



INTRODUCTION

The needs that call Penn Medicine to action in the community are profound. Twenty-five percent of Philadelphians live in poverty – that’s nearly 400,000 adults and children – and one in seven city residents have no health insurance. Hunger and homelessness remain, still, throughout the city. These societal problems only make health problems that much harder to address, but doing whatever we can to help is in our nature here.

For every problem, we see solutions. For every struggle, we see potential. For every limitation, we see opportunity. Our physicians, scientists, nurses, staff, students, and partners in the community come together with warm hearts and humility to serve those who might otherwise go without. Lifesaving care, warm winter clothes, nutritious food, tools to rise above addiction, ways to combat homelessness, education to achieve a new life – whatever we can do.

... simply because.





A Medical Home

Three years and eight months is exactly how much time Kent Bream, MD, has added to his patient's life – so far. Now in her 60s, the patient was diagnosed with heart and lung disease, with predictions she wouldn't live longer than four more months. Instead, the patient turned to the **Dr. Bernett L. Johnson Jr. Sayre Health Center** and Bream, its medical director, who is also a faculty member in the department of Family Medicine and Community Health in Penn's Perelman School of Medicine.

"She's formed an incredible relationship with me and the entire medical staff, and we with her," Bream says. "Instead of hospice care, we provide her with primary care – and continuity of that care – right in her neighborhood."

Geography matters in medicine. Through a partnership with the School District of Philadelphia and close ties to Penn's Netter Center for Community Partnerships, Sayre serves people who live from 56th to 63rd Streets and from Market to Larchwood Streets in West Philadelphia – all aspects of their lives center around those areas. "People feel that this is their medical center," Bream says. "Being part of the neighborhood helps us overcome a lack of trust of the medical community."

Those trust issues can delay diagnosis and treatment. One of his Penn and Sayre colleagues, Judy Chertok, MD, considers their work in the clinic to be

intervention as much as prevention. "One symptom ignored can lead to a fatal or chronic illness," she says. "Often, if we catch it, we can treat it."

One example: A 35-year old woman had swelling and pain in one breast. Convinced she had cancer, the woman envisioned medical bills that she couldn't pay. She ignored the symptoms until the pain became unbearable and she learned about Sayre and sought help there. "It turned out to be an infection that we treated with antibiotics, at a very discounted rate through our uninsured sliding scale program," Chertok says. "Within a few days, the pain and swelling were gone."

Sayre's community aspect is enhanced by being adjacent to Sayre High School. Students work inside the medical center as part of an after-school program called Sayre Health Initiative for Education and Leadership Development (SHIELD), which gives them career inspiration and opportunities.

Misty is a 16-year old junior at Sayre, now in her second year with SHIELD. Among the things that she has learned: how to check blood pressure and blood sugar levels, conduct basic vision screenings, and use the fetal doppler to check babies' heartbeats. "Every time I get really good at one thing, I get to learn something new," she says. "I know that SHIELD is training me to be a medical assistant. But, really, I want to be a doctor."

SAVING LIVES

with SEPTA tokens



A few dollars – just enough to buy a SEPTA token, Crystal Light and Miralax or Dulcolax, two items found in any grocery store or pharmacy – may be all that stands between a West Philadelphia resident and a lifesaving cancer screening test.

Colorectal cancer, the second leading cause of cancer deaths in the United States, can be detected early with the help of a colonoscopy. Unlike most cancer screening tests, colonoscopies also have the power to prevent the disease outright by detecting and removing pre-cancerous polyps. But statistics show that the test is not universally utilized: African-Americans are 20 percent more likely to develop colorectal cancer than Caucasians, and they're almost 50 percent more likely to die from the illness if they get it. The Abramson Cancer Center's **West Philadelphia Gastrointestinal (GI) Health Outreach and Access Program** is dedicated to ensuring equal access to the test, regardless of a patient's race or socioeconomic status.

“When we have the means to prevent just about every case of colorectal cancer through screening colonoscopies, these deaths are senseless and the racial disparity is a social injustice,” says the program's director, Carmen Guerra, MD, MSCE, an associate professor in the division of General Internal Medicine

in the Perelman School of Medicine and associate chief of staff in the Abramson Cancer Center. “Each one of those cases is a painful case of cancer for someone's husband, wife, mother, father, son, or daughter.”

In early 2012, Guerra, along with Michael Kochman, MD, the Wilmott Family Professor of Medicine in the Perelman School of Medicine, launched the GI Health Outreach and Access Program, a patient navigation initiative that seeks to improve the colorectal cancer screening rates for the residents of West Philadelphia by providing the education and financial assistance necessary to undergo the test. The program, one of the first navigator programs of its kind in the United States, helps patients better understand the preparation process that comes before the screening – which patients are often nervous about – provides help with transportation to and from the procedure, and pays for the preparation materials.

In just its first year, the program has helped provide screenings to nearly 120 patients, 32 of whose tests revealed pre-cancerous polyps. Three patients were diagnosed with cancer and began treatment.

In what Kochman calls “a great display of collaborative community spirit,” the initiative is powered by a team approach, with help from civic leaders and community organizations throughout West Philadelphia who are spreading the word about the program – and its lifesaving powers.

“a great displa





...y of collaborative community spirit”

A desk with a calendar, a stethoscope, and a 'Smoke-Free Families' sign. The calendar shows months from August to December. The stethoscope is on a grey sleeve. The sign is for the Philadelphia Department of Public Health.

PARTNERSHIP

"The barbers who work in the shop are really important to the program. When people are scared or reluctant to have a blood pressure screening, we know we have that sort of gentle, friendly encouragement from people they trust, in a setting where they're really comfortable."

**Cut Hypertension Volunteer Michelle Munyikwa,
Second-year Perelman School of Medicine Student**

Community partners are often the cornerstone of our ability to serve. Churches, shelters, Philadelphia city health centers, and even barbershops all serve as the stage for unique collaborations that combine the might of volunteers from diverse backgrounds.



SERVICE after supper

Care doesn't stop when the plate before diners at the **University City Hospitality Coalition's** nightly meal is clean. Each Wednesday evening after they enjoy a hot meal from the organization's kitchen, clients can also stick around for free medical help.

UCHC's medical clinic volunteers provide screenings for high blood pressure, diabetes, and HIV, and help manage joint problems, rashes, allergies, and respiratory illnesses like asthma, among other conditions. Since about half of the patients who attend the clinic at St. Agatha-St. James Church in West Philadelphia are uninsured, it's their only way to get routine health care, or to identify chronic conditions. The clinic aims to change that, too, by providing referrals to various social services agencies and information about Medicare and Medicaid.

Offering one weekly meal at the group's start, the non-profit organization has grown into a much larger force for good, now providing a daily supper and many other critical services for homeless or low-income community members. Today, the organization's medical clinic, open each Wednesday night, is staffed by students

from the Perelman School of Medicine and other Penn schools and attending physicians, residents, and pharmacists from Penn Medicine. A legal clinic and dental clinic are also available. This year, a Penn Medicine CAREs grant helped expand these services, covering the implementation of a new vaccine program. In all, the clinic volunteers have more than 420 one-on-one encounters with patients each year.

Medical student Pandora Chua said the clinic played a role in her decision to attend Penn Medicine. "One of the things I loved most about Penn and why I wanted to come here was the opportunity to get involved with the community," she said. "UCHC was particularly interesting to me because it is the free clinic in Philadelphia that is the most student-organized and run."

The opportunity for medical students to hone their skills by taking patient histories and conducting physical exams is an essential part of their education. But the group's advisor, William Matthai, MD, a clinical associate professor of Medicine at Penn Presbyterian Medical Center, said one of the most fundamental roles the program plays is underscoring an ethos of

community service – a cornerstone of medical education at Penn. "I think the clinic, with many of the other opportunities provided at Penn," he says, "reminds the students of the obligation to serve and reinforces a commitment to help those who may not be able to help themselves."







“we educate without judgment”

education *ON THE ROAD*

How many teaspoons of sugar are in one glass of iced tea? Which farmers' markets accept WIC and SNAP vouchers? What's a pancreas?

Answers to these simple questions can empower and motivate people to make lifestyle changes that can greatly improve their health and that of their children. That's the goal of the hundreds of nurses from across Penn Medicine who participate in community outreach programs throughout the year. In particular, nurses are focusing their energy and efforts on hypertension and diabetes education.

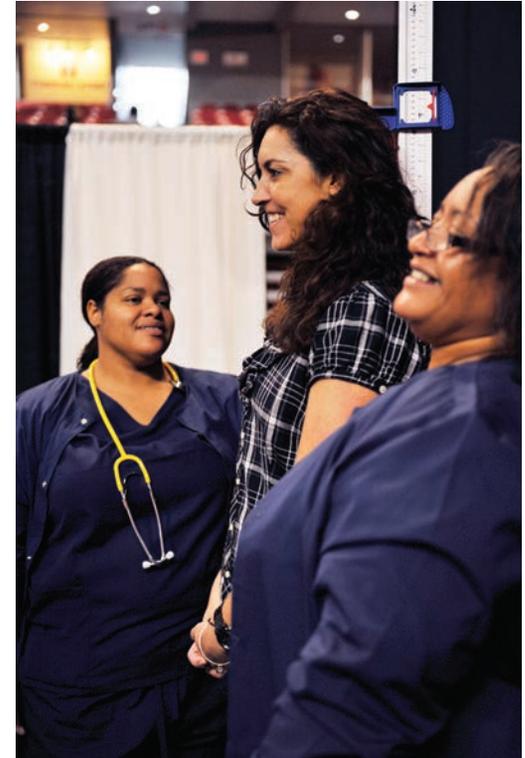
"We asked ourselves, 'On what diseases will our nursing approach – patient education – have the most impact?'" says Pamela Mack-Brooks, MSN, CRNP, director of the Hospital of the University of Pennsylvania **Nursing Community Outreach Program**. They take to the road for screening and community events and health fairs around the city to dispense practical, small steps that people can really put to use improving their health in large ways. Their approach is low-tech, but high-information.

They share shocking statistics, like the fact that a glass of presweetened iced tea can have up to 15 teaspoons of sugar, and use play food to illustrate how super-sized and unhealthy typical portion sizes

can be. Nurses also share how to make limited funds go further to buy nutritious food, giving tips on how to take the \$5 or \$10 that is so easily spent on fast food and turn it into a healthy meal with ingredients from the grocery store. They also offer information on farmers' markets that accept WIC and SNAP benefits from the government for fresh fruits and vegetables, which are often hard to come by in urban areas without grocery stores.

Nurses from Penn Presbyterian Medical Center are laser-focused on helping people become aware of the threat of hypertension, which takes the lives of 1,000 people each day in the United States. In one-on-one exchanges in school gymnasiums and community centers, and even outdoors, in West Philadelphia's Clark and Saunders parks, they make connections that stand to save lives.

"People are actually very excited about talking with us, and very honest," says William Hudson, BSN, RN, OCN, Penn Presbyterian's Magnet Program Director. "Nurses have always been some of the most trusted professionals – people are really honest with us, because we're with them from birth until the end of life."





an ounce of PREVENTION

*“we took care of her and she became a
PERFECT PATIENT”*

Pregnancy, poverty, and a lack of access to health care – especially when compounded by language barriers – make for a dangerous combination. In 2008, to help women facing that exact situation, Jack Ludmir, MD, professor and chairman of Obstetrics and Gynecology at Pennsylvania Hospital, created **Latina Community Health Services (LCHS)**. The program operates as part of Puentes de Salud and Pennsylvania Hospital’s Women & Children’s Health Services, serving Hispanic patients, many of whom are recent immigrants, often undocumented, to the United States.



The circumstances Ludmir's patients grapple with may be dire, but they are no match for the strength of a Latina mama. "Pregnancy gives them the motivation and the power to take charge of their health for the sake of their babies," he says. "They are excellent patients with high compliance rates. They say, 'Show me how to take care of myself and my baby,' and then they do it."

And then, they show other women how to do it. In a girl-power version of the "teach-a-man-to-fish" parable, Ludmir and members of Puentes, in conjunction with of a nurse liaison to the community, recruits former patients to become "promotoras." After receiving basic training, they teach health and wellness to their own communities, spreading knowledge that can help other

women have healthy pregnancies and give their babies the best start in life. Since 2008, the program has delivered almost 200 babies, and staff there cared for more than 220 patients in 2012.

Still, many uninsured women have untreated illnesses that result in high-risk pregnancies. One example: an obese woman, 40 years old with a history of one heart attack and two previous Caesarian sections. At a local hospital, she was diagnosed with hyperthyroidism and given medication – then discovered that she was pregnant.

She was at very high risk for maternal and fetal complications. "But we took care of her when others closed their doors. And she became a perfect patient. She

carried the baby to term and delivered without complications."

If he had all of the resources he wanted, Ludmir would devote them to prenatal care: ultrasounds, blood pressure monitoring, blood sugar checks, and education. These basic things – standard obstetric care practices for women with health insurance – help prevent, identify, and treat many of the problems that cause women and their babies to require extensive medical care and contribute to troubling maternal and infant mortality rates.

"An ounce of prenatal prevention," Ludmir says, "would save hundreds of lives and millions of dollars."



in their shoes

No one wants to walk a mile in a homeless person's shoes. If he can't walk, his life – his very ability to survive from day to day – is compromised. So, a simple tip about proper foot care can make all the difference in his efforts to stay on the path, keep healthy, and move forward.

At **Old St. Joseph's Outreach Ministry** in Society Hill, volunteers provide food, spiritual guidance, life skills classes, and addiction counseling to men who are homeless or living in poverty. Pennsylvania Hospital nurses and health educators are part of the program, holding monthly seminars that address the specific medical challenges facing these men.

Often, the issues they discuss are things most people would never consider. Take, for instance, the toll of ill-fitting, secondhand shoes, which can lead to blisters, corns and bunions, says Natalie Gamble, MPH, a health educator at the hospital's Diabetes Education Center, explaining how quickly those small issues can turn into an infection. A kit of a few inexpensive items – emery boards, antibiotic ointment and bandages – can help avoid problems that require trips to the emergency room. Last year, nurses from the hospital held a drive to fill toiletry kits with essential items like these, plus

soap, deodorant, sunscreen, and lotion, to give to the men at Old St. Joe's.

Diabetes is also common among the men who visit Old St. Joe's. Gamble gives them practical information on how nutrition – even while living on the street, where the source of their next meal is often uncertain – can help them manage their condition and make their money go farther. At a food cart, for instance, a few dollars can be spent more healthfully by purchasing low-sodium, low-fat grilled chicken compared to its fried counterpart. "If you're at Wawa," she advises, "skip the 99-cent bag of chips and get a piece of fruit for 69 cents."

This type of knowledge – delivered with respect and care – is power. In 2012, Mike McCallister, a participant in the program, was approved for subsidized housing through the Philadelphia Housing Authority. For the first time in 20 years, in part due to the skills and help he received at Old St. Joe's that helped him rebuild his life, he will have a permanent roof over his head.

"We want to help all of the men be healthy and safe," Gamble says, "one step at a time."

"we want to help all..."



one step at a time”



INSPIRATION

*"They can break the cycle and take steps toward building lives.
They may not see hope. We have to show them what hope
looks like."*

**Mercy Hospice Volunteer & Pennsylvania Hospital Nurse
Earl Lounsberry**

From offering “the gift of learning” to high school students looking toward health care careers, to teaching women how to be health ambassadors in their own communities, Penn Medicine lights a spark. And through a new grant program that allows our staff to bring new projects to life in the community, we inspire inside our walls and far beyond.







the sign of HEALTH

Language is a problem for Giang T. Nguyen, MD. The problem is not a lack of language, but rather, a jumble of them. The umbrella ethnicity known as “Asian” covers a vast sweep of nationalities and languages, including Korean, Japanese, Mandarin Chinese, Cantonese, Thai, Vietnamese, Cambodian, Laotian, Urdu, and the many Indian dialects.

“Many medical practitioners don’t speak all – or any – of these languages, and most providers don’t have educational materials in these languages, either,” says Nguyen, who directs the **Penn Asian Health Initiatives**. Compounding the language barrier are the medical challenges unique to Asian populations. Chief among them is Hepatitis B, which is uncommon in America but occurs at high rates in Asia. Since the infection can pass from mother to child, the problem can spread from generation to generation.

Untreated, the disease can eventually lead to cirrhosis and liver cancer. But catching it

requires only a blood test, and treating it can be done relatively easily. “The problem,” says Nguyen, who also serves as medical director for Penn Family Care and an assistant professor of Family Medicine and Community Health in the Perelman School of Medicine, “is that physicians unfamiliar with Asian populations don’t know to screen for it and Asians don’t know to ask for it.”

In fact, Asian immigrants typically don’t know about most screenings, like mammograms, Pap smears, and colonoscopies. “And that is why Asians are the only major ethnic group in America for which cancer is the number-one killer,” Nguyen says.

Language-specific, culturally-sensitive education is how Nguyen aims to change that, through written materials, videos, free screenings, and immunization clinics.

He’s counting on the Zodiac to help, too. To encourage daily exercise, which can help to reduce the risk of cancer and other chronic disease, Nguyen created a 10-minute exercise break based on the Chinese Zodiac.

So popular is the class that Nguyen also launched it on YouTube and demonstrates it at Asian-American medical conferences. He has led a group of 300 people in Texas and 100 people in Michigan and got 900 people moving at the Asian-American Women’s Health Awareness Day in Philadelphia.

What does the class consist of? The dragon move is a forward lunge. The rat? “You march in place, then reach forward and back as if reaching for food,” Nguyen explains. “That might sound silly. Who wants to be a rat? But, I’ll tell you what. People love doing it.” And it pays off, by improving their health.





trimming the **RISK**

Hypertension is called the silent killer, quietly taxing the heart and vascular system for years before patients become sick enough to seek help – often too late, only when they suffer a stroke or heart attack. The condition affects African-American men at a much higher rate than the rest of the U.S. population; more than 40 percent of them have high blood pressure, many without knowing it.

Penn Medicine's **Cut Hypertension program**, which began in 2010, is trimming that risk bit by bit. Twice a month on Saturdays, a corps of Perelman School of

Medicine students heads to a West Philadelphia barbershop, Philly Cuts, to provide a quick blood pressure check to men waiting for a trim. The screenings have revealed that as many as half of the men had hypertension. Though the medical students involved in the program don't treat the men's high blood pressure, they educate them about the seriousness of the condition, encourage them to seek a doctor's care, and help make a match to a local physician. They also dispense tips that are proven to help lower the numbers on the blood pressure readout – cut back on



eating out, dial down salty and fried foods, and get in shape with regular exercise.

One of the keys to the program's success is that the screenings and health pep talks are given in an environment that bears little resemblance to a doctor's office, where patients may feel afraid to speak honestly or ask questions. Instead, with the buzz of clippers in the background and the smell of aftershave in the air, the barbershop is a social hub for many black communities, where men chat and commune in a no-pressure environment.

Cut Hypertension's approach is backed by research, showing that rigorous barbershop screenings can, indeed, yield results. Seizing on the same type of opportunity that has made African-American churches hubs for health care in many communities, screening programs for other diseases – prostate cancer, diabetes, and sickle-cell anemia – have cropped up at barbershops elsewhere in the country.

The West Philadelphia program begins with the commitment of the barbers who already have relationships with the patients Cut Hypertension

volunteers aim to reach, says second-year Perelman School of Medicine student Michelle Munyikwa, who is among the leaders of the group.

“The barbers who work in the shop are really important to the program,” she says. “When we have people who are scared or reluctant to be screened, we know we have that sort of gentle, friendly encouragement from people they trust in a setting where they're really comfortable.”

a sight to BEHOLD

With five minutes, an ophthalmoscope, and eye drops, Prithvi Sankar, MD, can prevent blindness. He can quickly check a patient's vision, field of vision, and eye pressure. The ophthalmoscope allows him to evaluate changes to the optic nerve. The eye drops treat glaucoma, a leading cause of blindness.

“Eye drops are a simple treatment for what can be a devastating disease,” Sankar says. “Glaucoma's blindness is often bilateral, leaving the patient completely and permanently sightless and dependent upon family and friends for care. But if we catch it early enough, we prescribe eye drops that halt its progression.”

Detecting glaucoma and other ophthalmological diseases is the mission of **Penn Sight Savers**. Sankar, an associate professor of clinical ophthalmology and director of student education for the department of Ophthalmology at Penn's Scheie Eye Institute, leads the Penn Sight Savers, a team of Scheie doctors and medical students. This small band of eye experts holds free screenings at community health fairs throughout West Philadelphia.

“African-Americans are a high-risk group for glaucoma and they comprise a large population of West Philadelphia, so that's where we go,” Sankar says. “Family history is another big risk-indicator. Even if people know that glaucoma is in their family, they might not know that we can treat it – and pretty simply.”

Low-cost, low-maintenance eye drops have medical super powers when wielded by Penn Sight Savers. The team used them to treat a man in his 40s they met in the summer of 2012 at the Mantua Recreation Center's free, community health fair. He went to the fair because the vision in his right eye wasn't right – it had been diminishing bit by bit.

“We did a test with the ophthalmoscope and saw constriction of field in the right eye,” Sankar says. “It turned out that he sustained an injury to that eye when he was in his 20s. The nerve showed typical damage from glaucoma. We were able to intervene and give him eye drops for the right eye and we will continue to monitor the left eye. He said, “You know what, doctor? Eye drops aren't so bad, considering that I could be blind. ”





“a simple treatment for what can be a devastating disease”



CREATED TO
IMAGINE
FOR THE
BEST
Beautifully
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NEW
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ROAD TO RECOVERY
The Write Stuff

WE HEAL



what HOPE looks like

Humor might sound like a strange tactic for dealing with substance abuse, prostitution, violence, and poverty. But it is part of the arsenal that Earl Lounsberry, RN, BSN, uses to break through to the women at **Mercy Hospice**, a transitional housing facility for women recovering from drug and alcohol addictions.

“Using humor is a way for me to get to the truth of how they led their lives in addiction and use that truth to help them heal,” explains Lounsberry, a nurse at Hall-Mercer Community Behavioral Health Center at Pennsylvania Hospital.

Mercy Hospice is not end-of-life care, as hospice is traditionally known, but the women have, indeed, brought things here to die: their addictions. If addictions, as it’s been said, don’t die but instead go dormant, then the women at Mercy work towards reincarnating themselves during remission.

Women – and often, their children – stay at Mercy for three months. During that time, they attend monthly workshops run by Pennsylvania Hospital nurses and health educators. They learn about nutrition, high blood pressure, women’s health

issues, cancer, depression, anxiety, and other conditions that may have been ignored for years due the challenges of addiction and homelessness.

To his sessions, Lounsberry brings only his expertise in addiction therapy. There are no pamphlets, no charts, and no medical equipment. It’s just Lounsberry, 15 women sitting in a circle – and humor.

“Many of these women have a history of prostitution,” Lounsberry says. “One woman told me that she thought being a prostitute was glamorous.” The reality – a life of poverty, drug addiction, and often domestic violence – is far from it. But the women may not know that there is any other way to live, Lounsberry says, and the fog of alcohol or drugs may have blurred their view for many years, often after a childhood in homes where addiction and poverty were the norm.

“They can break the cycle and take steps toward building healthy lives. But they don’t know how. They can’t imagine it. They may not see hope,” Lounsberry says. We have to show them what hope looks like.”

SOLUTIONS

“When we have the means to prevent just about every case of colorectal cancer through screening colonoscopies, these deaths are senseless and the racial disparity is a social injustice.”

**Carmen Guerra, MD, MSCE, Director, West Philadelphia
GI Health Outreach and Access Program**

In every health challenge – the silent scourge of high blood pressure, or language barriers that keep patients from learning how to take control of their illnesses – Penn Medicine faculty, staff, and students see fresh solutions. With the newest, most creative ways to combat some of the most cumbersome issues that keep members of our community from becoming their best selves, we’re making progress.

Composition
Cory Johnson, MD
Holtzman &





bridges to BETTER HEALTH

As the old saying goes, an ounce of prevention is worth a pound of cure. That’s the idea that volunteers embrace in every aspect of **Puentes de Salud’s** multidisciplinary, community-based, health and wellness center serving Philadelphia’s Latino immigrants.

The organization aims to provide this population, whose residents are often uninsured, with professional health care – especially preventative care that can eliminate the cycle of seeking hospital care for untreated

chronic conditions like high blood pressure and diabetes. “We want to empower people to avoid health problems that require medical intervention,” says Steven Larson, MD, an associate professor in the department of Emergency Medicine in the Perelman School of Medicine and a co-founder of Puentes de Salud. “I want to keep them out of the ER. That’s better for them and for the health care system.”

Patients for whom prevention efforts come too late, Puentes cares for them, too. Cardiovascular disease,

dental problems, gynecological issues, diabetes, mental health disorders: Puentes volunteers treat all of these illnesses.

One key example of the organization’s approach to community wellness begins with children: Puentes Hacia El Futuro, the organization’s after-school program for elementary school students in South Philadelphia. The program is two years old – started by Puentes volunteer Daphne Owen, who is now a second-year student in the Perelman School of



Medicine – but in 2012, Larson says, “we really lit it up.” With the addition of two coordinators to expand the program and more than 100 volunteer tutors drawn from area colleges, the program quadrupled the number of children participating.

In addition to academic tutoring, the children are given opportunities to build bridges to their adopted country through art and other cultural activities. This year, they staged an exhibit at the Bob and Penny Fox Art Gallery on Penn’s campus. Titled “El Viaje De

Los Niños (The Children’s Journey),” the show displayed their artwork: dioramas depicting their old lives in Mexico, the experience of crossing the border, and their new lives in America. “The kids expressed being part of two cultures but belonging to neither,” Larson says. “It was a therapeutic and creative experience for them.”

In 2013, Puentes will expand its prevention, education, and treatment capabilities and facilities. Plans and fundraising are under way for a new, bigger, more

centralized location. It will be built on 6,000 square feet that the University of Pennsylvania Health System donated near Penn Medicine Rittenhouse. The center will provide health and wellness services, tutoring, and career counseling.

“We want to invest in the immigrant populations so that they can better their lives,” Larson says. “That’s why they came to America in the first place.”





opening doors to DREAMS

After a year and a half of working on a busy surgical unit at the Hospital of the University of Pennsylvania, Brittney Williams, 17, knows how to juggle. “It’s a really fast-paced environment, and I’ve learned how to do five things at once and communicate with lots of different people to get things done,” she says. Those are skills she’ll put to use long after the William L. Sayre High School senior has graduated from Penn Medicine’s **Pipeline Program**. She’s applying to more than half a dozen top colleges, with lots of application help from the colleagues and mentors she has gotten to know through her work at HUP.

The Pipeline Program, which began as a summer internship initiative five years ago to introduce students to health care career options, is now a two-year program for high school juniors and seniors. It not only offers college credits through the Community College of Philadelphia (CCP), but also provides professional development training and experience working in a health care setting.

Through a partnership with the School District of Philadelphia, students are chosen from Boys’ Latin of Philadelphia Charter School, Paul Robeson High School, and William L. Sayre High School. Once accepted, they work in both clinical and nonclinical areas at the Hospital of the University of Pennsylvania, Penn Presbyterian Medical Center, Pennsylvania Hospital, and other Penn Medicine facilities – all while taking a college course every semester and keeping up with their high school classes. There is no cost to students; Penn Medicine covers the tuition for these classes, enabling



them to earn credits for four or five college courses – a whole semester’s worth – by the time they graduate from high school.

“I have the greatest passion for this program, because it exemplifies Penn Medicine’s commitment to the community by developing a pipeline for career opportunities and advancement of education,” said University of Pennsylvania Health System Chief Human Resources Officer Judy Schueler. “People come here to learn. This program provides a pathway for these students.”

Almost all of the program’s graduates have gone on to college, and many continue their work at Penn Medicine through an internship program in partnership with the University City District that allows them to receive 40 hours of pay for 20 hours of work each week while they’re in school. Interns also have the option to complete requirements to become a certified nursing assistant, paving the way toward a nursing career. Because the interns are considered staff, they are also eligible for Penn Medicine’s \$8,000 annual tuition benefit to help pay for college.

A mother whose child has come through the program expressed pride in her son’s accomplishments, which will put him on track to be a first-generation college graduate: “I always wanted college for my son. I didn’t go, but this program has opened a door for our dreams.”

Effect A Soothing

Slow, soft chimes sound as Sharon Civa places her hands on the crown of the patient's head. Civa keeps her hands there for three minutes, then moves them to the patient's temples. After another three minutes, she puts her hands on the patient's abdomen, then works her hands down one side of the patient, moving from arm to hand, then hip to leg, then up the opposite side of the body. Palms pressing gently but firmly, Civa moves slowly and deliberately. Thirty minutes after she began, Civa ends with her hands on the patient's head, completing their soothing journey.

This is **Reiki**, the ancient art of touch therapy. Civa performs it not at a fancy spa, but standing over a hospital bed at Penn Hospice at Rittenhouse. Some patients receiving the treatment are not able to thank Civa for the therapy. They are unconscious, their bodies in the final stages of battles with cancer and other illnesses. After months and, often, years of treatment – needle sticks for blood tests and chemotherapy infusions, surgeries to remove tumors and radiation treatments to shrink them – this touch is new: a soothing human connection as patients enter their last days.

Civa, who works in Penn Medicine's Corporate Information Services group, is also a hospice

volunteer. She is one of 10 volunteers who spent 20 hours – a ten-week process – becoming a Reiki practitioner. Their training, and that of 13 hospice clinicians, was supported by a grant from Penn Medicine's CAREs Foundation, which provides small, starter grants to Penn Medicine staff members who are involved in community service programs.

Sessions are held in patients' rooms at Penn Medicine's in-patient hospice unit. During the therapy, which ranges from 10 to 30 minutes, patients stay in their beds, in a gown, and covered with a blanket. Reiki relies not only on skin-on-skin contact, but on "touch and its healing power," Civa says. "It's not about giving them my energy – it's about rebalancing and focusing energy that they have within them. For hospice patients to be told that they still have energy in their bodies is very moving – for them and us. I've seen them respond, even if they are unconscious. I have seen patients visibly relax during Reiki sessions. Human touch is such a simple thing. But we have seen its power."



“Human touch is such a simple thing. But we have seen its power.”



Weighing In



Something as simple as a scale can prevent a patient from being readmitted to a hospital. It's not medicine, but when the numbers start to tick up, the device can provide an early warning sign that trouble is on the way. That's especially true for heart failure patients, whose hearts are no longer strong enough to pump blood efficiently through their bodies, leaving the kidneys unable to function properly. As a result, the body hoards extra fluid, taxing all its organs.

“When fluid starts to build in heart failure patients – a sign that something is wrong – they can gain two to three pounds overnight, and that's before any symptoms appear.” said Nora Brennan, RN, BSN, a primary care connector nurse who acts as a liaison between patients' hospital caregivers and their primary care practices in the community, and works to improve their transition to home and prevent readmissions. “That's why I tell my patients to weigh themselves every day.” That way, they can call their doctor to get back on track quickly.

However, not everyone has – or can afford – a scale. Nationwide, heart failure is a leading cause of hospital readmission – some 25 percent of these patients are readmitted to the hospital within 30 days of going home. This year, with an aim of helping her patients avoid that return trip by empowering them to monitor their own weight at home, Brennan hatched an idea for a new program, dubbed “**Weighing In.**” First, she applied for a grant from the Penn Medicine CAREs Foundation to get the idea off the ground. Next, she secured a great price on scales from an Upper Darby Walgreen's, and within weeks had a stockpile of 70 scales to provide to patients who needed them.

“I know this will prevent hospitalizations,” Brennan says. “By giving them a scale, you're driving home the message that it's important for them to play an active role in managing their condition.”

Already, that daily visual reminder is even inspiring patients to take charge of other aspects of their health. Feedback from one patient who received a scale through the program illustrates the far-reaching benefits of the Weighing In program: “Since I am using my scale, I am losing weight and paying attention to my blood sugar.”





“I tell my patients to weigh themselves every day.”



by the numbers

Committed to community

Support in FY12

Charity and underfunded care for Medicaid families:	\$121.1 million
Physician training support:	\$91.1 million
Research support:	\$614.6 million
Total:	\$826.8 million

Emergency Department Visits

Hospital of the University of Pennsylvania:	64,423
Penn Presbyterian Medical Center:	33,486
Pennsylvania Hospital:	38,465

Forty-six percent of all ED patients are uninsured or covered by Medicaid.



Strengthening the local economy

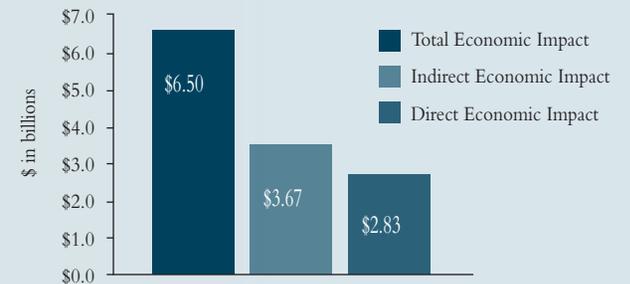
Penn Medicine contributes to the stability of the region in a number of vital ways – including creating new jobs and attracting new businesses to the area.

Each year we report more than \$6.5 billion in economic impact on the Commonwealth of Pennsylvania, including:

- \$2.83 billion in local wages and the purchase of goods and services.
- \$3.67 billion in economic activity generated by other organizations and businesses supported by Penn Medicine.

We also delivered total economic benefits of more than \$3.7 billion to the economy of Philadelphia and more than \$1 billion to the economy of New Jersey.

Annual Pennsylvania Economic Impact of Penn Medicine



**DISTRICT HEALTH
CENTER 4**
4400 HAVERFORD AVE.



Katherine
1858-1935
She established
Sisters of M
Blessed soc
She believed
universal E

Katherine B
1898-1979
First Woman
awarded
a P.H.D
in physics
the Univer

Ida B. Wells

1862-1931
Champion of
Social Justice
journalist,
newspaper
editor.

71 years before
Rosa Parks
she refused to
give up her seat

Indira Ghandi
1917-1984

India's first an

Harriet Tubman
1820-1862
Abolitionist, Nurse

Mary McLeod Bethune
1875-1955
Educator, Politician

Mary Gibson
1877-1967
Landscape Painter

Lucretia Mott

Henrietta Lacks
1921-1985
Cell Biologist



Harriet Tubman

Mary Gibson

Mary Gibson

Lucretia Mott

Henrietta Lacks

Henrietta Lacks

Our mission is a simple one:

We intend to be the very best we can be. We pursue this mission in service to our scholarship, our obligation to teach others, and our commitment to caring for those we can help. At Penn Medicine, we see the future every day through discovery, learning gained and shared, and lives made better. Those who join us in this mission are grateful for the privilege and accept the many responsibilities such privilege entails.

We acknowledge the physicians, nurses and staff throughout the Perelman School of Medicine and the University of Pennsylvania Health System who contributed to this report and to our community.

To learn more about Penn Medicine's commitment to the community, visit PennMedicine.org/community



Penn Medicine

Perelman School of Medicine
University of Pennsylvania Health System

