

[Left bank, right bank. Mississippi River Delta health disparity problems and solutions.](#)

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Orthopedic nurse and Louisiana native Charla Johnson, RN, MSN, ONC, discusses zip code related health disparities on opposite banks of the Mississippi. Charla shares some effective ways to spark changes that improve quality of life, and she believes that education programs must be tailored to people's unique circumstances, taking into account access to the household and community resources that people need to be successful. A proponent of balance exercises and Tai Chi, "Motion is lotion" is one of her favorite mantras. Charla also discusses how all healthcare professionals can work together and bring their voices and connections to the battle against health disparities, helping to bring about positive change in local communities. With Rose Gonzalez.

Dr. Gonzalez: Hello, you are listening to the Health Disparities Podcast from Movement is Life. Conversations about health disparities with people who are working to eliminate them. I'm Dr. Rose Gonzalez and today I'm discussing health disparities and nursing with Charla Johnson. Who's a member of the Movement is Life steering committee.

Hi Charla, how are you today?

Charla Johnson: Hi, Rose. I'm glad to be here. Thank you.

Dr. Gonzalez:       Why don't you tell me a little bit about yourself and where are you from?

Charla Johnson:     I'm a registered nurse. I'm certified in orthopedics. I'm from Louisiana, born and raised in the capital city, Baton Rouge and live now in Ascension Parish.

Dr. Gonzalez:       Tell me a little bit about your community, in Ascension Parish and the types of people you frequently have to meet in your healthcare arena.

Charla Johnson:     Well, in Ascension Parish, actually, from a ranking in health statistics in Louisiana, we're actually number two. That's really not much bragging rights, I guess when Louisiana is number 45 in health statistics, but we've moved up the ranks. We're not all equal in our health in Ascension. My Parish is actually divided on an East Bank and a West Bank, and that was actually my first lens looking through that healthcare was different and access to healthcare was different and healthcare outcomes were different based on where you live. So, for instance, I lived and worked a good part of my time there in the East Bank and didn't really travel across the Sunshine Bridge much to go into the West Bank. But if you travel over that Sunshine Bridge and over the Mississippi River, when you go into the West Bank, it's a very different population. I'm in a rural area anyway, very industrialized and there's a lot of industry on both sides

of the Bank, but on the West Bank, people's access to healthcare, they actually have to travel back over the bridge to get there. People that live on the West Bank, they have less transportation opportunities, so less people drive cars. The poverty level is much higher in the West bank and so, the outcomes, childhood poverty, their access to places to play, walk, grocery shop, they're much different than where I live. And so, that was very eye-opening to me, especially when I was doing some community work in that area. It really softened my heart, too, about some of the challenges that people have to overcome just to have a safe, healthy, happy life.

Dr. Gonzalez:        So, Charla, would you say that because then of where individuals may live, in this situation, maybe that they have to just cross a bridge and it makes a huge difference in their health outcomes.

Charla Johnson:     Oh, absolutely.

Dr. Gonzalez:        Health disparities exist even just because they live across a bridge?

Charla Johnson:     Absolutely. In this particular case and that was the eye-opening part that truly zip code matters.

Dr. Gonzalez:        Wow. That's fascinating.

Charla Johnson: Yes. So, the population, for instance, on the East Bank where I live, within five miles of me, there is a track that I can walk. There is a sidewalk that's pathed out for a healthy place. It's next to the courthouse, the sheriff's office. I'm probably about three miles away from a grocery store, gas station. I'm about 2 1/2 miles from the hospital. So, cross that bridge, and that's at least 20-minute drive and cross that bridge and over there, they have some, FQHC's.

Rose: Federally Qualified Health Centers.

Charla Johnson: Yes, and they have, a critical access hospital in the next neighboring parish, which is probably closer to them than it would be to come across the bridge. But they don't have, or didn't have, I should say at the time that my lens was open, they didn't have any playgrounds for their kids. Most of the people that I had come into contact with doing some community work, because it's about 73% African American on the West Bank as compared to about 76% Caucasian on the East Bank. It's very different. There is a racial difference. And when you go on the West Bank, I can think we have more cars than drivers at my home. On the West Bank, there would be a key person who would carpool and take everyone to the community event. And so, the decrease transportation is an issue.

I remember, thinking about one person, I was doing an Operation Change actually, and it was doing an eight-week and teaching them, movement and how to eat healthy and very new concepts for many of them, being mindful about those endeavors and one lady, she literally picked up four people to come, otherwise, they wouldn't have been able to be there. They were walkers, they didn't have access to it. And so, you take for granted the grocery store's just around the corner from me, but for these walkers who don't have a way to go to the grocery store, they're shopping at convenience stores. So, that's your 7-Eleven's and your Circle K's and so what, what are they getting? They're not getting fruits and vegetables. They're getting some pre-packaged high dollar, so, their money didn't go very far, and, even from a health literacy standpoint, some of the things that they were choosing to drink because they thought were healthier. So instead of drinking sodas or soft drinks, they would drink Gatorade, but that still had high carbs in it and high sugars. So, there was really a lot of lack of knowledge, health literacy knowledge, and they just didn't have the same access. And that really was eye opening to me in lovely, lovely, lovely people with big hearts, but the difference was the zip code and their opportunities. Let's think schools alone. So, the schools in the West Bank, let's say a high school this year is categorized, B on a grading scale of A to D. It's B, and they were a C. So, they've put a lot of effort in making them go from a C to a B, but overall Ascension Parish is an, 'A' parish. So, there are Grade 'A' but on the West Bank, it's not the same.

Dr. Gonzalez:        So, sometimes, like you said, it's just your location where you live can really determine or impact your overall health, your overall knowledge and education. So, let me bring this back a little bit back to you because you're one of our nurses on the steering committee. I'd like you to talk a little bit about your work, and then we'll talk about how it impacts your community and some of the things that you do to try to influence and change some of the trajectory of those health disparities.

Charla Johnson:     Well, as an orthopedic nurse, I think I wear a different lens than other nurses, perhaps. My lens is always thinking about improving people's mobility. So, whether it was from a fractured hip or a trauma or advanced age, and have osteoarthritis, keeping people mobile has always been on the forefront. It's what we do as orthopedic nurses. So, in my role, I was a community educator for five years in Ascension Parish, specifically and as an orthopedic nurse, I always incorporated movement type activities when I would teach anything health-related because you really can't improve your blood sugar, unless you increase your activity, you really can't improve your blood pressure unless you're improving your activity. Most people really stop moving because they're hurt and then they're overweight. And so, it's just compounded, but helping them and this is one of those things where motion is lotion for your joints. And that's movement is life. And it really helped people when they're hurt. What they

do is they stop. Their favorite things to do is go shopping. And next thing you know, they're the ones holding the bag and sitting on the bench and they become observers. And so, helping people understand that when you hurt, you need to move, that's gentle movement, that's walking and that's not doing aerobics or something like that. Don't just sit though. You're going to get de-conditioned. So, helping people increase their flexibility, their endurance, their balance, the range of motion, really keeping them walking is important. So, some key programs that I would incorporate from a community perspective as an orthopedic nurse towards movement. Big proponent of the *Walk with Ease*, with the Arthritis Foundation. It's where you're teaching them some, tips about walking, how it benefits them, but then over those 18 sessions or the six weeks you're increasing people's endurance, and I'll never forget. The last one I did at the end of 2018, the individual came back to me and says, "You know what. I didn't think, that I would enjoy walking so much, but when I just went on a trip, I was able to hike for the first time. And I participated with my family and had I not done this program, I wouldn't have been able to do it." And so, you see that it's kind of sparks because, that self-fulfilling prophecy, because you're like, oh my gosh, it really impacted and changed a person's life.

Dr. Gonzalez:       And as a nurse.

Charla Johnson:     That's what we want to do.

Dr. Gonzalez: That's what we want to do. We want to change somebody's life.

Now, if they wanted to do that, *Walk With Ease*, is that a free program? Is that an online program?

Charla Johnson: It's a program that's offered through the Arthritis Foundation.

They're different instructors in different communities. They're usually affiliated with maybe a YMCA or another healthcare facility. Our hospital, we sponsored it and we were able to do it twice last year, those sessions. In Louisiana, our weather's kind of funny. So, we try to do it during the cool part of the year. So, that's usually the end of a year and the beginning of a year. But it does make a difference.

Some other things that are really good from a program standpoint that nurses can do, particularly, you just become instructors, but *Matter of Balance*, course, that is a huge course. Because you have people again who stop moving because they hurt. And then they, because they're deconditioned, they have a fear of falling and that fear of falling just becomes isolation. So, helping them do those exercises to really strengthen the chords, get their balance back, helping them do those exercises, again, builds up those endurances and their confidence level and again, promotes movement.



I think one other activity that I would recommend from a nursing standpoint is Tai Chi for arthritis. That's really taking the individual doing general range of motion through, general plans. And again, motion is lotion. It's just making sure they're incorporating all those different moves and it helps their balance. And so, as people age and they have different problems with their joints, there are things that we can educate them to improve the quality of their life. And I think it's really just helping the community individuals have the tools that they need to be successful.

Dr. Gonzalez: So, I liked that motion is lotion, because it's something I've not heard before. And we always talk about the Vicious Cycle in Movement is Life and talking about what comes first, is it the joint pain which causes you to stop walking or stop moving? And so, you don't have that motion as lotion. So, you become increased pain and then you engage in some bad habits. Talk to me about the ramifications of not understanding that motion is lotion and just having a sedentary lifestyle and what happens to you after that.

Charla Johnson: Well, I think for most people, when we think pain, we usually say, wow, we're supposed to stop doing whatever's causing us pain. And so, for some people it's just the standing and walking is what's causing them pain. And so, they begin to sit more and then sitting more becomes deconditioned. And then we know when we stop moving and I don't even

know if it's really gaining more bad habits but just inactivity alone, our metabolism is going to change and we're going to definitely eat the same or eat more, but we're not moving. So, we're not having that same calorie expenditure. We're going to gain weight and that increased weight, causes the increased pressure in our joints. And so, helping people understand that movement is twofold. It's the motion that's going to provide the lotion for your joints. It helps that synovial fluid move in your joint spaces, but it's also, keeping your joints free with range of motion, but it's also burning calories. And so, instead of adding weight, you're at least not gaining weight and you're keeping those joints healthy. But when we get into that Vicious Cycle, all the other problems that happen to us with the high blood pressure, the diabetes, the depression. The depression can come from that lack of quality of life. When I become now hurting all the time, I'm not able to do the things that I want to do. I sit more than I'm moving. I'm the bag holder instead of the shopper. It creates a level of isolation for people. And it's a hard place to be able to get out of your head. Here you are now trying to improve your physical health. Now, you have to improve your mental health. So, we really have to help people.

Dr. Gonzalez:        You can't find that energy because you can't find out how to move.  
You can't make yourself move.

Charla Johnson: And it seems counterintuitive. Like if I hurt, why would I move? But really helping them understand that. And I think one of the biggest things for a nurse to be able to teach their patients is we really have to teach them some good quad strengthening exercises to give them the strength that they need to have good mobility so that when they walk, they don't feel like their legs are going to give way that they can be strong, go up and downstairs. So, it's not just about walking. It's making sure that we can teach them those exercises to strengthen that quad set and be able to really, improve their life. But helping them understand that they have to move because sometimes we tell them you hurt, don't move.

Dr. Gonzalez: That's right. You get that opposite message. And when you're talking about the quad strength, you're talking about those large muscles on the top?

Charla Johnson: Yes. Those large muscles on the top of your legs. So simple exercises an individual can do and nurses can teach to it or just straight leg raises. You just lay in the bed flat and lift your leg up one at a time and you do a series of them and you're going to increase the amount. So, you might start off with doing one set of 10 lifts and then increase every day. Just maybe increase some so that eventually you're doing up to three sets of 10 and then eventually even more. But those quad sets are really going to make a difference on the strength, and it helps improve joint pain. So,

giving them the strength in that leg and getting them to walk, getting the motion you're going to really improve.

Dr. Gonzalez:        So, back to the health disparities, how do you work in your community to try to address? I know that some of that is zip code, and where they live, but how can we work to decrease those disparities, to get everybody back up, to speed, to getting good health?

Charla Johnson:     First of all, it's an awareness and everyone needs to be able to look beyond their own zip code. Sometimes it's like my four no more. Sometimes we only know what's in our household, how we're impacted with our friends and our families and that's just our little world, but really to have an awareness about others and a care for others, we need to be able to go beyond our four, go beyond our door, go beyond our zip code and go see how other people are living the impact of their quality of life. And think about, if I were in this zip code, and I've done my own, self-reflection about this, that if I were in this zip code, what would my life have looked like? Would my opportunities have been the same, whether it was from education or employment or health, just my own access to health? So, we really need to make sure that we have our own lens. I think we first have to start with awareness and self-reflection, and then beyond that, we need to be able to get involved. We need to be able to be part of a solution. So, in my space, as a nurse, where I came, especially in the

community and working in uninsured clinics and under-insured clinics for an orthopedic specialty, really thinking about, how your community is impacted. Sometimes we think too big, like the picture is so big, what I do won't matter. So, you kind of bring it back to your space. So, what can I do and impact my community? So, in Ascension Parish, for example, the reason I was a part of a leadership Academy through the chamber of commerce, and as a nurse, I used health statistics to help guide the choice of the project that we were going to do. And we ended up doing a project in Donaldsonville, which was on the West Bank, which is where I saw the disparities took place, and, as a project, we built a playground because there was not a healthy space. And in that playground, we also gave people a path to walk, so that parents could come and moms and where it was, it was in a low-income housing area. We partnered with the Sheriff's office with local faith-based communities, industry. We raised a significant amount of money and partner with LSU. They were able to come help us with the playground build. And it impacted that community so much so that when our project left, the Sheriff's Office was so moved, they built a second playground on the West Bank, and they actually started a program where at the substation, they built a playground by the substation and they keep a deputy there that they have computers, they have desks, they provide a mentorship, so that kids who are playing or need help studying, they can partner with the police there. So, it's building a different level of rapport, not only from a health standpoint, but from a

safety standpoint and really bridging those gaps that we failed to address in the past. So, sometimes it only just takes a spark, you'd be surprised, so where did that go? Here is a nurse sharing data about the health of a community. And people were moved. People are moved by a story, sharing to them because again, we don't go outside, again, our own space, but when we travel outside our own space. I think people overall are concerned, but they don't know what can they do to benefit? And so, I think bringing them along, I think it's dropping a pebble in the water and seeing the ripple effect. Sometimes, I think we want the water to divide like Moses but sometimes it's just dropping the pebble, having a ripple effect, but I think it's having an awareness. What do we have more in common with each other? That was one of the works that I did was I worked in the faith-based community because I had something in common with them. We shared faith. We weren't the same race. We weren't the same economic, but what we were the same in was faith and that connection alone helped improve health. And so, I think we have to find our connections.

Dr. Gonzalez: And I think that's great. Your story is incredible and it does show the power of using your health statistics, a nurse. And I think people typically think of nurse at the bedside, in a hospital and here we're using statistics, we're going into the community. We're using our faith connections to then create change in a community to improve their health

overall, which isn't that what all nurses want to do, improve their patients or their client's health and make sure we have a healthy community around us.

Charla Johnson: One of the things, I spent a lot of time talking about Ascension, but I have to really give some kudos to East Baton Rouge Parish because one of the things that they worked on was a community health needs assessment. And they collaborated with all the hospitals in East Baton Rouge Parish to come up with one collaborative health needs assessment. Now, you have five hospitals who are all working, driving the same goal. And that was, part of the mayor's health initiative. You have to give kudos to people really thinking out of the box. And they were the first, actually probably the only city in the United States doing that. So, I think they really modeling the way about how do you provide synergy and collaborations.

Dr. Gonzalez: As we close out this podcast, Charla, if you were to leave our listeners with some healthcare pearls of wisdom, especially about musculoskeletal health, what would they be?

Charla Johnson: Well, first, know that you can make a difference, what you do matters, make a connection, raise your own level of awareness, go outside your own zip code. The other thing is to help people understand

that motion is lotion, movement truly is life. When we stop moving, our quality of life goes down and our health outcomes are negative. So, we really need to keep people moving. And so, what does that look like and what can you do?

Dr. Gonzalez: We've been with the Health Disparities Podcast from Movement is Life and we were joined by Charla Johnson, an orthopedic nurse from Louisiana. Thank you so much for spending time with us today. We look forward to having you back for our next podcast. Thank you, Charla.

Charla Johnson: Thank you Rose.

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