



## Episode 31 – Joshin: Radically changing disability and neurodivergence in the workplace

[THEME MUSIC]

MELISSA DANIELSEN: We are all Jenga towers. And when you start taking away pieces of people, that tower is not secure, and it's not seen. So we need to recognize all parts of people and celebrate and support them.

NARRATOR: Welcome to the "Cure for the Common Co.", a podcast series looking at innovations in the world of employee health and wellbeing. Steve Blumenfield and other experts from WTW's Health and Benefits practice are talking to entrepreneurs and industry leaders who break ground to meet the needs of today's workforce and deliver benefit solutions that can separate employers from the pack.

STEVE BLUMENFIELD: Hey, Melissa.

MELISSA DANIELSEN: Hey, Steve. It's so great to be here.

STEVE BLUMENFIELD: It's so great to have you. Your enthusiasm is already popping through.

MELISSA DANIELSEN: [LAUGHS]

STEVE BLUMENFIELD: Hi, everybody. Welcome to the "Cure for the Common Co." podcast. I'm your host, Steve Blumenfield, head of Innovation and Acceleration Partnerships and Alliances for WTW. And I'm joined today by Melissa Daniels, co-founder and CEO of Joshin, a support system for employees connected to a disability or neurodivergence. Welcome once again to the pod, Melissa.

MELISSA DANIELSEN: Thank you so much for having me, Steve. I'm really excited to be here.

STEVE BLUMENFIELD: And we are excited, too. And not only am I excited, but even more excited I would say, is the co-host today, Rebecca Warnken. Rebecca is our thought leader in the area of neurodiversity and one of our leaders in caregiving. Welcome to the pod, Rebecca.

REBECCA WARNKEN: Thank you, Steve. Glad to be here. Hi, Melissa. Hi, everyone.

STEVE BLUMENFIELD: Hey, hey.

MELISSA DANIELSON: Hi, Rebecca.

STEVE BLUMENFIELD: [LAUGHS] Melissa, let's start out with a brief intro of yourself and what drove you to found Joshin.

MELISSA DANIELSEN: Absolutely. So Joshin is something that's really deeply connected to my lived experience and has developed a big passion in my life, which is supporting the disability and neurodiverse community. Joshin was co-founded by my twin sister and I, Melanie Fountaine, because of our big brother Josh, who was probably, I would say, the most impactful person that we've had in our lives.

So Josh had developmental disabilities, a pretty severe epilepsy disorder. He went through three rounds of brain cancer in just his childhood. So as you can imagine, we were on a really deep journey in supporting him through a lot of different needs.

And as a family, we proudly took on the role of primary caregivers and navigators and all the tactical things that that means, because we were really navigating an extremely complex system in a lot of different ways. And we did lose our brother pretty suddenly about 13 years ago. So he was our big brother. He was 29 when he passed away. And Melanie and I just decided to join forces and solve the problems we saw our family face and get families the support they needed that we ultimately weren't able to do for Josh before he passed.

And Melanie has her master's in counseling and psychology. I have a background in business and marketing. And we went to work and we became licensed Medicaid providers getting adults with disabilities and autism the support they needed in their own homes and in the homes that we created. And we did that for six years and saw a really big lack of technology in this space.

Some marketplaces emerge from Silicon Valley and just really didn't see disability represented in a lot of solutions out there and what we feel are some of the most critical needs. So that's why Joshin is here, and we're really looking to build the path for disability and neurodiverse inclusion in the workplace.

STEVE BLUMENFIELD: Wow, incredible story. Our hearts go out to you on your brother Josh and that the fact that you and your sister made this your life's work is beautiful. So congratulations and thanks for doing that. To maybe broaden out to our audience who might not be as familiar with neurodiversity, Rebecca, could you just give us a bit of a definition on how we at WTW think about neurodiversity?

REBECCA WARNKEN: Yeah, Steve, great place to start. And Melissa, I love your story. We're hearing the term neurodiversity more and more frequently now. And really simply, neurodiversity is the natural variation in the brain that results in different ways of thinking, processing, communicating. And for a lot of individuals affected by neurocognitive differences, we see commonalities. So sensory processing, executive functioning can be a daily living challenge.

But on the flip side, we also see-- and careful not to stereotype, of course-- but a lot of common strengths and advantages with this population as well-- creativity and problem solving, really deep interests and expertise in a particular area, recognition of patterns. For our audience members, they may be aware that autism spectrum disorder rates have been rising in children the last 15, 20 years. But we're really taking a broader perspective and thinking about also individuals who may have ADHD or dyslexia or tourette syndrome. All of these groups have these common challenges.

And it's not just children either. Adults also have many of these neurocognitive differences. And to even take it maybe even one step broader, we don't even need to limit ourselves to developmental conditions. I think all of us know somebody who's had COVID and many people after a COVID infection experience brain fog or other neurological issues. So this is a really big population of people affected in some way, shape, or form by neurocognitive difference.

STEVE BLUMENFIELD: Thanks for pointing that out. It starts to sound a little bit maybe surprising in how large it is and also intimidating. Many of our employer listeners will be thinking about, how does this fit into my set of offerings? They probably have an EAP. They certainly have a health plan with lots of services they might have a carve out around mental health. Could you just help us with the-- what the solution is in the niche that it kind of fits in around the rest of the solutions that are typically offered?

MELISSA DANIELSEN: Yeah, that's a great question, Steve. What we are seeing in this space with employers is that there's not a lot of options that are really built around disability and neurodiversity in the workplace.

And a study for the-- with the Center of Talent, innovation shows that 75% to 80% of product and customer experiences don't work for those with neurodiverse needs or disabilities. So it's really imperative that as we look at employer solutions, that they're designed around the people that need it.

So of course, the primary caregiver is essential to that. But the function of the product really needs to be built around the person who is receiving the care or the coaching or the guidance so that it really works for them. We are seeing trends where employers are starting to look at neurodivergent talent, right? So there's a war on talent right now, so what employers are really looking to do is expand that talent pool, open their mindset to the possibilities of untapped talent that they can bring in.

Rebecca did a great job of pointing out all the positive attributes for neurodiverse employees, and those can get put to work within an employee population. But it's so critical that they have the support to enable success in the workplace.

REBECCA WARNKEN: Melissa, if I can just add on to that, I think we know that there's companies out there that are proactively hiring this talent. But it's not just about getting them in the door, right? We want to make sure we're setting people up for success and sustained engagement at their organization and feeling like their wellbeing is being supported, given some of the challenges we know that this population faces.

STEVE BLUMENFIELD: Give us a bit of a walkthrough of the experience of how Joshin works and how it achieves those objectives.

MELISSA DANIELSEN: Yeah, and I think it's important to point out that, yes, we have to support the primary caregiver, and we have to support the disabled and neurodivergent talent. But let's put some responsibility on teams and culture as well, because it is a full circle support that's needed within an organization. So we support in company's employees and their families with specialized care because that's critical, right? We have to get the care that's needed-- virtual coaching and disability education within the Joshin platform.

And so we partner and empower employers to make informed decisions on the resources, the guidance that's needed internally, so we can really create a culture where employees can thrive and have that sense of belonging. So that specialized care piece, we have in-home caregivers across the country that support those primary caregiver employees. We have virtual coaching that can be done anywhere.

And we support neurodivergent talent to build out those career plans. We have coaching designed just for that as well as building out your whole life-- Finances, wellness, dating. And then we support people leaders and teams through our disability education. So we have exclusive webinars. But also, those people leaders and team members get to enroll in Joshin and go on their own journey of allyship. So we empower them with disability inclusion education, what is neurodiversity, to help them recognize the support that they can bring to the organization, whether that'd be a direct report or a team member.

STEVE BLUMENFIELD: There is so much to unpack there. If you don't mind, let's just pause on care for a second? So you have a network of folks that go into the home, you said there. Fill in the lines on that, if you would. So is that a network of your own employees or is that access to a network and you're basically a navigator? And then what kind of care are those folks providing? Are they providing in-home living and assistance? Are they providing occasional as needed-- just fill in those blanks a little bit.

MELISSA DANIELSEN: So juicy, Steve. That's a great question. Because like everything in this space, it's not one-size-fits-all. So our caregivers are specialized. So they have an experience minimum. They go through an extremely rigorous vetting process that our team really puts them through. They are contractors of Joshin. They have to be in the platform. They have to be visible to employees. Then they can-- actually, employees use our Search function to find them. Or they can be connected through their advocate.

Our solution is an end-to-end end function, so it's about digitizing and centralizing the booking, the scheduling, and that binder that caregiver gets access to so they can provide the most critical pieces of care. And so those caregivers are recruited by our team. They're visible to employees within our product.

They can chat with them at any time. They can schedule them through the platform. A lot of the employers that we're working with offer subsidized care, piece of the benefit. And we track that benefit, and they use it to pay. So there's no out of pocket for the employee.

And then there's notes from the visits and pictures from the visit. Everything is visible to that primary caregiver or the individual who's receiving care of themselves through our product.

REBECCA WARNKEN: One area where we see a lot of gaps is not just treating the condition itself, but individuals also need to access primary care. Or maybe you're managing a chronic condition. We know that 71% of neurodivergent individuals also are suffering from anxiety and depression. So how does the solution sort of support beyond just whatever condition that they're managing but actually accessing care more broadly?

MELISSA DANIELSEN: That's a great question. So on that journey, let's say you're an individual who is neurodivergent, you're going to acknowledge that and build out your goals with that advocate. But we're first going to do the social determinants of health check. We're going to make sure that all of those baseline needs are met. And if not, we're navigating with you to make sure that those critical needs are there first. But then outside of just in-home care, we have a network of prescreen therapists. So we have a range from occupational therapy, physical therapy. We also have music therapy and other therapists support needs. So those are accessible through your advocate or searching for them through the platform, so everything is super accessible. But that advocate is really there to make sure that we understand your goals, and we're working towards them and seeing any gaps and looking around the corner. It's about not being reactive. It's about being proactive.

REBECCA WARNKEN: So for our audience members that might not be as familiar with things like music therapy and art therapy, can you talk a little bit more about that and why that's a critical component of the platform and the solution?

MELISSA DANIELSEN: Absolutely. So you went through the range of what neurodiverse means, and it is a variation. Variations are good. But that also means we need to meet people where they're at in order for it to be successful-- learning styles, progress styles. And art therapy and music therapy are often used in neurodiverse conditions to meet those goals. So I'll give you a personal example. My daughter has a sensory processing disorder. So I have a neurodivergent five-year-old, and she thinks and learns very differently from her 11-year-old sister, who's neurotypical, right?

And we brought her to occupational therapy. We started to create tools for her learning style, so we could meet her where she was at. And we do power up, power down exercises in the morning and at night to set her up for success, to get her moving for the day, and to get those brain functions triggering. And then at night, we have to do power down exercises that we learned from her occupational therapists, so she can rest successfully because one of the biggest needs of neurodiversity and in general, but I'll say more specifically sensory processing, is sleep. Sleep is one of the most critical needs so that brain can really, really rest at night because her brain is firing a lot faster than neurotypical brains.

REBECCA WARNKEN: That's a great story and a great example of the fact that not everything is medical care and the needs go much beyond traditional clinical treatment for this population.

MELISSA DANIELSEN: Yeah, and it's about celebrating it and meeting people where they're at. And really, that variation is good for every environment, whether it's at home, she challenges us in different ways and makes us really think differently, and at work. So we can really unlock people's full potential by really understanding how we can meet them where they're at.

REBECCA WARNKEN: Right. And building social skills and other critical life skills doesn't have to be one-size-fits-all.

MELISSA DANIELSEN: Absolutely.

STEVE BLUMENFIELD: It makes me wonder about engagement and user experience. Because given neurodiversity, when we tend to build things like apps and onboarding programs when-- whether they're telephonic or some other means, we tend to use an approach that's based on-- I guess neurotypical is the term that you would use there. So what's-- first, describe what the experience is for the various types of users-- you've got the family members. You've got the actual neurodiverse individuals or disabled individuals-- and then how that varies to make it accessible and to entice engagement.

MELISSA DANIELSEN: Yeah, we've done a lot of research around our user experience. And I'll just be honest, we're always looking to improve. We're always iterating based on our feedback. We work with a third party and our team of autistic talent that really tests our product. We make sure that people within the disability community are a voice within our not-- anywhere from brand to product to make sure that it's actually working for the people who need it. And I think that's a big change from what's typical in the care economy, is look at the person who is needing the support and make sure that you're amplifying that voice and making sure the product works for them.

So we've done that in our user experience because the goals of each of those journeys-- whether you're a primary caregiver, or you're a neurodivergent team member, or you're a people leader-- are going to be very different, because what your needs are different, your goals are different. And so our onboarding experience and then the product experience is really shaped around that.

REBECCA WARNKEN: And for the caregiver, whether they're neurodivergent or not, they have a lot of things that they're balancing on their plate. So can you talk a little bit more about the platform itself and how that helps a caregiver with navigating what is a very complicated plate of items that they're managing?

MELISSA DANIELSEN: Absolutely. What that comes down to is the team of advocates we have, have really diverse experience and backgrounds, right? And then from there, our team of specialists that are our coaches can coach from navigating and coping with a new diagnosis and build out a plan of where you go next, to I am a parent coach and I'm having difficulties managing behaviors, to, I am a people leader and team member and I don't even know what neurodiversity is.

So our team of specialized coaches range from that. And that-- again, going back to the product experience, you're going to see the ones that matter based on that journey you're on. So the product is really designed to centralize and digitize and create access, because I was meeting with an employee member last month, a mother primary caregiver, and she said it best. Before Joshin, I had to look in hundreds of different places and turn over rocks and find the secrets and know where things are at. And this product really centralizes that information.

So whether it's your advocate bringing you the right resources or those coaches being really specific on worry you have today, to I need to go run errands and I needed in-home caregiver, and then all of that documentation is located in my binder. So it's really about creating that simplicity, so we can save employees' time, and reach their goals faster, and live happier and healthier lives, and really feel like their employer is seeing them.

STEVE BLUMENFIELD: Gives me this sense of care and life support wrapped around that individual, which sounds wonderful.

MELISSA DANIELSEN: That's why we call it a support system, because the system--

STEVE BLUMENFIELD: Support system.

MELISSA DANIELSEN: --should for people. Yes, exactly.

STEVE BLUMENFIELD: All right. And with virtual and in-home care, which are huge things, you don't usually think about in systems, these non-traditional systems, within health care roughly speaking, right? This isn't just health care. That leads me to wonder about how you pay and who pays and what the employer pays for, because I imagine a lot of these services will not be services covered by the health plan. And so what do employers typically do? How's that usually set up? Or is there a typical at this point?

MELISSA DANIELSEN: Yeah, so we have a Joshin membership, which anchors around that advocate. So the person that personally guide the employees and the employers at all aspects of the journey, they are the Joshin employee. That's your go-to, right? And then included in that membership is specialized care, so access to the team of prescreened caregivers and therapists, virtual coaching. So all of those specialized coaches are actually included in that employer package. So employees do not pay for that. That education piece-- so the exclusive webinars, the in-app content, we also partner with ERG groups and DEI groups. We've also been facilitators between the groups, because there's intersectionality and there's intersectional needs within the groups.



And we get to be part of those discussions and help. So all of that is included in our membership. And employers-- some employers are taking it a step further and actually subsidizing those in-home caregivers and therapists.

And if they're not, our advocate's job, again, that go-to person who's tactically helping and making sure you're making the most out of your employer benefit, is the expert on what that employer offers and is connecting them to therapists that are covered within that health plan. I mean, long term vision, we're connecting to those health plans. But we're working towards that right now.

REBECCA WARNKEN: Melissa, I'm glad you mentioned diversity, equity, and inclusion. And if I could take the conversation maybe in a little bit of a different direction here, DE&I is an incredibly important priority for most employers right now. So what does equity, and inclusion mean to you? And how does your solution fit into a company that's really trying to do more and make a bold statement around DE&I?

MELISSA DANIELSEN: 90% of companies do have a DEI plan, right? Only 4% of those plans include disability and neurodivergence. And that is the largest underserved represented population, the largest minority group in the world. That's a huge gap within DEI. And we're not here to point fingers. We're here to be partners. So we partner with DEI teams to really discover what's your current plan, where are their gaps in disability and neurodiverse inclusion.

It's so important. 30% of the employee population is connected to the needs we're talking about today. That's almost a third of your company that you have to make sure you're representing in these DEI plans, because 62% of disability needs are non-visible. And 97% of those people are not going to disclose it with their employer. So employers can't see it. Most employers can't see it.

So that's why we partner with employers because we're creating a safe place for employees to self disclose. And we anonymize that data and provide it to the employer to really be able to ensure that those DEI plans, those health plans, other supports within the organization represent the population that's there. And that's how we truly partner with organizations.

STEVE BLUMENFIELD: I can see that'd be really, really-- being really, really helpful for a lot of companies that are trying to quantify what they're doing and even quantify the effect and even the size of the problem. That's just great.

MELISSA DANIELSEN: Yeah, I think every company wants to do well. They really do. They care about their employees. It's just understanding the needs.

REBECCA WARNKEN: We haven't talked about it enough, and it has flown under the radar in terms of the size and the scope of the need here.

MELISSA DANIELSEN: Yeah.

REBECCA WARNKEN: Melissa, another word you used that I want to dig into a little bit is intersectionality. Can you tell us a little bit about what that is, and why that's important?

MELISSA DANIELSEN: Yeah, absolutely. That's a great question. Intersectionality is when an individual is a member of multiple marginalized communities, OK? So that could mean you are a disabled person of color, for example. And so you're a member of two marginalized communities, and you need support from your employer in both. And why it's so important is, again, acknowledging the layers of everybody, right? And I recently did a webinar on intersectionality and disability. One of our panelists, Devon Narco, they are a person of color and also autistic. And they used the perfect analogy, which was, we are all Jenga towers. And when you start taking away pieces of people, that tower is not secure, and it's not seen. So we need to recognize all parts of people and celebrate and support them. So intersectionality and being aware of that and supporting it within the corporate environment is really acknowledging all the pieces of their employees.

And so we need to continue to bring these stories to light. And I'm proud of our team at Joshin because they're committed to really focusing on bringing stories like Devon's and the experience they have to light. And that's what we're going to just continue to do with the employers that we partner with.

REBECCA WARNKEN: I love that, Melissa, and really glad you're thinking about that because you're right. As we're talking about multiple underserved groups, the issues compound when we're thinking about access to care, access to employment. Absolutely.

STEVE BLUMENFIELD: So what would happen if we were five years out from now and you were wildly successful? What would the headline be on your favorite business periodical or celebration website?

MELISSA DANIELSEN: We never say it's as if, it's always a when.

STEVE BLUMENFIELD: It's a when, love it.

MELISSA DANIELSEN: When we are, Joshin has radically changed disability and neurodiversity in the workplace.

STEVE BLUMENFIELD: Radically changed it. Well, because it's been underrepresented, it's going to be changing for the better. That's for sure. Really glad to hear it. So workplace-- you started out in Medicaid, and now you're in the workplace. And you're in families that are different-- potentially different demographic but certainly different circumstance around the workplace. So what translated, and what'd you learn? What were some of the speed bumps you hit working with employers?

MELISSA DANIELSEN: Yeah, transitioning from a Medicaid home and community-based service company to partnering with employers, the goal continues to be-- and this term is used a lot, but I'm going to use it-- is to democratize access and care to every neurodiverse and disabled family everywhere. And so when our first company was acquired, which was the Medicaid organization, we saw a huge opportunity within to partner with employers and to get those primary caregivers the support they needed.

So for example, my mom was at her company for 30 years because they designed the health programs around her needs with my brother. And we saw that loyalty and that fierceness within our family to support the company. And so we want to unlock that. So we're making sure that those employees like our mother get the help that they need. And so partnering with employers in our research, initially, we saw nobody's talking about disability in the workplace. They're afraid to.

They're scared of the risk, the liability. The ADA has obviously made some changes, but supporting disability and neurodiversity in the workplace is well more than just making accommodations. Whether it's handlebars or a screen reader, you need more than that. You need more than what the ADA says. You need to celebrate and support and recognize to make sure that that Jenga tower is recognized and seen so those employees feel supported at work. So they can be really productive and unlock their full potential.

STEVE BLUMENFIELD: And in there, was there a speed bump? I mean, you talked about the differences. But let's get down into the dirt here. What happened with, oh my gosh, we thought we had this, and we were so wrong. Like what education did you get working with employers?

MELISSA DANIELSEN: I mean, I would say the biggest speed bump was like, wait, you don't-- you don't know about disability? Having to take a step back as a company and be in a position to educate more than we anticipated, was probably the biggest speed bump. But what we're seeing is it is important to employers, but they don't quite understand it. So that was probably one of the biggest moments for our team, is to re-look at how we packaged and supported.

So we started off as just primary care giving. And then we've added in the virtual coaching and the education, because we saw how critical it was to the success of supporting the employee. So it was a great moment for us. But we had to take a step back and really reassess what we were offering.

REBECCA WARNKEN: So our recent emerging trends survey shows that one in five employers actually are thinking about neurodiversity over the next two years as part of their talent strategy. How do we grow that, though? I mean, 20% sounds great. But I feel like there's still a lot of opportunity. How do we help companies see the value in focusing on disability and neurodiversity in the workplace?

MELISSA DANIELSEN: We've talked a lot about the impact to the employee. But let's talk about the employer, right? How does it affect the bottom line? So a recent study from Global Business Coalition for Education shows that investing in disability and neurodiverse inclusion, companies that do that see increase of revenue by 28%. They increase their profit margins by 30%. And they see two times the net income of their peers that don't. Disability and neurodiversity is the third largest economic power in the world. I mean, it is just underrepresented, under-tapped into. And so from a business standpoint, companies should really look at disability and neurodiverse inclusion as a way to grow their profit. And from that, we're talking about increased retention, reduced absenteeism, great recruiting strategies. It's just a win-win.

REBECCA WARNKEN: What industries are you seeing this really taking off?

MELISSA DANIELSEN: First and foremost, the tech industry. So neurodiversity celebration in the tech community and self-disclosure, we have leaders like Elon Musk coming out and being public about his-- that he's neurodivergent. And as we continue to have leaders like that in organizations, we're going to see more and more trends within different industries.

But the tech industry, particularly, because of the positive attributes that you talked about, Rebecca, there are amazing neurodiverse talent in the tech industry. And it's starting to get celebrated, and it's supported.

We're launching with an awesome tech company next week, because they see such a need within the organization. So we're hoping that leaders continue to be loud and proud about their diagnosis.

REBECCA WARNKEN: That's consistent with what we're seeing on our end as well, with this really starting in the tech and the financial services industry. But I would also say we're seeing interest in other areas like retail, where not everyone who's neurodivergent has those math and those tech skills. There's a lot of great skills. And I think other industries as well are starting to catch up with tech and financial services in really seeing the value.

MELISSA DANIELSEN: Absolutely. And education and understanding is the key piece to that-- how you recruit, how you interview, and how you support when they're with you as a team member.

REBECCA WARNKEN: Absolutely.

STEVE BLUMENFIELD: Yeah, we often see innovations go that exact path that you're talking about, especially companies that have a greater need for winning in the war for talent, if you will. You talked about some of those correlations there. And some of our folks will question causation versus correlation on some of those things. But what is clear is that companies that are going after endpoints, that are around engaging their talent, keeping their people the same way that your mom stayed with that company that wrapped the support around her, will see better results.

So whether Joshin is the driver or one of many-- one of the many things that companies with that characteristics do, the correlation there is certainly clear.

REBECCA WARNKEN: All right. We see the correlation between appreciating of benefits and benefits meeting the needs of employees and being more likely to stay and less likely to be picking up the phone from a recruiter. And that's just a fact, that the workforce has diverse needs, and employers need to be cognizant of that diversity.

STEVE BLUMENFIELD: So another correlation that I wonder about is the correlation between Joshin and a mythological creature. What if Joshin were a Greek or Roman god or goddess or other mythological creature, what would it be?

MELISSA DANIELSEN: Yeah, we are mythological. And we really see it as the Titan goddess Theia, the goddess of shining light. So--

STEVE BLUMENFIELD: Oh, wow.

MELISSA DANIELSEN: --we are illuminating systematic ableism, OK?

STEVE BLUMENFIELD: Illuminating systematic--



MELISSA DANIELSEN: Ableism.

STEVE BLUMENFIELD: Ableism. That is very cool. I think you've-- those are definitely words that have not been strung together in that manner in this podcast. That was very impressive.

MELISSA DANIELSEN: Thank you.

STEVE BLUMENFIELD: And if Joshin were an animal, what would that animal be?

MELISSA DANIELSEN: I think we've been tiptoeing around it actually. Joshin is the elephant in the room. We are the elephant.

REBECCA WARNKEN: Love it.

MELISSA DANIELSEN: So we are the elephant in the room because disability and neurodivergence in the workplace is there, and nobody's talking about it. And now, finally, people are talking about it and recognizing it. So we're acknowledging the beauty of it as well. As I think about this question, I see us as bees because they're so critical to the success of the ecosystem in the world. We feel the same way about disabled and neurodivergent people. They are critical to the success of a really strong culture and organization-- and to celebrate and to protect and make sure that we're really bringing that sense of belonging to those communities.

STEVE BLUMENFIELD: Wow. In both cases, animals and metaphors, that's very cool. So we got animals and insects. Joshin is everywhere. [LAUGHS]

MELISSA DANIELSEN: We try to really just make sure that we continue to bring disability and neurodivergence within those conversations.

REBECCA WARNKEN: Where does Joshin see themselves? There's a lot of vendors, a lot of point solutions, it's a crowded space. So where do you see yourself playing? And how do you compare yourself to others?

MELISSA DANIELSEN: We make sure that we're good partners to those companies, right? But really, Joshin was designed for disability and neurodiverse needs. The feedback we've gotten from our employee members is they've had a hard time fitting into one-size-fits-all care, right? And so our specialized care portion of the product is designed for every age. So traditional care benefits drop at the age of 12 and elder care benefits start at age 65. We're filling that age gap.

So that's a huge piece of what we cover, as well as plugging in with the virtual coaching and within the DEI groups' webinars and exclusive content. So we really see ourselves as that holistic disability and neurodiverse solution. And we're not really seeing a lot of companies out there doing that. And we continue to really be proud about designing our product for the people who need it.

And I'll give you an example. So I was meeting with an employee member, who is disabled themselves. And they were really moved by the product that it was made for them. They said, until now, I've never had a product that I felt like was made for me. And so that's where we really see Joshin standing out in the market for-- other solutions that pick up disability and neurodivergence as like an add-on, we're proud to say that it's really designed specifically for those needs.

STEVE BLUMENFIELD: As our clients are thinking about their strategies and some of the big pieces to fill, it's common to talk about mental health these days. It's certainly one of the most prominent solution areas that companies are looking at. It's prominent to talk about caregiving because of what we've all been through with COVID. And employers are often thinking like, how does this fit with that? Can I just use that service? We need something else.

And of course, DE&I is so big. So how do you get the conversation to be really focused on where you're special? Or is it about going to those companies and really becoming a partner with them and becoming an extension of what they do?

MELISSA DANIELSEN: Yeah, and I think it's both, right? We've designed for those edge cases in a lot of people's mind. But it really impacts everybody. And so we really focus on that, and we focus on being good partners. We try not to be the everything-for-everybody. We're proud of that. So it's important for us to take that educational approach. Rebecca shared a ton of great data, and that's exactly what we're doing with employers. And as another company has an employee who enrolls and says, I have a neurodiverse need, or I have a disability, they're sending them to Joshin. We're just a good partner within that benefits ecosystem.

REBECCA WARNKEN: What is the estimate right now of individuals affected by neurodiversity? Do you have a stat on that?

MELISSA DANIELSEN: So worldwide, 20% of the population is neurodivergence. And I'll just point out the difference between neurodiversity and neurodivergence. So neurodiversity just really talks about neurodiverse range, and neurodivergence is identification. So it's important to recognize that neurodiversity is more of a broad term. And people who have a neurodiverse diagnosis consider themselves neurodivergence.

STEVE BLUMENFIELD: We spent a good amount of time talking about how this works within the context of care provided by the employer. That's typically the world that the employer operates in. We're providing a benefit, and this benefit oftentimes is around provision of health care. But a lot of your comments speak to the fact that there's another element. It's not just about care. It's also about that social enabling environment and what an organization is like. Can you just help us understand a little bit more about that?

MELISSA DANIELSEN: Yeah, so when we look at two types of models in the disability space, there's the medical model and then there's the social model. The medical model is really designed to say, it's the person that's disabled, that's the, quote, unquote, "the problem." That's really ableist, right? And in the social model, it's about the society or the structure of the system being the problem and not working for the disabled person. So it's important to think about those as we look at how organizations support disabled and neurodivergent talent and employees, and make sure that we're looking at it from a social model standpoint and really structuring the system to support the person.

STEVE BLUMENFIELD: Yeah, so it's enabling on both sides. Meaning, there's a problem on both sides. But flipping that around, it's enabling both sides to do better.

MELISSA DANIELSEN: Right.

REBECCA WARNKEN: Or it's on all of us to solve--

MELISSA DANIELSEN: Exactly.

STEVE BLUMENFIELD: Yes, it's on all of us, that's right. Absolutely.

MELISSA DANIELSEN: And that's why we added in the people leaders and teams, because we know that people want to do well. And they want to be really supportive and that-- using that social model, but they don't know how. So for us to support that primary caregiver or that disabled employee, it's important that we really look at the whole organization as being part of that solution.

STEVE BLUMENFIELD: OK. So what does that end up looking like for many companies? You mentioned ESG, maybe working with HR. I mean, do companies end up rolling out an ally program requiring people to train using this content? What is the typical path or the recommended path here? Do people-- are they receptive to it? Do they--

MELISSA DANIELSEN: Yeah.

STEVE BLUMENFIELD: Yeah, just give us a flavor of what that's like in most companies.

MELISSA DANIELSEN: They are, they are because I think most people want to do good at work, right? And so they just need to know how. So, yes, we have seen it be part of their full DEI training and inclusion plan.

But also-- and where we see the most impact are those one-on-one sessions. So a people leader, who has a neurodivergent employee, enrolls into Joshin, gets into the product, and is getting coached on how to support that person.

So they have-- we have accessibility coaches. We have coaches who can teach you about neurodiversity and how to support neurodivergent employees. That one-on-one support, which is very popular among supervisors and team leads because it's safe. Nobody's judging them. It's anonymized. And they have a tactical takeaway on how they can take their learning and support somebody today.

STEVE BLUMENFIELD: Excellent.

REBECCA WARNKEN: So Melissa, what about people that don't have a formal clinical diagnosis? How do they fit into the solution, and how can we help with things like access to providers that can actually evaluate and diagnose?

MELISSA DANIELSEN: That's a great question, and it's a real problem. Getting access to diagnostics and being able to formalize a diagnosis, there's lengthy wait lists. So first and foremost, you don't have to have proof of the diagnosis to use Joshin, right? So that's first and foremost.

And second, what's interesting through our employee members who are neurodivergent, for example, they're often getting the diagnosis at the same time as their children. So as their children are being diagnosed, they're running through that process in parallel. And it's really creating this larger awareness for parents. And so that's been really interesting.

We don't have it on our platform today, but we are doing research on diagnostic tools that aren't-- medically, it's not a formal diagnosis. But you can start to ask those questions. You can start to go through a discovery process to learn more about where you fall into neurodiverse needs. So as we continue to build our product, those are exactly the gaps we're seeing. And we're finding innovative ways to really-- to fill them. But I would say that most interesting trend are parents who are getting diagnosed at the same time as their children.

REBECCA WARNKEN: How does that influence how you're marketing this to an employer, and by extension employees, who might be concerned about a label or may not have that diagnosis? How are you explaining what the solution is then?

MELISSA DANIELSEN: Yeah. I mean, you can self disclose your need, and it doesn't have to have a label. If you feel like you're neurodivergent because-- I'll give my daughter as an example. She has a sensory processing disorder. Do I see parallels? Absolutely, it's a genetic diagnosis. So it's understanding that and then finding the avenues where Joshin can really help support and meet you where you're at. You don't have to have the label. You don't have to have the diagnosis for it to be successful. What you do have to have is the self-awareness.

REBECCA WARNKEN: Makes a lot of sense.

MELISSA DANIELSEN: And many autistic people don't have the financial resources or the health plan to get the diagnosis. So that is another reason we will not make that as a barrier to using Joshin.

REBECCA WARNKEN: So another interesting thing is, the data suggests there's more boys and men with autism spectrum disorders, and ADHD, and other similar diagnoses than girls and women. I've seen the ratio sighted at say 4 to 1, in favor of male to female. But there's also more recent research emerging that-- suggesting that these conditions may be underdiagnosed in certain populations like women, Black, and Hispanic populations. And that could be a diagnostic bias. That could be other factors.

Melissa, though, curious if you're seeing sort of that similar pattern and trend in what you're seeing.

MELISSA DANIELSEN: First, I want to validate the comment you made because it's so true. And it's something we talk about internally, that most people, when they think autism, they think white boy. And it's not the case at all.

STEVE BLUMENFIELD: This wouldn't be the first time on this podcast where we run into potential diagnostic bias because the way the data was collected in the past was not representative of the entire population.

And I think that's just simply where the level of science and data gathering and retention was. And now, we have to be sensitive to broader populations.

MELISSA DANIELSEN: What it's really about for us, I've mentioned, self-awareness and the desire to want to understand yourself and how to be successful should not be limited to a diagnosis. So we've been looking at ways to build out self-discovery tools within the product. So those questions, that journey of self-discovery can be really independently and individually-driven.

And you can share as much or as little as you want. And it's really about really understanding yourself versus a label that insurance companies need. But it really getting the successful support that you need as an individual and going on that self-discovery independently.

STEVE BLUMENFIELD: Fantastic.

REBECCA WARNKEN: Perfect.

STEVE BLUMENFIELD: Well, Melissa, Rebecca, you started out talking about how this is education in many cases when you're trying to talk to employers. This has been immensely educational for me. So I want to thank you for being a fantastic guest and telling us all about Joshin and educating us on neurodiversity.

MELISSA DANIELSEN: Thank you, Steve, for having me. I am such a huge fan of WTW and the work you're doing. We appreciate people like Rebecca on teams, who can really be the experts and bring these conversations to light. So I'm really honored to be here.

REBECCA WARNKEN: Thank you, Melissa. Glad to be here.

STEVE BLUMENFIELD: Thank you, both. And thanks to our listeners of the "Cure for the Common Co." podcast. We appreciate you listening. And if you like the pod, please tell your friends, rate us, and leave a review. Thanks, everybody, and have a great day.

[MUSIC PLAYING]

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