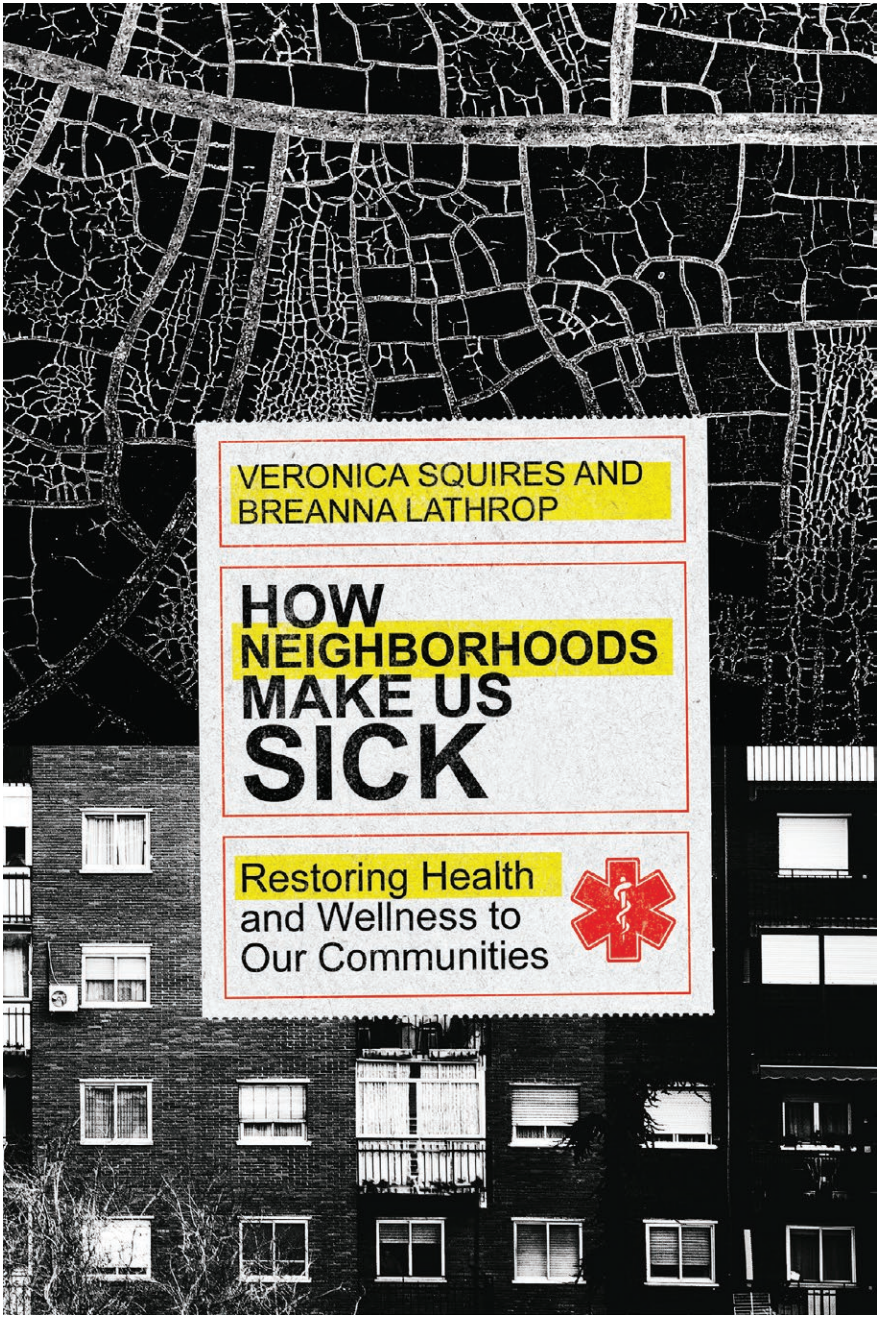

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CHAPTER 1

TWO JOURNEYS TO THE INNER CITY

But if I could turn life on its side
Go back and do everything right
Oh I think, I think
that I might.

JENN BOSTIC, "SNOWSTORM"

The drive to the clinic in the morning is usually dark, the sun just starting to emerge over the heart of West Atlanta. Near the clinic, the roads become lined with abandoned houses and closed businesses. There are several corner shops and a few gas stations. Despite the early hours, there is always foot traffic and kids in uniform waiting at bus stops. Occasionally stray dogs wander along the road, and someone holding a sign is asking for money. Shortly before the clinic opens, the local jail procession drives past taking prisoners to work duty for the day. The landscape fits the story of urban poverty: unemployment, crime, and abandonment.

Yet, having worked and lived in the neighborhood for nearly a decade, we are aware of another story as well. The neighborhood is filled with vibrant church communities offering fellowship, meals, and social services in addition to weekly sermons. There is an urban garden movement with fresh produce hiding behind many rundown

buildings. Several clinics, like the one we work in, offer health care services and health education. Progressive and creative learning communities like BEST Academy and KIPP are just blocks off the route to work. The neighborhood is filled with engaged community members with deep passion for their community and strong family ties. Yet the neighborhood is suffering.

When the Virginia Commonwealth University released their Mapping Life Expectancy project, we saw numbers that confirmed what years of clinical and community development experience had revealed. Life expectancy in this West Atlanta zip code is thirteen years less than life expectancy on the more affluent side of town.[1] A twenty-minute drive within the perimeter of Atlanta creates a life expectancy gap of thirteen years. This finding wasn't unique to Atlanta. From a sixteen year gap in Chicago to twelve years in St. Louis and twenty years in Philadelphia, life expectancy gaps persist throughout US urban areas. How is it possible that people living within the same city could have such drastic differences in life expectancies? How can residents in neighboring zip codes have such distinct differences in mortality?

Similar questions have plagued us since starting our careers. Breanna is a family nurse practitioner who has worked in nonprofit clinics since graduating in 2008. In order to better understand the health care system, she obtained a master's degree in public health and focused her doctoral study on social determinants of health and programs to improve clinical care for vulnerable populations. In 2010, Breanna started working at the Good Samaritan Health Center (Good Sam), a nonprofit clinic providing comprehensive care to people without health insurance or adequate financial resources to afford health care. The clinic, now in its twentieth year, offers primary care, dental services, health education, behavioral health, and some specialty care in West Atlanta with a mission of "spreading Christ's love through quality

health care to those in need." Veronica joined the Good Sam team in 2015. Veronica's career prior had focused on nonprofit fundraising and development. As a Christian Community Development practitioner, she lived in Southwest Atlanta years before working in a similar neighborhood.

We found that despite our career differences, we shared a deep concern for the health of the neighborhood and questioned whether our work, personally and professionally, was making any difference. Breanna had spent the first few years of her career learning the limitations of clinical medicine in restoring health to underresourced communities. She had met countless motivated patients who sacrificed to afford their medications and make it to appointments on foot in the rain because they had no other transportation. Yet even with their motivation and the best medical care she could provide, she saw the direct health impact of poverty and faced the sobering reality that health care simply wasn't enough. Veronica moved to Southwest Atlanta with her family in hopes of improving her community through youth development, civic engagement, and fundraising for capital expansion projects. Yet she and her family found the neighborhood was making them sick far faster than their efforts were improving the neighborhood.

Over our years of working together, we have had many long conversations about what is making the neighborhood sick. We have watched in frustration as patients face insurmountable barriers to good health and have recognized our limitations in dismantling such barriers. This book is our response to the question, What is making our neighborhood sick? It is also a discussion of the programs, policies, and community efforts that are bringing wellness and confronting the systems of oppression that allow such life expectancy gaps to exist. We also hope this book will be a catalyst for change and offer practical applications in part two for how you, the reader, can make a difference.

In the chapters that follow, we use our personal experiences along with the shared experiences of friends, neighbors, colleagues, and community partners to illustrate the ways social determinants affect health. We recognize that because we are white women from a middle-class background, we can never fully understand the challenges our neighbors and patients have experienced. We cannot identify with the complex layers of historical discrimination and generational poverty faced by many within our communities. Yet despite these limitations, we chose to write this book to illustrate the power and pervasiveness of social determinants such as poverty, homelessness, environment, and education to impact health status. The currently available literature on social determinants is often academic. We come with personal, real-life language to describe what these determinants are and how they can negatively impact health, disproportionately so in low-income communities. Our aim is not to point a finger and judge these communities for being sick. Rather, we are affirming the very real obstacles that exist for these residents and calling for large-scale change to heal their neighborhoods. We hope this is evident throughout the remainder of the book. We have tried to keep an attitude of humility, listening to and learning from our neighbors and patients about interventions most helpful to them. We also recognize that while this book focuses on experiences and issues in urban Atlanta, poverty, like a disease, spares no geographical region or race. Social determinants of health impact rural areas in different yet equally important ways.

A few years back a childhood friend of Breanna's was coming to Atlanta for work. In route to Breanna's house, he called her to say he was lost. "I think my GPS is trying to kill me!" he explained. In an attempt to reroute him, she quickly discovered he was just a block from the Good Sam clinic. His sentiment reflected the culture shock of driving through urban poverty, but the statement holds an element of truth. The neighborhood is deadly, but her lost friend passing through

isn't the one who is at risk. For those living within the neighborhood, poverty, unemployment, racism, the built environment, and systems of oppression are literally making them sick.

VERONICA'S JOURNEY

I first heard about community redevelopment during my freshman year at Emory University a few months into joining the InterVarsity Christian Fellowship chapter, a diverse witnessing community of believers on campus. Having grown up in a small suburb outside of Orlando, Florida, going away to school at Emory in Atlanta was my first introduction to a big urban city. I fell in love with both.

As I became more involved in InterVarsity, I was encouraged to see my life as having a mission and that I could be a "world changer." I jumped in with both feet. It was like I had finally been acquainted with the missing link that made everything else in my life make sense—my helping personality, my love for people, and my desire to see broken systems restored to new life. Surrounding me were Christians acting as Jesus' hands and feet by caring about racial reconciliation, loving the poor, engaging with those who mourn, and fighting for justice. I came alive as a Christian and started devouring books by C. S. Lewis, Dietrich Bonhoeffer, Dorothy Day, and Elisabeth Elliot. My list of spiritual heroes grew tremendously in college.

It helped that in the larger InterVarsity network there were many examples of individuals and families making radical decisions in service of God and marginalized peoples. By the time my husband, Eric (we met in InterVarsity), and I graduated four years later, we had been pricked by the desire to live counterculturally as urban missionaries in Atlanta. We saw countless biblical examples of God calling individuals and communities to care for the poor, the widow, and the foreigner. It was clear that a big piece of God's heart, and the specific ministry of Jesus Christ, centered on seeking out those society at large often neglects. This spiritual motivation was combined

with a deep sense of personal responsibility and desire to live differently in order to help others and glorify God.

After graduation and marriage, we read John Perkins's book *Restoring At-Risk Communities* and Bob Lupton's *Theirs Is the Kingdom*. We prayed and dreamed about participating in Perkins's three Rs of community development—relocation (move to the inner city), redistribution (share resources and invest in the neighborhood), and racial reconciliation. About this time, we connected with another young married InterVarsity couple who were also considering a missional move to the inner city. After one year of shared weekly dinners, we decided to buy our first home together and live a communal life in Southwest Atlanta. The purpose of the communal approach was to have a built-in support network as well as save resources through sharing so more finances could be invested in the neighborhood.

Our first clue that this journey would be difficult came when we tried to get a loan for our new home. Even though all four of us had good credit scores and stable incomes, we had difficulty finding a bank that would make a home loan in our Southwest neighborhood. We were experiencing the lingering effects of redlining (neighborhoods marked "hazardous" in red ink on maps drawn by the federal Home Owners' Loan Corp. from 1935 to 1939) that still disproportionally affect low-income, minority neighborhoods today.[2]

But we finally got the financing, and in May of 2007, the four of us filled two enormous U-Hauls and drove from Buckhead (the nicest side of town) to Southwest Atlanta (one of the roughest zip codes). We didn't know it at the time, but as we drove just a few miles we were crossing through zip codes that differed thirteen years in life expectancy. Buckhead is an affluent area with high-end luxury housing and retail centers where 71 percent have white collar jobs and 75 percent have a bachelor's degree or higher.[3] Our new neighborhood was plagued by high poverty levels (18 percent living at the most extreme level of poverty as measured by the federal government), 55 percent

unemployment, 48 percent without a high school degree, and high rates of violent crime.[4]

We arrived full of good intentions and community development training, but had no concept or language yet for the structures affecting lifespan and quality of life for our new neighbors. We stepped out of the moving van and were greeted by, "Huh, we thought we ran white people out years ago." We didn't even realize that two preceding generations ago our neighborhood, and many other Atlanta inner-city neighborhoods, were wealthy, white communities and had experienced white flight to the suburbs.[5] Racial tensions and mistrust had been building for decades, and here we were—the new and only white people in the neighborhood. Despite the fact that we stuck out like a sore thumb, our neighbors generally welcomed us and treated us with kindness.

But at first no one really understood why we were there. Speculation abounded, and people assumed at first that we were undercover cops, which put them on their best behavior when we were around. After months of our insisting this was not the case, they labeled us as hippies and tried selling us a variety of illicit drugs. When we didn't buy the drugs, our home became a primary site for stealing. In the first two years we experienced over eighteen attempted break-ins, most of them occurring shortly after we left for work in the morning. But more importantly, we observed two of the primary neighborhood economies: drug trade and theft. Additionally, with high unemployment and incarceration rates, there was an abundance of desperate parents trying to earn a living. The first time we cut our grass the lawnmower was stolen out of our front yard, and we had to buy it back from the local flea market for $25. My uncle jokingly referred to this as a "creative recycling program" in the community. But in reality there was a lot of economic "creativity" going on because even low-wage jobs were out of reach for most of my neighbors.

When we first moved in, we had vowed not to own a gun or have an alarm system, trusting our neighbors indiscriminately up front and wanting to live a "normal" existence in our new home. Over time we relented to add an alarm system, window bars, and two large guard dogs. This was the second scraping of our ideals against the harder realities of our chosen neighborhood. Just the need for these protective measures changed the way we viewed our home and our community. We didn't know who was breaking in, so we became suspicious of everyone.

I knew intellectually that we were putting ourselves at risk moving into a high crime zip code, but our dedication to the move kept me from internalizing how I would really feel living in this environment. The real and perceived danger in the community quickly took its toll, and I spent most of my time at home feeling anxious. Between negative monthly crime reports at our community meetings and rumors of shootings, home invasions, and car theft, I quickly passed the point of concern and went into a chronic stress mode that kept me scared and ultimately sucked the joy out of life. I remember every time I would hear gunshots at night (which was frequent), I would bury my head under my pillow and cry, shivering with fear and wondering if a tragic incident was simply a matter of time. Every sound in the house was a potential intruder. One night I woke to a weird flapping sound. Terrified, I shook my husband, Eric, and whispered that I thought someone might be in our room. I bundled under the covers while he bravely flipped on the light to discover it was simply a large moth throwing itself at our overhead fan. Even after he told me it was fine, I didn't come out from under the pillows, and I didn't feel better. I was so tired of being afraid.

After experiencing this level of stress for a couple of years, I couldn't imagine the negative accumulation of stress for our neighbors who had been in the community for generations. I was already noticing my own psychological health starting to decline,

and couldn't help but wonder how families under chronic stress in poor neighborhoods with few resources could possibly cope. I marveled at the fact that my neighbors were holding their lives together as well as they were, considering their circumstances.

There was another major unraveling. Our small Christian community of four, for which we had high hopes, didn't pan out like any of us thought it would. We were in different stages of life and had incompatible personalities and ways of dealing with stress and conflict. For all the wonderful spiritual things we heard about living in Christian community, it turns out to be ridiculously hard for two young families to co-own a home. We argued about everything, from whether to replace our stolen AC unit to what color garden hose we should buy. Two years in we found our house community imploding in a way that counseling couldn't repair. Just like many of our neighbors, we had too many people living under one roof, and it caused severe relationship dysfunction for everyone involved. It was messy, but we struck a deal and the other couple moved out. Once they left, Eric and I looked around and wondered what to do next.

Another challenge we had not anticipated was the impact of small inconveniences accumulating over time. Because we lived in a food desert, had regular police incidents at local businesses, and lacked neighborhood amenities, we drove outside of the zip code for everything: groceries, date night, gas, clothing, coffee, and so on. I couldn't help but notice that whoever was making decisions about where to locate quality establishments (e.g., grocery stores and restaurants) had obviously decided they didn't belong near my community. My neighbors adjusted by walking a lot or taking MARTA (public transportation) to get the items they needed, but a simple errand could turn into an all-day activity. Over time the steady drip of challenges welled up into a daily perception that everything was hard.

On top of the normal stresses of being working professionals, our life in the neighborhood began affecting our work. I remember

arriving very late to work one morning at Boys and Girls Clubs and getting a look from a colleague. I considered explaining about the violent shooting that happened behind my house the night before that kept me from sleeping, or mentioning the fact that I had to drive across town in rush hour traffic that morning to get gas before arriving at my desk. Instead, I just looked down and walked to my office. I was behind before the day had even started.

So two years in we were already scared and weary. Our community dysfunction and the neighborhood challenges took a major toll. While we knew urban ministry would be difficult, we were completely unprepared for how challenging it would feel to two young idealists raised in the suburbs—a completely and utterly different world. We regrouped again and again, trying our best to love our neighbors and advocate for the benefit of the neighborhood the best we knew how. Eric's work in the community largely focused on mentoring young men, giving them a vision for their education, and helping them develop marketable skills. We transformed our home into something like a Boys and Girls Club, complete with a game room, computer lab, two-story wooden clubhouse in the backyard, and a kitchen stocked with healthy snacks. Yet even with all these resources at their disposal, the kids we loved who lived across the street battled poor grades, skipped school, and only sporadically showed up for weekend tutoring programs. I felt dejected and quickly realized that our best efforts were not enough.

My work in the community focused more on fundraising for capital improvement projects at the neighborhood park and lobbying local government officials for resources. There were certainly beautiful "breakthrough moments," like the day our middle school-age neighbor, Caleb, was baptized or the ribbon cutting ceremony for the new pool, playground, and splash pad at our park. But while we saw glimpses of progress, the overall status of the community remained the same, and the family situations largely stagnant. We

were doing everything the community development books and training had taught us, but we were underwhelmed with the results. The neighborhood needed so much more than one family or even one organization could provide. The issues were bigger than us, and the cumulative effects of poverty and de-investment in the neighborhood would not be reversed quickly.

This reality sunk in somewhere at the turn of year three. Discouraged, we started brainstorming how we could move out. Unfortunately, we bought our home right before the housing crash of 2007, and it took ten years to regain its value. We spent literally hundreds of hours discussing how to move out without obliterating our finances. It took seven years to finally get to the place where we could leave. In addition to lacking a healthy neighborhood environment, we lacked choice. We were working hard and weren't making bad decisions, but the opportunity to move out was simply not there. Just like many of our neighbors, we weren't in Southwest Atlanta because we loved it—we were stuck there.

I think that was the final nail in the coffin, which most contributed to us becoming mentally sick and critical, mere shadows of our former Christian selves. We spent countless evenings with our heads in our hands at the dinner table asking God, "Where did we go wrong? We wanted to do something important with our lives, why did it turn out like this?" Over time the questions devolved into confusion and despair, "Is God even real? If so, does he just like to see us suffer?" Finally, there was a deep sense of grief and identity crises as we asked, "Who are we, and now what?" In these moments we expected our religion to provide us with answers to what was, in reality, a poorly planned major life decision based on sentiment and inadequate scientific data to support that the community-development model yields results.

When those answers didn't come easily, we turned on each other, replaying past decisions and pointing fingers desperately trying to

find someone to blame. We felt abandoned and foolish, proving everyone right who told us not to move there in the first place. We started spending as much time out of the neighborhood as possible in nicer parts of town or vacationing with family for long weekends. But even though we could get away temporarily, we would inevitably come back and be hit in the face by the contrasting harsh realities of life in our neighborhood. One night after spending a lovely evening on the east side of town, we pulled up in our driveway and couldn't even bring ourselves to get out of the car. Instead, we just sat there talking about our current problems, which in turn escalated into yelling—me yelling out of fear for my and our daughter's safety, and Eric yelling in bewilderment on how to provide safe options for his family. The yelling gave way to sobbing, and then we just sat quietly listening to the dripping sound of our tears.

A few weeks after that raw and painful night, I had a vivid nightmare. I dreamed that a group of witches, hair flowing wildly, robes wafting in the wind, were pushing someone (presumably dead) down our street on a stretcher. The sound of the metal stretcher scraping the broken asphalt, coupled with their crazy cackling laughter, was deeply disturbing. It was almost as if the witches represented the harsh environment adding another sick soul, beyond the point of cure, to their bounty. I woke terrified of being the next body on a stretcher. I told Eric we had to get out, no matter the cost. After all was said and done, we realized we wanted and needed the same thing everyone else desires—a safe, healthy place to live and raise our family.

In the process of trying to make sense of it all and rebuild our lives, I tried a thought experiment. I decided to believe without question that God is good and loves me like a kind father. I repeated the truth to myself every day that our lives were valuable to God and that there was a purpose to everything we experienced. It was from this place that I resumed asking him why Eric and I had spent our twenties failing at community development. At the time, I had been working for the Good

Samaritan Health Center for a little over a year and had recently met Keri Norris, chief of health policy and administration for the Fulton-DeKalb Hospital Authority. She introduced me to the startling fact that a person's zip code matters more than your genetic code in determining whether they live or die. Then I found the research from the Virginia Commonwealth University revealing a shocking thirteen-year life-expectancy gap between Atlanta's inner-city neighborhoods and more affluent areas.[6] I realized there was a whole body of scholarship explaining what my family had experienced. What the population health world calls "social determinants" have a huge impact on our health and when sustained over long periods of time lead to toxic stress and ultimately shorten our lifespan and quality of life. In other words, we were not the only ones getting sick in a poor urban neighborhood. The difference for us is that we had health insurance and a strong safety net, while many of our neighbors still suffer from the trauma of poverty and remain untreated.

I am motivated to share my story because if my family, with all our privileges and opportunities, was radically affected by the social determinants of health in less than a decade, I can't help but wonder how our society can expect the poor to "pull themselves up by their bootstraps" and overcome the structures that keep our inner cities in a state of languishing. In hindsight I realize God, in his severe mercy, was allowing my family to experience firsthand how social determinants affect health status. By understanding what is really making poor urban communities sick, we can begin to choose interventions that promote community health and work more strategically to create environments that support health equity for all.

BREANNA'S JOURNEY

I can still picture the church in my central Iowa hometown that housed the newly opened, free medical clinic. As a high school student I had learned of this one-night-per-week clinic from my own

pediatric nurse practitioner who volunteered regularly. I convinced the director that I could be helpful, and she graciously allowed me to come every week. So I set off to change the world by organizing the supply closets and registering patients. Over the several years during which I volunteered, I made very little impact in the community, but the experience did everything to change me.

My first memories of being aware of issues of poverty, injustice, and social determinants of health centered around a middle school project on child exploitation. The project grew into an obsession of calling my senator, writing letters to Nike, and boycotting a list of companies so long my parents about lost their minds. I found myself fixated on the injustice of the world and determined to make a career of fighting it. A year or so into this mission I realized I needed some type of skill. How was I going to change the world if I didn't have a tangible skill to offer? The first evening I spent at that small free clinic seemed to answer that question. I watched the providers at the free clinic—family doctors, nurse practitioners, and ER physicians—caring for uninsured patients. I watched them give medication and medical advice, and in my eyes they were superheroes, curing the sick and helping the poor. This was my answer. This was my avenue to change the world.

Interestingly, it was a few years later during nursing school at another free clinic where my visions of changing the world were abruptly cut short. By this time I had some, albeit limited, skills and was working with a team of community members to open the first free clinic in a small college town in Minnesota. It took only a few weeks to realize that medicine was not all that these uninsured patients needed. A course of antibiotics didn't cure poverty. Medications for diabetes didn't seem all that helpful for people struggling to afford food. A consult at the free clinic couldn't make up for missed screenings or needed surgeries only health insurance could buy. I regrouped and educated myself on health policy. By the time I

got to Emory University for my master's program, I was splitting my time equally between advocacy at the local and state levels and my schoolwork. Yet the further I researched health policy and the impact of health insurance, the more I realized access to health insurance and health care was only one small determinant of health status.

One month after our college graduation, my husband, Matt, and I moved across the country to start our life in Atlanta. We had a small sized U-Haul filled with a combination of dorm furniture and donations from our parents. We had my old but well-kept Altima and the bright red Camry my father-in-law had graciously leased for us so we'd have at least "one reliable vehicle." We had our first month's rent for a 700 square-foot apartment near campus and a few hundred dollars in wedding money. Matt started teaching first grade in the Atlanta Public School system at a school where nearly 100 percent of students were receiving free and reduced lunches. I started at Emory University to study health policy and become a nurse practitioner. When one of my nursing friends told me about a small clinic serving people without insurance just around the corner from my husband's school, I called the director and begged her to let me work with her for my first clinical rotation.

The clinic was a small, rundown building next to the gas station and had bars on the door and the only two windows in the entire building. Inside were a front desk, bathroom, single sink, and two exam rooms. I introduced myself to the director, who was also the sole health care provider at the clinic. The director had the experience that comes from a long career and the hardness born of a life filled with difficulties. She had moved across the county; she had been homeless; she told stories of being so sick and without a dollar or any insurance and begging a local doctor for a round of antibiotics. Her personal experience shaped her passion to provide health care to those lacking insurance and financial resources. I walked in ready to begin the career I had imagined since high school.

The director peered over her glasses at me and asked, "Are you the one that wants to come work at a place like this when you graduate?"

"Oh yes, this is what I want to do!" I responded eagerly.

She turned back to the towering stack of charts on her desk. "Huh. You driving up in that fancy car; we'll see how you do," she smirked with a voice dripping with skepticism and sarcasm.

At first I felt anger rising inside me, *How can she judge me like that? Doesn't she know how long I've waited for this? Does she know how many hours I have spent in clinics like this?*

But anger was quickly replaced by a sinking feeling that stuck with me for months. *She's right. I have no relevant life experience. I have never been hungry, or poor, or homeless. I've had health insurance and good health care for every illness in my life. I am a fool to think I can do this.*

But I stayed that day and came back the next. Each day I returned, I learned what school never taught me. Prescribing medication was helpful, but it wasn't fixing what was already broken. Diseases weren't making my patients sick. Poverty, stress, trauma, and food insecurity had taken a devastating toll on their health status long before they showed up at my office. The clinical placement became a job at the clinic after graduation and Matt and I bought a foreclosure just down the road. A few years later I started working at the Good Samaritan Health Center, continuing to bridge the health care access gap between those with and those without health insurance. At Good Sam I am a part of an interdisciplinary team providing comprehensive primary care to uninsured families. My work remains a small piece in restoring a vast and devastating inequity in which social status determines health status.

Yet I have also learned resilience from my patients who had lived through experiences much different from my own. I learned that partnerships between patients and providers can be more curative than prescriptions. Most importantly, I have come to understand that good health care alone is not the end but rather a means of

highlighting and addressing social determinants of health. Healthier communities are possible, but only when we understand what is making them sick and only when we are willing to reconceptualize health and our role in it.