

Done with Dieting Podcast #83: How Policy Impacts our Health with Marissa McKool



Full Episode Transcript

With your Host
Elizabeth Sherman

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Part of the challenge is you know we have absorbed these ideas, that productivity is what makes you worthy and valuable. Whether that's in the office, or whether that's in at home and getting all your chores done and having the perfectly clean house or being the parent who always bakes for the bake sale.

Like, we have absorbed these ideas, especially if you're socialized as a woman. That your worth and value is based on how much you do and how much you do for others. And so, we always prioritize that and put ourselves last, which means we don't get the rest that we really need.

You are listening to the done with dieting podcast. The podcast for women in midlife, who are done with dieting, but still want to lose weight and feel good in your clothes.

You know that diets don't work long term. But you feel like there's this secret that everyone else knows that you just haven't figured it out yet.

I am your host, Elizabeth Sherman. And I've helped hundreds of women get off the diet roller coaster, change their relationship with food, exercise, and their bodies.

Through this podcast, my goal is to help you too.

Welcome. Let's get started.

Y'all, I cannot wait for you to listen to today's podcast episode. We are in episode number 83. Now, from the topic you might be tempted to skip this episode. I mean, public health snooze-fest, right? But please don't skip it. The topic that I'm discussing

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with Marissa McKool is fascinating to me. And I was riveted throughout the entire conversation.

I could talk about this stuff for hours. And if you're a woman who has opinions about women, persons of color, or folks who identify as non-binary and how we are being treated in the United States right now. This episode is a must listen.

And quite honestly, if you aren't connecting the dots between how public policy impacts you on a personal health level, you need to listen to this episode even more. Because that's what we're doing here.

Now, we're not just talking about that, we're also talking about what Marissa specializes in, which is rest. So, if you're someone who's constantly on the go and you need to constantly be productive and do, do, do. Definitely, listen to this episode as well. This episode is just full, chok full of amazing information.

Now, a word of caution. We briefly touch on suicide in this episode. So, I wanna share with you that if you or someone else is having suicidal thoughts, the US national suicide and crisis lifeline has recently been changed to the numbers, 998. The old phone number of 1800 273 T A L K, talk will continue to function indefinitely, but they've recently streamlined it for us.

All right, on to the interview.

Elizabeth: All right, everyone. Welcome, Marissa McKool to the done with dieting podcast. I am so excited that you're here.

Marissa: Thanks. I'm so excited to be here.

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Elizabeth: So, Marissa, tell everyone what you do, who you serve, and yeah, just tell us all about that.

Marissa: Yeah. So, I am a life and career coach who works with folks in public health, who are struggling with burnout and stress and overwork, and help them create more time, feel better specifically through getting more rest. And I came into this work from being a public health professional.

I spent over a decade in public health, focusing on sexual violence prevention, reproductive health access. I worked in government. I worked in nonprofit. I worked in academia. I even was a social worker for a little bit. I've done a lot of it.

And there's a lot of overwork, a lot of burnout. And I worked through that on my own through coaching. So now, my mission is to really serve everyone else in the field, helping them do the same.

Elizabeth: Wow. That's so cool. So, let's actually back up a little bit because I'm sure that a lot of listeners don't really know what is public health? So, that's a part of like city or is it state government? Like, what is it?

Marissa: Yeah. So, I think most people's before the pandemic, people would think of public health simply as STD screenings or vaccinations. And now, I think some people have a little bit better of understanding public health, but really just specific to infectious disease because of pandemic.

But really what public health is if you think about medicine, like a doctor or nurse. That's one-on-one treatment, right? You're dealing with the symptoms or the outcome of a medical diagnosis or something that's happened. And it's on the one-on-one scale.

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Public health is trying to prevent that from even needing to happen, prevent illness, prevent harm, prevent a lot of things ahead of time. And it's doing it more on a community population level. So, not one on one, but implementing policies or programs that can really help prevent illness, or harm, or other negative outcomes, or consequences on a larger level affecting whole community or whole society.

And there's a variety of topics from you know, my work was largely in sexual violence prevention, reproductive health, there's people who work environmental health, in infectious disease, in oral health, in eye health. I mean, anything you can think of even housing, and food access, and basically everything that we interact with.

Elizabeth: So, it's helping the community at a policy level and instituting programs. Is that right?

Marissa: Not can be part of it. So, there's so many different facets of it. One part is research, people who study various health outcomes or illnesses. So, research is one arm of it and research can be academic or can be in the community.

Another piece is program. So, I think an easy one people can relate to is some of the school programs we see. Whether it's healthy lunches or preventing bullying. That's also part of public health. Then, there's the piece about evaluating those programs? Like, are they working? What is working? How do we change that?

And then yes, policy. All policy is public health. All public health is related to policy. That can be policy around where does funding go? What is this funding going to? Why are we investing in this? Whether it's laws or policies in like a workplace. So, it really is a wide field.

Elizabeth: Wow, that is so cool. I think we just take it for granted that it's there. Like, there's some unsung heroes there. Yeah?

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Marissa: I think that's part of the design, right? Because if we're preventing harm or illness, hopefully, if we're doing it, you're not even aware. Right? Because you're not running into these challenges, or these barriers, or these outcomes. And when you do a lot of times, the kind of treatment for it is more one-on-one, like going to a doctor.

So, that's partly why like public health is running in the background. And a lot of people aren't aware of it. I think more people are. Even things like seat belts. Like seatbelt law, that was a public health initiative because people were dying in car accident without a seatbelt and research was showing that seatbelts prevented that or prevented extreme injuries that becoming a law was public health driven.

Elizabeth: So, I'm chuckling here because you're a lot younger than I am. And I say that only because when we were communicating through email, you said something about; did you know that seatbelt laws were like a big deal? And I was like, oh, Marissa, I lived through that. I resisted it. I was like, you don't need to put a seatbelt on me, that's b*llsh*t. But yeah, seat belts save lives. Absolutely, 100%.

Marissa: Yeah. And that's very common whether it's a big policy like federal, or state, or whether it's a program being implemented. The public health approach is to change an outcome, which sometimes that means changing behavior. And as you know, human brains don't love change, even though we're really good at it.

So, when that happens, when a policy gets implemented or a program, like we can resist it. We can kind of like not want to adapt. And that's very normal, like we've all experienced that. But then, as you see, as it does get implemented, like seat belts. I think most people today are used to wearing seat belts. It's very habitual.

We recognize it's beneficial and it prevents deaths or even extreme injuries. We know it's not a hundred percent, it's not full proof, but I think most people, especially in the US, that is something that they don't resist necessarily.

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Elizabeth: Yeah, we were talking before we got on the air that I had watched a webinar that you had done. And something that you said in that webinar really struck me. Which was you were talking about how policy can change since you work with folks on rest.

And you were saying that since an organization can change its vacation policy. But that doesn't necessarily mean that just because we change policy, that people are going to use it for good. Right?

Marissa: Yeah. So, policy is one thing, but then we have our human brains. Right? So, the vacation example is a great example. So, basically, I think in a lot of organizations in the US traditionally, you accrue vacation, meaning you work a certain amount of hours. And as a result, you get a certain amount of hours for vacation. And it can be limited, maybe you get two weeks a year or whatnot.

And studies have shown that companies that have switched to unlimited vacation. Their staff have actually taken fewer days off. And part of that is even though, the policy became available, and it was implemented to support staff, getting more rest. The staff taking it still had these underlying beliefs that you have to earn rest. A rest is a reward that you have to do enough to rest.

Like, all these beliefs we've absorbed from capitalism, hustle, productivity culture. So, when the policy changes in order to take advantage of it, you really have to do change your mindset.

Elizabeth: Yeah. Let's talk a little bit more about the work you do with your clients and rest. So, right now, we're coming out of hopefully, the pandemic. And I know that I have a close friend up in Canada who works in public health, and she's just been working to the bone. And so, I think that we tend to well, public health employees I'm sure are just getting burned out left and right.

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But I think that that kind of happened with lots of people during the pandemic. I know that for myself, I was like, well, there's nothing else to do may as well work. And then, I had to take a step back for a while. Let's talk about rest a little bit.

Marissa: Yeah. I will also say, I think the narrative has socially and, in the news, has made it sound like the pandemic is what has caused all the burnout. But people were burning out before the pandemic. Whether it's work or whether it's parenting burnout. Or burnout from trying to like adhere to what your body should look like in extreme exercising and dieting. There are all types of forms of burnout.

I mean, we're just becoming more aware of it particularly in parenting and in work because of the pandemic. But part of the challenge is you know we have absorbed these ideas, that productivity is what makes you worthy and valuable. Whether that's in the office, or whether that's in at home and getting all your chores done and having the perfectly clean house or being the parent who always bakes for the bake sale.

Like, we have absorbed these ideas, especially if you're socialized as a woman. That your worth and value is based on how much you do and how much you do for others. And so, we always prioritize that and put ourselves last, which means we don't get the rest that we really need.

Elizabeth: Yeah. Yeah. And so, maybe the first question is how do you know that you're in burnout?

Marissa: Mm-hmm. Yeah, burnout looks different for each person. Like there is extreme experiences where maybe you end up in the hospital dehydrated or having a panic attack. That definitely happens. But I think the majority of people experiencing burnout.

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Part of the trickiness of identifying it is one, it can look different in each person. And two, sometimes it feels like the water you swim in. Like everyone around you is exhausted. Everyone around you overwhelm. So, in your brain, this is just normal. This is the way it is. So, sometimes it's hard, but what I would say is I define it as really the mental and emotional experience you're in.

So, for me, I experienced burnout. This is what led me to even get coaching in the first place several years ago. And my emotional experience was I was just stuck in resentment, constantly blaming my office, my leaders, the lack of funding. I just couldn't get out of that feeling of resentment. And it was bleeding over into my personal life. And I didn't get reprieve from it, right?

Like, life is 50 50, you go through the various emotions. I think when you're in burnout, you're stuck in an emotion either one or several. And you just get exhausted from just living in that place. So, you can find some of the things. For me, something would happen. Like, I would get an email and I would just start crying.

It was an overreaction to something because I was just emotionally spent. And so, sometimes those are the signs, like your reactivity level. Or how you aren't feeling any positive emotions, or you are constantly telling yourself, Hey, this is a problem. I can't get it done. I don't have enough time. Like, kind of just running on empty all the time.

Elizabeth: Yeah. One thing that you said that really resonated with me. You said swimming in the pool of burnout with other people. And it always seems like there's this almost competition between people. Like, when you say, I'm tired or I've been working so much. It's like, oh yeah, I have been too. And it's almost like this struggle to see who's more burned out, or who's working harder, or who's more sleep deprived. Yeah.

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Marissa: Yeah. And I think that comes from toxic capitalism because we've absorbed this idea that what makes you a valuable worthy human is how much you produce. Whether that's how much money you make or how much work you get done.

And so then, when we do get into that space of like, I'm more tired, I've done more. I think it's coming from that place of believing that's attached to our worthiness and value. And so, if someone else is doing more sleeping less than we think our brains think that threatens our worthiness and value.

Again, this is not true. But we've absorbed all this messaging and our brains function from this place. Especially, left unmanaged without kind of consciously course correcting.

Elizabeth: But how do you get out of that because we are constantly fed this lie that doing more is better. Like we see it in diet and fitness all the time that if some exercise is good, more must be better. That if some calorie deficit is good, more must be better.

But at some point, there's a law of diminishing returns there. And we're constantly taught that productivity, do more, be more productive. Like we saw that at the beginning of the pandemic, right? All of these people saying, well, if you're just sitting around making bread, then you're not using the pandemic for your advantage.

Marissa: Yeah.

Elizabeth: I do know someone who actually got her MBA during it, but it's okay just to be. Yeah?

Marissa: Yeah. And it's interesting you bring up the bread example because I think a lot of people don't know this. I certainly didn't until I started doing this work more deeply is that creativity is actually one of the best ways to slow your stress response. And

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creativity is more than just like being a good singer. Baking and cooking are actually a very creative thing.

So now, looking back at that time, when people were making banana bread or sourdough. To me, it makes so much sense because that was helping everyone process their stress and slow their stress response. But you're right, there was a lot of like, well, even if your kids are at home, why can't you just work? You should be able to work a full day and all of that narrative.

And so, part this work, just kind of like any other coaching work that involves detaching from socialization, it's uncomfortable at first. It's not only uncomfortable because you're trying to change your own beliefs, but you're changing your own beliefs while everyone else around you and society is still believing the kind of norm.

And that can be really uncomfortable. And it is a process to practice that and put that into place and change your belief. Like for me, when I was in burnout, it showed up a lot at home. Like Saturday, if I didn't wake up by 8:00 AM, I was a real ass*le to myself. And I made a list of to-dos that was absolutely almost impossible to get done.

And I would tell myself, I could only watch TV or have a glass of wine if I got it all done. And I never would. And then, I was a real jerk to myself. And now, after I've done this work like the example I love to use, cause it's always happening is there's a pile of mail to the left of me. I haven't even looked at in a month.

And now, it doesn't even bother me. But it took a while to do that and detach from the belief that you have to earn rest; you have to get it all done. It means you're a worthy person if you do. That takes time.

Elizabeth: Yeah. I love that example of like creativity because I think that so many of the listeners, what happens is we get into this doing, doing, doing. And what I find with

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a lot of my clients is that they use food and alcohol as a distraction because they don't have creativity in other areas of their life. And the reason they don't have creativity in the other areas of their life, the only place that they're finding joy is in the food and alcohol.

And I was listening to a podcast once and she was talking about how boredom is actually the precursor to creativity. That we need to be bored because then, our brain comes up with all of these great ideas of how to do stuff. Yet, we don't want to be bored. Right? Like, boredom eating is a thing.

Marissa: Yeah. And this like a lot of the webinars I do, or like group trainings I do, this always comes up. People are like, well, I try to rest and then, I get really bored. And my response is like, okay, so what? It's not a problem but we have been so programmed to think it's a problem. Because we have to be doing, doing, doing, producing, producing, producing.

And to your point, I think we never talk about the fact that what has created our modern society is the fact that people had space to think and be bored, to be innovative. To think of things like electricity. To think of things like the iPhone. What our current experience is and the evolution of the human species in our modern life is an outcome of people having that time and space to think creatively.

Elizabeth: That's so fascinating. Well, and what's really interesting about that is living in Mexico. I feel like I've really opted out from the American pace. And I do have time where I just have downtime. It's ugh, beautiful. I love that.

Marissa: Yeah. But at first, I don't know if you had this experience. But what I find with a lot of people I work with at first, that's so uncomfortable.

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Like, I'll start working with clients and work through some of the stuff and they realize they're creating more time. They're being more efficient. And then, they're like, what do I do? Every time I sit and try to relax and have downtime my brain won't shut up. My anxiety's still there. And first, if you haven't experience anyone listening, that's totally normal.

Of course, it makes sense if you're trying to rest and your brain's freaking out. Because you've been told you can't rest. Of course, you still feel anxious because you still have the same thoughts. Nothing's gone wrong and it is a practice. And then, eventually you can get to a place where the downtime feels good.

And I like to say, I think rest is 50 50. I think I'm pretty good at this now. And I still think about half the time. It's not the most joyful blissful experience. I still get distracted. I still have some negative thoughts. I still have a little anxiety. It's not as bad as before. I think there's a lie in the fact that rest always feels like the most blissful experience on a beach, getting a massage. I just don't think that's true.

Elizabeth: And so, do you recommend to your clients that they actually plan for rest so that they can carve it out and say that this is reserved time to rest versus there's the other side of that which is procrastinating, right? And not really feeling rested because you're stressing out about whatever it is that you're supposed to be doing instead.

Marissa: Yeah. I think it's a little bit of both. One, if your brain is telling you that you shouldn't be resting or freaking out, you got to just let your brain be a little toddler sometime, be like that's makes sense. And then, the other piece, yeah. Planning your rest. What I find so interesting is we spend so much time planning what we're going to do and zero time planning our rest.

So, what would it be like if you began scheduling your week with putting in your lunch, putting in your walks, blocking off time to cook dinner, or go on a walk. But really where

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I start is let's just redefine rest in the first place. Like we kind of pigeon holed us to these ideas that rest has to look a certain way.

That rest is a spa, their rest is reading, or rest is this or rest is that. I don't think that's true. Like you can be on a beach on vacation and not feel rested at all, because you're just thinking about all the emails you have and the work you should be doing. Or you could be washing dishes and feeling really rested because you're not thinking about work or emails and you're just like letting yourself zone out.

So, I think it's much more about the mindset. When you think about it that way, then it means rest can open up. Like rest could be so many different things for you. Like for me, one thing that's restful is instead of doing all my laundry, just doing one load. Now to my fiancé, he thinks I'm nuts. That's not restful to him at all, that stresses him out.

It's just because our thoughts are different. But it just opens up seeing what could be rest for you. Like the abundance of it is so much bigger.

Elizabeth: Yeah. And I think I listened to a podcast that you were on, and you were talking about like it depends on what you're thinking about when you are resting.

Marissa: Yeah. I think we've all had that experience where we're doing an activity, we've been told should be restful. And we don't feel rested at all. Whether it's a massage, or yoga, or trying to read a book. I think we've all had that experience. And I think we've all had the experience where we do something that maybe you wouldn't consider restful, but it just felt really good and felt really restful and rejuvenating. Like a hike even.

Elizabeth: Yeah. Well, and the other thing I recall from that podcast was that when we talk about burnout, you can be doing the same thing in a burnout state or in a joyful state. How would you define that? So, I can be working. And what is it? Is it passion? Is it what's fueling me, doing it? Or do you understand my question?

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Marissa: Yeah, totally. I mean, one person could be working 12 hours a day and not be burnt out. And one person could be working six hours a day and be burnt out. It's not necessarily the actions you're taking or how much of it. It's what you're thinking while you're doing it.

Cause if I'm spending six hours a day thinking, my boss doesn't care about me. They need to hire more staff. This is terrible. They shouldn't be doing this. Everyone's not doing a good job. I'm doing a terrible job. You should be doing more. Like that's going to burn you out.

If I'm spending 12 hours a day working on a project that I'm super excited about and I'm like, oh, I can't wait. Oh, this is awesome. I can't wait to share this. Oh, this is such a good idea. I'm not going to be burnt out. So, it is a lot about what you're thinking and how you're feeling.

However, with that said, if you are in that place where you're more in a burnout mindset, you can still take rest. And what you need to do is your brain's still going to offer you those burnout thoughts. That's okay. You don't have to change them overnight.

It's like the practice of just stepping away and allowing your brain to still offer you those thoughts and the practice of not reacting to them and letting them be there is part of the work.

Elizabeth: Yeah, that's so awesome. You said that you were in public health, and you were feeling resentful and just really frustrated and burnt out in the work that you were doing. And that's what led you to get coaching. And then, you started coaching from that.

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Marissa: Yeah. So, this was before the pandemic, I had started a new job. This was after I was living in Atlanta, working at the CDC. And I had left because my mom had an unexpected illness and I moved home to take care of her. And after she got better, I found a new job in California and I started it at, and I was already carrying a lot of mental and emotional stress from that experience of taking care of my mom that I was not processing or getting support for.

And then, I found myself eventually, getting to burnout. I didn't realize it along the way. But yeah, I was building up like I was carrying guilt from my experience with my mom. I was building up resentment for everyone in the organization. And I was really reactive and emotionally like just really distraught.

And I found a podcast and I listened to it and then I got coaching and I really got myself out of it. And then, when the pandemic hit, a lot of my colleagues were in very similar circumstances as me. But they were extremely stressed out and I was able to manage it in a much different way. And the difference I noticed was our mindset, the tools I had. Being able to process your emotions, being able to decide what you want to think on purpose.

And that's when I kind of was like, oh, we really need this in public health. And I think I want to take this journey on. So, I did. I started my business, and then I left my full-time job like eight months later.

Elizabeth: That's awesome. Congratulations.

Marissa: Thanks.

Elizabeth: So, let's back up even further. Like, how did you get into public health? Is that something that you always wanted to do. Tell me more about that.

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Marissa: Well, I know I always wanted to help people. But I will say now, knowing what I know. Is that a true desire, or is that because I'm socialized as a woman, and we're told you should help people. Who knows? The field of public health is a lot of women.

I thought I wanted to be a doctor. And then, now, I can see this looking back, but at the time in high school, I just thought I wasn't smart enough. Which I know women are socialized to believe they're not good at stem. They're not smart enough of career like. You know being a doctor, it's gotten better.

So then, I was like, okay, nursing. Which I want a caveat. Nurses are just as smart as doctors, but that's something more also socialized to believe. And then. I went to college, and I was doing really poorly in my classes. And I even took a public health class and told my mom like, I want to do this.

And she was like, you're not going to make any money, nursing's more stable. Which I get it. Like my parents were neither of them had college degrees, very working class. They wanted their kids to have some security.

I ended up taking a leave of absence cause I was just not enjoying school. And I ended up doing some public health work and I felt empowered enough to be like, no, this is what I want to do. And I switched my major. Yeah. And then, I got my undergrad. My master's degree worked in various sectors in public health. And yeah, I loved it. I really do.

Elizabeth: Not to get personal but do you by any chance have any neuro divergence in your past?

Marissa: Not that I'm aware of. No.

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Elizabeth: Oh, okay. Because I also had the story that I was not smart enough. And it's because when I was a kid, I was actually diagnosed with dyslexia. But that never really sat with me. And what has resonated recently is the ADHD model. And I just find it really fascinating that as an adult, I started learning and being able to learn for myself.

And just the stories that we tell ourselves. Because clearly, you're a very smart person. If you've got a masters, like hello.

Marissa: Yeah. Again, it's changing. But there is a lot of narrative that stem, which is science, technology, engineering, math is for men. And not women. And we absorb that and believe we're not smart enough. Even when you look at like how young children are talked to base on your perceived gender of them. How you speak to them about toys and what questions you ask them.

And so, I do think a lot of people socialize as women have this under underlying belief that they're not smart enough. And then, we're also told that your value, if you are in the workforce is not based on your intellect, but just how hard you work. Which I think also contributes to us over working.

Elizabeth: Yeah.

Marissa: Rather than being like, no, my value is my intellect, my innovation, my creativity, and how smart I am. It doesn't depend on how many hours I'm working.

Elizabeth: That is so true. When I worked in corporate America. I remember getting dinged on one of my performance evaluations because I went home at five o'clock every day. Even though, I got my work done. I was like, what? Face time? Are we really talking about that?

Marissa: Yeah.

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Elizabeth: Ugh, fascinating. Well, and talking about how we socialize children, I even notice it myself, even though I try not to that I ask little boys about what's your favorite toy? Or what do you want to be when you grow up? And little girls, I may say something totally sexist like, oh, your dress is so pretty.

Marissa: Yeah. I saw this, I don't know if it was a Tik Tok or Reel, but it was such a good example. This woman was illustrating. She had an airplane toy. Illustrating differences in talking to children based on your perceived gender of them. And with the boy, it was like, oh, look at these wheels. How do you think this plane works? What is the machine that's driving it?

And with the girls, it was like, where are they going? What are they wearing? And this is something like we're swimming in the water. So, sometimes it's hard to catch it in yourself or even others. But once you become aware, you can notice it a little bit more and it does have an impact.

And I think the school system itself. And I think no matter where you are, but particularly the US, also include some of that. Like even the idea of you have to do your homework before you can watch TV. That's a message that productivity matters more than rest. Right? So, like this happens as we grow up, even when we think about school and then it just transfers to the workforce.

Elizabeth: Yeah. And I think that this probably segues pretty well into what I wanted to talk to, which is the idea that public policy also influences how we think about ourselves and the behaviors that we do. So, like for example, a few years ago, in Austin, Texas. They did a really huge initiative in terms of smoking that you couldn't smoke within, I think it was like 15 feet of a building.

And this was when smoking was still pretty socially acceptable. One of my first jobs out to college, I actually used to smoke at my desk. Like, I think about it now and it's just so

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disgusting. But anyway, and what the city of Austin found out was that a lot of people were actually quitting smoking because it became inconvenient.

And so, we can talk about how our environment will support or discourages health habits. And also, how our public policy influences how we think about ourselves. Yeah?

Marissa: Yeah. And I think the smoking example is a great example. There was a period when smoking was perceived as cool. Right? We saw it in the movies. We saw it in ads. And now, when you see it in movies or even ads, there is a sense of not for everyone, but I even think, even among smokers, my mom's still a smoker. There is this sense of like, it's not cool.

And now, we're seeing with e-cigarettes. Those companies are trying to take on the persona that e-cigarettes are cool. Right? So, there is this around health issues, social norms. Which social norms basically just means, it can either be perceived. So, what we think or actual, like what actually is happening, where socially, the majority of people supported or think it's cool or whatnot.

Now, perception means for example. On college campuses, I think a lot of people have the perception that everyone's drinking. But most college campuses, the research shows that the majority of students are not binge drinking. But the perception is off. Now, of course, at very school to school.

But that still impacts our beliefs about what is right, what is wrong. What policies matter, what policies don't. What you should do, what you shouldn't do. And so, policy really intersects there both as what you're saying of trying to promote behavior change or norm change. Or even getting policy into place or denying policy is impacted by our social norms.

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Elizabeth: That's fascinating. Well, and yeah, I guess we're seeing that a lot right now with the midterm elections, right? Politicians are really talking to the louder voice. If we look at the abortion debate for example, the pro-lifers are really more loud. And so, even though, when you look at the statistics, you see that like 80% of Americans believe that abortion should be legal at some point.

And we can also look at it in the gun debate that 80% of Americans believe that there should be some gun protection in place as well. Yet, our politicians are very unlikely to pass either of those things because I think the loud voices are winning right now.

Marissa: Yeah. I think like this is where the perception piece comes in. Cause with the example used around abortion, I think a lot of people, if you ask them what the ratio is and they didn't know the data, they'd probably say 50 50. And maybe they say more over the other based on their beliefs, but I don't think people have an accurate understanding of what the actual statistics are. Which this isn't to shame anyone like no one can be up to date on all of this.

But it just points out that the perceived norm also matters as well as the actual norm. And it's not just the politicians, but it's all of us. All of us, whether it's the way you vote or how you choose to spend your money. Like these norms that we perceive matter.

And one example is around like bullying, for example. If you're in a group of people and there's one person bullying someone else. You and no one else is saying anything, you might perceive everyone else thinks it's cool. But for all you know, everyone else is sitting there thinking everyone else thinks it's cool, but they don't.

And it still impacts you not speaking up or not doing something. Same thing with policies, or voting, or spending money. The perceived norms influence what we choose to do. If we choose to speak up, if we choose to take action.

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Elizabeth: Yeah. I saw a study where every once in a while, in a waiting room, there were random people and there were plants. Like people planted people. And a buzzer would go off. And all of the people who were plants would stand up and sit down. And then, eventually, after X number of times.

Marissa: Everyone would do it.

Elizabeth: Everyone else is doing it. Because like what's happening. Why am I supposed to be doing this? Yeah, it's a hive mind.

Marissa: Yeah. I mean, we even see that like at sports games. When they try to do the wave in the audience, if no one does it, no one does it. But if people start doing it, everyone gets into it. Even like your cranky uncle doesn't want to do it. And so, I think that that does impact us and impacts public health and in our experience in community.

And it's not just in politics, even in the workplace or just socially, it impacts how we show up what we decide to speak out against, what actions we decide to take. Because as you know, like we have evolved as a social species. So, over thousands of years, we were hunter gatherers, who really depended on being like staying in the community and not getting ousted to survive.

And part of that evolutionary thinking is still impacting us. And so, we perceive norms to be one way, but we believe something different. We might shy away from taking action or speaking up out of fear that might come along with them.

Elizabeth: Well, I think we saw that in 2016, we had a black president. And so, we, as Americans thought that racism or maybe just white Americans thought that racism was over. That we had a black president, so therefore everything's good. Right?

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And then, everything changed. And we were like, oh, what was really happening was that people who were racist, weren't speaking out about that. And then, all of a sudden with a change in leadership that all of a sudden it was okay to say those things that before really weren't cool.

Marissa: Yeah. And part of it could be that like, some of us weren't even aware it was happening, like it was happening places and we weren't being aware of it or whatnot. Like there's a mix.

Elizabeth: Yeah.

Marissa: There's a book I'm reading right now by Carol Anderson called white rage, which I know that title is strong, but it is really good. It's basically, a lot about the history of policies. Particularly, in education that really illuminates some of the things that socially, we don't talk about, or we don't hear about. For example, this is what I learned. I didn't live through the stage period, some of you listening, maybe have this knowledge.

But socially, I was told basically brown versus board of education happened, then integration happened. And yeah, there were protests. Yeah, there was violence. Yeah, the national guard had to come, but then it all happened. This book I'm learning, that is not true. Mississippi took 15-years to integrate one school.

Some of the states actually funneled public dollars into private grants for white students to go to private schools to avoid integration. There's just so much there around policy being implemented historically and how that impacts us today, that I just think I'm not aware of too. Like, I'm constantly learning.

Elizabeth: Yeah. And I grew up in the north. And so, it was a little more integrated. I grew up in the Chicago land area. But the town that I lived in was deeply divided and segregated between the black area, and the white area, the more affluent area.

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Yeah, there was always this interesting. I don't even know. Maybe just question about where you lived. Did you live on this side or that side? And it's really complex because it's not just about race, but it's also about class too. Right?

Marissa: Yes. And it is about race and racism. And I think your point about when Obama was president and like some people perceived like, oh, racism, isn't an issue anymore. Obviously, black people, people of color didn't perceive that cause they were still experiencing racism. But I think part of this understanding, like the history of policy and the impacts of it is it still appears today.

The segregation in communities and in schools, that's not gone. There are schools in certain neighborhoods that are getting fewer resources. And there are neighborhoods where there is a lot more potholes and they don't have streetlights. You know that this is still impacting our quality of life today.

Like your zip code, where you live predicts a lot of health outcomes. And what age you're going to die. That's all an outcome of various decades of different public policy being implemented.

Elizabeth: Yeah, that is so fascinating because I think that when we have policy that then says, if this happens, then it's a hate crime. So, there's lots of different, I don't even know what the categories are for a hate crime. But we have policy that says, you can't do this. You can't discriminate against blacks or other people based on the color of their skin or their ethnicity. You can't discriminate on people based on their sexual orientation or gender.

And so, when we start to see policy like that. What happened before is that if I am of that protected class, I probably don't feel very good about myself. Yeah? Do we have data to suggest that when policy is implemented, that is in response to a protected class.

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That people within that protected class either take better care of themselves or not? Do you understand my question?

Marissa: Can you give me an example?

Elizabeth: Okay. So, I told you that I have a friend who's in public health in Canada. And what she does is she works with smoking for youth, for LGBTQ youth. And she knows that LGBTQ youth have a higher incidence of smoking than non-gay. And we also know that there's a higher level of suicide associated with that as well.

And so, I don't know when we put in policy that says, gay marriage is okay. That you cannot discriminate against someone, you have to make them a wedding cake if they ask for it. That then it becomes, I don't want to say more acceptable to come out as gay. But then those people who are in that protected class have more self-esteem. And so, therefore it doesn't affect their health negatively.

Marissa: Yeah. I see what you're saying now.

Elizabeth: Okay, sorry.

Marissa: So, let's back up a little bit. I think the smoking and the higher rates of suicide is a great example. Because we first have to understand, why it is that more youth who are in the LGBTQ plus community are smoking more or at higher risk for suicide. That is because of the discrimination they may face. Because of the oppression they may face, right?

Smoking is something that people do typically to calm their nerves, to deal with stress. And if you're a youth in that community who've experienced oppression, or discrimination, or bias. That causes stress, that causes harm. In one way to deal with that could be smoking.

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And with suicide. Like people who die by suicide, whether they have various mental health illnesses. A lot of times, especially among youth with LGBTQ, there is bullying involved. And now, we should say, if you are someone who or your kid is struggling with mental health or suicidal ideation or thoughts about harming yourself. There is a suicide hotline that you can contact and maybe you can put it in the show notes for folks.

Elizabeth: For sure.

Marissa: But part of the reason as we create policies that support the LGBTQ youth. This is just one example, but I think it's helpful to narrow to an example to say, hey, we see you. We care about you. We want to support you. Then, even if you're still experiencing some oppression, doesn't make it go away or all the harms. But you feel more seen and appreciated, that you're valid, and that you're valuable, and that people care.

And that can reduce some of your stress or experiences of anxiety or depression or whatever it may be. Now, it doesn't solve the whole issue, right? If there are still people out there who have like homophobic, transphobic thoughts and take that action, like that's still going to cause harm. But this is where the policy comes into place.

It can really help say like, hey, you matter, and we are going to do what we can to make sure you are safe, and you are healthy. And we recognize your specific challenges in the society we live in.

Elizabeth: Yeah. You sum that up so beautifully. Thank you. That was awesome. Now, at this point we've been talking a lot about people of color and LGBTQ IA. But we can also see this same pattern with women and the folks who are listening to this podcast. So, they may not be thinking, well, I'm not black and I'm not gay. So, how does this all apply to me, right?

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Marissa: Yeah. First, like we can absolutely talk about things that apply to people socially as women. But just because you aren't black, or you're not trans, or whatever may be doesn't mean it doesn't impact you. Right? Like the health of our community, of our neighbors, of our family, of our friends, their health impacts us.

Just for example. In the healthcare system, if fewer people are experiencing extreme any mental health issues, let alone extreme mental health issues. That reduces the economic impact on the healthcare system. Now, the importance of supporting is not to make money. I don't want to say, we want to support people so that they can live a healthy life and feel better.

But for someone who's not experiencing that one benefit they may not see is that the more we support other people, which may reduce the economic impact on the healthcare system. On other factors, that can impact you. That money can be diverted to something else to have better schools, or better roads, or whatever may be.

So, I would question whether or not a policy that specifically is designed to support folks who live in an identity or have a background different from you, doesn't impact you. So, like one example I love from Trudi Lebron, she talks about elevators. Now, elevators being put into buildings might be done to support folks who are disabled.

But if you're not disabled, you're probably still taking that elevator. It is still benefiting you to have that elevator in the building. You may still choose to use the stairs sometimes, but having that elevator put in the building, even if it was for supporting folks who are disabled, it still benefits you.

So, I think we have to question whether or not a policy or program being implemented that's really geared towards a different community, truly does not impact us like in some way or form. I don't know if that's true.

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Elizabeth: Yeah. Well, and it goes back to the seatbelt conversation. Because I remember the thing that actually changed my mind about seat belts was when I was talking to a friend of mine and he was saying, well, no, I want seat belts in place because if that person goes through their windshield and dies that I hit. Even if I'm not responsible for their death, they're going to have an insurance claim. And that's going to impact my insurance.

So, it's the same process. Like, it goes back to all boats rise, right? So, the more we can think better about ourselves and others. The more that that's gonna impact how we feel about ourselves. Yeah?

Marissa: Yeah. And I do think we've absorbed this narrative. It's been an outcome of just like how our country like really started around colonization. And a lot of different things is that like it's individualistic and it's quote us against them. Rather than, this is for the collective, this is for the community.

What supports you and helps you. Even if it doesn't seem it directly impacts me and helps me, it does. That piece about community and how we're all interconnected and how it all impacts all of us, I think is really missing in the conversation.

Elizabeth: Yeah. And we were talking a little bit before we hopped on the call about how the Supreme Court ruling of Roe V Wade. A lot of people are talking about it in terms of reproductive rights, or they're talking about it in terms of abortion or not abortion.

But what I see that as really impacting us is as a woman, that all of a sudden, my government has told me that I'm not capable of making my own decisions. I don't have authority in my life. I don't have autonomy.

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Marissa: Yeah. And I think that goes for anyone with uterus, whether trans folks or non-binary folks. I live in California where it's still protected. So, I could easily be like, well, this doesn't really impact me cause I still have access. But it does impact me. Like it is going to have an impact on everyone when there's a large group of people who are potentially dying. If they have an ectopic pregnancy and can't get access.

If insurance companies have already seen this are denying medication that are used for chronic health issues because it has the potential to be also used for other sorts of reproductive health. Like it will impact everyone. Like, maybe you won't see it immediately, or it won't be directly clear, but it is going to have an impact on everyone. Socially, economically, mentally, emotionally, like it's bigger than just one person.

But you're right. I think like the internalization of it, especially thinking about children growing up with this messaging is going to be like, well, you don't know what's right for you. You don't get a choice. And also, if you can't afford it, if you don't have the support, like that doesn't matter. Like there's a lot of like layers of messaging here.

And also, around like, not just bodily autonomy, but like the language that intersects between sexual intimacy and what you should be doing or shouldn't be doing. And there's a number of layers here.

Elizabeth: Yeah. It's been fascinating to see all of that come out since the ruling. Okay. So, we know that this is public policy. We know that this is public health. Now, going back, who sets public health? Is it the department that does that or does the department create the initiative? Like where does that tie into our politicians, and our lawmakers, and who we vote for? And how does that all tie together?

Marissa: Yeah, so it can vary depending on where you're at. And so, we should also recognize that. Public health policy, so meaning laws are policy implemented can happen on a smaller level. Like in schools or school districts and that the decision makers there

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are going to be different than when it happens on the county level, or the state level, or the federal level.

So, it varies. Sometimes it's politicians, elected officials. For example, Congress. They're elected officials who also make policy. But like at the school district level. Some school districts, the people who have decision making power, sometimes they're elected. Sometimes they're not. Right?

Like in public health departments who may be advising policy, or sometimes they do have the power to implement policy, sometimes they're not elected. They're appointed by elected officials. Same with like leaders of the CDC. They might not be elected, but they're appointed by elected officials. So, it just varies, what's the context, what state you're in, what county, what's the unit of measure, I guess you could say.

Elizabeth: Yeah. And that seems really overwhelming. I saw a really fantastic John Oliver episode, where he talked about how many people don't vote or even run in elections for state level government. But state level government is the government policy that's actually affecting our federal policy. Like right now with the SCOTUS ruling, that was a state that actually brought that challenge to the Supreme Court.

Marissa: Yeah, that happens a lot with cases that go to the Supreme Court. I would also say, we don't talk enough about the impact at local policy levels. Like your city council people. Like that has a direct impact, much quicker impact too. And it's usually stuff we don't even think about, we don't even notice. And whether it has to do with infrastructure, like roads.

I remember growing up on my street, I don't know what it was like a sewage hole that wasn't covered. Like my parents had to advocate for them to cover it because we're out there playing and could fall in. Anywhere from that to like how tax dollars are spent, to

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what programs go into schools, to what laws law is going to place for bail, if someone is arrested for something. Like, local really matters too.

Elizabeth: Yeah. So, what's the answer? Cause there are just a bunch of toddlers in a knife factory. And you cannot keep track of what everyone's doing because as you're focusing on this one, the other one is getting into trouble. So, What's going on?

Marissa: I do think it can be very overwhelming for folks? So, any listeners who feel overwhelmed by talking about policy or politics. I think there's a difference between policy and politics, but they do intersect. But if you do feel overwhelmed, like that's okay. First of all, as an individual, as a participant in our community, it is not your job to solve every problem. It's not even the job of one politician to solve every problem. That's why we have all these layers, and they have to work together.

But on an individual level for you, what I would do is focus on what matters to you. That doesn't mean you ignore everything else, but we'll just talk about it in two pieces. Be focus on what matters to you. Then, it can be a bit more digestible of how I want to engage here. And you don't have to do it all. That's where we get overwhelmed and sit out.

We believe we have to be an advocate on social media. And then, we have to go call all our politicians. And then, we have to donate money. And then, we have to call out our neighbor and then we have to do this. You don't have to do it all because if you think you're going to have to do it all, you're going to get overwhelmed and just take yourself out.

But pick something that you do care about and then just pick one thing you want to do to show up for yourself in that whether it has to do with reproductive rights or environmental health.

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And then, the pieces that come up that maybe you're not fully engaged in, you don't have to become an expert. But what I would encourage you to really think about is just have the approach of just becoming more informed. It doesn't mean you have to all of a sudden become an advocate or a politician.

But you can choose to become more informed. It doesn't mean you have to change your opinion overnight or decide your opinion overnight, but you can absorb and learn and take some time to do that.

So, I think when we get overwhelmed, we just have to remind ourselves, like I don't have to do it all. I don't have to do it all right away. The urgency piece that also doesn't help, that doesn't really help us move forward.

And just focus on something you do care about and ask yourself how you want to get involved. And then, the things you're not as familiar with, just come at it with a goal of just getting more information.

Elizabeth: Yeah. That's so awesome. Thank you for tying that up. You did an amazing job.

Marissa: Yeah, no problem.

Elizabeth: Is there anything else that you want to share with folks who are listening?

Marissa: What I would say is I do think in our modern culture, especially with social media. There's this fear of rejection of being called out. And then, there's also this pressure to feel like you have to know it all and do it all. And these kind of tug you back and forth.

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And that can really get in the way of deciding to become informed about something, deciding to engage in something that has to do with policy advocacy if you want. But I just want to remind folks that like even on the smallest level, like if you live, I live somewhere with an HOA, like a homeowner's association. That also is policy.

So, like when you start to see that policy intersects everywhere, and it is everywhere, even your workplace policy. It doesn't have to be that big, scary thing that if you start to think about more, spend more time on, you're going to get called out. You can start seeing how like it is everywhere.

And maybe I just start with my HOA. And getting speed bumps in the HOA so that our kids are safer or whatever it may be. But it really does impact every aspect of our life. And the more you try to learn, and become involved, and decide, make decisions for you, the more you will see that you're really advocating for yourself and your health and the health of everyone around you. Your family, your friends, our community.

I just think we need to start thinking about more of we're all in this as a community, we have very different experiences. They're not all the same. But we are all in community together.

Elizabeth: Yeah, so awesome. So, if people want to work with you, Marissa, where should they go?

Marissa: Yeah, you can go to my website, mckoolcoaching, M C K O O L coaching. I also have a podcast called redefining rest. If you want to learn more about that, you can connect with me on LinkedIn or Instagram, public health coach.

Elizabeth: So awesome. Thank you for being here.

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Marissa: Thanks for having me.

Oh, I hope you enjoyed the chat that I had with Marissa just as much as I did. I didn't realize when I invited her, how much impact public health has on our health. I would love for you to share this up with episode with as many women as you possibly can. So that we can all understand how public policy impacts our belief system. Our belief system about ourselves and others. And in turn, how we practice self-care.

All right. That's all I have for you today. Have an amazing week, everyone. See you next time. Bye-bye.

Hey, thanks for listening!

If the show resonates with you and you have a friend, mother, sister or anyone else who you think would benefit, I'd love for you to share the podcast with them. You can leave me a rating and review in Apple podcasts which helps me create an amazing experience for you. And it helps other women who are done with dieting and want to get off the diet roller coaster to find it as well.

See you next week.