

# Mujeres en Moción

A Community Health Education Class

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Service Project Hours: 290 hrs

Direct Service Work: 145 hrs

Planning and Administrative Tasks: 145 hrs

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## **Jen's Biographical Sketch**

Growing up in a small town in Pennsylvania, everyone in my home community took care of their neighbors in need. When I moved to Philadelphia to attend college at La Salle University, I became acutely aware of the disparities in employment, education, and most notably healthcare that individuals alone could not reconcile. To learn more and serve my greater La Salle community, I volunteered with St. Catherine Laboure medical clinic – a nonprofit that serves only uninsured patients. There I discovered I could match my love of science with my calling to social justice and become a physician that focuses on underserved community health. While a medical student, I wanted to learn about and serve a new community in Philadelphia. So, I teamed up with Tanya to serve the Hispanic Immigrant Community of South Philadelphia in partnership with the Puentes de Salud Clinic as a Schweitzer Fellow.

## **Tanya's Biographical Sketch**

I grew up the daughter of a Chilean mother and an American father interested in international issues and using my luck of birth to help those less fortunate than myself. Early on I realized my passion for the health sciences and my dream of becoming a physician who works to improve the health of underserved communities. Acutely conscious of my mother's struggles as a Hispanic immigrant, I assisted a Columbian pediatrician in organizing health improvement activities for the Hispanic immigrant community in Pittsburgh, the city where I attended college. I entered medical school at the University of Pennsylvania determined to immerse myself in the Puentes de Salud Clinic and its work with South Philadelphia's growing Hispanic immigrant community. I applied for the Schweitzer fellowship so that I could organize a diabetes and cardiovascular disease prevention class for the Spanish-speaking immigrant community.

## **Project Summary**

Our project aimed to extend the Puentes Clinic activities beyond the health clinic, where diseases are treated after they develop, into the realm of health promotion to prevent diseases from developing in the first place. The impact of the project was limited by the small number of class participants but in the end, Jen and I succeeded in teaching our students about the most common preventable chronic diseases and about lifestyle behaviors necessary to avoid developing these diseases. Although we did not motivate drastic behavior changes, we laid the foundation for future lifestyle modifications. Most importantly, we started a sustainable program of classes that future Puentes volunteers will continue as a part of the clinic's goal to prevent diseases through education. Overall, our Schweitzer Fellow experience was a deeply rewarding way to enhance the Puentes Clinic's long-term relationship with South Philadelphia's Hispanic immigrant community.

## **Project Activities**

The primary objective of our Schweitzer Project was to help our community partner, Puentes de Salud, begin developing programs that prevent disease rather than just treat diseases. Dr. Larson explained to us when we began our project that Puentes wants to target the “roots of health problems” to prevent diseases and not be a band-aid for diseases that can be prevented in the Hispanic community of South Philadelphia. Prior to our project, Puentes collected survey data from the community and found that understanding about nutrition and physical fitness was lacking among many people. Tanya and I had an interest in diabetes and cardiovascular disease prevention, and we decided to unite the needs of Puentes and our interests into an 8-week class that focused on the prevention of diabetes and cardiovascular disease by improving nutrition and physical fitness.

In the spring of 2009, Tanya and I conducted several focus groups and met with many community leaders to determine what topics were of highest priority and what populations were most interested and most in need of the class. We decided to work with a women’s group that met weekly at Annunciation Church at 10<sup>th</sup> Street and Dickinson St. when we discovered their excitement and enthusiasm for learning about ways to improve their health and the health of their families. We developed an 8-week curriculum based on the *Pasos Adelante* curriculum created by the University of Arizona to address similar issues. Each class included information about diseases and the body’s processes during disease, strategies to prevent these diseases, and a physical activity or cooking exercise. The classes we taught focused on one of the following:

- Cardiovascular Disease
- Physical Fitness

- Diabetes
- Hypertension
- Cholesterol
- How to eat better for less money and with less time
- How to involve your family in food choices
- How to eat with less fat

After concluding our class, we met with the women's group again to ask questions about what they learned and to gain feedback about ways to improve our class. We learned that our participants have a better understanding of diabetes, heart disease, and disease processes, we discovered that they began reading food labels, and that they cut out sodium in their cooking. We also learned that the participants thought the classes were too long, our Spanish too slow, and that they wanted more tips on how to change behaviors. After learning that our lessons on diabetes and cholesterol were particularly meaningful, we decided to plan a "charla" or talk in the waiting room of Puentes for the community of patients waiting for appointments on the evening of December 10. We also used the information that they provided to us to begin our sustainability plan. We recruited volunteer teachers to begin planning a new version of the class to meet the same objective – prevent diseases in the Puentes community. We helped carry on discussions about what we learned, how Puentes' needs have changed, and the interests of the new teachers. We hope in 2010 that a new, better version of our class will emerge to help Puentes meet its goals and to help students learn about serving the health needs of a community.

There were many barriers that we faced during this process and creative solutions that we developed. Our first barrier was finding a place to have a class that involved

cooking. We were interested in using several locations for the class that serve as medical or social homes for the Hispanic Immigrant Community in South Philadelphia. We discussed using a facility near or in Puentes Clinic, but we would have to bring all of our foods and not be able to cook together. We also approached a community center but that possibility fell through. We found our home when Puentes' advisor Sr. Maria Lorena introduced us to Yurizan Galicia at the Annunciation Church. They had both a kitchen and a women's group excited to learn new health tips. We were able to work with both the facility and the participants to put together a well-functioning class.

Another barrier we faced was the physical fitness component of our program. We had hoped we would help our participants form walking groups because walking groups add accountability to an exercise regime. When we introduced this concept in Class 2, we discovered that the women in our group would not leave their children with someone else so that they could exercise. Tanya had volunteered to care for the children who were brought to the class for the 20 minutes we planned to go for our brisk walk. Instead, the children all came with us and our walk was shortened and moved more slowly. Although this had some positives – mothers pushing the baby carriages or carrying children added an extra calorie burn – we realized that this program would be less sustainable than something in house. To address this, we searched for exercises that could be done in limited space, in the kitchen, and with children. We provided tips such as while older children play in the park, walk around the space where they are playing. We also suggested playing physically active games as a fun way to spend family time together. This had some success, but I think this area of our curriculum will need to be thought about and changed when this course is repeated.

## **Jen's Narrative**

Overall, our class was successful in many ways. For our community partner, we moved one more step ahead in conducting health promotion programming and advancing disease prevention. For our participants, we brought new knowledge about common diseases and talked about lifestyle changes that can be made so that these diseases will not be a part of our participants' and their families' lives. Personally, I learned a tremendous amount about the Hispanic community in South Philly, how to develop, conduct, and evaluate a community intervention, and how to communicate and build relationships with language barriers and cultural differences.

This being said, much of my learning came from the frustrations that we faced during our class development and implementation. My largest frustration came with the physical fitness piece of our class. In our planning, we decided to provide our participants with pedometers so that we could track their progress in extra movement and walking groups over time. I brought the pedometers to the first class, passed out notebooks to chart progress, and explained how the pedometers worked and our plan about monitoring physical fitness with them. The next week we were introducing the concept of walking groups to the class so I wanted to get a baseline before we suggested an increase in activity. After the first week, only 75% of the pedometers returned – the others were lost, borrowed, left at home, or not used. Although I was a bit frustrated at this point, I thought that maybe things would improve with the walking groups.

At our class that focused on physical fitness, Tanya and I decided that Tanya would stay behind with any children that accompanied their parents and I would walk with the women at a brisk pace. When we suggested this to the class, they said they would rather

bring their children who are unaccustomed to babysitters. We discussed the barriers to improving their physical fitness through walking groups and they explained that they did not want to do walking groups or leave their children with volunteer caretakers.

With this frustration, I learned that there are cultural and community norms that one needs to take into account when developing plans for developing activities and also monitoring and evaluating participant experiences. I also learned that for each class remaining, I would need to bring activities that participants could do in small spaces and at home. This led me to be creative in finding new methods to increase exercise and physical activity among our participants.

## Jen's Story

When Tanya and I were choosing the lessons for our class, I was most excited about the lesson where we focused on saving time and money when making food choices. I was particularly enthusiastic about this lesson because I thought we would be providing tools – real suggestions for what these individuals and families could do – to eat better in their busy lives. I even learned new ideas when I read and developed this lesson. In my excitement, we began teaching the class and I was surprised by how most of our participants were not as receptive as I had imagined. Many of our participants are caretakers of homes and children and enjoyed spending approximately two hours per day on their meals. Although we worked together in the class to come up with great solutions to the trouble of too little time or money for nutrition, many of the participants were reluctant to adopt the suggestions.

This experience remained a mystery to me until several weeks later when we were discussing a recipe for a traditional Mexican food called *Tinga*. Tanya and I asked the women for the recipe. They chuckled politely and relayed to us that they don't use recipes. They learned the recipes from watching their mothers and grandmothers prepare the dishes in Mexico. We talked together and the women each shared their recipe for *Tinga*. They came up with a "recipe" to give us, but it was all estimates and approximations. What I learned from watching the women compare their different styles was that food – preparing it, discussing it, and eating it – is a way for immigrants here to continue the culture of home in their everyday lives. Weeks earlier, the women did not care so much about saving time and money because spending hours preparing food as their mothers prepared food is a thing of pride, of culture, and of family. I learned from this experience

how important cultural competency is in creating community programming. I don't think we offended any of the women by providing tips on time, money, eating out, and food as they don't prepare traditional food each day, but we could have provided better information for behavior change if we really knew what each day was like for our participants. Food is not just for energy. It means so much more for this community and I assume for almost all communities. I will remember this as I move forward working with individuals and families to choose healthy diets and exercise routines.

## **Tanya's Narrative**

The project had its fair share of frustrations. At times, I felt as if I lacked the time to make it as amazing as I wanted it to be. During the teaching period of the class, I felt pulled in too many directions, because I had to miss medical school classes to teach the lessons. Another frustrating part of the class occurred when class participants did not show up as promised or did not consistently attend all the lessons. I worried that some of the material was not interesting or relevant to our participants. The women participants also commented that the class would have been more enjoyable if our Spanish was more fluent and faster-paced. Ultimately, we were unable to motivate our participants to make large changes in their behavior to improve their health.

Importantly, the project succeeded in teaching the class's participants about how to live healthier lives, giving them an outlet to talk about their concerns, and starting them on the first step of behavior change, the contemplation stage. It was personally rewarding in that it taught me more about the immigrant community and the experience of living in the United States as a Mexican immigrant. I particularly enjoyed developing relationships with the women, eating delicious home-cooked Mexican food, and furthering cross-cultural understanding by comparing traditions and cultures with the women.

The project did not dramatically change my attitude towards Hispanic immigrants. However, it did enhance my understanding of their everyday lives, augment my appreciation of Latin American culture, and deepen my empathy for the immigrants' hardships. The class also helped me realize how much I still do not know and how there is still a large amount of work that I need to do to truly understand the immigrants' health needs. Overall, it strengthened my desire to continue to work with Hispanic immigrant

populations in the future by giving me more insight into the health dilemmas they face and by showing me that work with immigrants is rewarding and satisfying. The class convinced me that I want to do more in the future to help improve the health of the growing number of Spanish-speaking immigrants in the United States.

Admittedly, the project was difficult to coordinate while being a full-time medical student. During some of the hardest moments, I worried about not having time do both school and the project well. Nonetheless, the project was worthwhile and invigorating, because it motivated me to act on my interest in community health. As a result, I experienced health dilemmas on the frontlines of the community as everyday people do and not as far-removed academic physicians do. Thus, it was very satisfying to supplement my medical school education with what I am most interested in: public health work.

Clearly, the fellowship was very meaningful to me. To enhance its impact, the program could include more structured mentorship and guidance from public health role models, such as Dr. David Ash. Similarly, it could also have built-in more opportunities to learn from older Fellows for Life, either inviting them as guest speakers at monthly meetings or having a separate event to talk to them about their career paths and long-term life goals.

## **Tanya's Story**

My most memorable experience working in the community for our Schweitzer project consisted of a long conversation we had with Laura. That day we arrived at our community site to teach the class but, due to a miscommunication, none of our class participants showed up. Instead of leaving, we decided to spend time talking to Laura, a Mexican immigrant woman who could not be in our class because of a conflicting work schedule. Her job was to watch and care for an elderly woman in North Philadelphia during the day to make sure she had company and assistance for daily living activities as well as emergencies. I remember talking to Laura about a wide variety of topics from weddings to raising kids to working mothers. We compared Mexican norms to American norms to discover similarities and differences. Of the topics we discussed, two stood out above the rest.

The first was about Laura's experience of the racial tensions between Mexicans and African Americans. From her perspective, African Americans do not appreciate all the riches and opportunities available to them in the United States. She complained about how they destroy the city's beauty by throwing their trash on the ground and defacing public property with graffiti. She said she was scared of African American teenagers because of their rash crimes and impetuous violence. Above all else, she resented the African Americans she knew for blaming all their problems on Mexican immigrants and for disrespecting her fellow countrymen by calling them names and treating them harshly. Even though her opinion was biased by personal experience, her testimony gave me invaluable insight into life as a Mexican immigrant in the United States.

The second noteworthy conversation piece was especially important to me, because it involved Laura's struggle to access health care when she was giving birth to her two children. While in the hospital, she was told that only single mothers could receive obstetrical care for free. If she had told the truth and said she had a husband, she would be forced to pay an enormous sum of money that she could not afford in order to be able to deliver her children in the hospital. In order to avoid a monstrous bill, she told the hospital that she was a single mother. Consequently, her children cannot use their father's name, and he worries that he will have no way to prove his relation to them if something were to happen to her. Because she wants to avoid confrontations with American law enforcement agencies at all costs, she refuses to change her children's last name. She lives in fear of her secret being discovered and her family being divided because of its consequences. Her predicament deeply saddened me. I will forever remember her story as a poignant example of the grave need for a restructured health care system that better provides for the most vulnerable members of society, including immigrants.

## **Impact on the Community**

The project positively impacted the community by increasing the health knowledge of our group of women participants. In a feedback session, the women told us that now they use less salt, read food labels, buy store brand products to save money, and order vegetarian pizza or salad with dressing on the side when they go out to eat at restaurants. They also know the importance of physical activity in decreasing their risk for hypertension, diabetes, and cardiovascular disease, although they are still struggling to figure out a sustainable way to incorporate it into their lives. The women said that they have discussed topics they learned in the class with their friends and family, so the class's messages are being spread to the larger community. In addition, the class functioned to increase cultural understanding, because we discussed similarities and differences between American and Mexican norms and answered the women's questions about American traditions and customs.

As for negative outcomes, the class may have made the participants bored at times. In the feedback session, the women said that they wanted shorter and faster-paced lessons. They also said that our Spanish fluency could be improved to better explain the concepts and to move at a more rapid, interesting pace. Perhaps certain class lessons confused the participants, especially because no one made it to all the sessions. To minimize this problem, we were always sure to ask if anyone had any questions at the end of each class session. Lastly, there is a possibility that we may have overwhelmed the women with our many recommendations on how they could change their behaviors to live a healthier life.

In the feedback session, the women also said that the class could be improved by using more models and posters. They suggested cutting out the cooking lessons because

they take too long. They also requested that we spend more time talking about how to initiate and sustain long-lasting behavior changes to improve their health. Their favorite topics were cholesterol, high blood pressure, and cardiovascular disease. Other themes that they would like the class to cover included portion sizes and cancer. They said that yes they would recommend the class to their friends and family. They also advised us that future versions of a nutrition-centered class should be targeted at women and not men, because the women cook in Mexican culture. According to them, the men would be less interested in learning about how to pursue better health through cooking.

Overall, our project achieved notable changes for the better. We enhanced the women's knowledge and consciousness about health and its relation to eating and exercise. For instance, the women who did not know their blood pressures or blood sugars promised to schedule an appointment at the Puentes de Salud Clinic to get their values checked. The project also strengthened the Puentes Clinic's influence in the community and furthered its aim to educate its patient population about health maintenance and disease prevention. Thus, the project started a sustainable program of health education classes that will be continued by other Puentes volunteers, who hope to receive the Schweitzer Fellowship to similarly support their work. We are excited to guide and mentor the organizers of the second rendition of the class so that it can better fit the needs of the community and more effectively help its participants achieve long-term health benefits.

## **Jen's Future and the Value of the Fellowship**

The Schweitzer Fellowship has been incredibly meaningful for me and has inspired my future career goals by filling a gap in my medical school education, teaching me about behavior change as a method of disease prevention, and encouraging me to continue to work with communities in our collective quest for health. One of the reasons why I am pursuing a medical degree is to be able to better think about the health care system and about how we can help make people's lives healthier in general. In medical school it is imperative to learn the ins and outs of the human body and diseases, so teaching and thinking about working with communities and serving in our current health care system are limited. The Schweitzer Fellowship has given me the opportunity and power to think creatively about ways we can correct some of our current societal health problems and plan our system to run more smoothly in the future. At our monthly meetings, we share our projects with each other. This allows us to partake in interdisciplinary problem solving and learn the successes and failures of different community interventions. Each member of our Schweitzer group uses his or her expertise to bring insight to others. For example, the social workers gave another group the example of using pictures to allow those who are semi-literate to read their surveys and future literature. Our public health students give us parameters for evaluation of our projects. One fellow explained the intricacies of transporting children on field trips to a set of fellows trying to take their middle school participants to a basketball game. Bringing like-minded people from different fields together to think about and trouble shoot community health programming issues is truly a better method than one or two people of the same background trying to do it alone.

I am continually inspired by my fellow Schweitzer fellows and similarly by the amazing speakers who attended our meetings. Listening to individuals on the forefront of health system change also helped me feel connected to the greater health of the community instead of just the health of an individual patient. One speaker, Dr. Jeff Brenner, discussed his work as a family physician working with an interdisciplinary team to reduce the health care cost and better the health of the top 1% of health care spenders in Camden. I have discussed his work with people from every occupation as we as a nation try to figure out the balance between budgets and health. Being a Schweitzer Fellow has given me tools and my own experiences upon which to judge some of these arguments. I will be a better decision maker because of what I have learned from being a Schweitzer fellow.

Aside from the joy and intellectual stimulation I received from the monthly meetings, I learned most from developing, administering, and evaluating our community project. Tanya and I aimed to work with our community to help participants learn more about diabetes and cardiovascular disease and healthy lifestyle behaviors that will help prevent these diseases. I believe that behavior change to a healthier lifestyle is a great way to reduce disease burden in our country because it is low-cost, has low or no side effects, and increases productivity and happiness. Yet, I learned during our project that behavior change is hard. Suggestions that are not culturally sensitive will most likely not work. For example, it is difficult to change our cultural norms as far as healthy diets are concerned. Like the women in our class taught me, most people cook and eat like their parents. A better way to address eating healthier is to make minor adjustments in the foods we eat as second nature – reduce the amounts of butter and oils, try not to add extra salt, attempt to eat more vegetables at every meal. Behavior change as a disease prevention vehicle

requires community involvement, participation, and buy-in more than any other health intervention I can think of. I am fortunate to have had the experience of the Schweitzer project to learn first hand ideas and tips for behavior changes that I will implement in my practice as a physician and as a program developer.

With all of the difficulties I encountered in my working and thinking about our project, my desire to work with communities has been strengthened through my Schweitzer fellowship. Honestly, I enjoyed every minute of working with our women's group – sharing stories and recipes, talking about weddings, chatting about the babies to come for many of our participants. I was also excited that I could share some of my knowledge to hopefully help our ladies learn about diseases that they never need to have. I hope that by spreading health information to our women's group that the lives of their families will also be positively impacted. Even if this is step one of the long battle to behavior change, helping educate our neighbors is something I feel incredibly grateful to have the opportunity to do.

I also learned about the barriers that being undocumented and not English speaking present in Philadelphia. Although there are some resources, there is also fear – not understanding the doctor, being turned away for lack of insurance, being turned in for being undocumented. It is difficult enough to try to be healthy without the walls of uncertainty in front of you. When I learn more about these issues I am more inspired to work with underserved populations: all different and each with a unique set of barriers that each member needs to overcome to be healthy. I have learned from the Schweitzer fellowship that listening to underserved individuals and creating interventions together will lead us to improvement of community health and subsequently national health. I

cannot imagine my life without this type of caring, collaborative service, and I am happy to continue on my journey of learning and serving as a Schweitzer fellow for life.

## **Tanya's Future and the Value of the Fellowship**

The Schweitzer Fellowship was valuable on many different levels. First, its interdisciplinary structure that engaged students from a diverse array of health professions taught me about different approaches to health care. Not only was this eye opening and enlightening, but it also was very inspiring. For instance, a social work student taught us all about the importance of taking mental and emotional health issues into account when caring for patients and promoting the health of communities. Similarly, a third-year medical student inspired me to think about our health system in a different way, because of her experiences in the emergency room and her ambition to develop urgent health care centers as a buffer between regular doctors appointments and the emergency room. I also enjoyed sharing my service project experiences with my colleagues and benefiting from their helpful feedback on how to overcome barriers and improve our project. For instance, another fellow gave Jen and I the idea of using an anonymous suggestion box to encourage class participants to give us honest opinions about our lessons and how to improve them. Above all else, my favorite part about the interdisciplinary design of the fellowship was the energy of all being together and sharing the same passion, dreams, and values: namely figuring out how we can contribute meaningfully to making the world a better place. I was continuously impressed and amazed by my colleagues' ideas, accomplishments, and achievements. The act of gathering together to share our struggles, successes, hopes, and plans reinforced my lifelong commitment to service.

The second most valuable aspect of the fellowship consisted of the many valuable life lessons that I learned from the experience of spearheading our community project. I realized that balancing a service project in addition to the everyday activities of school and

work demands sincere commitment, energy, and motivation. Most importantly, I realized that the hard work pays off in the form of a rewarding relationship with the community members involved in the project and the sense of satisfaction gleaned from dedicating time, energy, and resources to the larger purpose of helping others.

The project also taught me that motivating lasting behavior change is incredibly hard and that achieving community change is even harder. The process of sustainable meaningful community improvement requires a long-term time commitment in addition to patience, perseverance, flexibility, and ingenuity. For instance, on multiple occasions, after scheduling a class time with our community participants the preceding week, we would arrive at the class location to discover that something prevented our class from happening, such as a participant's birthday party, preparations for an upcoming festival, or the lack of communication between class participants about a changed class time. The project thus showed me that focus and clear goals are necessary to achieve change. Because of these lessons, I have decided that my future work will target one specific community with an explicit objective for community improvement.

Finally, the project taught me the importance of engaging a community. My future projects will focus more on empowering community members to take the lead on designing initiatives that fit their needs and enable them to address their most pressing concerns. For instance, if I were to organize another health promotion class, I would have the participants vote at the end of each class on the next week's lesson topic, so that the participants can take a more active role in choosing what they learn. I would encourage them to choose the topics that they think they most need to help them change their behaviors and adopt a more healthy lifestyle. Through strategies such as this one, I would

encourage the class participants to take more ownership of the class in order to better tailor it to their needs and so better help them change their behaviors in ways they think are most feasible.

In general, the fellowship experience has strongly influenced my career plans by strengthening my desire to build my career around health promotion activities in the Hispanic immigrant community. I will return to work with the Puentes de Salud Clinic after my required year of clinical rotations both volunteering in the clinic and helping to organize disease prevention programs. The Schweitzer project gave me invaluable hands-on experience with community programming that will be useful in my future endeavors to spearhead similar initiatives. Most importantly, the fellowship solidified my commitment to making community service an integral part of my future career. My most immediate plans to pursue this goal are first to spend ten months to a year volunteering as a primary health care provider in rural El Salvador and second to apply to a primary care residency program that focuses on improving the health of underserved communities. Lastly, during or after residency, I will consider completing a graduate degree in public health for underserved communities.

My favorite Schweitzer fellowship experience was working with other fellows to organize a symposium on health care barriers for underserved communities. The symposium featured a panel discussion with three featured speakers: my mentor, the founder of the Puentes de Salud Clinic; a social worker with many years of experience finding sustainable health care options for vulnerable patients; and a physician's assistant who founded a free clinic for low-income patients in North Philadelphia. This was the first time that I heard my mentor's views on the fragmented American health care system, and I

was very inspired by what I heard. All of the panelists, as well as the audience members who asked questions at the end, displayed invigorating passion, energy, and concern about the current patchwork system. The speakers described the many difficulties of finding sustainable health care solutions for patients in desperate need of medical attention but with limited resources to pay for it. They concluded that providing health care for society's neediest members consisted of a difficult endless game of patching up holes and juggling patients between various short-term options. The symposium deepened my desire to eventually contribute to solving this grave dilemma. It also helped me realize that there is no one big answer that will solve everything. Instead, the resolution of the problem lies in a series of much smaller steps that will bring about gradual systemic change so that low-income patients have more favorable health care options. The symposium showed me that these steps would be best accomplished by networking with other like-minded and passionate advocates for the poor. Thus, it emphasized one of the underlying messages of the Schweitzer program that together we can make our dreams of improving health in underserved communities a reality.

As much as I love the fellowship, there is still room for improvement. Specifically, I think the monthly meetings could be restructured so as to maximize the advantages of the interdisciplinary nature of the program. I would love to have more time during the meetings to talk to the other fellows to learn more about their dreams, career plans, and personal ambitions as they relate to health care in underserved communities.

Opportunities for such discussion could be provided by limiting the guest speaker time or by having occasional meetings without a guest speaker. I thoroughly enjoy sharing our project experiences with each other and helping each other overcome pitfalls. In the same

spirit of supporting each other in our community service goals, I would like to have more discussions about what the other fellows are learning in their different fields of study and, in particular, how those different fields of study approach health care dilemmas in underserved communities. Similarly, I would like to learn more about the other fellows' career aspirations and their long-term plans of incorporating service into their futures so as to better learn how I can accomplish our shared goals of reverence for life and working to promote the health of disadvantaged communities.