

[00:00:00] **Stephen Calabria:** From the Mount Sinai Health System in New York City, this is Road to Resilience, a podcast about facing adversity. I'm your host, Stephen Calabria, Mount Sinai's Director of Podcasting.

[00:00:13] On this episode, we speak with Caroline Austin-Maddison, NP. Caroline is a family nurse practitioner, who serves as the director of advanced practice nursing at the Mount Sinai Hospital's Department of Nursing.

[00:00:25] In her practice, she works primarily with Mount Sinai's cardiology patients in and around the hospital's community of East and Central Harlem.

[00:00:32] Caroline has also helped advance cardio health care in the Caribbean island of Montserrat. Through an initiative spearheaded by Dr. Isilma Fergus Roe, a cardiologist at Mount Sinai, she has helped bring better health care to that island's residents.

[00:00:46] Her role has enabled her to witness people's almost limitless capacity for resilience, both in the U. S. and abroad. We're honored to welcome Caroline Austin-Maddison to the show.

[00:00:58] Caroline Austin Madison, welcome to Road to Resilience.

[00:01:02] **Caroline Austin-Mattison:** Thank you. Happy to be here.

[00:01:04] **Stephen Calabria:** In your role as a nurse practitioner, what does resilience mean to you?

[00:01:10] **Caroline Austin-Mattison:** So resilience means to me, the ability to recover from difficult experiences.

[00:01:16] And in my role, one of the things that helps me to care for patients the is, I focus on my own family's experience with a stroke with my paternal grandmother dying from multiple strokes actually, and having uncontrolled hypertension.

[00:01:33] So this has shaped my resilience as a nurse practitioner and helping me to support, not only my loved ones, but also patients through recovery. And so this has taught me patience, adaptability, and also the importance of holistic care.

[00:01:50] So it has fueled my passion as a nurse practitioner to focus on prevention and education, particularly around managing risk factors like

hypertension, or high blood pressure and obesity. And also, it gives me a personal connection that drives my commitment to empower patients and provide compassionate and comprehensive care.

[00:02:13] **Stephen Calabria:** What is the difference between a nurse and a nurse practitioner?

[00:02:18] **Caroline Austin-Mattison:** So a registered nurse, is usually someone who studies for anywhere from two to four years and holds a, in New York state, a New York state license. And a nurse practitioner is an advanced practice registered nurse.

[00:02:30] So you have to first be a registered nurse with additional education and clinical training that allows us to be able to diagnose, treat, and manage acute and chronic conditions. So you may find nurse practitioners working in community center, a clinic, in the hospital setting and ICUs and emergency department.

[00:02:50] And unlike a registered nurse, a nurse practitioner can prescribe medications and order a diagnostic test and provide higher level care and practice independently in some states. And also being able to blend advanced clinical expertise with that holistic approach to patient care that I mentioned before.

[00:03:10] **Stephen Calabria:** And so in a conversation about resilience, we all seem to know at this point that nurses, registered nurses, nurse practitioners have to deal with a lot in their jobs.

[00:03:22] As far as resilience goes, what are some of the most typical problems that you see nurses having to overcome and what are some of the strategies you see them employing to solve those problems?

[00:03:34] **Caroline Austin-Mattison:** I take me back to being a new nurse, and losing a patient. So you really have to be resilient. Of course, you sometimes build a relationship with the patient, you may care for the patient for several days, and we hope that everyone will recover and be able to go home and do very well.

[00:03:53] Unfortunately, sometimes you can lose a patient or the patient, depending on where you're working, can deteriorate and needing higher level of care. So I remember that first time when I actually lost a patient, how the impact that it had on me and how I was so hurt.

[00:04:09] And especially if you have to face the patient's family and friends after the event, but what we really have to do is you have to be able to know within yourself that you've done the best that you can, and you have to separate that feeling and be able to continue caring for the other patients.

[00:04:29] So I would say that nurses have to be able to find that inner strength to be able to deal with those difficult conditions. Recently we had to deal with COVID and during the pandemic, a lot of nurses had to deal with difficult working situations, losing patients, losing colleagues, and you really have to be able to find that strength to carry on and to be able to pick up yourself and be able to continue working and understanding that you're here for the patients and you have to really find that strength deep within to continue your work.

[00:05:03] That's one of the things that came to mind, and of course, there are other things that nurses have to deal with now, that doesn't affect me that much, but we've had some short staff in some hospital settings throughout the country, and those are some of the things that some nurses, depending on where you are, haven't really, post pandemic, been able to get enough staff as yet.

[00:05:25] **Stephen Calabria:** And your primary focus is in cardiology, and your cardiology work has a great deal of overlap with hypertension, also known as high blood pressure. But what is hypertension and why is it called a silent killer?

[00:05:40] **Caroline Austin-Mattison:** So, hypertension is a blood pressure reading that is greater than 130 over 80. In the past, many years ago, patients were told that if the blood pressure is over 140 over 80, but now it's even lower.

[00:05:52] So we want to get our patient's blood pressure to be anywhere around 120 over 80 and below. And it is considered a silent killer because there are really no signs. So if you're not tested, you won't really know that you have high blood pressure.

[00:06:08] And of course, high blood pressure can lead to stroke, a heart attack. And it's very critical to seek immediate medical attention if you have certain symptoms that we could get into.

[00:06:19] But it is a silent killer because a lot of times patients are walking around with high blood pressure, greater than 140 over 80, sometimes could be 180 over 100, and you won't really know in some time then until it's too late.

[00:06:33] **Stephen Calabria:** What are some risk factors of developing hypertension?

[00:06:37] **Caroline Austin-Mattison:** So we will start off with the risk factors that are modifiable. So, definitely obesity. That's if you have excess body weight and also sedentary lifestyle. So this would be more of a lack of physical activity that could contribute to weight gain or weakness of the heart.

[00:06:54] We also sometimes dietary, factors such as hypertension. So, excuse me, high sodium intake and also excessive alcohol consumption are some of the things that are modifiable risk factors and, , smoking tobacco.

[00:07:08] And when we think of things that are non modifiable is the genetic components. For example, we know that African Americans have a high prevalence of high blood pressure.

[00:07:18] So those are the things that we are not able to change. But, there are things that we can do to prevent getting hypertension or high blood pressure greater than 130 over 80.

[00:07:28] **Stephen Calabria:** What are some of the warning signs of stroke or heart attack related to hypertension?

[00:07:33] **Caroline Austin-Mattison:** So again, high blood pressure, hypertension, being the silent killer is not something that you typically have signs or symptoms that the blood pressure is too high until sometimes it is too late.

[00:07:45] Some of the things that we tell people to do, we usually use, the acronym F A S T, FAST. So, say you're at a church or you're at a community event or at home and someone develops face symptoms, facial drooping, that is, where one side of the face may droop or feel numb.

[00:08:01] A person is unable to smile or express themselves. So that's one of the things that you can tell you that this person is having a stroke. We also look for weakness, weakness in the arms.

[00:08:11] So maybe, person suddenly not able to lift an arm, or just having the complaint of tingling in the arm and not able to move or squeeze. And that's one sign of speech difficulties, slurred speech is something that you'll see.

[00:08:25] And those are things that you can look for. And you know, the T in the fast is really for time. So if you're home or you're at an event or just with another person, and you notice that they have any of these changes, facial drooping, arm weakness, speech difficulty, we always encourage you to please call 9 1 1 at that time if you observe any of these signs.

[00:08:45] So basically seek a medical emergency immediately.

[00:08:49] **Stephen Calabria:** You've done a great deal of work here in the community around Mount Sinai Hospital. What have been some of your focuses and what were your findings?

[00:08:59] **Caroline Austin-Mattison:** I focus on high blood pressure and screening, and that is, one, because of what I shared earlier about my reason and why I'm so passionate about cardiovascular disease and hypertension, and I do screening here I'm in the community, mainly in Harlem and surrounding areas.

[00:09:18] And what I've found, and we mentioned before that high blood pressure affects African Americans the most. It's more prevalent among black, non Hispanics, and that's about 41 percent compared to whites, is about 33. 5%.

[00:09:33] And also it's more prevalent in adults with diabetes, and that I found, 6 or 7 percent of adults. So, that's a good portion. That's more than, 50 percent of people with hypertension, if they have diabetes.

[00:09:46] Particularly when I look at the East Harlem area where I do some work, you also have a good amount of individuals in that community with high blood pressure. And so the goal for us when we're out in the community is to screen and help people to become aware of their numbers.

[00:10:04] **Stephen Calabria:** Is there a correlation with a lot of these problems relating to hypertension and other cardiac issues, and socioeconomic status?

[00:10:13] **Caroline Austin-Mattison:** Absolutely. So, we do find that socioeconomic status affects and environmental inequities affect the prevalence of high blood pressure. And so we're seeing this among the population or communities where there is more sedentary lifestyle, lack of resources, lack of education about healthy eating.

[00:10:33] And, just sometimes just the zip code shouldn't really determine if you have a hypertension or be more at risk, but of course, some communities, and we're getting better with this, don't have access to fresh foods.

[00:10:45] For example, if you're in a community where there are more bodegas than supermarket, then you're going to have less fresh food. So we find that the communities where there are more African Americans, more sedentary lifestyle and lack of access.

[00:11:01] These are where you'll find more patients with high blood pressure.

[00:11:04] **Stephen Calabria:** Now, your work as a cardiology NP eventually led you to do yearly community work in the island of Montserrat.

[00:11:12] **Caroline Austin-Mattison:** Yes, that is correct. From while working here with one of our cardiologists, who is a Montserratian-born cardiologist, I was invited to the Island of Montserrat, which is a British West Indies Island that was affected by volcanic eruption started, more in the 1990s, I think 1995 was when they had their first eruption.

[00:11:31] And so I've been going there now two years. I went in 2023 and again in 2024. And a lot of what we do there is we continue the screening that we do. So here, in the community, the program is called Harlem Healthy Hearts, and that's led by Dr. Iselma Fergus-Roe.

[00:11:49] I'm a part of that committee and when we go to Montserrat, we're not only screening, but we're also managing patients there in the island of Montserrat.

[00:11:59] **Stephen Calabria:** What initially brought you to the island and what have you observed health wise in its residents?

[00:12:06] **Caroline Austin-Mattison:** So, what brought me was basically just wanting to continue the work. Dr. Fergus invited-- this is something that she's done annually prior to the pandemic.

[00:12:15] She halted just doing that period while we had the pandemic and, being from the Caribbean, I thought it would be a great way for me to give back. And going to Montserrat, we found very similar, right?

[00:12:27] It's predominantly right now, African American or excuse me, predominantly Blacks. And we found the same prevalence of hypertension, diabetes, obesity, very similar to what we have in some of our communities here in the United States.

[00:12:43] **Stephen Calabria:** If you would, talk a little bit more about that, the folks you've treated there exhibiting similar symptoms and health problems as those you've seen in the community back here in New York.

[00:12:53] **Caroline Austin-Mattison:** Yes, absolutely. So very similar symptoms. Similar diseases, such as obesity. We have high blood pressure, diabetes. And what is similar, is the fact that, it's the same things, right? So there's also post- traumatic experience, post the pandemic, there are less resources there.

[00:13:14] So there is, for example, no cardiologist on the island, currently. There is a cardiologist in the neighboring Antigua and residents there or of Montserrat or the citizens of Montserrat has to go for their medical care either in neighboring island Antigua or in the United Kingdom.

[00:13:37] So, one of the things are not everyone is being screened, for hypertension unless they go to their primary care physician or having another reason to go to the hospital there. So there's still a good amount of undiagnosed patients there.

[00:13:53] There are people that are not following up the way they should follow up on the island, which we can see some similarities here. And also there are just those who are really suffering from a loss, right?

[00:14:07] Post- the volcano, volcanic eruption, they've lost their home, they've lost their family, some family members have moved on to the UK or other islands, so they're just really suffering right now from mental health challenges is what they're dealing with, just dealing with the loss and again, not wanting to leave their island, but also very fearful that the volcano can erupt again.

[00:14:32] The resources are not there. Not having all of the specialists on the island is also another problem, that you have to travel.

[00:14:40] People just really don't want to get up and leave their families. So they're really having a tough time. And so when we go to Montserrat annually, we have long lines of people who are showing up for medical care for the screening and follow up because to save them from taking a trip.

[00:14:56] They don't have all of the medications that we have here in the U. S. So one of the things that Dr. Fergus has done is as we are there serving and we'll look at what medications are on formulas. And, for example, when we first started going in, it'd be just one type of cholesterol medication.

[00:15:14] And she advocated for the government there to bring another medication. You know, we were treating with just simvastatin at one point and she advocated for them to bring rosuvastatin, something that's a little bit more effective here.

[00:15:27] And for those who can't take a statin medication, we may advocate for something else that they're able to use that won't affect their kidneys, right? But then we're still able to treat their cholesterol. So it's still a beautiful island, beautiful people.

[00:15:42] It's just that the resources are not there currently. And so that's one of the biggest challenges. And of course, from dealing with the volcanic eruption, they're dealing with that mental health challenge that we see sometimes very young individuals, children or young adults that will come in for chest pain.

[00:16:02] And, you know, after doing an evaluation, you realize that it's more stress related and, just not being, for example, young people there, if they don't leave the island, there are not a lot of jobs and just ways for them to get by each day. So it's still really beautiful, but our challenge is there.

[00:16:21] **Stephen Calabria:** As far as resilience lessons, what are some similar resilience lessons that could be offered to the folks of Montserrat that could also be offered to the same folks stateside, especially in New York?

[00:16:34] **Caroline Austin-Mattison:** So when we think of resilience, I want to start out by saying the people of Montserrat actually are very resilient. My last trip there in August of 2024, we actually toured what's called the forbidden zone. And that is the area where, you can go there and it's very smoky.

[00:16:53] You can see the volcano, the dust, the, we saw that the hotel, a brand new hotel that they lost. We saw one of the nurses that came with us, she's like, oh, my house is up there. So you can imagine that those people went through a great deal of loss.

[00:17:10] So I want to say that they are very resilient. I think right now, what I would say for them to continue to be resilient is, to really take time to focus on their mental health. And the island recently, especially post pandemic, the Ministry of Health, who work really hard to help to provide the resources needed, has provided the island with one psychiatrist, they have, two psychotherapists, one that works with the children and young adults, and one for the adults.

[00:17:43] And so, what we found is that as we started seeing patients, and for those whom we realized that what their complaints was not related to cardiac but sometimes it had to do with stress related complaints, we started to.

[00:17:59] referring them to the psychiatrist or a psychotherapist. And so I think breaking down the stigma is one of the things that's really going to help them with being more resilient, being able, being more open to sitting down and speaking to a counselor, being able to take a medication for depression if needed.

[00:18:21] So, again, they're very resilient, but I think that mental health component has to be addressed. And that's where I see an opportunity right now.

[00:18:29] **Stephen Calabria:** And to that point, you had shared in a previous discussion, an example of a patient who stuck out in your mind, who was doing a lot of this sort of work in Montserrat, around removing the stigma of mental health, or mental health treatment, I should say.

[00:18:46] **Caroline Austin-Mattison:** Yeah. So one of our patients, a very young lady who's an author and she is bipolar and on the island, what she really wanted to do, she was an advocate and she wanted to bring more awareness to mental health and to let people know that it's okay.

[00:19:06] And unfortunately, about a month before we went, she had a really rough week where she said that she just didn't rest enough and she was on her medication. She was doing really well. And, just having that really stressful week, she had a breakthrough moment where she had to be hospitalized.

[00:19:26] And again, people in the community started saying, Oh, now look at this. She's the one telling us about it's okay and how to take care of yourself. But now she had an episode and had to be admitted.

[00:19:38] That really affected her. So when I saw her as a patient, of course, cardiac wise, she was fine. A lot of her symptoms was really due to the stress. The stress of dealing with, okay, now that I've come this far, I've haven't had a breakthrough in the last maybe five years.

[00:19:55] I have this book. I'm trying to advocate for others with, mental health disorder. And now this happened to me and everyone's looking at me and talking about me. So, she stuck out to me because, she was thinking about leaving the island.

[00:20:08] She didn't feel that she could continue her advocacy work on the island. And I'm not sure what she did, but she was thinking about going to the UK. It's because even though she came this far, it was still a level of shame that she had to now deal with again.

[00:20:24] And that is because the people there are not yet, not everyone is open to dealing with mental health issues.

[00:20:32] **Stephen Calabria:** As far as dealing with mental health problems, your example is indicative perhaps of how the younger generation is more inclined to confront these problems head on, oftentimes. We see older patients perhaps who are less inclined, less likely to deal with mental health, to advocate for mental health. Is that something you've seen in your work?

[00:20:57] **Caroline Austin-Mattison:** Oh, yes. And so we've seen it here, right in the United States. And, um, I think more people are now open to dealing with that. The same thing, even for us as nurses. If you think about what we have in our hospital, we have the resources, and I find that on the island of Montserrat, it was the same thing.

[00:21:15] Like, based on the culture, more of the younger population were open to addressing mental health issues, but not all of the older patients were, and so that also take me to the nurses. When we met with the nurses, we addressed their mental health.

[00:21:33] The post pandemic trauma, post volcanic eruption, they chose to stay on the island to care for the people, but now who's caring for them? And, you know, one nurse, , she verbalized to me that I know that I can, I should talk to someone, but, I can't really talk to the people that I am working with every day, because remember, we said there's one psychiatrist, there's a psychotherapist, and they're all working together in this makeshift hospital, so you don't want to work with this person and then after duty, you're still seeing this person to talk about your mental health challenges.

[00:22:09] So, I mean, certainly the younger people are open to that, and some of it has to do with culture, but some of it also has to do with the resources.

[00:22:18] **Stephen Calabria:** And to the point about both culture and resources, I imagine nurses also have to deal with an incredible amount of mental health strain as well as physical health strain.

[00:22:31] I'm curious, what do you counsel the nurses that you oversee and interact with as far as getting the help they need and staying on top of their health?

[00:22:41] **Caroline Austin-Mattison:** So we're very lucky here where I oversee the nurse practitioners and other advanced practice nurses because we have the Center for Stress and Resilience.

[00:22:49] So, certainly during our meetings or interactions, if you find that we offer the information, it's available to everyone on the intranet, but if someone is having a challenging time, it's so easy, you can send an email, pick up the phone, have a consultation.

[00:23:05] So we're very. I'm very fortunate here in this institution, as well as in the United States, we have a lot more access. And one of the things that I'm actually trying to do here is reaching out to our colleagues.

[00:23:18] There's a department under the Center for Stress and Resilience for Calm, working with that individual to see how we can at least offer some of our online resources to the nurses in Montserrat. And that's something that we're doing.

[00:23:32] So again, we're fortunate here, but it's not like that for everyone.

[00:23:36] **Stephen Calabria:** As far as the patients go, what do you counsel people to do in order to improve their heart health?

[00:23:43] **Caroline Austin-Mattison:** So as far as improving your heart health, so the first thing is, for a lot of us, it's really our diet. So we, although we know that there are some patients that are based with, access, concerns, such as not having access to healthy foods and, being able to afford it.

[00:24:00] So we, first you want to do, we do an assessment. So I find out, , what, if I'm meeting a patient, what is your diet like? And then from when the patient explains to me what he or she's eating, then I can help them like, okay, so maybe you can reduce this because of the sodium or salt intake.

[00:24:18] How to eat by putting maybe half of your plate should be more fresh green leafy vegetables or, steamed green vegetables and another, the quarter of the plate should be your protein and a quarter of that should be carbohydrate.

[00:24:31] What type of carbohydrates, right? One of the things we found even in Monterey, like people, when you say eating vegetables and they're like, yeah, potatoes and carrots. And so those are vegetables, but they're also could be more starchy, for example, potatoes.

[00:24:45] So really helping people to understand what a complex carbohydrates and What are the carbohydrates that you can substitute? For example, we would encourage someone to do brown rice rather than doing white rice.

[00:24:56] Or if you really have to have something, a ethnic dish or something that you really love, maybe, decrease that to once per week, right? So decreasing salt intake, eating more leafy green vegetables, more fruits, definitely, smoking less.

[00:25:12] I always want to mention that, that smoking and alcohol are also some of the things that we really encourage patients to decrease or to remove from your lifestyle.

[00:25:21] **Stephen Calabria:** And I imagine, too, that also comes with monitoring their blood pressure at home.

[00:25:26] **Caroline Austin-Mattison:** Ah, yes. So, if a patient is at high blood pressure, we recommend that they do their blood pressure daily at home and keeping a log.

[00:25:36] It's important to keep a log because some patients, when they come into the hospital, they have something called a white coat syndrome where you can have normal blood pressures at home, but then you get to the hospital and the blood pressure is very high.

[00:25:49] And so you don't want your doctor to start increasing the medication or your provider to start increasing your medication if it's just because you're very anxious being in that setting. So it's really great to come in with a log.

[00:26:02] And so we can see what your blood pressures are measuring at home, and that will help you. It's help us to know if we need to titrate the medications.

[00:26:10] One of the things I do for the community screening when I get together with patients on that I'm screening, for example, in a church, or, in a

community setting, we have different programs that we give out blood pressure machines.

[00:26:22] And we also try to teach patients how to take their blood pressure, right? What time of day to take the blood pressure. Like you want to be seated. Do you want to? Okay.

[00:26:30] Don't take the blood pressure after drinking coffee or smoking, relax for a few minutes if you can, and then measure your blood pressure. So have an accurate reading. So very important. Thanks for mentioning that.

[00:26:42] **Stephen Calabria:** Well, that's it for my questions. Was there anything else you wanted to say?

[00:26:46] **Caroline Austin-Mattison:** To say otherwise, definitely just want to reinforce that it's important to know your numbers, so having your blood pressure checked or screened in the community, writing it down so when you go to your provider, you can give that when you go to the doctor, ask questions about your cholesterol, you want to know what is your LDL, which we consider that to be the bad cholesterol, you want to know which is your HDL, people refer to as the good cholesterol. So knowing your weight, your blood pressure, and your cholesterol numbers can really help.

[00:27:18] **Stephen Calabria:** Caroline Austin-Mattison, thank you so much for coming on Road to Resilience.

[00:27:23] **Caroline Austin-Mattison:** Thank you for having me.

[00:27:24] **Stephen Calabria:** Thanks again to Caroline Austin-Mattison for her time and expertise. That's all for this episode of Road to Resilience. If you enjoyed it, please rate, review, and subscribe to our podcast on your favorite podcast platform.

[00:27:36] Want to get in touch with the show or suggest an idea for a future episode? Email us at podcast@mountsinai.org.

[00:27:43] Road to Resilience is a production of the Mount Sinai Health System. It's produced by me, Stephen Calabria, and our executive producer, Lucia Lee. From all of us here at Mount Sinai, thanks for listening, and we'll catch you next time.