CASAT Podcast Network

Hello and welcome to season three of CASAT Conversations.

I am your host, Heather Haslem this season we will explore the weighty topic of health equity Within each conversation we will discover insights from researchers, practitioners and experts on this complex and important topic.

We hope you enjoyed today's conversation on today's episode of CASAT Conversations.

We have Breanna Lathrop and Veronica Squires.

Breanna is the chief operating officer of Good Samaritan Health Center.

And Veronica joins us as the chief development officer of the Boys and Girls Club of Metro Atlanta.

Welcome to you both were so happy to have you here today.

Thank you for having you.

So as we get started, uh Breanna, how about you start by telling us a little bit about yourself and why you got into the work of health equity.

Sure, so I am a family nurse practitioner and I started kind of my journey towards this career as a volunteer, as a high schooler at a free clinic that met out of the basement of a church in my hometown community in the midwest.

And you know, fell in love with just that interaction with patients and the ability to just um take kind of an interest of mine and apply it in a way that that might be able to improve someone's life.

And so I went and pursued um nursing and as I was studying, realized how much I didn't know about the health care system and then went on to do a master's in public health when I was doing my Master's in nursing and thought that I was well prepared, You know, I thought, okay, I can understand Medicaid and Medicare and I know why people don't have insurance and I've got this access thing, you know, I know who's uninsured, we can fix this, let's go out and change the world.

Um and I walked into a small clinic and downtown Atlanta where none of my patients had insurance and was really quickly educated on how much I didn't know.

Um and how wrong I had been to think that as long as I understood the health care system that I was equipped to make a meaningful difference in this community or any community for that matter.

And so that really led me on a path of what I like to call unlearning and relearning, which was really diving deep into what I didn't know my own false narratives and biases and really rethinking what does health mean?

Who has access to good health and why?

What are the factors involved when we talk about someone's health and really have been on this continuous journey to let that transform who I am as a provider, um and then who I am as a citizen, um as someone that participates in community and votes and who I am in a leadership role at a clinical level now.

Um I think of health equity as everyone having a fair and just opportunity to live a healthy life and I don't think you need to be working in a charitable care clinic or anywhere in the healthcare sector to be able to say that that's not the reality of of what we live in.

And I see the lived consequences of our inequities every single day, um, in the community and in the patients that um, that come to the clinic and have just really decided that beyond what I do in the clinic, that um, the work of having these conversations, I need to have them because I need to keep learning, but also how do I share that experience?

Um, and continue to build on a body of so, like, what is health equity and how do we do it?

So, I think that where we have a lot of good conversations about what's what's not working and what's going wrong.

Um, but now how do we, how do we figure out how, how we do this, right, and how we reverse these inequities?

Well, I can't wait to learn about all of your unlearning today.

Thanks for being here.

Absolutely Veronica how about you, would love to hear about you and how you got into this work?

Sure.

Well, I did not set out to be in health equity.

Um, I grew up in sunny suburbs of central Florida, middle class neighborhood, went off to school at Emory University and while there, I got deeply involved with a group called InterVarsity, christian fellowship, which is a christian para church ministry that focuses a lot on issues of racial justice and we don't call it this, but issues of equity.

Um, and I really found love with that aspect of the christian faith that is often not explored deeply in local church setting or at least it wasn't in the church I grew up in and as a result of pursuing that learning a lot.

Once I graduated from college, married my husband, we decided to participate in community redevelopment by moving to a low income community in southwest Atlanta very much with visions of making a difference and loving on our neighbors and just being there and seeing things get better as a result of making that that move.

And what we found pretty quickly was that the neighborhood and all the challenges that our neighbors on each side and around the corner were facing.

We were facing too.

So a lot of the issues around access, built environment, air quality and the things that just over time really wear and tear on the brain and the body in a very significantly different way than the neighborhood I grew up in.

Um, just caused me to start to ask the question one, we weren't having the impact we had hoped because a lot of the interventions we were providing, like helping with job searches or after school tutoring weren't moving the needle in a systematic way on the issues that our neighbors were facing day in and day out, but at the same time we saw the strain, the cracks started to show in my own family, just in terms of our own mental health, our own wellness and the effects of chronic stress over time.

It just so happened that as I was coming kind of coming to grips with the reality of how much we were struggling in our community.

I was working at the Good samaritan Health center and Brianna and I became fast friends and I just started asking her questions around what where is their language to put on the differences that I observed in my neighborhood growing up in the neighborhood I'm living now.

And she introduced me to the fascinating body of work around social determinants of health.

And it was like finally I had a language and a narrative to explain what I had first experienced in person and now could understand what the differences were and that's really what led to the creation of our book.

Because as I do with many things, once I had a name for what this was, I went out looking for resources and articles and books that I could read to educate myself about social determinants and all I could find were very long text books and things with words that I didn't understand way over my head.

And I just thought there needs to be something that is accessible to the average person to the me before I moved into my neighborhood to help people understand what social determinants of health are, how they impact the body and how we, what interventions are helpful in the journey towards in the pursuit of health equity.

And so that's how we came to write the book and just continue to really in both of our respective workplaces.

Try to continue to work for health equity Brianna of course in the healthcare sector, but even myself with boys and girls clubs, you know, we're talking about the whole child in terms of our members and what, how can we continue to make smart partnerships so that our kids, mental health is being assessed and we're providing the right kind of referrals to help them get the care that they need.

So it really, regardless of what line of work you're in, I think it applies to all of us.

As I think Brianna mentioned right, it takes all of us and we all do it in different ways or are not contributing in different ways.

So your book, how neighborhoods make us sick addresses the complexity of health equity.

Please share us how the neighborhood you lived in um, really contributed to your own sickness Veronica.

Sure.

Well, I think it's a lot of little things and in the book, I liken it to a dripping faucet.

So if you like, let's say you have a sidewalk and once in a while there's a drop of water you're not gonna see much deterioration on the sidewalk.

But if you had a faucet that was regularly just dripping little little drips over time, over time on a longer time horizon, you would actually see the pavement start to erode.

And I think a lot of the things I'm going to mention are just these little drips that maybe won't sound that dramatic in and of themselves, but if you combine them together and you think about it over time, it does lead to that chronic stress.

So these are things like lack of convenience is lack of access to a decent grocery store, having to drive outside of the community to find fresh food, lack of quality schools or, and not for lack of trying just teachers that have too many kids in their class and the kids are really behind.

And so even when we went to try to volunteer, it was like they couldn't, they couldn't even really receive volunteers that well because their, their resources were just so strapped at the local local schools.

Another big piece of it is built environment, um, not having safe sidewalks.

And I remember walking our oldest daughter in a, in a stroller on these really broken dangerous sidewalks right next to a super busy street where cars were just zooming by and eventually we just stopped walking because it wasn't safe.

Um, so it's, it's things like that, You know, another would be air quality, you can look up zip codes and see, you know what the air quality is like.

Our house was within a stone's throw from a railroad active railroad.

Um, and so you could not only the noise pollution of that, which you eventually get used to, but also just the air pollution that comes from that.

Um, and some other highly industrial areas that kind of flanked that neighborhood.

So those would be some of the things and then I think on the mental health side, the presence of crime and not the apathy of how it was responded to but maybe just the short staffed again resource issues of the local police force that left a lot of things just unaddressed code enforcement things went unaddressed for years.

It just really felt a lot of things that the neighborhood wasn't a priority In an absolute 180 different way than my community growing up where there were complaints about how far your mailbox was towards the street and you know how often you kept your yard mode and just the little things that were so important there that just you couldn't even get to in the other neighborhood because there were bigger issues and bigger challenges.

So those would be a few examples Breanna can probably think of some as well just thinking about the neighborhood where good sam is located.

Yeah Brianna you talked about, you know the lived consequences of living in this environment every day.

Can you speak some more to that?

Sure.

I think when I, when I talk to patients day in and day out and see our community is I'm always struck by the resiliency and what people have survived um during the course of their life, but that I am constantly reminded that that people's resiliency is not an excuse to perpetuate the inequities that are throughout our systems.

And I think what we see is that our our bodies tell a story of the trauma that surrounds us.

And this trauma isn't just about where people are living now, but also the historical trauma passed down through family childhood experiences.

And so for for many of um of my patients, for example, their stories have included things like poverty, the stress of wondering if they'll have enough to eat.

Um eviction moving over and over as areas change as housing prices escalate.

We're certainly seeing that in Atlanta right now.

Um it also includes things like family dysfunction.

You know, was there, was there drug abuse in the home, was the home safe?

Was there a lot of moving around?

Um and then it goes into then those opportunities of, you know, where where were people educated, what opportunities did they have?

What is employment look like?

And I think we often draw a line between employed or unemployed, but also thinking about the stress of the workplace, a position in which you have very little control and very high demands is much worse for yourself for your health than a place where you feel a sense of personal growth and an ability to control your environment.

And so people come in and they have these concerns like headaches or diabetes or obesity or high blood pressure.

And what we know that in the medical system, only a very small percentage of that is really controlled within this little bubble we call health care.

Right.

But that the story of why we see such inequities across chronic disease, across cancer starts with historical trauma and moves throughout the lifespan of a person.

And so it's these environmental factors from the moment you're born to your age, to your education, to your growth, to your development that shapes everyone, each of us and then everyone that we see coming into the clinic that that part of our work is is understanding that story and then I feel like part of part of my journey has been to think about not only what does that story mean in an office visit with a patient, but what does that story mean for us as a society that if we want to do it differently?

We have to start with this fundamental mental neighborhood social structure changes.

To eliminate these inequities.

Mm hmm.

I'm really curious.

You know when you first introduce yourself, you talked about unlearning and learning.

What is the biggest thing that you've unlearned.

Wow.

I have learned unlearned a lot of things.

I Think 1 1 example I think uh as as time has gone and I will always say that my patients are my best teachers and I am very thankful for the amount of grace people have had with me as a young provider and how much I didn't know um, and wasn't doing right when I walked in the exam room and I don't even mean that from like a traditional medical, like I had good guidelines, I knew the ins and outs, but how much I didn't understand about lived experience in trauma and how much that's changed me now.

I think back and think man, people must have just been like, thank you for that information, but you know, that doesn't jive with my reality.

I think one specific example for me has been um you know, I grew up in kind of the midwest middle class and um I remember just hearing things like, you know, make sure you work hard so that you can earn a good living or go to school, go to college, so you don't end up doing X, Y.

Z.

Profession and no one ever told me that poverty was bad um or what poverty did to the body, what they said was here all the things you should do because like you don't want to talk about that, right?

Um and what and what that built was kind of this, this foundation of that like somehow our outcomes in terms of our, you know, our professions of our education, that all of that is within our control, that it's that it's something we can work for, something we can earn.

And I think as as I got into my career and as I met people who were kind enough to grace me with their stories and a different lived experience.

I unlearned that that poverty is a social failure, that it is a problem of all of society that it exists and that it's very much constructed for people long before they have a decision making making power.

Um and then it can so shape the opportunities that come with it.

And so I think that for me is one very specific example of how much reframing I didn't even know I needed to do until I stepped into a different environment and realized that kind of that fundamental worldview that had kind of been just in the undertones of what I had heard growing up just didn't match what is really happening out in the world well.

And what I really hear in that is you've developed cultural competency in a way for um working with people who experience poverty.

And um so one of our um previous podcast guests uh talked to us about cultural intelligence because there's this inherent belief in cultural competency that we're failing in some way if we don't know about this population that we're serving, but that over time we developed cultural intelligence, which I love that Reframing.

And so it sounds like you've really through the work and showing up every day and listening to people's lived experience you've been developing cultural intelligence that then now informs the work that you do.

I hope so.

I I like what I've also heard, you know, cultural humility.

I like that this idea that I'm never going to fully understand or be an expert in someone else's culture.

But what I can get better and better at doing is listening faster, checking my own biases at the door.

Um, and doing a better job of really connecting with people's stories.

And um, and I think that's hard to think the health care system doesn't necessarily set us up to successfully do that, but especially when we're getting into conversations about equity.

So much of that happens at a relationship level.

Um, and so I think that's, that's an ongoing, like daily, like centering myself and making sure that I am in the space to do the work well and as a clinician in our healthcare system and the amount of time that you have with people, how do you do that?

How do you listen to people's stories in the amount of time that you have, it doesn't, it doesn't always happen, right, Especially in the middle of a pandemic.

You kind of move between triage and fighting fires and then doing the work that, you know, is best.

I think there's a few ways that it happens though.

I think it's um it's it's using the moments that you have in ways that promote conversations.

So for example, if I'm doing a physical exam asking about even just things like checking on people's families and trying to invite bits of conversation that might help open the door to something that didn't come up with kind of the more routine questions.

I also think that taking a team based approach is really helpful that on days where I know I don't have time for the full conversation.

I have partners such as our certified peer specialist or counselor or even my medical assistant doing a history that can also be invited in that space and that as we work together and we build that, that we're each earning trust and building that story as a partnership, knowing that any one of us can't do it all on a given day.

And I think what I what I try to come back to you, especially on the days where I feel like man, I blew it like I was rushed today, I was overwhelmed today.

I wasn't fixing anyone today that the at the end of the day, the most important thing I do in any patient interaction is earned trust And that if we're earning trust people come back and you get another chance to build on that story because no one's story can be told in 15 minutes or even 30 minutes if you are so lucky to have it.

But it is a relationship with time.

Um, and that I have, even if I ask all the right questions in the first visit, I haven't always earned that trust to have a right to their story.

Um and that's okay.

I my job is to show up and be safe and and show a respect for dignity and a love for people that then invites them to contribute more of their story to this partnership that that we hope ends up in a care plan that that doesn't just promote good health outcomes but becomes meaningful to their lives.

Mm I love that.

Burn A brown talks about how um she you know, describes trust as being a jar of marbles and so like in these little moments we put in um marbles sometimes you know they may come back out or they might get shattered and so the jar may get shattered and so I think it's a helpful analogy to think about, you know, it's these little touch points or interactions that build trust.

I like that.

And one thing to add to that, that I think is just really unique about good samaritan which is an organizational decision to help facilitate what Brianna was just talking about is very intentionally, they've made their providers templates have uh an expectation for less visits than other health care facilities to enable their providers to spend a little bit longer with each patient and I think that is just an important thing to call out because some of it has been very intentionally and through policy and decisions to maybe not be able to see quite as many patients but to be able to really take good care of the ones that they do see.

And I just I love that about good sam.

It's such an important piece.

Policy and practices make such a huge difference in patient outcomes.

Does.

I'd love for either one of you to share with us some of the life expectancy gaps that exist based on the neighborhood you live in.

Sure.

Thanks for that question.

So when we look at census tract data, we can look at like very like beyond zip codes, even just communities in terms of how life expectancy differs within an urban area for example, like Atlanta.

So in Atlanta, the zip code that's actually immediately across the street from from the clinic that census track Has a life expectancy that's a little over 23 years left than a neighborhood.

About a 20 minute drive north of here.

It's a more affluent community.

Um kind of most expensive houses in Atlanta for example, and that's not unique to Atlanta, you can pick your city and you can map it.

Um, and there's great websites that do that.

But you know, most cities are seeing at best a 10 year gap all the way up to like a 30 year gap that we would see in a city like Chicago.

Um, and I think what's what's so powerful about that data is just that it helps conceptualize that we are talking about.

You know, if you take Atlanta, we're talking about the home of the CDC.

Like we have hospitals galore here.

We're not talking necessarily about just a presence of the medical system or even an access question.

It really gets down to there's something more out there explaining these life expectancy gaps that are beyond the traditional healthcare system.

And I think to piggyback on what Veronica said earlier, that's where we really start to think about those social determinants of health that we think about.

You know, is this, what is the lived environment?

What is the neighborhood like?

What does food access look like?

What our employment opportunities?

What does that daily chronic stress level like for the people living in these communities with such different life expectancies, I find that data is just a powerful way of really helping us conceptualize like the gravity of the problem of inequity.

Well then I go back to what you said about how our bodies tell a story, right?

Like that's that is a real true story right there in looking at life expectancy and the impact of living in poverty that is huge.

What types of things contribute to these gaps?

You talked about the social determinants of health?

Is there anything else that comes to mind that contributes to these gaps.

I would also add considering systems of oppression, racism that a lot of this is policy driven.

And so we have been making decisions as a nation since the very foundation of our nation that has disadvantaged some people for the benefit of other people.

And that we have done this for hundreds and hundreds of years.

When we look at legislation, when we look at the way we have excluded people and not just um in a medical sense, but exclusion from where people could live, who could own property, who could influence.

Um and that when we when we say like, how do we get to where we are right now and how do we reverse it quickly?

We also have to say we spent a long time doing damage um and that it will require that kind of undoing, not only at an individual level, as we work on our own biases and narratives, not only at a systems level where we rethink, for example, like what Veronica said, how many patients is it reasonable to see in a day and do a decent job?

But then also saying like, what are what are our city ordinances?

What our state policies, what our national policies that continue to drive or sustain these inequities and rethinking what do we need to be reconstructing if we're actually going to undo these these inequities.

Yeah, it's interesting actually, on my way home from the office for this podcast, I was listening to the radio.

It's our local NPR station and they were doing a story on so inequities and communities and how it impacts particularly breathing issues and cancer.

But one of the professors was sharing that with redlining, which is a topic we talked about in our book, the historic redlining where literal red circles were drawn around parts of town that lenders wouldn't lend to that.

That was also a very formative time in the development of neighborhoods in our country.

And for that reason you saw a lot of the built environment differences between different communities start to take shape as well as where more industrial or neighborhood toxins were placed versus where they weren't placed.

And the really interesting point that they brought up with this is and it's a reason why everyone should care about this topic, even if the kind of social aspect of it isn't as as important to a person, but why everyone should care is as we see these urban areas and these these communities that may be used to be areas of of need, gentrifying some of those structural inequities remain.

And I think it then it is going to of course, all of us to start to take notice and care about the things in our communities that don't promote health and increasingly, as our cities change.

I think it becomes an issue for everyone well in in your personal experience, um you from your book, I know that, you know, you experience kind of the impact of redlining.

Can you speak a little to that?

Yes, we did just in the sense that it was very difficult for us to get a loan to buy a home in the community that we were intentionally trying to move into.

And it took it kind of took pulling on some favors and pushing hard to just be able to buy a home in that community.

So another thing that came out on this podcast, other podcast I was listening to is that while redlining is no longer legal, it still happens to a degree in more um Less obvious ways.

And I think it wasn't that long ago that we were trying to buy a house in southwest Atlanta that was May of 2007.

Still experienced a very similar thing.

Yeah, thank you.

So as we think about what can we do to help to address these inequities hell from the racial trauma.

Um I'm curious, you know, I know you talk about some strategies in your book.

Um can you share some of those with us?

The one that comes to mind for me and what I love about good sam.

What I love about boys and girls clubs is just this idea of reinvesting resources in these communities Breanna.

Well I'm sure we'll share great ideas about some of the systems and policy change we need to be thinking about, but for me at the at the very local neighborhood level, I love to see organizations that decide to locate in these communities and take a community wide approach.

Um, I think it communicates that these neighborhoods are worth investing in and in so many ways they've been historically disinvested in.

And I think that's maybe a first step to reversing that trend.

The other thing is, and this is part of why we moved into our neighborhood in southwest Atlanta in the first place.

The other thing is, is if if it's raining on your neighbor's house and it's raining on your house, you care a little bit more like you're in it and you're experiencing the challenges.

And I think when organizations are co located in communities and feeling the challenge at the same time, but have a structure a staff, a philosophy, a theory of change, it's not just one family moving in in the case that I did with my family, but it's it's a whole network of support.

I think that can be really powerful.

You will probably hear, you know, kind of sentiments from me in the book of feeling like what we did was a failure.

And I think there's some truth to that.

I think though that the idea of moving in was not bad, it's just you've got to do it as in a more strategic systematic way and bring the right resources.

So we thought just us being there would make an impact.

Um, and one of the lines I say in the book is as I saw more and more people do what we have done, like moving to be good neighbors.

I was like I don't need any more neighbors, I don't need any more friends, I need a psychiatrist and so I think it's also just being aware of like what does the community actually need, Did anyone ask them what they need, what they want and then deferring to the community and providing what they're asking for?

And I think that deference piece especially for those of us who are have a heart for this and our white leaders, I think the difference piece of that process, it is very important.

Mhm and I really hear it's the importance of that network of support, right?

It's it goes back to the beginning when it's like we really all need to be thinking about this um every person and what does that look like, how are we contributing Brianna?

Yeah, I think that's really well said, I think when we look at like how do you start to tackle a problem of like a life expectancy expectancy gap of up to 30 years like that seems unapproachable to most people but all of us have spheres of influence.

Um we have our own families, we have our work environments and we have our general community and all of those places are places where structures exist that can either improve equity sustain current inequity or make it worse.

And so I think a great question to ask is is to take a really hard look at those everyday environments in your life and say, where are people that have been historically disadvantaged, still getting disadvantaged in this system?

Um, and I think for me, for example, at the clinic, I've thought a lot about, it's one thing to want to do equity work for our patients, but what about internally, what does it look like that?

You know, we and healthcare, you're hiring people that have 12 plus years of education in some cases and you're hiring people that are right out of high school, um, or maybe don't have a high school degree and that there's a really diverse range of access resources and life experience within any healthcare system.

Um, and so like Internal Equity Matters?

How are how are people, some people advantaged over others and can we, can we change that and why not?

And really questioning the way we just set up the norm of how we do things.

Where is that based in what, what narrative informed that decision and what if we did it differently, what would it look like?

And so I think it's, you know, whether you are in academia, whether you're in a clinical setting, whether you're at a community organization, thinking about how first your own organization deals with Equity internally.

Um, for me as a parent, it's also thinking about like, what do I need to do in raising my Children so that they have a little less to unlearn than I did, right?

Um and so it's kind of thinking about each of those spaces and and kind of thinking what does it look like to do this different?

And I just can't re emphasize enough Veronica's point about asking community what they need.

I think that that's at a community level and it's at an individual level that if we are hoping to correct a problem, then we need to make sure we are asking the people who are most experiencing the the outcomes generated by inequitable decisions and saying, what do you need to be healthy?

What what does different look like to you and then believing what they say, no matter no matter how it sounds to us.

And then thinking about so what does that mean for me, what does that mean for me as someone, for example, who is white, someone who is middle class or upper middle class, what does that mean for someone who is educated, whatever, whatever power, whatever advantages that you hold in your spheres of influence, kind of taking that approach of saying, what do I do differently tomorrow?

What do I do differently in this moment in this system to promote change?

And I think that the beauty of that is that as we as we work locally and small, but then have conversations and we share with one another, what we've learned, what didn't work, what hurt, how we overcame challenges, how we did better and we continue that kind of ongoing feedback loop.

Then we start to see that this change isn't small anymore.

It's not local anymore.

But it starts to really change communities and as communities change, it builds power to change those larger systemic policies that often feel unmovable.

Mm hmm.

I love that.

It's, you know, the choice that I make today, um how it can have that ripple effect out into so many different spheres and it gives me hope for for the future because this is such a heavy, complex topic.

Um and there's so many nuances to it that we won't even get to today.

But um I should say.

And it does give that does give me hope right there.

Okay.

And I think even for us it's an ongoing thing.

We have to push ourselves and that's not like you arrive and you're great at thinking equitably and the spheres in your life, it's it's got to be an intention and something and I find that I'm constantly disappointed in myself and how I don't firstly think of the equitable solution.

And I think it goes back to what Breanna was saying about unlearning, I feel like I'm in so many ways, still unlearning and relearning and just letting everyone knows that we're all somewhere in that journey and that importance of having the difficult conversations and identifying when we need to unlearn something and see those biases.

So we hear a lot about the importance of access to care.

Um, you found while important, there are several other important factors to consider and I know that you've named some of those, but if you'll just highlight really what, what is important when it comes to health equity, what do you see as the big important things?

I don't know if this is an order of importance, but one thing that I just personally am impacted by and passionate about is parks and green space and places for play.

And there's a wonderful organization in Atlanta called park pride that works with the city of Atlanta to bring just green space.

I don't think they call it this, this is my term green space equity to the city to make sure that there's pocket parks in places that maybe don't have a lot of space for a larger park and at the parks that do exist in some of those lower income communities that there is well maintained and have up to date equipment and nice playground and splash pads and things of that nature.

And I think that that play aspect and just the physical beauty of the park is so important for restoring hope.

There's a lot to be said about the, the impact of just spending five minutes in nature tree gazing.

Actually someone said the term is tree bathing, which is just to let your eyes bathe with the trees, which I love that going for a walk, taking your shoes off and just like putting your feet in the grass and so that's, that's one piece that I think, you know, in my, in my former neighborhood, we, we worked with park pride in the city of Atlanta to see the local park, I get a multimillion dollar investment to reopen the pool at a splash pad, improve the playground.

And it was, it was a great galvanizing thing for the community.

Um, and it brought people back to the park and that's the first step at bringing the community together.

So that would be the big one.

Yeah, thank you.

And sounds like making the park safe as well.

It's a huge piece of them for sure, and that's why it's important that the city of Atlanta is involved because it, yes, you're right, because we had a park prior to the kind of re grand opening of the park, but the kids in the neighborhood didn't feel safe going there.

So you're absolutely right.

That's, that's half the battle.

Yeah, I'll add from, you know, from a perspective, also being inside the health care system, I, I feel it's important to still name that we haven't fixed access, let alone everything along with it.

Um but certainly I find it helpful for me to kind of think about in a patient perspective, like what's closest to us as people and then what are the systems that drove those factors.

So for example, um, when we think about, you know, seeing a patient and assessing the social determinant of health impacting their life, we think about transportation, Can they get where they need to go, whether that's their appointment or whether it's to an their job, whether it's to take Children to school, we think about food, where can they buy food?

Do they have the ability to pay for food or their choice is limited by um by where they're living and someone else that's making those choices for them.

We think about educational opportunities like what's happening in the school places, it's safe and conducive to learning, Is it differentiated so that kids get what they need.

We think about like what are the job opportunities?

Um and are they jobs with advancement and benefits or ones where people are working crazy hours for very little pay out and we think about where people going home to, you know, are they, are they sleeping in a safe place?

Are they sleeping in somewhere contaminated with mold?

Are they constantly moving?

Um do they have neighbors that if something happens in the middle of the night they have someone to turn to or do they feel really isolated in the middle of a big city?

Um, and so I think, you know, that kind of paints a picture for all of us as we think through what are my answers can help you kind of think about the level of security and safety and health that each of those factors bring and then I think the the thing that to me is so powerful is that we need people in every single one of those sectors, like we need transportation experts and we need people in childhood development and education and that within each of those systems we say, okay, if if there are problems with transportation to work and to healthcare centers, why?

So like do we need to change up transit systems and make them more equitable?

Um right now, for example, we've partnered with some rideshare companies, we can now bring any patient to an appointment using a rideshare platform.

So like the next question is why why don't we just do that forever?

Like let's change rideshare and say that part of the beauty of a system like this is that it could be used for an equitable purpose, Right?

And so that's the exciting piece to me is that if you build these kind of solutions um then you start to say, well how do we reform that whole little sliver that whole little section in ways that that make these impacts.

Um and then I think you take your final step out and then you say, okay, so what what is the historical context of that lens of oppression or racism or those factors that affect each of these little slivers this transportation this education and you say we have to have a knowledge base of that um as we move forward so that we aren't putting little solutions in the same broken systems but that we're doing a both and we're saying what are the solutions we need in the moment because people are suffering and people are hurting and people are dying and then how are we using that as as a learning moment and as a time of gathering data and sharing and building so that we are also changing the system so that we're not just plugging in the same solutions another decade or two decades from now.

That might be one of the things that drives me the most insane is when I see that happening and it makes sense to me.

I I mean I feel like I do that personally at like a ground level is that especially in health care you're just so overwhelmed that like sometimes the best thing you can do is just to like put out the fire and I know I'm just putting out a fire and I'm not even doing it in the best way possible, but it just seems like the only solution in the moment.

Um and I think you you have to just hold some grace there for yourself and for your colleagues and say I'm I'm not doing it right every time I'm not on learning at a fast enough speed but this like get back and try it again and and just keep kind of renewing that cycle of saying okay this didn't work this time or this didn't go well or I botched this And like I just have to wake up again tomorrow and I have to have to think about what do I change and myself, what do I change in the system to do it a little bit better next time.

I think it's also constantly iterating and then trying and then iterating again.

And one way that boys and girls clubs in metro Atlanta has really changed through the course of the pandemic because I'm sure you've all read the articles around just the mental health toll that the pandemic has had on our youth.

And so prior to Covid, we did not require all of our staff to have mental health first aid training.

We didn't really talk a lot about trauma informed practices and now it's woven into our programmatic plan And I just think that even that little change of the type of training we're putting our staff through is huge.

And then it's also led to a partnership With a group called Chris one 80 that provides more robust counseling and psych services for the youth.

That through the mental health first aid assessments that the staff now kind of know what to look for, what to do can provide those referrals.

And so that was sort of an emerging need.

I mean, it's always been there, but it really emerged through the course of the pandemic.

And so I think it's also just keeping our eyes open for where are the emerging needs?

And even if we already are an organization that thinks about equity, are we?

Re assessing, looking at the emerging needs and iterating again, some ongoing work.

What fuels your passion to do this work?

Mhm.

You know, for me, I think the hardest thing about moving out of our former neighborhood was the relationships we had with a lot of the youth.

And I can think of a few of them by name that just are really still near and dear to my heart.

And for me when I'm at boys and girls clubs and I think about an initiative or program, I think about would this work for this young man and his family and would it wouldn't have made the difference.

And as I, my particular role at boys and girls clubs is to raise the funds.

So I don't do a lot of direct work in the clubs, but I resource the organization so that we can pay our people and do our programs and you know, every day when I wake up to do that work and raise money.

I think about the youth that we do.

My, me and my husband dearly loved before we had kids, we were loving on youth in southwest Atlanta and I think about hopefully in some way what I'm doing will make their lives their specific lives a little bit better.

But then also just better for lots of youth like them throughout the city and that that's what keeps me going.

It sounds like you hold them near and dear to your heart and it continues to touch you in ways that you know impact how you show up in the world.

Yeah definitely.

For me I would say that again and again, it's just my patience.

Um and I just I am always reminded of just what an incredible like honor and privilege it is that someone would come in and open up and trust me with like the whole of themselves.

Um and I just like I can't ever get fully around like how huge that is and how unworthy I am of of such a gift for someone to share life with me in that way.

Um And so I just when I'm in the room and I see the way in which um in which people are just set up for less access and less and and poor health outcomes than others.

It just fuels just my desire to say like what what more can I do to reverse that.

Um And I think you know my patients are patients love us so well too.

Like I had a patient the other day that woke up at five a.m.

to prepare like a noodle dish that's part of her traditional Chinese new year that she wanted to share with me and like it was amazing.

I mean my kids were like, can you call her and have her cook again because this was way better looking at planned mom.

Um that aside just the amount people tell us all the time, they're praying for us with the pandemic that people are walking in here carrying incredibly heavy loads of just what they have had to do just to get across town to see us for example or two to take a day off work to come to an appointment.

Um and that they are still just there for us And that that shared partnership is is incredible to me and just reminds me that that no matter how how good or bad this day or this week with that like that we have to keep working for this.

Um and that when when we burden people with just making it so difficult to survive to the next day?

Like how much beauty and energy and creativity we lose as as a nation, as a culture, as a world.

And um I just feel in clinical care you get these amazing glimpses of just how incredible people are.

Um and that's the beauty of people's story and what they, what they know and what they give.

And I just think we got to make sure everyone has that ability to live to their fullest potential.

So I think that's what keeps me going mm hmm That's awesome.

So as we close is there anything else that you feel is important for our listeners to know about this important topic.

I think maybe I would just, I would just go ahead.

I would just add to not do it alone.

But I think the other, the other thing that's so critical is like having, having friendships, having teams.

Um you know, whether it's my friendship with Veronica or just the incredible team here at the clinic that the knowledge that that other people are doing it too, that there is space for saying I didn't get that right.

We've got to try this a different way relationships where you can trust that you'll be called out.

Um and and have more ways to recognize what you need to do differently.

Makes that makes what can feel like a really overwhelming load easier to care.

So I just want to emphasize the importance of just partnership and collaboration and this kind of work.

Yeah.

And I was gonna say on the individual side, um it's okay to not be an expert and it's great to partner with experts.

I think that's what made our book great is that Brianna wasn't expert in social determinants of health and I was learning as we went and had some personal stories to share and we put that together but you don't have to be an expert to make a difference and you can start right where you are with small decisions and Brianna outlined so well earlier and it's these micro decisions in our lives that eventually add up to make the societal change.

So every small decision matters and you can start today.

Well thank you both really appreciate your time and sharing all that you've been learning along your journey.

And I highly recommend your book will make sure to link to that in the show notes and we'll also link to um the resource that you mentioned about looking at um the difference in life expectancy gaps.

So thank you both for your time today.

We really appreciate it.

Thanks for having us.

You thank you for listening to CASAT Conversations.

Your resource for exploring behavioral health topics.

We hope you found today's conversation timely and meaningful.

Please share this podcast with your friends and colleagues.

If you want to learn more, visit us at our blog at CASATondemand.org.

CASAT Podcast Network

This podcast has been brought to you by the CASAT Podcast Network located within the Center for the Application of Substance Abuse Technologies at the University of Nevada, Reno.

For more podcasts, information and resources visit CASAT.org.