Expert Interview: Brenda "Darcel" Lee

Brenda "Darcel" Lee *is the Executive Director of the California Black Health Network. Formerly the Associate Director for Emergency Management and Planning at the California Primary Care Association, Darcel brings over 30 years of healthcare policy, legislative, and leadership experience to CBHN.*

Pamela Wu: We're doing a documentary about disparities in the diabetes epidemic, namely how ethnic communities suffer from higher rates than whites do. And African-Americans have some of the highest rates of diabetes. More than 12% have been diagnosed. Why are the rates as high as they are?

Brenda Darcel Lee: Well I think what you said is the primary reason: disparities in the African-American community. Of course diet plays a major part, a major role, but the fact that many of our African-American families don't have primary-care physicians. Many of them use the ER for their health care. Prevention has not been practiced as readily in our communities as in some others, and I also think of disparities in terms of economic disparity. Lack of jobs means lack of access to healthy food, which means lack of access to health insurance, which means lack of access to a number of things, even activities that might render us more fit. So I think that disparities has a major, major role in the rise of diabetes.

Pamela Wu: Is there any genetic evidence or research that suggests that African-Americans may be predisposed to diabetes?

Brenda Darcel Lee: I think more than genetic predisposition, we might say family history. It seems that if a grandfather has diabetes, then the father's going to have diabetes, then the son's going to have diabetes. So it's more family history I think than a predisposition, especially if you go back and look at the history of slave trade all the way back to slavery. Africans, the original Africans, had a very healthy diet, a good diet, a diet that did not lend itself to any kind of disease. But once we were brought from Africa to the US, that's when the nutritional problems started. So I don't think that there's a genetic predisposition, I think it has a lot more to do with family history.

Pamela Wu: Is diabetes making an impact on the African-American community socially or psychologically?

Brenda Darcel Lee: Absolutely, absolutely. Especially as the media raises the level of attention to this disease, I think that people are more aware of what's happening. As the numbers rise, we have more and more families affected by the disease, and so there are more families that are dealing with the results of it in terms of amputations, in terms of renal failure, in terms of obesity and what that does to children who are obese as well. So yes, socially and then psychologically, just the worry in our communities about whether or not we're going to get it. I know that even in my own family, diet has changed in some parts of my family because they're afraid that we might get it because a grandparent had it. So yeah, I think that there's psychological damage, as well as psychological angst about diabetes in our communities throughout the nation.

Pamela Wu: A lot of the African-American experts that we talked to for this program, yourself included, have talked about how diet is a big part of why black people suffer from diabetes. Can you tell us more about that and also more about its historical roots?

Brenda Darcel Lee: That is something that is a passion of mine. When Africans left Africa and were brought over to this country via the middle passage, first of all there was a lack of nutritional food on the slave ships, and in some cases not enough food at all. Once they were here, they were subjected to foods that were not nutritious in any way whatsoever, because they were really given what was left. Most of the foods were starchy, they were fatty, and a lot of pork, which is high in both sodium and fat. So as slaves began to inculcate those kinds of foods into their diets, you saw a rise in the kinds of diseases and malnutrition issues that were prevalent in those days in the African-American community.

A lot of that diet was carried over even after emancipation, and has been carried through the years in our families. A lot of folk call it soul food or southern cooking, but really it started back in slavery. And so you find a lot of high starchy foods in our diet, fried foods, a lot of pork as I said, and not as many fresh fruits and vegetables as we would like to see. Now that evolution has begun to change in the last 50 or 60 years, but still that is a challenge for us especially in low-income communities, and again it goes to the disparity issue again. What's available in our communities? Prime example: You can go to Oakland, right here in California, and go for blocks and blocks and blocks and not find a grocery store that offers fresh fruits and vegetables. That's a problem. There are blocks and blocks in Los Angeles where you cannot get fresh fruits and vegetables. And if that is not available, and if it's not taught in our families, then you're going to perpetuate the types of meals that are served in our families, which perpetuates the kinds of diseases that occur. So yeah, I think that our history and the evolution of that diet is something that we as advocates have to really work to change.

And I just want to say that I really admire Holly Mitchell, because Assembly Member Holly Mitchell has really made an effort to try and make a difference in this area. She's put forth a bill that unfortunately was defeated last session around changing the foods that are offered in vending machines. She's trying to push legislation where we do get fresh fruits and vegetables offered in our communities. So I have to admire that, and I admire Mrs. Obama for her program because she really is pushing too to get more access in our schools to fresh fruits and vegetables, and I think that's going to be a real important part of our education and outreach in our community.

Pamela Wu: Why is it important to talk about the health disparities in this epidemic of diabetes?

Brenda Darcel Lee: Well let's be honest. When you're fighting day to day just to make ends meet, and you're trying to just survive, it's very difficult to focus on what's healthy and what's good to eat. I know single parent homes that are often run by mothers that are just trying to get their kids dressed and off to school and fed, and not thinking about what it is they're feeding them. They're just trying to keep food on the table period. So disparities, it affects the community from an economic perspective because if you don't have a job then you don't have the money to do the fresh fruits and vegetables. And frankly, even in my own household, and we aren't a low-income family, we have budgeted so much more for food than we normally would because we're so intent on eating well I should say, and so it costs more for us to buy fresh fruits and vegetables every single week. For a low-income household, that is a real issue. I think it's so important that we make these foods and these vegetables and fruits available to our communities via the farmer's markets. Stores like Fresh & Easy seem to be doing a bit better job of that, but the economic part of it is one issue.

The other is just the psychological trauma of saying 'Oh my goodness, I've got to get up and I've got to make sure that I cook today. How can I cook today? I've got to get the kids off to school and I've got to get

to work. I don't have time to make it fresh, let me grab something that's quick.' So there's an education that we have to do around teaching our low-income moms and dads especially how you prepare meals that are healthy and still have time for your children, time to do your work, time to do all the other things you have to do as a parent.

Then, let me not forget to mention access to health care. You know, one of the reasons I promote and am working so hard on the implementation of the Affordable Care Act is because that act is going to allow so many people, at least about two million people will be covered with insurance who currently don't have insurance. If you don't have insurance, you're not going to go to the doctor. If you don't have insurance you're not going to think about prevention or wellness. You're going to just think about using the ER when it's an emergency. So I think that access to care is critical. I think that doctors taking time in their offices to educate their patients from a preventative perspective rather than waiting until it's an issue is important as well. So all of these issues revolve around disparity, because it's different in a lot of our communities than it is in the Beverly Hills community or the Malibu community.

Pamela Wu: You've mentioned busy moms. We heard in our program from a woman named Carolyn Jackson. Diabetes runs in her family, and she's trying to cook more healthfully for her adult children. What role do African-American women play in the health of their families?

Brenda Darcel Lee: African-American women are the kingpins in our families. The food that is cooked in our homes is usually determined by the female, the woman, the wife, the mother. The purchases that are made are usually determined by the female. I think that the meal preparation, culturally, it's usually the women in our families that determine what that's going to be. Now that's changing in some of our younger African-American households where there's shared responsibility for work and for homemaking, and meal preparation. But traditionally it's the mom and the mother who makes the decision in the house about what you're going to eat.

It's a social kind of activity as well. I know that in my upbringing, our Christmas dinners, our Thanksgiving dinners, our Easter dinners, all of that was determined by my mom and my aunts. What we were going to eat, what we were going to serve, they made those decisions. So again, I think that the woman does play an important part. Another reason is because unfortunately in many of our African-American homes, they are single-parent homes and we do have more single-parent mothers than we have had single-parent fathers. So a lot of the women are the ones who are not only preparing the meals but also teaching the children about preparing the meals.

Pamela Wu: What healthcare interventions are really working for the black community and are some of those interventions coming from the black community itself?

Brenda Darcel Lee: I think that over the last few years, as the issue of diabetes in our communities has been raised, we see more and more organizations getting involved in this issue and trying to make a difference. California Black Health Network, if I could plug my own, is one. We certainly have made it one of our priorities, especially in terms of prevention. And then you look at the American Diabetes Association. I have to give them credit. On their website they now have a section focused on African-Americans. You look at American Heart Association, they now have a section focused on African-Americans and the diabetes issue, because, of course, one of the outcomes of diabetes can be a heart problem.

I have to commend one of the clinics right here in Sacramento, it's the Community Center for Health and Well Being, the Birthing Project. They work with their women to teach them healthy eating habits, and to teach the young ladies that come into that clinic new ways to prepare their food and to eat and to stay well. So yeah, I think that there are a lot of organizations, even NAA and Urban League that are now looking at

ways to address that issue. And I'm working with the California Black Chamber of Commerce on a conference that we're putting on in March around a wellness day and especially around the Affordable Care Act. I have to commend them because they have their own health initiative and they've addressed diabetes as one of the major challenges in our community. So we're looking at how we can better educate at this conference – better educate a number of organizations including black businesses on issues that affect the African-American community, on the incentives and tax credits that are going to be provided in the Affordable Care Act for those that provide insurance, and we're hoping that the outcomes of this conference will be that we have trained the trainers, more leaders, who are going to go back out into the communities and actually address these challenges in our communities and the Affordable Care Act and how it applies to the average, everyday American. So I think there are a lot of organizations, a lot of them, that are addressing these issues now that didn't before.

Pamela Wu: Let's talk more about these culturally relevant care models which experts say are most effective in combating the chronic disease. What does a culturally relevant care model look like in the black community?

Brenda Darcel Lee: If you go into a doctor's office and let's say it is a primary care physician or it's a doctor who is not necessarily African-American, that doctor being sensitive to the cultural nuances of the African-American as they treat that patient is really important. One of those nuances is that in our community, our elders like to be treated with respect and like to be treated as if they know, not as if they don't.

Another is the way that you approach that elder in terms of what you call them, Mr. or Ms. and then saying to them I know that you understand that this particular issue is important. Maybe I can provide for you some additional information that might help you to manage this situation a little bit better, rather than saying you're just not eating right and this is what you need to do, or you have diabetes and you're going to die. You have to be sensitive to those nuances, how those nuances impact the person and how that person's going to react and then act on the information that you're giving them.

So I think that's one example of a culturally competent model. I think that understanding diet, understanding the evolution of diet in our community, understanding the parameters around activity and fitness and why it may be that in our particular communities, being able to be as active and as fit as say the greater white majority community is, I think that that is really important for our clinicians and our caretakers to understand. We're not going to be able to have our single parent moms come home and go take golfing lessons on Saturday. They're not going to go to the spa and work out. They're not going to go to 24 Hour Fitness necessarily and work out. We're going to have to understand, first of all, what the culture is faced with. What this African-American culture is faced with, especially in low-income communities, and then we're going to have to design our treatment, our education and our outreach to match that.

Pamela Wu: In your opinion Darcel, are there adequate resources allotted to combating this epidemic in the African-American community?

Brenda Darcel Lee: Absolutely not. Absolutely not. There's always a need for more resources, not only financial resources but human resources. We need more people that are willing to volunteer and to help. We need more financial resources in terms of getting out literature and information, providing more classes. We need all kinds of resources, and I don't think there's near enough available right now. But I also think it's incumbent upon people like myself and those that run other non-profit organizations to make those who can provide funds aware of what is needed and to make the case so that we can get the funding, and it's important that we use it properly.

I have to commend one organization, and I'm surprised I'm doing this because normally I wouldn't commend a pharmaceutical company necessarily, but Eli Lilly has done a really good job with their website and with their programs and providing information to African-Americans around diabetes. Walgreens is doing a really good job in providing fresh fruits and vegetables in their stores now. I don't know if you know about their program, but they are committed to putting fresh fruits and vegetables in stores around the nation and I think they're trying to open 1,000 stores in the next year in conjunction with Michelle Obama's program. They did about 30 stores – they retrofitted their stores in Chicago. They just opened one in San Francisco here, and I went to the grand opening and it was really incredible. And they're going to open more around California, and so we're trying to work with them to promote the fresh fruits and vegetables that they're putting in their stores, in stores that already exist in African-American communities as well. So I think that's a good step forward, and that provides more resources for us.

Pamela Wu: What policy changes do you recommend for the state or nation to help support the black community in combating this epidemic?

Brenda Darcel Lee: We are very much in support of the Affordable Care Act, and we are very much pushing for its implementation in the state of California because we believe that it's so important that it's implemented here so that other states follow suit. There are components of the Act that deal with prevention and wellness, and I think that is really the clear way to go as you address diabetes. We need to begin to change mindsets and the understanding of what you have to do so that you don't get the disease. So I think that's real important. We're pushing for that from a policy perspective.

Another is access to fresh fruits and vegetables in communities throughout the state, and we will continue to work with the legislative black caucus and the state legislator to make sure that that happens in the long run. I also think that it's important that there be more incentives for businesses to cover prevention and wellness in their insurance programs. I hope that the Health Benefits Exchange, as they look at how insurance is going to be managed in this state in the long run, I hope that they begin to look at prevention and wellness as a key component of stemming this tide of rising chronic disease in African-American communities by making sure that insurance companies provide incentives for wellness and prevention.