Prof. Watkins: Hello, and welcome to a special episode of the Health Disparities podcast. It is recorded live and in person at the annual Movement Is Life Caucus, where several hundred health equity champions have gathered to explore this year's 2022's theme, which is, "Health Equity: Beyond the Headlines". My name is Dr. Yashika Watkins, and I am an associate professor of public health at Chicago State University. And for many years, I've been closely involved with Movement Is Life, particularly in developing the Operation Change program. It is my great pleasure today to explore some psychological perspectives around behavioral health with our guest Dr. Reginald C. Richardson, Sr, who is the Executive Director of the Pritzker Department of Psychiatry and Behavioral Health at the Ann and Robert H. Lurie Children's Hospital, which is in Chicago. Dr. Richardson, welcome.

Dr. Richardson: Thank you. Appreciate being here.

Prof. Watkins: Dr. Richardson is speaking here at the Caucus as a part of our workshop entitled, "Move Your Mind, Move Your Body". As the workshop title suggests, it is one of the first things that needs to shift if we are looking to change our behaviors. However, this kind of change is easier said than done, whether it's facing an addition or trying to introduce more movement or physical activity into our day. Dr. Richardson, could you share with us some of the key points from your talk and what you are sharing with the audience here at the Caucus?

Dr. Richardson: I'm going to be talking about developing psychological or resilience, and times are tough when times are tough. And I think there are three or four key points that I want to really talk about. One is that things really have been tough for people. We are coming out of this two-year pandemic, and there have been significant emotional impacts because of this pandemic. Second people are resilient. You know, resilience refers to grit, overcoming and bouncing back from some type of adversity. And the third area I want to focus on is factors that contribute to building resilience, which include things like optimism and having a moral compass, faith and spirituality, humor, social supports, etcetera. And then finally, I want to describe how we can build resilience in children. And so those are the key takeaways that I hope folks get from our time together in our workshop.

Prof. Watkins: Can you talk a little bit more about that, that first topic, the significant personal issues people have been facing coming out of COVID-19? And talk about that in terms of what you have seen in your practice.

Dr. Richardson: Yeah. You know, I don't know about you, but I didn't take the graduate course entitled, "*How to Deal with People in a Pandemic*". I must have

been absent that day. And so, we've really have had to learn by doing. I don't think it's ever happened before, not, certainly not in our lifetime. And I think it has changed the fundamentals of how people conduct their very lives. And, you know, one of the things that the Pandemic really created is isolation. And humans are not built genetically, historically, socially, to be isolated. And I think that there are really negative effects of that isolation. And for some people, they've experienced anxiety, which they hadn't previously experienced in their life. They've experienced depression, people have lost jobs. So, financial insecurity certainly has occurred. There are many people who have lost loved ones because of the pandemic. Almost a million people have died. And then all the sicknesses that have occurred, you know, we have really decimated our healthcare workforce. And so, there's just been a lot of social upheaval that has existed. And we see the factors of that, you know, moving kids from being in classrooms to being at home has created tremendous learning deficits. The lack of social support, the lack of good healthy meals for some kids. So, it's just been a huge and tremendous readjustment for folks who have just come out of this pandemic.

Prof. Watkins: One of the things you said that struck me was that lack of social support in Operation Change. For those of you that aren't familiar with Operation Change, it is Movement Is Life's community-based program where we are addressing musculoskeletal disparities at the community level. So, through Operation Change, which is an 18-week program, the ladies are learning about behavior change and how to become more active in their everyday lives to reduce the burden of joint pain. So, through this program one of the biggest findings has been the lack of social support amongst the women. And so, because they have that lack of social support, they have relied on each other and have built the social support systems amongst the other participants. Dr. Richardson, how do you think we can really support community members in building social support not only for joint pain and other chronic diseases, but for other trials and should relations that people may experience in their lives.

Dr. Richardson: As, you know, professor within your program, social support is a key aspect for resilience, right? To be resilient. And I think that for asking people to change behavior from being sedentary into movement, it requires them to have the kind of social support. And I think as we discussed earlier your data supports that. So, I think anytime there is opportunities for folks to be in relationship in community with like-

minded people, that helps them to build the resilience necessary to contemplate the change in behavior. So, it's a key aspect to it. It's only one aspect, but it's a key aspect to building resilience.

Prof. Watkins: How do we build resilience in communities? So how do we get those participants to teach others in their community, teach their neighbors, their church members? How do we make our communities more resilient through, for example, through a program like Operation Change?

Dr. Richardson: Well, I always like to start with our children. I think if we can really build little human beings to really provide good development, we then have good and healthy adults that will build families, that build communities. So, I think it starts with certainly our children. And there are, you know evidence that suggests that if we can have a loving adult in the life of a child, then we know that's the number one protective factor against a list of a bunch of different kinds of risks. So, if a child has at least one adult that they know is in their corner, no matter what, that goes a long way for building resilience for the community. I think there are things within our communities that also is necessary to have a resilient community. For example, neighbors who care about what's happening with each other.

So, neighbors who are involved not only in the lives of their families, but in the lives of other families where neighbors are providing instruction and care for the children in their community. Where there are senior citizens who may need assistance with grocery pickup and things like that. It's looking for opportunities to have human connections with one another, are all examples. It's living in safe environments, making sure that we are protecting each other in our neighborhoods. It's creating the social supports that we talked about in the beginning of our conversation are also important aspects of building good, healthy communities. And when you have good, healthy communities, you have good healthy families, you have good healthy individuals.

Prof. Watkins: Could you talk a little bit about your previous work with combating addiction because you have established and led programs in different states and scenarios? What kind of things are you seeking to put in place when you take on a leadership role?

Dr. Richardson: Yeah, I think I'll address the first half first, and that is, you know, one of the interesting things about folks who experience an addiction is that with COVID-19, the way in which we address covid is social isolation. It is the exact antithetical to folks who have an addiction. You don't want

people who are experiencing an addiction or mental health issues to be in a situation of isolation. So, the thing that helps us survive COVID is the thing that is not so good for people who are experiencing mental health or addictive type behaviors. And we've seen the results of that. If you look at national statistics in terms of overdose deaths, national statistics as it relates to the increase of alcohol deaths, you know, I'm coming from the state of Oregon working for Governor Brown with the issue of addiction and alcohol was the fourth leading cause of preventable death in our state. And so, we don't often think of alcohol as being an addictive substance or having that kind of problem. In our state, it was almost $6 billion of loss revenue went to excessive drinking. So, you know whether we're, we're thinking about hard drugs or drugs, like alcohol it is a huge issue, and I think the pandemic, because of the isolation created more of those issues. And I think the second part of your question, like how do you respond to it and I think there are three areas that we have to do better in. First is that we have to have rapid treatment. And that's true for a person who's suffering from an addiction or from a person who's suffering from a mental health crisis. We have to have rapid treatment, meaning that if a person today decides that they have a substance use or behavioral health problem, that they get treatment today.

If you were to share with me right now that you're having chest pain, I could activate an emergency system that would get you a crew of paramedics and you would be in life support in a matter of minutes. But if you shared with me that you had a mental health crisis or that you had an addiction, I could maybe get you a bed in a couple of weeks. We've got to change that. So, we've got to have rapid treatment. The other thing I'd say is that we have to also spend resources on prevention. We will never treat our way out of a mental health crisis. We'll never treat our way out of an addiction crisis. We have to prevent people from having the conditions in the first place. And going back to my previous job in Oregon, only 1% of resources from our state budget was used to really address prevention. We've got to do better in our country as it relates to prevention. And then finally, recovery. You know, a substance use disorder is a disorder that is preventable. It's a disorder that is treatable, most people recover, and so we've got to provide support to people who are in the process of recovery. And as you know, housing is an important aspect for recovery. And, you know, for many of our communities, homelessness, the, the fact of being under-resourced is an important aspect for this as well.

Prof. Watkins: So, I wrote down those three areas that rapid treatment, more money on prevention and recovery. And the second one, second and third one I do want to talk a little bit more about, because the second one more money on prevention is what is critical in public health, right? It's critical for public health, for community-based programs. And it's the only way that we are going to improve health outcomes at the community level. So, while Operation Change is addressing really a current need with joint pain, it is also trying to prevent other comorbidities, right? So, if you take a look at our Vicious Cycle on Movement Is Life Caucus website, you'll see there you'll see joint pain, but you'll see all the other comorbidities that are impacted or that can be created as a result of joint pain. So, you have joint pain with joint pain, you stop moving, you stop getting around as well. And, when you stop doing that, then these other cadre of conditions come on, Type 2 diabetes, cardiovascular disease, etcetera. So, your point is well taken that prevention is really key to preventing other conditions.

Dr. Richardson: If I could, one of the things I admire about the work that you're doing in Operation Change is the fact that you recognize you really can't get people moving when many of the folks have endorsed depression and trauma. When we've done workshops together, we've seen people endorse depression and it made sense and the level of endorsement for depression was so great. You know, we know that about 20% of the population has a diagnosable mental health disorder. The ladies that we worked with endorsed it at a much higher level than that. And so, unless we address the underlying cause for some of the reasons why movement becomes so difficult, and in that case, we're talking about depression, it really was going to be inefficient. And you guys have really stepped up to make sure that that's an important aspect to it as well.

Prof. Watkins: Yes, yes. So, across all of our Operation Change programs, mental health is the primary barrier to movement for our ladies. That's the first thing we have to address. Our San Diego program recently graduated October 15th, they graduated, so we're so proud of those ladies. And at the graduation, some of the ladies gave testimonies. One of the ladies said that at the beginning of the program, she couldn't get out the bed. She was in her early fifties, so still a young woman, she could not get out of her bed. And she said originally, she was going to bring her mom to the program. Her mom was in her late seventies, and her mom was having some dementia issues, so it didn't work out for her mom to continue to matriculate, but she decided to join the program.

But after she joined, she was not getting out the bed and she said she was depressed. She wasn't working. She didn't have really anything else going on in her life. And she said, as a result of participating in the program, the ladies calling her and saying, “Where are you? You didn't show up today. Where are you? Why didn't you come? What do we need to do to help you?” The information she learned through the mental health modules, it, it allowed her to get out the bed, start coming to the program regularly, and she said she got a job at the end of the program.

Dr. Richardson: That's great.

Prof. Watkins: So, it was just a win-win all around.

Dr. Richardson: Absolutely. Absolutely.

Prof. Watkins: So mental health is key. And the third point you brought up about recovery, it reminds me of in Operation Change, the model that we use is the Stages of Change model and in that you have six different stages, and one of them is relapse, and then it ends, it terminates with maintenance. So, we teach our participants, you may have relapse, and in stages of change, you can enter in and out at any time with stages of change. So, this idea of recovery, you can recover, whether it's addiction, you were somebody who wasn't moving and had severe joint pain, you can have a new lease on life. And so, that's what Operation Change teaches the ladies that, hey, you may be a backslider, so to speak, but you can make some changes and maintain and sustain those changes.

Dr. Richardson: And, you know, another aspect on the stages, the change in terms of the relapse piece is that we expect people to relapse. And so, the expectation ought to be that it's a cyclical type of event where you relapse and perhaps you don't go into maintenance, and then you start all over again. And so, we expect that, we encourage that, so that no one feels the guilt or shame because they've sort of fallen off the wagon, if you will. We expect that to happen. The other thing I wanted to say about you know, the mental health aspect that you folks are addressing, I would strongly advocate that you pick up not only the mental health which you're already doing, but also behavioral health, which would include mental health and addiction. We know that folks who experience a mental health problem, one half of them also have a substance use problem. And I would just encourage you to look at that in your program, because we can expect that at least half of them also are misusing substances.

Prof. Watkins: That reminds me, one of the ladies at one of the sites, I can't remember at what point in the program she gave her testimony, but she said she stood up to one of the Saturdays and said, these ladies don't even know, I've only been clean from drugs for the last 30 days. She says, I was homeless. And she said this program was a new start for me. So, your point is well taken that probably the, if we, you know, investigate this more and look into this more, we may see more and more women who are actually suffering from addiction and substance abuse problems.

Dr. Richardson: And if not a full-fledged addiction, certainly misuse of substances. I mean, as, you know, a, a great percentage of people who turn into folks who have an addiction start out with, you know, self-medicating because of the pain that they might be in or the other problems they may be facing. So, it's a huge issue and it's under tapped in terms of making sure we understand the fullness of people's conditions. In general, I think most people don't recognize what the healthy amount of, for example, alcohol may be. If you actually ask people do they have an addiction, most people will say no. But if you ask them how many drinks do they have in a given week, you'll find that they're drinking a lot more than what the CDC recommends that people will do. Or they'll say that beer or wine is not alcohol or potentially problematic. And so, I think once that information is shared, then I think people are at the, at the level of being able to go into the stages of change, the pre contemplative stage, and then the contemplative stage, and then ready for change stage and so on. So, I think that has to be an aspect.

Prof. Watkins: So definitely for Operation Change, a lot of the women are using food as a way of coping, coping with emotional problems, pain, trauma. So what we do through our focus groups is to help people really get to the realization that that is what they are doing and helping them to, you know, get along this go from pre-contemplation to contemplation to action and realizing, okay, I need to make a change and let's come up with a plan of action to make a change.

The other thing I wanted to talk about was a lot of the ladies are caregivers. We've seen that across all the programs, a lot of them are caregivers and caregiving, the burden of caregiving really has increased during COVID, right? And, even now, as some would say post-COVID, but I want to talk about caregiving and how even though we are caring for others, or some people don't even realize they're a caregiver, right? They may be the mom or the grandmother of the

family, and they're attending to everyone else's needs, but not putting themselves first. So, one of the things we try and do is teach the ladies about putting yourself first. That these hours on Saturday doing the program, these are hours that have been carved out doing just one week for you. So, if you could talk to, or speak to this idea of making yourself first and how that can, and really help also with mental health and behavioral health.

Dr. Richardson: Yeah, that's such a good point because I think in our society, women are socialized to put themselves last and put their families and everybody else ahead of them. So, when you come and talk to, to folks who have that background they're looking at you sideways because that's not what they hear at church to be first. That's not what they have been trained in their societal relationships to be first. But I'd like to start with this. If you fly on an airplane doing the safety breathing, one of the things that they tell you is if in the unforeseeable situation in which the cabin pressure goes down and oxygen is needed, the mask will be deployed. Put your mask on first before you try to help others. And the reason why that's so incredibly important is because you will be unable to help another if you don't take care of yourself first. And I think you're right on, people who are in caregiving responsibilities there's a burden that can come from that role of caregiving, and if you don't have regular consistent time away from that responsibility and to care for yourself, you're going to be ineffective. And then if you go down, who's going to be available to care for that family member or that family? So, I think it is one, just a reminder for women to change the way that they think about their role as caregiver and then to provide the sort of social support to be able to change that behavior, because everything in the world says you should put yourself last and take care of everybody else.

Prof. Watkins: In closing, Dr. Richardson, what would be the steps, or you say the takeaway points for building resiliency in communities and families and people's homes and churches. What should our listeners know about building resiliency?

Dr. Richardson: Yeah, there are probably five areas that I would say that I'd like people to remember when we talk about how do you build resilience. I think, again, I like to think about starting with children as the focal point of our community. And so, if we want to build resilience in children, I think the first and most important way is to stay connected to your children. And that's particularly important when you think about adolescent development because, you know, adolescents give you the message

that they don't care about you, that they don't want to stay in relationship with you. And I'd say stay connected even when they act like they don't want to be in connection with you because it's really untrue, they absolutely want and need to have you in their life. The second is the importance of establishing family routines. I know it's old fashioned to think about having dinner together, but I think that even for me and my family, when our kids were at home, the idea of sitting around the table and having a meal did several things, but one of the things that it did is it had us connect with our kids and check in on what's going on with them. We didn't ask questions like, well, how was school? Because the typical answer is going to be, it was okay, right? And so that's the end of the conversation. We asked other kinds of questions, and we asked questions for debate, questions so that they would express their opinions and those sorts of things. And so, establishing family routines family dinners and those sorts of things are really important. The third area I would mention is it's really important to monitor after school behavior for your kids. Many of us work and kids get home before we get home, and so those hours between 2:00 PM and 9:00 PM are pretty dangerous hours for unsupervised activities. And as best as a family can to make sure you know what's happening to your kids during those hours are critically important. The other thing I'd say the fourth thing is to really value education. Education, you and I were sort of talking about this before we started today to give the expectations of advanced education, including college and beyond is so important. College is no longer now the, it is the minimum level of achievement that we have to get to. And then finally, the fifth area, I would say is to have high expectations for your kids, high and achievable expectations. You know, there's been lots of studies in this area, and the studies have suggested that having high expectations kids will live up to or down to the expectations that you have for them. And so, I would just encourage people to make sure that they are explicit about what they expect for their kids, and more times than not, the kids will not let them down and will meet those expectations.

Prof. Watkins: Thank you for joining us, Dr. Richardson, and thank you listeners for tuning in. Until next time.

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