

SHINING A LIGHT ON



ADVANCE DIRECTIVES

PREPARE • SHARE • CONTINUE CARE

Table of Contents

3-4	--	Andrea Quarlley
5	--	Fabliha Khurshan
6-7	--	Roberto Rosario
8-9	--	Jennifer Deasy
10-11	--	Julia Carp
12-16	--	Matthew Dickson
17	--	Nana Kwesi
18-21	--	Colin Ness
22-23	--	Rohan Brebion
24	--	Erin Russell
25	--	Shreya Thakur
26	--	Katrina Juntereal
27-28	--	Meg Carter
29	--	Nausheen Baksh
30	--	Kyra Sloane

through to the end of the course, and to hear how excited they are to do something for their community has been amazing to be a part of. ☺

Fabliha Khurshan
BTG-Temple: Beckett Life Center

Every classroom at Beckett Life Center is adorned in beautiful paintings and all of them were done by a young Black man in his 20s. I decided to interview him to learn about his story and how it intersected with Beckett.

He grew up in Southwest Philadelphia in a single parent, who suffers from mental illness, home with an older sister and younger brother. His earliest memories are filled with escaping home trauma with drawing and painting. And although he says his mother was not always fully present, he credits her for teaching him about the various parts of a painting—foreground, background etc.

This passion for art led him to attend The Charter High School for Architecture and Design. As a high schooler, he got a job to help support his siblings and his mother while they were at risk of losing access to water/electricity. And at the same time, he expanded his portfolio and was recruited by California College of the Arts on a full scholarship. He was super excited to attend and took a risk and depended on himself to move to California and start his college dreams. There he soaked in all he could about art history and all the various techniques of painting until he decided school did not have anything more to offer. He told me about times where teachers labelled him as a distraction for laughing or enjoying class in a different way than his non-Black classmates.

He came home to his father incarcerated and his mother being in a medically induced coma. He found random art jobs to help support his family, especially his younger brother who was still in high school. Around this time, he was introduced to Beckett Life Center where he was hired to do a mural for his asking price. After the murals, he stuck around to hang out with the children and help out at the center as needed. Through the center, he met a woman at Temple and agreed to create 3 huge backdrops for her fashion show. And after posting his backdrops on social media he caught the attention of Director Spike Lee and was able to sell one of those backdrops to Spike. He never accepted payment for the backdrops and in fact had lots of trouble even retrieving his paintings. All in all, he had the support of Beckett through it all and learned to maneuver through the business side of the art world. Now (fast forward about 3 years), he is flying all around the country to do residencies and murals and book tours for all of his paintings and illustrations. He moved his siblings out of his family home and now takes care of everyone financially and emotionally.

He told me that Beckett played an integral role in his success and knows that it also plays a huge role in all of the children's lives. He credits Beckett with increasing exposure for the children—so for example if they are interested in art, they have an artist to turn to, if they are interested in medicine there are doctors to turn to. He wants people to know that there is lots of potential at Beckett.

” People should not judge North Philadelphians by their cover and should know that there are many untapped seeds, and sometimes these seeds don’t get the sunlight or the water that they need—whether or not they don’t have access to it—but [if you] just tap into it a little bit and let a little water flow through the cracks and crevices a little bit between the concrete you will find there is so much talent, so much skill, so much intelligence, so much joy and happiness.”

He believes by working together and building more sites such as Beckett can give children throughout Philadelphia neighborhoods a place to spend their time, increase their exposure to many different fields, and gain the resources/skills needed to achieve their individual dreams.

JHG has lived in Allentown, PA since she immigrated from Vietnam as a teenager and proudly declared that this is her home. JHG states she is one of too many grieving mothers in Allentown experiencing "a parent's worst nightmare."

Her life was changed 9 years ago on August 24, 2012 when her son, K, was slain. He was shot 7 times in his bed at home and discovered in a pool of his own blood by JHG when she came home from work at 4:00 AM. The horrific execution made the tragic state of Allentown real to JHG. At the time, JHG said her son had been involved in a gang for at least a year and more actively in the months before his killing. She said she didn't condone his involvement, but she believed he did not bring it home with him. On this unfortunate night, he didn't have a choice.

It's a tragic story that is all too common in this locale: A hard working family that struggles to make ends meet, a youth left to their own devices, and dangerous illegal activities that result in pain and heartbreak for everyone involved.

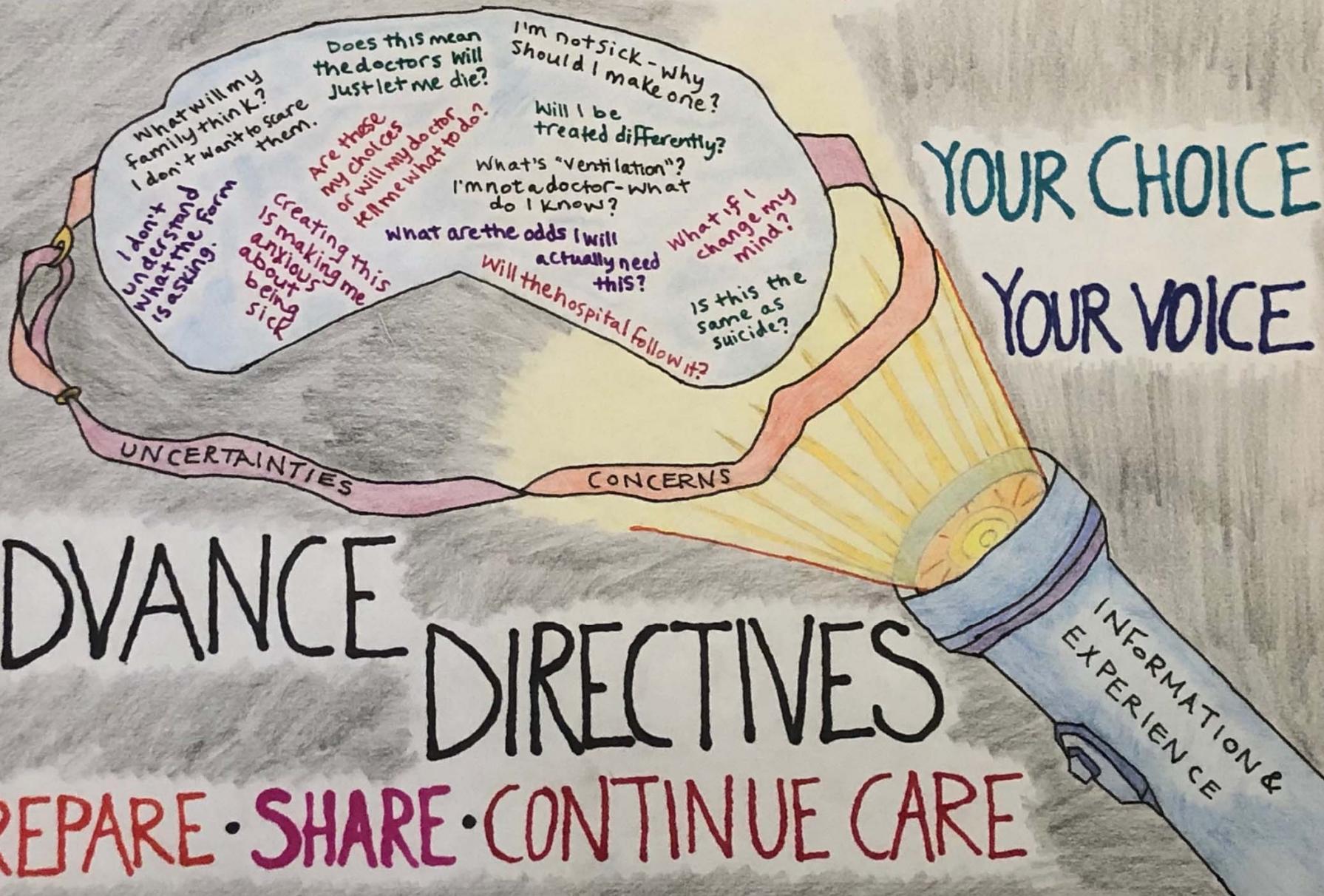
Any family would struggle to manage the grief caused by the untimely loss of a loved one. JHG's situation was made even more difficult because of her son's gang affiliation. She joined support groups for families who had lost children, but felt outcast when they learned the circumstances of K's death. She sought help from the police to find justice for her son, but couldn't get answers. At every turn, she felt that the world dismissed her even though she was afflicted by the same pain that any other mother could feel. Throughout it all she was steadfast that she would seek her son's killer and do it the **right** way. She spoke out against violence and publicly broadcast that revenge shootings would not be right to remember her son. She was committed to the criminal

justice process even though her son's case would go unsolved for nearly 7 years. JHG believes that her son's case was given insufficient attention as a result of systemic disregard for people of color by police as well as stigma against victims of gang violence. JHG fought to push for a thorough investigation into her son's murder. After seeing the lack of attention her son's case was given, she knew she had to take matters into her own hands. She drove the investigation herself, obtained private investigators, evidence and witnesses to discover her son's murder and support a case to lead to his successful conviction. Weeping and trembling with anger, JHG shouted across the courtroom at the man who killed K, imploring him to look her in the eye. "You killed the wrong kid." Today, she is adamant that the criminal justice system should strive to treat all victims of crime with dignity and respect, regardless of the circumstances.

It's a horrific crime: the killing of a child. And in Allentown, it's been repeated again and again. The deceased leave behind scores of grieving relatives thus perpetuating a cycle of violence that credible messengers like JHG strive to disrupt. It's her pain that compels JHG to push past her "selfish" moments, when she just wants to hole up in her home, and get back into the community to help kids like her son. JHG says that her son was not only the victim of murder, but the victim of a system that ignored and abused him until he had nowhere to turn except the streets. Today she is a credible messenger working with Promise Neighborhoods of the Lehigh Valley's Zero Youth Violence initiative. She has dedicated herself to the mission of helping the youth of Allentown find a sense of hope, a sense of belonging, and a sense of agency.

"The hope," she said, "is that that K has the power to change lives."

SHINING A LIGHT ON



Jennifer Deasy- LKSOM

I drew this picture after my interview with patient S.M. I chose to interview S.M. for my Storytelling Project because she created an Advance Directive several years ago, and I wanted to ask her about her motivations for doing so especially since much of my literature searches identified reasons why people are hesitant to make Advance Directives. When talking with me, she said her motivation for creating an Advance Directive was watching her father-in-law slowly pass away from lung cancer: she and her husband's family could only watch their patriarch "suffer" with Stage IV lung cancer, in which he required a ventilator to breathe, drifted in and out of a coma periodically, and became severely anorexic and incontinent. S.M. said that this was heartbreaking for everyone in the family to watch their dignified patriarch waste away for months in a hospital bed; she realized that if she might one day be in an analogous situation, she would prefer never having a ventilator, or any other invasive medical device, and would wish to pass away in as little pain as possible instead.

When telling me about her motivations, S.M. said that she had never particularly considered making an Advance Directive- "Illness that would require one seemed so rare, I figured 'What's the point?'" She also said that she asked a friend her thoughts about making one, and that the friend replied, "That's suicide!" Other literature searches I conducted detailed other concerns about Advance Directives, such as feeling uncomfortable discussing the topic with family, not understanding the questions on the form, and whether the choices indicated on the forms would actually be adhered to in practice. S.M. described the hesitations she had as like a "mask" over her eyes preventing her from seeing the benefits of Advance Directives. To illustrate this, I drew an eye-mask and wrote several of the uncertainties and concerns S.M. mentioned, and those I found in my literature searches, on it. Furthermore, S.M. described her experiences with her father-in-law and information she gained independently from online research about Advance Directives as like a "light shining" on her mind. To illustrate this, I drew "information and experience" as a flashlight shining on the mask of uncertainties and concerns; in this way, the light illuminates the truth that assuages the uncertainties and concerns. As such, S.M.'s research and experiences metaphorically shined a light on the benefits of Advance Directives that were unknown to her previously, and assuaged the uncertainties and concerns she had about them.

Through my personal research, a common concern patients had about making Advance Directives was that they were concerned that they would not be followed, or that the patient would be told what to write by their healthcare team. From this, an important message I devised that I would like to convey to those considering making an Advance Directive, including S.M., is, "Your Choice, Your Voice"; by asking for legal witnesses, the creation of Advance Directives ensures that the information conveyed on the form are the patient's own choices, thereby "preserving" the patient's "voice" in his or her own care. Additionally, S.M. elaborated that once she made her Advance Directive, she shared the forms with her healthcare team, her husband, and her children. S.M. explained that her doctor keeps a copy in her medical file, her husband has a copy in an envelope in the family's safe, and her one daughter has a copy saved on her computer. Literature has emphasized that a patient sharing his or her Advance Directives with their loved ones and healthcare team is an important step in ensuring that the decisions are respected and followed; if no one besides the patient knows the form exists, then the choices can't be followed if the patient enters a medical state in which the patient cannot speak for him or herself. Additionally, further research emphasizes the importance of Advance Directives as a way of preparing for potential future injury or illness by making choices in advance, and that it is important for the patient to review his or her existing Advance Directives periodically and update them if the patient chooses. As such, I illustrated this concept by writing the phrase, "Prepare • Share • Continue Care". I devised this rhyming mnemonic since it carries helpful and important information in an easy-to-remember way: Advance Directives prepare the healthcare team and family for a potential future situation; the existence of and the information in which are important to share with the patient's loved ones and healthcare team; and it is important to continue to care for the existing Advance Directive by reviewing it and updating it as desired.

Julia Carp

Food desert	Smoothies
Physical disabilities	Transportation
Fresh food access	Walking
Physician bias	303
Pray	African American
An apple a day	Carrots
Cooking	Community
Greens	Cook
North Philly	Covid
Broccoli	Friend
Grateful	Friendly
Kale	Ghetto
Fruits	Joyful
Injection	Minister
Race	Ministries
Fresh	Mother
Grocery shopping	Neighbor
Obesity	Patient
Surgery	Sharing resources
Vegetables	Spiritual
A1c	Weight gain
Coping mechanism	Weight loss
Diagnosis	Wife
Fatigue	Woman
Food as therapy	68
Insightful	Amazon fresh
Insurance	Childhood trauma
Reflective	COPD
Resilience	Creative
Stigmatizing	Faith
Trust in healthcare system	Farm to Families
Weight	Fibromyalgia
Adventurous spirit	Food as medicine
Church	Honest
Food preparation	Kitten
Food stamps	Loss
Health-conscious	Medications
Healthy	Perceptive
Inequity	Potatoes
Neuropathy	Provide
Prices	ShopRite
Recipes	Social isolation
Refrigerator	Temple University Hospital

Matthew Dickson

BTG Storytelling Project – Farm to Families Interview

For my BTG Storytelling Project, I had the pleasure of interviewing X, a member of the leadership team at the St. Christopher's Foundation for Children. This organization supports programs that address the health and well-being of children in the community served by St. Christopher's Hospital for Children, which includes North Philadelphia. The foundation currently runs two programs throughout Philadelphia: the Community Oral Health Initiative and the Farm to Families Initiative, the latter of which was one of my sites for BTG this summer. During our interview, X discussed the history of both programs, her thoughts about the Philadelphia community, and the impact of the COVID-19 pandemic on her work, among other topics. The following is a narrative of the highlights from our conversation.

Can you tell us about the history of the St. Christopher's Foundation for Children and the two main initiatives that the organization is currently focused on? How have these programs grown and expanded over the years?

“St. Christopher's Foundation for Children was started in 1998. It was born out of St. Christopher's Hospital for Children when the hospital was part of a bankruptcy and sold off. The Foundation was created to support the community benefit that had long been a part of St. Christopher's impact in the community. As you'll notice from our name, children are the sweet spot of where we want our mission to focus. We focus on prevention strategies for children and family health.”

“One of the programs that we've been doing, pretty much since I joined, is a dental initiative that has become a strong and impactful program. It is a 40-foot-long tractor trailer that goes all throughout North Philadelphia, and it provides high quality, consistent dental care to children at no cost to them. We serve thousands of children, and the reason I think this program is important is because dental health is part of whole health. It really is such an important component of a child's health as they're growing up. [It affects] how they see themselves, their confidence, and their ability to concentrate.”

“Let me move into Farm to Families and how that started. As I already mentioned, we started with dental, and [dental has] a natural connection with food. For example, a high sugar diet can really affect your dental health as well as your physical health, obesity, hypertension, etc. We were talking a lot about where there were access points for us to help children address obesity, hypertension, and all of those kinds of issues that we were hearing a lot about when we started the program approximately 12 years ago. We started in one location, in the bottom of a church in North Philadelphia. We originally envisioned and saw the value of delivery and we started working with Bike Works. We thought we could get these [food] boxes and we can make it like a CSA (Community Shared Agriculture program), but we only want the families to have to invest one week at a time. We didn't feel that it was too big of a risk for them to try, and they had some skin in the game because they were going to pay some of the funds to support it.”

“We tried lots of different iterations. As we continued forward, we kept finding new partners that we wanted to try the program with to see where would be the best and make the most impact. As

we continued to learn more, we started finding ourselves in places that had a medical connection. There was a Fresh Start prescription program we wanted to start where we [could] have the physician play a vital role in one, communicating with their patients the value of fresh food in their overall diet, and two, the physicians prescribing the program had a touch point, a conversation piece that fit in with what the community could access. [The food] was at a reduced price and extremely high quality. The program was consistent. [We felt] the physicians were telling them about something that was gold standard and high quality. The Farm to Families program at Temple started with Bridging the Gaps students like you who were infected with a passion to start it. They just kept saying, “What do you mean we don’t have it? We absolutely should have this program here.” They did a lot of work, planning, thinking, and organizing. That is why Farm to Families is at Temple today. They’ve done a great thing by bringing the program into the Temple family.”

What impact have you seen that Farm to Families has had so far, and where do you hope that it goes in the future? What are some of the challenges that you’ve faced?

“I’ll be very honest with you. This is one of the hardest programs to do. It is so complex and simple at the same time. Getting people the food they need when they need it and at a cost they can afford is so complicated. Philadelphia has the Philabundance program that everyone knows and loves, but it would be great if people had their own money from their jobs...a living wage, so they can go to the grocery store in a car that they can afford and get what they like to have.”

“One of the things that we’ve learned as we’ve gone through this is that systems are not set up to make this work. I’ll give you an example. The program that we have focuses on local, seasonal, organic food. That is the gold standard...the highest quality food that one can access, but it also has a lot of limitations to it. For example, in the spring months you’re getting mostly lettuces and things that don’t feel hardy. There’s not a lot of fruit or vegetables that you can cook for a meal. It’s the gold standard, but that does not necessarily mean it is what people want. And that makes it very challenging. It also means that people don’t have choice. Whatever is seasonal is what they are getting their boxes. They’re not selecting the things that they want to have in their box. It is also not coming to their front door...it is coming to a location that is five or six blocks from their home. It could be 20 blocks from their home, and they might have to take a bus or several modes of transportation to get there.”

“What works well is that it is a high-quality program and it is low cost. It has a reduction or subsidy wrapped into it. It is consistent. It is year-round. It is available to all people, meaning that if anyone doesn’t have the means to buy into this program or if you have less funding or less resources, it’s [still] available to you. The SNAP user is the user that...if we were to say what’s the sweet spot, it would be a family with children that are using their SNAP benefits to access the program. They’re multiplying their dollars, because they’re getting a subsidy and they’re able to use those government resources [in another way]. To summarize what we’re doing well...we are making the program convenient and accessible in neighborhoods at a subsidized price year-round, and we accept SNAP benefits. Those are all the good things.”

How has the COVID-19 pandemic affected the work that the organization is doing?

“At the start of the pandemic, we already had Farm to Families in place, and we thought, who is going to fall through the cracks? The city had 40 or 50 food distribution places, and we thought, who might have trouble accessing these places? We talked to the city’s office of immigration and they shared with us that there were probably four or five different groups of immigrant populations...who felt uncomfortable reaching out...groups that were not connected to Philadelphia...families who did not have any safety net at all, meaning they've lost their job, got no unemployment, no checks in the mail, and still had a family to feed.”

“We started working on how we could get them free boxes of food. We came to find that some of the families and some of the organizations that we were working with said, “Our families want something simple. They want potatoes, carrots, and onions. That's what they work with and that's what they're familiar with. Some of the food that you're sending, which is the seasonal local food, is just not what they eat. They just want really simple stuff.” That was a “ding ding ding” [for us], so we started creating different boxes. Tell us what your community wants and let's try and make it. We were buying in bulk from conventional producers and creating boxes that had a base of things...potatoes, carrots, and onions, and then things like lemons or citrus fruits...things that are not local. And people really, really liked it. That’s one example of how we pivoted to make the program more impactful.”

What are some strengths that you see within the Philadelphia community? What are some challenges you’ve observed and areas where you’re hoping to see growth?

“One of the strengths, I would say is that Philadelphia has some unbelievable nonprofit organizations, like Temple, like Congreso...I could just go on. There are so many wonderful social service organizations that are there to identify and support the community around them. When you think about what a mom or what a family does to support a child's growth and development...you realize, if you take some of those things away because of poverty, the parent isn't in the home, or they don’t have adequate education...it is unbelievable the amount of things that the community has to put in place to support that child who doesn't have the things at home that they need. That's really, really, really tough. In Philadelphia, there are unbelievable medical facilities and strong nonprofits that support a lot of these communities. There is a true spirit of camaraderie and partnership in that world of services that wants to seek out what the challenges and issues are and help to try and find solutions. I feel that very strongly about Philadelphia. I saw during the pandemic that everyone came together and said, “How can we make this happen, or how can we work with each other and get the families what they need?” I think that is a strength that we see in the communities.”

“I think one of the challenges that you all probably have seen is our infrastructure in places like North Philadelphia. There’s poverty, one. That has so many different components that make it challenging for us to do the work. Families living in complex housing...some of them don't have kitchen utensils, cooking equipment, ovens. There's not a lot of grocery stores that are convenient or easy for these people to get to. They have so many challenges even to have a healthy diet or a diet that’s going to keep them from getting some of these diseases or illnesses. It's almost inevitable that these things are going to happening because of the lifestyle that is available to you.”

“We've had different events where we've invited people to have some of the things that we bring [in our Farm to Families boxes]. It could even be just simple fruit or things like that, and the mom will say to the kid, “We don't eat that. We don't eat those vegetables. We don't eat that.” To me, it's like, “Oh no! Please don't say that!” One of the things that we do know is that what is in the home are traditions, and the things that feel comforting and feel familiar to family...that is what they eat. These programs are not just a slam dunk. When you get high quality fresh, local, sustainable, organic food to families...it doesn't always work the way you envision. They might try something [new] in a box that is full of things that are really familiar, but it's hard to ask people to get a box full of new things that you have to breakdown and then find what is it, how to cook it, and how to store it. It's challenging. Every single person...has their own preferences about how they eat, but with this program and programs like it, you don't have that level of choice.”

What do you love the most about the work you're doing? What drew you to this type of work?

“Why do I like working in Philadelphia? Because we keep coming up with new things to address...new challenges to unwrap and dig at and think, “How do we get the money, the resources, and the knowledge to make those components happen?”

“Philadelphia has so many children that are suffering every single day. It's not just suffering where you don't have access, but you're also in these communities where there's a lot of danger all around you. Some don't have a lot of money, and some don't have any money. School systems are tough...just walking to school is a risk that the child is taking every day. I think about the dental [situation], the food landscape, the danger...I think about all those things, and I see there's so much to be done. I love that I get to be a little bit of a little piece of finding ways to get kids things they need...because it's unending. When you think of the privilege of people that have two parents or a grandparent or somebody who keeps you safe and helps to ensure that you have a bed to sleep in and food to eat...not a lot of kids in North Philly have all those things. I love knowing that whatever we are doing is making their lives a little bit easier. The food and dental situations are so huge in my mind.”

“Knowing that we can be that touch point [for dental care] is really important...same with food access. I love thinking about things that we can do to prevent kids from getting diseases in the future and/or making their existence in whatever their situation is just a little bit better.”

What are some of the new initiatives the organization is working on now?

“One of the key initiatives that we're working on now is getting kids access to green space. It's important for their mental health. It's important for their creativity. A new initiative that keeps me very excited, among many, is that we want to use the same mobile idea, like we do with the dental program and like we're hoping to do more with Farm to Families, for getting kids out of the classroom and into the beautiful gardens. Philadelphia already has this whole huge infrastructure of gardens galore. Getting the kids out of school, onto a bus, and into those places two or three times a year is what I'm really hoping at some point we can do. I think mobile is key because there are so many access barriers...transportation barriers, time barriers...parents don't have time to leave their job and go take their kids to some wonderful place. They have to do their

job, sometimes two jobs, at minimum wage just to make sure that the family has a place to live, let alone have healthy food or homework help or anything else.”

“I’m very excited that we are continuing to look at the value of delivery in the Farm to Families program. During the pandemic, we started working with Temple to deliver the food and worked with Food Connect. The food is brought into the Temple site and then delivered from that point by the Food Connect program, which takes it directly to the families’ door. That has been an eye opener about how valuable and important taking that access barrier out can be for individuals. Expanding delivery is going to be one of the next steps [for the program].”

“We’re also exploring how we can get [Farm to Families boxes] to the target group that I was mentioning: the caregiver and the child. Do we need to rethink the food that we’re doing? Do we need to do conventional food so that it’s more fruit when a mom starts feeding their child around six months? Do they know that [at six months] they can give [their child] whole fruit and don’t have to go and buy a jar of food that is processed? That’s what we’re thinking about and that jazzes me. It jazzes me that we can keep building and learning and growing and tweaking to try and answer some of these things. A mom giving their child a banana and creating that whole food experience...I think it’s great for the child. They start building a flavor profile for actual food in its whole form. Starting those early experiences with fresh food is something I’m excited to explore. Could caregivers and families use food delivery at a low cost? Could that work? It’s something that I think is worthwhile exploring.”

Do you have a favorite memory from your work that you’d like to share?

“We’ve had so many stories of families telling us about how great it feels to receive something that’s high quality. There was one lady...she was getting these pears in her in her box and she kept saying, “I don’t want these pears. I don’t know what they are. I don’t want them.” And the next time she came [to get her box], we were showcasing pears and had them cut up and ready to eat. This woman tried the pear and she was like, “Oh my gosh that’s so great! How do I get one of those?” And I said, “You got those in your box last week and you gave them away!” She wanted to go to the grocery store immediately and buy some. She just loved the texture and the flavor.”

“I think it really spoke to how if something doesn’t seem familiar, but you try it...it [could become] something that you could embrace...and thinking that a family who has done this program or a child that had this food and tried it...and had it consistently in all different forms in school or through this program or other ways, it does change the future. Why? They’ll be more open to giving it to their child [to eat]. They liked it, they tried it, and it’s part of their experience of being human. They can pass that same experience onto their child so that the child incorporates it into their diet, and that’s important and valuable. That’s the kind of thing I think about...how what we do today can change what is happening tomorrow.”

A Recurring Conversation



I have two jobs. Ever since schools closed, I've been worrying about leaving my kids at home...

Sorry to hear that, would you like to hear about the COVID vaccine?

They say the internet is slow, my kids. They're on the internet all the time. They have classes on the computer now, you know? It's called zoom or something. They say we need faster internet, but fast is expensive...

Sorry to hear that, would you like to hear about the COVID vaccine?

I don't know how I can afford fast internet. I don't know how I can afford anything. They started laying people off, my job. I'm worried I might be next...

Sorry to hear that, would you like to hear about the COVID vaccine?

Mrs. Joyce got her vaccine last month. She got really sick for two days. I was worried about her. She wouldn't go and see the doctor, Mrs. Joyce. She said her insurance is messed up...

Sorry to hear that, would you like to get the COVID vaccine?

My insurance is messed up too. What if I get very sick? I don't want to get very sick, I need to work, you know? How do I know it's safe?

Sorry to hear that, would you like to get the COVID vaccine?

They say I have to take two shots; can I just take one? I don't drive, I don't wanna be around so many people on the bus. That's how you get sick.

Sorry to hear...

Who are you?

Future of Smith

Smith Memorial Playground has many plans for the future and is open to community suggestions. In the next 5 to 10 years, we hope to continue to grow our preschool classrooms and continue to make a large portion of the slots fully funded to ensure that everyone can access the school as a resource.

Beyond that we hope to expand our audience to kids older than 12 by better using the front lawn for equipment or spaces for kids that may be too old for the playground. Even though the famous slide is for all ages, we hope that we can attract an older audience as everyone can use a safe and fun place to hang out and play.

Recent Updates

Construction on the mansion continues smoothly and we are excited to get kids back in the train room in the basement and back to roaming the halls. The addition of two new preschool classrooms in the basement will expand Smith's reach and classes will begin this fall!



The Smith
Memorial
Playground Story

Community Outreach

Smith Memorial Playground wants to build trust with its surrounding communities (19132 and 19131 zip codes) which has only grown over the years. Special events like Strawberry Mansion Night, literacy events, and Kidchella bring more and more people to the playground every year. We are excited to grow our offerings and continue to be a community resource for the years to come.

“Smith is an inclusive, diverse, and safe play space for children and families”

What Smith Means to Us

Generations of families have come to Smith Memorial Playground because of the memories made here. Everyone is welcome as Smith is committed to a safe, inclusive, and diverse playground that listens to the needs of the community.

Staff grew up playing here as “Smith children” and want to pass down the memories and experiences of their own childhoods.

About Smith Memorial Playground

Smith Memorial Playground is a space designed for kids to go out and play! From the playground to the mansion, Smith is dedicated to being a safe and inclusive place for all kids to come and play unhindered by anything other than their own imaginations. We believe that free play helps kids be happier and healthier for the rest of their lives. Our hope is that you come to Smith and enjoy it as much as we do!



STORYTELLING/NARRATIVE MEDICINE PROJECT:

- What do you want people who don't know about your community to learn about it?
 - I want them to know that we are all open people who love to hear each other's stories and have a great history to share. Personally, there are great hangout spots in both SW Philadelphia and North Philadelphia that everyone could enjoy.
- What's great about your community (what do you love about it)?
 - He moved to North Philadelphia last year during the height of COVID from his home-area of South-West Philadelphia. In terms of differences, North Philadelphia has more crime and is more 'hot', but overall still cool. He mentions that the North Philadelphia vibes are different; people are more open to conversation with strangers compared to South-West Philadelphia. Both places are unique to him because he grew up in SW Philadelphia and loved his time in primary and secondary school there due to the friends he made. He did not want to leave the SW area, but the quality of the schools was not great, and he said the teachers were more in it for the money. There are more places in North Philadelphia to hang out. Overall, the environment in schools in SW Philadelphia
- Will you share a favorite memory of living in this community?
 - His favorite memories of SW Philly are those where he is hanging out with his childhood friends. He said North Philadelphia is so new to him so he does not have any memories that stand but does feel like people get together more often in his new friend group here.
- What are the resources and strengths of your community?
 - SW Philadelphia is lacking in quality of education. The environments in school there is more toxic, and there are issues with cleanliness so this could be improved.
- How have the events of the past month affected your community?
 - The events related to and following the deaths of George Floyd and Breonna Taylor both his communities were rocked. They started a conversation about their emotions and how to protest and express themselves. There was a large debate in his community about the destruction of property during or after the protests. In his opinion, he felt like some people who were destroying property and stealing from stores were doing out of only self-interest and harming the local businesses.
- How has covid-19 affected your community?
 - COVID-19 has not personally affected his group of friends significantly he said fortunately, but he does know in the North Philly was especially left behind during the vaccination process.
- What resources in your community would improve your community?
 - It would be awesome to have a building where everyone could meet up to have open communication which people could reserve as well; it would help the mental health of

the community to have a neutral space where restorative practices could be implemented.

- Specifically for SW Philadelphia, the gentrification is a double edged sword which brings some money and new businesses into the area but also prices out the people who live there.
- For N Philadelphia, normally youths outside their cliques and friend groups; a field or sports complex would be able to change this because it is good spot for everyone to meet up. In his words, it is good to open your arms to someone new since you never know what you may learn from them.

“Things today change what is happening tomorrow.”

It is easy to get overwhelmed by the sheer amount of injustices that we work to address in BTG. It becomes easy to believe that your work does not have a real impact; an easy mindset to fall into is “what I’m doing doesn’t even make a dent in the bigger problems.”

The community member I interviewed told a story about how a woman refused to eat pears. She had no interest in trying them or having anything to do with them. One day, there was a free sample of cut up pears that she did not know were pears. She tried it, loved it, and immediately went out to buy pears. This community member pointed out how the woman is now more apt to trying new things – a quality that she will carry on for the rest of her life, and will instill in her children.

Some days, it is difficult to feel like we can make any kind of change in the world. **“Things today change what is happening tomorrow”** reminds me that having a connection with even just one person can mean the world. People can absorb the love and connection we offer them, and in turn, send that love and connection on into their own circles. With each passing generation, we can leave the world a better and better place as more and more love is poured into the community. Everything has a ripple effect, and though it may not seem like much at the time, we can throw a rock into the pond to get the ripple started.

Though it is often difficult to remain optimistic in modern times, **“things today change what is happening tomorrow.”** Helping one person is making a difference, as it leaves a contagious legacy of positivity, open mindedness, love, connection, and compassion for others.

Katrina Juntereal

Bridging the Gaps: Temple University- Advanced Directives

“Now You Know”

For months, I woke up in pain.
My sister insisted on taking me to the emergency room.
But I am extremely vain.
On a late August day, I thought I met my doom.

Days full of blood work, MRI's, and CT scans.
Endless questions and decisions I had to make.
Advanced directives were never in my plans.
But it's a form of insurance if I do not awake.

I had no prior knowledge on advanced directives.
I never thought much of dying.
But I read those forms and heard my families' perspectives.
I do this to minimize my families' crying.

Not all situations can be anticipated when you go under the knife.
At least now, my family will know what to do with my life.

Explanation:

Whether you are a young and healthy individual or are aging at a rapid rate, death pardons no one. Dying is inevitable and it is a conversation that no one wants to have. For my storytelling project, I interviewed a patient and wrote a sonnet from his perspective and experience with advanced directives.

Patient A grew up in the Philippines and immigrated to the United States for college. In pursuit of a better life and helping his family back home, his own health was the last thing on his mind. From skipping annual physicals to ignoring vaccinations, patient A admits to taking care of everyone other than himself. This behavior would carry on for many years until an unbearable pain in his abdomen rushed him to the emergency room.

Patient A was diagnosed with a complicated case of gallstones which would require for his gallbladder to be removed completely. Because of COVID-19, patient A's surgery was pushed back on several occasions. Leading up to his surgery, his nurse introduced him to advanced directives. More than that, she personally sat down with him, explained certain scenarios where these forms might be needed, and answered any questions he had. Patient A says

he is forever grateful that this nurse went above and beyond for him. Without her help, he would have answered certain questions differently.

Throughout our interview and many other patients I have talked to, an ongoing theme I have noted is that we assume our loved ones know what we want. At first, patient A did not want to fill out the forms because he did not see the point. He figured his family would know what to do, and he also did not want to think about dying. Patient A said, “it’s selfish but it’s easier to let someone else handle it because I would already be gone.” Soon enough, patient A came around and filled out his advanced directives forms because he felt guilty leaving his family to make those decisions. It was heartbreaking enough seeing his family suffer for him. If he could do anything to alleviate some of that burden, he would.

When I first talked with patient A, he told me he hoped this interview could help advocate for advanced directives education because they are often overlooked in healthcare. While advanced directives may seem like the end of a patient's life, they maintain autonomy and help patients vocalize their wishes even when they physically cannot. Today, patient A has completely recovered and is now taking his health more seriously. Since his first advanced directive, patient A has modified his wishes, hoping to never have to use it, but grateful he has one.



I'm so glad you came today! How has COVID-19 impacted you?

How can we increase engagement when everyone is feeling so isolated?

I worry about a COVID-19 outbreak because there is so much vaccine hesitancy in our community.

Do you have questions about the COVID-19 vaccine?

Building trust in the community is the first step to serving them

The PHA CARES program provides resources for residents of PHA housing throughout the COVID-19 pandemic. Many members of the PHA community do not have access to laptops or tablets, so there is a digital divide and they are unable to access many seminars and activities on Zoom. This has led to further isolation and lack of access to resources. The staff of PHA CARES is working to build trust and engagement with the PHA community to increase their access to local resources to increase education, alleviate stress, and support employment in the wake of the COVID-19 epidemic.

Project by Meg Carter

“I don’t think I would have survived if I wasn’t in Philadelphia.”

Above is one of the most striking quotes from my interview with a community member I met through Farm to Families. I’ve had the pleasure of working with this individual since I started the Bridging the Gaps program six weeks ago. This client is 68 years old and HIV positive. Below are more powerful quotes from our interview:

“I’m alive because of the way the city handled the AIDS pandemic. Rendell wasn’t cursing the “goddamn faggots”. The programs that existed for people that aided families and patients who were getting sick- like Action AIDS. These programs improved lives. Even some churches turned their backs on their superiors and did outreach.”

“ Dr. Horowitz was the best provider. He was no B.S and told you how it was. He was exceedingly kind and thoughtful. Now I’m with Dr. Ellen who really knows how to comfort and heal you. To the future doctors, honesty is everything. Sugar coating things never helps. Lay out the facts in an orderly medical fashion and help in the patient’s decision making.”

Why don't they
just get the
vaccine?



Distrust in
government, health
organizations, and
media...

Feeling
pressured...

Uncertainty of side
and longterm
effects...

