



Women's Optimal Stress Balance for Performance

Guest: Mark Tager

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Mark M: Thank you for joining us for the Women's Heart Health Summit. I'm here with Dr. Mark Tager. And we're going to explore some new ideas about resilience and try to help deliver some pearls for you about how to make your days better, your life stronger, and how to deal with the stresses that all of us are experiencing. Dr. Mark, thank you for joining us.

Mark T: My pleasure. Now if I call you Dr. Mark, then we'll have to do Mark 2. So we'll have to be careful about that.

Mark M: Well, we've known each other for a couple of decades. And I've always respected the work that you've done. Dr. Mark Tager is a graduate of Duke Medical School. He's certified in family practice medicine. And he's really been the teacher of doctors. He's been training doctors to become better doctors and to be better at what they do. So I think we're very fortunate for our listeners to be able to actually listen to a doctor that teaches doctors. And he's going to talk a little bit today about some of the ideas of resilience, and really how to help us deal with the stresses that we deal with in our day to day life.

But first, I'd like to just kind of back up a little bit, Mark. And you know, you've been in medicine and health care for a long time. You've seen so many changes. What are some of the things that you used to see that you feel like are now moving forward? And let's talk a little bit about what the future of medicine may be.

Mark T: Well, I think we're coming full circle. In the 1970s, I was one of only two medical students in my class who went into family practice. Also, at the time I got into yoga and meditation. And I started looking at the importance of diet and exercise. And it's interesting because we've had this wellness movement that's just really finally taken hold. So if you go to Linked-In and you type in the word wellness, you'll see there are about seven million hits that you get.

So that concept of not just quantity of life, but the qualitative aspects, they've really taken hold in America. We've seen that in a couple of places. Obviously, we see that with the Baby Boomers. We see some seventy-something million Americans that are trying to stay strong and resilient for the challenges of life. But we're also seeing a new dynamic. And that dynamic perhaps comes from the Millennials. There are seventy-three million Millennials in the United States.

But no longer is the doctor the benevolent dictator. His mission is now the partner. And these young people have grown up in a sharing economy. They're used to working collaboratively. So we're moving away from the concept of an MD deity to a partner, from a dictator to a guide. And so in the training that I do with a lot of health care practitioners, we train on the concept of how to be their patients' guide.

Mark M: Well that's so powerful. And I know for so many women that I take care of, they go to see their doctor and they're not heard. They've really not ever had their story told. And one of the first things we ask is tell me your story. And we sit back and listen. Mark, I think we were told that the average doctor interrupts his patient within eleven seconds of them trying to tell their story. So that's the beauty of the integrative model, the functional medicine model. It's a chance for women to really tell their story and to be heard. And I think that's so important, these listening skills that we're developing in physicians now.

Mark T: Well actually, there was a later study that followed up on that and showed that physicians have made great improvement. We now interrupt within twenty-three seconds. So we've more than doubled the improvement there. So you're right, there is this concept. And what happens is, the integrative, functional, anti-aging model really revolves around what I call tincture of time. You need time to spend to get to know that patient. Now the problem is that is really very difficult and very challenging in an insurance based model.

So that's another enormous movement, the movement towards membership models and health and direct pay. It's fueled in part because there are such high deductibles people have right now. So they're paying this money out of their pocket anyway. So they are becoming much more attuned to the entire experience. We call that the patient experience, the patient journey.

But in essence the new competition for many practitioners is not the doc down the street. It is essentially you're competing for a new outfit, a family cruise, a nice dinner and trip to the movies. So we've got to be able to become more consumer-centric in what we do and meet and exceed our patient's expectations.

Mark M: You know, that is so true. And here in Jackson Hole, in the State of Wyoming, we only have one insurer. And most people have these very high deductible plans. We encourage people to get a health savings account. That's pre-tax money you're able to put into the bank. And actually basically you come to see me and your visit is almost forty percent less because of using pre-tax dollars. That's a smart way to do your medicine.

And I think you're right, Mark. I think a lot of people are really seeing that health has value and when they compare it to what they're spending in their day to day life. The analogy I like to use is that if your car's transmission went out and you took it to the garage and got it estimated, it will be fifteen-hundred dollars, two-thousand dollars for a new transmission. But you won't think twice about either buying a new car or new transmission. You need it. So it's interesting how we don't see the same for our own health.

Mark T: You know, if you go back to this concept of tincture of time, the problem you have if you look at the woman who is thirty-five to fifty, who is having hormonal issues, usually what happens in the conventional visit is she's told it's all in your head. It's a normal part of aging. Or here's a script for something to help you sleep.

And really what needs to happen is that much deeper dive into the connections between the gut and the brain and the hormones. And that sort of diagnostic functional workup can only take place in a really good collaborative kind of relationship. And fortunately we're seeing that. There are many associations right now that are training physicians in this sort of new, but old way.

In 1979, I wrote a book called *Whole Person Health Care*. And I like to think that those concepts of treating the whole person, be it a body-mind-spirit

concept, be it an integrative concept, be it a functional concept, be it an anti-aging or regenerative concept. But we need to go back to that, given the fact that what happens 4.3 million times a year, people just get prescriptions. So we know that that's not the answer.

We know that there has got to be an exploration of lifestyle. And you need a guide. You need someone to work with you. Does that have to be a physician? It can be a nutritionist, a naturopath, a chiropractor, a health coach.

Mark M: Yes.

Mark T: It can be any one of those, because you just need that person to give you the knowledge, the support, and help you find your why, help you tie in to the motivations that are going to help you make lasting behavior change.

Mark M: Well you mentioned your book. And I've read several of your books. And you're the CEO of Change Well, which is a human performance company training people. And you help doctors go from good to great. So I feel like you have a lot of pearls. And we've talked in the past about resilience and how you build that and develop it.

And really I love the concept of performance. Whether you're a CEO or a super mom or a physician, we all want to be better at what we do. And I see that tying into performance. Just like an athlete trains for performance, we need to do the things that we need on a daily basis to perform better at whatever empowers our passion. How do you see that tying into resilience or performance if I'm asked?

Mark T: Well, it's a spectrum. And you know, the earliest wellness exercise that we used to do in the 1970s was a very simple one. We basically talked about, I hate this term, but low level worseness, fatigue, disease symptoms, lack of energy, no stamina. And we put that over here. And then when we said, well let's talk about being the best that you can be, energy, performance, vitality, lack of health symptoms.

And then we said, okay, this is zero, this is ten. Where do you rate yourself on this continuum? So we called it the worseness/wellness continuum. I did a book years ago, *Planning for Wellness*, I think like in 1981. And we had this continuum.

And we would ask people, where are you right now? And there were some people who would rate themselves four, five, six, seven. But the real pearl of this exercise is the second question. And that is, in which direction are you

moving? Now, of course, we would always have a couple of people from California who gave themselves a ten. And we had to tell them, it doesn't stop at ten. Like, I'm perfect.

But the resilience piece is very interesting for me. In the early 1980s I saw a commercial for an extra strength pain medication. It said life got tougher, we got stronger. I wondered, you know, I would see two patients with very much similar conditions. But one would seem to wilt, and the other one would seem to thrive. And I began to wonder, what were the ingredients that created mental hardiness, or mental/physical well being?

So I came up with a system that I've trained for many, many years. I've probably done seven to eight hundred trainings on this subject all around the world. And the concept is that there are skills that all of us need. And then there are skills that some of us need. And then there are the skills that you need.

So the idea was to get a funnel and to be able to create sort of a model. And we divided that into the skills that all of us need. And those are four Cs-- control, challenge, commitment, and connectedness. And those are things that you can kind of go down a checklist and look at the extent to which you are in control or have a perceived sense of control; whether you are at cause rather than at effect. Are you doing the kind of things that build up that sense of self control?

You and I both ask people to exercise. Now we know it's good for your heart. We know it's good for your bones. We try to get people to exercise all the time. There's another reason, though. And that is when all you have to do is put one foot in front of the other, or one stroke in front of the other, or one revolution of the bicycle, for that moment in time you are in control. And this sense of control is a really important one.

I would go on to talk about other things, challenge, connectedness, and commitment. And those are some of the big Cs. It sounds like a lot of those late night commercials. But there's more.

Years ago, we used to do a lot of personality training on different instruments. And you know what I found? I found that people have temperaments. They are sort of nature and nurture. They're kind of cast in stone. Anybody who has more than one child knows exactly what I'm talking about. You look at your kids, and by the time they're about five years old, you know what you've got. You know, that one is like this and the other one is like this.

And what bothers one doesn't bother the other. What motivates one doesn't motivate the other. What stresses one doesn't stress the other. So we came up with an assessment called the Power Source Profile. That was tied to stress and temperament, stress and personality. And I used it to explain the fact that my two kids are so different.

Mark M: Well you know, the stress I get asked a lot about. Is stress good? Or is stress bad?

And my favorite story is several years ago here in Jackson Hole we had a four-foot snow storm. And the first person walked in and she said, oh my gosh, I love it when it snows like this. The trees are beautiful. The mountains are beautiful. It's my favorite time of year. The very next woman walked in and said, oh my gosh, I hate it when it snows like this. I'm going to fall and break my neck. So the same two external stressors had two different internalizations.

So it's really developing those skills. And that mindset you're talking about, it's developable. You can change your internalization.

Mark T: This is interesting, because we teach that the perspective that you now hold on pretty much anything is just one of a number of perspectives you may hold. And your power, you get great resilient power by having an ability to reframe something. So it's not only just the perception in the moment, which is important; but it is the capacity to look at things in a different light, to step back.

You know, one of the real challenges with social media is there's not a filter. There's no perception, no stepping back. So there isn't the opportunity for the reflection that we need to sort of be well and be hardy. So that's a great story. I think I'll take that on the road with me. I like that. That's better than the story that I tell.

Mark M: Well, I do think we look back at the ACE score, which has just been redone in a larger database. This is the adverse childhood experiences. We are seeing what happens to kids really reflects some of the health challenges they have as adults. And so really, this concept of early stress and late disease, I feel like you may be able to shift that by learning some of these four Cs and some of these other skills that you're talking about.

Mark T: That is really, really interesting. We know from telomeres that these early childhood adverse events actually will shorten, will increase the rate at

which the telomeres, the end-caps of our chromosome, begin to deteriorate. And that determines the longevity of every cell.

And then, of course, layering on top of that, and you're one of my experts and gurus on this, is the field of epigenetics. So what happens is that these childhood events and these adverse events then express themselves in the expression of the genes and the SNPs get turned on or off. And so we carry this legacy of stress-related damage with us throughout our life. And we pass that along to our children.

Now when you're trying to explain that to people, it's like whoa. In fact, when I first thought about that, it was OMG! It's just a mind-blowing concept. So I think our goal, it's really lovely that there are so many people into wellness, into training, meditation, and mindfulness, and yoga.

I used to teach yoga. When I first started my practice, I stepped back, and I wasn't happy in the late 1970s with how traditional medicine was going. So I said, if I were ill, what would I do? I would want to go to a doctor and say, I want to buy an hour of your time and pay you for it. And then I want you to teach me what I need to do.

So I set up something called the Institute of Preventive Medicine in Portland, Oregon in 1977. I saw patients for an hour at a time. I think I charged twenty-five dollars. That was a lot. Maybe thirty dollars, I don't remember. And we had a series of classes and workshops. And I had other healing professionals with me. And I would teach yoga. I would teach a Monday night yoga class. And that's something that's so delightful to see the explosion of yoga.

Now we've recently had, a few years ago, a big debate in one of the schools as to whether this was brainwashing our children. And they're going to all turn into yogis. Fortunately, the yoga folks won. And this concept of stillness, of mindfulness, of meditation, that capacity, being able to tap into that capacity is a really great one.

So I'll just make one little point about that. We're recording this on October 2. It is Gandhi's birthday, and my dad who passed, his birthday. And I guess the concept there is that I like to think and describe this mindfulness sense as being Buddhist. Now Gandhi is no Buddha. But this capacity to be in the moment, to be present, and to learn to let go of that which you can't change, that is the hardest thing.

People in my system, Power Source Profile, who are highly creative and highly

relationship oriented, they can awfulize. Now what is awfulizing? Awfulizing is you're lying in bed, and your mind is churning, and you're thinking of the worst possible scenarios and how you made someone feel.

This capacity, and this gets back to control again, the ability to learn what is important and actionable, where you need to work on something and what you need to let go. And letting go doesn't mean you don't care. It just means that you recognize that it is a waste of your energy to go and put more focus on that particular thing when you can't do anything about it.

Mark M: Wow, Mark! I would encourage all our listeners to stop right here, rewind that last section and listen to it again.

Mark T: Take a deep breath. Sit up straight. You might as well sit up straight and relax.

Mark M: Do a couple of belly breaths. But you're absolutely right. And you've touched on three or four things there. Just to break it up a little bit. This idea of the epigenetics, you mentioned. Genetics is one of the most complicated things. We had Ben Lynch join us also on the summit. He's my go to guy. And so definitely listen to that one.

The easy message I feel that I can share with our listeners and with our clients is you're not doomed to be your parents. You are not doomed to have the same gene expression they did. You have the power in your lifestyle choices to turn on good genes and turn off bad genes. That's very powerful. So you're not doomed to be your genes. And you can manipulate your outcome based on making good choices. That's the power of lifestyle medicine.

Mark T: We also talked about one of the most powerful messages available today. I do have a concern with so many people getting their direct consumer genetic testing. First of all, it still always needs to be interpreted; hence, the work of some other companies that are doing some interpretations. So you get all these SNPs. But you don't really know what's clinically relevant. And so they need to be interpreted. So I think that's an important piece.

Mark M: I think there's a lot of danger in genetics. We know just enough to be dangerous. But the message is still clear there. Your choices turn on good genes and turn off bad genes.

Mark T: Absolutely.

Mark M: As we learn more about who to turn on and who to turn off and how to do it best for each individual, that could be a game changer. But right now, it just empowers people, which I think is what our best skill as physicians is, to help empower people. Let's provide them with knowledge to empower them with good information that helps them make behavioral changes based on their belief systems. We were taught in medical school to motivate by fear and guilt. It doesn't work.

So I tell my clients, you know, the plastic surgeons in Beverly Hills, they won't do plastic surgery on smokers, because they know those women won't heal as well in the skin. That's a shocker. One of the models whose father died of lung cancer took all these models and aged them photographically based on if they were a smoker or not. You've got to kind of tap into people's hot buttons and what's really important to them.

So when you show a picture of lung cancer, it's hard to get someone to quit smoking. But for a woman, show them that effect on the skin of the face with smoking. And for the men, we show them a picture here in Wyoming of a cowboy with a limp cigarette, because smoking causes erectile dysfunction. So it's really get past the science and getting into the day to day.

What really is important to the person sitting with me, that I can really help them to want to make good decisions to turn these on? You mentioned yoga. The most powerful thing in my clinic is someone doing a mind-body medicine practice, whether it's deep breathing, guided imagery. You also talked about the health coaches, and this concept possibly of group visits. There is power in a collectiveness.

And that is one thing I wanted to ask you. With your experience in training so many doctors and people and focusing on how to perform better, how do you see these group dynamics working, like in a yoga class or in like in a group visit with physicians, which is becoming more popular?

Mark T: Sure. Well the group visit was started years ago by Edward Noffsinger at Kaiser-Permanente. He called it DIGMA, drop in group visits basically. And I actually just came back from teaching this weekend with Shilpa Saxena. Shilpa has a great group visit tool kit. And she's been just pushing and teaching practitioners to bring people together and work in groups.

This kind of gets to the fourth of my Cs, control, challenge, commitment, and connectedness. This concept of social support, if you look at the psychological literature, we know that people with friends and close connections and family

ties live longer than people who are lonely, who have fewer social ties. So there is an enormous power of getting the group.

So the physician doesn't feel that I know everything. I'm going to tell you what to do. We call it we should on your people. You're shoulding on them--you should, you should, you must, you must, you have to. And when you get off that, you recognize that you can be first a guide individually, but then even more important, a facilitator.

So when you bring people together in a group and educate them and train them, they get group support. And also, someone in the group will say something that resonates in a way that you never could have said that, because you don't have that condition. I mean you're a healthy fifty-year-old doctor, and you look great. People will say, well gee, it's easy for him. He's got a full head of hair. He looks good. He's strong and healthy. But it's hard for me. And then they hear that same message coming from someone in that group.

The other thing that I think is so important, we really have a dearth of primary care doctors in America right now.

Mark M: Yes, we do.

Mark T: By 2020 it's estimated that we'll be down ninety-thousand. The good docs are retiring. So we need new ways of bringing efficiency to health care and new empowerment.

I think group visits certainly do that. So I can't see why doctors just don't do that. Well actually they are beginning to. It's about ten percent now. About ten percent of the primary care physicians in America are doing group visits. There's no prohibition from Medicare for doing that. In fact, they encourage that. The American Academy of Family Practice encourages it. So it is a great system. But there's something that happens when you get in that collective, in your yoga class, or in a group where you're doing any sort of opening up. That's a great thing.

Mark M: That social connectivity is so lost with this plugged in generation that is coming in, and seeing two teenagers that are texting to each other instead of talking to each other. I think you're so right, this idea of sharing and being vulnerable. And having someone see something in themselves and another person makes it less dangerous and scary. And they're able then to address it

within themselves. It's a very powerful tool and a message to share with people.

Mark T: Yes. It's giving permission, actually, to voice inner thoughts and inner feelings and the doubts that we all have. I mean let's face it, if I were to hook up a recorder to your brain and get a recording of everything you say to yourself in the course of a day. Now of course, for some us it would be x-rated. But for the most part, these are internal doubts and fears.

Now I'll tell you something else that's really interesting. I do this one or two program called "Enhance your Presence." And we take practitioners, mainly integrative, functional, but health care practitioners. And we have them go through a day or two day intensive experience to figure out who they are and where they're going.

And in every single one of them, there's a moment where they break down, and they go back to a painful period of time, where they lost a parent to a disease, where a brother was maimed or killed, or some sort of experience that kind of wounded them. And I think within a lot of practitioners, there's a wounded healer. And when we ask them, in fact, to tell a story of great authenticity, usually what they do is they go back to that point, that little spark of pain and epiphany that kind of drives them.

And for so many of us, we all have that little bit of pain point. That sort of has to come out. And it can come out one on one when you're working with a patient. It can come out in a group. But in order to find your authentic voice and to be who you are, maybe it comes out when I'm looking at the mountains of that view, when you're walking in the woods and staring at the mountains. But we have to tap into that, because getting over that is the basis for healing and the basis for power as a person as well.

Mark M: You know, you were talking a little bit earlier essentially about forgiveness, which is actually a selfish thing to do. You're allowing yourself to forgive, which is a very powerful act.

One of my tricks that I do with my clients here is I have them walk along our river carrying a little rock. And I have them think about who they resent, all that energy that person holds over them, and let that rock embody it, and at the turnaround point throw it in the river and let the river wash that away. It's amazing how a couple of those experiences, and whether you say a blessing for them, a prayer for them, or wish good things, or do this physical carry a

rock or stick and put it somewhere and let go of that, it's a very powerful thing.

So being vulnerable yourself, but also letting go of the energy other people hold on you. And for the heart, I think this may be the most important thing, is that resentment, that anger. You know, we talked about stress. Stress may actually be good for the heart. It's the angry stress guys, those type A, particularly men, it's the type A men that are angry and hostile, that's what Dean Ornish [studies] have shown. Those are the dangerous personality types.

Mark T: Some of my classmates at Duke did some of the early research on that. Absolutely that anger, it's the anger that's destructive. Now, I've got a book that I did some years back on *Transforming Stress into Power*. And we essentially take the viewpoint that you need stress. Without stress you wouldn't wake up in the morning. You wouldn't get a degree. You wouldn't strive to put bread on the table; well, gluten-free bread anyway.

But you need that. You know stress is a natural, normal force for performance that you use. I stress myself to write books. I'm working on my tenth book now.

Mark M: Great, congratulations!

Mark T: It's stress. But it drives performance. And you need to have that in your life. There's a bell-shaped curve. And on one hand, we have rust out. Now, rust out is when you go to the Department of Motor Vehicles and, "Can I help you?" A rust out is a teenager who doesn't have a job in the summer time. That's rusting out.

On the other hand, we have burnout. Now burnout is not a great term, because actually the better term is called compassion fatigue. And it is really a consequence of really caring and getting this emotional hurt that comes from the fact that it doesn't matter anymore. Depersonalization is a big part of it.

And that is the interesting thing for clinicians. You know, if you see twenty-five patients a day, and you are a caring and concerned physician. And you realize that you have maybe five or six minutes to talk to them, maybe three to four minutes to talk to them by the time you're done typing on your HER and getting their information and looking over that. It's a bit of an internal paradox, because you want to help them. You know they need more than what you can give. And yet you're going to wind up writing a prescription or sending them to another practitioner.

It was really interesting because in integrative medicine we talk about these silos. I just have had that experience with my own family with someone. She got moved from one silo to another. No one was really interested. By silos, I say cardiology, pulmonology, gastroenterology. Everyone is into ruling out the disease condition that is within their specialty. But no one is really looking across the spectrum to find out the root cause, and really what can we do to get this patient better?

So I think that's another piece of the equation that is being solved by many of the functional medicine physicians and integrative physicians. But it takes time. It takes tincture of time. And it takes some skill. And it takes motivational interviewing, which is instead of shoulding, you sort of ask those open-ended questions.

You know, when the patient comes to you and they say, well doctor, tell me what to do to lose this weight. Well tell me, what have you considered in the past. And what do you think is going to work for you? So we begin to share this responsibility.

Now the nice thing about it is that so often doctors and CEOs go home with the weight of the world on their shoulders because they take on all these problems. When we begin to share as physicians the burdens with the patients, and when we recognize that boy, there are a lot more of them than there are of us, and we balance that off better, we sleep better at night. They get better outcomes. They get healthier. They get empowered.

You know, we talk about patient empowerment. It's really the ability to help guide our patients to tap into something that is deep within them to make meaningful change.

Mark M: Well such powerful wisdom, Mark. I really love the way you think about yourself, your clients, your patients, and really society as a whole. It's so tied together.

One of the skills I learned from my father, who was a physician, is to find something that turns your passion on with every person you see. I come home from my days of a long clinic excited and more energized than when I left in the morning. And I think that's something that as integrative functional doctors, we all came here for a reason.

We had ourselves, or for me it was irritable syndrome. I went to every doctor and nothing worked. I played college and pro soccer. I couldn't eat on game

day, because I would be in halftime in the bathroom. But we all have these personal stories of what medicine didn't do for us or a family member. And those silos that you talk about, I call them having too many ologists on your team. No one can really tie the whole story together.

But having somebody that can look at your story and connect with you and find out what's important to you. What's worked for you and what hasn't worked for you? And let's develop a plan that's personalized, root cause medicine as you mentioned, a precision personalized plan for each person. That's where this is all headed. And people are becoming empowered.

They are now coming to see me with a lot homework they've done. Most of the other doctors don't want to look at it. They don't want to see the twenty pages of history and all the questions. I love all that data. I love having the patient involved. Yes, it's more work. But it gets me to a level. And if they know that I'm going to take the time and look at it and connect with them, they have a chance to actually get better. It's really a win-win situation for everybody.

Mark T: So when you flip it around, let's look at doctors for just a minute. And we teach this model of presence. There's this book I did, *Enhance Your Presence*. It's really interesting, because it's a combination of intention and attention. You've got to give attention to that patient. You've got to be mindful. But the problem with mindfulness is it stops in a certain place. Intention is your intention to help heal that patient.

Now you take that with a set of skills, and the new skills, the skills that you were speaking of, precision and personalized medicine, functional and integrative skills. You learn those skills and you perform that with passion. You mentioned you wake up and at the end of the day you're excited. But there's more to it.

What the goal is for all of that, and this is a little different; it's not to necessarily reduce your A1c, your markers for diabetes; it's not bringing down your cholesterol, although, that's really all important. It is your ability to take your intention and your attention, your skills and your passion, to create a possibility in the minds and the hearts of your patients.

Mark M: I love that.

Mark T: You can do that. And that's the model we teach, and that's the model in our book. And if you hold on to that, it's so powerful as a practitioner. Your goal is to create that possibility of a better world for them, a healthier world, a

longer world, living to see their daughter get married. It's the possibility. We are instilling little seeds of possibility. And if you think about that as your job, yea, sure, you want to clear up their rash and get their tummy together. And there are ways to do that. But really, underlying all of it is this ability and the need to create possibilities in the minds and hearts and spirits of our patients.

Mark M: True, true words of wisdom, Mark. I just love every time we have the opportunity to get together and to chat. And I so appreciate you being here. Again, Dr. Mark Tager, graduate of Duke Medical. He's the CEO of Change Well, a human performance training company in San Diego. You've got ten books.

Mark T: You see these dark circles?

Mark M: How do our listeners find you if they want to learn more about the work you do?

Mark T: Oh, they can just go to changewell.com and sign up. We have a number of interesting things we do. We have a series called "Three Minute Videos on America's Leading Motivational Health Care Speakers." I've got information. We've got a course on presence, principles of presence. I get strong and tougher. And they can hit me up on Linked-In. I try to actually look at everyone's Linked-In profile and see about connecting with them. So I'm pretty easy to get in touch with. And I'm reasonably responsive.

Mark M: Well again, thank you very much, Dr. Mark Tager. Have a great, healthy day.

Mark T: You, too. Thanks.

Mark M: And thank you for listening to the Women's Heart Health Summit.