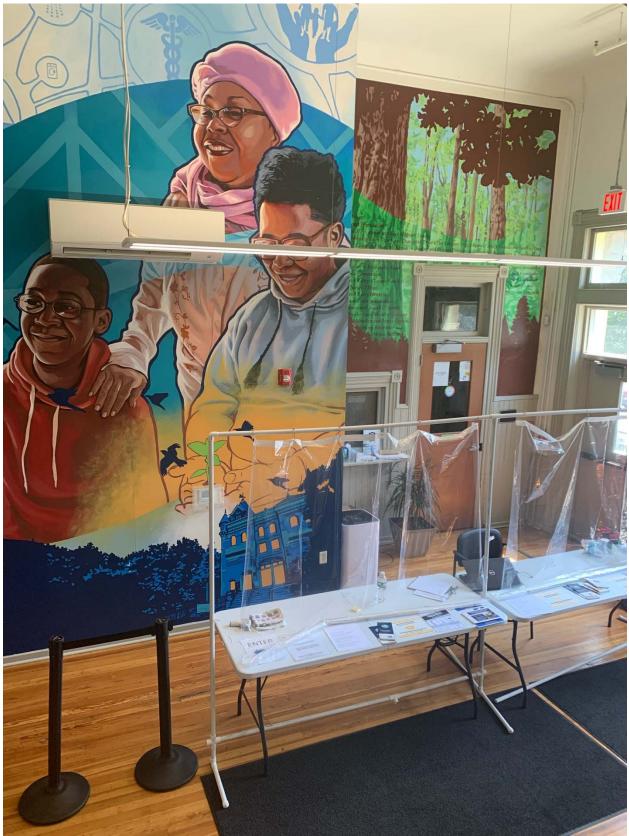
Drexel University Story Telling Projects 2021



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Storytelling Project

Face to Face

Chinedu: what do you want people to know about the community you serve?

Sheila: This community is one of the poorest in the Philadelphia area. It has 26.4% poverty rate and is higher than the national average which is 12%. So, we are one of the deep pockets of poverty in the city.

Chinedu: Could you share a favorite memory of working/living in this community?

Sheila: Like I said, this is one of the poorest neighborhoods in the city, and what sticks out is that most of our guests live on \$700 a month and disability income which you and I know is not sustainable to survive on and pay rent etc. What I get from this community though is the uplifting attitude and the spirituality that our guests have even though we feel that living on \$700 a month is not much. They walk in with a lot of gratitude and when you ask them how you are doing today, the response is "oh I'm blessed, I'm blessed to have you and to be here". Even though people are living in this type of environment, they are very appreciative of what life offers them or what the community offers them.

Chinedu: How do you get the support and resources to do the work you do in the community

Sheila: Financially, we are funded by Phila grants and project donations from groups and individuals. No funding from governments, both states, city and or federal government. The distribution of our donations are about 40% foundations, 30% private individuals and then we have two fund raisers a year that we use to support ourselves. Our budget is roughly \$1.8M just for the Germantown face to face building. There is no other face-to-face locations like us. I think you know who we are. We are a community-based organization, we serve meals 5 days a week to the community, we have a social service center, a health center, and a legal center. We also have another program that caters to preschool and other levels. This is just unique to Germantown. We thrive on this holistic one-stop-shop approach for the community. We get emotional support through other programs and agency affiliations such as Philadelphia Fight etc.

Chinedu: Tell me more about your health clinic service

Sheila: We have a health center that is nurse managed, we don't have a physician, but we are connected to a physician at Chestnut hill college that we refer to if we need to. We have a podiatrist from Abington that comes in once a month to see everyone since diabetes is common in the African American male population. We have relationships with Drexel, Einstein and Chestnut Hill medical services. I mean

residents from these hospitals come to support our nurses in our health center on a weekly basis.

Chinedu: What does cardiovascular health mean to you? Do you have guests with cardiovascular health problems?

Sheila: Yes, we do. Dr. Renzy is our podiatrist that comes in and has quite a following, and he started the program "save our souls". He knew that this community needs health services and that is near and dear to him.

Chinedu: what impact did the past year of Covid-19 Pandemic have on your ability to provide services and what has changed as a result.

Sheila: On March 9th we shut down just like everyone else and two weeks later, we needed to pivot. Our pre-pandemic setup was serving meals in our dining room in a restaurant style rather than call it soup line etc. We pride ourselves in doing it that way as stipulated by our executive director. We have volunteers that come in to help us serve our guests and that is what we have maintained out of dignity and respect to our guests. However, during the pandemic, we pivoted to serving our meals in the parking lot in a grab and go style in response to the restrictions. Our other services—legal social and health, we did through phone calls until we opened again in July of 2020 where we served in the parking lot, and we came inside in October of 2020. Overall, we continued to provide services through phone call letting the community know what services we were providing. Though we are not a food pantry program, we pivoted to that due to the pandemic, serving canned and nonperishable foods etc. and we rolled them out in carts in the parking lot.

Chinedu: How would you say that the COVID-19 testing, and vaccination efforts have been.

Sheila: We advertised by disseminating information via our website and social media sites about vaccination. We were a small sample of what the country went through. We were extremely busy for testing in October, November, December. Then it dwindled and kind of been paralleling where the country is at right now. And going back, we collaborated with Philadelphia Fight and the City in doing canvassing and phone banking for the vaccine. So, we did that extra piece also. For your information, we do partner with Drexel med students where they come in on Saturdays to volunteer and do three weeks rotations each through our kitchen for food prep, then health center to support the nurses and finally the social service center. The med students have the understanding that medical and social issues overlap such that someone may be having high blood pressure but that may be because they are losing their housing.

Storytelling Project

I had the pleasure to speak with an individual who works with PHLConnectED and gain some perspective on the organization's background and future goals. She painted a picture for me of the City of Philadelphia from her eyes, describing the various community needs she wants people to get a better understanding of. One thing she focused on was society's perception of internet access within a large city like Philadelphia. Often, many people assume that large cities are well resourced and community members can get pretty much anything at the tip of their finger in terms of services, tools, etc. However, she explained how this is not the case and therefore there is a barrier to internet affordability given other community-wide needs.

A rural town just 40 minutes away might lack the necessary towers to support broadband internet access. Whereas in Philadelphia, the issue isn't having the appropriate infrastructure but rather making it widely accessible. She hopes for people to understand that while Philadelphia is a large city with relatively all resources most large cities have, we still have access issues to internet that need to be addressed.

Looking into how she sees the community, she explained her love for each neighborhood's identity and culture that is unique to our city. People are deeply embedded in their communities and are proud of where they come from. PHLConnectED allowed her to marry her passion for K12 services with the local government. She began working as a 2ndgrade teacher and believes kids are the most important people in communities. Blending this belief with her passion for local government and policy brought her to PHLConnectED, given that local governments are especially responsible for our kids and taking care of students and children in the community.



Throughout the summer working with Legacy Youth Tennis and Education, I have gained a deep appreciation of what tennis brings to our communities. While often labeled as a "country club sport," in reality, Legacy brings people from all walks of life together through tennis at their community sites. This was reinforced by my interview as my site director described growing up as a camper, working his way up the coaching ladder in high school, and now playing on scholarship for an NCAA Division One program. I tried to capture the diversity and inclusion promoted by Legacy in my piece by showing how tennis can be enjoyed throughout a lifetime, regardless of one's skill level, racial, ethnic, or socioeconomic background.





BTG Storytelling Project Blurb

By Angeline Nguyen

As I listened to this person's experience and stories about Health Center 9, my main internship site this summer, I had this picture in my mind centered around the community. Health Center 9 has been an integral part of the Germantown community since the 1970s. The building has been on East Chelten Avenue since the 1950s and became a part of the health center program in the 1970s. There are patients at this Health Center 9 who have been seen here since then and continue to be seen by providers there to this day. During the pandemic, the patients insisted getting their COVID-19 vaccines at Health Center 9 even though they could get earlier appointments at other locations because of the reputation of and trust they have in Health Center 9. I wanted to showcase that throughout an individual's life, they can be cared for at Health Center 9. Additionally, Health Center 9 has existing partnerships with local schools, churches, and other community programs. These partnerships show how the health center is integrated into the Germantown community. I even wanted to showcase the library and café nearby that are run by and visited by locals, who are mainly African American.

Centro Nueva Creación is a nonprofit organization that promotes resilience in young people through educational enrichment and engagement with the arts, and Latino cultures. I got to teach at a Summer Camp for Kindergartens that took place in the School Julia de Burgos, in Kensington.

For this project, I interviewed one of the teachers that I get the pleasure to teach along with. She has been part of the community for about 16 years, and has given me a broader aspect of what the Latinx community looks like in North Philadelphia.

The classes are taught in English, but there are a few students that only know Spanish. It has been a challenge to try to make everyone feel included in the lessons, but thanks to the variety of backgrounds among the staff I am part of, this has not been an issue.

In case you are not able to access the video, here is the Youtube Link

STORYTELLING PROJECT: MISS S. INTERVIEW

Background: North Light Community Center is highly integrated in the Manayunk/Roxborough communities. In the summer, it functions as both a summer day camp for children and as a food pantry. Below is the story of a member, Miss S., of North Light who is involved in the food pantry services of North Light. Miss S's food pantry operates out of the gymnasium of North Light and provides services on Mondays and Fridays. Questions posed to Miss S. are bolded, and her responses are provided below each question in italics.

How long have you been at North Light?

1 Year, 7 months.

In your own words, how would you describe your role?

I am involved in kind of everything; what I do is very important for my community. I oversee: emergency assistance, the food pantry, housing assistance, holiday assistance programs for Thanksgiving and Christmas in which adopted families provide gifts to kids, Manayunk meals and more (delivering meals to those in need). I do the essentials of daily living: hand out food and household things, assist with gaining resources to help pay for bills, provide computer access to apply for jobs, social security, and other resources.

What is something you learned as you have been carrying out your role?

I started when Covid happened so I learned a lot. I learned how to reorganize the wheel and work with it. I rework the wheel. I had to learn how to quickly handle crisis situations and still do it with positivity. It is challenging to be positive always, but I remind myself that people are dealing with much more than I am.

What is a strength in your community?

Everything and everyone comes together and looks out for each other.

What is a weakness in your community?

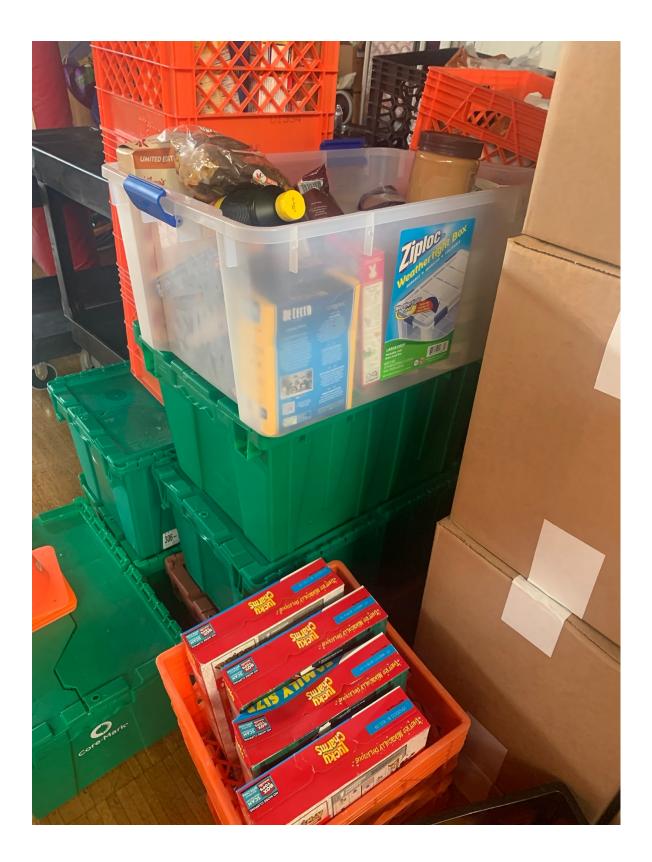
There are no boundaries, there is a lot of entitlement.

Can you describe an event or interaction with a community member that made you emotional or see things from a different lens?

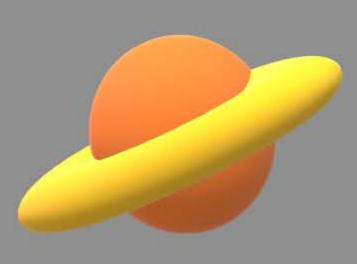
There are a few. One client had diabetic shock (it was the first time I experienced it...had to call the cops). We lost a lot of clients due to old age in the last year. Some clients do not show up and it worries me. Are they hospitalized? Are they alive and okay? I serve clients with housing issues, substance use disorder, and a variety of problems. They want to get out of their situation, but there is always something pulling them back.

What does the perfect/ ideal North Light look to you?

It would be that in my pantry, everyone is just happy with the way I am running things. I cannot make everyone happy. There are no complaints with my transparency, I answer questions. I give my clints input into what I am doing. We are moving in the right direction. Also, improved communication between the kids of North Light and my pantry would be ideal. I try to follow the guidance of DHS, but it mixes and intermingles. Clients are in the gym, and kids sometimes go into gym; this gets into a sticky situation with DHS to keep adult clients away from kids. When doors are propped open I get in trouble, even though I have nothing to do with it.







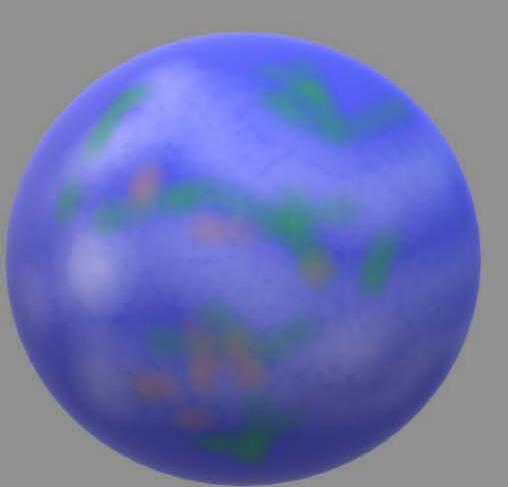
what's Offered

Low income firstgeneration college

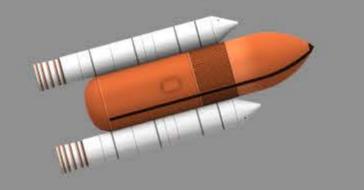
Personal Statement

Report Card

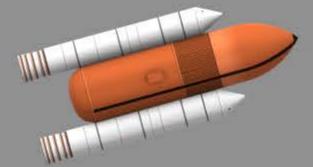
Reading comprehension test



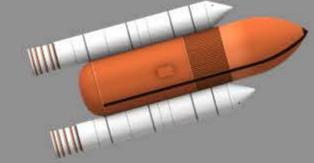




Resume, Cover Letter Workshops



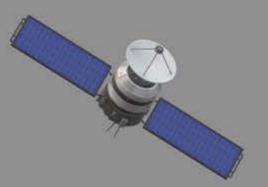
Reading, Writing, and Professional Skills





Continued Support

1 on 1 mentorship through college



Job search support



Drew Davis Bridging the Gaps 2021 Storytelling DePaul USA, St. Joseph's House

The Otherside

I climbed the wall and now I'm on the other side; it's been a long journey but I'm grateful for the ride

From homelessness to having a place to stay; all It took was patience, persistence, and getting out of my own way

Today I'm living proof; that God is real and his words are the truth

Never give up every day would not be the same; they'll be days of joy and days of pain

Stick to activities that'll keep you sane; if you stop now you'll be the only one to blame

I climbed the wall now I'm standing tall; remembering where I came from I refuse to fall

My life has a purpose and I walk it with pride; climbing the wall wasn't easy but it's great on the other side.

Journeyman

Years lost, perspective found. Somehow comfortable on this cracked, concrete ground.

This red sun setting, stooping low. Leading your tribe out the desert with your lengthening shadow.

Bursting with strength, overflowing with might, the kind far, far too strong to stoop to a fight.

Shaped by mistakes, were they laid in your path? Can we choose a pure future if plagued by a corrupted past?

They say what's done is done. No command-a, delete. Back to searching for diamonds in the trough with our hands and our feet.

But you believe otherwise, reject, disagree! Your end's unclear but it's yours. That's a promise, guaranteed.

This first poem was written by someone who made a deep impact upon me this summer, about his journey. I'll call him Raoul. The second poem, Journeyman, is my response to his. I wanted my storytelling project to represent his story as accurately as possible, so I thought why not use his own words? Raoul's mindset reflects one I've seen in a lot of people in the transitional housing system, both in staff and in residents. It's a calling to take their successes and failures, as defined by them, and lay them out for someone else to learn from. It provides meaning to the owner of a twisting and turning life to view their years spent on earth as a resource to others, but there is a deeper tenet at play. As someone else I became close with this summer once said to me, "I decided not to serve the time, but let the time serve me". Being an active agent in your life, shaping your future and guiding the future of others, can counteract the loss of your agency in the past, often stolen by forces and systems too huge to defeat. Here I specifically refer to the incarceration system, systemic racism, and a healthcare network built by the few, for the few, with some scraps left behind. I've been fortunate to hear so many stories this summer, stories that have opened my heart and opened my eyes. I had the opportunity to interview one of the caregivers at Uplift, Center for Grieving Children. She had been a client at Uplift for a while, and I had seen her in groups a few times during the past school year. She seldom spoke, as she wanted to give other caregivers in the group a chance to talk, but every time she did, there would be such gems of wisdom in her words. Her analogies brought such imagery that I knew I had to interview her for this storytelling project.

For this project, the caregiver went through the emotions she went through on her grief journey: disbelief, anger, concern, sadness, fear. She mentioned finding pockets of peace, and small moments of joy, but also noted some things that were said to her that just didn't sit right. Of course, I had to end the interview by asking her what her go-to analogy was. "Grief is a journey. It doesn't leave until you're okay," and compared it to phantom pain that amputees often feel.

Here, I show what one person's grief may look like, the ever changing emotions they go through, the things that are said to them in the beginning of their journey, things that are said later on, and then silence. Additionally, I have compiled a tip sheet written with comments by Uplift caregivers. I hope these pieces will show that grief is processed differently amongst people, and how we can support families going through grief.

I put a ".mp4" file to show what it looks like, but I also included a ".reality" file for those who want to try it out themselves (unfortunately it is only compatible with the iPhoneX or later).

Erica Crawford's Storytelling Project BTG CHIP 2021 – Drexel HOPE

For my Storytelling Project, I had the opportunity to interview a member of the Drexel HOPE mobile clinic staff who works in peer recovery. This staff member detailed to me their journey that led them to working with the Drexel HOPE team, from starting to misuse their son's Adderall medication to becoming a Certified Peer Specialist (CPS). This surprised me since, in my role as a student for nearly all of my life so far, I have mostly heard of Adderall misuse as a "study drug" that myself and fellow classmates did not take as seriously. But hearing this staff member's story showed me just how serious misusing this medication can be, helping to dispel my previous notions that Adderall is only used to get ahead in school. Additionally, this staff member explained how their past experience puts them in a unique position to provide hope and clarity to the community that HOPE serves, demonstrating that recovery is possible. To me, this highlights just how important interdisciplinary teams are in the medical field, since there are probably aspects of these patients' lives that they feel more comfortable sharing with someone who has been in their shoes and can provide an example of a life in recovery.

Probably the most common theme that was brought up during our discussion related to mental health. The HOPE staff member relayed how their own personal mental health struggles played a role in their addiction and how ultimately getting help in this area is what aided them in their recovery and becoming a CPS. "Mental health is key," they said, describing how there is still a stigma against mental health in nearly all areas and that understanding mental health better would open doors to understanding Opioid Use Disorder (OUD) and how to better serve this community. Indeed, during some of my online trainings relating to those with OUD, I have learned that many people with OUD or other substance use disorders also have a mental illness. This makes me think about how even though discussing mental health is becoming somewhat more common and is even popularized in the media, that there is still a long way to go, especially in terms of how accessible mental health services are. I'm not certain of how feasible it is to obtain mental health services for members of the community that Drexel HOPE serves.

There are many misconceptions and stigmas surrounding those in the OUD community that HOPE works with that I have learned. Some of the misconceptions this staff member expressed

were that "nobody wants help" and "they enjoy how they're living." They further explained that people are not aware of the daily struggles these people face and how these people are struggling with confidence and low self-esteem. Furthermore, when I asked about misconceptions surrounding Suboxone, they detailed how even their own family members told them how they felt Suboxone feeds these people's habits and keeps them longer in their usage, which is not true. When I asked how best to combat some of these ideas, they noted that if there were more CPS's in the community then they can share their stories and speak out, helping to educate people about the community.

Additionally, while thinking of the statistics of opioid use and overdoses that have been rising in recent years, this helped me and this staff member reflect on how statistics miss the human aspect of this disease. The staff member explained how just looking at the different races that use opioids, for example, misses the whole picture, which is more complicated by poorer neighborhoods and education level that keeps people in one area. This discussion has prompted me to be more critical of statistics I will see in the future and to ask more questions about what these statistics do not show us.

The HOPE staff member also expressed to me how they loved this community's perseverance, resilience, and desire to find a path. One of their favorite memories was how a patient who had first come to the HOPE clinic feeling disappointed in himself came in this past week looking joyful. Another memory was how a patient who was connected to care was happy when the staff member followed up, explaining how they felt this new place was friendly, listened to them, and was waiting for them because they knew this patient wanted help. This contrasted with how they felt a barrier towards recovery is the feeling of being judged. Indeed, I have seen how doctors can judge patients first-hand during my prior work as an Emergency Department Scribe. While I know I probably absorbed some of these attitudes during my work there, my time at HOPE has shown me the importance of compassion and meeting patients where they are.

Finally, we spoke about how COVID-19 has impacted the work at Drexel HOPE. The staff member described how, due to the pandemic, people cannot come out as much and are afraid. They further explained how COVID-19 has left people cooped up more with their own thoughts and has isolated people, included themselves. I have seen reports of how the pandemic has led to increased overdoses, which goes back to the importance of mental health services previously discussed. I myself have felt isolated during the pandemic even within my medical school community, let alone how those with OUD/SUD must have felt during this time when they are already a group that is stigmatized. Even when the pandemic is better controlled, I feel there is probably going to be a long-lasting effect on mental health, especially in marginalized communities, that we will continue to have an impact for years to come.

I asked this staff member what should be said about this community to medical students. They explained how they felt more med students should do programs such as this one and asked me if my view of those with OUD has changed. I can honestly say that my perceptions of this community have dramatically shifted and that I hope I will treat these patients with as much care and respect as I have seen the HOPE staff do once I am a practicing physician.

Look all around me Look at the tale of two hills See the differences

Society hill

Longer life expectancies

Where the wealthy live

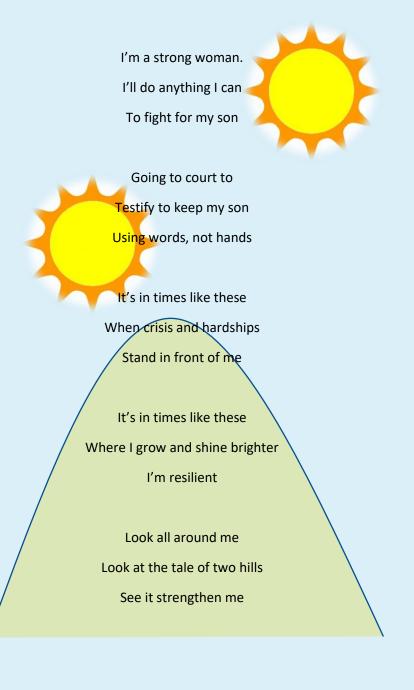
Look all around me Look at the tale of two hills

See the differences

Born in Fairhill where

And my future bleak

BUT...





I am by no means a skilled painter, so just in case you couldn't tell, I attempted to paint hands cradling children. The hands cradling children are to symbolize what it means to be a "Child Protector", something my interviewee described herself as. She had an incredible story that I was so fortunate to listen to. She was ripped away from her mothers loving embrace at the sensitive age of 8 years old and endured a whole 8 years deprived of affection, respect, and equal treatment while living in her paternal grandfather's home with his two daughters from his second wife. She explained how despite having a roof over her head and food in her belly, being deprived of the emotional support and affection only a mother could provide proved detrimental to her success in school. She was only able to thrive when she left her grandfather's home and returned to her mother nurturing arms. Only then did she re-enroll in night classes to finish highschool and then attend college after that. She explained how because of the trials she endured during those 8 years, she vowed that she would be the protector of children and make sure that her son never felt that way. She looked up to her mother a lot because her mother treated all kids equally, whether or not they were her own, and she treated them with unconditional love. My interviewee took a position at WAA because it aligned well with her mission to protect children and make sure that they were able to feel safe enough to grow and learn, even if it meant just a few hours per day in her classroom. She teared up as she told me about the time that she had a nonverbal child who eventually learned to count and read while under her wing. The interview was emotional for the both of us, as we both shared laughs and tears, I walked away from that interview with not only a newfound appreciation for my interviewee and everyone that I interacted with on site, but also a genuine faith in humanity. In a world like this, knowing that people who vow to protect children and provide a safe space for them exists makes me feel so much more at peace.

Fadia Namous

Chad Fanti BTG Site: Depaul USA

Storytelling Project description:

This summer, I spent the majority of my time working with one resident of St. Raymond's, a transitional housing facility for people with chronic medical conditions who were recently homeless. In the time that I knew him, he was diagnosed with stage 4 cancer and his health rapidly declined. I took on a case manager role and worked with him to coordinate meals, schedule appointments, get medication, and have home nurse visits. Despite these efforts, his body continued to decline as the cancer took its course. In the short month that I knew him, he became extremely skinny and unable to do many things that he could prior to his cancer.

For my storytelling project, I wanted to portray his experience with cancer, complicated by his lack of resources due to chronic homelessness. I painted a mock apartment room, similar to his room at St. Raymond's - a messy room as he was unable to take care of it at the end of his life. Yet the messiness also signified the difficulty he faced at the end of his life in accessing care and assistance that he needed as his health declined. The bars on the window (with the ironic "Home Sweet Home" on the wall) were meant to be the focus of the painting. Housing at St. Raymond's was a gift that he cherished and appreciated, yet due to chronic homelessness, the resources they were able to provide were the extent of his resources. The barred windows signified him being both physically trapped in the only housing that he could obtain, but also trapped within his own failing body. His "trapped" situation is one that I would often reflect on, as I would be able to go home, exercise, cook and enjoy my free time, yet he would be in the one room that he can call his own, stuck within his own mortal body as it came to its end. The "Home Sweet Home" not only creates contrast to the barred windows and messiness, but also is meant to capture the idea that although we as a society strive to provide housing to those who are without housing, it is often not enough to be called a "home", as I have learned this summer. While St. Raymond's does amazing work to provide food, housing, and assistance, there needs to be support on a societal level to integrate those who have been and are currently homeless back into society, and the health care system when necessary. Regardless of housing, there are still barriers that must be overcome in our society in order for those who have been homeless to truly feel at home.

BTG Storytelling Project Ashlea Ghaner Site: WAA



For my storytelling project, I decided to create a canvas painting. I intern at the children's summer camp with Woman Against Abuse (WAA) and the children love illustrations and painting so I thought this would be the perfect medium.

I interviewed the Learning Center teacher as my subject who often cares for the younger children during the day while the mothers attend to their own needs. She is the type of person who puts you at ease right away. She is calm, gentle, sincere, and passionate about helping children. She began working at WAA four years ago, but previously taught in the Philadelphia school districts. When she first began student teaching, she thought she wanted to teach high school students and worked with the older children. However, she realized a lot of the students could still hardly read and were getting passed through the system without the basic skills they needed to acquire jobs. Without those skills, there was greater risk of them falling into crime, drugs, and struggling more in general. She realized that it began while the children were young and changed her focus to early childhood with K-6th grade. She eventually saw the barriers at the other end as well where the school systems were overwhelmed, under-resourced and understaffed. She was teaching 30 children in each class and realized she could not help in the way that she wanted.

She has worked at WAA since, where they have no more than 10 children per teacher. She is a rock for her children and offers them a "safe space" (a term I find often overused, but true in this case). They are free to play, learn, and express themselves. She listens to them when they need somebody to listen. She herself experienced her parents' traumatic divorce as a child and can relate to their needs.

For my painting, I decided to convey my subject's role as a teacher, a caretaker, and listener. She and a child are depicted speaking through a string telephone. I also used the popular children's story, *Where the Wild Things Are* as an analogy. In the story, the young child protagonist is sent to his room after misbehaving and falls asleep to enter into this fantastical world with beasts where he is eventually crowned king. I illustrated the child in my painting with the costume of the story's protagonist with their crown and beast in the corner. In this case, the beast represents the child's own trauma, fears, and unresolved issues. However, in my painting, the child is beginning to share their story and overcome their trauma conveyed by their crown and the calmness of the beast. Hopefully, they too can eventually wake to a "home" with a warm dinner.



Mighty Writers El Futuro (called El Futuro for short) is located in the Italian Market on 9th street, an inconspicuous building among the hustle and bustle of the vendors and shopkeepers that line the road. However, the spirit and energy within the El Futuro walls are nothing short of special. Mighty Writers is an organization that aims to give children throughout Philadelphia the opportunity to attain and succeed in literacy. They believe that through reading and writing, invaluable skills are gained which can help any child conquer their way through the world. But Mighty Writers does so much more than just help kids with literacy. They provide a place which people can rely on for much needed essential items. They provide a space for children to smile and get excited. They provide somewhere for people to feel like they are a part of something so much bigger. All that we do is in the hope that the people we serve can look forward to a better future for themselves and their children. Inside the El Futuro center, there is a beautifully colorful mural with scenes of Philadelphia, Mexico, and so much happiness. Even through the busy days, I always find a moment to study the art. It fills me with so much hope and assurance that our work means something. As a true member of the Mighty Writers family, I made my project centered on the words that adorn the mural. Words which are so poignant and powerful:

> "Sueño de una tarde en El Futuro..." "A Dream of an afternoon in The Future"

Words from a beloved member of the El Futuro family:

Walking down 9th st., the "Mexican Market", you will see visitors from different places, ages, backgrounds and socioeconomic status. Working and living in South Philly, you start to discover the strong network that lies beneath the colorful stands and the busy sidewalk. It's more than a market, or a workplace. Most businesses are family led and there is a sense of community that emerges from that and that I have never experienced anywhere else.

We support each other in little and big struggles:

When our ceiling came down in pieces due to water damage, restaurant and fish stand owner Marcos spent all day, evening and night until 11 pm fixing it. The cost: barely the material. When we need food resources for our distribution, we buy from our local vendors.

When the kids need help with homework or are looking for a book to read, they know our door is always open.

When a pregnant mother in our food distribution line asks for extra newborn diapers, there's no doubt we'll serve them with the resources we have.

When we come together for celebrations, that's when the vibrant soul of this community is palpable. Two years ago, the Christmas before COVID, we celebrated "la Posada" in our space. It was an evening full of joy: Dance, food, theater, karaoke and a pinata - from the community, for the community. Everybody contributed something and together, we delivered an event at almost no cost. Our community is not only resourceful and resilient - we celebrate life and are grateful for the opportunities we have in this country.

There's still much work to do to ensure our families are safe and healthy. We are thrilled to see the successes related to immigrant protection - the Welcoming Schools Campaign has brought a sense of security to undocumented families, knowing their children's schools will be a safe space. COVID and the vaccines have caused misinformation and fear to spread among the Spanish speaking immigrant community. We rely on a strong network of nonprofit organizations like Juntos, Congreso and Puentes de Salud, to protect and educate our families

Our community has been deeply affected by COVID-19. Many of our families work in the restaurant and service industry and found themselves struggling financially, not being able to pay for food or housing. Another challenge our families had to face has been virtual learning, since internet access is not a given and the language barrier impedes parents to support their children's learning from home as well as an English native speaker could. With our 1:1 tutoring programs and workshops we were able to support those students and their parents in their education.

Our community is healing slowly from this last year, but there's still much work to do with the beginning of the new school year: academically, socially, emotionally. And then, maybe, we'll be able to celebrate a Posada again.

Kassandra Hill Bridging the Gaps- Summer 2021 Storytelling Project

Home

For thousands and thousands of people, North Philadelphia is home. Having grown up in the area as one of 14 children, a healthcare worker has spent her career serving, working with, and uplifting the community that she loves. After hearing her recounts and stories of her community, I felt that nine words best highlight what the community means to her, as well as what she means to the community.

Safe.

"Safe" was the word that kept coming to her mind upon being asked how she would describe her community. Acknowledging the violence that has affected the community in the past and present, though, she understands why others have concerns about remaining in the area. But, she emphasizes, the location of the local police station, the proximity to healthcare centers and resources, and the people in the neighborhood who look out for each other, help her feel safe, and hopes that others can too.

Service.

After years of building relationships with her patients, she is more than just a friendly face to many. She sees and hears of struggles that they are experiencing and rather than just listening, she thinks about how she can help them, and acts. During the holiday season, she has known parents that have been unable to afford the special meal that they wanted to make for their families. With her own time and money, she went and purchased whole turkeys, and spent the time delivering them to the people she had built a rapport with. For her, helping ten families in this way was second nature. In fact, she often cooks meals for the staff where she works and sets it out for anyone to enjoy. An act of service that may seem small, but for the families and staff, mean so much.

Supportive.

Where she works in the community, whatever resources a child or family might need, they are either provided, or connections are made with outside organizations to provide the direct support. All social factors contribute to physical health and the center where she works assesses how they can help, and they do. Some forms of support are universal, such as a free book given to every child when they leave, while others, such as direct assistance for rent or utilities will vary, depending on each family's needs. Ensuring that each family leaves knowing that they have a team on their side to help them no matter what happens, and getting to be a part of that care team, is a special part of her job and the role she plays.

Resilient.

When the pandemic hit, her role changed to being on the frontlines of screening every patient, family, visitor, and employee for COVID-19 before they could enter the building. Here, she interacted with people who were impacted by the sudden shift in society. There were fears about making ends meet and having to accommodate to a society that was becoming more and

more virtual. They worried about their health and the health of their loved ones. They faced loneliness and isolation. But, a year and a half later, the community has adapted and is still standing. It was not easy, but the hard work and dedication of so many individuals and groups made a world of a difference for patients and staff alike.

Dedicated.

As a medical assistant, she has worn many hats during her career. From working in cardiology to adolescent medicine to training children and families about asthma, she has done it all. Her community is her family, whatever they need, she will do. Her values and those of the clinic she works in align well. No need is left unaddressed. You will be reminded of your appointment in many ways, if you miss an appointment you will be contacted to reschedule, and after, you will receive follow-up care. Life happens, and that is understood. As a member of this community, you will have a group of people to support you and be with you, no matter what.

Diverse.

There is great diversity within the community which helps to make it the community it is. Individuals of different cultures, backgrounds, and home situations may not know how to communicate their needs at first. Translators and technology have helped to alleviate some of the communication barriers. But it is the rapport between the patients and staff that allows more barriers to be dissolved. Afraid at first to say why they came into the clinic, their fears lessen when they are met with a team that cares about *them*. Taking the time to learn, respect, and listen has allowed common ground to be found. To make everyone feel welcome.

Family.

Everyone that walks through the doors of the healthcare clinic in North Philadelphia becomes part of a larger family. One of the most rewarding things for this medical assistant is seeing the growth of her patients and her co-workers. From infant to toddler to child to young adult. From student to physician or nurse or leader. It is rewarding to see them grow and become their own person, with all of their gifts and talents. Everyone together is a family and they will always be looked out for as such. No one is turned away.

Change.

There is always room for change. Transportation is often a barrier for many families to getting to the clinic. However, once they get there, they can learn of different options they may have for transportation to medical appointments. As with many of the resources offered, they are often not known about until a family actually arrives. Breaking the barrier that prevents initial access to care is one that she indicates is of great importance. Presenting more informational posters for people to read while they wait, so they might be able to ask more questions, is a change that she feels will have a positive impact on the community. With time comes change, and change is a good thing.

Home.

For the thousands of people who live in North Philadelphia, it is home. Even when people often focus on the negatives, this healthcare worker emphasizes and encompasses the positives. She makes people feel welcome. She makes people feel at home. Her dedication, compassion, service, and support are evident to those who meet her. North Philadelphia is work. It is family. It is home.



Storytelling Project

"Through Another's Eyes"

Flat. On the ground. Footsteps come nearer then further away. Shuffling nearer then further away. Help seems to come nearer then slip away.

Red tape. So much tape, almost like the kind that covers my shoes. Fixing, holding, wrapping. All to hold together what's begging to be undone.

Maybe I'm begging to be undone. But shhh not too loud, 302s wait in the crowd...social workers...they may howl, I think I forgot my....ow!

Another push, another fight, no one helps, and that's my plight. It's like they can't be bothered, like I'm unseen and that to me hurts more than my dreams....

Seemingly shattered but still alive, harder now to reach the prize.

They say get stamps, Medicaid and help, but where to turn? Seems like no one else....

Can be bothered to see, even understand. All day on the street, where's my life plan?

Survive one more day, take one more breath, lay down my head, and rise again.

- Jade Overton

Note: I wrote this poem, to emphasize the experiences that I've been exposed to so far throughout my time at Broad Street Ministry. Time where I've seen people look for specific help and resources, to those unaware of all the help available to them. I've seen glimpses of the weight one carries literally and figuratively when experiencing homelessness, and I wanted to try and put that experience into words by using an artistic expression through poetry.

Josh Bosque-Hamilton BTG Storytelling Project Philadelphia Futures

"Paying It Forward"

I interviewed the academic services manager at Philadelphia Futures (PF). The purpose of this non-profit organization is to support low-income, first-generation high school and college students as they pursue their academic goals. These students come from a variety of backgrounds and experiences that cause them to have different wants and needs pertaining to academic support. Not every student will utilize the same resources, and some may need more support than others, so it is important for the Philadelphia Futures team to get to know each student, their families, and their backgrounds to support them in the best way possible. Also, all PF students do not come from families lacking a higher education background. Some do come from families with higher education degrees outside of the United States; however, these parents are unfamiliar with the American education system. Furthermore, there is an assumption that PF chooses high achieving students only; however, that is simply untrue. There is a specific literacy program run through PF that focuses on helping students improve their reading skills to appropriate grade levels and beyond. Moreover, one of the biggest reasons why PF is so successful stems from the students' desire to join the program and get the most out of it. Each student that is admitted must undergo a thorough application process. Income status, demographics, essays, and academic assessment exams are all considered before a student is accepted into the program.

Once a student is admitted into the PF program there a variety of classes, they can take to enrich their high school experience and build different skills. These classes range from History & Human Behavior to Environmental Science and Robotics. There are also many resources that aide the PF students through the entire college application process – SAT prep classes, internship connections, and scholarships. After high school, PF students are followed until a job is secured or until they graduate college. The program really

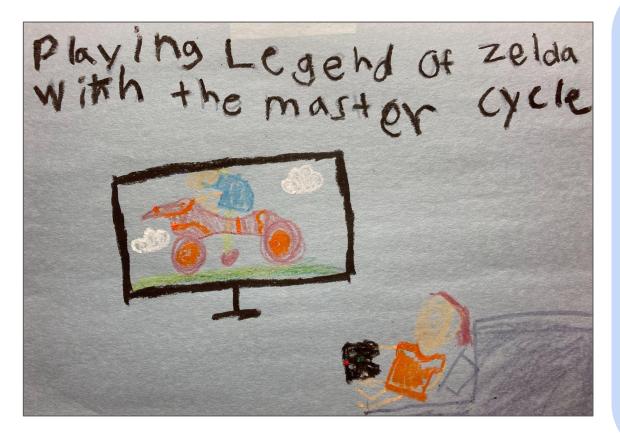
makes a concerted effort to meet the needs of its students and help them overcome any challenges they might be facing. Supporting the overall person is truly the hallmark of PF.

Over the past 12-18 months, PF has had to learn and adjust to supporting students through a global COVID-19 pandemic and many social justice movements – particularly Black Lives Matter. PF's student population is remarkably diverse with many of the students hailing from communities of color so many of the social justice issues hit home in very profound way. PF has helped to support students who have faced racism or discrimination in high schools and on college campuses. Advocacy is a major role PF faculty play in making sure their students are treated fairly and justly. Furthermore, students are taught about different ethnic histories and movements to emphasize the importance of knowing your history and understanding where you come from. This is taught in the History & Human Behavior class to rising high school sophomores.

Our conversation came to a close by talking about the various challenges PF faculty have faced recently. The biggest challenge that both faculty and students have been facing is burnout. Burnout from dealing with a pandemic. Burnout from fighting social justice issues. Burnout from virtual learning and the lack of face-to-face human interaction. Many people are just tired at this point, and it has been more difficult this summer to keep students engaged over Zoom. A sentiment that is completely understandable given that these students and their teachers have been working virtually for the past 12-18 months. Moving forward, there are other challenges surrounding transportation for students once the program transitions back to in-person classes. Moreover, parents might be more reluctant to have their children using public transportation to attend classes because life is just starting to get back to normal. There are a lot of different challenges to work through and consider but given the dedication and innovative minds working for PF, I truly believe they will continue to adapt and adjust to treat the needs of their students and families.



"I STARTED AT [NORTH LIGHT] BACK IN PRESCHOOL... GROWING UP IT WAS THE COMMUNITY CENTER, THE DOORS WERE ALWAYS OPEN. AS WE GOT OLDER, A LOT OF IT WAS FOR THE BOYS WITH HOCKEY OR BASKETBALL, BUT IT ALSO WAS A SOCIAL OUTLET FOR MANY AS WELL... I DIDN'T REALIZE THE EXTENT OR VARIETY OF SUPPORTS THAT NORTH LIGHT PROVIDES TO MEMBERS OF THE COMMUNITY UNTIL I STARTED WORKING HERE."



"PEOPLE HERE CARE ABOUT THE CHILDREN AND HOW THEY ARE DOING. KIDS WHO MAY HAVE TOUGH SITUATIONS AT HOME OR WITH THEIR FAMILIES AREN'T treated any differently at North LIGHT. NO MATTER WHAT BACKGROUND, WHERE THEY COME FROM, WHAT THEY IOOK IIKF - THE CHIIDREN ARE AII TREATED THE SAME. AND AS WE GET TO KNOW THE CHILDREN AND THEIR FAMILIES, WE CAN PROVIDE SUPPORT AS NEEDED."



"EVEN THOUGH THE NEIGHBORHOOD HAS CHANGED, YOU STILL GET THAT FAMILY FEELING AT NORTH LIGHT."



"[THE COMMUNITY HERE] IS JUST ONE BIG FAMILY, LIKE THE SAYING, IT TAKES A VILLAGE, THAT'S REALLY HOW [NORTH LIGHT] WORKS. NORTH LIGHT IS IN THE CENTER OF THE COMMUNITY, AND IT'S THERE WHEN SOMEONE NEEDS HELP, A PLACE FOR KIDS TO HANG OUT WHILE THEIR PARENTS ARE OUT OR AT WORK; THE KIDS ALSO HAVE MENTORS HERE. IN THE PAST [NORTH LIGHT] HAS HAD GED OR COMPUTER CLASSES FOR SENIOR CITIZENS, TO MEET NEEDS OF THE COMMUNITY".



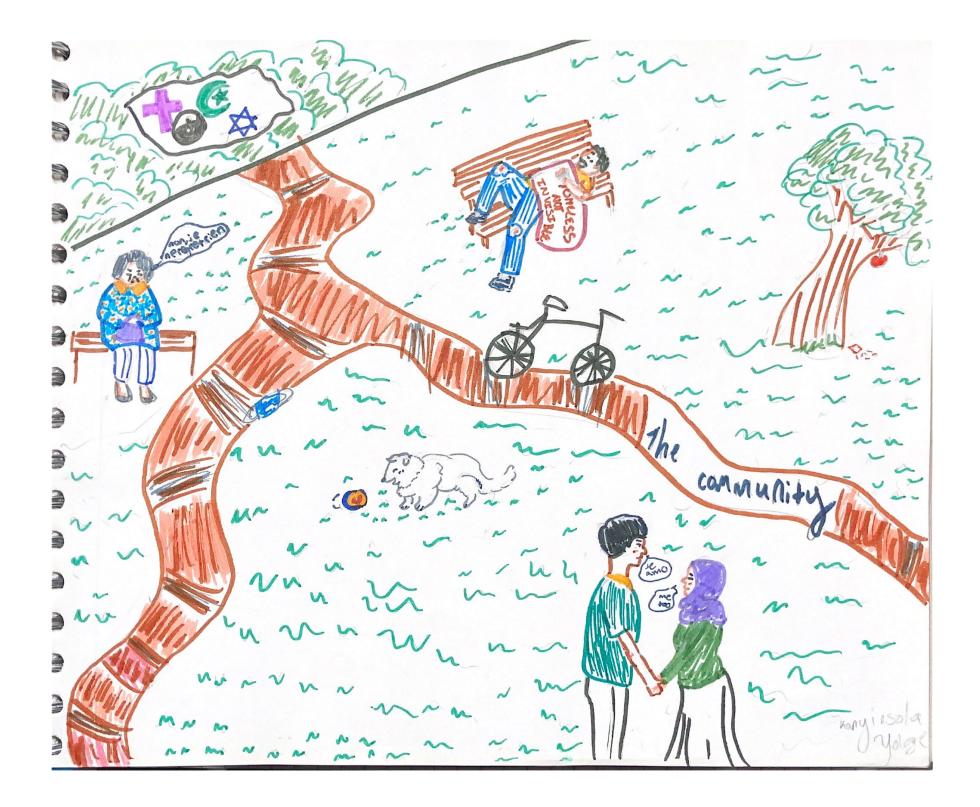
"COVID-19 HAS HINDERED A LOT OF THE PROGRAMS THAT NORTH LIGHT HAS TYPICALLY BEEN ABLE TO OFFER TO THE COMMUNITY. BUT DESPITE THAT, WE REALLY DID WELL THROUGHOUT [COVID-19], ESPECIALLY WITH HOW WE WERE ABLE TO OFFER A DAY PROGRAM FOR CHILDREN IN WHILE SCHOOL WAS VIRTUAL."



"DURING [COVID-19], THERE WERE CERTAINLY STRUGGLES AS WELL. THE FOOD PANTRY REALLY HAD TO GET CREATIVE. CERTAIN CLIENTS WERE STRUGGLING MORE, AND THE DEMAND FOR FOOD BECAME HIGHER AS PEOPLE LOST THEIR JOBS. FUNDRAISING FOR NORTH LIGHT BECOME A CHALLENGE BECAUSE WE WEREN'T ABLE TO HOLD IN PERSON EVENTS. WE DID OUR BEST WITH VIRTUAL EVENTS, BUT IT WAS HARD BECAUSE PEOPLE REALLY LIKE TO COME OUT AND DO THINGS."

For my Storytelling Project I interviewed one of the staff members at North Light Community Center (NLCC). A long time friend of NLCC, she currently works with the children's program. Images include pictures of the outside play area at NLCC, fun monster artwork, or work the children created during activities when asked to draw their ideal summer day or draw themselves and include some self-descriptive phrases.

-Jaclyn Zois



BTG Storytelling Project: Interview at Covenant House

While eating lunch in the cafeteria of Covenant House one day, I had the pleasure of learning more about S, a youth who is elated to be gaining independence. Covenant House provides housing and support for youth experiencing homelessness. S is leaving Covenant House for transitional housing, "the next step closer to my own place" as she said. Now that S has a job, she applied for and was accepted into this housing, where she will have a roommate, "less rules," and will pay rent with the earnings from her job.

When S arrived at Covenant House two months prior to our conversation, she was tasked with getting a job, the biggest barrier standing between herself and moving out on her own. She describes herself as "self-motivated and dedicated" and I agree; before S had a job, she was "walking everywhere, applying everywhere," every single day looking for work. The vocational coach at Covenant House helped provide leads, but S found this job on her own. She was looking for help wanted signs and applying online and in-person "everywhere" until she received an interview.

Wawa was the first interview she received and the vocational staff at Covenant House helped prepare her with a mock interview the day before. According to S, "it helped a lot" as it was her first interview ever. While she was nervous, she said she was ready for every question they asked her.

When they asked her where she saw herself in 5 years, S responded "working at Wawa," as the job coach prepped her. However, when I asked S where she saw herself, she told me she wants to be "successful, with a car, owning my own house, my music career taking off with hip hop and R&B... I like rapping and singing, I like to write poems." S is already making steps to meet these goals, with her stable job, and moving into housing of her own. She is also exploring what makes her excited, as she recently started participating in a hip hop music creation group here at Covenant House where she was able to "make a beat." I loved hearing S open up when she spoke about music; her excitement and enthusiasm radiated from her while speaking about it. She will be able to continue participating in the music group once she moves into transitional housing, a fact she was very excited about!

The youth at Covenant House typically only stay for one to two months. Through my conversation with S, I was able to gain insight into the path of one youth's stay. In some ways, she was exemplifying Maslow's Hierarchy of Needs: once her basic needs were once again met, she could explore further into the top of the pyramid, and by the end of her Covenant House stay, she was beaming with enthusiasm exploring her creative passions. S is one of many youth who come and stay at Covenant House. Each deserves to feel safe and have shelter, food, and financial security, so they too can explore their passions.

Story Telling Project

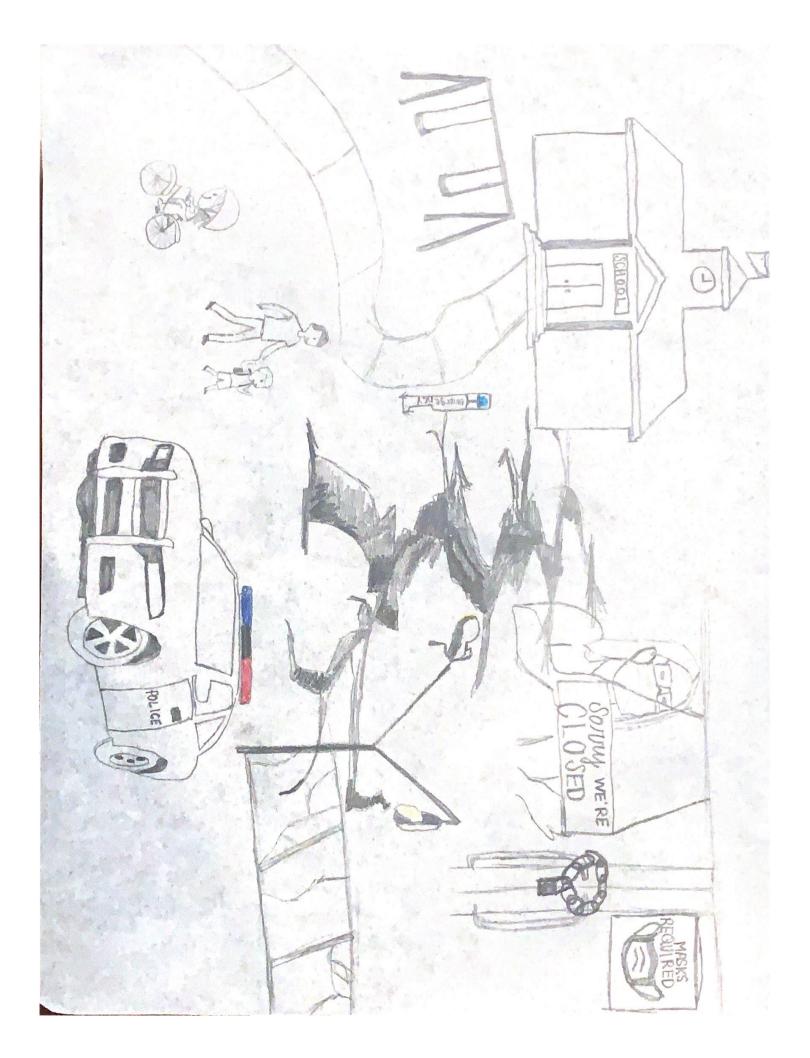
This summer I had the opportunity to work at Health Center 2 which is in South Philadelphia. When I first learned of this opportunity, I was excited as I would be working with the prescription assistance program to help provide free medications to those who could not afford it. During my first meeting with my mentor Dr. Zarro, he gave me some valuable advice about the site as he had worked there before as well. He told me that I should try my best to know who lives in your community, what their backgrounds are and how that affects the quality of care they receive.

I couldn't have agreed more with this statement because from the very first day I quickly realized that our health care center served a diverse set of immigrant communities from China, Cambodia and India just to name a few. Most of the people we served also had a language barrier and so the use of interpreters was critical to effective functioning of the healthcare center. Working closely with the interpreters, I realized that they themselves were a part of the community they were serving and already had close ties with many of our patients outside of the clinic. Not only that, but they themselves came to the clinic to be treated by the physicians. Therefore, I decided that gaining the perspective of someone who was not only part of the community but also working within the local healthcare system could provide a unique perspective that could be enriching.

One of the Indonesian interpreters accepted my request for an interview and my conversation with her gave me invaluable insight to her experiences in not only the local Indonesian community but also the lens through which they viewed the healthcare system. When I asked her if the community generally found medical institutions as trustful, she wholeheartedly agreed and added that they trusted medical care professionals too much. A lot of the members of the community that she serves are first generation immigrants and due to their upbringing, prefer a paternalistic style of medicine. From the interpreter's perspective, most patients do not actually try to understand their illness or what is causing them, they just want to be told what they can do to cure their ailments. One patient that the interpreter recalled had been on heart failure medication for 2 years but the patient themselves had no idea that is what they had until the interpreter explained the disease process in simpler terms. The interpreter continued to explain to me how this stemmed from the culture in Indonesia where people would only go to the hospital if they were really sick because they would have to pay cash for any treatment they received. The entire concept of continuation of care was not something that was widespread for the people that the interpreters were serving. When asked if the physicians here could improve the way they provide care, the interpreter stated that they were very happy with the physicians at the health care center because they did a good job of trying their best to follow up with patients to make sure that they were well taken care of. The interpreter added that despite these challenges, the community was still extraordinarily strong due to it being so tight knit. This sense of community was one of one the assets that the interpreter and their patients utilized when the COVID-19 pandemic hit. They informed me of the plethora of social network groups

available to share resources such as food pantry's that were donating food. The interpreter went on to explain that this strong connection with everyone in the community was even vital before the pandemic. One example was where new parents would get advice on the best schools for their growing children amongst many other resources. In general, the interpreter agreed that the community had adequate resources to help with the challenges they might face and gave me multiple examples of other healthcare providers in the area that was also vital in serving the Indonesian community located here. When it came to chronic issues such as Cardiovascular health, the interpreter stated that while that was definitely a concern, diabetes was a bigger challenge that affected this community more. The interpreter's perspective was that in their culture, rice and noodles a central part of the cuisine for all 3 meals and so diabetes tended to be a bigger concern than heart disease. But she went on to mention that even for these conditions, there was a nutritionist available on site to help with the treatment plan a patient might be prescribed.

The conversation was very insightful because a similar situation exists in Pakistan where I originally grew up. It was very interesting to see how both cultures tended to value paternalistic medicine along with also have a tight knit community for those who immigrated to the United States. The interview was invaluable but I realized that this was one of many communities that the health care center serves so their perspective was only a part of the bigger picture. But I realized that this form of interviewing was also a great way to learn about another culture that you are not familiar with along with unique set of challenges that may present themselves when working with them in a health care setting.



Alissa Klammer Storytelling Project Description

My drawing touches on some of the impacts of the COVID-19 pandemic on the Philadelphia community. It contrasts the pre-pandemic access to reliable childcare, upkept public parks (functioning streetlights, emergency blue lights, safe sidewalks, and trails) with the lasting effects on small businesses and increased crime rates in many Philadelphia communities. The impact on low income communities runs particularly deep, making it increasingly difficult to bridge the gap.

Storytelling Project By: Jackie Krieger

From the moment she answers the phone, her joy, love, and compassion radiate through her voice. Her presence immediately makes you feel comfortable and at ease. She has dedicated her life to helping others through her church and work as a social worker.

After college, she began to work with sex offenders in prisons in Philadelphia as a social worker. Even though she experienced sexual assault as a child, she then dedicated her work to help other sexual assault survivors. When we asked her why she worked with sex offenders she said seamlessly, "it is the best thing you can do for survivors. If you do not interrupt that cycle like any addiction, they will continue to do it." Throughout her life, she has created a community of sexual assault survivors, helping them deal with the pain and suffering they endure. She has taken a traumatic event in her own life and used it as fuel to build a community of love and support.

Through her church, she has created several outreach programs to help different people in Philadelphia. Recently, the church has been vandalized and burglarized, but she has continued to help others even without access to the building itself. She hopes to rebuild the church and turn it into a community center that can be used for a variety of programs. Currently, she talks to people on the phone that have felt lonely throughout the pandemic. She is also working to create a music program for children who do not get music classes in school, and she has many other ideas of ways to help people in the surrounding community. When we asked what her favorite thing about what she does is, she said, "watching people go from being discouraged to encouraged."

It is evident through the encounters I have had with her that she has made an impact on so many lives. If someone needs help, she does not think twice before offering whatever she can do. I could listen to her stories for hours. Her energy rejuvenates me to go out and help others as she does.

When we first interviewed her for this project, she told us, "I do not think I am the person you should interview. I am not sure that I fit what you mean by a community leader." But the more we talked to her, the more she opened our eyes to what a community could be. Her community may not fit the definition of "people living in the same place." However, when we asked her what community meant to her, she replied, "my community is people in need. In need of encouragement, support, and love." To her, community extends outside the walls of a building, outside the radius of a neighborhood, and outside of people who have the same religious beliefs as her. Community to her is people she can connect with through service, which is powerful.



Throughout the BTG program I have gotten the opportunity to learn, observe and practice what it means to be a culturally competent health care provider. Learning the struggles, adversities, and triumphs that immigrant woman endure throughout the process of immigrating was one of the inspiring life stories I was able to learn from. "Let's start a new story" was a quote that stuck out to me surrounding my interview. Starting a new story takes courage and bravery, I tried to capture that in my art work.



Living Life the Right Way. The consumers at Programs Employing people are encouraged to seek out competitive employment. One consumer in particular has soared passed all expectations. He is independent, hardworking and kind. He travels around the community on his own to meet friends for dinner, see a movie and to work at the Wells Fargo Center. He strives to be the best employee he can, stating that everything he does is done the right way. Everyone deserves to make decisions regarding their own life even if they need additional support to do so.



I interviewed Erica, a lifelong Philadelphia resident and member of our Covid-19 response team with Philadelphia FIGHT. She described the best aspects of her community as how diverse it is and the many resources available to people. Her neighborhood is made up of people from many different backgrounds, who have different religions, and speak different languages. She loved how people were able to learn from the diversity and incorporate it into their lives. She described how Covid-19 has had a huge impact on the community. Many people have been skeptical and distrusting of the medical community, and are hesitant about getting tested or getting the vaccine. She knows how many resources are in her neighborhood and hopes these will help people get through the pandemic and that they can build trust with the medical community.



Danny and Kevin's Storytelling Project:

For our storytelling project, we decided to interview Mr. Ragsdale, the manager of the Awbury Garden, which is a community garden in Germantown. The garden encompasses over 60 plots, each of which is maintained by different individuals. For our interview, we asked Mr. Ragsdale about how he came to love gardening, his thoughts on the benefits of gardening for the local community, and what he believes in Awbury Garden represents. We compiled portions of our interview for our audio recording, and added accompanying music in the background. We felt that the music we chose represented the feelings and emotions that we and Mr. Ragsdale have while we're working in Awbury Garden, feelings of serenity and tranquility.

Northern Children's Services (NCS) provides a wellness and resiliency program for kids age 8-14 with behavioral diagnoses. I sat with a Behavioral Health Technician for an interview about his experience at NCS. When asked about one thing he wants people to know about the population NCS serves, his response was simple but powerful: "they're such normal kids that are put in abnormal circumstances... they've just had some unfair hands dealt [to them]." My time at NCS has allowed me to whole-heartedly agree. NCS gives the kids an opportunity to be just that – kids. The dark background of this piece represents some of the abnormal circumstances or trauma the kids have had to live through. In contrast, the young boy in the lower corner is blowing bubbles, a staple activity of childhood. The bubbles are snippets of the NCS grounds where the

kids are allowed – and highly encouraged – to be kids.



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My site was originally founded on the legacy and memory of Arthur Ashe, the "only black man ever to win the singles title at Wimbledon, the US Open, and the Australian Open" (1), who wanted to give inner city kids opportunities for education and the ability to play tennis. My site manager dedicated over a decade of her life teaching students tennis and art at Legacy and in the Philadelphia School District. She has built a reputation among parents and now is teaching one of the most diverse groups of students from all over Philadelphia. She told me her drive comes from her desire to give back to the community and share her knowledge, skills, and wisdom to younger generations. My drawing attempts to show the desire of two individuals who aim to give back to the community of Philadelphia via tennis and education despite the troubling times of the past year.

1). https://en.wikipedia.org/wiki/Arthur_Ashe

For this project, I sat down with a participant from Color Me Back, a same day work and pay program within Mural Arts that prioritizes those who are housing insecure. As we found a bench to sit on in the SEPTA transit station, I wanted to open our discussion by asking if he had any questions for me. Although I went to the interview with a list of pre-formed questions to ask, something prompted me to give him the space to ask questions about me first. I am glad I did so because this opened up the conversation to take a different path than intended, but one that felt more genuine and natural. He asked me, "what made you interested in doing medicine?" Answering this question never gets easier no matter how many times I am asked it because it stems from a multitude of factors, but as I relayed my past experiences, it gave him the opportunity to share similar experiences which he had for himself. Soon enough, we were deep into a discussion about our experiences growing up.

Gradually, we shifted into talking about the U.S. economic system. He expressed dissatisfaction with the way that workers are treated. He relayed to me his experiences in multiple lines of work where he felt that he was a disposable commodity, instead of a human asset. For me, this conjured up thoughts of varying economic philosophies, and at the risk of going too far down those rabbit holes, I simply asked if he felt that the government should do more to provide support for those in need. He answered in the affirmative, while describing that trying to provide oneself with the basic necessities in life (food, shelter, etc.) can feel like "treading water just to keep your head from drowning." Such a powerful image. We discussed that the country's economic system prioritizes those who seek higher education without giving as much support to those who choose alternate routes or choose to start entry-level jobs in the workforce right out of high school. Certainly, support systems are available, but depending on the privileges afforded to an individual, they may have more or less safety nets in place to keep them from falling through the cracks. Sometimes, all anyone needs is a little support in order to get where they need to be. This is certainly reminiscent of Maslow's hierarchy of needs.

Along this line of thinking, he shared with me some experiences he had in between jobs, where he would still be living on the streets while working a minimum wage job. He also shared with me the example of a family member who is currently in jail despite previous aspirations to become a nurse. Instead of being able to follow through with these goals, this family member resorted to the drug market because they felt like it was the only way to get the financial support necessary to survive. These two anecdotes served as important examples as to why he felt it's important that people get the basic support they need. Only then can they quit "treading water" and have something on which to float.

At the end of our discussion, I asked, "What do you want people to understand about the homeless community?" He answered, "don't judge people," and also that "they're smarter than you think." He continued to advocate for the humanization of those who are housing insecure. People tend to be afraid of those they don't understand, but we came to the conclusion that oftentimes individuals end up homeless by virtue of life circumstances, and that it could easily be anyone else in that situation. I think for this reason, he wanted to convey the idea that putting labels on people falls short of recognizing our common thread of humanity. Instead of criticizing, we must lend a hand and do our best to understand by listening to their stories.

Overall, I left our discussion that day feeling grateful to have had the opportunity to listen to his perspective. He gave me a lot to think about, and my general takeaway is that we

must push for systems and policies that support those in need. It's not enough for people to just survive. Without a support system, it becomes too easy to get ensnared in vicious cycles that only serve to keep people in their current circumstances instead of empowering them to move forward. In other words, people will continue to "tread water" without ever finding land. Our country is only as good as its people, and if we aren't prioritizing them, then we're investing in the wrong type of future.

BTG Storytelling project

Health Center 4 serves the West Philadelphia community and offers all types of services to Philadelphia residents. These services include all primary health care services such as annual check-ups, Pap smears, X-ray scans, OB/GYN care, immunizations, medications (through an onsite pharmacy). These services are available to the insured/uninsured, citizens/the undocumented as long as one is a Philadelphia resident. Within the past year, thankfully enough Health Center was able to remain open throughout the pandemic and offers these very same resources in addition to COVID testing and vaccinations.

Over the past twenty or so years, there has been a slight shift in the demographics of patients that Health Center 4 has seen. Being that Health Center 4 is located in an area predominantly populated with Black/African American people, they make up a large majority. However, it wasn't until recently that people of other races began to also seek services at Health Center four. In addition to this, there has been a rise in immigrant populations. Thankfully, Health center 4 as well as the other health centers has served as a safety net for the undocumented and the uninsured.

One thing to note about the Health Centers is that their approach to health is more of a team-centered approach to health. It's not only the doctors, nurses, and physicians that provide care. Within these health centers, there is also a registered dietician, patient assistance program, patient navigators, paralegals, social workers, etc.

Despite the various services that these health centers offer, not many people know that these services are even offered. This is due to a misconception that the health centers only offer services to the uninsured. This misconception has influenced the number of people that seek care from the health centers. Those who do seek out these services often have heard about it via word of mouth. And as a result, many people are forced to avoid seeking out care until it's too late.

I was placed with the Philadelphia Department of Public Health's Ambulatory Health Services this summer. My primary task was assisting patients with accessing medications at two city-run health centers--Health Center 5 and 6. I had the opportunity to spend time with AmeriCorps members stationed at each site and learned what their year of service as a Patient Assistance Program Patient Advocate entailed. For this storytelling project, I discussed the strengths of the community with the member at Health Center 6. She emphasized how vital human connection is within the patient population she worked with, detailing how she would always hear music playing in the waiting room and the conversations that would ensue as people waited for their appointments. She explained how she grew up in a relatively closed-off community, where she would walk into her doctor's office and the waiting room would be silent. Health Center 6 is the exact opposite, where the community brings vitality to this space and uses it to develop more connections.

"When I walk out to the waiting room, the first thing I always hear is someone's music playing"

umm

"I'll always remember the patient who gifted me a painting of The Last Supper after we connected over our shared faith"

LOVE MAKES

A FAMILY



EL AMOR HACE UNA FAMILIA

"The biggest strength of this community is their deep commitment to one another" Many nursing home residents have felt the full effects of the COVID-19 pandemic over the past year. I had the pleasure of speaking with one resident who advocates for the residents who cannot speak for themselves. She attends virtual resident meetings to find out any information that will affect her fellow residents and makes sure she helps who she

can.

cl raise up my voice - not so that cl can shout, but so that those without a voice can be heard. malala

What can advocacy in a nursing home look like?

-Helping fellow residents find and connect with resources.

SPEAK UP

-Listening to fellow residents and helping them voice their concerns to staff members and the CARIE ombudsmen.

-Helping to educate the residents on their rights.

There are many people that do not know about health navigators. We know about social workers, doctors, nurses, etc. Health navigators are individuals that work within the hospital trying to connect with families that have missed appointments or aren't answering urgent phone calls related to health. We met up with a health navigator in a Philadelphia children's hospital. Together, we discussed how she travels to houses individually, and reaches out to people at their homes. She builds that trust with these families first, and then works to find out why they aren't seeing their doctor or answering their phone calls. Then she figures out a way to actually help them. If they can't get to an appointment because they don't have a means of transportation, she finds a solution. If they don't feel comfortable with the doctor, she helps them get a new one. If there is a worry about immigration, she comforts them and lets them know what she is really there for, easing their fears. She has such courage that is inspiring, because going to people's houses can be so difficult. Most people do not want strangers there, and most people become defensive. I know it must be so draining to push oneself to enter a place where one is not wanted but still do because it can mean life or death for some kids. For other kids, it can mean not getting easy access to early intervention, and having to live with a condition that becomes chronic and reduces their quality of life. She truly helps bridge the gaps in the healthcare setting, showing what it takes to have effective and quality care. She also talked about the impact that covid had on her ability to do her job. She wasn't able to go out to people's homes and get kids to their appointments. The impact can be devastating as many have ended up not getting the care they need and deserve. It has been difficult for her but she hasn't given up. She increased the number of times she called family members, looked for alternative phone numbers and searched for other ways of contacting parents. For the really severe cases, she still had the opportunity to go to the houses but had to do so without entering the home due to covid precautions. While that made it a challenge to discuss confidential and sensitive information, it did not stop her from ensuring quality patient care. This led to her talking about the community that she is working with and what she saw from them through the pandemic. She had a glimmer of hope in her eyes as she talked about the moms, dads, grandmothers, and grandfathers that she saw throughout this time. She expected to hear a lot of complaints about some of the difficult situations that these families were facing. Many were laid off from their jobs, bills were pilling up, food was becoming scarce; they had every right to complain. They, however, did not complain. They talked about hope and home. How the pandemic helped them see the good things in life. They went through a lot of traumatic events in the past year and a half so seeing them have so much resilience throughout it all has been so inspiring she said. It makes her realize how incredible her job is as well as the community she works with. Hearing her story has made me really appreciate how complicated health care is. There are so many challenges to providing quality care to patients. A lot of it is outside the control of doctors, nurses, and patients themselves. This is why there is need for people like health navigators and social workers. Their work makes medicine work. I look forward to working professionally in these settings with these individuals to create an environment of healing with care and compassion at every aspect.

Mike Heller Storytelling Project 7/18/21

This week I had the luxury of speaking with a DUCOM alumni who has been a very impactful and influential volunteer with Drexel's HOP clinics. He now spends a lot of his time working at Philadelphia's Prevention Point and serving the community of Kensington who are struggling with substance use disorder. During our conversation, we discussed his involvement at HOP as a student, his now involvement with Philadelphia's Prevention Point, the role of policy and government in the history of treatment/care for people struggling with substance use disorders, advice for students interested in addiction medicine, as well as how students are currently helping out at Prevention Point.

Q1: How did you get involved with HOP as a student at DUCOM?

"It was first year, and we were doing upper arm anatomy and I was failing miserably. It seemed unnecessarily complex and like something I would never see in the clinic...then I had the opportunity to volunteer with Streetside over at Prevention Point and the first patient I had came into the clinic room and said, 'hey doc, I can't feel this finger, this finger, and half of this finger.' You know it was a really interesting case because in order to understand the etiology of what the guy had, you not only had to understand the anatomy but also the culture and sort of anthropology of people who use drugs. This was a guy who sclerosed his antecubital veins, all the ones on the back of his hands and feet, and the only place he could reliably get access was the subclavian...he was also licking his needle before he shot because a lot of folks will do that in their mind to lubricate the needle which is something that is important if you are using a syringe that has been around the block a few times. Prevention Point gives out something like 5 million syringes a year but based on the number of folks who shoot heroin in Philadelphia the number should be somewhere around 15 million syringes. So this guy was responding to a very specific policy problem which is that there are not enough syringes on the street, by licking his needle, and by shooting into his subclavian, that again is the choice only because he ruined his other veins through the use of old needles. The guy developed an abscess in the deep axillary space which impinged on his brachial plexus that gave him the characteristic plexopathy."

Q2: Are you still working with Prevention Point and what is it like over there?

"I am. I am doing a mixture of addiction medicine primarily for opioid use disorder, and also doing Hepatitis C prep, and soon going to start doing HIV medicine. We are also in the process of reorganizing the Streetside clinic to better integrate with Prevention Point's existing clinical services. When I started, Streetside was the only existing medical clinic at Prevention Point...now Prevention Point has 5 or 6 separate clinics; they've got Hep C, they've got prep, they've got HIV, they've got medications for opiate use disorder, wound care, and all of these clinics are trying to harmonize and we are trying to get them talking to each other better. That is kind of what they brought me on to do is preserve the educational experience of the students while at the same time making sure it wasn't sort of an urgent care facility tacked on to all of these more longitudinal care things."

Q3: What got you interested in this line of work?

"First off I am a family guy and I live in Kensington. When you live in a neighborhood and you try to serve the people in that neighborhood, you have to figure out how to deal with the medical concerns of your community. Secondly, was this interesting intersection between policy, anthropology, ethics, and medicine; that's what substance use medicine is. It's trying to figure out how to protect your patients from a racist and oppressive drug war and how do you navigate this space where sometimes your institution is asking you to be a police officer instead of a doctor...we didn't always think of people who use drugs as sort of morally deficient undesirable characters who do not deserve care, that is something we have built up over the last 100 years likely through our relationship with the United States government."

Q4: Which direction do you see the philosophy of harm reduction going from people in positions of power?

"I see harm reduction picking up in the US. This is something that was maybe on the horizon a decade ago and now is something most medical students have some exposure to at least. I am a little more optimistic now than I was 3-4 years ago. I think the George Floyd protests and Americas increasing reckoning with its racist history has led to a large number of folks really thinking to what extent medicine is complacent in institutions of racism."

Q5: What advice can you give to students who are looking to get involved in addiction medicine?

"Your investigation of their complaint is a dialogue rather than a monologue. Your duty to the patient is not just to understand what's going on with their body but to help them understand what is going on with their body...and furthermore to only undertake a treatment when you are both on the same page about what the goals are...the thing that keeps me from being a burnt out wreck is this idea that when I am in the clinic room with my patient, I am creating a connection with them that transcends their relationship to the institution, that we are really talking as equal human beings."

Q6: What kind of work are the students doing at Prevention Point?

"When I was a student, there was 1-2 attendings and 8-10 medical students doing basic history taking like an urgent care setting. The way we have changed things around for the students are now we have 2 students following the attending, while 3 other students are placed strategically around the organization, around the clients but not necessarily clinical. One day you might be following a certified recovery specialist, another day you might be with a case manager, then another person might be working with our syringe exchange program, and others might be with the Hep C and HIV testing team. It is now a much more diverse experience for the student volunteers, and it gives them a much more comprehensive understanding of the organization."

Strengths of Health Center 10 and its surrounding community :

Health center 10 serves the northeast Philadelphia community. It is one of the largest outpatient clinic run by the Ambulatory branch under the Philadelphia Department of Health. It offers numerous services, including but not limited to- X-ray, mammograms, legal services, pregnancy counseling, free/low cost medication, dental services, etc. In addition to competent clinicians, the center also employs patient navigators, patient interpreters and patient advocates. This is to ensure clear communication is established between care providers and patient, and to allow patients to better understand their health.

The community surrounding the health center is very diverse. It is made of people from many different parts of the world who call Philadelphia their home now. The diverse community is also a very resilient community. Unfortunately, COVID-19 affected the community severely. The pandemic left many families without any source of income. Food insecurity became a major issue. During such a critical period, the health center was able to remain open and help the community by filling out unemployment application. Many in the community are not fluent in English, and many do not have access to internet. So, aiding in filling out unemployment applications has been a crucial service during the pandemic. Unfortunately many in local community are not aware of all the different services offered by health center 10. Many come here primarily for health care needs and get referred to other services the health center offers. Overall, the health center has been a force of positive change in the community.

Stuti Tank BTG Storytelling Project Philadelphia Futures

"To and Through"

I interviewed the academic services manager at Philadelphia Futures. This non-profit organization supports low-income, first generation throughout high school with college readiness. Most of our conversation centered around the students, given that they are the heartbeat of PF. The breadth of student backgrounds was made immediately clear. There is a stigma around Philadelphia schools, and there is an assumption that PF cherry picks its students. People think that PF selects high-achieving high school students who would have gone onto college with or without support. However, PF has a specific literacy program for students reading below their grade level to bolster their reading skills. Some students have highly educated parents who immigrated from another country, and so their family support does not include familiarity with the American education system. We learned just how deep this program runs, from recruiting, engagement, funding, outreach, college support, partner colleges, and job applications. The phrase that encompasses PF's overarching goal is "to and through college".

Classes range from Environmental Science to Robots to History & Human Behavior to enrich students throughout high school. There is SAT preparation, financial support, and internship connections to bolster college applications. PF students are followed through college to post-secondary education or to securing a job. PF is an evolving program that grows and adjusts to the challenges their students endure. Students are surveyed to obtain their feedback. PF asks its college partners what they need more of from the students. A recent example of college feedback was they needed students to have better writing skills, and so PF adapted accordingly by adding a very writing-intensive class to their curriculum. Finally, and most illuminating, is how PF gauges what the world is moving towards to inform its classes and curriculum.

The last 18 months have been challenging for both students and staff at PF. Last summer's events of George Floyd's murder and the subsequent waves of reaction and activation led PF to adjust its History & Human Behavior class. Previously the class focused mostly on the Holocaust, but now its curriculum reflects Black Lives Matter. The COVID-19 pandemic and resulting anti-Asian hate crimes led to more education surrounding racism facing Asian-Americans. More students than ever reported feeling burnt out after the events of the past

year and a half. "You can't be in panic mode for this long" - a sentiment that we can all understand.

We ended our conversation by looking forward to the challenges down the road. Most of us are already well-versed in what it took to pivot to remote work and education at the start of the pandemic. However, PF thinks the pivot out of the pandemic will be even more challenging. There are two cohorts with whom the coordinators have not had the opportunity to develop relationships. Students will have to travel from their homes in Northeast and West Philadelphia to the PF building in Center City. How will parents feel, having their children take public transportation again, after seeing the rise in violent, racist hate crimes and public displays of white supremacy? In an economic slump, how can a non-profit continue to get funding to purchase TransPasses for its students and keep its machinery running? There is ever-increasing pressure to keep the cost per student low. In facing these challenges, the bright light that PF clings to is its students: their drive, their compassion, and their futures.

Storytelling Project Anthony Tirone

This poem describes the experience of an immigrant family new to the North Philadelphia community who has had a difficult time with the transition and is nervous to seek help. It shares the apprehension a family can have when any given day someone could come knocking on your door. As described by out interviewee, these families may know they have been noncompliant, but this is only for lack of resources, a language barrier, and apprehension; not because they want to break the rules. Because of this, "the day they were waiting for" comes with an ominous implication. However, it ends up being a blessing and not a curse when a Community Health Worker shows up and offers to assist the family with getting back on track.

Traffic rumbles on With horns, sirens, and stress

A single crack in the ceiling Means that water falls slowly Drip after drip

Upstairs in the attic your children are sound asleep, waiting for the day to come

You see a shadow approach Nervous as you may be Finally, there's a knock

Appointments have been missed Months have gone by Knock after knock

You open the door to an unfamiliar face, waiting for the day to come

Is this DHS for my children Is this immigration enforcement Is this a detective for the crimes that happened on my block last week

I shouldn't have opened up I shouldn't have woken the kids I don't want any trouble

What's your name? Why are you here? Waiting for the day to come Conversations are had And together goals are set With reluctance and concern

Your numbers are exchanged And a decision is made To accept this support

Appointments are rescheduled with these goals in mind, waiting for the day to come

With translation Transportation And appreciation

The water still drips The horns still blare But now there is a plan

You slowly begin to forget about waiting for the day to come



For my storytelling project, I interviewed a lawyer who works in the Special Needs department of St. Christopher's Hospital for Children. This medical legal partnership was started to address unmet legal needs relating to social determinants of health. She described to us how Philadelphia is really a tale of two hills: on one hand there's Fairhill, and on the other there's Society Hill. Fairhill, where St. Chris is located, has low life expectancies, high poverty rates, and lots of food insecurity. Meanwhile, Society Hill is a prosperous neighborhood that doesn't have any of these issues. Throughout our interview, the lawyer kept coming back to the theme of extreme dichotomy in Philadelphia - some areas have a complete lack of resources while others have an overabundance. My mixed media piece illustrates the concept of this dichotomy, with Fairhill, dark and worn, being overshadowed by Society Hill, colorful and thriving on the right.

Storytelling Project

So, I interviewed Ashely Pollard, our site preceptor, to gain insight about what PHLConnectED means to her and to the city. There were not too many people we interacted with working with PHLConnectED during this internship and the nature of our work was such that we did not find too many 'participants' that have benefited from PHLConnectED's intervention. Naturally I decided the story who I most wanted to share was the person who introduced me to PHLConnectED and wonder what it is about this work that has her so inspired.

Ashley is from Atlanta and has spent a relatively small amount of time living in Philly (15 months this August). Despite that she has come to love the city for its diverseness. A multitude of peoples, foods, and culture, not only throughout the city but within each neighborhood of the city, has given Ashley a great appreciation for the city. Ashley did note however, that the city does have its problems. While resources are plentiful there are still certain barriers that exist. One barrier that she did note, was internet access. She noticed that internet affordability was a problem existing within this city. In a city of 6 million people, there was a subset of the population who are running into a problem with internet access because of cost. While the internet infrastructure is available, cost is a major barrier preventing people from signing up.

When setting up PHLConnectED, she marveled at how quickly the resources and funding came together. Many philanthropic organizations and individuals came together donating millions of dollars to set up the funding for the program. Comcast was quick to provide their services in providing individuals with free routers or mobile hotspots for those who are registering with PHLConnectED. This crossorganizational partnership between the newly formed PHLConnectED and its many sponsors was something that left Ashley impressed. Even in a large city like Philadelphia where many resources are present, the speed at which PHLConnectED was formed greatly impressed and surprised her.

COVID-19 hampered some plans with having a solid foot on the ground running for PHLConnectED. Granted this is year 2 of the program but still far too early in its lifecycle for a pandemic to completely wreck any kind of momentum gained during year 1. She did take some lessons away from the 1st year of PHLConnectED that she is more than willing to get started with in year 2. To Ashley, the biggest takeaways from year 1 was a need to improve customer service, outreach, and communication. Customer service, in this context, refers to supporting families through the enrollment process. The enrollment process takes some time and supporting the family as they are vetted for enrollment in PHLConnectED can be difficult. Outreach is something I am understanding over the course of this internship. We handed out flyers at health fairs, hospitals, and through canvassing. Yet a major challenge for PHLConnectED is to increase the outreach of the program – finding new places and events to hand flyers out and to increase community awareness. St. Christopher's children hospital was a new site for PHLConnectED to hand out flyers and increase the awareness of the program. I have to say that flyering at the hospital has done great things in creasing awareness. Communication refers to spreading the actual message. Using the right words to convince others that the program is safe for them and that it is free has been difficult. People are skeptical of 'free' items/services and people on a low-price internet service would rather not transition to a no cost internet service for fear of losing the security that a low-price internet service option provides. Calming their fears and making the customers switch over to a no cost internet service provider is tricky but I believe that this can be done.

Storytelling iNTERVIEw

Philly is 6th largest city in country. Well resourced, all manners of tools and services available. NOT TRUE Internet access- internet affordability is barrier. Rural PA – barrier is infrastructure (no towers). Structure is available, cost of internet is issue (access is issue)

Lived in Atlanta. Loves Philly – food (diverse population). Large city, neighborhoods have distinct identity and cultures. Embedded in community, proud of being Philly (15 months for Ashley. Husband in 2018).

Partnership (cross-sectional). Quick to act, resources available. Philanthropy came together quickly (millions of dollars in funding)

Year 2 – learned a lot. Key areas – How we conduct outreach? Communication of important message to families? How to support families through enrollment? Communication, outreach, customer services. Streamlining enrollment process. Expand eligibility. Push communications and outreach

2 different expansions over year 1.

Ashely – 2nd grade teacher. Believe kids are important in community. Blended kids with local government and policy. Local government responsible for kids. Take care of students and teachers. Masters degree in Public Policy. New to Philly. Fellowship with Philly city council