TAKING CARE

Sylvia Elias
DIRECTOR'S WELCOME

“If you take care of important things, the urgent things don’t show up as often. The opposite is never true.” Seth Godin

Greetings Friends,

The theme of this issue of the Connector is “Taking Care,” so as we welcome the hot days of the long-awaited summer, we recognize how important it is that we take care of ourselves and each other. This theme embodies the spirit of the Dornsife Center where we offer a variety of health and wellness programs, including laughter yoga, workshops on the privilege of aging, and open kitchen hours focused on healthy meal preparation with our Community Chef.

We thank our neighbors and partners for taking care of us – from tending to the garden beds to participating in the future planning of the Dornsife Center. We want you to know that the Dornsife Center is a place where, through our programming, we endeavor to return that care and make a positive difference in your lives.

Take care,

Cicely

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STAFF MEMBER SPOTLIGHT

Name: Tyrone Wrice
Job: Coordinator for Workforce Development and Adult Basic Education
Hometown: Philadelphia
Current residence: Philadelphia's Mantua neighborhood
Favorite food: I love to cook and eat rice. Anything else is delicious as long as it’s cooked Bahamian style.
My Passion: My favorite anything is running. I am a guide runner, which means I guide a vision-impaired runner.

What is your job?
My role is to coordinate workforce initiatives amongst the program partners who provide services to the visitors at the Beachell Family Learning Center. I know, that was a mouthful.

Where will we find you at the Dornsife Center?
You can find me in the KEYSPOT open lab on any given day. If I’m not in there, I’m usually running around the Dornsife Center going from one meeting to the other.

What is your favorite thing about the Dornsife Center?
The direction we are moving at the Dornsife Center is a team approach to getting things done. We do everything as a team effort from the facilities crew to our program partners at the Beachell Family Learning Center.

What do you do when you’re not at work?
I’m knocking down a wall and renovating something. When I’m not doing that, I’m swimming. I swim in my sleep. When I’m not swimming, I’m teaching people how to swim. When I’m not teaching others how to swim...I guess I’m running!
Slowly. She is as tenacious in her dying as she was in her living. Although now she is comfortable, or can be made to feel comfortable, which in life was nearly impossible. “She’s a survivor,” one nurse said. “As she lived,” I respond.

Her hands and feet are like ice. The cold creeps up her legs, but only to her knees, in four days of this final life process. The opposite of birth, the hospice nurse says, for in death the circulation diminishes in the extremities first, or in her words “as the soul leaves the body.” Each shift nurse checks her pulse, blood pressure, and heart rate. Her heart rate remains normal, but they can’t detect her blood pressure. Each evening I feel her legs to determine her progress: “Should I go?” “Is death near?” “Should I stay?” “We’ll call you if it’s getting close.” So I go. The drive to my motel takes 20 minutes. It’s late spring and still daylight, but the light is softer. It’s been hard to leave the nursing home, yet I’m afraid it will take forever for her to die. I head to Blockbuster for a video and the grocery store for Vanilla Carmel Fudge ice cream—my nighttime comfort.

The nursing home had called me in Philadelphia late Monday afternoon. “Your mother is very close to death. Her skin is mottled and her body temperature is dropping.” From our previous conversations I know these are the signs of dehydration and the general slowing down of bodily functions. “How much time do I have?” “Twenty-four to forty-eight hours,” they tell me.

Unsettled, I make disorganized preparations to go. Cancel client appointments, make airline and car reservations, board the dogs. I call friends, sadness and panic gripping me just below the surface; call anytime, they say. But even so I feel so alone. Once on the plane I feel the pull inside me to reach the west coast. Yet it’s one of those wondrous days when the sky is clear and clouds aren’t obstructing my view of the ground. The plane passes over the land at what seems like an unhurried pace. I lean my head on the window and drift, watching the patterns of field and wood, the shades of green and brown, rectangles, squares and the curious perfect circles (which I always imagine are landing fields for ships from outer space). I follow the winding rivers and ruler straight roads, the gentle uplifting of grayish land pricked with green into dark gray mountains and barren crags. Periodically I look at the map in the seat pocket to locate where I am. Usually when I fly, I’m asleep before the plane leaves the runway, but this flight helps me as I can only be where I am.

Last time I was here, 10 days ago, I learned she’d had a second bout of pneumonia and was not recovering. She’d been so close to returning to her room at assisted living, but now she was barely eating or drinking. Her body was losing strength and she was losing interest in what was going on around her. But she was calling the shots as she always had. An aid told me how she nagged him until he took her outside in her wheelchair. She sat in the sun, spent a long time looking at the trees and sky, and seemed to listen to the birds. He wondered if she was getting too hot. “It won’t kill me” she said. After this final trip outdoors she went to bed and stayed there.

This time when I arrived she only had short periods of awareness. This was unlike my previous visit when we made a collage together, she tried on the new clothes I’d bought her, and sang hymns with Amy from the Salvation Army, and the other residents. Also, when Terry from the assisted living home visited she recognized her, although not sure from where, and held on to her hand so she wouldn’t leave.

She never forgot who I was throughout the three or four years of dementia. Now, delighted I was there, although she wasn’t sure why, she held my hand in hers, her long fingers still lovely, even in their thinness. She stroked my hand, saying over and over, “My precious, my precious.” I had rarely experienced such un-ambivalent touch and words of tenderness. I was shocked at how cold her hands were; I held them trying to transfer warmth from my own. I felt grateful to be here at this time in our lives.

Hospice was now her primary care giver. Early in the day she was at her best, smiling and charming when relating with the staff. She’d tell people I was her beautiful Arab girl; “Wasn’t I beautiful, didn’t I look like an Arab?” It was clear to me she was liked by many of the staff. They’d come by “Hi Rosie, how are you today?” and tell me of her will and tenacity, her humor and beautiful voice, as well as how stubborn and demanding she could be.

I began hearing more stories about her. The preacher, who gave communion to the residents at her assisted living home, told me his favorite Rose story. “She was sitting in the hall and I reminded her we would be celebrating communion soon. She was in one of her stubborn moods and said she wasn’t interested. I said I would say a prayer for her anyway. She looked slyly at me and said, “Let me know how it comes out.”
"We're Here Because We Care"...Building Healthy Communities Together is a community engagement program partnering with residents in the West Philadelphia Promise Zone to identify, design, and implement community-driven, evidence-based, and sustainable health and wellness programs. Dr. Loretta Sweet Jemmott leads the initiative; she is Drexel's Vice President for Health and Health Equity and Professor in the College of Nursing and Health Professions - and she grew up in Mantua.

Dr. Jemmott and her team have been working alongside residents, leaders, and organizations of the ten Promise Zone neighborhoods. Through large group discussions, small community conversations, and individual exchanges with residents, civic leaders, non-profit organizations, block captains, and faith leaders in a series of Call To Action meetings, they have been hearing about the most important health needs in our communities along with possible ways of addressing them.

As a set of common concerns and priorities emerges across neighborhoods, the We're Here Because We Care team is arranging meetings between the various health agencies from around Philadelphia and community leaders and residents to identify and plan health programs that meet the local needs that residents have identified. Listening to a set of diverse community voices, understanding local needs, and matching those with relevant resources is the core of this program.

Next steps for this initiative include completing Call To Action meetings in a few additional Promise Zone neighborhoods and then to begin seeking funding to support the kinds of health and wellness services and activities that residents would like to see. The Dornsife Center will be sharing information about additional public discussions and community funding opportunities in the coming year, so please stay tuned in the coming year.

Dr. Loretta Sweet Jemmott

How are we doing? Are we offering the right set of programs? Are we being adequately responsive to community needs and interests? What's our impact? Because the Dornsife Center is committed to a stakeholder-driven vision, those are some of the questions we must ask ourselves. A team from Drexel's Dornsife School of Public Health, including faculty members Suruchi Sood and Amy Carroll-Scott, is leading the way.

Our long-term evaluation plan began with a community baseline survey in the fall of 2014. We asked a set of respondents about their impressions of the Dornsife Center, about their neighborhood, and about some quality of life indicators like health and wellness. We'll be asking those questions again in September to study changes. We're also measuring how the Dornsife Center is changing Drexel University: How many students, faculty, and staff know about us? How many have visited? And more importantly, has the Dornsife Center changed the way we teach and do our jobs? Periodic monitoring activities help us determine how our programming is going: Is it the right mix? Are participants satisfied with program opportunities? Are we making a positive difference?

Just a few of the lessons we've learned so far include:

- We need to expand our outreach and information-sharing efforts.
- We should clarify how the Dornsife Center can serve individuals, families, and the community.
- We can do a better job branding the Dornsife Center as a place where Drexel faculty, staff, and students can co-mingle with local residents.
- We should consider providing small seed grants to community stakeholders for new program development.

For more details about the results of our ongoing evaluation efforts, please visit the Dornsife Center's website at drexel.edu/dornsifecenter, where you can download and view the report documents.

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