

Ramona Schindelheim, WorkingNation editor-in-chief:

You're listening to Work In Progress. I'm Ramona Schindelheim, editor-in-chief of WorkingNation. Work In Progress explores the rapidly changing workplace through conversations with innovators, educators and decision makers, people with solutions to today's workforce challenges. Joining me today, Dr. Jean Accius, an accomplished leader and innovator in health equity, longevity, health systems, transformation, and building equitable systems so that every person in every community can live a longer, healthier and more productive life. Jean, thank you for joining me. So good to see you and talk to you again.

Jean C. Accius, PhD, CHC president & CEO:

Ramona, it's a pleasure to be with you and thank you so much for this opportunity to reconnect.

Ramona Schindelheim, WorkingNation editor-in-chief:

I've known you since you were at AARP, but now your president and CEO of CHC, Creating Healthier Communities. Tell me a little bit and the audience a little bit about what CHC is all about.

Jean C. Accius, PhD, CHC president & CEO:

Well, CHC is an organization that's been around for nearly 70 years on the cutting edge and on the front lines of working with business, nonprofit and governments and communities across the country to address the social drivers to health, the barriers to health. If you think about where you eat, live, play and pray, work, all of those factors actually impact how you live and the quality of your life. And for more than 65 plus years, we have been working in communities across the country touching more than 5,000 nonprofits on an annual basis to address the barriers that impact people's longevity.

Ramona Schindelheim, WorkingNation editor-in-chief:

So among that, and you've touched on it, is where you work. So economic prosperity is really a key social determinant of health. How do they interact? It may be obvious to a lot of people, but let's discuss it. Let's break it down.

Jean C. Accius, PhD, CHC president & CEO:

Work is a social determinant of health or a social driver of health. For so long, and I think that the pandemic really demonstrated this, is that we had centered our lives around exactly where we work. And as we continued to come out of this pandemic, we are having to examine and prioritize what matters. And that is actually health and total health, meaning your mental, your physical, your emotional wellbeing. If you think about the opportunities that comes with working, it gives you an opportunity to connect with people across generations. In fact, companies are managing five generations in the workforce today. So there's an opportunity to connect with different generations. It reduces social isolation, it provides in many cases people, not just with economic means, but also an opportunity to live out their purpose, to contribute and give back. And that there are so many benefits, particularly health benefits with working. And we see this from study after study after study.

Ramona Schindelheim, WorkingNation editor-in-chief:

Actually when we saw each other earlier this month, the Surgeon General had just put out that report on loneliness and calling it an epidemic and saying half of all Americans are affected by it and it has the same impact as smoking 15 cigarettes a day, which is crazy. And unemployment is one of the key

factors, and they mentioned it a little bit in the report, but I think not having a job and not being able to go in and meet with people on a day-to-day basis can create that sense of being alone.

Jean C. Accius, PhD, CHC president & CEO:

And I think that has been compounded. Right, Ramona? We have in many ways, particularly during the pandemic, we were advised to hunker down. I remember the term and I was really going against it back then to socially isolate. I say, no, we don't want to socially isolate. We want to physically isolate, but be socially connected.

Ramona Schindelheim, WorkingNation editor-in-chief:

That's a very, very good point. I agree with you.

Jean C. Accius, PhD, CHC president & CEO:

Right. And that's what we're hearing from the Surgeon General's report. Social isolation has a huge impact on your health and overall wellbeing and what are all those factors that contribute to social isolation? Whereas you mentioned unemployment is a key factor, the lack of having opportunities to connect with colleagues across generations is another factor. The ability to be able to either get on your virtual Zoom call or Teams call or Google Meets or to actually meet with someone in person is really trying to get back to that sense of community. And I think that one of the benefits of work and one of the benefits of organizations is that employers foster a sense of a community. That community is called your workforce. And as businesses and as leaders in organizations, we have an opportunity to think about how are we creating the policies to foster greater belonging and greater community among our workforce? How do we ensure that we are fostering an inclusive culture whereby we are tapping the skills, experience, and insights.

Ramona Schindelheim, WorkingNation editor-in-chief:

So we talked about unemployment briefly, but even if you have a job, you can feel isolated. What can employers do to make people feel a part, be a part of a community, a workplace?

Jean C. Accius, PhD, CHC president & CEO:

Oh, Ramona, that is an excellent question. We know that the sense of loneliness costs employers about \$154 billion annually. And that with regards to loneliness, what we also see is higher rates of absenteeism, people being absent from work. We're seeing productivity go down and in some cases higher turnover. And that there is a direct, as I mentioned, cost to employers. So it's in their financial interests in addition to clearly doing the right thing as being an employer of choice, to think about ways to both by policy and by design to create a culture of belonging. Whether that is thinking about opportunities where, especially in this hybrid workforce where people are getting an opportunity to connect on equal grounds in terms of purpose and meeting for a particular meeting or an event. One of the things I've done here at CHC is actually think very intentionally about when we are having all staff meetings and how to ensure that we are embedding team building fun activities so that people have an opportunity to actually engage.

The other thing is that even at a managerial level is to ensure that as a leader with direct reports, how are we checking in with our direct reports, whether that is in a group setting or just doing one-on-ones. So I think that's another opportunity, is really thinking about how are you designing a workplace today that encourages and fosters those random moments of connection, I call it, where you're bumping into

someone or there is an event or activity that's bringing everyone together and engaging individuals. And then also how are you intentionally reaching out to staff just to check in, not waiting for that team meeting to engage, but really saying, okay, I'm just going to reach out and just kind of check in or have virtual coffees. When I started at CHC, one of the things I did was actually have something called virtual breakfast sessions with Jean and literally spent time over the course of 10 weeks meeting with individual staff and with staff in intimate settings for them to get to know me and for me to get to know them, and then fostering conversations along the way.

Ramona Schindelheim, WorkingNation editor-in-chief:

I love that. I would love to have been a part of that. So this is just one aspect of building a healthier community, right? What else are you looking at? What else is important in terms of how to make your community healthy?

Jean C. Accius, PhD, CHC president & CEO:

So this is critically important. One of the areas that we're looking at is to what extent can we ensure that we are building the right partnerships, particularly at the community level where we're actually hearing from the communities themselves. I think employers have an important role to play in this and business have an important role to play in this. Your workers, once they leave and clock out for the day or sign off from Teams for the day or Zoom, that they're actually going into their community, in some cases they're working from their community. I think there's a lot of opportunities to think about what are the ways where we can ensure that communities are healthier, whether that is by addressing some of the inequities in terms of access to a range of services, whether it's by thinking about the options for transportation or the opportunities for community engagement.

Another thing that I would actually recommend, particularly for those who are listening today, is that to what extent have you built in the voices of community as part of your strategies as an organization? Meaning the fact that how does the work that you're doing impacted people's lived experiences and how do you know whether or not the solutions you're offering are actually meeting their needs? What are the data points telling you? And as you think about where you might want to be three to five years from now. As I've always said before, communities typically know what their problems are. And if you take the time to listen, they can tell you exactly how they might want to solve them. So how are you co-creating a strategy that embeds community at the center and not just embedding community at the center, but also thinking about solutions to meet those needs.

Ramona Schindelheim, WorkingNation editor-in-chief:

So who leads this charge? Who do you engage? How does CHC work in a community? Or do you work on more of a policy level?

Jean C. Accius, PhD, CHC president & CEO:

We do both. We both engage with communities across the country and then also look at what are the insights that we're learning from community to help inform policy. So therefore that there is a evidence-based policy-driven consumer community-led aspect of the work that we actually do. There's two ways, Ramona, that we at CHC kind of think about our ROI. The first one is to what extent have we been accepted into the community? We are a trusted organization at the community level. We are oftentimes engaging with a range of stakeholders at a community level to achieve a key bold initiative for a community. And I can kind of give you some examples of that. The other aspect of that is that not only in terms of exactly how are we engaging with communities and to what extent have we been accepted

into the community, one of the questions that we ask ourselves is to what extent are communities better off in solving their own challenges as a result of engaging with us?

So to what extent are we helping to build the capacity of communities across the country to solve their own problems? That looks different by community, by community. But oftentimes one of the key elements to this work is that we actually do a landscape analysis, meaning the fact that we actually do a very good job of understanding the ecosystem at the community level and then trying to understand exactly where are the opportunities to close some of these huge gaps. What is the role of business? What is the role of nonprofits? What is the role of civic organizations, community based organizations? How do we bring them all to the table over the course of a series of conversations and workshops, come up with a blueprint that is co-created and led by the community? And we help to facilitate. We also play a very important role in thinking about ways where we can actually provide financial resources to nonprofits in those communities to booster up those resources.

So for example, Saks Fifth Avenue, their foundation is one of our partners, and they wanted to address mental health. And they actually wanted to help address mental health in a series of communities where there may not necessarily be enough providers. We did a landscape analysis. We engaged many different groups in the different communities and work very closely with Saks Fifth Avenue to really come up with a series of potential nonprofits and then help to facilitate some resources to start to build up that capacity. That's just an example, given that May is mental health month awareness, thought that I would just kind of share that.

Ramona Schindelheim, WorkingNation editor-in-chief:

And do you have any examples of like a community where you've come in and changed the equation when it comes to health?

Jean C. Accius, PhD, CHC president & CEO:

So we are in several different communities currently, Detroit, Indianapolis, Cleveland, Atlanta, LA doing a lot of work, particularly looking at maternal health as an example, and trying to address the maternal health crisis. And the evidence-based model that we've developed many things to the supportive evidence, formerly known as Anthem, has been very helpful in trying to help screen educate and empower women participate through the process to try to address and ensure that we are not just addressing the mental health crisis, but that women are actually healthier as they interact with the healthcare system, particularly in those communities. And we've seen some immediate results, both in terms of building that ecosystem, but also realizing how challenging it is and how much time it actually takes to ensure that communities have the right infrastructure in place.

So one of the things we've learned and we've advocated very strongly for is having doulas as part of the process and ensuring that families understand the services that are available to them in their local communities, looking at what the benefits offer, whether that's through an employer or through some other insurance source. And we're starting to see, particularly in certain communities, by creating that partnership, by having these conversations, by interacting with the healthcare system and community-based organizations by looking at where there might be gaps and starting to really fill those gaps that we can start to see changes particularly in healthcare outcomes. And this particular case as it relates to pregnant women.

Ramona Schindelheim, WorkingNation editor-in-chief:

I just spoke to John Hope Bryant of Operation HOPE in Atlanta, and you mentioned Atlanta, and he was telling me there's a big mental health issue with black men who are depressed. And a lot of that has to do, again, we go back to the economy. Have you been looking at that at all, just out of curiosity?

Jean C. Accius, PhD, CHC president & CEO:

Absolutely. That is a huge area of focus, the economy, particularly for those who have been marginalized, discounted, and really thinking about what does that actually mean for the person's mental health and overall wellbeing. And again, one of the areas of focus for us here at CHC is thinking about not just how can we start to address mental health, but also how do we start to foster greater awareness, particularly with many of our partners in business, in nonprofits, as to how this actually shows up in the workplace or in the community, and how this actually impacts all of us. So we are doing some work in the mental health space, particularly as relates to many of the pillars that we're working on because it has huge health and also economic implications. But John is absolutely correct, and we're seeing this in Atlanta and many other communities across the country.

And the other aspect of what we've also started to do is engage the American Psychological Association, getting them involved in some of this work. And they've been on the front lines of doing this work for quite some time. Rawle Andrew is the president and executive director for their foundation, and we've had a series of conversations, discussions around what can we do more to start to address this? And I think part of it is also engaging our corporate leadership council, which includes more than 50 global companies around the importance of mental health and how this actually shows up for different populations in the workforce, and particularly those who might not be in the workforce. And what might we need to do to start to address that.

Ramona Schindelheim, WorkingNation editor-in-chief:

It just occurs to me in a simple way to say that a healthy community is only healthy if the people who live in it and make up the community are healthy.

Jean C. Accius, PhD, CHC president & CEO:

That is exactly right. Roman, I say that if you think about it, it's all interconnected. It's interconnected in a sense that a healthy community means healthier businesses, which means more robust economy. There's a clear connection here that the economics, we cannot disentangle the economics from this work and that companies and countries that are going to be most competitive are going to be those that have healthier populations, which means that they're going to be those that have healthier communities. And how do we start to look at the total health of a community is critically important.

Ramona Schindelheim, WorkingNation editor-in-chief:

I had a chance to talk to you and sit down. We talked for a very long time a couple of weeks ago at the Milken Global Conference, and again, this is the first time I've spoken with you since you moved from AARP. Your history is as a gerontologist, correct?

Jean C. Accius, PhD, CHC president & CEO:

That is correct.

Ramona Schindelheim, WorkingNation editor-in-chief:

What attracted you to this new role at CHC? How does it belong in your own arc of your own career?

Jean C. Accius, PhD, CHC president & CEO:

For me, it's really this understanding that so much of what impacts one's longevity is shaped by the opportunities or the lack thereof that you get as you age, and it only compounds. So in other words, the disparities that we see, particularly in old age, didn't start once the person turned 50 or once the person turned 65, it actually started much longer than that. When we think about working longer, there's been a lot of conversation, particularly in the aging space, that because we're seeing in many cases increase longevity or life expectancy, that means that one should work longer. And what's missing oftentimes from that framing is the fact that not everyone has the opportunity to be able to work longer, whether by the type of work that you do, whether because of the fact that you have, I don't like to use the term disability, I call it ability status, or whether because of race, gender, or sexual orientation or any other isms, and all of that actually shapes the opportunities that one actually has as they age in that compounds.

For me, this is a natural extension of the work that I've been doing as a gerontologist for over 25 plus years. What's so interesting about this, Ramona and I chuckle because before I started doing this work at CHC, and we always talk about when we're talking about aging issues, when we're talking about issues that impact older adults, it's important to always kind of think about the lifespan life course perspective. And that's easy to say as a gerontologist. Now I'm in an organization where I am not only a gerontologist, but looking at this literally across the lifespan, and I'm like, wow, it's actually harder to operationalize. It's easier said than done.

Ramona Schindelheim, WorkingNation editor-in-chief:

There's a lot more people you have to deal with.

Jean C. Accius, PhD, CHC president & CEO:

A lot more people that you have to deal with. But also understanding how important it is to think about community across all life stages and what does that really mean? And I think that's the exciting aspect of this work. It's a natural extension of really thinking about what would you tell your 100-year-old self? I think it's twofold. One is there's the things that are within your control. And as you know Ramona, a lot of things may not necessarily be within one's control because of policy decision that helps to influence how you navigate this thing we call life. So it's really those two combinations of how do we ensure that everyone at every stage of life, across every community has the opportunities. And in order for us to do that, we have to remove some of those barriers. I mentioned that in Georgetown, for example, life expectancy in Georgetown, in Washington, DC is about 94 years old. If you go down several miles to Anacostia, which is a neighborhood that's about maybe six miles from Georgetown is 67, think about that. Two neighborhoods, six miles apart, nearly 30 years difference in terms of life expectancy.

Ramona Schindelheim, WorkingNation editor-in-chief:

That's amazing. And it comes down to the economics of the community.

Jean C. Accius, PhD, CHC president & CEO:

It comes out to the economics of the community. It comes down to the opportunities in terms of work, the ability to think about what are the modes of transportation to get to work. It comes down to a lot of that, right? So as an organization, we're on a mission to help to address these social drivers to health and work is one of those key elements. And what impacts work well, where you live, the different options to get to work, the ability to be connected when you do get to work. So you are part of a

community. And to help employers think about their role as a organization in trying to address the health of their workforce, not just in terms of healthcare costs, but in terms of the quality of life of each worker.

Ramona Schindelheim, WorkingNation editor-in-chief:

Jean, thank you so much for your continued good work.

Jean C. Accius, PhD, CHC president & CEO:

Well, thank you, Ramona. I am so excited. I always get excited connecting and talking to you. I really appreciate our time together and just the amazing work that you and the amazing team is doing to really help not just elevate these issues, but drive towards solutions. And that's going to require a multi-sector approach. So thank you so much.

Ramona Schindelheim, WorkingNation editor-in-chief:

And thank you. I've been speaking with Jean Accius, president and CEO of CHC. I'm Ramona Schindelheim, editor in chief of WorkingNation. Thank you so much for listening.