

## Episode 27 – Why Health Equity Matters

With Reagan Carter

Diane (00:00):

Why does health equity matter? We answer that question and more in today's episode.

Clay (00:13):

Ladies and gentleman welcome back to Vax Matters. Uh, we've got another fantastic and highly relevant episode for you today, and it's all about health equity. Now our guest is Reagan Carter. She's joining us to talk about what health equity is, what we can do to improve it across the board, and why it matters so much, especially in today's world.

Clay (00:35):

With over 20 years of experience in public health and public policy, Reagan works as the Director of Health Policy and Government Affairs for the Louisiana Primary Care Association. Reagan, welcome to the show.

Raegan (00:48):

Good morning. Thank you so much for having me.

Clay (00:51):

It's our pleasure to speak with you today. Let's begin at the beginning. What exactly is health equity?

Raegan (00:57):

You know, that is a very popular question, especially in the day and age of COVID-19. People want to know what is health equity? What does it come from? What does it mean? And I, I try to simplify it as much as possible, but when you look across all of the definitions there's many, many definitions. Um, one of the most popular one just talks about increasing opportunities for everyone to live their healthiest life possible. Basically, um, leveling the playing field that everyone has equitable, and I know I'm using the word within the definition, but everyone has equal equitable access to the same opportunities.

Raegan (01:40):

Um, one of the examples that I like to give is that, um, and I'm, I'm sure we'll talk about it a little bit later, but it's really hard to talk about equity without going ahead and defining equality and making the difference between the two. And so I, I use a very simplistic example between equity and equality and equality in that if I give everyone listening to this podcast \$10, then that is equality 'cause I've given everyone \$10. But if I have a single mother, whose bank account is negative \$100, then that's not equitable because she's already at a deficit being in the negative. And so when we think about equity, we think about making sure that everyone has everything that they need in order to be successful.

Clay (02:34):

So, I want to, I want to drill down on what you just said a moment ago, just for the benefit of, of everyone listening, to, to bring everybody into the room. When you're talking about health care, medical care, as a, as a citizen, there is a standard at which you should be served. It's not as if, it's

not like a participation trophy, right? Access to health care e- equitably across the board is the right of every person. So when you say we need health equity, you're saying this is, this is something that someone deserves based upon them being in this country, correct?

Raegan (03:11):

Absolutely.

Clay (03:12):

Yeah.

Raegan (03:12):

Absolutely. Everyone deserves equitable access to health care-

Clay (03:17):

Right.

Raegan (03:17):

... equitable access to resources-

Clay (03:19):

Right.

Raegan (03:20):

... regardless of who they are.

Clay (03:22):

Right.

Raegan (03:22):

Regardless of race, gender, gender identity, everyone deserves that right.

Clay (03:27):

'Cause when people hear equity, i- i- people wanna to turn it into something political or some-... Th- this isn't about politics, this is a service that every man, woman and child in this country has a right to and that's, that's good health care. So I, I, I, I at the beginning I wanna say I thank you for championing, champoning- this. Uh, I don't think I said that word right, but you know what I meant (laughs).

Raegan (03:47):

Yeah.

Clay (03:47):

Uh, championing this, uh, cause.

Diane (03:51):

One thing that I think is so easy when you just broke it down when you were talking about equity, and that means leveling the playing field.

Clay (03:59):

Mm-hmm.

Diane (03:59):

And I think everybody can understand that and grasp it because, you know, when you're talking about some words that we're going to be using today, the equity and the equality and then the disparity-

Clay (04:10):

Yep.

Diane (04:10):

... you know, people, these are words we're familiar with-

Clay (04:14):

Yep.

Diane (04:14):

... but they sometimes, Clay, at least in my brain, they kinda get jumbled around.

Clay (04:17):

Right.

Diane (04:18):

And especially with health care we need to understand what that means. So again, Ms. Carter, thank you for that and we're, we're talking about health equity in with cancer-

Clay (04:28):

Mm-hmm.

Diane (04:28):

... in chronic diseases, obesity, oral health, tobacco use. It's across the board.

Clay (04:34):

Yeah, and you know equity a- as you describe it, Raegan, it, it doesn't mean even because resources or access to health care in say a more affluent area might not cost as much to provide as it does in poorer communities, correct?

Raegan (04:51):

Exactly.

Clay (04:52):

Okay.

Raegan (04:52):

Exactly. When we're, when we're talking about equity, we're talking about making sure that no one has less just because of where they live and then if we turn it into the positive, we're talking about exactly what you said earlier, Mr. Young, making sure that everyone knows that they deserve that right. Um, I really, really do not like, and it's very unfortunate that within the past couple of years since the COVID-19 pandemic that health equity and health disparities have been, public health has become politicized-

Clay (05:32):

Mm-hmm.

Raegan (05:32):

... because these are not political issues.

Diane (05:34):

Yeah.

Raegan (05:34):

These are human rights issues, these are social justice issues, these are health care issues, they're not political issues at all.

Diane (05:42):

So can health equity, health equity, can that be achieved?

Raegan (05:48):

It absolutely can be achieved. Um, now it cannot be achieved easily because unfortunately and, um, you mentioned this term earlier, unfortunately Louisiana has so many health disparities that exist already, and so it's not something that we're going to change overnight, but it certainly can be achieved and it's something that Louisiana certainly can begin to focus on. I know many organizations, including, uh, the Louisiana Primary Care Association, are looking at health equity issues and health disparities issues.

Raegan (06:23):

So it can be accomplished for sure, um, but Louisiana remains at the bottom-

Clay (06:28):

Hmm.

Raegan (06:29):

... for health care issues and we have a lot of work to do, but it absolutely can be done.

Diane (06:34):

We're at the bottom of so many lists unfortunately and-

Clay (06:37):

Right, right.

Raegan (06:37):

That's-

Diane (06:38):

... and Ms. Carter, would you explain... We- we've talked about, you know, you, you touched on it. Talk about disparities. What does that mean, and can you give us some examples so it'd be kind of concrete in our brains, so we'll understand it.

Raegan (06:51):

Yes, absolutely. And so when we think about health disparities, we think about the differences in health outcomes between groups. And we use the word disparities because those differences are so large, and those differences are largely related to race, gender and income.

Raegan (07:15):

And so it's not that they're related to, um, genetics. It's related to social determinants, like race, gender and income. And so when we use health disparities a, a really good example of that and I'll, I'll use the COVID-19 example, um, because it's, it's always fresh on our minds.

Clay (07:34):

Mm-hmm.

Raegan (07:35):

Early on, in the beginning of the pandemic, we saw where black people were becoming inflected and dying and much, much higher rates, and it was attributed to health disparities. Not that COVID-19, once an individual was infected genetically, it was infected differently for people across races, but it was because of health disparities because unfortunately in minority communities, in poor communities there were already high rates of obesity, high rates of hypertension and diabetes and we've learned that when individuals had those pre conditions, then their outcomes for COVID-19 tended to be worse, in terms of severe illnesses and death.

Raegan (08:19):

And so those are disparities that are related to, um, someone's income, someone's race, because of the lack of h- health care access and not related to anything genetic that we can, that we cannot control.

Clay (08:35):

So interesting. You see how all these things feed each other. The, the health disparities that Raegan's talking about, it exacerbates something like the coronavirus-

Raegan (08:44):

Yep. Mm-hmm.

Clay (08:44):

... or some other disease, which is why you want to get to it before we get to that place and this as, as you say, has been, uh, ha- has been a long haul. Give us some examples of some of the health disparities as Di is asking about or ge- to, to, to give people perspective on what it looks like.

Raegan (09:00):

So one that is probably the easiest to talk about because I can give another real example that's related to equity is, um, obesity in minority communities and poor communities. Um, that is a very obvious health disparity because obesity is something that... and of course we have genetic conditions that certainly enter- impact someone's um, weight and those things, but just obesity in general as a public health issue is a huge health disparity, uh, in minority communities and poor communities.

Raegan (09:37):

And how that relates to equity is that when we look, right here in the Baton Rouge area and right across our state and certainly there are examples across the country, when we look in poor neighborhoods, access to grocery stores and fresh fruit and farmers markets are very limited versus we look in other communities across our city that have higher income bracket, um, they have better grocery stores, they have fresh fruit and vegetables, they have farmers markets. And so obesity is certainly a health disparity and then we look at the equity issue, then we look at access to fresh fruits, fresh vegetables and grocery stores.

Diane (10:24):

So what a dis-... I think this is an obvious question, what can be done to help, help reduce all of this that you're talking about? Can we do that? Can we get a handle on it, not only here, you know, in South Louisiana, but across our state? What do you think, um, Ms. Carter?

Raegan (10:43):

Uh, so I, I think yes. Um, you know as a public health advocate, um, I love public health and I am always going to say absolutely yes, there is something that we can do about it. Um, one of the things that we have to address when I, it, I continue along with the example of obesity, is, um, we call it food security. People need equitable access to healthy foods.

Raegan (11:11):

We can also think about the cost. We know since the pandemic prices of everything has skyrocketed and food is not exempt from that price increase. And so when we think about going and grab a bag of chips, um, a small bag of chips, we're talking a \$1, but an apple can be \$3.

Clay (11:32):

Yeah.

Raegan (11:34):

And so we have-

Diane (11:34):

Remarkable, isn't it? It's remarkable, yep.

Raegan (11:37):

Yes, yes-

Diane (11:38):

Mm-hmm

Raegan (11:38):

... and so we have to think about how do we make policy changes to make sure that we are addressing these issues because many, many of these issues do start from policy. Um, is there a policy that we can put in place where we can assist farmers economically so and grocery stores, so that they can lower their cost on healthy fruits and vegetables? Um, is there a program where we can make sure that poor communities have more, um, neighborhood gardens? What are the policies that we can put in place to address the issues because it's not... We tend to look at obesity as choice, that individuals are choosing unhealthy foods when the reality of when we're looking at health disparities and health equity issues individuals may simply may not be able to afford healthy foods.

Diane (12:32):

I guess I never really thought of it that way, Kel- uh, Clay, because, you know, we're, we're discussing the fact, kind of the end result when you talk about obesity, but you know, Ms. Carter, when you go back to the source, when you go back to helping, you know, to, to, policy to helping the farmers, to helping yo- neighborhood gardens, that's where we kinda need to start focusing on instead of just-

Clay (12:53):

The root cause.

Diane (12:54):

Yes. Yeah.

Clay (12:55):

(laughs) w- we obsess about the problem-

Diane (12:56):

Yeah. Yeah.

Clay (12:56):

... so often and never really-

Diane (12:57):

Let's go back and figure-

Clay (12:57):

... deal with-

Diane (12:58):

... it out.

Clay (12:59):

... how it starts-

Diane (13:00):

Yeah.

Clay (13:01):

... and now you can... You know there was a, there was a, a- an old saying, uh, a, a guy brought it back up to me last week, that there were these two guys walking a- along and they see this guy pulling kids out of a river and he's, he's, he's like, "Help me pull these kids out of the river." He said, "Well, no, let me go upstream and find who's, find out who's throwing them in."

Diane (13:19):

Okay.

Clay (13:19):

(laughs) and so the thing is-

Diane (13:22):

In a matter of speaking, yeah, yeah.

Clay (13:23):

... you wanna be able to get to the root cause of why it starts. So you've, you've kind of given us an idea of who's most at risk a- for these, these disparities, but break that dow- that down and, you know, obviously racial minorities, people in poor communities, but could you speak a little bit more on that?

Raegan (13:40):

Yes, and so when we look at Louisiana, we look at all of the public health rankings for health issues. Obesity is usually among those rankings. We have tobacco use, um, alcohol and drug use. Louisiana right now is, has an opioid crisis that's happening-

Clay (14:03):

No doubt

Diane (14:03):

Mm-hmm.

Raegan (14:03):

And so when we look at all of those issues, and we begin to see who is most impacted, and of course that is not to say that white communities are not impacted by these issues because certainly they are.



Clay (14:18):

Sure.

Raegan (14:18):

Also, people of higher incomes are impacted by these issues.

Clay (14:23):

Mm-hmm.

Raegan (14:23):

But they become disparities and they become inequities when we look at the data that says that when we have a larger group and a larger percentage of minority communities and poor individuals being impacted. Again, using COVID-19, in the very beginning, we had, um, I think it was 30% of the cases may have been, um, among minorities, but then it was upwards towards 90% of the deaths.

Clay (14:58):

Wow.

Raegan (14:59):

That is a huge disparity in what was happening, and we can look across, um, excuse me, cancer could be another. When we think about breast cancer. Breast cancer, of course we know impacts women at a much, much higher rate than men, but men can be diagnosed with breast cancer. Then we look at who has the better outcomes. Then that is certainly a health equity issue because white women have better outcomes and then we have people with insurance that have better outcomes, which leads to people who have higher incomes have better outcomes. And that is not because breast cancer invades a black woman more aggressively or invades a poor woman more aggressively, that is because of health disparities that exist around access.

Raegan (15:57):

We have individuals with health insurance are probably reminded to go get their mammogram, and so early detection happens when it comes to breast cancer. When we think about a poor individual who may not have health insurance, then they're likely going to the doctor once they are having severe breast pain, which means that their cancer has already likely progressed.

Diane (16:22):

Well, what about programs? Are there programs or anything in place now that we can just absolutely point our finger to and say, "This will help." This will help reduce the disparity that you're talking about today? How can we all help? There's got to be something we all can do.

Raegan (16:39):

Well, absolutely. Um, I think that making sure that individuals have access to insurance and then access to making sure that they have a health care provider and at the Louisiana Primary Care Association, we are the member organization for our federally qualified health centers here in the state, so our community health centers, and we have 39 organizations that operate over 300 community health centers in this state.

Raegan (17:10):

And so I would say that making sure that individuals in our state know that there are organizations like Louisiana Primary Care Association, there are community health centers within their communities that they can go and have their preventive care visits, they can go and have their well care visits because we know for all of these health disparities and all of these issues, prevention is number one.

Diane (17:38):

Absolutely, yep.

Raegan (17:39):

So if we can prevent the pro- if we can prevent the disease in the beginning, then that's number one. And then, of course, once there is a diagnosis, making sure that you maintain your doctor's visits, making sure that you have access if prescriptions are something that the doctor prescribes. You know, if medication is prescribed, making sure that you have access in following up.

Raegan (18:05):

And so we have to do a better job in our state as a whole making sure that individuals have the care that they need before they get sick. Louisiana has and many poor, many poor communities see the same issue because again, lack of access to health care. Individuals in our state tend to go to the emergency room when they're already severely ill.

Diane (18:32):

Yep, you're right, yes.

Clay (18:34):

Yeah, using the emergency room almost like a clinic.

Diane (18:36):

Uh-huh.

Raegan (18:37):

Yes.

Clay (18:38):

So-

Raegan (18:38):

Yes, as your, as a clinic, as the primary physician-

Clay (18:42):

Yep.

Raegan (18:42):

... going to the emergency room-

Clay (18:44):

Yeah.

Raegan (18:44):

... and lots of factors play into that. Um, one of the factors can be that the individual does not have health insurance-

Clay (18:51):

Mm-hmm.

Raegan (18:51):

... so they don't have a primary doctor to be able to call. Um, another policy issue that plays into that and it's one of those policy issues that we don't think about a lot, but it directly correlates. In our state, a lot of organizations do not offer paid sick leave. And so if I am a poor individual or even a college student and I rely on my job to take care of me and my family, and I don't have paid sick leave, then I am likely not going to call and schedule a doctor's appointment because I'm going to have to take off from work, I'm going to lose money to do so. Then what is my choice? I wait until I get off of work at 11 o'clock at night and I can go to the emergency room.

Diane (19:41):

Isn't that a shame, that in this day and age people are still caught between a rock and a hard place with that? I mean that is just a shame. You can't... y- you know, it's a catch 22.

Clay (19:50):

Mm-hmm.

Diane (19:50):

You have to have a job, you have make a, a living. A- as you said, Ms. Carter, you don't have... you, you possible don't have the sick days.

Clay (19:57):

Mm-hmm.

Diane (19:57):

Yo- you don't or you don't have the paid time off, you just don't. So what are you gonna do?

Clay (20:02):

Yeah.

Diane (20:03):

Oh, talk a little bit more, if you don't mind, about what, uh, the Primary Care Association, what you all have to offer individuals.

Raegan (20:12):

Absolutely. Um, this is certainly a favorite topic to talk about-

Diane (20:17):

(laughs) good.

Raegan (20:17):

... the amaz- work, yes. The amazing work of our community health centers. Um, we have 39 organizations that are members of the Louisiana Primary Care Association, and those organizations operate over 300 health centers across this state. They al-

Diane (20:36):

300. 300, you said.

Raegan (20:37):

300, yes.

Diane (20:38):

Wow.

Raegan (20:38):

They also operate around 100 school-based health clinics and those are your health clinics that are located on school campuses. And, um, our community health centers provide primary care services. Many, many of them also provide what we call specialty care services and that would be your women's health specific services, pediatric specific services, as well as many offer dental services.

Raegan (21:10):

And we are seeing, because of all of the health disparities in our state, that many more of our community health centers are beginning to offer those specialty services because once a- once a, a patient comes to the health center, and they see that primary doctor and they probably have not seen a primary doctor in many, many years, then that's when they are diagnosed with some specialty and need some specialty care. So our federally qualified health centers are beginning to more and more begin to offer that specialty care. We know that dental is one of the issues in our state that there's very limited access to, so our community health centers offer dental services as well.

Raegan (21:57):

In the, over the last year, our community health centers served about 500,000 citizens in Louisiana.

Diane (22:08):

500,000.

Raegan (22:09):

Yes.

Diane (22:10):

Oh, my gosh. And I just can't even imagine the relief of these people, what they feel like, Ms. Carter, when they're finally plugged into someplace and somebody who will talk to them and take care of them and yo- their concerns, I'm sure, have been building for a long period of time-

Raegan (22:25):

Yes.

Diane (22:25):

... since they've not been to possibly a doctor or a dentist, and just the relief that, "Thank you, somebody's listening to me and I have someplace to go." So how do our listeners, how do they get plugged in to you all?

Raegan (22:37):

Well, that's also a great question and some- something you said, um, that I wanna comment on before I give out, um, the resources and the how to get in contact with us. The relief.

Diane (22:50):

Mm-hmm.

Raegan (22:50):

You know, behavioral health and mental health has always been a need. Again, something that we have seen more since COVID-19 because of isolation, because being quarantined was new to everyone, we saw an increase need for mental health services. Um, with the opioid crisis, we're seeing an increased need for behavior health and substance use. Our health centers also provide those services, and it is so extremely important. Your mental health and your physical health are married to one another.

Clay (23:30):

Wow.

Raegan (23:32):

When you are not taking care of your mental health, it can play out in physical health. When we think about people who have anxiety and depression, most of the time and a lot of the times that individual is going to present to their doctor with a stomachache. You think about that little kid in school that's nervous about an exam and they tell their mom, "My stomach hurts." Well, once you begin to ask all of the questions, the kid is anxious about a test at school.

Raegan (24:04):

And so the same thing for us as adults, if we don't care of our mental health, then it, it impacts our physical health and then we're going to the doctors or the emergency room and it's really a mental health and behavior health issue. So our federally qualified health centers do also behavioral health services, mental health service and substance use services.

Clay (24:25):

How did y'all help with the distribution of the vaccines for coronavirus?

Raegan (24:30):

Oh, my gosh, Mr. Young, that is a great question and I have a great story.

Clay (24:35):

Come on, bring it.

Diane (24:36):

(laughs) good, yes.

Raegan (24:38):

So, our health centers were some of the first places in the state that received the vaccine. On Christmas Eve I was working with the Louisiana Department of Health to have our health centers to open up to receive shipments of the vaccine. So, Christmas Eve of 2020, that is what was happening.

Clay (25:06):

Wow.

Raegan (25:07):

We were, we were taking, we were receiving shipments of vaccines, rolling out vaccine administration plans to open up our community health centers across the state to begin to put vaccines out in the community and we have continued to do so.

Raegan (25:23):

Um, many of our clinics still have community events on the weekends. You can call and make an appointment to get your vaccine. You can drive up to some of our health centers and they'll come out and give you the vaccine. I received my COVID-19 vaccination and booster at one of our community health centers and I made my appointment, I pulled up, the nurse came out. I had both of my parents with me. The nurse came out, took our information, completed our vaccination cards, and we never got out of the car.

Clay (25:59):

Excellent.

Raegan (26:00):

Yes.

Clay (26:02):

Excellent. I mean this work is so important. I, I don't think people get... excuse me, the, the cultural reality that exists in poor communities. You know, Raegan, I've heard other agencies who, who have services for families in the inner city have trouble getting the resources to the, the people because of the absence of trust and the breakdown of communications between the service provider and the communities. I don't think people realize how hard it is to help-

Diane (26:30):

Yeah.

Clay (26:30):

... because you're there to do it, but to get the people to actually come out and receive what you're wanting to offer.

Diane (26:35):

And sometimes, you know, Clay, and Ms. Carter, there's a language barrier as well.

Clay (26:39):

Yeah. Yeah.

Raegan (26:39):

Yeah.

Diane (26:39):

And there, sometimes people are just they're scared or they're embarrassed-

Clay (26:43):

Mm-hmm.

Diane (26:43):

... that they, they speak broken English.

Clay (26:45):

Right.

Diane (26:46):

That is huge as well.

Clay (26:49):

Yep.

Raegan (26:49):

Yes, tha- you're exactly, exactly right. We try to make sure that in communities, um, that have high populations of individuals who speak different languages, we try really hard to have material available in that language-

Clay (27:06):

Mm-hmm.

Raegan (27:06):

... or staff that speak that language within our community health centers.

Clay (27:11):

You know we've talked about the gap that exists. Can you tell us some of the successes we've had or have we closed the gap at all here in the state as it relates to these disparities?

Raegan (27:22):

So, we have not closed any of them unfortunately. I think with many organizations and many partners that we work with being focused on the issue, we're figuring out how to begin to close the gaps, but we still have a very long way to go before we can say that we've actually successfully closed them.

Raegan (27:45):

When you've had inequities and disparities to exist for so many years... um, I think about my lifetime, health disparities have existed my entire lifetime, have existed my parents' lifetime. When you think about issues that have existed for so long, we're not going to close them overnight, but we certainly can begin to make progress. And I think that there are many partners and many organizations that are committed to making that progress.

Diane (28:15):

And, you know, that's something that we always have to remember to chip away-

Clay (28:19):

Yeah, yep.

Diane (28:19):

... to steadily chip away and not be discouraged.

Clay (28:22):

That's right.

Raegan (28:22):

Right.

Diane (28:22):

And how many times has something... na- you, we've all been in projects that seem so overwhelming and so daunting-

Clay (28:31):

Mm-hmm.

Diane (28:31):

... we don't where to start.

Clay (28:32):

Right.



Raegan (28:32):

Yes.

Diane (28:32):

You know, we don't know where to start, but the point is, just like we're doing now, start someplace.

Clay (28:38):

Start... there you go.

Diane (28:38):

Just start and do a little bit at a time.

Clay (28:41):

There you go.

Diane (28:42):

So in your opinion, Ms. Carter, what do you see for maybe not the foreseeable future, but maybe 10 years down the road, five, 10 years down the road, what would be your hopes in, in respect to our topic today?

Raegan (28:56):

Wow. So many. so many-

Diane (28:59):

Good. That's a good thing, yeah.

Raegan (28:59):

(laughs) So I, I didn't give an example of this issue, but I certainly want to bring it up in this, in responding to this question. We saw a couple months ago, the news about the birth and maternal outcomes of black women in our state. Black women are dying giving birth or after giving birth at alarming rates in this state. Black infants are born having more issues because mom did not receive proper prenatal care.

Raegan (29:42):

I would like to see in 10 years a black woman have a health pregnancy and a health birth, just like any other woman in this state and across this country. I would like to see in 10 years a poor individual not be sick just because they are a poor individual.

Diane (30:09):

Mm-hmm.

Raegan (30:10):

I would like to see if someone is sick, that they are sick because they are sick, not because an inequity existed that contributed to them being sick. And when I say that I'll go back to obesity. In 10

years if someone is obese, I would like for it to be purely because they did make bad choices, but not because they wanted an apple and could not afford an apple.

Clay (30:41):

Mm-hmm.

Raegan (30:42):

... or not because they wanted to go for a walk in their neighborhood, but there are no sidewalks in their neighborhood because that's also an example that we can look at. When we look at poor neighborhoods versus higher income neighborhoods, higher income neighborhoods have sidewalks so people can take walks and ride their bikes. Lower income neighborhoods tend not to have sidewalks.

Raegan (31:05):

And so when I think about what I would like to see in 10 years, I would like to see if a public health issue exists within a family, I would like it to be simply because it exists within that family and not because an inequitable issue or a health disparity caused it.

Clay (31:21):

And I want people to understand this is not just an investment in those communities that are seeing this disparity. It is an investment in the community as a whole.

Diane (31:32):

And all of us, yes.

Raegan (31:33):

Yes.

Clay (31:33):

A healthier community, a more functional community does everything from providing more employable talent to less crime, uh, to a better quality of life, and when you reduce these investments to just politics you undercut our ability to be better as a community-

Diane (31:52):

Yeah.

Clay (31:52):

That's why, one of the reasons why this is so important.

Diane (31:55):

And that quality of life, that's the, that's the, that's the bottom line. We just all want to have a good life and a fair life.

Clay (32:02):

Absolutely.

Diane (32:03):

And I, and I loved what you said, 10 years down the road, wouldn't that be lovely, in your lifetime. That would be in your lifetime, in our lifetime.

Raegan (32:10):

And that... Yes, yes, I want to see it in my lifetime.

Clay (32:15):

So, so here's a money question. How does Louisiana compare to other states as it relates to health disparities?

Raegan (32:22):

Oh, my gosh. We're at the bottom.

Clay (32:24):

Uh-oh.

Raegan (32:25):

We're at the bottom. The most recent, um, health rankings put Louisiana at 50th.

Diane (32:32):

Oh gosh.

Raegan (32:33):

We're always 49 or 50th. Um, we flip flop with Mississippi. So again, it's a, it's an issue for Southern states, so we flip flop with Mississippi. Now you can take some health disparities and we might not be completely at 50 for some-

Clay (32:51):

Mm-hmm.

Raegan (32:51):

... but we're always at the bottom unfortunately. What that means is because we're always at the bottom when they take them and, and put them in the bucket and analyze the data totally that's how we end up 50th.

Clay (33:03):

It's amazing. We've got only 4.8 million people in the state. Los- Los Angeles County in California is larger in population than the state of Louisiana.

Diane (33:12):

Really? I didn't know that.

Clay (33:12):

And it just amazes me that with that small number of people that we would be that th- far down the list 'cause you have fewer people to provide this fo- for and by the way, not all 4.8 are poor. So I, it amazes me that that's the, that's the reality, Raegan.

Raegan (33:27):

Yes, it, and it's a, it's a tough reality when we, when we look at the those outcomes because when we take away... you know, I love data. I, I love looking at data, I love analyzing data. I also think about data in the way that you just said it, um, Mr. Young, I think about that although I'm looking at this 30% as a number, this 30% represents individuals.

Clay (33:53):

Mm-hmm.

Diane (33:53):

Mm-hmm. Yeah.

Raegan (33:55):

It represents someone's mom, dad, brother, sister, son, daughter. And so when we think about those 4.8 million individuals, those are people-

Clay (34:07):

Yep.

Raegan (34:08):

... who deserve to be healthy-

Clay (34:10):

Yeah.

Raegan (34:11):

... who deserve access, who deserve the same outcomes and Ms. Deaton, you said it, quality of life. Everyone deserves that quality of life. On a beautiful day where we're saying, "Let's go take a walk. Let's go do this," everyone deserves to be outside safe, being able to take a walk, safe from crime, safe from hazards. Everyone deserves that and I believe it can happen. Maybe that's the, the public health in me that believes that we can accomplish all of these things, but I definitely believe that it can happen and greater than that, I believe everyone deserves it.

Diane (34:52):

That's the hope in your heart.

Raegan (34:53):

Yes.

Diane (34:54):

That's the positivity that you have and see, something like that is contagious.

Clay (34:58):

Oh, yeah.

Diane (34:59):

Because of what you offer our communities and what you offer our state, we don't have to settle. You know, you never ever have to settle for anything. So Louisiana, with our statistics, we do not have to settle for coming in 49 or 50.

Clay (35:14):

Right.

Diane (35:14):

And I loved it when you said, you know, that you break down those statistics that we all, that we all seem to, you know, we breathe every day, but as little as somebody would say, "Oh, oh, it's only 1% that would be impacted." I'm telling you what, Ms. Carter, that's 1%. If that 1% is my mom or dad, that is huge to me.

Clay (35:36):

Absolutely, yeah.

Diane (35:36):

And that's when you said, you know, and Clay, you said, "All of that boils down to being people."

Clay (35:41):

Yep.

Diane (35:41):

Not a percentage, not a number, but people. We so appreciate everything that you do, everything that you've said today on our program. A- as we close this morning, is there anything that you think that we have not touched on that would be very crucial for our listeners to, to know about, uh, today?

Raegan (36:00):

This has been great. Again, I thank you so much for the opportunity to be here. Um, it has been such an honor and such a privilege. The thing that I would say is, um, we asked earlier and I, I started talking about other things, I do want the listeners to know how they can find community health centers within their area.

Raegan (36:21):

And you can go to the Louisiana Primary Care Association website. Um, we are LPCA, that's the easiest way to find us, Louisiana Primary Care Association, and we also have a wonderful program called LPCA Assist. So that's L-P-C-A Assist, and you can go to our website, go LPCA Assist and not only can you find a health center within your area, but you can find other resources within your area that you may be looking for. And so please reach out to us, please reach out to the community health centers within your area. They are available and ready to get you an appointment to meet all of your health care needs.

Clay (37:09):

Fantastic. Ladies and gentlemen, Raegan Carter, the Director of Health Policy and Government Affairs at the Louisiana Primary Care Association. Raegan, thank you so much.

Raegan (37:19):

Thank you. I appreciate it.

Diane (37:21):

You were very and totally amazing.

Clay (37:24):

(laughs)

Diane (37:24):

And thank you for breaking down something that a lot of us, we kind of get fuzzing in our brains-

Clay (37:29):

Right.

Diane (37:29):

... what the words mean, but the words, it, it equals people. The words are people and thank you for everything that you do for our community and for our population. And I hope all of our listeners enjoyed the discussion. We will see you next time on Vax Matters.