



MEETING PEOPLE WHERE THEY ARE

VIDEO TRANSCRIPT

Dr. Tam Brownlee: Good day, everyone. I'm Dr. Tam Brownlee, and I serve as the Chief Health Officer for Accenture. And my pronouns are she, her and hers. It's a pleasure to be with you today so that we can have this conversation on mental health. Accenture research really demonstrates that nine in ten people are impacted by mental health challenges, which means that it's almost everyone's problem. Underrepresented groups in particular, such as BIPOC and LGBTQ plus communities, face unique challenges when it comes to mental health.

Dr. Tam Brownlee: Today, I'm joined by some fabulous guests from CVS Health, a company that's uniquely positioned to address health inequities and especially focused on mental health. So let's welcome our guests. First, we have Dr. Joneigh Khaldun, who serves as Vice President and Chief Health Equity Officer at CVS Health. And her pronouns are she, her and hers. And Cara McNulty, President Behavioral Health and EAP at Aetna, a CVS Health company, and her pronouns are she, her and hers. Ladies, welcome to the conversation. So let's get right into it. Dr. Khaldun, I'm going to start with a question with you. I wonder if you could give us an overview of the unique stressors that the BIPOC and LGBTQ+ communities face when it comes to mental health.

Dr. Joneigh Khaldun: Absolutely. And really looking forward to to the conversation. You know, the reasons why health disparities exist are complex and it's related to systems and structures that have been in place throughout our country's history, really. And whether it's cardiovascular disease, COVID 19, which we all saw, or mental health, there are stark differences in health outcomes across not only racial and ethnic groups, but gender, across income, sexual orientation and gender identity, geography or even disability status. And actually a recent CVS Health study, a survey actually - in that survey, 57% of respondents who identify as LGBTQ plus expressed concerns about their own mental health.

That's 20 points, 20 percentage points higher compared to other respondents. Black Americans that we surveyed actually saw an 11% point increase in mental health concerns since the beginning of the pandemic. I also want to point out stigma. Stigma around mental health is also generally greater among people from historically marginalized groups, particularly people of color. And the reasons for this also are complex. But we really have to make sure we understand this stigma and provide the necessary support so that people can overcome it. So the other thing is moving forward, where people from historically marginalized groups do take steps to receive treatment, they encounter another barrier. And that's a lack of providers who really understand their lives and their lived experience as well and what it will really take to address their needs.

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In fact, less than 5% of mental health professionals are African-American or Black. And when underserved groups don't see practitioners, clinicians who look like them or who understand them, the system can be quite hard to navigate and it can be difficult to build trust, which results in less engagement in care. And then finally, we all know about those social determinants of health and the fact that what happens outside of a doctor's office or a hospital has more to do with someone's health than what happens within it. And so we have to make sure we're addressing things like access to health care, lack of transportation, housing and other things. And finally, we also know that more than 112 million Americans live in areas where mental health providers are scarce. And so I think it's really important that as a health care system, we understand the experiences and needs of some of our most marginalized communities. And we also make sure we're listening and breaking down barriers to care

Dr. Tam Brownlee: Thanks so much, Dr. Khaldun. Those are really impactful and humbling statistics about the access and the reach and the historical context. So I appreciate your sharing that. Cara, I have a question for you, particularly around the area of suicidality. We have known that suicide rates are sometimes higher in some of those communities that are underserved or marginalized, especially in the LGBTQ community. Suicide prevention is such a big focus at CVS Health - I wonder if you could tell us a bit more about why these communities are particularly vulnerable and maybe some solutions to impact that?

Cara McNulty: Oh, I'd love to. You know, it's this is such an important conversation and it's conversations like this that help us normalize that your mental health is just like your physical health, and we have to give it nurture, care, feeding and we need to talk about it. So if you just think broadly. Today alone, we'll lose 132 people in the United States to suicide. 132 people: that's someone's mother, brother, sister, partner, child, neighbor, grandparent. It has a broad, profound impact. And then when you go to the next layer deep, when you look at specific populations, for example, like LGBTQ plus. That population has so many more barriers in getting support and treatment. In fact, 45% of LGBTQ plus adolescents and young adults have thought about self-harm and thought about suicide, have had suicidality. 45%.

And if you just then go a little deeper, 14% of LGBTQ adolescents have attempted to take their life. So it's a population whose voice often isn't heard, was overlooked and underserved. But the great thing is, there's so many things we can do about it. And if you just think about the youth and young adults that we are fortunate to have in our communities and with us, they are empowered. They are empowered. They don't want this conversation to be swept under or voices to be quelled. What they want is action. And they're holding us accountable to deliver that action.

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So when we think about what is being done, I look at those young adults and adolescents as true advocates. They're sharing their voice. They're sharing their story. They're telling us what they need. We as a community and family have a lot we need to lean into in order to support not only young adults and adolescents, but many populations whose voices aren't heard. When I think specifically about LGBTQ population, one of the best things we can do as community members is to educate ourselves. Educate to understand, seeking to understand. Because we all are similar.

All of us want to be our best. Want to be a productive member in society. Want to add value to those there with and around. And we all need different care and support. So one, let's educate ourselves on the LGBTQ hurdles, the populations, and the stigma involved in getting care.

The next is how do we seek to understand it's not just enough to educate? How do we seek to understand? It doesn't mean we always agree, but how do we seek to understand so that in community, in health care, in education, we can provide the support and services needed for this population?

And last. How can we continue to advocate and we as CVS Health, are strong advocates of ensuring that we're removing barriers. We're providing options, opportunities, services, access to all populations, and specifically when it comes to this population, Dr. Joneigh hit it on the head: we have to ensure that people have access to providers that understand the LGBTQ population, that relate, are engaged, are in community. We need people to be able to get care and support that looks, feels and understands the issues and the outcomes they're seeking and experiencing. So there's a lot we can do as individuals, as businesses and communities. But it starts with seeking to understand, educating and empowering.

Dr. Tam Brownlee: Fantastic. I really love your response to that. I think the opportunity for us to do just that, to listen with intentionality, to really serve with humility and then provide the culturally competent resources and being present is so, so, so very important. And in particular, when I think about the solutions, you know, that have been made available, we certainly have a lot of opportunity, you know, in that that's widely available. I wanted to make a comment about those those solutions, and particularly 988, which was recently deployed throughout the U.S. as a source for people who are facing really a tough time and considering suicide, to be able to - or any other mental health challenge - to be able to look for resources. We have contributed as Accenture to the building and the implementation of 988 in several states within within the country.

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And I'm proud of that work because we adopted some of the framework that you just described about really leading with cultural humility and ensuring that resources that are offered to people are really centered around the person and addressing what they what they need. So thank you, I think, for that contribution. It's definitely made us better as well. Dr. Joneigh, I'd love to be able to talk a little bit more about solutions, particularly that CVS Health has been able to provide. One of the many things I admire about CVS Health and in particular the work that you've led, is about the ability to walk alongside and have really true presence in the community for the people that you're serving. Can you tell us a bit more about how you're using that strength of visibility to to make a difference at a community level, improving the health of people?

Dr. Joneigh Khaldun: Absolutely. You know, at CVS Health, we talk about health equity. I like to say it's regardless of whoever you are, what you look like, how you worship, who you love, where we live, where you live, everyone should have the same opportunity to be as healthy as possible. And that's truly what health equity means. And I would say, you know, it's such an honor to work at a company like CVS Health. We touch more than 100 million people through our - whether it's our retail offerings as an insurance company, our clinical management services. And I'd say we are uniquely positioned to really change the trajectory of equitable health and health care for the entire country.

I'd say that over the past year - and Cara mentioned this - most young adults and people of color have suffered particularly high instances of mental health symptoms and distress, and that's led to high emergency department visits even. And I can tell you that that's true as a practicing emergency medicine physician, I see it every single shift. And I've say that CVS Health is addressing this in many ways. We are actually leveraging our broad brick and mortar footprint across the country.

And so we've actually added in select locations licensed therapists primarily focused actually on treating mental health need as a part of our MinuteClinic and HealthHUB strategy. And individuals can go there, you can make an appointment. We have after hours availability as well. You can get assessments, referrals, counseling and personalized care plans from onsite licensed therapists, which is really, really important. I'd also say and you mentioned our community footprint and kudos to our CVS Health Foundation team and leadership. We know we can't do this alone and we know how important community partnerships are. And so we're actually working with several organizations to help provide access to quality and equitable care.



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So things like our partnership with the National Association of Free and Charitable Clinics, working with them to increase the number of licensed mental health clinicians in underserved communities, specifically. We're also working with the American Foundation for Suicide Prevention in developing a first of its kind education program around suicide prevention, specifically for Black or African-American communities. And then finally, we're partnering with the Mental Health - Mental Health America, another nonprofit to raise awareness about mental health needs in communities of color, and also expanding access to mental health screenings and follow up supports.

So I'm really proud of the way we are expanding access points to mental health services across the country. And Cara has been a great leader and partner here in these efforts, and we're also thinking about not just bringing services to where people are. That's so important and really the best way to achieve health equity and to reduce the disparities that we're seeing.

Dr. Tam Brownlee: Thank you, Dr. Joneigh. I just I had that image of delivering the care that people need, wherever they are. And that's exactly what CVS Health is helping to accomplish. On the last point that you made about addressing those inequities, if you will, in health, there are so many when it comes to mental health. And so I'm going to turn to you, Cara, and tap into your expertise about specifically looking at mental health inequity and how might we be able to address it at the level of delivery?

And what can what can be done, you know, by those who are specifically in health care delivery or its partners to improve access affordability, provide culturally competent care? There's been some conversation about that already in our talk today, but I wondered if you could double down a bit more about what we can do, especially with affordability in education and training for clinicians and providers.

Cara McNulty: Absolutely. You know, it's so important when we think about barriers to care. First of all, the mental health system isn't a system that is easy to navigate. Most of us - even just think the last two years - we've either personally been impacted in some way by a mental health disruption or we've had a family member or a loved one. I mean, the pandemic has really brought a lot of mental health and illness to the surface. And if you think about how your mental health impacts, not only you, but your ecosystem, your familial system. It's really important that we think about how can we remove barriers for people getting care.

Most of us, when we're experiencing something, don't automatically go, Oh, I bet that's anxiety or I bet this is my fear and it's coming out in depressive symptoms. We don't know what we don't know. So we're at CVS really working to, one, remove those barriers and make it as easy as possible for people to get care.



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But as both you and Dr. Joneigh talked about, there is disparities, and in order to address those disparities, we have to understand what's happening in those communities. So we have done a whole host of listening and engaging with communities, specifically Black, Brown, LGBTQ, to understand what are the barriers that are getting in the way?

How can we help you navigate the system? And then how do we ensure that it's not only access to care? We even go a level deeper. You can have access if you just look at a broad map, but it's availability to a provider that fits the needs of that individual. And that's where we in health care all have to join together because we don't have enough Black, Brown LGBTQ providers in mental health, but providers living in community that can provide that leadership and support as one key aspect.

So we're working on a lot of issues with barriers to care because people don't know what they don't know and they need support to get the care they deserve. We also are doing a lot of work with primary care providers. If you think about the number of primary care providers who are seeing individuals and diagnosing anxiety and depression, for example, so that between 70 and 80% of new scripts for anxiety and depression are diagnosed with a primary care provider. We know that when we help primary care providers with additional support and training on mental health, suicidality and other depressive disorders and mental illnesses, they're able to do their jobs more effectively. So we have a whole training program that we offer to primary care providers to advance their understanding of mental health in today's world and how to advance their own skills. We also work with primary care because we know when someone has a new prescription for, let's say, anxiety.

If you then tie that that prescription with a therapy service. We know we get better outcomes. So medication and therapy together, driving better outcomes for that individual. So Dr. Joneigh talked about the services that we have put into our HealthHUBs and MinuteClinics. In about 60 locations, we put in licensed clinical social workers, and they not only help to assess what is happening with that individual, navigate the landscape.

And for people who are uninsured or underinsured, we're getting them connected to resources right in their community. So you're advancing care right where people live, work and play. And the last piece of this is that we're really working with primary care providers and advancing mental health care providers. Whether that is working to encourage young adults to go into mental health care or subsidizing their tuition. But we're working in community to help bring out the voices of how we talk about mental health in a proactive manner instead of talking about mental health in a reactive manner.

And that's a really different approach to addressing mental well-being. It means we're changing the conversation and it isn't that mental health is bad or it's only for people who are in crisis. It's about that we'll all have mental health disruption, that we will all experience some kind of issue that likely needs some care and nurturing.

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And so whether that sort of MinuteClinic through any MinuteClinic, you can go in and have an assessment for anxiety, depression, substance use disorder or the services we've talked about in our 60 locations. We also offer a service called Resources for Living. And Resources for Living is a broad service. We serve about 30 million people across the country. And that service is really looking at what are the mental health needs of communities and aligning their social determinants so we can address your care fully and get you the support you need. Most of us, if you can't put food on the table, it's hard as a parent to worry about how your own mental health is faring.

So we really make that broad access by addressing the issue between mental health and social determinants. And then last, I would say that we really work to not only advance the work we're doing in community and in health care, but with our own colleagues. It's really important that we're reducing the stigma, that we're engaging our colleagues so that they know that they aren't alone, that their mental health is like their physical health. It deserves that nurturing, that care, that support, and that we have resources available for our employees so they can be the best they can be, not only at work, but with the people they care about the most, their families and community. And when we all take these actions, what we see is profound, profound outcomes.

Dr. Tam Brownlee: Cara, I couldn't agree with you more. There is so much that you shared that was just making this family doc so excited. I practiced in community health settings for nearly 20 years and the comfort that I have that there are, you know, health partners like CVS that are seeing the work of primary care providers and that, you know, it's both the leading and adjunctive, I think, practice and offering that we can offer to people in communities. And I think it's so great. And even on the last point you mentioned about how we're able to impact care in places where people live and pray and, you know, are able to enjoy themselves in community, the workplace is such an important place to address mental care needs, and it's one that I focused on in my role here at Accenture, where the ability to access mental health care, offer, of course, the benefits and the tools and the resource is so incredibly important and we're so proud of all the work that's been done and the leadership has been able to provide for our people.

But to break down that stigma, to say, you know, it's okay if you're not okay, and that we know that mental health challenges have been impacting nearly all of us through the pandemic for certain, but even before. And that we need to curate conditions where people can feel well in all dimensions of their health: physically, emotionally, mentally, socially.



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It's really going to be a continued work for us as we've recognized that those challenges have accelerated even more, even on the other side of the pandemic, and will continue to make this a priority area. I'm particularly impacted by what the pandemic has done to caregivers and that community, and I'm using a very broad sense of caregivers for those who deliver care, as well as those who care for people at home. Be it parents or, you know, sandwich generation, taking care of parents and kiddos and even the impact of long COVID, which I'm sure you all have seen as well in the communities that you're serving. I was reading an article recently about long COVID, and I was really struck by the increased mental health burden and suicidality, you know, that seen among people who experienced long COVID.

And I think there's a real responsibility for us, too, to see people where they are making sure that they're receiving the care they needed when they need it in that struggle with barriers and in order to achieve that care. So very grateful for for this conversation and all that you've been doing. Cara, I'm going to point back to you on this topic of the the response to COVID, CVS Health has been a very strong partner to the public in general and even to us as a partner for Accenture. I want to know maybe if you could expound a bit more about the support that CVS Health has provided to your people and well-being through the past couple of years, and how that's really contributed to their overall health and well-being.

Cara McNulty: Sure, you know, twofold: When the pandemic was just starting, what we saw right away is the need to course correct and figure out how you meet people where they're at. So I think this is so fascinating, prior to COVID, we had 1% of our providers using telemedicine. Now through the pandemic, its 60% of our providers using telemedicine. And what we have found is that people they don't want only telemedicine, but they want a modality of choice. It might be telemedicine. It might be then going into a MinuteClinic, HealthHUB to seek care as well. So we've all had to shift our behaviors. We all had to shift. And yet, in this time in mental health, we've all really been able to advance innovation. One of the things we saw as well as a company is that, you know, providing education, providing vaccines, providing access to care also means looking at: What can we do to help the workforce get back to pre-pandemic or what we knew prior. And so we did a whole initiative called Return Ready and Return Ready wasn't just about getting your vaccine or just returning into your office.

It was also addressing the mental health aspects of all this change. Maybe you've been working from home and now you're going into an office and now you're worried. Am I going to am I going to get sick? Am I going to bring something back to my family? I mean, again, more change.



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So we really helped companies look at what does return ready mean and how can you have an agile workforce? So then take that for what we've done with our own team. For our own team, we've done that return ready planning as well. And that means meeting people wherever they're at on this mental health care journey. During the pandemic, we have numerous colleague resource groups. We started a new colleague resource group, a mental wellbeing colleague, colleague, resource group. In the first three months there was over 3000 colleagues who are engaged.

And Dr. Tam, it's for the exact reason you're talking about because people wanted support in how do I help my parents because I'm a caregiver, I'm a mother or a father, and I'm also trying to work. And by the way, I'm also the teacher helping make sure my kids stay on track. You know, people felt pulled. It also was an opportunity for us to really understand with our own employees. What are your biggest hurdles to getting care and how can we support you within your community? And that meant providing, as I said, numerous modalities of care, whether that's virtual or telephonic or face to face or chat therapy. But it also meant providing different ways to address situations. So we we developed something we call Here For You and Here For You is a virtual platform that has a licensed clinician and we tee up topics.

One, for example, was caregiving in a COVID environment, and we opened that up to plan sponsors to our own employees. And it is a guided conversation on how can you take care of your own mental well-being while you're taking care of others. For example, we've done this model, this here for you model in Black Community, Brown Community, LGBT community, all around the mental health needs. And what we find is that people - it changes the conversation. It changes that dynamic. It normalizes that your mental health is just a part of your whole health.

So we do the things for our own employees that we also do in community. And what we see is people engaging, people asking for support, asking for help. And then I'll close out with saying We as CVS Health believe that policy systems and environmental change is how we're truly going to advance the care and support we need in community. And we made a bold statement for our Aetna members. We started with our Aetna medical members that we believe suicide is preventable. And so we made a bold goal last year to reduce suicide attempts 20% by 2025. And I'm happy to tell you that as of today, we've already beat our goal in the adult population. We've already beat our goal in one year. But where we haven't made the progress we need is in populations of color, in LGBT communities and in adolescents. And so we're doubling down to say, how do we close disparities, reduce health inequities, and truly drive behavior change from a provider to serve a community that needs our support and care?

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Dr. Tam Brownlee: Brilliant work. Thank you so much, Cara. I really appreciate that. And Dr. Joneigh, I'm so thrilled that we've had this conversation. We're just about at the end of our conversation. And I would be remiss, though, if Dr. Joneigh, if I didn't ask if you had one word, perhaps, on on this very interesting topic of mental health equity that you might share for those who are advocates in the space.

Dr. Joneigh Khaldun: I've got a few words, but I'd say just meeting people where they are. That's really what equity is about. Meeting you, whoever you are, wherever you are, at the place where you need services. That's what equity is about.

Dr. Tam Brownlee: Fantastic. Cara and Dr. Joneigh, thank you so much for for joining us and thank you all for for watching this broadcast. We'll share some links to more information and mental health resources at the end of this video. Thank you both again.

Cara McNulty: Thank you.

Dr. Joneigh Khaldun: Thank you.