

“That’s Understandable” Podcast - Season 1 - Episode 2
Health & Fairness
Final Transcript

Brendan 00:04

- Welcome to "That's Understandable." I'm your host, Brendan McEvoy. And when I'm not hosting this podcast, I'm the US head of external communications at AstraZeneca. From working here, I see how much AstraZeneca does to address health challenges across our country and planet.

I see the efforts to bring a healthier world to everyone's doorsteps. And while that is incredibly inspiring to be a part of, we still have a long way to go until health equity is achieved. And health equity is exactly what we'll be discussing today. It's a sensitive and important topic.

We've got two amazing guests to help us understand more. And that all starts now.

Okay, as we dive into an episode about health equity, I think it's important for you to know a bit more about me to understand the perspective and lens through which I'm speaking about today's topic. I'll ask the same of my guests in a moment when I introduce them. I'm a white male, born in the US, and a member of the LGBTQ+ community. And while I have been fortunate enough to have always had access and resources to obtain the healthcare I need, I have faced assumptions, stereotypes, and biases along the way. The LGBTQ+ community has historically not been as fortunate and still does experience health disparities.

There are so many people and groups who simply don't get the care they need because of complex, layered, and deeply rooted systemic inequalities. And it's not something that any one person can solve. It's something that will require many people working together to ultimately realize.

Joining me today are two guests whose unique perspectives, identities, and experiences can help us all understand this complicated topic a bit better. One is a colleague of mine from AstraZeneca and the other heads up a major university and collaborates with AstraZeneca on this very topic as a member of our Health Equity Advisory Council.

I'm here with Christie Bloomquist, VP for corporate and government affairs at AstraZeneca, and president of AstraZeneca Healthcare Foundation, and Dr. Thomas LaVeist, Dean, Tulane University's School of Public Health and Tropical Medicine.

Christie, Dr. LaVeist, thank you so much for joining me.

Dr. Thomas LaVeist 02:11

- Thank you for having us.

Christie Bloomquist 02:12

- Thanks, Brendan.

Brendan 02:13

- So I'm really happy to have you both here to discuss this topic because both of you have both professional and personal experience working to achieve health equity. If I may, to help the audience understand more about the perspectives you'll share today, can I ask you each to provide a few details on your demographic characteristics? Christie, I'll start with you.

Christie Bloomquist 02:33

- It's a pleasure to be here. I am a white female, born in the US. I'm in my early 50s, and so I'm a middle-aged mom, I think. I think that characterizes it well.

Brendan 02:46

- (laughs) Thanks, Christie. And Dr. LaVeist?

Dr. Thomas LaVeist 02:48

- I am a Black, Hispanic male living here in the south. I am, I guess middle-aged. I'm not sure what the middle is if you don't know what the end is, but I suppose I'm middle-aged and I'm a new grandfather.

Brendan 03:00

- Oh, congratulations. Well, now I wanna hear more about that, but I'm gonna try to stay on topic here because we've got a lot to discuss today around health equity and disparity. Dr. LaVeist, I'll turn to you as the expert. Can you help define those two terms for us?

Dr. Thomas LaVeist 03:14

- Sure. The term, health disparities, began to take hold back in the 1990s, when the federal government began to respond to the issue of health inequities, and the terminology, health disparities, was used. And what health disparities meant really was the racial and ethnic groups. Non-white Americans had a worse health profile than white Americans. And with the disparity, with the way it was conceptualized at that time was the difference between non-whites and whites was the disparity. The problem with that framing is the idea that whites had optimal health, which they also do not. For example, whites in the south have worse health than in many communities in the south. Most communities in the south have worse health than Blacks in the north. So it's not as simple as race differences. And in fact, in virtually every case, the Asian American population has a better health profile than the white American population. So we needed to move away from this idea of racial disparities and instead move to a more aspirational framing, which was health equity. So in other words, determining what we would consider to be optimal health for all Americans, and then we measure the degree to which all groups and all individuals deviate from that optimal standard. And that's what health equity is.

(music)

Brendan 04:34

- Listening to Dr. LaVeist define these terms, I become acutely aware of my own ignorance on the topic. The truth is I've always thought about it as primarily a socioeconomic issue. And while that may be true, it's clear that so much more is at play than I had realized. I think another way we might be able to define health equity and health disparities, through personal anecdotes. I wanted to know if Christie or Dr. LaVeist had ever felt or seen the negative impact of America's health equity struggles in their own lives.

(upbeat music)

So, Christie, maybe we'll start with you. Could you share any sort of perspective or experiences that you've had from a health equity perspective?

Christie Bloomquist 05:11

- So, Brendan, you've asked how I've been personally impacted by health equity issues. And I've gotta say, you know, like I said, I'm a middle-aged mom. And growing up, I grew up in an upper middle class setting in the suburbs on the East Coast. And so, I really didn't run

into health equity issues during my childhood. And probably my first encounter was when a close family member moved from the East Coast to the middle of the country, to a really rural setting. And it was really surprising to see how much harder it was to navigate the healthcare system. When needed access to care, it tended to be really fragmented and it was a lot more difficult than what I had ever seen. And then kind of compounded on top of that was this fragmented care, there was no coordination. And so, this was at the start of the opioid epidemic. And unfortunately, the outcome was not great for my family member who was directly impacted, one of the early casualties of the epidemic. And I think in part it is because of the care coordination and the lack of continuity that you see from a rural perspective. And so, it's a real eye-opener for me around some of these health equity issues and really a firsthand experience on how this can impact anyone no matter where you are or the setting you've grown up in.

Brendan 06:36

- Yeah, no, thanks for sharing that, Christie. I think that as we go through this conversation, I think it's helpful to hear the various perspectives that we all bring. Whether it's something that we're experiencing or we are personally, or through an experience in someone in our family, or a friend, or even broadly, right, that we're seeing sort of play out in the country or even the world right now. Dr. LaVeist, I'll turn it over to you to answer that same question about your own personal experiences.

Dr. Thomas LaVeist 06:58

- Yeah, so I grew up in a working class family but in a poor neighborhood in Brooklyn, New York. And New York City has one of the most robust healthcare markets in the country. However, those healthcare services are not distributed evenly throughout the city. And there are healthcare deserts basically in New York and in particular in Brooklyn where I grew up. And I'd say my community had certainly significant challenges with access to healthcare, especially primary care. So here, the challenge is potentially over-utilization of health services, which is also a part of the health inequity issue. Some groups are over-utilized.

Brendan 07:36

- Dr. LaVeist, you mentioned the healthcare desert. Can you just help us understand that a little bit more?

Dr. Thomas LaVeist 07:40

- Sure. There are cities in this country that have essentially no obstetricians who will take Medicaid, right? So I would call that a desert in the sense that it's sort of analogous to the food desert concept, where there just, geographically, is no one providing those services in those communities. And the community where I grew up, you know, there was very sparse availability of primary care, which led to an over-utilization of the emergency department at the hospital that was in that community.

(mystical music)

Brendan 08:13

- Again, hearing Dr. LaVeist talk, I had to take pause. I always considered health equity to mean that certain people didn't have enough access to healthcare. But now I'm learning that certain privileged people in this country might also be overburdening the system by using their healthcare too often. I wanted him to expand on this notion of over-utilization.

(upbeat music)

Dr. Thomas LaVeist 08:37

- It's both. In that instance where I grew up, we used the emergency department because it was the only, of care available. So people were inappropriately using emergency services for primary care, but the problem was that there was no other primary care available, right? So that wasn't an option. You could think of that as overuse of emergency service, but clearly, under-use of primary care. Now, with the level of access that I have, I could overuse the services and probably get access to resources that I really don't need. You know, in other words, if I go in, I'd probably get as many x-rays as I want, whether I really need them or not, whether they're medically indicated. That's the sort of thing that you risk with people that are more privileged.

Brendan 09:16

- Yeah, no, thank you for that. Again, both of you, it's helpful to hear the different experiences that you both have had because I think it helps to make this sort of real and relatable, right, for some of us, especially who are in a privileged position. And I put myself in that category as well. And so, with something this large, how do you even figure out where to begin, you know, where to start to help to achieve health equity?

Dr. Thomas LaVeist 09:36

- I'd start with raising awareness. You know, people need to know that this is an issue. I think that's where we was back in the '80s and '90s when we really first started doing this work that it started to get national attention. It was just making people aware there's an issue. There were many people who fought, who pushed it back against that and tried to argue that these inequities didn't really exist and that they were some sort of myth. So just getting past that stage is the most important thing. Next, I think, is determining a diagnosis. Because what then happened after we started doing this work and started documenting the inequities, well, people immediately started going to solutions, but those solutions weren't necessarily steeped in a full understanding of what the diagnosis was. So it was, oh, we need more Black and Hispanic doctors. We certainly do need more Black and Hispanic doctors. If we did do that, that would not do anything, I believe, to address the health inequities. Because the health inequities are not entirely driven by the healthcare system, right? So most of this is a function of how we live, where we live, and what exposures we have, and what resources we have available to us. So there's societal issues. So if you're, you know, running a medical school, hospital, and healthcare system in New Orleans, as I am, so it's how are you going to improve people's health? Well, I certainly can do that by bolstering the quality of the healthcare that we have available, but most people have no medical encounters in a given year, right? Or at most, maybe they'll come in for a physical. So the opportunity to impact people's health is minimal from that if we only focus on the healthcare delivery side. Or as the head of an organization that's one of the biggest, well, is the biggest employer in the city of New Orleans, if we raised the minimum wage and pay everyone a living wage, that would probably have an even bigger impact on addressing health inequities by giving people more resources so that they can live healthier lifestyles. So it's an incredibly complicated problem. And the solutions have to have to be at multiple levels.

Brendan 11:42

- One of the things that you mentioned, and, Christie, I'd love your thoughts on it, as the leader of our healthcare foundation, you often are sort of seeing the impact or the sort of the resources on the ground in communities, and how do they utilize resources to make those impacts. So from your perspective, when Dr. LaVeist was talking about the sort of starting at that local level and providing that resources, any thoughts on sort of what you've seen in the work from a foundation perspective?

Christie Bloomquist 12:10

- Yeah, I think a few thoughts come to mind. First of all, you know, to get good healthcare

or higher quality healthcare, you have to be able to access it. And sometimes that can be one of the bigger hurdles. You know, I think about even from my vantage point when I have to navigate the healthcare system, that can feel really overwhelming, or when I have to do it on a behalf of a family member. And so, how do we make that process of navigating a bit easier so you can eventually go on to access the care. And I think that's where some of the work I've seen with the foundation comes into play, because I'm sure we'll talk a bit about the vantage point of being from the pharmaceutical industry, but when you're thinking about communities, there can be low trust when you're coming in and saying, like, "Hey, we're here to help."

And so, as you're trying to pull people in and help navigate that system, how are you actually coming before you even get there from a position of trust? And I think that everybody's preference is you're having meaningful interventions or being able to connect with people before there's a crisis or an issue. You know, that's across the board, right? And so, how do we make sure that when we're helping people navigate, it's really more geared towards early screening, interventions, how do we get people on that better pathway.

Brendan 13:33

- Yeah, the concept of trust sticks out with me because I think, you're right, you know, and as an organization going into a community to offer support, resources, and help, you're right, like, it may not be received well if there's not sort of an understanding of the intent behind it and if there's not a relationship already there. Dr. LaVeist, I'm curious, you look like you had some thoughts on that, so. (laughs)

Dr. Thomas LaVeist 13:54

- Yeah, I mean, I think the trust issue is critical. It is absolutely critical. When you're accessing healthcare, you are at your most vulnerable. You're ill, your body is not functioning optimally, and therefore you're going in to get help from someone who presumably knows how to fix the problem that you don't know how to fix, right? So you're very dependent. And trust is critical. And we have a long history in this country of untrustworthy behavior from the healthcare industry. And we have to overcome that, but the trust comes from a very real place and very real experiences. And I know that a lot of people talk about the Tuskegee syphilis study as an example. It is an example, but it is certainly not the reason for the distrust. It is one of many reasons for the distrust. And I'd say that the distrust emanates as much from contemporary issues as it does from historical issues. Now, during the pandemic, we had the previous administration that intentionally steeped, you know, went out to stoke distrust by talking about treatments for Covid that we knew the science already told us was not gonna work, talking about a variety of things that they did that I think helped to stoke distrust. So this is a huge, huge problem. And every aspect of the healthcare industry has got to deal with the trust issue. And it's an impossibly difficult thing to address.

Christie Bloomquist 15:13

- I think I would even build on that, you know, when you're talking about trust, and, Dr. LaVeist, when you're talking about kind of what's caused some of that underlying distrust in the system, and I think, Brendan, I know we always feel a lot of pride in what we do, being from the pharmaceutical industry, because we believe strongly in the cures we're bringing in, and the science leads us and drives us. And so, I think sometimes it's hard to get past that and to really know it's not about what we believe ourselves to be, it's what others think we are and how do we set aside, you know, kind of, but we're coming at this with the best intentions and really look at it from the lens of the person on the other side of that, and have the humility to know it's the end goal that matters. So it may not be us directly there, but if we can get to an overall ecosystem that is supporting better access and better care, that's the win.

(gentle music)

Brendan 16:16

- So trust is an issue. No surprise there, given the topic. But what specifically can the pharmaceutical industry do to raise the bar, to get us closer to a world where everyone feels confident in their ability to access health resources? I'm talking about tangible steps. I asked Christie what she thought AstraZeneca should be doing more of or should be doing better.

Christie Bloomquist 16:39

- Trust is not won overnight. And so, one way we show that we're committed and focused in this space is, when I think about clinical trial diversity, do we have clinical trials that look like the population? Do people see themselves in clinical trials? Do they see what that looks like? Are we engaging at the community level? And then how do you continue that all the way through to care? But when you think about the access to care and when somebody actually is receiving healthcare, so I don't know that we do a great job on that front. And I know that's been a big focus for us as we think about starting at that clinical trial level and continuing all the way through, how are we showing up in a way that is maybe a bit surprising to some who may, you know, have a more negative view, but really coming at it with a whole heart and looking to be part of the solution and show it's not all about all the challenges we're hearing.

Brendan 17:35

- Yeah, and if I pick up on topic of solutions, I'm curious, Dr. LaVeist, what are programs, initiatives, what are you seeing or who are you seeing that's being solution-oriented and that is actually driving change and making an impact, whether it's an organization, an institution, or even a grassroots, or community level program, where are you seeing success happening right now?

Dr. Thomas LaVeist 17:58

- Sure, I mean, I think there are lots of different ways to go with that, but I think some of the community-based organizations that are doing really innovative things to try to address the access issue, I mean, I know here in New Orleans there's an organization that's working with local musicians and other culture bearers, giving them training, health education training, people that are trusted voices in communities, and providing them with health education and sending them out as ambassadors to kind of talk to people about healthcare issues. You know, many cities around the country, you have barbershops and beauty salons where they're training barbers and stylists to be able to provide good quality health education. Those sorts of things within healthcare systems. I think efforts to use evidence-based standards in medical practice as opposed to experience-based standard, those efforts I think have been successful as well.

Brendan 18:51

- And, Christie, do you have some thoughts on that as well, programs or initiatives that you've seen or been a part of, where you think that are really sort of making strides in helping to achieve health equity?

Christie Bloomquist 19:00

- Yeah, so you had asked me a little bit earlier about the AstraZeneca Foundation, and the way that program has evolved is making grants to community-based organizations that are really looking to educate and provide care on the ground. And so, as I look ahead for that program, it actually sunsets this year. And we'll be launching a new program focused on health equity. And so, whereas we've been very focused on the cardiovascular health space, now we'll be thinking about how do you think about impacting care at the community level from a broader perspective. And I think that'll lead us into thinking about some of these access to care issues.

Again, how do we make that impact at the community level and how do we do it through these other organizations. So I'm really excited about that initiative, both because I've seen where it's already made an impact and I think there's so many possibilities for it to make an even bigger impact as we move forward.

(ethereal music)

Brendan 20:02

- So we know trust must be gained. We know putting time and money into the right place can help create positive change. But as we sit here on a podcast that you're probably listening to on your latest model phone or computer, I was curious where my guests saw technologies placed in driving health equity solutions. Were they even fans of bringing more tech into the conversation?

(upbeat music)

And so, I'm curious, Dr. LaVeist, from your perspective, what role has technology played in advancing health equity?

Dr. Thomas LaVeist 20:31

- So I think technology is a dual-edged sword. It does both. It exacerbates the health inequities and it also can help to alleviate them. And it really just depends on how things are deployed. So when new technologies are developed, they're usually deployed first to the most privileged, right? It's just the diffusion of innovation. And these innovations first go to people that are more privileged, and then therefore they benefit disproportionately, and that actually can widen the inequities. You know, we do have a system here in this country where we treat healthcare as a commodity. And access to healthcare is determined by your employment status, because that determines if you have health insurance. And as a result, people that are more privileged have access to these new resources that'll be covered by health insurance. So it's a dual-edged sword. On the other hand, technologies like internet and telehealth I think are two technologies that have helped to potentially reduce the inequities, because it makes credible, quality information more readily accessible to people. At least the internet does that. Internet also makes inaccurate information more accessible. So there's the dual-edged sword there. But telehealth, I think, has, on balance, has been a positive, in that we now can get, you know, at least you can do consultations in communities that otherwise don't have access to healthcare. So technology can be a little bit of both. The mRNA technology that was used to create the vaccines, obviously we were able to create a vaccine in 10 months as opposed to 10 years, right, which was the way it had been done in the past. So countless lives, I think, have been saved by technology, and that would be for all people, including low income and other disadvantaged people who otherwise may not have access.

Brendan 22:19

- There has been some great benefits there, but there's also, in some areas, sort of a widening even further of the gap. So you mentioned Covid earlier on, and I was reflecting as I was thinking about this conversation. And I think, for many, and I'll include myself in this bucket, I think the COVID-19 pandemic really opened my eyes to the realities of healthcare disparities and the inequity, access to resources and care. And yet, despite all the attention, you know, the 24-hour news cycle that was showcasing this, it's unclear to me, and I think others would agree, unclear whether or not there's been an increase in action or advocacy as a result of all the attention. Dr. LaVeist, I'm curious to hear from your perspective. Some people view the pandemic as ongoing. Some people say the pandemic is officially over.

Dr. Thomas LaVeist 23:08

- Well, you know, there was a point where we had 3,000 deaths per day in the US at one point. You know, we're not there anymore. You know, think about that, that's the number of deaths on 9/11, right? So we had basically a 9/11 happening every day. So we're not there, so we are definitely in a better place, but we still have this virus that's circulating. We've got a massive problem in China. Only a matter of time before we get new variants that, I mean, sooner or later we're gonna get a variant that will have the transmissibility of the Omicron variant and the lethality of the Delta variant, right? And god forbid that variant would also be resistant to the vaccines that we have and that we would need time to catch up, right? And then there would be a period of time where there could be a lot of deaths. I don't think this is the time to let our guard down. And I am concerned that we have done that.

Brendan 24:04

- And if I just follow up, would you agree with me that you think that the pandemic did bring additional attention? And we talked about sort of earlier on what are some of the gaps getting in the way, you talked about sort of awareness and education, do you think this did raise some of that level of awareness around the inequity?

Dr. Thomas LaVeist 24:23

- No question about that. You know, we certainly learned a lot about public health in general, right? People know what an epidemiologist is now, you know? They don't think that it's a person who works with insects, which is what I used to get in the past. So that's an improvement. And people are aware of the racial inequities. People saw it. It played out, I think, in a very visible way. So I do think that there's more understanding or awareness of these issues.

(ethereal music)

Brendan 24:56

- Knowing that the past few years of the pandemic have brought incredible hardship, we also have to acknowledge the awareness that COVID-19 has raised around the issue of health equity. We were forced to come face-to-face with some stark healthcare realities as people and as corporations. It seems to have opened my guest eyes a bit, or at least it opened mine as they began speaking about the need to look beyond the main purpose of the companies we work for every day and understand how we can tackle the problem more holistically.

(upbeat music)

Christie Bloomquist 25:27

- So I'm happy to chime in. As I think about it, I think the big pieces are committing to the longer term. And we talked about these changes don't take place overnight, and we'll never reach a state of where everything, all the work is done. And so, as a science-based research and development-focused pharmaceutical company, it's one thing to bring the best medicine to market, but if people can't access it, it doesn't do us any good. So how are we thinking about that access piece? How are we thinking about our science? How are we thinking about the relationships we have with suppliers? How are we thinking about our people? How are we thinking about our community and making sure that we are doing that in a way that feels like we're moving towards the health equity space. And so, you know, in a lot of ways, working with the Health Equity Advisory Council has been uncomfortable sometimes and challenging but also ultimately productive, because I think we're all moving towards the same place. It's just the road there is, again, it's a long-term road.

Dr. Thomas LaVeist 26:31

- Yeah, I would agree with all of that, all of it. Because, you know, if we continue to do things the way that we do things, we'll continue to get the outcomes that we get, right? So the only way to not have those outcomes is to make change. And change is not, humans are not, we're not wired for change, right? We're not organized that way. So it's gonna be uncomfortable to kind of start to look at yourself and say, "Okay, well, what am I doing?" So I think large organizations like AstraZeneca or Universities like Tulane can look at the full breadth of the capabilities of the organization and not just its mission. So to use Tulane as an example, now our primary mission is to create new knowledge and to impart that new knowledge to our students, right? And if we only focused on that as our mission, we could have some impact on health inequities, but it's gonna be limited impact. But we're so much more than just that. We're the largest employer in the city of New Orleans. So when we raised wages here so that the lowest wage we'd out paid at the university is a living wage, we now reduce the poverty rate for the city of New Orleans simply by saying, if you work here, you're not gonna get paid the minimum wage anymore. So that has an impact on health inequities, right? Or when we move some of our resources out of large national banks and put them into the local community banks here in New Orleans, banks that do business loans and mortgages here in our city, as a corporate citizen of the city, we extend the capacity of other corporate citizens here in the city to do good work for the city. And so, if you're thinking like that, okay, who are we doing it from a procurement standpoint? Who are we purchasing from? You know, are we purchasing from organizations and businesses that are local, from businesses that are employing people in our community? That's what I think organizations should be thinking about, not just it's primary mission but all of the aspects and all of the ways that organizations can have an impact, even political. See, I think if we wanted to address health inequities, who we elect is critically important. We have states in this country that have not been willing to accept the funds from the federal government to expand the Medicaid program. And to the extent that some of these states have had hospitals closed because they wouldn't expand Medicaid. So who are you making campaign donations to?

Brendan 28:55

- A lot of great suggestions there. And so, you know, one thing, if I take it down another level, when we think about individuals, right? So what can I do? What can the folks who are listening to this podcast do? You know, one of the things I heard is get uncomfortable. And so, whatever that means to you, maybe that means educate yourself, or volunteer in the local community, or whatever that means to you, I think it's maybe one way that we can have an impact at the individual level. But, Christie and Dr. LaVeist, what do you think? What's a way that we can be a part of the solution as individuals?

Dr. Thomas LaVeist 29:28

- Well, again, just as I said with corporations, individuals, you can vote on this issue, right? So someone is running for office and this person is gonna cut taxes, and this is a good thing, you want your taxes cut, but this person is also not going to expand the Medicaid program so that your neighbors will have access to healthcare, you know, you might wanna consider whether that really is the best outcome, and maybe you might consider voting for the person who's gonna expand Medicaid and make healthcare available in your community even if it means that you'll spend a little more money in taxes. So thinking about the greater good rather than just your own pocketbook issues.

Christie Bloomquist 30:06

- I think there's also a part around making sure that you're seeing more than what's right in front of you and how am I thinking about making sure I'm getting a real view of the shoes others may be walking in. Am I going out to community through the foundation or otherwise?

Am I understanding or trying to understand the experiences of others? And, you know, a big part of that is listening, and just hearing, and being empathetic, and in the moment. But I think you've gotta understand somebody's perspective before you can think about, okay, how can I start impacting change? We gotta get out there and see what it's like and experience the broader world. And if anything, Covid has made us more isolated because then we were just living in our two rooms in our house or wherever we were kind of going back and forth. And so, getting out there and into the communities, again, takes some doing, and I think we've built up some muscle memory over the past few years that, if anything, will leave us more isolated than where we were even before the pandemic.

Brendan 31:05

- Yeah, I think that's a great note to end on, right? Optimistic, right? There's solutions out there, right? And there's things that we can do at the individual level. There's things that we can do at the organizational level. We just, I think, for each of us, we can start somewhere. I'm gonna transition in a moment to this last section of our conversation that's gonna be a bit different in tone. But, Dr. LaVeist, we've had this great opportunity with you here, and I know you've had sort of spent your career working in this space, researching, writing on health disparities and social determinants of health. And so, before we pivot to that last section, I just wanna sort of open the floor to you. Any last words of wisdom or thoughts that are still coming and rolling around your head that you just need to get out there or that we could benefit from?

Dr. Thomas LaVeist 31:52

- Wow, that's a wide open berth you've given me there.

Brendan 31:54

- Yeah, a tall ask.

Dr. Thomas LaVeist 31:55

- I think the point is that this is an extremely complex problem, that we've organized the society in such a way that it produces inequities predictably. And what we're trying to do now is figure out how do we unravel that. And that's difficult, and it's complicated, and it's fraught, because everyone's gonna have to give something up, everyone is, in order for us to do that. But racial inequities in health also affects everyone. You know, we have a project that I have where we looked at the economic burden of health inequality. In other words, what does the economic impact of having people sicker than they should be, using more healthcare resources than they should use, otherwise have to use, and dying prematurely. And the first time we did that analysis, we calculated that at \$2.4 trillion, which is about the size of the 11th largest economy in the world, India. That's a lot of money that we're hemorrhaging out of our economy. And every single person in this country is affected by that. So I would say that this health inequities issue is typically viewed as a social justice issue. And it is a social justice issue. But it's not only a social justice issue. There is a utilitarian argument for why we should address this issue. And the reason is that it's expensive to maintain these inequities. It costs us a lot. And we could deploy those resources more efficiently and more productively.

Brendan 33:20

- I think that's a perfect note to end on, so thank you so much for that. And you said it, Dr. LaVeist, we've sort of just touched the surface of this topic here, right? I mean, we could probably go on for hours, days, right, and still have more to say on this. So hopefully for those listening, you know, this is just, piques the interest or curiosity to go and seek more information and resources to learn more about this and to find ways to have an impact. Dr. LaVeist, I know you're active in, you know, obviously your work at the university, but you do some other work as well. So I believe you yourself are part of a podcast. And so, I'd love for you to plug the organization that you're affiliated with and the podcast as well so that folks can find out more.

Dr. Thomas LaVeist. 34:10

- Sure, well, here at Tulane, we have a program that is funded by Robert Johnson Foundation called Partnership for Advancing Health Equity, or p4he.org is the website. P, the number four, H-E, .org. And what we do with that organization is we try to bring together people from various sectors of society that are all trying to address health equity, so academia, civil society, government, and the private sector, and philanthropy. We have dialogue and we try to also educate each other about what we're doing and try to build synergy among the sectors, because there's so much going on right now. We have a podcast that's part of that, that I host. And that podcast is called "The Skin You're In." And it's part of the p4he.org program.

Brendan 34:46

- Great. Well, we'll definitely have to check it out. So thanks again. I feel like I've learned so much more about you, Christie, and we've known each other for a while. And, Dr. LaVeist, this has been great to get to know you. But, you know, I know we're all complex individuals. And for me, I like to peel back the layers of the onion, if you will, to really find commonality and connection. So if you'll indulge me, I'd like to play a quick game of five questions. Does that sound okay to you guys?

Christie Bloomquist

- I'm game. (laughs)

Dr. Thomas LaVeist

- Go ahead, hit it.

Brendan 35:17

- All right. All right, here we go. Whatever comes to mind. I'll ask the question then I'll go to each of you. So first question, what book is currently on your nightstand? Christie, I'll start with you.

Christie Bloomquist 35:33

- A cheesy romance novel. So on the way in, I like to listen to management books and how to be a better leader. I'm a big audible book person. But when I'm next to my book stand, I like a good romance. I love the happy endings, so that's my escape, whatever it may be. (laughs)

Brendan 35:56

- All right, (laughs) sounds good. And, Dr. LaVeist?

Dr. Thomas LaVeist 35:57

- Well, like Christie, I tend to like sort of management books and things like that, you know? But I do have on my nightstand a book called "Carville's Cure," which was written by Pam Fessler, who's formerly an NPR reporter. And it's a book about a leper colony here in Carville, Louisiana. She came here and we had her come and give a talk. And I have the book and I'm looking forward to reading it and learning more about.

Brendan 36:23

- Sounds great. What about, which show on TV or streaming platform is your go-to right now to decompress? Dr. LaVeist, we'll start with you this time.

Dr. Thomas LaVeist 36:33

- Oh, that's an easy one. I have been a "Star Trek" fan since I was a child. And anything "Star Trek" puts out, I'm gonna watch and rewatch. And right now, I am re-watching "Star Trek: Picard."

Brendan 36:44

- Ah, nice. And what about you, Christie?

Christie Bloomquist 36:48

- So we hop around. I think currently in the rotation is "1923," which is kind of a pre-sequel to "Yellowstone." We've got "Barry" in the mix, which is dark and a little stormy sometimes. And then we just started watching "Shrinking." So I think we've got a good amount of Harrison Ford in our life at the moment, but there could be worse things.

Brendan 37:11

- Which we all need, right? We all need the right balance of Harrison Ford, yeah. (laughs) How about, who inspires you? Christie, how about I start with you this time?

Christie Bloomquist 37:19

- My kids. Because they go, and they do, and they say things, and they push me to look at things differently, and they get me out of my comfort zone, you know? And they're also, on the hard days, my biggest cheerleaders, along with my husband and three dogs. So my kids inspire me to do my best, to make them proud.

Brendan 37:45

- That's great. How about you, Dr. LaVeist?

Dr. Thomas LaVeist 37:47

- I'm gonna give the same answer, but specifically my daughter, Naomi. My daughter, she's 24. And she has a developmental disability, intellectual disability. But she is the kindest, the most caring human being that I've ever met, the most loving human being I've ever met. And she inspires me that she works as hard as she does to do things that so many of us take for granted.

Brendan 38:08

- That's great. What about, what piece of advice would you give your younger self? Dr. LaVeist, over to you.

Dr. Thomas LaVeist 38:11

- Well, this is back to the management thing. I would say slow down. What I've come to learn as a leader is that speed is the enemy of good decision-making, but sometimes speed is what's required. And be thoughtful about when is it that you need to make a fast decision and when is it, what other cases where it's better to just say, "You know what, I'm gonna slow down and not make this decision right now and do a little more deliberation."

Brendan 38:44

- Yeah, that's a great piece of advice. I think we all, you know, what's the saying around, sort of stop and smell the roses. I think we all could use a pause or a slow button here and there. How about you, Christie?

Christie Bloomquist 38:56

- I would have a lot of advice for my younger self. So I have a couple. I have a couple. I think the first is people are everything. So the people you surround yourself, the relationships you have, that's really the focus. The work will get done if you have the right people. And the

second piece of advice I'd give myself is to not take it all so seriously. And so, every year, I try to lighten up a little bit more than where I've been. But I've spent a lot of years being super serious Christie, so it's hard to unlearn some behaviors.

Brendan 39:24

- I hear you on that one. I was given a book years ago called "Don't Sweat the Small Stuff and It's All Small Stuff." And I think, you know, it kind of helps to keep me in check sometimes. So the final question here, if you weren't in the profession you currently hold, what would you like your job to be? Christie, how about you first?

Christie Bloomquist 39:40

- Does that mean like a job you're actually competent to do or could it be any job?

Brendan 39:44

- We're putting no limits on this.

Christie Bloomquist 39:45

- Okay. I think I'd be probably doing something with food. I love to cook when I have time away. And I like it because it's creative. And I also like, I have something to show for it at the end of the process. And so, up on the list, I just got myself a kitchen torch. I've got some creme brulee that I'm planning to make. So it would definitely be food-focused in some way.

Brendan 40:14

- (laughs) That's great. Maybe you can try out that creme brulee recipe on Dr. LaVeist and I. (laughs)

Dr. Thomas LaVeist

- Yeah. (indistinct) in New Orleans though.

Christie Bloomquist

- Yeah? (laughs)

Brendan

- How about you, Dr. LaVeist?

Dr. Thomas LaVeist 40:27

- Well, you know, in another life, I was a musician and was actually working to become a professional musician. Now that I've moved to New Orleans, I've been able to reconnect with that. And if I thought I could make a living doing that, I'd be doing that. And so, that's what I'd be doing.

Brendan 40:41

- That's great. Well, I mean, those both sound like amazing career choices. And for both of you, it sounds like you're still finding a way to pursue that passion on the side while still doing great work in your official roles.

Christie Bloomquist 40:54

- Hey, Brendan, before we break, for you, if tables turned, what would you be doing?

Brendan 41:00

- Ooh, that's a great, so I would probably have a store. I'd probably have some sort of, I mean, it's a bit cheesy, but I'd probably have some sort of candy store. I'm a big candy guy. I like to eat it, I like to sort of experiment with the various sort of different candies and whatnot.

And I don't know how profitable it would be or how successful, but to be in a room surrounded by various types of candy, I think, would be a win. So that'd be mine.

Dr. Thomas LaVeist 41:30

- You'd have to have creme brulee and then you'd have to sell CDs also.

Brendan

- There you go.

Christie Bloomquist

- (indistinct) doing business together.

Brendan 41:41

- I'm taking notes so I can create the business plan right after this conversation. (laughs) I mean, what a great conversation. I really appreciate both of your time. And like I said earlier, we've really only scratched the surface of exploring this important topic. And so, again, Christie, Dr. LaVeist, thank you so much for your time and your insightful perspectives.

Christie Bloomquist 41:55

- Brendan, thank you for having us. What a great conversation.

(upbeat music)

Brendan 41:56

- Wow, I feel invigorated after a conversation like that. Health equity is something we all need to be aspiring to and something we can all help pursue. And I hope that some of the ideas discussed here give you hope for a healthier future for all, and maybe even inspire you to help raise awareness or take action yourself. We can all be leaders in that regard. Until then, be well, be healthy, be understanding.

Thank you for listening to this episode of "That's Understandable." Explore our future episodes wherever you listen to podcast and find out more information about us by visiting astrazeneca-us.com.