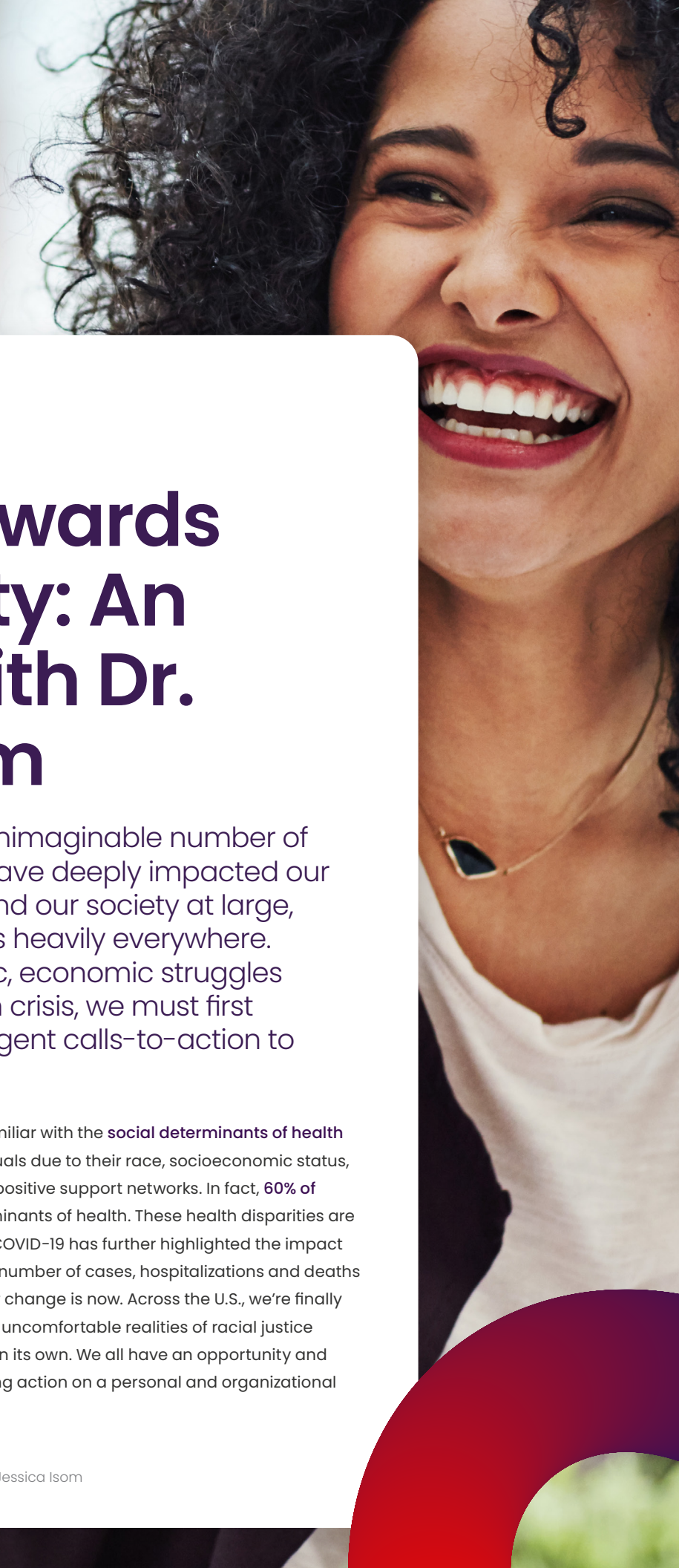


Quick Read

The Path Towards Health Equity: An Interview with Dr. Jessica Isom

As we reflect on 2020 and the unimaginable number of challenges and changes that have deeply impacted our businesses, our personal lives and our society at large, the issue of social justice weighs heavily everywhere. Amid the coronavirus pandemic, economic struggles and an imminent mental health crisis, we must first and foremost respond to the urgent calls-to-action to address racial inequity.

In the world of employee wellbeing, we are all too familiar with the **social determinants of health** (SDOH) that negatively and unevenly impact individuals due to their race, socioeconomic status, employment, education, access to care and lack of positive support networks. In fact, **60% of your health status** can be attributed to social determinants of health. These health disparities are directly tied to racial inequality and **discrimination**. COVID-19 has further highlighted the impact of SDOH as it relates to race, with a disproportionate number of cases, hospitalizations and deaths affecting **Black and Latino communities**. The time for change is now. Across the U.S., we're finally having the hard conversations, shining a light on the uncomfortable realities of racial justice and demanding action. But action doesn't happen on its own. We all have an opportunity and responsibility to create this change. This means taking action on a personal and organizational level.



It can be difficult to know where to start when it comes to addressing an issue as important and complex as the systemic racism that is driving the racial inequity within our country.



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It's no secret that an employee's health and wellbeing is directly impacted by their workplace culture and the people with whom they work – do all employees, regardless of race, gender, sexual orientation feel included and respected? Does their workplace reflect diversity at all levels of the organization? Does their organization actively recruit for diversity? As a global wellbeing organization, we know we have a responsibility to help our own organization and our clients embed diversity, equity and inclusion into their corporate cultures. In addition to helping clients extend their digital wellbeing programs and platforms to educate employees and promote DE&I, we are actively partnering with DE&I experts to deliver actionable workshops and create content that can be pushed to employees through Virgin Pulse. One of our key partners is Dr. Jessica Isom. As a boardcertified

community psychiatrist and Clinical Instructor in the Yale University Department of Psychiatry with years of clinical experience with racial health disparities and ethnic mental health issues, Dr. Isom has been invaluable to our mission to create a culture of equity.

This fall, we invited Dr. Isom to join the **Virgin Pulse Science Advisory Board**, a renowned group of experts, scientists, clinicians and industry thought leaders, which serves a critical advisory function, ensuring that Virgin Pulse's vision, platform and product offerings are rooted in the most current, relevant scientific evidence and clinical best practices. With her expertise and knowledge, we're excited to help other organizations build truly inclusive and equitable cultures of health and wellbeing so that we may close the gap created by racial injustice.

Read on for our exclusive interview with Dr. Jessica Isom on these important topics.



With your extensive experience in social justice, health equity and mental health, we'd like to start off by asking: What does health equity mean to you?

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination (racism, sexism, ableism and other forms), as well as their consequences, including powerlessness. Health equity is a goal which requires elimination of health disparities.

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Population health approaches address the entire range of individual and collective factors that determine health, making it possible to equalize opportunities for health which is an essential component of equity.

We understand that you approach the topic of mental health through the lens of community-focused population health. Could you tell us more about that approach? How does this help to create mental health equity?

Health-limiting environments are those that include social determinants that negatively impact health. Population health approaches offer an antidote to the negative consequences of health limiting environments by targeting interventions at the level of social determinants, which maximizes the potential impact and can reduce inequities.

For example, one patient may be struggling with heavy alcohol use, so we might offer motivational interviewing and medication to support reduced use during a visit. That patient is one of many that a clinic is working with, thus a population-based approach to all those with alcohol use disorders is essential. This might include posting information within the clinic on what counts as risky alcohol use, helping all patients who meet criteria connect to counseling, working with local political leaders to reduce the density of liquor stores in the neighborhood and addressing other social determinants – such as racism – which may be exacerbating genetic and economic contributions to heavy alcohol use.

What do you see as the greatest barrier to individuals seeking mental health care?

The mental health care system is fragmented and often lacks culturally relevant and responsive services. This can leave even the most savvy patients at a loss for where to start. It's also important to consider how the stigma of mental illness can result in avoidance of traditional services such as seeing a counselor, psychologist or psychiatrist. Yet, there are many services, clinics and hospitals who go above and beyond to offer just the types of mental health care that patients need. I suggest starting with local and national organizations such as NAMI, the American Psychiatric Association, the American Psychological Association and Mental Health America to better understand what mental health care options are out there. In addition, openly discussing mental wellbeing and mental illness can normalize accessing mental health care when needed.

It's true that we often avoid discussions of mental health and mental illness, especially in the workplace. What can businesses do to help to reduce the stigma surrounding mental health?

Normalization of varying levels of mental wellbeing can be very useful. For example, we all are aware that sick days are taken when we are physically ill with a cold or flu. However, we are not often encouraged to take "mental health days" when our emotional, psychological and spiritual wellbeing is affected by an acute stressor. Both physical and mental health impact our level of functioning and should be of interest to employers who can consider framing "sick days" as inclusive of mental distress.

COVID-19 has shone a light on the social determinants of health, but what about the social determinants of mental health? How does environment, upbringing and community impact mental wellbeing in disadvantaged populations and ethnic cultures?

Social determinants are the circumstances in which we are born, grow, live, work and play. Upstream social determinants, such as economic opportunities, act through downstream social determinants, such as living conditions, to impact health inclusive of mental health. Those who are poor and with other forms of lower social status are more vulnerable to developing mental health conditions. One way to think about how the social determinants impact health and mental health is through their connection to chronic stress. For an individual who has all of their basic needs met, the stress of life can be more manageable and occur during discrete periods of time. For an individual who experiences the chronic stress of poverty, racism or homophobia associated marginalization, this level of stress has been directly tied to higher rates of high blood pressure, obesity, diabetes and depression. Stress can quite literally make you sick and marginalization can leave you with little social, economic and political power to overcome that stress and its consequences.

Stress can certainly impact our health and wellbeing, and it's important that organizations create an environment that allows employees to thrive. This means addressing and eliminating stressors in the workplace that are impacting the mental wellbeing of employees. How should employers approach difficult topics like racism, health inequity and implicit bias with their employees?

As difficult topics are inherently a challenge to approach, it's important for employers to recognize and respond to tensions and reactions during discussions and within team dynamics. Prepare all those involved by stating plainly, "This will be a difficult conversation to have," while also making it clear it's possible to have it successfully. Anticipate that individuals will come to the space with varied levels of exposure to the topic, a diversity of social and cultural backgrounds and a spectrum of traumatic experiences related to race, equity and bias. For those employees who are living and breathing the consequences of these topics, it's important to acknowledge and be sensitive to their experience with these discussions. For example, state plainly that the conversation can be hard to sit with and encourage all those present to pay attention to their emotional and physical responses. Offer an out, especially for those with lived experience of the negative consequences, so that no one is forced to remain present when feeling overwhelmed.



That’s great advice. Something that might come up in these types of conversations are microaggressions. Could you explain what microaggressions are and what steps organizations can take to identify and confront these instances of subtle racism or bias?

[Microaggressions](#), a term first coined by Black psychiatrist Dr. Chester M. Pierce in 1970, describes “subtle, stunning, often automatic and non-verbal exchanges which are ‘put downs,’” communicating exclusion and a denigrating message. Often rooted in unconscious racial attitudes and beliefs – though not always – these exchanges can be unintentional, though the harms they cause can be significant. A term “death by a thousand cuts” aptly describes how these micro (as in daily) slights can build up over time. The first step that organizations can take is to discuss the term and its relationship to implicit and explicit biases and stereotyping. Next, organizations can prepare employees to recover from a microaggression exchange as both a perpetrator and target. There are many helpful resources out there to support this work and my recent favorite is [here](#).

Having resources like that available are always useful, especially when dealing with such an important and sensitive topic as racial inequity. One final question for employers who are in the process of creating a true culture of equity: What kinds of things should organizations look out for within the workplace that might delay progress towards social justice?

Social change is hard – though not impossible – to accomplish. A really useful component of planning for social justice efforts is consideration of people-based barriers to success along with organizational barriers. First, consensus needs to be built around whether there is a problem so that resentment and resistance can be proactively responded to. Lack of efforts to build empathy can fail individuals and the entire organization, as empathy is required to act in a sustained manner. All those involved after realizing what needs to be done must then ask, “Are we willing to do this?” From there, developing a strategic plan can lead to real changes that support the needs of all those in the workplace.

Don’t miss Dr. Isom’s special THRIVEx virtual event, [Wellness Redefined: Considerations for Marginalized Identities](#), where she dives deeper into these topics of mental health, wellbeing and equity in the workplace.

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