DNA: Discoveries in Action Season 3 Episode 4 Transcript

Rachel Baugh: So, what is the difference between surviving and thriving? Surviving is just kind of getting through. It's checking off the boxes and crossing off your list, and it's just doing what you need to do to get by. And a lot of times when you're surviving, you might feel like you're drowning a little bit.

Nathaniel Tran: Sometimes it's about how a person treats you directly and that could be pretty intense in its negative effects on your own well-being, but seeing those images and those framings, those discussions in news and media, even at a distance, takes a toll on you little by little. It's death by a thousand cuts, I think.

Jessica Ganzie: The body is keeping count of all of these various traumas and all of these various incidences.

Clark Buckner: Welcome back to season three. We're in the middle of our deep exploration into the world of mental health and the question, can you be physically healthy if you aren't mentally healthy? If you're new around here, definitely scroll back in the DNA podcast feed to the previous two episodes where we explore the stigma and cultural elements of mental health, as well as the complicated landscape of pediatric mental health care. Let's talk about how the big picture impacts us. You know those macro trends that pile up little by little, policy, digital ads, work culture, media and imagery, language, elections, inflation, climate volatility. We know all the shifts, the vibe of our society, and they impact us, too. These, plus seemingly small things like word choice, can eat away at us, our soul, if you will, as you'll hear shortly.

We're talking to four people, but this is a global phenomenon. Over the last couple of years there people in the US and the world have self-reported having negative experiences and are less likely to feel well rested. This is according to the Gallup Global Emotions report, and we've already explored the spike in anxiety and depression. Of course, there's COVID, but as we're going to hear today, those experiences are constant and nearly so subliminal that they are almost off the radar, yet they add up and can bombard us. I'm Clark Buckner, your host through these conversations. This podcast, Discoveries in Action, is about the big ideas and breakthroughs happening at Vanderbilt Health.

Our drive to discover, care, learn and share, is in our DNA. It defines who we are just as your DNA defines you. Let's get ready to hear from leaders across Vanderbilt. A leader who's shaping conversations and spaces inside Vanderbilt itself, someone who's bending the trajectory of youth toward a brighter future, and a mentor-mentee pair on the leading edge of research into the disparities entrenched within the LGBTQ+ community by public policies and representation. It's a fascinating discussion about what can be called the social determinants of wellness. First, let's hear from Jessica Ganzie. She has a master of divinity and is Senior Program Manager of Diversity And inclusion. Jessica's work strives to create the mental and environmental conditions for people to be fully seen, loudly heard, and thrive personally and

professionally.

Jessica Ganzie: Because I'm a people person and I love people, and it makes me look at the ways different factors weigh on people. I'm not so concerned with the saving of souls, if you will, if we don't deal with what weighs on the souls. And that can be inequalities or oppressions or different things that causes people that stress and anxiety, and to live what would not be considered maybe an abundant life. So if we're going to get to an abundance, then we have to deal with what's in front of us and that may call us to do some truth-telling, some dismantling, to disrupt some things sometimes, if it means saving people and helping them to live a better life. I think that our society is quite individualistic. It's me, myself and I. It's me worrying about what makes me feel good and feel well, and if I'm good, then it's all good. And that's just not true.

I think we have to be communal minded simply because we're all so interconnected. And so if you're not well, then we are not well. Oftentimes we sort of quarantine, if you will, one another's issues. That's their community's issue. That's this community's issue. But as I mentioned, if one of us aren't living at our best when we could, because of certain barriers, then we have to make that our business. And so community is important. It's important to have your smaller sect of people, what we call a support system, and that support system is made up of friends and family, mentors. My doctors are a part of my smaller community or village. Children. Have children in your life, whether you have them of your own or just in your life. I think that's so important because intergenerational connectedness is so important.

So that's on one level. And then we have the greater community that may mean my coworkers, people in my neighborhood, things like that. And then we have our global community, and it's the ways in which what goes on even outside of the country that I live in still means something to me because if it's people that are being hurt or harmed, or if it's people that don't have access to certain things, then we should make that our business to make sure that everyone is well. And do we create the situations where we say some are deserving and some are not? And when we go there, now we're getting off track because everybody is worthy of well-being and everybody is worthy of good care. I think that when we start there, then we can have a better chance, if you will, of being better people to one another.

Clark Buckner: If you're uneasy about tuning into the news, you're not alone. Dramatic and often traumatic stories are constant, and even though we're all human with, hopefully, empathy, sometimes one event is more visceral than others. Yet as a collective we just have to continue on. Ms. Ganzie and her colleagues hosted pop up events at Vanderbilt, where people could be together to talk, or not talk, about the tragic loss of life and mass shootings. Let's find out why.

Jessica Ganzie: Life is a series of pop-ups, right? I think we have to be flexible. It's so important and it's just necessary to pause. Sometimes we have to pause when we were hearing about what was going on in Buffalo, because it's the ways in which we process public trauma, too, right? It sort of stops you in your tracks, and to constantly go on or be expected to just keep going when it is that you just experienced something, because of how our bodies take this in,

then I think that that's how you get people that just kind of walk around or you eventually become desensitized to certain events. It was so important for us to pause and first just be with our folks whose communities that impacted, first and foremost, but also acknowledging the ways that it impacted us all.

It was something to get on the call after the massacre in Texas and have guys who say, "I don't have children. I'm an uncle," and couldn't get past those words. Once they said that, they broke down crying, and we understood it. And the goal wasn't to police their emotions. They needed to release that, and sometimes you have to do that where you are, and sometimes you're at work. And so I think it was just important to do that because we bring so much to work. We bring so much to work and especially when we're experiencing public traumas like that. It's difficult sometimes to be at work and be expected to produce and expected to keep going and expected to be creative, when your mind is on families whose lives just been turned upside down.

When what's just happened is producing a type of anxiety within you, when you're scared and you feel helpless, that is hard, and it's hard to work through. So it's so important for us to create some moments, at least, for people to come together, be in community, sit if you needed to sit, vent if you needed to vent, but at least you knew that we were there and someone understood and acknowledge that you're not somewhere off the radar. It was like, "We are all feeling this and you have a right to feel this, and we're here with you."

Clark Buckner: Way, way back in season one on an episode called Everybody Thrive Now, experts spelled out why it's essential to bring data and evidence to policy, particularly health policy, which can have outsize impacts such as when prescription drug coverage policy leaves some life-saving treatment out of financial reach. Here's the thing. All policy can impact health, especially our mental health. Policies and judgment all the way from DC to your local city council can make communities welcoming and at ease, or put whole groups of people, including me and you, on edge.

Let's take a closer look and hear some real-life examples. Gilbert Gonzales is an Assistant Professor at the Center for Medicine, Health, and Society. His research examines how public policies affect health outcomes, access to care, and health disparity for LGBT populations. We spoke with him and his mentee, Nathaniel Tran, a doctoral student at Vanderbilt University. The first voice we'll hear is Dr. Gonzales.

Dr. Gilbert Gonzales: I do research on LGBTQ health disparities or health of lesbian, gay, bisexual, transgender, questioning, queer populations in the United States. I rely heavily on free, publicly available data to study LGBTQ health and how public policies impact LGBTQ health and access to care. I would say I vision my research informing public policy so that way we can achieve LGBTQ health equity in this country, and part of that will require changes in public policy.

Nathaniel Tran: Dr. Gonzalez and I published in the Journal of the American Medical

Association Psychiatry, JAMA Psychiatry. It's one of the largest studies looking at adverse childhood experiences among lesbian, gay, bisexual, and other queer folks, and it lines up with what we know, I think. So one of our key findings is that, yes, LGBT people, but here in the study, queer people or sexual minority people have worse mental health, and we knew that already. But what we add here is that even as really young people, so these are experiences before the age of 18, queer people experience higher levels of violence and abuse in their life, and that starts at a really young age. Again, I'm coming back to this idea that nothing inherently about LGBTQ people makes them worse off for health, but maybe it's how they're socially treated. And it's important because it gives us at least an intervention. We know what are the key periods in a person's life.

So even before you reach adulthood, before a person may even know that they identify as LGBTQ, we know that these populations are vulnerable. So maybe this ties back to the idea that LGBTQ youth are really vulnerable, and especially in schools are a place that we can step in and make sure that folks are feeling dignified, respected, safe. That they know that they belong, that they have a source of support, whether that be a nurse or a school counselor, a teacher that they can come to, if they don't necessarily have that at home. And how important that could be for not just immediate health, but across their entire life because these ACEs that we study, these adverse childhood experiences, have really, really lasting legacies. That's the original study, it was about how these childhood experiences affect your health in later life, and, yeah. Do you want to add anything to that?

Dr. Gilbert Gonzales: I think of vulnerable populations as any group that could fall through the cracks in terms of their health, in terms of their access to care. So this may include people living in poverty, people who are minoritized and discriminated against, whether it's because of their sexual orientation, gender identity, or their race or ethnicity or immigration status. But that's how I view and think about vulnerable and vulnerability.

Nathaniel Tran: Yeah. I think I might define vulnerable slightly differently or more generally is how the power structures in our society are not necessarily in your favor. And so the benefit to some is at those people's loss, that negative. So coming back to LGBT youth is that the curriculums weren't written for them. Weren't written with them in mind, not thinking about the contribution of LGBTQ people as LGBTQ people. So one concrete example I give of this is, and maybe this ties back to curriculum laws. For example, when you learn about World War II, you learn about the Enigma code and Alan Turing, but you don't hear about how he was deeply ostracized.

You learn about maybe Sally Ride being the first woman to find space, but not the fact that she's a lesbian woman, because there's something inherently shameful about those things at the time in history where they are. And so that reflects on the vulnerability of youth is that they say, "Okay, well, you recognize your difference." Some people recognize their difference at a really young age, but then they aren't told explicitly that it's okay to be different. And so that social vulnerability says, like, "You're not meeting the norm," or you still learn little by little. Again, this

death by a thousand cuts, that you're different and there's something wrong with that.

Dr. Gilbert Gonzales: I describe this as two steps forward, one step back, in terms of acceptance and issues around LGBTQ people and their health. When I first started this research, there were no data on sexual orientation or gender identity. There was very little research. There were very few mentors and advisors in LGBTQ health, but that has changed a lot. We now have some really good credible data on LGBTQ people. We have really good, high quality research now available, and public acceptance in the United States has grown. Most Americans support same-sex marriage or marriage equality.

More people don't think that there should be discrimination in employment among Americans against LGBTQ people. But I would say, we've made some great strides, but in the last year we've seen a lot of anti-LGBTQ activity at the state level, and unfortunately a lot of that has been targeting transgender youth and their access to health care, their access to sports participation. So I would describe this, the growth of LGBTQ health, in my life, as two steps forward, one step backwards. But that means we're still moving a little bit forward.

Nathaniel Tran: I think psychologists think about this as proximal and distal stress. How close is this to you? So sometimes it's about how a person treats you directly, and that could be pretty intense and its negative effects on your own well-being, but seeing those images and those framings, those discussions in news and media, even at a distance, takes a toll on you, little by little. It's death by a thousand cuts, I think, because you hear small things that creep into your mind and eventually they all build up and it takes a really big toll. But I would also say the other half of that is, we're at a time where LGBTQ media is at, I would say, maybe not its golden age, but at zenith and the number of things that you see like platforms, streaming platforms, network media, is willing to produce at least some content that features queer people.

I didn't really see much of that growing up either, and I was really pleasantly surprised by that commitment over time to try and produce positive images of people. I think the very few depictions that I saw when I was younger were a lot of trauma or a lot of negative experiences for queer people, and so that that's one big difference that I've noticed that's changed over time, also, is just happier stories or people getting to just live a life that's not just a life of trauma, which has been really important.

Clark Buckner: Vanderbilt University Medical Center was named a leader in LGBTQ+ health care equality by the Human Rights Campaign Healthcare Equality Index this year. And actually it's a repeat honor. VUMC is the only organization in Tennessee to repeatedly be recognized for its commitment to adopting LGBTQ inclusive patient visitation and employment policies. You might be wondering, "Why is that a big deal?" And it's partly because accessing health care is fraught with moments that can dehumanize and potentially harm LGBTQ+ patients.

You'll see people around VUMC wearing preferred pronoun buttons or rainbow flag pins. This is one of those subtle welcoming details that may escape the attention of someone who isn't

looking, but it's a shining beacon of inclusivity for others. The LGBTQ health clinic is a destination for people all around the Southeast region, which points to the dark undertow that shapes the lives and the physical and mental well-being of the LGBTQ community.

Nathaniel Tran: The LGBT policy lab here at Vanderbilt has been a tremendous force of research that is deeply impactful. There are other teams across the country that study LGBT health, but not necessarily policy. I think we can bucket these into two types of policies. So there are LGBT specific policies that have direct implications, and then maybe broader policies. And this lab has been at the forefront of that type of research, of both buckets of the research. For one example, what happens when the Affordable Care Act expanded and who benefits from that? So this lab looks at specifically how same-sex couples, for example, benefit from insurance coverage, or how children of same-sex couples benefit.

And that's not a very LGBT specific policy, but has pretty big effects for a population that previous to the ACA was uninsured. The other type of policy we might look then is same-sex marriage. So across sociology and public health and other social science fields, there's a deep body of literature that says relationships, especially marriage, have protective effects. And so you might look at what those protective effects are once same-sex marriage is legalized, and that's an LGBT specific type of policy I would say. And those can feel really far away. So for me, I certainly remember when same-sex marriage passed. I was in college at the time. I was still trying to work out through my own identity and felt really far away, but people have found out that even a policy like that for people who are single, not coupled, not looking to get married, not at that age in life, that social shift in acceptance of seeing other people feel okay with it also has positive mental health benefits.

People usually see a reduction in some type of psychological distress, so less anxiety, less depression, maybe a little bit more mixed evidence about if that impacts suicidality, but policy feels really far away, but actually has pretty deep, direct benefits as an access to health care, marriage and having support systems in your life, and also just feeling more accepted. I think that policy can have this big effect on mental health because it helps you see the arc of your life maybe. Not everyone necessarily has to get married or wants to get married, but it's seeing that other people are okay with you when you've been told for a very long time that there's something wrong with you or bad with you or that you might be broken, and to see other people celebrate that is pretty special.

Dr. Gilbert Gonzales: I agree with Nathaniel 1,000% that policy can create harm, but it could also do a lot of good. I often think about policy as treatment for population health. And so Nathaniel described some research on marriage equality and how it's led to some improvements in health and access to care. But LGBTQ health disparities are still there. They haven't gone away. There are still disparities in mental health and health outcomes and health behaviors, a lot of it driving from discrimination stigma. And so I don't think marriage equality is enough. If we think about this as a prescription, the dosage isn't strong enough. And so I think that, let's amp up the prescription a little bit more.

What that may mean from a policy perspective is thinking about enacting non-discrimination protections in not just employment, but also in housing and in health care and in education and public facilities like hospitals and trains and planes, ensuring that LGBTQ people feel safe and that they will not be discriminated against in these social determinants of health. I think that's what needs to happen next in terms of policy as prescription. Policy can also, in some ways, be a disease.

We know that trans youth are being plummeted right now with anti-trans policies, banning gender-affirming care to them, which can cause some real harm for those transgender youth. But also we see these new bathroom bills and making barriers to using a toilet based on your biological sex rather than your gender identity. I think it's remarkable that these debates lead to who can access toilets based off their gender identity. It wasn't that long ago where there were toilets for white people and toilets for Black people. And it's just interesting that even 60 years after desegregating bathrooms, we're still debating on access to toilets.

Clark Buckner: The proverb "sticks and stones may break my bones" popularized in the mid-1800s is almost ubiquitous. You probably grew up hearing it. This is an era when we're grasping just how untrue it is. Words reach far beyond hurt feelings. Words in pop culture this June when singer and rapper Lizzo released a song using the word spaz, a derogatory ableist term from spastic diplegia, a form of cerebral palsy. Backlash was swift. Lizzo responded by changing and re-releasing the song, and issued a comment that in part read, "Let me make one thing clear. I never want to promote derogatory language. I've had many hurtful words used against me, so I understand the power words can have."

Beyonce found herself in the same situation just several weeks later. So, language is a powerful tool in governments and systems to define what's accepted and what's outlawed. Interestingly, the rhetoric over pronouns, especially the use of "they" as singular is not new. Shakespeare used "they" as singular. "You" was strictly plural until the 17th century. Suffragettes used the generic male "he" as part of their arguments. Language usage is a battleground for change, and Ursula Le Guin even said that we can't restructure society without restructuring the English language. But what does this have to do with health?

Nathaniel Tran: I was going to add specifically underscoring the social determinants of health and how they tie back to mental health. A lot of mental health outcomes are driven by stuff outside of the clinics. And that's in a public health grammar, in a social determinants grammar, we're thinking about where you live, work, age and play, and that's the way that the APHA frames it. So I think we're talking about Bostock vs. Clayton County, federal level non-discrimination in employment. But everywhere else you go in your life you still face significant discrimination, whether that be interpersonal, someone says something, does something to you, physically or verbally harassing you. The distal stress of feeling like you don't belong or something might be wrong with you, or people... And then there's the structural. So there are many states in which Medicaid programs by law say, "We will not pay for

gender-affirming care."

That's not about a doctor not wanting to do it. It's that a state has set policy that says there's something different and wrong and bad about this and we won't cover it. And the next iteration of the ICD, I think it's ICD-11, so this is how clinicians bill and diagnose people. They maintain a set of codes to try and track how conditions evolve over time. And interestingly, in the next iteration which is ICD-11, trans folks will see a shift towards gender congruence or gender incongruence as a diagnosis. Historically this term has been included in diagnostic classifications as gender dysphoria, gender identity disorder, in other words that are quite outdated, and I would say even a little bit violent. Or not even a little bit violent. Pretty violent towards trans folks, but historically they've been necessary to cover certain care.

So you need this diagnostic that is psychological diagnosis, a psychiatric diagnosis, a disorder. And ICD-11, with a lot of advocacy from trans and non-binary folks and clinicians, moved it towards a reproductive and sexual reproductive developmental diagnosis, removes it from being a psychological or psychiatric disorder. It plays a pragmatic role, whether it's good or bad, like health players need a reason to pay for a service and you need a diagnostic code. But moving it away from being a psychiatric disorder towards a person trying to establish gender congruence, or they're experiencing gender congruence but not having that be... Again, coming back to the idea of mental health, is being trans in and of itself a mental disorder? No, absolutely not. And so that change in the diagnostic criteria was really, really important to help remove some of the stigma in helping people access and engage with the health care system.

Clark Buckner: We internalize so much around us. Think back to the ACEs or adverse childhood experiences. We as humans can absorb only so much. Dr. Meg Benningfield talked about that in the live Twitter Spaces chat that you can revisit and the Producer's Cut. And there's also the constant push to be welcome, to not be discriminated against, which is a wholly unnecessary task. We should all be included, yet we're still mired in systems originally designed to exclude people. Here's Ms. Ganzie.

Jessica Ganzie: I'm a firm believer that racism, I'll take that particular ism for example, is a public health issue because of the ways that it sort of casts psychological and emotional and economic and physical violence. It is violent. It's something that has effects that are very long-lasting and it sends messages of intimidation and terror, and it is very uncomfortable. You don't have to be in the immediate vicinity of a racial incident to hear about it and not have similar reactions like you would if you were there. It's awful. And it's persistent. I think that we have to come at it from the social standpoint, but also talk about how it is a public health issue, not just a social issue. It's something that we all have to be a part of dismantling. And the thing is, we all have it in some way. We all have internalized it in some way, because we live in a system that is built around it.

It's just like the air you breathe, right? As much as we can try to mask up with stuff, if it's something that's just in the air you have a great possibility that you can breathe that in whether

you want to or not. So we have to just be honest about the fact that racism is a real thing. It's a very intentional thing, and it takes that much intentionality in order to dismantle it. But debating racism blows my mind. If we said something as far fetched as like, "Should you go in your neighbor's backyard and just shoot their dog?" Something wild, right? It's like, "Absolutely not. End of story." Why would we have a debate about people having the right to do certain things? People having access to certain things? It's not historical. It's very current that sort of thing. So in the health industry, that's something that we have to center when it comes to the ways that we administer care. Racism deals in falsehoods. It doesn't deal in truth.

It's constantly sending messages through media or visual or whatever the case, through what is being said to you that you're not good enough, or that you're inferior, or that it's impossible for you to have certain likings. Those sort of things. And it conflicts because your truth says otherwise, that I am good enough and I'm supposed to be here, and I can have interests that transcend stereotypes that not all Black people like basketball, those sort of things, right? And all of a sudden, when you're baffling with a reality that's set before you that doesn't deal in truth-telling, then that's exhausting to have to constantly affirm and proclaim that you're here and you're supposed to be here. Because after a while, in order to survive that environment, to some extent you'll begin to acclimate to it. That's deceiving. All of a sudden you do start to believe the grass may be greener on someone else's grass, or yard.

You don't realize that you can water yours and it just be just as good. You will look to something else and say, "That's the goal. That's what I should look like. That's what I should be like. That's how I should talk. That's how I should present." And it's dominating. That's the other piece. And so where it doesn't dominate it demonizes. So if it can't take over, then what is becomes something that shouldn't be. For example, if racist notions say that I'm an inferior person as a Black person, and I resist that and that's absolutely not, and I then act as if I am not inferior, then something about me acting in leadership or acting in courage and boldness is then demonized because I'm now resisting or pushing back on it. So that's where you get tropes like the "angry Black woman," or you get different things that begin to come up that says, "Oh, now you're asserting yourself to be what we say you aren't?" So now that's a problem.

And that is awful. When you have to do that day in and day out, day in and day out, that's exhausting. That creates worry. It creates stress. It creates anxiety. And then the body reacts to it. All of a sudden you have headaches and you don't know why you have headaches. You have aches. You have different things because the body is keeping count of all of these various traumas and all of these various incidences. And we don't take that in as just, "Oh, they just didn't understand." It's just too much knowledge out here to just be ignorant. So that's not the case. We're saying, we all have to do our work and that's a part of work that has to be done is so important. Work that has to be done within the individual first, and then that spreads out communally, structurally, systemically, so on and so forth. But it will weigh on the soul because how do I begin to decide to live into the world if I'm living in a disadvantage?

Clark Buckner: I really love plants and the imagery of what Ms. Ganzie talked about a few

minutes ago, about how we can water our grass, resonated with me. We definitely have to have people and organizations and missions out there watering other people's grass. Life is better when we all flourish. All righty, you're going to love this story from our next guest, Rachel Baugh. Rachel is the Associate Director of Aspirnaut, a VUMC program designed to set youth and young adults on a course into STEM fields. Focused on researching under-resourced and under-represented rural high school and undergraduate students, the program has for well over a decade given talented students a better chance of success and a healthy future.

Rachel Baugh: It's not something that we are targeting in the recruitment process. We're not looking for students who specifically have an A score of a certain number or anything like that. But what we have found out through the 14 years of the program is that around 25% of our students have an A score of four or higher, meaning they've had some challenges in their childhood that puts them on a scale or puts them on a risk factor higher than most individuals. So once you have a score of four or higher, there are the risks of heart disease or diabetes or mental health issues, obesity, that kind of stuff. And you're right. The experiences that you have in childhood really does kind of mold you into different thought processes or different beliefs about who you are or what you can achieve.

And so we have worked with our students. What we really are trying to do with the Aspirnaut program, and especially the wellness portion, is to be an intervention for these students. We know they're at an increased risk of certain health issues, and so if we can plug ourselves in or give them this tool set to self-manage some of these risk factors that they have, then we can help them live a happier and healthier life. The Aspirnaut really has taken a holistic approach. A lot of research internships are going to provide the student with research opportunity, but what we are really trying to do is develop the individual as a whole. And so we provide the research opportunity and they do work 40 hours a week in a biomedical research lab.

But in addition to that, we have additional programming where we might have a distinguished luncheon series, where we have guest speakers come in and talk about their pathways, their challenges that they've had throughout their lives, and give the students an opportunity to network with professional individuals in a career path that they're interested in. We also work with them on professional skills development, scientific writing, or writing in general, science communication, how to dress during an interview, how to say hello to somebody as they walk in the room. There's a plethora of things that we cover with them to make sure that they are covered in the professional setting. We also do some career planning with them. What does their path look like to where they want to go?

I think one of the most important things is, is we have lifelong mentoring. So, looking at that holistic approach and what does that mean? I work as the wellness director and what I do is, I do four to five classroom or didactic sessions with them through the 10 weeks that they're here. I also provide them physical fitness activities, so teaching them how to basically stay fit in a situation where you can work out anywhere at any time. You don't need money. You don't need fancy equipment. You can basically use your body work and you can get a workout anywhere.

And we find that that's valuable, again, as a tool for self-management, but also a tool to reduce some of these risk factors that we know that our students have based on where they're from or their A scores. So it's really addressing the individual as a whole.

Clark Buckner: The link between body and mind is a connection Ms. Baugh understands, both professionally and personally. She studied the mechanics of the human body and has personally pushed herself to what most people think of as the pinnacle of human fitness. And she has the medals to prove it.

Rachel Baugh: I do have a degree in kinesiology and I am a certified personal trainer through the National Strength and Conditioning Association, but I also am a 2004 Olympic gold and silver medalist. I swam for 20-some odd years of my life. I swam at the University of Kentucky and then went on to swim for the United States of America for eight years. Traveled the world representing the US, and was lucky enough to be able to compete and represent the United States at the Olympics in 2004. A lot of times you do put these Olympians on a pedestal, and the sports world is very glamorized. A lot of times they don't see what goes on behind the scenes, and what I can do for them in that sense is yes, I am an Olympian, and that is something that is very cherished in the United States and looked up to. But I can also share with them the struggles and challenges that I went through along my journey. And there's a lot. It's not an easy thing.

I think we're seeing more and more of the mental health struggles of a lot of athletes. We saw Simone Biles at the Olympics. We can see Michael Phelps trying to reach out and make sure that this is something that is talked about. And so if you think about sports and it being glamorized and then you talk about something like mental health, which has kind of been a stigma for a while and is now just being brought to the forefront, it's now okay to not be okay. I think that that's really important for our students to know that even I have struggled at points. I have a gold medal, but I have struggled and I have struggled with mental health, and I've seen therapists and gone through different challenges. And that's okay. It doesn't define me and who I am. It's something that I went through and something that I continue to work on and have overcome and feel like I am qualified, or at least can relate to students who are also struggling.

Clark Buckner: The founders of Aspirnaut, doctors Billy and Julie Hudson, knew what it was like to come from an area with a limited view of the world. Their lived experience and that of Ms. Baugh illuminate a pathway to reach the youth and young adults. Early interventions can nudge someone onto a new path. Sometimes all it takes is a glimpse and a few simple tools.

Rachel Baugh: I think they definitely see it as a pivot point. Whether or not they'll classify it as an intervention, I'm not really sure. But we like to think of it that way, and if they're seeing it as a pivot, then it is an intervention, right? We're stepping in and helping them move in a new direction. We hear from students all the time about the Aspirnaut program changing their lives, giving them an opportunity that they never thought would have existed, or putting them on a path that they never thought they could achieve. And so it's really rewarding to hear those

stories, and we hear them all the time. Every graduation, it's fun to hear back from the students and I check in with them.

I want to know what they're doing, and at this point we have 309 interns that have come through the program, including the ones that will have this summer, and checking in with them every year to see what they're doing, it's pretty astounding that most will recognize that the Aspirnaut program had a huge impact on their trajectory. I think especially if you're talking about gender inequality, especially in STEM degrees, or if you're talking about girls who code, it's not a world that they have been welcomed into in the past. They're kind of the outliers, and there's a certain level of discrimination that I think comes with anybody who's an outlier or who's a minority, whether it's ethnic or gender related.

And with that discrimination, I think, comes some hardships along the way. And so being in a holistic program provides them, again, those tools that they can learn to help cope with some of those, to not only survive in those environments, but to thrive in those environments. We don't want them just to survive. I mean, we can all be survivors, right? But we want them to thrive and do really, really well. I think anytime you're in a position where you're a minority, there are going to be additional challenges that our students have to face, and so giving them the tools that help them overcome those challenges are really important.

Clark Buckner: Our journey to answer the question of, can we be physically healthy if we're not mentally healthy, is evolving into a conversation about the pursuit to thrive. It's not a destination. It's influenced by the people and environment around us. Medicine, science and communities are at a formative moment of recognizing the interplay between our bodies and minds, and the interdependence on shifting landscapes of nature and society. And long-held stigmas and stereotypes persist. Yet, there's so much opportunity and optimism to be and build better. I asked Jessica Ganzie and Rachel Baugh why and how they do it. They're so impactful.

Jessica Ganzie: I am given this body and I assume that who gave me this body thought enough of it for me to take care of it. And that's why this greater power put plants and food in the world and water in the world and different things that fuels the body and keeps it well. So we can't divorce them. To be spiritual, to be faithful to this means to neglect over on this side. In fact, to be faithful to, it means to take care of it the best ways that we can. And it also means, again, in the communal sense, for us to look around and say, "Can everybody take care of it? Does everybody have access to what they need in order to take care of their bodies?" Because they're different and they may call for different types of care.

So we don't just standardize one thing. We say, "Well, that person may need a little extra of this. And this person may need a little extra of that." Whatever you need, do you have it? And if we can say, "Hey, everyone has it," okay, we're cool. But if we can't, now we got some work to do. And that's what I feel called to do, and in the work that we do with the Office of Diversity and Inclusion and Health Equity, is that we're looking at all of these different factors that affect care and that affect the flourishing and well-being of so many different communities.

And they're saying, in their work, we are doing what we can to make sure it is known, the barriers are the issues that cause people to falter in the ways in which they can access care, but we are also getting proactive and we are rallying around these communities to bring it to them. And I love what they're doing. There are so many wonderful outcomes, at least when your health is well. That's just one aspect. That's your mental health, that's your physical, that's all of it. We have to make sure that we come at it as a package because we care about it all, not just your soul, but all that it includes and all that that entails.

Rachel Baugh: I think, if I had a magic wand and could change the world, I would provide equal opportunity for every student or every individual out there. I think education is the answer to a lot of our problems that we're having, whether it's racial divide or mental health issues. The more knowledge you have, I think, the saying it's cliche, but knowledge is power, it's 100% true. But I think the other thing that I would like to say, I'd like to challenge anybody listening out there. I'd like to challenge them to have a positive impact on somebody else's life. It's such an easy thing to do. If we could just be more kind and supportive of each other, I think the world would be a much better place. There's too much criticism and judgment out there, and it's as simple as being kind.

Clark Buckner: Thank you for being here. In our final episode in this series on mental health and wellness, we're taking a look at some algorithms and text messaging and history to understand what it takes to get someone the mental health care they need before it's too late.

To be part of the Listen DNA Club, check out VUMC_insights on Twitter to participate in our live chats where you might show up in a future episode. And subscribe to the Twitter newsletter where we're convening a community as we envision the end of this season. Much like the conversation around mental health, this season is still being written. There are links to mental health resources and episode extras at listendna.com. And of course, follow, rate and review the show anywhere and everywhere you get podcasts. Until next time, Vanderbilt Health, Making Health Care Personal.