

[00:00:00.86] TORAL PATEL: The opinions expressed by the guests and contributors of this podcast are their own and do not necessarily reflect the views of Cornell University or its employees.

[00:00:09.86] [MUSIC PLAYING]

[00:00:12.29] April is National Minority Health Month. On today's show, we are speaking with Jeremy Stewart, a nutrition and general health outreach educator at Cornell Wellness. We explore the importance of minority health, especially the role of trauma and mental health within minority communities. We also talk about what staff and faculty can do to address these issues here at Cornell. My name is Toral Patel.

[00:00:36.35] ANTHONY SIS: My name is Anthony Sis.

[00:00:37.91] TORAL PATEL: And you are listening to the Inclusive Excellence Podcast.

[00:00:40.94] [MUSIC PLAYING]

[00:01:00.12] ANTHONY SIS: Jeremy, thank you so much for joining us today on the Inclusive Excellence Podcast. Why don't you start by sharing with our listeners a little bit about yourself, about the pronouns that you use, and maybe how long you've been here at Cornell?

[00:01:12.57] JEREMY STEWART: Thank you, Anthony, and thank you, Toral. It's good to be with you all. Love sharing this space with you both. So I'm Jeremy Stewart. I'm the nutrition and health outreach educator for Cornell Wellness. I've been with Cornell Wellness for about two years in my full-time role. Actually before that, I worked in CFC, which is-- I was a group exercise coach for their programming. And, oh, sorry, I use he, him, and his.

[00:01:35.58] ANTHONY SIS: Awesome. I think you are our first guest that's been on the show twice. So for our listeners who don't know, Jeremy was also featured in the Blackness at Cornell series and did an episode there. So thank you for your awesome contribution to that series. And so, yeah, you're our first two-timer. So welcome back. [LAUGHS]

[00:01:51.79] JEREMY STEWART: Like I said before, I really enjoy sharing this space with you both. So I appreciate you bringing me on again.

[00:01:57.52] ANTHONY SIS: So I'm going to give it to Toral now for our question of the day that we're all going to answer. But she's the only one who knows.

[00:02:03.51] TORAL PATEL: That's right.

[00:02:03.78] ANTHONY SIS: So what's our question, Toral?

[00:02:05.46] TORAL PATEL: OK, so in the interest of the topic that we're going to be discussing today and with everything that's gone on over this past year with the pandemic, social unrest, all of the things that we've experienced, what have you done to take care of yourself related to your own health and wellness?

[00:02:21.15] JEREMY STEWART: So for me, it's been a few different things. So health and wellness is just way beyond just your physical attributes, right? So a lot of it for me was really getting my mental well-being right, especially with all the civil unrest that we see because it really brought up a lot of past stuff for me, which I talked about a lot on the last podcast that we did together.

[00:02:41.14] So for me, it was really about kind of getting back to all the things that made me feel whole, so like reading and meditating. That played a huge role, and then really kind of getting myself back on a routine as far as fitness goes because I'm a huge person for the weight room. Like, I literally-- if I don't have the weight room, I'll go nuts. I like to pick heavy things up and put them down. [LAUGHS]

[00:03:03.94] But when I thought I wasn't able to do that, it definitely played a huge toll on not only my physical health but my mental health as well. So I think switching roles and going into more of a high intensity interval training, working out with my wife, doing stuff at home, doing body weight stuff, and then really getting back to reading and doing some self-help stuff has been really, really great for me. What about you guys?

[00:03:26.46] ANTHONY SIS: So thinking about the past year, so the two things that come to mind, similar with mental health-- and so just recently, I've just started to see a therapist because I just really needed to prioritize my mental well-being. So as the listeners know through previous episodes, I've been going through a lot in terms of loss and grieving and mourning, particularly with family members who have passed away from COVID, in addition to just life in general and just the cast that life has been.

[00:03:50.01] And so part of my own commitment to my own well-being has been to seek out therapy. And I'm super happy about that. I'm super happy that I made that conscious decision. And the other thing, too, is I've always wanted to invest in my skincare routine and my products. And so definitely focusing on keeping my skin moisturized on my face, my body, using different types of lotion to be able to kind of experiment and see what my body reacts well to, what it really enjoys, how it feels, and being in tune with all of those senses in regards to my skincare. So that's another way I've been prioritizing my well-being in this time.

[00:04:25.32] JEREMY STEWART: I do got to say real quick, Anthony, thank you for bringing up the point of seeking a therapist. I have also done that as well. I'm a huge advocate for that, and I know we've talked about that before. I think that it's important to talk about these things in the spaces that we're in about seeking therapy because it can do so much for you, especially when you're unpacking a lot, like the stuff that you talked about as well. So I have also seeked out there because that's been a great source of help for me as well. Sorry, Toral. Go ahead.

[00:04:50.28] TORAL PATEL: No, no, no. You're good. And so for me, I think this is something that I've discussed before, that for my New Year's resolution or my intentions this year, I say that I'm putting myself first, and not that I'm putting everybody else below that. But it's just that really investing in myself and all the components, and so everything from, same thing with Anthony, skin care, hair care routine.

[00:05:12.88] And then tying back to you, Jeremy, the physical wellness. I've started to invest a little bit in that in terms of at-home workouts, things like that. A friend of mine just opened a crossfit gym here in our area. So I'm thinking about joining that. And then really reading a lot, like just kind of bringing myself mentally into the space that I want to be in and then surrounding myself with things that really matter, like I said, with my family, that kind of stuff. So all of those things have been helping me.

[00:05:41.85] ANTHONY SIS: Nice, I love it. Jeremy, we are here to talk about National Minority Health Month, which is currently this month, April, which is also National Diversity Month in general. But to get us started for this conversation, what we would both love to hear from you is why is this month in particular important to really address specifically minority health concerns, issues. But also, too, I mean, it's very clear that you're passionate about this conversation on health and not just physical health but health more broadly. So maybe we can also talk a little bit about what drove you to this work, what motivates you to continue doing this work, and then maybe tie it back to the topic of this conversation.

[00:06:19.65] JEREMY STEWART: Yeah, absolutely.

[00:06:21.42] TORAL PATEL: That's a lot, Anthony.

[00:06:24.06] ANTHONY SIS: I know.

[00:06:24.81] JEREMY STEWART: It is a lot. So I'm going to try to start at the top, right? So we're in April, so National Minority Health Month. And I myself am a minority, and I identify as a Black male. I think everybody on this call right now identifies as a minority, right?

[00:06:42.31] TORAL PATEL: Yes.

[00:06:43.50] JEREMY STEWART: So obviously it's very important to me. And I think that it's important to you all as well. And I would say what drove me to be passionate about this is-- I didn't start out this way. I think this line of work really chose me. I didn't choose it. So I actually started off as an athlete.

[00:07:03.04] And so I remember as a kid like having like a Bowflex, and then I got a weight bench. And I played varsity sports when I was like 14 years old, varsity football. So I had to start working out early. So like as a young adult, I really, really enjoyed fitness. So that was a huge part of my life.

[00:07:20.64] And then becoming a personal trainer and then a group exercise coach, it really formed my love around working for people. So it wasn't just me doing it for myself anymore. It was like I really love seeing the results, like people seeing the results that they got from working with me. It just really kind of drove me further into this idea of health, like more of a generalized than just like the fitness piece of it.

[00:07:46.35] And then what happened was is nutrition was never really a huge thing for me. And I think it's important to talk about that, too, because I think it's a huge thing in our culture is we don't really think about what we're putting into our body. And then I started doing MMA, so mixed martial arts. So I was a fighter for about four years. And you really have to focus on your eating. Like, this is a first time in my life that I've actually done discipline eating, like discipline nutrition. And I realized the benefits of not only that it had on my body but like my mind and the way that I was able to perform.

[00:08:21.73] So then I started to really think about, how can I do this all the time and not just when I'm trying to step on the scale to weigh in? So I started studying nutrition a little bit more. I got a few certifications. And it really kind of just drove me to really think about health more than fitness, think about it in terms of nutrition. And then that drove it past that and like think about it in terms of sleep and then mental health.

[00:08:49.23] So it really-- it just kind of snowballed. And so now I'm here. And now I just-- I love talking to people about how much health really plays such a huge role in our daily lives and health as well. And tying it back into minority health, like I said, I'm a minority. And I've seen the disproportionate effect that an unhealthy lifestyle has led to people that look like me and led to other minorities, so just how unhealthy behaviors have really been normalized, so everything from like fried foods to lack of physical activity, unhealthy sleeping behaviors, excessive alcohol consumption, smoking, things like that.

[00:09:30.52] And so I think that it's important for me and myself to have people that look like me see me doing the things that I do. And I'm not going to say that I'll sit here and be perfect, like I live this perfect lifestyle. But I think that just being an advocate for it is important, just trying to show people with my daily life and what I do that you can play a huge role in just your small circle and what that can have. Did I answer that all, Anthony? That was very long-winded.

[00:09:58.89] ANTHONY SIS: You answered it so well.

[00:10:00.45] TORAL PATEL: Yeah. I think you actually answered the next question, too.

[00:10:03.30] [LAUGHTER]

[00:10:05.55] ANTHONY SIS: Well, it's funny because I'm convinced that you probably already heard like an episode we did earlier this year where we talked about our-- what coming into 2021 with. And I literally said mine is health is wealth. And so-- but really

from the perspective of just the more I invest in my health, the wealthier I become. And I think when we talk about the differences between being rich and being wealthy, there's a significant gap when we're talking about minorities in general about what wealth looks like.

[00:10:35.91] And I think wealth looks one way financially. But I think wealth in terms of health, and going back to your piece around just so many of these harmful things that minorities typically will do to their own bodies not by choice-- I would argue it's not by choice, just lack of awareness, lack of education, or even tools to be able to enhance their lifestyles in many different ways. So that's literally what my resolution was this year. And now you just said it here. So I'm like, wait a minute, did you listen? No.

[00:11:02.50] [LAUGHTER]

[00:11:04.42] JEREMY STEWART: Well, no. And just to piggyback off that, I think lack of awareness is a big piece of it, too. And I know you talked about this as like Maslow's hierarchy of needs. Like, if you're in survival mode, you can't really focus on the other things that make you thrive because you're so stuck in survival.

[00:11:22.58] And I think that a lot of these unhealthy behaviors, especially speaking from myself and a lot of my family members, is like-- and just being a Black male, I think that we have a lot of trauma that we're trying to deal with. And a lot of the things-- those unhealthy behaviors that come up are a direct result of that trauma. So when we start to dissect that a little bit, start to become a little bit more aware, it's easier to deal with and then to hopefully push yourself a little bit farther to start taking your health a little bit more seriously.

[00:11:51.96] TORAL PATEL: Mm-hmm. I think, to me, that's the key, because I've talked within my own culture about-- and for us, it's related to the food that we eat, which causes a lot of the health issues that we have to deal with as a culture. And it's all tied to the celebrations that we have, the food that we eat, and how we cook that food, all of that kind of stuff. So I think having these conversations and being open and honest and, like you said, the lack of awareness, making ourselves aware of what is happening and how we can go about changing that I think is a huge key and component.

[00:12:22.19] So in terms of this intersection with diversity, equity, inclusion, and health, can you talk a little bit about what it looks like here at Cornell?

[00:12:30.74] JEREMY STEWART: So it's very interesting, because I know that you, Anthony, and I have all been working on this DEI initiative. So I think it's cool to kind of have this conversation because we see in the intersection between health and DEI and what it looks like at Cornell just from like we launched that survey. And we saw that most minorities and underrepresented populations here at Cornell are taking on such a huge burden with being overworked and being underpaid.

[00:13:01.24] So when you're in that space, it's almost impossible to take a look at your own health. It becomes hard to prioritize that. We're serving in these populations where we really just don't have the time to focus on our own health and well-being. And that is directly related to how we thrive as individuals.

[00:13:22.15] TORAL PATEL: Yeah. I think right now because of what we're all experiencing with the pandemic, I think it's also-- like you said, lack of awareness is one. But it's also lack of opportunity. We don't have access to the same things that we did when we were physically together on campus. We don't all necessarily have a personal gym at our homes. And so even our community is closed, and the local gyms are closed in the community. I think it's also a lack of opportunity lately, too, that's been impacting the DE&I space in health. Yeah.

[00:13:50.43] JEREMY STEWART: Yeah, absolutely. And we can't ignore the fact that most minorities and underrepresented populations suffer major health inequities, right? We can't ignore that minority populations right now are suffering from premature death and illnesses like cancer and chronic disease as such a disproportionate rate than its non-Hispanic white counterpart.

[00:14:12.13] And that's across the whole United States. So to not think that we don't see that at Cornell as well is we have to be able to recognize that and, again, be more of an advocate for making sure that we include these little, little tools and routines that help prevent some of these things like chronic disease and things like that.

[00:14:33.46] ANTHONY SIS: Yeah. So we've been talking a lot about, just generally broadly speaking, just so many inequities, health inequities. We talked about the role of trauma, and some of these health inequities and the existence of them are the persistence of them still to this day. So I guess my question is, how do we censor and prioritize minority health even, I would say, especially now in the middle of a global pandemic? Broadly speaking, how would you encourage people to prioritize the importance of health in general?

[00:15:05.32] JEREMY STEWART: Well, first, it just comes with education. I think that once we start to educate ourselves and we start to become-- again, like you said, we said this word awareness a lot. Once we start to become aware of some of these health inequities and how some minorities are disproportionately affected by some of these things, once we start to become aware that, it's really hard to ignore.

[00:15:24.63] So when we can't ignore those things anymore, we start to think about, well, how can I take a preventative role in this? So then we start to become leaders in our family. And we start to become leaders in our family, start become leaders with our friends. We start to become leaders with our friends. We start to become leaders in our communities.

[00:15:41.83] And that's that small-- those small little steps, I feel like at the end of the day, will get us through this collective awakening of where we want to be, especially in

this global pandemic where the people that we're around the most is probably the only people that we're seeing. It's not like we can go out here, we can go out there. So you really have a really good opportunity to focus in on it for yourself and your family, creating a routine for yourself and your family, and start to make change that way. And when we start to make change in our individual circles, we can make it into a bigger circle.

[00:16:19.96] And I said this, too. Like, especially at Cornell, we have such a diverse population here. But we're only as strong as our weakest links. We say one Cornell, right? So if one piece of Cornell is suffering, then we're all suffering. And I'm a football coach, and I always say that to my players, is like, yo, we're only as strong as our weakest link. So if this guy's not getting up the hill, then we're all not getting up the hill. So we have to push each other to prioritize this.

[00:16:45.49] TORAL PATEL: As we continue this discussion-- this question actually is for Jeremy, Anthony, and for all of us to talk through. It's more like, what else should we all be aware in terms of the intersection between minority health and DE&I space?

[00:16:59.14] JEREMY STEWART: I think about it in terms like-- we talked a lot about awareness, right? So what do we do after we've become aware and we actually get into the spaces where we can take care of some of these issues? But then we start to get into the topic of cultural competency when we actually get-- when we get into the health care system, like when I actually go into the doctor's office.

[00:17:20.05] And one example that I can specifically give. So my mother is white. She's a nurse. She works at the hospital up here. And one time, my sister was up here, who is-- she's my half sister. So my father has three other children from a previous marriage, and they are fully African American. So whereas I'm half, I'm biracial, they are a lot darker than I am. So they go into the doctor's office, and they were going to send my sister home, and she's anemic.

[00:17:48.64] And it was like a huge fiasco. She got sick while she was up here. She went into the doctor's office, and they were really going to send her home. And my mother had to go in there and say, hey, listen, did you check this? Did you check this? Did you check this? And then they were like, oh, yeah, never mind. So they started to take a deeper look at it.

[00:18:07.33] So with all that being said, I think it's just important that when we start to actually get into these spaces, it's important that we have an advocate. And if you don't know exactly about a condition that you're concerned about, making sure that your health care provider is culturally competent to handle some of these things. And then to also have an advocate who can speak on your behalf if you're not 100% aware of what might be going on.

[00:18:30.68] TORAL PATEL: For me, that comes into play like with my in-laws, and they don't speak a lot of English. And so for us, it's the language barrier that really

inhibits the kind of care that they get. So if I were to send them into the doctor's office on their own, they wouldn't be able to advocate for themselves because they wouldn't be able to communicate what they're feeling or what's happening or none of that stuff.

[00:18:53.00] And then the other part of the language barrier that comes into play for us is when they'll describe some things to me, and there isn't an equivalent English word for me to be able to describe it to the doctor, like what's happening to them, because it's like this is what's happening. Like, an overall feeling of uneasiness doesn't really help the doctor to diagnose them with anything. But yet that's how they're describing it to me.

[00:19:15.44] So I have to figure out as their advocate, like really probe them with a lot of questions that I know the doctor will be asking so that when we get to the office, I can explain it to the doctor what's happening, what they're really experiencing. So being the advocate I think is very, very important in terms of some of the cultural barriers and language barriers that come into play.

[00:19:35.84] JEREMY STEWART: Yeah, absolutely.

[00:19:37.07] ANTHONY SIS: Yeah. I think for me the cultural competency is the part that resonates with me the most. And so even though I've been super fortunate and privileged to have jobs that provide insurance and provide access to many different providers, the biggest challenge as somebody who identifies particularly as LGBTQ and a person of color has been to find a culturally competent provider that is aware of the needs of both of those very salient identities for me because those are identities for me that I don't separate.

[00:20:04.25] Like, I don't see them as separate identities. I can't talk about being a person of color without talking about being queer and vice versa. So when it comes to my health, a lot of my health needs are centered around those two identities. And yet even with the access to several different providers and having that insurance coverage there, I've had a really hard time finding providers that are culturally competent.

[00:20:25.91] If you're going to be a provider, if you're going to work in the health space, I think it's just supercritical and important that from a DEI lens and approach that we think about the needs of so many diverse populations, because you just never know when you're going to need them. And I think with this greater awareness around equity and especially around inclusion more broadly, like now is definitely the time to be focusing on health and minority health and just access more broadly, that even when you do have that access, like that's one huge barrier. Yet the other barrier is, am I going to find somebody who actually understands my needs?

[00:21:02.18] JEREMY STEWART: Yeah, yeah, 100%. And what I'll say is-- kind of pulling it back to what I can resonate with is-- we talked about this earlier-- is in terms of mental health, right? Finding a mental health care provider, especially being a Black male, can be very difficult. Because first of all, how many people of color do we have around here that can serve the needs of the Black population here?



[00:21:26.54] There's a lot-- like we talked about earlier, the trauma that comes from some of these things, racial trauma. Like, am I going to get somebody who actually understands that? Because that's a huge part of your healing. And am I going to be able to-- because in order for therapy to really work, you have to be able to let yourself go. You have to be able to tell everything. So can you really do that with a person who doesn't understand you culturally?

[00:21:48.32] ANTHONY SIS: Exactly.

[00:21:48.83] TORAL PATEL: Yeah.

[00:21:49.49] ANTHONY SIS: I'm just curious, Jeremy. You just did a really awesome phenomenal project back in February for Black History Month where you interviewed Black staff and faculty here at Cornell. And so for folks who haven't watched it, we'll put a link in the show notes for this episode. But I'm wondering if there were any conversations that really stood out for you that touched upon really this need around mental health but also just health broadly specifically with that project that came up for you? You were like, oh, we need to be talking about this more, right?

[00:22:15.98] JEREMY STEWART: Yeah. Again, I think the biggest thing for me was just mental health. One of the conversations I had with Mayor Svante was really, really powerful for that in terms of talking about being young. And we specifically talked about how the relationship between alcohol and how to have a healthy relationship with that and how that can play a huge role on your mental health. So that conversation was really, really good. Also having a conversation with Catherine Thrasher-Carroll, who leads in the mental health department over with Cornell health. Dr. John Clarke, again, another great advocate for health and wellness and just overall.

[00:22:52.91] Yeah, again, for me, I think it really broke down to the pillars of health in terms of physical health that I think of, right? So am I getting an adequate amount of physical activity in my life? And that looks different for everybody. But the general recommendation is 150 minutes of moderate intense activity a week. So that's literally just like walking. So am I making sure that I'm doing that? That could play a huge role in limiting some of the health inequities that we see.

[00:23:18.44] The other is in terms of nutrition, eating a whole diet, like eating whole foods, fruits, vegetables, whole grains, staying away from fried foods, staying away from processed foods. So when you're doing your shopping, how much time I spending on the perimeter where most of the produce is as opposed to how much I'm spending in the aisles where all the processed food is? So staying away from those trans fats.

[00:23:38.98] And then the other thing is sleep, making sure that you're trying to get in between seven and nine hours. And then for me is the mental wellness piece. I think that goes hand in hand with everything because we see what stress can do. And there's such a disproportionate rate of heart attacks and strokes in specifically the Black population compared to its white counterpart. And I think a lot of that has to do with the

stress barrier. So how can we take care of our mental well-being? I just really think about trying to drill those four pillars in because that's really what we talked about throughout the show.

[00:24:12.49] ANTHONY SIS: Mm-hmm. And the four pillars that you mentioned I feel like are tangible things that we can easily modify-- or not easily, but it'll be challenging for some folks. And I'm sure for me when you were saying some of those things, I'm like, oh, yeah, I can probably do better in that area around sleep, for example. Not to say it'll be easy from the jump. But I can definitely work towards that and modifying that just to ensure and really live by my year motto, which is health is wealth.

[00:24:36.58] JEREMY STEWART: Yeah. And the one thing that I will stress for people is it's not about being perfect, because we're humans. We're not supposed to-- we're not supposed to live perfectly. We should be able to have fun and do things that are enjoyable to us. But a good model that a friend told me once, especially in terms of like nutrition, is like think of it like a batting average.

[00:25:00.49] So for anybody that watches baseball, it's, what am I doing? Am I hitting the ball most of the time? Am I getting on base most of the time? I think if we start to think about it in terms of like what am I doing most of the time as opposed to what I'm doing some of the time, that can really start to move your progress forward, and not getting caught up on the little things. Because, again, we're humans. We're supposed to have fun. But really pulling it back and making sure you're doing what you're supposed to do most of the time.

[00:25:27.49] ANTHONY SIS: I love that.

[00:25:28.75] TORAL PATEL: So earlier when we first started with the question of the day, both of you talked about seeking therapy and how important that was and how helpful it has been for both of you. I want to say that when it comes to minority and minorities in mental health, there is lots of stigmas associated with seeking therapy and getting help related to that. And so can you talk a little bit about how beneficial therapy has been for you and maybe what other stigmas exist for mental health and minorities?

[00:25:57.31] JEREMY STEWART: Yeah, thank you for that question, Toral, because it's really a powerful question. And until we address this, I feel like we're not going to move the needle on it. That's, again, why I am so open about seeking therapy. I will say that specifically in Black culture, it's kind of put on you, that like if you're talking to a therapist, it's almost like it's considered a white thing. And you hear about that a lot because it shouldn't be-- because it's almost a luxury to be able to seek therapy. And when you start to get past that, it's more of like you're almost looked at as weak for needing to talk about some of the stuff that you're dealing with.

[00:26:37.33] And I got to say that I read this really great book. I've said it a couple of times in a couple of spaces that I've been. It's called The Unapologetic Guide to Black Mental Health by Dr. Rita Walker. And in that book, she really does a great job of really

depicting that specific thing of like talking about just how minorities struggle with being able to talk about some of these health inequities or being able to talk about just mental health in general, the stigma that comes from that. It's really about shown as a sign of weakness. And I think that until we get over that hump, we're really not going to move that needle.

[00:27:16.03] ANTHONY SIS: Yeah. I think I would just say, too, that within like Latino, Latinx culture similarly, there's this stigma really around seeking that help. But I also think about-- and this is more from a personal lens. I think arguably can be said about culture broadly. And I think both of you would agree-- just the role of trauma. And how I guess a way to cope with trauma I think in Latinx culture a lot of times has been to, quote unquote, "be resilient," which means don't talk about it or to just put up with it or deal with it.

[00:27:49.90] And I just know that just knowing the historical trauma piece within my family and within my culture, that there is a lot that needs to be processed. And it gives me a lot of comfort, I think particularly now, just a greater awareness around culturally competent therapists. So right now, I'm seeing a queer person of color who's a therapist. And so just being able to talk to somebody who has similar identities so that when certain topics do come up, it's like I don't have to then add like an asterisk and say, oh, let me give an educational moment to my therapist about why the experience is so salient to me, why I need to process it.

[00:28:27.55] So I think there's a lot that we can do to help other therapists of color or therapists who also have other minority identities to be able to like support them in their work. And I think there's also just this piece around like just the world of trauma. I think cultures and a lot of other minorities that I've heard of just really-- we really downplay the role of trauma and how much of an effect it has on our health, especially our mental health.

[00:28:50.66] So it's just been super liberating to be able to talk to another therapist who has similar identities that I do where I don't have to explain and provide an education lesson. So that's the only thing I would just add there, too, is that it really-- my investment in it, it really comes from addressing the historical trauma piece that my family and the legacy of our culture in terms of colonization, racism, in terms of colorism, so many of these issues that have an effect on our mental health and well-being that needs to be addressed and come to the forefront.

[00:29:20.69] TORAL PATEL: Yeah, and for me, it ties to access and availability, too. So if there's stigmas that exist within our culture, how many individuals-- if they say, oh, I'm going to be a doctor, how many kids then are going to then go on to be a mental health care provider? They're going to go on to become a psychologist or a psychiatrist. Because if there's stigmas that exists within the individual cultures, that's not the profession that they're going to seek. Then that leads to kind of the lack of access or lack of availability for us. And so it's kind of this whole circle that just keeps spinning.

[00:29:53.59] ANTHONY SIS: It's cyclical. Wouldn't you say that, Jeremy?

[00:29:55.98] JEREMY STEWART: Yeah. Yeah, it's very cyclical. And, again-- and I think that you really hit the nail on the head there when you talked about the role of trauma. Because, again, with a lot of minorities, there's a huge trauma piece that's going into that. So when we talk about mental health and finding a health care provider, once you get over that hump, once you get over that hump, it's like, why do I have to explain this to a therapist of why I'm feeling the way that I'm feeling? Because I don't even know why I'm feeling that way.

[00:30:26.38] TORAL PATEL: That's why I'm here talking to you.

[00:30:27.89] JEREMY STEWART: Yeah.

[00:30:28.29] ANTHONY SIS: Exactly. Exactly.

[00:30:29.09] JEREMY STEWART: It took me seeing a culturally competent therapist to understand that some of the ways in which I act and react to things and my emotions that I have are because of racial trauma. Like, I would have never put it in that bag. I would have just thought of like, oh, I'm just kind of going through it right now. But, no, it's a direct role of some of the things that you've experienced within your life.

[00:30:50.70] And I know-- and I won't go too deep into this. But I know specifically for me, I grew up in a very rural community and experienced a lot of racial trauma, especially watching my dad being taken away from my family and being wrongfully incarcerated for something that he never did. And you got to see-- like, when you see-- when that happens to you as a child, that's going to play a direct role in the way that you become an adult. And until-- and if I would have never had a culturally competent therapist, I would have never been able to kind of deal with that.

[00:31:22.31] TORAL PATEL: Right.

[00:31:23.15] ANTHONY SIS: 100%.

[00:31:24.29] TORAL PATEL: Yeah.

[00:31:25.40] ANTHONY SIS: Well, we could easily talk about this. I know, Jeremy, you are super passionate about it. We are passionate about it. And as you mentioned earlier, we've been doing a lot of work lately, which has been really nice in order to really address the importance of health and minority health in DEI efforts and in conversations around health and well-being.

[00:31:42.71] So as we wrap up this conversation, I want to leave with an additional note for our listeners and even for people maybe who don't identify as being a part of a minority group. How can we all as a Cornell community work to really advocate for

health and well-being, especially with this focus on DEI and particularly on minority health? Like, how we all serve as better advocates?

[00:32:06.89] JEREMY STEWART: We all got to be in it together. That's one. So one thing that we can do is we can really start to-- more on like a supervisor, managerial role, especially really encourage work flex time to really think about taking care of your own physical activity throughout the day, like taking some time off, like 30 minutes throughout the day to be able to do some physical activity, to maybe focus on some mental wellness.

[00:32:27.69] I think that another thing that we can do is, like I said, I work for Wellness. We serve faculty, staff, retirees, spouses, and partners in the areas of fitness, nutrition, and general health and wellness. Take advantage of our services. Take advantage of the education that we have here on campus.

[00:32:41.39] I think we could do a better job encouraging mental health days as well because, again, that plays a huge role in it. Yeah, and I would say that with working with Cornell Wellness that we're here for you. Anything in the areas of fitness, nutrition, and general health, and wellness, please feel free to take advantage of some of our services.

[00:32:55.56] ANTHONY SIS: Yeah, we'll put a link in our show notes also to your website so if people want to seek those services, they'll know directly how to get in contact with you. So thank you, Jeremy, once again so much. Just want to thank you for your time, for spending this space with us, as you mentioned earlier. And honestly, it's always a great joy to have a conversation with you. So thanks, Jeremy.

[00:33:15.75] JEREMY STEWART: Absolutely. I got to echo that. I got to echo that. It's always great to share this space with you. So thank you so much for having me. And I look forward to partnering with you on many, many other things, Anthony and Toral. So thank you so much.

[00:33:26.61] TORAL PATEL: Thank you.

[00:33:27.89] [MUSIC PLAYING]

[00:33:33.99] Wow, Anthony, what a great conversation we just had with Jeremy. What was your biggest takeaway?

[00:33:39.03] ANTHONY SIS: One of the biggest ones for me in relistening to it again, I didn't realize how much I shared about my own experience related to mental health specifically and just thinking about health more broadly. And so I just think my biggest takeaway honestly was just that these conversations need to happen. And I'm just glad that Jeremy felt comfortable to share some of his insight around health and also talking about him seeking therapy, similar to me, but just really having the opportunity to

converse about it in a public platform like this podcast. That's really my biggest takeaway.

[00:34:13.20] And I think it just really affirms what Jeremy was alluding to in terms of making sure that we continue to have these conversations, because nothing is going to get done if we continue to not talk about them or not specifically name especially a lot of the cultural components that we all shared in terms of our own identities and our own lived experiences and the role that health has played in maybe not even addressing certain things, especially in regards to mental health and even trauma. So there were a lot of takeaways for me. But I think that was the main one is that we need to have these conversations. They have to start somewhere. And I'm just glad that it was able to start here in this podcast. What about you, Toral?

[00:34:51.90] TORAL PATEL: Yeah, for me, I agree. And I think the other thing that I realized is that there are so many different nuances that impact health overall and then mental health and specifically for minority communities because we each focus on different areas during our conversation. And so I thought that was just very interesting that there isn't just this overall overarching theme when it comes to mental health, that there are so many different nuances that impact it. So I thought that that was the most unique part of the conversation for me is just really listening to the different topics that we explored and realizing that all of those, and then there are probably so many more that we didn't even touch on that impact minority communities and health.

[00:35:34.56] ANTHONY SIS: I think definitely listening to it again, I kind of felt like a little overwhelmed towards the end only because we did talk about so many aspects of health and in particular access to health resources. And I think one of the parts that was a little bit overwhelming for me to hear again was just even when you do have access to certain resources, particularly for minority communities, that doesn't always ensure that they're going to get the most accessible, inclusive care.

[00:36:02.19] And that, for me, was like really overwhelming to hear and to be reminded of, especially when I thought about some of my own experiences, some of which I didn't share in this particular show. But I think it also just reaffirms, going back to Jeremy's point, around the role of advocacy and the importance of advocacy here in terms of supporting our colleagues, in supporting each other, especially for managers and supervisors, how they can best support their staff when it comes to access to health resources, and just making sure that these conversations are welcome at work, and they're not necessarily kind of looked down upon. I mean, health, it affects us. It affects us at work. It affects how we show up at work. And so there really shouldn't be, in my personal opinion, shame or fear to talk about concerns relating to health, especially personal health.

[00:36:49.29] TORAL PATEL: To your point, I remember Jeremy sharing the story about his sister and how even having his mom who works in a hospital setting, she had to be the advocate for his sister who wasn't getting the care. They would have sent her home. And she could have been-- something serious could have happened. And so had his

mother not been there to advocate for his sister, I can't imagine what could have happened.

[00:37:12.87] ANTHONY SIS: Yeah, in some cases. And that was a really powerful story that he shared, too, that I really appreciated. So I'm just curious, Toral, is there anything that you feel really strongly that you're going to take with you as you engage, take away from this conversation with others here at Cornell?

[00:37:29.91] TORAL PATEL: For me, it's like-- being an advocate is a role that I've played, as I shared I think, with my in-laws who don't speak a lot of English, always there with them. And I've always looked at that as just because they don't speak English, I need to be there. But I hadn't thought about that I actually need to be an advocate for them, that I'm not just going to-- I no longer am going to take the doctor's word to say, oh, there's nothing wrong or they'll be fine. Just do this or that or whatever it is. I think like I realize through this conversation that I can be a stronger advocate for them and not just to be there to be a translator.

[00:38:07.77] ANTHONY SIS: Yeah. Wow, that's powerful. And that really resonates with me, too, as somebody who grew up speaking Spanish and English, with English being my first language and having family members that I used to go to with hospitals and doctor visits because they didn't speak English. And so that really speaks powerfully to me.

[00:38:25.59] I think one of the biggest takeaways for me coming from this conversation was just to not be afraid to bring up concerns about mental health and well-being, and to also advocate for that if there is kind of a fear of talking about it in a particular training that I facilitate. I actually just recently did a training and really highlighted some of the mental health implications when it comes to non-inclusive practices, for example. And that really strongly resonated with the people in attendance.

[00:38:56.64] And I thought that was really powerful, because a lot of people ended up commenting and saying, thank you so much for sharing that insight or for reminding us of just the health implications of what it means to work in a non-inclusive environment that doesn't welcome these conversations around health, whether it's mental health, physical health, emotional health. I think just really reminding people and pulling in research where it's applicable to really remind people just the implications that non-inclusive practices, especially at work, can have on individuals.

[00:39:26.13] TORAL PATEL: Right. Anthony, right before we end our conversation today, I just want to kind of jump on the bandwagon that you and Jeremy started with this health is wealth concept. And so I think I'm on that bandwagon with you. And I hope the rest of our listeners are there as well.

[00:39:38.94] ANTHONY SIS: Health is wealth. Invest in your health in 2021 and for many years beyond.

Episode 37: "Health is Wealth" Advocating for Minority Health at Work  
Released on April 6, 2021

[00:39:44.04] TORAL PATEL: Yes.

[00:39:44.55] [MUSIC PLAYING]

[00:39:46.65] Thank you for listening to today's show. Be sure to subscribe to us wherever you listen to podcasts and rate and submit a review on Apple Podcasts. It helps new listeners find us and the show. For latest updates on diversity, equity, and inclusion at Cornell, be sure to visit [diversity.cornell.edu](https://diversity.cornell.edu). My name is Toral Patel.

[00:40:07.17] ANTHONY SIS: My name is Anthony Sis. Thank you for listening to another episode of the Inclusive Excellence Podcast.

[00:40:13.59] TORAL PATEL: This podcast is a production of the Department of Inclusion and Workforce Diversity in collaboration with Cornell Broadcast Studio.

[00:40:26.65] ANTHONY SIS: We would like to thank our co-producer and sound engineer Bert Odom-Reed as always for making us sound wonderful each and every episode.

[00:40:35.22] ALL: Thanks, Bert!

[00:40:36.81] [LAUGHTER]

[00:40:38.10] JEREMY STEWART: Appreciate it.