowan Center, is that there is that constant speaking to each other with different healthcare physicians and clinicians about your own healthcare and what your health needs are. You wanna, can you talk a little bit about how- You see that happening in the Rowan Center?

Carolyn Rowan: I think the continuity of all the doctors under one roof, and that you have those established relationships, you'll go from room to room, you'll probably know the different doctors that you're seeing, and it's the convenience and also the luxury of having everybody under one roof.

Joanne Stone: Yeah. So maybe we can talk a little bit, we talked about the different doctors under one [00:04:00] roof.

What are some of the services? Maybe, Annie, you wanna tell us what some of the services are that we're, um- Showing ... showing in the women's, in

Anna Barbieri: the center? So just, you know, we're so excited to, again, bring these services under one roof. Because even if you go to one healthcare system, often your cardiologist, your endocrinologist may be on two different sides of town or in different buildings, and it's not so easy to necessarily find that office or schedule an appointment.

Here, we're bringing it all under, under one roof, literally. Um, so we're going to have some of the usual services that you would find in a women's health center, obstetrics, gynecology, all the usual gynecologic subspecialties, including surgery, urogynecology. But we're also putting in, um, expert menopause care, sexual medicine.

These are things that are not often found in centers like this. Um, endocrinology, cardiology, gastroenterology, or GI, specifically seeing GI

health through the lens of women's health. [00:05:00] Just so, just as an aside, for example, somebody with pelvic pain and endometriosis, these women often will have coexisting GI issues that can be solved at the Rowan Center.

And because we're looking at things through this integrative health lens, we're also putting in pelvic floor physical therapy, behavioral health will be there, and nutrition. So super excited about that.

Leslee Shaw: Nowhere else in the city. It's one-stop

Anna Barbieri: shopping.

Leslee Shaw: Nowhere else in the city, probably nowhere else, uh, in the thri- tri-state area, nowhere else on the East Coast.

Midwest. Maybe nowhere else in the country. Nowhere else in the country. Do I know. I mean, you, you... The... We all go around to different medical centers. Nobody has coordinated care. And, you know, as you age, your, your care requires multiple dimensions, otherwise it's just too siloed, and it's just not as efficient or as continuous as it should be, and I think that's the awesome point here, is, uh, you know, you'll get what you need, and you, and you'll have the attention of, of every specialty that you need, which is awesome.[00:06:00]

Anna Barbieri: And the specialists that understand each other. 100%. I think that's another, you know, that's another really special thing about the Rowan Center, is the healthcare providers all work as a team and understand what everybody is doing with the patient

Healing Design Culture

Joanne Stone: And, you know, I think also what is so unique is the culture of the center, the culture of the people working there, the culture of the clinicians, the people greeting you.

How did that, like, how did you think about that in terms of wanting the, the kind of space you wanted it to feel like?

Carolyn Rowan: I think it evolved. I think it started out clinical looking, and the more we sort of dove into what- Looks like hospital. Sort of we were like, "Hmm, I don't know. How do we make this feel like a luxurious dressing room?"

And wouldn't it be nice if we walked into a space that had a glow and just sort of, like, put your anxiety at bay [00:07:00] because it's a soothing atmosphere that feels like it's been designed to make you comfortable when you walk in? And I think we're still working on that. We're still trying to perfect. When you're walking into doctor's offices, you're often nervous.

They're gonna find something. You have to discuss something. You're going there for a reason. Like, either you have an issue or you're worried about an issue. Like, how do we put your worries at bay? It starts with when you walk in, that there's somebody there that's greeting you with a smile, that they're happy to be working there, that they, like, say hello to you, that they look up, that they make eye contact.

Every point of contact with you is a chance to build a relationship, but also make you feel connected to the space, and also put you at ease.

Joanne Stone: Yeah. It's so important, 'cause going to a doctor's office, you know, you're really nervous, right? And, and to be able to walk in and feel like, ah, like surrounded by people who are caring and greeting [00:08:00] you makes all the...

I mean, I can walk into a-- Bad analogy. I walk into a, a store, I'm going shopping. If somebody doesn't come up to me and say, "Can I help you?" I'm like, "You know, I, I don't know how to pick the clothes out. Like, I need somebody to pick the clothes out for

Carolyn Rowan: me." I'll shop with you anytime. Shop with me anytime.

It's like I, like, honestly- That's my specialty. Yeah, I started wearing high sneakers because of you and your sneakers.

Joanne Stone: But, um, but yeah, I mean, that's, that's the feeling. And today we were in the center, and we talked to a patient who was like, "Oh my God, the experience here is incredible." I think- "Like, I hadn't seen it"

Anna Barbieri: you know, some of this is even backed by research. There's some really interesting data about what makes a healing environment. And, you know, the Rowan Center is an center of ambulatory care, meaning people come in, you come in for an appointment, and you leave. But the idea of a healing environment actually continues through settings like ICUs and operating rooms, and we know that the presence of a certain type of light, music, the behavior of the healthcare team- Scent

the color of the walls- The scent ... [00:09:00] the scent, all of that really contributes to a certain type of experience, and we're there after all to partner with patients to help people stay well and be well. So, thank you.

Research Prevention Focus

Joanne Stone: Well, what, what you brought on, you know, what you brought out about the research, uh, aspect of it, I think it's also important to mention that we're doing, besides offering these amazing clinical care that we are.

Um, we're doing research in the center. So, I don't know, Leslie, maybe you can talk, you know, you're amazing researcher, head of, of the Blavatnik Family, um, Women's Health Research Institute. Um, tell us a little bit about some of the top research projects that are going on w- at Mount Sinai in women's health, but also what you see that we'll be doing in the w- in the Rowan Center.

Leslee Shaw: Well, the overarching, I'll start from kind of the 30,000-foot view, is to really look at strategies for prevention, early detection, um, and, um, uh, aggressive, intensive early care of patients to avert long stre- long, long-term problems. [00:10:00] So, um, we're starting with, we have a very large project right now to look at pregnancy complications.

The... It's, uh, led by Chelsea DeBolt, um, uh, and myself and many others, to look at the relationship with adverse pregnancy outcomes using artificial intelligence techniques to predict long-term outcomes, long-term chronic diseases. Layered on top of that is a focus not just on cardiovascular disease, which is my area of expertise, but any kind of cardiometabolic condition, including cancers, endometrial uterine cancers, which are often obesity or insulin resistance, uh, connected.

So that's just a broad, um, scope of factors that start when you're, when you have your first pregnancy or your pregnancy, uh, anticipation and, and planning, um, all the way through into your 60s. You know, there are many, many other facets to that that we're doing. Um, there's a focus on looking [00:11:00] at women particularly have smaller arteries, smaller vessels.

This is mine and, uh, Fany Elahi, who is a neurologist's area of expertise, and often those vessels are insufficient to feed whatever they're feeding. Um, you know, it happens during pregnancy to feed the baby. It-- the blood vessels become, can become thick and stiff, um, and cause hypertension. Same thing happens as you age, and so we're looking at that connection between cardiovascular disease and Alzheimer's disease.

It's, it-- that's probably the hardest project we have going on right now, but there's nothing wrong with hard, right? Yeah. It just makes us, uh, try harder. You know, and I think there's just a whole array of other g- uh, uh, pelvic cancers that we're looking at. Um, endometrial cancer, we just started a project on, um, uh, with Sharon, uh, Holtzman, who's a gynecologic oncologist.

Uh, Chelsea DeBolt is doing a l- a lot of work, like I said, on pregnancy complications as it relates to all [00:12:00] long-term outcome, particularly menopause. And then we have anything related to aging, um, anything related to-- and it could be aging from age 38 to 45. It could be r- aging from 55 to 65. All of those aging processes, we have different projects and of different sizes and of different funding levels that, that we're working on.

But the goal is, is to really create a new strategy for early detection, uh, of chronic diseases, that we can avert those. For example, if you treat obesity in a, a 30-year-old, they gain weight after pregnancy. You see it all the time, and they don't lose it, and they gain more weight, and they gain more weight.

If we treat that and we get them to engage in healthy activities, uh, don't we have the possibility to reduce their risk of diabetes, to reduce their risk of, uh, hypertension, to reduce their risk of cardiovascular diseases, to reduce their risk of many cancers that are, that are particularly [00:13:00] obesity-related?

Isn't that an awesome way to really create wellness for women? I mean, that's really the core of what we're trying to do on our research portfolio.

Joanne Stone: I love that, and, and it's so in line with what we're doing in the center. I mean, we've talked about some of the gaps, right? The, some of the gaps in, in research and what we need, and we're gonna have an overarching IRB to, for patients to sign up and study what we're doing, w- the healthcare delivery that we're giving them, and can we improve that outcome?

'Cause prevention is, like, is everything.

Carolyn Rowan: Well, I think it was from Leslie that I learned that if you had gestational diabetes when you were pregnant, post-menopause, you have a higher propensity for heart disease. And so if we actually link all of the different stages of your life We can actually get in before you have heart disease.

I think it was gestational diabetes and endometriosis are markers for things to look forward to down the road, and they're always sort of siloed into separate topics, but nobody's ever [00:14:00] really putting it all together. So it's

interesting to have the continuum of if you came in your 20s or 30s, whatever decade you join us, you'll have that continuity of care, and hopefully prevention.

Yeah.

Anna Barbieri: Yeah. I think that's, you know, so important to kind of have this mindset shift about how we approach health and illness. So, you know, truth be told, at the Rowan Center, we will be taking care of women with specific diseases and illnesses that we can help with as well, but so much of the effort will be geared towards prevention.

Traditionally, we often don't intervene for red flags that are actually really meaningful, right? So this is... Our effort there will be to focus on identification of those early red flags and intervention, including lifestyle intervention, so that we can change the progression of that process. As one of my patients put it recently, like, if the train has left the station, [00:15:00] now it's the time to change the tracks and not wait until you arrive at the wrong destination.

I think that was a really great analogy- Mm-hmm ... and I'm so excited to be part of this change

Joanne Stone: there. I love that analogy. Yeah.

MyPath Pathways Launch

Joanne Stone: That's so perfect, and that really is, like, a lead-in to what- Is a defining feature of the Rowan Center, which is the MyPath pathways, to look at people at different transitions in their lifestyle.

So maybe we can talk a little bit more about the pathways. And we're launching, or already did launch, the first pathway, MyPath Bone

Anna Barbieri: Loss. I'm so excited. I do a little dance every day. Yeah,

Joanne Stone: yeah. And today we have like tw- Like, we opened up- Yes. ... what, th- four days ago, and we have like 20 patients- Yeah

signed up for this. It's like- It's very exciting ... awesome. So maybe we can go over that a little bit.

Anna Barbieri: Sure. So, you know, I, I think people are used to getting care the usual way, which is you make an appointment, you think you need to see a cardiologist, you make an appointment, you have that appointment. So and then care becomes kind of, maybe it's planned, but it's still-

Leslee Shaw: [00:16:00] You forgot, you forgot.

You make an appointment, and then you wait eight months.

Anna Barbieri: Yes, that's true.

Leslee Shaw: That's true.

Anna Barbieri: That's true. And g- and things may not get super connected. So at the Rowan Center, while people can access care in this, we're calling this a la carte way, can also access care through a, um, program of clinical pathways that we're calling MyPath.

And what they are is they're basically timed and guided care experiences that are composed of multiple specialties and that unfold over time.

Midlife Symptoms Roadmap

Anna Barbieri: So let's say you take a 45-year-old that, uh, cannot sleep, her moods are changing, her weight is changing, her blood pressure is rising. She now is developing insulin resistance.

Many, many physiologic sym- physiology-based symptoms that happen in midlife, that patient often meets with somebody for 15 minutes, and things that are cannot be solved in that timeframe. So we're turning that around and- [00:17:00] Welcoming that patient to experience care over six months that's composed of lifestyle interventions, such as nutrition, activity counseling, attention to behavioral health, hormonal management, cardiovascular risk identification, and treatment of things like, um, metabolic, um, dysfunction, insulin resistance, pre-diabetes, weight management, and so on.

So after the six months, which is a pretty coordinated and intensive care experience, our aim is to make that patient feel better now, but also help her understand her health now and for the future, and intervene in a way where her future risk is reduced. And this is just the first one we're getting started with.

Carolyn Rowan: Right. It's fascinating to think that you might be knowing what you're gonna go through before you go through it, as opposed to isolated incidents where you're like, "You know, my sleep changed, but what does that mean? My mood changed. My skin changed. My [00:18:00] hair changed. I have more veins. I have more wrinkles."

Like, all the things like those are, like, not, like, big things, but think, "My mood changed. My sleep changed." They are... They're, they're big things though, right?

Joanne Stone: Like-

Carolyn Rowan: They are big things ... and,

Joanne Stone: and you sort of normal- like, say, "Oh,

Carolyn Rowan: normalize it," right? It's nothing. "I've gotta get on with my day," and you don't think there's something that can be addressed.

So it'd be really interesting to think about knowing that that's gonna happen, and that it, it is being addressed, and it is a topic, and it's being normalized by being spoken about.

Leslee Shaw: You know, one of the things that, Carolyn, I've, I've heard you say this two or three times, is to really optimize where you are at, at your stage in your life, right?

So optimize all the health- healthy activities that you can engage in. Make good diet choices. There are many things that you can do and engage within our- the center to get education, to become more informed as an individual, and I think that is the key, is, is not to say this is normative, right? Don't accept this as [00:19:00] normative because, you know, I have a friend who's a geriatric cardiologist, and she treats, you know, very frail people.

And she said e- e- even very frail 80-year-olds, 80-year-old women, can absolutely improve what they do every day, and that's always been kind of this barometer to me, is that people at age 45, they kind of give up. "Oh, I'm getting older." Well, no, no, not really. You just need to acknowledge, and there is al- there are always possibilities for you to optimize your health at every stage, and I'm, I'm just taking your lead from, from what you've said in the past.

Anna Barbieri: I'm gonna tell my mom this- Yeah ... this weekend- Yeah ... when I see her. Yeah. We'll, we'll see how receptive she is. Yeah.

Joanne Stone: Yeah.

Teach Kids Bone Muscle

Joanne Stone: Well, I'll tell my 30-year-old also because she's definitely not receptive to when I've been saying, "You have to exercise. You have to exercise. You're losing bone right now." So, um, so yeah, it's, like, so important that we, like, pass it on.

So, to your, to your mom, but also to our kids, right? Like- H- wha- how, what do we need to tell our daughters, [00:20:00] you know, our friends with daughters, what- whatever?

Carolyn Rowan: I, I think it's, you know, as I've done genetic testing, and I now know what my markers are, and I know what I have a propensity for, and I know what percentages, I know that my children are, have some risk factors based on what I'm learning.

So what do we tell them? We tell them, "Well, we now know what we have. This is, this is what I have to be concerned with. You should probably think about this too." And so if you were to get ahead of bone health, you would know that all the calcium you're gonna absorb is by 25, and then you're on the other side of it.

Would you try to have as much calcium as you possibly could? Bulk up with calcium. Would you have a calcium-rich diet? Would you actually make it a focus, knowing that on the other side you're losing it? Same way with muscle. Like, you know that muscle every decade is going down. By the time you're 70, I think you lose 15% more just for being alive.

15% just drops down in muscle. Would you [00:21:00] preserve everything that you had if you knew that with aging it's gonna maybe go away?

Joanne Stone: Yeah. No, I, I totally agree. I mean, all this information about building up bone, muscle, your glutes, which are your biggest muscle ma- mass, right? The glutes. I mean, now I do have to do squats like five times a week.

But, um, but... And balance, right? Balance. Like, you know, balance is so important, right? Core

Leslee Shaw: strength. Yeah, 100%.

Inclusive Lifelong Wellness

Anna Barbieri: I think, you know, Carolyn, what you touched on is really awareness and education. Like, I think a lot of people still don't know certain facts of our own biology because we don't do a good enough job with that.

So even for a teenager to understand why she gets a period, what are the various phases, what symptoms may come at these different phases, and how to navigate really very common things that most women with, deal with at some point. You know, we c- many women get a UTI once in a while, a yeast infection, this or that.

How do you, how do you deal with that? Especially maybe you're leaving [00:22:00] for college. How do you know what it is, when you should seek care, when you can handle things on your own, all the way through, you know, what to expect when you're expecting when you're 50, when so many things, uh, when your body can feel so different compared to how it had before?

Joanne Stone: And I love, you know, I love the fact that m- it's so inclusive of women of all different ages. I mean, I remember when we first started the conversation, we were really focused sort of on perimenopause and menopause, but then through our discussion, we're like, "Well, it... Why are we excluding everybody else?"

Yes.

Carolyn Rowan: Right. Well, that was a funny evolution, that we were really focused on those sort of, uh, I won't call them dark years, but they're the unknown years, because nobody's really been bringing them into the light. And then the more we were discussing the 50, the 40 to 60, well, the 30-year-old was like, "Well, why don't I wanna be in this conversation?

What do I need to know, and how do I live a healthier life?" So yes, more inclusive. But then the 20-year-old woman came to us and said, "But what about us? Shouldn't we know what [00:23:00] we should be looking at?" And so we

really are crossing all the decades to say, "How do you live your best and healthiest life? How do we work with what you have today- Yeah

and make it better?"

Leslee Shaw: It's a trickle-down effect though, right? Th- you know, it's not only you and your kids and, and their kids, right? And, and the movement is really on You s- you, you're born with a perfect body, for the most part, for, you know, and, and the key is early on is to preserve that as much as possible, right?

To focus on everything that keeps you healthy. And then as you, as you age, is to really try to maintain that to the extent possible. And so, so it's the two-year-old that, that is, it, uh, benefits from that focus within the family.

Prevention Over Reaction

Leslee Shaw: Um, and it's, it's the grandmother that benefits, uh, i- in, in the family. So it's, it really is kind of like this tentacle of network that once you start to orient your life, uh, towards optimal health and healthy behaviors, [00:24:00] that everybody benefits within your circle, and I think that's really the core of a healthcare system and what it's supposed to do, which is to make everybody's lives better off from a health perspective.

And it's to preserve health, right? It's not necessarily to be just this medical center that reacts to people that have had a heart attack or, or that actually wait till they get cancer. It's to say, "Well, how can I prevent that from happening?" And I think that's really what this opens the door for us to, to really engage and to make all these novel explorations on how you unfold strategies of care that actually start at age 20 and r- and reduce the risk of cardiovascular disease, diabetes.

I mean, I'm repeating this list over and over again, but they are the major chronic conditions. Mm-hmm. You know, how do we actually a- almost eliminate that in people's lives? Because there have been studies that show that if you do that at age 20, you can reduce the risk by 80%, all these major conditions, but nobody has [00:25:00] operationalized it within a healthcare system, and I think this is where the, the, the benefit and the core of the Rowan Center is we actually know how to do this, and we can actually do it.

And is that just my... Do you g- do you guys agree? No,

Anna Barbieri: I think you, you hit it right on. This is why this is so exciting. So, um, everybody knows- I'm gonna say I

Joanne Stone: don't believe any of that just because they said, like- ... the real lives of real doctors sometimes. Push back. No, I'm just kidding. Totally agree with

Carolyn Rowan: everything you just said.

Well, it's great that we've got the greatest doctors and the greatest researchers, that we can actually have all the real information, and we can share it with everybody. Like, that's the gift. The, the center's just, like, the place to get it done, but we do have the best doctors, not in the city, not in the country, probably in the world.

Like, we do have all that information. We can put it all together. That's where it's really exciting

Anna Barbieri: And it's really the putting all of that together, and it does takes, you know, a large team of people and resources and, and a vision of somebody like you, Carolyn, to put that together. [00:26:00] I retell stories. I am going to fit in one story.

Why Coordination Matters

Anna Barbieri: Um- Please do ... I saw a patient, and she has agreed to share her story here, that illustrates why we need a center like this. So this is somebody that came in from out of state, officially for a consult on perimenopause, and her primary complaint was fatigue. She was so fatigued, and she felt so depleted that she stopped seeing her friends, she stopped seeing her family.

She thought she would need to quit her job, and she thought it was all due to perimenopause. So she did access hormone therapy, had been on it for six months, didn't do anything. Uh, we talked for and chatted for a while. Turned out she still has periods that are very, very heavy, and she has iron levels of nine.

That is a very, very low level, to the point where she's having, in addition to fatigue, palpitations, hair loss. And in our conversation, I mean, she was winded sitting [00:27:00] in front of me. She had seen a cardiologist at a different place

from her gynecologist, um, who suggested that she eats spinach to correct her iron.

By the way, there is not enough spinach- ... grown in the world that can raise your ferritin of nine to normal levels. And hormones, she may benefit from them, but that is not the primary thing she needs. This woman needs to be treated with iron infusions to correct her iron deficiency and take care of the underlying problem, which is heavy bleeding due to fibroids.

Leslee Shaw: Mm-hmm.

Anna Barbieri: And her story is such an example of how people don't access coordinated care, where the single most important goal is to help that patient feel better and understand what's happening and make her feel better now and in the future. And I think this is why a center like the Rowan Center comes in with a different framework of [00:28:00] action and a different plan.

Joanne Stone: Mm.

Anna Barbieri: So...

Joanne Stone: I, I mean, that's such a great story, and it really does tell the story of the center.

Anna Barbieri: Oh, it's- But I, I- And it's totally, every single thing I said is totally real, and I'm very grateful to her for agreeing to share that.

Joanne Stone: Yeah. Yeah.

Designing a Welcoming Space

Joanne Stone: But, but I want to add another layer to it because you can have a center that addresses all this, right?

Like, we can put great doctors and have all these great services in there, but this center is different. And, you know, you're a designer, and your eye, your keen eye for design standards is so tremendous that it is spectacular. So maybe, you know, as... And as w- as we were going through all this, you know, you h- looked at something and said, "Well, I don't like this, you know, I don't like this knob," or, "I don't like this..."

Garbage can, you know? Like, so tell me a little bit about, tell us a little bit about your- The

Carolyn Rowan: process?

Joanne Stone: The process and your, and your... Well, yeah, the process and, and your, sort of what your vision [00:29:00] was for what you wanted the center to, to look like.

Carolyn Rowan: I think that was an evolution. I think it was a lot of what we didn't want, and we knew that that was just very institutional looking and- Felt like what you'd expect a hospital to produce.

And I think m- as, as a women's center, it needed to reflect where would I wanna go? Where would I wanna walk into? What, what were my friends like? I mean, the funny thing is about women is that we share information. Like, if I discover a new food, a new vitamin, a new cream, a new, a new book, a new show, I think we tend to share information.

So I think if we create a space where women wanna come and have their doctors and be seen, we're going to share that information, and I don't think we have to worry about PR 'cause our best PR will be, "I had the experience, it was life-changing. Everything I needed was there, and I had a unique experience, and I felt seen, heard, acknowledged.

[00:30:00] I had the best care."

Joanne Stone: Yeah. No, a- a 100%, but I also have to say, like, I had so much fun going shopping for furniture and fabric with you 'cause, "I like this. I like this. I, no, this one." "No, no, not one. Pick a different one." You know, like, it was like, like an instantaneously it was like, you know, per- it was perfect.

I,

Carolyn Rowan: I felt like I was overwhelming to every team.

Joanne Stone: Yeah, no.

Carolyn Rowan: I was like, "They don't know I'm really a contractor on the side." Yeah. And now I'm walking through with a punch list for the GC. I'm like, "I see the crack. I see the dust mite." "I see everything everywhere." It's, it's hard.

Joanne Stone: It, it would not have the look, honestly, without you.

Carolyn Rowan: Even when we were installing things, I'm like, "The light's too low. The shelf's too low. You have too many knobs on a row. I can't put art on that wall." I'm sure I drove those people cra- Paul's very nice, by the way.

Joanne Stone: No, but listen, uh, it was because of your attention to detail and the way that, like, this whole team worked together to make it what it is, really.

Thank you. It's like, it's really so spectacular.

Leslee Shaw: Yes. When you close your eyes, right, when you [00:31:00] say, "I'm gonna think about what, um, a doctor's office looks like," right, and it's not like that at all. Yeah. It's like the antithesis of a doctor's office. I was on a call last night. I, I'm a jour- journal editor, and, uh, you know, the, the, the, the pictures have gone out into social media and, and one- And I work in cardiovascular disease, so I'm usually the only woman in a room of 20 or 30 or 40 people.

And so the- there were all these guys who were ha- saying, "How did you get that? It's so beautiful. How did you get that by administration? They never let me do anything." And so it's just so the antithesis, and it just looks like, you know, something that is just so welcoming. Uh, and it's just awesome what you, what you've created.

Thank you. It's amazing, and people all around the world are commenting. I've had emails from everywhere- Yeah ... about the pictures, you know, Germany, et cetera. Okay. They're saying, "That's really awesome. I need to come visit." And I said, "Absolutely."

Anna Barbieri: It's a great space. Um, it is a women's health center, and I would say [00:32:00] the majority of people working there are women.

I do think we also, you know, part of our health is health at work. And the work environment, and that has to do with culture, that has to do with feeling supported, that has to do with being respected, and it also has to do with how we feel in the space and, and feeling well in a space that's well-designed and conducive to that positive work environment is important.

So I think it's all part of wellness and health as well.

Daily Wellness Habits

Joanne Stone: So, um, I mean, talking about wellness, what do you think, um, every woman can do today to feel a little bit better? I mean, I've heard you... I think I know what your answer is. You say it- It, okay. Well, I have a few.

Carolyn Rowan: Okay. I think exercise. Exercise takes you out of your daily environment, and you're focused on something entirely different, and there's breathwork, there's your mind, there's your body.

There's like a whole [00:33:00] mind-body thing happening that's just different than the rest of your day. And if you're willing to wake up earlier and carve the time, 'cause it's hard to fit into, like, everybody's normal packed day. I wake up an unusually insane time so that I can have that hour, but I now depend on that hour.

It's part of my mental health. I know that I'm gonna benefit from it all day long. I know my body's gonna benefit, but I don't even do it for that. I actually do it because I feel like it's a chance to sort of decompress from the rest of the world. So, um, things I think e- everybody could do: walk faster, jump rope, deep breathwork, meditation, eat differently.

Joanne Stone: Yeah. I mean, those are all things that are immensely doable, that we have to get across to, to our friends, our patients, our colleagues. 'Cause I, I, I do think we don't, you know, sometimes take enough time for ourselves, and yet, you know, you're busy. You have to get up, I don't know, what time do you get up, 4:00 in the morning?

Carolyn Rowan: No, a little later.

Joanne Stone: Okay. 'Cause I do [00:34:00] get some, like, 5:00 in the morning texts- 4:30. ... like, "I think we need to do this." Carolyn's

already up and doing exercising. I

Carolyn Rowan: think I'm gonna just type them all out and then send them at 7:00 going forward- No. ... so people don't know my whole schedule.

Joanne Stone: I'll be up. No, no, no. No, no, I'll be up doing my exercising to, to get my bone and muscle mass up. But I, I think you're right, and I, I, I need to practice meditation.

I think, I don't know if you guys do it, but I, I tried, and, like, my mind just spins, so I need to practice that a little more. I am...

Anna Barbieri: You know, people sometimes are intimidated by the name meditation. Like, I'm a terrible meditator. Oh, no. I, I can't. But I walk out in nature, and that is my form of meditation.

Got it. That is how I relax my mind, and that's okay. And I'll, I s- I still practice meditation, but it's just, it's not something I'm good at. But I think there are many different ways we can have that s- mind space, and we can access it. And I agree, Carolyn. Like, I [00:35:00] think that's super important. That's one of the things I wish I have done more of in my life.

Leslee Shaw: 92% of Americans don't do what we just talked about over the last, last minute Two minutes, something like that, 92%. And, um, and, and that's really sad. And, and I think there was some critical information, Carolyn, that you said, is you figured out in your day what did you need to do to orient it. I've also figured out that, um, getting up earlier is a good solution.

It's quiet, you know? Nobody's, nobody's awake. And, but everybody in their own life needs to figure out what it is. Walking around the reservoir in, in New York City to me is just, it's amazing, especially early on in the morning. Um, m- not eating too much salt, you know? On, uh, you know, s- almost 100% of Americans eat too much salt, you know?

So there are things that anybody can do, small changes. You know, if y- New Y- is it... We l- we're all in New York [00:36:00] City right now, so saying things like, you know, parking your car far away is probably not relevant. Walking, if you only have to take one bus stop, walk. If you only have to go up one flight of stairs, walk it.

There, there's ev- anybody can do anything to make a change, uh, that leaves them better off at the end of the day, and I think that's what you just articulated for us, which was awesome.

Carolyn Rowan: And breathwork is really interesting also, that you could reset your cortisol levels by learning- Yeah ... how to breathe differently.

And think about somebody who has a high propensity for high blood pressure. Just think about the average person going to work in the morning. You're on a bus, you're on a train, you're anxious. You don't wanna be late. You're next to

somebody who coughs. Like, there are so many times in a day that are, are stressors.

Just waiting in line for something is a stressor. Listening to somebody... Like, so how, what do you do with that time? Mm. How can you use that time to focus on something else?

Joanne Stone: Yeah. I, I was thinking as you all were talking about it's not necessarily the meditation, but it, [00:37:00] maybe it's something, an activity that you love that takes your mind off of the s- stressors in your life.

So for me, like, I put Chopped on and I'm, I'm cooking. You know? Mm-hmm. Like, on a Sunday afternoon, that's my thing. So like, like, you know, I put Chopped 'cause I don't have to pay too much attention to it. I'm not cooking the recipes. I'm doing my own thing, but I don't have to th- I'm not thinking about work, and I'm not thinking about, you know, other aspects of my life.

Carolyn Rowan: I, I think you have to prioritize yourself.

Joanne Stone: Yeah. Definitely.

Carolyn Rowan: As opposed to social media or something that's filling just the airtime because it's there and it's accessible. It's not necessarily enhancing your day in any way.

Advice to Younger Self

Joanne Stone: So as we think about prioritizing ourself, what do you think you would tell your, I don't know, 20 or 30-year-old self that you know now?

Carolyn Rowan: What would I do differently?

Joanne Stone: What would you do differently?

Carolyn Rowan: I have to think about that. What would I do differently? Like, I think I always really liked exercise. I think I always [00:38:00] really had a good diet. Um, probably not to worry.

Joanne Stone: Mm.

Carolyn Rowan: I probably spent a lot of energy on worry, and I think we all know that, like, that's a future thought. And so getting your mind back to, how do I be here now?

Joanne Stone: Yeah, I like that. I like it a lot. Leslie, what about you?

Leslee Shaw: I know, I think I've answered this a couple of times, but, um, in here, but, um, I'm gonna give you a different answer. So, you know, I'm, my goal as a scientist is to leave the world a better place. That's like, that's what I, I, I, I knew I could do that. Um, and, uh, I, I think that, um, you know, the healthcare system has been and is in a tenuous place.

You know, I think to be confident, um, that there is always something you can do, um, i- in, in the world to, to make it a better place for patients and to, to make this s- you know, society healthier. And, you know, I, I would be more confident of that, um, as an, [00:39:00] as a 20 or 30-year-old as opposed to just having a, "May, can I make that happen?

Can I really do that?" And so I think that I would be more confident, and maybe if I was more confident earlier on, I probably would've done more, but it's hard to say. I

Carolyn Rowan: think you've done a lot. I think you've done a lot too. Yeah, I think you've done a lot too. You've done a lot. I think you're leaving us all in a-

in a better place. We have so much more-

Leslee Shaw: Good, good,

Carolyn Rowan: good ... real science behind, uh, like, how we see things. Like-

Leslee Shaw: Awesome.

Carolyn Rowan: Yes.

Leslee Shaw: Day's never done, though, right?

Carolyn Rowan: Yeah. That's, that's forever.

Joanne Stone: Anna, what about you?

Anna Barbieri: Hmm. Are we talking about health stuff or general stuff? Anything. Okay.

Joanne Stone: Anything general that you wish you knew, you know, when you were 20 or some- Okay

advice that you would give.

Anna Barbieri: Well, while I had some, you know, questionable hair color choices- ... I think, you know, in this, this now, now that I'm over 50, this, I, I have the luxury of having this lens of a long arc, you know, looking back. I think I, [00:40:00] I wish I was more confident in my beliefs and values, many of which I still hold, and didn't worry so much about what other people said, and I wish I spent time being less busy than I was.

Between running around, checking off everything, worrying about what other people thought, and thinking I had to do certain things that I really didn't have to do, and spend some time really thinking about what was important and focusing on those things. And I think that, again, having the luxury of some decades on me, that's something that, um, I'm better at now, and putting my energy into projects that I think are meaningful and will carry meaning for others.

So...

Carolyn Rowan: Joanne, your turn.

Leslee Shaw: I

Joanne Stone: know, exactly. Okay. Well, you know, I was- I was first going to say, you know, staying out of the sun, 'cause I was diagnosed with basal cell- ... carcinomas. It's, you know, something. [00:41:00] But what actually, I, I think I, if I could tell myself w- or done something differently, it would've been to do more acts of kindness.

Really sh- You're a

Carolyn Rowan: doctor. You've done nothing but acts of kindness all the time.

Joanne Stone: You do acts of kindness. No, but like, but, but on a different level, like a very personal level. Taking care of patients is one thing, you know, but just acknowledging, saying thank you, just showing your gratitude towards other people in your lives, whether it's somebody that you work with, saying,

"Hello, thank you for what you're doing," whether it's, you know, to, to the doorman in the building, whether it's to your children or your husband.

My husband would say, "Yes, you should be kinder to me," for sure. But, um, but I think that's really something that, you know, I, I could have done better, and I would tell myself to do differently.

Carolyn Rowan: I think you're doing a great job today. I agree. No,

Anna Barbieri: I think so,

Joanne Stone: too.

Carolyn Rowan: By the way, I'm just so incredibly impressed by the people I get to keep company with, and you're amazing women.

Joanne Stone: Well, this has been- Likewise. Yeah, this is [00:42:00] like, like the total girl love group. Right. You know? Like, you know, it's just been amazing, and, uh, really, we're so grateful to work together and work with you on this- Thank you ... incredible center that's going to change women's lives. That's what we're here for. It will change women's lives.

Leslee Shaw: It's

Joanne Stone: good. Thank you. Awesome. Thank you. Thank you, all.

Closing and How to Connect

Joanne Stone: So that's all for our episode of Herology. I'm your host, Dr. Joanne Stone. Subscribe to Herology and the Mount Sinai Health System's other video podcast programming on YouTube, Apple Podcasts, Spotify, or wherever you get your podcasts. To learn more about the Carolyn Rowan Center for Women's Health and Wellness, or to book an appointment with a Mount Sinai expert, scan the QR code on your screen or click the link in the description below.

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